

The Department of Probation and Child Care Services and UNICEF provided 600 families with recreational kits reaching 1800 children who lacked access to online service due to lockdown measures.



# Humanitarian Action for Children

# South Asia

### **HIGHLIGHTS**

- Countries across South Asia are experiencing a new and deadly surge of coronavirus disease 2019 (COVID-19)<sup>1</sup>. The speed and scale of infection overwhelmed the health systems in South Asian countries. Amid the rapid spread of COVID-19, the countries are hit by natural disasters such as monsoon floods, cyclone, landslides.
- Despite being critical for lifesaving, the lock-down measures have affected the lives and livelihoods of millions of people in the South Asian region<sup>2</sup>. Some 600 million children in the region are at risk as the COVID-19 pandemic and its socio-economic impacts and related service disruptions threaten to wipe out decades of development gains related to children's health, nutrition, education and protection<sup>3</sup>.
- UNICEF is requesting US\$19.8 million to provide life-saving humanitarian assistance for Bhutan, Maldives and Sri Lanka and overall humanitarian support across the Region. This includes supporting health care, safe learning, protection and treatment for malnutrition, and strengthening social protection systems in above countries<sup>4</sup>.

IN NEED5



930,000

children under 5 years are malnourished<sup>6</sup>



500,000

people need access to health services<sup>7</sup>



## 1 million

people require safe water and sanitation services<sup>8</sup>



# 5 million

children require safe learning environments<sup>9</sup>

**FUNDING REQUIREMENTS** 

US\$ 19.8

2017

2021



This map does not reflect a position by UNICEF on the legal status of any country or territory or the delimitation of any frontiers. The countries in light blue are embedded in this regional appeal. The countries in dark blue have corresponding standalone appeals or are covered under crisis appeals.

#### **HUMANITARIAN SITUATION**

South Asia is facing a vicious cycle of cascading risks due to the rapid spread of COVID-19 and natural disasters. COVID-19 continues to disproportionately impact children in the region 10. Children are losing parents and caregivers to the virus, leaving many of them without parental care. In addition, as resources are diverted and services become saturated, the essential health services that children and mothers rely on – including routine immunization services and treatment for diseases and malnutrition - are once more at risk of being compromised.

South Asia is home to the world's biggest slums – an estimated 130 million people live in informal urban settlements in the region <sup>11</sup> – and some of the most polluted cities in the world, creating significant risks for children. These fragile environments, combined with critical socio-economic vulnerabilities, can give rise to poverty, undernourishment and marginalization.

The combined effect of extreme weather events and the health and economic impacts of the COVID-19 pandemic have hit communities hard and rendered them more vulnerable and exposed to the spread of disease 12.

In Sri Lanka, the high levels of wasting (15.1 per cent) and stunting (17 per cent)<sup>13</sup>, frequent droughts and floods, landslides, significant food insecurity and loss of income due to COVID-19 are likely to increase rates of malnutrition among women and young children.

Due to economic recession and other lockdown measures, millions of people living in poverty, particularly migrant labourers from small countries such as Bhutan, Maldives and Sri Lanka, have lost their jobs and are in urgent need humanitarian assistance to cope with both the pandemic and the impacts of disasters.

#### **HUMANITARIAN STRATEGY**

In line with government and inter-agency response plans and the Core Commitments for Children in Humanitarian Action, the UNICEF Regional Office for South Asia will provide an integrated, multi-sector response to build resilience, strengthen systems to prepare for and respond to crises, and link humanitarian action with development programmes. This will include promoting risk communication and community engagement and infection prevention and control measures to prevent the spread of disease; advocating for increased investment in social protection and gender-responsive programming to shield poorer families from the worst impacts of the economic recession; and delivering essential health, education, child protection and nutrition services for women and children.

UNICEF will prioritize strengthening education systems to implement quality and equitable continuity of learning strategies during COVID-19 school closures and other emergency situations. Efforts will focus children's learning particularly between girls and boys, rural and urban areas and the marginalized children and youth. UNICEF will also work to support education systems in safe reopening of schools, preparation for future school closures, and remedial education following school closures.

Recognizing the specific issues facing women, adolescents and children in emergencies, the regional strategy will engage directly with women and youth leaders and community-based organizations and integrate GBV prevention and response across sectors. UNICEF will prioritize support to strengthen prevention and response to mental health and psychosocial needs across the region, including strengthening psychosocial first-aid for front line workers and parents and caregivers, children and adolescents.

