



On 16 January 2022, 12-year-old Jessica Dhakal from the Himalaya Boarding School in Budhanilkantha, Kathmandu receives COVID-19 vaccines (Pfizer) as part of the Government of Nepal's vaccine drive. ©UNICEF

Reporting Period: 1 January to 28 February 2022

Nepal

Country Office

Humanitarian Situation Report No. 1

for every child

Highlights

- Between January and February 2022, Nepal experienced the third COVID-19 surge fuelled by the Omicron variant, with 148,553 new cases diagnosed. The total since the start of the pandemic in Nepal increased to 976,984 cases (86,223 under the age of 20) and 11,936 deaths by end February.¹ The Omicron's unprecedented rise in cases occurred mainly between early and late January, and thereafter Nepal continued to see a substantial decline in the average daily reported COVID-19 cases.
- Over 37 million doses¹ of COVID-19 vaccine have been administered by the Government of Nepal (GoN), as of 28 February, covering around 91 per cent of the target population (above 18 years of age) with the first dose and over 78 per cent with two doses. The vaccination of children began in November 2021, and as of February 2022, around 89 per cent of the targeted child population (12 -17 years of age), received a first dose and 48 per cent two doses.
- UNICEF delivered both COVID-19 vaccines and more than 16 million syringes to the government during the reporting period. UNICEF also distributed in-line, solar direct-drive, and walk-in refrigerators, vaccine carriers, oxygen concentrators and oxygen cylinders.
- UNICEF supported 5,762 children (50 per cent girls) to access formal or non-formal education, through the *tole-sikshya* (community learning circles) programme and equipped them with supplementary learning support.

Situation in Numbers



976,984

Confirmed COVID-19 positive cases in Nepal (MoHP, as of 28 Feb.)



86,223

Children under the age of 19 years tested COVID-19 positive



752,400

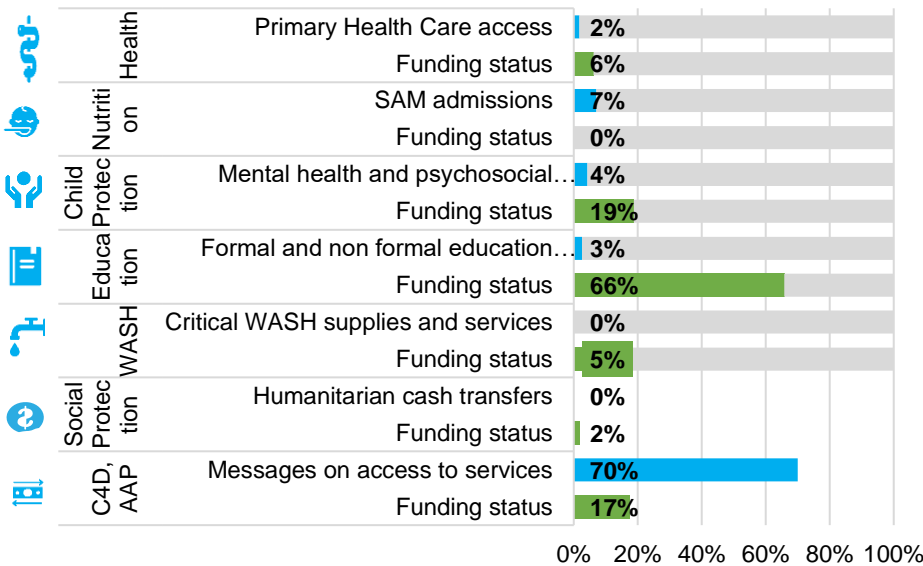
Children in need



1.8 million

People in need of humanitarian assistance

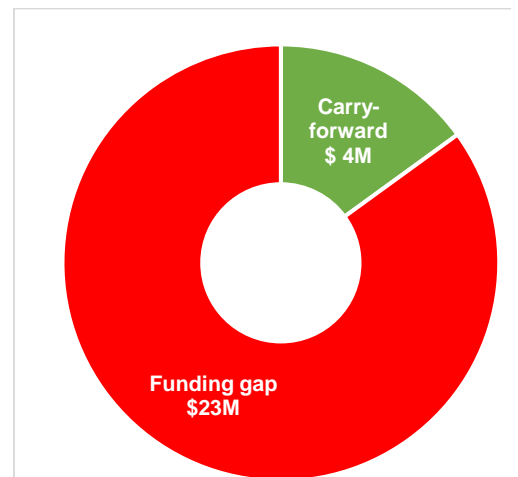
UNICEF's Response and Funding Status



Note: The chart shows progress on funding for overall sector whereas the progress of only one high level indicator per sector.

