



Student Binita Acharya coaching four-year-old Sano Babu Singh through the day's lessons, guided by the UNICEF telephone-learning initiative to help children keep learning during school closure

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Humanitarian Action for Children

Nepal

HIGHLIGHTS¹

- In Nepal, 1.8 million people, including 752,400 children, will need humanitarian assistance in 2022 to cope with the impacts of COVID-19 and natural hazards. Nepal is highly prone to annual recurrent natural hazards such as floods and landslides. The humanitarian and socioeconomic impacts of COVID-19 and monsoon in 2021 have been unprecedented, as access to services such as nutrition, education and healthcare have been severely disrupted, exacerbating the situation for the most vulnerable households.
- UNICEF requires US\$27.3 million to reach 973,530 people (496,500 women), including 431,033 children (211,206 girls), with mental health and psychosocial support, prevention of gender-based violence, and access to critical life-saving nutritious supplements, primary healthcare, safe water and education.
- UNICEF Nepal will 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.

1.8 million people² IN NEED

752,400 children³

2021 2022

973,530 people⁴ TO BE REACHED

431,033 children⁵

2021 2022

FUNDING REQUIREMENTS

US\$ 27.3 million

2021 2022

KEY PLANNED TARGETS



761,850
children and women
accessing health care



252,000
people reached with critical
WASH supplies



43,730
women and children
accessing gender-based
violence mitigation,
prevention, response



225,000
children accessing
educational services

Needs and targets are based on the inter-agency Monsoon Preparedness Plan 2021 and COVID-19 projections and are subject to change upon finalization of 2022 Plan.

HUMANITARIAN SITUATION AND NEEDS

Being a high-risk country,⁷ Nepal faces frequent natural disasters, including floods, landslides and earthquakes and disease outbreaks such as cholera, dengue fever and COVID-19, which disrupt the access of children and their families to education, water and sanitation, health, livelihood and protection services.⁸

Nepal experienced an alarming second surge of COVID-19 in April-May 2021, having the highest reproduction rate of COVID-19⁹ and the fifth-highest test positivity rate globally. Nepal's already weak health system was overwhelmed. The humanitarian and socioeconomic impacts of COVID-19 have been unprecedented. In 2021, Nepal also experienced a prolonged monsoon⁶ season affecting almost the whole country, claiming 127 lives and creating additional humanitarian needs.¹⁰ While it is difficult to predict the impacts of COVID-19 and natural disasters in 2022, projections anticipate approximately 1.8 million people, including 752,400 children, will need humanitarian assistance, and there could be overlapping impacts on families and children with limited means.¹¹ Limited COVID-19 vaccination coverage could increase the humanitarian need. Currently, 30 per cent of the population above 15 years of age has been fully vaccinated, while the plan is to achieve full coverage by 2022.¹²

The COVID-19 crisis has disproportionately impacted children, aggravating child poverty and hampering access to essential services. Job losses (earnings, livelihoods or both) were reported by 33 per cent of families and 34 per cent experienced food insecurity during the acute pandemic phases.¹³ The COVID-19 pandemic and restrictions impacted care-seeking behaviour of caregivers, as only 67 per cent took their children to the health centres to access health and nutrition services.¹⁴ Between 2019 and 2020, maternal and neonatal deaths were estimated to increase by 16.7 and 7.6 per cent, respectively.¹⁵ One quarter (25 per cent) of the health facilities lack adequate infection prevention and control (IPC) mechanisms.¹⁶ Maintaining continuity of water, sanitation and hygiene (WASH) supplies and services in the households, communities and institutions has been challenging.¹⁷ The effective delivery of nutrition services to children under 5 years of age and pregnant and lactating women has been significantly impacted, as health staff were fully engaged with COVID-19 response. The socioeconomic impact due to the multiple emergencies has increased mental health and psychosocial problems as well as increased risk of gender-based violence, particularly among women, children, elderly and persons with disability.¹⁸ Only 18 per cent of community schools were conducting virtual lessons, worsening learning equities as a result of the digital divide.¹⁹ Schools are gradually opening after being closed for 281 days; nearly all 8.3 million students (49 per cent girls) have experienced substantial loss in learning.²⁰