With the repeated waves of COVID-19 and seasonal disasters, UNICEF will continue to localize its humanitarian response in the region. This will include building local emergency capacities, promoting accountability to affected populations, providing emergency cash transfers and developing shock-responsive social protection mechanisms to respond to crises.

#### STORY FROM THE FIELD



Bhutan has made considerable progress in promoting and protecting the rights of women and children. However, violence against women and girls in large numbers persists in the country. The COVID-19 pandemic has intensified all forms of gender-based violence (GBV), particularly domestic and intimate partner violence and exacerbated the existing child protection risks for boys and girls.

The National Commission for Women and Children (NCWC) and UNICEF held a week-long training of trainers for 15 service providers on response systems and case management for GBV survivors in Paro. The training aimed at providing knowledge and skills to effectively support the survivors.

JNICEF Bhutan/2021/CDolma

Deputy Chief Legal Officer at NCWC, Ugyen Tshomo, speaks about the legal aid the Commission supports with for GBV survivors at a training jointly organised NCWC and UNICEF.

### **COVID-19 REGIONAL RESPONSE**

Bhutan, Maldives, Sri Lanka

## **HUMANITARIAN SITUATION (COVID-19)**

South Asia is home to almost 2 billion people, and these sudden uncontrolled surges of infection bring significant regional and global risks. The human cost is dire (35,108,330 cases with 488,628 deaths reported as of 30 July 2021<sup>14</sup>), with too many struggling desperately to find lifesaving care and oxygen for loved ones. Children remain the pandemic's hidden victims. Children are losing parents and caregivers to the virus, leaving many of them destitute, without parental care<sup>15</sup>.

Further, as resources are diverted and services become saturated, the essential health services that children and mothers rely on – including routine immunization and treatment for diseases and malnutrition - are at risk of being compromised.

Low levels of regular vaccination in most of the region dropped further in COVID-19 times and additional surges remain a threat <sup>16</sup>.

Currently, more children are falling ill with COVID-19 than ever before, and entire households are being affected, leaving wage-earners unable to work and placing even more strain on families <sup>17</sup>.

The changes in the context particularly with the surge in COVID-19 prompted UNICEF to revise and reprioritize its interventions in the region to support Governments to limit the spread of virus and mitigate the consequences of the pandemic.

## **HUMANITARIAN STRATEGY (COVID-19)**

UNICEF's COVID-19 response strategy in South Asia draws on key lessons learned from the ongoing response, builds on current investments and is aligned with government and inter-agency response plans, including economic recovery plans. At the country level, UNICEF will work with Government authorities to protect children and their families from exposure to the virus, minimize mortality and mitigate the effects of COVID-19. This includes providing accurate life-saving information on COVID-19 through risk communication and community engagement; improving infection prevention and control at health, education and communal facilities; promoting hygiene; and providing essential WASH services and supplies. The response also focusses on strengthening and preparing health care systems considering possible next wave of COVID-19.

In its mitigation measures to the socio-economic impacts of COVID-19, UNICEF will prioritize the most vulnerable children and adolescents, including those living in low-income settings, migrant and refugee children and children of ethnic minorities. Key activities include supporting the continuity of essential health services, life-saving nutrition interventions, learning through safe school operations or remote learning; child protection, mental health and gender-based violence services to better protect children and women; and expanding social protection systems including cash-based programmes.

#### **2021 PROGRAMME TARGETS**<sup>18</sup>



#### **Nutrition**

- 802,000 primary caregivers of children aged 0 to 23 months receiving infant and young child feeding counselling<sup>19</sup>
- **765,000** children aged 6 to 59 months receiving multiple micronutrient powders<sup>20</sup>



#### Health

- 167,500 children and women accessing primary health care in UNICEF-supported facilities<sup>21</sup>
- 6,500 staff and community health workers provided with personal protective equipment including essential medical equipment and supplies<sup>22</sup>
- 10,000 children aged 6 to 59 months vaccinated against, diphtheria, tetanus, pertussis<sup>23</sup>



#### Water, sanitation and hygiene

- 124,806 children accessing appropriate water, sanitation and hygiene facilities and hygiene services in learning facilities and safe spaces<sup>24,25</sup>
- **200,000** people reached with handwashing behaviour change programmes<sup>26</sup>
- 350,000 people reached with critical water, sanitation and hygiene supplies (including hygiene items) and services<sup>27</sup>



