



- HEALTH
- HIV AND AIDS
- WATER, SANITATION AND HYGIENE
- NUTRITION
- EDUCATION
- CHILD PROTECTION
- SOCIAL INCLUSION
- GENDER
- HUMANITARIAN ACTION

2014 ANNUAL RESULTS REPORT HUMANITARIAN ACTION

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UNICEF's Strategic Plan 2014–2017 is designed to fulfil the organization's universal mandate of promoting the rights of every child and every woman, as put forth in the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination Against Women, in the current international context. At the core of the Strategic Plan, UNICEF's equity strategy – emphasizing the most disadvantaged and excluded children and families – translates UNICEF's commitment to children's rights into action. The first year of the Strategic Plan coincides with intensifying discussion in the international community on what the post-2015 development agenda will be. What follows is a report specific to humanitarian action on what UNICEF set out to do in its Strategic Plan for 2014–2017; what was achieved in 2014, in partnership with many diverse organizations and movements; and the impact of these accomplishments on the lives of children and families. This report is one of eight on the results of UNICEF's efforts this past year, working in partnerships at the

global, regional and country levels (one on each of the seven outcome areas of the Strategic Plan and one on humanitarian action). A results report on the UNICEF Gender Action Plan has also been prepared as an official UNICEF Executive Board document. The organization's work has increasingly produced results across the development-humanitarian continuum, and in 2014, UNICEF contributed to an unprecedented level of humanitarian assistance and emergency response. This report lays out what was learned through reflection and analyses, and what is planned for next year. It is an annex and is considered to be integral to the Executive Director's Annual Report 2014, UNICEF's official accountability document for the past year.

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In August 2014, Nyayian Lul waits with her infant son at a registration centre in the town of Kiech Kon in Upper Nile State, South Sudan, where UNICEF, WFP and NGO partners have deployed a rapid response mechanism to provide life-saving interventions in hard-to-reach locations.

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EXECUTIVE SUMMARY

From deadly natural disasters to brutal conflicts and fast-spreading epidemics, children across the world are facing a changing and increasingly complex humanitarian environment. Whether in the headlines or hidden from view, emergencies sparked by social fracture, climate change and disease are impacting the lives of children in never before seen ways. With 230 million children living in countries or areas affected by conflict,¹ and in some cases facing rights violations, displacement, lack of access to basic services, and chronic health and nutrition challenges, UNICEF declared 2014 a “devastating year for children.”²

Children were particularly impacted by large-scale conflicts in 2014. These included the conflict in the **Syrian Arab Republic**, now in its fifth year, which has been characterized by human rights violations, the use of siege, indiscriminate attacks and the targeting of civilian infrastructure.³

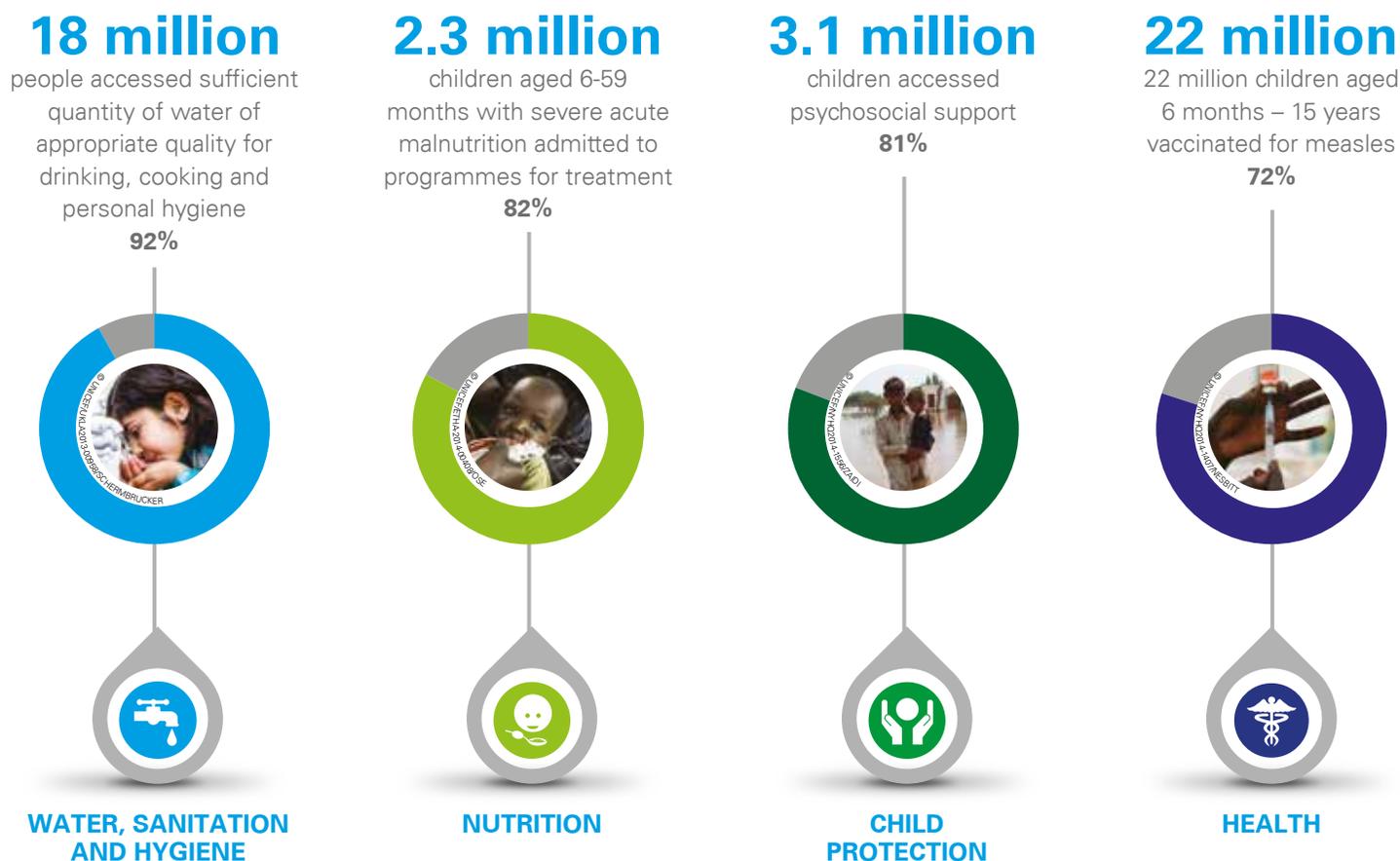
In addition to hosting more than 223,000 Syrian refugees, **Iraq** faced devastating violence that triggered new and secondary displacements.⁴ In 2014, the conflict in the **Central African Republic** became an even more acute humanitarian and protection crisis that left thousands of people killed and wounded, including children, and basic services critically lacking.⁵ In **South Sudan**, children faced violence, rights violations, life-threatening diseases, high levels of acute malnutrition and loss of protective environments.⁶ In **Gaza**, seven weeks of hostilities in July and August 2014 led to unprecedented levels of loss and human suffering.⁷ A year into the conflict in **Ukraine**, thousands of children have been swept up in the violence.⁸

Meanwhile, disease outbreaks and disasters wore away at development gains elsewhere in the world. The worst outbreak of **Ebola virus disease** (EVD) in history ravaged

FIGURE 1 DELIVERING HUMANITARIAN RESULTS FOR CHILDREN

These are some of the key humanitarian results achieved against targets for children by UNICEF and partners in 2014.

In some contexts, achievements were constrained by limited resources, including across sectors; inadequate humanitarian access; insecurity and challenging operating environments.



communities in West Africa and claimed 7,879 lives in the second half of 2014.⁹ An estimated 9.8 million children and young people under age 20 – including 2.9 million children under 5 – residing in Ebola-affected countries faced a disease outbreak exacerbated by weak health systems, insufficient investments in preparedness, and poor hygiene and sanitation practices.¹⁰ In the **Philippines**, some regions continued to struggle to recover and prepare for future shocks following a series of natural disasters in recent years, including Typhoon Haiyan in November 2013.

In total, UNICEF and partners responded to **294 humanitarian situations** of varying scales in **98 countries** in 2014, continuing the trend from the past five years. In line with the Strategic Plan 2014–2017 and the Core Commitments for Children in Humanitarian Action (CCCs), and within the context of deliberations on the post-2015 agenda, UNICEF focused its humanitarian action in 2014 on **saving lives and protect rights** and **addressing the underlying causes of vulnerability** to crises. UNICEF also continued to build on its long-standing comparative advantage for humanitarian

action, including having a field presence before, during and after emergencies, delivering a multi-sectoral approach, leveraging its vast network of partners from government, civil society and the private sector, and engaging in dedicated inter-agency collaboration with counterparts in the United Nations system. This enabled UNICEF to deliver results for millions of children in a variety of contexts in the areas of nutrition; health; water, sanitation and hygiene (WASH); child protection; education; HIV and AIDS and social inclusion. (See Figure 1 for a summary of UNICEF global results in 2014).

In 2014, this included the UNICEF response to some of the most complex emergencies in recent years, required the activation of its Corporate Emergency Procedure for six crises to sufficiently scale up the response. As violence in the **Central African Republic** constrained access to health services and increased the risk of disease, UNICEF reached 238,000 children under 5 in displaced camps and enclaves with measles vaccination (88 per cent of the 268,000 targeted¹¹).¹² In **South Sudan**, where the burden of children with severe acute malnutrition (SAM) doubled amid conflict, UNICEF and the World Food Programme (WFP) supported the treatment of over 93,000 children (more than half of them girls)¹³ with SAM (53 per cent of the 176,000 targeted).¹⁴ In line with the No Lost Generation (NLG) campaign, 2.8 million children inside the **Syrian Arab Republic** gained access to education through learning materials (97 per cent of the 2.9 million targeted) and more than 600,000 Syrian refugee children accessed psychosocial support in **Iraq, Jordan, Lebanon, Turkey and Egypt** (94 per cent of the 640,000 targeted).¹⁵ Recognizing that communities were a key part of the response to **Ebola**, UNICEF supported massive outreach campaigns in **Sierra Leone, Guinea and Liberia**, mobilizing more than 50,000 community volunteers, health workers, teachers, religious leaders and young people to promote safe behaviours.¹⁶ And as new violence flared up in other parts of the world, UNICEF supported the urgent repair of water and sewage networks in **Gaza**, benefiting some 600,000 people¹⁷ and provided 60,000 people affected by crisis in the eastern part of **Ukraine** with safe drinking water (24 per cent of the 250,000 targeted).¹⁸

8.6 million

children (3-18 years old) accessed formal or non-formal basic education (including pre-primary schools/early childhood learning spaces)

64%



EDUCATION

19,800

HIV-positive pregnant women continued anti-retroviral therapy

54%



HIV/AIDS

the Democratic Republic of the Congo, was expanded in the Central African Republic, South Sudan and Iraq. UNICEF also concluded the Strengthening Humanitarian Action initiative, which aims to equip the organization to continue to reliably deliver results for children in the face of new global challenges and opportunities. Immediate results included important human resources measures, especially building adequate humanitarian response capacity and providing for staff welfare. Capacity to respond to large-scale emergencies was also enhanced through training of the Immediate Response Teams (IRT) (see box 'Key definitions: UNICEF response teams and mechanisms') during an emergency response simulation in Brindisi, Italy. UNICEF has also integrated innovation as part of its humanitarian response, including in the Ebola response in 2014 through a number of SMS-based social mobilization approaches to raising awareness.

WHAT IS A LEVEL 3 RESPONSE?

UNICEF has in place the Corporate Emergency Activation Procedure (CEAP), which applies to all Level 3 emergencies, either a sudden onset emergency or a significant and rapid deterioration of an ongoing complex emergency. The determination of a Level 3 CEAP for UNICEF is based on an analysis of scale, urgency, complexity, capacity and reputational risk to UNICEF and/or the United Nations. In 2014, UNICEF responded to six Level 3 emergencies: the crises in Syria and the sub-region; the conflicts in Central African Republic and South Sudan; the continued response to Typhoon Haiyan in the Philippines; the escalating crisis in Iraq; and Ebola-affected countries in West Africa.

As part of the Transformative Agenda, the Inter-Agency Standing Committee (IASC) also has in place a Humanitarian System-Wide Emergency Response ('Level 3' Response) which activates mobilization of capacity (leadership, staffing, and funding) to enable accelerated and scaled-up delivery of assistance and protection to people in need. A Level 3 Response is activated when a humanitarian situation suddenly and significantly changes and, following an analysis of the same five criteria that UNICEF uses (mentioned above).

In line with the Strategic Plan, UNICEF continued to prioritize strengthening the **resilience** of the child, communities and systems to shocks and cumulative stresses by linking humanitarian and development programmes and better addressing **preparedness** and **disaster risk reduction** (DRR). This included a joint project with WFP to strengthen country office preparedness for humanitarian response (in Afghanistan, Chad, Madagascar, Myanmar,

Nigeria, Pakistan and the Philippines). A joint WFP-UNICEF study on returns on investment in preparedness found considerable cost and time savings from preparedness efforts. As a key part of its work on resilience, UNICEF advanced DRR efforts, particularly through inter-governmental fora on climate change. These included the post-2015 DRR Framework, the process towards the World Humanitarian Summit, and the Open Working Group on the Sustainable Development Goals.

UNICEF also continued to **foster inter-agency collaboration**, including by supporting the humanitarian system through the roll-out of the Inter-Agency Standing Committee (IASC) Transformative Agenda. UNICEF country offices led or co-led clusters or sectors in 63 countries for nutrition, 73 for WASH, 74 for education, 66 for child protection and 14 for gender-based violence. Overall, 12 per cent of the record high 934 UNICEF surge deployments in 2014 were for cluster coordination. UNICEF led or co-led clusters/areas of responsibility, and through its Rapid Response Teams contributed more than 3,000 days (55 missions) of support to countries for coordination and information management, including response to all Level 3 crises in 2014.

KEY DEFINITIONS: UNICEF RESPONSE TEAMS AND MECHANISMS

Immediate Response Team: The Immediate Response Team (IRT) is comprised of experts in key programme and operational sectors who are ready to deploy in 48 hours where UNICEF has activated its Level 3 Corporate Emergency Activation Procedure.

Emergency Response Team: The Emergency Response Team (ERT) is a standing capacity of technical, operational and programmatic experts at headquarters ready for deployment at the onset of an emergency to support emergency coordination, telecommunications, human resources, supply/logistics, humanitarian performance monitoring, security and technical programme areas.

Rapid Response Team: The Rapid Response Team (RRT) provides rapidly deployable professionals with coordination and technical capacity (including needs assessment and information management capacity) in clusters/areas of responsibility where UNICEF has a leadership role.

Rapid Response Mechanism: The Rapid Response Mechanism (RRM) is a mobile mechanism for carrying out assessments and delivering life-saving support. For more on the RRM, including examples of its application in 2014, see box 'The Rapid Response Mechanism'.

Partners continued to play a crucial role in UNICEF programme delivery and response coordination. The organization worked closely with Governments, civil society actors, and international and national non-governmental organizations (NGOs), as well as first responders, local service providers and affected populations. With multiple, major and often simultaneous complex emergencies and crises stretching humanitarian response capacities throughout the year, UNICEF standby arrangements with Governments and other partners were crucial. In 2014, 26 standby partners produced 175 deployments, nearly all supporting UNICEF's programme or cluster responsibilities in the field. New standby partners included the Governments of Australia and Luxembourg.

The success of UNICEF's humanitarian action hinged on its **operations**, including human resources, supply and logistics functions, among others. Despite the increasing caseload of large-scale crises, UNICEF maintained the pace of internal deployments from 2013 – it took 18 days on average for an internal deployment – a level that was significantly ahead of 2012. The supply function was again critical to supporting emergency responses, particularly given the unprecedented intensity and scale of the emergency supply response in 2014. In the Ebola crisis alone, over a five-month period, UNICEF delivered 5,500 metric tons of supplies valued at over US\$60 million – more than the total combined value for all other emergencies.

These achievements were made as UNICEF and partners continued to operate in a **challenging environment** characterized by increased protection violations against children and new challenges to access and security for humanitarian actors. The multiple, simultaneous and in some cases protracted large-scale emergencies seriously stretched UNICEF resources, both human and financial. The increasingly subregional nature of crises with no obvious short-term solutions have at times required cross-border and thus more complex interventions for effective response. Increased demand for humanitarian funding further constrained the UNICEF response, particularly in less visible, chronic crises. Responses in the Central African Republic and to the Ebola outbreak also highlighted the need to strengthen the resilience of communities and systems to prevent and, if needed, respond to shocks.

The year's results were made possible by the **generous contributions** of donors. Humanitarian funding from Governments, National Committees and corporate partners for UNICEF totalled US\$1.579 billion, marking a 18.5 per cent increase over the previous year (US\$1.332 billion). Funding remained concentrated in a few large emergencies, and many humanitarian situations remained underfunded. UNICEF would like to recognize, in particular, donors who contributed to thematic funding, which allows the organization to invest in critical but underfunded emer-

gencies and sectors and provides the flexibility needed to meet needs where they are the greatest. Thematic funding constituted 9 per cent of the total humanitarian contributions (down from 11 per cent in 2013), with 85 per cent of thematic humanitarian funding coming from National Committees. The United Kingdom Committee for UNICEF, the Japan Committee for UNICEF, the Government of Finland and the German Committee for UNICEF were the top four contributors of humanitarian thematic funding in 2014.

Humanitarian action continued to represent a significant proportion of UNICEF global work. Utilizing 2014 income and limited resources from prior years, organizational **humanitarian spending** totalled US\$1.203 billion in 2014,¹⁹ of which 80 per cent was spent in Africa and the Middle East. Overall, UNICEF country-level expenditure remained concentrated in countries in humanitarian and fragile contexts, with those countries with humanitarian appeals often among the organization's largest programmes. In 2014, four of the five countries with the highest level of other resources emergency (ORE) expenditure were responding to the crises in Iraq and the Syrian Arab Republic. The top 10 countries in terms of ORE expenditure accounted for more than half of overall UNICEF ORE expenditure.

Moving forward, UNICEF will continue to strengthen its humanitarian response within the changing environment and in keeping with the UNICEF Strategic Plan 2014–2017. This means continuing to support the strength, well-being and capacity of the organization's human resources and continuing to explore ways of expanding humanitarian capacity ready to deploy as needed. UNICEF will also continue to strengthen its internal systems to better integrate humanitarian action with long-term development and enhance its procedures for operating in humanitarian contexts, including through strengthening preparedness and building resilience, securing access to children in highly insecure environments, and investing in new strategic partnerships. UNICEF will also continue to learn from its experiences and generate lessons to inform future response through evaluations of key responses and data-driven analysis. Finally, the organization is committed to exploring new and flexible financing sources to meet the increased demand for humanitarian funding, as well as reviewing its internal financing systems for opportunities to grow its humanitarian resources.

This report and the accompanying Humanitarian Action Study summarize the new scope of complex humanitarian crises facing children in 2014, and the response put forward by UNICEF and partners. This is presented through a summary of the strategic context of UNICEF humanitarian action, including key results in 2014, and analyses of the results against the programme and operational commitments of the CCCs, humanitarian income and expenditure, and the future workplan.

STRATEGIC CONTEXT

THE HUMANITARIAN SITUATION

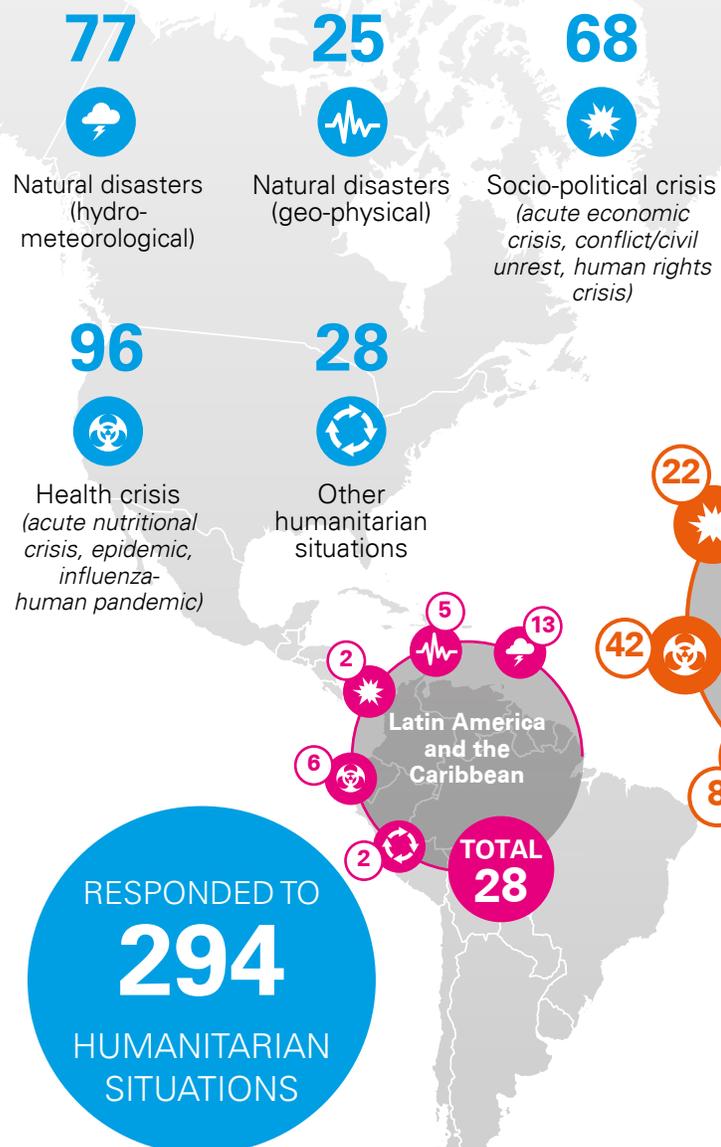
From deadly natural disasters to brutal conflicts and fast-spreading epidemics, children across the world are facing a changing humanitarian environment. Whether in the headlines or hidden from view, emergencies sparked by social fracture, climate change and disease are impacting the lives of children in never before seen ways. During 2014, with an estimated 15 million children caught up in major conflicts²⁰ and facing related rights violations, displacement, lack of access to basic services, and chronic health and nutrition challenges, UNICEF declared it a “devastating year for children.”²¹ Unprecedented disease outbreaks and powerful disasters imperilled the lives and well-being of millions. The increasing scale and complexity of humanitarian crises continued to deepen the impacts on children.

In 2014, these included the conflict in the Syrian Arab Republic and the subregion, which has affected more than 8 million children. In addition to hosting some 223,000 Syrian refugees, Iraq faced a displacement crisis of its own, with 2.2 million people – half of them children – displaced by the outbreak of violence. The complex humanitarian and protection crisis in the Central African Republic, characterized by killing and maiming of civilians and critical lack of basic services, has affected 2.4 million children. Amid continued conflict in South Sudan, the estimated burden of severe acute malnutrition more than doubled by the end of the year, from 108,000 to 235,000. In Gaza, seven weeks of hostilities in July and August resulted in 539 children killed and nearly 3,000 injured. A year into the conflict in Ukraine, more than 130,000 children have been internally displaced.

Meanwhile, disease outbreaks and disasters wore away at development gains elsewhere in the world. The worst outbreak of Ebola in history impacted 18.7 million people living in affected countries in West Africa, including nearly 10 million children and young people under the age of 20.²² The impact of Typhoon Haiyan, which struck the Philippines in November 2013, continued to reverberate well into 2014 as communities worked to rebuild and reduce vulnerability to future shocks. In addition, chronic humanitarian situations and prolonged crises continued to affect millions in Afghanistan, Colombia, the Democratic Republic of the Congo, Nigeria, Myanmar, Somalia, the Sudan, Yemen and the Sahel region.

Although 2014 saw fewer natural disasters and lower disaster mortality than in previous years, the number of people affected by disasters was higher in 2014 than in 2013 (102 million compared with 95 million).²³ However, the outbreak of Ebola in 2014 led to more deaths than resulted from all 2014 natural disasters combined. Disaster occurrence and mortality continued to be higher in Asia than elsewhere in the world, and the Americas saw a lower mortality rate compared with the average over the past decade (see Figure 2).

FIGURE 2
TYPE OF RESPONSE IN 2014



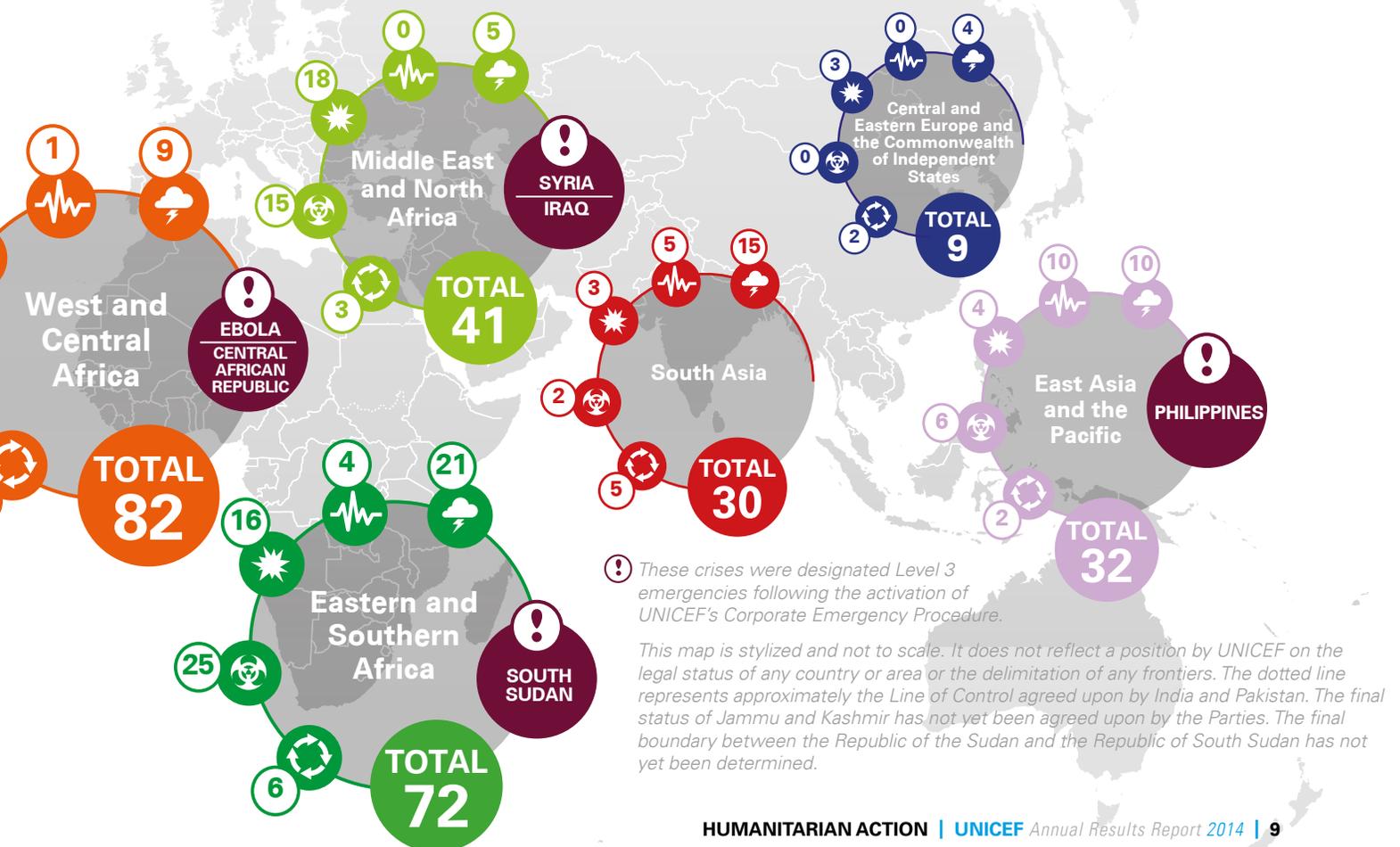
In 2014, the conflict that broke out in Juba in December 2013 and spread to the states of Jonglei, Upper Nile and Unity impacted the lives of thousands of children. By the end of 2014, nearly 750,000 children were displaced. The estimated number of children suffering from SAM doubled from an estimated 108,000 to 235,000. A cholera outbreak resulted in more than 6,000 cases and 167 deaths. An estimated 400,000 children were unable to continue with their schooling due to the conflict, and an estimated 12,000 were recruited and used by armed forces and groups. Mass displacement, destruction of infrastructure and limited basic services exacerbated the high disease burden.

