

# CONSOLIDATED EMERGENCY REPORT FOR 2022



Warm, snowproof shoes for 3-year-old Muskan are part of the winter kit to prevent hypothermia provided by UNICEF in Khyber Pakhtunkhwa, Pakistan  
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Prepared by  
**UNICEF REGIONAL OFFICE FOR  
SOUTH ASIA**  
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## Expression of Thanks

UNICEF Regional Office for South Asia (ROSA) UNICEF ROSA sincerely appreciates donors for their contributions in response to the 2022 UNICEF ROSA Humanitarian Action for Children (HAC) appeal. This appeal was originally US\$ 16.1 million, covering regional humanitarian work and responses in Sri Lanka, Bhutan, Maldives and Sri Lanka. In mid-year, UNICEF Sri Lanka launched their own HAC appeal; as such, the funding received throughout 2022 for Sri Lanka is reported in their respective Consolidated Emergency Report. Funds received by ROSA includes Government of Japan for funds for Sri Lanka, UNICEF China, the US Fund for UNICEF, the German Committee for UNICEF and the US Bureau of Humanitarian Assistance.

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 lifesaving supplies and interventions as and where they are needed the most. Additionally, longer term and predictable funding for strengthening preparedness and resilience-building has been instrumental to tackle challenges over a period of several years.

The 2022 regional appeal was 25 per cent funded, including funds carried over from 2021, making a partial 2022 regional humanitarian response possible. Donor financial contributions and partnerships enabled UNICEF and its partners to successfully respond to humanitarian needs of almost 80 million children throughout South Asia, with interventions related to disaster risk reduction, emergency preparedness and rapid responses to emergencies.

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 appreciate all our partners for their commitment and trust in UNICEF.

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## Abbreviations and Acronyms

AAP	Accountability to affected populations
ADB	Asian Development Bank
ANC	Antenatal care
CEPI	Coalition for Epidemic Preparedness and Innovation
CERF	Consolidated emergency response fund
CERT	Community Emergency Response Team (Maldives)
CC, CCA	Climate change, Climate change adaptation
CCC	Core Commitments for Children (in humanitarian action)
COP27	27 <sup>th</sup> Conference of the Parties (regarding climate change and environment)
COVAX	Covid-19 vaccines global access facility
COVID-19	Coronavirus disease, named in 2019
CPiE	Child protection in emergencies
CPSW	Child protection social workers
CSO	Civil society organisation
DG-INTPA	Directorate General for International Partnerships (European Commission)
DPCCS	Department of Probation and Childcare Services (Government of Sri Lanka)
DPT3	Diphtheria, pertussis, tetanus, vaccination, third dose
DRR	Disaster risk reduction
EMOPS	UNICEF Office of Emergency Programmes (Headquarters in New York)
EPR	Emergency preparedness and response
ESG	Environmental, social and governance principles (for private sector businesses)
EVAC	Ending violence against children
FCDO	United Kingdom Foreign and Commonwealth De Office
FIT	Facility improvement tool (for water, sanitation and hygiene)
GDP	Gross domestic product
GLOF	Glacial lake outburst floods
HAC	Humanitarian action for children (UNICEF humanitarian appeals)
HCT	Humanitarian cash transfers
HNP	Humanitarian needs plan
HNPP	Humanitarian needs and priorities plan (Sri Lanka)
IASC	Inter-Agency Standing Committee
IBAMA	<i>Ijthimae Badhahi Madhadhuverin</i> (Maldives–Working for a Common Cause)
IYCF	Infant and young child feeding
MHPSS	Mental health and psychosocial support
NCWC	National Commission for Women and Children (Bhutan)

NDMA	National Disaster Management Authority
NEET	Not in employment, education or training
ODF	Open defecation free (usually describes a community area)
PFA	Psychological first aid
PHC	Primary health care (clinics, centres or other facility types)
PPE	Personal protective equipment
RCCE	Risk communication and community engagement
REA	Regional emergency advisor
ROSA	Regional Office for South Asia (ROSA)
SBC	Social and behavioural change
SitReps	Situation Reports
SRMNCAH+N	Sexual, reproductive, maternal, new-born, child, adolescent health and nutrition
SAARC	South Asia Association for Regional Cooperation
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WASH	Water, sanitation and hygiene
WHO	World Health Organisation

## Executive Summary

### Key issues

Multiple, diverse, acute and continuing humanitarian situations in South Asian countries were worsened by socio-economic conditions and crisis, the challenges of recovery from the COVID-19 pandemic and the increased intensity, frequency and impact of extreme weather conditions, related to climate change. Disease outbreaks are more common, while health systems are stretched to or beyond capacity. Many of the countries in the region are hosting large numbers of refugees and asylum seekers, especially Pakistan with around three million people from Afghanistan, and Bangladesh with nearly one million Rohingya people.

The complex emergency and operating environment in Afghanistan, where millions of people need aid, was at Level 3 (L3) in 2022, with full application of the Corporate Emergency Activation Procedure (CEAP) of UNICEF. This entails a global response across the organisation, with a Global Emergency Coordinator appointed by the Executive Director during the initial, scale up phase. The continuing dire, large scale, and complex humanitarian situation caused the UNICEF Executive Director to extend the Level 3 Corporate Emergency Activation Procedure (CEAP) in September, this time in the sustain phase. The sustain phase was extended again, from 01 January 2023 through 31 May 2023. During this sustain phase, the ROSA Regional Director has been the overall coordinator, with ROSA staff continuing to serve as coordinating Secretariat for the response, as they did during the scale up and sustain phases in 2022. Extensive flooding led to a Level 2 CEAP for Pakistan being activated on 08 September 2022.<sup>1</sup> In addition to Afghanistan and Pakistan, four UNICEF country offices in South Asia launched their own Humanitarian Action for Children (HAC) appeals in 2022: Bangladesh, India, Nepal and Sri Lanka. Sri Lanka started the year under the South Asia regional Humanitarian Action for Children appeal, then launched its own, larger appeal in June due to the deteriorating economic crisis. The other two countries in the South Asia region, Bhutan and Maldives, were covered under the regional HAC, as they faced slow recovery from the COVID-19 pandemic combined with elevated risks from intense and frequent climate change affected events.

The eight countries in the South Asia region have over 21 per cent of the world's population, which still is vulnerable to COVID-19. During the first two months of 2022, South Asia experienced a third wave of the COVID-19 pandemic, caused by the omicron variant of the virus. As of 28 February 2023, the eight countries in the region had reported a cumulative 50,428,994 cases, a total of 627,937 deaths and

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<sup>1</sup> Determination of a Level 2 or Level 3 emergency is based on scale, urgency, complexity and capacity of UNICEF Regional Office and Country Office to respond. The Regional Director leads L2 responses with support from RO staff and other UNICEF offices. For L3 emergencies, the Executive Director appoints a global level emergency coordinator and there is organization-wide mobilization for a large-scale response.

49,751,801 recovered cases. India, with a total population of 1.4 billion, experienced the largest number of cumulative cases (44,679,131).<sup>2</sup> In 2022, there were 10,940,008 new COVID-19 cases reported in the South Asia region, with 54,666 deaths. UNICEF took many diverse actions to encourage vaccinations, support institutional services and families with children to increase vaccination coverage and recover from the complex impact of the pandemic. All countries have extended the target age group for COVID-19 vaccinations to include children. Bhutan, Maldives, and Bangladesh all met or exceeded the global target of 70 per cent of the total population fully vaccinated (two or more doses) by mid-2022. Strategies are being implemented to integrate COVID vaccines into routine immunization programs, and to support economies, systems, institutions, services and people to recover. COVID-19 is no longer considered to be a global health emergency and was not included in UNICEF humanitarian appeals for 2023.

The INFORM Global Risk Index<sup>3</sup> ranks Afghanistan as the second most at-risk country in the world for a humanitarian disaster or crisis that could require international assistance. Four other countries in South Asia are ranked either “very high” or “high” on this multi-hazard risk index: Pakistan, Bangladesh, India and Nepal. The INFORM Global Climate Index predicts an increase in the number of people at “very high” and “high risk,” and a concomitant decrease in countries’ resources for coping. During 2022, people in South Asia experienced devastating natural disaster and extreme weather events, worsened by the effects of climate change. India experienced widespread flooding and landslides affecting very vulnerable families. Millions of people, including refugees, in Bangladesh and Pakistan also suffered torrential rains, flooding and landslides, with severe repercussions for human lives, livelihoods, property, infrastructure and social services. In all three countries, recovery is a slow process. Earthquakes struck some of the poorest, most vulnerable people in Afghanistan and Nepal. The weather-related natural disasters are aggravated by climate change and all the disasters are occurring under challenging socio-economic conditions, which themselves have escalated into emergency situations.

In Sri Lanka, an economic crisis with hyperinflation, shortages of fuel and other essential commodities led to a humanitarian crisis for over two million people. Indicators of malnutrition had been trending upwards during the pandemic and may have worsened due to food scarcity and unaffordable prices. School attendance did not recover to pre-pandemic levels, preventive and curative health and nutrition services were reduced and child protection was negatively affected.

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<sup>2</sup> South Asia Association for Regional Cooperation Disaster Management Centre, Situation Report – 1025 and [Situation Report – 653 COVID-19 | SAARC Region \(covid19-sdmc.org\)](https://saarc.org/covid19-sdmc.org)

<sup>3</sup> <https://drmkc.jrc.ec.europa.eu/inform-index>



## **Key achievements and factors crucial to achieving results**

Staff and partners in the eight country offices covered by the UNICEF Regional Office for South Asia (ROSA) were supported in both preparedness pre-requisites to response and in timely, at-scale responses that delivered results for affected children and families. This included guidance and resources for preparedness, planning, fundraising, assessing, implementing, monitoring and evaluating emergency preparedness and responses, with the result that Core Commitments to Children in Humanitarian Actions and recommendations in The Humanitarian Review (UNICEF 2020)<sup>4</sup> were fulfilled.

UNICEF ROSA staff provided technical expertise on policies, strategies and best practices in planning and carrying out humanitarian responses, through their remote and mission support and through management of the regional surge support roster. ROSA staff also advised on strengthening humanitarian-development linkages such as strengthening capacities of national and local systems for child-centred, gender-responsive, inclusive shock resilience, preparedness and humanitarian action. Global leadership and coordination of the Emergency Level 3 response in Afghanistan was complemented with technical support missions and considerable surge support. This is the largest-ever UNICEF humanitarian action in Afghanistan. The L2 flood response in Pakistan was also a major focus for ROSA staff, who gave strategic, programmatic and operational support to the UNICEF country office and partners for large-scale relief to children, families and services. ROSA also gave guidance on responses to the protracted Rohingya crisis in Bangladesh, the economic crisis in Sri Lanka and natural disaster emergencies related to climate change and environmental issues in Bangladesh, India and Nepal.

Cash transfer mechanisms are an effective alternative to traditional humanitarian interventions, in situations where affected people have access to markets. ROSA has advanced knowledge sharing and recommendations to country offices and partners on using this modality, when and where appropriate. For example, from August through October 2022, UNICEF Sri Lanka implemented nutrition-sensitive cash transfers through a collaboration with the Colombo Municipal Council and Sarvodaya Shramadana Movement. The programme benefitted 3,010 mothers and 3,044 infants in Colombo City.

Global thematic humanitarian funding was crucial for results achieved by ROSA and for flexible and prompt fund dispersal to country offices. For example, these funds enabled UNICEF Pakistan to prevent hypothermia among vulnerable children, in areas where unusually frigid conditions were predicted. The thematic funds enabled Sri Lanka to carry out a survey and service gap assessment, to understand the

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<sup>4</sup> [UNICEF. The Humanitarian Review \(2020\).https://www.unicef.org/reports/humanitarian-review](https://www.unicef.org/reports/humanitarian-review)

impact of the pandemic combined with an economic crisis on child malnutrition, further strengthening response planning and implementation. On a regional level, the thematic funds were used to strengthen the capacity of all eight UNICEF country offices and their partners to develop strategies and scale up mental health and psychosocial support (MHPSS) interventions and respond to child protection in emergencies. Country focussed, additional technical support was provided to Afghanistan, India, Maldives and Pakistan, including mapping of MHPSS services and gaps. (More information is available in the UNICEF Sri Lanka Consolidated Emergency Report for 2022).

ROSA carried out strategic interventions for emergency preparedness, including supporting anticipatory action mapping and actions in Bangladesh and Nepal, a preparedness mission to Sri Lanka and updating training modules and training on emergency preparedness and response. Capacity development, surge support, network meetings and other missions were able to take place at normal pre-pandemic levels, resulting in an enhanced quality of guidance, applied learning and much more on-the-ground support to implementing preparedness and response measures. There was renewed attention to “localisation,” that is, more systematically including national and sub-national humanitarian actors, at risk and affected communities and adolescent girls and boys, in the international humanitarian system of preparedness and response.

Using a humanitarian-development nexus approach, UNICEF ROSA and country office staff have integrated the aim of building resilience of institutions, services and communities to climate change, natural disasters and other emergencies into development programming. Understanding and capacity increased in ROSA and country offices on use of shock responsive social protection measures, especially cash in emergencies. ROSA guided and quality assured UNICEF country offices that carried out interagency and sector/cluster specific assessments, joint planning with partners, and diverse monitoring, review and reporting mechanisms. Specific areas of attention for capacity building and strengthened country programming are climate change adaptation, adolescent participation, preventing gender-based violence, shock-responsive social protection, accountability to affected populations and the prevention of sexual exploitation and abuse in emergencies, all with linkages to longer-term development efforts.