#### Child protection, GBViE and PSEA<sup>28</sup>

- 105,000 children and caregivers accessing mental health and psychosocial support<sup>29</sup>
- 15,000 women, girls and boys accessing genderbased violence risk mitigation, prevention or response interventions<sup>30,31</sup>
- **44,500** people with access to safe channels to report sexual exploitation and abuse<sup>32</sup>



#### **Education**

- 845,806 children accessing formal or non-formal education, including early learning<sup>33</sup>
- 1,200,000 students supported with learning recovery and school drop-out mitigation<sup>34</sup>



#### C4D, community engagement and AAP

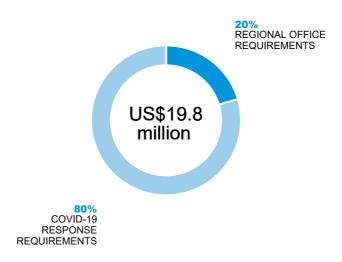
- 2,000,000 people reached with messages on access to services <sup>35</sup>
- 305,000 people participating in engagement actions for social and behavioural change<sup>36</sup>

This appeal is aligned with the revised Core Commitments for Children in Humanitarian Action, which are based on global standards and norms for humanitarian action.

#### **FUNDING REQUIREMENTS IN 2021**

UNICEF has revised its funding requirements which slightly increased from US\$18.5 million to US\$ 19.8 million in order continue the efforts of UNICEF Country Offices to limit the spread of virus and mitigate the consequences of the pandemic as well as to provide technical guidance on emergency preparedness and response across all the countries in South Asia. The revised HAC requirement also reflects the increased need for technical support related to emergency preparedness of natural disasters such as flood, earthquake, cyclone etc.

Given the worsening situation, additional funding is urgently needed to support governments, communities and affected children; scale up infection prevention and control interventions; support preparedness and response to the pandemic; support government service delivery systems; and respond to the social impacts of the pandemic, which threaten to reverse development gains. The funding will be used to promote safe learning environments and safely bring children back to school; protect children, including through psychosocial support and gender-based violence services; provide children with treatment for malnutrition and vital health services; and provide households with social cash transfers.



Appeal sector	Original 2021 HAC Requirement (US\$)	Revised 2021 HAC Requirement (US\$)	Funds Available (US\$)	Funding Gap (US\$)	Funding Gap %
Regional office requirements	4,050,000	4,050,000	200,000	3,850,000	95.1%
Emergency response	2,500,000	2,500,000	200,000	2,300,000	92.0%
Preparedness and disaster reduction	750,000	750,000	-	750,000	100.0%
Regional office technical capacity	800,000	800,000	-	800,000	100.0%
COVID-19 response requirements	14,397,360	15,788,343	6,170,111	9,618,232	60.9%
Nutrition	1,909,400	1,815,000 <sup>37</sup>	106,700	1,708,300	94.1%
Health	3,877,160	7,379,343 <sup>38</sup>	4,369,241	3,010,102	40.8%
WASH	2,415,800	1,360,000 <sup>39</sup>	409,047	950,953	69.9%
Child protection	1,750,800	1,675,000 <sup>40</sup>	455,317	1,219,683	72.8%
Education	1,779,600	2,185,000 <sup>41</sup>	229,575	1,955,425	89.5%
Social Protection	1,004,600	600,000 <sup>42</sup>	251,956	348,044	58.0%
C4D	1 660 000	774 000 <sup>43</sup>	348 275	425 725	55 0%