In 2014, UNICEF and partners reached 603,000 people, including 132,000 children under 5, in 34 Rapid Response Mechanism (RRM) missions. More than three quarters of the children reached were located in non-government-held areas. Strong partnerships, including with WFP, led to the achievement of key strategies, including the Nutrition Scale Up Action Plan, and advocacy based on the Monitoring and Reporting Mechanism (MRM) to end grave rights violations. Through the efforts of UNICEF and partners, 880,000

conflict-affected children were reached with life-saving health, nutrition, WASH, education and child protection interventions. Key results from the 2014 UNICEF response in South Sudan included:

- More than 93,000 children (51 per cent girls) treated for SAM (53 per cent of the 176,000 targeted)
- Through integrated vaccine campaigns and RRM, nearly 880,000 children in conflict-affected states vaccinated against measles (70 per cent of the 1.3 million targeted) and nearly 838,000 vaccinated against polio (64 per cent of the 1.3 million targeted)
- Nearly 496,000 people provided with safe water (57 per cent of the 875,000 targeted) and nearly 274,000 with safe sanitation (55 per cent of the 500,000 targeted)
- More than 77,750 preschool and school-age children, including adolescents, (42 per cent girls) accessed education in emergencies, including supplies (79 per cent of the 99,000 targeted)
- Nearly 140,000 children reached with critical protection interventions, including psychosocial support and family tracing (exceeding the 123,000 targeted).

The complexity of the operating environment challenged humanitarian response and direct implementation in South Sudan in 2014. In particular, reaching the targets set for nutrition, health, WASH and education was constrained by waning humanitarian space, limited partners including government institutions at the decentralized level, and late funding – by July 2014, UNICEF had received only 30 per cent of its revised requirements. In addition, frequently shifting front lines and insecurity affected service delivery to the most affected, and RRM missions were often cancelled or delayed due to sudden deteriorations in the security situation, logistical challenges related to rain and flooding, or delays in security risk assessments. In addition, landmines and unexploded ordnance, poor infrastructure, price increases on essential commodities and high costs due to the special operating environment challenged humanitarian action. In 2015, UNICEF will seek additional resources and new implementation modalities to respond to the situation in South Sudan.



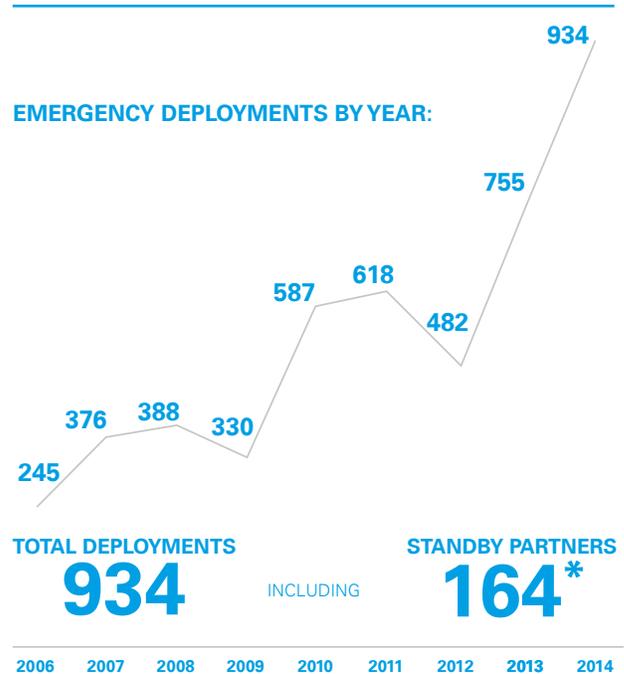
UNICEF HUMANITARIAN RESPONSE IN 2014

In collaboration with national Governments, civil society partners and other United Nations agencies, UNICEF continued to work in some of the most challenging environments in the world to deliver results for millions of children and women. In line with the Strategic Plan, UNICEF continued to focus its humanitarian action on effective preparedness, response and early recovery to save lives and protect rights, as set out in the CCCs, and to address the underlying causes of vulnerability to disasters, fragility and conflict. This includes supporting the humanitarian system, including through the roll-out of the IASC Transformative Agenda and delivering on its responsibility for inter-agency coordination through cluster leadership.

UNICEF responded to 294 humanitarian situations of varying scale in 98 countries in 2014, continuing trends observed since 2010. While the total number of responses changed little, a few large-scale crises absorbed the bulk of organizational resources. Emergencies where UNICEF declared a Level 3 to scale up its response (Ebola, the Central African Republic, Iraq, the Philippines, South Sudan and the Syrian Arab Republic) mobilized 89 per cent of UNICEF surge staff deployments for the year. The total number of surge deployments for 2014 was 934, the highest ever, representing a 24 per cent increase from 2013, which held the previous record of 755 (see Figure 3). Nearly three quarters (72 per cent) of funding received in 2014 went to these crises declared as Level 3. Figure 5 provides an overview of the global response in 2014; and Figure 6 shows the results from key UNICEF humanitarian responses in 2014.

Expenditure data (see Figure 4) show that humanitarian action remained a core part of UNICEF work globally. Total other resources emergency (ORE) expenditure amounted to US\$1.203 billion (29 per cent of total expenditure in 2014), and resources from UNICEF regular programmes were also used to support humanitarian action. ORE expenditure recorded a 19 per cent increase from the previous year, reflecting the large-scale responses in 2014, and continuing the trend of the past five years. Of this total, 80 per cent was spent in Africa and the Middle East. ORE expenditure reflects the massive response to the Syria and Iraq crises (four of the top five countries in ORE expenditure), the continuing corporate responses to Typhoon Haiyan in the Philippines (fourth highest in ORE expenditure), and the large-scale responses in the Democratic Republic of the Congo and South Sudan (the sixth and seventh highest in ORE expenditure, respectively).

FIGURE 3
EMERGENCY DEPLOYMENTS



2006 2007 2008 2009 2010 2011 2012 2013 2014

* Does not include 11 standby partner supporting headquarters



FIGURE 5
GLOBAL RESPONSE IN 2014

UNICEF and partners responded to 294 humanitarian situations of varying scales in 98 countries in 2014. This includes large-scale Level 3 responses for the crises in the Central African Republic, Iraq, the Philippines, South Sudan, the Syrian Arab Republic and the Ebola outbreak in West Africa.

* The gap in 2014 revenue and expenditure amounts is due to revenue being utilized over different calendar years. For example, a portion of the funding UNICEF received late in 2014 was carried forward to be used for activities in 2015.

This map is stylized and not to scale. It does not reflect a position by UNICEF on the legal status of any country or area or the delimitation of any frontiers. The dotted line represents approximately the Line of Control agreed upon by India and Pakistan. The final status of Jammu and Kashmir has not yet been agreed upon by the Parties. The final boundary between the Republic of the Sudan and the Republic of South Sudan has not yet been determined.

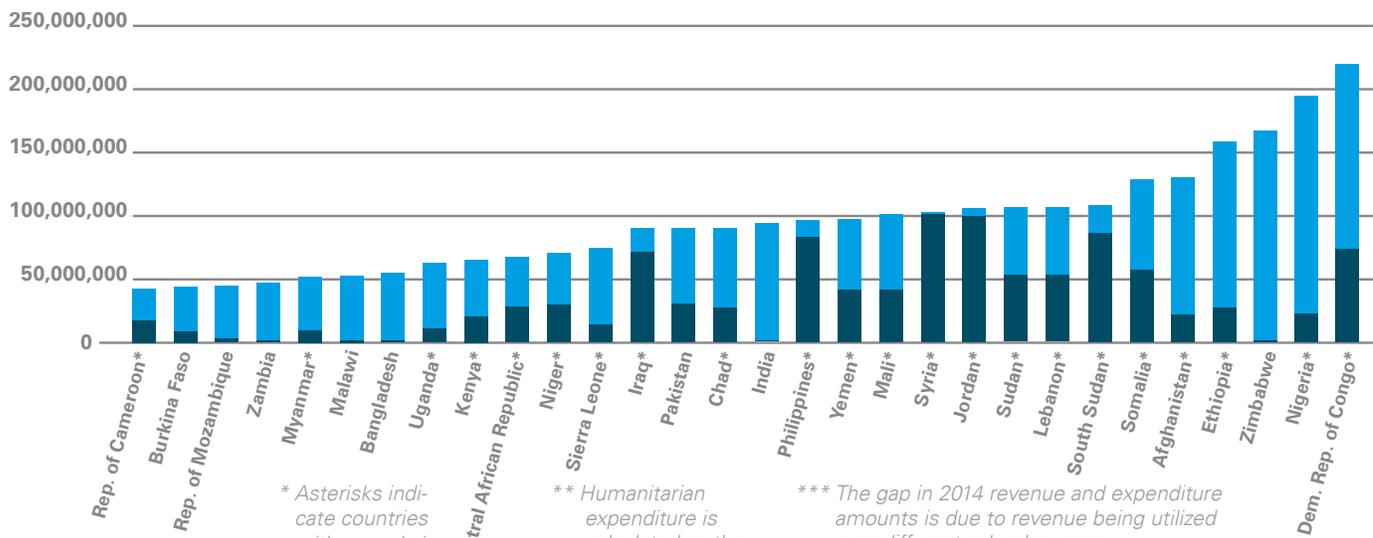
\$
TOTAL INCOME
US\$1.6
BILLION

RESPONDED TO
294
HUMANITARIAN SITUATIONS

FIGURE 4
EXPENDITURE

Total ORE expenditure: US\$1.2 billion, a 19% increase from 2013***

■ Humanitarian expenditure** ■ Non-humanitarian expenditure



* Asterisks indicate countries with appeals in the Humanitarian Action for Children 2014.

** Humanitarian expenditure is calculated as the sum of ORE and emergency-coded ORR and RR.

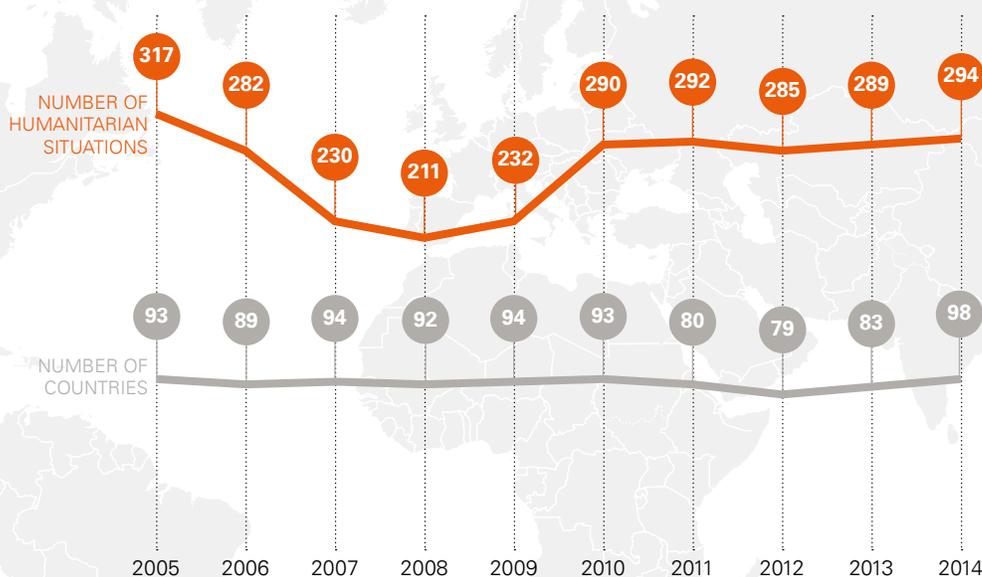
*** The gap in 2014 revenue and expenditure amounts is due to revenue being utilized over different calendar years. For example, a portion of the funding UNICEF received late in 2014 was carried forward to be used for activities in 2015.

US\$174 MILLION
IN RAPID RESPONSE SUPPLIES

TOTAL DEPLOYMENTS 934

TOTAL EXPENDITURE* US\$1.2 BILLION

UNICEF humanitarian situation responses, 2005-2014*



IN 98 COUNTRIES

* Data collection methodology based on country office phone interviews for 2005, country office questionnaire for 2006-2009, and country office annual report questionnaire for 2010-2014.

FIGURE 6 RESULTS FROM KEY HUMANITARIAN RESPONSES

The map below highlights the key results achieved by UNICEF and partners in some of the major humanitarian responses in 2014.

Syrian refugees in Iraq, Jordan, Lebanon, Turkey and Egypt:
600,000 Syrian refugee and host community children received psychosocial support (94 per cent of target)



State of Palestine:
260,000 children were supported to return to school after the war through the distribution of school bags, stationary kits and teaching and recreational kit



Ukraine:
60,000 people in affected areas reached with safe drinking water (24 per cent of target)



Syrian Arab Republic:
learning materials supported 2.8 million children to access education (97 per cent of target)



Iraq:
160,000 school age children benefited from school rehabilitation to minimum standards and the resumption of schooling



Ebola response in Sierra Leone, Guinea and Liberia:
UNICEF mobilized more than 50,000 community volunteers, health workers, teachers, religious leaders and young people to address key drivers of transmission by promoting safe behaviours.



Colombia:
14,633 children accessed psychosocial support (exceeding target)



Plurinational State of Bolivia:
Nearly 47,500 people affected by flooding accessed safe water for drinking, cooking and personal hygiene



Nigeria:
252,856 children aged 6-59 months were vaccinated for measles (70 per cent of target)



Central African Republic:
238,000 displaced children under 5 reached with measles vaccination (88 per cent of target)



Democratic Republic of the Congo:
4,479 children formerly associated with armed forces/groups released and provided with assistance (exceeding target)



South Sudan:
93,000 children with severe acute malnutrition received treatment (53 per cent of target)



Sudan:
888,578 conflict-affected people gained sustained access to safe drinking water (89 per cent of target)



This map is stylized and not to scale. It does not reflect a position by UNICEF on the legal status of any country or area or the delimitation of any frontiers. The dotted line represents approximately the Line of Control agreed upon by India and Pakistan. The final status of Jammu and Kashmir has not yet been agreed upon by the Parties. The final boundary between the Republic of the Sudan and the Republic of South Sudan has not yet been determined.

Many of the largest UNICEF country programmes faced humanitarian situations in 2014, making humanitarian response central to UNICEF's field presence throughout the year. Twenty-one of the top 30 country offices in overall expenditure had appeals in UNICEF's Humanitarian Action for Children (HAC). These **21 countries made up more than half (54 per cent) of UNICEF's overall country-level expenditure**. In seven of these countries, humanitarian expenditure (from all funding sources) comprised the majority of the country office's expenditure.



Afghanistan:

Nearly 96,000 children aged 6-59 months affected by severe acute malnutrition were admitted for treatment (97 per cent of target)



Myanmar:

136,636 emergency-affected people reached with safe drinking water (exceeding target)



Yemen:

1,274 separated or unaccompanied children were reunified with families or caregivers (98 per cent of target)



Somalia:

162,320 children under 5 with severe acute malnutrition admitted to therapeutic feeding programmes (81 per cent of target)

THE RAPID RESPONSE MECHANISM

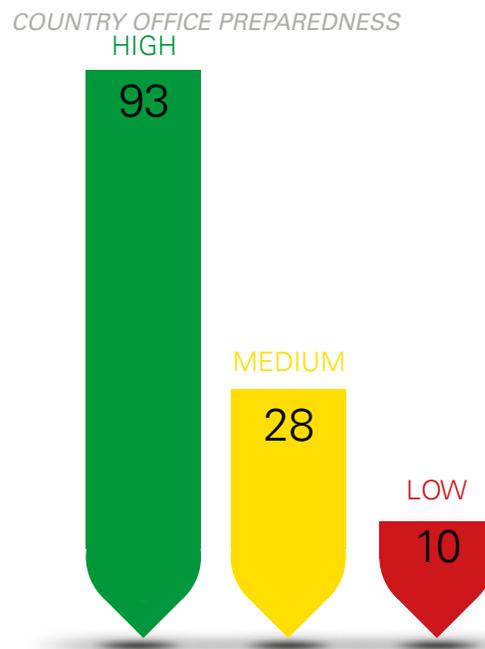
The Rapid Response Mechanism (RRM), a mobile mechanism for assessments and the delivery of life saving support, was introduced by UNICEF, WFP and FAO in the Democratic Republic of the Congo in 2004. Since then, use of the RRM has proven to be an effective way of bringing timely life-saving assistance to vulnerable children and families, including those living beyond the reach of partners due to geography or insecurity. In 2014, UNICEF and partners implemented RRM in diverse contexts, including the Central African Republic, Iraq and South Sudan. The mechanism provided a fast and reliable way to deploy multi-sector humanitarian teams and emergency supplies and assistance to children and families, tailored to each unique situation. This ranged from delivering nutrition supplies in non-government held parts of South Sudan to providing social cash transfers to benefit the most vulnerable children in hard-to-reach areas in Iraq.

STRENGTHENING PREPAREDNESS, BUILDING RESILIENCE

In line with the Strategic Plan, UNICEF also prioritizes strengthening the resilience of the child, communities and systems to shocks and cumulative stresses by linking humanitarian and development programmes and better addressing preparedness and DRR. UNICEF is developing **preparedness** guidance and is revising the Early Warning Early Action (EWEA) preparedness platform, which allows UNICEF to measure country office compliance with key preparedness actions. The EWEA system is currently used in 130 countries and allows country offices to update their risk analysis and report on preparedness actions in 20 key areas. In 2014, 73 per cent of country offices updated their risk analysis in the platform and 71 per cent of countries demonstrated a high level of compliance with key preparedness actions (see Figure 7). The revised EWEA platform will facilitate preparedness planning and measurement for country offices moving forward.

**FIGURE 7
PREPAREDNESS**

Number of country offices recording high, medium and low compliance with minimum standards of UNICEF's online Early Warning Early Action system as a proxy for preparedness*.



* The current Early Warning Early Action platform is under revision.

EBOLA OUTBREAK

In 2014, the worst Ebola outbreak in history ravaged communities in West Africa. Ebola impacted the most vulnerable people in some of the most vulnerable countries, where child deprivations in health and education were major challenges before the crisis. The rapid spread of Ebola in the region was exacerbated by weak health systems and poor hygiene and sanitation practices. Lack of functioning surveillance systems for screening and tracing those in contact with infected persons within countries and across borders made the outbreak even more difficult to control. UNICEF estimates close to 15,000 children lost one or both parents or caregivers to Ebola in 2014.²⁵

UNICEF's immediate focus was to contribute to halting the spread of the disease, address communities' urgent needs, and maintain and restore basic social services, including child and maternal health and nutrition services, water and sanitation, and education. As a major partner in the United Nations Mission for Emergency Ebola Response (UNMEER)-led response, UNICEF and partners have:

- Supported the establishment of 65 Community Care Centres, which helped interrupt transmission by isolating suspected and probable Ebola cases and facilitating testing at local level.
- Co-led social mobilization efforts to promote community ownership of the response.
- Reached several million people through door-to-door outreach campaigns.
- Provided protection for children by establishing care centres, reuniting children with their families, seeking foster care arrangements for children who lost parents, and providing psychological services and cash assistance. Tens of thousands of children received psychosocial support.
- Delivered 5,500²⁶ metric tons of Ebola-related commodities in UNICEF's largest ever supply effort.

The Ebola crisis highlighted the importance of community engagement in delivering care and support to the most vulnerable. Because of its extensive experience in Communication for Development (C4D), UNICEF was in a strong position to co-lead social mobilization and community engagement efforts, and strengthened coordination and harmonization of these approaches among partners. The response underlined the importance of strengthening the resilience of health-care systems at the community level and investing in these systems by strengthening cadres of community health workers. These cadres will be valuable assets for transitioning into the early recovery and developing a more robust primary health-care system.

Working with WFP, UNICEF undertook a joint project to further strengthen country office preparedness for humanitarian response in 10 countries (Afghanistan, Chad, Indonesia, Iran, Madagascar, Myanmar, Nigeria, Pakistan, the Philippines and the State of Palestine) and four subregions (Central Asia, Central America, Great Lakes and the Syrian Arab Republic and five surrounding countries). The activities included undertaking joint risk assessments, pre-positioning supplies, increasing surge capacities, strengthening emergency response capacity of staff, partners and Governments, signing emergency agreements with partners, developing preparedness systems and supporting inter-agency preparedness. In addition, UNICEF, WFP, Department for International Development (United Kingdom) and the Boston Consulting Group undertook a study to calculate the financial 'returns' and speed of benefits derived from specific preparedness interventions, including emergency supply pre-positioning, infrastructure development, staff training and contingency arrangements for external contracting. Drawing on data from three pilot countries – Chad, Madagascar and Pakistan – preliminary results indicate that increased investment in early preparedness could reduce the costs of humanitarian response by more than 50 per cent, and save more lives by facilitating swifter, more efficient humanitarian response to emergencies. The study will be published in early 2015.

As a key aspect of its work on **resilience**, UNICEF promoted advances in **DRR**, including as it is linked to climate change, at the global level and in all regions. Globally, UNICEF advocated for strengthening the resilience of children, families, communities and systems to shocks and stresses as a priority of the new post-2015 DRR framework, with a view to shaping global humanitarian and development discourse and practice on the issue. Country-level DRR support included extensive guidance on the response and recovery to Typhoon Haiyan in the Philippines, including supporting better, safer designs for schools to withstand floods as well as support to Nepal and the Republic of Moldova in child-centred risk assessment and the use of improved pipes to protect water systems in case of future disaster. In the Syrian Arab Republic, the regional No Lost Generation campaign addressed the long-term effects of the crisis on children through education, protection and social cohesion initiatives. UNICEF also supported country offices to strengthen country capacities to integrate **climate, disaster and conflict risk** into national development plans. For example, in Kyrgyzstan, UNICEF piloted a model for evidence-based disaster risk planning, which has supported the inclusion and mainstreaming of DRR in the process of formal education in several countries in Central Asia and South Caucasus. In Burundi, conflict sensitivity and core peace-building competencies were integrated into school curricula and UNICEF piloted a model for evidence-based municipal disaster risk planning.

STRENGTHENING ORGANIZATIONAL CAPACITY

In the context of the changing humanitarian landscape, the EPF, the organization's quickest and most flexible source of immediate funding for humanitarian crisis, was stretched to support the UNICEF emergency response, particularly the responses to South Sudan and Ebola. The original EPF ceiling was drawn down in a single year, with 88 per cent of the total amount disbursed going to humanitarian action for children in emergencies declared as Level 3. A proposal was submitted to the Executive Board to increase the EPF from US\$75 million per biennium to US\$75 million per annum. This will increase UNICEF capacity to provide an immediate, effective and predictable response to the needs of children and women affected by humanitarian emergencies.²⁷ To enhance human resource capacity, UNICEF with WFP conducted an emergency simulation exercise in Brindisi, Italy, to train the IRT. In total, UNICEF deployed 28 IRT members in 2014, covering 13 functions, to support countries during initial emergency responses in the Central African Republic, South Sudan, Iraq and the Ebola crisis. In addition, several countries – the Syrian Arab Republic, South Sudan, the State of Palestine and Ukraine – undertook programme criticality exercises.

UNICEF has also integrated **innovation** as a part of its humanitarian response. For example, as part of the 2014 response to the Ebola outbreak, UNICEF employed a number of innovative SMS-based social mobilization approaches to raise awareness of the disease. mHero, a free SMS mobile phone-based communication system, was used to assist health workers on the front lines of the outbreak, including through real-time reporting about new and suspected cases and up-to-date information about medicine stocks. In Liberia, 500 health workers are currently connected through mHero, with plans to scale to more than 6,000. U-report, another SMS-based social monitoring tool designed to strengthen community-led development and citizen engagement, was used in Liberia and Sierra Leone to engage young people and communities in discussions around a range of Ebola-related issues. So far, U-Report has over 44,000 registered users in Liberia and nearly 3,000 in Sierra Leone. Surveys indicate that understanding of the disease has increased following these and other social mobilization efforts.

STRENGTHENING HUMANITARIAN ACTION INITIATIVE

In 2013, UNICEF embarked on a process to further strengthen its humanitarian action by equipping the organization to continue to reliably and predictably deliver results for children in the face of new global challenges and opportunities. UNICEF staff at headquarters and in the field, and external partners, including donors, NGOs and humanitarian policy experts, participated in wide-ranging consultations with the following objectives:

- To adapt UNICEF's humanitarian action to increasingly diverse programme environments
- To strengthen and expand humanitarian partnerships
- To decide which structural and investment steps UNICEF needed to undertake to be an even more predictable and effective humanitarian partner.

Improvements by the end of 2014 included clarifying accountabilities for support to clusters and the humanitarian system's Transformative Agenda, expanding the ERT to fill capacity gaps, providing stronger support to staff in complex and high-threat environments, and supporting locally recruited staff in taking up international positions in emergencies worldwide. New guidance was agreed on setting and achieving targets

in the CCCs in diverse operational contexts, including high-capacity countries and urban settings. Tools were developed to support UNICEF staff in managing the most challenging aspects of humanitarian action in complex and high-threat environments, such as public advocacy, children in armed conflict, human rights and protection. In terms of policy and normative issues, work continued to strengthen UNICEF's contribution to resilience and link it closely to emergency preparedness, including through the adoption of a humanitarian learning strategy.