UNICEF Appeal 2022

US\$ 27 Million



Funding Overview and Partnerships

Based on the UNICEF Nepal Humanitarian Action for Children (HAC) Appeal for 2022, UNICEF requires US\$27.3 million to meet the needs of children, women and families in Nepal affected by the COVID-19 pandemic, and to respond to the annual monsoon season hazards such as floods and landslides. To date, UNICEF has not received any funding against the 2022 HAC and only has US\$ 4,093,323 as a carryover from 2021, including funds received in late 2021 available for programme implementation. UNICEF is thankful for all the contributions received to date and expresses its sincere gratitude to all the donors for helping families and children in Nepal. However, UNICEF Nepal will require additional contributions to close the current funding gap of US\$ 23,180,691. UNICEF will continue to partner with donors to ensure sufficient resources are mobilized to address the needs of children and communities in Nepal. Without the needed funding, at least 752,000 children and their families and around 1.8 million¹ people in need, may not have access to vital humanitarian support they need in Nepal.

Situation Overview & Humanitarian Needs

Between January and February 2022, Nepal experienced the COVID-19 third wave with the Omicron variant. The average daily reported number of COVID-19 new cases jumped at an alarming rate. For example, daily cases increased from 342 on 1 January to 3,703 cases² on 15 January, with 21,584 active cases. This third wave surpassed the peak of the previous second wave, driven by the Delta variant, with more than 10,052 daily new cases reported on 20 January, with 57,328 active cases and 47.9 per cent positivity rate—from Real-Time polymerase chain reaction (RT-PCR) tests—and 52.6 per cent positivity rate from a day earlier, according to the Ministry of Health and Population (MoHP) data. The major Omicron increase of cases was reported between first week and third week of January, and later fluctuating numbers and positivity rate were recorded until late January. Owing to the risk of Omicron surge, the government decided to close schools³ across the country from 11 January to 29 January as per the recommendation⁴ of the GoN/COVID-19 Crisis Management Coordination Centre (CCMCC). Similarly, due to the continued spike in cases, on 17 January the government announced stricter restrictions⁵. Earlier, on 16 January, the government issued a new order/directive⁶ titled “Directive on the Prevention and Control of the Omicron-driven Third Wave-2022,” based on which the restrictions were announced. Meanwhile, globally, on 19 January the World Health Organization (WHO) in its briefing⁷ said that though Omicron infections on average may be less severe, it was not a mild disease. From late January onwards, the COVID-19 cases saw a downward trend in Nepal and a significant decline in new cases. Compared to January, new cases dropped to 498 on 15 February and eventually to 119 on 28 February. As a result, the CCMCC recommended that the government reopen the schools from February 13 and ease⁸ vehicular and other restrictions. Subsequently schools were reopened for in-person classes.

The reported cumulative number of total COVID-19 related fatalities since the beginning of pandemic in Nepal reached 11,936 by the end of February. The COVID-19 caseload national tally reached 976,984 on 28 February, including 86,223 children (under the age of 20) including 22,241 children under the age of 10 (12,967 males and 9274 females), infected since the beginning of pandemic, while the cumulative recovery rate reached 97.9 per cent.

Monsoon rainfall poses potential challenges of floods and landslides from May to September, which may lead to additional humanitarian impacts on the lives of women and children.

Summary Analysis of Programme Response

Health

Needs

The reporting period was marked with the sudden surge of COVID-19 cases. The seven-day rolling average reached more than 287 new cases per million people by the 25 January 2022 and share of positive cases was as high as half of the tested people, with the estimate of the effective reproduction rate of 2.74. A total of 148,553 new cases (83,553 males and 65,000 females) were detected during the reporting period which stretched the testing capacity in the country⁹. Partners were requested to mobilize more RT-PCR tests and antigen test kits as well as human resources to test and isolate patients especially at the border areas. Simultaneously, the system was stretched as more than half of health workers were absent and isolated as they contracted COVID-19; thus some routine essential health services were disrupted during this period. As was evident from around the world, the surge of Omicron resulted in significantly less hospitalisation and deaths, with case fatality rate of only 0.13 per cent during peak

