Highlights

- In 2022, Nepal experienced the third wave of the COVID-19, resulting in over 425 reported COVID-19 related deaths in the year. The total COVID-19 tally\(^1\) reached slightly over 1 million (with 87,969 people under the age of 20) with 988,951 recoveries and 12,019 fatalities as of 31 December 2022.

- Over 53.5 million doses\(^2\) of COVID-19 vaccines have been administered by the Government of Nepal (GoN) covering around 99 per cent of the target population (above 12 years of age) with the first dose and around 95 per cent with full doses as of 31 December. Starting from June 2022, around 8,395,200 doses of paediatric COVID-19 vaccines were also administered to children aged 5-11 years, covering 92 per cent of children with first dose and 82 per cent with two doses, by end of December. The vaccines were received from COVAX facility and UNICEF continued to support GoN in COVID-19 vaccination programme.

- UNICEF supported learning continuity of 257,173 children (51 per cent girls) impacted by the pandemic and monsoon through access to formal and non-formal education as well as accelerated learning. Over 5,720 flood- and landslide-affected children benefited from self-learning materials.

- UNICEF, in collaboration with governments and partners, responded to COVID-19 and localized monsoon disasters as well as the 6.6 magnitude earthquake of November in far-western region, through life-saving humanitarian emergency response in over 23 districts.

- Overall, UNICEF and partners reached 249,943 people (51 per cent females) with critical WASH supplies and services, during COVID, monsoon, and public health emergencies. UNICEF supported the government in response and preparedness actions.

UNICEF’s Response and Funding Status

On 14 November 2022, children and families of the earthquake-affected Purbichauki Rural Municipality in Dati District in far-western Nepal walk away with emergency supplies provided by UNICEF in coordination with the local government and partners. An earthquake measuring 6.6 on the Richter Scale struck Dati District on 9 November, affecting over 7,000 households (including in neighboring districts). Nepal remains highly prone to recurrent earthquakes (small to large magnitude) like that of 2015 when Nepal experienced a 7.8 magnitude earthquake and hundreds of aftershocks. In 2022 Nepal experienced half a dozen of tremors including one in far-western region. © UNICEF Nepal/2022/Alok Shrestha

\(^1\) Ministry of Health and Population (MoHP) [https://covid19.mohp.gov.np/]

Funding Overview and Partnerships

UNICEF appealed for US$27.3 million in 2022 to sustain the provisions and meet the needs of children, women and their families in Nepal, affected by the COVID-19 pandemic and to respond to the natural disasters such as monsoon flooding, in line with the UNICEF Nepal Humanitarian Action for Children (HAC) Appeal 2022. During 2022, UNICEF mobilized US$4.7 million, including US$0.66 million received in 2022, in addition to the US$4.09 million of carry-forward from 2021. Further, UNICEF also re-programmed around US$3.85 million of its resources, including regular resources (RR), and other donor funds, for humanitarian response. Overall, US$ 8.6 million was used to achieve results in 2022. UNICEF wishes to express its sincere gratitude to the European Union (EU)/Commission/ECHO, UNICEF’s Global Thematic Humanitarian Funds, GAVI vaccine alliance, the United States Permanent Mission, the German National Committee for UNICEF as well as USAID, UNDP/USA, British Government/FCDO, Asian Development Bank (ADB), WHO, United States Fund for UNICEF, and the Swiss National Committee for UNICEF and other donors of RR for their generous contribution to UNICEF Nepal’s humanitarian response in 2022. UNICEF is thankful for all the contributions to all donors for helping families and children in Nepal during the crisis.

Situation Overview & Humanitarian Needs

The overall humanitarian and socio-economic impacts of the COVID-19 crisis in 2022 in Nepal was less than in the previous year as number of reported COVID-19 positive cases fell significantly this year. The reduced impact of COVID-19 brought in a much-needed respite for people as daily lives and businesses began to return to relatively normal, mostly after the first quarter (January-March) when the country experienced the third wave of COVID-19 fuelled by the Omicron variant. The Omicron’s unprecedented rise in daily cases at an alarming rate occurred mainly between early and late January, and thereafter Nepal continued to see a substantial decline and downward trend in the average daily reported COVID-19 cases. Overall, UNICEF’s response to COVID-19, except for vaccine support, occurred largely during the first quarter. The pandemic’s impact on the socio-economic situation lessened gradually. The UNICEF’s Child and Family Tracker® (CFT) survey showed that jobs and livelihood losses fell from 60 per cent in May 2020 to six per cent in April 2022. However, the socio-economic impact of a prolonged monsoon season, public health outbreaks of cholera and dengue, coupled with an earthquake in Doti District in the far-west of the country this year, also collectively affected thousands of families, including children, resulting in compounded humanitarian needs.

