

Annual Results Report 2016

Humanitarian Action

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



UNICEF's Strategic Plan 2014–2017 guides the organization's work in support of the realization of the rights of every child, especially the most disadvantaged. At the core of the Strategic Plan, UNICEF's equity strategy – emphasizing the most disadvantaged and excluded children, caregivers and families – translates UNICEF's commitment to children's rights into action. What follows is a report summarizing how UNICEF and its partners contributed to humanitarian action in 2016 and the impact of these accomplishments on the lives of children, caregivers and families.

This report is one of nine on the results of UNICEF's efforts this past year, one on each of the seven outcome areas of the Strategic Plan, one on gender and one on humanitarian action. It is an annex to the 'Annual Report of the Executive Director of UNICEF, 2016', UNICEF's official accountability document for the past year.

Cover image: © UNICEF/UN050309/Farid

Students who received school bags provided by UNICEF line up at Al-Saeed School in Ibb, Yemen in January 2016.

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EXECUTIVE SUMMARY

Humanitarian needs continued to rise in 2016,¹ with more than half a billion children – one out of every four children in the world – living in countries affected by conflict, natural disasters and epidemics by the end of the year.² Millions of these children have grown up with war. Many have been uprooted from their homes; become separated from their families; lost years of schooling; and experienced injury, abuse and exploitation. Natural disasters, including those tied to climate change, have threatened the health and well-being of millions more.

In places such as Iraq, Nigeria, South Sudan, the Syrian Arab Republic and Yemen, protracted conflicts that have endured for years continued to devastate the lives of children. Many of these conflicts, as well as those in countries such as Afghanistan and Burundi, have spilled over borders and generated subregional refugee crises, giving rise to grave violations of children's rights. As conflicts worldwide have intensified, so have the impact and severity of natural disasters. The 2015–2016 El Niño phenomenon generated life-threatening drought conditions across southern Africa and elsewhere. The year 2016 also saw new outbreaks of diseases such as cholera, yellow fever and Zika, and the consequent health emergencies have taken a powerful toll on children.

In 2016, UNICEF and partners responded to 344 humanitarian situations of varying scale in 108 countries³ – the largest number of situations and countries recorded since tracking began more than a decade ago.⁴ This included the continuing large-scale emergencies in Iraq, Nigeria and the Lake Chad Basin, South Sudan, the Syrian Arab Republic and surrounding countries, and Yemen. In line with the Strategic Plan 2014–2017 and the Core Commitments for Children in Humanitarian Action (CCCs), UNICEF focused its humanitarian action on saving lives, protecting rights and addressing the underlying causes of vulnerability to crises. The organization continued to leverage its long-standing comparative advantage for humanitarian action of having a field presence before, during and after emergencies; delivering a multi-sector approach; and leveraging its vast network of partners, which includes government, civil society and the private sector, within the broader humanitarian system.

This enabled UNICEF to deliver results for millions of children in a variety of humanitarian contexts in 2016 (see Figure 1). Globally, nearly 29 million people benefited from UNICEF-supported access to safe water (95 per cent of the target),⁵ including more than 1.2 million displaced people in Iraq, through the expansion of water, sanitation and hygiene (WASH) service centres. More than 2.4 million children with severe acute malnutrition accessed therapeutic feeding programmes (72 per cent of the target), including some 219,000 conflict-affected children in South Sudan who benefited from treatment. More than 24 million children 6 months to 15 years old received measles vaccination (72 per cent of the target), including more than 650,000 children under 1 year old in Yemen. More than 34,000 HIV-positive pregnant women continued antiretroviral therapy (62 per cent of the target), including some 3,000 women affected by the conflict in the Central African Republic. UNICEF reached nearly 12 million school-age children with formal or non-formal education (84 per cent of the target), including more than 3.1 million children in the Syrian Arab Republic who received textbooks, stationary and school supplies. Nearly 3 million children benefited from psychosocial support (71 per cent of the target), including some 312,000 children in the Lake Chad Basin (Cameroon, Chad, the Niger and Nigeria).⁶

UNICEF continued to strengthen the nexus between its humanitarian action and development programming, while promoting social cohesion, including by increasing the use of cash-based programming, improving accountability to affected populations, investing in early preparedness, and strengthening resilience and risk-informed programming. More than 682,000 crisis-affected households, including 1.4 million children, received some form of cash-based support from UNICEF and partners in 2016, including direct cash transfers, vouchers, credit cards,



August 2016. Samiullha, 2 years old, smiles with his mother following UNICEF-supported in-patient treatment for severe acute malnutrition at Indira Gandhi Children's Hospital in Kabul, Afghanistan.

mobile money or bank transfers. In Syrian refugee-hosting countries, UNICEF reached more than 19,000 vulnerable families with sustained cash assistance in Egypt, Iraq and Jordan and nearly 264,000 persons with one-off emergency cash or cash voucher assistance in Lebanon and Turkey.

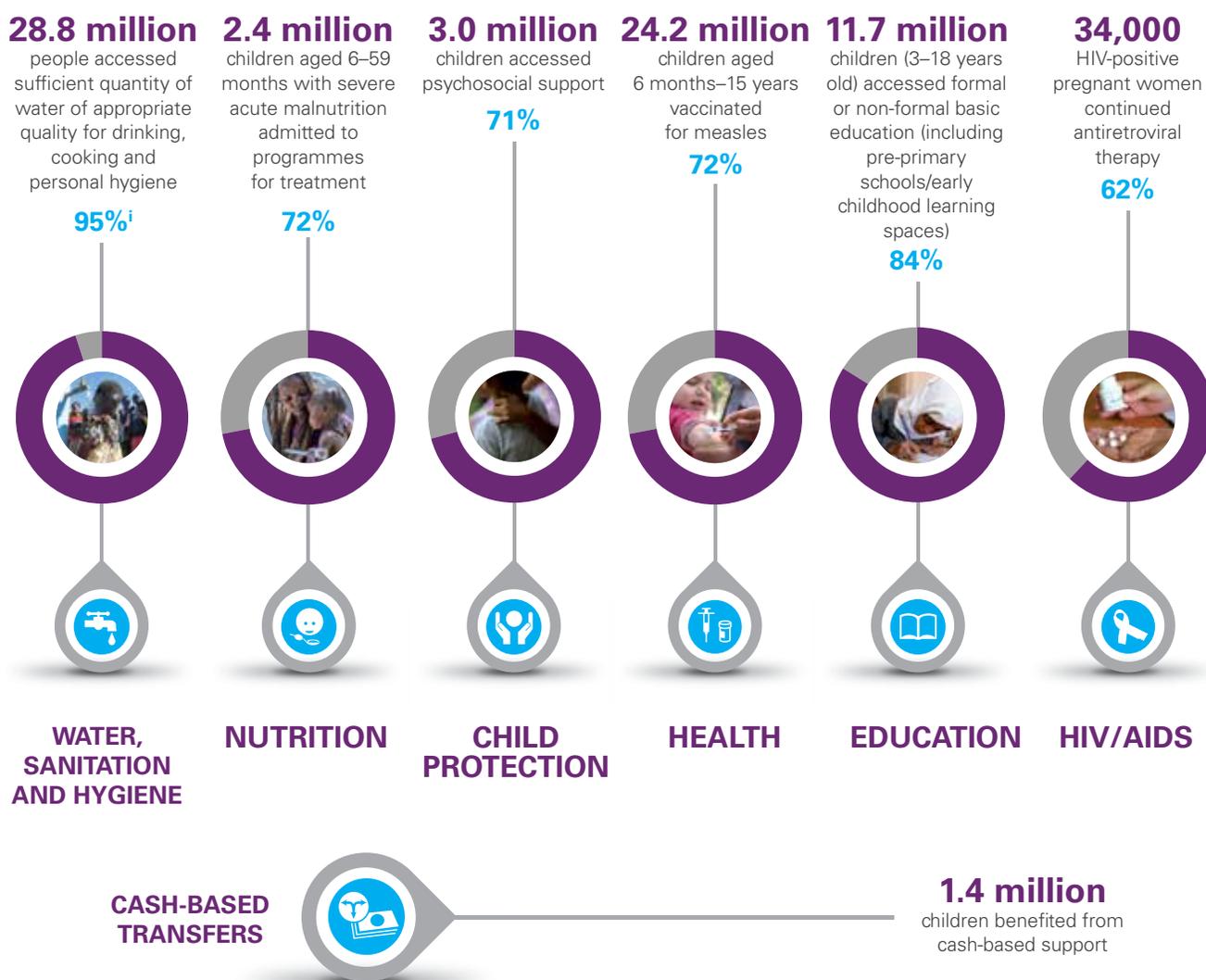
UNICEF continued to strengthen its accountability to affected populations in 2016 by supporting the participation of affected people and communities in needs assessment and feedback mechanisms as part of programme planning and monitoring. For the year, 83 per cent of UNICEF country offices reported that affected populations were

consulted throughout one or more phases of humanitarian programming,⁷ up from 79 per cent in 2015. In Pakistan, for example, UNICEF used RapidPro – an open source communication platform – to generate real-time beneficiary feedback on the usefulness and effectiveness of family hygiene kits to improve the contents of the kits and give beneficiaries a voice in projects affecting them. UNICEF also supported inter-agency efforts to facilitate more timely, systematic and predictable communication and community engagement across humanitarian actors and clusters/sectors.

FIGURE 1

Delivering humanitarian results for children

These are some of the key humanitarian results achieved as a proportion of the targets set by UNICEF and partners in 2016. In some contexts, achievements were constrained by limited resources, including across sectors; inadequate humanitarian access; insecurity; and challenging operating environments.



ⁱThis is a per cent of achievement against the target.

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Investing in risk reduction and early preparedness, and strengthening the resilience of families, communities and systems to shocks and stresses, remained a priority for UNICEF's humanitarian action in 2016. In Haiti, for example, UNICEF was able to mount an immediate response to Hurricane Matthew largely because of preparedness measures undertaken earlier in the year. These measures included hurricane preparedness planning; an emergency response simulation; and the pre-positioning of emergency supplies for 10,000 beneficiaries in disaster-prone areas. At the global level, UNICEF developed an emergency preparedness procedure and guidance to help UNICEF offices analyse risks, carry out preparedness planning and monitor preparedness levels. Global guidance for risk-informed programming was also completed in 2016 and will be piloted in 2017.

UNICEF strengthened organizational capacity and invested in humanitarian learning during the year. The organization's capacity to rapidly deploy staff with specialized skills in emergency coordination, programming and operations was significantly enhanced with the expansion, from 8 to 14 members, of the Emergency Response Team standing capacity of experts ready for deployment. UNICEF also developed its core skills for humanitarian action in the first-ever joint UNICEF-World Food Programme Level 3 Emergency Response Simulation for Immediate Response Team⁸ members and cluster coordinators, as well as through the development of a set of online learning packages on the fundamentals of humanitarian action and humanitarian principles and guidance for new UNICEF representatives on working in high-risk environments.

Based on lessons learned from the Ebola response, UNICEF launched the Health Emergencies Preparedness Initiative to strengthen the organization's operational and technical capacity to respond to health emergencies and support governments across prevention, preparedness, response and resilience-building. As part of this effort, UNICEF product experts worked with partners to develop new supply lists based on identified diseases; establish technical specifications; and create a supply quantification tool and disease-specific notes for staff and partners. Some 70 new supplies were integrated into the Emergency Supply List and pre-positioned in UNICEF's warehouse in Copenhagen.

In 2016, UNICEF focused on improving the well-being of its staff, including through the implementation of the United Nations High Level Committee on Management 'duty of care' recommendations. Beginning in September 2016, UNICEF piloted a pre-deployment briefing system for staff deployed to large-scale emergencies in the Eastern and Southern Africa region, which will be rolled out across the organization in 2017. A response protocol for providing psychosocial support to staff following critical incidents was also developed in 2016 and will be finalized and implemented in 2017. UNICEF also strengthened global capacity to address the increasing rates of mental health

issues among staff serving in humanitarian settings. Staff counsellors across the organization carried out nearly 2,500 individual counselling sessions; 45 well-being missions to duty stations; and 57 workshops for more than 1,800 attendees covering topics such as building resilience, managing stress, maintaining well-being in hardship duty stations and emergency preparedness.

UNICEF continued to support the humanitarian system and deliver on its responsibility for inter-agency coordination by fulfilling its cluster accountabilities in emergencies. In 2016, UNICEF led or co-led clusters or sectors in 72 countries for WASH, 68 for education, 63 for nutrition, 60 for child protection and 12 for gender-based violence. Overall, 20 per cent of the 576 surge deployments undertaken during the year were for coordination.

Partners remained crucial to UNICEF programme delivery and response coordination during the year, and UNICEF worked closely with governments, civil society actors, international and national non-governmental organizations, first responders, local service providers and affected populations. UNICEF collaborated with a total of 1,387 civil society partners at the country level for its humanitarian programming in 2016,⁹ and 30 standby partners provided 247 personnel to UNICEF. This included 161 standby and 69 members of the Rapid Response Team¹⁰ deployed to the field to deliver on UNICEF's programme, cluster and operational commitments.

UNICEF's supply and logistics operations were a key element in the success of the organization's humanitarian action in 2016. Over the course of the year, UNICEF procurement for emergencies reached US\$379.1 million¹¹ globally. In Iraq, for example, in anticipation of the displacement of nearly 800,000 people from Mosul, UNICEF procured and pre-positioned supplies for the construction of 3,000 toilets and 3,000 showers, facilitating access to safe water and sanitation, as well as vaccinations and psychological support for affected children. In Nigeria, UNICEF rushed more than 157 million doses of polio vaccine to affected areas, as well as life-saving medicines, health kits, nutrition supplies and therapeutic food.

The year's results were made possible by the generous contributions of resource partners, including governments, National Committees and corporate partners. Humanitarian funding for UNICEF totalled US\$1.6 billion in 2016 – or about 50 per cent of UNICEF's funding requirements for the year – marking an 8 per cent decrease from 2015 (US\$1.8 billion). Utilizing 2016 revenue and limited resources from prior years, UNICEF other resources – emergency spending totalled US\$1.8 billion in 2016 (36 per cent of the organization's total spending in 2016), representing an 8 per cent increase in spending from 2015. Counting expenses from regular resources and other resources – regular classified by offices as humanitarian,

more than half – 52 per cent – of all country-level spending in 2016 supported humanitarian action.

In addition to earmarked contributions, regular resources were also used to ensure efficient response. For example, UNICEF’s revolving internal Emergency Programme Fund loan facility released US\$26 million to 14 country offices and 3 regional offices in 2016 to rapidly prevent or respond to crises. The first funding mechanism to respond to the impacts of El Niño in Angola,¹² Lesotho, Swaziland and Zimbabwe, the Emergency Programme Fund contributed to the eventual treatment of more than 27,800 severely malnourished children.

While there were many achievements in terms of humanitarian action in 2016, UNICEF nonetheless faced significant challenges throughout the year. Increasingly complex crises – such as protracted conflicts, subregional and cross-regional crises, disasters and health emergencies – stretched the organization’s ability to respond. Constrained humanitarian access – such as in the large-scale crises in Iraq, Nigeria, Somalia, South Sudan, the Syrian Arab Republic and Yemen – as well as significant security and logistical constraints, challenged UNICEF’s ability to reach the most vulnerable populations. Grave violations against children, including the killing and maiming of children, the use of children by armed forces and armed groups, and attacks against schools, hospitals and other civilian infrastructures persisted in a number of conflict settings.

Moving forward, UNICEF will continue to invest in strengthening its capacity and systems for humanitarian response to reduce the needs, vulnerabilities and risks that children face due to disasters, climate change, conflict, violence, epidemics and other threats. Central to this work will be UNICEF’s commitment to leaving no one behind by improving the effectiveness of humanitarian action; continuing to strengthen the nexus between its humanitarian and development programmes in line with the ‘New Way of Working’;¹³ increasing the use of cash-based programming; improving accountability to affected populations; and investing in early preparedness, strengthening resilience and risk-informed programming, in line with the commitments made at the 2016 World Humanitarian Summit and in the Grand Bargain to support implementation of the Agenda for Humanity. UNICEF will also further equip staff with the tools and skills they need to increase and sustain humanitarian access, including strengthening capacities to apply humanitarian principles.

This report and the accompanying Humanitarian Action Study summarize the scope of the humanitarian crises facing children in 2016, 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, and analyses of the results against the programme and operational commitments of the CCCs, humanitarian funding and expenses, and the future workplan.



March 2016. Emosi, 3, shows his drawing. It depicts what he saw in his village, Nadrano, in Fiji after Tropical Cyclone Winston hit. UNICEF provided learning materials, temporary learning spaces and psychosocial support to affected children.

STRATEGIC CONTEXT

THE HUMANITARIAN SITUATION

Globally, humanitarian needs continued to increase in 2016, with nearly 130 million crisis-affected people requiring assistance by the end of the year.¹⁴ Protracted conflicts continued to dominate the humanitarian landscape; large-scale displacement gave rise to grave violations of children's rights; and natural disasters and health emergencies impacted the lives of millions of children.

The world's most intractable conflicts intensified in complexity and impact over the course of 2016. Now in its sixth year, the conflict in the Syrian Arab Republic saw an escalation of violence, with protection and human rights violations occurring daily.¹⁵ Nearly 6 million children inside the Syrian Arab Republic now require life-saving humanitarian assistance and 2.2 million Syrian children are living as refugees.¹⁶ Three years into the renewed conflict in Iraq, intensified fighting has left 1.4 million children displaced and one child in five at risk of death, injury, sexual violence, recruitment into armed conflict or abduction.¹⁷ The conflict that began in South Sudan in late 2013 has since grown into a regional refugee crisis, with nearly 1 million children displaced and requiring assistance in neighbouring countries.¹⁸ After almost two years of conflict in Yemen, nearly half a million children under 5 are suffering from severe acute malnutrition.¹⁹ Protracted crises also led to mounting humanitarian needs in Afghanistan, Burundi, the Central African Republic, the Democratic Republic of the Congo, Somalia and the Sudan.²⁰

Many of the conflicts were characterized by large-scale population movements that spilled over borders and generated subregional displacement crises in 2016. Boko Haram's attacks and military operations have displaced 2.3 million²¹ people across north-eastern Nigeria, Cameroon's Far North Region, western Chad and south-east Niger.²² Following election-related violence in Burundi that began in April 2015, an estimated 325,000 people have fled to the Democratic Republic of the Congo, Rwanda, Uganda and the United Republic of Tanzania.²³ In 2016, some 350,000 refugees and migrants – half of them children – arrived in Europe, predominately from Afghanistan and the Syrian Arab Republic. Many of these children had experienced violence, abuse or exploitation.²⁴

As conflict intensified worldwide, so did the impact and severity of natural disasters, including those tied to climate change. The 2015–2016 El Niño event led to drought, flooding and extreme weather in nearly two dozen countries across Africa, Asia and Latin America. In southern Africa, the phenomena led to the worst drought in the subregion in 35 years, and left millions of children to face catastrophic levels of food insecurity.²⁵ The

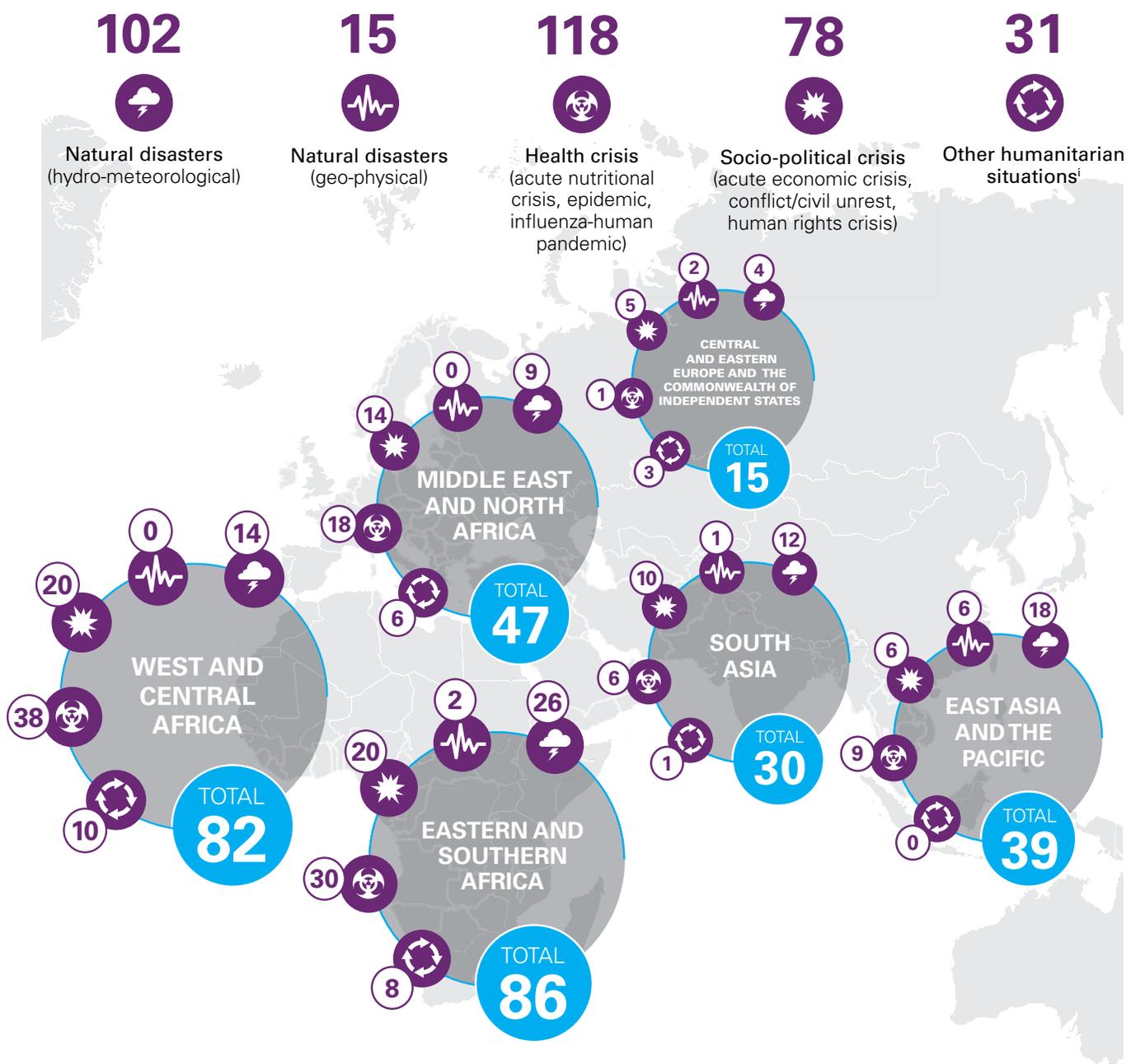
two deadliest natural disasters in 2016 occurred on the American continent.²⁶ The 7.8-magnitude earthquake that struck Ecuador in April left 676 people dead and damaged or destroyed thousands of homes, schools and health facilities.²⁷ In October, Hurricane Matthew left 807,000 Haitians in need of life-saving assistance and 175,000 people displaced.²⁸

Although the World Health Organization (WHO) declared the end of the Ebola outbreak in January 2016, the year saw new disease outbreaks and consequent health emergencies take a toll on children. The Zika virus outbreak was designated by WHO as a Public Health Emergency of International Concern and threatened the well-being of women and children in at least 75 countries in Latin America and the Caribbean, Africa and Asia.²⁹ Yellow fever outbreaks in Angola, the Democratic Republic of the Congo and Uganda left thousands of children in need of life-saving care. Outbreaks of cholera and other water-borne diseases affected vulnerable children around the world, including in Haiti, Iraq and countries in sub-Saharan Africa.³⁰



RESPONDED TO
344
HUMANITARIAN SITUATIONS

FIGURE 2
Type of response in 2016



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.

ⁱ Including but not limited to refugee response.

Increasing efficiency and effectiveness to achieve better results for children

UNICEF continued to strengthen its humanitarian action to better deliver results for children, reflecting the priorities established at the World Humanitarian Summit and the principles of the Grand Bargain. The United Nations Secretary-General convened the first-ever World Humanitarian Summit in Istanbul, Turkey, in May 2016, to generate commitments to reduce suffering and deliver better results for people around the globe. The Summit gathered 9,000 participants from around the world to support a new shared Agenda for Humanity.

In advance of the Summit, UNICEF advocated for the importance of education in emergencies, protection, community engagement, early investments in preparedness, strong collaboration and longer-term planning covering the entire relief to development continuum. During the Summit, in the 'Uphold the Norms that Safeguard Humanity' round table, UNICEF Executive Director Anthony Lake advocated for putting children at the centre of the protection agenda; and in the 'People at the Centre' special sessions, he highlighted UNICEF's technology platforms (RapidPro and U-Report) as models for improved community engagement in emergency settings. The Executive Director also contributed to the launch of the Education Cannot Wait fund during the Special Session on Education in Emergencies and Protracted Crisis. As part of the Grand Bargain – an agreement between more than 30 of the biggest donors and providers to respond more efficiently and effectively to people in need – UNICEF led the 'Participation Revolution' work stream to include people receiving aid in the decisions that affect their lives and contributed to the development of other commitments.

Since the Summit, UNICEF has expanded its humanitarian response in key areas. Cash-based programmes are under way or planned in a number of crisis-affected countries, including Burundi, the Central African Republic, the Democratic Republic of the Congo, Ethiopia, Nigeria, Somalia, the Syrian Arab Republic, Syrian refugee-hosting countries (Egypt, Iraq, Jordan, Lebanon and Turkey), Ukraine and Yemen. UNICEF continues to make its humanitarian response more accountable to affected people, including in countries affected by the El Niño-induced drought in southern Africa, where communication and community engagement will become integral to UNICEF sectoral responses in health; nutrition; child protection; education; water, sanitation and hygiene (WASH); HIV; and social inclusion. Efforts to strengthen the nexus between humanitarian and development programming will remain paramount, for example in Chad, where UNICEF will support the Government to apply innovative approaches to emergency preparedness and community and institutional resilience-building.

Moving forward, multi-year planning will remain essential, as will predictable, flexible and longer-term funding, which were endorsed at the World Humanitarian Summit and reflected in the Grand Bargain commitments. In follow-up to the Grand Bargain, UNICEF agreed with the Government of Canada to convene partners around the work stream on multi-year planning and funding, and has since contributed to inter-agency planning for multi-year appeals for the Democratic Republic of the Congo, Mali, the Niger and Syrian refugees, and developed multi-year budgets for Mali and the Syrian refugee crisis. The organization will remain actively involved in other key work streams such as transparency, localization, cash, harmonized reporting, and the humanitarian-development nexus.

UNICEF will also engage with the United Nations system, including the World Bank, in line with the 'New Way of Working', and national and local counterparts, in support of collective outcomes that reduce risk and vulnerability towards the achievements of the Sustainable Development Goals.

UNICEF HUMANITARIAN RESPONSE IN 2016

In 2016, UNICEF worked with communities, civil society partners, national governments, United Nations agencies and other humanitarian actors to keep children at the heart of humanitarian action and deliver results for millions of people in the most challenging environments in the world. In line with the Strategic Plan 2014–2017, UNICEF continued to focus on effective preparedness, response and early recovery to save lives and protect rights, as set out in the Core Commitments for Children in Humanitarian Action (CCCs), and to address the underlying causes of vulnerability

to disasters, fragility and conflict. In practice, this meant strengthening the nexus between humanitarian action and development programmes in line with the commitments made at the 2016 World Humanitarian Summit and in the Grand Bargain and the 2030 Agenda for Sustainable Development.

In 2016, UNICEF responded to 344 humanitarian situations of varying scale in 108 countries,³¹ representing 69 per cent of UNICEF country offices (see Figure 3). The number of situations and countries was the highest since 2005, when UNICEF began collecting this information.³² Globally, UNICEF delivered results for millions of children in a variety

of contexts in 2016, in the areas of nutrition; health; WASH; child protection; education; HIV and AIDS; and social inclusion. As cluster lead agency, UNICEF strengthened coordination mechanisms and mobilized partners for more effective humanitarian action, which included regional and country-level responses to some of the most complex emergencies in recent years (see Figure 4).