¹ This is based on the Nepal Government’s Monsoon Preparedness and Response Plan-2021, which estimated 1.8 million people in need (see Nepal HAC 2022 for details) <https://www.unicef.org/appeals/nepal>

² <https://covid19.mohp.gov.np/> (Daily MoHP SitReps -taking only the count of new cases & positivity rates from RT-PCR tests, for the SitRep purpose)

³ <https://kathmandupost.com/national/2022/01/10/schools-across-nepal-shut-until-january-29-amid-virus-threat>

⁴ <https://myrepublica.nagariknetwork.com/news/govt-closes-schools-till-january-29-citing-spike-in-coronavirus-cases/>

⁵ <https://kathmandupost.com/national/2022/01/17/more-restrictions-as-covid-19-cases-continue-to-rise>

⁶ <https://risingnepaldaily.com/health/govt-issues-order-on-prevention-and-control-of-third-wave-of-coronavirus-with-omicron-2078>

⁷ <https://www.youtube.com/watch?v=eqoXB-TNV2E>

⁸ <https://myrepublica.nagariknetwork.com/news/ccmc-recommends-lifting-odd-even-rule-for-all-types-of-private-vehicles-taxis-in-kathmandu-valley/>

⁹ Data derived from MOHP Nepal COVID-19 Dashboard <https://covid19.mohp.gov.np/>

period. Thus, the secondary and tertiary care settings were less burdened with the surge of patients. However, home isolation health kits were in huge demand as more than 80 per cent of cases were isolated at home.

Response

Over 37 million doses of COVID-19 vaccines have been administered by the government to the target population as of the end of February and UNICEF provided logistics, transportation, and technical and financial support to the government in effective vaccine management, vaccination campaign including supply management of vaccine and devices. During this reporting period, a total of 8.34 million doses of COVID-19 vaccines and more than 16 million syringes were delivered by UNICEF to the government. 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. Among these, 88 per cent have been installed.

UNICEF distributed 13,459 home isolation health kits during the reporting period. To support infection prevention and control (IPC) measures, UNICEF provided the GoN with 10,050 face shields, 225,000 surgical gloves, 778,050 surgical masks and 7,957 hand sanitizers.

Learning the lessons from the COVID-19 second wave response in 2021, which demonstrated that a shortage of oxygen supplies could lead to a crisis, UNICEF provided the government with oxygen related equipment, as well as supported the repair and maintenance of the equipment. During this reporting period, UNICEF handed over 200 units of oxygen concentrators and 1,288 units of oxygen cylinders¹⁰ and also supported in transportation of these equipment to Provincial Health Logistics Centres.



Matron Sandhya Das (front left) with BEFON trainer Suraj Sharma (far right) during a training in operating and maintaining oxygen-related biomedical equipment at the Madhesh Institute of Health Sciences in Dhanusha District in southern Nepal. ©UNICEF Nepal/2021/RUpadhayay

Furthermore, UNICEF continued its partnership with Biomedical Engineering Foundation Nepal (BEFON) to provide technical support in the repair and maintenance of oxygen-related biomedical equipment (ventilators, high-flow nasal-cannula, continuous positive airway pressure (CPAP), oxygen cylinders and oxygen concentrators). During this reporting period, while UNICEF continued supporting 16 COVID-19 designated hospitals, 10 new COVID-19 designated hospitals were added for technical support in repair and maintenance and training to health workers on the repair of oxygen-related biomedical equipment.

Gaps and constraints

The overall health system continues to face delayed planning for an anticipated surge. As health development partners received request for response commodities very late during the third surge of COVID-19, some supplies like the laboratory test kits and reagents could not be delivered on time. One of the key lessons learnt is early planning for timely response to humanitarian crises.

WASH

Needs

The sudden surge in COVID-19 cases with Omicron variant highlighted again the need for continuous compliance with public health safety (i.e., SMS)¹¹ protocol and having access to functional and sustainable WASH facilities both at community and institutional levels. Additionally, there is also need of upgrading or repairing the WASH facilities provided earlier as temporary solutions.

