

# CONSOLIDATED EMERGENCY REPORT - 2022

## SOUTH ASIA



Prepared By  
**UNICEF REGIONAL OFFICE FOR SOUTH ASIA**  
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## **B. Expression of Thanks**

UNICEF Regional Office for South Asia (ROSA) expresses its sincere gratitude to all donors (particularly the ADB, GAVI, USAID, UK/FCDO as well as the German, Norwegian, Chinese and French Committees for UNICEF, the US Funds for UNICEF/Margaret A. Cargill Foundation and the UN Multi-Partner Trust Fund) who responded to the 2021 UNICEF ROSA Humanitarian Action for Children (HAC) appeal which was funded at 40 percent, and which made the 2021 humanitarian response possible. Your support enabled UNICEF and its partners to successfully respond to humanitarian needs of close to 100 million women and children throughout South Asia with interventions related to disaster risk reduction, emergency preparedness and rapid response to emergencies during a challenging year marked by the COVID-19 pandemic, recurring natural disasters linked to climate change and protracted and emerging conflicts.

UNICEF is grateful to donors who have contributed to ‘unearmarked’ thematic and non-thematic humanitarian funding that give UNICEF essential flexibility to direct resources and ensure the delivery of life-saving supplies and interventions as and where they are needed the most. Also longer-term and predictable funding for strengthening preparedness and resilience-building have been instrumental to tackle challenges over a course of years. UNICEF’s work is funded entirely through the voluntary support of millions of people around the world and 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.

## **C. Table of Contents**

<b>A.</b>	Cover Page	01
<b>B.</b>	Expression of Thanks	02
<b>C.</b>	Table of Contents	02
<b>D.</b>	Abbreviations and Acronyms	03
<b>E.</b>	Executive Summary	04
<b>F.</b>	Humanitarian Context	05
<b>G.</b>	Humanitarian Results	09
<b>H.</b>	Results Achieved from Humanitarian Thematic Funding	20
	a. Thematic Funding Case Studies	23
<b>I.</b>	Assessment, Monitoring and Evaluation	33
<b>J.</b>	Financial Analysis	34
<b>K.</b>	Future Work Plan	37
	Annexes to the CER	39
	a. Two-pagers – non-thematic funding contributions	39
	b. Donor Statement (As of 31 December 2021)	39
	c. Human Interest Stories and Communication	39
	d. Donor Feedback Forms	39

## D. Abbreviations and Acronyms

AAP	Accountability to Affected Population
ACC	Afghan Citizen Card
ADAP	Adolescent Development and Participation
ADB	Asian Development Bank
BMI	Body Mass Index
CBA	Cash Based Assistance
CCA	Climate Change Adaptation
CCCs	Core Commitments for Children
COVAX	COVID-19 Vaccines Access Global Access
COVID-19	Coronavirus Disease
CP	Child Protection
CPD	Country Programme Document
DMC	Disaster Management Centre
DPCC	Department of Probation and Child Care Services
EPI	Expanded Programme on Immunization
EPP	Emergency Preparedness Platform
EVMA	Emergency Vaccine Management Assessment
EWARS	Early Warning Alert and Response System
FHB	Family Health Bureau
GAM	Global Acute Malnutrition
GAVI	Global Alliance for Vaccination and Immunisation
GBV	Gender-Based Violence
GDP	Gross Domestic Product
HAC	Humanitarian Action for Children
HEOC	Health Emergency Operations Centre
HIMS	Health Information Management System
IASC	Inter-Agency Standing Committee
IOM	International Organisation for Migration
IPC	Infection Prevention Control
IPC	Integrated Food Security Phase Classification
IYCF	Infant and Young Child Feeding
LHD	Linking Humanitarian and Development
MHPSS	Mental Health and Psychosocial Support
MoE	Ministry of Primary and Mass Education
MoH	Ministry of Health
MPS	Minimum Preparedness Standard
NCWC	National Commission for Women and Children
PLW	Pregnant and Lactating Women
RENEW	Respect Education Nurture Empower Women
ROSA	Regional Office for South Asia
SAARC	South Asia Association for Regional Cooperation
SoP	Standard Operating Procedures
UK/FCDO	United Kingdom Foreign Commonwealth and Development Office
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children Fund
USAID	United States Agency for International Development
VAC	Violence Against Children
WHO	World Health Organisation

## E. Executive Summary

In 2021, the overall humanitarian situation in South Asia was dominated by the multiple and severe surges of COVID-19 (Coronavirus Disease) infection in all countries across the region overburdening the healthcare systems and creating socio-economic crises that had a crippling impact on children and the affected populations. In addition, South Asia continued to be affected by recurrent natural disasters and extreme weather conditions, including cyclones and monsoon flooding affecting Bangladesh, India and Nepal, as well as the worst drought in 27 years affecting Afghanistan. Given the heightened risk profile of countries in South Asia with the impact of climate change, UNICEF ROSA continued to strengthen its approach to risk-informed programming and to ensure timely humanitarian action in line with the revised Core Commitments for Children (CCCs). The Regional Office for South Asia continued to provide technical support to all eight country offices in the region (Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan and Sri Lanka). Of the estimated 875 million people in need, some 367 million were children<sup>1</sup>. In 2021, UNICEF supported close to 100 million children in the region with a wide range of services and supplies. Results were delivered at scale through timely and quality emergency preparedness and response with integrated and multi-sectoral approaches.

In a region so prone to natural disasters, and still carrying the brunt of various waves of COVID-19 pandemic – it is essential to invest in preparedness and disaster risk reduction. In order to mitigate impact and where possible prevent children and their care-givers lives from being uprooted by disasters, UNICEF ROSA is fully committed to continue its investment and deliver technical and advocacy support to emergency preparedness and disaster risk reduction working closely with the inter-agency community. The strengthening of national systems continued to provide good results and to reduce the impact of recurrent and somewhat predictable natural disasters. In 2021, investment in preparedness for COVID 19 response paid off as well,- with timely and ample supplies prepositioned and considerable investments in the supply of cold chain equipment which strengthened national health systems in their capacity to face emerging COVID outbreaks. In parallel, due to volume and constant strains on existing systems, UNICEF rolled out large response operations. Substantial support in response was provided in the health sector to ensure the continuity of care, coupled with strong interventions in Infection Prevention and Control (IPC) and in Risk Communication and Community Engagement (RCCE). Other areas of work indirectly impacted by COVID-19 were also supported, including assistance to the re-opening of schools and psychosocial support to address increased mental health challenges.

Substantial humanitarian support continued to be provided to address man-made disasters too. In Bangladesh, the conditions in the Rohingya camps are still complex with close to 900,000 Rohingya refugees, including over 455,000 Rohingya children, who require timely and life-saving services including child protection, education and WASH. In Afghanistan, political and socio-economic developments had major implications on the provision of basic social services. It created a dire humanitarian situation with spill-over effects into neighbouring countries. UNICEF ROSA initiated timely in country and regional contingency planning when the situation in Afghanistan escalated and continued to work closely with the Afghanistan Country Office to deliver on the integrated response plans and to scale up program implementation. UNICEF also ensured a powerful public #StayAndDeliver narrative, securing a child-centred focus on increasing humanitarian needs and in favour of increased humanitarian access.

UNICEF South Asia relies on a regional strategy that promotes collective partnerships at all levels, including direct engagement with children and adolescents and community-based groups boosting

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<sup>1</sup> Cumulative results based on HAC 2021 deliverables by all country offices

local capacities and integration of gender-based violence prevention and response across sectors. This strategy also included strengthening organizational commitments to accountability to affected populations (AAP), prevention of sexual exploitation and abuse (PSEA) and promoting shock-responsive social protection systems.

UNICEF ROSA assisted all eight country offices with policy and strategy advice as well as technical support and surge deployment through its regional rapid response roster. This enabled country offices to ensure preparedness measures and response results for children are delivered in a quality and timely manner. Bhutan, Maldives and Sri Lanka Country Offices, which are part of the ROSA Humanitarian Action for Children (HAC) Appeal and covered in this regional CER report, delivered essential services to respond to multiple COVID-19 surges. In these countries, more than 1.17 million children were supported with access to education/learning, over 338,000 people received critical WASH supplies and over 181,000 children and caregivers received primary healthcare services.

## F. Humanitarian Context

In 2021, an estimated 875 million people in South Asia were in need of humanitarian assistance, of whom some 367 million were children. UNICEF supported close to 100 million children<sup>2</sup> delivering services and supplies in a variety of humanitarian contexts. The South Asian region continued to be challenged with the waves of COVID-19 Pandemic, natural disasters and extreme weather conditions which seem to intensify and become more frequent due to climate change. The pandemic deepened poverty, exacerbated inequalities and impacted children and the provision of health, nutrition, education, and protection services. According to the INFORM Global Risk Index<sup>3</sup>, Afghanistan is ranked the second most at-risk and five of the eight countries in the region are ranked either high or very high in terms multi-hazard risks - Afghanistan (8.1 out of 10), Pakistan (6.1/10), Bangladesh (5.8/10), India (5.4/10), Sri Lanka (3.8/10), Bhutan (3.2/10) and Maldives (2.4/10).

The severe surges of COVID-19 infection in May and June 2021 as well as subsequent waves in many countries have created dire humanitarian situations in the region, with cumulatively 39,389,354 confirmed COVID-19 cases and 572,241 deaths<sup>4</sup>. This unprecedented situation continuously pressured an already overburdened healthcare system. Despite the substantial efforts in the introduction of COVID-19 vaccines by governments and the international community, four countries in the region did not meet the World Health Organisation (WHO) global target of 40 per cent of total population being fully vaccinated by the end of December 2021: Afghanistan, Bangladesh, Nepal and Pakistan. However, plans have been put in place to meet these targets in 2022.

The COVID-19 pandemic has caused sharp rises in poverty and inequality<sup>5</sup> and negatively impacted the lives of vulnerable groups including children, women, adolescents, youth and persons with disabilities. Socioeconomic impacts remain immeasurable to date and have reversed some of the

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<sup>2</sup> Cumulative results based on HAC 2021 deliverables by all country offices

<sup>3</sup> INFORM is a multi-stakeholder forum for developing shared, quantitative analysis relevant to humanitarian crises and disasters. INFORM includes organisations from across the multilateral system, including the humanitarian and development sector, donors, and technical partners. The Joint Research Center of European Commission is the scientific lead for INFORM. Inform Global Risk Report 2021, <https://drmkc.jrc.ec.europa.eu/inform-index/INFORM-Risk>.

<sup>4</sup> SAARC Disaster Management Centre, Situation Report [http://www.covid19-sdmc.org/sites/default/files/situation\\_report\\_document/Situation-Report-31-12-2021.pdf](http://www.covid19-sdmc.org/sites/default/files/situation_report_document/Situation-Report-31-12-2021.pdf)

<sup>5</sup> Despite the global recovery in 2021, the economic benefits are unlikely to accrue fast enough to return the poverty level to levels that would have occurred without the pandemic. At the same time, the lingering effects of COVID-19 will continue to push people into poverty even in 2021. In South Asia, the pandemic is estimated to have led to 62 - 71 million new poor in 2020 and 48 - 59 million new poor in 2021, defined as those who would not have fallen into poverty or would have escaped poverty in the absence of the pandemic. The region's poverty level in 2021 is estimated to remain above the pre-pandemic level. South Asia Economic Focus Shifting Gears: Digitization and Services-Led Development, World Bank, Fall 2021.

hard-earned development gains made in recent decades<sup>6</sup>. In most countries in the region. Schools remained closed until the very last months of 2021, not only causing learning loss of over 400 million children<sup>7</sup>, but also impacting their individual and social wellbeing and mental health and increasing the risks including violence at home, child labour and child marriage. Socioeconomic impacts remain immeasurable to date and have reversed some of the hard-earned development gains made in recent decades<sup>8</sup>.

Armed conflicts induced internal displacements and refugee movements such as the conflict in Afghanistan and the protracted Rohingya refugee crisis in Bangladesh, triggered humanitarian challenges with regional dimensions. The deteriorating humanitarian situation in Afghanistan in 2021 has led to increased cross-border movements of vulnerable population seeking protection and asylum in neighbouring countries. A refugee response plan was put in place encompassing Iran, Pakistan, Tajikistan, Turkmenistan and Uzbekistan. Multiple concurrent humanitarian crises, some with regional cross-border dimensions, are testimonies of the complexity of the humanitarian situation in South Asia and the need for urgent action.

In Afghanistan, the political and socioeconomic developments had brought turmoil into a country that has experienced four decades of prolonged conflict, recurrent natural disasters, chronic poverty and disease outbreaks. In 2021, humanitarian needs increased significantly. In January 2021, 18.4 million people were estimated to require humanitarian assistance. By the end of December 2021, this figure increased by 30 per cent, reaching over 24.4 million<sup>9</sup>. Since August 15, 2021, the scale of the crisis has reached unprecedented levels. The deteriorating economy and an incomplete political transition have led to Gross Domestic Product (GDP) contracting by an estimated 40 per cent and poverty becoming nearly universal affecting 95-97 percent of the population by mid-2022<sup>10</sup>. Drought, officially declared in June 2021, was the worst in three decades, affecting 80 per cent of the country and leaving 15 million people in need of water. 22.8 million people are projected to be facing acute food insecurity, with 8,740,000 people in emergency phase (Integrated food security phase classification- IPC-4), 14,074,000 People in Crisis phase (IPC-3) and over one million children at risk of dying from SAM<sup>11</sup>. More than four million children are estimated to be out of school and a further 8.8 million at risk of not returning without sustained access to education.