Following the landfall of Hurricane Matthew in Haiti, for example, UNICEF expanded its country capacity for cholera response and with partners reached some 912,000 people living in high-risk areas, including 361,000 children aged 1–14 years, with cholera vaccination (exceeding the target).³³ In the context of the El Niño-induced drought in southern Africa and other hazards, and despite funding delays, more than 112,000 children aged 6–59 months affected by severe acute malnutrition were admitted for treatment in Angola, Lesotho, Madagascar, Malawi, Mozambique, Swaziland and Zimbabwe (61 per cent of the target).³⁴ Following the earthquake in Ecuador, 64,000 people accessed safe drinking water (71 per cent of the target) and 32,000 accessed basic sanitation facilities (80 per cent of the target) with UNICEF support, reducing the risk of water-borne diseases.³⁵ In

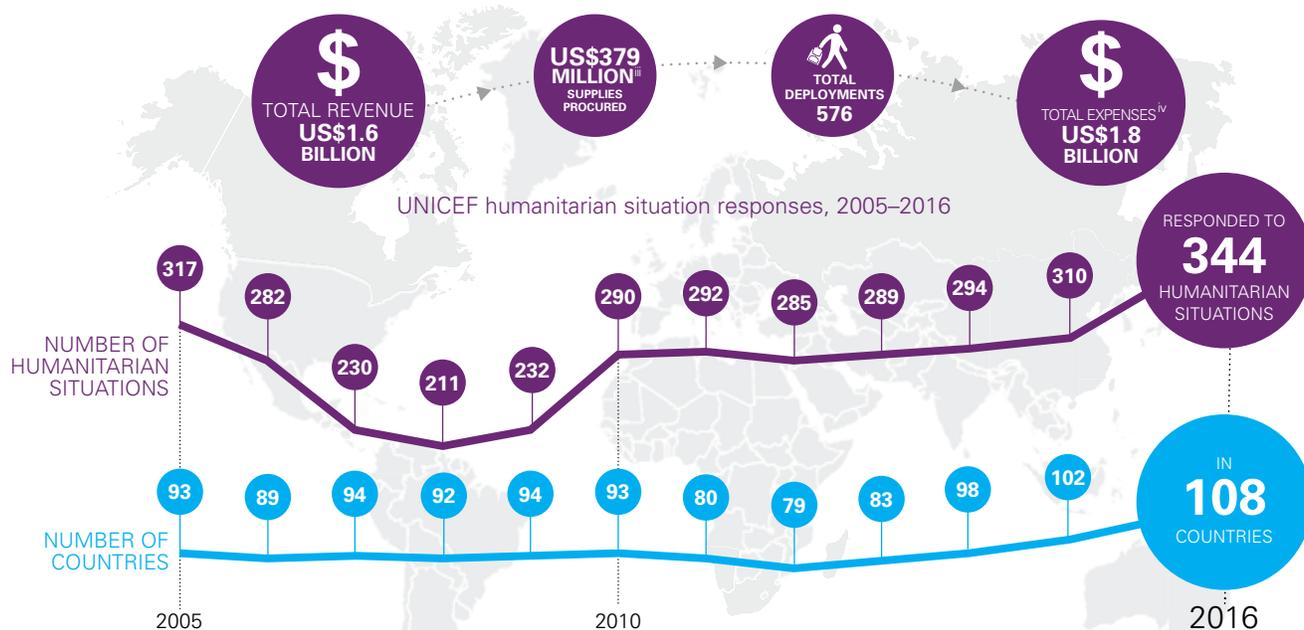
Iraq, UNICEF and the World Food Programme (WFP) helped meet the immediate needs of people displaced by fighting by providing nearly 1.3 million people with Rapid Response Mechanism kits containing drinking water, hygiene products and ready-to-eat rations within the first 72 hours of their displacement (56 per cent of the target).³⁶

UNICEF and partners continued to deliver on the No Lost Generation initiative, reaching more than 3.1 million children (49 per cent girls) in the Syrian Arab Republic with learning opportunities (exceeding the target).³⁷ As families travelled along and then became stranded in transit routes in Greece and the West Balkans, nearly 96,000 refugee children received psychosocial support in family support hubs,³⁸ child-friendly spaces and mother-baby corners (exceeding the targets).³⁹ With displacement dividing families in Nigeria, more than 6,000 unaccompanied and separated children received support, including registration, assessment, referral for services and interim care (71 per cent of the target).⁴⁰ Following the outbreak of Zika, more than 162 million people in Latin America and the Caribbean received prevention messages through mass, social and digital media communications campaigns (81 per cent of the target).⁴¹

FIGURE 3

Global response in 2016

In 2016, 108 country officesⁱ responded to 344 humanitarian situations, both the most ever since UNICEF began tracking in 2005.ⁱⁱ Since 2010, UNICEF has responded to an average of over 300 humanitarian situations in nearly 90 countries each year. The number of country offices responding is 37 per cent more than just five years ago (79 in 2012).



ⁱ Does not include responses where UNICEF does not have a country office, such as in parts of Europe.

ⁱⁱ Data collection methodology based on country office phone interviews for 2005, country office questionnaire for 2006–2009, and country office annual report questionnaire for 2010–2016. Many of these are handled by UNICEF offices building off preparedness measures undertaken and using existing resources, highlighting the importance of UNICEF's presence before, during and after a crisis.

ⁱⁱⁱ This is the amount of other resources - emergency-funded supplies and does not include services and supply procurement via programme cooperation agreements or direct cash transfers with partners. Supplies delivered against emergency orders totalled US\$142.3 million (for 62 countries), of which \$111.3 million (78 per cent) was funded by other resources - emergency.

^{iv} Expenses exceeded revenue due to revenue being utilized over several years, based on the grant agreement, while expenses covers actual utilization in the calendar year. This is especially true in the case of multi-year funding agreements.



October 2016. Children play at a church in Jérémie, Haiti, where close to 300 people sought refuge in the aftermath of Hurricane Matthew. UNICEF had pre-positioned emergency supplies with national authorities to reach up to 10,000 people. Within a week of the hurricane's landfall, UNICEF was able to deliver blankets, buckets, water purifying equipment and cholera diagnostic kits to those affected.

FIGURE 4

Key results from humanitarian responsesⁱ

The map below highlights the key results achieved by UNICEF and partners in some of the major humanitarian responses in 2016.ⁱⁱ

Refugee and migrant crisis in Europe:

Nearly **96,000 children** received psychosocial support in the West Balkans and Greece (exceeding the target)



Haiti:

Some **912,000 people** living in high-risk areas, including the hurricane zone, received cholera vaccine (exceeding the target)



Ecuador:

Some **64,000 people** accessed sufficient quantity of safe drinking water (71 per cent of the target) and 32,000 accessed basic sanitation facilities (80 per cent of the target)



Zika:

More than **162 million people** in Latin America and the Caribbean received preventive Zika messages through mass, social and digital media communications campaigns (81 per cent of the target)



Iraq:

Nearly **1.3 million vulnerable people** newly displaced by conflict received Rapid Response Mechanism kits containing drinking water, hygiene products and ready-to-eat rations within the first 72 hours of their displacement (56 per cent of the target)



Syrian refugees:

More than **19,000 vulnerable families** in Egypt, Jordan and Iraq received sustained cash assistance (77 per cent of the target) and nearly **264,000 persons** received one-off emergency cash or cash voucher assistance in Turkey and Lebanon (81 per cent of the target)



Syrian Arab Republic:

More than **3.1 million children** (49 per cent girls) accessed learning opportunities (exceeding the target)



Afghanistan:

Some **250,000 children** aged 6–59 months were vaccinated against measles (exceeding the target)



Myanmar:

More than **249,000 people** affected by flooding and El Niño-related water shortages accessed safe drinking water (83 per cent of the target)



Yemen:

More than **237,000 children** under 5 treated for severe acute malnutrition (exceeding the target)



Somalia:

More than **122,000 children** aged 6–59 months with severe acute malnutrition were admitted for treatment (exceeding the target)



South Sudan:

Nearly **314,000 school-aged children** affected by conflict accessed education opportunities (97 per cent of the target)



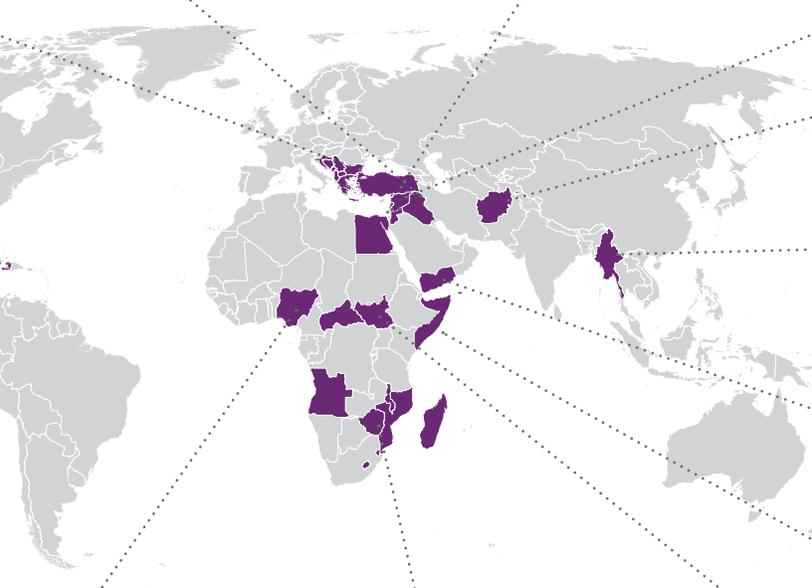
Southern Africa

El Niño/La Niña: More than **112,000 children** aged 6–59 months affected by severe acute malnutrition were admitted for treatment in Angola, Lesotho, Madagascar, Malawi, Mozambique, Swaziland and Zimbabwe (61 per cent of target)



Nigeria:

Nearly **6,000 unaccompanied and separated children** received support including registration, assessment, referral for services and interim care (71 per cent of the target)



i Figures are taken from UNICEF country offices' consolidated emergency reports for 2016.

ii In some cases, where emergencies were underfunded but targets were exceeded, non-emergency funds were re-programmed for emergency response.

Crisis in the Syrian Arab Republic and neighbouring countries⁴²

After six years of conflict, 13.5 million people, including nearly 6 million children, are in urgent need of life-saving assistance in the Syrian Arab Republic. An estimated 5 million people are registered as refugees in Egypt, Iraq, Jordan, Lebanon and Turkey. Children have suffered protracted displacement, grave violations of their rights, chronic psychosocial distress and economic exploitation.

In 2016, UNICEF continued to provide immediate life-saving support at scale in the Syrian Arab Republic and the sub-region, and build community resilience to conflict-related stresses amid a deteriorating humanitarian situation. This involved strengthening capacities and systems for national and local resilience; generating evidence to inform programmes, advocacy and outreach to partners; expanding cash-based programming; and reaching Syrians through the Whole of Syria response.⁴³ Across the response, the flexibility of thematic funding allowed UNICEF to procure critical supplies for contingency plans and convoys to besieged and hard-to-reach locations.

Results in 2016 in the Syrian Arab Republic include:

- More than 14 million people benefited from support for the operation and maintenance of water and sanitation systems (exceeding the target);
- More than 3.5 million children under 5 vaccinated against polio (exceeding the target);
- More than 1.1 million children and pregnant and lactating women screened for acute malnutrition (95 per cent of the target);
- Nearly 3.2 million school-aged children in formal education reached with supplies such as textbooks, stationary and school bags (exceeding the target);
- Nearly 1.9 million individuals reached through mine/explosive remnants of war risk education activities (89 per cent of the target); and
- More than 672,000 children received non-food items, including seasonal clothing (63 per cent of the target).

Results in 2016 in Egypt, Iraq, Jordan, Lebanon and Turkey include:

- More than 500,000 people accessed safe water in camps in Jordan, Lebanon and Iraq (exceeding the target);
- More than 17.6 million children under 5 vaccinated against polio in Jordan, Iraq, Lebanon and Egypt (exceeding the target);
- Nearly 651,000 children enrolled in formal education in Iraq, Jordan, Lebanon and Turkey (67 per cent of the target);
- Nearly 510,000 children benefited from structured, sustained child protection or psychosocial support programmes (exceeding the target);
- More than 19,000 vulnerable families received sustained cash assistance in Jordan Iraq and Egypt (77 per cent of the target); and
- Nearly 264,000 persons received one-off emergency cash or cash voucher assistance in Turkey and Lebanon (81 per cent of the target).

Despite ongoing political negotiations, the situation on the ground continues to deteriorate for millions of children. Inside the Syrian Arab Republic, grave child rights violations continue unabated, and access to basic services has been severely impacted or is non-existent. In refugee hosting countries, poverty, lack of livelihoods, access to learning, child labour and child marriage remain among the most important challenges to overcome. Inside the Syrian Arab Republic, UNICEF will continue to respond to the immediate needs of the most vulnerable children with multi-sectoral integrated programming, and advocate for unhindered and sustained access to hard-to-reach or besieged locations and the cessation of grave violations against children by all armed actors. In refugee-hosting countries, UNICEF will continue to support governments' and partners' efforts to deliver essential health, nutrition and WASH services in refugee camps and host communities, while increasing children's access to education and psychosocial support.

The total number of surge deployments in 2016 was 576 – representing a 24 per cent decrease from the 755 surge deployments in 2015. This was due in part to the activation of only one Level 3 emergency (Nigeria) and protracted crises in the four other Level 3 responses (Iraq, South Sudan, the Syrian Arab Republic and Yemen), where human resources had moved beyond the surge phase into longer-term recruitments. The largest share of deployments (17 per cent, or 94 deployments) supported humanitarian responses in Iraq, Jordan, Lebanon, the Syrian Arab Republic and Turkey, followed by 15 per cent (86) for the response to the refugee and migrant crisis in Europe. The El Niño response in southern Africa benefited from 54 deployments;⁴⁴ sudden-onset disasters in Ecuador and Haiti received 51 and 50 deployments, respectively; and the crisis in Nigeria and the Lake Chad Basin was supported through 50 deployments. The bulk of deployments provided personnel for emergency coordination (78), operations (65), child protection (61) and WASH (60) programmes. Twenty per cent of deployments supported UNICEF’s coordination responsibilities, including information management.

Humanitarian action remained central to UNICEF’s work in the field, with more than half (52 per cent) of all country-level expenses supporting humanitarian action.⁴⁵ In some UNICEF country offices – such as Iraq, Jordan, Lebanon and the Syrian Arab Republic – nearly all expenses were classified as humanitarian (see *Figure 5*). Total other resources – emergency expenses amounted to US\$1.8 billion,⁴⁶ or 36 per cent of the organization’s total expenses in 2016. The percentage of humanitarian expenses at the country level is significantly higher when factoring in expenses from regular resources and other resources – regular on humanitarian action. The 12 UNICEF country offices with the largest overall expenses, as well as 22 of the top 30 country offices, had appeals in UNICEF’s Humanitarian Action for Children 2016. These top 12 offices comprised 44 per cent of total country office expenses.



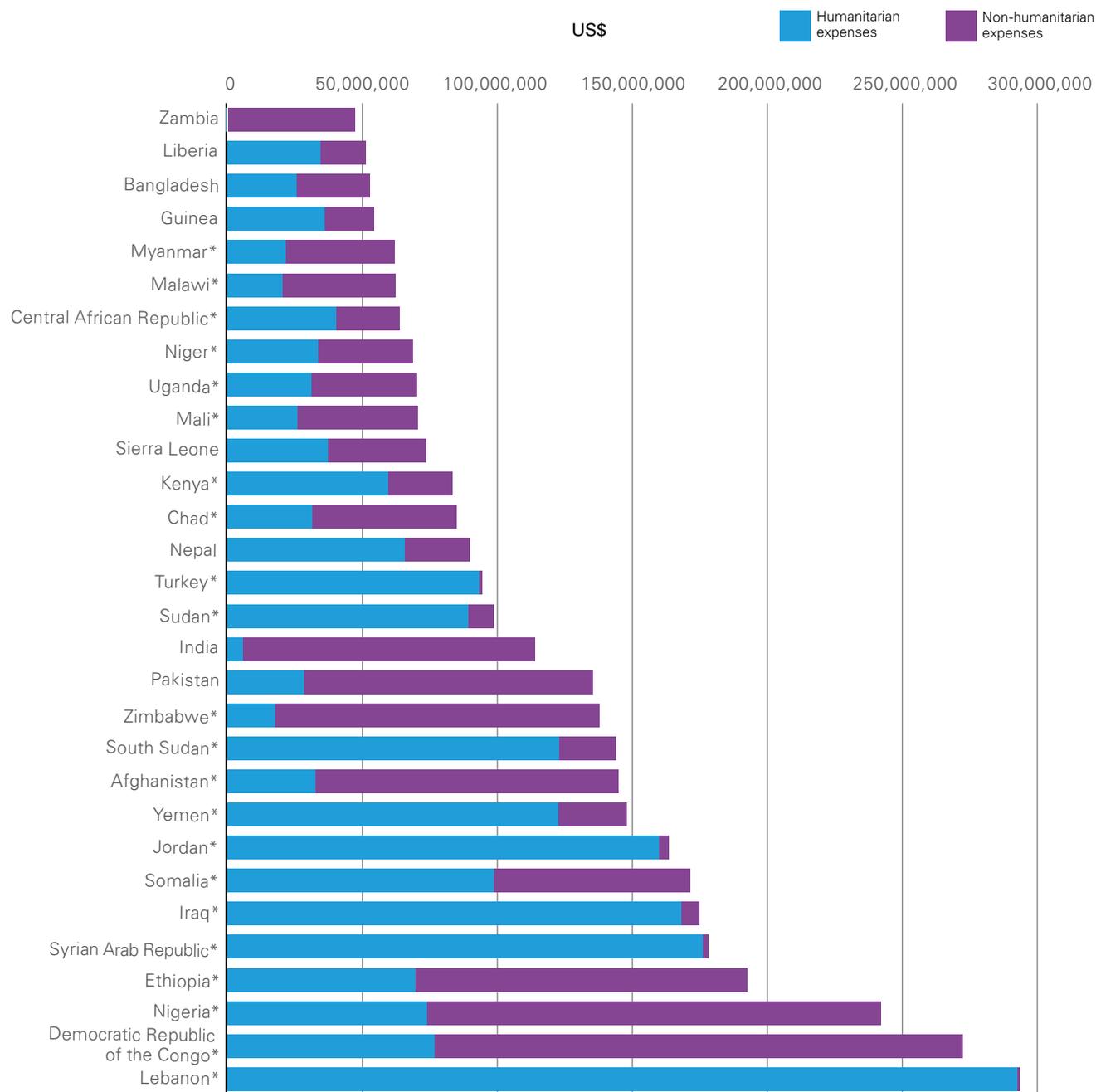
September 2016. In eastern Aleppo in the Syrian Arab Republic, schoolchildren return from the first day of school, passing the rubble of nearby houses. The UNICEF Back-to-Learning campaign launched in 2016 aims to reach 2.5 million children in the Syrian Arab Republic, including 154,000 living in besieged and hard-to-reach areas.

FIGURE 5

Expenses: Top 30 country offices in total expenses, 2016

Humanitarian expenses were 52 per cent of all country-level expensesⁱ

Total other resources – emergency expenses: US\$1.8 billion, an 8 per cent increase from 2015.



*UNICEF country offices with Humanitarian Action for Children appeals in 2016.

ⁱ Humanitarian expenses are defined as the sum of all other resources – emergency expenses, Emergency Programme Fund expenses and all expenses from other resources – regular and regular resources that are tagged as humanitarian. The 52 per cent is the proportion of expenses by country offices (excluding headquarters and regional offices) classified by each office as humanitarian.

Strengthening the humanitarian-development nexus

As a dual-mandated agency, UNICEF humanitarian action also contributes to development outcomes, and UNICEF development programmes take into consideration risks and drivers of humanitarian crisis. Having its humanitarian action and development work be mutually reinforcing means that these areas of UNICEF work are not carried out separately, but in recognition that both humanitarian and development programming have an impact on each other. This way, UNICEF can contribute to longer-term resilience and national/local capacities to anticipate and prepare for risks related to disaster, conflict, climate change and other shocks. Humanitarian interventions are also designed to build on progress made through development programmes, to avoid parallel systems that jeopardize accountability.

UNICEF's efforts to strengthen the nexus between humanitarian and development programming, while promoting social cohesion, include increasing the use of cash-based programming; improving accountability to affected populations; enhancing coordination mechanisms, including with national systems; making its programmes better informed by risks; investing in early preparedness; and strengthening the resilience of families, communities and systems to shocks and stresses. Work in 2016 included expanding the use of cash-based programming to not only meet families' immediate needs in a more dignified manner, but also to strengthen national social protection systems and boost local economies in both the short and long term (*see more on cash-based programming on page 47*). Multi-year planning and funding, where feasible, moved ahead in several contexts and will further support this linkage. UNICEF also completed global guidance on risk-informed programming to be piloted in 2017. In addition, regional and country offices advanced work on risk assessment; promoting the right of children to engage in risk-informed programming; and adapting sector programmes in the contexts of climate change, natural hazards and conflict.

In West Africa, for example, UNICEF partnered with United Nations agencies and the Organisation for Economic Co-operation and Development to issue guidance to United Nations country teams on multi-hazard risk assessment. In Cape Verde, UNICEF built capacity on child-sensitive disaster risk analysis by bringing in staff from India and Nepal to work with the United Nations Country Team and the Government. In the context of the acute drought in Viet Nam, UNICEF and the Government initiated and facilitated the transition from emergency response to development work in the first-ever High Level National Conference on Child-Centred Disaster Risk Reduction. The conference reviewed lessons learned from the ongoing emergency response and set out a strategic direction for child-centred disaster risk reduction in Viet Nam, linked to the Government's socio-economic development plans at national and subnational levels.

UNICEF also invested in resilience-building at the country level, as well as with partners and through inter-agency mechanisms. In India, for example, under the Community Based Disaster Risk Reduction programme, UNICEF and the Government of Bihar strengthened the resilience of communities to drought and floods with the construction of 741 flood-resilient toilets in the three villages between 2009 and 2016, covering 47.3 per cent of households. In addition, 38 new hand pumps were constructed on raised platforms (above the highest flood level) and members of the village development committees were empowered to monitor the water quality of all village hand pumps before and after the monsoon season.

With UNICEF support, the Inter-Agency Standing Committee (IASC) increased its engagement on strengthening the humanitarian-development nexus, with the establishment of a dedicated task team focusing on protracted contexts. In partnership with the International Federation of Red Cross and Red Crescent Societies (IFRC) and respective National Societies in 14 countries, UNICEF developed joint activities aimed at strengthening community resilience. Two countries – Burkina Faso and Pakistan – received UNICEF-IFRC assistance to mobilize resources for projects designed to engage communities and build resilience.

Under the Capacity for Disaster Reduction Initiative (CADRI) – a partnership of six United Nations agencies that delivers disaster risk reduction capacity development services to countries at risk – five UNICEF regional offices (Central and Eastern Europe and the Commonwealth of Independent States, Eastern and Southern Africa, Latin America and the Caribbean, the Middle East and North Africa, and West and Central Africa) received training on the CADRI methodology. Development of joint inter-agency workplans is well under way. UNICEF and partners also supported several countries, including Chad, Egypt and Jordan, to develop national action plans on disaster risk reduction or establish a pool of disaster risk reduction experts to promote ownership of the CADRI mechanism.

The integration of disaster and conflict risk in national planning and monitoring systems has steadily increased in recent years, from 64 per cent in 2014 to 74 per cent in 2015, and to 79 per cent in 2016.⁴⁷ Steady progress is also evident at subnational levels: the number of countries reporting the integration of disaster and conflict risk into local systems has increased, from 43 per cent in 2014 to 52 per cent in 2015 and to 58 per cent in 2016 (89 countries). In Myanmar, for example, UNICEF continued to support the capacity building and training of government staff on inclusive disaster risk reduction planning, warehouse management and promotion of inclusive and child-focused public awareness regarding eight common hazards. UNICEF also organized a consultation on the Disaster Risk Reduction Youth Volunteer Programme Strategy and supported the strategy's implementation in nine townships in Myanmar.

Strengthening the responsiveness, equitable management and equitable delivery of basic social services and related institutions that can contribute to building sustainable peace and development is another important area of UNICEF engagement. In 2016, in Kyrgyzstan, UNICEF continued to support peacebuilding through youth engagement. More than 1,300 adolescents (69 per cent girls) in conflict-prone communities participated in various empowerment initiatives and increased their capacity to mitigate community development challenges. Of those adolescents, 53 per cent ultimately demonstrated the ability to reduce conflicts. In the Philippines, UNICEF trained adolescents to conduct peace advocacy and dialogue in their communities through the arts and supported the wide dissemination of their work on social media and in the press, reaching at least 486,000 people. This success was largely due to the ideas, creativity and commitment of local partners, including universities, cultural centres and local artists.

Investing in preparedness

UNICEF also continued to invest in strengthening preparedness in 2016. In Haiti, for example, UNICEF was able to mount an immediate response to Hurricane Matthew thanks to preparedness measures undertaken earlier in the year, such as hurricane preparedness planning; an emergency response simulation; and the pre-positioning of emergency supplies for 10,000 beneficiaries in disaster-prone areas. In Bosnia and Herzegovina, UNICEF supported the development of a manual on the role of social protection systems in emergency preparedness and response. In 2016, the manual was piloted in four high-risk municipalities. In Madagascar, thematic funding allowed UNICEF to complete its emergency preparedness plan and pre-position basic medical equipment and essential medications to prepare for the effects of La Niña. In 2016, 94 per cent of country offices updated their risk analysis in the Early Warning Early Action platform (exceeding the target), and by the end of the year, 113 out of 130 country offices demonstrated a high level of compliance with UNICEF Early Warning Early Action, a proxy for preparedness (see Figure 6).

To strengthen its own and partner capacities, UNICEF developed an emergency preparedness procedure and guidance note that is aligned with organizational and inter-agency frameworks. The procedure sets out mandatory minimum preparedness standards for UNICEF offices to analyse risks, systematically carry out preparedness planning and monitor preparedness levels. UNICEF is also developing the Emergency Preparedness Platform to improve on the current Early Warning Early Action platform and better measure office preparedness status. The preparedness approach and the Emergency Preparedness Platform are being harmonized with other relevant procedures and guidelines under development. In addition, the development of the Emergency Preparedness Platform software began in 2016 and will be rolled out in late 2017.

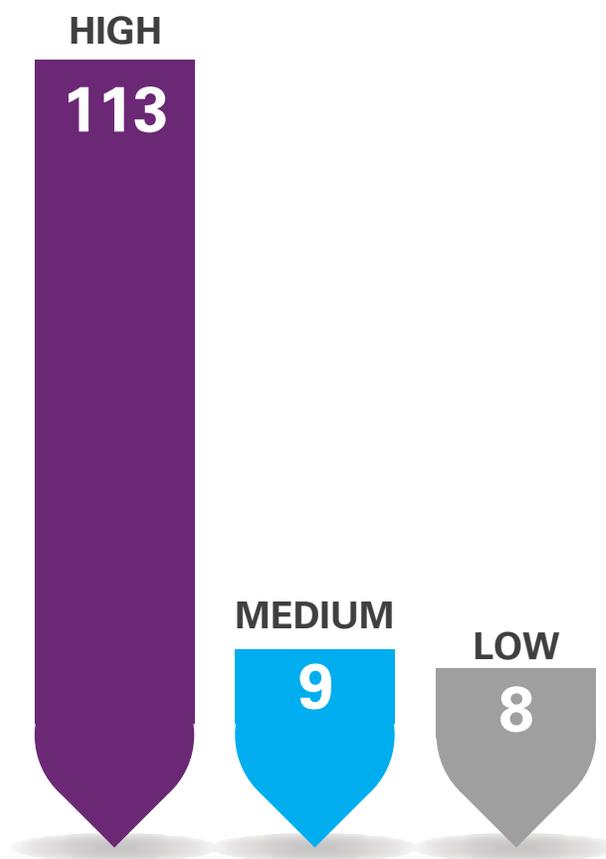
A preparedness change management strategy will enhance UNICEF's preparedness levels globally over the next five years.

UNICEF led efforts to build inter-agency capacity for preparedness, including as part of the IASC Reference Group on Risk and Preparedness and through investments in the Common Framework for Preparedness and the IASC Emergency Response Preparedness Guidance. UNICEF also worked with the United Nations Office for the Coordination of Humanitarian Affairs (OCHA), the Office of the United Nations High Commissioner for Refugees (UNHCR) and WFP on an expanded methodology for quantifying returns on investment in humanitarian preparedness in three pilot countries – Myanmar, the Niger

FIGURE 6

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. UNICEF in late 2016 issued a new Preparedness Procedure, which sets new minimum preparedness standards for all country offices beginning in 2018. A new online platform will replace the existing Early Warning Early Action system, providing partial reporting on preparedness levels in 2018 for country offices that will use it by December 2017 and full reporting in 2019.



and Uganda. The approach measures the cost, time and carbon savings associated with agencies' preparedness investments.

In the Lake Chad Basin, UNICEF worked with OCHA, UNHCR and WFP to better prepare the region for future escalations as part of the joint Ready to Respond Project funded by the United Kingdom's Department for International Development (DFID). This involved training

hundreds of emergency responders, enhancing data collection on displaced populations and strategically pre-positioning supplies. These efforts helped to dramatically increase the number of people reached with assistance at the end of 2016, from 160,000 in October to more than 1 million in December and January 2017.⁴⁸

Crisis in Nigeria and the Lake Chad Basin⁴⁹

A major humanitarian crisis continued to grip West Africa's Lake Chad Basin in 2016, with violence and destruction causing massive population displacement, leaving hundreds of thousands of children trapped behind conflict lines, and precipitating a dramatic increase in malnutrition rates.

By the end of 2016, Boko Haram's attacks and military operations had displaced 2.3 million people across north-eastern Nigeria, Cameroon's Far North Region, western Chad and south-east Niger. The majority of the displaced are sheltered by communities who themselves are among the world's most vulnerable. Vital infrastructure, including health centres, schools, water pipelines and roads, had been destroyed. Many children caught in the conflict have been subjected to unimaginable violence.

In 2016, UNICEF and partners expanded the humanitarian response in the Lake Chad Basin, focusing on restoring government services and delivering multi-sector assistance in nutrition, health, WASH, education and child protection. Over the course of the year, UNICEF and partners achieved the following results for children:

Results in north-east Nigeria in 2016:⁵⁰

- More than 167,000 children received treatment for severe acute malnutrition (42 per cent of the target);
- More than 4.2 million people accessed primary health care (99 per cent of the target);
- More than 1.1 million people accessed improved sanitation (72 per cent of the target);
- Nearly 186,000 children received psychosocial support (42 per cent of the target);
- More than 6,000 children and women associated with armed groups and survivors of sexual and gender-based violence received support (exceeding the target); and
- Nearly 107,000 children accessed education (18 per cent of the target).

Results in Cameroon, Chad and the Niger as part of the Lake Chad Basin response:⁵¹

- 34,000 children received treatment for severe acute malnutrition;
- 160,000 people accessed to primary health care;
- 164,000 people received access to safe water;
- 160,000 people accessed improved sanitation;
- 126,000 children received psychosocial support;
- 2,300 children who were unaccompanied or separated received appropriate follow up care; and
- 71,000 children received access to education.

Although UNICEF and its partners dramatically increased their humanitarian response in 2016, the crisis has continued to take a toll on children, with constantly growing needs, especially in newly accessible areas. Lack of funding, as well as a challenging security environment and limited humanitarian access remained key constraints to scaling up the response, especially for education. In order to expand programmatic outreach despite access challenges, UNICEF is scaling up the delivery of an integrated package of humanitarian interventions through a combination of static and mobile responses in camps for internally displaced persons, host communities and newly accessible areas.

Strengthening organizational capacity

UNICEF continued to invest in organizational capacity, including humanitarian learning, during the year. The organization's core skills for humanitarian action were strengthened through the first-ever joint UNICEF-WFP Level 3 Emergency Response Simulation for 22 personnel from UNICEF's Immediate Response Team and cluster coordination functions as a readiness measure for Level 3 emergencies. The exercise, held in Brindisi, Italy, improved the understanding of surge staff from both agencies on response mechanisms, policy and guidance to better prepare for deployment into a system-wide response.