Response

As cluster co-lead, UNICEF supported the WASH cluster to complete the joint monitoring visits (JMV) in all seven provinces to monitor and assess the quality of response and recovery work carried out earlier by WASH cluster members. The findings from JMV were then shared at the national WASH cluster level. The report from JMV proposed key recommendations on capacity building, strengthening coordination among the federal, provincial and local governments, best practices in WASH and IPC that

¹⁰ Source: Sitrep #711, 20 January 2022, Ministry of Health and Population, Government of Nepal

¹¹ Social distancing, use of mask and use of sanitizer and soap.

could be scaled up, localization of technologies as well as strengthening local capacities to ensure continued WASH services. Due to the sudden rise in cases during the third wave in January, and the possibility of influx of migrant workers again, UNICEF conducted assessments of all points of entries along the borders in Madhesh, Lumbini and Sudurpaschim provinces to understand any immediate need for response; however, not much response had to be provided given the relatively low impact of the third wave. As part of continued support in the provision of WASH services in needed areas, four hand washing stations were installed at health care facilities. During the reporting period, as part of the local level support to COVID-19 recovery, UNICEF provided formal WASH skill development training to 55 people focusing on plumbing, electrical and masonry works. These cadres of skilled manpower can be self-employed or be used by any organization or government agencies for WASH service delivery.

Gaps and constraints

While there are still many areas where permanent WASH facilities are required, the facilities provided so far has remained temporary and unused. This is in largely due to the fact that these facilities have been handed over to either local governments or communities who now need to take care of these facilities themselves but have not done so properly. This is one of the major factors contributing to the non-functionality of WASH facilities which need to be addressed. The effective coordination and collaboration amongst different ministries, as well as amongst the three levels of governments (i.e., federal, provincial and local) remained an area for further development. Meanwhile, UNICEF has exhausted most of its available funds in 2021 and is thus left with minimal funds for future responses in 2022.

Nutrition

Needs

The most important nutrition intervention needs remained consistent to the last situation report¹², including the need to: (i) continue to assist local governments to strengthen and expand outpatient therapeutic centres (OTCs) to the local health facilities and via female community health volunteers (FCHVs) for the management of an estimated annual caseload of 20,000 cases of severe acute malnutrition (SAM), among other needs.

Response

From January to February 2022, 1,670 children aged 6-59 months with SAM have been treated in 863 OTCs across the country. UNICEF and partners counselled 80,553 caregivers of children (under two) on breastfeeding and complementary feeding, 48,465 children (6-23 months) received multiple micronutrient powder, and 19,297 pregnant and postnatal women received full course of iron and folic acid tablets. To ensure the early detection of severe and moderate acute malnutrition (MAM) and treat children through self-referral to the health facilities, UNICEF has been supporting MoHP to initiate a family mid-upper arm circumference (MUAC) pilot programme in 4 out of 77 districts of Nepal. Between January and February 2022, health workers and FCHVs were trained, and mothers/caregivers (of children below the age of five) were provided with orientation, across communities in four districts. UNICEF also promoted the continuation of infant and young child feeding by disseminating information and counselling services via telephone, radio, TV, and social media communication channels. Apart from the above-mentioned achievements, UNICEF has been supporting MoHP for national nutrition cluster coordination as cluster co-lead.

Gaps and constraints

The expected MUAC screening in the integrated management of acute malnutrition (IMAM) programme has not happened. Therefore, UNICEF has been supporting MoHP to initiate a family based MUAC approach in 4 out of 77 districts. Similarly, with UNICEF's technical assistance, the simplified approach for the treatment of both MAM and SAM of 6-59 months children by using ready-to-use therapeutic food has been initiated by MoHP, but the approach needs to be more strengthened throughout the country.

Child Protection

Needs

During January and February 2022, the third wave of COVID-19 was compounded by a cold wave in the Terai region of Nepal and heavy snowfall in some parts of Gandaki, Sudurpaschim and Karnali provinces. In addition to the socio-economic stress and lingering psychological issues, children have been further exposed by climatic events, school's closures and underlying structural issues that led to violence, abuse, and exploitation. 50 per cent of the key informants who were reached through the protection monitoring and incident reporting (PMIR) system from January to February, mentioned financial constraints and limited job opportunities as key constraints to caring for their children. In addition, the safety of vulnerable groups including women, children, elderly, persons with disability (PWD) and other minorities as well as their access to services and information continued to be of concern. During this period, parents expressed anxiety over exposure of children to COVID-19 while continued school closures for certain age groups and in areas affected by natural hazards represented a major risk of school dropout and absenteeism. These main issues of concern for adolescent and adolescent girls in particular were identified through the PMIR.