ROSA diversified and strengthened regional humanitarian and disaster risk reduction partnerships, especially with the South Asia Association for Regional Cooperation and private sector partners. ROSA carried out global coordination and knowledge sharing responsibilities, ensuring that maximum value was gained through the organisation’s global resources. The humanitarian situation and needs of children in the eight countries were well represented in global and regional fora and through communications platforms, which contributed to successful international attention and funding.

### **Challenges, lessons learned, future plans**

Lessons were learned on the importance of pre-financing readiness to respond to emergencies, so that UNICEF and local actors can act with dispatch and effectively. Global humanitarian thematic funding continues to be critical for flexibility, preparedness and ability to respond for children in need. For example, the regional humanitarian response roster was called upon 41 time in 2022, using both global thematic funds and country office human resources, displaying solidarity in action. The use of the toolkit for anticipatory action in Bangladesh and Nepal led to recommendations for more flexibility and scope when using criteria for selecting areas for investment in preparedness.

Another lesson learned is that communication with affected people should be more accessible and inclusive in content and reach. For example, use of less complex language, more local language translations and use of platforms favoured by persons with disabilities will help messages reach more marginalized children and families. A challenge being taken on is to transition risk communication and community engagement beyond pandemic response, so that it is institutionalised into national systems and among local actors.

In some countries and sectors, humanitarian performance targets were overachieved, while in other cases they were underachieved. The South Asia Humanitarian Action for Children appeal for 2022 was originally for US\$ 16.1 million, including regional level requirements, Bhutan, Maldives and Sri Lanka. This was reduced to US\$ 12.6 million when UNICEF Sri Lanka launched its own HAC in mid 2022. The South Asia regional HAC funding gap at the end of the year was US\$ 5.9 million, 47 per cent underfunded. All the 2022 country office appeals also were underfunded, which was a major reason for underachievement. In other cases, rapidly evolving situations led UNICEF and governments to shift priorities and approaches, making some indicators and targets less relevant.

UNICEF ROSA has four priority workstreams for 2023: (1) Technical support and enhanced capacities of CO and RO to deliver timely, quality and proactive humanitarian preparedness and anticipatory actions; (2) To ensure timely and quality humanitarian responses; (3) To ensure global policies and programmes are reflected in humanitarian action strategies and programming; (4) To expand, strengthen and sustain global and regional partnership-building and knowledge generation.

## Humanitarian Context in South Asia

2022 was a particularly challenging year for tens of millions of children and their families due to the continuing COVID-19 pandemic, other disease outbreaks, inflation and economic crises, natural disasters (many linked to climate change), hosting refugees and social and political unrest in some countries. Multiple and diverse, acute and continuing humanitarian situations in South Asian countries were worsened by socio-economic conditions that were already difficult after two years of the COVID-19 pandemic and numerous other public health emergencies at national and sub-national scale. The INFORM Global Risk Index<sup>5</sup> ranks five out of eight South Asian countries as either “very high” or “high” in terms of risk of a humanitarian situation that may require international assistance: Afghanistan, Pakistan, Bangladesh, India and Nepal. The INFORM Climate Change Index<sup>6</sup> calculated in late 2022 predicted that the worldwide number of people living in very high- or high-risk countries will nearly double by 2050, to 5.5 billion and 70 per cent of countries will not have the resources to cope. Six out of eight countries in the region had their own Humanitarian Action for Children appeals: Afghanistan, Bangladesh, India, Nepal, Pakistan, Sri Lanka.

During the first two months of 2022, South Asia experienced a third wave of the COVID-19 pandemic, caused by the Omicron variant. Since the beginning of the pandemic, there have been more than 50 million cases reported and around 628 thousand deaths recorded. The eight countries in the South Asia region have over 21 per cent of the world's population, which still is vulnerable towards COVID-19. As of 28 February 2023, the eight countries had reported 50,428,994 cases, a total of 627,937 deaths, and 49,751,801 recovered cases. India, with a total population of 1.4 billion, experienced the largest number of cumulative cases (44,679,131).<sup>7</sup> In 2022, there were 10,940,008 COVID-19 cases reported for the South Asia region, with 54,666 deaths. UNICEF made substantial investments to encourage vaccinations, support institutions, health and social services and families with children recover from the widespread impact of the pandemic. COVID-19 is no longer considered to be a global health emergency. Bhutan, Maldives, and Bangladesh all met or exceeded the global target of 70 per cent of the total population fully vaccinated (two or more doses) by mid-2022. Strategies are being implemented to integrate COVID vaccines into regular immunization programs, and to support economies, systems, institutions, services, and people to recover. In 2023, COVID-19 will no longer be included in UNICEF humanitarian appeals.

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<sup>5</sup> <https://drmkc.jrc.ec.europa.eu/inform-index>

<sup>6</sup> <https://drmkc.jrc.ec.europa.eu/inform-index/INFORM-Climate-Change>

<sup>7</sup> South Asia Association for Regional Cooperation Disaster Management Centre, Situation Report – 1025 and [Situation Report – 653 COVID-19 | SAARC Region \(covid19-sdmc.org\)](https://saarc.org/covid19-sdmc.org)

During 2022, countries in the region experienced devastating earthquakes and extreme weather events, the latter linked to climate change. India experienced extreme weather all year, with devastating flooding and landslides affecting very vulnerable families. Millions of people in Bangladesh and Pakistan, including refugees, also suffered from torrential rains, widespread flooding, and landslides, with severe repercussions for human lives, livelihoods, property, infrastructure and social services. In all three countries, recovery is a slow process. Earthquakes struck some of the poorest, most vulnerable people in Afghanistan and Nepal. In addition to the earthquake, people in Afghanistan continued to experience a continuing, complex humanitarian crisis, characterised by economic challenges, food insecurity, fragile social services, and gender inequality. In Sri Lanka, the challenges of recovery from the pandemic were worsened by an economic crisis, with hyper-inflation, shortages of basic commodities and negative coping strategies affecting children.

The regional HAC 2022 appeal of US\$ 16.1 million was 61 per cent for COVID-19 responses regionally and in Bhutan, Maldives and Sri Lanka.<sup>8</sup> The remaining 39 per cent were for supporting emergency preparedness, disaster risk reduction, and regional office support for urgent requirements in country offices. The regional HAC was reduced to US\$ 12.6 million when UNICEF Sri Lanka launched their own HAC in mid 2022. The humanitarian priorities and regional strategies of UNICEF for children in South Asia include cross-sectoral efforts to address the needs of children with disabilities, adolescents, women, and girls in humanitarian settings. Specific areas of attention are climate change adaptation, adolescent participation, preventing gender-based violence, shock-responsive social protection, accountability to affected populations and the prevention of sexual exploitation and abuse in emergencies, all with linkages to longer-term development efforts.

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<sup>8</sup> Due to a deepening economic crisis in Sri Lanka, combined with slow recovery from the health and socio-economic impact of the COVID-19 pandemic, UNICEF Sri Lanka launched its own Humanitarian Action for Children appeal in June 2022. This is reported on in the 2023 UNICEF Sri Lanka Consolidated Emergency Report for 2022.

## [Humanitarian context in Afghanistan<sup>9</sup>](#)



16-month-old Ehsan Ahmad gets his upper arm circumference measured with a mid-upper arm circumference) tape, at Mirza Mohammad Khan Comprehensive Health Center in January 2022. © UNICEF/UN0595963/Qayoumi/2022

Afghanistan is still one of the world's worst continuing, complex humanitarian situations. The key drivers in 2022 were a five-year high in frequency of natural disasters, including earthquakes, floods, droughts, and extremes of wintry cold. There were also disease outbreaks, financial and economic crisis, failures of infrastructure social service delivery and protection threats. The Whole of Afghanistan Assessment for 2022 reported that 80 per cent of rural people

had insufficient access to sufficient and safe water, causing disease and contributing to food scarcity. Over one million children were estimated to need treatment for severe acute malnutrition. The exclusion of women and girls from public life, work, secondary and tertiary education worsened in 2022. A government edict on women not working outside the home triggered suspension of some aid work that relied on female field workers and led to advocacy visits by high level United Nations officials. UNICEF remained committed to its operating principle of 'stay and deliver,' although reaching women and children has become even more challenging.

On 22 June, an earthquake registered at 5.9 in magnitude struck south-eastern Afghanistan centred around Paktika and Khost Provinces, killing an estimated 1,036 people and injuring 2,924. Barmal and Gayan districts in Paktika Province and Spera district in Khost province were the worst impacted. The earthquake led to wide-scale destruction in districts that for decades have received little development and humanitarian aid. These areas were already "hotspots" for crisis levels of food insecurity and acute malnutrition, with extremely low levels of hygiene/sanitation awareness and limited access to health facilities, schools and protective services.

The Humanitarian Appeal at the beginning of the year estimated 24.4 million people, including 12.9 million children, were in need. UNICEF aimed to reach 15.3 million people, including 8.1 million children. By the end of 2022, 28.3 million people, two thirds of the population, were estimated to be in

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<sup>9</sup> For more details, see [UNICEF Afghanistan Humanitarian Action for Children Appeal for 2022](#), [UNICEF Afghanistan End of Year SitRep, 2022](#) and UNICEF Afghanistan (2023) Consolidated Emergency Report for 2022.



need, among which were 15.3 million children. To avert famine and suffering, donors were more generous with aid in 2022, and granted more exemptions from sanctions.

There is a separate emergency report by UNICEF Afghanistan, which in 2022 appealed for US\$2 billion for 13.1 million children and by December 2022 was around 49 per cent funded, included some funds carried over from 2021.

#### [Humanitarian context in Bangladesh<sup>10</sup>](#)

Since the beginning of the COVID-19 pandemic there have been more than two million COVID-19 cases and 29,441 deaths reported in Bangladesh. By the end of 2022, 74.5 per cent of the population of Bangladesh had received a second dose of COVID-19 vaccine. This included both Bangladeshis and more than 526 thousand Rohingya refugees in camps. More than 80 per cent of targeted children ages 5 to 11 years had received a first dose of COVID-19 vaccine.



Rohingya refugee girl, 13, is excited about learning to write in the Burmese language in the UNICEF learning centre in Cox's Bazar.  
©UNICEF/UN0633798/Sujan/2022

Bangladesh experienced natural disasters and public health emergencies (in addition to COVID-19) in 2022, while continuing to host 952,309 Rohingya refugees from Myanmar. The refugees live in 33 camps in Cox's Bazar District and Bhasan Char Island in Noakhali District; 52 per cent of them are children. While the refugees are served by basic services, there continue to be disease outbreaks, malnutrition, and inadequate opportunities for children's education and skill acquisition. Children, especially girls, are at substantial risk for exploitation and violence. The effects of climate change are particularly impactful in Bangladesh, worsening historical, seasonal cyclones and floods. In June 2022, 7.2 million people, including 3.5 million children were affected by intense cyclones and extensive flooding in northeastern Bangladesh, reported to be the worst in 122 years. Transportation was disrupted and electricity cut off, making it exceedingly difficult to reach people in dire need of relief aid. In addition, two million people in six cyclone-affected districts required humanitarian aid. Outbreaks of

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<sup>10</sup> For more details, see [UNICEF Bangladesh Humanitarian Action for Children Appeal for 2022](#), [UNICEF Bangladesh End of Year SitRep, 2022, 2022](#), UNICEF Bangladesh (2023) Consolidated Emergency Report for 2022.

diphtheria, measles, cholera and dysentery challenge the capacity of the public health system and are a deadly risk to children, especially those in the lowest income families.

There is a separate emergency report by UNICEF Bangladesh, where 173.7 million people were in need in 2022. UNICEF appealed for US\$233.6 million in 2022, to reach 62 million children. The appeal had a 42 per cent funding gap of US\$99 million at the end of 2022.

### Humanitarian context in Bhutan



A mother and her child in Lobesa, Punakha. © UNICEF/UN0580738/Pelden

Disaster risks in Bhutan include earthquakes, floods, glacial lake outburst floods (GLOF), landslides and forest fires. Although Bhutan has been widely recognised as the first carbon-negative country in the world, it is vulnerable to climate change. Its rapidly melting glaciers have elevated the risk of GLOF, placing many villages in immediate peril, while people, agricultural land and

infrastructure in the riverine basins are also at risk of flooding. Periods of extreme heat and scarce rainfall, aggravated by climate change, pose risks of wildfires. Fortunately, there were no major natural disasters in 2022 and the country and people began recovering from the global COVID-19 pandemic.

The omicron variant of COVID-19 triggered the fourth outbreak in the country in the 1st week of January 2022. While this caused an increase in the transmission rate of COVID-19 in Bhutan, the fatality rate remained amongst the lowest in the world, with only 21 deaths reported since the start of the pandemic. Almost 98 per cent of the adult population, 96 per cent of children ages 12 to 17 years and 96 per cent of children ages 5 to 11 years have been vaccinated against COVID-19 with at least two doses. The government relaxed pandemic measures in May 2022, thanks to efficacy of the vaccines, declines in national positivity trends and decreases in severity of cases. This allowed all schools (including Early Childhood Care and Development Centres) to remain open during 2022. Bhutan achieved 100 per cent open defecation free status in 2022, with all homes and families across the country having access to improved sanitation. Borders were re-opened to tourists from 23rd September 2022 and the economy began to recover.

From an all-time low of negative 10 per cent in 2020, GDP (Gross Domestic Product) growth in 2021 was recorded at 4.1 percent in 2022 (National Statistics Bureau). Growing inflation continues to be a



major concern, but families have received help from emergency cash transfers. His Majesty's *Druk Gyalpo Relief Kidu*, a national resilience fund set up in April 2020 to for families during the COVID-19 pandemic, dispensed more than 5.2 billion *Ngultrum* (US\$ 62 million) to 59,413 beneficiaries<sup>11</sup> was an off-budget fund that did not contribute to national debt (State of the Nation Report, Bhutan, 2022).