Bangladesh continued to host close to 900,000 Rohingya refugees, including 456,712 children, who fled violence in Rakhine State ( Myanmar) four years ago. The COVID-19 pandemic, fire incidents in the refugee camps, upsurge of acute watery diarrhoea/cholera, monsoon floods and landslides have further exacerbated their living conditions, especially for women and children. In 2021, UNICEF supported vulnerable children and their families in Bangladesh as well as Rohingya refugees in Cox's Bazar District. The COVID-19 pandemic had enormous adverse effects on vulnerable children and their families living in Bangladesh. This led to increased risks of violence against children, limiting access to educational facilities and effecting access to other critical education, health, child protection, nutrition and water, sanitation and hygiene (WASH) services in Bangladesh.

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<sup>6</sup> In addition to the estimated poverty number, the impact of the economic crisis that followed COVID-19 was also evident in labour deterioration (lost wages, declines in earnings, job losses, or temporary absences), food insecurity, and increases in informality, all of which could continue to contribute to inequality in the region. South Asia Economic Focus Shifting Gears: Digitization and Services-Led Development , World Bank, Fall 2021.

<sup>7</sup> UNICEF, 'Reigniting Opportunities for Children in South Asia'

<sup>8</sup> In addition to the estimated poverty number, the impact of the economic crisis that followed COVID-19 was also evident in labour deterioration (lost wages, declines in earnings, job losses, or temporary absences), food insecurity, and increases in informality, all of which could continue to contribute to inequality in the region. South Asia Economic Focus Shifting Gears: Digitization and Services-Led Development , World Bank, Fall 2021.

<sup>9</sup> Humanitarian needs and planned response 2022. OCHA, Jan 2022.

<sup>10</sup> [Economic Instability and Uncertainty in Afghanistan after August 15, UNDP, September 2021](#)

<sup>11</sup> [IPC Acute Food Security Analysis: Afghanistan, September 2021-March 2022](#)

Pakistan is hosting 2.8 million Afghans, including 1.4 million registered refugees, 840,000 Afghan Citizen Card (ACCs) holders, and 500,000 undocumented Afghans. Potential new arrivals would further increase pressures on national resources. Pakistan is also facing a protracted nutrition emergency. The national global acute malnutrition rate is nearly 18 per cent<sup>12</sup>, exceeding the internationally agreed emergency threshold of 15 per cent.

India continued to face the impacts of COVID-19 and the wider effects of the pandemic, compounded by a series of cyclones and floods. The pandemic deepened poverty, exacerbated inequalities and impacted children and the provision of health, nutrition, education, and protection services. India lost about 36.8 million jobs due to the pandemic, with children from the families of migrants and daily wage laborers among the most affected<sup>13</sup>. An estimated seven million households were food insecure compromising the nutrition intake of children<sup>14</sup>. Disruptions in social services adversely impacted disadvantaged social groups, with almost 6.7 million pregnant women excluded from maternity benefit entitlements<sup>15</sup>. School closures related to COVID-19 containment measures affected 286 million children<sup>15</sup>. Schools continue to remain closed nation-wide. In mid-May, Tropical Cyclone Tauktae affected over 11.7 million people in India, with its storm and flooding causing significant casualties and damage.

Nepal continued to face recurrent natural disasters including floods, landslides and disease outbreaks. In April 2021, the second wave of COVID-19 pandemic further exacerbated the existing vulnerabilities of children and families, bringing about huge social and economic impacts including job losses and worsening the situation of vulnerable people including children. This COVID-19 second wave triggered humanitarian needs and various socio-economic issues, heavily impacting children and the vulnerable. Schools were closed for in-person classes for almost six months, until mid-September, leaving over eight million children (49 per cent girls) out of school.

#### **i. Humanitarian context in Bhutan**

By the end of December 2021, Bhutan reported a total of 2,660 (1,017 female) COVID-19 cases with seven deaths. More than 1.2 million COVID-19 tests have been conducted. No variant of Omicron had been detected in the country as of December 2021<sup>16</sup>. The Royal Government of Bhutan has heightened its surveillance and preventive activities including mandatory 14 days quarantine for travellers, periodic testing of high-risk population groups, risk communication, working in containment mode, and enforcement of Public Health Preventive measures.

Teaching in person resumed for all schools in early 2021 with the UNICEF-supported New Normal Curriculum put in place. However, intermittent school closures continued to occur in southern and eastern border districts. More than 90 per cent of children in the country benefitted from teaching in person. The WASH programme ensured that adequate hand washing facilities were in place in all the schools. Despite this positive move from the Government, inequities remained for some children. Some 1,000 children in Phuentsholing Municipality of Chukha sub-districts were unable to benefit from in-school teaching due to high risk of transmission of COVID-19. These children continued to learn through online classes until the end of September 2021. Children of higher grades (9-13) from these high-risk areas were relocated to Punakha district from August 2021, along with their teachers in order to continue in-school teaching. Partial closure of schools exacerbated children's learning

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<sup>12</sup> [National Nutrition Survey \(NNS\), 2018](#)

<sup>13</sup> <https://www.cmie.com/kommon/bin/sr.php?kall=warticle&dt=2021-06-07%2015:17:54&msec=740>

<sup>14</sup> Ministry of Consumer Affairs, Food and Public Distribution. PIB, 2021

<sup>15</sup> Ministry of Women and Children, Government of India, 2021

<sup>16</sup> The COVID-19 situation in Bhutan has dramatically at the time of this writing

losses due to 2020 school closures. More than 15 per cent of children will have to repeat their grade in 2022 and high-stake examinations (grades 10 and 12) have been postponed to February 2022.

The pandemic and subsequent isolation policies continued to expose children, girls and women to increased risks of gender-based violence, abuse and neglect and family separation. 562 (474 female) cases of abuse were reported in 2021, and another 1,067 (598 female) children and young people sought counselling services (of which more than 45 per cent were adolescents in the age group of 15-17 years), emphasizing the need to address the mental health of children and young people<sup>17</sup>

Under the Royal Command of Her Majesty the Queen, His Majesty's Secretariat, desuups (volunteers), National Commission for Women and Children, Respect, Educate, Nurture and Empower Women, and districts coordinated the establishment of emergency shelter homes during the second lockdown, which benefitted 30 women along with their children.

## **ii. Humanitarian Context in Maldives**

In 2021, COVID-19 highlighted the vulnerabilities of the country, partly as a result of its geography and partly its economic model with growth and development limited by a narrow economic basis and exposed to external shocks through overreliance on tourism (65 per cent of economic activities), substantial reliance on imported food, medicines and health equipment, high cost of service delivery because of geographical dispersion, human resource capacity in social services with heavy reliance on migrant workers (e.g. challenges around high staff turnover). Maldives faced the fourth wave of COVID-19 recording the highest daily infections so far. As of 31 December 2021, around 95,700 people were affected with 262 deaths. However, 81 per cent of the eligible population (above 12 years) have been fully vaccinated. The country also introduced booster dose for all eligible population. Maldives has declared public health emergency since 12 March 2020<sup>18</sup>.

Maldives climate vulnerability is another concern, being exposed to the impacts of climate change through sea-level rise and erosion and floods. Maldives is at the heart of the global climate crisis, with some projections estimating it will become uninhabitable by 2050 and disappear entirely by the end of the century. Meanwhile, changing temperatures have seen an increase in deadly communicable diseases like dengue fever, while fresh water is becoming so scarce that it needs to be shipped to some islands<sup>19</sup>.

The socio-economic impacts due to COVID-19 pandemic and effects linked to climate changes have further exacerbated the vulnerability of children and their families into income loss and increased poverty with additional distress, mental health challenges and violence, abuse and exploitation of girls and boys. Although the schools have been re-opened by mid-2021, the impacts with prolonged disruption education especially on children living in the atolls is enormous.

## **iii. Humanitarian Context in Sri Lanka**

2021 remained a challenging year for children in Sri Lanka due to the COVID-19 pandemic and the related sharp downturn in the economy. The macroeconomic outlook is worrisome with debt default resulting in credit rating downgrade in 2021.

Sri Lanka's COVID-19 caseload peaked in quarter three with the spread of the Delta variant and a higher proportion of patients needing treatment. The public health resources and capacity were

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<sup>17</sup> Career Education Counselling Division, Ministry of Education, Bhutan, 2021

<sup>18</sup> The health emergency was in place at the time of writing this report by mid Mar.

<sup>19</sup> UNICEF Report, Wading to school in Maldives, Nov 2021

stretched to breaking point, but adjustments to treatment protocols supported home-based care and provided relief to overstretched health facilities and staff. By 31 December 2021, the caseload had risen to 587,245 with 14,979 deaths, including 61 children.

Sri Lanka continued to be the seventh most malnourished country in the world and ranked in 2021 as the second-worst country in the South Asia region for wasting among children under five. Despite significant advances in health over the past 20 years, the triple burden of malnutrition in women and children is a significant public health challenge across sectors in Sri Lanka. Nationally, 9.1 per cent of women (15 – 49 years) have a low 918.5 kg/m<sup>2</sup>, 32 per cent of pregnant women are anaemic and 22 per cent are iron deficient. Rates of maternal overweight and obesity have been increasing. Among children under 5 years of age, the prevalence of both stunting (17 per cent) and wasting (15 per cent) remains high. As the pandemic and its repercussions continue, families are being forced to cut expenditure on food and other basic items.

All schools remained closed for most of 2021 with only sporadic and limited reopening in-between. Inequitable online learning opportunities, compounded by protracted teacher strikes, affected home-based learning and negatively impacted 4.8 million school children, especially the most disadvantaged. Data from a UNICEF survey in September 2020 indicated that 41 per cent of households with children do not have access to online learning equipment. Despite the government's efforts to provide online and offline learning options, learning losses increased in 2021 and school-based essential services were not available to children.

School closures and movement restrictions also disrupted children's routines and social support networks, impacting their protection, mental health and well-being. Financial and other stressors placed on parents contributed to making children more vulnerable to being institutionalized, violence and suffering psychosocial distress.

## **G. Humanitarian Results**

### **- Humanitarian Priorities and Regional Strategies.**

UNICEF ROSA continued to support all eight countries in the region to ensure timely preparedness and quality response to various emergency scenarios. This continued engagement informed UNICEF ROSA contributions to regional and global UNICEF and Inter-Agency policy and strategy setting and allowed for advocacy on the needs of and response to children affected by emergencies.

In 2021, UNICEF concluded its Humanitarian Review, that following extensive consultation in and outside the Organization, provided a clear set of endorsed recommendations to ensure UNICEF is fit for purpose and ensures strong capacities in areas of pertinence to children affected by emergencies. The recommendations are captured in UNICEF strategic framework for 2022-2026, and include core themes and workstreams of Grand Bargain<sup>20</sup>. In 2021, ROSA continued to work closely with country offices to invest in particular in the areas of Accountability to Affected Population<sup>21</sup> (AAP), Cash in Emergency and Preparedness. The Regional Office coordinated a Humanitarian Investment program covering these priorities and worked closely with country offices to pilot the following initiatives: (i) working jointly with Social Policy to support the Government of India to strengthen systems/social protection schemes to be more shock responsive - enabling government authorities to detect and support the most vulnerable; (ii) child sensitive cash-based assistance to vulnerable families including children with disabilities and female headed households and support U-

<sup>20</sup> [The Grand Bargain \(Official website\) | IASC \(interagencystandingcommittee.org\)](#)

<sup>21</sup> [Accountability to Affected Population](#)

report<sup>22</sup> for feedback mechanisms in Afghanistan; and (iii) support to most vulnerable families using exiting social protection systems in Sri Lanka. As to AAP, (i) the country office in India set up community feedback mechanisms as part of the ongoing response to the COVID-19 pandemic - but also enabling at-risk/affected communities to be heard during other disasters including floods, cyclones etc; (ii) in Afghanistan, additional AAP interventions were allocated to U-Report for social listening to conduct a poll on Acute Watery Diarrhoea (AWD); (iii) in Sri Lanka, selected community leaders were connected to mobile messaging groups after the training, as well as other virtual sessions, to provide daily, trusted COVID-19 related information and address concerns of community leaders. Community leaders were also engaged in monitoring the adherence to new-normal guidelines in the community setting. Another core theme of the Humanitarian Review relates to strengthening the link between humanitarian action and development. A concept note developed by UNICEF ROSA earlier was applied in a case study for Bangladesh as part of a Common Country Assessment in 2021.