The results of this initiative are being mainstreamed into UNICEF's work as part of the organization's continuing drive towards greater effectiveness and efficiency. This will include examining organizational capacity for humanitarian response (human and financial), further simplifying procedures to deliver in especially difficult circumstances, applying a learning and training strategy that will make the UNICEF workforce more flexible by equipping all UNICEF staff with basic humanitarian knowledge, and working to provide all country offices working in fragile, conflict-affected or disaster-prone contexts with adequate resources for preparedness and resilience.

The humanitarian and protection situation in the Syrian Arab Republic and the subregion continued to deteriorate in 2014. The conflict has been characterized by wide-scale, grave violations of child rights, including killing and maiming, recruitment and use of children by armed groups, abduction, arbitrary detention and sexual violence against girls and boys. Children continue to experience profound psychosocial stress as well as disruptions in schooling and access to critical health, nutrition and WASH services. In 2014, 2.6 million Syrian children were out of school, of which 2 million were inside the Syrian Arab Republic and 600,000 are refugees in neighbouring countries.

In Iraq, the armed conflict that escalated in mid-2014 further compounded the Syrian refugee crisis within the country, with 5.2 million Iraqis – half of them children – in need of humanitarian assistance. More than 2.1 million people were displaced in Iraq by the end of 2014, including 223,000 Syrians. Host communities are facing the dual burden of Syrian refugees and internally displaced Iraqis, with many of the Syrian refugees in Iraq located in the same geographical areas as internally displaced Iraqis. Children are facing protection violations, including abduction, sexual violence and recruitment into armed groups.

Since the onset of the Syria crisis four years ago, and despite the enormous security and other challenges posed by a conflict of such scale and brutality, UNICEF and partners have been delivering clean water, sanitation, education, health and immunization services, as well as psychosocial care, to millions of children and their families, including throughout the subregion. In Iraq, UNICEF rolled out the RRM and social cash transfers to reach the most vulnerable children in hard-to-reach areas and translate equity principles into effective humanitarian action.

Key results from the humanitarian response to the crisis in the Syrian Arab Republic and the subregion include:

- 2.9 million children under 5 in the Syrian Arab Republic vaccinated against polio (exceeding the 2.5 million targeted); and 107,000 children received routine vaccinations in Lebanon, Jordan and Iraq (71 per cent of the 150,000 targeted)

- 2.4 million emergency-affected people in the Syrian Arab Republic (50 per cent girls/women) (exceeding the 2 million targeted) and 2.16 million people in Iraq, Jordan and Lebanon were provided with access to safe drinking water (exceeding the 951,000 targeted)
- 2.8 million children in the Syrian Arab Republic (97 per cent of the 2.9 million targeted) gained access to education through learning materials; and 360,000 children in Lebanon, Jordan and Turkey (62 per cent of the 578,000 targeted) received school supplies.
- Nearly 300,000 children in the Syrian Arab Republic (60 per cent of the 500,000 targeted) and some 600,000 children in Iraq, Jordan, Lebanon, Turkey and Egypt (94 per cent of 640,000 targeted) received psychosocial support.

Key results from the humanitarian response to the crisis in Iraq in 2014 include:

- More than 609,000 internally displaced persons received hygiene kits or other hygiene supplies (87 per cent of the 700,000 targeted for 2014/2015).
- More than 148,000 host community children (aged 6–17) regained access to education opportunities (exceeding the 125,000 targeted for 2014/2015).
- More than 42,000 children under 1 were vaccinated against measles through routine immunizations (71 per cent of the 60,000 targeted for 2014/2015).
- More than 160,000 vulnerable children were better protected from the risks of winter with appropriate clothing (80 per cent of the 200,000 targeted for 2014/2015).

Throughout 2014, safe and unimpeded access in the Syrian Arab Republic remained a significant challenge for humanitarian partners and constrained achievement of the targets, due to widespread insecurity and conflict, shifting front lines, bureaucratic impediments and conditions imposed by parties to the conflict. Access to large swathes of the north-eastern Syrian Arab Republic, in and around Damascus, remained highly restricted or even blocked throughout 2014. The highly fluid humanitarian situation characterized by multiple displacements throughout the country, as well as low funding levels for Syria in 2014 also constrained achievement of the targets set. In Iraq, ongoing insecurity and lack of humanitarian access to areas controlled by armed groups continued to challenge the humanitarian response.

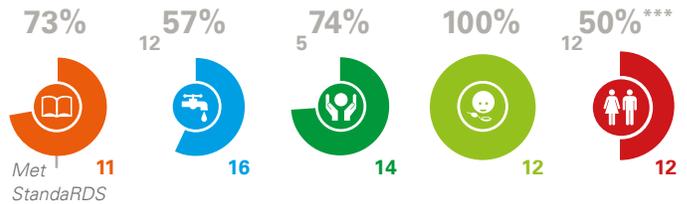
FOSTERING INTER-AGENCY COLLABORATION

UNICEF also continued to support the humanitarian system, including through the roll-out of the IASC **Transformative Agenda**. This was done through engagement with IASC task teams and reference groups, as well as by internalizing IASC guidance in UNICEF's procedures and practices. UNICEF also remained committed to delivering on its responsibility for inter-agency coordination, including in fulfilling its accountability in large-scale emergencies (see Figure 8).

In addition, **partners** are crucial to UNICEF programme delivery and response coordination, and the organization continued to work closely with Governments, civil society actors, international and national NGOs, first responders, local service providers and affected populations. With multiple, major and often simultaneous complex emergencies and crises stretching humanitarian response capacities throughout the year, UNICEF standby arrangements with Governments and partners were critical. In 2014, 26 standby partners – including new standby partners such as the Governments of Australia and Luxembourg – provided UNICEF with 179 personnel, including 11 to headquarters and the remainder to field support.

FIGURE 8 COORDINATION

NUMBER OF Countries where cluster coordination mechanism meets CCC standards**



NUMBER OF COUNTRIES: LEADING/CO-LEADING SECTOR/CLUSTER



** Core Commitments for Children in Humanitarian Action standards for coordination defined as: convening partners; establishing terms of reference for coordination; establishing cluster operational strategy/action plan; performance management system in place; sector coverage known from cluster reporting.

*** Only two are co-led by UNICEF

CRISIS IN THE CENTRAL AFRICAN REPUBLIC²⁹

More than 2.3 million children in the Central African Republic have borne the brunt of the violence and humanitarian crisis that engulfed most of the country in 2014. Children have been directly targeted by the violence and have been killed and maimed, recruited by armed groups and sometimes forced to take part in the atrocities. By the end of the year, more than 436,000 people – almost a tenth of the country's population – remain displaced inside the Central African Republic and over 455,000 are still refugees in neighbouring countries. Even in places with improved security, the return is slow and the few returnees have had to rebuild damaged houses. The resumption of primary health services and the reopening of schools has remained limited; health workers and teachers have not returned or live in fear of new attacks.

UNICEF humanitarian assistance in the Central African Republic in 2014 focused on protection of affected populations and life-saving interventions to address vaccine-preventable and waterborne diseases, malaria, HIV and SAM, and reduce the risks faced by displaced populations, including access to water and sanitation. In total, 179 surge staff members were deployed to six strategic field locations for effective humanitarian response, and mobile teams were temporarily deployed to accelerate response, identify and resolve constraints, and protect by presence. In 2014, RRM conducted 45 multi-sectorial assessments and distributed essential household items and WASH services to more than 103,000 people.

Key results from the 2014 UNICEF response in the Central African Republic included:

- Under the RRM, nearly 22,000 households received non-food items (NFIs) (126 per cent of 17,000 targeted)
- Some 238,000 children under 5 were vaccinated against measles (88 per cent of the 268,000 targeted)
- Some 25,000 children under 5 with SAM received treatment (88 per cent of the 28,000 targeted)
- Some 419,000 people gained access to improved water sources (60 per cent of the 700,000 targeted) and some 230,000 gained access to basic sanitation services (77 per cent of 300,000 targeted)
- More than 2,806 children (646 girls) released from armed forces and groups (94 per cent of the 3,000 targeted).

Although infrastructure destroyed in the crisis is slowly being rebuilt, the pre-existing weak capacity of basic infrastructure in the Central African Republic, gravely exacerbated by the crisis, continued to challenge the humanitarian response in 2014. The WASH response, in particular, was constrained by the magnitude of needs across a vast area, limited NGO partner capacity (along with comparatively high costs) and frequent limitations on access due to insecurity. In general, persistent insecurity and challenging logistical constraints reduced access to affected populations in remote areas, impacting the delivery of assistance/services and undermining progress. The overall poor funding against the requirements also hindered efficient project implementation. In 2015, UNICEF will continue to address persistent structural issues – including by rebuilding social services to advance peace and reconciliation – as well as acute humanitarian challenges. In the area of WASH, UNICEF has developed a strategy for the most robust pre-positioning of supplies and the reactivation of more efficient national rural and urban water supply services.

EMPHASIZING EQUITY AND INCLUSIVITY

UNICEF continued to emphasize equity and inclusivity in its humanitarian action in 2014. Minimum standards on gender equality and people with disabilities in humanitarian action were maintained and progress made towards development of minimum standards of accountability to affected populations (AAP). UNICEF also continued to prioritize the gender equality focus of its cluster leadership. On average, nearly half of education, nutrition, WASH and child protection cluster projects took gender equality issues into account in 2014. UNICEF has continued to promote gender equality programming with partners and, as a result, a number of partners and country clusters have made commitments to integrate gender equality considerations into projects and systems. In 2014, the WASH cluster developed five minimum commitments – related to assessment, service design, implementation, response monitoring, and participation of women and girls across the response – for strengthening the equity and gender sensitivity of interventions. These commitments will be piloted in 2015. At the country level, in **Lebanon**, UNICEF continued to respond to the Syrian refugee crisis using an equity approach. This included focusing interventions in communities where the most vulnerable children were concentrated – including both poor Lebanese and those displaced by the Syrian crisis. In **Pakistan**, UNICEF advocated for sending girls to school through direct engagement with communities and parents, and a strong mobilization effort that resulted in the enrolment of more than 15,000 displaced girls in school.

EQUITY IN ACTION

UNICEF continued to emphasize **equity** in 2014, including by leveraging such innovations as biometric iris scanning, developed by the United Nations High Commissioner for Refugees (UNHCR) to dispense cash to benefit the most vulnerable Syrian refugee children in **Jordan**. Putting money directly into families' hands allowed them to make their own choices. In **Lebanon**, neighbourhood mapping identified the places where the vast majority of Syrian refugees and vulnerable Lebanese were living, and UNICEF and partners were subsequently able to bring in a suite of health, sanitation and education assistance to those most in need of it.

CHALLENGES AND CONSTRAINTS

UNICEF and partners continued to operate in a challenging humanitarian environment in 2014. With multiple, simultaneous and in some cases protracted large-scale emergencies, the humanitarian caseload has continued to grow, as has the complexity of situations on the ground. In particular, the changing nature of conflict, characterised by the use of children as instruments of violence, grave protection violations against children, and the targeting of civilian infrastructure, including schools and health facilities – is endangering the rights and well-being of millions of children. The proliferation of non-state entities in conflict situations has posed operational challenges both to access and the protection of children. The increasingly subregional nature of crises, with limited short-term solutions, has thus required more complex cross-border interventions for effective response.

In 2014, the declaration of six Level 3 emergencies – many of them simultaneous – meant increased demand for humanitarian funding, as well as higher demand for overall organizational resources (human and financial). In general, this meant reduced funding for small and medium-scale emergencies; the EPF was exhausted in a single year, with 88 per cent used for emergency responses declared as Level 3. Yet resource availability for large-scale emergencies was also uneven – for example, the humanitarian funding requirements for the crisis in the Central African Republic were only 56 per cent funded by the end of 2014. Moving forward, the organization will continue its engagement with the humanitarian community – including through the World Humanitarian Summit – to explore alternative and improve the efficacy of financing mechanisms, and to offer solutions for improving the efficiency of humanitarian response.

The need for continued investment in strengthening preparedness and resilience at the country level was in evidence during 2014. For example, the response to the Ebola outbreak demonstrated the importance of supporting community-level systems to reduce vulnerabilities and build resilience over the long term. With so many responses taking place in highly insecure environments, the organization must also secure access to children located in these environments, widen the pool of capable and available humanitarian responders to match increasing global demands, adequately provide for staff welfare in humanitarian situations, and deploy the organization's human and financial resources to optimum effect. UNICEF will continue to strengthen its internal systems to this effect. In addition, to address the increasingly complex issues faced by country offices, new and strategic approaches to security are needed. UNICEF will need to adapt with new tools and trainings designed to enhance management of critical security incidents in the field and provide continuity for programmes and operations. New modalities for analysing security factors are being developed to achieve better access for UNICEF programmes in high-risk locations.

PLANNING AND RESULTS OUTLINED BY PROGRAMME COMMITMENT

Below follows reporting on the Programme and Operational Commitments of the Core Commitments for Children in Humanitarian Action (CCCs) and represent the contributions made by UNICEF, with partners, to each commitment. These are in line with the outcome areas of the UNICEF Strategic Plan 2014–2017, and include a section on social inclusion. All figures come from country office annual reports and consolidated emergency reports unless otherwise stated. Further information on country-level results can be found in individual consolidated emergency reports.

RAPID ASSESSMENT, MONITORING AND EVALUATION

STRATEGIC RESULT: HUMANITARIAN ACTION FOR GIRLS, BOYS AND WOMEN IS TIMELY, EFFECTIVE AND EFFICIENT.

UNICEF continues to support inter-agency efforts to strengthen assessment, planning, monitoring and evaluation functions through the Transformative Agenda. At the same time, UNICEF is working towards strengthening and standardizing its own internal mechanisms for humanitarian planning, monitoring and evaluation.

COMMITMENT 1

The situation of children and women is monitored and sufficiently analysed, and rapid assessments are carried out whenever necessary.

In addition to conducting assessments at the inter-agency level under the leadership of the Office for the Coordination of Humanitarian Affairs (OCHA), UNICEF undertakes sectoral assessments on a needs basis. In 2014, UNICEF played an important role in processes related to developing systems and frameworks and adapting tools for rapid needs assessment in humanitarian situations. With the aim of strengthening systems and tools for rapid assessment based on learning from recent humanitarian responses, UNICEF led the inter-agency revision of the Multi-Cluster/Sector Initial Rapid Assessments (MIRA) and subsequently reached agreement in the IASC to establish an informal Needs Assessment Taskforce. The organization also contributed substantially to the development of a framework and tools for the Humanitarian Needs Overview that are also aligned to the MIRA framework. Following the revision, and in all complex emergencies, UNICEF, as a member of the Humanitarian Country Team and cluster lead agency, contri-

buted to the Humanitarian Needs Overview to provide a basis for strategic response plans. At the agency level, UNICEF conducted rapid nutrition assessments in **South Sudan** and **Iraq**, using its own internal technical resources.

COMMITMENT 2

Systems for performance benchmarking regularly monitor UNICEF humanitarian action, enabling CCC implementation to be measured.

UNICEF improved humanitarian performance monitoring (HPM) systems, which are essential to delivering results against the targets in the Strategic Plan, by developing new tools in response to country and regional office needs and devoting substantial resources to staff visits to the field in response to specific country office requests (notably to strengthen monitoring in **South Sudan**, **Iraq** and for the **Ebola** response). In **Lebanon**, UNICEF continued to scale up and refine monitoring and evaluation capacity in 2014, including through innovative systems such as ActivityInfo for indicator monitoring and EquiTrack for partnership monitoring. These systems allowed UNICEF to efficiently and effectively manage and channel funds to improve results for marginalized children and enabled UNICEF Lebanon to swiftly respond to donor information requests and funding opportunities. Accountability for results was also strengthened through the development of guidance on setting targets for the CCCs and clarifying accountabilities for humanitarian cluster leadership. In 2014, 97 per cent

of country offices with standalone appeals in the HAC were able to report results against programme targets. UNICEF made 33 deployments for planning, monitoring and evaluation in 2014 to support country and regional offices. A new situation report template was completed and disseminated and a tool on minimum standards for field monitoring in high threat environments was developed that will be included in UNICEF's Humanitarian Performance Monitoring (HPM) toolkit. Funding was secured to develop an information management platform to support HPM, in line with corporate reporting systems. This combination of direct staff response to the particular needs of field offices and the provision of enhanced tools strengthened humanitarian results monitoring, reporting and accountability throughout the organization.

COMMITMENT 3

Humanitarian action is regularly assessed against CCCs, policies, guidelines, UNICEF quality and accountability standards, and stated objectives of humanitarian action through evaluative exercises, with partners whenever possible.

A number of evaluations of UNICEF humanitarian action in large-scale crises were undertaken or prepared in 2014. The **Real-Time Evaluation of the UNICEF Humanitarian Response to Typhoon Haiyan in the Philippines** assessed the first four months of the response. The evaluation found that in general, the UNICEF response was timely, appropriate and relevant to the needs of affected communities; effective in adding value to the wider response; and well linked to recovery and longer-term priorities. UNICEF's performance as co-lead of the Education, Nutrition and WASH clusters, as well as the Child Protection area of responsibility was rated highly satisfactory. The activation of the Corporate Emergency Activation Procedure and Level 3 protocols was appropriate and timely, and the Simplified Standard Operating Procedures generally proved their worth, in particular in terms of the speed of staff deployment, recruitment and procurement. The recommendations call for a more structured approach to emergency preparedness, the promotion of synergy between sectors, inclusion of the use of cash transfers, development of a wider partner base in the Philippines, and review of the programme cooperation agreement approval processes in crisis-prone countries.

In parallel, UNICEF participated in **the IASC Humanitarian Evaluation of the Typhoon Haiyan Response**, led by OCHA, with the Food and Agriculture Organization of the United Nations (FAO) and WFP. Overall, the evaluation found that the inter-agency effort effectively contributed to meeting emergency needs through a timely and relevant immediate response. Earlier and more tailored approaches to support recovery and restore livelihoods would have been beneficial to meeting early recovery targets. The use of different beneficiary targeting approaches by agencies caused community confusion and dissatisfaction. Innovations were largely effective, including those related to scaling up cash-based approaches and engaging communities through accountability and communication mechanisms. Preparatory work also began for the **Evaluation of UNICEF's Response to the Crisis in Syria** and the **Evaluation of UNICEF's Response and Programming Strategies to the Crisis in the Central African Republic**, both of which will begin implementation in 2015.

The **Evaluation of the Cluster Lead Agency Role in Emergencies** (CLARE) was finalized in early 2014. The CLARE highlighted the key role that UNICEF plays in bringing partners to the table and ensuring, by working together, that the collective response is more effective. The CLARE affirmed that UNICEF is broadly effective at exercising its country cluster coordination responsibilities. Overall, 61 per cent of country-level survey respondents agreed that UNICEF is effectively harnessing its coordination skills and capacities to fulfil its Cluster Lead Agency roles. UNICEF has worked to clarify roles and accountabilities internally and has continued to strengthen surge support for clusters and more generally for emergencies. The focus on investing in preparedness and supporting national capacity will also help limit the need for activating clusters and emergency mechanisms.

UNICEF engaged in further work to improve accountability to affected populations and will continue these efforts in 2015. The organization participated in the **IASC Coordinated Accountability and Lessons Learning (CALL) initiative for the Syrian Arab Republic** with OCHA, UNHCR, WFP and the Active Learning Network for Accountability and Performance in Humanitarian Action. Drawing on lessons from previous experiences with large-scale multi-agency evaluations, the IASC Steering Committee for Humanitarian Evaluations established the CALL for the Syrian Arab Republic to coordinate evaluation and lesson learning among humanitarian actors to improve evidence-based decision making and humanitarian intervention in the Syrian Arab Republic and the subregion. To this end, UNICEF contributed to the creation of a Syria CALL Evaluation Portal to provide access to evaluations, reviews and other resources related to the crisis.

CHALLENGES AND CONSTRAINTS

The implementation of HPM was uneven across offices and hindered by limited capacity at country and regional office levels. HPM must be better incorporated into country office integrated monitoring and evaluation plans. Limited capacity and resources also posed a challenge to evaluation and constrained the ability of country offices to evaluate their emergency responses (particularly responses to smaller and chronic/protracted humanitarian crises). UNICEF is working to address this by building global capacity for evaluation initiatives to better support country offices to undertake decentralized humanitarian evaluations. It was also difficult to secure funding for humanitarian evaluations, the cost of which is not often included in appeals. Evaluations of large-scale responses were sometimes carried out at both the IASC and agency-specific levels. A key challenge was ensuring that the evaluations were harmonized, complimentary and making the best use of finite resources.

NUTRITION

STRATEGIC RESULT: THE NUTRITIONAL STATUS OF GIRLS, BOYS AND WOMEN IS PROTECTED FROM THE EFFECTS OF HUMANITARIAN CRISIS.

Emergency situations are often characterized by limited access to adequate safe food, disruption of health and nutrition services and constraints to protecting, promoting and supporting optimal infant and young child feeding (IYCF). It is therefore essential that emergency nutrition interventions prioritize protecting the nutritional status of children, pregnant and lactating women, and other vulnerable groups to prevent undernutrition, disease and deaths. UNICEF works to prepare for and address the multiple causes of undernutrition, and respond to nutritional needs in both fragile and recovery situations by strengthening national capacities and working with partners. The aim is to ensure that vulnerable groups receive adequate assistance in a timely and effective manner.

GLOBAL RESPONSE

*Globally, UNICEF supported **2.3 million** children aged 6-59 months with severe acute malnutrition with treatment (82 per cent)*

Globally, in 2014, UNICEF supported 2.3 million severely malnourished children aged 6–59 months through therapeutic feeding programmes (82 per cent of target). This is marginally less than was achieved in 2013 (2.4 million children reached), but continues the increasing trend since 2011 (1.8 million reached). The achievement should also be considered within the context of the global SAM burden (spanning development and humanitarian settings) of 17 million children³⁰ and the ongoing situation of heightened and often alarming food and nutrition insecurity in the **Horn of Africa** and **Sahel** regions. Headquarters and regional offices supported country-level responses, including to **Burundi, the Central African Republic, the Niger, the Philippines and South Sudan**. To improve SAM management programming, UNICEF conducted two regional workshops – one in Dakar for **West and Central African** countries and one in Nairobi for **Eastern and Southern African** countries – on routine coverage surveys and bottleneck analysis. In 2014, bottleneck analysis was implemented in **Kenya, Malawi, the Democratic Republic of the Congo and Afghanistan**. UNICEF and WFP reached more than 600,000 people with nutrition services in locations affected by **Ebola**. Also in the context of the Ebola crisis, UNICEF coordinated the drafting of joint guidance on infant feeding (UNICEF/World Health Organization (WHO)/Emergency Nutrition Network); joint guidance on Nutritional Care of Children and Adults with Ebola Virus Disease in Treatment Centres;³¹ and UNICEF guidance for the procurement of ready-to-use infant formula. UNICEF continued to expand the provision of micronutrients in emergencies. Micronutrient powders for 450,000 children were supplied in response to emergencies in 10 countries.

COMMITMENT 1

Effective leadership is established for nutrition cluster inter-agency coordination, with links to other cluster/sector coordination mechanisms on critical inter-sectoral issues.



*In 2014, UNICEF led or co-led Nutrition sectors/clusters in **63 countries**.*

At the global level, the Global Nutrition Cluster (GNC) initiated the implementation of its 2014–2016 Strategic Plan, which was developed and endorsed by more than 40 GNC partners. Funding was secured from the European Commission Humanitarian Office to support the capacity of the GNC to sustain and maintain the Rapid Response Team (RRT) mechanism, used to surge cluster coordinators and technical support. The RRT deployed to six emergencies (the **Central African Republic, the Philippines, the Syrian Arab Republic, South Sudan, Somalia** and the **Sudan**), totalling 12 deployments. Those missions strengthened coordination mechanisms and the capacities of staff filling cluster coordination and information management functions, including of Governments. This led to the efficient transition of the cluster

to the existing structure, for example in **Philippines**, following the 2013 Haiyan response, where UNICEF successfully handed over the leadership of the nutrition cluster to the national and regional nutrition clusters in June 2014. In **Myanmar**, due to the cyclical nature of floods requiring nutrition response, UNICEF strengthened the capacity of the nutrition sector through the recruitment of a dedicated nutrition coordinator. The GNC also provided strong support to national clusters in **South Sudan, the Philippines** and **Ethiopia**, including providing training for the Government and facilitating the Cluster Coordination Performance Monitoring exercise.

COMMITMENT 2

Timely nutritional assessment and surveillance systems are established and/or reinforced.

Assessing malnutrition rates and monitoring programme performance is a critical part of UNICEF's work to better identify and respond to needs. In **South Sudan**, 50 Stan-

standardized Monitoring and Assessment of Relief and Transitions surveys, including small-scale surveys, were conducted in the context of the ongoing violence. In **Mauritania**, UNICEF has supported the development of a monthly monitoring mechanism for WASH in nutrition activities. The use of mobile technology for improving nutrition programmes also gathered momentum in 2014. In **Burundi**, where timely SAM reporting remains a challenge, UNICEF is piloting real-time monitoring of admissions and supply tracking with RapidPro – an open-source platform of applications that can help governments deliver rapid and real-time information and connect communities to lifesaving services – with the aim of rolling this out in 2015. In the **Niger**, UNICEF and partners spearheaded the use of an SMS-based monitoring system to collect real-time data in 135 health facilities. Evaluation indicates that the tool has improved the timeliness and completeness of reporting and no supply stock-outs were recorded during 2014. UNICEF will consider expanding this tool to two other regions of the Niger in 2015.

COMMITMENT 3

Support for appropriate infant and young child feeding (IYCF) is accessed by affected women and children.

There is increasing recognition that protection, promotion and support for adequate IYCF practices is critical to improving nutritional behaviour in emergencies and supporting infant and child survival. Globally, UNICEF supported 3.3 million caregivers with IYCF counselling in 2014. In the **Sudan**, a total of 350,000 mothers or caregivers (exceeding the target) received IYCF counselling through mother support groups and clinics in emergency affected areas in 12 states. In the **Philippines**, UNICEF supported over 100,000 caregivers of children aged 0–23 months (61 per cent of target) with IYCF counselling for appropriate feeding, including 76,000 caregivers supported as part of the Typhoon Haiyan response. More than 2,700 health and nutrition service providers were trained on IYCF counselling.

COMMITMENT 4

Children and women with acute malnutrition access appropriate management services.