#### Who to contact for further information:

#### **ENDNOTES**

- 1. UNICEF, Racing to Respond to the COVID-19 Crisis in South Asia, May 2021
- 2. Socio-Economic Implications of COVID-19 Pandemic in South Asia: Emerging Risks and Growing Challenges, Frontiers in Sociology, Feb 2021
- 3. UNICEF, Lives Upended, June 2020
- 4. UNICEF, Racing to Respond to the COVID-19 Crisis in South Asia, May 2021
- 5. The 'in need' figures reflect pressing needs in the major sectors that UNICEF supports for all countries in the region.
- 6. This figure consolidates the needs from Bhutan (20,000), Maldives (10,000) and Sri Lanka (900,000). This was calculated by UNICEF in collaboration with government counterparts based on the current COVID-19 response.
- 7. This figure consolidates the needs from Bhutan (60,000), Maldives (5,000) and Sri Lanka (435,000).
- 8. This figure consolidates the needs from Bhutan (140,000), Maldives (75,000) and Sri Lanka (800,000).
- 9. This figure consolidates the education needs from Bhutan (180,000), Maldives (75,000) and Sri Lanka (4,750,000).
- 10. UNICEF, Racing to Respond to the COVID-19 Crisis in South Asia, May 2021.
- 11. United Nations Economic and Social Commission for Asia and the Pacific, 'Asia Disaster Report The Disaster Riskscape Across Asia-Pacific: Pathways for resilience, inclusion and empowerment', UN ESCAP, 2019
- 12. United Nations Economic and Social Commission for Asia and the Pacific, 'Protecting the Most Vulnerable to Cascading Risks from Climate Extremes and the COVID-19 in South Asia'. UN ESCAP. 2020.
- 13. Asia and the Pacific: Weekly regional humanitarian snapshot (19 25 May 2020)
- 14. SAARC Disaster Management Centre Dashboard, July 2021.
- 15. Racing to Respond to the COVID-19 Crisis in South Asia, UNICEF, May 2021.
- 16. UNICEF, Racing to Respond to the COVID-19 Crisis in South Asia, May 2021
- 17. UNICEF, Racing to Respond to the COVID-19 Crisis in South Asia, May 2021
- 18. This section reflects the consolidated targets of the countries included in the regional appeal only.
- 19. The target for Sri Lanka is 800,000 and Maldives is 2,000.
- 20. This covers Bhutan 15,000 and Sri Lanka 750,000
- 21. The comprises targets of 8,000 for Bhutan, 9,500 for Maldives and 150,000 for Sri Lanka. Surge in COVID-19 cases resulted in the revision of targets in line with joint Government's plans.
- 22. This target includes 500 for Bhutan and 6,000 for Sri Lanka.
- 23. This target applies to Bhutan only
- 24. Maldives: 74.806 and Sri Lanka 50.000
- 25. As schools continued to be closed, the target of children accessing WASH services in learning facilities was reduced; instead community WASH interventions have been increased.
- 26. Sri Lanka: 200,000. This indicator was added newly that complements the above activity (access to WASH facilities and services in learning).
- 27. This comprises targets for Bhutan (50,000) and Sri Lanka (300,000)
- 28. Due to space constraints, the following acronyms appear in the appeal: GBViE (gender-based violence in emergencies); PSEA (prevention of sexual exploitation and abuse); C4D (communication for development); and AAP (accountability to affected populations).
- 29. Bhutan: 50,000, Maldives: 25,000 and Sri Lanka: 30,000.
- 30. Maldives: 10,000 and Sri Lanka:5,000
- 31. Government institutions and partners are playing a greater role in handling PSEA with UNICEF technical support, the target has therefore been reduced.
- 32. This targets applies to Maldives: 44,500
- 33. Bhutan:171,000, Maldives: 74,806 and 600,000 Sri Lanka
- 34. This target specifically focusing on learning recovery to minimize learning losses due to COVID-19, applies to Sri Lanka.
- 35. This target is for Sri Lanka
- 36. Bhutan: 100,000, Maldives: 200,000 and Sri Lanka: 5,000
- 37. Despite a slight reduction in funding requirement, the target for nutrition has increased because of the efforts and advocacy by UNICEF country offices with Government authorities and partners in leveraging resources. The Government will play a greater role with UNICEF's technical support.
- 38. The health budget has increased to support healthcare facility staff and community health workers with PPE and essential medical equipment/supplies and Government's efforts to vaccinate children against diphtheria, tetanus and pertussis.
- 39. Some of the planned initiatives related to WASH in Schools were not feasible due to school closure. Instead, the provision of WASH supplies and services at community level has been increased. Leveraging resources with Government and partners has resulted in reduction of the funding ask.
- 40. Despite a slight reduction in the funding ask, leveraging resources with Government and partners helped increase the target for CP that will be achieved through strengthened partnerships.
- 41. Education's funding ask has been increased to support children with distance and catch-up education.
- 42. The reason the reduction of funding ask is because of Government's greater role in providing cash assistance and food rations for vulnerable families during lock-down period. UNICEF provides technical expertise.
- 43. A greater role of the Government in risk communication with the technical support of UNICEF resulted in an increase in targets with reduced costs.