

NEPAL

CONSOLIDATED EMERGENCY REPORT 2022



A view of tents set up along a road running through a flooded settlement in Bhajani Municipality in Kailali District in western Nepal. The floods were brought on by continuous days of heavy rainfall, upturning the lives of thousands of families in western Nepal, particularly in communities along the Karnali river basin. ©UNICEF Nepal/2022/LPNgakhushi

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Expression of Thanks

UNICEF Nepal is thankful for all the contributions and expresses its sincere gratitude to all donors and resource partners whose overall contributions in 2022 supported UNICEF Nepal’s response in helping children and families in Nepal this year. In particular, UNICEF expresses its sincere appreciation to all resource partners that contributed thematically to the organization’s work in humanitarian response. The flexibility of thematic funding support has further contributed to the results against the programme area targets.

UNICEF’s work for children is funded entirely through individual donations and the voluntary support of our partners in government, civil society, and the private sector. Voluntary contributions enable UNICEF to deliver on its mandate to protect children’s rights, to help meet their basic needs, and to expand their opportunities to reach their full potential. We take this opportunity to sincerely thank all our partners for their commitment and trust in UNICEF to serve for every child.

Abbreviations and Acronyms

ADB	Asian Development Bank
BBC	British Broadcasting Corporation
BFA	Basic First Aid
BFA & SAR	Basic First Aid, Search and Rescue
CCDRR	Child-Centred Disaster Risk Reduction
CCC	UNICEF's Core Commitments for Children (CCC)
CFT	UNICEF Child and Family Tracker
CSSMP	Comprehensive School Safety Minimum Package
CPRP	COVID-19 Preparedness and Response Plan
DIMS	Disaster Information Management System
EU	European Union
GBV	Gender-Based Violence
HAC	Humanitarian Action for Children
IPC	Infection Prevention and Control
JOA	Jersey Overseas Aid
IRA	Initial Rapid Assessment
MoEST	Ministry of Education, Science and Technology
MoFAGA	Ministry of Federal Affairs and General Administration
MoFE	Ministry of Forest and Environment
MoHA	Ministry of Home Affairs
MoHP	Ministry of Health and Population
MoHP/EDCD	MoHP, Epidemiology and Disease Control Division (EDCD)
MoWS	Ministry of Water Supply
MoWCSC	Ministry of Women, Children and Senior Citizens
MDSA	Monitor for Disaster Strategic Action plans
NDRRMA	National Disaster Risk Reduction and Management Authority
RCCE	Risk Communication and Community Engagement
SAR	Search and Rescue
SAM	Severe Acute Malnutrition
TWGs	Technical Working Groups
USAID	United States Agency for International Development
WASH	Water, Sanitation and Hygiene

Executive Summary

In 2022, Nepal experienced a decrease in the number of reported COVID-19 cases compared to the previous year. However, the socio-economic impact of a prolonged monsoon and disease outbreaks, including cholera and dengue, coupled with an earthquake in Doti District in far-west, in November, collectively affected thousands of families and children resulting in compounded humanitarian needs. UNICEF responded with life-saving support by appealing for US\$27.3 million to meet the needs of children, women and their families affected by the COVID-19 pandemic and natural disasters such as monsoon flooding.

Nepal continued to be affected by recurrent natural disasters including floods, landslides and disease outbreaks affecting its population, including children. The country experienced its third surge of COVID-19 fuelled by the Omicron variant between January and February 2022 which led to school closures across the country for about two weeks. From late January onwards there was a substantial decline in reported daily cases leading to schools reopening mid-February.

The frequency and increased intensity of natural disasters combined with far-west earthquake of 2022 and disease outbreaks (cholera and dengue) have further exacerbated the vulnerability of children and their families particularly those who are marginalized. There are still continuing risks associated with COVID-19 until the pandemic is over.

In 2022, a prolonged monsoon season triggered disasters that affected almost all parts of Nepal, claiming 127 lives (63 females, 64 males) while injuring over 123 people including children. Additionally, a 6.6 magnitude earthquake hit Doti district on November 9th, claiming six lives (four females, two males), injuring eight people while damaging properties affecting over 7,000 families in Doti and neighbouring districts. Furthermore, Nepal experienced a surge of cholera after June as well as a major outbreak of dengue from late August which had an unprecedented impact that required UNICEF's support in responding.

UNICEF, in collaboration with governments and partners, responded to small-scale localized disasters such as floods and earthquakes, reaching 61,191 people (female 26,330), and approximately 22,000 children (11,325 girls) with life-saving humanitarian emergency response in over 23 districts. Furthermore, during the third wave of COVID-19 (in the first quarter), UNICEF reached 26,459 people (female 13,494) including with home isolation health kits. Whereas, during the localized natural disasters, the affected people benefited from UNICEF's various life-saving humanitarian assistance in WASH, child protection, and health, in addition to shelter items such as tarpaulin and blankets in these districts. The immediate supplies and response interventions for children and families helped women, children and communities address their urgent needs during disaster situations.

UNICEF supported learning continuity for 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.

In 2022, UNICEF collaborated with partners and specialized agencies to reach 51,298 people (21,832 males and 29,466 females), including 37,136 children through psychosocial first aid/counselling programs. Community awareness campaigns were also conducted along with sensitization efforts on suicide prevention programs. In addition, age-appropriate gender-based violence (GBV) prevention risk mitigation services were provided to 38,513 community members (14,312 males and 24,201 females) including around.

Moreover, in an effort led jointly by UNICEF with Ministry of Health and Population (MoHP), more than 1,150 Outpatient Therapeutic Centres (OTCs) and 26 Nutrition Rehabilitation Centres (NRCs) have been established and functioning nationwide. In 2022, 12,650 children aged 6 -59 months suffering from severe acute malnutrition (SAM) were treated at these 1,150 OTCs across the country.

UNICEF continued its close partnership collaborations with Government, UN Agencies, donors, humanitarian organizations at federal provincial, and local levels for development implementation monsoon preparedness, response plans COVID-19 response as well as for preparedness response natural disaster such as earthquake public health emergencies, and climate action. UNICEF partnered with GAVI WHO through global facility COVAX leveraged partnerships accelerate COVID-19 national vaccination campaign.

In collaboration with government agencies, UNICEF co-leads four humanitarian clusters: WASH, Education (with Save the Children), Protection (with UNFPA), and Nutrition Clusters. Throughout 2022, UNICEF effectively contributed through its leadership role while co-leading these four clusters. UNICEF's active membership in the Health Cluster RCCE working group also significantly contributed. Additionally, the organization co-chairs the social protection task team, which is part of other clusters such as health shelter information management working groups. UNICEF's participation fostered a common understanding and effective collaboration among UNCT members delivering One UN while working together with the government.

UNICEF further strengthened its close collaboration with MoHA/National Disaster Risk Reduction and Management Authority (NDRRMA) and MoFAGA as its long-standing partners on DRR and emergency work. This enabled swift coordination and timely emergency response in support of the government. These partnerships helped to achieve the targets set for UNICEF's humanitarian action. During natural disasters, municipalities were also able to respond by themselves, which can be attributed to the capacity building done by UNICEF. For example, UNICEF supported 15 municipalities in developing local disaster and climate-resilient plans, and eight flood-prone municipalities implemented flood preparedness and response plans this year with UNICEF's support.

One of the key achievements of UNICEF in 2022 was its support toward the Government's COVID-19 vaccination campaign that started in 2021. The GoN successfully carried forward the COVID-19 vaccination campaign in 2022, and UNICEF continued to provide technical, operational, and logistics support to government vaccination efforts. Over 53.5 million doses of COVID-19 vaccines have been administered by the government as of December 31st, covering around 99% of the target population (above 12 years of age) with the first dose and around 95% with two full doses.

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 donated by United States Government. With this starting late June 2022 MoHP had launched first phase week-long Pfizer vaccination campaign for children aged between five- and eleven-years last week June in twenty-seven districts. The second phase of campaign started August 7 covering remaining fifty districts. UNICEF continues supporting GoN in COVID-19 vaccination programme.

