unicef

for every child

Annual Results Report
2017
Humanitarian Action

UNICEF's Strategic Plan 2014–2017 guides the organization's work in support of the realization of the rights of every child. At the core of the Strategic Plan, UNICEF's equity strategy – which emphasizes reaching the most disadvantaged and excluded children, caregivers and families – translates this commitment to children's rights into action.
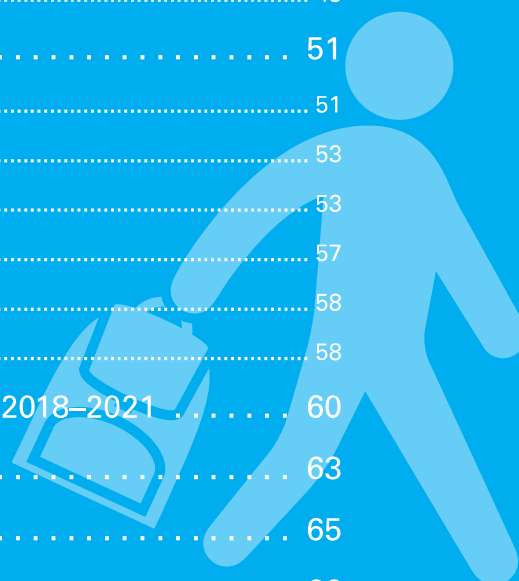
The following report summarizes how UNICEF and its partners contributed to humanitarian action in 2017 and reviews the impact of these accomplishments on children and the communities where they live. This is one of nine reports on the results of efforts during the past year, encompassing gender equality and humanitarian action as well as each of the seven Strategic Plan outcome areas – health, HIV and AIDS, WASH, nutrition, education, child protection and social inclusion. It complements the 2017 Executive Director Annual Report (EDAR), UNICEF's official accountability document for the past year.
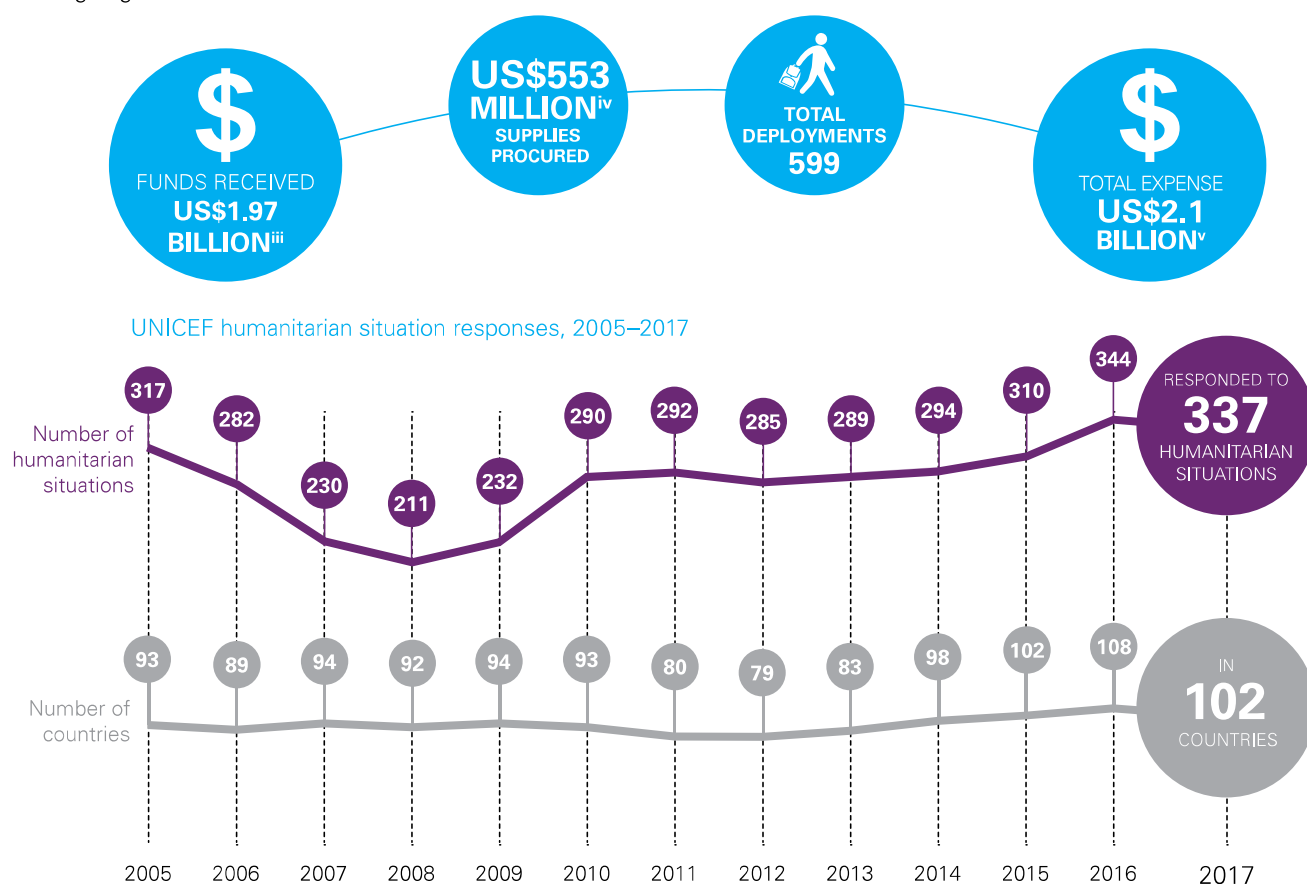
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EXECUTIVE SUMMARY

In 2017, violent conflict drove humanitarian needs to critical levels. By the end of the year, approximately 350 million children[1] were living in areas affected by conflict and lacked access to adequate medical care, quality education, proper nutrition and protection. Over the past 10 years, the number of children living in conflict zones has increased by 74 per cent[2] and protracted crises persist with no signs of abating. These complex crises have resulted in mass displacement, with an estimated 65 million people[3] around the globe forced to flee their homes.

The protracted conflicts in the Central African Republic, the Democratic Republic of the Congo, Iraq, Mali, Nigeria, Somalia, South Sudan, the Syrian Arab Republic, Ukraine, Yemen and the Lake Chad Basin continued to deepen in complexity in 2017, bringing new waves of violence, displacement and disruption to children's lives. The year also saw millions of people impacted by rapidly escalating emergencies, including the refugee crisis in Bangladesh, and increasing violence in the Kasai region of the Democratic Republic of the Congo. In some countries, conflict led to the breakdown of public services, which fuelled the spread of disease, including cholera.

FIGURE 1: Global response in 2017

In 2017, 102 country offices[i] responded to 337 humanitarian situations. Since 2010, UNICEF has responded to an average of over 305 humanitarian situations in nearly 93 countries each year. The number of situations in 2017 was the second largest since tracking began in 2005.[ii]

FUNDS RECEIVED
US$1.97 BILLION[iii]

US$553 MILLION[iv]
SUPPLIES PROCURED

TOTAL DEPLOYMENTS
599

TOTAL EXPENSE
US$2.1 BILLION[v]

UNICEF humanitarian situation responses, 2005–2017

Number of humanitarian situations:
2005: 317, 2006: 282, 2007: 230, 2008: 211, 2009: 232, 2010: 290, 2011: 292, 2012: 285, 2013: 289, 2014: 294, 2015: 310, 2016: 344, 2017: RESPONDED TO **337** HUMANITARIAN SITUATIONS

Number of countries:
2005: 93, 2006: 89, 2007: 94, 2008: 92, 2009: 94, 2010: 93, 2011: 80, 2012: 79, 2013: 83, 2014: 98, 2015: 102, 2016: 108, 2017: IN **102** COUNTRIES

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

[ii] Data based on country office annual report questionnaires for 2010–2017. 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 figure represents other resources – emergency funds received (cash) in 2017, which is different from other resources – emergency revenue, which represents the contribution signed during a specific year, including multi-year contributions.

[iv] This is emergency supplies procured, and of this US$257.8 million is from other resources – emergency.