In addition, the Humanitarian Review stressed the need for adequate humanitarian staff capacity and strong surge mechanism in which the regional office is much invested. In 2021, ROSA supported the deployment of some 25 staff on surge mission to contribute to the Afghanistan response as well as some 17 staff to India and Sri Lanka to provide response during peaks in COVID 19. In order to have a clear framework to guide UNICEF staff in their humanitarian interventions, various webinars were organised to ensure awareness on the revised Core Commitments for Children (CCCs). A plan is in place to further strengthen capacity building of UNICEF staff and our partners, to maintain accountabilities and develop custom made system strengthening at country and regional levels. Due to the travel and other restrictions related to COVID-19 pandemic across the South Asian region, the planned face to face trainings on CCCs for 2021 had to be postponed but are prioritised for 2022.

#### - Emergency Response, Preparedness and Disaster Risk Reduction

UNICEF ROSA continued to provide technical support to country offices on health emergencies, natural disasters and conflict responding to the needs of children and women. In addition to technical support and guidance, ROSA ensured the coordination of timely and quality Emergency Preparedness and Response Plans and Humanitarian Action for Children appeals. UNICEF ROSA also produced and disseminated quarterly and end-year regional situation reports demonstrating progress in all its response activities in order to keep a wide range of partners abreast of developments.

UNICEF ROSA continued to support Country Offices in strengthening their levels of emergency preparedness, by reviewing their preparedness/contingency plans developed on a corporate emergency preparedness planning tool called Emergency Preparedness Planform<sup>23</sup> (EPP). Recommendations were made on issues such as consistency in planning assumption among different programmatic areas, consistency and coherence among figures<sup>24</sup>, and re-assessment of minimum preparedness standard (MPS) benchmarks. As a result, Country Offices increased the average preparedness score<sup>25</sup> from 90 per cent to 93 per cent. ROSA further provided through the humanitarian investment program support to Pakistan for emergency preparedness and response

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<sup>22</sup> U-Report is a social messaging tool and data collection system developed by UNICEF to improve citizen engagement, inform leaders, and foster positive change

<sup>23</sup> The EPP is an online tool for implementing UNICEF's Procedure on Preparedness for Emergency Response. The EPP helps teams analyse risks, self-assess and monitor their operational preparedness and identify high-return actions to get ready for immediate response - before an emergency happens or a situation deteriorates.

<sup>24</sup> These include people in need, children in need, programme targets and budgets within UNICEF planning assumptions and anticipated response, as well as figures on inter-agency and/or government preparedness/contingency plans.

<sup>25</sup> This score indicates Country Office's level of preparedness, comprised of minimum preparedness standard scores, plan scores and CO preparedness scores.

training for Government and non-government organisations as part of the capacity building programmes in the country.

In a region marked by recurrent and somewhat predictable disasters, preparedness is dovetailed with overall disaster risk reduction support. In 2021 the regional office worked closely with the Sri Lanka country office to continue its investment to prevent and mitigate adverse social impacts of hazards on vulnerable children, their families and communities in risk-prone areas through child-centered risk reduction and resilience building. UNICEF Sri Lanka provided over 500 Government and non-government officials with a camp management training in the context of COVID-19 which contributed to the development of guidelines on Management of Safety Centers Amidst COVID-19 and organise health safety training for over 6,700 community leaders.

In 2021, Afghanistan was the centre of attention when the country's dynamics shifted dramatically. UNICEF ROSA timely engaged with the Afghanistan country office to initiate contingency planning, and the development and implementation of an integrated response plan. Regular emergency management meetings ensured consolidating priorities for children and action to scale up program operations. In light of the continued urgency and scale of needs, as well as the complexity of the crisis, a system-wide Level-3 scale up emergency was activated in Afghanistan Regional advisors and technical specialists constantly supported Afghanistan on surge mission and remotely. The value of a surge roster has again been proven and further investments are planned for 2022.

In addition, all country offices benefitted from support in COVID 19. Capacity was increased in logistics, communication and public information as well as community social and behavioural change support. In addition, program was beefed up such as WASH hand washing awareness and studies were undertaken on indirect impact of COVID for example with regard to learning and socio-economic (increased poverty) impact. The regional office further provided other countries with technical support on emergency preparedness and response to the emergencies such as floods in Bangladesh and cross-border contingency planning for Afghan refugees among other. Due to COVID-19 related restrictions and implications, staff's travel was significantly limited to other countries; however, there had been constant engagements with country offices virtually.

As part of coordination, monthly virtual Emergency Network meeting calls bring together emergency focal points from all countries to exchange information on latest trends, policies, processes and tools related to emergency preparedness and response and Disaster Risk Reduction (DRR) as well as to reflect on humanitarian developments and challenges in the region to define appropriate action. An annual regional network meeting took place virtually (due to covid travel restrictions) and provided emergency officers and focal point an opportunity to share lessons learned in particular in COVID response and natural disasters/DRR- which are captured in a knowledge dbase. A virtual marketplace with all ROSA program sections allowed to deep dive in areas where UNICEF has a lead/cluster role,- and dedicated session by relevant HQ/ROSA UNICEF experts to set agenda and build ownership on Humanitarian Review roll out,- increased engagement with private partnerships and revised CCCs.

#### **- Strategic Partnerships and Community Engagement.**

Maintaining strong relations with existing partners, UNICEF welcomed and invested in innovative ways of a broad coalition of partner. Investment was made by ROSA to work more closely with International Financial Institutions (ADB, WB) and regional member state platforms including South Asian Association for Regional Cooperation (SAARC) and European Union.

Further, the Private Partnership section in ROSA in collaboration with emergency section has started an initiative to better engage business in emergency, preparedness and disaster risk reduction. This initiative includes UNICEF Nepal and Sri Lanka country offices and UNICEF ROSA and aims to have

networks of business stakeholders built with required knowledge on the impacts of children due to disasters and climate change. The business network could be reached out to for urgent support in a moment of crisis to mitigate the consequences.

Exploring also wider networks to serve specific age groups of children, the Adolescent Development and Participation (ADAP) Section undertook a study that made an inventory of perceptions, policies and practices in humanitarian settings that enabled and realized adolescent and youth engagement in emergencies. Building on the outcomes, further investments were made to define humanitarian action for and by adolescent – and are taken forward through a joint ADAP-Emergency project with Columbia University School of International and Public Affairs exploring ways to step up involvement of adolescents in humanitarian settings in Bangladesh, India, Pakistan and Sri Lanka. Another area of work on humanitarian action for age specific group of children,- is the group of those under five years old. Initial discussion on Early Childhood Development in Humanitarian Settings took place and a new and exciting partnership with a global broadcast channel is advancing aiming to reach this group that is often overlooked in crisis, - at scale and throughout the region. Both groups will be embedded in a broader approach on overall Community engagement. In 2021, and in particular in context of COVID-19 reports,- ROSA UNICEF played a crucial role in mitigating risks of COVID-19 and changing social behaviours towards vaccine acceptance through its communication for development. A consultant was recruited to provide insights and evaluate concerns of communities in South Asia regarding COVID-19 measures and vaccination uptake based on community feed-back mechanisms. The consultant focused on scoping and setting up online social listening platforms across all South Asia country offices providing strategic and technical guidance to country offices to set up online and offline social listening mechanism including development of tools and dashboards. As a result, bi-weekly social listening reports reflecting concerns from the South Asia region and presenting global and regional social listening initiatives and results were produced. And, this helped set up a COVID-19 chatbot targeting journalist partners in Nepal to pilot a systematic community feedback mechanism driven by digital technology.

#### - **Knowledge Management**

Continuous reflection on all forms of Emergencies with an aim to collect, analyse and disseminate lesson learned and best practices to benefit future humanitarian action have been much embraced. Recognizing the importance of COVID 19 and as preparation for potential future -waves, UNICEF ROSA Programme and Planning team conducted several reflective discussions to capture lessons learned from the COVID-19 response in the South Asia region in 2021. UNICEF ROSA Emergency Section together with Emergency Units of Country Offices also conducted a brief lessons' learnt exercise and findings were incorporated with the broader study led by the Programme and Planning Team

#### **i. Humanitarian Results, Bhutan**

UNICEF continued to provide technical and financial support to the government in the containment of the pandemic. To continue the provision of essential health services, UNICEF helped timely procurement of routine vaccines and medical supplies that contributed to high coverage of routine immunization (over 95 per cent) and ensured that there were no stock-out of vaccines for children and women and that the country has an adequate stock of vaccines for the next six months. At the same time, UNICEF has contributed to high coverage of COVID-19 vaccination in Bhutan. UNICEF organized the fast-track delivery of over 800,000 doses of COVID-19 vaccines and thousands



A child gets immunized at the Mother and Child Health Centre in Paro Hospital, Bhutan.

of injections. UNICEF also supported a threefold expansion of cold chain capacity from 95,000 litres to 372,638 litres at different temperatures (i.e. +2°C to +8°C, -15°C to -25°C and -70°C to -86°C).

The Government was further supported to ensure continuity of essential nutrition services during the pandemic and resulting lockdown phases. UNICEF’s support contributed to reaching over 90 per cent children aged 6-23 months with multiple micronutrient powder supplementation and counselling on Infant and Young Child Feeding to prevent anaemia and stunting. The National Nutrition Strategy and Action Plan (NNSAP 2021-2025) developed in collaboration with UN agencies (UNICEF, WFP and WHO) had been endorsed and put into practice by the Ministry of Health (MoH). The first ever National Micronutrient Symposium was organized by MoH with support from development partners and recommended to introduce multiple micronutrient supplements for pregnant and lactating mothers which is being rolled out.

UNICEF in partnership with the MoE, overreached its 2021 target for mental health and psychosocial support. The global package ‘I support my friends’ was also adapted and training roll-out to 1,293 (679 female) peer helpers in 64 schools from 10 districts. They are now equipped with skills and practical tools on how to best support a friend in distress building on the principles of Psychological First Aid. Safe spaces for women and girls were established in three districts on a pilot basis to assist survivors of Gender-Based Violence (GBV) with a safe entry point to access services, including case management, potentially benefitting around 40,000 women. Bhutan is now equipped with standardized case management procedures for GBV cases including during emergencies, a guideline on GBV case management and a training package, a Standard Operation Procedure (SOP) on GBV and an Early Identification and Safe Referral package. 597 (263 female) social service providers in 16 districts have enhanced their capacity and new skills to effectively respond to survivors of violence, abuse, and neglect using these tools.

In response to the COVID-19 pandemic, 24 mass handwashing stations with safe drinking water (SDW) facilities were installed at public places in 12 districts, benefitting 8,330 people. The installation of 97 handwashing stations with SDW facilities in 48 primary health centres benefitted about 1,182 patients visiting daily. Likewise, the installation of 11 handwashing facilities in five Youth Centres benefitted 3,346 youths (1,920 male and 1,426 female) daily. Provision of 70,000 soap bars and 4,000 hand hygiene posters supported infection prevention in 475 schools benefitting 95,321 children (49,470 female). Access to improved WASH services in health facilities was achieved through introduction of WASH Facility Improved Tool (FIT).

In support of the overall national COVID-19 response and preparedness efforts, UNICEF supported various government entities in the development, implementation and monitoring of comprehensive risk communication and community engagement (RCCE) action plan and nationwide social media campaigns on COVID-19, focusing on appropriate preventive behaviours, promoting the uptake of the vaccines, prompting access to essential health and nutrition services, and how to deal with shadow issues such as child protection and mental health. More than 30,000 influential people including local leaders, community health workers, community representatives, religious persons, private sector volunteers and community elders were mobilized and trained on preventive measures for COVID-19.

The following table provides an overview of UNICEF’s Bhutan key humanitarian results in 2021:

Indicators	Cluster/sector 2021 Target	Cluster/sector total results	UNICEF 2021 Target	UNICEF Total results
No of children receiving micronutrient powder supplementation	N/A	N/A	15,000	17,000

No. of health workers have access to personal protection equipment to prevent COVID-19 transmission	N/A	N/A	500	500
# of pregnant mothers accessing ANC 4 visit	N/A	N/A	8,000	8,189
# of children aged 0-11 months vaccinated against diphtheria, tetanus and pertussis	N/A	N/A	10,000	11,058
No. of people reached with critical WASH supplies (including hygiene items) and services	N/A	N/A	50,000	105,033
# children and caregivers accessing mental health and psychosocial support	N/A	N/A	50,000	54,506
# children accessing formal or non-formal education, including early learning	N/A	N/A	171,000	171,000
# of people participating in engagement actions for social and behavioural change	N/A	N/A	20,000	40,000

## ii. Humanitarian Results, UNICEF Maldives

UNICEF continued to support the scale-up of the COVID-19 health emergency response by providing technical and financial support, including medical supplies (delivered to strengthen the capacity of COVID-19 medical facilities). UNICEF's assistance to the Ministry of Health to strengthen the cold chain management system that supported expanded programme on immunization cold chain system and essential was essential for the COVID-19 vaccination program. Donor contributions helped address the dire needs to bridge immunization cold chain gaps in the country. As such, cold chain equipments ( Ice Line Refrigerators, Ultra Low Temperature freezers, etc.) were delivered to the central level and to the hospitals and health facilities within the periphery.

