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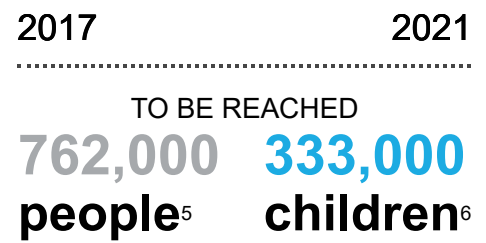
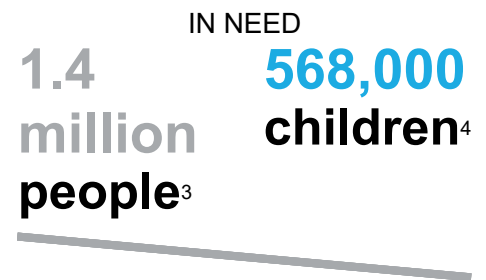
## Humanitarian Action for Children

UNICEF staff, with the assistance of security personnel, prepare to transport relief materials to flood-affected communities in western Nepal, one of the areas hit hardest by flash floods in 2020.

# Nepal

### HIGHLIGHTS

- Recurrent natural disasters affect the population of Nepal every year. The coronavirus disease 2019 (COVID-19) pandemic has stretched the capacities of local governments responding to these needs, and undermined access to education and livelihoods. In 2020, nearly 8 million children were out of school<sup>1</sup> and the country has suffered significant job losses. In 2021, natural disasters and COVID-19 will impact 1.4 million people, including over 568,000 children.<sup>2</sup>
- UNICEF's humanitarian strategy in Nepal is two-pronged, comprehensive, integrated and multi-sectoral. It focuses on (1) preventing morbidity and mortality; and (2) building community resilience.
- UNICEF requires US\$25.5 million to address the needs of Nepali children and their families. This funding will allow UNICEF to reach 450,000 children and women with primary health care; 115,000 children under 5 years with critical life-saving nutritious supplements; and 15 million people with life-saving messages on access gender- and disability-sensitive services.



### KEY PLANNED TARGETS



**12,000**

facility and community health workers trained on infection prevention and control



**372,000**

people reached with critical water, sanitation and hygiene supplies and services



**42,000**

women and children accessing gender-based violence risk mitigation/prevention/response



**200,000**

children accessing educational services



**FUNDING REQUIREMENTS**

**US\$ 25.5 million**



Programme targets are based on the inter-agency Monsoon Emergency Response Preparedness Plan for 2020 and COVID-19 projections and are subject to change upon finalization.

## HUMANITARIAN SITUATION AND NEEDS

Nepal faces frequent disasters, including floods, landslides, earthquakes and disease outbreaks such as cholera, dengue fever, and now, COVID-19. Every year, more than 500 disasters occur in Nepal that result in loss of life and the destruction of infrastructure and impact people's livelihoods.<sup>9</sup> An estimated 2 per cent of gross domestic product is lost every year due to disasters.<sup>10</sup> In 2020, Nepal suffered a prolonged monsoon that led to displacements and 314 deaths. There are 111 people missing due to floods and landslides.<sup>11</sup>

Based on a recent national survey, 12 per cent of children in Nepal are suffering from acute malnutrition, including 2.9 per cent who have severe acute malnutrition (SAM).<sup>12</sup> Only 19 per cent of the population has access to a source of improved drinking water that is free of E. coli.<sup>13</sup> Disasters exacerbate these challenges and aggravate the impacts on children.

The COVID-19 pandemic is compounding the vulnerabilities of the poor and newly impoverishing others. COVID-19 cases are continuing to rise, reaching nearly 67,000 as of 23 September 2020.<sup>8</sup> Larger clusters of cases have been recorded in Kathmandu and other densely populated areas. While it is still difficult to predict the impacts that COVID-19 and natural disasters will have in 2021, projections anticipate a large increase in the number of cases and overlapping impacts on families and children with limited means. For example, many of the children impacted by school closures are also affected by natural disasters, further undermining their access to alternative learning.

As of August 2020, COVID-19 has had serious multidimensional impacts on the population. Sixty-one per cent of households have lost income; one quarter of households are struggling to feed their families; and 11 per cent of children report feelings of anger, irritation and gloominess.<sup>14</sup> Death by suicide, which is a growing problem in Nepal, including for children, has been on the rise during the pandemic.<sup>7</sup>

While many health workers, police officers, social workers and other service providers have continued to provide services during the shutdown, some critical support services have been restricted to curtail the spread of COVID-19. Just 12 per cent of children with SAM have been enrolled in treatment despite signs of growing household food insecurity.<sup>15</sup> The proportion of rape victims who are children has risen to nearly 70 per cent.<sup>16</sup> Innovative solutions will be needed to avert the continued decline of services and child well-being.