¹² UNICEF Nepal Sitrep #6, Dec 2021

Stigma associated with mental health issues remains a major barrier for help-seeking behaviours, particularly for the most isolated and excluded people; therefore, there is a continued need for psycho-social interventions for the most vulnerable groups including children and PwD. It is critical to ensure the continuity of protection services that are needed for prevention, early identification, and timely and effective response for children at risks. These services include— vulnerability assessment; psychosocial support; helplines/hotlines; gender-based violence (GBV) prevention and response including through one-stop crisis management centres with focus on survivors who are children; and alternative care arrangements/support.

Response

Over the reporting period, UNICEF and partners provided 2,603 people (1,111 males and 1,492 females)—including those in holding centres at points of entry (PoE)—with psychosocial support through deployment of community based psychosocial workers and counsellors. A total of 98 (22 males and 76 females) from local governments and frontline service providers in Sudurpaschim and Lumbini provinces were oriented on the importance of psychosocial issues to support them to provide effective and timely psychosocial support to vulnerable people. A total of 3,080 people (303 males and 2,777 females) were reached with GBV response services. Sensitization activities for people in the communities, adolescents, parents were conducted in Madhesh, Lumbini, Karnali and Sudurpaschim provinces.

Child helplines and emergency intervention services, including appropriate care arrangements and emergency assistance, were provided to 380 cases (151 boys and 229 girls); out of which 81 cases (29 boys and 52 girls) were referred to different services such as health, security, justice etc. Furthermore, 128 front-line workers including case workers (81 males and 47 females) were trained or oriented to identify and respond to unaccompanied, separated, or other vulnerable children.

Gaps and constraints

Limited information and services are major concerns among PwD due to the challenges in accessing information and mobility restrictions. More effort needs to be made to reach this vulnerable group with child protection interventions, including psychosocial support for children with disability (CwD) and their caregivers.

Addressing the socio-economic impact of GBV for child survivors and the children of survivors remains a priority area of work. Ensuring safety and socio-economic support including addressing the risks children continue to face in environments where they risk neglect, abuse and violence requires continued work on connecting GBV, child protection, social welfare and legal aid actors. Advocacy with the concerned government authorities at the federal and local levels for long term services and linkages/referrals with livelihood services needs to be continued and expanded.

Education

Needs

The prolonged disruption of education services due to COVID-19 pandemic caused extensive loss of learning amongst almost 8.3 million school-aged children in the year 2021. Furthermore, the sudden spike in daily COVID-19 cases in January 2022 with the third wave, driven by the Omicron variant, led to the closure of schools for a month. Though schools reopened for in-person classes from mid-February 2022, after a month in a virtual mode, the impact from the loss of learning was high, especially for those children living in remote areas and from poorer households as they were disproportionately affected due to their pre-existing vulnerabilities. Earlier, UNICEF's Child and Family tracker (CFT) survey from November 2021 found that 80 per cent of children had fallen behind in school and 39 per cent respondents reported that children were having difficulty with their homework with highest rate in Karnali and Sudurpaschim provinces. Therefore, it is essential to develop a comprehensive strategy on the recovery of learning loss and accelerate learning programmes particularly for early grades. It is also essential to support local governments to introduce a targeted approach to return at-risk students at schools through different campaigns. It is also essential to strengthen the capacity of local governments and ensure that strategies on response and recovery of learning are included in their respective planning and budgeting processes. Combined with these priorities is the continuation of providing psychosocial support to students and teachers to address their well-being and encourage teaching and learning.

Response

UNICEF is supporting acceleration of learning to students that have experienced disproportional loss of learning. 5,762 children (50 percent girls) have been reached through the *tole-sikshya* program (community learning circles) and equipped with supplementary learning support to recover their learning loss. Local level executive team and other educational stakeholders from 17 municipalities of Lumbini and Karnali provinces were oriented about *tole-sikshya* program. Similarly, planning meeting was completed with 616 head teachers (17 per cent females) for effective implementation of *tole-sikshya* program. UNICEF and partners trained 738 teachers (49.5 per cent females) from 245 schools of Lumbini and Karnali provinces to facilitate *tole-sikshya* and safe reopening of schools. UNICEF continued to support local governments for safe and inclusive school operations through advocacy to adhere to standards public health and safety measures at schools. In addition, UNICEF and partners continued supporting local governments to strengthen effective coordination and to enhance technical capacity of schools to feed information in Education in Emergency (EiE) component of education management information system (EMIS).