### [Humanitarian context in India<sup>12</sup>](#)

The COVID-19 pandemic eased in India in 2022, although there were still around 49 thousand COVID-19 deaths. The Ministry of Health and Family Welfare and the health departments in 23 states were simultaneously in response and gradual recovery modes. More than 2.2 billion doses of COVID-19 vaccines have been administered, of which 748 million doses were administered in 2022. By the end of the year, more than 85 per cent of



Praveen and Lalita with their daughter Siddhi (17 months). They learned she should continue breastfeeding and also get complementary feeding. Bijawada Village, Dungarpur, Rajasthan, India. © UNICEF/UN0595184/Panjwani

children ages 12 to 18 years had received at least one dose of the vaccine – a major achievement. Those at highest risk from COVID-19 and from natural disasters and economic shocks are people in the lowest wealth quintile, tribal people, migrants, urban slum residents, subsistence farmers, people with disabilities. The pandemic combined with extreme climate events and macro-economic challenges, reduced affordable access to nutritious foods, health care, education and protective services. Insufficient access to clean water, sanitation and hygiene supplies compounds health and nutrition risks.

Families' negative coping mechanisms include eating non-nutritious foods and skipping meals, foregoing quality health care, children dropping out of school, increased child labour and child marriage, especially for girls. India accounts for half of the world's children who suffer from wasting. Schools began re-opening in the second half of the year, with students and their teachers very challenged to recover from learning losses. It is likely that children who dropped out may not be able to return to school, making non formal learning opportunities a priority.

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<sup>11</sup> [Kingdom of Bhutan, Prime Minister's Office, 2022. State of the Nation Report 2.0.](#)

<sup>12</sup> For more details, see [UNICEF India Humanitarian Action for Children Appeal for 2022](#), [UNICEF India \(2022\) End Year Situation Report](#) and UNICEF India (2023) Consolidated Emergency Report for 2022.

India is highly vulnerable to the negative effects of climate change, and experienced extreme weather events throughout the year. The monsoon flooding between May and October caused an acute humanitarian crisis on top of underlying pandemic and poverty risks, for about 16.35 million people, including 6 million children.<sup>13</sup> The 2022 humanitarian appeal by UNICEF India included priority needs in nutrition, water and sanitation, learning and protection. There is a separate emergency report by UNICEF India, based on their 2022 appeal for US\$ 76.6 million, to reach over 32 million children affected by the COVID-19 pandemic, pandemic-related socio-economic crisis and large-scale flooding. The appeal had a 59 per cent funding gap of US\$ 41.1 million at the end of 2022.

### Humanitarian Context in Maldives



Children at a pre-school during their morning class enjoying a coloring book. K.Huraa, Maldives. © UNICEF/UN0729427/Faheem

The preliminary findings of the study entitled 'Cost of Inaction of Climate Change in Maldives', (UNICEF Maldives, Draft, October 2022), showed the economic damage and losses that will be sustained if nothing is done to prevent further climate change and mitigate its effects. Based on a business-as-usual scenario, Maldives could lose an average of 1.8 per cent of its annual GDP up to 2050, increasing to 8.8 per

cent annually by 2100. Based on a report by the Asian Development Bank (ADB 2023), Maldives could lose an average of 2 per cent of its annual GDP through 2050. This is a loss of at least US\$ 97.8 million per year in the next few years, negatively affecting the country's capacity for both humanitarian responses and for investment in children and development.

The state of public health emergency due to the COVID-19 pandemic, declared by the Government of Maldives in March 2020, ended on 13 March 2022. At the end of November 2022, 185,584 cases of COVID-19 and 311 deaths had been confirmed, while vaccination rates were 88.15 per cent for first dose and 85 per cent for second dose. These vaccination rates allowed the pandemic to be kept under control. Booster doses were also introduced, though uptake remained low, at 37 per cent for the first booster dose and 0.30 per cent for the second.

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<sup>13</sup> UNICEF estimates based on governmental situation reports, accessed from [National disaster management SitReps, India](#)

The pandemic was in its third wave when schools resumed for the second term of the academic year 2021–2022 in January, but in mid-March 2022, all schools in Maldives (including preschools) resumed in-person learning, with prevention and control measures. The Ministry of Education reported that school closures resulted in unprecedented learning losses and negative psychological impact for children in pre-primary and primary grades. Children with disabilities, children from poor households and children in state care institutions did not benefit as intended from the distance learning provided during the state of emergency caused by the COVID-19 pandemic. Digital technologies are little used because of unavailability of devices and poor internet connectivity in most public schools.

### Humanitarian context in Nepal<sup>14</sup>

Nepal reported a total of 1.1 million cases and 12,019 deaths from COVID-19 by the end of 2022. In the first two months of the year, the omicron variant was spreading, but subsequently there was a substantial decline in cases and life began to return to normal. Over 53.5 million doses of COVID-19 vaccines had been administered by the end of December 2022, reaching around 99 per cent of the people ages 12 years and over with a first dose, and around 95 per cent with a second dose. Following receipt in June of 2.2 million paediatric doses, the government began a campaign to reach children between the ages of 5 and 11 years.



On 12 November 2022, Khina Ayer, 7, stands in front of an earthquake-damaged home in Purbichauki Rural Municipality in Doti District in far-western Nepal. © UNICEF/UN0733610/Dhakal

Heavier than usual monsoon rains triggered flooding and landslides across 15 districts in three provinces. 127 people were killed and there was severe damage to public infrastructure and to 2,321 households. In late 2022, far-western Nepal was hit by a series of earthquakes and aftershocks. An earthquake of 6.6 magnitude earthquake<sup>8</sup> struck Doti district in far-west Nepal on 9 November, and claimed six lives, including four children aged 8–14 years, injured eight people and affected over 7,000 families. On 12 November, another earthquake of 5.4 magnitude occurred in nearby Bajhang District, with injuries and damages but fortunately no casualties were reported.

Localised public health emergencies occurred throughout the year, including outbreaks of cholera and dengue fever. The cholera outbreak occurred in the Kathmandu Valley, which is one of the most densely

<sup>14</sup> For more details, see [UNICEF Nepal Humanitarian Action for Children Appeal for 2022](#), [UNICEF Nepal End of Year SitRep. 2022](#), and UNICEF Nepal (2023) Consolidated Emergency Report, 2022.

populated areas in Nepal. The dengue epidemic spread to 77 districts with 544,232 cases reported (14 per cent were children) and 67 deaths.

There is a separate emergency report by UNICEF Nepal, where 1.8 million people were in need in 2022. UNICEF appealed for US\$27.3 million in 2022, to reach 752,400 children. The appeal had a 68 per cent funding gap of US\$18.7 million at the end of 2022.

### Humanitarian context in Pakistan<sup>15</sup>



Gul Pari (10) attending her class in UNICEF supported temporary learning center for flood affected children in Imamia IDP camp in Dadu district, in Sindh province of Pakistan. © UNICEF/UN0742506/Zaidi

The people of Pakistan endured multiple, often interrelated serious humanitarian crises in 2022 in a context of economic crisis and political changes.

In the first half of the year there was a fifth and sixth wave of COVID-19. By the end of 2022, the cumulative reported cases since the start of the pandemic was 1.6 million people and the official count of deaths was 30,636. By the end of the year, around 131.4 million people had

received two doses, which was 60 per cent of the targeted adolescent and adult population. Because this is below recommended global target percentage, UNICEF and WHO are continuing to support the federal and provincial ministries of health with vaccinations.

The country continues to host around 3.7 million people<sup>16</sup> from Afghanistan, with an increased flow of people since August 2021. Around 52 per cent are children.<sup>17</sup> Most Afghans living in Pakistan reside in urban or semi-urban areas; however, 31 per cent live in refugee villages.<sup>18</sup> Hosting communities tend to have a high prevalence of malnutrition, poor access to safe water and sanitation and low school

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<sup>15</sup> For more details, see [UNICEF Pakistan Humanitarian Action for Children Appeal for 2022](#), [UNICEF Pakistan End of Year SitRep, 2022](#) and UNICEF Pakistan (2023) Consolidated Emergency Report, 2022.

<sup>16</sup> This includes 1.32 million Afghan refugee card holders, 840,000 passport with valid visa, 140,872 Unregistered Members of Registered families, 775,000 undocumented Afghans and 600,000 new arrivals (UNHCR Data Portal: <https://data.unhcr.org/en/situations/afghanistan#category-14-348569>)

<sup>17</sup> UNHCR Data Portal: <https://data.unhcr.org/en/country/pak>

<sup>18</sup> UNHCR Pakistan Overview of Refugee and Asylum-Seekers Population as of December 31, 2022: <https://data.unhcr.org/en/documents/details/98538>



enrolment, especially for girls. These communities were also severely affected by the large-scale flooding in 2022.

Torrential rains, equivalent to 2.9 times the national 30-year average, led to riverine, urban and other area flooding, inundating 94 districts in one third of the entire country. Damage to infrastructure, 1.4 million homes and livelihoods, displacement and other suffering were worsened by landslides and the spread of diseases, especially acute watery diarrhoea. There were 1,739 deaths (647 children). Around 33 million people were affected; 8 million people were displaced. Among these, 20.6 million people (9.6 million children) were assessed to need humanitarian aid. Initial and follow up needs assessments reported deprivations in access to health, sanitation, health care, nutrition, water and sanitation, and protection. As one example, there was damage to over 4,000 water supplies and over 2,700 sanitation facilities. Many of the worst affected areas are among the most rights-deprived in Pakistan, where undernutrition of children is prevalent, there is low school enrolment and inadequate access to water, sanitation, and protection. The Post Disaster Needs Assessment estimated that multidimensional poverty increased from 37.8 per cent of households to 43.7 per cent of households. Following the widespread flooding, Pakistan experienced extreme winter weather conditions, affecting many families that were still had no housing and had lost all their possessions due to the flooding.

There is a separate emergency report by UNICEF Pakistan, based on their 2022 appeal for US\$173.5 million in 2022, to reach 9.6 million children. The appeal had a 62 per cent per cent funding gap of US\$107.5 million, at the end of 2022.

#### [Humanitarian context in Sri Lanka<sup>19</sup>](#)

Sri Lanka reported a cumulative total of 664,704 COVID-19 confirmed cases and 16,535 deaths as of 22 July 2022. From January to 22 July 2022, 77,459 COVID-19 cases were reported in the country with 1,556 deaths. Over 14.5 million people are fully vaccinated (2 doses of recommended vaccines), and 8 million people have received a booster dose of Pfizer vaccine.



Monisha (5) attends at an Gunapala Silva early child hood development centre, a free programme run by Colombo Municipal Council for financially underprivileged families in Sri Lanka. This is one of the centres that benefits from the UNICEF pre-schools free meal programme. © UNICEF/UN0795268/

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<sup>19</sup> For more details, see [UNICEF Sri Lanka Humanitarian Action for Children Appeal for 2022](#), [UNICEF Sri Lanka End of Year SitRep, 2022](#) and UNICEF Sri Lanka (2023) Consolidated Emergency Report for 2022.

Sri Lanka is experiencing its worst economic crisis since 1948, coupled with an energy crisis related to a shortage of hard currency. Price inflation increased from 45 per cent in May to nearly 70 per cent in September 2022. Essential commodities, including food and fuel, are unavailable or unaffordable for Sri Lankans in the lower to middle income wealth groups. A September 2022 report estimated that 6.2 million people were moderately food insecure and 66 thousand were severely food insecure. Health care has been seriously affected, with several major hospitals forced to suspend routine surgeries due to stock-outs of medicine and equipment. Power cuts are frequent, which also negatively affects businesses, healthcare, schooling. A swift return to normal is not forecasted, as austerity measures will negatively affect livelihoods, social services and children's wellbeing.

Sri Lanka had one of the longest school closures in the world during the COVID-19 pandemic and the current economic crisis delayed a return to normalcy, with schools staying either partially or fully closed until August 2022 due to the fuel crisis. Regular and prolonged power cuts have also paralyzed home-based learning and the severe shortage of paper has compromised learning of children whose families cannot access on-line learning. Schools have been reporting increased cases of school drop-out, especially among secondary students. Households reported significant challenges to their children's school, attendance, due to the inflated cost of school materials, cost of transportation, lack of or limited transportation services. Children are increasingly vulnerable to dropping out of school, which often leads to permanent drop out, child labour, early marriage and other risks to child protection.

The COVID-19 pandemic combined with the economic crisis worsened the prevalence of malnutrition among children under the age of five years. An assessment by the Ministry of Health in October 2022<sup>20</sup> revealed that 43 per cent of children under 5 years had some form of malnutrition. Global acute malnutrition prevalence before the economic crisis was trending upwards and there is concern that this has not been reversed. Given the deteriorating humanitarian situation, the Sri Lanka United Nations Country Team launched a 'Humanitarian Needs and Priorities Plan' (HNPP). Sri Lanka was originally included in the UNICEF South Asia Humanitarian appeal, but the severely deteriorated social and economic situation led to UNICEF Sri Lanka launching its own appeal in August 2022.

UNICEF Sri Lanka was covered under the regional HAC in the first half of 2022. Given the deteriorating humanitarian situation, along with the United Nations 'Humanitarian Needs and Priorities Plan' to support the response to the economic crisis, UNICEF launched a Humanitarian Action for Children appeal in June 2022 to support the UNICEF response. Therefore, there is a separate emergency report by UNICEF Sri Lanka, based on their 2022 appeal for US\$25 million to reach 2.3 million children

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<sup>20</sup> Sri Lanka Ministry of Health (2022), Nutrition Monthly Summary Report.

in need of humanitarian aid. While the response was overfunded at US\$34.3 million, there was a gap of US\$6.9 million at the end of 2022 in key sectors of health, WASH, and education, among others.