Management of SAM continued to be a critical emergency response intervention in 2014. In conflict environments in **Somalia**, UNICEF supported the treatment of over 162,000 severely malnourished children under 5 (81 per cent of target) achieving an over 90 per cent cure

rate. Through sustained air bridge support, nutrition supplies were delivered to newly accessible and under-siege areas to meet the needs of about 14,000 Somali children. In **South Sudan**, where the humanitarian caseload doubled in 2014 and the risk of famine rose, 93,000 children (51 per cent girls) aged 6–59 months with SAM were admitted to treatment, with a 77 per cent cure rate. UNICEF and partner technical specialists assessed and responded to the situation on the ground, scaling up the nutrition programme and reaching otherwise inaccessible locations with limited or no partners (government and NGOs) present. Through RRM, children were screened for acute malnutrition and SAM cases were identified and treated. In **Mali**, a food-insecure environment, UNICEF supported the Government to scale up equitable access to treatment. With increased access, SAM admissions increased from 26,600 children in 2011 to 100,000 in 2014. Promoting an integrated multi-sector response, nearly 40,000 mother/caregivers of acutely malnourished children benefited from hygiene kits and hygiene awareness-raising activities.



© UNICEF/UNI177744/Dubourthoumieu – Vasco, 2 months old, is weighed at the Centre Therapeutic Nutrition Intensive Kisandji in the Democratic Republic of the Congo, where he was diagnosed with severe acute malnutrition.

NUTRITION IN THE DEMOCRATIC REPUBLIC OF THE CONGO

UNICEF continued to scale up SAM treatment in the complex operating environment in the Democratic Republic of the Congo in 2014. In addition to reaching 296,000 children (52 per cent girls) affected by SAM with treatment (99 per cent of the target), UNICEF and partners supported the delivery of therapeutic milk and ready-to-use therapeutic foods and essential drugs in SAM treatment sites throughout the country. SAM management capacity was strengthened through training provided to health providers and community health volunteers. However, despite scale-up, programme coverage is only 17 per cent, in part owing to the complexity of the operating environment. Increased funding will be critical to expanding the coverage of life-saving treatment. To decrease the nutrition caseload and strengthen resilience, UNICEF and partners will also promote the scale-up of appropriate IYCF practices and other key interventions.

COMMITMENT 5

Children and women access micronutrients from fortified foods, supplements or multiple-micronutrient preparations.

UNICEF continued to provide micronutrient supplies, technical and monitoring support to prevent and treat micronutrient deficiencies during emergencies. In many countries, UNICEF was able to reach large numbers of children with micronutrients through child health days and campaign-based approaches. In **the Democratic Republic of the Congo** and **Chad**, more than 90 per cent of children 6–59 months were reached with vitamin A supplementation twice in 2014. In response to worsening flood and protection concerns in **Uganda**, UNICEF supported more than 244,000 children (exceeding the target) with vitamin A supplementation and deworming—including both refugee and host community children, as well as children in Karamoja District in the northeast of Uganda. UNICEF also increasingly supported the distribution of multi-micronutrient powders as part of emergency response and recovery to improve the quality of complementary foods. In **the Democratic People's Re-**

public of Korea, UNICEF facilitated the provision of multi-micronutrient powders to 156,000 children aged 6–23 months, with three months' coverage reaching 30 per cent of the target. In **Afghanistan**, despite security constraints, 342,000 children aged 6–59 months (48 per cent of target) were reached with multi-micronutrient powders in five accessible provinces in which the campaigns were possible.

COMMITMENT 6

Children and women access relevant information about nutrition programme activities.

UNICEF strives to disseminate information regarding nutrition services in emergencies. For example, in **Yemen**, UNICEF supported integrated outreach activities through implementation, monitoring and funding support. As a result, over 800,000 children were screened for malnutrition, and those with SAM were referred to treatment. In **Haiti**, UNICEF supported the government health authority to run sensitization campaigns in all 10 departments on the importance of using micronutrients and iodized salt, while 110,300 households (550,000 people) received locally produced iodized salt.

CHALLENGES AND CONSTRAINTS

A key challenge is to address the underlying causes of acute malnutrition. In many countries, related interventions, particularly in the areas of water and sanitation and health, require scaling up. Prevention and IYCF activities are often underfunded in work plans, and the funding received is generally dedicated to ensure SAM treatment and the pipeline of ready-to-use therapeutic foods. While this can reduce child mortality in the humanitarian response, it does not sufficiently address the reduction of malnutrition itself. UNICEF will continue to position IYCF as a critical intervention in emergencies and strengthen nutrition linkages with WASH and other sectors to address underlying causes. Globally, the supply chain also continues to be an issue. In many countries, there is an over-dependence on UNICEF support for SAM treatment supplies and ready-to-use therapeutic food storage capacity at decentralized levels remains inadequate. Similarly, UNICEF dependence on emergency funding for procuring supplies creates additional complexity and funding delays can impact supply provision. UNICEF is continuing to work with donors and support countries with supply chain assessments to identify and address these issues.

HEALTH

STRATEGIC RESULT: EXCESS MORTALITY AMONG GIRLS, BOYS AND WOMEN IN HUMANITARIAN CRISIS IS PREVENTED.

Mortality and morbidity are critical risks in emergencies. UNICEF plays a vital role in strengthening the capacity of countries and partners to reduce excess mortality from disasters from all types of hazards and target the most vulnerable populations with appropriate interventions. UNICEF is committed to supporting the continuum of care across the maternal, newborn and early childhood periods at the household, community and health-facility levels, with an increasing emphasis on community health approaches.

GLOBAL RESPONSE

The strong presence of UNICEF in humanitarian contexts even before the onset of an emergency allows for direct and rapid support in the early stages of a response, taking advantage of the long-term partnerships with sector ministries, local organizations and civil society. In 2014, 22 million children aged 6 months to 15 years were vaccinated against measles (72 per cent of target). UNICEF continued to provide relief and support to millions of children across the globe affected by natural disasters, protracted crisis, long-term conflict and violence. The Ebola outbreak marked a breakthrough in the UNICEF strategic response to public health emergencies. Through innovative programme strategies and strengthened multi-sectorial approaches, UNICEF went beyond the CCC framework to address the numerous challenges unique to the **Ebola** crisis. UNICEF also increasingly invested in and supported preparedness activities. The cholera situation in **Haiti** improved, with a 53 per cent reduction in cases in 2014 compared with 2013,

© UNICEF/NYHQ2014-0253/Pirozzi — In February 2014, a health worker administers a dose of oral polio vaccine to an infant at a Médecins Sans Frontières hospital in the town of Tanuan in the Philippines – one of the areas hardest hit by Typhoon Haiyan.



due to an effective surveillance and response system. The increase in cases at the end of 2014 underscores the need to invest in systems for prevention. The capacity for emergency preparedness and response was also significantly strengthened and contingency plans now exist for 9 out of 10 departments in Haiti.

HEALTH IN THE PHILIPPINES

Immediately following the typhoon in the Philippines, Expanded Programme on Immunization (EPI) services were disrupted. Using flexible and adapted programming, routine EPI was restored within weeks. While peripheral cold chain materials were damaged, central storage was functional. Vaccines were stored at the central level and transported in cold boxes for use and then returned to central storage. To further strengthen resilience, when EPI systems were rehabilitated, UNICEF procured refrigerators that could withstand strong winds and maintain vaccines at appropriate temperatures for 10 days following a cut in electricity. Vaccine management and storage training also contributed to a sustainable EPI programme.

COMMITMENT 1

Inter-agency coordination mechanisms in the health sector (e.g., cluster coordination) are supported and enhanced with links to other cluster/sector coordination mechanisms on critical inter-sectorial issues.

UNICEF is an active Health Cluster member and plays a major role in supporting coordination mechanisms at the global and country levels. UNICEF works closely with WHO, the technical lead in health sector, and other partners to improve the coordination of health sector emergency preparedness and response. UNICEF's long-term presence in the field at national and sub-national levels has helped the organization develop strong partnerships with governments and local NGOs that are instrumental to effective coordination between traditional and new stakeholders. These partnerships also help facilitate inter-sector work from the initial stages of the emergency through the recovery process. As focal agency and co-lead agency for social mobilization in the **Ebola** response, UNICEF worked closely with UNMEER in West Africa and supported respective ministries of

health and WHO in countries. In **Pakistan**, the Health Cluster, with support from UNICEF and WHO, undertook a comprehensive and coordinated assessment of time-critical life-saving needs for internally displaced persons and returnees that informed the drafting of the Humanitarian Needs Overview for 2014. In **Kenya**, UNICEF and WHO submitted a joint proposal to the Central Emergency Response Fund (CERF), and UNICEF and agencies supported the development of strategic and contingency plans, planning for preparedness, coordination and implementation.

COMMITMENT 2

Children and women access life-saving interventions through population- and community-based activities (e.g., campaigns and child health days).

The **Ebola** outbreak evidenced the importance of using available local resources and community health workers for emergency response activities and maintaining routine health activities during the emergency. The development of the Community Care Centres improved access to early diagnosis and treatment as well as referral of non-Ebola cases to appropriate facilities. In the conflict-affected states of **South Sudan**, UNICEF reached almost 1 million children aged 6 months to 15 years with measles and polio vaccination through integrated vaccination campaigns and RRM. In the **Democratic Republic of the Congo**, the RRM extended emergency health interventions, improved joint action with food security actors, and put in place a framework for accountability for affected populations. In the **Sudan**, national immunizations days were conducted across the country reaching more than 7.1 million children under 5 (98 per cent of target) with polio vaccination and vitamin A.³² In Darfur, during routine EPI acceleration campaigns, 20,086 children under 1 received pentavalent 3 vaccine and 20,821 received the first dose of measles vaccine.

COMMITMENT 3

Children, adolescents and women equitably access essential health services with sustained coverage of high-impact preventive and curative interventions.

*In 2014, UNICEF led or co-led Nutrition sectors/ clusters in **63 countries.***

As part of its commitment to providing basic services throughout the life cycle, UNICEF provided high-impact preventive and curative interventions in the most challenging environments in 2014, with special focus on children, girls and women. In the **Democratic People's Republic of Korea**, essential medicines were provided to 94 focus counties, benefiting about 830,000 children. UNICEF continued to provide essential services in 16 countries to ensure the quality of antenatal, intra-natal, post-natal and newborn care, supporting 29,000 safe deliveries in 2014. In **Kyrgyzstan**, given the risk of epidemics of measles and rubella, 200 medical workers were trained and 10,000 doses of measles, mumps and rubella vaccines were pre-positioned to respond to a potential measles or rubella outbreak (100 per cent of target). In **South Sudan**, UNICEF was one of the first responders to the cholera epidemic, opened the first Cholera Treatment Centre in Juba and played a key role in training and case management. UNICEF also distributed diarrheal disease kits (enough to treat 6,000 cases); and established 52 oral rehydration points for early community-based response to cholera cases. Two doses of oral cholera vaccine were provided to more than 120,000 internally displaced persons.

COMMITMENT 4

Women and children access behaviour-change communication interventions to improve health-care and feeding practices.

C4D seeks to share relevant, action-oriented information so that when disaster strikes, people in affected communities know what actions to take to maintain and protect the health and wellbeing of community members, including those with disabilities, the elderly and other vulnerable groups. In **Ukraine**, where conflict increased health vulnerabilities, UNICEF reached over 5,000 mothers with information and counselling on the benefits of breastfeeding to prevent the consumption of infant formula among internally displaced children. In **Sierra Leone**, UNICEF reached all communities in the country with behaviour change communication to create awareness about EVD through community engagement involving leaders, women, youth, training of thousands of social mobilization teams. Sixty-eight per cent of least developed countries at risk for cholera outbreaks put in place national comprehensive multi-sectorial cholera preparedness plans covering all components listed in the UNICEF Cholera Toolkit. The aim is to improve preparedness and response and reduce the impact of cholera in endemic and non-endemic countries.

COMMITMENT 5

Women and children have access to essential household items.

UNICEF continued to ensure the supply of household items and the coordination of non-food items in 2014. In the **Syrian Arab Republic**, UNICEF distributed warm winter clothing kits for children, heaters for schools, and fuel and medical care to keep them safe and warm throughout the winter months. In May, floods affected **Serbia**, and a state of emergency was declared for the entire country. In close cooperation with the Institute of Public Health and WHO, UNICEF distributed 5,000 blankets (100 per cent of target) and 9,250 hygiene packages (exceeding target) to flood affected families with children to help them meet their basic hygiene needs. In the **Democratic Republic of the Congo**, UNICEF and partners supported two NFI fairs – or one-time markets providing access to the same type of NFIs typically found in a family relief kit that allow the families themselves to choose the items the family needs most – one for 758 families displaced by inter-communal violence in Kasai Oriental with Caritas Kananga and one for 4,700 families in Equateur province. The families in Equateur were also primarily assisted via NFI voucher fairs and included refugees from the Central African Republic, host families, displaced returnees from inter-communal violence in Gemena and returnee host families. In total, 85 per cent of the targeted population had access to essential and household NFIs and shelter materials.

CHALLENGES AND CONSTRAINTS

The **Ebola** outbreak demonstrated the great vulnerabilities of health systems that resulted in an unprecedented global crisis. Measles routine immunization stopped and coverage plummeted in the three most affected countries. The deepening of the crisis in the **Central African Republic** in 2014 exacerbated existing weaknesses in the health system and major challenges remain in reducing women's and children's mortality and improving their health. In the **Sudan**, although UNICEF continued to advocate for the vaccination of 165,000 children in conflict areas of South Kordofan and Blue Nile who have remained unvaccinated for the third year running, insecurity hindered access to people in need. In addition, limited capacity of implementing partners in conflict-affected states frequently resulted in delayed response to urgent needs. In all health responses, the disconnection between development work and emergency response and the lack of investment in preparedness, risk reduction and recovery were major challenges. Only a quarter of countries have mainstreamed risk reduction/resilience, including climate change, into national health or plans/strategies.

WATER, SANITATION AND HYGIENE

STRATEGIC RESULT: GIRLS, BOYS AND WOMEN HAVE PROTECTED AND RELIABLE ACCESS TO SUFFICIENT, SAFE WATER AND SANITATION AND HYGIENE FACILITIES.

WASH is critical for survival and development in the initial stages of an emergency. People in emergencies – and especially children – are generally much more susceptible to illness and death from disease, often caused by a lack of sanitation, inadequate safe water supplies and poor hygiene. UNICEF works to protect and restore children's right to safe supplies of water, to improved sanitary facilities and to safe hygiene practices. UNICEF's role in emergency programming encompasses direct response, support to capacity building and preparedness, and response coordination at the global and country levels. In recovery contexts, UNICEF supports the development of national policies on water and sanitation.

GLOBAL RESPONSE

In 2014, with UNICEF support, 18 million people were provided with access to safe water to agreed standards (92 per cent of the target), and 4.4 million people were provided with access to adequate sanitation facilities (56 per cent of the target). A significant amount of this effort was in response to the ongoing crises in the **Syrian Arab Republic**, the **Middle East and North Africa** region collectively (continuing a trend in recent years), **Ebola** affected countries, and the **Philippines**. To support these efforts, UNICEF continued to strengthen the capacity of country offices in WASH in emergencies. This included a joint global training course on emergency WASH with UNHCR at the global level, and extensive support for humanitarian preparedness and response training at the country level. A total of 72 people attended the WASH in emergencies training in 2014. UNICEF continued to invest in integrating WASH into other sectors and contributing to resilience in complex nutritional crises, particularly in the **West and Central Africa** region. In the **Niger** in 2014, activities in the 'WASH in Nut' strategy reached over 118,000 'malnourished child/mother' pairs, compared with about 80,000 pairs in 2013. In continuing to strengthen its response to emerging issues, UNICEF, in partnership with UNHCR and the United Nations Human Settlements Programme, developed an operational framework design for urban humanitarian WASH, outlining practical action and progressive steps to be taken by WASH stakeholders.

WASH IN SOUTH SUDAN

In response to the political conflict in South Sudan, resulting in the large-scale displacement of 1.9 million people (over half of whom are children), UNICEF provided over 495,000 emergency-affected people with access to safe water (exceeding target), and around 273,000 people with sanitary facilities designed to mitigate gender-based violence (GBV) risks (57 per cent of target). A variety of strategies were adopted to scale up the response, both inside Protection of Civilian sites and other sites for internally displaced persons. These were expanded throughout the year to respond to internally displaced persons in hard-to-reach areas. Frontline activities through RRM missions provided nearly 73,000 people with access to safe water and over 253,000 people with emergency WASH supplies, including soap, water purification products, water containers and hygiene promotion messages.

COMMITMENT 1

Effective leadership is established for WASH cluster/inter-agency coordination, with links to other cluster/sector coordination mechanisms on critical inter-sectoral issues.

UNICEF continued to provide effective leadership in cluster and inter-agency coordination for WASH. At the country level, 73 UNICEF offices reported leading or co-leading the WASH cluster or sector, with 23 having dedicated cluster coordinators. The WASH Cluster RRT continued to be the primary first response mechanism for establishing WASH coordination and information management in emergency settings. With staff contributed entirely by cluster partners and UNICEF, the team of six cluster coordinators and three information management specialists delivered 1,040 days of on-site support in 11 countries in 2014. Overall, there were 10 cluster deployments. Non-deployment time is used to provide remote support to national coordination platforms and to develop procedures to increase the effectiveness of the operations. In 2014, the WASH humanitarian coordination platform for the **East Asia and Pacific** region was launched with major partners. In alignment with the IASC Transformative Agenda, UNICEF continued to support the establishment of pre-



© UNICEF/UNI176404/Holt — A young girl carries water on her head in a UNICEF donated bucket in the protection of civilians site in Bor, capital of Jonglei State in South Sudan.

paredness actions in national coordination mechanisms, in order to facilitate a smooth transition from the cluster model to a national WASH humanitarian coordination mechanism. In **Yemen**, the co-chair (General Authority for Rural Water Supply Projects emergency unit), supported by the cluster coordinator, began leading WASH cluster meetings, to ensure sustainability and longer term capacity building. In **Cambodia**, UNICEF, as the WASH sector lead, together with World Vision Cambodia as co-lead, organized a workshop with stakeholders to develop a contingency plan to better prepare for future floods.

*In 2014, UNICEF led or co-led WASH sectors/clusters in **73 countries.***

COMMITMENT 2

Children and women access sufficient water of appropriate quality and quantity for drinking, cooking and maintaining personal hygiene.

*Globally, UNICEF supported **18 million** people with access to sufficient water of appropriate quality for drinking, cooking and personal hygiene (92 per cent of target).*

Provision of clean drinking water in emergencies is a crucial life-saving intervention. In the **Syrian Arab Republic**, 2.4 million emergency-affected people accessed safe water through water tankering, distributions of aqua tabs, temporary storage of water, household water treatment, mobile treatment and pumping units and fuel for generators. In **Ethiopia**, through water treatment chemicals and emergency water trucking, UNICEF supported an estimated 721,000 people with access to safe water (exceeding the target). As a longer term sustainable strategy, UNICEF and partners in Kule and Tierkidi refugee camps are establishing a permanent water system that is expected to serve around 150,000 Sudanese refugees in 2015. In response to flash floods and landslides in the **Solomon Islands** in the Pacific, UNICEF provided over 32,000 people (62 per cent of the affected population) with access to safe and sufficient drinking water through water trucking from filtration stations to evacuation centres, surpassing the target.

*In 2014, UNICEF supported **4.4 million** people with access to sanitation facilities (56 per cent of target)*

COMMITMENT 3

Children and women access toilets and washing facilities that are culturally appropriate, secure, sanitary, user-friendly and gender-appropriate.

During emergencies, sanitation and hygiene are critical interventions for disease prevention, as well as for human dignity, especially for women and girls. In 2014, UNICEF efforts helped to provide 13 million people with access to soap or alternative and functional hand-washing facilities (compared with 13.1 million in 2013). Significantly, 1.7 million women and girls were provided with menstrual hygiene management supplies. In **Pakistan**, in the context of chronic displacement in Khyber Pakhtunkhwa and the Federally Administered Tribal Areas, UNICEF provided some 500,000 affected people with improved sanitation facilities, surpassing a target of 484,800. To enhance equity, gender sensitivity and the rights of women in the **Philippines**, partly in response to Typhoon Haiyan, UNICEF efforts provided some 350,000 people with appropriate sanitation facilities, including toilet slabs and portable toilets. High-risk, densely populated urban areas and evacuation centres were the primary target, in order to prevent water-borne disease outbreaks, such as cholera. To date, no major outbreaks of water-borne diseases have occurred. However, the number of people reached by this intervention was below the initial target of 722,000, as fewer people than expected remained in evacuation centres and transition sites. UNICEF therefore shifted its focus to providing household-level latrines and supporting the Philippines Approach to Total Sanitation. As a result, 113 barangays, encompassing a population of almost 70,000 people, were certified as zero open defecation. With sufficient funding, UNICEF would like to scale the approach to support household latrines where possible in order to prevent the spread of disease.

COMMITMENT 4

Children and women receive critical WASH-related information to prevent child illness, especially diarrhoea.

WASH interventions are about sustaining life, not only with drinking water or sanitation, but also through the prevention of hygiene-related diseases and infections. In **the Democratic People's Republic of Korea**, approximately 900,000 people (90 per cent of target) were reached with hygiene promotion messages through television broadcasts of a cartoon film and a cartoon book used in schools. In **Ethiopia**, an estimated 993,000 people (90 per cent of the total WASH cluster partners' effort) received behavioural change messages through audio visual and information, education and communication materials on safe management of water, hand washing, personal hygiene and other methods of preventing acute watery diarrhoea.

COMMITMENT 5

Children access safe water, sanitation and hygiene facilities in their learning environment and in child-friendly spaces.

*In 2014, UNICEF supported **3.1 million** children with access to safe water, sanitation and hygiene facilities in their learning environments (78 per cent of target).*

In 2014, UNICEF efforts to promote WASH in schools, temporary learning and child-friendly spaces benefited 3.1 million children (compared with 2.7 million children in 2013). In **Uganda**, an estimated 40,000 schoolchildren (40 per cent of target) benefited from odourless, clean, fly-free and hygienic latrines due to the application of effective microorganisms, and around 8,000 children (76 per cent of target) were reached with WASH-in-school programmes. Significantly, in efforts to promote WASH

in schools, UNICEF paid particular attention to gender sensitivities. In **Gambia**, as part of Ebola prevention, UNICEF procured and distributed hand washing kits to over 2,000 schools (100 per cent of the target), reaching over 498,000 schoolchildren. In **Kenya**, WASH facilities were built in six primary schools, benefiting over 4,000 children, with separate school latrine blocks constructed for boys and girls, including facilities for the disabled. In **Yemen**, latrines and WASH facilities in 63 schools were rehabilitated or constructed to promote good hygiene practices among 34,900 children, with special measures taken to ensure privacy for girls.

CHALLENGES AND CONSTRAINTS

A common challenge at the country level was limited capacity to identify and integrate risks into routine development strategies, in order to build resilient WASH systems. Of particular concern was the limited capacity to implement integrated multi-sectoral programming in order to address complex and multifaceted challenges such as nutritional crises, in which WASH is a key component. In some countries and contexts, achievements were hindered by lack of access, largely due to volatile security environments. In **the Central African Republic**, there was limited access to project sites and frequent looting of project facilities. However, with security improving in some localities, the intention is to refocus resources to support longer-term water and sanitation solutions. Challenges also persist around the lack of funding provided for WASH activities, and the level of political ownership of WASH in emergencies by national governments. Informed by a study on how to smoothly transition from cluster-led to nationally-led humanitarian WASH, UNICEF plans to address this particular challenge by clarifying accountability, early government engagement and a fully inclusive process with key humanitarian stakeholders in country, including representatives of affected communities.

CHILD PROTECTION

STRATEGIC RESULT: GIRLS' AND BOYS' RIGHTS TO PROTECTION FROM VIOLENCE, ABUSE AND EXPLOITATION ARE SUSTAINED AND PROMOTED.

Emergencies can cause displacement, breakdown of family and social structures, erosion of traditional value systems and violence, all of which seriously degrade the protective environment for children. Child protection in

emergencies work is the prevention of and response to abuse, neglect, exploitation of and violence against children in emergencies – in practice, encompassing child protection programmes and systems building, as well as integrating child protection actions into all other humanitarian sectors.

GLOBAL RESPONSE

*Globally in 2014, UNICEF supported **3.1 million children** with psychosocial support (81 per cent of target)*

In 2014, children affected by conflict faced rights and protection violations, including sexual and gender based violence and recruitment into armed groups, and experienced psychosocial stress and loss of protective environments such as schools. In response, UNICEF in 2014 reached 3.1 million children globally with psychosocial support (81 per cent of target). UNICEF also supported the release of 10,204 children associated with armed forces or groups, including 8,390 reintegrated with their families and communities. In addition, nearly 12,000 unaccompanied and separated children were reunified with family members. In 2014, UNICEF and the Special Representative of the Secretary-General on Children and Armed Conflict co-launched the Children Not Soldiers (#childrennotsoldiers) campaign – aimed at ending all recruitment and use of children by state security forces by 2016. UNICEF also strengthened GBV prevention and response in 2014, playing a key leadership role in the United Kingdom-led Global Summit to End Sexual Violence in Conflict held in June 2014 and the Gender-based Violence Information Management Steering Committee (UNICEF, the United Nations Population Fund, UNHCR and the International Rescue Committee), which facilitated the implementation of humanitarian system tools in **Côte d'Ivoire, the Central African Republic, Ethiopia, Jordan, Lebanon, Mali, Nepal, the Niger, the Philippines, South Sudan and the United Republic of Tanzania**.

CHILD PROTECTION IN THE SYRIAN ARAB REPUBLIC

The lives of millions of children have been torn apart due to the brutal four-year conflict in the Syrian Arab Republic. Despite the enormous security and other challenges posed by a conflict of such scale and brutality, UNICEF and its partners delivered psychosocial care to some 300,000 children and adolescents in the Syrian Arab Republic (60 per cent of the target) and more than 270,000 children and community members were educated about explosive remnants of war.

The No Lost Generation (NLG) initiative was developed by UNICEF with host governments, donors, United Nations and international agencies and NGOs in October 2013 to prevent the loss of a generation of Syrian children to the effects of the country's brutal civil war. The NLG campaign offers a comprehensive and holistic approach to addressing the education and protection needs of millions of children in the Syrian Arab Republic – covering both immediate emergency support and resilience-based interventions. In 2014, priority was given to strengthening national and com-

munity child protection systems in the subregion, with attention to high-risk children and families. Efforts were made to identify children at risk, including unaccompanied and separated children, and to strengthen referral networks to ensure they have access to appropriate services. Sexual and gender based violence also remained a priority in the NLG response, with partners promoting gender equality and supporting national protection systems among other efforts.

To protect the gains made over the past year, NLG partners are committed to accelerating efforts to achieve targets in 2015, including through the Regional Refugee and Resilience Plan, with a specific emphasis on scaling up access to education and child protection services; improving the quality of services in both education and child protection; ensuring a stronger focus on adolescents and youth; promoting more precise data; and ensuring greater engagement of communities in the education and protection of affected children.



© UNICEF/NYHQ2014-0291 — Displaced children participate in an art activity in a UNICEF-supported shelter in Homs in the Syrian Arab Republic. The activity is part of psychosocial services to help children recover from trauma caused by the conflict in the country.