UNICEF's assistance was extended to support the national mental health programme by developing a behaviour change strategy and a mental health communication campaign, through a consultative and evidence-based approach. The campaign focused on using social and behaviour change strategies to tackle stigma and discrimination and make awareness on mental health and wellbeing. UNICEF further supported the urban primary health facility in Male through a dedicated public health officer to support the provision of nutrition interventions to children and families. The support helped provide virtual nutrition counselling to over 440 parents and caregivers of children aged under 5 during the lockdown period.

UNICEF supported the government to develop and distribute maternal and child nutrition packages to pregnant women and caregivers consisting of posters, banners and guidelines to the atolls and facilities in Greater Malé. These packages reached 189 public health facilities, covering 100 per cent of the islands, apart from the greater Male' area. The country office also supported capacity-building programmes to improve the skills and knowledge of healthcare providers on maternal nutrition, breastfeeding and infant feeding. Through this, 32 nurses in Greater Malé area have now the skills to deliver breastfeeding counselling and gestational diabetes counselling to pregnant women. This is expected to reach around 40 per cent of pregnant women in the country.

UNICEF's support to rollout the Social and Behavioural Change Communication Strategy on first 1,000 days was implemented with the provision of remote technical support to 12 islands and their caregivers in nutrition. Support to the government included the provision of virtual infant and young child counselling for children and the dissemination of healthy and responsive feeding practice information on social media.

UNICEF further provided technical support for clinical supervision to strengthen the capacity of social workers at the Ministry of Gender, Family and Social Services where a total of 825 sessions have been

conducted. Additionally, UNICEF in partnership with the Ministry has launched a nationwide Campaign on Prevention of Sexual Violence against Children and Women, which is backed by evidence from a UNICEF-supported nationally representative Baseline Study on Sexual Violence against Children and Women conducted in early 2021. UNICEF is supporting Maldives Police Service to conduct a Sensitization Programme on Child Rights and Child Protection, envisaged to improve service provision in cases of violence against children. Currently, trainings in 12 different Atolls have been conducted for 363 officers.

Maldives office in collaboration with UNICEF ROSA supported the Ministry of Education in monitoring distance learning, access and engagement through a second school survey. 75 per cent of students were found to have access to online learning but internet connectivity and affordability required attention, teacher capacity on online learning required improvement, vulnerable families required monitoring and support and learning loss required remediation.

Teachers who had been trained in G-Suite<sup>22</sup> for Learning in 2020 continued online learning for a total of 50,000 students. An additional batch of teachers is being trained. UNICEF supported the National Institute of Education to build institutional capacity in blended learning and online pedagogy and assessment. UNICEF also supported the development of an awareness package for parents on their role in home-based online learning. Additional support was provided to the Ministry of Education to assess learning levels of students on return to school. The Emergency Preparedness and Response Plan for Education was revised to incorporate pandemic and terror attacks as emergency scenarios. A high-level multisectoral advisory committee was formed and school standard operating procedures were developed for each scenario.



A young child reading a COVID-19 story book developed with the support of UNICEF

The hygiene supplies provided to the Ministry of Education were used by the schools, which enabled safe reopening of schools in 2020 and in 2021 until May, to continue in-person learning. All the schools around the country have resumed in-person learning from January to May 2021 and a total of 76,414 students and 9,000 teachers in government schools were reached with hygiene supplies. In 2021, the Quality Assurance Department of the Ministry of Education monitored schools in the Greater Malé area for compliance with IPC protocols and found that most of the schools were diligently implementing the protocols.

Global Hand-Washing Day was marked in all 212 government schools in partnership with the MoE. UNICEF also helped to launch a social media campaign on hand hygiene from October to November 2021. In collaboration with the International Organization for Migration (IOM) and Maldivian Red Crescent, UNICEF promoted hand hygiene among migrant workers in the Greater Malé area. Provision of hygiene supplies for the Care Development Centre critically enabled the resumption of in-person services, including learning, for a total of 196 children with disabilities who attend these two centres. UNICEF continued to provide Infection Prevention and Control (IPC) supplies (hand soaps and hand sanitizers) to the MoH to use it in COVID-19-related facilities, testing centres and other healthcare facilities. This contributed to the critical flow of supplies enabling adherence to safety protocols for IPC in all these health facilities. Similarly, the supplies distributed to some 36 mosques in the Greater Malé area, which was the epicentre of both waves of COVID-19, enabled the maintenance of hygiene in the mosques.

UNICEF supported the Risk Communication and Community Engagement (RCCE) working group under the Health Emergency Operations Centre (HEOC) with one dedicated staff member and two

consultants seconded to the HEOC. Outreach via press events and social media messaging were re-emphasized to upkeep key live-saving behaviours. UNICEF worked with the Maldivian Red Crescent to ensure RCCE messaging effectively reached people with special needs including migrant workers, people with disabilities and the elderly.

Following the arrival of COVID-19 vaccines in February 2021, UNICEF supported the communication and advocacy aspects of the COVID-19 vaccination campaign, especially on demand generation, addressing vaccine hesitancy and managing crisis communications. Additionally, behaviour change communication sessions for around 600 people (including vaccination campaign team, media, medical associations, resort/hotel vaccinators and community mobilizers) helped engage the public around COVID-19 prevention and vaccination.

The following table provides an overview of UNICEF’s Maldives key humanitarian results in 2021:

Indicators	Cluster/sector 2021 Target	Cluster/sector total results	UNICEF 2021 Target	UNICEF Total results
Children 0-6 months receive 3 doses of DTP-containing vaccine	N/A	N/A	2,500	1,404
Pregnant women provided with antenatal consultations	N/A	N/A	2,000	5,785
Health workers have access to personal protection items /equipment to prevent COVID-19 transmission	N/A	N/A	5,000	3,000
Caregivers of children aged 0-23 months receive IYCF services and reliable information	N/A	N/A	2,000	1,045
No of children, parents and primary caregivers provided with community based MHPSS Services	N/A	N/A	1,000	3,509
No of children and adults that have access to a safe and accessible channel to report sexual exploitation and abuse	N/A	N/A	1,500	979
No. of children supported with distance/home-based learning	N/A	N/A	83,000	76481
No of schools implementing safe school COVID-19 protocols	N/A	N/A	213	213
No of people reached with critical WASH supplies and services for prevention and control	N/A	N/A	90,512	85,414

### iii. Humanitarian Results, UNICEF Sri Lanka

In 2021, UNICEF focused on public health system and institutional strengthening to be able to respond to the worsening situation of the pandemic. The Emergency Management Guidelines and Standard Operating Procedures (SOPs) developed in 2020 jointly by the MoH, WHO and UNICEF were effectively implemented to respond to the third wave, thereby ensuring continued access to essential health and nutrition services for over 250,000 women, children, healthcare workers and vulnerable communities.

To strengthen the vaccination rollout, UNICEF also supported the Epidemiology Unit of the MoH to update the Cold Chain Equipment (CCE) inventory of the country, identifying all the gaps in the CCE system and helping address these gaps from different donors. This enabled the conduct of an effective COVID-19 vaccination campaign in Sri Lanka and facilitated improvements in the quality of the immunization programme over the long-term. Further, UNICEF supported the MoH to train managers and assessors on conducting an Effective Vaccine Management Assessment (EVMA), which was completed in November 2021 using the EVMA 2.0 tool.

Upon the request of the MoH, UNICEF procured therapeutic food for the treatment of 153,200 children under five with Severe Acute Malnutrition (SAM) and 189 spring balances for the Family Health Bureau (FHB) to use in Child Welfare Clinics for growth monitoring to ensure continued essential nutrition services.

UNICEF supported the Family Health Bureau (FHB) to convert the standard capacity building programme for Infant and Young Child Feeding (IYCF) and growth monitoring to online modules reaching 8,000 healthcare workers and, through them, 125,000 parents and caregivers. A Lactation Management Trainer Manual was also printed to train healthcare workers from the COVID-19 dedicated maternal and newborn hospitals. UNICEF also technically supported the FHB to develop a leaflet with essential messages on the continuation of breastfeeding for mothers who were confirmed/suspected COVID-19 patients. As part of a comprehensive maternal and IYCF formative research, an assessment of the impact the COVID-19 pandemic had on household food security and diets was conducted. This enabled identification of key IYCF issues in urban, rural and estate sectors during the COVID-19 pandemic.



Distribution of Family recreational kits to vulnerable families in COVID-19 isolated areas in Sri Lanka.

UNICEF was a key partner to the government in providing Mental Health and Psychosocial Support (MHPSS) services, specifically through the training of 156 government officers, including Child Rights Promotion Officers and National Child Protection Authority (NCPA) officers, on psychosocial first aid and counselling. In the North, East, Uva and Central Provinces, UNICEF established mental health coordination networks to strengthen divisional level MHPSS capacity. This enabled UNICEF and its partners

to reach 5,126 children (2,342 boys and 2,784 girls) and 1,686 parents/primary caregivers (majority female) who required such services across the country. Another initiative to ease the mental burden of the lockdowns was the provision of family recreation kits. An overwhelming majority of children (96 per cent) who received the kits reported feeling happy with this support and claimed that the kits helped increase family interactions.

The periodic lockdowns also meant that UNICEF needed to continue to invest in the digital case management system at the divisional level, which benefitted 267 children (101 boys and 166 girls) in need of care and protection. COVID-19 risk messaging was another core area of work. UNICEF engaged with religious leaders as a key community group who have influence over and wide reach with community members with risk/hygiene messaging.

UNICEF's extensive support nation-wide to learning continuity and learning recovery (for the short periods when some schools were open) through evidence-based, technically proven continuous learning and remedial models was a significant contribution to the government. UNICEF also continued to assist the safe return of children to and operation of schools, with a focus on sustained hygiene behaviours. As the co-lead of the Education sector, UNICEF continued to play a catalytic role in bridging the gaps between the Education Reform and COVID-19 Building Back Better efforts.

For more sustainable capacity building on distance learning, UNICEF agreed with the Ministry of Education (MoE) and the Information and Communication Technology Agency (ICTA) to develop and roll-out a nation-wide teacher capacity development programme on online teaching-learning, which includes awareness raising and promotion of online safety for teachers and parents.

Locally relevant communication for development strategies to support children to return to school were developed and implemented in coordination with provincial education authorities in the North, East, Uva and Central Provinces. In addition, UNICEF supported the procurement of Infection Prevention and Control (IPC) supplies for 407 of the most disadvantaged schools benefiting over 105,000 students (53,550 girls and 51,450 boys) to ensure the safe re-opening of school and encourage students to return to school.

UNICEF supported a national 'Back-to-School' communication campaign, which included different communication materials, such as video and audio clips, posters, panels etc., with IPC messages. As part of these risk communication efforts, UNICEF, in coordination with the MoE and MoH, developed a child-friendly, age-appropriate cartoon book with IPC messages. This cartoon book was distributed to all primary schools in the nine provinces, benefiting more than 1.67 million children nation-wide.

UNICEF and partners strengthened community-based water management systems through capacity building for water safety planning, emergency preparedness and response for both natural and health emergencies and ensuring water quality in community water supply schemes. UNICEF, together with the Directorate of Environmental and Occupational Health and Food Safety of the MoH, strengthened the healthcare waste management system and policies by developing detailed training modules for medical and waste management staff in healthcare facilities. Further, UNICEF procured waste care management supplies for four base hospitals treating COVID-19 patients, as well as developed and distributed COVID-19 prevention information materials among all approximately 20,000 waste handling workers in all 64 local authorities.

UNICEF provided and upgraded WASH facilities in eight rural Maternal and Child Health (MCH) Care Centres in Central Province benefiting over 6,760 women and children. This support was complemented by hygiene promotion programmes reaching over 120,000 people in 150 Medical Officer of Health (MOH) areas and low-income urban settlements with public messages. In addition, UNICEF improved WASH facilities and provided essential WASH supplies to 1,500 schools in all nine provinces in the country, enabling over 450,000 school children (229,500 girls and 220,500 boys) to resume their education in school after prolonged periods of closure.

UNICEF continued to generate evidence to support its advocacy towards a lifecycle-based social protection system. Given the worsening economic and household food insecurities, UNICEF continued its high-level strategic advocacy for social protection around the lifecycle, with a specific focus on young children. UNICEF, in collaboration with WFP, hosted a training for UN agencies, IMF and the World Bank to both support capacity development of key players and help agencies agree on what inclusive, shock-responsive and child-sensitive social protection aims to achieve. This led to a very clearly delineated workplan for 2021-22 for the UN Result Group on Social Protection.

In addition, through this partnership, UNICEF and WFP initiated a cash transfer programme to demonstrate how existing social protection mechanisms could support universal child benefits. Under this, the government led Samurdhi programme and WFP's beneficiary and transfer management platform SCOPE was used to facilitate two monthly cash transfers to 637 families with children under five years in a district that annually faces high disaster risks. UNICEF continues to build awareness among communities based on the results of the community leader and U-Report consultations through social media, as well as through the community leaders engaged in the process.