## Humanitarian Results<sup>21</sup>

### Humanitarian results, South Asia region

UNICEF ROSA enhanced the ability of UNICEF country offices and their partners to be prepared and to respond in a prompt and quality way to natural disasters, public health emergencies, economic crises, and complex humanitarian emergencies. Staff and partners in the eight country offices covered by ROSA were guided in planning, assessing, implementing, monitoring and evaluating emergency preparedness and responses, with regular attention to the Core Commitments for Children in Humanitarian Action<sup>22</sup> and recommendations in The Humanitarian Review (UNICEF 2020).<sup>23</sup>

UNICEF ROSA focused on enhancing the emergency preparedness and response capabilities of the eight country offices in the South Asian region, and their government counterparts and partners. UNICEF ROSA provided technical expertise and strengthening systems for child-sensitive and inclusive humanitarian action, supported country offices under acute humanitarian situations through missions to country offices and the field, including support needed for largest-ever UNICEF humanitarian action in Afghanistan, unprecedented flood response in Pakistan, protracted Rohingya crisis in Bangladesh, economic/political crises in Sri Lanka and natural disaster emergencies related to flooding in Bangladesh and India.

ROSA supported 41 **surge support** and technical missions to emergency affected countries, including to Afghanistan, Pakistan, Bangladesh and Sri Lanka<sup>12</sup>. Given the significantly enlarged humanitarian portfolio in past four years, additional investment to have a diverse, well-prepared deployment team, UNICEF ROSA updated the emergency preparedness and response training modules to align with the revised Core Commitments for Children and Grand Bargain workstreams, including Cash in Emergencies and Accountability to Affected Populations (AAP), and led the **emergency preparedness and response (EPR) training** in India and Pakistan, with plans to scale up training in at least four countries in 2023.

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<sup>21</sup> Information on COVID-19 responses by UNICEF using ACT-A funds is included in a separate global UNICEF ACT-A report.

<sup>22</sup> <https://www.unicef.org/emergencies/core-commitments-children>

<sup>23</sup> <https://www.unicef.org/reports/humanitarian-review>

German Committee for UNICEF humanitarian funding was used by ROSA to develop strategies and scale up **mental health and psychosocial support (MHPSS)** interventions and respond to child protection in emergencies. Regional support was provided to all eight countries with additional technical support provided to UNICEF Afghanistan, India, Maldives and Pakistan. More details on activities and results are included in a two-page Contribution Summary in the Annex of this report.

Monthly virtual emergency network meetings bring together emergency focal points from all country offices to exchange information on the latest situations, policies, best practices and lessons learned related to emergency preparedness and response, disaster risk management and climate change adaptation. For the first time since the global COVID-19 pandemic prevented travel and in-person meetings, ROSA convened 25 country office staff plus 12 regional and global advisors (from New York and Geneva) and regional advisors, for an in-person network meeting. Participants were informed on the latest global and regional trends, policies and strategies with an emphasis on continued implementation of recommendations from The Humanitarian Review (2020) and adherence to the Core Commitments for Children in Humanitarian Actions. Experiences and ideas were shared on strengthening and leveraging UNICEF partnerships with national governments, private sector and national and community-based organisations. The meeting participants looked in-depth at adolescent engagement in humanitarian actions. Expert presentations spurred reflections on the COVID-19 response, including post pandemic recovery and humanitarian-development linkages that would build resilience and preparedness for future public health emergencies. The participants also took stock of investments in each office on preparedness, accountability to affected people and the expanding use of cash in emergency situations.

The UNICEF representatives leading the eight Country Offices in South Asia gathered in October 2022 to review prerequisites and humanitarian action in the region, in a more diverse and expanding humanitarian environment, including climate change and cyclical crises. The meeting included a deep dive reflection on the humanitarian, political, economic and environmental crises taking place in the South Asia region, and the complex underlying causes. The creation of a small working group to develop an action plan for the region that focuses on enhanced prepositioning for cyclical crises was one of the results of the meeting. The action plan will include more staff being trained and ready for humanitarian action, exploring innovative financing for anticipator actions and advocating with governments and private sector to preposition finances and other resources.

The Columbia University School of International and Public Affairs and UNICEF ROSA in coordination with UNICEF Bangladesh, India, Pakistan, and Sri Lanka conducted a side event in April 2022 at the United Nations Economic and Social Commission Youth Forum. The event was entitled



‘Nothing About Us Without Us – Youth Engagement in Humanitarian Response’<sup>24</sup>. The young people’s inputs were included in a study that also used interviews, questionnaires and secondary data analysis. The final report<sup>25</sup> documented progress and good practices and recommended more inclusive and influential humanitarian programming in line with the ‘Guidelines on Working with and for Young People in Humanitarian and Protracted Crises’ (Interagency Standing Committee). Implementation of the recommendations by country offices in 2023 will strengthen adolescent-informed, participatory emergency prevention, preparedness, response, and recovery. The recommendations of the final report will also be integrated into the action plans for Accountability to Affect Populations that UNICEF offices implement in 2023.

UNICEF ROSA piloted a webinar series to lay a regional foundation for quality standards and best practices for use of **cash in emergencies**. Following this webinar series, an in-person training was coordinated with both emergency and social protection staff. The training resulted in staff in four countries beginning to develop action plans for using cash in emergencies, which will be completed and rolled out in 2023 in at least three countries.

The multiple crises in South Asia, aggravated by the daunting impacts of climate change, natural disasters, large refugee populations, public health challenges and macro-economic shocks, requires **strategic alignment and close collaboration with a range of partners**. ROSA gave technical advice to country offices on influencing and leveraging their national partners. On a regional level, partners include bilateral and multilateral institutions, including donors, United Nations and non-governmental organisations, foundations and private sector companies. ROSA staff mobilised and coordinated global and regional partnerships for humanitarian responses, adding to the scale and effectiveness of national responses. These partnerships are invaluable for sharing of knowledge, experiences and ideas; for reaching consensus on strategic policies and approaches. They contributed to UNICEF delivering results for children across South Asia. Examples include alliances with the private sector to contribute to the UNICEF Community and Business Resilience programme; collaboration on system strengthening through engaging regional partners in emergency preparedness and response and adoption by South Asia Association for Regional Cooperation (SAARC) training centres of disaster risk reduction (DRR) and climate change modules.

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<sup>24</sup> <https://www.un.org/ecosoc/sites/www.un.org.ecosoc/files/files/en/2022doc/notes/unicef-sipa.pdf>

<sup>25</sup> [Columbia University, New York, USA and UNICEF ROSA \(2022\). Nothing About Us Without Us – Youth Engagement in Humanitarian Response.](#)

## Humanitarian results, Bhutan

UNICEF Bhutan played an instrumental role in accessing or leveraging millions of dollars for Bhutan's post pandemic recovery from the Asia Development Bank, the COVID-19 vaccines global access facility (COVAX), the Government of Japan, and UNICEF's Global Humanitarian Action for Children funds. UNICEF Bhutan closely collaborated with Government and partners to achieve the results in multisectoral COVID-19 response plans for 2022, including containing COVID-19 and maintaining high coverage of essential health, nutrition and WASH services. Supplementing the already high coverage of the population with two doses of COVID-19, in 2022 the Ministry of Health reported that 92 per cent of the target population ages 18 years and older, 84 per cent of adolescents ages 12 to 17 years and 83 per cent (68,824) of children ages 5 to 11 years received first booster doses of COVID-19 vaccines. 67 per cent (361,758) of the adult population above 18 years received a second booster dose.

Over 5,000 children were reached with DPT3 vaccination, but this was less than half of the 2022 target for vaccinating children with DPT3 by age one year. This was due to the intense and extensive work related to the COVID-19 emergency. Similarly, COVID-19 responses and underfunding took attention away from achieving the targeted number of women who received ANC (antenatal care) visits. Using information from a 2022 assessment of 289 health facilities, UNICEF procured cold chain equipment, including 14 Solar Direct Drive Combos (refrigerators with deep freezer), which were installed in rural health facilities. Cold chain temperature monitoring devices were installed at all health facilities. This expanded Bhutan's cold chain capacity fourfold. An assessment of the national medical oxygen system was done in 52 hospitals, and oxygen cylinders were procured to fill the gaps. Thirty-four PHC (primary health care) facilities were equipped with inclusive handwashing stations and safe drinking water, helping a daily average of 690 patients. These results are having a positive multiplier impact, supporting prevention of the spread of COVID-19, and of other vaccine and hygiene preventable diseases.

UNICEF procured essential nutrition commodities and supplies including minerals, vitamins, multibus interface kits for computers, 200 digital weighing scales and 100,000 boxes of multiple micronutrient powder. 8,687 children out of the targeted number of 15,000 received micronutrient powder supplementation, continuing an upward trend in coverage. The infant and young child feeding module was revised to incorporate recent scientific and global recommendations. 23 health workers underwent training of trainers on updated guidelines. These interventions are expected to reduce prevalence of stunting and anemia among children under five years of age. Integration of the Nutrition Management Information System within the Health Management Information System is ongoing; this integration will boost data analytics and effective planning and responses in both development and humanitarian situations.

The number of children using formal and non-formal education opportunities, including early learning exceeded 160,000 by the end of 2022, just short of the targeted number (Education Management Information System, 2022). 159 teachers (17 female, 142 male) took part in reviewing the ‘Teacher’s Handbook for School Disaster Risk Management and Planning towards Safe and Resilient Schools’. Review findings will be incorporated in School Disaster Management Plans and will contribute to the development of Standard Operating Procedures for education during emergency situations. Sixty-four Disaster Management focal teachers were trained in Disaster Risk Management and Planning. Construction of two inclusive toilets each for schools and monastic schools are helping 2,003 children (976 girls) including 92 **children with disabilities** (35 girls) and 100 monks. Access to improved WASH services in health facilities was ensured through use of the WASH FIT (Facility Improvement Tool) in 49 health centres that see a cumulative average of 2,109 patients daily.

Compared with the 2022 target of reaching 50,000 children in facilities and safe spaces, the 2022 **WASH** achievement was reaching 232,052 people, using a combination of funding sources. This included 179,748 people in 76 blocks living in an open defecation free (ODF) environment with improved sanitation. Other people received help from interventions for WASH in schools, WASH in monastic institutions and WASH in healthcare facilities.

The target for number of people reached with messaging was surpassed, with approximately 500,000 people reached in 2022.<sup>26</sup> Building on experience and forged partnerships in risk communication and community engagement during COVID-19 responses, UNICEF prioritised strengthening systems and networks for social and behavioural change. UNICEF and the National Commission for Women and Children set up a consortium of 20 implementing partners from government, youth volunteers’ network, CSOs, disabled people’s organizations, faith-based organizations, law enforcement agencies, sports bodies, mainstream media and social media to develop and implement a multi-sectoral campaign on **ending violence against children** entitled “Our children; our wealth.” Over 120,000 people were sensitized to the importance of preventing violence, abuse, exploitation, and neglect, with special attention and measures during emergency situations. More than 20,000 (9,000 females) community influencers, who are local leaders, village elders, youth volunteers, scouts, sports persons, religious leaders, service providers, and schoolteachers, were mobilized for **community engagement** work. More than 50 child wellbeing groups, including social media groups, were formed, instituting child wellbeing as a standing agenda in community decision making fora. About 15,000 frontline workers

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<sup>26</sup> This number is based on the metric of Facebook impressions.

and other influential people were provided with communication materials about COVID-19 and ending violence against children.

The combination of anxiety about the disease and challenges from related social and economic crises has led to increased psychosocial and mental health issues among both adults and children. This highlights the importance of programming approaches that are a **nexus between humanitarian and development planning and results**. To address both long-standing mental health needs and the heightened needs caused by the pandemic, UNICEF and WHO collaborated on support to the newly established Pema Center Secretariat, under Royal Patronage of Her Majesty. The Pema Center coordinates a multisectoral approach to **Mental Health and Psychosocial Support (MHPSS)**. A new maternal mental health screening tool is being piloted in Jigme Dorji Wangchuk National Referral Hospital. In 2022, over 5,000 people were reached with MHPSS services, over 6,000 children and women used created safe spaces and 274 frontline workers were trained on preventing and responding to **gender-based violence and child protection**. These services were beneficial for participants' mental health, but the numbers reached were far below the targeted needs, due to underfunding.

### Lessons learned for application in 2023

Water contamination from flooding, landslides, inadequate and damaged sanitation infrastructure, and poor management of wastewater pose risks to sustainable, quality WASH services. Introduction of recent technologies (e.g., installation of water filtration system with high grade pipes, elbow/pedal-operated faucets and water saving aerators in all tap points) are important for sustainable access to safe drinking water and for preventing the spread of infectious diseases in schools and health care facilities in both humanitarian and normal situations. They will also improve cost-efficiency in the use of water resources.