[v] Expenses exceeded contributions received in 2017 due to actual utilization of funds received in the same year plus funds carried forward from 2016 which were utilized in 2017. This is especially true in the case of multi-year funding agreements.
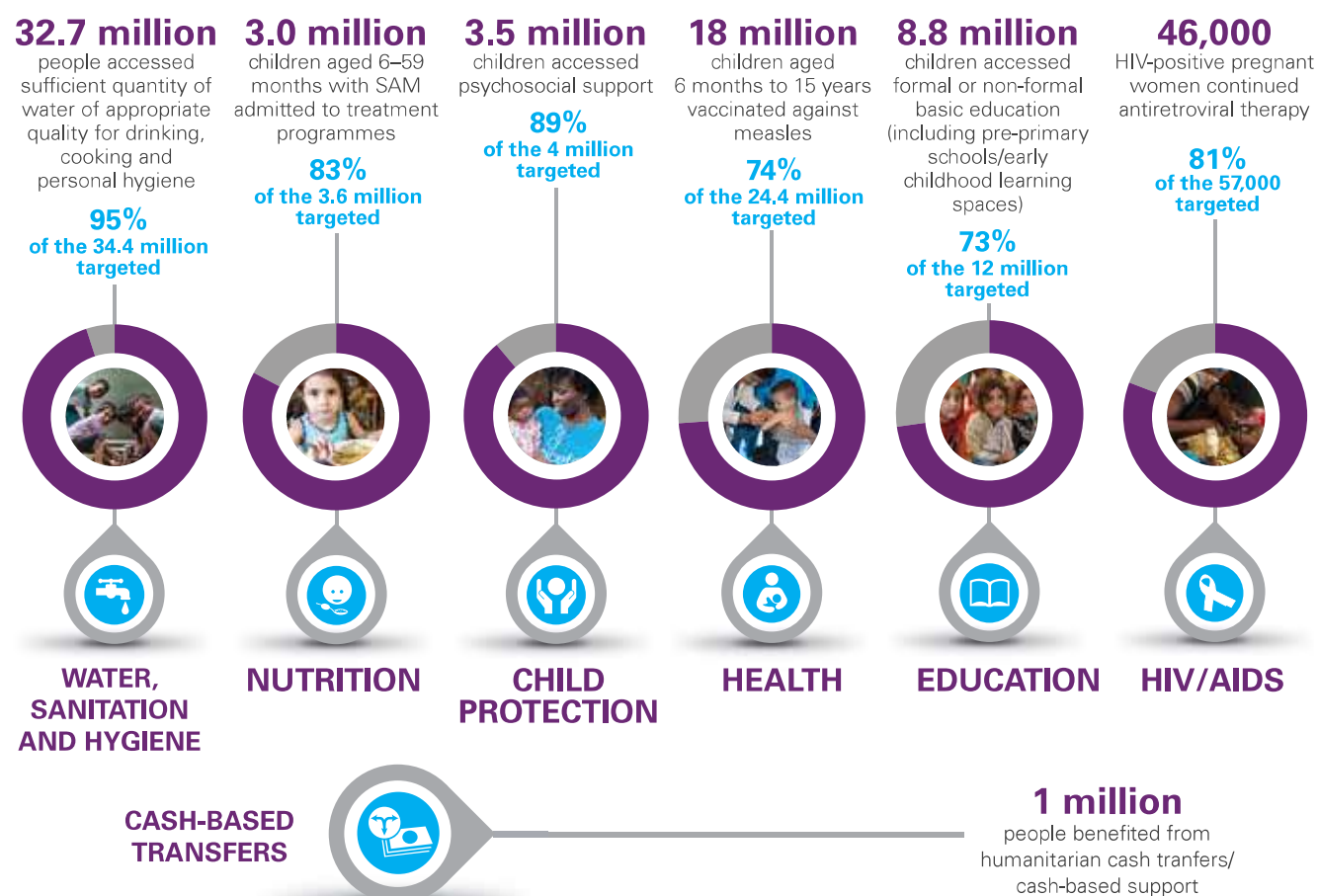
UNICEF's work and key results in 2017[4]

In 2017, UNICEF and partners responded to 337 humanitarian situations of various scales in 102 countries – the second largest number of situations recorded since tracking began more than a decade ago (*see Figure 1*). In line with the UNICEF 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. Counting expenses from regular resources and other resources–regular classified by offices as humanitarian, more than half (55 per cent) of all country-level spending in 2017 supported humanitarian action.

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 multisector approach; and collaborating with its extensive network of partners, which includes governments, civil society and the private sector, within the broader humanitarian system. As cluster lead agency, UNICEF strengthened coordination mechanisms and mobilized partners for more effective humanitarian action in some of the most complex emergencies of recent years.

This enabled UNICEF and partners, through their humanitarian action, to deliver results for millions of children in a variety of emergency contexts in 2017 (*see Figure 2*). Globally, more than 32.7 million people benefited from UNICEF-supported access to safe water (95 per cent of the 34.4 million targeted), including more than 5.9 million

FIGURE 2: Delivering humanitarian results for children

These are some of the key humanitarian results achieved against targets for children by UNICEF and partners in 2017. In some contexts, achievements were constrained by limited resources, including across sectors; inadequate humanitarian access; insecurity; and challenging operating environments.

32.7 million people accessed sufficient quantity of water of appropriate quality for drinking, cooking and personal hygiene

95% of the 34.4 million targeted

WATER, SANITATION AND HYGIENE

3.0 million children aged 6–59 months with SAM admitted to treatment programmes

83% of the 3.6 million targeted

NUTRITION

3.5 million children accessed psychosocial support

89% of the 4 million targeted

CHILD PROTECTION

18 million children aged 6 months to 15 years vaccinated against measles

74% of the 24.4 million targeted

HEALTH

8.8 million children accessed formal or non-formal basic education (including pre-primary schools/early childhood learning spaces)

73% of the 12 million targeted

EDUCATION

46,000 HIV-positive pregnant women continued antiretroviral therapy

81% of the 57,000 targeted

HIV/AIDS

CASH-BASED TRANSFERS

1 million people benefited from humanitarian cash tranfers/cash-based support

people in the Syrian Arab Republic. Nearly 3 million children with severe acute malnutrition (SAM) were admitted for treatment (83 per cent of the 3.6 million targeted), including over 226,500 people in Yemen reached through feeding centres and mobile teams. More than 18 million children aged 6 months to 15 years received measles vaccination (74 per cent of the 24.4 million targeted), including over 4.4 million children affected by the ongoing crisis in the Lake Chad Basin. More than 46,000 HIV-positive pregnant women continued antiretroviral therapy (81 per cent of the 57,000 targeted), including more than 3,000 in the Central African Republic.

UNICEF also reached more than 8.8 million school-aged children with formal or non-formal education (73 per cent of the 12 million targeted), including nearly 186,000 girls and boys affected by conflict or natural disaster across the Democratic Republic of the Congo. More than 3.5 million children benefited from psychosocial support (89 per cent of the 4 million targeted), including more than 133,000 children uprooted from their homes in Bangladesh. Over 1 million crisis-affected people benefited from UNICEF supported humanitarian cash transfers during the year.[5] Furthermore, in partnership with the World Bank, UNICEF also delivered cash transfers to over 1.3 million of the most vulnerable households in Yemen, including many in humanitarian situations, reaching nearly one third of the population.

In 2017, UNICEF continued to prioritize reaching the most vulnerable – particularly girls, children with disabilities, young children, adolescents and other marginalized groups – in humanitarian contexts. For example, in the last four years, the number of UNICEF country offices reporting on disability-inclusive humanitarian action increased six-fold, demonstrating the growing importance of this area of work; and in 2017, twenty-five UNICEF country offices reported work on children with disabilities in emergency contexts. For example, in the Syrian Arab Republic, UNICEF supported the rehabilitation of water, sanitation and hygiene (WASH) facilities in 558 schools across 10 governorates, ensuring accessibility for children and adults with disabilities, and ultimately benefiting nearly 384,000 students.

Human resources were essential to UNICEF's ability to respond. For example, the Emergency Response Team (ERT) – comprising 14 members with specialized skills in emergency coordination, programming and operations – undertook 58 missions to 17 countries, 4 regional offices and 4 headquarters locations over the course of the year, totalling 2,001 days of support. This included, for example, the deployment of a health specialist to Yemen, who supported the establishment of three emergency operations centres and the development of context-specific cholera training and toolkits. During the year, the demand for rapid surge capacities continued to rise, and UNICEF approved the expansion of the ERT from 14 to 26 members (effective in 2018).

UNICEF also scaled up its work on the prevention from sexual exploitation and abuse by humanitarian workers in 16 countries in 2017, focusing on contexts experiencing a large-scale humanitarian response. In Bangladesh, UNICEF provided partners with related training at the outset of the refugee response and worked with the International Organization for Migration (IOM) to establish the Protection from Sexual Exploitation and Abuse Network in Cox's Bazar, which UNICEF now co-chairs.

The year saw UNICEF increase efforts to bridge humanitarian action and development programming as an organization-wide focus, reflected in the new UNICEF Strategic Plan, 2018–2021, and in line with the commitments made to improve humanitarian efficiency and effectiveness during the 2016 World Humanitarian Summit and as part of the Grand Bargain.[6] This included efforts to expand support for local and national responders, increase the use and coordination of cash-based programming, continue to invest in preparedness and resilience building, and strengthen the organization's accountability to affected populations (AAP).

UNICEF continued to invest in strengthening its early warning and early preparedness in 2017, with 100 per cent of UNICEF country offices having become familiar with the new procedure/Emergency Preparedness Platform (EPP) through staff training on undertaking risk analysis and preparedness planning within the new platform.[7] In 2017, the organization initiated the roll-out of the Emergency Preparedness System, including the EPP, an online tool that will help teams to (1) analyse risks; (2) self-assess the capacity in-country to respond to those risks; and (3) identify high-return preparedness actions (e.g., the pre-positioning of emergency supplies) to facilitate their readiness to respond before an emergency happens or a situation deteriorates. In 2017, the EPP was pilot-tested in six country offices, and 40 country offices took initial steps to adopt the Platform.