## SECTOR NEEDS



### Nutrition

**135,000** caregivers need infant/young child feeding support<sup>18</sup>



### Health

**1 million** children and women need primary health care<sup>17</sup>



### Water, sanitation and hygiene

**1.4 million** people lack access to safe water<sup>19</sup>



### Child protection, GBViE and PSEA

**586,000** vulnerable children and caregivers need protection<sup>20,21</sup>

## STORY FROM THE FIELD



Farhan gets the measles-rubella vaccine as his mother Gulshan holds him.

Three-year-old Farhan is among the 2.6 million children in Nepal who received the measles-rubella vaccine in 2020, despite the disruptions caused by COVID-19.

Routine immunization halted in many parts of the country when the pandemic first began, but with the support of UNICEF and partners, the Government decided to resume vaccinations, including the measles-rubella campaign. This has come as a huge relief to parents such as Farhan's mother Gulshan, who was worried that her children would be at risk of other diseases while they struggled to stay safe from COVID-19.

**[Read more about this story here](#)**

# HUMANITARIAN STRATEGY

UNICEF will respond to natural hazards and rising COVID-19 cases in Nepal with a two-pronged, comprehensive, integrated and multi-sectoral humanitarian strategy that includes: (1) preventing excess morbidity and mortality while building community resilience to the ongoing pandemic and future disasters; and (2) mitigating social and economic impacts through focused humanitarian support to the most vulnerable communities and groups, including children, adolescent girls, women and people with disabilities, particularly in areas facing the double threat of COVID-19 and natural disasters.

UNICEF's response is aligned with government and United Nations strategies and the Core Commitments for Children in Humanitarian Action. UNICEF will lead efforts on risk communication, water, sanitation and hygiene (WASH), nutrition, child protection and education, while providing critical support in health, social protection and logistics. Priority interventions will ensure the continuity of basic services during the pandemic, including infection prevention and control in health facilities and communities; strengthen emergency preparedness and response systems; and build capacities for risk-informed planning and resilience. In social protection and nutrition, UNICEF will promote a cash-plus nutrition behaviour change approach as part of longer-term and systematic shock-responsive social protection and social behaviour change efforts. The approach will close pre-existing gaps between humanitarian and development outcomes, mitigate risks and build resilience.

Across sectors, UNICEF will work closely with the Government at the federal, provincial and local levels and civil society organizations to build national emergency capacities for timely response and support localization. Building on its communications expertise and private sector partnerships, UNICEF will leverage commitments from all segments of society to improve results for children and women. In mental health and child protection, UNICEF will reinforce government capacities with civil society partners to protect children from violence, abuse, exploitation and discrimination.

In education, social protection and health, UNICEF will provide technical assistance that helps government systems respond better. In education, for example, UNICEF will directly support children through the provision of distance learning materials and temporary learning spaces; identify alternative and innovative forms of education for marginalized children, including those with a disability; and help local governments reopen schools safely.

With its network of field offices, UNICEF is able to lead on needs assessment, response and relief coordination efforts following a disaster. UNICEF's programming approach embraces cross-cutting issues, including accountability to affected populations and interventions focused on gender-based violence, disability, inclusion and engagement of adolescents and youth in emergency preparedness and response.

# 2021 PROGRAMME TARGETS



## Nutrition

- **20,000** children aged 6 to 59 months with severe acute malnutrition admitted for treatment
- **135,000** primary caregivers of children aged 0 to 23 months receiving infant and young child feeding counselling
- **115,000** children aged 6 to 59 months receiving multiple micronutrient powders



## Health

- **450,000** children and women accessing primary health care in UNICEF-supported facilities<sup>22</sup>
- **12,000** health care facility staff and community health workers trained on infection prevention and control
- **12,000** health care workers within health facilities and communities provided with personal protective equipment



## Water, sanitation and hygiene

- **372,000** people accessing a sufficient quantity of safe water for drinking, cooking and personal hygiene<sup>23</sup>
- **372,000** people reached with handwashing behaviour change programmes
- **372,000** people reached with critical water, sanitation and hygiene supplies (including hygiene items) and services