Despite generous contributions from all donors in 2022 Nepal HAC appeal still had funding gap of sixty-eight per cent against appeal considering funding received against HAC appeal. UNICEF re-programmed around US\$3.85 million of its other resources including regular resources (RR) and other donor funds for humanitarian response. However, the gap impacted some responses/services. Despite funding gap, some interventions have substantial achievement for various reasons such as in-kind contributions, and resource leverage from partners, and use other resources as noted above.

UNICEF remains committed to achieving the Sustainable Development Goals (SDGs) and leaving no one behind. Through its various partnerships and collaborations with government agencies, UNICEF has been able to effectively contribute to humanitarian clusters such as WASH, Education, Protection, and Nutrition Clusters. The organization's active membership in the Health Cluster RCCE working group has also significantly contributed to its mandate of ensuring that every child is healthy, safe, and able to reach their full potential.

Furthermore, UNICEF's support towards the Government's COVID-19 vaccination campaign is a testament to its unwavering commitment towards ensuring equitable access to healthcare for all children. Despite funding gaps in Nepal HAC appeal, UNICEF has continued to re-program its resources towards humanitarian responses.

UNICEF recognizes the needs for collective efforts in achieving SDGs and thus it requires efforts from governments, civil society organizations, private sector actors and individuals at all levels. Therefore, it will continue working closely with partners and stakeholders in order to achieve a world where every child has access to education, healthcare services and protection from harm. Ultimately our goal is to leave nobody behind on the path towards sustainable development.

Humanitarian Context

Nepal is a high-risk country and therefore vulnerable to various natural disasters such as landslides, floods, fire outbreaks, epidemic disease outbreaks, and earthquakes. These disasters disproportionately affect Nepal's population every year, including children. According to the Global Climate Risk¹ Index 2021, Nepal ranks 10th out of 180 countries in terms of the impacts of climate-related extremely weather events. Natural hazards like droughts, heatwaves, river flooding, and glacial lake outburst flooding are all projected to intensify over the 21st century. This could potentially exacerbate disaster risk levels and put human life at risk according to the Climate Risk Country Profile² for Nepal (2021) published by World Bank and Asian Development Bank.

The overall humanitarian situation and socio-economic impacts of COVID-19 crisis in Nepal in 2022 were lower than in the previous year, as the number of reported COVID-19 positive cases fell significantly this year. The reduced impact of COVID-19 brought much-needed respite for people as daily lives and businesses began to return to relatively normal 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. Thereafter, Nepal continued to see a substantial decline and downward trend in average daily reported COVID-19 cases. Overall, UNICEF's response to COVID-19 largely occurred during the first quarter except for vaccine support. The pandemic's impact on socio-economic situations lessened gradually throughout the year. 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.

COVID-19 deaths reached 12,019 which included 108 child deaths out of which 425 deaths were reported this year compared to 9,700 deaths reported last year (2021). As per MoHP data, COVID-19 cases crossed the one million marks including 87,969 children while the recovery rate stands at 98.8 per cent with 988,951 recoveries.

Though the pandemic's impact lessened overall, however, a prolonged monsoon season, public health outbreaks of cholera and dengue coupled with an earthquake in Doti District in far-west Nepal

¹ https://reliefweb.int/sites/reliefweb.int/files/resources/Global%20Climate%20Risk%20Index%202021_1_0.pdf

² <https://www.adb.org/publications/climate-risk-country-profile-nepal>

collectively affected thousands of families including children resulting in compounded humanitarian needs which UNICEF responded with life-saving support.

Like previous years, natural disasters' frequency combined with increased intensity coupled with an earthquake of 2022 further exacerbated children's vulnerability along with their families particularly those marginalized families.

This year's monsoon season heavy rains along with late monsoon heavy rains caused floods & landslides across 15 districts mainly three provinces (Lumbini, Karnali & Sudurpaschim) affecting almost whole country claiming 127 lives (63 females & 64 males) & affecting over 2,321 households across country. Further, a 6.6 magnitude earthquake hit Doti district in far west Nepal on November 9 claimed six lives (four females & two males) and affected over 7,000 families in Doti and neighbouring districts (including Achham, Bajhang, Bajura). Around 1,882 houses were destroyed while over 6,100 houses were partially damaged in these districts, according to NRCS data.

In 2022, two major public health outbreaks of cholera and dengue were recorded in Nepal. The country experienced a surge of cholera (after June) as well as a major outbreak of dengue³ from late August. The impact was unprecedented, and UNICEF supported the government in its response.

Accordingly, concerns about the impact of climate change in Nepal increased with prolonged monsoon season mid-year triggering severe untimely flooding and landslides, similar to 2021.

UNICEF continues to support the government as per its mandated support on various fronts of its work for children ; however, progress made so far is threatened by climate change and the consequent heightened frequency and magnitude of disaster risks,⁴ the risk of future pandemics and mega-earthquakes, all of which disproportionately affect children.

As Nepal moves forward with transition to a federalism form of governance as per the 2015 Constitution of Nepal, with three tiers of governments; the federal structure and system of governance has provided opportunities to institutionalize a much more decentralized system of disaster risk management in Nepal.

In addition to the federal government, seven provincial and 753 local level governments are given several exclusive and concurrent powers and duties of governments (including mandates for disaster risk management). The transition to federalism has provided a unique opportunity for the government and stakeholders to build on past progress and limit current and future threats by prioritizing stronger disaster risk management at all levels.

Now in the seventh year of federal governance structure, more local governments continue to show increased engagement in managing/responding to localized disasters as well other DRRM work, and UNICEF continues to support in their capacity building.

Throughout 2022, the national political context, including successful holding of two elections (local -in May) and national/parliamentary and provincial elections (national-in November), continued to evolve, with various events of political significance and its impact on governance occurring at all three levels, where new representatives were elected.

The local elections introduced new office bearers in all local governments that UNICEF works in. Both the elections and the political transitions did not have significant impact on the UNICEF programming

³ <https://www.who.int/emergencies/disease-outbreak-news/item/2022-DON412>

⁴ Germanwatch, Global Climate Risk Index 2021. <https://www.germanwatch.org/en/19777>.

partnership and response, which mostly continued smoothly. Meanwhile, UNICEF Nepal began preparations for its new 5-year country programme (2023-2027), which will reprioritize some existing humanitarian programme and geo-locations in an effort to better serve children.

Humanitarian Results

In 2022, UNICEF supported the Government of Nepal's COVID-19 national vaccination campaign efforts by providing technical, operational, and logistics support. As of December 31st, over 53.5 million doses of COVID-19 vaccines have been administered by the government, 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. Additionally, UNICEF also supported the government in the administration of paediatric vaccines for children 5-11 years, with vaccines received from COVAX facility in 2022 and UNICEF continued to support GoN in COVID-19 vaccination programme, the details of which can be accessed from the separate global ACT-A report.

In terms of disaster preparedness and response efforts, UNICEF supported the development of child-sensitive local disaster and climate resilient plans (LDCRPs) in fifteen municipalities to strengthen disaster preparedness and response efforts. The municipalities responded to annual monsoon disasters by launching a flood preparedness programme in eight municipalities anticipating dual disaster impacts. Additionally, UNICEF enhanced MoHA/NDRRMA and MoFAGA's capacity through training on Disaster Information Management System (DIMS) across thirty-eight local governments in four provinces to strengthen national DIMS/BIPAD⁵ portal developed by NDRRMA.

UNICEF prepositioned emergency supplies worth US\$475,000 at four strategic locations for an effective response to both monsoon-related disasters and any other possible disasters. In addition, UNICEF responded to monsoon-related disasters and seismic events in 2022 with US\$292,701 worth of WASH, Health, Education, and Child Protection sub-Cluster related supplies including basic shelter supplies while remaining supplies worth around US\$600,000 are available and positioned for future use in 2023 and beyond.

In 2022, 315 people (52 females, 263 males) members of the local disaster management committees (LDMCs), ward representatives, Disaster Risk Reduction (DRR)/Information Management (IM) focal persons of municipalities, rapid response teams, in eight flood-prone municipalities were trained on topics such as disaster management planning, Initial Rapid Assessment (IRA), Search and Rescue (SAR), and Basic First Aid (BFA). Furthermore, 28 people (15 females, 13 males) were trained on firefighting and 290 people participated in simulation/drills.