SECTOR NEEDS



23,500
children need
treatment for SAM^{21,22}



1.4 million
children and women
need primary health
care²³



780,000
people lack access to
safe water²⁴



609,200
children and
caregivers in need of
MHPSS services²⁵



1.3 million
children in need of
education support²⁶

STORY FROM THE FIELD



Children in a community in Sindhupalchowk District in central Nepal affected by monsoon-induced floods and landslides were provided mental health support by clinical psychologists mobilized with UNICEF support. UNICEF initiated a child and adolescent mental health (CAMH) programme in 2020 in collaboration with the Kanti Children's Hospital to help address psychological issues among children and young people in the wake of the disaster. Under the guidance of the facilitators, the young participants took part in relaxation exercises, stress management techniques and discussions about mental health.

[Read more about this story here](#)

Children affected by floods and landslides in Sindhupalchowk district are given hygiene kits, containing basic sanitation and cleanliness supplies, as well as some recreational materials

HUMANITARIAN STRATEGY

UNICEF's humanitarian action will be guided by a comprehensive, integrated and multi-sectoral humanitarian strategy and UNICEF's Core Commitments for Children (CCC) in Humanitarian Action²⁷ 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 programme for building back better. The humanitarian programme targets the most vulnerable, including children, adolescent girls, women and people with disabilities, particularly in areas facing the double threat of COVID-19 and natural disasters.

UNICEF will facilitate the access of primary healthcare services by children and women and will ensure adequate infection prevention and control mechanisms in health facilities, education institutions and communities. Children and communities will be supported to access a sufficient quantity of safe water for drinking and domestic needs and use safe and inclusive sanitation facilities. Support will be provided to government and partners for development and implementation of waste management policy. The capacities of government and partners will be reinforced for the prevention and treatment of severe acute malnutrition and to protect girls and boys from violence, abuse, exploitation and discrimination. UNICEF will support government efforts for reopening of schools and implementing safe school protocol. A cash-“plus” behaviour change approach as part of mid- and longer-term systematic shock-responsive social protection and social behaviour change efforts will be promoted.

UNICEF will work closely with the Government at the federal, provincial and local levels and with civil society organizations to build national emergency capacities for timely response and support localization. With its network of field offices,²⁸ UNICEF is able to lead on needs assessment, response and relief coordination efforts following a disaster. UNICEF co-chairs the WASH, education, protection and nutrition clusters and the Risk Communication Working Group and is an active member of the health cluster and the Cash Coordination Group at national and provincial levels. The approach will close pre-existing gaps between humanitarian and development outcomes, mitigate risks and build resilience. The programming approach embraces cross-cutting issues, including accountability to affected populations, prevention of sexual exploitation and abuse of authority, interventions focused on gender-based violence, disability, inclusion and engagement of adolescents and youth in emergency preparedness and response. UNICEF will continue to work with children and young people for building their capacity as disaster risk reduction and climate champions.

2022 PROGRAMME TARGETS



Nutrition

- **23,500** children aged 6 to 59 months with severe acute malnutrition admitted for treatment
- **400,000** primary caregivers of children aged 0 to 23 months receiving infant and young child feeding counselling²⁹
- **350,000** children aged 6 to 59 months receiving multiple micronutrient powders³⁰



Health

- **761,850** children and women accessing primary health care in UNICEF-supported facilities
- **10,000** health care facility staff and community health workers trained in infection prevention and control
- **5,300** frontline health workers are trained on supporting children and adolescents with mental health care



Water, sanitation and hygiene

- **234,000** people accessing a sufficient quantity of safe water for drinking and domestic needs³¹
- **90,000** people use safe and appropriate sanitation facilities
- **252,000** people reached with critical WASH supplies