During the year, UNICEF disseminated clear and coherent messages on COVID-19 prevention, empowering individuals to adhere to measures to protect themselves, their families and their children. In coordination with the Health Promotion Bureau, UNICEF provided technical leadership to better understand the knowledge, attitudes and practices among the public and craft tailored

awareness campaigns. Through a mix of media channels, over 15 million people across the country were reached with COVID-19 prevention messages, helping to mitigate the spread of the virus, as well as improve vaccine intake.

Together with partners, UNICEF developed a Community Engagement and Social Mobilization Strategy for COVID-19 Vaccine Rollout and an Information and Action Guide for community leaders to engage communities during vaccine roll out. Targeting the most vulnerable and hard to reach communities, UNICEF disseminated COVID-19 risk communication messages and promoted protective practices reaching over 12 million people across the country. To ensure accountability to affected populations, UNICEF trained and empowered community leaders and created two-way communication channels for community leaders to receive and clarify COVID-19 related information; conducted a community rapid assessment to understand public perceptions and practices related to COVID-19 and vaccines; monitored adherence to COVID-19 guidelines at community settings; empowered communities to adapt to the new normal context; provided essential COVID-19 medical and logistical supplies. UNICEF actively engaged with over 8,900 individuals through the above risk communication and community engagement interventions.

UNICEF, with the Department of Probation and Child Care Services (DPCC) and civil society partners, also strengthened U-Report Sri Lanka, a mobile messaging platform designed to empower young people to speak out on issues that they care about in their communities. The platform has connected with over 22,500 U-Reporters across the country through mobile messaging channels. U-Report captured feedback from young people on issues of COVID-19 vaccines, poverty, going back to school, etc., which was shared with and addressed by relevant authorities, and informed UNICEF's next Country Programme and related engagement opportunities. U-Report Sri Lanka continued to strengthen its social media presence during 2021, reaching 2.9 million individuals with the voices of young people and issues that mattered to them.

The following table provides an overview of UNICEF's Sri Lanka key humanitarian results in 2021:

Indicators	Cluster/sector 2021 Target	Cluster/sector total results	UNICEF 2021 Target	UNICEF Total results
# healthcare facility staff and community health workers provided with PPE, including essential medical equipment and WASH supplies	N/A	N/A	6,000	6,100
# mothers, children & people with confirmed/suspected COVID-19 have timely access to essential health services	N/A	N/A	150,000	155,000
# children aged 6-59 months receiving multiple micronutrient powders	N/A	N/A	750,000	430,000
# primary caregivers of children 0-23 months receiving IYCF counselling	N/A	N/A	800,000	125,000
# of children with SAM have access to treatment with BP-100	N/A	N/A	25,600	153,200
# children, parents and primary caregivers provided with community-based mental health and psychosocial support	N/A	N/A	30,000	5,126
# children supported through improvements in violence and GBV case management and alternative care including deinstitutionalization	N/A	N/A	5,000	217
# students (estimate, 50% girls) supported with learning recovery and school drop-out mitigation	N/A	N/A	1,200,000	928,514
# teachers have increased skills on blended teaching/learning, learning recovery and psychosocial support	N/A	N/A	41,000	188,883

# children receiving individual learning material	N/A	N/A	600,000	928,514
# people reached with critical WASH supplies (including hygiene items) and services	N/A	N/A	300,000	148,048
# of children accessing appropriate WASH facilities and hygiene services in learning facilities and safe spaces	N/A	N/A	50,000	104,950
# people reached with hand-washing behavior-change programmes	N/A	N/A	200,000	120,000
# people reached through messaging on access to services	N/A	N/A	2,000,000	15,000,000
# people participating in engagement actions (for social and behavioural change)	N/A	N/A	5,000	14,950

## H. Results Achieved from Humanitarian Thematic Funding

The Humanitarian Thematic grants received enabled UNICEF ROSA to provide support and guidance to country offices in the region to respond to the needs of children in a principled and quality manner. The below paragraph further demonstrates the critical importance of flexible humanitarian thematic funds that allowed ROSA to channel resources to respond to critical and immediate needs and swiftly tackle gaps in various areas of work which benefitted millions of children, adolescents and women that otherwise would not have been reached.

### **- Raising awareness and building capacity of Gender Based Violence in emergencies**

Using the thematic funds, UNICEF ROSA addressed GBViE by contributing to preventing and responding to all forms of violence against children (VAC), and to adolescent girls' empowerment programming in line with CCCs, the Inter Agency Standing Committee (IASC) GBV Guidelines, and the Minimum Standards for Child Protection in Humanitarian Action. During the COVID-19 pandemic, GBV service organizations reported a marked increase in domestic violence.

UNICEF ROSA and HQ Gender Unit coordinated a 15-country initiative to support gender responsive humanitarian protection responding to the impact of COVID-19. A global Gender CCC Acceleration and Action Learning initiative resulted in case studies of responses including the Maldives (Violence against Women and Girls) and Bhutan (GBV Safe Spaces) programming. The Action Learning resulted in guidance on partnership with women's and girl-centered organizations in emergencies, as well as guidelines for integrating six actions in the UNICEF EPP to strengthen humanitarian preparedness. Both measures supported localization and a greater Accountability to Affected Populations. Finally, the initiative generated a HAC tip sheet which was used throughout the region, including most recently in Afghanistan, to develop gender-responsive and GBV risk mitigation programming.

In addition, within UNICEF ROSA specifically, Child Protection and Gender Unit organized a Regional GBV Training Initiative from June-December 2021 including:

#### **- Regional Training on Caring for Child Survivors of GBV for Child Protection Specialists/Officers**

The training helped build awareness among Child Protection (CP) personnel within UNICEF and implementing partners in identifying potential links between CP and GBV programming, as well VAC and GBV programming. The training also reviewed basic principles of caring for child survivors of GBV for CP programming to build linkages to GBV programming, not to develop GBV specialist skills. A subset of UNICEF staff participating in the training were identified as future trainers. These

participants completed three additional training-of-trainer workshops. During these sessions, participants facilitated different components of the training using the materials provided. These participants committed to replicating the training to CP implementing partners throughout the remainder of 2021.

- **Regional Training for Health Sector on Training on Survivor-Centered Engagement Skills**

This training assisted non-GBV specialist healthcare providers to learn basic principles and strategies for how to engage with GBV survivors in a supportive and ethical way and provide referrals for additional services. The core audience for this training was healthcare providers (not GBV/CMR experts) working within the government and non-governmental systems who may interact with survivors when providing other healthcare and feel they could benefit from a review of basic principles and approaches of survivor engagement. In addition to the regional training, approximately 5 days of technical support was provided to each country offices to develop action plans.

- **Safe Water and Handwashing**

Given the heightened need for safe water and hand hygiene interventions in the community and at institutions, particularly at schools and healthcare facilities across the region during COVID-19 pandemic, ROSA WASH section focused on countries with critical needs which remained unaddressed due to lack of resources, in particular in Bhutan, Nepal, Pakistan and Maldives. The flexible funds allowed to support targeted interventions as they occurred such as the installation of safe water and handwashing stations at 17 Primary Healthcare Centres (PHCs) in Bhutan, modifications and improvement of infrastructure facilities at 23 schools along with disinfection and basic supplies for Infection Prevention and Control (IPC) in Nepal, improvement of infrastructure facilities at 12 schools along with disinfection and basic supplies for IPC in Pakistan and development of household road map with stakeholder partners in Maldives. Further, at regional level, a stakeholder engagement and assessment of existing healthcare waste management policies and strategies was conducted to help identify gaps and recommendations towards scaling up interventions in an environmentally sustainable

- **Rapid Situation Analysis of Covid-19 impacts on education sectors**

A contribution was made to ensure resourced to undertake a Rapid Situation Analysis of Covid-19 impacts on education sectors in three sub-regions of Asia: South Asia, East Asia and South-East Asia. This situational analysis has been undertaken as part of the broader analysis initiated by UNICEF and UNESCO to provide a snapshot at the educational responses and effects of COVID-19 across Asia. It considered the direct effects of school closures and reopening and identified initial impact that this may have on learners, their families as well as on the overall education system. In doing so, it helped to develop insight based on the variety of responses to the pandemic with a view to assessing their efficacy in Asia and contributed to understanding the contextual factors that may have supported or hindered learning with particular attention on the most disadvantaged groups who will be most affected by the pandemic. The situation analysis identified examples of effective country approaches which could be replicated or adapted for use in other countries. A total of 14 country case studies, 3 sub-regional reports and one overall regional report were completed and two webinars to share the findings were held.

#### - **Regional analytical report on COVID impact on Children**

The Social Policy section was provided with some resources to undertake a new region-wide analytical and networking initiative “Responding Today for Tomorrow’ (RTfT)”. This initiative includes the launch of a Regional Report to tell a powerful narrative on the multifaceted impact of COVID-19 on children, women and their families and examine how policies can respond to this new era in social conditions. The RTfT Regional Report is collecting and analysing evidence in the dynamic context of all eight countries in South Asia – Afghanistan, Bangladesh, India, Maldives, Nepal, Pakistan and Sri Lanka – to help find responses that work for children and their countries today as well as tomorrow.

#### - **Advocacy and Public Information**

The Communication Section in UNICEF ROSA utilized the COVID-19 thematic grants to define and advance UNICEF’s regional advocacy priorities for South Asia and to respond to emerging humanitarian crisis and emergencies impacting children. This included the production of more than 6 high-quality videos and associated multimedia on COVID-19 awareness and ensuring its widespread reach on UNICEF ROSA’s social media channels. Moreover, the Communication Section organized a media spokesperson training for regional advisers and communication staff to effectively engage with the media. The grant also supported UNICEF ROSA’s regional commemoration of UNICEF’s 75<sup>th</sup> year including a high-level regional advocacy event with South Asian Association for Regional Cooperation (SAARC) to renew political commitment to the child rights’ agenda.

#### - **Staff wellbeing and Duty of Care**

While delivering results for children, it is important to realize staff themselves or their families were affected by the pandemic, conflict or natural disasters. Human Resource section in UNICEF ROSA through the Regional Staff Counsellor provided psycho-social assistance to staff members and dependents affected by COVID-19 pandemic that brought additional stressors on children, parents and caregivers. The counsellor also provided an extensive support for staff and their dependents of the Afghanistan Country Office in the post crisis period with intensive psychosocial assistance and careful handling. In light of the restricted environment for women in Afghanistan, the counsellor organized one-on-one discussions with female staff members and assisted group sessions on stress management and resilience. Some staff members requiring adequate treatment were assisted.

#### **Channelling support to country offices responding to developing situations**

The overwhelming needs and unpredictable pattern of recurrent COVID waves, required swift response and addressing changing needs in country offices in the region. Humanitarian thematic funds allowed ROSA to channel funds that kept tread with varying geographical and program needs.

#### - **Digital platforms and School reopening initiatives in Bangladesh**

Amid COVID-19-related restrictions, UNICEF Bangladesh supported marginalized children with formal and non-formal education, including early learning. UNICEF also helped the MoE reach children who continued learning remotely using digital media and home-based projects and assignments.

UNICEF Bangladesh together with other UN agencies and World Bank, issued the ‘Global framework for school reopening’ which was followed by the school reopening guidelines done by the MoPME and

MoH. The thematic funds were specifically used to support the primary education authority with school reopening initiatives and provide over 600,000 students (50% girls) in 3,000 primary schools under 26 sub-districts with critical hygiene supplies. Also, in the camps, UNICEF supported the Education Sector with developing safe reopening guidelines as well as providing COVID-19 response supplies, such as extra hand washings stations.

Topping up with thematic funds enabled Bangladesh Country Office to use digital paid marketing strategies on social media channels for COVID-19 awareness, vaccination campaigns, mask usage etc. These messaging reached beyond UNICEF Bangladesh's social media followers of 11 million to reach over 53 million people in Bangladesh over 4.6 billion times, engaging them over 578 million times, and garnering over 303 million video views. With 16 million plus female followers, it is the Bangladesh Country Office (BCO) platform that engaged the highest number of women and girls in actions around COVID-19. Reaching over 3 million users between 13-17 years, this is one of the Bangladesh country office platform with the largest under-18 digital audience, enabling UNICEF to reach children with targeted messaging, and engage them in campaigns to stay healthy at home, promote mask usage and disseminate accurate information during lockdown when community engagement was restricted.

Further, children's media takeover of the Bengali daily *Prothom Alo* for World Children's Day that highlighted children's voices on how they reimagine a world post-COVID-19 of both the print paper, which has a circulation of 0.5 million, and online platforms, which have a following of over 16 million.

#### - Infection prevention control and waste management in Nepal

In Nepal, a COVID-19 treatment facility located in central Nepal, was provided with waste management equipment, facilities and supplies. It also benefited from the refurbishment of existing WASH and Infection Prevention and Control (IPC) facilities and the training of healthcare workers in implementing a waste management plan. These efforts were crucial in a context where the volume of healthcare waste had increased tremendously due to the high influx of COVID-19 infected patients, and where improper management of such waste carried the risk of virus transmission. While key to navigating the COVID-19 pandemic, the improved system will also help the hospital in mitigating health and environmental risks well beyond the current crisis. The intervention at the Bhaktapur Hospital is a testimony of UNICEF's long-standing expertise in the areas of WASH and health, which has been the driving force behind the COVID-19 response and is set to benefit communities well after the pandemic.