As part of monsoon related response, emergency supplies such as WASH items, tarpaulins, blankets, face masks etc were prepositioned, together with municipalities support. The BFA and SAR kits were provided to the municipalities for flood preparedness and response programme. With this, the municipalities were able to quickly mobilize the trained human resources for SAR, BFA, needs assessment and other response activities during the floods. The prepositioning, training as well as pre-established protection mechanisms ensured the safety of at-risk population such as women, girls, children and people with disability. The participation of children, youth and women was ensured both during preparedness and response phases similar to past years.

The existing humanitarian cluster system that continued to support the government during the COVID-19 crisis during the third wave in first quarter also supported coordination efforts while responding to

⁵ <https://bipadportal.gov.np/realtime/>

the emergencies such as monsoon floods landslide earthquake as well as cholera⁶ and dengue outbreak in 2022.

In addition, UNICEF in collaboration with governments and partners reached 61,191 people (female 26,330) including around 22,000 children (11,325 girls) through life-saving humanitarian emergency (e.g.critical WASH supplies and services, family tents, tarpaulins, etc) response in over 23 districts after encountering these low intensity localized disasters such as floods and earthquakes. Further, 26 459 people (13 494 female) were reached through COVID-19 response during third wave (in first quarter) including with home isolation health kits.

More multi-sectoral results are reported below by each of the relevant sectors of UNICEF.

Results Table

Indicators	Cluster/sector 2022 Target	Cluster/sector total results	UNICEF 2022 Target	UNICEF Total results
Health⁷				
# of people supported -Primary Health care access. (Number of children and women accessing primary health care in UNICEF-supported facilities)			761,850	245,278
Number of health care facility staff and community health workers trained on infection prevention and control			10,000	10,050
Number of frontline health workers are trained on supporting children and adolescents with mental health care.			5,300	285
Nutrition				
# of children supported - SAM Admissions. (Number of children aged 6 to 59 months with severe acute malnutrition admitted for treatment.	23,500	12,650	23,500	12,650
Number of primary caregivers of children aged 0 to 23 months receiving infant and young child feeding counselling	400,000	797,151	400,000	797,151
Number of children aged 6 to 59 months receiving multiple micronutrient powders	350,000	417,763	350,000	417,763
Child Protection				
# of children and caregivers- accessing mental health and psychosocial support	100,000	76,539	60,460	51,298
Number of women, girls and boys accessing gender-based violence risk mitigation, prevention or response interventions.	132,900	127,932	43,730	38,513
Number of unaccompanied, separated and other vulnerable children accessing appropriate care arrangements and other child protection services	20,000	12,114	15,092	12,009
Education				

⁶ <https://kathmandupost.com/health/2022/06/20/cholera-outbreak-feared-in-kathmandu>

⁷ Please note, as UNICEF is not the cluster lead for health, the cluster and target data are not reported as part of UNICEF's reporting.

# of children-Formal and non-formal education access, including early learning	552,020	285,372	225,000	257,173
Number of children receiving individual learning materials	75,000	100,010	75,000	99,386
Number of schools implementing safe school protocols (infection prevention and control)	1,000	878	200	878
WASH				
Number of people accessing a sufficient quantity of safe water for drinking, and domestic needs	780,000	117,381	234,000	102,165
Number of people use safe and appropriate sanitation facilities	300,000	13,535	90,000	12,035
Number of people reached with critical water, sanitation and hygiene supplies (including hygiene items) and services	780,000	300,283	252,000	249,943
Social Protection⁸				
# of HH reached with -Humanitarian cash transfers , across sectors			26,500	8,902
SBC, RCEE, AAP				
# of people reached- Messages on access to services	26 million	16 million	10 million	10.6 million
Number of people engaged in risk communication and community engagement actions	N/A	N/A	550,000	359,000
Number of people with access to established accountability mechanisms	N/A	N/A	102,000	77,626
DRR & Emergency				
# of people supported with basic shelter items (Tarpaulin, Blankets).	N/A	N/A	-	35,375*
Notes: <i>There may be some overlaps among the sectoral beneficiaries. *[In emergency response, average family household size is considered to consist of average of five people, thus the total of 35,375 people is calculated using highest HH figure supported: (6,978 family (blankets) & 7,075 family (tarpaulin)]</i>				

Narrative Reporting

WASH

In 2022, UNICEF continued its support as the cluster co-lead and as a major WASH emergency responder , including during the third wave of COVID-19, monsoon floods and landslides, as well as earthquakes and public health outbreaks, reaching **249,943** people (around average 100,000 children) with critical WASH supplies and services.

Under COVID-19 recovery programme (until June 2022), UNICEF provided assistance in high density low-capacity communities, schools, point of entry (PoE) and health care facilities (HCF) with infection prevention and control (IPC) measures. Further, this support reached 52 schools benefitting 4,438 students (including 2,175 girls) from improvement of WASH services. Seven HCFs were provided with

⁸ Please note, as UNICEF is not the cluster lead for social protection, the cluster and target data are not reported as part of UNICEF's reporting

additional WASH service including healthcare waste management service benefitting 84,000 people (including 42,840 females). Similarly, 250 immunizations centres benefitted with hand washing stations.

Further, as part of local level support for COVID-19 recovery in Madhesh, Lumbini, Sudurpaschim and Karnali provinces, UNICEF provided 85 people (10 females) from formal WASH skill development training programme focusing on plumbing, electrical and masonry works. 60 female youths/adolescent including those from Dalit and marginalized families were trained on making mask, sanitary pad, sanitizer and soap. In addition, 262 people (137 females) were trained on WASH and IPC mostly from health care facilities. These skills were provided in order for individuals to recover from socio-economic impacts of COVID 19 they suffered and also for them to be standby and handy to communities they live, to provide any service for any regular or humanitarian situations related to WASH needs.

In June 2022, Kathmandu Valley was hit by sudden onset of cholera⁹ cases 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 Lalitpur Metropolitan City, where cases were identified, for intensive community engagement including door-to-door visits, booth campaigns for household water testing and by providing supplies of chlorine solutions for household in vulnerable areas, dug well chlorination, school level awareness program etc. Through these interventions, UNICEF was able to reach over 44,200 population of the most vulnerable communities of the two cities of Kathmandu Valley (Kathmandu, Lalitpur) to contain the situation. Further UNICEF also provided water testing support to 2,726 households during cholera response and further trained 370 water vendors and service providers on mass chlorination as long-term support in practicing safe water provision.

Throughout the year, UNICEF also responded to other localized emergencies such as floods, landslides and earthquakes that occurred in different part of Lumbini, Karnali and Sudurpaschim provinces, where UNICEF provided WASH assistance. Through WASH emergency services (drinking water and emergency sanitation facilities) and supplies (hygiene kits, water purifiers, water storage vessels, soap/ sanitizers, waste bins etc.) UNICEF reached over 34,000 people from these provinces, together in coordination with local governments, based on immediate humanitarian needs, reaching the most vulnerable, including children.

Furthermore, UNICEF supported the joint monitoring visits (JMV) for this year led by MoWS and participated by cluster members, in all seven provinces thereby supporting to improve the quality of preparedness, response plan and recovery work carried by national and sub-national govt and WASH cluster members in health care facilities, schools, points of entry/holding centres and communities in the context of COVID-19.

Challenges and managerial response:

With the transition of COVID-19 from third wave in first quarter to somewhat normalization, the WASH cluster members' focus was noted to have shifted towards regular development programme (as well due to funding issues of cluster members on emergency response) which resulted in pressure for UNICEF to respond to most of the disaster incidents (including floods, landslides) that occurred. Further gaps exist in overall preparedness of the WASH Cluster, especially around prepositioning of WASH supplies nationwide that are required for future emergencies.