Gaps and constraints

Though the full impact of the COVID-19 pandemic on learning outcomes remains to be assessed, there is a lack of guidelines and policies for accessing learning levels to identify learning needs. As decision makers at different levels have sought to address the impact of the pandemic on education, one of the primary challenges has been a dearth of up-to-date and accurate data. UNICEF continues to engage with the EMIS unit to strengthen information management system during emergencies; however, a challenge to identify user-friendly mechanism persists due to limited capacity of end users at local governments to access the technology. Similarly, effective coordination and collaboration amongst different ministries, as well as amongst the three tiers of governments on education, remained to be further strengthened.

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

Needs

The COVID-19 third wave of January-February 2022 and the subsequent movement restriction measures put in place by the government impacted lives of the most vulnerable population. While the third year/wave of the COVID-19 pandemic was less severe, for some families the hardship deepened and continued. The government realized the need to support the daily wage earners and small vendors, who lost their jobs and income during 2021 and came up with a cash-based intervention. The impact on income and poverty continued to remain a major concern as it induced multiple deprivations, as was noted in the previous reporting period with reference to findings of the UNICEF's CFT survey from November 2021. The upcoming round of CFT survey will further elucidate the situation and impact of COVID-19 third wave.

Response

UNICEF initiated the 'cash plus' intervention to support highly COVID-19 affected families in 12 municipalities in December 2021. The cash plus intervention was continued in January 2022 and its monitoring was done in January and February. 8,766 households were supported; these included 7,219 households with people from the Dalit community who had children under five and 1,547 were households who had a person/s with disability. Meanwhile, the large cash response initiated earlier by the government in November 2021 targeting 500,000 families has been ongoing.

Gaps and constraints

One of the significant challenges is that the government's cash response could not be delivered on time because of communication gap between the federal and the local governments (municipalities). Another reason for the delay as reported by the local governments was the confusing targeting criteria. Other constraints and gaps remained, as was noted in the earlier reporting period, including the continuously evolving political context constrained policy consistency and national capacity to design and implement nationally scaled-up responses. UNICEF is in continuous discussion with governments to explore possible technical assistance and design refinements. The evidence of the long-term impacts of the COVID-19 social and economic impacts continues remain a further gap to address.

Communication for Development (C4D), Risk Communication and Community Engagement (RCCE) and Accountability to the affected population (AAP)

Needs

During the COVID-19 third wave in January, the government announced various safety and restrictive measures such as closing schools, limiting movement of vehicle and social gatherings. Reinforcement of messages were also prioritized around adherence to public health safety measures (PHSM) given the various scenarios, information on vaccination campaigns (including testing and certificates) as well as management of symptoms and cases (especially in the context of entire households becoming infected).

Response

COVID-19 prevention and vaccination-related content was disseminated through the range of channels, including radio, television, community volunteers/mobilizers and social media. More than seven million people were reached with COVID-19 related information through 18 episodes of the radio programme "Corona Capsule" and 59 episodes of television programme "Corona Care". During the reporting period, the UNICEF-supported Crisis Media Hub at the MoHP developed and released 140 multimedia products on COVID-19 and non-COVID related health messages. The Hub engaged influencers (actors/mayors/singers/social activists) on videos to motivate people to get vaccinated and follow public health measures and broadcast to across the country through the national Nepal TV and 19 private TV stations. Strategic media engagement has led to some of the content being picked up by media and placed prominently in papers including visibility for COVAX partners including France, Japan, Italy and the UK. During the reporting period, UNICEF was able to reach 9.4 million people through social media channels (including the newly created TikTok account), gathering 128.4 million impressions and 20.1 million engagements through content promoting safety measures related to Omicron, mask-wearing and vaccination; covering COVID-19 vaccine arrivals through the COVAX facility; and showcasing the vaccine cold chain.