Child protection, GBViE and PSEA

- **60,460** children and parents/caregivers accessing mental health and psychosocial support³²
- **43,730** women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions
- **3,578** people who have access to a safe and accessible channel to report sexual exploitation and abuse by aid workers
- **15,092** children receiving individual case management support



Education

- **225,000** children accessing formal or non-formal education, including early learning
- **75,000** children receiving individual learning materials
- **200** schools implementing safe school protocols (infection prevention and control)



Social protection

- **26,500** households reached with cash transfers through an existing government system where UNICEF provided technical assistance and/or funding



Cross-sectoral (HCT, C4D, RCCE and AAP)

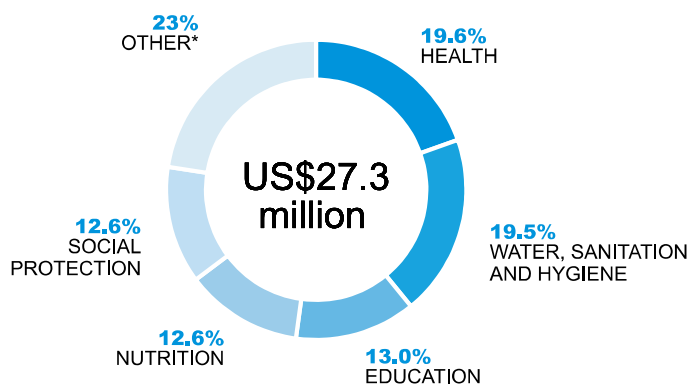
- **10,000,000** people reached through messaging on prevention and access to services³³
- **550,000** people engaged in risk communication and community engagement actions
- **102,000** people with access to established accountability mechanisms

FUNDING REQUIREMENTS IN 2022

UNICEF requires US\$27.3 million to meet the needs of the most vulnerable children, adolescents and women in Nepal who will be affected by the COVID-19 pandemic and natural disasters in 2022. UNICEF estimates that the funding needs for 2022 will be similar to those of 2021, with a slight increase - mainly due to the increase in total needs and targets.

This funding will enable UNICEF to support the provision of continued access to essential health, nutrition and WASH services as well as access to education by supporting school reopening. The funds will also be utilized for social protection, child protection and gender-based violence services for children, adolescents, women and vulnerable communities.

Without this funding, UNICEF will be unable to support the national efforts to meet critical relief and early recovery needs and to provide essential assistance if the situation worsens due to the COVID-19 pandemic and natural hazards.



Sector	2022 requirements (US\$)
Nutrition	3,450,000 ³⁴
Health	5,346,000 ³⁵
Water, sanitation and hygiene	5,328,000
Child protection, GBVIE and PSEA	3,236,814 ³⁶
Education	3,553,200
Social protection	3,445,000
Cross-sectoral (HCT, C4D, RCCE and AAP)	2,915,000
Total	27,274,014

*This includes costs from other sectors/interventions : Child protection, GBVIE and PSEA (11.9%), Cross-sectoral (HCT, C4D, RCCE and AAP) (10.7%).