Further, establishing linkages between sectoral federal line ministries and provincial line ministries for coordination, communication and response continued to be one of the key challenges for WASH, as

⁹ <https://kathmandupost.com/health/2022/06/20/cholera-outbreak-feared-in-kathmandu>

there is no direct line authority of the federal ministry at provinces, creating multiple layers for coordination for timely responses. Working at the high-density, low-capacity areas also was a challenge due to different dynamics of these communities with urban characteristics; however, due to a joint initiative under the WASH and Nutrition clusters on COVID-19 recovery program, this challenge could be addressed. Additionally, while working in high-density areas, many issues that persisted as multisectoral issues could not be addressed due to the core focus of the work in COVID-19 recovery, but the understanding of the context will enable future joint programs as envisioned.

Learning:

While moving from COVID-19 third wave to normalcy and supporting recovery programme, coordination and collaboration between various sectors such as WASH, health, education and nutrition brought collective results and to manage in limited resources. This also became an opportunity to seek more understanding on the need of WASH and support for sustainable WASH services specially in schools and health care facilities that will exist for longer term to continue the hygienic behaviors in these sensitive community places. The engagement in high-density low-capacity areas during COVID-19 recovery gave many openings of joint programming among sector specially between the UNICEF co-led clusters (WASH, nutrition, education) as well as health sectors together with local governments. Further, UNICEF's strategic prepositioning and preparedness became very helpful for COVID-19 and other emergencies that UNICEF responded over the years.

Health

In 2022, UNICEF continued to support the Ministry of Health and Population (MoHP) at federal level as an emergency health cluster member including mainly on COVID-19 vaccination. UNICEF continued to provide support in logistics, transportation, technical and financial support to the government's vaccination efforts and safe administration, details of which can be accessed from the global ACT-A report.

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 the government with 10,050 face shields, 225,000 surgical gloves, 778,050 surgical masks and 7,957 hand sanitizers. Additionally, UNICEF also 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 the equipment. In 2022, 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 as part of COVID-19 response. Further, 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 autoclave were installed in 17 District Hospitals for health care waste management including for WASH services.

Similarly, at provincial level, UNICEF supported the respective Ministries of Health, and Ministries of Social Development in the provinces in coordination, planning and execution of humanitarian interventions.

Two major public health outbreaks of cholera and dengue were recorded this year, and it continued to affect the health systems as Nepal experienced a surge of cholera (after June) as well as a major outbreak of dengue¹⁰ from late August. In late June, Kathmandu Valley was hit by sudden onset of cholera. There were 76 cases¹¹ (three cases in under-five children) of cholera between June-October with no fatalities.

¹⁰ <https://www.who.int/emergencies/disease-outbreak-news/item/2022-DON412>

¹¹ <http://edcd.gov.np/uploads/news/pdf/6316cb3e7cb8b.pdf>

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 identified¹² as per MoHP/Epidemiology and Disease Control Division (EDCD) update of 11 December 2022. UNICEF supported the MoHP/ Epidemiology and Disease Control Division (EDCD) in the areas of health, WASH and risk communication and community engagement (RCCE), with preventive actions (as also noted by other sectors elsewhere). UNICEF provided dedicated technical expert (a 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 the 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 also 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.

Challenges:

As Nepal continues transitions into federalism form of governance, challenges remain to have clearer delineation and understanding of roles and responsibilities of all three tiers of governments for responding during disasters/emergencies or public health outbreaks to have more a efficient response. There seems to be confusion over roles among partners on how to respond. One of the major challenges this year was delayed and inefficient response to the dengue outbreak due to the lack of a 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. Also at policy level, the health sector emergency preparedness and disaster response plan has not been updated since 2003 and there is a clear need for a national health security strategy through one health approach.

Learning:

In both, public health emergencies as well as localized disasters, UNICEF continued to be a very active member of health cluster at the federal as well as provincial level. UNICEF will continue to support the government in preparation/updating of health sector emergency preparedness and disaster response plan and national health security strategy, which will provide broader strategic guidance to emergency preparedness and response. Additionally, it has been realized that multisectoral response with other sectors is required for effectiveness during preparedness and response, as a learning.

Child Protection

UNICEF, as a Protection Cluster co-lead, supported the Ministry of Women, Children and Senior Citizens (MoWCSC) and Department of Women and Children at the federal level; and the provincial Ministries of

¹² MoHP (Sitrep #904) Update as of -11 Dec 2022

Social Development (MoSD)¹³ to coordinate, plan and implement protection interventions in the humanitarian context. The child protection emergency response focused on early identification, local responses through leveraging resources from local governments, referral to different sectors for appropriate services. Furthermore, various interventions were conducted for prevention of violence, abuse, exploitation, and neglect during humanitarian context targeting the most vulnerable, at-risk children and their caregivers.

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 appropriate services.

UNICEF and its partners provided age-appropriate gender-based violence (GBV) 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-centred approach and multi-sectoral coordination was one of the key strategies to provide services. Similarly, family-based interventions, such as family counselling and dialogues, have been prioritized to support rehabilitation services.

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 front-line workers, including case workers, (541 males, 920 females) were trained or oriented to identify and respond to unaccompanied, separated or other vulnerable children.

Challenges:

One of the challenges faced is reintegrating pregnant adolescent GBV survivors with their families due to stigmatization and lack of long-term services including 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.

Learning:

Under the leadership of the government and continuous support from UNICEF, the consolidated protection preparedness and response plans helped to leverage resources from the government/humanitarian actors, and to avoid duplication of interventions and ensured coverage of the most vulnerable children including their families. Moreover, these response plans also supported to ensure thematic integration (psychosocial, GBV, child protection, migrants) and inter-sectoral collaborations (health, nutrition, social protection, education) for basic and critical services.

Communication

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 leveraged the relationship with the MoHP to communicate about other emergencies including dengue and cholera outbreaks.

¹³ MoSD is most commonly used name (e.g. <http://mosd.sudurpashchim.gov.np/>) though, some provinces may have slightly modified name to also include health etc. For this report, provincial MoSD is used.

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 disaster affected areas, as well as provided visibility to UNICEF response.

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.

This year 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 (51 per cent girls) 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, and WHO/UNICEF, as well as nearly all (98 per cent) recommending the vaccine to others.

Learning

UNICEF's quick action to deploy photographers and videographers in disaster-affected areas has been instrumental for raising awareness about aid efforts. Proactive unhindered communication strategies, along with amplifying of content on social media by UNICEF Headquarters and Executive Director have generated considerable global attention, including from the BBC and Yahoo News. To ensure this momentum continues, establishing contractual provision of long-term agreements for services, when needed, with local media agencies/photographers should be considered as an option going forward.

Social and Behaviour Change

In 2022, UNICEF under the leadership of MoHP continued collaboration and support to the Government's COVID-19 risk communication efforts through the UNICEF-supported, Crisis Media Hub at MoHP. Besides multimedia assets development (noted above), 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 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.

With extensive focus on managing risk communication and community engagement (RCCE), UNICEF supported multi-sectoral (health, nutrition, WASH, child protection, DRR and education) child-centred priorities at national/federal and province level to promote COVID-19 vaccination and public health safety and life-saving message for other emergencies, including monsoon flooding and landslides.

A rounded RCCE strategy was adopted to promote awareness on COVID-19 vaccination and public health safety measures. Two studies covering seven provinces focused on health-seeking behaviours. The formative research evidence on COVID-19 vaccination (which showed: 35 per cent had no dose and unequal decision-making power among women), compounded with localized study (which showed: Madhesh province indicating 24 per cent of people were not informed on vaccine availability and 9 per cent of pregnant and lactating women were missing one or more doses of vaccine) led to improved awareness interventions. The RCCE strategy boosted vaccine coverage (for examples, in Madhesh province, vaccination coverage increased from 84 per cent to 98 per cent) in 32 priority municipalities. People/volunteers mobilized from Nepal Scouts' (7,000) supported in school vaccination together with volunteers from two local CSOs, which had a positive impact on additional people sensitized and made aware.

Furthermore, in Madhesh province, the provincial health directorate as well as two local civil society organization (CSOs) partners were mobilized for COVID-19 vaccination and routine immunization with a focus on least-performing municipalities. As part of this joint effort, 17,000 people were vaccinated through a highly targeted outreach campaign using mobile vans and community volunteers, reaching hardest-to-reach populations with a special focus on the vulnerable population (pregnant and lactating women, people with disability, elderly etc).