By the end of 2022, the reported cumulative number of COVID-19 related deaths in Nepal reached 12,019, including 108 children. Of these, 425 deaths were reported in 2022 (compared to 9,700 deaths reported in 2021). As of 31 December, the total number of COVID-19 cases reached slightly over 1 million (100,1000) including 87,969 children, while the cumulative recovery rate stands at 98.8 per cent with 988,951 recoveries, according to the Ministry of Health and Population (MoHP).

The GoN successfully carried forward the COVID-19 vaccination campaign in 2022 and UNICEF continued to provide technical, operational and logistics support to government’s vaccination efforts. Over 53.5 million doses of COVID-19 vaccines have been administered by the government as of 31 December, covering around 99 per cent of the target population (above 12 years of age) with the first dose and around 95 per cent with two full doses. Meanwhile, on 19 June, Nepal received over 2.2 million paediatric doses of Pfizer COVID-19 vaccine from the COVAX facility, donated by the United States Government. With this, MoHP launched the first phase of the week-long Pfizer vaccination campaign for children aged between 5 and 11 years, in the last week of June in 27 districts. The second phase of the campaign started in August covering the remaining 50 districts.

This year’s monsoon as well as the late monsoon heavy rains including the one between 4 to 11 October, triggered floods and landslides across 15 districts of mainly three provinces (Lumbini, Karnali and Sudurpaschim). The prolonged monsoon season triggered disasters and claimed 127th lives (63 females, 64 males), affecting over 2,321 households across the country. The monsoon caused massive damage to public infrastructure like schools, roads, bridges and government offices as well as impacted the agriculture sector. In late 2022, far-western Nepal was hit by earthquakes. A 6.6 magnitude earthquake struck Doti District (and neighbouring areas) in Sudurpaschim Province in far-west Nepal on 9 November, and claimed six lives (four females, two males, including four children aged 8-14 years), injured eight (2 children) in Purbichauki Rural Municipality and affected over 7,000 families in Doti and neighbouring districts. On 12 November, another 5.4 magnitude earthquake hit nearby Bajhang District, with no casualties. Overall, UNICEF, in collaboration with governments (at all three levels) and partners, responded to

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1. https://www.unicef.org/nepal/media/16071/file (UNICEF Nepal, CFT, Round 9, April 2022)
localized monsoon disasters such as floods, landslides, and earthquake through life-saving humanitarian emergency response in over 23 districts.

Meanwhile, public health outbreaks continued to affect health systems throughout the year as Nepal experienced a surge of cholera (after June) as well as a major outbreak of dengue from late August. In late June, Kathmandu Valley was hit by sudden onset of cholera. There were 76 cases (three cases in under-five children) of cholera between June-October with no fatalities. On the other hand, the dengue outbreak spread to all 77 districts by the end of October. Around 54,232 cases (approximately 14 per cent children) of dengue with 67 deaths were identified as per MoHP/Epidemiology and Disease Control Division (EDCD) update of 11 December 2022.

Summary Analysis of Programme Response

Health
In 2022, the GoN administered over 53.5 million doses of COVID-19 vaccine to the target population (aged above 12 years), reaching over 99 per cent of the target population with first dose and around 95 per cent with two, full doses, according to MoHP. UNICEF continued to provide logistics, transportation, technical and financial support to the government’s vaccination efforts and safe administration. Starting June 2022, further 8,395,200 doses of paediatric vaccination were administered to children aged 5-11 years. As of December, 92 per cent of paediatric age group have been administered with first dose and 82 per cent with second dose. Furthermore, UNICEF distributed 36 in-line refrigerators from the COVAX facility, 38 solar direct-drive refrigerators, 1,109 freeze-preventive vaccine carriers and 19 walk-in refrigerators through COVAX facility.

During the COVID-19 third surge in January-February, UNICEF distributed 26,459 home isolation health kits. To support infection prevention and control (IPC) measures, UNICEF provided government with 10,050 face shields, 225,000 surgical gloves, 778,050 surgical masks and 7,957 hand sanitizers. Additionally, UNICEF provided the government with oxygen-related equipment as well as supported in strengthening of oxygen systems with supplies as well as technical assistance in repair and maintenance of equipment. UNICEF handed over 200 units of oxygen concentrators, 1,288 units of oxygen cylinders, 3 paediatric ventilators and 51 sets of renewables to the government. UNICEF supported 26 COVID-19 designated hospitals in maintenance of these oxygen systems including plants, machines and equipment. UNICEF also supported 17 District Hospitals in installation and operation of 13 laundry machines and 15 Autoclaves for health care waste management including for WASH services.