A rapid survey was conducted with more than 174,000 people (above 12 years old) from 21 municipalities to understand the vaccine uptake and hesitancy and improve the vaccination coverage in Madhesh province. As per the rapid survey, 84 per cent of the people (above 18 years old) reported getting full vaccination. Furthermore, among the unvaccinated, insufficient vaccine and not having information during the vaccination time were two major reasons for not taking vaccine. The findings of the survey were shared with the provincial government and municipalities. Altogether 1,129 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.

In collaboration with Nepal Scouts, a compulsory mask initiative with schools and municipalities began in 70 Schools. School representatives, children and municipalities engaged in promoting the mask use at schools, families and community level and establishment of mask bank. More than 14,000 families including 8,800 children were reached with PHSM, COVID-19 vaccination information.

Gaps and constraints

With the prolonged pandemic, there have been challenges on communicating life-saving messages in a climate where there is a misperceived immunity following large-scale infections from Omicron variant, decreasing cases and improved vaccination coverage, as well as the importance of reaching the last mile through the vaccination of children. The frequent changes in decisions related to the administration of booster doses left the public confused. With the announcement of local elections in mid-May, wider political engagement will be required to ensure adherence to public health safety practices during the election campaign. Long delays in receiving vaccine certificates with QR code were faced by many, as indicated by frequent messages received on UNICEF Nepal social media channels that certificates were not available within the time period stipulated by the government.

Humanitarian Leadership, Coordination and Strategy

As a part of the UN Crisis Management Team, Humanitarian Country Team and Inter Cluster Coordination, UNICEF Nepal continues to support the Government of Nepal at federal, provincial and local levels in the preparedness and response to COVID-19 pandemic, as well planning on supporting preparedness actions for upcoming monsoon seasons floods/landslides, as part of annual monsoon emergency response and preparedness. In full coordination with governments at all three levels, UNICEF will support and respond to immediate humanitarian needs with life-saving and urgent assistance while addressing underlying risks and causes of vulnerability to disasters through building back systems and resilience with multi-sectoral approaches, together with clusters and implementing partners.

UNICEF's humanitarian strategy and humanitarian action in Nepal is guided by a comprehensive, integrated and multi-sectoral humanitarian strategy and UNICEF's Core Commitments for Children (CCC) in Humanitarian Action, encompassing three broad dimensions: (i) responding to immediate humanitarian needs for saving lives and alleviating suffering; ii) addressing underlying risks and causes of vulnerability to disasters through system strengthening and resilience-building and iii) mitigating social and economic impacts through mid-to-long term recovery program of building back better; as per HAC 2022.

With government agencies as the leads, UNICEF co-leads the four humanitarian clusters: WASH, Education, Protection and Nutrition clusters, as well as the RCCE working group and is an active member of the Health cluster and the Cash Coordination Group at national and provincial levels. UNICEF will continue to effectively contribute through its leadership role as cluster co-leads.

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/life-saving-power-healthy-diet>
- <https://www.unicef.org/nepal/stories/championing-access-safe-water>

External media:

- <https://thehimalayantimes.com/nepal/japan-unicef-join-hands-to-strengthen-vaccine-cold-chain-system-in-nepal>
- <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://myrepublica.nagariknetwork.com/news/nepal-s-significant-progress-in-the-nutrition-of-mothers-and-children-at-risk-due-to-current-inequities-and-covid-19-pandemic-unicef/>
- <https://radiokantipur.com/national/2022/01/20/1642685736>
- <https://www.nepalitimes.com/latest/covid-undermines-nepals-mother-child-gains/>

- <https://www.spotlightnepal.com/2022/01/21/nepal-makes-globally-renowned-progress-child-stunting/>
- <https://www.nepallivetoday.com/2022/01/22/nepal-progresses-significantly-in-nutrition-of-mothers-and-children-at-risk-unicef/>
- <https://rashtriyadainik.com/?p=19956&fbclid=IwAR3Gel3g5W8pFQw3V59x7tbdoflDIAtEBP55tBOgMPkzcaEGH21x9veZCn4>

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Summary of Programme Results