During the year, UNICEF developed a set of five online learning packages on humanitarian action, for completion, piloting and implementation in 2017. The packages cover the fundamentals of UNICEF humanitarian action; humanitarian principles; coordination and the humanitarian system; key elements of emergency response; and emergency preparedness. Emergency preparedness and response learning modules were developed for country offices and regional surge teams, as well as a complementary reference document that provides an overview of emergency preparedness and response basics for all

country offices, particularly those facing smaller-scale emergencies. Guidance on humanitarian action for new country representatives has been incorporated into the orientation and induction processes.

Based on lessons learned from the Ebola response, UNICEF launched the Health Emergencies Preparedness Initiative to strengthen the organization's operational and technical capacity to respond to health emergencies and support governments across prevention, preparedness, response and resilience-building. In 2016, UNICEF selected 31 priority diseases with epidemic/pandemic potential for the development of support packages that include cross-sectoral guidance, tools and resources for responding to health emergencies. The packages also include notes covering basic disease information and core actions to guide country offices on prevention, preparedness and response activities, as well as supply requirements and stock pre-positioning guidelines. Nine packages for diseases in the highest risk category have been finalized. A mapping of internal capacities for health emergencies is currently ongoing.

The Emergency Response Team: Expanding capacity for humanitarian action

The Emergency Response Team is a standing capacity of operational and programmatic experts based at UNICEF headquarters who are ready for deployment at the onset of an emergency. Their expertise covers emergency coordination, operations, human resources, supply and logistics, humanitarian performance monitoring, security and nutrition, health, WASH, child protection and education.

As part of organization-wide efforts begun in 2014 to strengthen UNICEF's humanitarian action, the Emergency Response Team was expanded and with the addition of 6 new members in 2016, reached a total complement of 14 by the end of the year. Nine of the 14 Emergency Response Team members were deployed for nearly or more than 50 per cent of the time that they were in their posts in 2016.

These missions provided significant support to large-scale emergencies over the course of the year. For example, deployments by Emergency Response Team emergency coordinators to Jordan, Nigeria, South Sudan and the Syrian Arab Republic helped the organization scale up its humanitarian response and strengthened overall coordination. In countries such as Afghanistan, the Central African Republic and South Sudan, the Emergency Response Team security adviser provided strategic security analysis, promoted staff security awareness, and enhanced preparedness and emergency response mechanisms for programme delivery.

In Nigeria, the Emergency Response Team operations specialist enabled the Country Office to scale up the response to the deteriorating situation with the provision of additional office space for new staff members and the purchase of armoured vehicles to facilitate programme missions to newly accessible areas. The Emergency Response Team humanitarian performance monitoring (HPM) specialist also travelled to Nigeria and supported the establishment of a field monitoring system that includes feedback from affected people and provides information on the quality of programming on the ground.

Even as UNICEF expanded the Emergency Response Team, demand for such support remained high over the course of the year. Moving forward, UNICEF will consider continuing to grow the Emergency Response Team, including by expanding into new roles that represent growing areas of support, such as accountability to affected populations, gender, cash-based transfers and emergency coordination.

Crisis in Yemen⁵²

Two years of conflict have taken a toll on civilians in Yemen, with 21 million people, including nearly 10 million children, in need of humanitarian assistance. Continued shelling, aerial bombardment and ground fighting have resulted in countless civilian casualties, as well as the destruction of civilian infrastructure such as hospitals, schools, roads and bridges. Public services, particularly national health, water, sanitation and social protection services, are on the brink of collapse.

Despite enormous challenges, UNICEF has continued to focus on delivering life-saving services and supplies to the most vulnerable children and families, including in hard-to-reach and besieged areas. In 2016, UNICEF focused on strengthening access to and the availability of basic social services for the most vulnerable, including internally displaced persons, host communities and other conflict-affected populations. This was accomplished through the procurement and distribution of more than US\$25 million in supplies. UNICEF continued to advocate for unhindered humanitarian access and protection at the country, regional and global levels.

Results in 2016 include:

- More than 237,000 children with severe acute malnutrition received treatment, including through mobile teams (exceeding the target);
- More than 4.5 million affected people were provided with improved water sources and environmental sanitation services (88 per cent of the target);
- Nearly 396,000 school-age children accessed education via temporary learning spaces and school rehabilitation (exceeding the target);
- More than 487,000 children in conflict-affected areas received psychosocial support within child-friendly spaces (exceeding the target);
- Nearly 1.1 million children and community members were reached with mine risk education activities (exceeding the target);
- More than 1.3 million people participated in Communication for Development (C4D) sessions, including on cholera prevention (exceeding the target); and
- Nearly 85,000 vulnerable people affected by the conflict received humanitarian cash assistance (exceeding the target).

The response in Yemen remains challenging. Importing supplies both by sea and air have become increasingly difficult and expensive. Famine-like conditions are on the rise throughout the country, with nearly half a million children suffering from severe acute malnutrition. With slow progress towards a negotiated political solution to the conflict, millions of children and their families continue to suffer, and humanitarian needs are reaching their highest levels. Moving forward, UNICEF will continue to respond to the deteriorating humanitarian situation, focusing on the most vulnerable, through expanded cash-based programming and integrated WASH, health and nutrition programming to address the multifaceted risks associated with potential famine.

Fostering collaboration and partnerships

Partnerships remained crucial to UNICEF programme delivery and response coordination during the year. UNICEF collaborated with a total of 1,387 civil society partners in the field for its humanitarian programming in 2016 (see *Figure 7*). For example, in the Central African Republic, working through implementing non-governmental organization (NGO) partners, including Action Against Hunger, Caritas, African Humanitarian Agency and Premier Urgence, UNICEF increased the geographic coverage of nutrition services for conflict-affected children by more than 17 per cent. This was done by opening new nutrition

centres and implementing a mobile strategy, which facilitated the delivery of nutrition services to hard-to-reach populations located in insecure and remote areas.

UNICEF's growing standby arrangements with governments and partners were essential to the organization's humanitarian action. The new standby partnership with Dutch Surge Support Water, for example, gave UNICEF crucial access to WASH technical expertise in areas such as urban WASH, which was deployed in 2016 in the response to the crisis in the Syrian Arab Republic and the El Niño-induced drought in southern Africa. Overall, 30 standby partners provided 247 personnel to UNICEF. This included 161 standby and 69 members of the Rapid Response Team deployed to the

field to deliver on UNICEF's programme, cluster and operational commitments. In 2016, Rapid Response Team members were deployed to major emergencies such as in Nigeria, South Sudan and the Syrian Arab Republic, as well as smaller and underfunded emergencies such as in Afghanistan, the Central African Republic and Myanmar.

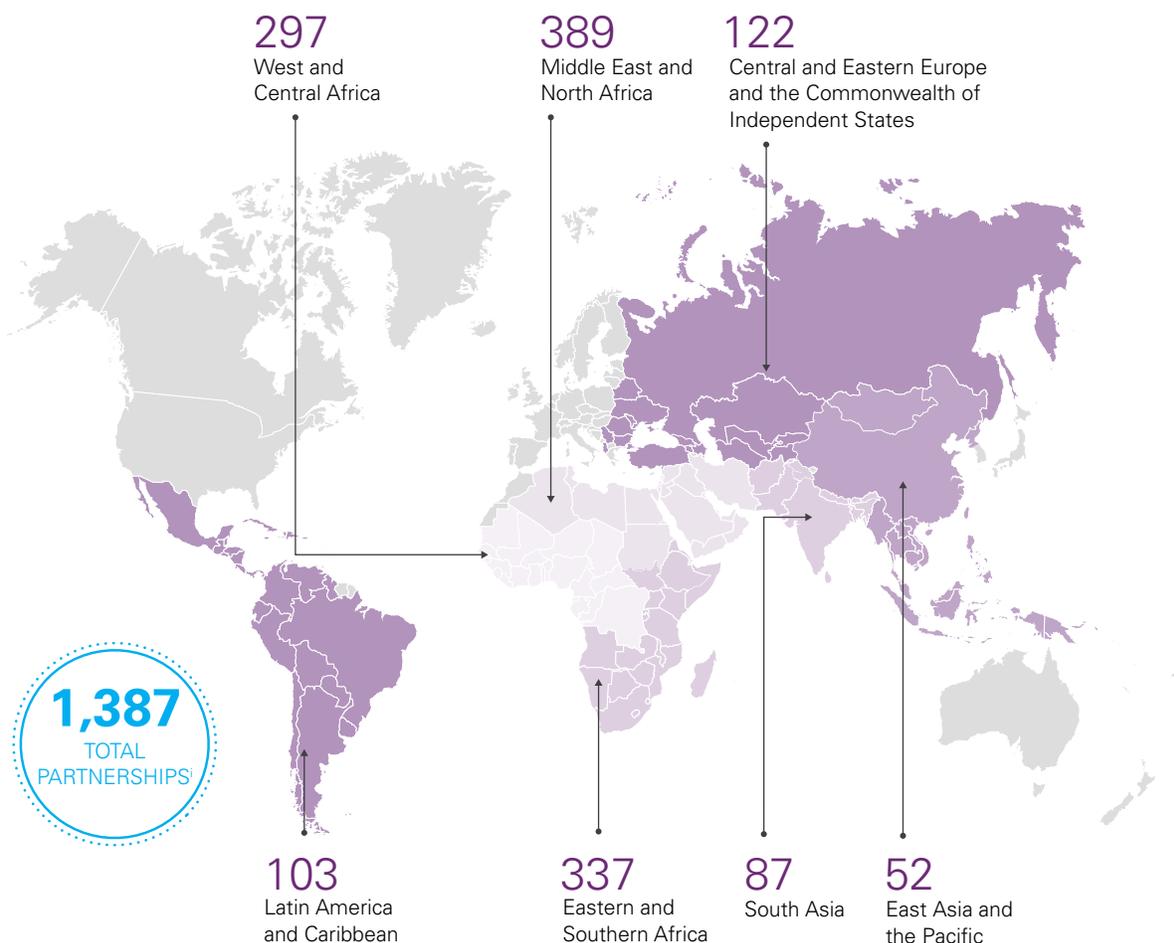
UNICEF continued to deliver on its responsibility for inter-agency coordination in 2016, including by fulfilling its cluster accountabilities. The cluster system mobilizes partners at the local, national, regional and international levels and is an important mechanism for achieving results for children in large-scale emergencies. In 2016, UNICEF served as cluster lead agency for WASH, nutrition and education, and the child protection area of responsibility (see *Figure 8 and Programme Commitments beginning*

on page 28). During the year, UNICEF adopted a common strategic direction on the integration of core humanitarian standards and IASC commitments regarding accountability to affected populations into UNICEF-led cluster and area of responsibility coordination mechanisms.

As co-leads of the Global Gender-Based Violence (GBV) Area of Responsibility, UNICEF and the United Nations Population Fund (UNFPA) undertook a leadership review in 2016, which led to the decision to transfer full leadership of the area of responsibility to UNFPA by early 2017. Moving forward, UNICEF will fully integrate innovative approaches for GBV child survivors in emergencies within the Child Protection Area of Responsibility, focusing on direct field support, coordination and analysis of context and deliverables.

FIGURE 7 Partnerships

UNICEF works in partnership with national governments, civil society partners and other United Nations agencies in some of the most challenging environments in the world to deliver results for children and women. Below are the number of civil society partners for humanitarian programming as reported by country offices.



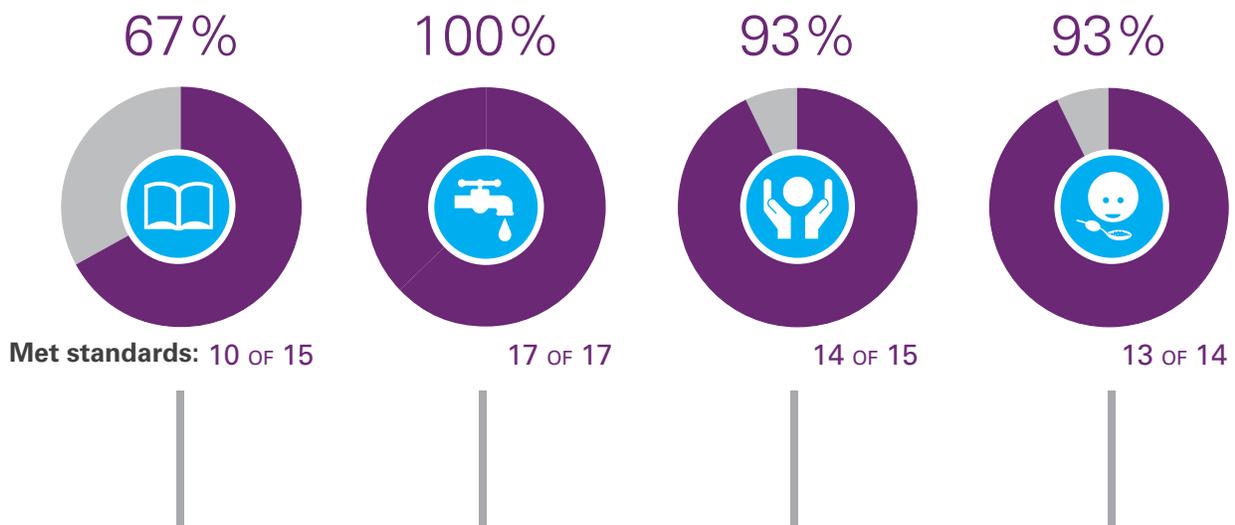
i Based on country office reporting, and may reflect multiple partnerships with the same civil society organization between countries and regions.

UNICEF collaborated closely with UNHCR, the International Organization for Migration and other partners on responding to the increasing caseload of refugees during the year. This included participation in a high-level summit on refugees and migrants hosted by the United Nations General Assembly in September 2016, which aimed to strengthen governance of international migration and create a more responsible and predictable system for responding to large movements of refugees and migrants. UNICEF made significant inputs into the New York Declaration for

Refugees and Migrants – which was adopted by Member States during the summit – including two-year road maps for the elaboration and adoption of the International Organization for Migration-led Global Compact for Safe, Regular and Orderly Migration and the UNHCR-led Global Compact on Refugees, as well as a call for organizing an intergovernmental conference on international migration to be hosted in 2018. UNICEF has also developed six policy asks⁵³ to highlight the plight of children who have migrated across borders or been forcibly displaced.

FIGURE 8
Coordination

Proportion of countries where cluster coordination mechanism meets CCC standards:ⁱ



Number of country offices leading/co-leading sector/cluster:ⁱⁱ



ⁱ CCC standards for coordination are 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.

ⁱⁱ Twelve country offices reported leading the gender-based violence sector or cluster.

Crisis in South Sudan⁵⁴

The humanitarian needs facing children in South Sudan today are as great and as urgent as they have ever been. Renewed fighting since July 2016 has only deepened the humanitarian crisis, with women and children facing immediate risks of violence, displacement, hunger and life-threatening diseases. These risks are exacerbated by the rapidly deteriorating economic situation. Since December 2013, nearly 3 million people have been displaced, including 1.1 million people seeking refuge in neighbouring countries. Children comprise nearly 70 per cent of the refugees.

Refocusing on life-saving needs was critical in 2016. Increased chronic levels of acute malnutrition in Northern Bahr el Ghazal led UNICEF to develop a scale up plan to address the ongoing health and nutrition crisis. Following the July crisis in Juba, UNICEF provided a multi-sector response, in many cases through direct assistance, as most partners' international humanitarian staff had been evacuated. This included the delivery of life-saving basic health, nutrition, WASH and protection services in 19 integrated Rapid Response Mechanism missions in 2016, in partnership with WFP.

Results in 2016 include:

- Nearly 219,000 children were treated for severe acute malnutrition (86 per cent of the target);
- Nearly 3.2 million children were vaccinated against polio under the Global Polio Elimination initiative;
- Nearly 2 million people, including nearly 716,000 children under 5, were treated for malaria;
- More than 742,000 people gained access to safe drinking water (exceeding the target) and nearly 253,000 people gained access to sanitation facilities (69 per cent of the target);
- Nearly 314,000 children accessed education in emergencies (97 per cent of the target); and
- More than 693,000 children were reached with critical child protection services, including psychosocial support and family tracing (exceeding the target).

Despite the expanded response and the substantial gains that were made in 2016, humanitarian needs in South Sudan continued to grow in early 2017, with famine declared in parts of Unity State. Moving forward, UNICEF will adapt and innovate to reach the most vulnerable children and families and will use its flexible set of programme modalities – including rapid response mechanisms, longer-term direct implementation, working through partners, and building government capacity – to meet these urgent needs. With the requirements in 2016 far outstripping available funding, additional resources will be essential to ensuring that UNICEF is able to respond in 2017 and beyond.

Strengthening accountability and inclusivity

In 2016, UNICEF continued efforts to make its humanitarian action more accountable to affected people as well as inclusive of all in need, including through work to promote gender equality throughout its programmes, and the inclusion of women, men, girls and boys – including children with disabilities – in leadership roles in humanitarian response. More information about work in this area can be found under 'Social Inclusion' on page 47.

To improve engagement with communities and better meet their needs, and in close cooperation with OCHA, IFRC, the Communicating with Disaster Affected Communities Network and other stakeholders, UNICEF supported the multi-agency Communication and Community Engagement Initiative to develop collective services – such as trainings, learning opportunities, knowledge management and

common surge capacity – for more timely, systematic and predictable communication and community engagement across humanitarian actors and clusters/sectors. As cluster lead agency, UNICEF also supported the integration of common approaches around accountability at the level of UNICEF-led and co-led clusters and areas of responsibility, working with global clusters on guidance and tools that were piloted in the Democratic Republic of the Congo and Jordan. At the country level, including in Pakistan and Sri Lanka, UNICEF used innovative mechanisms to gather feedback from programme beneficiaries (*see more on accountability to affected populations on page 47*).

UNICEF advocated for the mainstreaming of issues of children with disabilities in humanitarian action within the wider humanitarian system. UNICEF fed into the development of and signed on to the Charter on the Inclusion of Persons with Disability in Humanitarian Action, which was developed in advance of the World Humanitarian

Summit. The organization helped raise the profile of the protection of children with disabilities in situations of armed conflict at a side event of the United Nations Economic and Social Council Humanitarian Affairs Segment and the Security Council Open Debate on Children and Armed Conflict. With UNICEF support, the IASC increased its engagement on inclusion of persons with disabilities in humanitarian action with the establishment of a dedicated team tasked with creating and endorsing related guidelines.

At the country level, an increasing number of UNICEF programmes reached out directly to children with disabilities – for example, in Jordan, Nepal and the Syrian Arab Republic. In November 2016, UNICEF launched a cash transfer programme for families of children with disabilities in Aleppo, Syrian Arab Republic (US\$40 per month per child distributed on a bimonthly basis). In the Pacific Islands, in the aftermath of Tropical Cyclone Winston, UNICEF partnered with the Pacific Disability Forum to carry out a needs assessment that was developed and conducted

by persons with disabilities to identify needs and gaps in humanitarian assistance and guide future emergency response. UNICEF also promoted inclusive education by ensuring that humanitarian supplies and products were accessible to children with disabilities. UNICEF education-in-emergencies kits (including school-in-a-box, early childhood development and recreation kits) now include practical guidance for facilitators on how to include children with disabilities by adapting activities.

UNICEF took steps to increase the participation of adolescents and youth in emergency response and recovery during the year. For example, in response to the Syrian refugee crisis, UNICEF established innovative platforms in Jordan to engage youth and provide them with opportunities to act as change agents and promote participation. Innovation labs in camps reached nearly 11,000 youth with access to new technology, software and training to become more capable, creative and confident learners and develop innovative social initiatives.

Gender in humanitarian action

Humanitarian crises, whether caused by war or natural disaster, have profoundly different impacts on women and girls, as well as on boys and men. Existing gender inequalities are exacerbated and changing gender roles in times of crisis create new or additional disparities. Crises force families to employ negative coping mechanisms such as child marriage, perpetuating cycles of violence and discrimination against girls. Humanitarian response, if not based on an awareness of the gender relations in a particular location, can similarly compound those inequalities, leading to unequal access to resources, support services and protection from GBV and sexual exploitation and abuse.

UNICEF works to ensure that its humanitarian action – from preparedness to response and early recovery – protects the rights and responds to the distinct needs and capacities of girls, boys, women and men. Gender equality is a key principle in all of UNICEF's actions, from empowering adolescent girls and boys to help rebuild their destroyed communities to providing targeted education, health and nutrition services to meet the needs of different population groups and providing GBV prevention and response for women, girls and boys.

In 2016, gender issues were strategically addressed and interwoven into UNICEF's humanitarian work and significant progress was made. UNICEF sanitation and hygiene programmes in emergency settings made facilities safer for women and girls and brought WASH services closer to the household level. In South Sudan, for example, UNICEF implemented a joint GBV and WASH programme that brought together experts from both fields to ensure that latrines were gender segregated and easy to distinguish, thereby increasing the safety, security and dignity of women and girls while improving their access to water and sanitation facilities.

Girls also gained greater access to education in emergency settings. For example, in Pakistan, where cultural norms have long posed challenges to girls' education, UNICEF created entry points for displaced or returning girls who would otherwise have missed out on school. When schooling became available in host communities and camps, it was accompanied by social mobilization, parent sensitization and engagement of female para-teachers. As a result, 45 per cent of those children enrolled with UNICEF support were girls.

UNICEF also integrated gender considerations into its emergency nutrition interventions. In Nigeria, where UNICEF targeted women with infant and young child feeding (IYCF) counselling, given their significant roles as primary caregivers of children, UNICEF also promoted and encouraged the engagement of men to support mothers in child feeding practices, given the influence of men in north-east Nigeria. As part of its role providing supportive supervision to front-line health workers, UNICEF also encouraged the participation of both women and men in discussing barriers to accessing nutrition services.



February 2016. Livini, 4 years old, from the village of Navitilevu, Fiji, sits on a fallen coconut tree that was uprooted by Tropical Cyclone Winston.

Crisis in Iraq⁵⁵

Although the total number of displaced people in Iraq decreased from 3.3 million to 3 million in 2016, violence and insecurity increased in the western and northern parts of the country, patterns of displacement remained complex, and humanitarian needs were extremely high. Public service provision, including for health, education and child protection, were limited or non-existent, particularly in areas of return. Children lacked safe spaces to live and learn, and were exposed to psychosocial distress, child labour and disease outbreaks.

In 2016, UNICEF and partners successfully mobilized and coordinated a complex humanitarian response to reach families and children during each phase of their displacement. This included large-scale assistance in the areas of health, WASH, education, and child protection, as well as a multi-sector emergency package for communities of return. In addition, capacity development of local partners remained central to UNICEF programming in Iraq, and was carried out during the year through mass education and health campaigns. Given the highly dynamic nature of the humanitarian situation on the ground, thematic funding allowed UNICEF to respond immediately and reach the most vulnerable populations in conflict- and displacement-affected locations.

Results in 2016 include:

- More than 1.2 million Iraqis gained access to safe water (62 per cent of the target);
- More than 5.8 million children under 5 were immunized against polio during nationwide campaigns (98 per cent of the target);
- Nearly 74,000 displaced and host community children had safe protective temporary learning spaces (86 per cent of the target);
- Nearly 139,000 displaced children received psychosocial assistance through child or youth-friendly spaces in camps for internally displaced persons and host community areas (67 per cent of the target); and
- More than 1.3 million individuals received critical life-saving items via the Rapid Response Mechanism (56 per cent of the target).

Despite the significant results achieved, ongoing military operations continued to negatively affect children and families. By the end of 2016, more than 120,000 individuals had been displaced from Mosul, with hundreds of thousands of additional displacements expected into the first half of 2017. UNICEF will continue to prepare for and respond to the emergency using an integrated approach, including by investing in the Rapid Response Mechanism and other first-line responses in both camp and non-camp settings. This includes expanding WASH services to respond to new waves of displacement, deploying child protection teams to support protection needs, and establishing temporary learning spaces to provide safe environments to displaced and host community children.

Using innovation to reach every child affected by crisis

As humanitarian crises – from disease outbreaks to global refugee crises – continue to disrupt the lives of children around the world, UNICEF is increasingly employing innovative approaches to confront the challenges affecting children.

In 2016, UNICEF applied a variety of innovative solutions to situations in diverse contexts around the world. In Madagascar and Swaziland, in response to the El-Niño-induced drought, Rapid Short Message Service technology was used to generate real-time information to inform nutrition-in-emergencies responses. In the Pacific Islands, UNICEF used an innovative web-based technology to collect data on school-related damage in the wake of Tropical Cyclone Winston. In Kenya, UNICEF designed an innovative diagnostic tool to learn about bottlenecks in child protection case management of displaced South Sudanese children in Kakuma Refugee Camp.

In response to the Zika outbreak, UNICEF activated U-Report – a social messaging tool – in Latin America and the Caribbean in 2016, much in the same way that it was used in West Africa during the Ebola crisis. The aim was to provide life-saving information to those in Zika-affected areas, and give young people the opportunity to report back on the situation in their communities. As such, UNICEF undertook several initiatives in 2016 to strengthen its Zika response based on citizen reporting and improve access to information for vulnerable people in affected areas. This work led to the launch of the first online Zika Information Centre in January 2017.

U-Report was also used with a series of knowledge, attitude and practice studies and polls to identify gaps in communication strategies (both mass communication and C4D) in four priority countries affected by Zika – the Dominican Republic, El Salvador, Guatemala and Honduras. Polls revealed, for example, that U-Reporters, particularly males, received more information on how to prevent mosquito bites than they did on sexual transmission of the Zika virus. Identifying such gaps has helped UNICEF define its audiences and implement more effective communications strategies to strengthen Zika prevention.

CHALLENGES AND CONSTRAINTS

In 2016, UNICEF continued to face increasingly complex humanitarian crises – such as protracted conflicts, subregional and cross-regional crises, disasters and health emergencies – that stretched the organization's ability to respond. The nutrition situation for many children, already worrying in many contexts, deteriorated further, especially in north-east Nigeria, Somalia, South Sudan and Yemen. In conflict, grave violations against children, including killing and maiming of children, the use of children by armed forces and armed groups, and attacks against schools and hospitals and other civilian infrastructures, persisted in a number of settings. The escalation of hostilities and ongoing violence underscores the complexity of the humanitarian landscape and its impact on civilians, especially children. This has required increased capacity and advocacy with regard to respecting international human rights and humanitarian law.

Increasingly constrained humanitarian access in 2016 – such as in the large-scale crises in Iraq, Nigeria, Somalia, South Sudan, the Syrian Arab Republic and Yemen – as well as significant security and logistical constraints, challenged UNICEF's ability to reach the most vulnerable populations.

This was exacerbated by the politicization of humanitarian situations, including in integrated mission contexts, where the blurring of lines between political/peacekeeping and humanitarian mandates continued to negatively impact the humanitarian space and access to affected populations. In Mali's northern and eastern regions, for example, mandatory escort by United Nations military affected the image and neutrality of humanitarian agencies. Another challenge was governments' and non-state entities' disrespect for established norms or principles governing humanitarian action and the protection of civilians during the conduct of hostilities. High-threat environments and attacks against aid workers also challenged UNICEF's ability to meet the needs of children.

While the expansion of surge mechanisms such as the Emergency Response Team in recent years has added essential standing capacity for deployment at the onset of an emergency, the demand for Emergency Response Team support continued to increase during the year. Similarly, the demand for Rapid Response Teams to support UNICEF-led global clusters and areas of responsibility in the field stretched organizational capacity, and will require additional attention in 2017.

RESULTS BY PROGRAMME COMMITMENT

The information below follows reporting on the programme and operational commitments of the CCCs and represents 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 the 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 strengthened evidence-based planning and results monitoring in 2016. This included strengthening humanitarian performance monitoring (HPM) by making planning more adaptable and monitoring and evaluation approaches more conducive to combinations of short-term humanitarian and longer-term development results. UNICEF also supported inter-agency initiatives to strengthen assessment, planning, monitoring and evaluation functions.

Commitment 1: The situation of children and women is monitored and sufficiently analysed, and rapid assessments are carried out whenever necessary.

UNICEF continued to monitor the situation of children and women over the course of the year. Building on previous work developing guidance and tools for the Multi-Cluster Initial Rapid Assessments and humanitarian needs overviews, and leading on the Inter-Agency Indicators Registry, UNICEF developed a short guidance tool to support and frame analysis for needs assessments aligned to existing guidance. In 2016, UNICEF contributed to 18 humanitarian needs overviews – a tool designed to help humanitarian country teams conduct strategic response planning based on credible evidence and joint analysis of needs – including in Afghanistan, Burkina Faso, Burundi,

Cameroon, the Central African Republic, Chad, Colombia, the Gambia, Haiti, Iraq, Libya, Mauritania, the Niger, Senegal, the State of Palestine, the Syrian Arab Republic, Ukraine and the Whole of Syria. Other needs assessments, including detailed Stage 3 sectoral assessments used for response programming, were carried out in the Democratic Republic of the Congo, Ethiopia, Mali, Pakistan, Somalia, South Sudan and the Sudan.

Commitment 2: Systems for performance benchmarking regularly monitor UNICEF humanitarian action, enabling CCC implementation to be measured.

In 2016, country offices with humanitarian programmes demonstrated stronger capacity for results-based planning and performance monitoring. As a result of UNICEF's continued efforts for capacity development and system strengthening in the field, 100 per cent of country offices facing major humanitarian situations⁵⁶ during the year were able to monitor and regularly report on results against targets aligned to the CCCs. For example, in Chad, field monitoring was used to improve and triangulate information, check the quality of response and obtain feedback from populations assisted. In the Pacific Islands, the performance monitoring strategy adapted global approaches with modified tools for supply tracking, cluster and implementing partner reports and dedicated field monitoring to provide near real-time data on overall performance.