## Child protection, GBViE and PSEA

- **59,000** children and caregivers accessing mental health and psychosocial support
- **42,000** women, girls and boys accessing gender-based violence risk mitigation, prevention or response interventions
- **15,000** unaccompanied and separated children accessing family-based care or a suitable alternative



## Education

- **200,000** children accessing formal or non-formal education, including early learning<sup>24</sup>
- **50,000** children receiving individual learning materials
- **200** schools implementing safe school protocols (infection prevention and control)



## Social protection and cash transfers

- **20,000** households reached with humanitarian cash transfers across sectors<sup>25</sup>

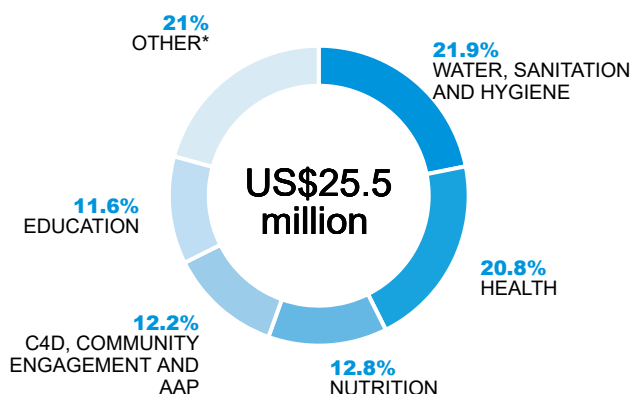


## C4D, community engagement and AAP

- **15,000,000** people reached with messages on access to services<sup>26</sup>
- **403,500** people participating in engagement actions for social and behavioural change
- **111,000** people who shared their concerns and asked questions/clarifications to address their needs through established feedback mechanisms

## FUNDING REQUIREMENTS IN 2021

UNICEF requires US\$25.5 million to meet the needs of children, adolescents and women in Nepal who will be affected by the COVID-19 pandemic and natural disasters in 2021. The funding requirement is based on the projected COVID-19 scenario and the total caseload estimated by the Humanitarian Country Team. The impacts of disasters vary significantly year to year, and seasonal forecasts guide pre-positioning efforts. This funding will enable UNICEF to provide critical WASH and medical supplies and support the provision of continued access to essential health and nutrition services for children, adolescents, women and vulnerable communities, as well as continuous access to education, social protection, child protection and gender-based violence services. In addition, risk communication and community engagement will be essential to educating and communicating with the public on COVID-19 prevention and control. Without additional funding, UNICEF will be unable to support the national effort to meet critical relief and early recovery needs, and provide essential assistance if the situation worsens due to the COVID-19 pandemic and natural disasters.



Sector	2021 requirements (US\$)
Nutrition	3,275,000 <sup>27</sup>
Health	5,300,000
Water, sanitation and hygiene	5,580,000
Child protection, GBViE and PSEA	2,700,000 <sup>28</sup>
Education	2,965,000
Social protection and cash transfers	2,600,000 <sup>29</sup>
C4D, community engagement and AAP	3,110,000
<b>Total</b>	<b>25,530,000</b>

\*This includes costs from other sectors/interventions : Child protection, GBViE and PSEA (10.6%), Social protection and cash transfers (10.2%).