COMMITMENT 1

Effective leadership is established for both the child protection and gender-based violence (GBV) cluster areas of responsibility, with links to other cluster/sector coordination mechanisms on critical inter-sectorial issues. Support is provided for the establishment of a mental health and psychosocial support (MHPSS) coordination mechanism.

In 2014, UNICEF led the global Child Protection Working Group area of responsibility in 66 countries and co-led the GBV area of responsibility in 14 countries.

In 2014, UNICEF led the global Child Protection Working Group area of responsibility in 66 countries and co-led the GBV area of responsibility in 14 countries. UNICEF continued to support the Child Protection Working Group, which added two additional members in 2014 – the International Organization for Migration and Islamic Relief Worldwide – and supported 32 countries on child protection coordination. UNICEF led the revision of the IASC Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action on behalf of the GBV area of responsibility. UNICEF also provided support and leadership to the Mental Health and Psychosocial Support (MHPSS) reference group and supported regional capacity building for UNICEF and partners on MHPSS. In **Somalia**, the UNICEF-supported MHPSS Working Group finalized the standards and levels of care and levels for psychosocial support in accordance with IASC guidelines on mental health. Training manuals were finalized for each level of care, based on the specific Somali context. In **Myanmar**, the Child Protection in Emergencies Working Group was established in April 2014 and played a crucial role in guiding all sectors, United Nations agencies and implementing partners on engaging with facilities supporting the children of families affected by conflict.

COMMITMENT 2

Monitoring and reporting of grave violations and other serious protection concerns regarding children and women are undertaken and systematically trigger response (including advocacy).

The MRM, which provides timely and reliable information on grave child rights violations, currently operates in 15 countries/regional situations, and UNICEF continued to take on a leadership role and co-chair the Country Task Force on Monitoring and Reporting in all countries. New partnerships and expanded geographical coverage facilitated and increased the monitoring of grave violations in some of the most conflict-affected areas. In **South Sudan**, 475 verified grave child rights violations have been reported through the MRM since December 2013, amounting to more than all of 2012 and 2013 combined, with nearly 15,000 children affected. High-level advocacy conducted by UNICEF, the United Nations Mission in South Sudan and the Office of the Special Representative to the Secretary-General on Children and Armed Conflict contributed to securing commitments from the President and the leader of the opposition to end violations.

COMMITMENT 3

Key child protection mechanisms are strengthened in emergency-affected areas.

In 2014, UNICEF continued to build protective systems for women and children in emergency response. In **Ethiopia**, 44,000 children (exceeding the target) in humanitarian situations, vulnerable to violence, exploitation and abuse, accessed appropriate care and services. UNICEF also provided technical assistance to enhance child protection mechanisms in refugee camps by building the capacity of social/community workers and establishing the Child Protection Information Management System to enable case management for the most vulnerable children. In **Bosnia**, UNICEF supported the recovery of 13 centres for social work and three day-care centres by providing equipment and materials, benefiting an estimated 24,000 children, and supporting local authorities' service delivery for the next few years.

COMMITMENT 4

Separation of children from families is prevented and addressed, and family-based care is promoted.

*In 2014, UNICEF supported the reunification of nearly **12,000** unaccompanied and separated children with their families.*

In 2014, UNICEF worked to improve Family Tracing and Reunification (FTR) efforts globally by expanding the FTR network to 32 countries. The introduction of the innovative Rapid FTR smartphone app and web interface has also increased efficiency in FTR processes in three countries. In the **Eastern and Southern Africa** region, information management systems were put into place to register, track and trace over 30,000 unaccompanied and separated children crossing borders from **South Sudan**. More than 1,200 extremely vulnerable children were supported with repatriation and reintegration via the establishment of regional mechanisms covering trafficked children returning from **Yemen** to **Ethiopia**, as well as children formerly associated with the Lord's Resistance Army. In the **Philippines**, in the first months after Typhoon Haiyan, in the worst-affected areas, 132 children were identified as unaccompanied or separated using Rapid FTR, which reduced the time and cost compared with paper-based FTR.

COMMITMENT 5

Violence, exploitation and abuse of children and women, including GBV, are prevented and addressed.

Given the escalation in sexual and gender-based violence in conflicts around the world, GBV was an important area for UNICEF in 2014. Globally, UNICEF provided GBV-related support to more than 430,000 children (primarily girls) and women. Services provided in 31 countries included health, psychosocial and livelihood support, economic strengthening and access to justice in relation to different forms of GBV. Over 53,500 girls and women received dignity kit materials including items such as flashlights, and clothing and other materials to increase safe mobility and to better manage their menstrual hygiene needs. In **Jordan**, 2,521 (1,285 female) frontline social workers, health care providers, and police and military personnel were trained on GBV prevention and response. With UNICEF support, the number of GBV listening centres providing support to survivors increased in the **Central African Republic** from 3 in 2013 to 13 in 2014, to reach more survivors. In **South Sudan**, GBV prevention and response services reached more than 50,000 people (exceeding the target) through

funding, training and technical support to partners. Women and girls were equipped with skills to minimize the risk of sexual violence. Survivors were provided with clinical management, counselling, referrals and hygiene kits. UNICEF will continue to expand its work in partnership with UNFPA. Particular attention needs to be given to the needs of boys who are sexually abused.

COMMITMENT 6

Psychosocial support is provided to children and their caregivers.

*In 2014, UNICEF supported **3.1 million** children with access to psychosocial support (81 per cent).*

The provision of psychosocial support is a critical aspect of emergency response, both in conflict and disaster contexts. In **Lebanon**, UNICEF reached refugees and vulnerable Lebanese through public schools, informal settlements, primary healthcare centres, social development centres, community centres, Palestinian refugee camps and UNHCR registration points. In 2014, 11 new women and girls' safe spaces were established, more than 55,000 individuals accessed safe spaces and women and children in informal settlements and collective shelters received mobile psychosocial support. Overall, nearly 347,000 children and 132,000 caregivers accessed psychosocial support services that included preventing and mitigating the impact of violence and conflict through coping mechanisms, vocational training and life skills. In the **State of Palestine**, following the escalation of conflict in Gaza, UNICEF reached 230,000 children attending government schools with psychosocial support and recreation activities.

COMMITMENT 7

Child recruitment and use, as well as illegal and arbitrary detention, are addressed and prevented for conflict-affected children.

The #childrennotsoldiers campaign accelerated efforts to prevent recruitment of children by armed forces. Key achievements in 2014 that resulted from improvements in its policies included that the National Army of **Chad** was delisted from the annexes of the report of the

*In 2014, UNICEF supported the release of more than **10,000** children associated with armed forces and groups.*

Secretary-General on Children and Armed Conflict; an action plan was signed with **Yemen**; age assessment protocols were developed in **Afghanistan**; and children were released from armed forces and groups in **Myanmar**. In response to increasing recruitment and use of children in armed groups in the **Central African Republic** in 2014, more than 2,806 children aged 7–17 (including 646 girls), primarily associated with ex-Seleka, anti-Balaka and Lord's Resistance Army, were released from armed groups (94 per cent of the target), compared with 196 children in 2013. With UNICEF support, the released children benefited from interim care, psychological assistance and recreational activities in transit centres and with foster families. At the policy level, the transitional authorities drafted a new national policy on disarmament, demobilization and reintegration, which included a section on the identification, release and reintegration of children associated with armed forces and groups in the Central African Republic. In the **Democratic Republic of the Congo**, 4,479 children were released from armed forces and groups and provided with care and shelter within transit centres and foster families, while those in need of specialized services were referred to hospitals. The results exceeded the targets due to the setting up of verification centres close to combatant regroupment sites, which helped improve access to the children. In **Myanmar**, as the co-chair and secretariat of the Country Task Force on Monitoring and Reporting, UNICEF led monitoring on the implementation of the Joint Action Plan to end and prevent the recruitment and use of children in the Myanmar armed forces, which was signed in 2012. Overall, 73 cases of underage recruitment were reported and 377 boys and young men recruited as children were released from the armed forces and reintegrated with their families and communities. Regular case review meetings were institutionalized within the Myanmar armed forces, which sped up the verification and discharge of suspected minors within the military.

COMMITMENT 8

The use of landmines and other indiscriminate or illicit weapons by state and non-state actors is prevented, and their impact is addressed.

UNICEF humanitarian mine action interventions advocate against the indiscriminate use of lethal weapons and small arms. Focus is on scaling up emergency mine risk education (MRE) response and assistance for child survivors, strengthening injury surveillance, and supporting States parties to comply with international obligations. In **Jordan**, MRE sessions were held for over 13,750 Syrian refugee students. In **Mali**, where more than 140 persons were killed or injured by mines or exploded remnants of war in 2014, UNICEF, United Nations Mine Action Service and the Government contributed to the production of MRE awareness materials for all humanitarian mine action partners in the country. About 50 per cent of the more than 450,000 people reached with MRE safety messages were children. Amid the ongoing conflict in the eastern regions of **Ukraine**, a humanitarian risk education campaign launched in collaboration with government partners enhanced knowledge on risks around mines/exploded remnants of war and contributed to ensuring the safety of over 200,000 children in and out of school. A monitoring mechanism and data analysis system for incidents related to mines and unexploded ordnance was successfully integrated into the Ministry of Health surveillance system.

CHALLENGES AND CONSTRAINTS

In 2014, lack of protective services to address child protection concerns, which is exacerbated during armed conflict, displacement and natural disasters, remained a major challenge. Insecurity, lack of resources and challenging logistical environments constrained programme implementation. Limited government capacity and leadership, particularly in reaching hard-to-access areas, challenged the provision of child protection services. In some cases challenging political contexts delayed progress on key child protection actions and policies and made it difficult to respond to grave violations against children within existing legal frameworks. Ongoing conflict exacerbated such situations and made it difficult to release children associated with armed forces. At the same time, poor partner coordination, weak data management, slow identification of needs and slow administrated processes hindered child protection work. Inadequate funding for child protection in emergencies continued to pose a major barrier to capacity development and response to the needs of affected children.

EDUCATION

STRATEGIC RESULT: GIRLS AND BOYS ACCESS SAFE AND SECURE EDUCATION AND CRITICAL INFORMATION FOR THEIR OWN WELL-BEING.

Conflicts and natural disasters often cause extensive damage to communities. Emergencies can disrupt schooling and learning for a considerable period of time. In situations of emergency, chronic crisis and early reconstruction, education provides physical, psychosocial and cognitive protection that can be both life-saving and life-sustaining for children and adolescents. Education offers safe spaces for learning and provides a sense of normalcy, stability and hope for the future helps to protect children against exploitation and harm; and provides life-saving knowledge and skills during emergencies. Education is an integral part of emergency response that is critical to strengthening the resilience of education systems, and contributes to the longer-term recovery and economic stability of affected communities.

© UNICEF/UNI176359/d'Aki — Girls attend class at Subhi Abu Karsh Basic School in Shejaiya, Pakistan. The school, which was partly destroyed in the outbreak of violence in Gaza in July and August, has been rehabilitated.

GLOBAL RESPONSE

In 2014, 8.6 million school-age children accessed formal or non-formal basic education, including pre-primary schools and early childhood learning spaces (64 per cent of target). To respond to the increasing refugee case-load from **South Sudan**, in 2014 UNICEF conducted several joint missions with UNHCR to **Ethiopia, Kenya and Uganda** to support the development of a comprehensive refugee education strategy and to inform the development of a regional framework for South Sudanese refugee education in the Eastern and Southern Africa region. UNICEF continued to support DRR and peace-building in education initiatives, including additional risk-informed programme approaches, strengthening inter-sectoral and cluster work in preparedness and response, mainstreaming DRR in education policies and plans, and developing staff capacity on education in emergencies. In 2014, UNICEF also provided strong technical support for the integration of conflict sensitivity and peace building into Education in Emergencies responses in **South Sudan, Somalia and Ethiopia**. Over 70,000 early childhood development kits were distributed across 83 country offices in 2014, potentially benefiting approximately 3.5 million young children. The kits were mainly distributed in countries such as **Iraq, the Syrian Arab Republic, Sierra Leone, South Sudan, the Philippines and the State of Palestine**. They contain early-learning, play and psychosocial materials that address the developmental needs of young children in crisis context and enrich young children's early learning, development and psychosocial well-being in emergency, peace building and other marginalized contexts.



EDUCATION IN THE STATE OF PALESTINE

Despite an outbreak of conflict in Gaza in mid-2014, approximately 35,000 children (50 per cent girls) in targeted communities gained access to child-friendly environments through the reconstruction and rehabilitation of schools and the provision of furniture and school equipment. Overall, 395 schools provided improved learning environment to 230,000 children (50 per cent girls), with strong consideration for the needs of both girls and boys. UNICEF launched a comprehensive 'Back to School Campaign' in September 2014 so 260,000 children would return to school after the conflict through the distribution of learning materials and teaching and recreational kits. In addition, UNICEF and WFP supported an e-voucher programme for 8,400 vulnerable children to receive school uniforms and shoes. UNICEF also supported the training of 11,000 teachers on classroom management and psychosocial support and distributed early childhood development materials and School-in-a-Box kits reaching 11,300 preschool children.

COMMITMENT 1

Effective leadership is established for education cluster/inter-agency coordination (with co-lead agency), with links to other cluster/sector coordination mechanisms on critical inter-sectoral issues.

In 2014, UNICEF led or co-led the education sector or cluster in 74 countries.

Co-leading the Education Sector with Save the Children in **Myanmar**, UNICEF worked with authorities and sector partners to improve the quality of education in emergencies and harmonise activities to align support with the formal education system, including maintaining and expanding education in emergencies support in Rakhine, Kachin and northern Shan states, and supporting partner capacity building through training and application of international standards, as well

as through technical and financial support. In **Afghanistan**, the Education Cluster was successfully mainstreamed into the Ministry of Education, which now co-leads the Education in Emergencies Working Group together with UNICEF. This was a positive move for mainstreaming preparedness and response and offered UNICEF the opportunity to support long-term capacity building and strengthen systems and capacities at the subnational levels to plan and respond to emergencies more effectively. In **Somalia**, as part of ensuring local capacity for emergency response, the Education Cluster, co-led by UNICEF and Save the Children, continued to strengthen the capacity of cluster partners, regional sub-cluster focal points and the Ministry of Education, and developed a mobile needs assessment platform to provide real-time and more reliable information for advocacy and reporting purposes.

COMMITMENT 2

Children, including preschool-age children, girls and other excluded children, access quality education opportunities.

In 2014, UNICEF supported 8.6 million school-age children, including adolescents, to access formal and non-formal basic education (64 per cent).

Enabling school-age children, including preschool pupils and adolescents, to access quality, formal and non-formal education is a UNICEF priority intervention in emergencies. As a result of the UNICEF-supported Back-to-School Initiative in **Mali**, 74 per cent of schools in Gao and Timbuktu reopened in 2014 and nearly 424,000 conflict and flood-affected children received education supplies (92 per cent of the target). In the **Sudan**, in the states affected by conflict, nearly 321,000 emergency-affected children (40 per cent girls) accessed education through the provision of essential education supplies, temporary learning spaces, gender-sensitive WASH facilities, and education in emergencies training for parent teacher association members (34 per cent female) and 809 teachers (60 per cent female). In response to the worst flooding in over 100 years in **Serbia and Bosnia**, UNICEF provided 6,600 affected primary school students and 1,100 preschool children in Serbia with basic back-to school supplies and text books (excee-

ding targets). In Bosnia, as part of the European Union Recovery Programme, more than 86 schools benefited from improved facilities, furniture and didactic materials, allowing nearly 37,000 children to resume learning. In response to crises in the **Philippines**, including Typhoon Haiyan, which damaged or destroyed close to 3,200 schools and day care centres and caused more than 1 million children to be out of school, UNICEF provided more than 709,000 preschool and school-age children with learning materials and supplies (exceeding the target). Following the outbreak of conflict in **South Sudan**, nearly 78,000 children and adolescents were provided with basic education (79 per cent of the target), including more than 19,000 children aged 3–6 reached with early childhood development activities.

COMMITMENT 3

Safe and secure learning environments that promote the protection and well-being of students are established.

In 2014, UNICEF continued to support safe learning environments for children in conflict and disaster contexts. In **Yemen**, 37 affected schools were rehabilitated, benefiting 12,900 children (5,300 girls) with safe and suitable learning environments; and 24 schools received small improvement grants to carry out simple rehabilitations be-

nefitting 7,200 children (45 per cent girls). In **the Central African Republic**, UNICEF set up around 120 temporary learning spaces for nearly 36,500 children in areas where it was too dangerous to return to school. In **Iraq**, UNICEF assisted the Dohuk Directorate of Education to construct four 12-classroom prefabricated schools in multiple refugee camps, providing educational access to 3,000 children and provided educational access for nearly 4,900 Syrian refugee children through 47 tented classrooms and two prefabricated schools in other camps.

COMMITMENT 4

Psychosocial and health services for children and teachers are integrated in educational response.

In response to the outbreak of conflict and violence in **South Sudan**, UNICEF and implementing partners trained 1,600 (20 per cent female) teachers and education personnel on the provision of psychosocial support. Teacher trainings also developed the capacity of 812 teachers in the **Central African Republic**, and 2,308 teachers in **Mali** (77 per cent of target). In the **Democratic Republic of the Congo**, 3,879 teachers (exceeding the target) were trained on learner-centred methodologies, peace education, DRR, and how to identify and refer children in need of psychosocial care and support to available protection services.

© UNICEF/PFP2014-1485/Moreno — A girl benefits from a temporary learning space constructed in southern Chad for displaced Central African children.



COMMITMENT 5

Adolescents, young children and caregivers access appropriate life skills programmes and information about the emergency, and those who have missed out on schooling, especially adolescents, receive information on educational options.

In **Kyrgyzstan**, UNICEF launched a project for out-of-school children in 14 municipalities in the south and piloted tools for identification, referral and retention. In the Kakuma refugee camp in **Kenya**, 19,626 children in humanitarian situations received access to formal and non-formal education opportunities (exceeding the target).

CHALLENGES AND CONSTRAINTS

Education continues to face significant challenges related to crisis, conflict and violence, including GBV. Increased targeting of educational institutions – such as the Army Public School attack in December 2014 in Pakistan, which killed 132 children – are also a tremendous challenge. Crises, be they natural or manmade have become a serious threat to children's right to education and are exacerbating pre-existing vulnerabilities in many contexts. In some places, gender continues to have a major impact on programmes and adolescent girls are often faced with particular vulnerabilities, as traditional social and religious norms and practices prevent many girls from accessing basic services. Consistent funding for education in emergencies pose severe challenges to the sector in terms of limiting preparedness, response capacity and recovery. UNICEF is continuing to engage with its partners and donors to address these issues, including examining new financing modalities.

HIV AND AIDS

STRATEGIC RESULT: VULNERABILITY TO HIV INFECTION IN HUMANITARIAN CRISIS IS NOT INCREASED AND HIV-RELATED CARE NEEDS ARISING FROM A HUMANITARIAN CRISIS ARE MET.

People living with HIV – especially children – are often more vulnerable to the consequences of emergencies, including losing access to essential services such as antiretroviral treatment. UNICEF supports affected populations with prevention of mother-to-child transmission (PMTCT), paediatric antiretroviral therapy (ART), provision of related training, and post-rape care, including

post-exposure prophylaxis. UNICEF's programming in other sectors can help to prevent behaviours and situations that can increase the risk of HIV transmission. All of these interventions in emergency situations are important for reaching the global targets, including universal access and virtual elimination of mother-to-child transmission as well as other sector targets such as health and nutrition. An underlying condition of HIV can increase morbidity and mortality in children and women if not treated in a timely and appropriate manner.

GLOBAL RESPONSE

In 2014, UNICEF supported 19,800 HIV-positive pregnant women to continue antiretroviral therapy (64 per cent).

In 2014, 19,800 HIV-positive pregnant women continued antiretroviral therapy in humanitarian situations (54 per cent of target). Underscoring the importance of integrating humanitarian and development work, 41 country offices reported having a humanitarian response component for HIV in 2014. In the **Sahel**, in response to the impact of food insecurity on both nutrition and HIV-related outcomes, UNICEF continued to strongly advocate for the inclusion of HIV activities in the Sahel regional strategy and response plan. UNICEF particularly stressed the importance of food access to vulnerable families/households affected by HIV and encouraged HIV testing among children with acute malnutrition.

COMMITMENT 1

Children, young people and women have access to information regarding prevention, care and treatment.

Given the lack of knowledge and cultural barriers related to HIV and AIDS prevention and treatment, information dissemination is a crucial aspect of the UNICEF response in emergencies. In **Haiti**, UNICEF in partnership with the Haitian Group for the Study of Kaposi's Sarcoma and Opportunistic Infections, sensitized 4,740 adolescents on the risks and prevention of HIV and AIDS, and 2,733 adolescents were counselled and tested for HIV. Following seven years of drought, the population of **Djibouti** is facing severe stress, discrimination and lack of awareness, all of which continue to hinder the fight

against the AIDS epidemic. In 2014, UNICEF Djibouti reached 213 migrant and street children with health promotion and HIV prevention activities and involved 600 adolescents in social mobilization activities and more than 3,000 adolescents in a National HIV/AIDS Week. In **Cameroon**, out of more than 21,000 pregnant women received at the antenatal clinics in refugee zones nearly 20,000 were tested for HIV. Among the women who tested positive, 70 per cent are now on ART to prevent mother-to-child transmission of HIV. In addition, HIV-exposed children born to HIV-positive mothers benefited from early infant diagnosis at six weeks post-partum. At the same time, service providers were trained on PMTCT, integration of HIV testing, treatment and care and supervisor peer educators and education team members received training on peer education, HIV and sexually transmitted infection (STI) prevention, risk and vulnerability mapping, behaviour analysis and life skills sensitization. These efforts contributed to the sensitization of 22,500 adolescents in and out of the camps.

COMMITMENT 2

Children, young people and women access HIV and AIDS prevention, care and treatment during crisis.

In **Côte d'Ivoire**, nearly 66,000 pregnant women attending antenatal care in the UNICEF intervention zone received counselling and those who tested positive for HIV were referred and received ART and prophylaxis for their children. In addition, more than 400,000 adolescents and young people received information and life skills on HIV and AIDS, STIs, reproductive health and GBV. Youth who tested for HIV and STIs received appropriate care and treatment. In **Haiti**, around 84 per cent of HIV seropositive pregnant women were placed on ART for PMTCT (exceeding the target) and 66 per cent of HIV exposed infants received antiretroviral prophylaxis. As a result, 81 PMTCT sites were re-established. In terms of cross-cutting interventions, in the **Democratic Republic of the Congo** 10,000 survivors of sexual violence were provided with a comprehensive response, including post-exposure prophylaxis for HIV.

During the potential worsening of the malnutrition crisis and the ongoing strain of the Malian refugee situation, UNICEF **Mauritania** reinforced PMTCT and paediatric care and implemented HIV testing in stabilization centres, where severely malnourished children with medical complications were treated. During the food crisis in the **Sahel**, UNICEF and WFP jointly stressed the importance of food access to vulnerable families/

households affected by HIV and encouraged HIV testing among children with acute malnutrition. In 2014, UNICEF HIV and child protection programmes implemented the innovative, first-ever community-based social norm programme in **Somalia and South Sudan**, Communities Care: Transforming Lives and Preventing Violence, to support all women and girls living with HIV.

HIV IN THE CENTRAL AFRICAN REPUBLIC

The conflict in the Central African Republic has had serious consequences, increasing the number of people living with HIV and the number of AIDS-related deaths there and in neighbouring countries. Due to the conflict a large number of people living with HIV and receiving treatment were dispersed (30,000 out of 150,000), and as a result lost access to treatment. In response, UNICEF and partners actively identified patients in need of treatment in the urban camps in Bangui, which increased the number of patients receiving ART from 10,273 in January 2014 to 14,780 in February 2014. In addition, more than 45,000 pregnant women received HIV and AIDS counselling (79 per cent of target). UNICEF also adapted its intervention strategy, in collaboration with the Ministry of Health and NGOs, by implementing PMTCT services in 13 main sites for internally displaced persons in Bangui to avoid interruption of treatment for pregnant women and children. Medical and nutritional support was also provided in all active PMTCT centres.

Despite significant efforts made by UNICEF, including sensitization activities and the availability of test kits, only 42 per cent of HIV positive pregnant women and 24 per cent of children of HIV-positive mothers had access to ART in targeted zones, and only 29 per cent of young people in need of ART had access. Improvement in access was impeded by the poor quality of HIV services, coupled with increased demand for HIV prevention and treatment services. Even when security improved, only 35,510 women were tested due to the low use of antenatal services, continued security incidents that increased fear about accessing services, stock out of diagnostic test kits in remote sites, lack of integration of PMTCT into reproductive health services and the poor management capacity of health staff.



COMMITMENT 3

Prevention, care and treatment services for children, young people and women are continued.

*In 2014, UNICEF supported more than **3,000** children in humanitarian situations to continue antiretroviral therapy.*

UNICEF support enabled more than 3,000 children to continue ART. Pregnant women were supported to continue ART in humanitarian situations, including 82 per cent of targeted pregnant women with HIV in **Somalia**, 69 per cent of the target in the **Sudan**, and 100 per cent of the target **Chad**. In **South Sudan**, UNICEF continued staff mentoring at 42 maternal and newborn health and PMTCT sites across the country, as well as supported 19 mother-to-mother support groups, training, outreach and community work to lower the transmission of, and support those living with, HIV, mainly through community engagement.

CHALLENGES AND CONSTRAINTS

There is a need for both specific HIV and AIDS programmes and HIV-sensitive programmes in humanitarian contexts. However, including HIV-related aspects in other sector work is challenging. One of the main challenges is the continued lack of funding reported from many countries, including **Afghanistan**, **Kenya** and the **Central African Republic**. In Afghanistan, for example, no funding at all was received against the appeal for HIV and AIDS interventions and therefore no UNICEF-supported interventions took place. In addition to the sector often being underfunded, accessibility to needy populations and monitoring of interventions was often affected by insecurity. Additional challenges related to lack of coordination and leadership between responsible national institutions, including poor planning and resources management.

SOCIAL INCLUSION

The impact of humanitarian crises are more severe in places where deprivation and exclusion are also high. Those worse affected and the last to be reached are often those who were already marginalized within their societies. When humanitarian responses fail to take the needs, suggestions and voices of the most marginalized into account, the prospects of the poorest children do not improve, and cycles of violence and poverty are perpetuated.

Social inclusion is a new outcome area in Strategic Plan 2014–2017, testifying to its importance. The integration of social inclusion into UNICEF humanitarian action is in the earliest stages and the organization is still working to take its social inclusion programming to scale. UNICEF supported global progress towards reducing child poverty and discrimination by improving the policy environment and strengthening systems to benefit disadvantaged and excluded children. This includes accountability to affected populations (AAP) and keeping vulnerable groups visible during emergencies, as well as strengthening social protection responses in fragile and humanitarian contexts.