UNICEF's focus on results-based management was reinforced throughout the year through direct or remote technical and capacity-building support, including face-to-face trainings and webinars. Countries that received direct support included Ethiopia, Greece, Haiti, Nigeria, the State of Palestine, South Sudan, the former Yugoslav Republic of Macedonia and Ukraine. The deployment of the Emergency Response Team HPM specialist to Nigeria, for example, facilitated the establishment of a field monitoring system that includes feedback from affected people and provides information on the quality of programming on the ground and triggering corrective actions. More than 250 regional and country office staff received training (online or face-to-face) on basic HPM and 135 staff received extended training on linking humanitarian and development planning and monitoring. UNICEF also developed an organization-wide Results-Based Management Learning Strategy,

which supported the integration of risk-informed analysis and results-based management adaptations into UNICEF humanitarian action. Organizational capacities were further supported through the maintenance of an HPM roster of 23 deployable internal candidates.

Under the corporate eTools project – a range of web-based platforms and applications under development that will facilitate work planning, implementation monitoring and partnership management at the country level – UNICEF continued to invest in developing key modules and core functionalities for planning, field monitoring and reporting for implementing partners and cluster partners. Roll-out is anticipated for 2017.

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.

In 2016, evaluations continued to inform UNICEF response and highlight areas to improve, particularly with regard to protracted crises, such as accountability to affected populations, investments in monitoring and evaluation, and the organization's response to health emergencies.

*The Evaluation of UNICEF's Response to the Ebola Outbreak in West Africa 2014–2015*⁵⁷ found that although UNICEF's public health response made a useful contribution to stopping Ebola transmission, the organization also shared responsibility for critical delays in preventing and responding to Ebola. UNICEF also struggled to reinforce basic health services in the recovery phase without adequate funding. Global recommendations from the evaluation included that UNICEF should develop a policy and accountability framework for responding to public health emergencies; strengthen coordination, strategy and information capacities for public health emergencies; further develop capacities for rapid, large-scale deployment of financial, human and material resources for emergencies; and continue to improve the community-based approach as an implementation modality inclusive of strong accountability to affected populations and community engagement components. Drawing on lessons learned from the Ebola crisis, in January 2016, UNICEF launched the Health Emergency Preparedness Initiative to strengthen its capacity to support countries' multi-sector health emergency responses.

*The Evaluation of UNICEF's Humanitarian Response to the Syria Crisis*⁵⁸ provided a comprehensive assessment of UNICEF's overall response to the ongoing crisis in the Syrian Arab Republic, covering the period 2012–2014.

It found that despite the difficulty of the operating environment and the limitations of its approach, UNICEF was substantially able to deliver on its core objectives. Although the response was slow to start, the evaluation found evidence that the organization invested significantly in implementing its programmes, incrementally built its capacity and improved performance through 2013 and 2014, with significant scale-up and reach of programming achieved from 2014. Lessons included the need for dedicated resources to produce results-level data for large protracted emergencies and the need to strengthen UNICEF's accountability to affected populations. Moving forward, UNICEF will develop a more systematic approach to information sharing, feedback and accountability mechanisms for affected people, as well as guidance for measuring the efficiency of programming and support.

UNICEF also conducted the *Evaluation of the UNICEF Response to the Crisis in the Central African Republic*⁵⁹ and contributed to the *Inter-Agency Humanitarian Evaluation of the Response to the Crisis in the Central African Republic*.⁶⁰ The first evaluation found that the response was relevant, appropriate, effective, coordinated and coherent, though lacking with regard to an integrated approach. While the organization was slow to respond to needs outside Bangui in 2013, it acted quickly to scale up operations in 2014. Recommendations included the need to update risk analysis and establish preparedness arrangements in all country offices facing chronic and complex emergencies; develop a comprehensive protection strategy to address the protection and human rights crisis; and develop a monitoring and evaluation and learning framework. The second evaluation found that while the inter-agency response contributed enormously to relieving the crisis in the Central African Republic, saving many lives and preventing worse outcomes, it also struggled to deliver satisfactory results. Recommendations included the need to develop an inter-agency strategy aimed at improving performance; advocate for the mobilization of maximum capacities after the Level 3 surge; maintain adequate IASC response after the Level 3; and ensure a dedicated leadership role.

In 2016, UNICEF continued a capacity development initiative aimed at strengthening the design, management and use of evaluations of humanitarian action by UNICEF country offices and their partners. The initiative has supported 16 evaluations with a series of workshops delivered at key milestones in the evaluation cycle, combined with continuous one-on-one technical support for evaluation managers. One of the evaluations supported through the initiative was the *Evaluation of Humanitarian Assistance*, which was managed by UNICEF and reviewed UNICEF's humanitarian operations following the escalation of hostilities in Yemen in March 2015. The evaluation found that overall, UNICEF operations achieved a high level of compliance with relevant CCC standards, despite the challenging security environment.

Challenges and constraints

An external review of the UNICEF HPM approach (in place since 2010) has provided an evidence base for revising the strategy and addressing key challenges, such as the lack of connection between programme monitoring for humanitarian response and longer-term development results and the need to adapt tools to support programme monitoring in different types of humanitarian crises (e.g., health emergencies, large population displacements and protracted crises). This is informing adjustments in 2017 and beyond to UNICEF's approach to results-based management in humanitarian crises, in terms of reframing the concept, guidance and tools and capacity development strategies towards a more integrated approach across different contexts. This will include establishing core common tools and practice around work planning and field monitoring that can be adapted as humanitarian response scales up; facilitating monitoring of lower and higher frequency indicators across a wider span of programming fit to context; and investing with partners to address outcome monitoring challenges in humanitarian contexts.

NUTRITION

Strategic result: The nutritional status of girls, boys and women is protected from the effects of humanitarian crisis.

Global response

In 2016, UNICEF provided care to 2.4 million severely undernourished children aged 6–59 months through therapeutic feeding programmes (72 per cent of the target). Globally, UNICEF continued to work closely with governments, clusters and key partners to develop national capacities alongside norms and standards and coordinate responses and capture lessons learned to increase the reach, coverage and quality of nutrition programmes in both emerging and protracted crises.

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.

UNICEF continued to lead or co-lead nutrition sectors, nutrition in emergencies working groups or clusters in 63 countries. UNICEF-led clusters/sectors continued to support

In 2016, UNICEF led or co-led nutrition sectors, nutrition-in-emergencies working groups or clusters in 63 countries.

the coordination of assessments, resource mobilization for emergency nutrition programming, emergency preparedness and capacity building for emergency response, as well as collaboration with key stakeholder platforms such as the Renewed Efforts Against Child Hunger and Undernutrition (REACH) partnership and the Scaling Up Nutrition movement to ensure the continuity of humanitarian-development programming. In Mali, UNICEF supported the Government, the REACH partnership and the Scaling Up Nutrition movement to implement a multi-sectoral response to nutrition. In the Syrian Arab Republic, the nutrition cluster/sector coordination mechanism, jointly with the Food Security Cluster, developed an integrated package of interventions addressing the basic causes of malnutrition. Nutrition clusters in Somalia and South Sudan worked closely with OCHA and partners to mobilize common pooled funding and bilateral donor resources for emergency nutrition response. Globally, UNICEF also worked to develop the evidence base on necessary investments in national humanitarian coordination capacity through a second phase of the global Strengthening Nutrition Humanitarian Action study, which will translate into improved guidance and standards.

Commitment 2: Timely nutritional assessment and surveillance systems are established and/or reinforced.

Information on nutrition situations and data on programme monitoring are essential for UNICEF to fulfil its programme and cluster accountabilities to help prepare for and respond to emergencies. In 2016, UNICEF continued to support governments in the nine Sahel countries to undertake timely nutrition assessment in emergency situations, and develop national capacities to lead nutrition surveys. Standardized Monitoring and Assessment of Relief and Transition (SMART) surveys were conducted with UNICEF technical and financial support in Burkina Faso, Cameroon (north), Chad, Mali, Mauritania and the Niger. The surveys have been used to monitor the nutrition situation, subsequently providing information used for programme planning and response. In conflict-affected areas of Ukraine, UNICEF collaborated with partners, including the Centers for Disease Control and Prevention of the United States, to conduct five nutrition assessments, which indicated high anaemia rates among pregnant women, low breastfeeding

rates with stress-related cessation and poor nutrition among the elderly. Consequently, UNICEF established an anaemia surveillance system, developed communication materials and enhanced the capacities of 800 health professionals on IYCF in Donetsk and Luhansk oblasts.

Commitment 3: Support for appropriate infant and young child feeding is accessed by affected women and children.

Appropriate IYCF practices are essential to preventing malnutrition, particularly during emergencies. Globally in 2016, UNICEF supported more than 6.3 million caregivers with IYCF counselling (82 per cent of the target). In Ethiopia, UNICEF deployed 32 community-based consultants to provide technical support in community-based management of acute malnutrition/ IYCF in emergency-affected areas. In the United Republic of Tanzania, in response to the influx of Burundian refugees, UNICEF reached mothers with brochures in the local language to reinforce their knowledge of key IYCF practices. In the aftermath of the earthquake in Ecuador, nearly 1,900 children under 5 years old and more than 900 pregnant and lactating women benefited from IYCF counselling and growth development support and monitoring in baby- and mother-friendly spaces. In the context of the refugee and migrant crisis in Europe, in Serbia, UNICEF established a mobile IYCF programme at the northern border with Hungary for stranded families with infants and young children. Nearly 6,700 children under 2 years and more than 4,800 mothers benefited from IYCF outreach support and other services over the course of the year (both exceeding the target).

Globally, UNICEF supported 6.3 million caregivers of children aged 0-23 months with infant and young child feeding counselling (82 per cent).

Commitment 4: Children and women with acute malnutrition access appropriate management services.

Global coverage of severe acute malnutrition management continues to increase, though more needs to be done in both humanitarian development contexts to ensure that all affected children can access care. Globally, less than 20 per cent⁶¹ of the estimated 17 million⁶² children under 5 suffering from severe acute malnutrition have access to care. In Yemen, where the conflict has led to deteriorating livelihoods, food insecurity and the near collapse of health-care services, UNICEF worked with WFP and WHO to scale up the emergency nutrition response during the year and reach more than 237,000 children with severe acute malnutrition with therapeutic care (exceeding the target). In the Sudan, UNICEF and partners treated more than 215,000 children with severe acute malnutrition, representing a 30 per cent increase from 2015 and 86 per cent of the 2016 target. As part of the joint national community-based management of acute malnutrition scale-up plan in the Sudan, UNICEF and partners also opened 279 new severe acute malnutrition treatment sites in 2016 (21 in-patient and 258 out-patient), with services available in 71 of UNICEF's 75 high-priority localities and camps. In the Sahel region, community health workers were trained to screen and identify severely undernourished children and reached 1.3 million children with treatment as per the standard protocols. In hard-to-reach areas in South Sudan, UNICEF and WFP jointly conducted 19 Rapid Response Mechanism missions in 19 locations, screening more than 61,000 children and more than 15,000 pregnant and lactating women for acute malnutrition. Affected children and women were either treated or referred to the nearest treatment programmes. Overall in South Sudan, nearly 219,000 children aged 6–59 months with severe acute malnutrition received therapeutic care throughout the year (86 per cent of the target). This was accomplished despite challenges related to the July conflict, which led to delays in the transportation of nutrition supplies from Uganda into South Sudan.

Globally, UNICEF supported 2.4 million children with severe acute malnutrition with treatment (72 per cent).

Commitment 5: Children and women access micronutrients from fortified foods, supplements or multiple-micronutrient preparations.

In 2016, UNICEF continued to provide technical support to countries to prevent and treat micronutrient deficiencies

during emergencies. In Yemen, community health volunteers reached more than 4.1 million children under 5 with vitamin A supplementation (exceeding the target). In Lebanon, in the context of the Syrian refugee crisis, more than 177,000 pregnant and lactating women and children under 5 received micronutrient supplements (90 per cent of the target). In Djibouti, where children are extremely vulnerable after nearly a decade of drought,

Scaling up nutrition services for children in the Lake Chad Basin

Recurrent epidemics, droughts, floods and climate change-related challenges have translated into high prevalence of severe acute malnutrition among children living in areas affected by the Boko Haram conflict. Violence, insecurity and resulting mass displacement across Cameroon, Chad, the Niger and north-east Nigeria have exacerbated the already delicate nutrition situation, with particularly alarming levels of severe acute malnutrition in north-east Nigeria.

In 2016, UNICEF and partners began to see a reduction in severe and global acute malnutrition rates in areas of the Lake Chad Basin where there was a humanitarian response. This has been the result of a combination of interventions – spanning nutrition, health and WASH – as well as innovative mobile services designed to quickly reach malnourished children in newly accessible and hard-to-reach areas.

In Nigeria, UNICEF provided therapeutic feeding and care to more than 167,000 children with severe acute malnutrition (42 per cent of the target); IYCF counselling to more than 146,000 caregivers of children under 2 years old (exceeding the target); and multiple micronutrient powder to nearly 138,000 children (exceeding the target). In addition, some 34,000 children across Cameroon, Chad and the Niger received treatment for severe acute malnutrition in the context of the Lake Chad Basin crisis.⁶³



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June 2016. A young girl is measured with a mid-upper arm circumference armband to determine her nutrition status. UNICEF supports community-based management of acute malnutrition treatment at the Muna Garage Camp for internally displaced persons in Maiduguri, Borno State, Nigeria. The red section of the armband indicates that she is at risk for severe acute malnutrition.

UNICEF reached more than 29,000 children (61 per cent girls) with multiple micronutrient powders (89 per cent of the target), and nearly 32,000 children (53 per cent girls) with vitamin A supplements during immunization campaigns (96 per cent of the target). In the State of Palestine, Gaza's health system remained under severe threat two years after 51 days of escalated violence, with chronic shortages of staff and supplies. UNICEF supported the provision of quality services for children and women in affected communities, including essential drugs and micronutrients, and reached nearly 300,000 children and women during the year with micronutrient supplements (exceeding the target).

Commitment 6: Children and women access relevant information about nutrition programme activities.

UNICEF strives to disseminate nutrition information in emergency situations and to support the adoption of positive practices and the use of available services by affected populations. In Chad, awareness-raising sessions organized in partnership with NGOs reached more than 50,000 mothers and caregivers, equipping them with improved knowledge on good child feeding practices, including exclusive breastfeeding and the importance of food diversification. C4D activities took place during distributions at the sites. Households visited during post-distribution missions demonstrated skills and knowledge of good family practices such as hand washing at key moments and how to treat water for drinking. These activities made it possible to sensitize more than 8,000 households in the Lake region. In Pakistan, to sustain the nutritional status of children in the Federally Administered Tribal Areas, Khyber Pakhtunkhwa and Sindh after the immediate needs were addressed, UNICEF supported IYCF training for nearly 6,000 health professionals who reached nearly 370,000 people with information and guidance on nutritional practices, such as exclusive breastfeeding in the first six months of life and the introduction of appropriate complementary foods thereafter.

Challenges and constraints

UNICEF faced a number of challenges to its nutrition response in 2016. The impact of the El Niño-induced drought in already fragile contexts in southern Africa undercut the progress made with regard to child nutrition and the investments made in building community resilience. In a number of contexts around the world, UNICEF struggled to mobilize adequate human and financial resources given the increased number of affected children and the scale of nutrition crises. Where social services were weak, the need for capacity building was enormous. This was the case in Nigeria, for example, where the target for severe acute malnutrition treatment could not be met due to the limited capacity of partners

to scale up the emergency response amid insecurity and limited access. Even where sufficient technical support was available, humanitarian access declined – for example, in South Sudan and Yemen – and funding was not on par with the scale of the emergency. In many contexts, inflation exacerbated food insecurity, and insecurity at borders posed looming threats of food and supply shortages. Given the increasing risk of famine in some parts of the world, moving forward, UNICEF will draw on lessons learned and continue to invest in risk-informed programming and strengthen emergency preparedness to meet the challenges and improve its nutrition in emergencies response.

HEALTH

Strategic result: Excess mortality among girls, boys and women in humanitarian crisis is prevented.

Global response

In 2016, UNICEF supported some 24 million children 6 months to 15 years old with measles vaccination (72 per cent of the target). In conjunction with WHO and partners, UNICEF responded to cholera outbreaks by reaching affected populations with comprehensive cholera control measures in Burundi, Iraq, Kenya, Nigeria, Somalia and Uganda. Despite challenges, UNICEF continued to deliver life-saving interventions to a number of countries, including immunizations against polio in Djibouti, Guinea, Mali, Pakistan, South Sudan and the Syrian Arab Republic. To strengthen its capacity to respond to health emergencies with a health systems strengthening approach, UNICEF launched the Health Emergencies Preparedness Initiative and established an internal cross-divisional Technical Working Group. With Save the Children and other partners, UNICEF also launched the 'Newborn Health in Humanitarian Settings: A field guide' to strengthen newborn care in emergencies.

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-sectoral issues.

As a partner in the Global Health Cluster, the Global Outbreak Alert and Response Network and the Global Taskforce for Cholera Control, UNICEF participates in



June 2016. Children wait to receive a yellow fever vaccination, provided with UNICEF support, in Ondjiva, Cunene Province, Angola. A single dose of yellow fever vaccine provides life-long protection against the virus.

coordination activities, as well as the development of policies, strategies, guidelines and advocacy at global, regional and country levels. UNICEF also coordinates its work with partners, including other United Nations agencies, governments and NGOs. In February 2016, WHO declared Zika and associated microcephaly and other neurological disorders a Public Health Emergency of International Concern. Throughout the year, UNICEF worked with WHO/the Pan American Health Organization, the Centers for Disease Control and Prevention, national and local governments, civil society organizations and

Controlling yellow fever in Angola and the Democratic Republic of the Congo

In 2016, Angola experienced an unprecedented yellow fever outbreak, which quickly spread to the Democratic Republic of the Congo through cross-border population movements. By the end of the year, 884 confirmed cases and 121 deaths had been reported in Angola, with an additional 78 confirmed cases (57 imported from Angola) and 16 deaths reported in the Democratic Republic of the Congo.

UNICEF, in collaboration with partners, worked with health authorities to address the yellow fever outbreak through reactive vaccination campaigns. The International Coordinating Group of Vaccine Provision for Yellow Fever Control, of which UNICEF is a core member, approved the shipment of 20 million vaccine doses to Angola and 9.4 million doses to the Democratic Republic of the Congo. UNICEF also provided governments with technical and financial support for epidemiological surveillance, logistics, vaccination campaign planning, monitoring of vaccine and cold chain management, social mobilization and C4D. In Angola, UNICEF reached nearly 7 million people with key messages about vector control, protective behaviours and the benefits and safety of vaccines. In the Democratic Republic of the Congo, Community Animation Units were set up in 118 villages to reinforce prevention in six high-risk provinces.

Yellow fever outbreaks were successfully controlled in both countries by the end of 2016. In Angola, UNICEF helped to vaccinate more than 18 million people, including 2 million people in densely populated urban centres or remote border areas with high risk of local transmission (96 per cent vaccination coverage). In the Democratic Republic of the Congo, more than 14.2 million people were vaccinated. Building on lessons learned, UNICEF contributed to the development of WHO's Global Eliminating Yellow Fever Epidemic Strategy to enhance preparedness and build resilience over the long term.

communities to provide an urgent and coordinated response to the epidemic in Brazil and other affected countries. In Kenya, through UNICEF's coordination support to the Ministry of Health, the functions of the Emergency and Disaster Interagency Coordination Committee and cross-border mechanisms were strengthened with regard to fund-raising, planning, procurement and pre-positioning

of life-saving health supplies to cholera-affected countries. The multi-sectoral approach to coordination and joint field monitoring improved the response to cholera and chikungunya virus.

Commitment 2: Children and women access life-saving interventions through population- and community-based activities (e.g., campaigns and child health days).

Despite immense challenges, UNICEF and partners continued to provide immunization services to children in the Syrian Arab Republic and Syrian refugee children in Jordan and Lebanon. The Syrian Arab Republic remained polio-free thanks to the vaccination of 3.5 million children. In Lebanon, UNICEF helped vaccinate some 383,000 children under 5 against polio (exceeding the target). In response to the continued arrival of Syrian refugees in Jordan, UNICEF supported emergency health, immunization and nutrition services, including providing more than 6,000 children with vitamin A supplementation and vaccinating more than 9,000 women of child-bearing age with at least two doses of tetanus toxoid. In the State of Palestine, the 10-year blockade continued to cause chronic shortages of health staff and supplies. In response to this crisis, UNICEF, in coordination with the Ministry of Health and partners, provided life-saving drugs, ensuring that some 408,000 children and women benefited from emergency health-care services and supplies. Globally, UNICEF reached more than 1 million families with insecticide-treated bed nets. In Afghanistan, where the mass movement of returnees from Pakistan in the malaria-prone eastern region created an emergency situation, UNICEF supplied some 40,000 pregnant women with long-lasting insecticide-treated nets to decrease malaria-related mortality and provided 10,000 newborn kits to protect babies born in camps from hypothermia.

Globally, UNICEF supported 24 million children 6 months to 15 years old with measles vaccination (72 per cent).

Commitment 3: Children, adolescents and women equitably access essential health services with sustained coverage of high-impact preventive and curative interventions.

UNICEF provided high-impact preventive and curative interventions in the most challenging environments in 2016. In conflict-afflicted Yemen, where less than half of health facilities remain functioning, UNICEF ensured that 1 million children were treated for common childhood illnesses through 187 mobile teams and health facilities in 12 priority governorates (exceeding the target). UNICEF also trained community midwives who reached more than 56,900 pregnant and lactating women with maternal and newborn care in their own homes. In Fiji, UNICEF supported the Ministry of Health to deploy mobile health teams to eight of the most severely affected areas in the aftermath of Tropical Cyclone Winston. As a result, more than 36,000 people, including some 8,000 women of child-bearing age and more than 9,000 children aged 3 to 9 years old, benefited from health services including immunization, breastfeeding counselling and screening for malnutrition. In South Sudan, nearly 2 million people, including nearly 716,000 children under 5, were treated for malaria countrywide. In addition, some 557,000 children under 5 benefited from preventive and curative consultations (93 per cent of the target).

Commitment 4: Women and children access behaviour-change communication interventions to improve health-care and feeding practices.

C4D was a critical behaviour change intervention in 2016, including in efforts to prevent Zika from spreading. In 2016, UNICEF reached 162 million people with Zika prevention messages through mass, social and digital media communication campaigns carried out in 18 countries in Latin America and the Caribbean (81 per cent of the target). In order to reduce the likelihood of microcephaly among newborns, UNICEF played a vital role in communication campaigns to protect pregnant women. In the Plurinational State of Bolivia, for example, with UNICEF support, more than 3 million people were reached with Zika prevention messages through mass, social, and digital media communication campaigns (exceeding the target). In addition, 27,000 children and adolescents participated as agents of social mobilization by relaying prevention messages to their peers and communities (exceeding the target). As part of cholera prevention efforts in Nigeria, UNICEF reached 309,000 adults and children with key hygiene messages and posted information, education

and communication materials in key strategic locations such as health centres, mosques, churches, schools and camps. Social mobilization for the prevention and control of malaria was also key to improving health care in humanitarian settings. In Uganda, UNICEF and the Uganda Red Cross Society reached more than 1.5 million people with behavioural change messages delivered through household visits as part of the Hang Up Keep Up mosquito net campaign in the 10 northern districts most affected by malaria.

Commitment 5: Women and children have access to essential household items.

UNICEF continued to reach women and children with essential household items in emergency situations in 2016. In the eastern and southern provinces of the Democratic Republic of the Congo, UNICEF helped 449,000 conflict-affected people gain access to essential household, personal and hygiene items through the Rapid Response to Movements of Population mechanism. In Iraq, UNICEF provided more than 108,000 children with warm clothes to address the extreme vulnerability of newly displaced children living in makeshift tents, open shelters and unfinished buildings. In addition, more than 1,000 pregnant women received winter clothes for their expected newborns, and nearly 28,000 internally displaced children received warm blankets. In the Syrian Arab Republic, UNICEF provided more than 672,000 children (63 per cent of the target) – including more than 119,000 children living in hard-to-reach and besieged areas – with clothing kits and blankets.

Challenges and constraints

The response to health in emergency situations and outbreaks continued to face a number of challenges in 2016. Insecurity reduced access to vulnerable children and women and hindered the delivery of life-saving interventions in some contexts. Funding shortages, the limited availability of implementing partners in many conflict settings, many of which are protracted, and attacks on health centres and staff and humanitarian aid convoys further challenged the response. To overcome access issues, UNICEF will continue to engage in strategic partnerships with governments, donors and implementing partners. In addition, UNICEF will place further emphasis on emergency preparedness; multi-hazard risk assessments; preparedness plans inclusive of epidemic and climate-related risk; capacity building of health systems and communities; and the pre-positioning of sufficient stocks of supplies such as measles vaccines and insecticide-treated nets to combat malaria so that the results achieved under the CCCs generate longer-term benefits for children.

WATER, SANITATION AND HYGIENE

Strategic result: Girls, boys and women have protected and reliable access to sufficient, safe water and sanitation and hygiene facilities.

Global response

The 2016 UNICEF WASH humanitarian response effort was the organization's largest ever. With unprecedented levels of response in Iraq, the Syrian Arab Republic and countries hosting Syrian refugees, and in other emergencies around the world, UNICEF helped 28.8 million people access safe water to agreed standards (95 per cent of the target), 7.2 million access adequate sanitation facilities (52 per cent of the target) and 15.8 million access hand-washing facilities (75 per cent of the target). Responding to large-scale complex emergencies throughout the world required the mobilization of unprecedented financial resources and UNICEF's full emergency response capacity. After a year-long comprehensive and participatory development process, UNICEF launched its new WASH Strategy 2016–2030. The strategy will guide the organization-wide contribution to global efforts to meet the WASH Sustainable Development Goal 6 and the broader 2030 Agenda for Sustainable Development, targeting priority interventions for children both in times of stability and crisis.

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 in 2016. Seventy-two UNICEF offices reported leading or co-leading the WASH cluster or sector. The Global WASH Cluster provided continuous support to 40 national emergency WASH coordination platforms through the deployment and remote support provided by 11 Rapid Response Teams. This leadership role was assumed across all UNICEF regions, even in countries where UNICEF did not have a WASH

In 2016, UNICEF led or co-led WASH sectors/clusters in 72 countries.

programme prior to the emergency, such as in Nigeria. The new Global WASH Cluster Strategic Plan for 2016–2020 was finalized in 2016 through an extensive stakeholder consultative process led by UNICEF. As global lead agency, UNICEF continued to facilitate other WASH cluster/sector activities, including in the areas of standards setting and technical resource development. Examples in 2016 include the development of a set of standardized assessment methodologies implemented in the Niger, South Sudan and the Whole of Syria and a comprehensive new toolkit for WASH cluster information managers.

At the country level, UNICEF supported a wide variety of cluster learning materials and related initiatives. In 2016, more than 150 cluster/sector coordinators from 15 countries were trained on leadership and core coordination functions. In the Syrian Arab Republic, for the first time since the conflict started six years ago, the first comprehensive WASH assessment was carried out, which provided new information on the status of WASH systems, facilities and practices in the country and served as an essential resource for humanitarian needs assessment and planning. In Ukraine, the WASH Cluster, in coordination with utility companies, produced incident reports and numerous updates keeping stakeholders informed of conflict-related damages to critical parts of civilian infrastructure and the number of affected people. In Myanmar, UNICEF worked to harmonize WASH committee management approaches with the Camp Coordination and Camp Management Cluster to move towards the integration of basic WASH services with camp management structures as part of an eventual exit strategy.

Commitment 2: Children and women access sufficient water of appropriate quality and quantity for drinking, cooking and maintaining personal hygiene.

The provision of safe drinking water is a crucial life-saving intervention in emergencies. In the Syrian Arab Republic, UNICEF's provision of more than 6,437 metric tons of water disinfectant helped some 14 million people have access to clean water every month (exceeding the target). In the southern part of the country, water safety plans were introduced to the private water vendors and communities, guaranteeing safe water for more than 450,000 people in opposition-controlled Dar'a and Quneitra, where the municipal services are virtually non-existent and the supply is guaranteed by the private sector. In South Sudan, with UNICEF support, more than 742,000 people were reached with safe water supply (exceeding the target) and nearly 253,000 were reached with safe sanitation (69 per cent of the target). As part of this activity, 14 new boreholes were drilled and/or rehabilitated in areas of South Sudan where guinea worm is endemic, directly contributing to a

Globally, UNICEF supported 28.8 million people with access to sufficient water of appropriate quality for drinking, cooking and personal hygiene (95 per cent).

steady decrease in guinea worm cases in the south. This was particularly important given that more than 60 per cent of the population is estimated to have reverted to using untreated water sources due to the deteriorating economic situation. In Ukraine, more than 2.5 million people gained access to safe water in 2016 due to the continued uninterrupted delivery of chlorine and other critical chemicals for water treatment (exceeding the target). UNICEF continued to emphasize community resilience building vis-à-vis water supply shortages by providing communities with water tanks and installing water pump boring wells.

Commitment 3: Children and women access toilets and washing facilities that are culturally appropriate, secure, sanitary, user-friendly and gender-appropriate.

Particularly during emergencies, sanitation is critical to disease prevention, as well as for human dignity, especially for women and girls. In Somalia, in response to the acute watery diarrhoea/cholera outbreak, UNICEF and partners completed the construction of gender-sensitive sanitation facilities in 10 health centres and desludged more than 4,500 overflowing pit latrines. UNICEF also distributed nearly 43,000 sandbags to households to support the construction of embankments to prevent flooding of their homes. Overall, some 135,000 people gained access to sanitation facilities in 2016 (68 per cent of the target). In the Diffa region of the Niger, UNICEF used thematic funds to finance the construction of emergency and semi-durable latrines, reaching more than 55,000 people with improved sanitation infrastructure (77 per cent of the target). In Lebanon, in response to the garbage crisis, UNICEF distributed solid waste management equipment, with nearly 67,000 bins and 23 machines benefiting almost 1 million Lebanese and Syrian refugees living outside of informal settlements (exceeding the target). Key to ensuring the timely delivery of multiple projects was direct engagement with the private sector, which reduced transaction costs and limited absorption capacity associated with managing implementing partners.



December 2016. Women and children fill jerrycans and other containers at a UNICEF-provided water storage tank in Sana'a, the capital of Yemen. The escalated conflict has exacerbated the already critical humanitarian situation in Yemen, leaving millions of people without access to safe water and adequate sanitation, as well as other basic services.

Commitment 4: Children and women receive critical WASH-related information to prevent child illness, especially diarrhoea.