Engagement with affected populations continued to improve in 2017. Of 87 country offices reporting, 73 countries (84 per cent) reported that affected populations were consulted throughout one or more phases of humanitarian programming,[8] on par with 83 per cent in 2016 and 79 per cent in 2015. In the context of the refugee crisis in Bangladesh, for example, UNICEF established information and feedback centres within camps that provided critical information on services and life-saving messages to 200,000 affected people. To ensure a two-way dialogue on these critical issues, the centres were also designed to receive and respond to queries, feedback and complaints from the refugee community. More than 11,000 pieces of community feedback, queries and complaints were received and shared with sectors and sections through a digital platform and 95 per cent of cases were ultimately resolved.

As part of its inter-agency work on AAP, UNICEF established the Communication and Community Engagement Initiative,

Children draw water from a source built by UNICEF in Tshibambula, a village in the Kasai region of the Democratic Republic of the Congo (May 2017).

in partnership with the Office for the Coordination of Humanitarian Affairs (OCHA), the International Federation of Red Cross and Red Crescent Societies (IFRC), the Communicating with Disaster Affected Communities Network and several other partners. The initiative aims to develop common approaches to AAP, including at the level of UNICEF-led and co-led clusters, as well as collective services for more timely, systematic and predictable communication and community engagement mechanisms across humanitarian actors and clusters/sectors. In 2017, contacts were established with partners in Bangladesh, the Central Africa Republic and Yemen to roll out the initiative.

A strategic Communication for Development initiative rolled out in 2017 was the operationalization of the Social Science in Humanitarian Action Platform, which functions as a global good enabling the international community to have rapid and ready access to available knowledge and evidence on community realities to support preparedness for and response to humanitarian situations. For example, in Bangladesh, UNICEF was able to rapidly synthesize relevant data and evidence about Rohingya socio-cultural practices that ultimately informed culturally-sensitive community engagement activities in the refugee camps.

Partnerships remained crucial to UNICEF programme delivery and response coordination during the year. The organization collaborated with a total of 1,328 civil society partners in the field for its humanitarian programming in 2017, nearly 63 per cent of which were national partners. Overall, UNICEF transferred more than US$898 million of assets (cash plus value of supplies) to its civil society partners in 2017, including nearly US$423 million to national partners (47 per cent of total). For example, in South Sudan, UNICEF transferred US$55 million to its civil society organization (CSO) implementing partners in 2017, forty

per cent of which went to national partners that were critical to the delivery of results for children over the course of the year.

UNICEF's standby arrangements[9] with governments and partners were essential to the organization's ability to respond to humanitarian crises in 2017. Overall, 20 standby partners (out of 31 total standby partners) provided UNICEF with 28,758 days of support in 2017, the equivalent of approximately US$14.4 million of in-kind contributions. A total of 157 deployments[10] plus an additional 23 deployments to support emergency preparedness were undertaken during the year, including 137 standby personnel and 43[11] Rapid Response Team (RRT)[12] missions by standby personnel to support UNICEF programme, cluster and operational commitments. Fifty-five per cent of these were to Level 2 and Level 3 emergencies.[13]

UNICEF continued to support the humanitarian system and deliver on its responsibility for inter-agency coordination by mobilizing and leading collective efforts through its cluster lead agency role. In 2017, UNICEF led or co-led clusters or sectors in 70 countries for education, 69 for WASH, 64 for child protection, 58 for nutrition and 11 for gender-based violence.[14] Collaboration among the Global Nutrition, Food Security, Health and WASH Clusters in 2017 led to the call for action to avert famine in north-east Nigeria, Somalia, South Sudan and Yemen, and facilitated more integrated responses. During the year, all UNICEF-led clusters adapted their global strategies in line with ongoing humanitarian and development system reforms. With the support of cluster partners, including standby arrangements, global cluster RRTs provided direct coordination and information management support to 24 countries through 79 deployments – the equivalent of 3,122 deployment days[15] – and remote support to over 40 countries.

UNICEF's supply and logistics operations were a key element in the organization's humanitarian response in 2017. Over the course of the year, UNICEF procurement for emergencies reached US$553.3 million[16] globally. Supplies were received in 61 countries and territories facing emergencies. Direct support by the UNICEF Supply Division was provided through 16 staff deployments to emergency locations, including the crises in Bangladesh, the Caribbean and Yemen. Over the course of the year, UNICEF procured a total of US$112.2 million worth of nutrition products, making it the single largest component of the total UNICEF emergency supplies by value in 2017. The top five humanitarian responses that benefited from these products were Bangladesh, Nigeria, the Syrian Arab Republic and Syrian refugee-hosting countries, Yemen and the Horn of Africa. Combined, these responses reached more than 1.16 million children with SAM treatment in 2017.

The year's results were made possible by the generous contributions of resource partners, including governments, National Committees and corporate partners. As of 31

December 2017, the Humanitarian Action for Children appeal was 52 per cent funded, reaching US$1.97 billion.[17] Utilizing 2017 revenue and limited resources from previous years, UNICEF total humanitarian expenses[18] amounted to US$2.86 billion (53 per cent of the organization's total expenses in 2017), of which US$2.06 billion were other resources–emergency.

Global humanitarian thematic funding (GHTF) continued to allow UNICEF to respond to humanitarian crises rapidly and strategically. In 2017, nearly US$16 million in GHTF was allocated to UNICEF's humanitarian action, including US$12.5 million allocated to country and regional offices. The flexibility of these funds enabled UNICEF to support chronically underfunded emergency programmes, for example in the Democratic People's Republic of Korea, where they were essential to UNICEF's ability to address the population's humanitarian needs, particularly in the areas of health and WASH. Of the more than 208,000 people reached with safe water in the Democratic People's Republic of Korea, more than one quarter of the affected population, or more than 56,000 people, were reached thanks to GHTF.

Regular resources to UNICEF also played a critical role in the organization's ability to be flexible in its humanitarian response as these resources fund UNICEF's core presence and activities in all programme countries. This positions UNICEF to anticipate, prepare for and rapidly respond to adverse events. More directly, regular resources are deployed to support immediate scale up and response through the Emergency Programme Fund.[19] In 2017, the Emergency Programme Fund disbursed US$84.7 million to 21 country offices and three regional offices for immediate emergency support in 2017. This included US$11 million disbursed to Bangladesh, which allowed UNICEF to scale up the response quickly following the Level 3 declaration.

While UNICEF achieved strong results in humanitarian action in 2017, the organization also faced significant challenges throughout the year. The evolving global context resulted in an increased number of vulnerable children in need of assistance and protection, while making it more difficult and complex for these children to reach and be reached by these services. Armed conflict, civil unrest, high-threat environments and targeting of humanitarian workers have also made recent years the deadliest on record for the aid community. The frequent failure by parties to conflict to respect established norms and principles governing humanitarian action and the protection of civilians during the conduct of hostilities have posed even greater challenges. Furthermore, the growing number and complexity of humanitarian situations and increasingly protracted crises are stretching the organization's capacity to consistently ensure timely and effective response. Identifying human resources for humanitarian situations remains one of UNICEF's greatest challenges.

Looking ahead

UNICEF will continue to strengthen its approach to humanitarian action to meet the challenges of the complex global landscape. This includes continuing to enhance efficiency and effectiveness for humanitarian results, in line with the UNICEF Strategic Plan, 2018–2021 and ongoing humanitarian and development system reforms. Key efforts will involve continuing to enhance emergency preparedness; address humanitarian access challenges; reinforce humanitarian advocacy; mobilize flexible and multi-year humanitarian funding; expand human resources through surge mechanisms; strengthen humanitarian operational partnerships; increase the use and coordination of cash-based programming; strengthen accountability to affected populations; expand support for local and national responders; and improve joint needs assessment, monitoring and evaluation.

This report and the accompanying Humanitarian Action Study summarize the scope of the humanitarian crises facing children in 2017, 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. It concludes with UNICEF's future workplan for humanitarian action.

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Hasan, a 10-year-old Syrian refugee, and his sister Shiffa, 1 year old, stand outside an informal tented settlement near Ghor, Jordan, where UNICEF distributed winter clothes to children and families in January 2017.

STRATEGIC CONTEXT

The humanitarian situation

In 2017, conflicts that have endured for years – such as those in the Central African Republic, the Democratic Republic of the Congo, Iraq, Mali, Somalia, South Sudan, the Syrian Arab Republic, Ukraine, Yemen and the Lake Chad Basin – continued to deepen in complexity, bringing new waves of violence, displacement and disruption to children's lives.

The children affected by these conflicts came under attack at a shocking scale. Some were targeted for and exposed to brutal violence in their homes, schools and in health-care settings. Others endured unimaginable abuse and exploitation, including sexual violence, forced marriage and recruitment into armed groups. And millions were uprooted from their homes, went hungry and fell ill with life-threatening diseases.[20]

The year also saw millions of people impacted by rapidly escalating emergencies. In August, renewed violence in Rakhine State, Myanmar, drove hundreds of thousands of Rohingya across the border into the Cox's Bazar district of Bangladesh in a situation qualified as ethnic cleansing according to the United Nations High Commissioner for Human Rights. During the second half of the year, more than half a million people entered Bangladesh, bringing the total number of Rohingya and affected local communities in humanitarian need to more than 1.2 million, including 720,000 affected children.[21] In the Kasai region of the Democratic Republic of the Congo, increasing violence left more than 1.7 million people displaced[22] and nearly 2 million children across the country suffering from severe acute malnutrition (SAM) by the end of the year.[23]

In the Democratic Republic of the Congo, Iraq, Nigeria, Somalia, South Sudan and Yemen, violent clashes, the destruction of water infrastructure and non-payment of civil servants led to the collapse of public health, water and sanitation systems, which fuelled the spread of cholera through affected communities, and generated an emergency within an emergency. Other disease outbreaks exacerbated by conflict were also documented, for example the onset of measles and diphtheria in Bangladesh.