The following table is a quantitative overview of UNICEF's Bhutan key humanitarian results in 2022:

UNICEF Bhutan Humanitarian Action for Children, 2022		UNICEF and IPs Response*	
Sector		2022 target	2022 results**
Indicator   Disaggregation			
Health			
Number of children ages 0 to 11 months vaccinated against diphtheria, tetanus and pertussis (DTP3)		10,300	5,065
Number of pregnant women provided with antenatal consultations		9,000	5,146
Nutrition			
Number of children ages 6 to 23 months receiving multiple micronutrient powders		15,000	8,687

Child Protection			
Number of children and caregivers accessing mental health and psychosocial support	girls	40,000	2,681
	boys		2,384
	total		5,065
Number of girls and women accessing safe spaces services	female	15,000	3,297
	other		2,734
	total		6,031
Number of CP and GBV social workers and frontline workers trained on case management, early identification, and safe referrals of high-risk cases	female	400	208
	male		66
	total		274
Education			
Number of children accessing formal or non-formal education, including early learning		178,986	162,536
WASH			
Number of children accessing appropriate WASH facilities and hygiene services in learning facilities and safe spaces	girls	50,000	12,789
	boys		12,039
	total		24,828
Cross-sectoral (HCT, C4D, RCCE and AAP)			
Number of people reached through messaging on prevention and access to services		300,000	500,000 ***
<p>* Results are achieved through contributions towards the ROSA HAC appeal, as well as resources from UNICEF's regular programmes where necessary. Humanitarian clusters are not activated in Bhutan.</p> <p>** Underachievement of results against targets is due to underfunding of the regional UNICEF appeal.</p> <p>*** 500,000 is the reported Facebook metric for impressions – meaning the estimated number of people that may have seen and retained an impression of a UNICEF message on Facebook about preventing COVID-19 and other diseases</p>			

### [Humanitarian results, Maldives](#)

The health sector in Maldives in 2022 continued to be in emergency response and recovery mode related to the COVID-19 pandemic. The **collaboration between WHO and UNICEF** has been instrumental to successful campaigns for uptake of **COVID-19 vaccine**. UNICEF's work in immunization systems-strengthening was undertaken jointly with the World Health Organization (WHO) and supported by the COVID-19 Vaccines Global Access facility (**COVAX**), the Government of Japan and the Asian Development Bank.

Two spikes in COVID-19 cases in the capital city of Malé, where more than 40 per cent of the country's population lives, and simultaneous drop in uptake of the booster doses were addressed through RCCE to boost trust in efficacy, safety and importance of vaccines. UNICEF Maldives and its partner, the

Health Protection Agency, developed six videos to encourage all eligible groups (including children between the ages 11 to 18 years) to get vaccinated and seven videos to highlight the arrival and distribution of **COVAX**-funded vaccines and supplies. Since more than 80 per cent of people in the Maldives use smart digital devices, Facebook posts were used to communicate the efficacy, safety and importance of vaccines; these were accessible to 854,000 people. UNICEF Maldives engaged the Maldivian Red Crescent to disseminate key life-saving information about COVID-19 and vaccination of **people with disabilities, migrant workers, and the elderly**. This included face to face communication and five episodes of a radio programme. Positive lessons were learned that will increase inclusion of people with special needs in emergency preparedness and participation of **young people who are not in employment, education or training (NEET)**. (More detailed information on use of COVAX funds can be found in the UNICEF ACT-A Report for 2022.)

An example of **humanitarian-development nexus** work is the capacity development of partners to embed RCCE into existing work structures so it can be activated in future health emergencies. Work has begun with the National Disaster Management Authority (NDMA) and Health Protection Agency (HPA) to embed **accountability to affected populations (AAP)** into RCCE systems. The Government set up a helpline and email address for people to access information, provide information, report problems and concerns and share other feedback. This was in place until the lifting of the emergency status on 13 March 2022. Thereafter, UNICEF and government shifted from instructional and cautionary messaging, which was primarily used in 2020 and 2021, to sharing experiences of how the pandemic has affected people's lives, encouraging empathy, social cohesion and recovery.

Following the easing of travel restrictions, UNICEF and the Health Protection Agency completed the final field work for the Effective Vaccine Management (EVM) assessment. The EVM assessment report was launched in March 2022. Subsequently, a Country Improvement Plan was written to address the key findings of the assessment. The EVM assessment report and plan informed immunization supply chain strengthening activities in 2022, such as filling cold chain gaps. 39,224 young children eligible for vaccinations will potentially benefit from the expansion of the vaccine cold chain.

UNICEF supported the Ministry of Health to improve access by pregnant women to antenatal consultations and access by children and women to primary health care facilities. 8,806 children and women were reached with primary health care interventions and 2,000 pregnant women out of the target of 2,535 were reached through antenatal care visits. UNICEF had planned for a procurement of up to 2,000 personal protective equipment kits, however there was no need or request for them in 2022. The planned humanitarian WASH activities in the 2022 ROSA HAC were still needed but were not carried out due to non-funding.

As part of **humanitarian-development nexus approaches to building sustainability**, UNICEF Maldives partnered with the National Disaster Management Authority (NDMA), on revising the guidelines/training regime for **Community Emergency Response Teams (CERTs)**, which also include the participation of youth on selected islands where there are CERTs. These teams will engage with their peers to plan and respond to all emergencies in their island communities. In December 2022, UNICEF Maldives received agreement from the National Disaster Management Authority (NDMA) to incorporate risk communication and community engagement for social and behavioural change and principles of AAP into the CERT guidelines. Two CERTs have already received specialised training which includes those newly introduced areas.

The absence of a **digital health information system** is still a significant barrier to successful implementation. UNICEF and WHO supported the development of an electronic immunization registry. This included training modules to educate health workers to use the system. With UNICEF's support, 90 facilities, including all greater Malé region facilities, atoll and regional facilities, almost 50 per cent of children born in 2022 were added to the system and 9,200 children were tracked in the system. The electronic immunization registry will contribute to real-time data tracking, informing decision-making for vaccination campaigns and improving immunization programming and response.

By mid-March 2022, all schools in Maldives (including preschools) resumed in-person learning with adequate prevention and control measures. Contributing to a safe return to normal education, COVID-19 vaccine booster doses were administered to students and the school community, and risk communication and community engagement programming was carried out. The planned activities in the UNICEF humanitarian plan to help 28,000 children through remote learning activities were neither needed nor funded. The Ministry of Education reported substantial learning loss during the pandemic years of remote learning arrangements, especially among children from the poorest households, children with disabilities and children in state care institutions. There were also negative social and psychological impacts. UNICEF supported a **learning recovery programme**, consisting of a literacy and numeracy learning strategy, a remediation plan, guidance on assessment, differentiated instruction and social and emotional learning. Approximately 1,000 teachers were trained to implement the programme. 99 teachers were also trained to improve teaching methods for **children with disabilities**. UNICEF supported the Ministry of Education to revise the **Education Sector Preparedness and Response Plan**, which now includes pandemics, flooding, fire and terror attacks as emergency scenarios. School emergency drills were conducted in the Greater Male area.

UNICEF supported the Ministry of Gender, Family and Social Services to incorporate new components into the training of island community social worker groups (called IBAMA): mapping of vulnerable families, effectively communicating with the most vulnerable; how to make referrals to appropriate



authorities. This has begun to strengthen prevention of violence and exploitation and response services, especially during emergencies, for at risk, vulnerable children, women, elderly and persons with disabilities. Setting up and training requires the Government to mobilise group members, and in 2022 there were multiple competing priorities, which explains why only 39 out of the target 100 groups were reached.

UNICEF and the Government launched a **positive parenting programme**, with a focus on the challenges faced by parents and caregivers during the COVID-19 pandemic, including **mental health and psycho-social well-being, children's learning and effective communication**. The initial work in 2022 included a study on prevailing parenting practices. This will inform development of training modules in 2023 for front-line social workers and other providers of psychosocial support in Maldives.

Updated, reliable, valid data is essential for good preparedness planning and emergency responses. **Humanitarian-development nexus** programming in 2022 included support by UNICEF Maldives to the Bureau of Statistics for inclusion in the Census 2022 of six questions on functional **disability**. Training on disability data collection was provided to all census enumerators, supervisors and officials to increase the reliability and validity of data collected on disability. Another example of humanitarian-development nexus programming is the UNICEF support for **disability inclusion** in the hard-to-reach the atolls of Meemu, Faafu and Noonu. 176 men and 115 women were sensitized on disability inclusion and on ways to work within and across sectors. This strengthened cross-sectoral collaboration between local councils, schools, persons with disabilities, police and women's development committees. The three atoll councils have committed to a funded action plan to enhance disability inclusion.

Humanitarian-development nexus programming in 2022 included UNICEF Maldives strengthening its positioning and visibility as a strong advocate for **climate change prevention and adaptation through young people's participation** in a pre-27th Conference of the Parties (COP27) event. More than 150 young people from Malé and 20 atolls took part, as did high-level government authorities and officials and international agencies. Three technical sessions took place, focusing on: (1) plastic-free Maldives; (2) environment protection and conservation; and (3) energy and innovation. A youth declaration was also presented, which was taken by the Ministry of Environment to the **COP27** in Egypt.

### **Lessons learned for application in 2023**

In the Maldives, the intensity of effort required by COVID-19 responses in a small, island country combined with a lengthy period with no major humanitarian crisis revealed gaps in capacity for timely implementation of use of funds. The lesson learned was that renewed and continued commitment is needed to maintaining humanitarian response preparedness and capacity, especially given the elevated risks caused by climate change.



**RCCE** needs to transition beyond pandemic response and be institutionalised into national systems. There needs to be more accessibility and inclusivity in communications and advocacy messages and content. Use of less complex language, more Dhivehi translations and use of platforms favored by persons with disabilities will help messages reach more marginalized children and families.

The following table is a quantitative overview of UNICEF's Maldives key humanitarian results in 2022:

UNICEF Maldives Humanitarian Action for Children, 2022		UNICEF and IPs Response*	
Sector		2022 target	2022 results**
Indicator   Disaggregation			
Health			
Number of children and women accessing primary healthcare in UNICEF-supported facilities		10,000	8,806
Number of children aged 0 to 11 months vaccinated against diphtheria, tetanus and pertussis (DTP3)		3,000	1,522
Number of pregnant women provided with antenatal consultations		2,000	2,535
Number of health workers have access to personal protective equipment to prevent the COVID-19 transmission		2,000	0
Number of young children will benefit from strengthened immunization and cold chain systems through continuation of routine vaccination	girls	9,000	18,715
	boys		20,509
	total		39,224
Nutrition			
Number of primary caregivers of children aged 0 to 23 months receiving IYCF counselling	women	5,000	939
	men		610
	total		1,549
Child Protection			
Number of children and caregivers accessing mental health and psychosocial support		25,000	3,817
Number of people with access to safe channels to report sexual exploitation and abuse by aid workers		44,500	44,500
Number of community social groups at island level are supporting community-based child protection services	groups	100	39
Education			
Number of children accessing formal or non-formal education, including early learning		28,000	0
WASH			
Number of people reached with critical WASH supplies (including hygiene items)		82,806	0

Number of schools reached with critical supplies for infection prevention and control.	schools	214	0
Cross-sectoral (HCT, C4D, RCCE and AAP)			
Number of people reached through messaging on prevention and access to services		300,000	854,000***
<p>* Results are achieved through contributions towards the ROSA HAC appeal, as well as resources from UNICEF's regular programmes where necessary. Humanitarian clusters are not activated in Maldives.</p> <p>** Underachievement of results is mostly due to underfunding of the regional appeal. However, in some cases, national and UNICEF priorities shifted as the country transitioned from COVID_19 emergency mode to recovery mode.</p> <p>*** 854,000 is the reported Facebook metric for impressions – meaning the estimated number of people that may have seen and retained an impression of a UNICEF message on Facebook about preventing COVID-19 and other diseases.</p>			

## Results Achieved from Humanitarian Thematic Funding

Flexible humanitarian thematic funds are critically important for immediate response and channelling resources when country offices need time for fundraising and to fill gaps, allowing millions of children, adolescents and women to be swiftly helped. The humanitarian thematic grants received by UNICEF ROSA enabled strategic and technical guidance and resources to be allocated for rapid and quality emergency responses. ROSA facilitated emergency management teams at global, regional and national levels, gave support to planning, fundraising and communication and directly supported technical programming and surge support. ROSA used these funds to ensure that UNICEF responses to humanitarian needs of children were principled and adhered to best practices, quality standards as per the Core Commitments to Children in Humanitarian Action (CCC). The funds were also used to ensure that country offices could meet pre-requisites for response, including through deeper investment in preparedness of UNICEF and involvement of national and sub-national actors.

### Results from humanitarian thematic funding: Regional office

Humanitarian funding was critical for delivering results to children in flood emergencies in Bangladesh and Pakistan. (Both are highlighted in case studies in the section below). Altogether, ROSA emergency staff undertook nine field missions to Afghanistan, Bangladesh, India, Pakistan and Sri Lanka. These missions included leading a training on emergency preparedness and response, technical guidance on contingency planning and flash appeals and technical guidance on flood responses. The missions enhanced the quality of humanitarian work in these country offices, ensuring best practices and global knowledge were incorporated in plans and actions. The ROSA missions to Sri Lanka ensured development of a quality contingency plan, with inclusion of risk analysis, scenario developments, response planning and review of preparedness actions. The missions to Afghanistan supported development of the UNICEF Afghanistan contingency plan, including incorporation of multiple risks

and interrelated vulnerabilities. The ROSA staff also supplied insights and strategic advice on challenges to humanitarian programme implementation.

ROSA health staff undertook ten missions to three countries: Afghanistan, Pakistan and Sri Lanka. The technical support in Afghanistan led to a new health sector strategy; child-centred inputs into the health emergency projected funded by the World Bank; and a review of primary health care and community-based health care in a complex humanitarian situation. The four missions to Pakistan provided surge support during the flood emergency; technical guidance to UNICEF and partners for COVID-19 pandemic recovery of the immunisation and new-born care programmes. Two missions to Sri Lanka contributed to the capacity assessment of the health programme to cope with the economic crisis. Global humanitarian thematic funding contributed, with other funds, to the UNICEF South Asia community health worker symposium entitled: *Unleash the Power of Community Health Workers: The Journey towards 2030*. The funds enabled the inclusion of a session on lessons learned about the importance, challenges and needs of community health workers during the COVID-19 pandemic. The symposium brought together policy makers, donors and implementing partners for a discussion of community health worker systems and operations in South Asia, including preparedness measures needed to build resilience to future public health emergencies.