© UNICEF/UNI167519/Jallanzo/In Foya, Liberia, posters were pasted on the walls of general community gathering areas by outreach workers in April 2014.

SOCIAL INCLUSION IN THE EBOLA RESPONSE

Addressing discriminatory practices that impede inclusion, and ensuring behavioural change through social mobilization and community engagement are key to AAP. In response to the unprecedented Ebola crisis in Guinea, Liberia and Sierra Leone, UNICEF co-led the social mobilization pillar and facilitated the engagement of local networks and organizations such as women's groups, faith-based organizations, community radio stations and youth volunteers in massive communication and community engagement. These efforts helped increase awareness, promote preventive and protective behaviours (including safe burial practices), support case-identification and management, and increase early care-seeking. Following this work, surveys conducted in Sierra Leone showed the sustained reduction of stigmatization and discriminatory attitudes towards Ebola survivors from 94 per cent in September 2014 to 38 per cent in January 2015.



ACCOUNTABILITY TO AFFECTED POPULATIONS (AAP)

In humanitarian situations, UNICEF is committed to strengthening AAP through communication with and inclusion of crisis-affected populations in the design and provision of humanitarian assistance. Still a growing area of UNICEF work, only two thirds of countries reported that comprehensive information had been made available to affected populations in a timely manner to help them make informed decisions. For example, in **South Sudan**, regular consultations were held with leaders in community care. Globally, more than three quarters of countries reported that affected populations were consulted during one or more phases of humanitarian and emergency planning processes. UNICEF also advanced a work plan to systematically build its capacity to meet IASC commitments to affected communities, and collaborated with other agencies on improving AAP, including at the cluster level. The organization also met minimum standards related to gender equality and disabilities in humanitarian action and made progress towards agreeing on minimum standards on AAP.

SOCIAL PROTECTION

In recognition of the increasing frequency and complexity of humanitarian emergencies and the potential to achieve better results among children by more effectively linking work across the development-humanitarian continuum, UNICEF is rapidly expanding social protection as an area of work within humanitarian action. In total, 35 countries supported governments to strengthen emergency prevention, preparedness, and response through social protection systems and programmes; and 24 countries supported programming for humanitarian action addressing sustainable social protection systems building. For example, in **Sierra Leone**, prior to the Ebola outbreak, UNICEF and partners supported the Government to develop a national social protection policy and design a cash transfer programme. In response to the Ebola crisis, UNICEF worked with partners to modify these plans so that the programme could be rolled out more rapidly to reach 8,000 Ebola-affected households, as well as 13,000 extremely poor households, to assist them in meeting food and other vital basic needs such as health care and education. In **Somalia**, UNICEF and partners developed a National Social Protection Framework that builds toward longer-term, government-owned social protection systems while maintaining the flexibility to meet shorter-term emergency needs. Under this framework, unconditional cash transfers were provided to 158,460 people (exceeding the target). This support not only improved access to food but also allowed beneficiaries to pay down accumulated debt and kick-start long-term recovery.

PLANNING AND MONITORING SYSTEMS THAT EXPLICITLY ADDRESS RISKS

To develop systems to address risks outside of humanitarian response, UNICEF also carried out work related to DRR and peacebuilding. UNICEF **Nepal** supported government and non-governmental stakeholders to formulate a policy framework on climate change adaptation and DRR, along with local stakeholder capacity building and mainstreaming risk-sensitive programming. UNICEF **Philippines** supported the printing and roll-out of the Department of Social Welfare and Development's social protection handbook, 'A Guide for Philippine Localities: Mitigating risks, planning responses, and delivering effectively'. In **Kyrgyzstan**, UNICEF piloted a model for evidence-based municipal disaster risk planning. Peace building efforts have also gained significant momentum in UNICEF. For example, in **Somalia**, UNICEF worked within the framework of the United Nations Joint Programme on Local Governance to strengthen community resilience by strengthening local government delivery of basic social services, improving governance processes and supporting community participation in local planning processes.

CHALLENGES AND CONSTRAINTS

Although experience is growing in the area of social protection in fragile and humanitarian contexts, it is an evolving field of knowledge and practice characterized by gaps, experimentation and a high demand for support. The **Ebola** crisis illustrated how under-investment and inequity in provision of social services such as health can have catastrophic consequences. Lessons from that response included the importance of addressing discriminatory behaviours and the lasting after-effects of increased poverty and marginalization. The willingness and ability of **Jordan** and **Lebanon** to broaden their social protection systems to support new Syrian refugees has decreased the hardship for many families. In 2014, UNICEF conducted a survey of staff working at this nexus to identify strengths, gaps and needs. Key challenges identified were the need to strengthen the capacity of government and NGO partners and UNICEF staff in developing additional guidance and technical support, risk management strategies, and financial resources. Through 2015 and beyond, UNICEF is making investments at the global level in increasing the uptake of cash-based approaches. The challenges of accelerating uptake are mostly related to documenting best practice and lessons learned at a commensurate pace to that with which they are emergent in the field, as well as finding operational solutions to the practical challenges cash-based programmes pose to the basic humanitarian programming architecture. There is a need to understand better how to partner with new entities such as private sector actors, traders, banking authorities and other interlocutors in this field.

SUPPLY AND LOGISTICS

Strategic result: Essential commodities for girls, boys and women are available at the global, national and point-of-use levels.

GLOBAL RESPONSE

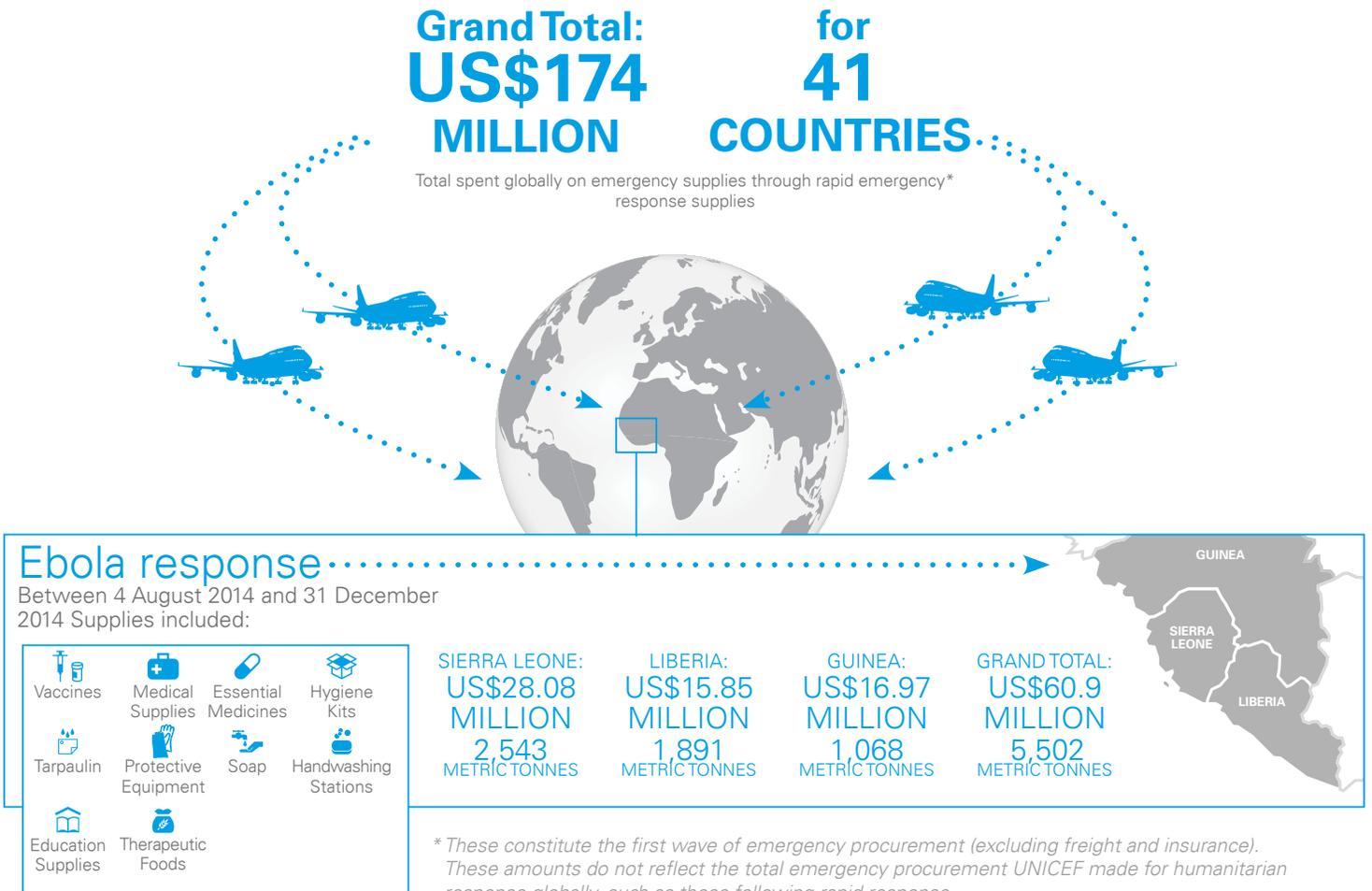
The intensity and scale of the emergency supply response in 2014 was unprecedented. Globally, UNICEF spent US\$174 million on emergency supplies through rapid emergency response procurement in 41 countries (see Figure 9).³³ This is in addition to those supplies procured following rapid response as well as for chronic emergencies. Record volumes of critical supplies were shipped in August, September and October, with over 1,000 metric tons sent each month to nine countries in **West and Central Africa** and the **Middle East**. From August to December, 2014, supply volumes to countries fighting the spread of Ebola reached 5,500 metric tons.

COMMITMENT 1

Essential supplies necessary to alleviate humanitarian suffering in women and children are deployed by UNICEF and partners.

UNICEF was one of the largest providers of life-saving supplies to fight **Ebola** in affected countries (see box 'Market influencing'). Over a five-month period, UNICEF delivered 5,500 metric tons of supplies valued at over US\$60 million to fight the spread of the disease – more than the total combined volume for all other emergencies. The supplies included vaccines, medical supplies, essential medicines, hygiene kits, education supplies, tarpaulins, protective equipment, hand-washing stations, soap and therapeutic foods. The largest in-country response was in **Sierra Leone**, with 2,543 metric tons of supplies valued at more than US\$28 million, followed by **Liberia** at 1,891 metric tons valued at nearly US\$16 million and **Guinea** at 1,068 metric tons valued at nearly US\$16 million.

FIGURE 9
SUPPLIES



Beyond the Ebola response, in August alone, 360 metric tons of life-saving supplies were delivered to more than 640,000 internally displaced persons across **Iraq**, including water and sanitation supplies, education and recreational items, winter clothing materials and vaccines. In the **Syrian Arab Republic**, the protracted emergency has allowed for an increasingly streamlined and planned supply response, and the establishment of long-term agreements with local suppliers for winter clothing kits. In total, 735,457 winter clothing kits of children aged 3 months to 14 years were procured to meet the needs of Syrian and Iraqi refugee and displaced children in 2014, including 254,690 kits that were locally procured.

The complexity of emergencies required non-standard supplies in WASH, including urban water treatment systems in Iraq and large urban water pumps for the **Central African Republic, Iraq** and the **Syrian Arab Republic**. Pre-positioning of supplies such as ready-to-use therapeutic food and emergency food rations were vital to ensuring timely delivery of humanitarian interventions in multiple interventions. Supplies were also delivered to meet the humanitarian needs of millions of children at risk of disease, malnutrition and trauma due to the ongoing crises in **Afghanistan, the Democratic Republic of the Congo, Nigeria, Pakistan, Somalia and Yemen**, as well as to support rebuilding the lives of people affected by Typhoon Haiyan, which struck the **Philippines** in November 2013.

COMMITMENT 2

Supply response by UNICEF and partners is appropriately resourced.

In addition to the response, UNICEF worked to develop markets or new supplies where gaps existed. While this was most urgently seen in the **Ebola** response (*see box 'Market influencing'*), another example is the development of hygiene kits in response to the gender-specific reproductive health, hygiene and protection needs of women and adolescent girls. In 2014, UNICEF developed two new hygiene kits based on analysis of evidence from research conducted in 2013. The Immediate Response WASH and Dignity Kit, intended for use by a family of five during the early phase of humanitarian action, contains basic WASH supplies, as well as supplies to address the specific challenges faced by women living in emergency shelters (e.g., reusable menstrual pads and a handheld torch). The Family Hygiene and Dignity Kit, designed for a family of five during the second wave of emergency response, is customizable based on the specific needs of affected communities, drawing from locally available products that meet social and cultural expectations. Guidelines on the use of the dignity kits and on the procurement of menstrual hygiene management products were made available to country offices in 2014 and the kits will be rolled out in countries in 2015.

MARKET INFLUENCING

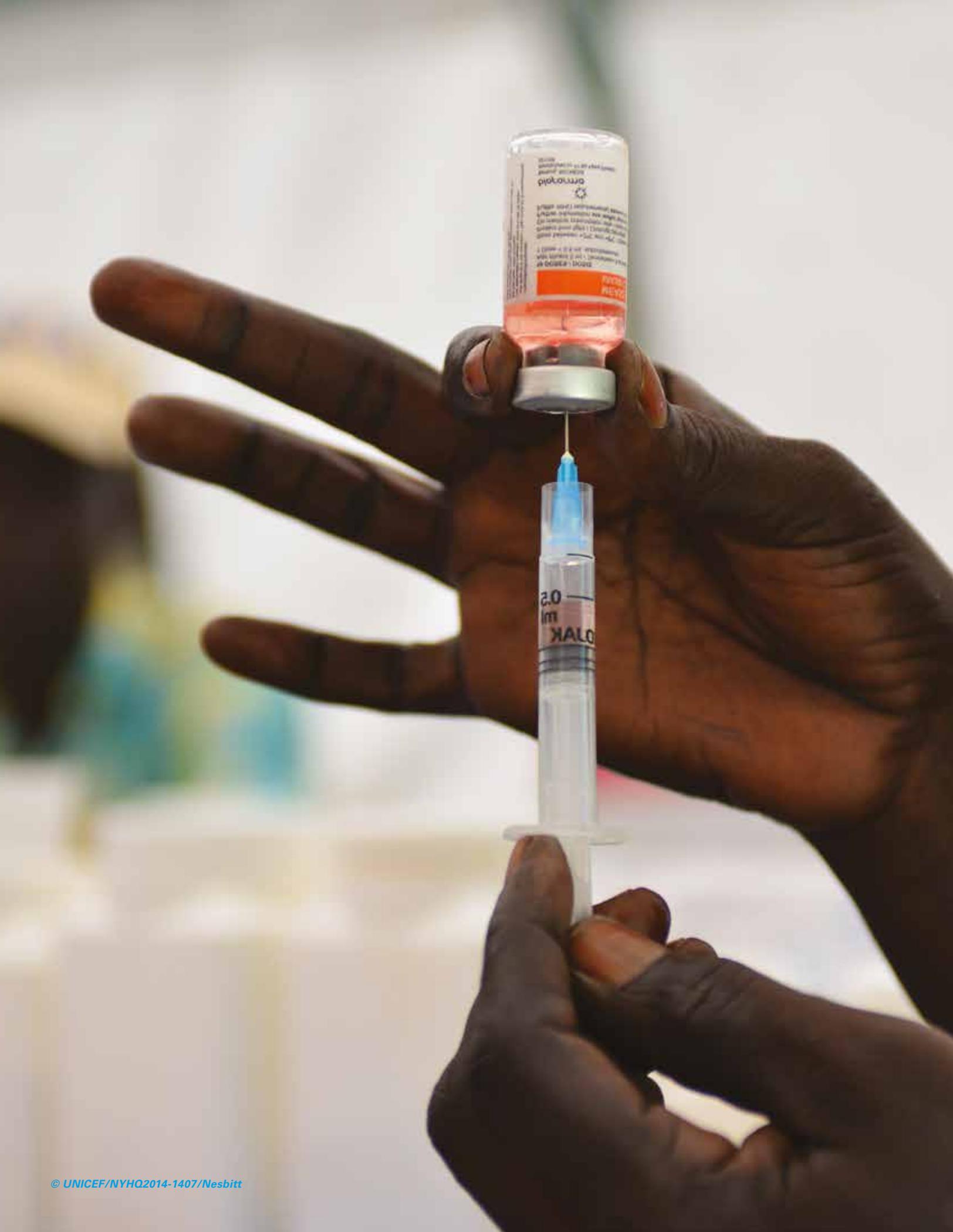
Influencing markets is about more than achieving low prices. UNICEF's work also focuses on achieving improved accessibility, affordability and quality of products, and supporting market sustainability where shortcomings exist. The UNICEF dedication to establishing and maintaining strong partnerships enabled the organization to influence markets, strengthen and optimize supply chains, and leverage resources (financial, material, human) for children in emergencies. The UNICEF supply and logistics response to the Ebola outbreak in 2014 offers an excellent example of innovation in market influencing and supply resourcing.

The nature of Ebola transmission, and the dynamic nature of the programme response, required a highly adaptable supply and logistics response from UNICEF. In an innovative approach, the organization mobilized and coordinated partners to develop and procure speciality (non-standard) health supplies, including enhanced personal protective equipment, infection control body bags and household protection kits. The partners defined product specifications that would be impermeable to EVD transmission and modified designs to minimize the risk of infection when the wearer removed personal protective equipment.

UNICEF and partners also established new supply chains in highly constrained markets, and identified and responded to the needs of new service delivery points. In November, UNICEF hosted the first-ever personal protective equipment industry consultation that gathered leading manufacturers and buyers to address the constrained global market. Procurement agencies agreed to aggregate demand projections and formally share these with the industry through a newly established information portal. Market stability was further enhanced by the harmonization of product specifications. As a result, a 30 per cent gap in global production capacity was rapidly reduced as new prequalified suppliers expanded the supplier base.

CHALLENGES AND CONSTRAINTS

In addition to the unique challenges addressed as part of the Ebola response (*see box 'Market influencing'*), UNICEF – as well as suppliers and markets – were also challenged to simultaneously scale up for multiple crises requiring an organization-wide humanitarian response. The sheer volumes of supplies needed, and the number and intensity of the response required pressed the global UNICEF supply function, as well as supply and logistics staff in the field. UNICEF will continue to explore innovative approaches to resourcing and delivering crucial supplies in the context of an expanding humanitarian caseload.



RESULTS BY OPERATIONAL COMMITMENTS

MEDIA AND COMMUNICATIONS

COMMITMENT 1

Accurate information about the impact of the situation on children and women is rapidly provided to National Committees and the general public through local and international media.

UNICEF communication and public advocacy continued to draw timely media and public attention to the situation of children and women in 2014. A number of high-profile UNICEF Goodwill Ambassadors raised awareness of large-scale emergencies, including David Beckham, who delivered two video messages urging support for children caught up in emergencies across the globe. Goodwill Ambassadors also conducted field visits and raised awareness around the emergencies in the Syrian Arab Republic, the Central African Republic, South Sudan and Ebola-affected countries. The strong uptake of UNICEF video and other media on emergencies in 2014 – particularly of media around the Ebola crisis and South Sudan – demonstrated the benefits of the organization's shift to dynamic storytelling formats, such as use of first person and compelling narratives in photography and video content and the participation of influencers on social media platforms. The UNICEF/European Union Voices of Children in Emergencies campaign used films, Facebook and Twitter apps, infographics, messaging and case studies to transmit the UNICEF narrative on children in emergencies to wide audiences. Other forms of public advocacy materials, such as reports and key messages, were also developed, including for the Ebola crisis, the Central African Republic, South Sudan and Somalia, among other emergencies.

COMMITMENT 2

Humanitarian needs and the actions taken to address them are communicated in a timely and credible manner to advocate for child-friendly solutions, increase support for the response and, where necessary, assist with fundraising.

UNICEF played a key role in building visibility and sustained media coverage of humanitarian response, including through extended media/communications missions to Iraq, Guinea, Liberia, Sierra Leone and South Sudan, and ongoing support to the crisis in the Syrian Arab Repu-

blic. UNICEF also expanded its collaborative partnerships to meet communications and advocacy needs related to children in emergencies in 2014. New collaborations were built with the entertainment industry, including with Warner Brothers and the cast of *The Good Lie*, a Hollywood film about the resettlement of Sudanese refugee in the United States, to raise awareness on UNICEF's efforts in South Sudan. Through the No Lost Generation campaign (#NoLostGeneration), UNICEF Goodwill Ambassadors reached more than 200 million fans and followers through their social media platforms with a plea to support the children of the Syrian Arab Republic. UNICEF press releases were also dominated by the six high level emergencies declared in 2014, and along with communications support missions to Iraq, Guinea, Liberia, Sierra Leone, South Sudan and the Syrian Arab Republic, built visibility and sustained media coverage of these crises throughout the year. The South Sudan NOW communication initiative (#SouthSudanNOW), supported by a comprehensive public advocacy strategy and a visit by the UNICEF Executive Director to South Sudan, helped support the organization's fundraising efforts and shed light on the plight of children affected by the ongoing conflict.

Internally, UNICEF humanitarian response was supported through the work of the Senior Advisor for Crisis Communication, which strengthened support to offices faced with potential reputational threats and supported broader potential risks to organizational credibility in areas such as polio and Ebola response. The UNICEF Intranet platform, ICON, facilitated knowledge sharing within UNICEF globally, including on how Ebola was transmitted as well as UNICEF humanitarian response to Ebola and other crises.

CHALLENGES AND CONSTRAINTS

The unprecedented number of emergencies in all regions has impacted the organization's communications resources. Efforts are being made to strengthen the organization's communications capacity, at all levels, for faster production and dissemination of engaging and compelling communication materials for various audiences. It is also critical to develop a compelling global narrative for consistent and sustained communication to maximize reach and impact when it comes to advocating on behalf of children affected by crises. More emphasis will be made on engaging children and young people and on amplifying their voices through UNICEF and other channels. The aim is to bring attention to children's needs during an emergency and to set out clear agendas for medium- to long-term response to start rebuilding children's futures from the early stages of humanitarian action.

SECURITY

COMMITMENT 1

Security risks that could affect staff and assets, and subsequently the emergency response, are identified, assessed and managed.

UNICEF strengthened security capacity during sudden onset emergencies through the provision of a 'talent pool' of security specialist candidates to shorten recruitment time. Over 100 potential candidates were contacted and reviewed in 2014, with a focus on diversity, gender and language, and 15 candidates were added to the technically cleared pipeline. Response to hostage taking incidents in 2014 highlighted some shortfalls in the United Nations Security Management System (UNSMS) Hostage Incident Management Policy. UNICEF contributed to the development of new policy and procedures, as well as training methodologies in the field of hostage incident management. UNICEF also continued to engage with UNSMS through participation in key inter-agency forums and five inter-agency security management network missions to influence policy, processes and training. As a result, UNSMS adopted the Women's Security Awareness Training as the benchmark standard and expanded the training methodology across the United Nations. UNICEF strengthened staff capacity to address the security issues facing female staff members by conducting 10 sessions for Women's Security Awareness Training, including 8 in field locations such as Afghanistan, Egypt, Iran and South Sudan.

UNICEF continued to coordinate analysis to support the Global Polio Eradication initiative, in response to the security conditions in countries impacted by polio and the complication of the 2014 Ebola outbreak on polio-eradication activities in West Africa. In 2014, this included: development of an Access and Security Approach with partners; recruitment of security/access advisers in New York headquarters, Afghanistan, Pakistan, Nigeria, and the West and Central Africa and Eastern and Southern Africa Regional Offices; and development of tools and support. Analytical tools and new methods of reporting were developed and a talent pool of analysts was created to support country and regional offices. Work in this area has contributed to the polio programme's policies, processes and networks, while shaping the profile of other UNICEF field security advisors and the work of other United Nations agencies.

The UNICEF Operations Centre (OPSCEN) in New York headquarters provided seamless 24/7 support to all UNICEF staff and offices throughout 2014. In 2014, OPSCEN also served as a crisis management hub for those crises declared Level 3 emergencies, providing telecommunications and information management support. Infographic products were prepared for the Ebola response. The role of OPSCEN in critical incident management planning was essential in providing the names and locations of staff throughout the world, allowing the organization to respond quickly to support staff and country offices. OPSCEN remained UNICEF's centralized source for all staff for alerts and advisories on humanitarian and security situations. One of only two situation centres in the United Nations system, OPSCEN provided all UNICEF staff with a single point of contact in the event of organizational or individual emergencies.

CHALLENGES AND CONSTRAINTS

New and strategic approaches to security are needed to address the increasingly complex issues faced by country offices. UNICEF will need to adapt with new tools and trainings designed to enhance management of critical security incidents in the field, protect the reputation of UNICEF on the ground, and provide continuity for programmes and operations. New modalities for analysing security factors are being developed to achieve better access for UNICEF programmes in high-risk locations.

HUMAN RESOURCES

COMMITMENT 1

Appropriate and experienced staff and personnel with relevant deployment training are provided and rapidly deployed, primarily through internal redeployment of staff. This is complemented by external recruitment and standby personnel to allow for recruitment of possible longer-term posts, as needed.

In 2014, UNICEF had 934 surge deployments – the highest surge response that UNICEF has ever recorded – including 472 internal deployments and 164 personnel from standby partners. The large majority of the deployments (89 per cent) supported humanitarian surge for those crises declared Level 3. Total deployment to emergencies was up 24 per cent from the 2013 figure of 755 personnel surged, the previous record. The speed of surge showed some improvement in 2014. Given the number of crises, average internal deployment speed was 18 days in 2014, slightly up from 16 days in 2013.

The bulk of deployments provided personnel for emergency coordination, management and specialists (105) and supply and logistics (102), reflecting the complexity and scale of the 2014 response. These were followed by WASH (89, including 35 in support of cluster/sector coordination) and child protection (81, including 27 in support of cluster/sector coordination) (see Figure 10).

COMMITMENT 2

Well-being of staff is assured.