As conflicts continued to intensify, so did the impact of natural disasters. In September, Hurricane Irma, which was one of the most powerful hurricanes ever recorded over the Atlantic Ocean, and Hurricane Maria, which followed soon afterwards, caused devastation across the Caribbean and an extensive breakdown of essential services in several countries. The hurricanes left more than 1.4 million people, including some 357,000 children, in need of humanitarian assistance.[24]

## UNICEF humanitarian response in 2017

Humanitarian action was increasingly central to UNICEF's work in the field, with 55 per cent of all country-level expenses supporting emergency response in 2017. In some UNICEF country offices – such as those in Iraq, Jordan, Lebanon and the Syrian Arab Republic – nearly all expenses were classified as humanitarian. Out of the 30 UNICEF country offices with the largest overall expenses, 27 had appeals in the UNICEF Humanitarian Action for Children 2017 appeal (*see Figure 3*).[25]

Over the course of the year, 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 UNICEF Strategic Plan, 2014–2017, the organization continued to focus on effective preparedness, coordination, 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 linkages between humanitarian action and development programmes in line with the 2030 Agenda for Sustainable Development and ongoing humanitarian and development system reforms.

FIGURE 3: Expenses: Top 30 country offices in total expenses, 2017

Humanitarian expenses[i] were 55% of all country-level expenses.
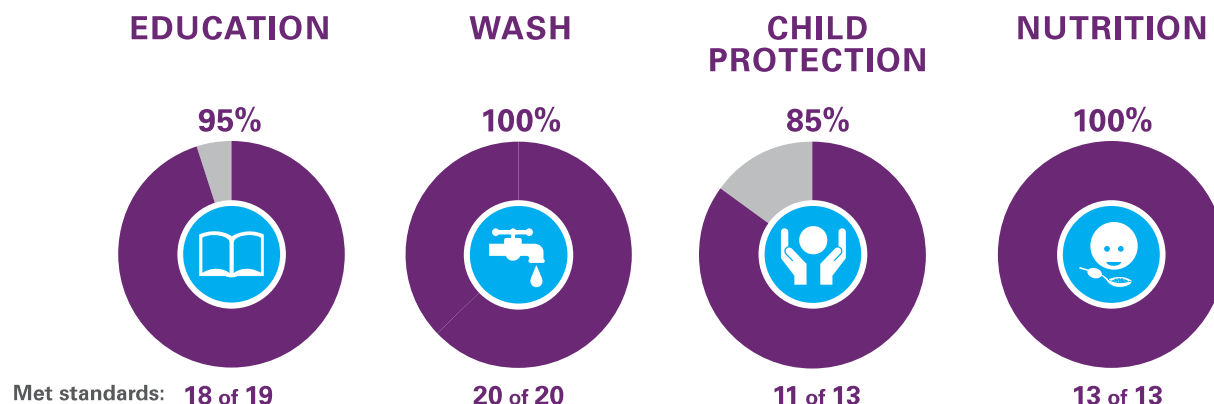Total other resources – emergency expenses increased to US$2.1 billion in 2017 from US$1.8 billion in 2016.
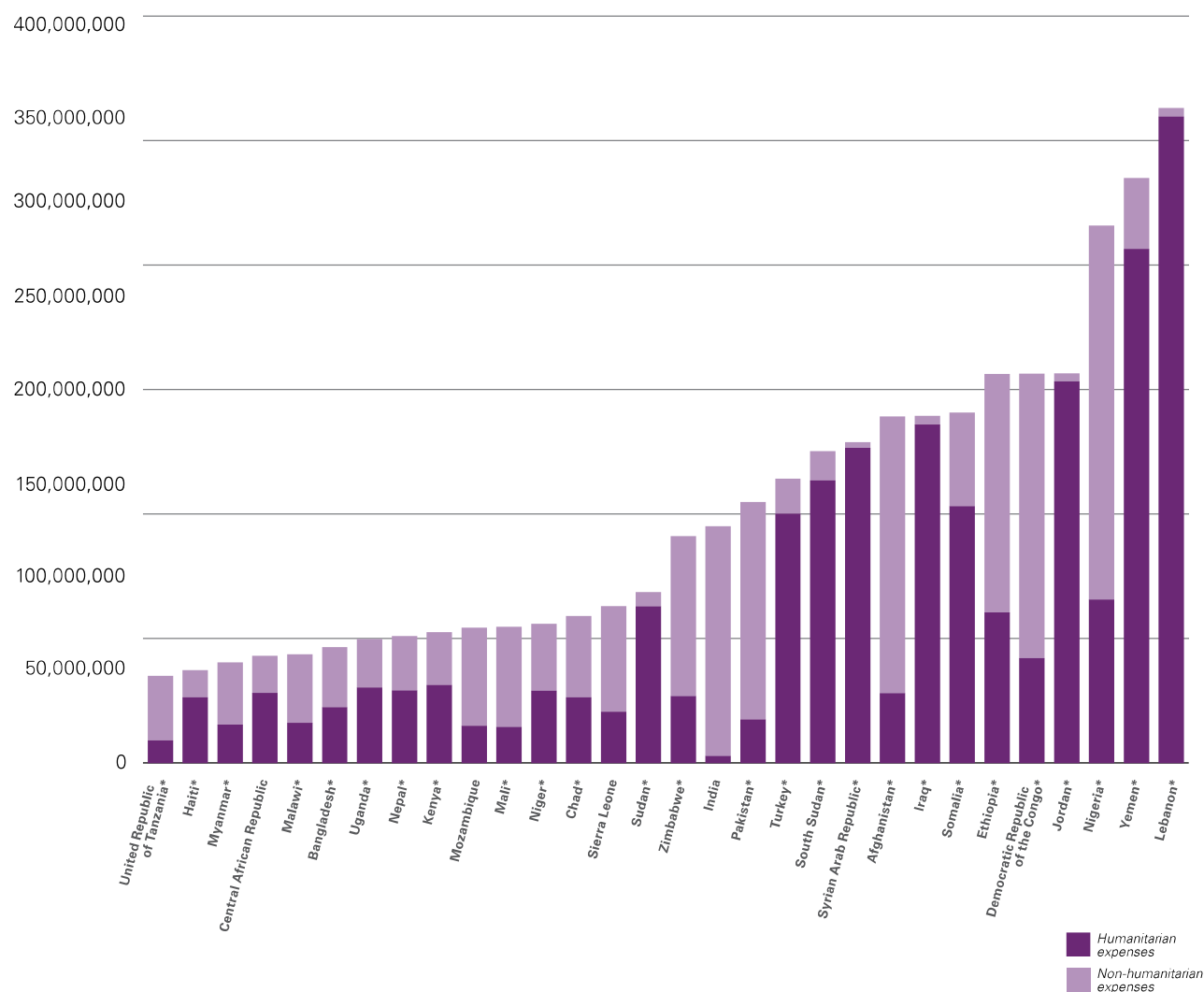
[i] Humanitarian expenses are defined as the sum of all expenses including other resources – emergency and other resources – regular and regular resources that are tagged as humanitarian, including Emergency Programme Funds.

*UNICEF country offices with Humanitarian Action for Children appeals in 2017.

FIGURE 4: Coordination

Countries where cluster coordination mechanism meets CCC standards[i]