**Thematic humanitarian funding was provided by ROSA** for a rapid assessment in Nepal, conducted with UNICEF's implementing partner *Siddhartha Samajik* Development Centre. The assessment determined who and how many people were affected and the level and types of emergency protection needed for affected children and families. 256 vulnerable children were reached between December 2022 and February 2023 with various emergency protection support or services, including emergency cash awards via the case management procedure. 1,088 crucial frontline protection professionals were trained on child protection in emergencies through community orientations, and 9,877 children, parents, and caregivers were provided with psychosocial support and counselling services through child protection social workers and counsellors. The response also enhanced local governments' abilities to handle case management and respond to child protection issues, including gender-based violence, in humanitarian contexts. This is more fully reported in the UNICEF Nepal Consolidated Emergency Report for 2022.

**Thematic humanitarian funding was provided by ROSA to UNICEF Pakistan** to increase the scale of their interventions to prevent hypothermia among vulnerable children, in areas where unusually frigid conditions were predicted. Many of the affected areas had also been affected by flooding, leaving children and their families facing extreme cold, snow and ice in damaged homes, temporary shelters with no blankets and little clothing. 32,000 warm clothing kits for new-borns and children up to 12 years of age, 80,000 blankets, 25,000 quilts, 20,000 jackets, 10,000 shawls and 20,000 wool caps were

distributed in Khyber Pakhtunkhwa, northern Balochistan, Gilgit Baltistan and Pakistan Administered Kashmir. This is more fully reported in the UNICEF Pakistan Consolidated Emergency Report for 2022.

ROSA staff also represented UNICEF South Asia at regional and global meetings in Bhutan, Sri Lanka, Geneva and New York. ROSA staff contributed to development of regional and global policies on business continuity and resilience. ROSA staff ensured that UNICEF headquarters was aware and alert to evolving risks and developing humanitarian situations via regular horizon scan and briefing calls. These were essential for headquarters to be ready for timely actions in the region. South Asian countries and the situation of children were represented in the inter-agency Emergency Preparedness Working Group in Asia and the Pacific and the inter-agency Anticipatory Action Working Group in Asia and the Pacific. ROSA staff conducted stock-taking on challenges and lessons learned from CERF Anticipatory Action in coordination with the Nepal Country Office and Bangladesh Country Office and took part in the global stock-taking conducted by EMOPS (Emergency Office of Emergency Programmes).

The regional thematic humanitarian funds also supported development of lesson material and exercises in the emergency module of the new on-line **adolescent development and participation** course. This course was co-developed by UNICEF and the Youth Collective, ComMutiny. Principles and approaches for adolescent engagement in emergency preparedness and responses were integrated into the Interagency Standing Committee (IASC) guidance that was implemented in Afghanistan, with support from ROSA staff. ROSA staff also enhanced knowledge management by ensuring that updated, useful materials on youth engagement in emergencies was placed on the UNICEF cloud-based knowledge sites.

The ROSA communications section contributed awareness raising and external advocacy at regional and global levels and gave technical support to country office communications teams.

## Thematic Funding Case Studies

### Case Study (i) – ROSA and Pakistan

**Title:** Surge Support for L2 Flood Emergency in Pakistan, 2022

**Top level Results:** (i) On-the-ground, strategic, expert support to develop a US\$ 173.5 million Humanitarian Action for Children Appeal to reach 6.4 million people, including 4.4 million children, affected by rapid onset, L2 flood emergency in Pakistan; (ii) Mobilisation of human resource surge support from regional roster.

**Duration:** three weeks in country using thematic funds followed by virtual support

**Contact Person:** Carmen van Heese [cvanheese@unicef.org](mailto:cvanheese@unicef.org)

**Issue/Background:** Monsoon rains between June and September 2022 were much heavier than normal, related to climate change. This climate-induced disaster in Pakistan, saw over 33 million people affected. As a result of the flooding, more than 1,600 people were killed, and 12,600 people injured<sup>27</sup>. The southern and central areas of Pakistan were the most severely affected, particularly Balochistan and Sindh provinces, with parts of Punjab and Khyber Pakhtunkhwa provinces also affected. The homes of over 2.2 million families were destroyed or damaged, leaving at least 7.9 million people displaced. These families were already among the most vulnerable. An interagency rapid assessment reported that 20.6 million people, including 9.6 million children, needed urgent humanitarian aid<sup>28</sup>.

The Government of Pakistan declared a national state of emergency in late August 2022 and mobilized resources, but due to the scale and scope of the emergency, they called for international aid. An Interagency Flood Response Plan of US\$ 160 million was launched on 30th August, including multiple sectors, with a focus on health, water, sanitation, and hygiene (WASH) and nutrition. UNICEF declared a L2 emergency on 8th September 2022, to mobilise global resources for rapid scale up of lifesaving interventions for children, families and front-line relief workers in the four affected provinces.

**Resources Required/Allocated:** US\$ 18,177 of global thematic funds expended for surge mission support in the first 3 months of response; this supplemented use of regular resources for remote support.

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<sup>27</sup> OCHA. Pakistan 2022 Flood Response Plan <https://reliefweb.int/report/pakistan/revised-pakistan-2022-floods-response-plan-01-sep-2022-31-may-2023-04-oct-2022>

<sup>28</sup> Pakistan Humanitarian Action for Children 2022-2023 <https://www.unicef.org/appeals/pakistan>

**Objectives/rationale:** (i) Provide technical guidance and other support for Pakistan Country Office for a large scale, multi-sectoral humanitarian programme for the L2 rapid-onset flood emergency; (ii) Identify and meet needs for surge support for immediate humanitarian actions in both programmatic and operations capacities.

**Progress and Results:** The Regional Emergency Advisor (REA) was already in Pakistan in late August, leading an Emergency Preparedness and Response training from 24 to 26 August in Peshawar, Khyber Pakhtunkhwa. She was also closely monitoring, with the UNICEF Pakistan team, the worsening situation in the country. Following the government's declaration of a state of emergency, in consultation with the UNICEF Representative and the Regional Director, she quickly adapted her mission terms of reference to a longer stay of three weeks, using global thematic funding. Her new mission was to guide the country office team on UNICEF input into the Interagency Flood Response Plan, request immediate emergency programme funds from headquarters and develop a scaled-up Humanitarian Action for Children (HAC) appeal. She also guided the writing of the first Situation Reports and helped with overall coordination of the immediate response activities. Following the three-week mission, the REA continued strong support to (three weeks the Pakistan country office for the next three months. Together with the ROSA Regional Director, Deputy Regional Director and regional advisors, the REA supported Pakistan senior management in keeping UNICEF headquarters well informed.

Strategic advice during interagency humanitarian team meetings, helped to establish an emergency management team and served as its secretariat while in Pakistan, and later from the Regional Office. The REA and other ROSA staff ensured that key actions were highlighted and followed up on so that essential, lifesaving results in health, nutrition and WASH were accomplished. Furthermore, the REA's support was critical to the prompt and successful development of the HAC appeal for US\$ 173.5 million, to meet the needs of 6.4 million people, including 4.4 million children.

The national and provincial disaster management authorities had emergency preparedness plans in place, which had been supported by UNICEF Pakistan. UNICEF has both a national country office and four provincial offices in Pakistan. Yet, the scope and scale of the response clearly needed human resource surge support. The REA, in collaboration with her colleagues in the ROSA office in Kathmandu, mapped surge needs to staff on the regional response roster. ROSA organized 14 rapid response missions to support the country office, some of them funded by the global thematic emergency grant. These missions included cluster-specific emergency expertise, fundraising and human resources management, among others.

Following the end of the REA's mission to Pakistan, the regional office continued providing technical support to the Pakistan Country Office. ROSA continued to facilitate the Regional Emergency

Management Team meetings and record action items as secretariat. ROSA continued to carry out quality assurance of Situation Reports and other technical documents; supported Technical Emergency Team meetings; and advocated for fundraising and leveraging of partnerships. Within four months, by December 2022, the combined efforts of regional and country office staff and partners enabled UNICEF to reach 1.2 million people with safe water for drinking cooking and personal hygiene; 1.5 million people with access to essential health services; and over 2.3 million people with access to safe and accessible channels to report sexual exploitation and abuse.

**Criticality and value addition:** UNICEF Pakistan regularly updates their emergency preparedness plans and maintains a small emergency team in country, but the 2022 floods were the worst seen in over a decade. Neither the UNICEF team nor their partners were equipped for the massive scale up required for the size of the emergency. The thematic funds enabled immediate strategic and technical support to the office. UNICEF regional office surge support was essential to high quality, urgent deliverables such as the Interagency and UNICEF appeals and plans and to fill critical staffing gaps, while longer term solutions for staffing were found. This critical, experienced support facilitated the rapid scale up to meet the urgent needs of vulnerable women and children with lifesaving interventions.

**Challenges and lessons learned:** Given the massive scale of the emergency in Pakistan there was an urgent need to send a sizable number of staff to support to scale up country operations. Staff that had not typically been called on to respond to emergencies were called upon. Not all staff were up to date on UNICEF's emergency procedures and the most recent version of Core Commitments for Children. When the flooding occurred, ROSA was updating the regional surge roster, so it took longer than expected to find the right surge staff, secure their visas and deploy them to the field. The regional roster had been updated by the end of 2022, and in 2023, more time and attention will be given to keeping it updated and ensuring that roster members maintain up-to-date knowledge on policies and practices. Another challenge was that the intensive human resource management efforts required a dedicated human resource emergency unit hub to be temporarily set up in Pakistan.

The updated, quality assured regional surge roster now has 130 staff, representing all country offices and all areas of programme and operational responsibility. The regional office will roll out a series of Emergency Preparedness and Response (EPR) trainings for all regional office staff, as well as country office staff selected to be part of the surge roster, to ensure that all staff are “mission ready” to respond to emergencies. The regional office will also continue to ensure that country offices are fully aware of their roles and responsibilities in case of an emergency and are ready to respond to urgent needs in other countries.

## Case Study (ii) – ROSA and Bangladesh

**Title:** Regional Surge Support for flood response in Sylhet, Bangladesh

**Top level Results:** Coordination and programmatic support for Sylhet Field Office and Bangladesh Country Office for the northeast flood response, which resulted in a successful high-level mission from the Resident Coordinator and donors and release of CERF funds for emergency response. Additionally, the mission supported the revision of the HAC to reflect the new emergency, as well as compilation of weekly SitReps and development of key documents and tools for response.

**Duration:** 2.5 weeks in country using thematic funding followed by remote support

**Contact Person:** Nimalan Selvarajah [nselvarajah@unicef.org](mailto:nselvarajah@unicef.org)

**Issue/Background:** in June 2022, the worst floods in 122 years covered large parts of Sylhet, in northeast Bangladesh. 7.2 million people were affected by the flooding, including 3.5 million children. Transportation was disrupted and electricity was cut off for several days. The UNICEF field office in Sylhet had no active emergency programme prior to the flooding and the country office was fully extended in other parts of the country, especially with the large-scale refugee camps in southern Bangladesh. Additionally, several key staff in the Bangladesh country office were on leave during this period, which left critical gaps in response capacity. The country office requested surge support from the regional office for coordination and humanitarian programme and tools development and other strategic response requirements.

**Resources Required/Allocated:** US\$ 2,410 for surge mission support

### **Objectives/rationale:**

- Provide urgent surge support to UNICEF Bangladesh field office in Sylhet, for coordinating emergency planning and response, including through technical guidance and development of tools and plans
- Plan and coordinate a high-level visit and advocate for funding.

**Progress and Results:** A highly trained and experienced Emergency Specialist was quickly deployed from ROSA to Bangladesh. The Emergency Specialist worked with colleagues in Bangladesh to develop essential documents and tools for a quality humanitarian response. This included weekly SitReps; the revision of the Humanitarian Action for Children Appeal; donor briefing notes; terms of reference for surge support; and a response plan action matrix. The Emergency Specialist also supported the Sylhet Field Office by representing UNICEF at meetings with Government counterparts and



coordinating with other United Nations agencies for a high-level mission by the Resident Coordinator and donor representatives. During the high-level mission, the Emergency Specialist ensured that the Resident Coordinator and donor representatives saw the magnitude of damage and the ongoing humanitarian interventions. As the largest responder in Sylhet, UNICEF was instrumental in influencing the child-centred observations and decisions by the high-level mission. Following the visit, the team issues a joint press statement that triggered the mobilization of Consolidated Emergency Relief Funds (CERF). CERF allocated approximately US\$ 5 million for response, of which UNICEF applied for and received US\$ 1.65 million. Upon his return to the ROSA office, the Emergency Specialist also supported Bangladesh country office with a co-funding application to support strengthened preparedness measures in Bangladesh, considering the depletion of during following the northeast flood response.

**Criticality and value addition:** With 7.2 million people affected, non-inclusion in anticipatory actions and insufficient human resources in place, it was critical to have expert staff on the ground to enable an at scale response in the Sylhet Field Office. The experience and diverse skill set of the ROSA Emergency Specialist ensured that the UNICEF team used good assessment data and local knowledge to prepare plans and advocate for needed funds so that UNICEF could fulfil its standards and commitments to children in emergency situations. The mission also built the capacity of field office staff to take over the response.

**Challenges and lessons learned:** Sylhet Field Office, prior to the floods, was focused on development programming and had limited emergency experience and knowledge. As such, emergency preparedness and response training had not been recently conducted there. Staff were not sufficiently equipped to adequately respond to a rapid onset emergency of that scale. It is important to institutionalize emergency preparedness and response training, including updates on the latest procedures, tools and standards, for all staff, not just for designated emergency focal points. Climate change, environmental and population pressures are combining to elevate the risk of natural disasters in unexpected places and ways.