WASH interventions are about sustaining life, not only through the provision of safe drinking water and sanitation, but also by changing behaviours. In collaboration with C4D teams, UNICEF WASH teams and partners reach out to communities and individuals to achieve behaviour change. In Ecuador, following the April earthquake, UNICEF reached 64,000 people (31,800 women, including 12,900 girls) with hygiene support, including hygiene items and activities for the promotion of correct hygiene practices (71 per cent of the target). In Chad, more than 104,000 people gained

Bringing water and sanitation to affected populations in Yemen

Almost two years of conflict have left WASH conditions and practices extremely precarious in Yemen. Local water and sanitation systems have been damaged and, in many locations, financial and human resources are insufficient to ensure the provision of services.

In this context, UNICEF has continued to focus on delivering life-saving services and supplies for the most vulnerable children and their families. In 2016, UNICEF and partners reached more than 4.5 million people with improved water and sanitation services (98 per cent of the target).

This included the provision of basic hygiene kits to more than 358,000 people, many of them internally displaced (80 per cent of the target). More than 68,000 internally displaced persons and host community members benefited from regular water trucking in locations where infrastructure was not available or was completely destroyed. With ongoing support to local water systems, more than 2.4 million people, including 1.2 million children, gained regular access to water.

In response to the October cholera outbreak, UNICEF distributed hygiene kits and provided water tanks and water source chlorination, as well as solid waste management. In addition, 900,000 people, most of them women, participated in C4D sessions on cholera prevention.

Considering the challenging operating environment in Yemen, partnerships have been critical to ensuring that WASH assistance reaches all corners of the country. In 2016, UNICEF established and reinforced key partnerships with international and local NGOs, including Islamic Relief, Mercy Corps, Action Against Hunger, International Medical Corps, Al Khair, Al Atta and Altawasul Foundation, among others, as well as with the Ministry of Water and Environment and local authorities.

access to information on water treatment and good hygiene practices through sensitization activities with focus group discussions or door-to-door discussions with community agents (34 per cent of the target). Although limited funding for the WASH response meant that UNICEF could not reach its targets, the organization was one of the first actors present to implement WASH activities in the Lake region in early 2016, and surveys carried out later in the year demonstrated improved hygiene and health conditions.

Commitment 5: Children access safe WASH facilities in their learning environment and in child-friendly spaces.

UNICEF continued to highlight the importance of WASH access in learning environments in 2016. In the aftermath of the earthquake in Ecuador, UNICEF provided 13,290 students with safe water supply and sanitation facilities in 13 temporary education and protection spaces established by UNICEF and partners (66 per cent of the target). Given that lack of separate WASH facilities for boys and girls is one of the primary reasons that girls do not return to education in emergency scenarios, UNICEF advocated for a gender-sensitive approach during the response. In Ethiopia, UNICEF supported 369 primary schools in drought-affected hotspot priority one woredas of Afar (93), Amhara (64), Oromia (99), Somali (35) and Tigray (78) regions with water tanks as a means of storing water for drinking and preparing school meals during the academic term. As an example of how UNICEF works with governments to reinforce their capacity to respond to humanitarian situations, in Jordan, UNICEF supported the development of WASH in Schools standards that will be implemented nationwide in 2017.

Challenges and constraints

Numerous challenges impacted the WASH response in 2016, including difficulty raising funds to match ever-increasing budget requirements; identifying sustainable WASH solutions for protracted crises; limited humanitarian access in certain contexts; and non-traditional response requirements, for example, for the Zika outbreak in Latin America, which required exploring new vector control activities against the Aedes mosquito. In a number of countries, such as Nigeria, Somalia, the Syrian Arab Republic and Yemen, insecurity reduced access, limited the presence of implementing partners and impacted the scope and options for implementing WASH responses. Cholera continued to be reported in several countries, and in South Sudan and Yemen, cholera outbreaks further complicated already complex humanitarian situations. Moving forward, UNICEF will work to address these challenges through: (1) continued focus on protracted crisis; (2) stronger WASH involvement in health emergencies through UNICEF's role in the WASH working group of the global task force for cholera control and the Health Emergencies Preparedness Initiative; and (3) continuing initiatives under the National Humanitarian Coordination transition.

CHILD PROTECTION

Strategic result: Girls' and boys' rights to protection from violence, abuse and exploitation are sustained and promoted.

Global response

Globally, UNICEF provided psychosocial support to nearly 3 million children in humanitarian situations in 2016 (71 per cent of the target). In addition, more than 4.6 million girls, women and boys in humanitarian situations received GBV-related safety and protection assistance across 53 countries, with significant response efforts required in countries such as Burundi, the Central African Republic, the Democratic Republic of the Congo, Ethiopia, Iraq, Jordan, Lebanon, Myanmar, Nigeria and Serbia. A pivotal area of noted progress is the programme synergy between the child protection and WASH sectors, resulting in more than 3.2 million women and girls accessing improved adequate hygiene and sanitation facilities in emergency settings throughout the year.⁶⁴

Commitment 1: Effective leadership is established for both the child protection and GBV cluster areas of responsibility, with links to other cluster/sector coordination mechanisms on critical inter-sectoral issues. Support is provided for the establishment of a mental health and psychosocial support coordination mechanism.

In 2016, UNICEF led the child protection areas of responsibility in 60 countries and co-led the GBV cluster areas of responsibility in 12 countries. The UNICEF-led Global Child Protection Area of Responsibility provided remote or direct support to eight countries, including the Central African Republic, Cameroon, Ethiopia, Fiji, Haiti, Iraq, Serbia and South Sudan. As co-leads of the Global

In 2016, UNICEF led the child protection areas of responsibility in 60 countries and co-led the GBV areas of responsibility in 12 countries.



October 2016. A young girl walks along the edge of a drainage channel in the Protection of Civilians camp in Bentiu, South Sudan. UNICEF provides a range of child protection services, including psychosocial support, prevention of family separation, and life-saving messages, to children living in Protection of Civilians sites across the country.

GBV Area of Responsibility, UNICEF and UNFPA undertook a leadership review in 2016, which led to the decision to transfer full leadership of the area of responsibility to UNFPA by early 2017. As a key partner to the Call to Action on protection from GBV in emergencies – the first-ever high-level global platform to transform the humanitarian system to address violence against women and girls from the onset of an emergency – UNICEF made significant contributions to setting standards and strengthening accountability in this regard. In 2016, UNICEF was also the co-chair of the IASC Reference Group on Mental Health

and Psychosocial Support in Emergency Settings with the IFRC Reference Centre for Psychosocial Support.

At the country level, the South Sudan Sub-Cluster continued to coordinate effectively in a highly challenging environment, maximizing limited resources and harnessing partnership with local actors in hard-to-reach locations while improving impact monitoring. The Child Protection Emergency Working Group consistently provided support on monitoring and early detection of protection violations, advocacy and timely response. In Yemen, the

Protecting the most vulnerable children in South Sudan

In 2016, UNICEF focused the child protection response in South Sudan on extremely vulnerable children and victims of rights violations. During the year, 1,025 incidents of grave child rights violations were reported through the Monitoring and Reporting Mechanism. The incidents included killing and maiming, recruitment and use of children in armed groups, rape and other forms of sexual violence, attacks on schools and health clinics, and denial of humanitarian access.

After increased violence broke out in Wau, UNICEF supported survivors of GBV through case management, women- and girl-friendly spaces, psychosocial support and referral services. UNICEF-supported GBV activities reached more than 124,000 individuals throughout South Sudan in 2016. Overall, more than 311,000 children (42 per cent girls) received psychosocial support, mainly through community-based strategies involving teachers, schools, community and faith-based leaders, elders, social workers, women's leaders, youth leaders and community-based child protection networks.

Despite the challenges, UNICEF has further strengthened its field presence to better predict and respond to serious protection concerns. Continued and targeted assistance will be needed to enable partners to respond with life-saving services for the most vulnerable children.

development and adoption of the Child Protection Sub-Cluster Accountability to Affected Populations Framework marked an important step towards improving the overall humanitarian response.

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).

UNICEF provides leadership as co-chair to the United Nations Security Council-mandated Country Task Forces on Monitoring and Reporting. At the global level, UNICEF strengthened policies and procedures through the Monitoring and Reporting Mechanism Technical Reference Group, which UNICEF co-chairs. The finalization of the Monitoring and Reporting Mechanism Children and Armed Conflict Information Management System, which will be rolled out to 14 countries in 2017, represented a significant step towards increasing the safety and security of data and information, as well as confidentiality for victims. In 2016, UNICEF supported the drafting and submission of quarterly Monitoring and Reporting Mechanism global horizontal notes on children and armed conflict in 16 countries. In addition to contributing significantly to the 2016 Annual Report of the Special Representative of the Secretary-General for Children and Armed Conflict, UNICEF also supported the drafting of country-specific reports in the Central African Republic, Colombia and Somalia. Ten of the 59 parties (51 armed groups) to conflict listed for grave violations in the annex to the 2016 report have signed an action plan to prevent and end grave violations against children. All governments listed for recruitment and use of children have now signed action plans (although the Yemen Action Plan was not operational as of early April 2017). In Nigeria, UNICEF played a lead role in monitoring and reporting on grave child rights violations and provided cross-border support to Cameroon, Chad and the Niger. In Somalia, 4,889 grave violations were documented against 3,385 boys and 750 girls in the central and southern regions, representing a significant increase from 2015, when 2,785 violations were documented.

Commitment 3: Key child protection mechanisms are strengthened in emergency-affected areas.

In 2016, UNICEF strengthened responses to major child protection risks by establishing safe environments for the most vulnerable children and improving the availability of specialized services. In situations where functional case management systems have been established, such as in Jordan and South Sudan, results indicate that case

management systems have increased service efficiency and generated more reunifications. In Jordan, UNICEF and partners deployed Primero, an open-source, web-based child protection information management system, which in 2016, supported case management for more than 1,000 vulnerable girls and boys. In the context of the migrant and refugee crisis in Europe, UNICEF supported the training of 1,140 front-line workers in Greece and the West Balkans on child protection and child rights safeguarding. With UNICEF support, the social work and case management system in Yemen was strengthened and in 2016, a total of 206 social workers were trained and 2,753 vulnerable children (39 per cent girls) were identified and referred to services. In Tanzania, UNICEF provided technical support using thematic funding that enabled the Government to deploy 40 social welfare officers to support the case management of acute child protection concerns in camps hosting Burundian refugees.

Commitment 4: Separation of children from families is prevented and addressed, and family based care is promoted.

UNICEF continued to prevent the separation of children from families and ensure the protection of unaccompanied and separated children in all emergencies in 2016. During the year, nearly 22,000 unaccompanied or separated children were reunified with their families or caregivers and nearly 33,000 received alternative care services. Following Hurricane Matthew in Haiti, UNICEF carried out prevention measures that included setting up systems to rapidly identify unaccompanied and missing children; providing emergency assistance to 3,785 children in residential care centres and initiating processes to re-establish family links; and supporting 1,000 families at risk of separation. In Nigeria, UNICEF and partners provided case management support to more than 5,900 unaccompanied and separated children (48 per cent girls), including registration, assessment, referral for services, interim alternative care through the trained foster caregivers and family reunification. The number of unaccompanied and separated children in the Sudan has significantly increased due to the continued influx of South Sudanese refugees and armed conflict. A total of 3,741 unaccompanied and separated children (46 per cent girls) were reunified with relatives or placed in family based alternative care services during the year.

Globally, UNICEF supported the reunification of nearly 22,000 unaccompanied and separated children with their families or caregivers.

Commitment 5: Violence, exploitation and abuse of children and women, including GBV, are prevented and addressed.

Risk mitigation, prevention and response to various forms of GBV in emergencies are recognized as life-saving measures and essential components of UNICEF's humanitarian action. In Iraq, UNICEF implemented a GBV programme focusing on response and preparedness, including contextually adapted training on response to conflict-related sexual violence survivors for front-line service providers. Women- and girl-friendly safe spaces were established to provide psychosocial support, socio-economic programming, case management, clinical management of rape services, referral services and awareness-raising activities for GBV survivors and those at risk, reaching approximately 12,800 women and girls. In the Central African Republic, UNICEF and its partners identified and supported more than 9,000 survivors of GBV, an increase from 4,000 survivors in 2015, due to improved follow-up and better/improved technical capacity, as well as more awareness-raising sessions.

Commitment 6: Psychosocial support is provided to children and their caregivers.

The provision of psychosocial support is a critical aspect of emergency response, and UNICEF is increasingly making use of community-based activities that facilitate the integration, expansion and sustainability of programming. In Lebanon, this approach enabled UNICEF to reach nearly 183,000 children with structured community-based psychosocial support, early childhood programmes and child protection programmes (exceeding the target). In Jordan, UNICEF scaled up its integrated programming, including child-friendly mobile spaces for children in informal tented settlements, and reached more than 187,000 children (51 per cent girls) with support services.⁶⁵ Children in Yemen continued to face significant psychosocial stress inflicted by prolonged violence, instability and displacement. In 2016, UNICEF-supported psychosocial activities in Yemen reached more than 487,000 children (214,280 girls) (exceeding the target). In the Niger, nearly 58,000 children benefited from psychosocial support through community-based activities

Globally, UNICEF supported 3 million children with psychosocial support (71 per cent).

that helped refugee, returnee, internally displaced and host community children regain a sense of normalcy (exceeding the target).

Commitment 7: Child recruitment and use, as well as illegal and arbitrary detention, are addressed and prevented for conflict-affected children.

Children released from armed groups may be detained, either for criminal offences or for their association with parties to conflict. UNICEF advocates at all levels for these children to be treated as victims of recruitment and use. In 2016, more than 21,000 children were released from armed forces and armed groups with UNICEF support (57 per cent of the target), compared with 9,955 children released, or 21 per cent of the target, in 2015. Among these, more than 11,000 were reintegrated with their families and communities and nearly 13,000 received appropriate care and services. In the Central African Republic, nearly 4,000 children associated with armed groups were released (including 1,222 girls), the majority of them from anti-Balaka and other community self-defence groups (exceeding the target). More than 3,500 of those released children benefited from a community reintegration programme that included admission to primary and secondary schools and vocational training centres.

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.

In 2016, UNICEF prioritized action in 26 conflict and post-conflict countries or territories, contributing to more than 3.9 million children receiving mine risk education in 22 countries/territories – a significant increase from the 2.8 million children reached in 2015 in 15 countries. In Yemen, UNICEF reached out to more than 1 million adults to promote mine risk education, minimizing the number of children affected by mines and explosive remnants of war. Nearly 1.9 million children in the Syrian Arab Republic were reached, including through support to a large-scale capacity development exercise involving more than 2,300 professionals (89 per cent of the target). In both contexts, mine risk education is the main preventive measure to protect lives and minimize risk of injuries from mines and explosive remnants of war. To improve such education in affected regions in Ukraine, UNICEF and partners reached more than 200,000 children⁶⁶ with information materials on key messages regarding safe behaviour in all schools in Donetsk and Luhansk and communities in government-controlled areas.

Challenges and constraints

In 2016, the UNICEF child protection response was challenged by limited humanitarian access to some of the most affected and remote areas, including in Afghanistan, Iraq, Nigeria, South Sudan, the Syrian Arab Republic and Yemen. Security constraints, attacks on health centres and schools, and numerous parties disregarding fundamental international humanitarian law provisions made it increasingly difficult for UNICEF and partners to reach affected and vulnerable children. In some contexts, programme implementation was also constrained by the limited geographical coverage and capacities of partners. With regard to the global refugee and migrant crisis in particular, the capacities of authorities and front-line institutions to address protection needs were constrained, and ongoing gaps in the regulatory framework impeded effective case management. Investments must continue to be made in information management so that humanitarian actors can better understand, prevent and respond to the impacts of disasters on women, boys and girls.

EDUCATION

Strategic result: Girls and boys access safe and secure education and critical information for their own well-being.

Global response

In 2016, nearly 11.7 million children, including 5.5 million girls (47 per cent), accessed formal or non-formal basic education (including pre-primary) with UNICEF support (84 per cent of the target). Around the world, children affected by crises, including those on the move in Europe and elsewhere, trapped in conflict or displaced in the Middle East and Africa, or affected by the El-Niño-induced drought in southern Africa, received UNICEF support to remain in school, return to school, or enrol in school for the first time. The Education Cannot Wait fund was launched in May 2016 at the World Humanitarian Summit to address the issue of inadequate and unpredictable funding, one of the most chronic impediments to the delivery of inclusive, quality education in humanitarian situations. UNICEF, which hosts the Education Cannot Wait secretariat on an interim basis, worked with partners to establish the fund, shape the fund's operational structure, formulate the methodology for identifying and supporting investment mechanisms, and mobilize more than US\$113 million⁶⁷ from donors and US\$100 million in commitments for financial and relevant in-kind contributions from the private sector.

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 2016, UNICEF led or co-led the education cluster or sector in 68 countries. Overall, 10 of 15 countries reporting (where UNICEF was appointed as the lead agency with a formally activated Education Cluster) had a coordination mechanism for education that met the CCC standards for coordination⁶⁸ (a similar proportion as in 2015). In 2016, the Global Education Cluster reviewed its 2015–2019 Strategic Plan with an enhanced focus on partnerships, the humanitarian and development nexus and accountability to affected populations. The Global Education Cluster provided significant support to the country level through direct and remote support. Rapid Response Teams provided more than 88 weeks of direct support to 10 country clusters/working groups through deployments and more than 42 weeks of remote support to 20 country clusters/working groups. The Rapid Response Teams also supported coordination staff from 31 countries through the Helpdesk. In Mali and Ukraine, the Global Education Cluster supported the development of mechanisms to monitor attacks on education. Soon after Tropical Cyclone Winston made landfall in Fiji, as part of its co-leadership of the Education Cluster in the Pacific Islands, UNICEF trained personnel from the Ministry of Education, Heritage and Arts on the use of an innovative web-based technology to collect data on school-related damage to inform emergency response and recovery efforts. In the Philippines, UNICEF and Save the Children facilitated key preparedness activities as Cluster co-leads, including contingency planning for hydro-meteorological hazards and earthquakes, mapping of in-country capacity for emergency response, and identifying affected schools in need of temporary learning spaces and supplemental learning supplies.

In 2016, UNICEF led or co-led education sectors/clusters in 68 countries.



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Adaoula, 11, started her education again after more than three years out of school through an accelerated learning programme for children in conflict-affected areas of Mali as part of UNICEF's Every Child Counts campaign.

Providing education in emergencies through Back-to-Learning campaigns

A critical component of Back-to-Learning campaigns is to raise the awareness of parents and communities about the importance of enrolling children in school and ensuring the attendance of students, particularly girls, whose education may not be prioritized.

In 2016, Back-to-Learning campaigns supported the return to school of millions of children worldwide, including in the Syrian Arab Republic (3.1 million), Burundi (2.6 million), South Sudan (314,000, 38 per cent girls), Mali (142,000, 42 per cent girls), Jordan (56,000, 47 per cent girls), and Uganda (2,000 South Sudanese refugees, 43 per cent girls).

In Burundi, for example, where access to schools and the safety of learning environments has suffered under the socio-political crisis and recurring natural disasters, UNICEF organized the first-ever Back-to-Learning campaign to help the most vulnerable children remain in school and alleviate the cost of education materials for crisis-stricken families. Over the course of the year, 2.6 million children and 32,000 teachers received basic learning and teaching materials.

In response to the ongoing security crisis affecting Mali's northern and central regions, UNICEF worked with the Ministry of Education and other partners to implement the Every Child Counts campaign. UNICEF supported some 142,000 crisis-affected children (42 per cent girls) overall (95 per cent of the target). Support encompassed the distribution of teaching and learning materials to more than 101,000 students; the rehabilitation of 120 schools; the implementation of 249 accelerated learning centres, benefiting more than 9,300 out-of-school children (44 per cent girls); assistance to 69 early childhood development centres in crisis-affected communities, reaching some 3,900 children (52 per cent girls); the training of more than 1,300 teachers (25 per cent women) on emergency thematic modules (exceeding the target); and provision of peace education programming to nearly 51,000 children (42 per cent girls).

Commitment 2: Children, including preschool-age children, girls and other excluded children, access quality education opportunities.

Providing access to quality education opportunities in emergencies requires a holistic and well-balanced approach that combines hardware (learning spaces, school furniture and learning materials) and software components (training for teachers, psychosocial support, support to system strengthening). In response to the El Niño-induced drought, which disrupted schooling in southern Africa, UNICEF provided emergency support to some 485,000 children aged 3 to 18 years to remain in school in Angola, Lesotho, Madagascar, Malawi, Mozambique, Swaziland and Zimbabwe (25 per cent of the target). Achievement against the target was low due to funding constraints (e.g. in Malawi, 0 per cent of the US\$2.5 million in funding requirement for education was received; and in Zimbabwe, 3 per cent of the US\$3.4 million funding requirement for education was received), as well as the challenges related to rapidly scaling up relevant emergency preparedness and response actions in primarily development contexts.

Balancing support to displaced and host communities is a critical priority for social cohesion in emergencies. In Iraq, disparities exist in service provision, notably between camp and non-camp areas, and more children outside of camps are out of school. UNICEF worked to improve the quality of education and academic performance for internally displaced Iraqi children, Syrian refugee children and host community children using the School-Based Management approach. As part of this strategy, UNICEF supported the formation and capacity development of parent-teacher associations, which play a key role in improving school governance and community/parental involvement. In 2016, 432 schools adopted the School-Based Management approach, resulting in about 180,000 children (48 per cent girls) accessing education in these facilities.

Globally, UNICEF supported 11.7 million children with formal or non-formal basic education (84 per cent).

Commitment 3: Safe and secure learning environments that promote the protection and well-being of students are established.

In line with the promotion of child-friendly education and the Inter-Agency Network for Education in Emergencies Minimum Standards, UNICEF and partners strive to provide education in safe, protective and conducive learning environments. In the Pacific Islands, more than 25,000 children (48 per cent girls) from 283 cyclone-affected early childhood care and education centres and primary and secondary schools resumed classes in 441 tents provided by UNICEF (83 per cent of the target) in 2016. In Yemen, UNICEF provided children affected by the conflict with opportunities to learn in secure environments while bringing back a sense of normalcy to their lives. As a result, nearly 1.7 million children, including more than 17,000 children who were previously out of school, were able to attend school despite the ongoing insecurity. This included nearly 400,000 children who received access to education via temporary learning spaces and school rehabilitation (exceeding the target). In countries such as Iraq, Myanmar and Nepal, resilience and school safety training sessions were organized for school management committees and parent-teacher associations to engage communities in these issues and foster accountability to affected populations. Attacks against schools continued to be closely monitored around the world, including in Burundi, Mali, the State of Palestine and Ukraine. In the State of Palestine, UNICEF facilitated access to schools for more than 4,300 children and 333 teachers in the most vulnerable areas of the West Bank through protective presence and/or accompaniment to school (99 per cent of the target).

Commitment 4: Psychosocial and health services for children and teachers are integrated in educational response.

Psychosocial support activities are essential to ensuring that the trauma of children and their education service providers and caregivers is addressed in crisis contexts as communities strive to return to a sense of normalcy. In 2016, in West and Central Africa, UNICEF provided training in psychosocial support for more than 820 teachers, 76 school directors and 244 education authorities and administrators of teachers' colleges in Cameroon, the Central African Republic, Chad, Mali, the Niger, Mauritania and Senegal. In Mali, thematic funding allowed UNICEF to support capacity building for the Ministry of Education, including the development of teacher training modules on psychosocial support. UNICEF supports 223 'Makani' (My Space) centres in camps and host communities across Jordan where children can access a package of high-

quality services, including psychosocial support, learning support (informal education) and life skills training. In 2016, UNICEF-supported Makani centres reached more than 187,000 children (51 per cent girls) with psychosocial support services nationwide (86 per cent of the target). In the Pacific Islands, UNICEF provided 1,699 affected schools and early learning centres with psychosocial support materials to help recover from Tropical Cyclone Winston, reaching more than 62,600 children (48 per cent girls). The Government subsequently adopted these materials on a national scale and distributed them to all early childhood care and education centres in Fiji.

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 response to the crisis in the Syrian Arab Republic and the subregion, UNICEF adolescent and youth programmes equipped young people with the skills needed to become prosperous and functional members of a more stable future country. As part of these efforts, some 750,000 adolescents and young people aged 10–24 years (54 per cent girls) in the Syrian Arab Republic received age-appropriate services and opportunities, including through life skills and citizenship education programmes and vocational/entrepreneurship training, Sport for Development and civic engagement initiatives. In Turkey, the UNICEF Adolescent and Youth Programme aimed to develop the resilience of Turkish and Syrian children and to promote social cohesion through the provision of life skills, leadership training and cross-cultural exchanges. UNICEF reached more than 98,300 children in 20 provinces of Turkey with social cohesion activities through peer support, youth mobilization and advocacy, in partnership with the Ministry of Youth and Sports (exceeding the target). As part of a programme to build the resilience of out-of-school adolescent girls and boys in Malawi, some 18,000 out-of-school adolescents/youths were equipped with livelihood and life skills and had access to livelihood activities, literacy programmes, and social services including goat rearing, vegetable growing and sports (73 per cent of the target). In Madagascar, 1,000 trainers and 9,000 teachers were trained on disaster risk reduction and approximately 328,000 teacher guides and 412,000 student manuals were distributed to strengthen the resilience of communities. As part of the Schools as Zones of Peace project, peacebuilding through sport and life skills activities were organized for some 10,500 young people in 20 schools located in ‘hotspot’ districts within the Burundi capital.

Challenges and constraints

The percentage for education in global humanitarian funding increased from 2.6 per cent in 2015 to 3.6 per cent in 2016,⁶⁹ but inadequate funding continued to hinder the education response in emergencies. The launch of the Education Cannot Wait fund at the World Humanitarian Summit in 2016 was therefore met with great enthusiasm for its potential to improve responses to the educational needs of children affected by emergencies and protracted crises. An additional recurring challenge is the shortage of experienced implementing partners in the field and a generally low level of emergency preparedness and response capacity on the part of ministries of education. Insecurity and poor access to affected populations also hindered the education response in several emergencies during the year. For example, in the Syrian Arab Republic, lack of access to some conflict-affected areas, coupled with multiple population displacements, led to overcrowded classrooms, adversely affecting the quality of teaching and learning and resulting in some students remaining out of school.

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.

Global response

In 2016, UNICEF supported 34,000 HIV-positive pregnant women to continue ART, 62 per cent of its target and a modest increase from 59 per cent in 2015. This shows some progress towards the Strategic Plan target of 80 per cent by 2017, though much work remains to be done over the next two years. During the year, the HIV programme expanded efforts to improve the integration of HIV activities into emergency responses and to document approaches and lessons learned on risk-informed programming, resilience and HIV in emergencies. Working with WHO and the Emergency Nutrition Network, UNICEF organized a technical consultation in Geneva to clarify programmatic issues and implementation strategies and develop a framework on infant feeding and HIV in emergencies in line with the 2016 WHO/UNICEF publication ‘Guideline: Updates on HIV and infant feeding’. Recognizing the need for more guidance on appropriate interventions in situations of drought and food shortages, UNICEF also developed a brief on HIV in the context of the El Niño-induced drought in southern Africa and supported its implementation in affected countries.

Ensuring access to services for ART and prevention of mother-to-child transmission of HIV in Chad

In 2016, Chad continued to be affected by instability, conflict and nutritional crisis. By the end of 2016, some 600,000 people, more than half of whom were women and children, were displaced in Chad,⁷⁰ and 101,724 Chadian returnees from the Central African Republic were living in southern Chad.⁷¹ This demographic inflow has placed additional strain on the already overburdened health system.

Despite the pressures associated with the humanitarian situation and low national HIV prevalence, the Government of Chad has remained committed to scaling up the HIV response in emergency-affected areas. In 2016, HIV interventions supported by UNICEF focused on building the capacity of health professionals and distributing test kits to ensure continued access to testing and treatment services for women and children.

In the Lake region, UNICEF supported training on HIV prevention, care and treatment for 84 health-care providers, 155 community workers and 82 peer educators. Some 46,850 women in displacement areas benefited from HIV testing (exceeding the target). Of the 3,104 pregnant women receiving HIV testing in antenatal care, 199 (6 per cent) were found to be HIV-positive and immediately received ART. In the south, where many returnees reside, a total of 1,990 adults and 170 children received ART, achieving full coverage at returnee sites.



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Zenaba, 26, and her son Issa, 6 months, are both HIV positive. Issa is also being treated for malnutrition. Having fled from Nigeria, they now live in Daresalam Refugee Camp in Chad, where UNICEF supports a combined programme on HIV and nutrition.

Commitment 1: Children, young people and women have access to information regarding prevention, care and treatment.

Information sharing is critical in HIV response in emergencies, and awareness of HIV modes of transmission and access to prevention and treatment information remain a central focus of UNICEF's work. In the conflict-affected province of Mindanao in the Philippines, UNICEF provided training on HIV prevention to adolescents, with nearly 4,500 young people demonstrating correct knowledge of sexual health and HIV (exceeding the target). Working with the National AIDS Council in drought-affected Zimbabwe, UNICEF worked to increase the uptake of HIV prevention, treatment and care services through community mobilization activities such as awareness-raising sessions and the distribution of information, education and communication materials. These efforts reached more than 55,000 people in seven drought-affected districts and led community leaders to advocate for the inclusion of people living with HIV in food distribution schemes. Although HIV prevalence in the north-east region of Nigeria is low, the large population, limited knowledge of HIV, and the rise in malnutrition and sexual violence is concerning. In 2016, in collaboration with the State Ministry of Health and the NGO FHI 360, UNICEF supported HIV testing of 438 abductees, all of whom tested negative.

Commitment 2: Children, young people and women access HIV and AIDS prevention, care and treatment during crisis.