#### - Case management support in GBV response in Pakistan

In many countries in South Asia, GBV increased sharply often linked to frustrations generated by the lockdowns and the associated loss of livelihoods. UNICEF Pakistan undertook a review of the existing Child Protection Case Management and Referral Package in order to strengthen the focus on Gender-Based Violence. This comprehensive package, endorsed and approved by provincial and territorial governments in Pakistan, includes a training module, handbook and technical manual for case workers and provides specific guidance on recommended approaches for safely engaging on GBV and gender-related issues. This is ongoing work for the Pakistan Country Office and the package will continue to be enhanced on an ongoing basis to ensure case workers have the best available tools to guide interventions with girls and boys at risk and survivors of gender-related violations.

## i. Thematic Funding Case Studies

### Case Study (i) - Bhutan

**Title:** *Strengthening the Social Service Workforce : Supporting the Government and CSOs to respond to violence against children and women during the pandemic.*

**Top Level Results:**

The development of individual case management procedures and the enhancing of the capacity of the social service workforce has resulted in better quality child protection services in Bhutan. Social workers are better equipped to prevent and respond to child protection concerns and they have the necessary tools to provide services in line with international standards benefiting girls, boys, and women in Bhutan. The effort supported by the humanitarian thematic fund was crucial in a context where due to the strict containment measures adopted by the Government to respond to the pandemic, had increased tremendously the number of cases of violence against girls, boys, and women. While key to navigating the pandemic, the improved system will benefit the strengthening of the social service workforce and child protection system well beyond the current crisis.

**Duration:** 12 months

**Contact Person:** Carlos Bohorquez, [cbohorquez@unicef.org](mailto:cbohorquez@unicef.org)

**Issue/Background:** In Bhutan, disparities between population subgroups by wealth quintile, location, gender and age continue to challenge achievement of the Sustainable Development Goals (SDGs). Earlier delays in major hydropower projects, upon which Bhutan's economy relies, were further exacerbated by COVID-19 containment measures including border closures and travel restrictions. The tourism sector, with an estimated 16 per cent of the working population was also severely hit (National Statistics Bureau and UNDP, Rapid Socio-Economic Impact Assessment of COVID-19 on Bhutan's Tourism Sector, 2020). The COVID-19 also caused disruptions in the delivery of antenatal and post-natal care services within the health sector. In the education sector, school closures affected the learning continuity of almost 180,000 school children of whom nearly 42 per cent (74,726) also missed out on regular school meals. When Ministry of Education (MoE) reopened Grades X and XII in July 2020, 219 children of 26,365 did not return to school due to various reasons including early marriage and the need for them to secure employments. Violence against women and girls continue to remain an issue, with 562 (474 female) cases reported to Respect Educate Nurture Empower Women (RENEW) and The National Commission for Women and Children (NCWC.) The health of children and young people were been greatly affected by the COVID-19 pandemic. The MOE and NCWC recorded 1,067 (598 female) children and young people having sought counselling of which more than 45% of them were adolescents in the age group of 15-17 years (Career Education & Counselling Division, MoE).

**Resources Required/ Allocated:** USD 100,000 programmable amount

**Objectives/rationale:** Having placed prevention of violence against children at the centre of child protection work in the current Country Programme Document (CPD) 2019-2023, UNICEF Bhutan's work on child protection was particularly extensive in three broad areas:

- (1) Enhancing the ability of national partners to influence child protection policy, legislation, and programme implementation;
- (2) Improving the capacities of stakeholders, especially the social service workforce, to provide efficient and effective child protection services; and
- (3) Enhancing knowledge of children, adolescents, parents, and caregivers to protect children.

**Progress and Results:** With the provision of the thematic humanitarian funds, UNICEF was able to: Protection services such as individual case management, psychosocial support, counselling and legal were adapted, and the capacities of service providers and frontliners such as school counsellors, teachers and the police was enhanced to support children, young people, and their families. This resulted in increased access to quality MHPSS services benefitting 54,506,463 children (35,067,190 female) and 94 (53 female) parents and caregivers, surpassing the 2021 target of 50,000 children.

To respond to the violence against women and children as a consequence of the ongoing pandemic, UNICEF supported the government and civil society organizations to institutionalize case management practices for child protection and Gender Based Violence (GBV), the National Commission for Women and Children (NCWC) with assistance from UNICEF and in partnership with UNDP, and Save the Children International, developed the Guideline on GBV case management and CP case management. Using the guideline, 163 case managers (104 female) from the three case management agencies (including two NGOs) were trained to provide collective services to the survivors of GBV during emergencies. 1,221 master trainers will be trained on CP case management, who will further train case managers in 2022. Continuing the roll out of the Standard Operating Procedures (SOP) for Prevention and Response to GBV and the Early Identification and Safe Referrals procedures for child protection, helped reach 597 (263 female) members of the social service workforce including monks and nuns with the skills to effectively respond to survivors of violence, abuse, and neglect. Furthermore, safe spaces for women and girls are being piloted by RENEW with UNICEF support in three districts with the highest recorded cases of GBV, which will ensure GBV survivors have a safe entry point to access services including case management.

**Criticality and value addition:** The COVID-19 pandemic provided an opportunity to strengthen Bhutan's child protection system. As a result, the social service workforce was supported to provide better protection services such as individual case management, psychosocial support, counselling and legal support.

This Child Protection intervention has demonstrated UNICEF's long-standing expertise in the areas of System Strengthening, which has been the driving force behind the COVID-19 response, and is set to benefit girls, boys and women well after the pandemic.

**Challenges & Lesson Learned:** In 2021, with the increase of cases of violence against children and women greatly affected by the pandemic, UNICEF advocated at the highest level with the government, Parliamentarians, and the members of the Royal Family to prioritize actions to address gender-based violence, child rights and mental health and access to quality services for children. These concerted efforts and holistic approach proved instrumental to ensure gender-based violence and child protection remained high in the agenda during the current response to the pandemic.

**Moving Forward:** In line with the priorities of the UNICEF Bhutan Country Programme 2019-2023, the UNSDPF and the UNICEF's Strategic Plan, the Child Protection Programme will support the following key interventions in 2022:

- UNICEF will support NCWC in the submission of responses to the CRC LOIPR.

- UNICEF will support the Child Justice working group under the lead NCWC to review the SOP on Children in Conflict with the Law.

- UNICEF will support the NCWC and RENEW to roll out the Child Protection case management package to case managers in all districts



*Participants and members of the social service workforce attending the GBV SOP training*

## Case Study (ii) – Maldives

**Title:** *Strengthening Risk Communication and Community Engagement (RCCE) during COVID-19 pandemic*

### **Top Level Results**

The Maldives CO utilised the Thematic Emergency Funds to produce key communication products and messaging as well as public engagement opportunities together with the Government of Maldives. This engagement, done to support Risk Communication and Community Engagement (RCCE) activities, kept the public abreast of key life-saving information, including promptly getting vaccinated against COVID-19. Together with key partners, the RCCE efforts reached the entire population (over 400,000 people) through various platforms including social and broadcast media, door to door engagement and via print materials. This allowed people with special needs to be reached on time to ensure inclusivity in communicating with the public.

### **Issue/Background**

In response to the COVID-19 pandemic, UNICEF has been supporting the Govt of Maldives and partners in – engagement of public with life-saving information and vaccine demand generation; inclusive distance learning, focusing particularly on disadvantaged children; hygiene promotion and establishment of WASH infrastructure such as handwashing stations in most disadvantaged schools, protecting children and adolescents from violence and abuse due to lockdowns and increased online presence; strengthening social worker capacity in remote islands; resumption of critical routine health services, expansion of digital ANC/PNC care to reach remote communities and MHPSS services for adolescents and women in need collaboratively with national partners.

### **Resources Required/Allocated**

USD 16,851.97 from grant SM209910 was utilised for Risk Communication and Community Engagement (RCCE) activities

### **Progress and Results**

As part of RCCE efforts, messages, videos, graphics around awareness raising and ensuring ease of services, allowed for over 90% of the eligible population to be vaccinated in the Maldives. Key videos

were produced which focused on showing the experience of three different individuals' vaccination experiences to allow people to understand the ease of which one can get vaccinated against COVID-19 if eligible for the shot. Similarly, four videos aimed at the youth population eligible for the vaccine were developed as data in early 2021 showed that those between the ages of 20 and 29 were hesitant to get the shot. While generally, mask-wearing was adhered to by the public, a lot of people didn't wear it correctly. This prompted the production of a video on proper mask-wearing. It is also important to note that an animated e-book was produced to provide information to the public on managing COVID-19 at home, guide them on home remedies and what to do in different situations when a person tests positive for COVID-19. Since most people in the Maldives got their information from the web, producing content for social media or in digital formats allowed for easier access to the materials developed using the thematic emergency funds.

#### ***Criticality and value addition***

- a. Problem: No prior experience and preparation to engage the public on RCCE by the Govt.
- b. Assumptions and solution/s: Provide technical capacity to coordinate RCCE activities as well as support development of key products and create engagement opportunities which would help the public practice lifesaving behaviours that prevent the spread of COVID-19, including getting vaccinated.
- c. Expected results: Increased uptake of vaccines. Control community spread of COVID-19 during surge events which would allow health facilities to be able to cater for the need without getting overwhelmed.
- d. Time frame: 2020 / 2021

#### ***Challenges and Lesson Learned***

The absence of a functional health sector EPR meant that the Govt agencies heard about RCCE for the first time and had to learn how to engage the public effectively almost immediately.

UNICEF's ability to quickly support the Government on a key area such as RCCE allowed for the organisation to be understood as a trusted partner in the critical national COVID-19 response. UNICEF has been since 2020, supporting all training sessions around demand generation for vaccines, addressing hesitancy and engaging the public to create awareness around COVID-19. It is important to continue engaging the Govt on key areas to build capacity within the ministries through UNICEF's support.

#### ***Moving Forward***

Provide relevant high-resolution photos showing progress/results, quotes, etc. These are appreciated by donors. Please ensure proper captions and credits on the photos.

### **Case Study (iii) – Sri Lanka**

**Title:** *Ensuring learning continuity during COVID-19 lockdown to most vulnerable children in Sri Lanka*

#### ***Top Level Results***

UNICEF together with the Ministry of Education (MoE) and Ministry of Health (MoH) developed and distributed a child-friendly, age-appropriate cartoon book in local languages with Infection, Prevention and Control (IPC) messages benefiting more than 1.67 million children (50 per cent girls) in primary schools nation-wide. Of which, the contribution from Department of Foreign Affairs and Trade (DFAT) directly reached an estimated 33 per cent of all primary schools, covering around 560,000 primary students in 3,300 primary schools. UNICEF and MoE developed and implemented a

strategy on learning continuity and learning recovery for primary grades to minimize learning gaps, which assisted 834,733 primary students and 93,781 preschool children nation-wide with home-based learning (out of which 395,300 children could be directly attributed to DFAT funding).

**Issue/Background**

Since 2020, the Education sector was severely affected by COVID-19, with prolonged school closures and inequitable distribution of distance learning opportunities. As the Education Sector co-lead, UNICEF played a major role in supporting the MoE to coordinate partners and guide the development and implementation of the education sector response and recovery strategy to the COVID-19 pandemic. UNICEF was also instrumental in linking the COVID-19 response to ongoing education reforms, as part of its Building Back Better efforts, by demonstrating effective models and generating evidence to inform a system strengthening approach to safe school reopening, learning continuity, recovery and child wellbeing.

**Resources Required/Allocated**

The purpose was to support safe-school operations, learning recovery and continuous learning, based on tried and tested models implemented by provincial education authorities in Uva and Central provinces. UNICEF worked with the MoE at national and provincial levels to develop a national strategy on continuous learning/learning recovery, giving flexible options both in situations of continuous school closure, as well as school re-opening. The strategy presented a streamlined technical framework but allowed flexibility for adaption at the provincial level based on local realities. UNICEF also supported its implementation nation-wide with funding from multiple donors. Funds received from DFAT were used particularly to target the educationally disadvantaged provinces, namely Uva, Central, Eastern and Northern provinces.

**Progress and Results**



Cartoon book on COVID-19 awareness for Primary students (front cover and back cover)

To support the ongoing efforts for safe school reopening and operations, at the request of the MoE, UNICEF supported the national ‘Back-to-School’ communication campaign, which included different communication materials, such as video and audio clips, posters, panels etc., with Infection, Prevention and Control (IPC) messages. As part of these risk communication efforts, the valuable funding from Australia DFAT enabled UNICEF to develop, in coordination with the MoE and MoH, a child-friendly, age-appropriate cartoon book with IPC messages particularly aimed at primary students, which was printed both in Sinhala and Tamil languages (see the Photos below). This cartoon book was distributed to all primary schools in the nine (9) provinces, which has benefited more than 1.67 million children nation-wide (out of which, the contribution from DFAT will directly reach an estimated 33 per cent of all primary schools, covering around 560,000 primary students in 3,300 primary schools).