In 2022, the United Nations Resident Coordinator's Office, United Nations agencies and non-governmental organisations began implementing a pilot anticipatory action initiative, aiming to strengthen emergency responses by prepositioning supplies in flood-prone districts. The pilot project included five historically flood prone districts, where anticipatory actions were approved based on the benchmarks and triggers in the Anticipatory Action Toolkit. Northeastern Bangladesh did not meet the criteria and was not included. While the anticipatory approach was a positive step for an efficient and effective response, the determinants of triggers and geographical locations led to the exclusion of northeastern Bangladesh where the disaster occurred. was excluded.

**Moving forward:** In 2023, the ROSA emergency team will lead a training of trainers on emergency preparedness and response and on the most recent version of the Core Commitments for Children for staff in the Bangladesh country office. This training will then be rolled out to all field offices in Bangladesh. Secondly, considering the elevated risks that climate change and other factors pose to countries in South Asia, UNICEF ROSA provided feedback and continues to advocate with UNICEF HQ and UNOCHA to allow a broader set of criteria and/or more flexibility for country teams for the anticipatory action initiative and target locations. A strengthened anticipatory action toolkit will support the pre-financing readiness that is so important as cyclical disasters are increasing and their underlying causes are often complex.

### Assessment, Monitoring and Evaluation

UNICEF ROSA staff gave technical advice to six UNICEF country office teams for **inter-agency needs assessments and plans** in countries and on **cluster/sector and issue specific needs assessments** throughout 2022. (See Country Consolidated Emergency Reports for details). Global humanitarian thematic funding enabled a rapid assessment after landslides and flooding occurred in Nepal. Global humanitarian thematic funding was also used for nutritional status and service capacity assessments in Sri Lanka.

UNICEF country offices and their implementing partners have robust mechanisms for **humanitarian performance monitoring (HPM) and situation monitoring and reporting**, following guidance from UNICEF Headquarters and using the Core Commitments for Children in Humanitarian Action framework and indicators. ROSA assists UNICEF country teams and their governmental and non-governmental partners in the choice of indicators, with attention to gender, age group and other disaggregation, establishing baselines and setting programme targets. Means of verification are included in regular reporting requirements from implementing partners. UNICEF and its humanitarian implementing partners report through ActivityInfo, which is the United Nations OCHA (Office for the Coordination of Humanitarian Affairs) on-line system for coordination humanitarian cluster activities and results.

UNICEF conducts financial, supply and progress assurance activities to check the validity and reliability of reporting through several mechanisms: direct observation and discussions with affected people/beneficiaries; document reviews; cross checking with administrative data systems where possible; and joint reviews with partners, including local actors. UNICEF country offices in the region reported that with the lessening of the COVID-19 pandemic, field monitoring and assessments increased significantly compared to during the pandemic years of 2020-2021. ROSA staff on mission to country offices as well as surge staff deployed through the regional roster took part in field trips for assessment, monitoring and real-time problem solving. Programmatic field visits, including supply end user

monitoring, are essential not only for qualitative and quantitative data collection, but also to assess the extent of programme implementation, identify implementation challenges and address them, contribute to capacity development, and engage and be accountable to affected populations, including children. UNICEF also uses third-party monitoring when necessary to ensure representative and complete data is collected and regularly reported.

The constraints imposed for infection prevention control during the COVID-19 pandemic, combined with strengthened AAP and PSEA measures<sup>29</sup>, accelerated and expanded the use of mixed methods for information and feedback flow. ROSA is supporting country offices to strengthen mapping of both affected people and the means for them to communicate with UNICEF partners. This mapping is intended to improve diversity and inclusion, bringing in traditionally hard to reach, excluded children, caregivers and frontline workers. These means include direct two-way communication by letter, email text and call hotlines; planned and spontaneous community dialogues, suggestion boxes, information caravans and broadcast, print and social media platforms.

There were frequent Emergency Management Team Meetings, numerous technical emergency team meetings and regular bilateral communications with staff and teams in country offices. These were instrumental in reaching collective understanding of different contexts, agreeing on best approaches, good practices and solutions. The close collaboration across UNICEF offices constructively cross-fertilizes ideas, knowledge and lessons learnt, enabling UNICEF to deliver high quality and at-scale results for children in life-threatening humanitarian situations.

In 2022, UNICEF Afghanistan, Bangladesh, India, Pakistan and Sri Lanka produced periodic Humanitarian Situation Reports (SitReps) and contributed to the UNICEF ACT-A reporting on COVID-19 vaccinations. UNICEF ROSA produced three regional SitReps in 2022.<sup>30</sup> These served to inform UNICEF staff, government, implementing and other partners, including donors, on progress, constraints, and results achieved for children. These reports also raised awareness about humanitarian situations and needs.

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<sup>29</sup> AAP and PSEA include taking account, giving account to and being held to account through engagement, protection, safe feedback and complaint and response mechanisms.

<sup>30</sup> <https://www.unicef.org/documents/south-asia-humanitarian-situation-report-march-2022> ;  
<https://www.unicef.org/media/126106/file/ROSA-Humanitarian-SitRep-30-June-2022.pdf>;  
<https://www.unicef.org/media/137396/file/ROSA-Humanitarian-Situation-Report-No.3-January-December-2022.pdf>

ROSA did not manage any regional level evaluations of humanitarian action in 2022. ROSA staff gave technical advice to the Bangladesh country office on the midterm evaluation for the programme funded by the European Commission Directorate General for International Partnerships (DG-INTPA), the Nutrition Programme performance evaluation and the management response plan. ROSA developed terms of reference for a regional evaluation of multi-sectoral COVID-19 responses by UNICEF, and the L2 emergency response in Pakistan.

## Financial Analysis

UNICEF Regional Office for South Asia (ROSA) requested **US\$16.1 million** in its 2022 Regional HAC, out of which **US\$540,853** was to cover UNICEF ROSA requirements for **preparedness and other disaster risk reduction** work, **US\$3,050,000** for **emergency response** support to country offices, **US\$2,728,501** for **technical programmatic and operational support**. The regional appeal for multi-sectoral responses to the COVID-19 pandemic was **US\$9,695,000**. However, as UNICEF Sri Lanka launched their own appeal in mid 2022 and has prepared an annual Consolidated Emergency Report which includes their COVID-19 response, ROSA is only reporting on the **US\$4,770,000** requested by Maldives and Bhutan. By end of 2022, UNICEF ROSA had available **US\$2,807,792** in funding from combined new income and carried over funds, earmarked for COVID-19 recovery and non-COVID-19 humanitarian work. **US\$1,194,138** was received in 2022 from Thematic, Non-Thematic and Pooled funding and **US\$1,613,654** was carried over from previous years, leaving a funding gap of 75 per cent.

**Table 1** shows the breakdown of the funds received in 2022 and the carry-over from previous years for the UNICEF South Asia Regional Office.

**Table 1: Funding status against the appeal by sector (in US\$)**

2022 HAC Sectors for ROSA (Incl. Bhutan, Maldives)	Requirements**	Funds Available Against Appeal as of 31 Dec 2022*		Total Available Amount	Funding Gap
		Funds Received in 2022	Carry-Over from previous years		
a. Preparedness and DRR	540,853	64,708	237,642	302,350	44%
b. Emergency response support for Country Offices	3,050,000	408,187	520,915	929,102	70%
c. Technical support	2,728,501	193,436	249,488	442,924	84%

Total (non-COVID 19) (a+b+c)	6,319,354	666,331	1,008,045	1,674,420	74%
COVID-19 response***	4,770,000	527,807	605,609	1,133,416	76%
<b>TOTAL</b>	<b>11,089,354</b>	<b>1,194,138</b>	<b>1,613,654</b>	<b>2,807,792</b>	<b>75%</b>
* Funds available includes funds received against current appeal and carry-forward from 2021. ** The original total ROSA appeal was for US\$16,114,354 but are only reporting on US\$11,089,354 as UNICEF Sri Lanka is reporting on their COVID-19 responses in their country Consolidated Emergency Report ***Additional funds for COVID-19 received by Maldives and Bhutan are reported under the UNICEF ACT-A Emergency Report for 2022.					

**Table 2** shows the breakdown of funding received and available in 2022 by donor and type of funding, and **Table 3** shows the breakdown of thematic humanitarian contributions received in 2022.

**Table 2 - Funding Received and Available by 31 December 2022 by ROSA, Bhutan and Maldives, by Donor and Funding type (in US\$)**

Donor Name/Type of funding	Programme Allotment reference	BudgetOverall Amount* (In US\$)
<b>I. Humanitarian funds received in 2022</b>		
<b>a) Thematic Humanitarian Funds **</b>		
See details in <b>Table 3</b>	SM189910	166,617
	SM209910	104,230
	SM229910	300,000
	SM229920	199,715
Total Thematic Humanitarian Funds		770,562
<b>b) Non-Thematic Humanitarian Funds</b>		
GAVI The Vaccine Alliance (Bhutan)	SM220027	200,000
GAVI The Vaccine Alliance (Bhutan)	SM210558	230,000
Asian Development Bank (Maldives)	SM200437	5,473
Total Non-Thematic Humanitarian Funds		435,473
<b>c) Pooled Funding</b>		
(i) CERF (Central Emergency Response Fund) Grants		
(ii) Other Pooled funds - including Common Humanitarian Fund (CHF), Humanitarian Response Funds, Emergency Response Funds, UN Trust Fund for Human Security, Country-based Pooled Funds etc.		
(i) CERF	N/A	0
(ii) United Nations Multi-Partner Trust (Maldives)	SM200763	(11,897)

(iii) PSFR (Private Sector Fundraising) – consolidated pool funding	N/A	0
Total Pooled Funding (c)		(11,897)
<b>d) Other types of humanitarian funds (in-kind assistance)</b>		
N/A	N/A	0
Total humanitarian funds received in 2022 (a+b+c+d)		1,194,138
II. Carry-over of humanitarian funds available in 2022		
<b>e) Carry over Thematic Humanitarian Funds</b>		
Carry-over Thematic Humanitarian Funds ROSA	SM189910	862,034
Carry-over Thematic Humanitarian Funds Bhutan	SM189910	41,737
	SM209910	6,294
	SM219910	350,527
Carry-over Thematic Humanitarian Funds Maldives	SM189910	7,176
Total Carry over Thematic Humanitarian Funds		1,267,768
<b>f) Carry-over of non-Thematic Humanitarian Funds</b> (list by donor, grant and programmable amount being carried forward from prior year(s) if applicable)		
German Committee for UNICEF (ROSA)	SM210687	138,835
Asian Development Bank (Maldives)	SM200437	178,221
United Nations Multi-Partner Trust (Maldives)	SM200763	28,830
Total carry-over non-Thematic Humanitarian Funds		345,886
Total carry-over humanitarian funds (e + f)		1,613,654
<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
Total other resources		0
* Based on HAC funding status report, recovery rate is part of the amount.		
** Thematic humanitarian funds received by UNICEF Afghanistan, Bangladesh, India, Nepal, Pakistan and Sri Lanka are reported in their separate Consolidated Emergency Reports		

**Table 3: Thematic Humanitarian Contributions Received in 2022**

<b>Thematic Humanitarian Contributions Received in 2022</b> <b>(In US\$): Donor</b>	<b>Grant Number</b>	<b>Total Contribution Amount</b> <b>(In US\$)</b>
GHTF* received by RO and countries covered by this appeal		
• ROSA GHTF	SM189910	150,000
• ROSA GHTF	SM229910	300,000
• Maldives GHTF	SM189910	16,617
• Maldives GHTF	SM209910	104,230
Regional thematic contributions		
• UNICEF China	SM2299200001	117,057
• German Committee for UNICEF	SM2299200068	54,904
• US Fund for UNICEF	SM2299200289	27,754
Total		770,562
*Global Thematic Humanitarian Funding contributions from donors are pooled and then allocated to country and regional offices by EMOPS. A detailed list of grants will be available in the 2022 Humanitarian Action Global Annual Results Report.		

UNICEF ROSA allocated **US\$ 250,000** to two country offices to implement preparedness initiatives and emergency response interventions as reflected in **Table 4** below. This allocation was from global humanitarian thematic funds.

**Table 4: Thematic and non-thematic humanitarian funding allocated from ROSA to Country Offices in 2022**

<b>Country</b>	<b>Interventions</b>	<b>Grant Reference</b>	<b>Amount Allocated by RO to CO (in US\$)</b>
Pakistan	Prevention of hypothermia among children in extreme winter weather	SM189910	150,000
Sri Lanka	Surveys and capacity gap assessments on nutrition, food security and health and nutrition facilities and services	SM189910	100,000
<b>TOTAL</b>			<b>250,000</b>

### Future Work Plan

The ROSA work plan for 2023 aims to support all eight country offices to design, implement, monitor and report on emergency preparedness measures and contingency planning, aligned to the Core Commitment to Children in humanitarian action and Humanitarian Review recommendations.



Managers and responsible staff in all eight country offices should be knowledgeable concerning the commitments by UNICEF, the recommendations and on global policy standards, and should adhere to them in practice. As part of their office wide knowledge management system, the eight country offices should have strategies and structures in place that will result in stronger data sets and/or defined knowledge products that will serve advocacy for children rights and position UNICEF as a strategic and technical partner for resource mobilisation.

The four key work areas for humanitarian and disaster risk reduction for ROSA in 2023 are described below.