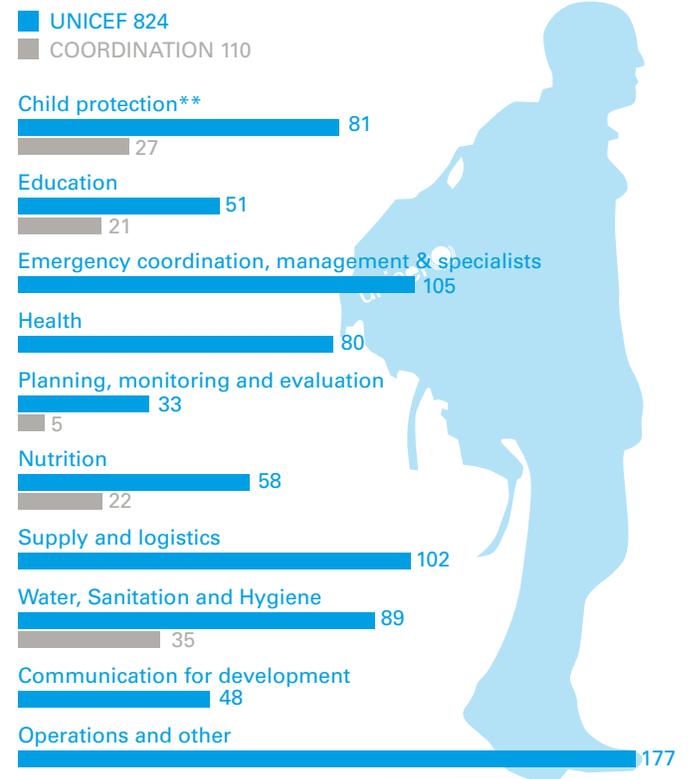
Between September and November 2014, the Executive Director announced several decisions to immediately strengthen UNICEF's humanitarian action. The ones that directly relate to staff well-being include: (a) stronger support to staff in complex and high-threat environments, through creating two new regional staff counsellor positions and two additional global staff counsellor positions; and (b) practical measures to support locally recruited staff who are moving to international positions in those crises designated a Level 2 or Level 3 emergency. The organization is also continuing to equip itself with the human resources and expertise needed to respond to a growing humanitarian caseload and address the needs of national staff in humanitarian contexts. Proposals are being developed to facilitate staff movements between hardship and non-hardship duty stations to make better provisions for staff welfare and to expand standing and standby capacity for the emergency response.

COMMITMENT 3

Sexual exploitation and abuse by humanitarian workers is prevented.

Continuing the work on the prevention of sexual exploitation and abuse, the organization endorsed the recommendations set forth by the Secretary-General's bulletin on special measures for the prevention of sexual exploitation and sexual abuse (ST/SGB/2003/13), and reinforced UNICEF's capacity to adapt existing conduct and discipline policies and procedures to include incidences of sexual exploitation and abuse. Further to this, legal provisions have now been incorporated into UNICEF partnership agreements with civil society organizations that compel them to put measures into place to mitigate the risk of sexual exploitation and abuse by their own staff and any subcontracting entity. Finally, UNICEF conducted biannual refresher activities for all humanitarian action countries (including specific measures for Level 3 emergencies) on minimum standards for the prevention of sexual exploitation and abuse.

FIGURE 10
DEPLOYMENT BY FUNCTIONAL AREA



** Child protection includes deployments for gender-based violence

COMMITMENT 4

UNICEF staff members and key partners have knowledge and skills for effective emergency preparedness and response. This includes knowledge about humanitarian reform and the cluster approach.

A humanitarian learning strategy, with an associated budget and implementation plan, was also developed and approved in 2014. The strategy aims to equip all UNICEF staff with a basic level of knowledge about humanitarian action. A humanitarian component will be added to all UNICEF induction and training, including skills for managers in crisis situations. Dedicated training for humanitarian specialists is ongoing. Strengthening UNICEF capacity for response remained paramount throughout the year. UNICEF will continue to provide staff with focused training and skills development, which will enable them to more effectively deliver results for children in humanitarian contexts, and which will improve UNICEF's ability to manage its collective human resources and enlarge the pool of available capa-

city. In addition, members of UNICEF's IRT were trained during the emergency simulation exercise held in Brindisi, Italy. Dedicated capacity to strengthen humanitarian learning throughout the organization will be put in place in 2015.

CHALLENGES AND CONSTRAINTS

It was clear that the existing four-person ERT was inadequate to meet the current high demand for emergency surge. To fill critical gaps that exist in the current surge scheme, it was recommended that the Executive Director approve the expansion of the ERT by adding 10 new functions covering emergency coordination, operations, logistics, emergency programme areas, monitoring and evaluation, communications and security. This will bring the total number of ERT members to 14 in 2015. Due to the large humanitarian caseload, particularly of large-scale emergencies, this expansion may not be sufficient. UNICEF will continue to explore options for bolstering human resources capacity for emergencies.

CHALLENGES AND CONSTRAINTS

A number of large-scale emergencies remained drastically underfunded, for example, the Central African Republic received less attention than other crises of a similar scale. Chronic emergencies in the Sudan, Somalia and Chad struggled to attract resources and received less than 45 per cent of the requested funds. The State of Palestine appeal was severely underfunded, with only 23 per cent of the requested funds received, and the Ukraine crisis response was even farther behind, with only 11 per cent of the requested funds received. UNICEF is therefore challenged to fundraise for less visible humanitarian crises, particularly given the high level of funding needed to respond to multiple large-scale emergencies requiring an organization-wide response. This is compounded as internal systems such as the EPF continue to be stretched. UNICEF will continue to engage in dialogue about expanding and diversifying the organization's humanitarian resource base

RESOURCE MOBILIZATION

COMMITMENT 1

Quality, flexible resources are mobilized in a timely manner to meet the rights and needs of children and women in humanitarian crises.

In 2014, UNICEF mobilized resources for an unprecedented number of large-scale emergencies ([see more in Revenue section](#)). Through the 2014 HAC appeal UNICEF sought a total of US\$3.2 billion for its humanitarian interventions to ensure the protection of vulnerable children and women. The Ebola outbreak and the worsening situations in Iraq, the State of Palestine and Ukraine resulted in new or revised appeals, adding almost US\$1.1 billion to the initial request of US\$2.1 billion issued in January 2014. Donors generously responded to the worsening conflicts impacting children. Humanitarian funding reached record levels for UNICEF, approaching US\$1.579 billion by the end of 2014. In 2014, the first year of the new biennium, UNICEF released 39 EPF grants to 18 countries for a total of US\$76.1 million. Of this amount, US\$20 million had been reimbursed by the end of 2014. Grants from the CERF totalling US\$115.2 million were received for rapid response in 54 countries.

FINANCE AND ADMINISTRATION

COMMITMENT 1

Effective and transparent management structures are established, with support from the regional offices and UNICEF headquarters, for effective implementation of the programme and operational CCCs. This is done in an environment of sound financial accountability and adequate oversight.

UNICEF continued to improve efficiency in financial and administrative procedures to benefit global operations and emergencies affecting children. In 2014, UNICEF improved donor reporting and grants management. This was the second consecutive year that the statements were prepared under the International Public Sector Accounting Standards, which has enhanced the accuracy and reliability of records related to inventory, equipment and premises, and improved financial resource management. The specialized Finance and Administration Dashboard, launched in 2014, further strengthened corporate financial risk management through closer monitoring of key financial and administrative performance areas. The UNICEF finance and administrative functions prioritized requests from emergency countries on a regular basis, addressing queries and providing guidance on an immediate basis. UNICEF also undertook a technical

review of the Level 3 emergencies simplified standardized operating procedures, clarifying guidance on operational staff capacity, internal controls, cash transfers, budget allotments, cash management, guest houses and travel; and adding guidance on changes in funding source. To support the organization-wide humanitarian response, UNICEF augmented finance and administration capacity where needed through the deployment of IRT members. In the Philippines, a professional level 4 manager was deployed in late 2013 through February 2014 to lead the operations team in the response to Typhoon Haiyan. This deployment supported setting up accommodations for staff, consultants and standby partners; setting up office premises, including furniture, equipment and reliable electrical installations; a security agreement for the UNICEF office and warehouses; communications infrastructure; and a business continuity plan. UNICEF is committed to further developing its capacity to scale up its management and administrative support in humanitarian contexts. To this end, in 2015, the organization will put dedicated capacity on the ERTs as well as other surge mechanisms into place.

CHALLENGES AND CONSTRAINTS

Lessons learned from the deployment to the Philippines underscored the importance of the immediate deployment of operational staff to supporting emergency operations in the field. In addition, cash-on-hand accounts should be established; where emergency activities are located outside the main office, support hubs should be strengthened; service agreements should be established to deploy generators to the field; guest house management should be outsourced or surged; and office-in-a box should be developed for emergency deployment to sub-office locations.

INFORMATION AND COMMUNICATION TECHNOLOGY

COMMITMENT 1

Timely, effective and predictable delivery of telecommunications services to ensure efficient and secure programme implementation, staff security and compliance with inter-agency commitments.

The UNICEF Information and Communication Technology (ICT) function provided support to all major humanitarian interventions in 2014, often in the most challenging environments, including in the Syrian Arab Republic, Iraq, Ebola-affected countries, South Sudan, the Central African Republic and Mali. UNICEF ICT staff supported programme and operations, enabling the organization to reach millions of children. Global emergency ICT preparedness was strengthened in 2014 through the training of 45 new ICT responders, and the central pre-stock was complemented with additional in-house developed rapid-deployment ICT solutions, which were beneficial to various emergency operations. Emergency response staff are available from the Information Technology Solutions and Services Division central emergency roster, composed of 55 trained and experienced UNICEF ICT staff. UNICEF continued to play a significant role in inter-agency ICT groups and forums, namely the Emergency Telecommunications Cluster (ETC) and the Working Group on Emergency Telecoms, including successfully leading the ETC working group tasked with establishing a new digital VHF/UHF radio standard for humanitarian operations.

CHALLENGES AND CONSTRAINTS

Downsizing in the Latin America and the Caribbean, East Asia and the Pacific and CEE/CIS regional offices, particularly in ICT capacity, has weakened the organization's ability to respond to emergencies in these regions. Limited rotation of the emergency pre-stock raised the possibility of equipment becoming outdated. The International Public Sector Accounting Standards were not adapted to easily transfer assets between offices, a constraint when shipping ICT pre-stocked assets from headquarters, causing significant extra work to transfer assets after immediate emergency phase is over. Issues are being addressed by advocating for the use of global/regional rosters of ICT responders, the ETC and standby partners for the immediate response. The pre-stocking of ICT equipment is mostly outsourced to vendors (e.g., radios, mobile satcoms, VSAT) or partners, although UNICEF maintains response capacity for up to two simultaneous major emergencies.

REVENUE

In addition to the regular resources allocations to respond to emergencies in 2014, donors generously contributed to the multiple large-scale crises impacting children. Funding to UNICEF humanitarian programmes amounted to US\$1.579 billion, an increase of 18.5 per cent from the US\$1.332 billion in 2013. This was 31 per cent of the total US\$5.169 billion of UNICEF revenue in 2014. *(See Financial Implementation section for an explanation of why revenue and financial implementation in 2014 differ.)* The dramatic surge in humanitarian needs in 2014 resulted from multiple emergencies throughout the world, including the ongoing response to the November 2013 typhoon in the Philippines; conflicts in Iraq, the Central African Republic, South Sudan and the Syrian Arab Republic; and the Ebola outbreak in West Africa. The Ebola outbreak and the worsening situations in Iraq, the State of Palestine (Gaza) and Ukraine resulted in new or revised appeals, increasing overall funding requirements in UNICEF's HAC from US\$2.1 billion in January to US\$3.2 billion by the end of 2014, a 52 per cent annual increase.

While contributions and needs both grew exponentially, they were also uneven across crises. UNICEF appeals were 52 per cent funded,³⁴ against the US\$ 3.2 billion in needs. Funding for the Central African Republic, Ebola, Iraq, the Philippines, South Sudan and the Syrian Arab Republic and refugees constituted 72 per cent of all funding received. Of these crises, the Central African Republic was the least funded receiving only 56 per cent of its funding needs. Chronic emergencies in Chad, Somalia and Sudan struggled to attract resources and were funded at under 45 per cent. The State of Palestine appeal was severely underfunded at 23 per cent and the Ukraine crisis response was even farther behind at only 11 per cent at the end of 2014.³⁵

Governments and intergovernmental organizations contributed the largest portion of funding for UNICEF humanitarian programmes *(see Figure 11)*. In 2014, the United States, the United Kingdom, Germany, CERF and the European Commission were the top five sources of humanitarian funding to UNICEF, contributing US\$311 million, US\$171 million, US\$157 million, USD\$115 million and US\$105 million, respectively.

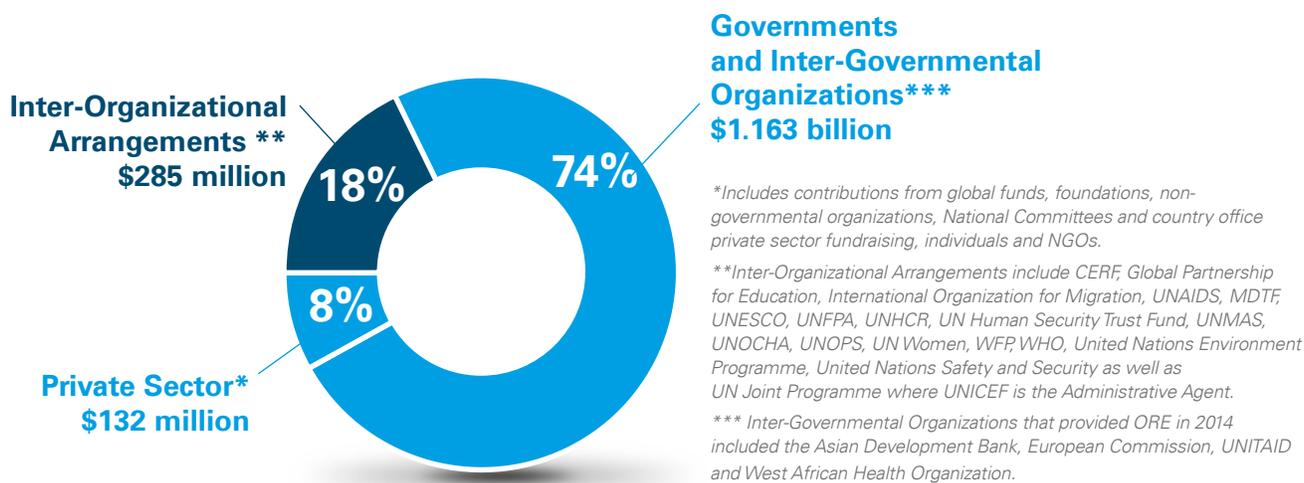
Given the highly dynamic nature of the complex emergencies that UNICEF is facing, the need for flexible and unearmarked funds is especially critical. Thematic funding, which has fewer restrictions than other resources, reached an all-time low since 2004 of just under 9 per cent of humanitarian funding *(see Figure 15)* in 2014. This has continued a decrease as a percentage of other resources from an all-time high of 42 per cent in 2005. Thematic humanitarian funding was the largest amount of thematic funding received in 2014. This follows an overall drop in thematic funding, which is down by 5 per cent from 2013 *(see Figure 14)*.



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FIGURE 11
RESOURCE MOBILIZATION

2014 Other Resources Emergency (ORE) humanitarian revenue by Type of Donor in United States dollars

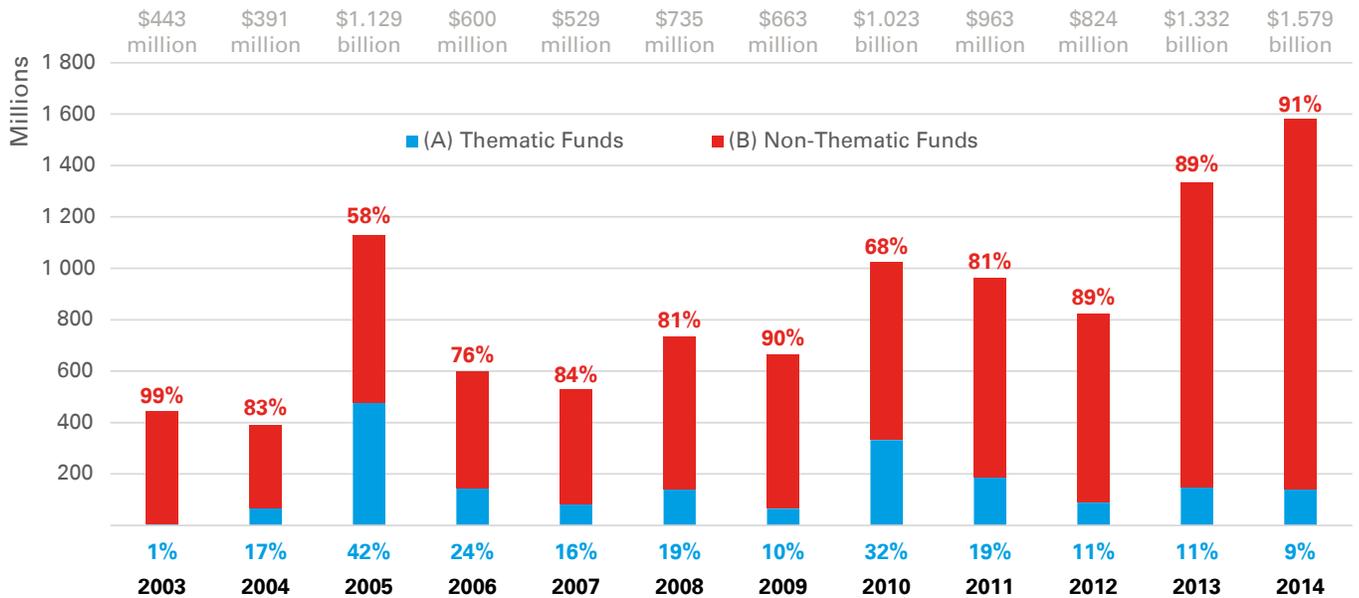


Total humanitarian income: US\$1.579 billion a 18.5% increase from 2013*

FIGURE 12
2014 TOP 20 DONORS AND FUNDING SOURCES — ORE

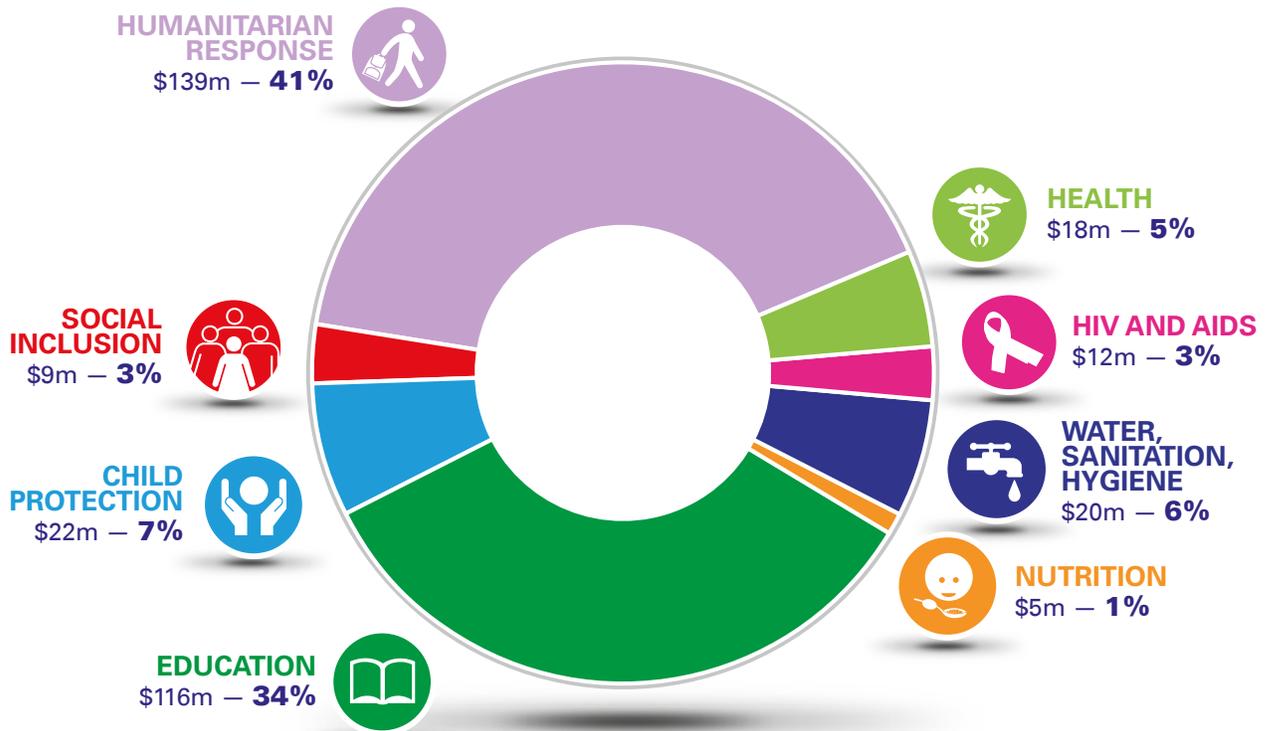
	DONOR	ORE (US\$)		DONOR	ORE (US\$)
1	United States of America	311,266,969	11	Kuwait	36,750,000
2	United Kingdom	171,024,721	12	Netherlands	27,887,244
3	Germany	156,853,201	13	UK Committee for UNICEF	20,806,876
4	Central Emergency Response Fund (OCHA)	114,891,752	14	German Committee for UNICEF	17,853,951
5	European Commission	105,467,882	15	Japan Committee for UNICEF	16,747,168
6	Japan	99,440,847	16	United States Fund for UNICEF	16,603,363
7	Kingdom of Saudi Arabia (OCHA)	97,647,900	17	Denmark	15,608,553
8	Canada	79,074,227	18	Belgium	14,687,572
9	Sweden	46,725,257	19	Finland	14,111,279
10	Multi-Donor Trust Fund (Common Humanitarian Fund)	46,389,532	20	Australia	11,576,070

FIGURE 13
OTHER RESOURCES EMERGENCY (ORE) FUNDING TREND, 2003-2014



* Change in accounting policy to IPSAS on 1 January 2012 does not allow comparisons between 2012 figures and prior years.

FIGURE 14
THEMATIC CONTRIBUTIONS TO STRATEGIC PLAN OUTCOME AREAS AND HUMANITARIAN ACTION, 2014: US\$341 MILLION

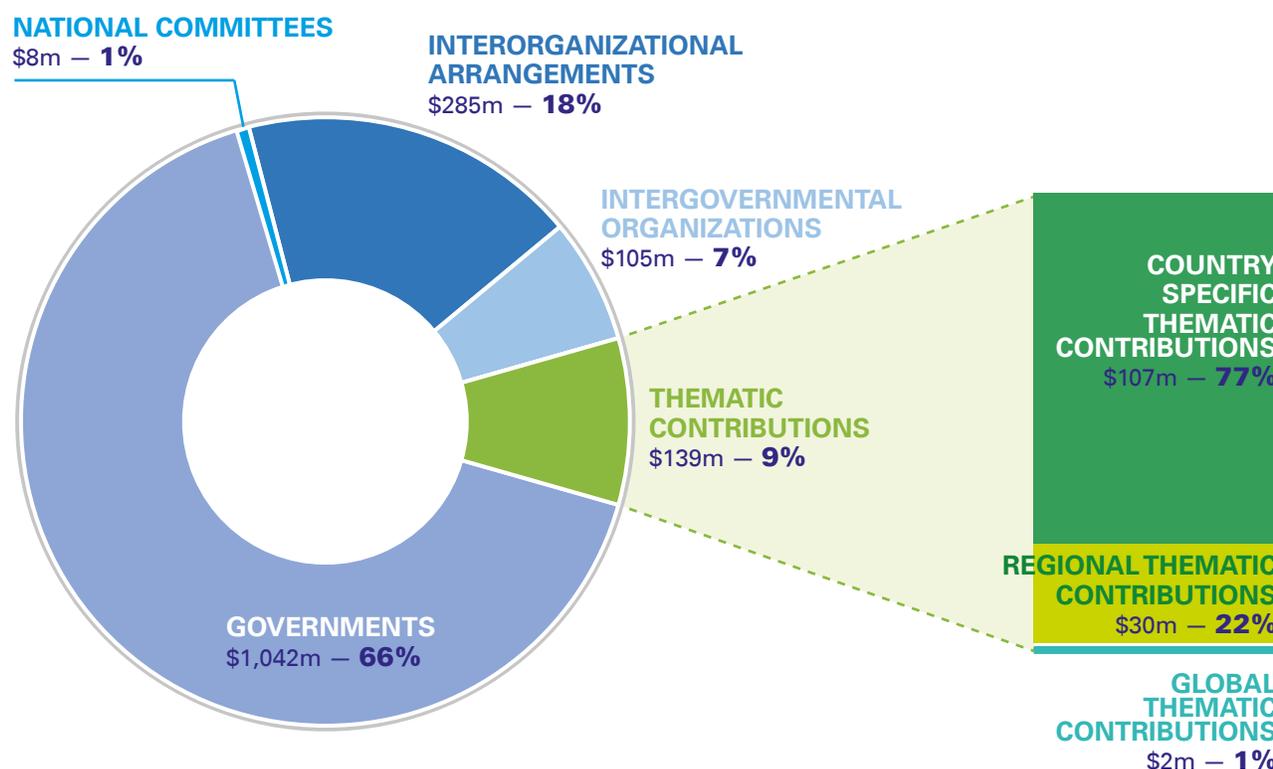


This decline in thematic funding needs to be addressed to fulfil the shared commitment by UNICEF partners for more flexible and pooled funding. In the Quadrennial Comprehensive Policy Review resolution, Member States called for enhanced use of funding modalities that can foster cost-effectiveness, highlighting pooled funding modalities as a means of achieving this objective. Subsequently, the dialogue on financing the Strategic Plan structured by the UNICEF Executive Board called for partners to enhance the flexibility and predictability of resources aligned to the organization's strategic mandate. Board Members further chose to highlight the

importance of thematic funds as an important complement to regular resources for both development and humanitarian programming and the links between the two, in line with UNICEF's universal mandate and in support of country-specific priorities.

Global thematic humanitarian funding – the most flexible type of thematic funding as it can be used where needs are greatest – was less than 1 per cent of total thematic humanitarian funding.

FIGURE 15
OTHER RESOURCES-EMERGENCY (ORE) BY FUNDING MODALITY AND PARTNER GROUP, 2014:
\$1,579M



Twelve per cent of thematic contributions received for Humanitarian Action (other resources emergency) came from 10 government partners (see Figure 16). Finland was the largest thematic resource government partner, providing 10 per cent of all thematic contributions received, given at the regional level for response to the Syrian Arab Republic crisis, and at the country level for a number ongoing emergencies, including Cameroon, the Central Africa Republic, Chad, the Democratic Republic of the Congo, Ethiopia, Mali, Somalia, South Sudan, the Sudan and Uganda. The Governments of Belgium, New Zealand, Norway and Sweden provided flexible funding in the form of global thematic contributions.

The majority of thematic funding for Humanitarian Action in 2014 was provided by the National Committees for UNICEF, just over 50 per cent coming from those in the United Kingdom, Japan, Germany, United States and Spain for country and regional specific response.

Special mention is made to private-sector fundraising from UNICEF Thailand that provided significant flexible contribution of global thematic funding in 2014.

THE VALUE OF THEMATIC FUNDING (OR+)

While regular resources remain the most flexible contributions for UNICEF, thematic other resources (OR+) are the second-most efficient and effective contributions to the organization and act as complementary funding. Thematic funding is allocated internally on a needs basis, and allows for longer-term planning and sustainability of programmes. A funding pool has been established for each of the Strategic Plan 2014–2017 outcome areas, as well as for humanitarian action and gender. Resource partners can contribute thematic funding at the global, regional or country levels.