UNICEF worked in 2016 to ensure that HIV programmes continued to reach people during periods of crisis, such as the severe drought in southern Africa, the epicentre of the HIV epidemic. In response, UNICEF provided guidance to country offices on drought, food insecurity and HIV, including scaling up HIV testing of children in nutrition rehabilitation centres and linking HIV-positive children to paediatric care and treatment. Early evidence from Malawi and Zimbabwe indicates that this is a high-yield approach to identifying previously undiagnosed children living with HIV. In Zimbabwe, of 7,268 malnourished children, 63 per cent were tested for HIV (against a target of 70 per cent) and 387 of them (8.6 per cent) were found to be HIV-positive and initiated ART. UNICEF also helped to prevent the discontinuation of essential HIV commodities and services in Ukraine. By facilitating timely access to additional humanitarian emergency funds in 2016, UNICEF ensured the rapid procurement and distribution of antiretroviral medications to non-governmental centres for AIDS through established international humanitarian mechanisms. In addition, 33,000 pregnant women were tested for HIV to prevent mother-to-child transmission (exceeding the target).

Commitment 3: Prevention, care and treatment services for children, young people and women are continued.

Recurring emergencies in West and Central Africa continue to adversely impact HIV programming. Not only is the region prone to humanitarian crises and disease outbreaks, it represents the highest share of new paediatric HIV infections globally.⁷² To address this gap, UNICEF developed an advocacy toolkit on HIV programming in crisis or post-crisis situations. This toolkit supports programme implementers to integrate HIV elements into humanitarian interventions. In the Central African Republic, UNICEF supported the training of 250 health workers and 200 community-based organizations on the provision of lifelong ART for pregnant and breastfeeding women living with HIV in districts with the highest HIV prevalence. As a result, 3,161 pregnant women living with HIV are now on ART (64 per cent of the target) and 2,501 children under 15 years of age received treatment. In Zimbabwe, UNICEF supported the formation of community ART refill groups, which enable members to collect refills on a rotating basis. The groups helped to minimize the number of patients who stopped treatment. In each of the drought-affected districts, loss to follow-up was low, ranging from 2 per cent to 9 per cent.

In 2016, UNICEF supported 34,000 HIV-positive pregnant women to continue antiretroviral therapy (62 per cent).

Challenges and constraints

Ongoing challenges experienced by many HIV programmes are exacerbated during an emergency situation and heightened in displaced communities. In 2016, these included low levels of HIV and AIDS awareness and limited access to HIV prevention and/or life-saving treatment for people affected by humanitarian emergencies. Adolescents, despite being among the most vulnerable, were also among the most neglected populations in humanitarian contexts. In refugee camps, pervasive stigma further limited access to essential health-care services. Where HIV services were well established, conflict or natural disaster impaired the functioning of health systems and eroded the gains made in expanding HIV care and treatment. To address these issues, UNICEF is working with the International Rescue Committee and UNHCR to increase accountability, coordination and integration so that these challenges and risks are considered before an emergency occurs. UNICEF will also build on the lessons

learned from the multi-sectoral response to the drought and food shortages in southern Africa by strengthening the integration of HIV into food security, nutrition and health services, improving ART retention and adherence through community-based approaches, setting up services at alternative sites and enhancing HIV prevention strategies for adolescents, including cash transfers and detecting and responding to cases of sexual violence.

SOCIAL INCLUSION

With the significant number of countries affected by conflict, protracted crises and natural disasters, and the unprecedented number of migration and refugee movements around the globe, UNICEF's work in social inclusion continued to expand in 2016. This focused on keeping vulnerable groups visible during emergencies, by facilitating consultation directly with affected populations as part of HPM and accountability; and strengthening social protection responses before, during and after crises, in ways that promote humanitarian outcomes, increase resilience and contribute to longer-term social protection systems. Reporting on preparedness and resilience work can be found on pages 15 and 16.

Accountability to affected populations

Accountability is essential in humanitarian, fragile and conflict-affected contexts. Of the 89 country offices reporting, 62 countries (70 per cent) provided information to affected populations to help them make informed decisions, compared with 56 countries (66 per cent) in 2015. In addition, 74 of these country offices (83 per cent) reported that affected populations were consulted throughout one or more phases of humanitarian programming,⁷³ compared with 67 countries (79 per cent) in 2015.

At the country level, UNICEF supported the participation of affected people and communities in coordinated needs assessment and feedback mechanisms as part of programme monitoring. To improve accountability to beneficiaries and enhance transparency, UNICEF in Pakistan continued to pilot RapidPro to generate real-time beneficiary feedback on the usefulness and effectiveness of family hygiene kits. Real-time information was received from nearly 2,500 recipients out of 20,000 who were provided with kits, representing a 12.4 per cent response rate. The feedback will improve the contents of future hygiene kits and give beneficiaries a voice in projects affecting them. In Sri Lanka, as part of the post-disaster needs assessment, UNICEF and Save the Children consulted some 800 children affected by the 2016 floods and landslides in a safe and enabling environment so they could share their voices and opinions on the impact of the disaster and emergency and recovery efforts. The

resulting report will inform advocacy on the need for age-disaggregated data prior to and during an emergency.

Social protection

In 2016, more than 682,000 households, including some 1.4 million children, benefited from cash-based support in humanitarian situations, including direct cash transfers, vouchers, credit cards, mobile money or bank transfer. During the year, UNICEF also expanded its work on social protection in humanitarian, fragile and conflict-affected contexts to ensure that social protection systems are better prepared for and able to respond to diverse types of shocks. UNICEF supported programming for humanitarian action that contributed to building sustainable social protection systems in 38 countries in 2016 (compared with 35 countries in 2015) and incorporated emergency prevention, preparedness and response into social protection systems and programmes in 49 countries (compared with 42 countries in 2015).

With UNICEF support, fragile and conflict-affected countries such as Afghanistan, Somalia and Yemen adopted social protection responses to address the needs of the poorest and most vulnerable populations. In Yemen, UNICEF reached nearly 85,000 vulnerable individuals – more than half of them children under 18 years of age – with humanitarian cash transfers (exceeding the target). During the year, UNICEF also worked with countries such as Lesotho, Madagascar and Malawi to adapt their social protection programmes to better respond to climate-related shocks. For example, in Madagascar, UNICEF advocated for the expansion of cash transfer interventions to respond to the severe drought induced by El Niño, and, together with the World Bank, supported the roll-out of an Emergency Cash Transfer Programme, covering 52,000 families. UNICEF funded the coverage of 4,000 of these households and also provided technical assistance for the development of a C4D strategy.

Challenges and constraints

During the year, UNICEF faced a number of challenges to advancing its social protection response in fragile and humanitarian contexts, particularly with regard to the complexity of crises and the fast pace at which they unfold. Effectively addressing the needs of affected people in such contexts, especially where there are protracted and conflict-related crises, requires greater financial, operational and technical effort. More emphasis can also be placed on working with and enhancing the capacity of national and local government actors and strengthening and building on existing systems. There is therefore also an important role for work on social policy, particularly in the area of local governance, which is not always recognized or prioritized in favour of UNICEF sectors. In terms of social protection

Supporting countries to address refugee crisis through cash transfer programmes

In 2016, in Syrian refugee-hosting countries, UNICEF expanded the use of cash-based assistance, reaching more than 19,000 vulnerable families with sustained cash assistance in Egypt, Iraq and Jordan (77 per cent of the target), and nearly 264,000 persons with one-off emergency cash or cash voucher assistance in Lebanon and Turkey (81 per cent of the target).

For example, in Turkey, more than 101,000 persons received emergency cash or cash-voucher assistance from UNICEF and partners in 2016. UNICEF also worked with the Government and development partners to design and roll out the Emergency Social Safety Net, which was launched in November 2016 and aims to cover 1 million refugees. UNICEF also supported the expansion of the existing national cash transfer programme for education to cover 230,000 refugee children.

In Jordan, UNICEF continued supporting the Child Cash Grant programme, which covers Syrian refugee households with children living in host communities. The programme reached 56,000 children (48 per cent girls) from 15,300 refugee families with monthly cash assistance. Throughout the year, UNICEF made improvements to the grant, especially by modernizing the data collection and monitoring systems. According to the post-distribution monitoring assessment, 95 per cent of beneficiary families reported that they were able to pay for child-related expenses, including transportation, clothes, medicine and food.

In Lebanon, UNICEF worked with the Ministry of Education and Higher Education to support refugee children to cover school registration and other related costs, and reduce negative coping strategies such as child labour and early marriage. In addition, UNICEF expanded an existing programme for children to help them cope during winter, benefiting more than 30,000 families.



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November 2016. Manar Mohammad Aziz, a Syrian refugee, and four of her six children shop at a market for new winter clothes in Za'atari refugee camp, Jordan. Three days earlier, Manar's husband, Basil, queued at the distribution centre in the camp to receive a 120 JOD cash grant provided by UNICEF for winterization. For each child, up to six children, families receive 20 JOD to purchase winter essentials.

responses, UNICEF will need to increase the capacity of its global, regional and country offices to effectively engage with government counterparts and development partners in this regard in humanitarian contexts. UNICEF is adding global capacity in this area, but more will be needed to meet demand.

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

In 2016, UNICEF procurement for emergencies reached US\$379.1 million⁷⁴ globally. This included direct support by UNICEF's Supply Division to 62 countries in emergencies, a 17 per cent increase compared with 2015. Support was provided by 39 deployments to emergency locations, including new or deteriorating crises in Ecuador, Haiti and Nigeria.

Commitment 1: Essential supplies necessary to alleviate humanitarian suffering in women and children are deployed by UNICEF and partners.

In 2016, UNICEF's supply and logistics supported responses in a number of large-scale emergencies, including in the Central African Republic, Iraq, Nigeria, South Sudan, the Syrian Arab Republic and Yemen, as well as for the disasters in Ecuador and Haiti, yellow fever outbreaks in Angola and the Democratic Republic of the Congo and the refugee and migrant crisis in Europe.

In Iraq, for example, UNICEF worked to ready camps to screen and receive children and families and provide temporary shelter, in anticipation of the displacement of 784,000 people from Mosul as military forces advanced to retake the city. The UNICEF Supply Division provided pre-financing support that enabled the procurement and pre-positioning of offshore supplies for the construction of 3,000 toilets and 3,000 showers, and facilitated access to safe water and sanitation, as well as vaccinations and psychological support for children. Between October and December 2016, UNICEF reached some 167,000 people affected by the crisis, including more than 88,000 children,

with life-saving response items such as drinking water, hygiene products and ready-to-eat rations through the Rapid Response Mechanism. UNICEF also distributed hygiene and dignity kits, water purification tablets, jerrycans and baby hygiene kits in Mosul and nearby areas. Over the course of the year, the value of all goods procured for Iraq reached US\$47.8 million.

In Nigeria, in response to outbreaks of wild polio virus in August and September, UNICEF rushed more than 157 million doses⁷⁵ of oral polio vaccine to affected areas. UNICEF also focused on strengthening local procurement by identifying potential suppliers and helping UNICEF Nigeria issue local tenders (e.g., for child protection items). By the end of the year, the total value of UNICEF's supply procurement (emergency response and non-emergency) for Nigeria was US\$258.7 million, including more than US\$203 million in vaccines, nearly US\$16 million in nutrition supplies and more than US\$10 million in water and sanitation supplies.

Commitment 2: Supply response by UNICEF and partners is appropriately resourced.

UNICEF made a concerted effort to resource supplies for disease outbreaks in 2016. As part of the Health Emergency Preparedness Initiative, UNICEF product experts worked with the Centers for Disease Control, the United States Agency for International Development (USAID), WHO and WFP to develop new supply lists based on identified diseases; establish technical specifications; and create a supply quantification tool for the initiative and disease-specific notes for staff and partners. Ten initiative-related tenders were issued in 2016 to cover some 70 new supplies to be integrated into the Emergency Supply List and pre-positioned in the UNICEF warehouse in Copenhagen. Given that not all Health Emergency Preparedness Initiative products are currently available, UNICEF worked to establish partnerships to incentivize manufacturer research, development and production.

In 2016, UNICEF's first Zika virus industry meeting drew participants from 34 vaccine and diagnostic equipment companies, partners and donors. UNICEF worked closely with USAID to accelerate the development of rapid, low-cost specific and sensitive in vitro Zika diagnostics, as well as multiplex diagnostics for simultaneous detection of Zika, dengue, yellow fever and chikungunya viruses. In the wake of yellow fever outbreaks in Angola and the Democratic Republic of the Congo, and to address anxiety over the global yellow fever vaccine stockpile situation, UNICEF advocated with suppliers to increase production. By the end of 2016, suppliers had made a record 50 million doses available for procurement through UNICEF.



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July 2016. Two girls wait in line at a temporary medical centre in the Bzebiz Displacement Camp in Baghdad Governorate, Iraq. With support from UNICEF, WHO and the Ministry of Health, the medical convoy provided vaccinations and health and nutrition support to vulnerable displaced children here and in other camps in the area.

UNICEF's supply function enables emergency preparedness

In 2016, UNICEF drew on recent experiences, including the response to the Ebola outbreak, to support a number of preparedness initiatives, including supply pre-positioning and learning activities. Under the Health Emergencies Preparedness Initiative (see page 18 for more detail), UNICEF pre-positioned medical and other supplies in its global warehouse in Copenhagen, and ensured the availability of capacity to respond to a surge in demand for these supplies in the event of an outbreak. As part of a cross-United Nations/sector preparedness project, UNICEF collaborated with OCHA, UNHCR and WFP to develop a joint preparedness approach in 10 targeted countries and implement a joint market assessment for tarpaulins, buckets, jerrycans and blankets. UNICEF also staged the first-ever Emergency Preparedness and Response Supply and Logistics Training for 23 colleagues from 17 different offices (15 country offices and 2 regional offices) to address the most pressing concerns experienced by front-line staff in an emergency. Participants received expert guidance on developing their office's emergency preparedness plan.

Challenges and constraints

UNICEF's humanitarian supply and logistics faced a number of challenges in 2016. Constrained humanitarian access to insecure areas of Iraq, north-east Nigeria, South Sudan, the Syrian Arab Republic and Yemen challenged UNICEF's ability to reach crisis-affected areas with essential supplies. Lack of permanent supply and logistics staff in regional offices – including in Central and Eastern Europe and the Commonwealth of Independent States, Latin America and

the Caribbean, East Asia and the Pacific, and South Asia – challenged the coordination of emergency preparedness and response efforts. UNICEF will address these issues by deploying surge staff as needed to strengthen supply functions at the country level. Local third-party providers will increasingly be used for logistical response through the establishment of long-term agreements with appropriate companies, which can then be rapidly contracted during an emergency.

RESULTS BY OPERATIONAL COMMITMENT

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.

In 2016, UNICEF carried out dynamic communications campaigns across multiple platforms to raise awareness of children displaced by conflict. 'Children Uprooted', a publication about child refugees and migrants, brought the voices and needs of children on the move to discussions held in September during the Summit for Refugees and Migrants, a high-level plenary meeting hosted by the United Nations General Assembly. The report was mentioned in 86 articles in mainstream international broadcast, print and online news outlets and helped to put children at the centre of the global refugee and migrant crisis. Weekly press releases, three 'Child Alert' reports and multimedia assets derived from 'Children Uprooted' reached numerous audiences in prominent media outlets and on social media platforms.

In March, at the five-year mark of the Syrian civil war, UNICEF released *No Place for Children*, which reported that one third of all Syrian children have been born into conflict and experienced violence, fear and displacement as a result. The report called on the global community to undertake critical steps to protect a generation of Syrian children: end violations of children's rights; lift sieges and improve humanitarian access inside the Syrian Arab Republic; secure funding to provide children with learning opportunities; restore children's dignity; strengthen their psychosocial well-being; and turn funding pledges into commitments. In April, UNICEF marked two years of conflict in Nigeria by releasing 'Beyond Chibok', which documented the alarming trends tied to Boko Haram attacks in Cameroon, Chad, the Niger and Nigeria, including the sharp rise in the number of children involved in 'suicide' attacks in those countries between 2014 and 2015.

During the year, UNICEF also released an analysis on attacks on schools and hospitals ahead of the World Humanitarian Summit, calling attention to the issue during the event, and issued a number of statements on attacks

on schools in places such as the Syrian Arab Republic and Yemen.

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 fund-raising.

In 2016, UNICEF continued to lead the media and public agenda with regard to the impact of humanitarian crises on children and the organization's response. The global focus during the year on education in emergencies helped to raise awareness and focus media, donor and partner attention on the importance of continued learning during crises. For example, in the build-up to the World Humanitarian Summit, as well as during and after the event, education in emergencies was mentioned 38 times in mainstream international broadcast, print and online news outlets, with nearly 70 per cent of articles including UNICEF's key messages. At the event itself, UNICEF received nearly 22 per cent of the share of voice on social media, the second-highest percentage. This included half a billion impressions using the #EducationCannotWait hashtag that played a key role in the launch of the new fund to raise money for education in crisis-affected countries.

The introduction of a media desk – a new structure for monitoring global news coverage – in June 2016 helped UNICEF further influence the public agenda for children through its ability to rapidly respond to evolving events and actions, such as natural disasters and conflicts. This was particularly important in response to the grave violations against children that occurred with shocking regularity in conflicts such as in Iraq and the Syrian Arab Republic. UNICEF was able to position itself as the 'go to' organization for information about the impact on children. The Emergency Response Team communications specialist supported UNICEF offices in crisis-affected countries during the year, including in response to Hurricane Matthew in Haiti and the earthquake that struck Ecuador, as well as after the declaration of the Level 3 emergency in Nigeria and with the deterioration of the situation in the Syrian Arab Republic later in the year. These examples demonstrate that there was strong traditional and social/digital media

outreach through the production of broadcast, print, online and digital media content, as well as key messages from spokespeople. Such timely content was also provided to UNICEF National Committees to support their fund-raising efforts.

Challenges and constraints

The number of large-scale protracted humanitarian crises, and the worsening situation for children within these, presented new communication challenges and constraints in 2016. The tendency towards the 'normalization' of brutal violence against children was particularly concerning, and the growing sense of 'emergency fatigue' among the media and the public meant that events had to be more and more extreme to receive attention. As a result, when other incidents or crises strike, such as smaller-scale or less visible emergencies, it can be more challenging to generate the mainstream coverage that the situation deserves.

Articulating a narrative that highlights hope and resilience within these crises was also ever more challenging as the year progressed. Intense violence in areas such as Aleppo, Syrian Arab Republic, and Mosul, Iraq, as well as government and other restrictions across most conflict-affected areas, meant that access was limited and communication teams had to be even more resourceful to nurture contacts and gather the necessary information to generate content.

SECURITY

Commitment 1: Security risks that could affect staff and assets, and subsequently the emergency response, are identified, assessed and managed.

In response to the worsening global security environment, UNICEF continued to deliver on the organization's commitment to protecting its staff and assets in complex environments around the world in 2016. To establish emergency preparedness systems, address security concerns and provide security training, additional security capacity was mobilized through surge and staff recruitment to countries such as Afghanistan, the Central African Republic, Ethiopia, South Sudan, the Syrian Arab Republic and Ukraine. Security managers operating in high-threat environments used comprehensive security assessment, risk analysis and effective information-sharing mechanisms to make decisions on whether to avoid, transfer, control or accept risks, and communicated those decisions to concerned parties. Lessons learned from deployments and assignments to large-scale emergencies led to the development of innovative new tools for emergency

preparedness, which will generate strategic security analysis/advice for UNICEF management, enhance staff security awareness and enable safer programme delivery.

Staff preparedness and response to different security/safety situations was enhanced through a range of targeted security/safety trainings and practical drills, timely security advisories and briefings. A number of UNICEF and other United Nations staff were trained in Women's Security Awareness Training courses in Afghanistan, Jordan, Kenya, Pakistan, Papua New Guinea and South Sudan. Other trainings facilitated by security professionals in 2016 included Safe and Secure Approaches in Field Environments and the Representative's Orientation Programme. UNICEF also drew on best practices to begin the development of a global, organization-wide training strategy to enhance existing security preparedness and emergency response. In addition, UNICEF continued to ensure alignment of United Nations security directives with organizational mandates through engagement in United Nations Security Management System policy issues, including through the Inter-Agency Security Management Network and several working groups. Keeping all UNICEF offices and missions in compliance with the Minimum Operating Security Standards was also of top priority.

The UNICEF Operations Centre continued to provide 24-hour/7-day assistance to support UNICEF humanitarian and security response, as well as UNICEF staff globally. In 2016, the Operations Centre responded to global security dynamics and environmental events that impacted UNICEF's programmes, personnel and infrastructure, by monitoring and reporting on global events, rapidly distributing relevant information to colleagues, managing information flows and communicating directly with UNICEF staff worldwide. This was demonstrated when dealing with emergencies in Ethiopia, Nigeria and South Sudan. The Operations Centre remained UNICEF's centralized source for transmitting alerts and advisories on humanitarian and security situations to all staff. It provided all UNICEF staff with a single point of contact for all organizational and/or individual emergencies that took place during the year.

Challenges and constraints

UNICEF is increasingly called upon to operate in areas of high uncertainty and risk. Armed conflict, civil unrest and groups that consider the United Nations and humanitarian workers a target have made recent years the deadliest on record for the aid community. Furthermore, constraints within the United Nations system can hamper the ability of agencies to stay and deliver results. At the same time, with the constantly increasing number of children and women in need of assistance, demands for assistance have never been greater. These realities make it essential that UNICEF fully integrate security risk management strategies into its humanitarian operations and better incorporate security into its organizational culture in order to stay to deliver.

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.

As the humanitarian landscape continued to expand and become more complex in 2016, human resources remained critical to the delivery of results for children. In 2016, UNICEF had 576 deployments,⁷⁶ (see *Figure 9*) representing a decrease of 24 per cent from 755 deployments in 2015. This was due in part to the activation of only one Level 3 emergency (Nigeria) during the year, as well as the protracted crises in the four other Level 3 responses (Iraq, South Sudan, the Syrian Arab Republic and Yemen), where human resources have moved beyond the surge phase into longer-term recruitments. Standby partnerships provided 247 personnel to UNICEF. This included 161 standby and 69 members of the Rapid Response Team deployed to the field to deliver on UNICEF's programme, cluster and operational commitments.

The largest share of deployments (17 per cent, or 94 deployments) supported humanitarian responses in Iraq, Jordan, Lebanon, the Syrian Arab Republic and Turkey, followed by 15 per cent (86) for the response to the refugee and migrant crisis in Europe. The El Niño response in southern Africa benefited from 54 deployments;⁷⁷ sudden-onset disasters in Ecuador and Haiti received 51 and 50 deployments, respectively; and the crisis in Nigeria and the Lake Chad Basin was supported through 50 deployments. Given the number of crises, the average internal deployment speed was 15 days in 2016, down from 20 days in 2015. The bulk of deployments provided personnel for emergency coordination (78), operations (65), child protection (61) and WASH (60) (see *Figure 10*).

The expanded Emergency Response Team was fully staffed and demand for such support remained high over the course of the year. Nine of the 14 Emergency Response Team members were deployed for nearly or more than 50 per cent of the time that they were in their posts in 2016. This included a human resources Emergency Response Team specialist who provided 28 weeks of direct support and ongoing remote support to Afghanistan, Iraq and Nigeria, including, for example, the successful recruitment of 112 posts in Iraq.

UNICEF also developed guidance⁷⁸ for all staff members, particularly those affected by a humanitarian crisis, on: (1) mechanisms that exist within UNICEF to surge human resources into an office in response to an emergency; and (2) how to access and take advantage of said mechanisms in order to plan an effective response.

Commitment 2: Well-being of staff is assured.

In 2016, progress was made towards the implementation of the United Nations High Level Committee on Management 'duty of care' recommendations. Beginning in September 2016, UNICEF piloted pre-deployment briefings for staff deployed to Level 2 and Level 3 emergencies in the Eastern and Southern Africa region. Full roll-out of the pre-deployment briefing system is planned for 2017. UNICEF developed an evidence-based trauma risk model – a response protocol for providing psychosocial support to staff after critical incidents – that will be finalized and implemented in 2017. UNICEF strengthened global capacity to address increasing rates of mental health issues among staff serving in humanitarian settings. Staff counsellors across the organization carried out nearly 2,500 individual counselling sessions, nearly one quarter of which were following critical incidents; 45 well-being missions to duty stations; and 57 workshops for more than 1,800 attendees covering topics such as building resilience, managing stress, maintaining well-being in hardship duty stations and emergency preparedness. UNICEF also introduced new well-being initiatives in 2016, including monthly newsletters produced in the Syrian Arab Republic (in English and Arabic) covering topics such as dealing with anger and anxiety, and a 30-day yoga project piloted in Somalia, South Sudan and the Syrian Arab Republic in April and May, with 50 participants. UNICEF also worked closely with peer support volunteers to obtain on-the-ground feedback on crucial issues at emergency duty stations. Feedback covered topics such as risk to personal safety, the strain of ongoing high workloads, and lack of welfare facilities such as for fitness.

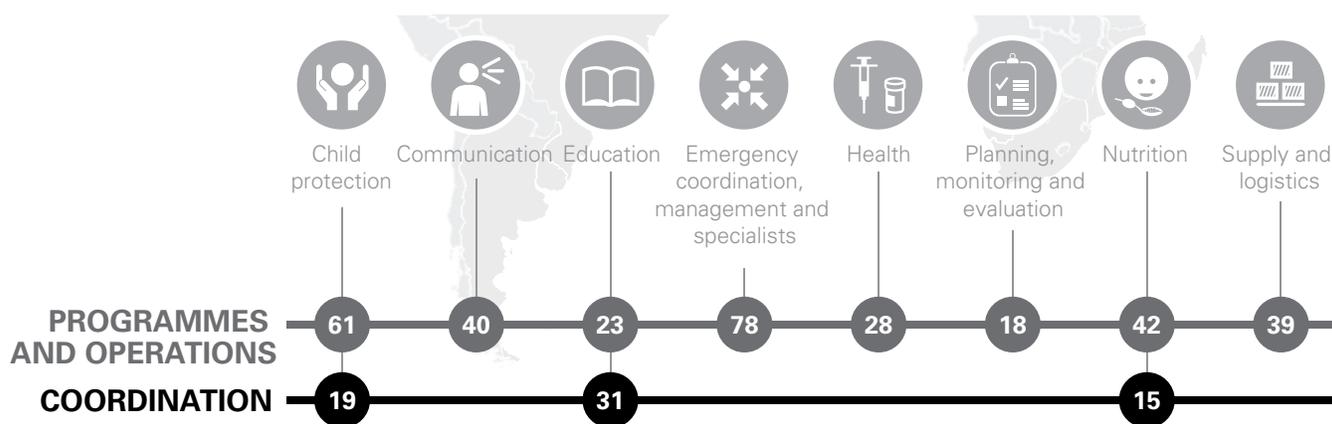
Commitment 3: Sexual exploitation and abuse by humanitarian workers is prevented.

In 2016, UNICEF continued to adhere to 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 its capacity to adapt existing conduct and discipline policies and procedures to include incidences of sexual exploitation and abuse as well as reporting mechanisms. UNICEF contributed to strengthening the IASC minimum operating standards for prevention of sexual exploitation and abuse at the country level. During

FIGURE 9
Emergency deployments



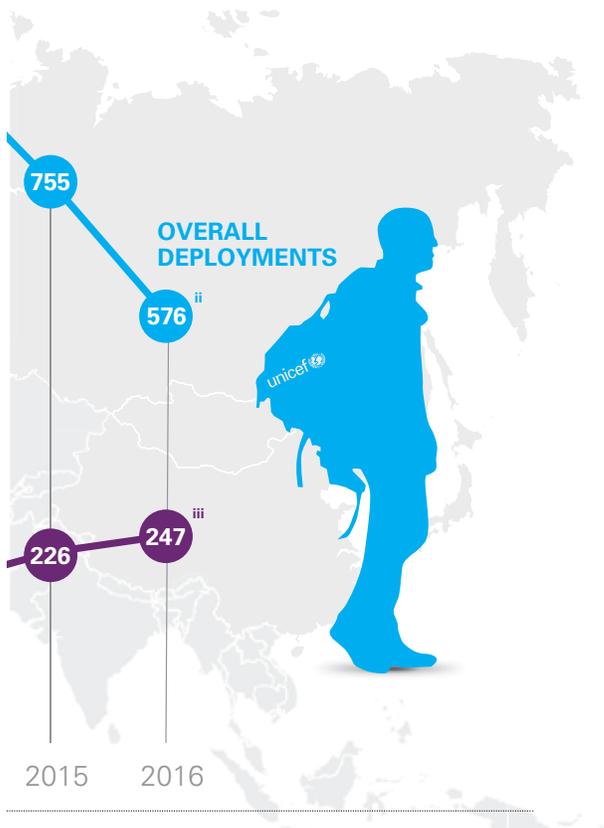
FIGURE 10
Deployment by functional area



ⁱ includes Angola, Lesotho, Malawi, Mozambique, Swaziland and Zimbabwe.

ⁱⁱ Deployments in 2016 do not include 92 missions of seven days or less, unlike previous years. Overall decrease was due in part to the activation of only one Level 3 emergency (Nigeria) during the year, as well as the protracted crises in the four other Level 3 responses (Iraq, South Sudan, the Syrian Arab Republic and Yemen), where human resources have moved beyond the surge phase into longer-term recruitments.

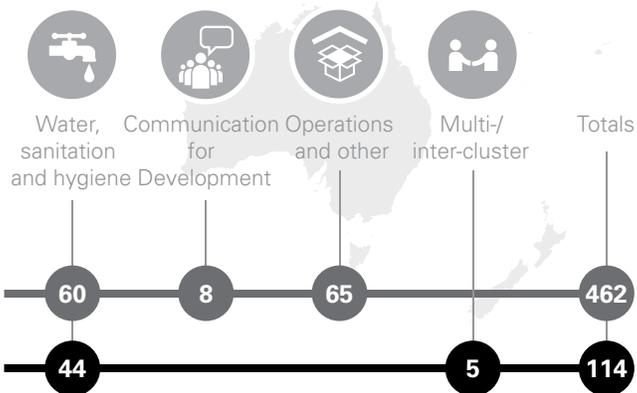
ⁱⁱⁱ This included 161 standby and 69 Rapid Response Team members deployed to the field to deliver on UNICEF's programme, cluster and operational commitments. Seventeen personnel supported headquarters functions.



the year, UNICEF finalized a mandatory sexual exploitation and abuse online training for all staff, which was developed jointly with UNHCR, UNFPA, the United Nations Development Programme and UN Women. The training will be rolled out in 2017. UNICEF also revised its recruitment procedures and now requires all candidates seeking appointment to disclose if they have been investigated, charged or sanctioned for misconduct, including sexual exploitation and abuse. A proven allegation will be grounds for disqualifying a candidate. Finally, UNICEF's new standard terms and conditions of contract with vendors include prohibitions of sexual exploitation and abuse by vendor personnel that align with the contract provisions used by United Nations Secretariat offices.