Additionally, for the planned OCHA-supported CERF Anticipatory Action (AA) project, in the Eastern Region's two high flood-prone municipalities along Koshi River basin, which did not happen as the 'action trigger' level was not met as per AA framework in East basin; however, support for preparedness action for 'readiness trigger' was carried out. For example, the social mobilization plan, feedback and complaint mechanism and Viamo applying offline platform was pretested and in ready mode but not used this year.

Challenges/shortfalls:

COVID-19 booster dose uptake was low compared to the first and second dose. This showed relapse of vaccine uptake behaviour as COVID-19 positive declined significantly after first quarter and environment was relaxed.

Learning:

UNICEF enabled municipalities to follow evidence-based planning using behavioural insights, especially for hard-to-reach communities. UNICEF additionally supported to use range of methods (e.g. mobile phone applications, hotline, Kobo tools, door-to-door visits etc), through training and volunteer engagement.

Nutrition

UNICEF, as the co-lead of the nutrition cluster jointly under the leadership of the MoHP at federal level, and in the seven provinces has been providing nutrition cluster leadership. At federal and provincial level, UNICEF supported several cluster meetings that helped to keep a focus on minimizing disruptions to regular nutrition programming. Where necessary, it also revised or adapted implementation of the nutrition programme, including addressing the nutrition impact of the COVID-19 pandemic. With UNICEF's technical and financial assistance to MoHP, 150 people were trained in seven provinces by MoHP by organizing nutrition in emergency (NiE) preparedness and response mechanism trainings to nutrition cluster members and key stakeholders at provincial level and developed NiE preparedness and response plan in all seven provinces and at the federal level.

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. Moreover, with joint efforts of UNICEF and MoHP, these 1,150 OTCs and 26 Nutrition Rehabilitation Centres (NRC) were established and remained functional nationwide.

Further, nutrition cluster has six technical working groups (TWGs) namely on: Integrated Management of Acute Malnutrition (IMAM), Information Management, Social Behaviour Change Communication (SBCC), Monitoring and Evaluation (M&E), Micro-nutrient, and Contingency Planning TWGs. These TWGs groups have been providing technical support for the nutrition in emergency preparedness, response and recovery stage of NiE management.

Furthermore, UNICEF supported MoHP to pilot family mid-upper arm circumference (MUAC) approach in four districts: Panchthar, Saptari, Kavrepalanchok and Jumla to help for early detection and referral of acute malnutrition of the children aged 6-59 months. The approach was piloted with the objective of improving coverage of the treatment of acute malnutrition through early detection; improving awareness and capacity of mothers/care givers to better care for the children under five. For the MUAC piloting, UNICEF trained 651 health workers, 3,095 Female community health volunteers (FCHVs) and 54,773 mothers/care givers of children aged 6-59 months.

Challenges:

UNICEF supported the family MUAC pilot programme in four out of 77 districts and the outcome of the pilot programme was very effective in terms of early detection and treatment of acute malnutrition as well as capacity building of caregivers/mothers for their children's nutrition situation. However, it remained a challenge to replicate the lessons learned of this pilot approach to other districts/places by the government.

Funding gap is another challenge for nutrition. For this year, as per HAC, only approximately 10 per cent funds were available as per the estimated requirement of the funds for nutrition interventions planned in HAC 2022.

Learning:

UNICEF provided nutrition cluster coordination mechanism and provided technical assistance for scale up intervention of integrated management of acute malnutrition (IMAM) programme throughout the country. Due to continuous advocacy and coordination, MoHP started procurement of ready-to-use therapeutic food and other nutrition commodities for both humanitarian and normal context.

Similarly, under the leadership of MoHP at federal level and by respective provincial health directorates at provincial levels, it was easy to engage nutrition cluster partners and health facilities for initiation of nutrition response in the communities in emergencies as well as treatment of SAM by mobilizing existing OTCs and NRCs.

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. As a co-lead of the education cluster, UNICEF, in coordination and collaboration with and co cluster lead and cluster members, supported the cluster lead (i.e., MoEST) for the institutionalization of the cluster mechanism as per federal arrangements. For the first time, Nepal education cluster guidance document

was developed through consultative process to clarify the role and responsibilities of the provincial and local governments to resume education in timely manner; ensure learning continuity in emergencies. In this reporting period UNICEF strengthened capacity of 242 stakeholders at province and local levels on education cluster coordination and reporting ensuring smooth function of the cluster. Meanwhile, UNICEF, in collaboration with cluster partners, supported the government to revise the education disaster preparedness and response plan (contingency plan¹⁴), updated the monsoon preparedness plan and winterisation plan at the federal level.

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 early childhood development (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. Originally, UNICEF targeted 200 schools for implementation of safe schools protocol; however, with the additional funding opportunities for COVID-19 Response interventions, it has supported 878 schools to develop school disaster management plans, and also disseminated standard operating procedures for safe school reopening in 47 municipalities of Lumbini, Karnali and Sudurpaschim provinces, enabling school communities to apply infection, prevention and control measures for any upcoming pandemics.

Besides monsoon response, UNICEF continued its support to MoEST to ensure continuity of learning during COVID-19 third wave. 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*¹⁵ (community learning circles), distribution of self-learning materials and learning continuity and reading 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.

Challenges and shortfalls:

One of the challenges is that there are yet to be definitive initiatives to assess the impact of COVID-19 on education, particularly in terms of the learning loss of children, which is a significant issue that needs to be addressed. However, the MoEST has created a Recovery and Accelerate Learning Plan (ReAL) outlining a path for learning recovery in collaboration with UNICEF and other development partners.

Learning:

An efficient communication network for coordination and cooperation for emergency preparedness and response among federal, provincial, and local levels of government and relevant stakeholders is critical to strengthening cluster mechanisms.

Social Protection

¹⁴ Education Cluster Contingency Plan is now renamed as Disaster Preparedness and Response Plan (DPRP) aligning with the national disaster guidance's standard terminology.

¹⁵ *Tole Sikshya*: *tole sikshya* refers to community-based learning centres 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.

In 2022, UNICEF-initiated the ‘cash plus’ intervention support, implemented, through the existing government system, to support families significantly impacted by COVID-19, across 12 municipalities, starting late December 2021, continued until March 2022. The objective was to support the most vulnerable households affected by the COVID-19 through delivery of a combined assistance of cash, nutrition, WASH and child protection services empowering families to meet their most immediate household needs, expenditures, and increase their resilience to negative outcomes.

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 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.

Learning:

The UNICEF’s Child and Family Tracker (CFT)¹⁶ remained a key driver for change in the lives of children and families and apply the findings for programming and re-programming development and emergency interventions. Additionally, UNICEF and WFP’s work of developing a Joint UN Humanitarian Cash Framework in Nepal encouraged joint humanitarian cash programming. Further, the GoN/NPC approved the long awaited integrated National Social Protection Framework¹⁷ this year. This has opened further opportunities in strengthening and making social protection more resilient, inclusive and more effective.

Child-Centred DRR (CCDRR)

In 2022, UNICEF continued to adopt child-centered programming in its emergency, humanitarian and DRR programming with cross-sectoral, multi-sectoral approach. Importantly, through the child-centred DRR (CCDRR) programme, UNICEF imparted knowledge and skills on disaster risk and risk mitigation planning to the municipal governments, child club networks and communities, like in previous years.

Under the CCDRR program, in 2022, UNICEF capacitated around **3,259 children** (1,587 girls, 1,672 boys), in 15 municipalities in DRR, emergency preparedness and response and climate, energy, and environment as members of the child clubs. These trained children act as **change agents** in DRR actions including disaster resilience building, emergency preparedness and raising awareness on climate change impact in the community.

CCDRR partnership, contributed to system strengthening and improved disaster risk governance. In 2022, UNICEF supported the development of child sensitive local disaster and climate resilient plans (**LDCRPs**) in **15** municipalities. The learning from CCDRR helped make it child-sensitive and risk-informed, thereby mainstreaming multi-hazard disaster risk into local government annual plans addressing risk and strengthening disaster preparedness and response efforts of the local governments.