In response to the two public health outbreaks of cholera and dengue, UNICEF supported the MoHP/EDCD in the areas of health, WASH and risk communication and community engagement (RCCE), with preventive actions (as also noted by other sectors, below). UNICEF provided dedicated technical assistance (one medical doctor) to support in case investigation of cholera cases and training to rapid response teams (RRT) teams as well as supporting EDCD in epidemiological analysis. Further, UNICEF extended this technical assistance to EDCD to develop standard operating procedures (SOPs) for dengue prevention and handed over 1,000 bed nets for use in hospitals with high number of reported dengue cases. Additionally, UNICEF supported in development of SOPs for case investigation and contact tracing for monkey pox.

Meanwhile, during this year’s monsoon floods and landslides that affected 15 districts, UNICEF reached 6,486 families with long-lasting insecticide treated bed nets to prevent mosquito-borne diseases including dengue and malaria.

Overall, in 2022, over 245,278 women and children were supported to access primary health care during COVID-19 response and localized disasters in UNICEF-supported areas. 10,050 health workers (4,925 females) were reached through IPC training in oxygen systems, training of RRT and health care waste management. 285 front-line health workers were trained in children and adolescent mental health care.

In both public health emergencies as well as localized monsoon disasters, UNICEF continued to be a very active member of health cluster at the federal as well as provincial level and continues to provide technical assistance, rapid response and emergency supplies.

One of the major challenges this year was delay and inefficient response to dengue due to the lack of comprehensive plan from government and partners. Although risk communication messages were disseminated, and local municipalities initiated “search and destroy” actions, these were largely ineffective and dengue cases reached record high. This calls for a more active response in the coming years.

WASH
UNICEF continued its support as the cluster co-lead and as WASH responder during the year including the third wave of COVID-19, monsoon floods and landslides, as well as earthquakes and public health outbreaks (cholera, dengue) during different months, reaching 249,943 people with critical WASH supplies and services. Overall, 364,142 people were reached through risk and

11 https://www.who.int/emergencies/disease-outbreak-news/item/2022-DON412
12 MoHP (Sitrep #904) Update as of -11 Dec 2022
behaviour change communication activities as part of COVID-19, monsoon and cholera response. The COVID-19 recovery programme (until June), focused on WASH services in high-density low-capacity communities, schools, points of entry (PoE) at the border area and health care facilities (HCF) with infection prevention and control (IPC) measures. Further, this support reached 52 schools benefiting 4,438 students (2,175 girls) with improvement of WASH services such as improvement of water supply, sanitation and hand hygiene facilities, as well as school disinfection supply and supports. Seven HCFs were provided with additional WASH services including healthcare waste management service benefiting 84,000 people (including 42,840 females). Similarly, 250 immunizations centres benefited from hand-washing stations.

Further, as part of local level support to COVID-19 recovery in Madhesh, Lumbini, Sudurpaschim and Karnali provinces, UNICEF provided 85 people (10 females) with formal WASH skill development training programme focusing on plumbing, electrical and masonry works. 60 female youth/adolescents including those from Dalit and marginalized families were trained on making masks, sanitary pad, sanitizer and soap. In addition, 262 people (137 females) were trained on WASH and IPC mostly from HCFs.

In late June, Kathmandu Valley was hit by a sudden onset of cholera which triggered UNICEF to engage and support the national and local governments for strategic response and containment. Through the cluster coordination mechanism, a common strategy was developed to support the Ministry of Water Supply (MoWS) to trigger actions on part of service providers (both public and private) in relation to water testing and water treatment for safe water supply. UNICEF focused its response support to Kathmandu Metropolitan City and intensive community engagement was carried out including door-to-door visits, booth campaigns for household water testing and provision of supplies of chlorine solutions for households in vulnerable areas, dug well chlorination, school-level awareness programme, etc. Through these interventions, UNICEF was able to reach over 44,200 people in the most vulnerable communities of the two cities of Kathmandu Valley (Kathmandu and Lalitpur). Further, UNICEF also provided water testing support to 2,726 households during cholera response and further trained 370 water centres and service providers on mass chlorination as long-term support to the service providers in practicing safe water provision.