EDUCATION	WASH	CHILD PROTECTION	NUTRITION
95%	**100%**	**85%**	**100%**

Met standards: **18 of 19**   **20 of 20**   **11 of 13**   **13 of 13**

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

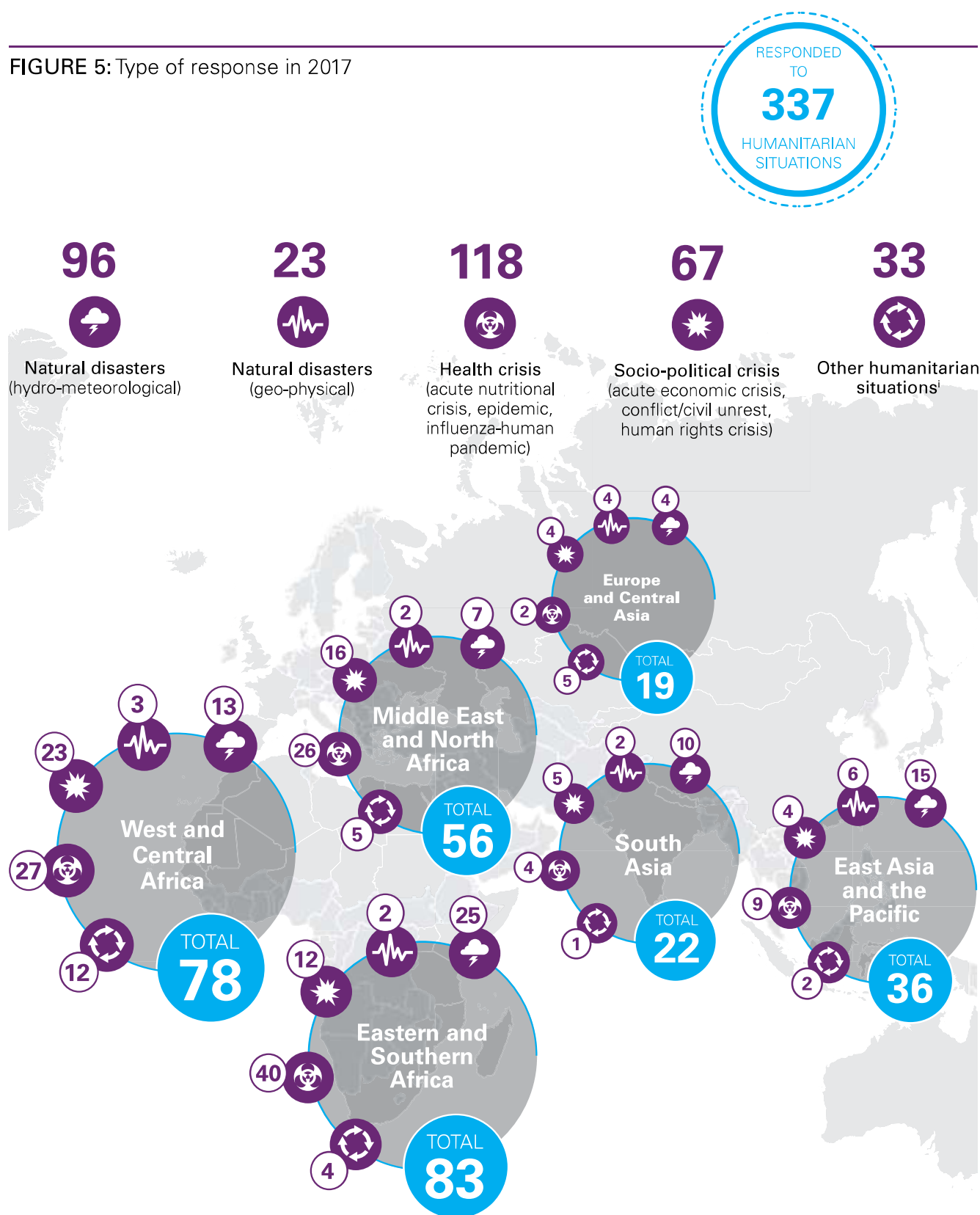| 70	69	64	58

[i] *Core Commitments for Children in Humanitarian Action 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.*

UNICEF continued to fulfil its mandate for mobilizing and leading collective efforts in 2017, including through its role as cluster lead agency for water, sanitation and hygiene (WASH), nutrition and education, and for the Child Protection Area of Responsibility (*see Figure 4*). As cluster lead agency, UNICEF provided advocacy, inter-cluster coordination for integrated response, and corrective measures for enhanced coordination in emergencies. During the year, all UNICEF-led clusters adapted their global strategies in line with the organization's commitments to improving humanitarian efficiency and effectiveness.

In 2017, UNICEF and partners responded to 337 humanitarian situations of various scales in 102 countries[26]. The number of situations was the second highest since 2005, when UNICEF began collecting this information, and the number of countries represents 67 per cent of UNICEF country offices.[27]

Latin America and the Caribbean

4
22
3
10
4

TOTAL
43

FIGURE 5: Type of response in 2017

RESPONDED
TO
337
HUMANITARIAN
SITUATIONS

96
Natural disasters
(hydro-meteorological)

23
Natural disasters
(geo-physical)

118
Health crisis
(acute nutritional
crisis, epidemic,
influenza-human
pandemic)

67
Socio-political crisis
(acute economic crisis,
conflict/civil unrest,
human rights crisis)

33
Other humanitarian
situations[i]

Europe and Central Asia
4
4
4
2
2
5
TOTAL **19**

Middle East and North Africa
2
7
16
26
5
TOTAL **56**

West and Central Africa
3
13
23
27
12
TOTAL **78**

South Asia
2
10
5
4
1
TOTAL **22**

East Asia and the Pacific
6
15
4
9
2
TOTAL **36**

Eastern and Southern Africa
2
25
12
40
4
TOTAL **83**

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.

LEVEL 2 AND LEVEL 3 EMERGENCY RESPONSES IN 2017

In 2017, UNICEF humanitarian action included responses to an unprecedented number of large-scale emergencies designated as Level 2 or Level 3 emergency responses.

Seven Level 3 emergency responses: the refugee crisis in Bangladesh; the escalating crisis in the Kasai region of the Democratic Republic of the Congo; and the protracted conflicts in Iraq, Nigeria, South Sudan, the Syrian Arab Republic and neighbouring refugee-hosting countries, and Yemen.

Four Level 2 emergency responses: the protracted conflicts in the Central African Republic and the Lake Chad basin, the ongoing drought in the Horn of Africa, and the unprecedented category 5 hurricanes in the Caribbean.

Globally, UNICEF and partners, through their humanitarian action, delivered results for millions of children in a variety of emergency contexts in 2017, in the areas of nutrition, health, WASH, child protection, education, HIV and AIDS, and social inclusion. For example, UNICEF provided measles vaccination to nearly 4.4 million children affected by the ongoing crisis in the Lake Chad Basin (Cameroon, Chad, the Niger and north-east Nigeria) (exceeding the target of 2.3 million). In South Sudan, UNICEF – in coordination with health and WASH teams and partners – helped to stem the cholera outbreak by reaching 1.25 million people in cholera-affected counties, including school children, with prevention messages delivered through household visits, community meetings, water point interventions, roadshows, community meetings, theatre and megaphone announcements.

In Yemen, UNICEF supported nutritional screening for more than 2.3 million children aged 6–59 months and treatment for more than 226,500 children suffering from SAM (70 per cent of the 232,000 targeted). Where possible, treatment was provided through feeding centres; and, in areas with limited access to health facilities, mobile teams were instrumental in providing health and nutritional support to vulnerable children.

In the Syrian Arab Republic, more than 5.9 million people gained sustainable access to safe water through the repair, rehabilitation or augmentation of water and sanitation systems (exceeding the target of 4.9 million). UNICEF also rolled out a water system survey targeting more than 3,000 communities in 10 governorates. The survey will help the humanitarian community prioritize areas for system repairs and maintenance to improve child health, resilience and disease prevention.

In Iraq, a consortium led by UNICEF, the World Food Programme (WFP) and the United Nations Population Fund (UNFPA) reached more than 2.49 million vulnerable people, including 1.36 million children on the move, with life-saving items (i.e., drinking water, hygiene products and ready-to-eat rations) (exceeding the target of 1.3 million). The items were delivered through the Rapid Response Mechanism[28] within the first 72 hours of their displacement.

In the Kasai region of the Democratic Republic of the Congo, where violence and insecurity have seriously impeded access to education, nearly 27,000 children, including more than 12,000 girls, were reintegrated into the education system. Across the country, nearly 186,000 girls and boys affected by conflict or natural disasters gained access to education and psychosocial activities (52 per cent of the 360,000 targeted).

In Bangladesh, more than 133,000 children uprooted from their homes benefited from psychosocial support and community-based child protection services provided through child-friendly spaces designed to shield vulnerable children, particularly girls, from violence, abuse and exploitation (74 per cent of the 180,000 targeted).

The total number of emergency surge deployments completed and/or active[30] in 2017 was 599,[31] representing an increase over the 576 surge deployments in 2016. The year's deployments totalled 33,418 days. The largest share of deployments (30 per cent, or 177 deployments) supported the humanitarian response to the refugee crisis in Bangladesh, followed by Yemen, Ethiopia, Somalia and the Democratic Republic of the Congo.[32] The bulk of deployments provided personnel for WASH (101), emergency coordination (78), nutrition (59), child protection (58) and information management (46).

USING MOBILE TECHNOLOGY IN EMERGENCY RESPONSE

Over the course of the year, U-Report[29] made significant contributions to UNICEF's work in emergencies, including preparedness, response and accountability to affected populations (AAP). During the response to Hurricane Irma in the Caribbean, for example, U-Report was rapidly deployed to deliver potentially life-saving messages to more than 25,000 people within the first 14 days of the response. In addition, volunteers personally responded to 8,000 messages using U-Report.

These applications of U-Report in the Hurricane Irma response went on to support communities affected by hurricanes Harvey and Maria. Follow-up surveys showed that U-Report was the only source of preparedness information for more than a third of its users, more than 80 per cent of U-Reporters shared the information with at least one person, and 51 per cent shared the information with at least five people.

In 2017, U-Report was also used to support UNICEF responses to disease outbreaks in Nigeria (cholera), Latin America (Zika) and Uganda (Marburg); landslides in Sierra Leone; and conflict in the Central African Republic.

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Two girls show the educational and recreational supplies they received during a UNICEF distribution, at the National Technical Training Centre in St. John's, capital of the island of Antigua, where they and their families sheltered after being displaced by Hurricane Irma.

FIGURE 6: Key results from humanitarian responses

The map below highlights the key results achieved by UNICEF and partners in some of the major humanitarian responses in 2017.

Refugee and migrant crisis in Europe:

Nearly **18,000 at-risk children** were identified through screening by outreach teams and child protection support centres in Greece, Italy, Serbia, the former Yugoslav Republic of Macedonia and Turkey (exceeding the target of 10,000).