Sector Indicator Disaggregation		UNICEF and IPs Response				Cluster/Sector Response		
		Total needs	2022 target	Total results	Change* ▲▼	2022 target	Total results	Change* ▲▼
Health								
Number of children and women accessing primary health care in UNICEF-supported facilities		1,435,500	761,850	13,459	▲			
Number of health care facility staff and community health workers trained on infection prevention and control	Total		10,000	0				
	Male							
	Female							
Number of frontline health workers are trained on supporting children and adolescents with mental health care.			5,300	0				
Nutrition								
Number of children aged 6 to 59 months with severe acute malnutrition admitted for treatment.	Total		23,500	1,670	▲	23,500	1,670	▲
Number of primary caregivers of children aged 0 to 23 months receiving infant and young child feeding counselling			400,000	80,553	▲	400,000	80,553	▲
Number of children aged 6 to 59 months receiving multiple micronutrient powders		700,000	350,000	48,465	▲	350,000	48,465	▲
Child Protection, GBVie, PSEA								
Number of children and parents/caregivers accessing mental health and psychosocial support	Total Person	609,200	60,460	2,603	▲	100,000	4,522	
	Male			1,111	▲		1,804	▲
	Female			1,492	▲		2,718	▲
Number of women, girls and boys accessing gender-based violence risk mitigation, prevention or response interventions.	Total	132,900	43,730	3,080		132,900	4,790	▲
	Male			303	▲		904	▲
	Female			2,777			3,886	▲
Number of children receiving individual case management support	Total children		15,092	380	▲	20,000	380	
	Girls			151	▲		151	
	Boys			229	▲		229	

		UNICEF and IPs Response				Cluster/Sector Response		
Sector		Total needs	2022 target	Total results	Change* ▲▼	2022 target	Total results	Change* ▲▼
Indicator	Disaggregation							
Education								
Number of children accessing formal or non-formal education, including early learning	Total children	1,315,000	225,000	5,762	▲	552,020	11,166	▲
	Girls	6,44,000	110,250	2,871	▲	270,480	8,026	▲
	Boys	671,000	114,750	2,891	▲	281,520	3,140	▲
	Children with disability	8,940	1,732	0	0	4,250	70	▲
Number of children receiving individual learning materials		300,000	75,000	0	0	75,000	0	0
Number of schools implementing safe school protocols (infection prevention and control)		1,000	200	0	0	1,000	0	0
WASH								
Number of people accessing a sufficient quantity of safe water for drinking, and domestic needs	Total	780,000	234,000	0	▲	780,000	0	▲
Number of people use safe and appropriate sanitation facilities		300,000	90,000			300,000	0	▲
Number of people reached with critical water, sanitation and hygiene supplies (including hygiene items) and services		780,000	252,000	600	▲	780,000	600	▲
Social Protection and cash transfers								
Number of households reached with humanitarian cash transfers through an existing government system where UNICEF provided technical assistance and/or funding.	HHs with children under 5 years			7,219				
	HH having person/child with disability		26,500	1,547				
C4D, RCCE & AAP								
Number of people reached through messaging on prevention and access to services	Total	26 million	10 million	7 million	0	26 million	16 million	0
	Other: Male	13.26 million	5,200,000	3,780,000	0		7,840,000	0
	Other Female	12.74 million	4,800,000	3,220,000	0		8,160,000	0
	Social Media			9.4 million		NA	NA	
Number of people engaged in risk communication and community engagement actions	People	N/A	550,000	26,000	0	NA	NA	
Number of people with access to established accountability mechanisms	Number	N/A	102,000	1,056	0	N/A	N/A	0

Funding Status

HAC Nepal 2022

Sector	Requirements	Funds available			Funding gap	
		Humanitarian resources received in 2022	Other resources used in 2022	Resources available from 2021 (Carry-over)	\$	%
Nutrition	3,450,000.00	-		-	3,450,000.00	100%
Health	5,346,000.00	-		332,041	5,013,959.10	94%
WASH	5,328,000.00	-		242,079	5,085,920.91	95%
Child Protection GBViE and PSEA	3,236,814.00	-		607,979	2,628,834.85	81%
Education	3,553,200.00	-		2,338,776	1,214,424.44	34%
Social Protection	3,445,000.00	-		66,234	3,378,766.29	98%
Cross Sector (HCT, C4D, RCCE and AAP)	2,915,000.00	-		506,214	2,408,785.56	83%
Total	27,274,014.00	-	-	4,093,323	23,180,691.15	85%

*Note: Grant against HAC 2022 yet to be received, as of 28 Feb, 2022 status. Funds available are carried over from 2021