Besides COVID-19, UNICEF responded to other emergencies such as monsoon floods, landslides and earthquakes that occurred in different parts of Lumbini, Karnali and Sudurpaschim provinces, where UNICEF provided WASH assistance through WASH emergency supplies and services such as drinking water and emergency sanitation facilities and supplies to over 34,000 people. Additionally, UNICEF supported Joint Monitoring Visits (JMVIs) led by the cluster-lead, i.e., MoWS and participated by cluster members, in all seven provinces thereby helping improve the quality of preparedness, response plan and recovery work carried by national and sub-national government and WASH cluster members.

Meanwhile, following the decrease in COVID-19 cases and depleting resources for the response, the WASH cluster members focused on regular development programme, which resulted in the need for UNICEF to respond to most of the incidents (including localized monsoon disasters such as floods, landslides as well as earthquake) that occurred. Further, gaps exists in overall preparedness of the WASH cluster, especially around prepositioning of WASH supplies that is required nationwide for any future emergencies.

Nutrition

In 2022, 12,650 children aged 6-59 months suffering from severe acute malnutrition (SAM) were treated in the 1,150 outpatient therapeutic centres (OTCs) across the country. UNICEF and partners counselled 797,151 caregivers of children (under two years) on breastfeeding and complementary feeding, and 417,763 children (6-23 months) received multiple micronutrient powder.

UNICEF supported MoHP in implementing family mid-upper arm circumference (MUAC) pilot programme in four districts: Panchthar, Saptari, Kavrepanchok and Jumla, to help for early detection and referral of acute malnutrition of the children aged 6-59 months. In these 4 districts, 54,451 children aged 6-59 months were screened and 409 were identified as SAM and 2,038 were identified as having moderate acute malnutrition (MAM). All the SAM and MAM children were referred to the OTCs for therapeutic treatment by using ready-to-use therapeutic food. UNICEF also counselled and trained caregivers of children, and insights from caregivers trained to screen their own children indicate that they gained improved knowledge about wasting as a form of malnutrition, the services available to treat it, the potential causes and the ways to prevent it. With UNICEF’s technical assistance, MoHP delivered the Comprehensive Nutrition Specific Interventions (CNSI) training package to health workers and female community health volunteers (FCHVs). The training package included the Nutrition in Emergency (NiE) preparedness and response mechanism as well as treatment of SAM and MAM in children under-five years.

Additionally, around 97 per cent of 2.7 million children aged 6-59 months received Vitamin A capsules in October 2022 during the two-day nationwide Vitamin A campaign. The campaign is held biannually, in April and October.

As the nutrition cluster co-lead, UNICEF supported the government to strengthen nutrition cluster coordination mechanism at federal and provincial levels for NiE’s preparedness and response. As part of capacity building, UNICEF provided technical

13 https://kathmandupost.com/health/2022/06/20/cholera-outbreak-feared-in-kathmandu
assistance to MoHP to train 150 nutrition cluster members in all provinces on NiE preparedness and response and conducted SMART nutrition survey in five of the most nutritionally vulnerable districts.

Despite above results, one major gap remains in the supply of multiple micronutrient powder for universal coverage needed for children aged 6-23 months for home fortification. Furthermore, there were a gap to receive reports and data on SAM treatments through health management information system (HMIS) from nutrition rehabilitation centres, as reports and data from these centres were not included as part of HMIS. Meanwhile, to resolve this, there is a plan to revise HMIS to include the data and reporting of SAM from the rehabilitation centres in future.

Child Protection

In 2022, UNICEF, in collaboration with partners and specialized agencies, reached 51,298 people (21,832 males and 29,466 females) including 37,136 children through psychosocial first aid/counselling, community awareness, sensitization, and suicide prevention programmes. In addition, 1,187 service providers, including teachers, community psychosocial workers, and child protection frontline workers, were trained to identify and support appropriate services, including referrals for children and caregivers.

UNICEF and partners supported a total of 12,009 unaccompanied, separated or other vulnerable children (5,019 boys, 6,990 girls) with appropriate care arrangements (family reintegration, placement in interim/transit care) and/or other emergency assistance and relief; out of which a total of 437 children (174 boys, 263 girls) were referred to different services such as health, security, justice, etc. Additionally, 1,461 frontline workers, including case workers, (541 males, 920 females) were trained or oriented to identify and respond to unaccompanied, separated or other vulnerable children.