Iraq:

Nearly **850,000 children** accessed formal or non-formal basic education (exceeding the target of 726,000).

Haiti:

87% of all cholera cases were identified and responded to within 48 hours (exceeding the target of 75%).

Caribbean hurricanes:

Nearly **39,000 people** gained access to safe water in the immediate aftermath of the emergency (exceeding the target of 37,000).

Mali:

More than **120,000 children** aged 6–59 months suffering from SAM received treatment (exceeding the target of 107,000).

Nigeria and the Lake Chad basin:

More than **4.4 million children** affected by the ongoing crisis in north-east Nigeria, Cameroon, Chad and the Niger received measles vaccination (exceeding the target of 2.3 million).

Central African Republic:

Nearly **83,000 acutely vulnerable people** received appropriate WASH assistance through the Rapid Response Mechanism following a shock (exceeding the target of 80,000).

Syrian refugees:

More than **1 million Syrian refugee** children in Iraq, Jordan, Lebanon and Turkey were enrolled in formal education (exceeding the target of 882,000).

Syrian Arab Republic:

Nearly **5.9 million people** gained access to safe water through the repair, rehabilitation or augmentation of water and sanitation systems (exceeding the target of 4.9 million).

Bangladesh:

Nearly **900,000 affected people** reached with cholera vaccination (99% of the 900,000 targeted).

Yemen:

More than **2.3 million children** aged 6–59 months were screened for acute malnutrition and over **226,500 children** suffering from SAM received treatment (70% of the 232,000 targeted).

Horn of Africa:

Nearly **706,000 children** aged 6–59 months suffering from SAM in Ethiopia, Kenya and Somalia received treatment (95% ofthe 745,000 targeted).

Democratic Republic of the Congo:

More than **271,000 people** received unconditional cash grants (74% of the 366,000 targeted).

South Sudan:

Nearly **320,000 school-aged children** accessed education in emergencies (exceeding the target of 300,000).

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.

Strengthening efficiency and effectiveness for humanitarian results

Strengthening the humanitarian-development nexus

As a dual-mandated organization, UNICEF is well placed to position its development programmes to mitigate the risks and drivers of humanitarian crises and thereby reduce their impact on children, and its humanitarian action to contribute to development outcomes. The organization is therefore striving to ensure that its humanitarian action and development programming are mutually reinforcing and contribute to sustainable outcomes. In this way, UNICEF can contribute to building longer-term resilience and strengthening national and local capacities to anticipate, reduce the impact of, and prepare for risks related to, disaster, conflict, climate change and other shocks.

In 2017, UNICEF humanitarian and development programming therefore aimed to (1) better address humanitarian needs, vulnerabilities and risks of children affected by crises in the short and longer term; and (2) reduce risks to children in the medium and longer term by more effectively delivering on the 2030 Sustainable Development Goals. For example, in 2017, in the Gambella Region of Ethiopia, which is close to the South Sudan border, UNICEF designed and built a permanent water system that provided clean and safe water for nearly 250,000 South Sudanese refugees and host communities. This water system will not only provide immediate access to clean water but will be operational for the long term – an example of programming that meets both immediate needs and serves development goals.

During the year, UNICEF further strengthened its approach to bridging its humanitarian and development programming by expanding the organization-wide focus on this work in the new UNICEF Strategic Plan, 2018–2021 and continuing to follow up on the commitments made to improve humanitarian efficiency and effectiveness during the 2016 World Humanitarian Summit and as part of the Grand Bargain.

Expanding support for local and national responders

System strengthening, at both national and subnational levels, is a core strategy in UNICEF humanitarian action. By strengthening systems, UNICEF contributes to enhancing the resilience of communities and societies, building the capacities of communities to protect and address the needs of vulnerable children in humanitarian crises and making progress towards the Sustainable Development Goal targets for people left furthest behind.

A key aspect of UNICEF's approach to strengthening systems is partnering with and building the capacities of local and national actors, including governments, CSOs and the private sector, to improve outcomes for affected people and reduce transaction costs. For example, UNICEF South Sudan transferred US$55 million to its 149 civil society implementing partners in 2017 (two thirds of which are local or national partners). Forty per cent of this funding went to national partners that were critical to the delivery of results for children over the course of the year. UNICEF South Sudan also focused on increasing the number of partnerships with local CSOs in 2017 to reach children in previously hard-to-reach areas and build civil society capacity to deliver essential community-level services.

UNICEF is also leveraging its cluster lead agency responsibility to model greater local engagement. For example, in 2017, in cooperation with the Education Cluster, the UNICEF-led Child Protection Area of Responsibility provided guidance and support to the country coordination team in Nigeria to conduct self-assessments of its humanitarian responses and identify opportunities for strengthening localization in future humanitarian response plans. In addition, the Strategic Advisory Group of the Global Child Protection Area of Responsibility[33] expanded its membership to include local actors, becoming the only such global group with local representation.

Increasing the use and coordination of cash-based programming

UNICEF increasingly supports cash-based programmes, which serve as a key modality for covering humanitarian needs and catalysing longer-term national system-strengthening in social protection. Cash programmes help to preserve the dignity of populations affected by crises by empowering them to determine and prioritize their own immediate needs. Cash programmes also promote resilience by stimulating local economies and markets, and strengthening national systems and partnerships for effective humanitarian response.

In 2017, UNICEF and partners reached more than 1 million crisis-affected people with humanitarian cash transfers.[34] Furthermore, in Yemen, UNICEF partnered with the World Bank to deliver cash transfers to over 1.3 million of the most vulnerable households, reaching nearly one third of the population, including many in humanitarian situations, through the strengthening of national social protection systems. UNICEF country offices in the Democratic Republic of the Congo, Dominica, Iraq, Jordan, Lebanon, Lesotho, Madagascar, Malawi, Myanmar, Somalia, the Syrian Arab Republic, Turkey and Yemen used cash transfers as part of their humanitarian response over the course of the year. For additional examples of UNICEF's use of cash-based programming in emergencies, see 'Social protection' (p. 46).

To increase the use of humanitarian cash-based programming and inter-agency coordination around cash programmes, in 2017, UNICEF established a technical team for cash within the Office of Emergency Programmes that includes capacity for coordination, field support and knowledge management. The team works in coordination with the Programme Division social protection and sector-specific specialists to scale up the use of cash in humanitarian response and develop innovative approaches linking national systems and cash-based programming. In 2017, the team developed organization-wide guidance on cash-based transfers in humanitarian settings and supported UNICEF inter-agency collaboration on humanitarian cash-based programming.

For example, in 2017, UNICEF worked with the United Nations High Commissioner for Refugees (UNHCR) and WFP to establish common cash programmes. In Jordan and Lebanon, the three agencies developed a joint single cash delivery mechanism. This collaboration has allowed the agencies to scale up more rapidly, reaching nearly 140,000 beneficiaries in 2017 and facilitating more efficient, streamlined and effective programming that builds on the relative strengths of each organization.

Investing in preparedness

UNICEF continued to invest in strengthening its early warning and early preparedness in 2017, with 100 per cent of UNICEF country offices having become familiar with the new procedure/Emergency Preparedness Platform (EPP) through staff training on undertaking risk analysis and preparedness planning within the new platform.[35] The organization also initiated the roll-out of the Emergency Preparedness System, which comprises (1) the corporate Procedure on Preparedness for Emergency Response (issued in December 2016); (2) the online EPP (piloted in 2017 and launched in January 2018); (3) the new humanitarian learning package (issued in 2017); and (4) a network of offices and staff with defined roles and responsibilities.

The EPP is an online tool that was designed to foster strong collaboration and learning across countries and regions, as well as at the global level. The EPP helps country teams to (1) analyse risks; (2) self-assess the capacity in-country to respond to those risks; and (3) identify high-return actions[36] to facilitate their readiness to respond before an emergency happens or a situation deteriorates. The Platform is flexible and dynamic, allowing for continuous changes and improvements as risks and operating contexts change. In 2017, the EPP was pilot-tested in six country offices, and 40 country offices took steps to initiate implementation of the EPP. Six country offices completed their preparedness plans in the EPP during the year, and 17 country offices (covering all seven regions) made substantial progress.

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Hilaire Sansera, aged 14 years, holds up a tablet showing off his maths at a UNICEF-supported school in Bouar, Central African Republic (October 2017).

The value of preparedness and the utility of these tools were illustrated in Uganda in 2017, where a case of Marburg virus disease was confirmed in mid-October. The preparedness process undertaken at the country level in the months before the outbreak enabled UNICEF, in collaboration with the World Health Organization (WHO) and other agencies, to provide rapid support to the Ministry of Health that ultimately contained the outbreak to three cases. The process included (1) a risk analysis; (2) definition of outbreak scenarios; (3) definition of the anticipated response, including UNICEF's specific role; and (4) the inclusion of key preparedness actions, in line with the Procedure on Preparedness for Emergency Response, in the UNICEF Uganda workplan.

Analysing risk to build resilience

Training on risk-informed programming is being rolled out for use at key moments in the country programme cycle, such as the development or update of the situation analysis, the mid-term review or during sector reviews. This programming brings together UNICEF staff and partners to identify and prioritize risks to children, their communities

and social service systems, and then add specific interventions to reduce those risks, mitigate impact and develop key preparedness actions for residual risks that cannot be eliminated. Risk analysis is a necessary step in the development of preparedness plans, and the same tool is used for risk-informed programming and the EPP.