Likewise, in 2022, CCDRR and local government partnership raised community confidence on **mitigation and response actions** through over **48 small-scale mitigation actions** in 2022 in five municipalities and schools, where mitigation actions were implemented against the **risk profile** of multi-hazards identified via risk assessment process. These small-scale, non-structural mitigation

¹⁶ <https://www.unicef.org/nepal/media/16071/file> (UNICEF Nepal, CFT, Round 9, April 2022)

¹⁷ https://npc.gov.np/en/category/other_major_reports

actions including in schools, benefitted over 3,000 children. Key risk mitigation actions include construction of gabion walls, handrailing of school, fencing of school compound, repairing of roofs, and installation of lightening dissipation systems, which contributed to make children, teachers including communities safer and built resilience. Further, CCDRR partnership ensured access to safe water, whereby 8 communities¹⁸ have been declared water safe communities (WSC) in Shivaraj and Joroyal municipalities, benefitting an average 60 HHs per community, including children, as part of effort for integrated WASH and education in CCDRR programme.

UNICEF Nepal, with a generous funding support of the Margaret A. Cargill Foundation (MACF) and the thematic donors for humanitarian response had initiate the child- centered disaster risk reduction (CCDRR) Programme in 2013 and continued to implement it until end of December 2021. Due to COVID 19 context, the grant was further extended till June 2022 for the smooth transition of the programme including wrap up. The MACF grant was officially ended in June 2022. Beyond the MACP grant, UNICEF continued as per need, some activities such as capacity building of local governments, promoting children and youth participation, in the project municipalities and even beyond, with its regular resource until end of 2022. Thus, the above reported results include the both the first six month of grant as well as UNICEF's regular initiative on CCDRR, continued beyond June 2022.

Learning:

The learning from overall CCDRR program has contributed for national and local level planning guideline to make it risk-informed and child sensitive. CCDRR approach has further improved knowledge and skills on the importance of disaster risk reduction (DRR), climate change and COVID-19 prevention, and disaster preparedness and response, which will help make the community disaster-ready. UNICEF CCDRR programme advocacy helped in resource leveraging by local governments for DRR and mitigation actions.

CCDRR program further improved knowledge and skills of children and young people in the communities, on the importance of disaster risk reduction (DRR), climate change and COVID-19 prevention, and disaster preparedness and response, which will help make the community disaster-ready.

The various learning, good practices of the MACP grant for CCDRR have been documented through various knowledge products (video, case stories, human-interest stories) published in last quarter of 2022.

Key learning based on the various CCDRR capacity building initiatives of child club members/children who were trained is if children are given opportunity, long with the right information and environment, they can play a role in and contribute to DRR and become community change agents.

Results Achieved from Humanitarian Thematic Funding

The generous support from the donors and partners contributed significantly to UNICEF Nepal's response to COVID-19 pandemic and to the natural disasters such as monsoon flooding on cross-sectoral support and services, in line with the UNICEF Nepal Humanitarian Action for Children (HAC) Appeal 2022 and helped achieve results for children and their families.

In 2022, the total humanitarian funding from non-thematic humanitarian donors was relatively less of US\$ 625,931. The thematic humanitarian funding pool accounted for US\$ 112, 931. Of this, just over 18 per cent of humanitarian funding came from the humanitarian thematic funding pool in 2022, meaning approximately 18 per cent of the results (especially on child protection and cross-sectoral) captured throughout the report are directly attributable to the generous contributions of the thematic funders.

¹⁸ *Of the total 46 Water safety plans prepared, 18 WSC declared in 2021 & 8 WSC declared in 2022.*

However, the humanitarian funding received in 2022 was significantly lower than in previous years with only US\$ 625,931 received (compared to 2021, when over US\$ 9 million was received). At the same time, critical funding gaps (overall 83 per cent, against HAC 2022) restricted UNICEF's ability to meet all the priority humanitarian needs of children and their families such as in nutrition, health and WASH.

The critical nature of the thematic humanitarian funding is underlined in this time, as it enables UNICEF to respond proactively and immediately to the varied humanitarian needs of Nepal's children, regardless of whether specific earmarked funding had been received in an area. The thematic humanitarian funding pool enabled UNICEF to respond (especially for child protection and communications) equitably to the emerging needs of children exposed to emergencies. Meanwhile, the carryover non-thematic humanitarian funding from 2021 enabled to achieve results in 2022.

Table 1: 2022 Funding Status against the Appeal by Sector (USD)

Sector	Requirements	Funds Available Against Appeal as of 31 December 2022*		Carry-Forward (From 2021)	% Funding Gap
		Humanitarian Funds Received in 2022	Other Funds Used in 2022		
Nutrition	3,450,000	34,000	289,209		91%
Health	5,346,000	-	680,926	100,286	85%
WASH	5,328,000	-	645,000	395,624	80%
Child Protection GBViE and PSEA	3,236,814	516,225	308,797	760,329	51%
Education	3,553,200	-		2,353,843	34%
Social Protection	3,445,000	-	631,461	57,650	80%
Cross Sector (HCT, C4D/SBC, RCCE and AAP)	2,915,000	111,933	1,304,288	425,590	37%
Cluster Coordination		-			
Total	27,274,014	662,159	3,859,681	4,093,323	68%

* Funds available includes funds received against current appeal and carry-forward from previous year.

Table 2: Funding received and available by donor and funding type

Table 2 - Funding Received and Available by 31 December 2022 by Donor and Funding type (in USD)

Donor Name/Type of funding	Grant reference	Overall Amount[1]
I. Humanitarian funds received in 2022[2]		
a) Thematic Humanitarian Funds (Paste Programmable Amount from Table 3)		
Country Humanitarian Thematic Fund[6]	SM229930	112,931
b) Non-Thematic Humanitarian Funds (List individually all non-thematic emergency funding received in 2021 per donor in descending order)		
United States of America Permanent Mission of the United	SM220057	513,000
Total Non-Thematic Humanitarian Funds		513,000
c) Pooled Funding		
(i) CERF Grants (Put one figure representing total CERF contributions received in 2021 through OCHA and list the grants below)		
(ii) Other Pooled funds - including Common Humanitarian Fund (CHF), Humanitarian Response Funds, Emergency Response Funds, UN Trust Fund for Human Security, Country-based Pooled Funds etc. (Put the figure representing total contributions received in 2021 through these various pooled funding mechanisms.)		
CERF	SM22xxxx	
d) Other types of humanitarian funds		
Example: In-kind assistance (include both GRANTs for supplies & cash) Norway	KM22xxxx	
e) Other resources – development funding towards HAC (SH grant)		
European Commission/EC	SH22xxxx	
f) Other resources – development funding towards HAC (SC grant)		
Education Cannot Wait Fund	SC22xxxx	
Total humanitarian funds received in 2022[1] (a+b+c+d+e+f)		625,931
II. Carry-over of humanitarian funds available in 2022[2]		
g) Carry over Thematic Humanitarian Funds		
Thematic Humanitarian Funds	SM189910	170,706
h) Carry-over of non-Thematic Humanitarian Funds[3] (List by donor, grant and programmable amount being carried forward from prior year(s) if applicable)		
USA USAID	SM210632	2,121,397
UNDP USA	SM210979	601,721
European Commission / ECHO	SM210677	534,788
USA USAID	SM210585	378,233
Asian Development Bank	SM200437	97,723
United States Fund for UNICEF	SM210298	78,641

WHO	SM210140	57,981
United States Fund for UNICEF	SM190473	29,066
Swiss Committee for UNICEF	SM210666	12,583
GAVI The Vaccine Alliance	SC200764	9,620
British Government (DFID) Dept. for Int.Development	SM200202	864
Total carry-over non-Thematic Humanitarian Funds		3,922,617
Total carry-over humanitarian funds (g + h)		4,093,323
III. Other sources (Regular Resources set -aside, diversion of RR - if applicable)		
Example: Regular resources diverted to emergency	GCxxxxxx-	
Example: Regular resources set-aside or RR for unfunded OR used for emergency	GP22xxxx or GS22xxxx	
Example: EPF if not reimbursed by 31 Dec 2022*	GExxxxxx	
Total other resources		

[1] This total equals Funds Available Against Appeal as of 31 December 2022 in the SitRep table

[2] Programmable amount, total equals to the carry-forward total in the SitRep table

[3] Same list as it was prepared for the Q1 FTS reporting

[1] Based on HAC funding status report, recovery rate is part of the amount.