UNICEF’s gender-based violence (GBV) programming provided age-appropriate prevention, risk mitigation and gender responsive services to 38,513 women, children and community members (14,312 males and 24,201 females). A survivor-/child-centered approach and multi-sectoral coordination were used while providing services. Similarly, family-based interventions, such as family counselling and dialogue, have been prioritized to support rehabilitation.

One of the challenges faced is reintegrating pregnant adolescent GBV survivors with their families due to stigmatization and lack of long-term services like shelter home facilities and livelihood opportunities in communities. Furthermore, linkages between socio-economic support interventions and child protection services need to be strengthened to address socio-economic drivers of neglect, abuse, violence and exploitation.

Education

UNICEF continued its support to the Ministry of Education, Science and Technology (MoEST) to ensure continuity of learning during both the COVID-19 third wave as well as the monsoon situations. Since January, around 257,173 children (131,158 girls, including
262 children with disability) continued learning in 57 municipalities of four provinces, through arrangements like tole sikshya\textsuperscript{14} (community learning circles), distribution of self-learning materials and learning continuity campaigns to access formal and non-formal education, including early learning. UNICEF and partners distributed self-learning materials to 99,386 pre-school and primary-level children (50,666 girls) to ensure learning continuity of the children without access to online and media education during emergencies. On tole sikshya approach, UNICEF, in coordination with government and partners, supported 93,626 children (47,750 girls) from early grades to grade 3, through 2,378 tole sikshya sessions especially for the children who experienced disproportional loss of learning due to COVID-19. Further, a total of 2,809 teachers received psychosocial and life skills education to support in children's well-being. Besides COVID-19, UNICEF responded to monsoon emergencies such as flood and landslides in September-October with 38 schools of four districts (Banke, Bardiya, Dang and Darchula) receiving education supplies such as ECD kits and teacher's kits benefitting 5,670 children. This also included four tents to establish temporary learning centre in the schools highly affected by flood/landslide in Darchula District.

Meanwhile, UNICEF supported 878 schools to develop school disaster management plans in Lumbini, Karnali and Sudurpaschim provinces and also contributed to ensure in-person teaching and learning in 1,411 schools in 47 municipalities through adherence of safe school protocols.

UNICEF, in collaboration with cluster members, supported the government for the institutionalization of the cluster mechanism. Nepal education cluster guidance document was developed through consultative process to clarify the role and responsibilities of the provincial and local governments to ensure learning continuity in emergencies. Further, UNICEF strengthened capacity of 242 stakeholders at province and local levels on education cluster coordination and reporting. Meanwhile, UNICEF, in collaboration with cluster partners, supported the government to revise the education disaster preparedness and response plan/contingency plan and to update the monsoon preparedness plan at the federal level.

On the gaps, there is need for effective communication, coordination, and collaboration among federal, provincial, local level governments and relevant stakeholders to ensure ownership and sustainability of cluster mechanism at all three levels. Similarly, there is lack of guidelines and policies for assessing learning levels to identify the learning needs in children. Meanwhile, to resolve this, UNICEF as cluster co-lead, will partner with provincial ministries for social development as well as local governments, school management committees and parents’ teacher associations to further strengthen coordination and collaboration across the three tiers of governments on education, to strengthen cluster mechanism.

**Social Protection – Addressing livelihood loss and strengthening coping mechanisms for vulnerable families**

UNICEF-initiated the ‘cash plus’ intervention to support families significantly impacted by COVID-19, across 12 municipalities in December 2021, continued until March 2022. Altogether 8,902 households were supported; these included 7,371 Dalit households with children under five years of age and 1,547 households with person/s with disability. Further, the planned OCHA-supported

\textsuperscript{14} Tole Sikshya: tole sikshya refers to community-based learning centers that provide educational resources and trained teachers for individuals from marginalized communities or with limited access to education. They aim to provide education for underprivileged people and children in rural and urban areas.
joint CERF Anticipatory Action (AA) project in East Basin (June to November 2022) included a cash plus component for two high flood-prone municipalities along Koshi River Basin. Fortunately, the flood warning and ‘action trigger’ level was not met as per AA framework, for East Basin. Hence no response was executed, though support for preparedness action for readiness trigger was carried out.