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.

UNICEF worked to strengthen the organization's core skills for humanitarian action through the first-ever joint UNICEF-WFP Level 3 Emergency Response Simulation for 22 personnel from UNICEF's Immediate Response Team and cluster coordination functions as a readiness measure for Level 3 emergencies. The exercise, held in Brindisi, Italy, improved the understanding of surge staff from both agencies on response mechanisms, policy and guidance to better prepare for deployment into a system-wide response. UNICEF also developed a set of five online learning packages on humanitarian action, to be completed in 2017. These cover the fundamentals of UNICEF humanitarian action; humanitarian principles; coordination and the humanitarian system; key elements of emergency response; and emergency preparedness. In addition, the organization created emergency preparedness and response learning modules for country offices and regional surge teams, as well as a complementary reference document that provides an overview of emergency preparedness and response basics for all country offices, particularly those facing smaller-scale emergencies. Guidance on humanitarian action for UNICEF new representatives was developed and incorporated into the orientation and induction processes.





November 2016. Displaced children and adults are seen fleeing from ISIL-controlled areas in rural Raqqa to Ain Issa, the main staging point for displaced families in the Syrian Arab Republic. Some carried mattresses and blankets, while others brought their livestock, including goats, cows and sheep.

Challenges and constraints

Despite the decline in deployments in 2016, challenges remained in terms of attracting and building the capacity of personnel to work in emergencies. Such challenges included difficulty identifying suitable candidates, managers' readiness to release internal staff for surge deployment to other duty stations, limited organizational skills in some areas (e.g., Francophone staff to deploy to Francophone countries), and concurrent emergencies requiring the same profiles. Attracting staff, particularly women, to 'E'⁷⁹ and non-family duty stations, where many emergencies are located, remains a challenge; only 40 per cent of international staff in these contexts are women. The new compensation package for international civil servants may also reduce benefits for some categories of staff, which may in turn have a negative impact on recruitments.

Organization-wide initiatives to strengthen UNICEF's humanitarian action have included efforts to better attract candidates to emergency duty stations. A new staff selection system enables hiring managers to be more strategic in identifying candidates best suited to positions where they can excel. In 2016, UNICEF also launched a staff rotation exercise that will help build a stronger, more versatile international workforce that can adapt to different contexts and respond to needs more effectively. It aims to

contribute to a fair share of work assignments among staff and between different duty stations, as well enhancing the career prospective of staff. UNICEF is further expanding its outreach activities for recruitment through closer collaboration with sectors and country offices, as well as professional networks and through active participation in career fairs and enhanced use of social media.

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.

Resource partners generously responded to the worsening humanitarian situations, as well as new crises affecting children across the globe, with humanitarian revenue reaching US\$1.6 billion⁸⁰ in 2016. This was made possible in part by strengthened and coordinated resource mobilization efforts undertaken during the year, increased and more focused collaboration among various UNICEF offices

and divisions and active engagement with partners on key humanitarian issues through strategic consultations. UNICEF also advocated that children's issues were at the centre of the agenda at various high-level events during the course of 2016, including the Supporting Syria and the Region conference held in London and a high-level event on the refugee and migrant response on the eve of the Summit for Refugees and Migration.

UNICEF advocated for key issues affecting children in the World Humanitarian Summit preparations and through the High Level Panel for Financing. The need for multi-year plans alongside the criticality of predictable, flexible and longer-term funding was widely endorsed at the World Humanitarian Summit and reflected in the Grand Bargain commitments. In follow-up to the Grand Bargain, UNICEF will work with the Government of Canada to convene partners around the work stream on multi-year planning and funding. UNICEF has also been actively involved in other work streams that affect resources, for example, on transparency, localization, cash, reporting and the humanitarian-development nexus.

UNICEF continued to engage in humanitarian financing policy dialogue within the IASC, and with bilateral operational agencies and relevant donors to shape some of the ongoing discussions on the effectiveness and efficiencies of the aid architecture. In addition, annual consultations and quarterly meetings were held with OCHA, UNHCR and WFP on resource mobilization for humanitarian response and resulted in coordination of fund-raising efforts for key crises and events.

Challenges and constraints

Despite the generosity of resource partners, humanitarian needs often went unmet during the year. The Humanitarian Action for Children appeal of US\$3.2 billion was about 50 per cent funded overall based on the revenue of US\$1.6 billion. Countries responding to El Niño-related impacts in southern Africa, for example, received 45 per cent of their funding appeals. The constrained global economic situation, coupled with the ever-growing number of humanitarian crises, have resulted in increasing resource partners' expectations on efficiency, coordination with other actors, and higher value for money requests. UNICEF also continued to face challenges with regard to fund-raising for less visible, protracted humanitarian crises, as well as for the global flexible resources that enable the organization to respond equitably and quickly to the ever-growing needs of children in crisis.

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.

In 2016, the two recently recruited operations staff on the Emergency Response Team provided 57 weeks of in-country technical operations support to eight countries. This included five months of direct support in Greece to establish a functioning office and operations unit in Athens able to support the response to the refugee and migrant crisis in Europe. In Nigeria, direct support enabled the UNICEF Country Office to respond to the deteriorating situation. This included the provision of additional working space for surge and new staff members; the purchase of armoured vehicles to facilitate programme missions to newly accessible areas; and enhancing the operations structure to absorb large-scale health and nutrition responses.

In addition to in-country support, UNICEF developed the Emergency Response Reference document – a concise summary of the actions and simplifications for emergencies for operations, finance and administration – and related training modules on emergency response. The modules cover finance, administration, human resources and programme cooperation agreements and are designed to build the capacities of operations managers and assistants to respond to emergencies. A facilitator with operations expertise participated in the UNICEF-WFP emergency simulation exercise in Brindisi, Italy. The facilitator helped to simulate the urgent aspects of operations functions in the first days of a crisis.

Challenges and constraints

UNICEF financial and administrative processes impacting emergency response require continued strengthening for increased efficiency. There is also a need to improve the capacities of country offices for emergency preparedness in terms of operations and financial and administrative functions. In crisis-affected countries, the organization should also improve the living conditions of staff, in

collaboration with United Nations sister agencies. Moving forward, UNICEF will continue to improve the efficiency and effectiveness of its global emergency operations for children, and facilitate organization-wide discussions on financial and administrative policies related to emergency situations.

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.

In 2016, information and communication technology (ICT) remained an essential component of every UNICEF humanitarian operation. In the Syrian Arab Republic, local UNICEF staff enabled uninterrupted Internet access for United Nations offices by installing a VSAT (two-meter satellite antenna) on the UNICEF rooftop in a militarily contested town in lulls in the fighting. In Nigeria, UNICEF staff were among the first of any agency to travel to Maiduguri to install two-way radio communications that would serve the inter-agency community and allow humanitarian workers to communicate while working in this high-security area. During the year, UNICEF ICT also made improvements to its in-house developed Emergency ICT Kit, a low-cost yet effective solution that facilitates the quick establishment of emergency field offices. Thirteen such kits were built and shipped in 2016, to Haiti, Iraq, South Sudan and the Syrian Arab Republic. In addition, the upgrade of some 96 field offices to the Lightweight and Agile IT solution, a server-less and remotely supported office information technology kit, greatly enhanced field offices' disaster recovery capacity by facilitating the rapid (re)deployment of offices and staff in cases where UNICEF offices or ICT infrastructure are destroyed or inaccessible – a lesson learned from the Haiti 2010 earthquake.

As part of UNICEF's global preparedness-building efforts, in 2016, UNICEF conducted the annual Emergency Telecoms Training workshop, an essential capacity-building tool for ICT preparedness that allows local staff to experience

the equipment and services they will use in an eventual emergency. The event provided 47 participants representing 44 countries with the latest knowledge on emergency ICT solutions. UNICEF also revised the Emergency Telecommunications Handbook, a comprehensive 250-page manual that serves as another pillar in ICT preparedness building, and the basis for the Emergency Telecoms Training curriculum. The handbook seeks to cover all aspects of ICT preparedness and response – including in-depth configuration guides for telecom equipment, guidance on how to plan and execute preparedness and response, inter-agency emergency telecom coordination, and best practices in ICT operational issues. A collaborative effort between headquarters and field, and with support from ICT vendors, the handbook has become a well-known and proven work.

During the year, ICT was increasingly used in programme aspects of UNICEF's work, such as case management and real-time monitoring. Moving forward, UNICEF will expand its use of ICT in programme areas, with the introduction of business relationship managers in the ICT Division.

Challenges and constraints

The lack of permanent or predictable ICT responder capacity was a major constraint encountered in 2016. UNICEF uses a decentralized approach to ICT response, focusing on building the capacity of each office's ICT focal points to serve as the office's 'first responder' in an emergency and using a roster of ICT responders to ensure a minimum back-up/second wave of responders. However, the release of roster members for emergency response is conditional and dependent on the willingness and ability of their home office to release their only ICT person in some cases, which can pose difficulties. The formal inclusion of dedicated ICT staff in UNICEF's Immediate Response Team has improved on this, though Immediate Response Team deployment is not always guaranteed in emergencies. A more permanent and predictable ICT response would require readily available and dedicated responders and the necessary funding to ensure their independence. Funding for preparedness building – such as running the Emergency Telecoms Training or performing field assessment and support missions to high-risk countries – is often difficult to obtain. Although UNICEF has benefited from funds from DFID for preparedness building in recent years, a permanent and guaranteed funding solution would greatly facilitate the planning and execution of this and other preparedness and response activities.

FINANCIAL ANALYSIS

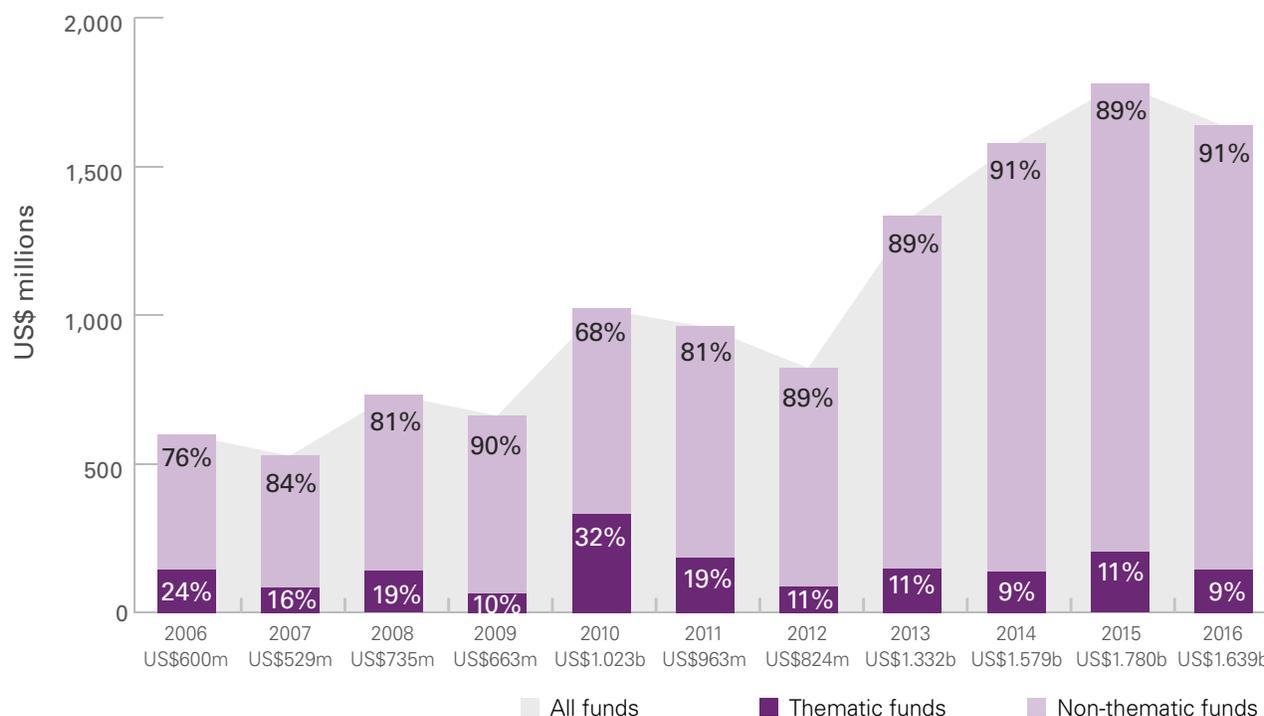
Through its 2016 Humanitarian Action for Children appeal, UNICEF requested approximately US\$3.2 billion to address emerging priorities and the needs of children in emergencies. The continuing conflicts in Iraq, north-east Nigeria, South Sudan and Yemen; the unrelenting humanitarian needs in the Syrian Arab Republic and neighbouring countries; the refugee crises in Africa, Europe and the Middle East; and the impact of natural disasters such as in southern Africa, the Democratic People's Republic of Korea, Ecuador, Haiti and the Pacific Islands, all resulted in new or revised appeals, adding nearly US\$360 million to the original US\$2.8 billion funding requirement issued in January 2016.

Resource partners generously responded to the unprecedented levels of children suffering by providing US\$1.6 billion in other resources – emergency in 2016 – or about 50 per cent of UNICEF's funding requirements for the year. The amount represents an 8 per cent decrease compared with the previous year (see Figure 11).

Five large-scale emergencies (Ethiopia, Iraq, South Sudan, the Syrian Arab Republic and neighbouring countries, and Yemen) received 65 per cent of the total funding for 2016. Thanks to the swift support of partners, UNICEF was able to respond to four sudden-onset emergencies in the Democratic People's Republic of Korea, Ecuador, Haiti and the Pacific Islands with some US\$39 million in funds.

The majority of UNICEF's humanitarian resources in 2016 – US\$1.3 billion – was provided by governments and inter-governmental organizations (see Figure 12), while inter-organizational arrangements amounted to US\$167 million and US\$159 million came from the private sector. Based on revenue, the top five resource partners in 2016 were the Government of the United States (US\$405 million), the Government of Germany (US\$192 million), the Government of the United Kingdom (US\$176 million), the Government of Japan (US\$124 million), as well as the United Nations' Central Emergency Response Fund (US\$104 million).

FIGURE 11
Other resources - emergency revenue trend, 2006–2016ⁱ

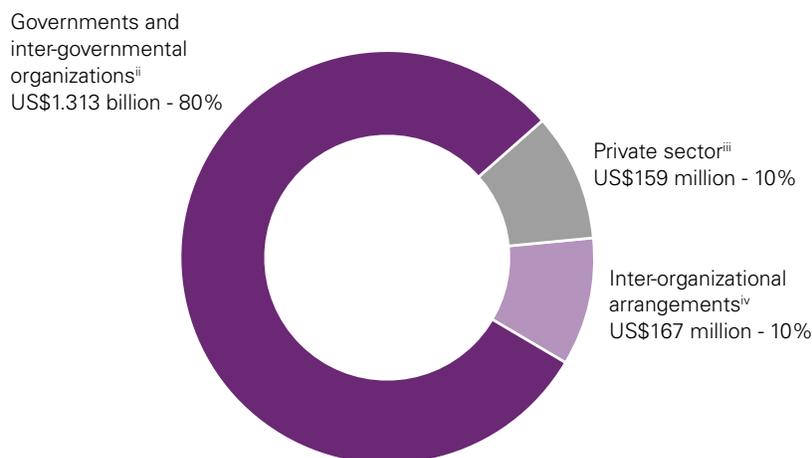


ⁱ Change in accounting policy to International Public Sector Financial Reporting Standards on 1 January 2012 does not allow for comparisons between 2012 figures and prior years.

*All revenue data as of 3 April 2017.

FIGURE 12

Total other resources – emergency by type of donor, 2016: US\$1.639 billionⁱ



ⁱThis figure is based on other resources – emergency revenue received in 2016, which differs from the other resources – emergency budget issued in 2016. Budget issued will normally exceed the revenue received, as UNICEF now releases budget in full when a contract is signed with a donor, even though it may cover multiple years.

ⁱⁱ Inter-governmental organizations include: the European Commission, the Organization of the Petroleum Exporting Countries and Unitaid.

ⁱⁱⁱ Revenue from the private sector includes global funds, foundations, NGOs, UNICEF National Committees and UNICEF country office private-sector fund-raising.

^{iv} Inter-organizational arrangements include: the Food and Agriculture Organization, the Global Partnership for Education, the International Fund for Agricultural Development, the International Organization for Migration, the Organisation for Economic Co-operation and Development, the Pan American Health Organization, the Joint United Nations Programme on HIV/AIDS, the United Nations Development Programme, the United Nations Development and Planning Organization, the United Nations Educational, Scientific and Cultural Organization, UNFPA, the United Nations Human Settlements Programme, UNHCR, OCHA, the United Nations Office on Drugs and Crime, the United Nations Office for Project Services, UN Women, the United Nations Secretariat, the United Nations Trust for Human Security, the United Nations Women's Guild, the World Bank, WFP, WHO as well as United Nations joint programmes where UNICEF is the Administrative Agent.

FIGURE 13

Thematic revenue share by outcome area and humanitarian action, 2016: US\$326.3 million

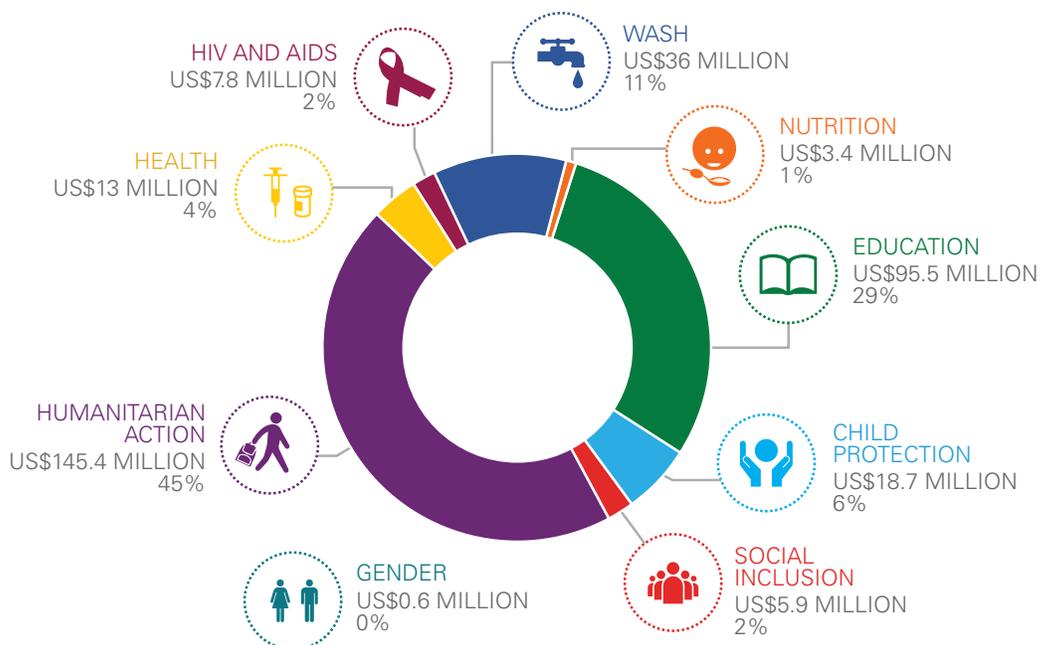
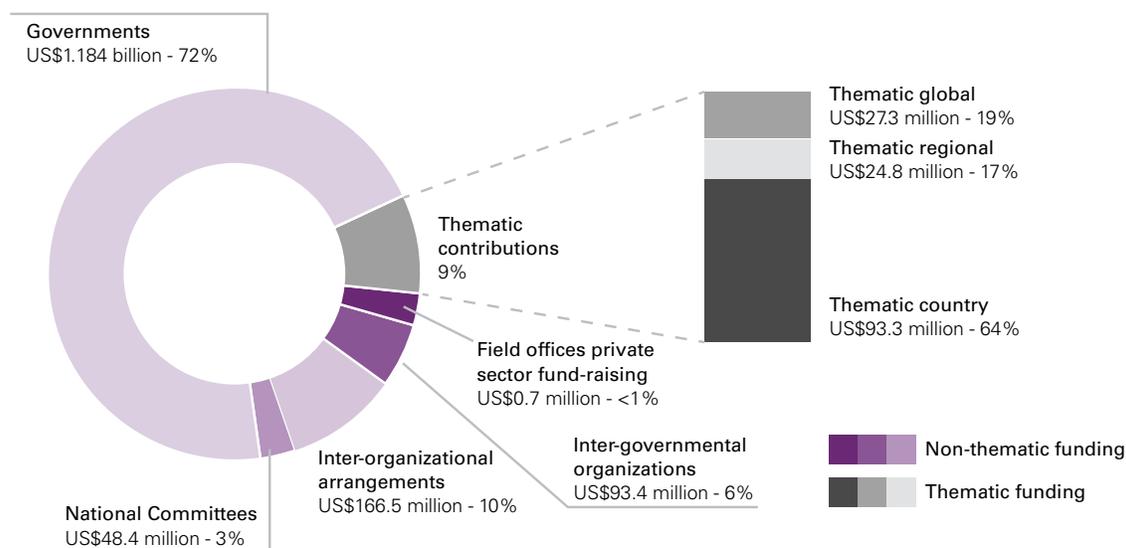


FIGURE 14

Other resources – emergency by funding modality and partner group, 2016: US\$1.639 billion



Of all emergency contributions, only 9 per cent constituted thematic humanitarian funding in 2016, compared with 11 per cent in 2015. The top five providers of thematic humanitarian support were the German Committee for UNICEF, the Government of the Netherlands, the United Kingdom Committee for UNICEF, the United States Fund for UNICEF and the Japan Committee for UNICEF. Global thematic funds, which provide the most flexible resources for emergency response, represented only 1.6 per cent of all humanitarian funds received. These were provided by the Government of the Netherlands and the Government of Canada, the Finnish Committee for UNICEF, and private-sector fund-raising through UNICEF Thailand (see Figure 14).

UNICEF humanitarian programmes continued to benefit from contributions from the Central Emergency Response Fund. In 2016, UNICEF received total revenues of US\$104 million in Central Emergency Response Fund grants: 39 countries received support through the rapid response

window (69 per cent/US\$68.5 million), while 15 countries received support through the underfunded window (34 per cent/US\$35.9 million). In line with the trends of the past several years, UNICEF received approximately 25 per cent of Central Emergency Response Fund global funding and remained the second-largest recipient agency.

In addition to earmarked contributions, regular resources were also used to ensure efficient response. For example, UNICEF's revolving internal Emergency Programme Fund loan facility released US\$26 million to 14 country offices and 3 regional offices in 2016 to rapidly prevent or respond to crises. The first funding mechanism to respond to the impacts of El Niño in Angola,⁸¹ Lesotho, Swaziland and Zimbabwe, the Emergency Programme Fund contributed to the eventual treatment of more than 27,800 severely malnourished children.

The value of thematic funding

While regular resources remain the most critical, unrestricted contributions for UNICEF, flexible ‘thematic’ funds are the second-most efficient and effective resources to the organization. Thematic funding is allocated internally on a needs basis, and allows for flexibility, longer-term planning and sustainability of programmes. A funding pool was 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.

Global humanitarian thematic funds – which can be used for the most pressing needs in any given country at any given time – provide the most flexible resources for UNICEF response and enable strategic planning across the entire organization. Flexible resources also allow UNICEF to respond equitably and quickly to the ever-growing needs of children living in crisis. For example, such funds allowed UNICEF to pre-position life-saving WASH and health supplies in hard-to-reach and high-risk areas in Central South Somalia, ultimately strengthening critical cholera and acute watery diarrhoea prevention and response activities for up to 210,000 people, including more than 100,000 children. In response to the European refugee crisis, global thematic funding has allowed for the fast deployment of field response teams, rapid procurement of supplies and immediate provision of services across all countries through implementing partners.

This past year, thematic funding at the country level often enabled humanitarian action where emergency response was underfunded. For example, in Nigeria, where child protection remained heavily underfunded, country thematic funding allowed UNICEF to address the huge child protection needs after the activation of the Level 3 emergency. The funds were used to start scale-up responses for which funds were insufficient or unavailable, such as mine risk education and case management of unaccompanied and separated children.

In Chad, thanks to country humanitarian thematic funding, UNICEF was able to regularly purchase and preposition non-food items. This allowed for rapid response once agreements were signed with partners, and when urgent needs could not be covered by other actors. In Chad, a landlocked country where offshore purchases require long lead times, the ability to purchase ahead is essential to meeting emergency needs in a timely manner.

In the Central African Republic, where the situation remained highly volatile during 2016, thematic funding enabled UNICEF to be flexible and react quickly to provide life-saving support on the ground. Thematic funds also ensured the continuity of underfunded interventions to provide technical assistance, implementation support and monitoring of activities.

Partner testimonial

The Netherlands fully supports UNICEF's efforts to give children worldwide a better future. UNICEF is able to take swift action in emergencies, thus saving the lives of countless children. It is unrivalled in its ability to provide water and sanitation, nutrition, education and protection for children and their families in crises. It deserves universal support.

—Lilianne Ploumen, Minister for Foreign Trade and Development Cooperation, The Netherlands

TABLE 1

Thematic contributions to humanitarian action by resource partner, 2016ⁱ

Resource partner type	Resource partner	Total (US\$)	Percentage
Governments 24%	Netherlands (<i>SM1499100958</i>)	20,859,596	14.35%
	Belgium (<i>SM1499101048, SM1499101260</i>)	6,013,376	4.14%
	Finland (<i>SM1499101134, SM1499101317</i>)	3,834,043	2.64%
	Sweden (<i>SM1499100373, SM1499101286</i>)	2,174,423	1.50%
	Canada (<i>SM1499101238</i>)	1,912,629	1.32%
	Estonia (<i>SM1499101177</i>)	111,732	0.08%
	Iceland (<i>SM1499101339</i>)	100,000	0.07%
	Lithuania (<i>SM1499101099</i>)	56,689	0.04%
National Committees 74%	German Committee for UNICEF (<i>SM1499100732, SM1499100974, SM1499101036, SM1499101106, SM1499101107, SM1499101108, SM1499101109, SM1499101110, SM1499101112, SM1499101166, SM1499101167, SM1499101168, SM1499101169, SM1499101170, SM1499101189, SM1499101190, SM1499101191, SM1499101192, SM1499101221, SM1499101224, SM1499101230, SM1499101249, SM1499101274, SM1499101275, SM1499101276, SM1499101278, SM1499101282, SM1499101283, SM1499101284, SM1499101300, SM1499101322</i>)	23,243,718	15.99%
	United Kingdom Committee for UNICEF (<i>SM1499100648, SM1499101026, SM1499101066, SM1499101070, SM1499101094, SM1499101100, SM1499101101, SM1499101102, SM1499101129, SM1499101149, SM1499101152, SM1499101157, SM1499101158, SM1499101161, SM1499101205, SM1499101206, SM1499101207, SM1499101208, SM1499101209, SM1499101210, SM1499101211, SM1499101212, SM1499101213, SM1499101241, SM1499101243, SM1499101244, SM1499101248, SM1499101253, SM1499101254, SM1499101255, SM1499101256, SM1499101288, SM1499101289, SM1499101290, SM1499101298, SM1499101301, SM1499101318, SM1499101320, SM1499101340, SM1499101355</i>)	16,828,587	11.57%
	United States Fund for UNICEF (<i>SM1499100587, SM1499100650, SM1499100656, SM1499100735, SM1499100849, SM1499100925, SM1499100926, SM1499101030, SM1499101046, SM1499101067, SM1499101090, SM1499101091, SM1499101103, SM1499101104, SM1499101138, SM1499101148, SM1499101153, SM1499101162, SM1499101171, SM1499101173, SM1499101174, SM1499101200, SM1499101201, SM1499101226, SM1499101227, SM1499101228, SM1499101229, SM1499101242, SM1499101257, SM1499101324, SM1499101325, SM1499101326, SM1499101327, SM1499101328, SM1499101329, SM1499101335, SM1499101342, SM1499101345, SM1499101346, SM1499101348</i>)	15,350,168	10.56%
	Japan Committee for UNICEF (<i>SM1499100790, SM1499100866, SM1499101128, SM1499101137, SM1499101142, SM1499101151, SM1499101155, SM1499101156, SM1499101160, SM1499101231, SM1499101232, SM1499101268, SM1499101269, SM1499101270, SM1499101271, SM1499101272, SM1499101273, SM1499101311</i>)	13,559,422	9.33%