[2] Total for this section's points a) to d) is equal to the total Humanitarian funding received in 2022 SitRep table, e) and e) are equal to the total of the other resources regular in SitRep table.

[3] Old SP Global humanitarian thematic fund. UNICEF was receiving 2022 contributions to it in the first quarter of 2022. EPOMS was releasing GHTF allocations using this grant in 2022.

[4] 2022-2025 GHTF (funding allocated by EMOPS)

[5] Regional humanitarian thematic fund

[6] Country-level humanitarian thematic fund

Table 3: Thematic Humanitarian Contributions Received in 2022

Table 3: Thematic Humanitarian Contributions Received in 2022

Donor Name/Type of funding	Grant Reference	Total Contribution Amount (in USD)
GHTF (if any):		
<i>Sub-total (received from EMOPS/HQ):</i>		0
Regional thematic (if any):		
<i>Sub-total (received from RO):</i>		0
Country thematic contributions:		
German Committee for UNICEF	SM2299300114	112,931
<i>Sub-total (received directly at CO level):</i>		112,931
Total:		112,931

Future Work Plan

Every year, recurrent natural disasters, including monsoon affects the population of Nepal and 2022 was no different. The COVID-19 pandemic has stretched the capacities of local governments responding to these needs, and undermined access to WASH, health, nutrition, education and protection services. In 2023, natural disasters and COVID-19 might impact 2 million people, including over 752,400 children, who will need will need humanitarian assistance in 2023 to cope with the impacts of COVID-19 and natural hazards. UNICEF's humanitarian strategy and humanitarian action in Nepal will be 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 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.

In 2023, UNICEF Nepal is part of the South Asia Regional Appeal¹⁹ (comprising of Bhutan, Maldives and Nepal) which was launched December 2022. Unlike previous year, Nepal will not have its standalone HAC and the South Asia Region HAC appeals for combined US\$21.3 million to address the needs including of Nepali children and their families in 2023. This HAC funding will allow UNICEF to reach **418,800** children and women with primary health care; **500,000** children under 5 years with critical life-saving nutritious supplements, micronutrient powders; **150,000** people with access to WASH facilities; **315,000** children accessing formal or non-formal education and cross-sectoral support including risk communication will reach **2 million** people with life-saving messages on prevention and access to services.

In 2023, UNICEF Nepal will continue to provide life-saving services targeting the most vulnerable and also fulfill its cluster lead and co-lead roles in nutrition, WASH and protection sectors and in the cash and accountability to affected populations working groups. The country offices will also engage with relevant authorities, organizations and communities - including young people - to enable more disaster- and climate-resilient programmes linking humanitarian and development activities.

In line with Regional Appeal 2023, UNICEF Nepal will further invest in child-centred disaster risk reduction and preparedness by working closely with all 3 tiers of governments/authorities and stakeholders (at federal, provincial, local level) on risk analysis and joint contingency planning. Readiness to respond will be further enhanced through training and simulations guided by the Core Commitments for Children in Humanitarian Action.

Meanwhile, the current 5-year country program (2018-2022) formally ended on end of February 2023. Beginning 1 March 2023, UNICEF Nepal now has new Country Programme Document (CPD) (2023-2027) approved²⁰ by the UNICEF Executive Board. The new country programme has six components: health; nutrition; climate-resilient water, sanitation and hygiene (WASH); education; child protection; and social protection and child-friendly governance. Four overarching priorities (including on DRR climate resilience and environment sustainability) will permeate the programme. The new country program focuses supporting the Government to ensure all children, including adolescents, realize their rights and have opportunities to develop their full potential, free from poverty, in an inclusive, protective society and in a safe and sustainable climate and environment. UNICEF will contribute to children – especially the most disadvantaged – increasingly utilizing inclusive, improved quality health, nutrition, water, sanitation and hygiene, education and child protection services and accessing social protection benefits, protected from disasters and other shocks.

Human Interest stories

¹⁹ <https://www.unicef.org/media/131541/file/2023-HAC-South-Asia.pdf>

²⁰ UN Economic and Social Council; EE/ICEF/2023/P/L.12

Throughout the year 2022, UNICEF and its partners continued to work together to serve 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, as well as earthquake and public health outbreaks (cholera, dengue) among other emergency and humanitarian response, and to create the change in communities across Nepal that is captured in this report. To do so has meant changing countless people’s lives for the better. To better represent this, UNICEF periodically releases human interest stories that captures the human side of our work, and these include pictures, videos and newspaper articles.

A selection of stories from this year 2022 can be found below:

1. <https://www.unicef.org/nepal/stories/community-connection>
2. <https://www.unicef.org/nepal/stories/rope-guna-fal-informative-and-enjoyable>
3. <https://www.unicef.org/nepal/stories/championing-access-safe-water>
4. <https://www.unicef.org/nepal/stories/it-healed-my-heart>
5. <https://www.unicef.org/nepal/stories/life-saving-power-healthy-diet>
6. <https://www.unicef.org/nepal/stories/safe-water-every-home>
7. <https://www.unicef.org/nepal/stories/keeping-vaccines-cold>
8. <https://www.unicef.org/nepal/stories/a-new-frontier>
9. <https://www.unicef.org/nepal/stories/risk-was-clear>
10. <https://www.unicef.org/nepal/stories/champion-change>
11. <https://www.unicef.org/nepal/stories/challenging-journey-reach-nepals-communities-vaccines>
12. <https://www.unicef.org/nepal/stories/safer-journey-vaccines>
13. <https://www.unicef.org/nepal/stories/boosting-cold-chain-far-west-nepal>

Thematic Funding Case Studies

Top Level Results:	Thematic humanitarian funds assisted UNICEF in providing psychological first aid (PFA) and psychosocial support to 826 adults (92 men and 734 women) from five wards of Bhajani Municipality in Kailali District in far-western Nepal during the October 2022 floods; managing the distress of 467 children (170 boys and 297 girls) through various psychosocial and recreational activities; and offering one-on-one counselling sessions to 25 people (8 men and 17 women). Additionally, the fund encouraged and supported the integration of a psychological component into the local and provincial governments’ disaster response plans. The support helped to restore hope and optimism among affected families and improve their ability to cope with the impact of the disaster. The early preparedness and response approach could be repeated in other disaster contexts with close coordination with relevant authorities.
Title	<i>Ensuring psychosocial well-being of children and families in flood-affected communities in far-western Nepal in 2022</i>
Duration	<i>2 months</i>
Contact person for this practice/ FP	From UNICEF: Upama Malla, Child Protection Officer, umalla@unicef.org ; and Kunga Sandup Lama, Child Protection Officer, klama@unicef.org