This cartoon book has directly helped primary-aged children better understand key hygiene messages and build their confidence in continuously practicing these positive hygiene behaviours both in school and at home.

UNICEF together with the MoE and the Provincial Education Departments (PDEs) in Central, Uva and Eastern Provinces, supported the demonstration and documentation of good models, applying blended approaches to continuous learning and learning recovery for primary grades, which particularly helped disadvantaged children and mitigated widening learning gaps. This support was critical since access to online learning for primary grades were quite limited, especially among those in rural and disadvantaged communities and households.

To support the continuous learning, UNICEF with the National Institute of Education (NIE) developed home-based learning packages which consist of several simple activities in-line with the expected competencies of each grade per the national curriculum. Children have to do these activities at home with the guidance of their parents. A simple assessment system was also included in the packages. After the child has completed each set of activities, the parent /guardian needs to complete the assessment report and share it during the bi-weekly meeting with the respective class teacher. Divisional directors of education and In-service Advisers frequently collected feedback from the parents and students over the phone. Parents were requested to share photos or video clips of the children doing their activities at home whenever possible. As per the feedback received by the divisional education office, most students were enthusiastically involved in the home-based activities with the support of their parents. In some families, elder and younger siblings were also engaged in the activities. As a result of these concerted efforts by the government authorities, school administration, teachers, parents, and targeted primary students have been engaged in the learning process during this critical period.

After the school reopening, UNICEF also supported the MoE and provincial Educational authorities to take stock and consolidate these provincial experiences and document a draft strategy for learning recovery (remediation strategy to minimize learning losses), with the view of scaling it up and mainstreaming it as an evidence-driven national strategy for nation-wide implementation. The draft strategy was reviewed and finalized during 2021 and UNICEF supported the implementation of the strategy nation-wide.

The remedial education model highlighted in the strategy, applied diagnostic learning assessment, adjusted curriculum, formative assessment and individualized teaching, supported by parental engagement. This combined effort benefitted 834,733 primary children (50 per cent girls) and 93,781 preschool children (50 per cent girls) in the learning process during this critical period. Out of the total, approximately 395,300 primary students in Uva, Central, Eastern and Northern provinces were supported through the DFAT funding:

#### ***Criticality and value addition***

Given the frequent movement restrictions, strict lockdowns and prolonged school closures during 2020 and 2021, ensuring continuous learning for all children was a top and immediate priority. To this end, UNICEF together with the MoE developed and implemented a strategy on learning continuity and learning recovery which applies various forms of home-based learning - both online/offline - depending on the local conditions. In addition, ensuring timely access to information by students and school/pre-school authorities was a crucial requirement to re-open schools after prolonged closures due to the pandemic. Therefore, UNICEF as the Education Sector lead, in consultation with the Education sector members, prioritized risk communication and learning continuity/recovery to be supported through the funding received from DFAT

In developing all risk communication materials, including the mentioned cartoon book with IPC messages, UNICEF facilitated the inter-ministerial coordination between the MoE and MoH. While the MoH provided technical guidance on the health and hygiene standards for the content of the IPC messages and visuals, the MoE ensured that the cartoon book was effective in terms of age-appropriateness, local and cultural relevance, etc. UNICEF also ensured that particular attention was also paid to guarantee that the story book adequately reflected issues of inclusiveness and gender, as well as promoted social cohesion and diversity, including representation of children from different language and religious groups. The book was also prepared in both national languages – Sinhala and Tamil.



Children learning at home using the home-based learning study packs

### ***Challenges and Lesson Learned***

For the home-based learning packages, which were also prepared in Sinhala and Tamil, UNICEF's support demonstrated a good example of an evidence-based, systemic approach to continuous learning and learning recovery at scale. UNICEF provided technical guidance, based on global evidence, in developing the strategy and practical tools. The pilot in Uva and Central provinces was systematically documented and used as a basis for nation-wide scaling up. In terms of the delivery modalities, a blended approach was promoted, including use of printed materials and low-tech methods, such as smartphone text messages and calls, which helped enable disadvantaged children to continuously learn under challenging conditions. These were in line with the key findings from the national survey on continuity of learning (primary grades) undertaken by MoE and UNICEF (funded by other sources), where such a combination of online (high-tech/low-tech) and off-line (such as printed materials, textbooks) methods was found useful, and that the continuous support from teachers and parents (and their capacity building) in the learning process at home during school closure were key determinants.

### ***Moving Forward***

Based on the mentioned experiences and achievements, UNICEF has made strong evidence-based, pro-equity advocacy and provided technical support to the government to incorporate those lessons into the ongoing Education Reforms, so as for the education system to be better equipped for future emergencies that will contribute to the overall system resilience building. As a result, learning recovery and online/blended learning has become a core part of the Education Reforms, which will help ensure the scalability and sustainability of the inputs supported by the DFAT, owned and led by the government. UNICEF will continue to be a leading partner of the government in this effort.

## **Case Study (iv) - Nepal**

***Title: Strengthening waste management at the Bhaktapur Hospital in Bhaktapur District, central Nepal, amidst the COVID-19 pandemic***

### ***Top level Result***

Strengthened the healthcare waste management system at the Bhaktapur Hospital – a COVID-19 treatment facility located in central Nepal – through provision of waste management equipment, facilities and supplies; refurbishment of existing WASH and Infection Prevention and Control (IPC) facilities; and training for healthcare workers in implementing a waste management plan. The effort – supported by the humanitarian thematic fund – was crucial in a context where the volume of healthcare waste had increased tremendously together with high risk of infections due to the high influx of COVID-19 infected patients, and where improper management of such waste carried the

risk of virus transmission. While key to navigating the pandemic, the improved system will continue to benefit the hospital in mitigating health and environmental risks well beyond the current crisis

**Duration:** 6 months

**Contact person for this practice/ FP:** Siddhi Shrestha, [sishrestha@unicef.org](mailto:sishrestha@unicef.org)

Issue/Background: Majority of the 7,000 healthcare facilities in Nepal rely on the municipal waste management system to dispose of healthcare waste, with no prior treatment. The onset of COVID-19, and the high risk of infection associated with the disease, underscored the need for proper management of healthcare waste. This was especially critical in the case of COVID-19 treatment facilities such as the Bhaktapur Hospital, which saw a massive influx of patients, especially during the second wave but was minimally equipped in tackling large amounts of waste that was being generated daily

**Resources Require/allocated**

USD 45,000 including administrative and technical assistance costs aside from light construction and equipment support costs

**Objective/Rationale**

To enable the upgrading of healthcare waste management at the Bhaktapur Hospital, particularly given the increased hospitalization and risks of disease transmission brought by the COVID-19 pandemic, UNICEF together with its partner Green Path Nepal has provided assessment and planning support, critical equipment, supplies, construction assistance as well as training and orientation for relevant staff. The improved waste management facilities will help to reduce the risk of infection to health workers, patients and communities beyond hospital premises during the COVID-19 pandemic and beyond. Learnings and good practices from the intervention will also offer a blueprint for similar efforts in other health facilities in the country.

**Progress/Results**

With the provision of the thematic humanitarian funds, UNICEF was able to:

- Conduct an assessment of the Bhaktapur Hospital in terms of readiness for IPC and WASH services, particularly in the context of treating COVID-19 patients
- Based on the findings, the hospital was supported in developing a strategic waste management plan
- Instal a 179 liter autoclave to disinfect hospital waste before the waste could be handed over for municipal-level disposal
- Provide accessories required for safe collection, segregation and management of waste, such as coloured bins, waste transport and medication trolleys, etc.
- Refurbish and rearrange existing waste-management areas for improved flow
- Train 30 health workers and sanitation workers in healthcare waste management and on the functioning of the waste-management protocols including area management and the operation of the autoclave
- Link the hospital to local entrepreneurs who could help with managing pre-treated wastes, such as bottles, plastic, paper and reusable items. This linkage will enable the hospital to safely manage around 20 tonnes of hospital waste annually.
- Support the hospital to sell reusable waste and generate small income (around USD 250) over 5-6 months that was used to incentivize and encourage waste workers.

**Criticality and Value Addition**

Despite the existence of legislation, policy and guidelines for healthcare waste management in Nepal, compliance to these was a challenge even before COVID-19, but became even more of a critical issue

in the wake of the pandemic, given the high volume of waste being generated in healthcare facilities. Throughout the pandemic, UNICEF has been working with the Government of Nepal and partners to strengthen the capacity of healthcare facilities in terms of COVID-19 treatment, continuation of regular health services, infection prevention and control, and improved WASH conditions – and better waste management has proven to be an increasingly important element of that all-round effort to keep patients, health workers and communities safe.

The intervention at the Bhaktapur Hospital is testament to UNICEF’s long-standing expertise in the areas of WASH and health, which has been the driving force behind the COVID-19 response and is set to benefit communities well after the pandemic.

### ***Challenges and Lessons learnt***

Due to the high influx of patients at the hospital brought on by the COVID-19 pandemic, the threat of infection to not just patients, but also the paramedics and hospital management team, as well as the unpredictability of the government-imposed lockdowns, the implementation of the project was quite challenging. These factors and the general uncertainty of the crisis situation also delayed supply arrangements and construction at several points.

However, the positive mindset that the hospital team maintained all through the process helped to achieve the planned results. They were very active and aware of the urgency of the support, and the need to pre-treat the healthcare waste before handing it over to the municipal waste system, since this would help to reduce infection among the waste management team both at the hospital and the municipality, and the community as a whole. Having access to the right information/orientation and equipment also encouraged sanitation workers to learn more about and improve their handling and overall management of waste

### ***Moving forward***

The success of the intervention at Bhaktapur Hospital has served as great example and blueprint for improved healthcare waste management to other hospitals and healthcare facilities. Several hospitals in other parts of the country are already planning to learn from and implement similar projects within their premises. The project also made the additional effort to educate other healthcare facility team members – reaching a total of 104 health workers – on healthcare waste management to trigger similar interventions in their respective facilities. Furthermore, the project has also developed a healthcare waste management brochure and video to provide necessary guidance to health facilities and health workers therein.



A glimpse of staff participating in an onsite training in the use of trollies with bins for the management of healthcare waste at the Bhaktapur Hospital. ©UNICEF Nepal/2021



The healthcare waste management focal person in the process of monitoring the improvements being made to the waste management system at the Bhaktapur Hospital. ©UNICEF Nepal/2021

## i. Assessment, Monitoring and Evaluation

UNICEF ROSA continued to monitor the situation across the region related to COVID-19, conflict, displacement and natural disasters and supported country offices to design its programmatic responses, contingency planning and advocacy at different levels. Monthly Regional Situation Reports allowed to demonstrate evolving situations and UNICEF action to address the needs of children. The monthly meeting on COVID-19 Preparedness and Response with Representatives of all country offices led by the Regional Director, Emergency Management Meetings on Afghanistan crisis, Regional Emergency Network Meetings and constant bilateral discussions with country offices were instrumental in understanding different contexts, approaches and good practices that helped cross-fertilize ideas, knowledge and lessons learnt among country offices.

UNICEF Country offices in the region reported that prolonged restrictions and lockdown measures have made field monitoring and assessments a challenge; however, UNICEF staff and partners continued to organise and/or take part in both COVID-19 related and other inter-agency needs assessments throughout 2021. Additionally, UNICEF ROSA and country offices have maintained constant dialogs and engagement with relevant governments, civil society organisations and various community groups through virtual platforms.

UNICEF country offices also used real-time monitoring initiatives such as household telephone survey, WhatsApp groups, other text messaging platforms to provide data on the medium-term impact of the pandemic on vulnerable families. UNICEF Country Offices together implementing partners have robust mechanisms for humanitarian performance monitoring (HPM) and situation reporting in line with guidance from Headquarters and the Core Commitments for Children in Humanitarian Situations framework and indicators. UNICEF teams are collaborating with governmental and other partners in setting programme targets, selection of indicators appropriate to the situation, with attention to gender, age group and other disaggregation. Outcomes and recommendations of monitoring visits were discussed with implementing partners and actions agreed to address identified issues.

## J. Financial Analysis

UNICEF Regional Office for South Asia (ROSA) requested **US\$ 19,838,343** in its 2021 Regional HAC, out of which **US\$ 4,050,000** to cover UNICEF ROSA requirements in terms of Preparedness/DRR, emergency response and technical support, and **US\$ 15,788,343** to cover the COVID-19 response requirements in various sectors of interventions. The Regional HAC covers cross border needs in South Asia as well as Bhutan, Maldives, and Sri Lanka. In 2021, UNICEF ROSA had available **US\$ 7,881,741** in funding from a combined new income and carried over funds, earmarked for humanitarian work, both for COVID-19 and non-COVID-19 related activities. **US\$ 6,055,893** were received in 2021 from Thematic, Non-Thematic and Pooled funding and **US\$ 1,825,848** were carried over from previous years, leaving a funding gap of 60%. **Table 1** provides the breakdown of the Funds received in 2021 and the Carry-over from previous years for the Regional Office requirements (non-COVID 19) and the COVID-19 response requirements.