In 2017, UNICEF developed guidance for risk-informed programming that is designed to assess the risks of a humanitarian crisis related to conflict, disaster, climate change and health emergencies. This guidance was piloted in Bosnia and Herzegovina, India and Malawi. For example, in India's flood- and drought-prone state of Bihar, UNICEF, with the state government and non-governmental organization (NGO) partners, held a three-day workshop on risks to children and social service systems; participants adapted their planning to reflect the identified risks. Shifts in programming proposed during the workshop included continued investment in school safety and preparedness, water safety planning at the community level and enhanced monitoring in flood-prone areas.

The guidance for risk-informed programming is currently being rolled out, and programming informed by risk assessments related to disaster, conflict or climate has already demonstrated results in a number of countries. For example, in Bangladesh, child-centred risk assessments triggered the creation of flood-resistant WASH systems, the construction of schools and health centres on elevated ground, and the provision of swimming lessons and child-friendly spaces. In areas of Somalia where access to water has been a source of contention, UNICEF supported community-based water management with a focus on peacebuilding, which has fostered resilience and reconciliation.

UNICEF also continued to use disaster risk reduction programmes to strengthen the resilience of children and the systems they depend on. In East Asia and the Pacific region, for example, UNICEF conducted in-country training activities and emergency simulations, and provided technical expertise on preparedness planning, disaster risk reduction and resilience building in China, the Democratic People's Republic of Korea, the Lao People's Democratic Republic, Myanmar, Mongolia, the Pacific, Papua New Guinea and Viet Nam. The training enabled country offices to significantly improve and speed up their emergency responses when disasters subsequently struck, including in the Philippines in response to the Marawi conflict.

Addressing fragility and building peace

UNICEF continued to engage with the inter-agency system and at the country level to leave no one behind in fragile and crisis-affected contexts. The organization finalized the review on 'Integrating Humanitarian Response and Development: Programme Framework for Fragile Contexts', which captures key actions for UNICEF country offices to prioritize in such contexts. UNICEF also formed a strong partnership with the World Bank to work collaboratively in fragile contexts. In 2017, in Yemen, the partnership with the World Bank focused on nutrition, maternal and child health, WASH and cash transfers. The programme reinforced the synergies between humanitarian and development approaches in Yemen, contributed to building resilience while meeting immediate needs, and supported the strengthening of national structures and services.

In several countries, UNICEF invested in young people's capacities and leadership for peace in innovative ways. In Libya, for example, UNICEF piloted a positive peace initiative for adolescents and young people. Seventeen young leaders received training and support in developing their own innovative community development projects, which led to the establishment of a local radio station in Sirte and of local youth networks campaigning for peace in their communities. The initiative is now being scaled up with 180 young leaders. In Mali, where six years of armed conflict has left the country with protracted humanitarian needs, nearly 196,000 children in conflict-affected areas were involved in peacebuilding activities through inter-school poetry, writing and drawing competitions.

Strengthening accountability to affected people

UNICEF has a strong commitment to accountability, in particular to its key constituencies – children and the communities where they reside. Globally, UNICEF has worked to ensure that individual programmes are more accountable and transparent to the populations that it seeks to assist, in situations of stability as well as in crises.

In 2017, in line with UNICEF's cluster lead agency role, its work in AAP focused on cluster performance management, with progress made towards defining common cluster AAP actions as part of the humanitarian programme cycle, with some core concepts and actions tested during the Global Nutrition Cluster coordination training. Initial work was also completed with the Global Education Cluster on adapting the Cluster Coordination Performance Monitoring approach to strengthen its focus on quality and accountability; this was tested in the Sudan and Yemen.

As part of its inter-agency work on AAP, UNICEF established the Communication and Community Engagement Initiative in early 2017, in partnership with the United Nations Office for the Coordination of Humanitarian Affairs (OCHA), the International Federation of Red Cross and Red Crescent Societies (IFRC), the Communicating with Disaster Affected Communities Network and several other partners. The initiative aims to develop common approaches to AAP, including at the level of UNICEF-led and co-led clusters, as well as collective services for more timely, systematic and predictable communication and community engagement mechanisms across humanitarian actors and clusters/sectors. In 2017, contacts were established with partners

in Bangladesh, the Central Africa Republic and Yemen to roll out the initiative.

At the country level, UNICEF continued to improve its engagement with affected populations in 2017 by facilitating the participation of affected people in humanitarian response, fostering two-way communication with affected communities, and establishing and strengthening feedback and complaint mechanisms. This work built on country-level investments in scaling up behaviour change and community engagement programming, including through real-time monitoring at scale, to give affected people, including children, a direct link to their governments to report on services.

For example, in Yemen, UNICEF trained more than 6,000 community volunteers to assess needs and monitor UNICEF's response, allowing the organization to connect with communities, receive feedback and use that feedback to ensure that the assistance was appropriately targeted. In Sierra Leone, UNICEF used U-Report to send messages to some 2,000 people in areas affected by flooding and mudslides. Thousands of responses were analysed in real time and highlighted the affected population's key concerns, including missing family members and accessing safe water. UNICEF replied through U-Report with warnings against using contaminated water and subsequently delivered clean water to communities in need.

For additional examples of UNICEF's global and country-level engagement in AAP, see 'Accountability to affected populations' (p. 46).

In the spirit of its commitment to AAP, UNICEF's Communication for Development (C4D) activities aim to help children survive and thrive by addressing behavioural and sociocultural challenges in both development and humanitarian contexts. In humanitarian contexts in particular, C4D initiatives share relevant, action-oriented and even life-saving information so that people in affected communities know what actions to take before and when emergencies strike.

A strategic C4D initiative rolled out in 2017 was the operationalization of the Social Science in Humanitarian Action Platform, which functions as a global good enabling the international community to have rapid and ready access to available knowledge and evidence on community realities to support preparedness for and response to humanitarian situations. For example, in Bangladesh, UNICEF was able to rapidly synthesize relevant data and evidence about Rohingya socio-cultural practices that ultimately informed culturally-sensitive community engagement activities in the refugee camps.

In addition, in Bangladesh, UNICEF engaged some 1,000 community mobilizers to improve knowledge on life-saving behaviours and available services for 200,000 affected people. To ensure a two-way dialogue on these critical issues and respond to feedback and queries, eight information and feedback centres were established in refugee camps. These centres have received more than 11,000 pieces of community feedback along with queries and complaints, which were collected digitally through an online data management system, allowing for real-time analysis and ensuring that issues were resolved in a timely manner. Ninety-five per cent of cases were ultimately resolved by the relevant sectors and sections.

Fostering collaboration and partnerships
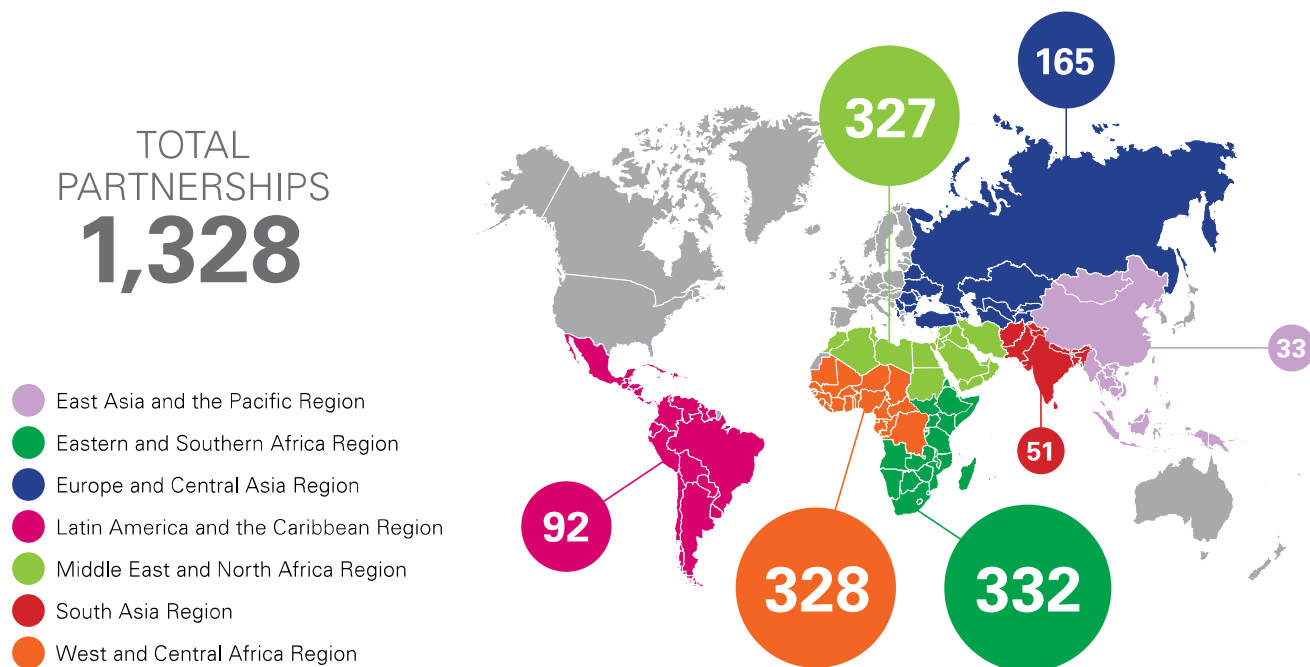
Leveraging partnerships

Partnerships remained crucial to UNICEF programme delivery and response coordination during the year. UNICEF collaborated with a total of 1,328 civil society partners in the field for its humanitarian programming in 2017, nearly 63 per cent of which were national partners (*see Figure 7*). More than US$898 million of assets (cash plus value of supplies) were transferred from the organization to its civil society partners during the year, including nearly US$423 million to national civil society partners (47 per cent).