Social and Behavioral Change (SBC), Risk Communication and Community Engagement (RCCE) and Accountability to the Affected Population (AAP)

In 2022, UNICEF continued to support the Government’s COVID-19 risk communication efforts through the UNICEF-supported, Crisis Media Hub at MoHP. Over 500 multimedia assets, informed by robust daily social listening, were produced to raise awareness about risks of COVID-19 and promote uptake of COVID-19 vaccines. UNICEF also put out more than 850 TV programmes with campaigns on mask usage and reopening of schools as well as 156 episodes of radio drama series. In total, UNICEF reached 10.6 million people with messaging on prevention and access to services and engaged 359,000 people in risk communication and community engagement (RCCE) actions. Meanwhile, 77,626 instances of community feedback were collected through offline platforms and networks, then compiled, analysed and shared with RCCE and government and stakeholders for adjustment to the RCCE and COVID-19 vaccination, treatment, testing and other services.

UNICEF regularly shared messages on the risks of COVID-19 and the benefits of vaccination as well as situation of children and families affected by the floods and earthquake in western Nepal and UNICEF’s response to these emergencies on its social media channels including Facebook, Twitter and Instagram and reached 19 million individuals online.

UNICEF also leveraged the relationship with the MoHP to communicate about other emergencies including dengue, cholera, monkey pox, bird flu, etc. When monsoon floods hit western Nepal in October 2022, UNICEF was the first agency to disseminate content from flood-affected areas, which resulted in earned-media coverage of UNICEF’s flood response in international media including BBC and Yahoo News, as well as Nepal’s content being further amplified by social media accounts of UNICEF Executive Director and UNICEF headquarters. This helped raise awareness about the issues of children and families in affected areas as well as provided visibility to UNICEF response.

In June, UNICEF launched a risk communication and reporting during disasters training, and over 350 journalists from seven provinces were trained in collaboration with partners EU, ADB, USAID and MOHP/National Health Education, Information and Communication Center. UNICEF also engaged nearly 200 young people throughout the year to enhance their capacity to become influencers in their families and communities by providing life-saving information on COVID-19 through partnership with ADB.

UNICEF also launched a U-Report Survey to learn young people’s perceptions of the COVID-19 vaccine as well as rumour and misinformation related to the vaccine. 434 young people participated in the survey. Highlights of the survey results include 66 per cent of the responders were motivated to take the COVID-19 vaccine based on information provided by experts including the government, doctors, WHO/UNICEF, etc. as well as nearly all (98 per cent) recommending the vaccine to others.

Humanitarian Leadership, Coordination and Strategy

Throughout 2022, as a part of the UN Crisis Management Team, Humanitarian Country Team and Inter Cluster Coordination, UNICEF Nepal continued to support the Government of Nepal at federal, provincial and local levels in the preparedness and response to public health emergencies (e.g., COVID-19 pandemic, cholera and dengue outbreak), earthquake as well as monsoon season floods/landslides as part of annual monsoon emergency preparedness and response plans by the government. In full coordination with governments at all three levels, UNICEF supported and responded to immediate humanitarian needs with life-saving and urgent assistance, including during the November earthquake in far-west. UNICEF trained 38 local governments in the disaster information management systems localization (DIMS)/BIPAD portal15, developed by the National Disaster Risk Reduction and Management Authority (NDRRMA) to help improve information systems for timely humanitarian response.

With government agencies as the leads, UNICEF co-leads the four humanitarian clusters: WASH, Education (with Save the Children), Protection (with UNFPA) and Nutrition clusters, as well as the RCCE working group. UNICEF is an active member of the Health Cluster and the Cash Coordination Group at national and provincial levels. UNICEF continued to effectively contribute through its leadership role as co-lead of these four clusters, throughout 2022. Further UNICEF co-chairs social protection task team as part of other clusters such as health, shelter and Information management working groups. UNICEF is also an active member in UN joint working groups and interagency working groups. UNICEF’s participation and contribution in these groups has fostered common understanding and effective collaboration among UNCT members to delivering as One UN while working together with government.

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15 https://bipadportal.gov.np/realtime/
Human Interest Stories and External Media

UNICEF Nepal Country Office human interest stories:

- https://www.unicef.org/nepal/stories/keeping-vaccines-cold
- https://www.unicef.org/nepal/stories/safe-water-every-home
- https://www.unicef.org/nepal/stories/it-healed-my-heart
- https://www.unicef.org/nepal/stories/i-am-changed
- https://www.unicef.org/nepal/stories/championing-access-safe-water
- https://www.unicef.org/nepal/stories/community-connection
- https://www.unicef.org/nepal/stories/first-point-contact-communities
- https://www.unicef.org/nepal/stories/push-families-take-action
- https://www.unicef.org/nepal/stories/children-are-safe
- https://www.unicef.org/nepal/stories/nectar-newborns
- https://www.unicef.org/nepal/stories/hope-malnourished
- https://www.unicef.org/nepal/stories/embracing-transformation
- https://www.unicef.org/nepal/stories/seen-heard-and-supported

Multimedia:

https://weshare.unicef.org/Folder/2AMZIF76HCM6
https://weshare.unicef.org/Folder/2AMZIF92AWEQ
https://weshare.unicef.org/Folder/2AMZIFZ2EWJQ
https://weshare.unicef.org/Folder/2AMZIF75YEKU
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Select social media posts: Links to UNICEF posts.