Contributions from all resource partners to the same outcome area and humanitarian action are combined into one pooled-fund account with the same duration, which simplifies financial management and reporting for UNICEF. A single annual consolidated narrative and financial report is provided at global, regional and country levels that is the same for all resource partners. Due to reduced administrative costs, thematic contributions are subject to a lower cost recovery rate, to the benefit of UNICEF and resource partners alike. For more information on thematic funding, and how it works, please visit www.unicef.org/publicpartnerships/66662_66851.html.

PARTNER TESTIMONIAL

*“Helping children in need is the most important investment that we can make to achieve development, human rights, peace and stability. **UNICEF** is a key partner in this respect. [...]*

*The flexibility of **UNICEF**’s thematic funding allows us to reach the most vulnerable children, improve the effectiveness of our response and achieve better results. It also enables us to promote innovation and sustainability, improve coordination and long-term planning, and reduce transaction costs.*

*In accordance with its mandate, **UNICEF** works to promote the protection of children’s rights and the fulfilment of their basic needs, and to increase children’s opportunities so that they can reach their full potential. In today’s world, **UNICEF**’s work to fulfil this mandate is more important than ever.”*

Børge Brende
Minister of Foreign Affairs,
Government of Norway

UNICEF Strategic Plan 2014-17 Thematic Windows:

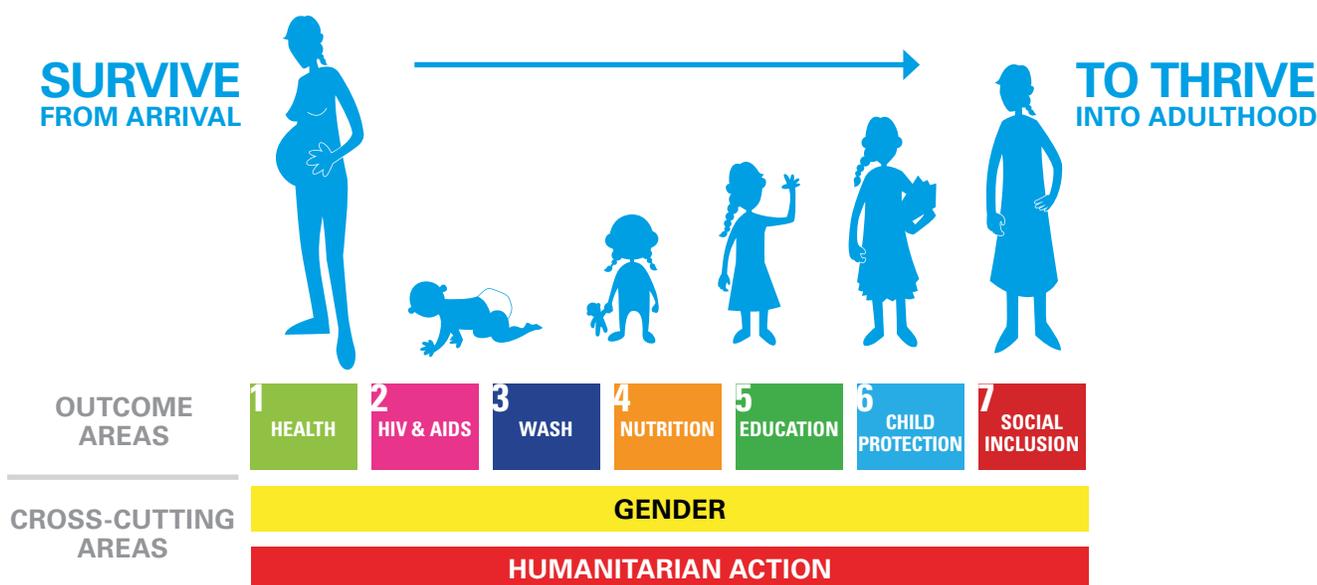


FIGURE 16
THEMATIC CONTRIBUTIONS BY RESOURCE PARTNER TO HUMANITARIAN ACTION IN 2014

Resource partner type	Resource partner	Amount (in us\$)	Percentage	Resource partner type	Resource partner	Amount (in us\$)	Percentage
Governments 12%	Finland	14 111 279	10.12%	National Committees 85%	Icelandic Committee for UNICEF	325 382	0.23%
	Belgium	950 187	0.68%		Czech Committee for UNICEF	189 898	0.14%
	Republic of Korea	500 000	0.36%		Hungarian Committee for UNICEF	145 287	0.10%
	Kuwait	250 000	0.18%		Hellenic Committee for UNICEF	26 329	0.02%
	Netherlands	79 812	0.06%		Andorran Committee for UNICEF	22 838	0.02%
	Italy	50 708	0.04%		Slovak Committee for UNICEF	15 699	0.01%
	New Zealand	46 126	0.03%		San Marino Committee for UNICEF	13 793	0.01%
	Sweden	28 233	0.02%		Lithuanian Committee for UNICEF	7 191	0.01%
	Norway	15 658	0.01%		UNICEF-Thailand	1 889 710	1.36%
	Andorra	10 345	0.01%		UNICEF-Indonesia	524 673	0.38%
	National Committees 85%	United Kingdom Committee for UNICEF	21 011 771	15.07%	International On-line Donations	508 091	0.36%
Japan Committee for UNICEF		17 872 627	12.82%	UNICEF-Argentina	370 213	0.27%	
German Committee for UNICEF		12 692 607	9.10%	UNICEF-Croatia	368 027	0.26%	
United States Fund for UNICEF		10 763 137	7.72%	UNICEF-Malaysia	266 484	0.19%	
Spanish Committee for UNICEF		8 022 722	5.75%	UNICEF-Serbia	208 635	0.15%	
French Committee for UNICEF		6 955 235	4.99%	UNICEF-Sierra Leone	150 203	0.11%	
Italian Committee for UNICEF		6 214 247	4.46%	UNICEF-China	82 328	0.06%	
Swedish Committee for UNICEF		6 018 468	4.32%	UNICEF-United Arab Emirates	61 503	0.04%	
Netherlands Committee for UNICEF		3 282 955	2.35%	UNICEF-Uruguay	29 716	0.02%	
Canadian Committee for UNICEF		2 894 068	2.08%	UNICEF-Brazil	14 772	0.01%	
Swiss Committee for UNICEF		2 792 444	2.00%	UNICEF-South Africa	13 047	0.01%	
Belgian Committee for UNICEF		2 693 094	1.93%	UNICEF-Chile	11 762	0.01%	
Australian Committee for UNICEF		2 588 586	1.86%	UNICEF-Nigeria	11 189	0.01%	
Korean Committee for UNICEF		2 386 795	1.71%	UNICEF-Jordan	9 799	0.01%	
Norwegian Committee for UNICEF		2 152 621	1.54%	UNICEF-Mexico	7 227	0.01%	
New Zealand Committee for UNICEF		1 463 577	1.05%	UNICEF-Venezuela	5 991	<0.01%	
Hong Kong Committee for UNICEF		1 377 002	0.99%	UNICEF-Peru	800	<0.01%	
Finnish Committee for UNICEF		1 256 627	0.90%	UNICEF Bulgaria	737	<0.01%	
Portuguese Committee for UNICEF		841 094	0.60%	UNICEF-Morocco	675	<0.01%	
Danish Committee for UNICEF		826 349	0.59%	UNICEF-Romania	520	<0.01%	
Irish Committee for UNICEF		727 370	0.52%	UNICEF-Colombia	480	<0.01%	
Slovenian Committee for UNICEF		560 093	0.40%	UNICEF-Liberia	465	<0.01%	
Polish Committee for UNICEF		528 584	0.38%	UNICEF-Oman	177	<0.01%	
Luxembourg Committee for UNICEF		474 795	0.34%	Individuals (others) 0.64%	Tetsuko Kuroyanagi	850 702	0.61%
Austrian Committee for UNICEF		444 013	0.32%		One-off donations individuals	45 700	0.03%
Turkish Committee for UNICEF		372 908	0.27%	Grand total		139 436 175	100.00%

THE VALUE OF REGULAR RESOURCES

UNICEF is entirely dependent on voluntary contributions. Regular resources³⁶ are unearmarked, unrestricted funds. The overwhelming majority of these funds are allocated to country programmes on the basis of under-5 mortality rates; gross national income per capita; and child population, which ensures that most resources are spent in the least developed countries. In turn, each country programme invests its share of regular resources in response to the specific context and development priorities of the country concerned. Regular resources enable country presence before and during a disaster. Such resources also enable UNICEF to mainstream humanitarian action into its core work by covering a part of the organization's global support for humanitarian action. An example of this is the use of regular resources to cover the work of the global clusters that UNICEF leads or for which it has an area of responsibility. Finally, regular resources provide UNICEF with timely and critically flexible funding that enable UNICEF country offices to scale up life-saving humanitarian action for children within the first 24 to 48 hours, through the Emergency Programme Fund (EPF), an annual US\$75 million revolving fund that provides reimbursable loans to offices that require immediate financing of emergency programmes.

UNICEF revenue also comes from earmarked or other resources, which include, among others, pooled funding modalities such as thematic funding for UNICEF Strategic Plan outcome areas, humanitarian action and gender. Other resources are restricted to a particular programme, geographic area, strategic priority, or to fund emergency response.

Despite a 5 per cent increase in 2014 to US\$1,326 million, regular resource contributions have continued to decline as a share of overall revenue since the turn of the new millennium, from 50 per cent to just over 25 per cent. As we look to deliver results in accordance with UNICEF's Strategic Plan, flexible and predictable other resources are needed to complement regular resources. It is only with more flexible resources that UNICEF can:

- maintain its independence, neutrality and role as a trusted partner, with adequate and highly skilled capacity at country level, for country-driven, innovative and efficient programming;
- achieve key results for all country programmes of cooperation; and
- respond quickly and flexibly to changing circumstances, including onset emergencies, allowing the channelling of resources to programme areas where they are most needed.

Additional and complementary earmarked funds can then be used to bring solutions to scale in different contexts.





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FINANCIAL IMPLEMENTATION

Utilizing income from 2014 and limited resources from prior years, UNICEF ORE expenditure in 2014 totalled US\$1.203 billion³⁷ (29 per cent of the organization's total expenditure of US\$4.131 billion). This represents a 19 per cent increase over ORE from 2013 (US\$1.009 billion). 2014 revenue and expenditure amounts do not match due to revenue being utilized over several years, based on the grant agreement, while expenditure covers actual utilization in the calendar year. The appeals for Ebola (US\$507 million) and Iraq (US\$319 million) covered the needs in 2014 and into 2015. Part of the funding UNICEF received in 2014 for these appeals was carried forward to be used for activities in 2015. In addition, several countries and regional crises, such as the Syrian Arab Republic, received funding late in the year and carried it forward to be spent in 2015.

The largest share of this expenditure (29 per cent) went to WASH, followed by Health (21 per cent) and Nutrition (20 per cent). Overall, 80 per cent of ORE was spent in Africa and the Middle East. ORE expenditure reflects the massive response to the Syrian Arab Republic and Iraq crises (four of the top five countries in ORE expenditure), the continuing corporate responses to Typhoon Haiyan in the Philippines (fourth highest in ORE expenditure), and the large-scale responses in the Democratic Republic of the Congo and South Sudan (the sixth and seventh highest in ORE expenditure, respectively).

ORE expenditure increased significantly in the Middle East and North Africa region, where six countries from the Middle East and North Africa region (the Syrian Arab Republic, Lebanon, Jordan, Iraq, the Sudan and Yemen), including four countries directly affected by the crisis in the Syrian Arab Republic, were among the top 10 countries in terms of overall UNICEF ORE expenditure. ORE increased in West and Central Africa region over the 2013 level due to increased humanitarian expenditure in the Central African Republic (up 180 per cent from 2013) and Mali (up 36 per cent from 2013). ORE declined in Eastern and Southern Africa, Latin America and the Caribbean and South Asia from 2013, reflecting changes in humanitarian contexts and the time period since major emergencies took place (e.g., Haiti and Pakistan). The share of humanitarian expenditure in East Asia and the Pacific increased with the significant response to Typhoon Haiyan in the Philippines (a more than fourfold increase over 2013 expenditure). Overall, more than one third of overall ORE expenditure was concentrated in five countries and two crises.

FIGURE 17
UNICEF EXPENDITURE BY OUTCOME AREA, 2014

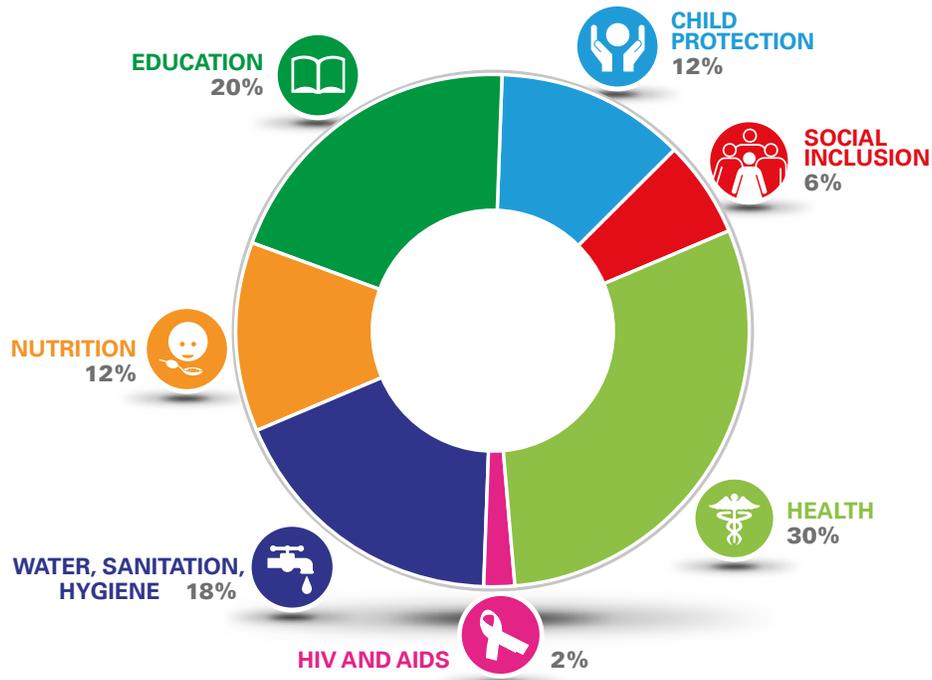


FIGURE 18
ORE EXPENDITURE BY REGION, 2014

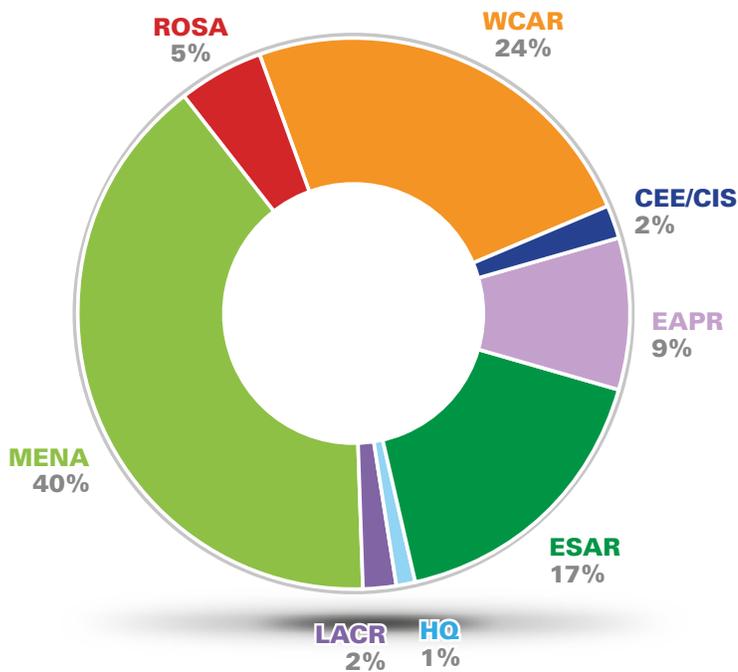


FIGURE 19
TOP 10 COUNTRY OFFICES BY EMERGENCY FUNDING EXPENDITURE, 2014

Country office	Expenditure US\$ million
Syrian Arab Republic	101
Lebanon	88
Jordan	85
Philippines	84
Iraq	70
Democratic Republic of the Congo	70
South Sudan	69
Somalia	55
Sudan	52
Yemen	44
Mali	38
Pakistan	33
Central African Republic	31
Niger	30
Chad	27

FUTURE WORKPLAN

The humanitarian caseload is anticipated to continue to grow in the coming years, as will the complexity of situations on the ground. This inference is based on the recognition that the conventional drivers of humanitarian crises, such as state fragility, inter- and intra-state conflict and natural disasters, still exist and are interacting with new drivers of humanitarian crises, including climate change, global price and other global economic crises, and migration. In particular, the changing nature of conflict, characterized by the use of children as instruments of violence, serious protection violations against children, and the targeting of civilian infrastructure, including schools and health facilities – will continue to endanger the rights and well-being of millions of children. For children, complex emergencies and natural disasters have and will continue to aggravate acute malnutrition, disease outbreak, disruptions in schooling and threats of exploitation and abuse, including sexual and gender-based violence. The proliferation of non-state actors in conflict situations is making access to and protection of children even more complex. The increasingly subregional nature of crises, with limited short-term solutions, has thus required more complex cross-border interventions for effective response.

Addressing this changing humanitarian environment, as well as the complex and intersecting roots of humanitarian crises, will be a fundamental component of the post-2015 agenda. Anticipating that agenda and in keeping with the UNICEF Strategic Plan 2014–2017, UNICEF will continue to strengthen its humanitarian action to respond within the changing environment, moving forward. This means continuing to support the strength, well-being and capacity of the organization's human resources, including through training and skills development that enable them to more effectively deliver results to children in complex and often highly insecure humanitarian situations. With the implementation of a humanitarian learning strategy, more staff will gain access to relevant training at the appropriate levels, which will in turn build overall organizational capacity. Continuing to explore ways of expanding humanitarian capacity ready to be deployed as needed will also bolster UNICEF's ability to respond in challenging contexts.

UNICEF will also continue to strengthen its internal systems to better integrate humanitarian action with long-term development and enhance its procedures for operating in humanitarian contexts. Part of that work will be to continue to strengthen preparedness and build resilience. As evidenced in the response to the Ebola outbreak, it is essential that the organization build community-level systems to reduce vulnerabili-

ties and build resilience over the long term. The organization must also secure access to children in highly insecure environments, including through guidance around working effectively with non-state entities and more robust approaches to security. Investing in new strategic partnerships and taking further advantage of horizontal and South-to-South cooperation will allow UNICEF to expand the pool of available human and financial resources for humanitarian response to meet global demands. With new partners, the organization will be able to more effectively deliver on those areas of the CCCs where gaps have been identified or external expertise is especially required.

With so many large-scale emergencies to respond to UNICEF will also continue to take advantage of the opportunity to learn from its experiences and generate lessons to inform future response. In 2015, evaluations will be undertaken on the UNICEF response to the crisis in the Syrian Arab Republic, as well as the UNICEF response and programming strategies for the crisis in the Central African Republic. The results of the study on the financial 'returns' and speed of benefits derived from specific preparedness interventions, including emergency supply pre-positioning, infrastructure development, staff training and contingency arrangements for external contracting, will be published in early 2015. In addition, UNICEF will improve its data-driven analysis in 2015 – using evidence to develop a blueprint for humanitarian architecture and resource mobilization that leverages capacities and pools expertise. This will enable the organization to deploy human and financial resources to the best advantage, in the locations and sectors where needs are most critical.

The changing humanitarian landscape also means increased demand for humanitarian funding, as well as greater demand for overall organizational resources. To meet these growing needs and to increase the predictability of funding to allow for better preparedness, planning and response, UNICEF will continue to explore new and flexible financing sources with both traditional and non-traditional partners. Global humanitarian finance must be put on more robust footing to meet the needs of people. This will mean engaging in wider dialogue within the international humanitarian community – including through participation in the World Humanitarian Summit and the Secretary General's High Level Panel on Humanitarian Financing – to push new ideas, explore alternative methods of financing and offer solutions to improve the effectiveness of existing financing mechanisms. UNICEF will also continue to review its internal financing systems for opportunities to grow its humanitarian resources.

EXPRESSION OF THANKS

UNICEF expresses its gratitude to all resource partners whose overall contributions supported the organization's humanitarian action in 2014. The achievements described in this report were also the results of these continued partnerships.

In particular, UNICEF expresses its sincere appreciation to all resource partners which contributed thematically to the organization's work in humanitarian response. It is thanks to thematic funding and its flexibility that UNICEF has been able to provide timely and effective technical, operational and programming support to countries in all regions for work that helps prepare and deliver life-saving assistance to children and families. Thematic funding provides greater flexibility, longer-term planning and sustainability of programmes. It reflects the trust resource partners have in the capacity and ability of UNICEF to deliver quality support under all circumstances and has made possible the results described in this report.

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ABBREVIATIONS AND ACRONYMS

AAP accountability to affected populations	FTR Family Tracing and Reunification	Affairs
ART antiretroviral therapy	GBV gender-based violence	OPSCEN UNICEF Operations Centre
C4D Communication for development	GNC Global Nutrition Cluster	ORE other resources emergency
CALL Coordinated Accountability and Lessons Learning	HAC Humanitarian Action for Children	PMTCT prevention of mother-to-child transmission (of HIV)
CCCs Core Commitments for Children (in humanitarian action)	HPM Humanitarian Performance Monitoring	RRM Rapid Response Mechanism
CERF Central Emergency Response Fund	IASC Inter-Agency Standing Committee	RRT Rapid Response Team
CLARE Cluster Lead Agency Role in Emergencies	ICT information and communication technology	SAM severe acute malnutrition
DRR disaster risk reduction	IRT Immediate Response Team	STI sexually transmitted infection
EPF Emergency Programme Fund	IYCF infant and young child feeding	UNHCR United Nations High Commissioner for Refugees
EPI Expanded Programme on Immunization	MHPSS Mental Health and Psychosocial Support	UNICEF United Nations Children's Fund
ERT Emergency Response Team	MIRA Multi-Cluster/Sector Initial Rapid Assessment	UNMEER United Nations Mission for Ebola Emergency Response
ETC Emergency Telecommunications Cluster	MRE mine risk education	UNSMS United Nations Security Management System
EVD Ebola virus disease	MRM Monitoring and Reporting Mechanism	WASH water, sanitation and hygiene
EWEA Early Warning Early Action	NFI non-food items	WFP World Food Programme
FAO Food and Agriculture Organization of the United Nations	NGO non-governmental organization	WHO World Health Organization
	NLG No Lost Generation	
	OCHA Office for the Coordination of Humanitarian	

ENDNOTES

- UNICEF estimate based on population figures of children under 18 years of age in 22 conflict-affected countries. Population data are from: United Nations, Department of Economic and Social Affairs, Population Division, World Population Prospects: The 2012 revision, CD-ROM edition, United Nations, New York, 2013.
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- United Nations Children's Fund, 'Humanitarian Action for Children 2015: Syrian Arab Republic', 27 January 2015, <www.unicef.org/appeals/syria.html>.
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- United Nations Children's Fund, 'Humanitarian Action for Children: Ebola response', 29 January 2015, <www.unicef.org/appeals/ebola_response.html>.
- Throughout the report, all 'targets' refer to UNICEF targets, specifically.
- UNICEF, Consolidated Emergency Report – Central African Republic, 2014.
- Note that gender-disaggregated data are not captured for all indicators in all countries. Gender-disaggregated data is noted throughout this report where available.
- UNICEF, Consolidated Emergency Report – South Sudan, 2014.
- UNICEF, Consolidated Emergency Report – Syria, 2014.
- United Nations Children's Fund, 'Guinea Ebola Situation Report', UNICEF, 31 December 2014; United Nations Children's Fund, 'Liberia Ebola Situation Report', UNICEF, 31 December 2014; United Nations Children's Fund, 'Sierra Leone Ebola Situation Report', UNICEF, 31 December 2014.
- UNICEF, Consolidated Emergency Report – State of Palestine, 2014.
- UNICEF, Consolidated Emergency Report – Ukraine, 2014.
- The gap in 2014 revenue and expenditure amounts is due to revenue being utilized over different calendar years. For example, a portion of the funding UNICEF received late in 2014 was carried forward to be used for activities in 2015.
- In 2014, 15 million children were affected by conflicts in the Central African Republic, South Sudan, the State of Palestine, the Syrian Arab Republic, Iraq and Ukraine.
- UNICEF Press Centre, 'Press Release: With 15 million children caught up in major conflicts, UNICEF declares 2014 a devastating year for children', United Nations Children's Fund, New York/Geneva, 8 December 2014, <www.unicef.org/media/media_78058.html>.
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- United States Agency for International Development, 'Disaster Data: A balanced perspective', USAID, CRED CRUNCH, no. 37, January 2015.
- UNICEF, 2014 Consolidated Emergency Report – South Sudan.
- United Nations Children's Fund, 'Guinea Ebola Situation Report', UNICEF, 31 December 2014; United Nations Children's Fund, 'Liberia Ebola Situation Report', UNICEF, 31 December 2014; United Nations Children's Fund, 'Sierra Leone Ebola Situation Report', UNICEF, 31 December 2014.
- This figure for the amount of supplies delivered for the Ebola response differs slightly from that reported in the Executive Director's Annual Report to the Executive Board due to the availability of more recent data.
- The Executive Board approved the 2014 proposal in February 2015.
- UNICEF, 2014 Consolidated Emergency Report – Syria; and UNICEF, 2014 Consolidated Emergency Report – Iraq.
- UNICEF, 2014 Consolidated Emergency Report – Central African Republic.
- 2013 UNICEF-WHO joint estimates.
- World Health Organization, United Nations Children's Fund and World Food Programme, Interim Guideline: Nutritional care of children and adults with Ebola virus disease in treatment centres, WHO, Geneva, 2014; available at <www.enonline.net/nutritionalcareinevd>.
- This result was provided by the Government of Sudan.
- These constitute the first wave of emergency procurement (excluding freight and insurance). These amounts do not reflect the total emergency procurement UNICEF made for humanitarian response globally, such as those following rapid response.
- This is based on US\$1.67 billion on ORE budget issued in 2014, based on signed agreements. The budget issued will normally exceed the income received, as UNICEF now releases budgets in full when a contract is signed with a donor, even though it may cover multiple years.
- The Ukraine appeal runs from December 2014 to December 2015.
- Regular resources are not included since they are not linked to any one outcome or cross-cutting area at the time of contribution by a partner. For an analysis of regular resources per outcome or cross-cutting area, see the report section on Financial Implementation.
- This capture ORE humanitarian expenditure, it does not include expenditure related to humanitarian action from RR or ORR.



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