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ENDNOTES

1. UNICEF's public health and socioeconomic COVID-19 response, including programme targets and funding requirements, is integrated into the standalone country, multi-country and regional Humanitarian Action for Children appeals. All interventions related to accelerating equitable access to COVID-19 tests, treatments and vaccines fall under the Access to COVID-19 Tools Accelerator (ACT-A) global appeal.
2. This is based on the Nepal Government's Monsoon Preparedness and Response Plan 2021, which estimates 1.8 million people in need; and UNICEF estimates of the number of people who will need assistance due to the COVID-19 pandemic (300,000), based on trend analysis. As there are overlaps, the highest number has been taken as people in need.
3. Based on children making up 41.8 per cent of the total population, as per the 2011 census.
4. This was calculated using the two highest coverage programme targets (health and WASH). To avoid double counting, the number of men (123,480) and children older than 5 years (88,200) to be reached with WASH supplies were added to the number of women and children under 5 years (761,850) to be reached with health. This does not include 10 million people to be reached with risk communication and community engagement. The total number of people to be reached includes 51 per cent women/girls (496,500) and nearly 2 per cent people with disabilities (18,886). UNICEF is committed to needs-based targeting, which means covering the unmet needs of children; and will serve as the provider of last resort where it has cluster coordination responsibilities.
5. This was calculated using the number of children under 5 years to be reached with health (342,833) and the number of children older than 5 years to be reached with WASH (88,200). The total children to be reached includes 49 per cent girls (211,206) and nearly 2 per cent children with disabilities.
6. An increase in intensive precipitation events has led to more frequent landslides in the mountains and hills, and more floods in the country's plains. This is as per the Study on Impact of Climate Crises on Children and Youth in Nepal, conducted by UNICEF, Save the Children, World Vision and Plan International in Nepal.
7. INFORM Global Risk Index 2020.
8. Study on Impact of Climate Crises on Children and Youth in Nepal conducted by UNICEF, Save the Children, World Vision and Plan International in Nepal.
9. <https://bit.ly/2Sbo33L>.
10. Government of Nepal DRR portal, September 2021.
11. This is based on Nepal Government's Monsoon Preparedness and Response Plan 2021 which estimates 1.8 million people in need; and UNICEF estimates of the number of people who will need assistance due to the COVID-19 pandemic (300,000), based on trend analysis. As there are overlaps, the highest number has been taken as people in need.
12. Government of Nepal Health Information Management System, September 2021.
13. UNICEF Nepal Child and Family Tracker survey, July 2021.
14. UNICEF Nepal Child and Family Tracker – round 7: 11-18 July 2021.
15. Bhutta et al. 2021. Direct and indirect effects of COVID-19 pandemic and response in South Asia. UNICEF.
16. UNICEF Nepal monitoring of health facilities, 2021.
17. Limited funding and limited number of partners.
18. UNICEF Nepal Protection Monitoring and Incident Reporting, 2021.
19. UNICEF Nepal Child and Family Tracker survey, July 2021.
20. Nepal Government's Education Management Information System.
21. According to the Government of Nepal Health Management Information System.
22. Severe Acute Malnutrition (SAM).
23. Estimated as per Nepal Government's Health Management Information System (HMIS).
24. Inter-agency COVID 2021 Plan and Monsoon Plan 2021.
25. Inter-agency COVID 2021 Plan and Monsoon Plan 2021.
26. Government of Nepal Education Flash Report 2077/78 (2020/21).
27. CCC is guided by International Human Rights Law, particularly the Convention on the Rights of the Child (CRC) and grounded in the Sphere standards, including the Core Humanitarian Standard on Quality and Accountability (CHS), the Inter-Agency Network for Education in Emergencies (INEE) Minimum Standards, Minimum Standards for Child Protection in Humanitarian Action (CPMS).
28. UNICEF has four offices across Nepal, which include a head office in Kathmandu and three field offices in provinces.
29. Target for 2022 has increased compared to 2021 as this includes both COVID-19 and natural hazard caseloads, while in 2021 it was for natural hazards only.
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31. With decreasing COVID-19 cases, there is a decrease in needs and targets. Also, the sustainable water points/facilities established in the past will continue to cater to ongoing needs.
32. While the sector need for MHPSS is US\$609,000, UNICEF aims to cover around 10 per cent. The rest of the sector needs will be covered by other partners, mostly NGO partners and some by the Government.
33. The population targeted is higher than the total number of people/children to be reached because the target includes mass media outreach.
34. Although the target for 2022 is increased from that of 2021, the funding needs have not significantly increased, as the Government of Nepal has committed more funding support and requested UNICEF to provide technical support.
35. In 2022, the target for primary health care has increased, although some other targets have reduced. Therefore, the funding requirement has not significantly changed compared to 2021.
36. This includes US\$256,000 for PSEA.