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External media:

- https://bichaar.com/?p=5916
- https://fb.watch/hKhs8p9ixG/
- https://www.setopati.com/social/261089
- https://thehimalayantimes.com/opinion/editorial-laudable-support
- https://kathmandupost.com/national/2022/02/06/school-students-achievement-has-plunged-under-virtual-learning
- https://radiokantipur.com/national/2022/01/20/1642685736
- https://rashrhiyadainik.com/?p=19956&fbclid=IwAR3GeI3g5W8pFQw3VS9x7bdoflDIAtEBP55tBOgMPkzcaEGH21x9veZCn4
• https://kathmandupost.com/national/2022/01/10/schools-across-nepal-shut-until-january-29-amid-virus-threat
• https://kathmandupost.com/health/2022/04/19/nationwide-vitamin-a-and-deworming-campaign-kicks-off
• https://thehimalayantimes.com/nepal/nepal-to-receive-above-normal-rainfall-this-monsoon-season
• https://www.independent.co.uk/climate-change/news/nepal-floods-landslides-dead-toll-b2201002.html

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## Annex A

### Summary of Programme Results

<table>
<thead>
<tr>
<th>Sector</th>
<th>Indicator Disaggregation</th>
<th>UNICEF and IPs Response</th>
<th>Cluster/Sector Response</th>
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<td>Number of children and women accessing primary health care in UNICEF-supported facilities</td>
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<td></td>
<td>Total</td>
<td>10,000</td>
<td>10,050</td>
</tr>
<tr>
<td></td>
<td>Male</td>
<td>5,125</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>4,925</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Number of health care facility staff and community health workers trained on infection prevention and control</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>5,300</td>
<td>285</td>
</tr>
<tr>
<td>Nutrition</td>
<td>Number of children aged 6 to 59 months with severe acute malnutrition admitted for treatment.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>23,500</td>
<td>12,650</td>
</tr>
<tr>
<td>Child Protection, GBV, PSEA</td>
<td>Number of children and parents/caregivers accessing mental health and psychosocial support</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total Person</td>
<td>609,200</td>
<td>60,460</td>
</tr>
<tr>
<td></td>
<td>Male</td>
<td>21,832</td>
<td>14,762 ▲</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>29,466</td>
<td>20,764 ▲</td>
</tr>
<tr>
<td></td>
<td>LGBTIQ+</td>
<td></td>
<td>39</td>
</tr>
<tr>
<td></td>
<td>Number of women, girls and boys accessing gender-based violence risk mitigation, prevention or response interventions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>132,900</td>
<td>43,730</td>
</tr>
<tr>
<td></td>
<td>Male</td>
<td>14,312</td>
<td>7,503 ▲</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>24,201</td>
<td>6,829 ▲</td>
</tr>
<tr>
<td></td>
<td>LGBTIQ+</td>
<td></td>
<td>40</td>
</tr>
<tr>
<td></td>
<td>Number of children receiving individual case management support</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total children</td>
<td>15,092</td>
<td>12,009</td>
</tr>
<tr>
<td></td>
<td>Girls</td>
<td>6,990</td>
<td>2,705 ▲</td>
</tr>
<tr>
<td></td>
<td>Boys</td>
<td>5,019</td>
<td>2,094 ▲</td>
</tr>
</tbody>
</table>