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## ENDNOTES

1. Nepal Education Cluster, 'COVID 19 Education Cluster Contingency Plan', March 2020.
2. This is based on United Nations Nepal, 'Nepal: Monsoon Emergency Response Preparedness Plan 2020', UN, 2020, which estimates 1.26 million people in need; and UNICEF estimates of the number of people who will need assistance due to the COVID-19 pandemic (100,000), based on Ministry of Health and Population, 'COVID 19 Situation Report', 23 September 2020.
3. Ibid.
4. Ibid. Based on children making up 41.8 per cent of the total population, as per the 2011 census.
5. This was calculated using the two highest coverage programme targets (health and WASH). To avoid double counting, the number of men (182,280) and children older than 5 years (130,200) to be reached with WASH were added to the number of women (247,500) and children under 5 years (202,500) to be reached with health. This does not include 15 million people to be reached with risk communication and community engagement. Based on the 2011 census, 49 per cent are men/boys and 51 per cent are women/girls. Children under 18 make up 41.8 per cent and children aged 5 to 18 make up 35 per cent. The total figure includes an estimated 14,792 people with disabilities, based on the 2011 census (1.94 per cent of the total population have disability). 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.
6. This was calculated using the number of children under 5 years to be reached with health (202,500) and the number of children older than 5 years to be reached with WASH (130,200). The total figure includes 163,023 boys and 169,677 girls. Disability prevalence among children under 18 years is 10.6 per cent, according to the 2019 Multiple Indicator Cluster Survey.
7. The suicide rate in Nepal has increased by an average of 7.4 per cent per year for the last five years. There was a 3.4 per cent increase in the period between 15 March and 15 July during the COVID-19 lockdown, compared with the same period in 2019. The total number of suicide deaths of children under 18 years between 15 March and 15 July was 319 (there are no age-disaggregated data available for the same period in 2019 to compare the trend). The source of this data is the Nepal Police record, which is not publicly available.
8. World Health Organization Nepal, 'Situation Update #23 - Coronavirus Disease 2019 (COVID-19)', WHO, 23 September 2020.
9. Nepal Ministry of Home Affairs, 'Nepal Disaster Risk Reduction Portal', <drportal.gov.np>, accessed 12 October 2020.
10. Nepal Ministry of Home Affairs, 'Nepal Disaster Report 2017: The road to Sendai', December 2017.
11. Ministry of Home Affairs National Disaster Risk Reduction and Management, 'Situation Report', 22 September 2020.
12. Nepal Central Bureau of Statistics, 'Nepal Multiple Indicator Cluster Survey 2019', 2019.
13. United Nations Children's Fund, 'Multiple Indicator Cluster Survey', 2019
14. This is based on the UNICEF survey 'Child and Family Tracker' which assesses the social and economic impacts of COVID-19 on children and their families with a sample size of 78,000 households with children. The survey has been administered on a monthly basis since May 2020. The data in the narrative are taken from the August survey.
15. Nepal Ministry of Health and Population Health Management Information System, 'Nutrition Cluster Update', 2020.
16. Nepal Police, Women, Children and Senior Citizen Directorate, 'Crime Data against Women, Children and Senior Citizen of Lockdown Period (Chaitra 11 to Shrawan 10)', 25 July 2020.
17. This was calculated based on 'Nepal: Monsoon Emergency Response Preparedness Plan 2020' and COVID-19 estimates for 2021.
18. Ibid.
19. Ibid.
20. 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).
21. This was calculated based on 'Nepal: Monsoon Emergency Response Preparedness Plan 2020' and COVID-19 estimates for 2021. This includes mental health and psychosocial services, gender-based violence risk mitigation, prevention or response interventions and access to family-based care or a suitable alternative for unaccompanied and separated children.
22. There are 1,035,000 children and women that need primary health care services (total sector need), of which UNICEF will cover 43.47 per cent. The remaining need (i.e. 56.52 per cent) will be covered by other health cluster members, including the United Nations Population Fund (UNFPA) and the World Health Organization (WHO). There are more than 15 health cluster members and their implementing partners in Nepal.
23. There are 1.36 million people in need of WASH services in Nepal. Twenty-seven per cent of the total needs are covered by UNICEF and 73 per cent are covered by other cluster members. There are more than 40 WASH cluster members and their implementing partners and a well-functioning cluster mechanism in Nepal.
24. The education cluster is responding to scenario 3 in their cluster contingency plan, and aims to reach 2.1 million children who are the most marginalized, at-risk and at increased risk of dropping out. The Ministry of Education and the more than 30 education cluster partners that are operational in Nepal have committed to covering the education needs of approximately 1.9 million children. UNICEF is covering the gap between the cluster target and commitments by other cluster members and targeting 200,000 children.
25. This focuses on households with high care burdens/most vulnerable groups such as families with children under 5 years, female-headed households and households with people living with a disability.
26. The population targeted is higher than the total number of people/children to be reached because the target includes mass media outreach.
27. This is the total budget to support SAM treatment, promotion, protection and support for infant and young child feeding, including transportation and distribution of ready-to-use therapeutic food and micronutrient powder.
28. This includes US\$947,650 for gender-based violence in emergencies specialized programming; US\$1,010,000 for psychosocial support; US\$100,000 for prevention of sexual exploitation and abuse interventions; and US\$642,350 for other child protection activities, including alternative care.
29. This includes US\$2 million for the cash transfer component and US\$600,000 for other social protection activities, including support for system strengthening.