1. Technical support and enhanced capacities of CO and RO to deliver timely, quality and proactive **humanitarian preparedness and anticipatory action**. This includes emergency preparedness plans; development of contingency plans (or anticipatory action measures) for countries at risk of cyclical and high impact emergencies such as in Afghanistan, Bangladesh, Sri Lanka, Nepal or Pakistan. Country offices and partners will be supported by ROSA to foster child sensitive programmes to address climate change, disaster risks, and environmental degradation. This includes continuing to follow up on National Disaster Management policies and UNICEF Child Centred Risk Assessments to ensure relevance and status of implementation of the 2020 Disaster Risk Reduction Review recommendations. ROSA will strengthen and diversify regional cooperation and inter-agency partnerships that support in-country delivery on DRR – including anticipatory actions and other preparedness. A special focus will be supporting country office to involve adolescents in disaster risk reduction and particularly climate risk reduction initiatives
2. Technical support and capacity building of CO and RO to ensure **prompt and quality humanitarian response**. This includes technical guidance, human resources and financial support to new and protracted humanitarian situations, incorporating the workstreams in the UNICEF Humanitarian Review.<sup>15</sup> The human resource support will UNICEF ROSA will include deployment of qualified surge staff from a continuously updated regional surge roster. This priority work area also includes training and simulations that cover human rights, access and engagement principles as well as sector/cluster specific CCCs and best practices.
3. **Global policies and programmes reflected in humanitarian action strategies and country office and regional office programming**. This includes contributing an understanding of South Asia situations and dynamics to global humanitarian policy formulation. Global policies and knowledge will be incorporated into regional and country level strategies and planning documents. A specific area of support to country offices will be guidance on timely exit and transition strategies when humanitarian situations transition to recovery and development.

ROSA will develop a capacity strengthening and monitoring framework for the cross-cutting focus areas in the Humanitarian Review: preparedness, AAP, cash in emergency, adolescent and youth engagement, gender equality, PSEA and climate change. There will be renewed attention to “localisation,” that is, more systematically including national and sub-national humanitarian actors, at risk and affected communities and adolescent girls and boys in the international humanitarian system of preparedness and response.

4. **Global and regional partnership-building and knowledge generation** strengthened and expanded. ROSA will strengthen and further diversify regional cooperation and partnerships in South Asia, particularly with SAARC, disaster management agencies and the European Union. The Afghanistan and Pakistan country offices will be supported in generation of quality evidence to continue to preparedness and response actions, and to produce quality evaluations for their Level 2 and Level 3 responses. All country offices will be encouraged to work with partners on better baseline data for anticipatory actions in areas prone to emergencies. ROSA will review and strengthen the regional humanitarian knowledge management strategy and support country offices with analysis and sharing best practices and lessons learned that inform South-South, regional and global knowledge, and practice.

The 2023 Regional HAC appeal launched in December 2022<sup>31</sup> is a foundation for planning and implementing activities for UNICEF ROSA, UNICEF Bhutan, UNICEF Maldives and UNICEF Nepal. The 2023 HAC appeal is for US\$ 21.3 million to provide humanitarian aid and readiness for action in three countries and overall humanitarian oversight, quality assurance, technical and advocacy support. The preparedness dimension of the appeal includes support to country offices to for **preparedness mapping and defining pre-requisites** such as surge support, training, pre-positioning and having good contingency response plans in place. **Anticipatory actions** should be in place in every country in 2023. The response dimension of the appeal includes major investments in **accountability to affected populations**, and expanded use of **cash in emergencies**.

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<sup>31</sup> [UNICEF South Asia Regional Appeal: Humanitarian Action for Children in 2023](#))

## **Annexes to the UNICEF ROSA Consolidated Emergency Report**

### **Annex: Contribution summary for thematic humanitarian funding contributions**

This Annex includes one Contribution Summary for thematic humanitarian funding in 2022 that was equal to or greater than US\$ 100,000.

#### **Contribution Summary: German Committee for UNICEF to UNICEF ROSA**

Donor name: German Committee for UNICEF

Assisted country: South Asia Region

Grant reference number: SM210687

Total contribution: 138,835 US\$

Programmable amount: 128,552 US\$

Cumulative Expenditure: 128,525 US \$

Commitments: Not Applicable

Period covered by the report: 1 July 2021- 31 December 2022

Purpose of the Contribution

To support child protection activities at the regional and country level in response to the impact of COVID-19.

#### **Results**

COVID-19 affected the mental health and psychosocial wellbeing of children and their families as well as frontline service providers. The above contribution was used to strengthen the capacity of UNICEF Country Offices and their partners to develop strategies and scale up mental health and psychosocial support (MHPSS) interventions and respond to child protection in emergencies. Regional support was provided to all eight South Asian countries, with country focussed additional technical support provided to Afghanistan, India, Maldives and Pakistan.

#### **Regional Level**

The South Asian humanitarian context saw diverse forms of humanitarian crises, ranging from armed conflict to economic emergency, in the reporting period. These crises exacerbated conditions which were already made difficult, from two years of lockdowns and limited mobility in response to the COVID-19 pandemic. As such humanitarian programming needed to strengthen the capacity of Child Protection Officers to face and respond to a range of humanitarian crises in the region including COVID-19.

The UNICEF Regional Office organized a training on Child Protection in Emergencies (CPiE) to enhance the capacity of select UNICEF staff in South Asia to better respond to humanitarian crises at national and local levels. This training provided them greater conceptual clarity, knowledge of the

response framework and accountability to affected population. A total of 27 participants took part in regional level CPiE training representing Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan and Sri Lanka. The training was conducted by RedR India, with additional technical support from UNICEF. All Country Offices now have UNICEF staff who have the capacity to respond to complex emergencies and regional network of CPiE focal points has been created to continue learning and sharing of good practice.

To continue the momentum created by this capacity-building initiative, UNICEF ROSA organized a series of virtual CPiE training sessions on specific topics to continue strengthening the capacity of UNICEF Child Protection Officers to better support future humanitarian crises. Participants from Bangladesh, Bhutan and Sri Lanka conducted knowledge-sharing sessions with country colleagues and Implementing Partners which resulted in an increased cohort having the necessary knowledge to respond to humanitarian crises.

### **Mapping of MHPSS services, capacity development plan for health, child protection and education professionals in the South Asia region and capacity development initiatives**

UNICEF ROSA conducted a real-time assessment of mental health programming during COVID-19, with a key finding related to a gap in understanding children and adolescents' MHPSS needs. A key recommendation of the assessment was to integrate MHPSS across sectors and sections for strengthened coordinate and collaborate on MHPSS interventions. A mapping of MHPSS programmes across the region and capacity building initiatives for country offices were also recommended. The mapping of MHPSS services and capacities across six countries in the region, with a focus on developing a capacity building and rolling it out for health, child protection, and education professionals was supported through these funds.

The regional mapping exercise was completed, the results presented to the Country Offices and a capacity development plan drafted based on feedback. The mapping exercise included a series of consultations with Country Offices and across sections of the Regional Office. The MHPSS Programming Matrix, outlining MHPSS programming across sectors for six countries, was used to develop the capacity development plan. The matrix will also be used to strategize ways to innovate, implement and monitor multisectoral approaches for improved advocacy, programme design and resource allocation for MHPSS in the eight UNICEF country office of South Asia.

### **Country Level**

#### **MHPSS capacity strengthening programme in Afghanistan**

Over 90 participants from across the country and across sectors, including a group of over 30 child protection partner participants in Afghanistan were trained on the UNICEF's Global Multisectoral

Operational Framework for Mental Health and Psychosocial Support (MHPSS) of Children, Adolescents and Caregivers Across Settings. Subsequently, a series of learning opportunities were organized, using a combination of funds including from this contribution, to strengthen MHPSS programming in the country and improve the services available to young children, adolescents and caregivers.

The strengthened capacity in MHPSS and Psychological First Aid (PFA), among partners, made it possible to reach 8.4 million people (including children) with MHPSS information and messaging. Of this number, 868,569 children and caregivers received structured MHPSS/PFA services. These numbers were reached by through integrating MHPSS into health, education and communications and social behaviour change interventions.

Afghanistan's multi-sectoral MHPSS capacity strengthening strategy and action plan was developed in 2022 with integration of MHPSS into key sectors including health, nutrition, education, WASH and child protection. As detailed in the action plan, training of trainers was conducted for Implementing Partners and 55 Mobile Health and Nutrition Teams were trained as expert trainers on MHPSS and PFA. They in turn trained 339 frontline service providers who were instrumental in reaching the numbers mentioned above.

### **CPiE and MHPSS strengthening programme in India**

UNICEF India trained 617,908 (51 per cent females) child protection and allied functionaries to improve the quality of protection services, which provide gender-based violence prevention and response services for 1,858,034 women and children. Services were provided through community centres, school platforms, primary health care workers, District Child Protection Units, One-Stop Centres, the 181 Women Helpline, the 1098 CHILDLINE, the police and legal services authorities. UNICEF also supported the CHILDLINE services by building the capacity of 12,000 functionaries to continue providing emergency services to children in distress. In addition, an online counselling platform and artificial intelligence - assisted Social Emotional Learning platform was launched to support the Ministry of Youth and Sports and provide services to 1,248 young people (788 females).

Technical support was provided to 16 states to develop programmes for children who lost one or both parents during the COVID-19 pandemic and facilitated children's access to social protection and child protection services of the government. In 17 states, adolescents, parents, and caregivers were provided with MHPSS services which addressed mental health concerns exacerbated by the COVID-19 pandemic. To mitigate risks of child marriage, violence, school dropout and loss of livelihoods due to the COVID-19 pandemic, UNICEF focused on strengthening community-based referral to services including social protection, education and mental health using both regular resources and this specific

contribution. Targeted messages and information on the prevention of COVID-19 supported through these combined funds reached 3,909,379 (44 per cent girls) adolescents and youth through public advocacy efforts including social media and community-based structures like village child protection committees, self-help groups, panchayats and adolescents and youth groups.

### **MHPSS support to the Maldives**

The availability of mental health services in the Maldives is poorly coordinated and focused on tertiary level treatment rather than preventive efforts or promotion of good mental health. Similarly psychosocial support services for children are limited in both reach and quality. A consultant was recruited to support the UNICEF Country Office for the development of the final work plan for the UNICEF-WHO partnership on MHPSS. As a result, the UNICEF-WHO joint programme released seed funds for the Country Office to support implementation of the work plan and scale up MHPSS programming in the country. In addition, the mapping of MHPSS programmes in the Maldives during COVID-19 was developed in a user-friendly narrative form and will be used to support further programming on MHPSS during future humanitarian situations.

### **MHPSS technical support to Pakistan**

The devastating floods between June and October 2022 had a significant impact on an already highly vulnerable population who were not yet recovered from the impact of COVID-19. The resulting loss and displacement from the floods had a profound impact on the mental health and psychosocial well-being of children and their caregivers. MHPSS services in Pakistan, especially in districts most affected by the floods, do not have quality services to meet the needs of children and their caregivers.

The Regional MHPSS Specialist was commissioned to support the Pakistan Country Office by conducting a community level MHPSS needs and capacity assessment, assessing the MHPSS referral pathway, facilitating MHPSS related training based on needs, and supporting training for relevant staff. The MHPSS needs and capacity assessment and the referral pathway assessment were completed. The findings were used in the training of relevant staff and Implementing partners.

### **Future plans for use of grant balance**

There is no grant balance. All funds were fully used.

### **Visibility**

Activities have focused on technical support. The contribution of the German Committee was recognized in all advocacy efforts.

### **Expression of thanks**

UNICEF would like to take this opportunity to express its sincere appreciation to the German Committee for UNICEF for their generous financial contribution in support of children in South Asia. On behalf of the entire UNICEF ROSA team, we thank you for helping to advance our shared commitments to protecting the rights and improving the well-being of children in the region.

#### [Annex: Donor Statement \(As of 31 December 2022\)](#)

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

#### [Annex: Human Interest Stories and Communication](#)

During 2022, humanitarian and DRR funding was used to produce human interest stories for countries in the South Asia region. Please use the links below to see some of these stories:

##### *Children in large scale emergencies*

- <https://www.unicef.org/rosa/blog/despair-and-hope-frontlines-devastating-floods-pakistan>

##### *Disaster risk reduction, climate change adaptation*

- <https://www.unicef.org/maldives/stories/listening-young-peoples-voices-climate-change-and-climate-action>
- <https://www.unicef.org/rosa/blog/aftermath-climate-devastation-hopes-rebuilding-futures>
- <https://www.unicef.org/rosa/blog/value-water-becomes-clear-when-you-dont-have-any>
- <https://www.unicef.org/rosa/stories/maldives-hope>

##### *Recovery from COVID-19 pandemic*

- <https://www.unicef.org/rosa/stories/children-and-covid-19-vaccines>
- <https://www.unicef.org/rosa/stories/making-sure-your-child-gets-all-their-lifesaving-vaccines>
- <https://www.unicef.org/rosa/blog/responding-today-tomorrow>
- [Government of Japan's support boosts cold chain system \(unicef.org\)](https://www.unicef.org/rosa/blog/government-of-japan-s-support-boosts-cold-chain-system-unicef.org)
- <https://www.unicef.org/rosa/stories/3-years-covid-19-what-now-childrens-health-and-well-being>
- <https://www.unicef.org/rosa/stories/8-reasons-have-hope-2023>

##### *Child protection*

- <https://www.unicef.org/rosa/blog/keeping-young-people-stay-safe-online%E2%80%AF%E2%80%AF>
- <https://www.unicef.org/bhutan/stories/there-was-no-one-i-could-turn-to%E2%80%A6>
- <https://www.unicef.org/bhutan/stories/id-urge-everyone-stop-ill-treating-us>
- <https://www.unicef.org/bhutan/stories/if-only-i-had-been-taught-about-good-and-bad-touch%E2%80%A6>
- <https://www.unicef.org/bhutan/stories/my-only-choice-was-survive-another-day>

#### [Annex: Donor Feedback Forms](#)

We welcome your comments on this report using the following link: [UNICEF Donor Feedback Form](#)