### Education

## Notes
### Summary of Programme Results

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Disaggregation</th>
<th>UNICEF and IPs Response</th>
<th>Cluster/Sector Response</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total needs</td>
<td>2022 target</td>
<td>Total results</td>
</tr>
<tr>
<td><strong>Total children accessing formal or non-formal education, including early learning</strong></td>
<td>1,315,000</td>
<td>225,000</td>
<td>257,173</td>
</tr>
<tr>
<td>Girls</td>
<td>6,44,000</td>
<td>110,250</td>
<td>131,158</td>
</tr>
<tr>
<td>Boys</td>
<td>671,000</td>
<td>114,750</td>
<td>126,015</td>
</tr>
<tr>
<td>Children with disability</td>
<td>8,940</td>
<td>1,732</td>
<td>262</td>
</tr>
<tr>
<td><strong>Number of children receiving individual learning materials</strong></td>
<td>300,000</td>
<td>75,000</td>
<td>99,386</td>
</tr>
<tr>
<td><strong>Number of schools implementing safe school protocols (infection prevention and control)</strong></td>
<td>1,000</td>
<td>200</td>
<td>878</td>
</tr>
<tr>
<td><strong>WASH</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of people accessing a sufficient quantity of safe water for drinking, and domestic needs</td>
<td>Total</td>
<td>780,000</td>
<td>234,000</td>
</tr>
<tr>
<td>Number of people use safe and appropriate sanitation facilities</td>
<td>300,000</td>
<td>90,000</td>
<td>12,035</td>
</tr>
<tr>
<td>Number of people reached with critical water, sanitation and hygiene supplies (including hygiene items) and services</td>
<td>780,000</td>
<td>252,000</td>
<td>249,943</td>
</tr>
<tr>
<td><strong>Social Protection and cash transfers</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of households reached with humanitarian cash transfers through an existing government system where UNICEF provided technical assistance and/or funding.</td>
<td>HHs with children under 5 years</td>
<td>26,500</td>
<td>8,902</td>
</tr>
<tr>
<td>HHs having person/child with disability</td>
<td>1,547</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td><strong>C4D/SBC, RCCE &amp; AAP</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of people reached through messaging on prevention and access to services</td>
<td>Total</td>
<td>26 million</td>
<td>10 million</td>
</tr>
<tr>
<td>Male</td>
<td>12.74 million</td>
<td>4,900,000</td>
<td>5,194,000</td>
</tr>
<tr>
<td>Female</td>
<td>13.26 million</td>
<td>5,100,000</td>
<td>5,406,000</td>
</tr>
<tr>
<td>Social Media</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of people engaged in risk communication and community engagement actions</td>
<td>People</td>
<td>N/A</td>
<td>550,000</td>
</tr>
<tr>
<td>Number of people with access to established accountability mechanisms</td>
<td>N/A</td>
<td>102,000</td>
<td>77,626</td>
</tr>
</tbody>
</table>
# Annex B

## Funding Status

<table>
<thead>
<tr>
<th>Sector</th>
<th>Requirements</th>
<th>Humanitarian resources* received in 2022</th>
<th>Other resources used in 2022</th>
<th>Resources available from 2021 (Carry-over)</th>
<th>$</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition</td>
<td>3,450,000</td>
<td>34,000</td>
<td>289,209</td>
<td></td>
<td>3,126,791</td>
<td>91%</td>
</tr>
<tr>
<td>Health</td>
<td>5,346,000</td>
<td>-</td>
<td>680,926</td>
<td>100,286</td>
<td>4,564,788</td>
<td>85%</td>
</tr>
<tr>
<td>WASH</td>
<td>5,328,000</td>
<td>-</td>
<td>645,000</td>
<td>395,624</td>
<td>4,287,376</td>
<td>80%</td>
</tr>
<tr>
<td>Child Protection GBVIE and PSEA</td>
<td>3,236,814</td>
<td>516,225</td>
<td>308,797</td>
<td>760,329</td>
<td>1,651,462</td>
<td>51%</td>
</tr>
<tr>
<td>Education</td>
<td>3,553,200</td>
<td>-</td>
<td>-</td>
<td>2,353,843</td>
<td>1,199,357</td>
<td>34%</td>
</tr>
<tr>
<td>Social Protection</td>
<td>3,445,000</td>
<td>-</td>
<td>631,461</td>
<td>57,650</td>
<td>2,755,889</td>
<td>80%</td>
</tr>
<tr>
<td>Cross Sector (HCT, C4D/SBC, RCCE and AAP)</td>
<td>2,915,000</td>
<td>111,933</td>
<td>1,304,288</td>
<td>425,590</td>
<td>1,073,188</td>
<td>37%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>27,274,014</strong></td>
<td><strong>662,159</strong></td>
<td><strong>3,859,681</strong></td>
<td><strong>4,093,323</strong></td>
<td><strong>18,658,851</strong></td>
<td><strong>68%</strong></td>
</tr>
</tbody>
</table>

*Note: Grant received against HAC-2022 Appeal, as of 31 December 2022. Other funds include carry over from 2021. Other resources include RR funding used towards humanitarian response in 2022.