**Table 1: Funding status against the appeal by sector (in USD)**

2021 HAC Sectors for ROSA (Incl. Bhutan, Maldives, Sri Lanka)	Requirements	Funds Available Against Appeal as of 31 December 2021*		Total Available Amount	Funding Gap
		Funds Received in 2021	Carry-Over from previous years		
a. Preparedness and DRR	750,000	249,245	318,310	567,555	25%
b. Emergency response support for Country Offices	2,500,000	200,000	0	200,000	92%
c. Technical support	800,000	647,198	243,000	890,198	0%
Total (non-COVID 19) (a+b+c)	4,050,000	1,096,443	561,310	1,657,753	59%
COVID-19 response	15,788,343	4,959,450	1,264,538	6,223,988	61%
<b>TOTAL</b>	<b>19,838,343</b>	<b>6,055,893</b>	<b>1,825,848</b>	<b>7,881,741</b>	<b>60%</b>

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

UNICEF ROSA (incl. Bhutan, Maldives and Sri Lanka) had **US\$7,881,741** of funding received and available in 2021, including **US\$ 1,847,931** of Thematic Humanitarian Funds, **US\$ 3,095,621** of non-Thematic Humanitarian Funds, **US\$ 1,112,341** of Pooled Funding and **US\$ 1,825,848** of Carry-over. **Table 2** provides the breakdown of Funding received and available in 2021 by donor and type of funding, and **Table 3** provides the breakdown of thematic humanitarian Contributions received in 2021.

**Table 2 - Funding Received and Available by 31 December 2021 by ROSA, Bhutan, Maldives and Sri Lanka by Donor and Funding type (in USD) \***

Donor Name/Type of funding	Programme Budget Allotment reference	Overall Amount**
<b>I. Humanitarian funds received in 2021</b>		
<b>a) Thematic Humanitarian Funds</b>		
See details in <a href="#">Table 3</a>	SM/18/9910	899,245
	SM/20/9910	948,686
<b>Total Thematic Humanitarian Funds</b>		<b>1,847,931</b>
<b>b) Non-Thematic Humanitarian Funds</b>		
German Committee for UNICEF (ROSA)	SM/21/0506	178,998
	SM/21/0687	137,198
UNESCO (ROSA)	SM/21/0236	60,000
Asian Development Bank (ROSA)	SM/20/0437	500,000
GAVI The Vaccine Alliance (ROSA)	SC/20/0715	602,925
Asian Development Bank (BHUTAN)	SM/20/0437	250,000
USA USAID (MALDIVES)	SM/20/0607	750,000
Asian Development Bank (MALDIVES)	SM/20/0437	249,000
Norwegian Committee for UNICEF (SRI LANKA)	SM/21/0872	367,500
<b>Total Non-Thematic Humanitarian Funds</b>		<b>3,095,621</b>
<b>c) Pooled Funding</b>		
<b>(i) CERF Grants</b>		
<b>(ii) Other Pooled funds</b> - including Common Humanitarian Fund (CHF), Humanitarian Response Funds, Emergency Response Funds, UN Trust Fund for Human Security, Country-based Pooled Funds etc.		
<b>(i) CERF</b>	N/A	0
<b>(ii) United Nations Multi Partner Trust (SRI LANKA)</b>	SM/21/0514	1,020,950
	SM/21/0243	91,391
<b>Total Pooled Funding (c)</b>		<b>1,112,341</b>
<b>d) Other types of humanitarian funds</b>		
N/A	N/A	0
<b>Total humanitarian funds received in 2021 (a+b+c+d)</b>		<b>6,055,893</b>
<b>II. Carry-over of humanitarian funds available in 2021</b>		
<b>e) Carry over Thematic Humanitarian Funds</b>		
Carry-over Thematic Humanitarian Funds ROSA	-	0
Carry-over Thematic Humanitarian Funds Bhutan	SM/18/9910	60,496
	SM/20/9910	301,723
Carry-over Thematic Humanitarian Funds Maldives	SM/20/9910	456,009

Carry-over Thematic Humanitarian Funds Sri Lanka	SM/20/9910	383,175
	SM/18/9910	63,135
<b>Total Carry over Thematic Humanitarian Funds (e)</b>		<b>1,264,538</b>
<b>f) Carry-over of non-Thematic Humanitarian Funds</b>		
USA (USAID) OFDA (ROSA)	SM200664	243,000
United States Fund for UNICEF (ROSA) - Margaret A. Cargill	SM190474	80,397
The United Kingdom (ROSA)	SM170463	236,576
United States Fund for UNICEF (Sri Lanka) - Margaret A. Cargill	SM190474	486
The United Kingdom (Sri Lanka)	SM170463	851
<b>Total carry-over non-Thematic Humanitarian Funds</b>		<b>561,310</b>
<b>Total carry-over humanitarian funds (e + f)</b>		<b>1,825,848</b>
<b>III. Other sources</b>		
Regular Resources ROSA	Non-Grant (GC)	0
Regular Resources Bhutan	Non-Grant (GC)	0
Regular Resources Maldives	Non-Grant (GC)	0
Regular Resources Sri Lanka	Non-Grant (GC)	0
<b>Total other resources</b>		<b>0</b>

\* Thematic humanitarian funds received by UNICEF Afghanistan, Bangladesh, India, Nepal and Pakistan are reported in their separate Consolidated Emergency Reports

\*\* Programmable amounts of donor contributions, excluding recovery cost.

\*\*\* 2021 loans have not been waived; COs are liable to reimburse in 2022 as donor funds become available.

**Table 3: Thematic Humanitarian Contributions Received in 2021**

<b>Thematic Humanitarian Contributions Received in 2021 (in USD): Donor</b>	<b>Grant Number<sup>23</sup></b>	<b>Programmable Amount (in US\$)</b>	<b>Total Contribution Amount (in US\$)</b>
US Fund for UNICEF	SM/18/99100385	19,939	19,939
German Committee for UNICEF	SM/18/99100547	56,792	56,792
UNICEF China	SM/18/99100410	172,514	172,514
Allocation from global Thematic Humanitarian* (for ROSA - excluding transfers to Bhutan & Maldives)	SM/18/9910	450,000	450,000
Allocation from global Thematic Humanitarian* (for Bhutan)	SM/18/9910	100,000	100,000
Allocation from global Thematic Humanitarian* (for Maldives)	SM/18/9910	100,000	100,000

French Committee for UNICEF (COVID / ROSA)	SM/20/99100171	298,686	298,686
Allocation from global Thematic Humanitarian* (COVID / ROSA)	SM/20/9910	650,000	650,000
<b>Total</b>		<b>1,847,931</b>	<b>1,847,931</b>

\*Global Thematic Humanitarian Funding contributions are pooled and then allocated to country and regional offices by EMOPS. A detailed list of grants will be available in the 2021 Humanitarian Action Global Annual Results Report.

UNICEF ROSA allocated **US\$ 1,380,396** to country offices to implement capacity development actions, preparedness initiatives and emergency response interventions as reflected in **Table 4** below. This allocation included humanitarian thematic (**US\$ 1,130,623**) and non-thematic (**US\$ 249,773**) funding. This funding was mainly used for the COVID-19 response. All eight country offices also received humanitarian funds earmarked for COVID-19 responses and UNICEF Afghanistan, Bangladesh, India, Nepal and Pakistan Offices raised money through their own HAC appeal and national or sub-national inter-agency Humanitarian Response Plans.

**Table 4: Thematic and non-thematic humanitarian funding allocated from ROSA to Country Offices in 2021**

Country	Interventions	Grant Reference	Amount Allocated by RO to CO (in US\$)
Afghanistan	None	-	-
Bangladesh	Support to Humanitarian Action for Children Education interventions	SM209910 SM209910	50,000 200,000
Bhutan	Support to Humanitarian Action for Children	SM189910	100,000
India	-	-	-
Maldives	Support to Humanitarian Action for Children	SM189910	100,000
Nepal	Support to Humanitarian Action for Children	SM209910	100,000
Pakistan	Support to Humanitarian Action for Children	SM209910	50,000
Sri Lanka	Support to Humanitarian Action for Children	SM209910 SM209910 SM190474 SM210506	200,000 330,623 80,397 169,376
<b>TOTAL</b>			<b>1,380,396</b>

#### **k. Future Work Plan**

UNICEF ROSA will continue to provide technical support and guidance to enable and support UNICEF country offices to deliver results for children in in health emergencies, natural disasters and conflicts throughout the region. Technical contribution to the key programme strategic and planning events and documents as well as support in contingency planning, risk reduction and emergency preparedness and response will continue to be prioritised.

Investing in preparedness, early warning systems and cross-sectoral issues like engagement and involvement of adolescents in humanitarian settings, Accountability to Affected Populations, , Emergency cash-based responses linked with shock responsive social protection, linking development and humanitarian efforts will be key significant priorities for UNICEF ROSA in 2022 that will in certain ways contribute to the recommendations of UNICEF Humanitarian Review and Grand-bargain workstreams.

Country offices priorities include strengthening education systems for safe re-opening of schools, supporting learning recovery, and ensuring continued delivery of quality and equitable learning opportunities. Priorities also include the delivery of life-saving and essential health services, child protection, nutrition and WASH services for women and children. Increasing investment in shock-responsive social protection and gender-responsive programming including prevention from and response to GBV is a top priority to shield poorer families from the worst impacts of, and to build their resilience to, natural disasters and other emergencies.

UNICEF Country offices of Bhutan, Maldives and Sri Lanka will continue to work with Governments, United Nations agencies and civil society organisations to achieve results at scale through innovative, integrated and multi-sectoral approaches. The risk-informed programming, child-sensitive and shock-responsive social protection systems, the reinforcement of community-based systems and linking development and humanitarian programming will be given a priority. Country offices will further build on existing Child-Centred Disaster Risk Reduction programmes, help establish disaster management plans at sub-national levels and include supporting –meaningful engagement and development of resilient capacity of adolescents and children for better emergency preparedness.

The 2022 Regional HAC appeal lunched in December 2021 sets a foundation for planning and implementing activities for UNICEF ROSA and UNICEF Bhutan, Maldives and Sri Lanka Country Offices. The 2022 HAC appeal requires US\$16.1 million to provide humanitarian assistance for Bhutan, Maldives and Sri Lanka and overall humanitarian technical and advocacy support across the region.

## Annexes to the CER

### a. Two-pagers – non-thematic funding contributions

The following six 2-pagers are attached to this report (see table below):

Donor	Grant reference
German Committee for UNICEF (ROSA)	SM/21/0506
	SM/21/0687
GAVI The Vaccine Alliance (ROSA)	SC/20/0715
USA USAID (MALDIVES)	SM/20/0607
Norwegian Committee for UNICEF (SRI LANKA)	SM/21/0872
SA (USAID) OFDA (ROSA)	SM/20/0664

### b. Donor Statement (As of 31 December 2021)

Donor statements for non-thematic contributions are attached to this report.

### c. Human Interest Stories and Communication

Please access the links below for human interest stories

- <https://www.unicef.org/rosa/stories/heroes-give-you-hope>
- <https://www.unicef.org/rosa/stories/how-school-closures-changed-my-life>
- <https://www.unicef.org/rosa/stories/omicron-going-school-and-getting-vaccinated>
- <https://www.unicef.org/rosa/safe-school-reopening>
- <https://www.unicef.org/rosa/one-planet-one-youth-one-love>
- <https://www.unicef.org/rosa/stories/when-young-people-lead-and-adults-follow>
- <https://www.unicef.org/rosa/stories/covid-19-and-pregnancy>
- <https://www.unicef.org/rosa/stories/teaching-climate-change-south-asia>
- <https://www.unicef.org/rosa/stories/tent-based-service-hubs-throw-lifeline-children-living-streets-during-covid-19>
- <https://www.unicef.org/rosa/stories/how-shahnaz-became-mohammed-saleem-so-she-could-study>
- [Online learning was exciting but more challenging | UNICEF Bhutan](#)
- [Bhutanese Youth-Their Aspirations, Concerns, And Mandate | UNICEF Bhutan](#)
- [UNICEF delivers equipment procured with the support of Government of Japan, to strengthen cold chain/supply capacity to the Ministry of Health.](#)
- [Report on Global Handwashing Day 2021 - UNICEF Maldives | UNICEF The Maldives](#)
- [Ensuring access to life-saving health services for children in Male' | UNICEF The Maldives](#)
- [Schools navigate online learning with UNICEF support | UNICEF The Maldives](#)
- [Maldives receives Pfizer vaccines and supplies through COVAX, donated by the United States. \(unicef.org\)](#)
- [Children's learning must never stop! | UNICEF The Maldives](#)
- <https://www.unicef.org/srilanka/stories/tireless-hearts-behind-covid-19-response>
- <https://www.unicef.org/srilanka/stories/unheard-heroes-pandemic>

### d. Donor Feedback Forms

[UNICEF Donor Feedback Form](#)