Resource partner type	Resource partner	Total (US\$)	Percentage
	Spanish Committee for UNICEF (SM1499100362, SM1499100848, SM1499100873, SM1499101095, SM1499101097, SM1499101114, SM1499101115, SM1499101116, SM1499101127, SM1499101172, SM1499101179, SM1499101182, SM1499101183, SM1499101184, SM1499101233, SM1499101234, SM1499101235, SM1499101262, SM1499101299, SM1499101323)	5,424,730	3.73%
	French Committee for UNICEF (SM1499101132, SM1499101133, SM1499101135, SM1499101136, SM1499101150, SM1499101159, SM1499101175, SM1499101223, SM1499101236, SM1499101258, SM1499101259, SM1499101264, SM1499101316, SM1499101321)	5,028,156	3.46%
	Finnish Committee for UNICEF (SM1499100802, SM1499101020, SM1499101147)	4,912,082	3.38%
	Danish Committee for UNICEF (SM1499101139, SM1499101217, SM1499101220, SM1499101222, SM1499101240, SM1499101261, SM1499101265, SM1499101336, SM1499101337, SM1499101338)	4,247,314	2.92%
	Italian National Committee (SM1499100757, SM1499101120, SM1499101121, SM1499101122, SM1499101123, SM1499101124, SM1499101126, SM1499101130, SM1499101202, SM1499101204, SM1499101305, SM1499101307)	4,118,086	2.83%
	Netherlands Committee for UNICEF (SM1499100978, SM1499101105, SM1499101111, SM1499101113, SM1499101164, SM1499101165, SM1499101245, SM1499101246, SM1499101252, SM1499101294, SM1499101295, SM1499101296, SM1499101297)	2,882,955	1.98%
	Canadian UNICEF Committee (SM1499100720, SM1499101047, SM1499101086, SM1499101096, SM1499101140, SM1499101141, SM1499101193, SM1499101277, SM1499101280)	2,395,115	1.65%
	Norwegian Committee for UNICEF (SM1499100806, SM1499100807, SM1499100811, SM1499100844, SM1499101144, SM1499101145, SM1499101146, SM1499101216, SM1499101250)	1,881,137	1.29%
	Swedish Committee for UNICEF (SM1499100918, SM1499101092, SM1499101267)	1,722,498	1.18%
	Portuguese Committee for UNICEF (SM1499100833, SM1499101008, SM1499101068, SM1499101131, SM1499101313)	1,297,820	0.89%
	Australian Committee for UNICEF (SM1499100768, SM1499101010, SM1499101117, SM1499101118, SM1499101119, SM1499101125, SM1499101237, SM1499101279)	1,094,406	0.75%
	New Zealand Committee for UNICEF (SM1499100359, SM1499100861, SM1499101195, SM1499101196, SM1499101197, SM1499101198, SM1499101293)	804,755	0.55%
	UNICEF Ireland (SM1499101087, SM1499101334)	424,628	0.29%
	Swiss Committee for UNICEF (SM1499100946, SM1499101343)	421,511	0.29%
	Belgian Committee for UNICEF (SM1499101063, SM1499101194, SM1499101303, SM1499101304, SM1499101332, SM1499101333)	344,516	0.24%
	Luxembourg Committee for UNICEF (SM1499100879, SM1499100881, SM1499101185, SM1499101186, SM1499101187)	344,410	0.24%

Resource partner type	Resource partner	Total (US\$)	Percentage
	Czech Committee for UNICEF (SM1499101247, SM1499101251)	285,562	0.20%
	Polish Committee for UNICEF (SM1499101057, SM1499101180, SM1499101181, SM1499101331)	258,375	0.18%
	Austrian Committee for UNICEF (SM1499101088, SM1499101266)	191,430	0.13%
	Iceland Committee for UNICEF (SM1499101082, SM1499101315)	179,342	0.12%
	Hellenic National Committee (SM1499100803, SM1499101143)	156,592	0.11%
	Turkish Committee for UNICEF (SM1499101285, SM1499101354)	141,853	0.10%
	Hungarian Committee for UNICEF (SM1499101341, SM1499101344)	109,059	0.08%
	Hong Kong Committee for UNICEF (SM1499101308)	97,382	0.07%
	Slovak Committee for UNICEF (SM1499101239, SM1499101330)	38,019	0.03%
	Andorran Committee for UNICEF (SM1499101093, SM1499101215, SM1499101314)	30,006	0.02%
	Lithuanian Committee for UNICEF (SM1499101351)	12,821	0.01%
	Slovenian Committee for UNICEF (SM1499101199)	10,433	0.01%
	Field offices private sector fundraising 2%	UNICEF Thailand (SM1499100230, SM1499100831, SM1499100893, SM1499100895, SM1499101039, SM1499101058, SM1499101176, SM1499101281, SM1499101306)	1,516,782
UNICEF Ecuador (SM1499100870, SM1499101319)		348,272	0.24%
UNICEF Argentina (SM1499100737, SM1499100887, SM1499101214, SM1499101291, SM1499101312)		145,898	0.10%
UNICEF China (SM1499100743, SM1499100745, SM1499100890, SM1499101263, SM1499101361)		104,253	0.07%
UNICEF Croatia (SM1499100766, SM1499101018)		100,536	0.07%
UNICEF Mexico (SM1499100245, SM1499101178, SM1499101310)		90,232	0.06%
UNICEF Brazil (SM1499101021, SM1499101287, SM1499101302)		89,168	0.06%
UNICEF Colombia (SM1499101188, SM1499101309)		61,849	0.04%
UNICEF Ukraine (SM1499101219)		30,000	0.02%
UNICEF Dominican Republic (SM1499101292)		21,636	0.01%
UNICEF United Arab Emirates (SM1499100830, SM1499100853, SM1499101347)		20,095	0.01%
UNICEF Malaysia (SM1499100860, SM1499101349)		16,827	0.01%
UNICEF Chile (SM1499101027, SM1499101350, SM1499101358)		15,394	0.01%
UNICEF Peru (SM1499101218)		12,284	0.01%
UNICEF Venezuela (SM1499101360)		6,807	0.00%
UNICEF Philippines (SM1499100888)		3,485	0.00%
UNICEF Sri Lanka (SM1499101203)		3,227	0.00%
UNICEF Bulgaria (SM1499101019)	1,549	0.00%	

Resource partner type	Resource partner	Total (US\$)	Percentage
	UNICEF India (SM1499100900)	146	0.00%
	UNICEF Morocco (SM1499100204)	10	0.00%
International online donations <1%	(SM1499100748, SM1499100749, SM1499100750, SM1499100751, SM1499100752, SM1499100923, SM1499101016, SM1499101017, SM1499101025, SM1499101356, SM1499101357)	287,721	0.20%
International online donations <1%	UN Women's Guild (SM1499101225)	20,000	0.01%
Grand total		145,403,140	100.00%

i Grant numbers are provided for International Aid Transparency Initiative compliance.

TABLE 2

Top 20 resource partners to humanitarian action, 2016

	Donor	Total (US\$)
1	United States of America	405,457,804
2	Germany	192,498,199
3	The United Kingdom	175,826,261
4	Japan	124,370,000
5	Central Emergency Response Fund (United Nations)	104,360,525
6	European Commission	94,305,241
7	Canada	64,963,124
8	Netherlands	56,641,615
9	Country-Based Pooled Funds ⁱⁱ	47,689,264
10	Norway	44,902,522
11	Sweden	36,517,969
12	United States Fund for UNICEF	35,982,365
13	German Committee for UNICEF	35,166,745
14	United Kingdom Committee for UNICEF	20,555,878
15	Saudi Arabia	16,800,000
16	Japan Committee for UNICEF	15,918,048
17	Denmark	14,040,975
18	France	9,579,704
19	Belgium	9,199,070
20	Italy	8,799,162

In accordance with International Public Sector Financial Reporting Standards, all figures presented are revenue based, as at 3 April 2017.

ii Country-Based Pooled Funds are multi-donor humanitarian financing instruments established by the Emergency Relief Coordinator. They are managed by OCHA at the country-level under the leadership of the Humanitarian Coordinator. Donor contributions to each Country-Based Pooled Fund are un-earmarked and allocated by the Humanitarian Coordinator through an in-country consultative process. As of 2016, Country-Based Pooled Funds operate in 18 countries.

Utilizing revenue from 2016 and resources from prior years, UNICEF emergency earmarked funding expenses in 2016 totalled US\$1.8 billion⁸² (see Table 3) – 36 per cent of the organization’s total expenses of US\$5.1 billion. This represented an 8 per cent increase from emergency earmarked funding expenses in 2015 (US\$1.7 billion).⁸³

More than half of all emergency earmarked expenses (52 per cent – US\$942 million) was in the Middle East and North Africa. The top four countries in terms of amount of emergency earmarked funding spent were responding to the crises in and around the Syrian Arab Republic and Iraq. UNICEF emergency earmarked funding expenses

in response to the deteriorating situation in South Sudan were the fifth largest and in Yemen were the sixth highest. Overall more than half of total emergency earmarked funding expenses were concentrated in six countries and four crises.

WASH comprised the largest share of emergency earmarked funding expenses, with 28 per cent, followed by education with 23 per cent. The proportion going to education was an increase from 19 per cent in 2015 and shows the increasing importance of continuing children’s learning in humanitarian crises.

TABLE 3
Expenses by outcome area, 2016 (US\$)

Prorated outcome area	Other resources - emergency	Other resources - regular	Regular resources	Grand total
Health	280,879,081	886,551,487	220,885,223	1,388,315,792
HIV and AIDS	5,643,170	57,100,983	39,082,348	101,826,501
WASH	505,688,561	329,584,431	113,243,927	948,516,919
Nutrition	273,498,042	199,596,817	150,694,118	623,788,977
Education	419,158,876	521,022,101	154,990,433	1,095,171,410
Child protection	213,141,380	237,591,874	154,985,647	605,718,901
Social inclusion	119,744,556	83,305,045	127,572,671	330,622,272
Grand total	1,817,753,666	2,314,752,739	961,454,368	5,093,960,772

Totals may not tally due to rounding.

FIGURE 15

Other resources – emergency expenses by Strategic Plan outcome area, 2016: US\$1.8 billion

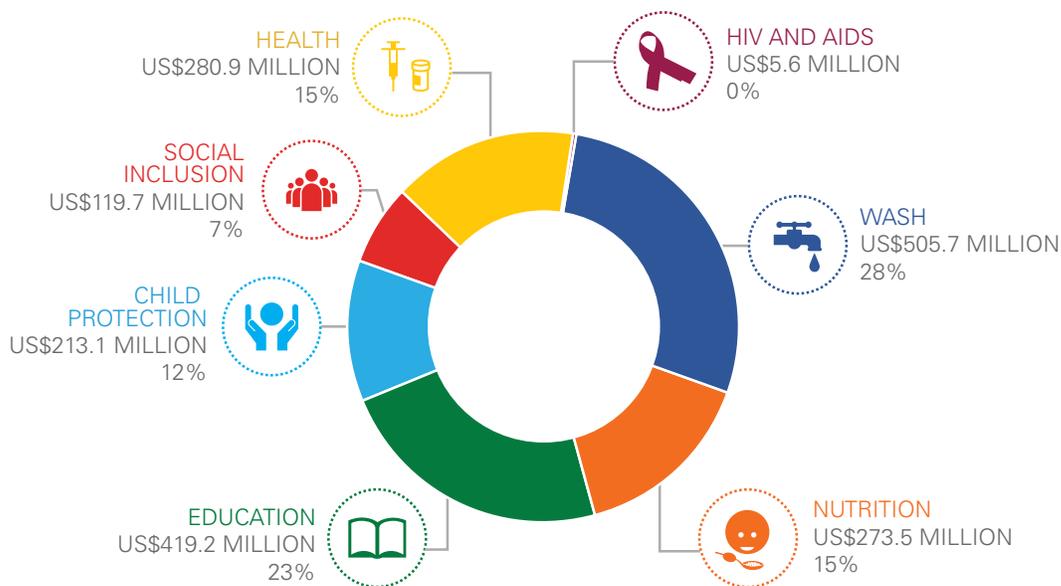


FIGURE 16

Other resources – emergency expenses by region, 2016

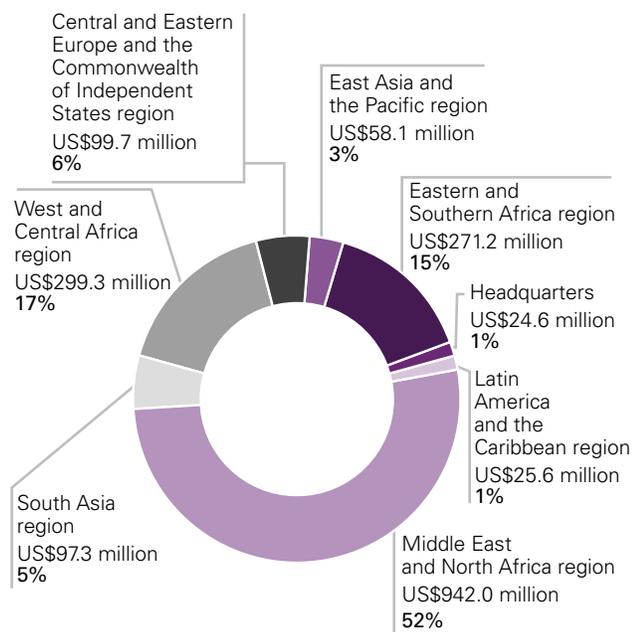


TABLE 4

Top 10 country expenses for emergencies, 2016

Country	Total (US\$)
Lebanon	243,431,072
Iraq	164,390,871
Syrian Arab Republic	161,093,533
Jordan	152,155,076
South Sudan	98,036,031
Yemen	95,833,152
Turkey	63,101,690
Nepal	63,014,894
Ethiopia	61,825,614
Somalia	58,814,221
Grand total	1,161,696,152

Totals may not tally due to rounding.

FUTURE WORKPLAN

As humanitarian needs have continued to rise around the world,⁸⁴ so have the number of children requiring life-saving assistance. By the end of 2016, one out of every four children in the world was living in a country affected by conflict, natural disasters or epidemics.⁸⁵ So many of these children have grown up with war, been uprooted from their homes, and faced grave violations of their rights.

In 2017, UNICEF will continue to invest in strengthening its capacity and systems – both in humanitarian action and development programmes – to be better equipped to address these challenges, by saving lives and protecting rights, and addressing the underlying causes of vulnerability to disasters, fragility and conflict. This work will be grounded in UNICEF's commitment to reach every child by improving the effectiveness of its humanitarian action and strengthening the nexus between its humanitarian and development programmes, in line with the commitments made at the 2016 World Humanitarian Summit and in the Grand Bargain. UNICEF will engage with the United Nations system in line with the 'New Way of Working' and national and local counterparts, in support of collective outcomes that reduce risk and vulnerability and support the achievement of the Sustainable Development Goals.

The need for multi-year plans alongside the criticality of predictable, flexible and longer-term funding was widely endorsed at the World Humanitarian Summit and reflected in the Grand Bargain commitments. In follow-up to the Grand Bargain, UNICEF and the Government of Canada will convene partners around the work stream on multi-year planning and funding. UNICEF has also been actively involved in other work streams for more effective and efficient response – for example, on transparency, localization, cash, harmonized reporting and the humanitarian-development nexus.

UNICEF will continue to emphasize accountability to affected people and their participation in response, in close collaboration with humanitarian partners. Under the Communications and Community Engagement initiative, for example, UNICEF will work with the Communication with Disaster Affected Communities Network, IFRC and OCHA to roll out a common approach to accountability to affected populations that facilitates more timely, systematic and predictable engagement across humanitarian actors

and clusters/sectors. UNICEF will also leverage its role as cluster lead agency for WASH, nutrition, education and child protection to strengthen field-based coordination and enhance the effectiveness of response, particularly with regard to accountability to affected populations, preparedness and improving alignment with national systems and sectoral work.

Child protection and education will remain central to UNICEF's humanitarian action in 2017. UNICEF will support child protection actors to generate and use evidence in humanitarian settings; expand emergency case management and information management; support the scale-up of assistance for victims of sexual exploitation and abuse; and develop and roll out new global tools to support humanitarian action, including on community-based psychosocial support and child recruitment, release and reintegration. Under Education Cannot Wait, UNICEF and partners will address inadequate and unpredictable funding for education in emergencies, one of the most chronic impediments to the delivery of inclusive, quality education in humanitarian situations. Building on the progress made in 2016, UNICEF will also scale up early childhood development interventions in the context of emergency response to address the risks to child development in situations of conflict and turbulence.

As part of the ongoing response to refugee and migrant crises around the world, UNICEF will continue to advocate for the inclusion of children's best interests at the centre of the inter-governmental and inter-agency consultation processes for the Global Compact for Safe, Regular and Orderly Migration, led by the International Organization for Migration, and the UNHCR-led Global Compact on Refugees and the Comprehensive Refugee Response Framework. At the same time, UNICEF will strengthen its internal capacity for responding to the humanitarian needs of children who have migrated across borders or been forcibly displaced.

UNICEF will expand its use of cash-based programming to help families overcome immediate financial barriers so that they are able to meet their immediate needs and access goods and services in a dignified manner. UNICEF's work on humanitarian cash transfers also aims to strengthen individual resilience as well as national social protection

systems and boost local economies in both the short and long term. UNICEF will generate evidence through operational research and evaluations on the impact of humanitarian cash transfers and results for children.

UNICEF will advance efforts to strengthen its budget and programme planning, as well as monitoring, for country offices planning for or responding to humanitarian crises. In line with the organizational focus on results-based management, UNICEF is developing a range of tools to strengthen programme planning and resource allocation to yield improved results and accountability in humanitarian crisis response. A new enterprise planning application (Budget Formulation Tool) will streamline and simplify the estimation of resource requirements and other resources – emergency ceilings to achieve outputs and outcomes that are fully and strategically integrated into programming processes. Furthermore, UNICEF will introduce an online platform, 'eTools', to facilitate a results-based approach through expanded monitoring in the field and higher-frequency monitoring in a few priority indicators.

In the coming years, as part of UNICEF's commitment to evidence-based programming, the organization will pursue a research agenda targeting areas of persistent humanitarian challenges and evidence gaps. Research will prioritize the identification of practical operational strategies to improve the effectiveness and efficiency of humanitarian interventions. Specific evidence priorities include systematic approaches for accountability to affected populations, pre-financing mechanisms for high-risk emergency contexts, best practices for UNICEF urban and cash interventions and access strategies in high-threat environments.

To help UNICEF staff better prepare for and respond to the increasingly complex humanitarian landscape, humanitarian learning tools developed in 2016 will be rolled out organization-wide in 2017. These will be incorporated into emergency preparedness and response learning packages to be implemented in 2017, in line with UNICEF's new guidance and procedure for preparedness. UNICEF will also continue to expand the reach of its assistance by further equipping staff with the tools and skills they need to increase and sustain humanitarian access. This will include continuing to strengthen knowledge and capacities with regard to applying humanitarian principles; facilitate alternative implementation modalities (e.g., remote versus direct implementation); increase the use of third-party monitoring; engage with non-state entities; conduct humanitarian negotiations; provide humanitarian civil-military coordination; enhance presence through partnership; and determine programme criticality. UNICEF will also continue to strengthen its advocacy and response capacity for enhanced respect of principled humanitarian action and international human rights and humanitarian law.

In all efforts, UNICEF will continue to work closely with partners, including governments and donors, to provide immediate relief in humanitarian crises, as well as jointly contribute to longer-term solutions.



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May 2016. A girl shows the painting she made in the shelter in the village of Portoviejo, Manabi District, Ecuador, during an entertainment event organized by a volunteer group, Caminartes. UNICEF had undertaken preparedness measures before the earthquake struck that allowed for the immediate provision of emergency education, health and WASH supplies to affected children.

EXPRESSION OF THANKS

UNICEF expresses its gratitude to all resource partners whose overall contributions supported the organization's humanitarian action in 2016. 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 that 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 as part of efforts to 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 that 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. UNICEF is especially grateful for contributions of global thematic funds, which provide the most flexible resources for emergency response.

ABBREVIATIONS AND ACRONYMS

ART	antiretroviral therapy	NGO	non-governmental organization
C4D	Communication for Development	OCHA	United Nations Office for the Coordination of Humanitarian Affairs
CADRI	Capacity for Disaster Reduction Initiative	REACH	Renewed Efforts Against Child Hunger and Undernutrition
CCC	Core Commitments for Children in Humanitarian Action	SMART	Standardized Monitoring and Assessment of Relief and Transition
DFID	Department for International Development (United Kingdom)	UNFPA	United Nations Population Fund
GBV	gender-based violence	UNHCR	Office of the United Nations High Commissioner for Refugees
HPM	humanitarian performance monitoring	USAID	United States Agency for International Development
IASC	Inter-Agency Standing Committee	WASH	water, sanitation and hygiene
ICT	information and communication technology	WFP	World Food Programme
IFRC	International Federation of Red Cross and Red Crescent Societies	WHO	World Health Organization
IYCF	infant and young child feeding		

ENDNOTES

1. Office for the Coordination of Humanitarian Affairs, *Global Humanitarian Overview 2017*, OCHA, 2017.
2. United Nations Children's Fund, 'Nearly a quarter of the world's children live in conflict or disaster-stricken countries: UNICEF', UNICEF, 9 December 2016, <www.unicef.org/media/media_93863.html>.
3. Does not include responses where UNICEF does not have a country office, such as in parts of Europe.
4. Data collection methodology based on country office phone interviews for 2005, country office questionnaire for 2006-2009, and country office annual report questionnaire for 2010-2016.
5. The targets referenced in this report were set by country offices in the Humanitarian Action for Children appeal. In every case where the targets were exceeded and emergencies were underfunded, non-emergency funds were re-programmed for emergency response.
6. Target not aggregated for response in the context of the Lake Chad Basin crisis.
7. The phases of humanitarian programming are: (1) planning needs assessment and response; (2) assessment, project design or response planning; (3) project implementation, distribution and service delivery; and (4) monitoring.
8. The Immediate Response Team 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.
9. Based on country office reporting, and may reflect multiple partnerships with the same civil society organization between countries and regions.
10. The Rapid Response Team provides rapidly deployable professionals with coordination and technical capacity in clusters/areas of responsibility where UNICEF has a leadership role.

11. This is the amount of other resources – emergency-funded supplies and does not include services and supply procurement via programme cooperation agreements or direct cash transfers with partners. Supplies delivered against emergency orders totalled US\$142.3 million (for 62 countries), of which \$111.3 million (78 per cent) was funded by other resources – emergency.
12. In Angola, the Emergency Programme Fund was also used to scale up the yellow fever response.
13. Office for the Coordination of Humanitarian Affairs, *New Way of Working*, OCHA, 2017, <www.agendaforhumanity.org/sites/default/files/20170228%20NWovW%2013%20high%20res.pdf>.
14. Office for the Coordination of Humanitarian Affairs, *Global Humanitarian Overview 2017*, OCHA, 2017.
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16. United Nations Children’s Fund, ‘Syrian crisis’, UNICEF, <www.unicef.org/emergencies/syria/>.
17. United Nations Children’s Fund, ‘Iraq’, *Humanitarian Action for Children 2017*, UNICEF, <www.unicef.org/appeals/iraq.html>.
18. United Nations Children’s Fund, ‘South Sudan regional crisis’, *Humanitarian Action for Children 2017*, UNICEF, <www.unicef.org/appeals/south_sudan_crisis.html>.
19. United Nations Children’s Fund, *Humanitarian Action for Children 2017: Overview*, UNICEF, January 2017.
20. Office for the Coordination of Humanitarian Affairs, *Global Humanitarian Overview 2017*, OCHA, 2017.
21. United Nations Children’s Fund West and Central Africa Regional Office, *Consolidated Emergency Report 2016*, UNICEF.
22. United Nations Children’s Fund, ‘Lake Chad basin crisis’, *Humanitarian Action for Children 2017*, UNICEF, <www.unicef.org/appeals/lake_chad_basin.html>.
23. United Nations Children’s Fund, ‘Burundian refugees’, *Humanitarian Action for Children 2017*, UNICEF, <www.unicef.org/appeals/burundian_refugees.html>.
24. United Nations Children’s Fund, *Humanitarian Action for Children 2017: Overview*, UNICEF, January 2017.
25. United Nations Children’s Fund, ‘Southern Africa El Niño/La Niña’, *Humanitarian Action for Children 2017*, UNICEF, <www.unicef.org/appeals/el-nino-crisis.html>.
26. Center for Research on the Epidemiology of Disasters, CRED Crunch, no. 45, December 2016.
27. United Nations Children’s Fund, ‘Ecuador’, *Humanitarian Action for Children 2016*, UNICEF, <www.unicef.org/appeals/files/2016_May_Ecuador_HAC.pdf>.
28. United Nations Children’s Fund, ‘Haiti’, *Humanitarian Action for Children 2017*, UNICEF, <www.unicef.org/appeals/haiti.html>.
29. United Nations Children’s Fund, *Humanitarian Action for Children 2017: Overview*, UNICEF, January 2017.
30. United Nations Children’s Fund, *Humanitarian Action for Children 2017*, UNICEF, January 2017.
31. Does not include responses where UNICEF does not have a country office, such as in parts of Europe.
32. Data collection methodology based on country office phone interviews for 2005, country office questionnaire for 2006-2009, and country office annual report questionnaire for 2010-2016.
33. United Nations Children’s Fund Haiti, *Consolidated Emergency Report 2016*, UNICEF.
34. Calculated based on data from the consolidated emergency reports for Angola, Madagascar, Malawi, Mozambique, Swaziland and Zimbabwe, and the Lesotho Country Office Annual Report.
35. United Nations Children’s Fund Ecuador, *Consolidated Emergency Report 2016*, UNICEF, March 2017.
36. United Nations Children’s Fund Iraq, *Consolidated Emergency Report 2016*, UNICEF.
37. United Nations Children’s Fund Middle East and North Africa Regional Office, *Syria Crisis 2016 Consolidated Emergency Report*, UNICEF.
38. Child and family support hubs, also called ‘blue dots’, provide a safe space for vulnerable children and families on the move, as well as vital services, play, protection and counselling, in a single location.
39. United Nations Children’s Fund Central and Eastern Europe and the Commonwealth of Independent States Regional Office, *Refugee and Migrant Crisis in Europe Consolidated Emergency Report 2016*, UNICEF, March 2017.
40. United Nations Children’s Fund Nigeria, *Consolidated Emergency Report 2016*, UNICEF.
41. United Nations Children’s Fund Latin America and the Caribbean Regional Office, *ZIKV Response to the Zika Virus in Latin America and the Caribbean*, UNICEF, March 2017.
42. United Nations Children’s Fund Middle East and North Africa Regional Office, *Syria Crisis 2016 Consolidated Emergency Report*, UNICEF.

43. The Whole of Syria response brings together relief efforts inside the Syrian Arab Republic and cross-border efforts originating from Turkey and Jordan.
44. Includes deployments to Angola, Lesotho, Malawi, Mozambique, Swaziland and Zimbabwe.
45. Humanitarian expenses are defined as the sum of all other resources – emergency expenses, Emergency Programme Fund expenses and all expenses from other resources – regular and regular resources that are tagged as humanitarian. The 52 per cent is the proportion of expenses by country offices (excluding headquarters and regional offices) classified by each office as humanitarian.
46. This amount captures other resources – emergency humanitarian spending and excludes spending related to humanitarian action from regular resources or other resources – regular.
47. Calculated based on UNICEF country office reporting.
48. 'Ready to Respond: Why is preparedness worth it?' OCHA, UNHCR, UNICEF, WFP and UKaid, 2017.
49. Except where noted otherwise, information comes from United Nations Children's Fund West and Central Africa Regional Office, *Consolidated Emergency Report 2016*, UNICEF.
50. United Nations Children's Fund Nigeria, *Consolidated Emergency Report 2016*, UNICEF.
51. Targets were not aggregated across the Lake Chad Basin. Source: United Nations Children's Fund, 'UNICEF's Response to the Lake Chad Basin Crisis 2017', UNICEF.
52. United Nations Children's Fund Yemen, *Consolidated Emergency Report 2016*, UNICEF.
53. The six policy asks were: 1) protect child refugees and migrants, particularly unaccompanied children, from exploitation and violence; 2) end the detention of children seeking refugee status or migrating; 3) keep families together as the best way to protect children and give children legal status; 4) keep all refugee and migrant children learning and give them access to health and other quality services; 5) press for action on the underlying causes of large-scale movements of refugees and migrants; and 6) promote measures to combat xenophobia, discrimination and marginalization in countries of transit and destination.
54. United Nations Children's Fund South Sudan, *Consolidated Emergency Report 2016*, UNICEF.
55. United Nations Children's Fund Iraq, *Consolidated Emergency Report 2016*, UNICEF.
56. Major humanitarian situations defined as Level 2 or Level 3 emergencies.
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62. UNICEF Global Databases, 2015, available at <<https://data.unicef.org/topic/nutrition/malnutrition/#>>.
63. United Nations Children's Fund, 'UNICEF's Response to the Lake Chad Basin Crisis 2017', UNICEF.
64. Data from UNICEF country offices.
65. Ibid.
66. Ibid.
67. US\$113.4 million from Dubai Cares, the European Commission and the Governments of Norway, the United Kingdom, the United States of America and the Netherlands.
68. CCC standards for coordination are 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. In education, this result highlights the need for performance management systems and convening partners at the country level.
69. Calculated based on OCHA Financial Tracking Service data, using the methodology outlined in 'UNICEF Strategic Plan Education Profiles and Indicator Guidance'.

70. Office for the Coordination of Humanitarian Affairs, 'Bulletin humanitaire Tchad', no. 01, OCHA, January 2017.
71. United Nations High Commissioner for Refugees, January 2017.
72. United Nations Children's Fund, 'Situation: Children, Adolescents and AIDS in 2016', UNICEF, <www.childrenandaids.org/situation>.
73. The phases of humanitarian programming are: (1) planning needs assessment and response; (2) assessment, project design or response planning; (3) project implementation, distribution and service delivery; and (4) monitoring.
74. This is the amount of other resources – emergency-funded supplies and does not include services and supply procurement via programme cooperation agreements or direct cash transfers with partners. Supplies delivered against emergency orders totalled US\$142.3 million (for 62 countries), of which \$111.3 million (78 per cent) was funded by other resources – emergency.
75. The 157.7 million doses of oral polio vaccine included 110 million doses of bivalent oral polio vaccine and 47.7 million doses of monovalent oral polio vaccine type 2 to stop the spread of type 1 and type 2 wild polio virus.
76. Deployments in 2016 do not include 92 missions of seven days or less, unlike in previous years.
77. Includes deployments to Angola, Lesotho, Malawi, Mozambique, Swaziland and Zimbabwe.
78. United Nations Children's Fund, 'Human Resources Surge Guidelines: A Guide to UNICEF's Human Resources Surge Modalities in Humanitarian Crises', UNICEF, 2016.
79. Duty stations have classified level of hardship according to conditions of life and work. They are classified by the International Civil Service Commission, and there are six categories, H (Headquarters) and A through E.
80. Since 2012, UNICEF complies with International Public Sector Accounting Standards. All reporting of recognized revenue is in line with these standards.
81. In Angola, the Emergency Programme Fund was also used to scale up the yellow fever response.
82. This captures other resources – emergency humanitarian spending; it does not include spending related to humanitarian action from regular resources or other resources – regular.
83. Expenses exceeded revenue due to revenue being utilized over several years, based on the grant agreement, while expenses cover actual utilization in the calendar year. This is especially true in the case of multi-year funding agreements.
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