Issue/Background	<p>On 4 October 2022, the late monsoon and heavy rainfall brought on floods and landslides in 15 districts across three provinces (Lumbini, Karnali and Sudurpaschim) in Nepal. Kailali District was among those that were heavily affected by the floods, with 772 households were displaced and 2,086 households partially affected in Bhajani Municipality alone (Initial Rapid Assessment Report, Ministry of Home Affairs, Government of Nepal). Communities were severely impacted, including children and the elderly. Overcrowding in temporary shelters, food shortage and lack of necessities also led to fear, uncertainty and distress among children and families. To address this, UNICEF worked with its implementing partners, Transcultural Psychosocial Organization Nepal (TPO Nepal) and Bageshwori Asal Shasan Club Nepal, to provide a package of psychosocial support interventions the affected population including recreational activities with children of five wards of Bhajani Municipality.</p>
Resources Required/Allocated:	<p>Allocation of NPR 25,00,000 (USD 18,881 approx.) including administrative costs, human resources, staff mobilization costs and programmatic costs.</p>
<i>Objectives/rationale</i>	<p>Natural disasters cause human suffering that goes beyond displacement and food shortages. If left untreated, psychosocial distress can result in long-term mental health issues and lower quality of life. It is crucial to provide simple access to psychological support services so that people can express their worry and anguish in a safe environment. Supporting those who are at risk of experiencing psychosocial distress depends on the community's ability to mobilize service providers like counsellors and community-based psychosocial workers (CPSWs). For effective response, relationships and coordination with government agencies are also essential. Recognizing these factors, in Bhajani Municipality in Kailali District – one of the areas hit hardest in the October 2022 floods – CPSWs and counsellors were mobilized with the goal of providing psychosocial support to affected communities.</p>
Progress and Results:	<p>The availability of thematic humanitarian grants allowed UNICEF to:</p> <ul style="list-style-type: none"> • Create a quick instrument to assess the need for psychosocial help. Together with the local administration, UNICEF was able to quickly examine the community's needs to learn about their current requirements and issues. • Help the provincial government develop a psychosocial response plan (as part of the Protection Cluster monsoon preparedness and response plan) Provide refresher training and deploy trained counsellors and CPSWs to help impacted populations with their psychosocial needs. • Provide 826 people (92 men and 734 women) from the five wards of the Bhajani Municipality in the Kailali District with psychological first aid (PFA) and psychosocial education. Following the use of relaxation techniques like breathing exercises and grounding exercises, participants reported feeling peaceful and at ease. • As part of PFA, connect people with knowledge, essential service, and social support offered by various organizations in their communities, such as food, water, tents and medical help. • Engage 467 children and adolescents (170 boys, 297 girls) in a range of psychological and recreational activities to help them cope with their distress. • Offer individual counselling sessions to 25 people (8 men, 17 women), provide emergency support and refer them to necessary services. • To prevent further harm, people in the communities were given information on protection, GBV risk, and how to access available resources. • Develop guidelines with minimum set of MHPSS activities for humanitarian response and promote the inclusion of psychological components in municipal and provincial governments' disaster response plans, as well as sensitizing 22 officials, such as those in charge of programmes for women, children and education.

<p>Criticality and value addition:</p>	<p>Identifying and addressing children's, adolescents' and caregivers' Mental Health and Psychosocial Support (MHPSS) needs through coordinated multisectoral and community based MHPSS services is a key component of UNICEF's Core Commitments for Children (CCC) in Humanitarian Action. Unaddressed psychosocial distress can lead to long-term mental health problems and lower quality of life for children, adolescents and families. MHPSS integration in all areas of humanitarian response is critical to supporting resilience after an emergency and assisting those affected in accessing life-saving services.</p> <p>Psychosocial support aided flood-affected families to regain hope and optimism, as well as improve their coping mechanisms, and helping them to perform their daily activities. These immediate assessment and response activities, carried out in close collaboration with the relevant authorities, can be replicated in other disaster settings.</p>
<p>Challenges & Lesson Learned</p>	<p>Because of the floods, roads were damaged and blocked, impeding the provision of services to the affected communities. Furthermore, a lack of human resources made it difficult to reach and assist all affected individuals in a timely manner. These issues were mitigated by collaborating with the provincial-level Protection Cluster, local government and other organizations to develop a protection and psychosocial response action plan as guided by provincial monsoon preparedness and response plan.</p> <p>Despite the existence of a national mental health policy in Nepal, there persists a lack of understanding about the significance of MHPSS. There is a need to improve the psychosocial preparedness and response programmes in disaster-prone areas, including the localization of MHPSS services. Building the capacity of local communities to respond to MHPSS during such situations, as well as creating a roster of trained human resources that can be deployed immediately, would be effective in ensuring timely psychosocial support to affected populations in the future.</p>
<p>Moving Forward</p>	<p>UNICEF will continue to support the Protection Cluster at the federal and provincial levels, as well as collaborate and advocate with local governments to integrate psychosocial support interventions into humanitarian situations. UNICEF will also mobilize counsellors and CPSWs to provide psychosocial support to children, parents and caregivers in disaster-affected areas.</p>

PHOTO



People displaced due to the October 2022 flood in Bhajani Municipality in Kailali District sheltering on sides of the roads. ©TPO Nepal/2022



Refresher training to counsellors and community psychosocial workers before deployment to flood affected communities. ©TPO Nepal/2022



Adolescents engaged in group activities focusing on group healing and enhancing coping mechanism in Bhajani Municipality, Kailali District. ©TPO Nepal/2022



Children in temporary shelter supported with recreational activities by community psychosocial workers in Bhajani Municipality, Kailali District. ©UNICEF/2022



Group orientation being held at the Saraswati Secondary School in Bhajani Municipality in Kailali District in far-western Nepal. ©TPO Nepal/2022

In mid-2022 an external evaluation of the COVID Preparedness and Response Plan (CPRP)²¹ programme partnership for humanitarian action with NRCS, (of May 2021) was carried out. The evaluation findings showed positive results. The formative evaluation assessed the multisectoral approach as successful enabling integration of effort, better coordination, and timely identification of priorities across the partnership's interventions. Further, the qualitative and quantitative evidence gathered gives the picture of a very strong partnership based on a shared history of humanitarian collaboration, strong institutional ties across the two organizations in carrying out humanitarian actions. The evaluation analysis showed that the multisector approach applied for the CPRP, was successful in achieving efficiency, with added synergy across program components.

The UNICEF's Child and Family Tracker (CFT)²² remained a key driver for change in the lives of children and families and apply the findings for programming and re-programming development and emergency interventions.

In 2022 on SBC, two studies in seven provinces focusing on health-seeking behaviours, were completed. A multi-thematic media landscaping study further resulted in several localized insights. Additionally, formative research evidence on COVID-19 vaccination access, utilization etc compounded with localized study in Madhesh province led to improved awareness interventions, which boosted vaccine coverage (as in case of Madhesh province, where it increased from 84 per cent to 98 per cent) in 32 priority municipalities in Madhesh. A comprehensive study is underway on ending child marriage. Promoting social listening and community feedback mechanisms, various programmes were used to solicit feedback from populations.

Meanwhile, the non-COVID local emergencies were comparatively small given Nepal's highly vulnerable status to natural disasters. UNICEF Nepal trained over 315 people (52 females, 263 males) members of the LDMCs in eight flood-prone municipalities on IRA, SAR and BFA who played a critical role for needs assessment and data collection. IRA is the common tool agreed by the GoN and humanitarian partners.

As noted in the last year report, one of the key lessons from previous emergencies was the need for greater levels of cooperation and preparedness on pre-crisis data gathering and benchmarking. This is especially true for the preparedness and data management for the geographic areas that are often affected by flooding and other natural disasters including for the Anticipatory Action (AA) project. Finally, a comprehensive monitoring and learning framework must be established in order to measure and understand the effectiveness of the preparedness actions and the corresponding reduction in humanitarian needs.

UNICEF helped to enhance the capacities of 38 local governments/municipalities in the disaster information management systems localization (DIMS)/BIPAD portal²³, developed by the National Disaster Risk Reduction and Management Authority (NDRRMA) to help improve information systems, as per UNDAF. This contributed for the monitoring and improved disaster risk governance.

Financial Analysis

In 2022, UNICEF Nepal had the Humanitarian Action for Children (HAC) appeal through which UNICEF appealed for US\$27.3 million in 2022 to sustain the provisions and meet the needs of children, women

²¹ <https://nepal.un.org/en/127254-covid-19-response-plan-nepal-may-2021>

²² <https://www.unicef.org/nepal/media/16071/file> (UNICEF Nepal, CFT, Round 9, April 2022)

²³ <https://bipadportal.gov.np/realtime/>

and their families in Nepal, affected by the COVID-19 pandemic and to respond to the natural disasters such as monsoon flooding.

The total humanitarian funding from non-thematic humanitarian donors in 2022 was US\$ 625,931. The thematic humanitarian funding pool accounted for US\$ 112,931. Just over 18 per cent of humanitarian funding came from the humanitarian thematic funding pool in 2022, meaning approximately 18 per cent of the results captured throughout the report are directly attributable to the generous contributions of the thematic funders.

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.