As an example of UNICEF's emphasis on partnering with national organizations, in the context of the partnership with IFRC, by mid-2017, 117 UNICEF country offices had established active or planned programme cooperation agreements with IFRC and the respective national Red Cross and Red Crescent societies. These agreements covered a range of areas, including humanitarian response, disaster preparedness and contingency planning; and programme delivery involved more than 37,000 staff and 2.4 million volunteers of IFRC and national Red Cross and Red Crescent societies. The formalization of these partnerships has facilitated programme delivery and enabled UNICEF to gather crucial information on the results of these programmes.

UNICEF's standby arrangements[37] with governments and partners were essential to UNICEF's ability to respond to humanitarian crises in 2017. For example, the deployment of a WASH specialist to Azraq camp in Jordan allowed UNICEF and partners to establish infrastructure that has increased access to a reliable, safe and long-term water supply. Overall, 20 standby partners (out of 31 total standby partners) provided UNICEF with a total of 28,758 days of support in 2017, the equivalent of approximately US$14.4 million of in-kind contributions. A total of 157 deployments[38] plus an additional 23 deployments to support emergency preparedness were undertaken during the year, including 137 standby personnel and 43 Rapid Response Team (RRT) missions[39] by standby personnel to support UNICEF's programme, cluster and operational commitments.[40] Fifty-five per cent of these were to Level 2 and Level 3 emergencies.[41]

FIGURE 7: Partnerships

In 2017, UNICEF worked with 1,328 civil society partners for humanitarian programming, nearly 63% of which were national partners.

TOTAL
PARTNERSHIPS
1,328

- East Asia and the Pacific Region
- Eastern and Southern Africa Region
- Europe and Central Asia Region
- Latin America and the Caribbean Region
- Middle East and North Africa Region
- South Asia Region
- West and Central Africa Region

165

327

33

92

51

328

332

Strengthening inter-agency collaboration

UNICEF continued to support inter-agency coordination in 2017, maintaining its status as a valued and active member of the Inter-Agency Standing Committee (IASC). This included effective contributions to IASC task teams that took forward UNICEF's agenda for children on topics such as AAP, strengthening the humanitarian-development nexus, early childhood development in emergencies, humanitarian financing and inclusion of persons with disabilities.

To support the organization's emergency preparedness and response, UNICEF concluded a cooperation agreement with the United Nations Institute for Training and Research on the use and sharing of geospatial information and services from its Operational Satellite Applications Programme. The agreement will provide UNICEF country offices with satellite imagery-based rapid mapping capability that will enable more efficient emergency response, and reinforce the organization's capacity to use and analyse satellite-derived information for the full disaster management cycle.

As an active member of the Capacity for Disaster Reduction Initiative partnership, five UNICEF regional offices[42]

successfully rolled out the IASC Emergency Response and Preparedness Plan.[43] UNICEF also contributed to the development of the IASC Early Warning Early Action and Readiness report, which is used by the IASC Emergency Directors Group and resource partners.

UNICEF's engagement with UNHCR and the International Organization for Migration (IOM) gained momentum in 2017 when annual consultations were held involving the three agencies' executive directors. These consultations resulted in stronger and more predictable partnerships for migrant, refugee and internally displaced and stateless women and children, and have facilitated a more productive collaboration between UNICEF and IOM on migrant children data, the production of guidelines for the protection of vulnerable migrants, and a joint project with the Child Protection Area of Responsibility and the Global Education Cluster aimed at assisting humanitarian responders to better identify the most urgent needs and service gaps affecting children on the move.

In the context of the New York Declaration for Refugees and Migrants, UNICEF made substantial contributions to the development of a Global Refugee Compact, including the Comprehensive Refugee Response Framework led by UNHCR and the Global Migration

Compact, which touches on the core of IOM's mandate. UNICEF's interventions under these initiatives highlight the child-specific considerations of refugee and migrant children, and position UNICEF's added value in the future implementation of both compacts.

Fostering equity and inclusion

Children with disabilities

Children with disabilities are one of the most excluded groups generally and particularly in humanitarian situations. Addressing the rights of children with disabilities continues to be a key aspect and focus of UNICEF's agenda in emergencies. In recent years, UNICEF has worked to comprehensively mainstream the agenda for children with disabilities in humanitarian action, focusing on inclusion and accessibility across policies, programmes, capacity and supplies. In the last four years, the number of UNICEF country offices reporting on disability-inclusive humanitarian action has increased six-fold, demonstrating the growing importance of this area of work; in 2017, twenty-five UNICEF country offices reported work on children with disabilities in emergency contexts.

In 2017, UNICEF released guidance on the inclusion of children with disabilities in humanitarian action to strengthen its work across preparedness, response, recovery and reconstruction. As co-chair of the IASC Task Team, UNICEF also continued leading global standard-setting processes, contributing to strengthening accountability and transforming practices around disabilities in the humanitarian sector. This included the development of global guidelines on the inclusion of persons with disabilities in humanitarian action, which will be completed in 2018.

During the year, UNICEF also worked to strengthen data on children with disabilities. In collaboration with Handicap International, the International Disability Alliance, the Washington Group on Disability Statistics and UNHCR, UNICEF organized a technical workshop on collecting data on persons with disabilities that brought together more than 40 specialists in humanitarian action with statisticians with expertise in collecting data on persons with disabilities, as well as representatives from organizations of persons with disabilities and United Nations agencies. The workshop identified 10 priority areas to be addressed to strengthen disability data in humanitarian action.

At the country level, UNICEF engaged in a range of activities: supporting policy formulation, building capacities, developing technical guidance on mainstreaming inclusive disability programmes and establishing special services for persons with disabilities. For example, as part of the Zika response in Costa Rica, UNICEF worked with

the Costa Rica National Child Welfare Agency, the National Emergency Commission and the National Council for Persons with Disabilities to develop and disseminate a series of messages to protect and support children and persons with disabilities in emergency situations. For the Yemen cash transfer project, outreach teams were established to serve those located in remote areas and provide specific support to the elderly, persons with disabilities and other beneficiaries.

Early childhood development

In emergency contexts, babies and very young children are among the most vulnerable populations, facing a multitude of health and toxic stressors that can have adverse effects on their development. UNICEF therefore employs protective factors such as multisectoral early childhood development (ECD) interventions to provide a buffer against those risks, promote caregiver well-being and safeguard the healthy brain development of young children.

As humanitarian interventions often lack ECD support strategies, in January 2017, UNICEF facilitated its first ECD-in-emergencies workshop to raise the profile of ECD in emergency contexts and promote the integration of ECD across sectors. UNICEF also developed ECD-in-emergencies standards that will be disseminated in 2018.

In September, UNICEF, in partnership with the Early Childhood Peace Consortium, contributed to the High-Level Forum on the Culture of Peace at the United Nations General Assembly on the role of ECD for sustainable peace and conflict prevention. As a direct consequence of this intervention, in December, the United Nations General Assembly's 72nd regular session adopted a resolution underlining the importance of early childhood education as a measure to prevent violent conflict and foster social cohesion and peace.

At the country level, in 2017, UNICEF supported 12 countries with ECD interventions in emergencies: Brazil, the Dominican Republic, El Salvador, Guatemala, Honduras, Jordan, Lebanon, Mali, Nigeria, South Sudan, the Syrian Arab Republic and Uganda. During the year, UNICEF concluded phase 1 of its multi-country partnership with the H&M Conscious Foundation, 'Unleashing Children's Potential', which invests in the most vulnerable children's futures through education and ECD. In Mali, the partnership enabled more than 25,000 children in conflict-affected rural areas to enjoy improved ECD services and opportunities, and reached nearly 34,000 duty bearers[44] with training on appropriate child-rearing practices. In addition, as part of the Syrian refugee response in Jordan, UNICEF worked with partners to provide some 66,000 parents with ECD services through the Better Parenting programme.

In July 2017, 17-year-old Firas sits outdoors in a wheelchair in eastern Aleppo City, Syrian Arab Republic. Firas lost both of his legs during intense fighting in the city in 2015. Following a referral from UNICEF to a local NGO, Firas underwent surgery at a health facility and is slated to receive leg prostheses within a month. Firas's family is also among thousands who have received cash assistance through the UNICEF-supported social protection scheme.

Adolescents and youth

Adolescence is a time of significant physical, cognitive, behavioural and psychosocial change, usually marked by increased independence, autonomy and exploration. Adolescents affected by armed conflict and extreme violence, and those who are forcibly displaced, are exposed to increased risks of violations such as trafficking, recruitment into armed forces and groups, child marriage, unlawful detention, abuse and exploitation. At the same time, adolescents are also a powerful resource for initiating positive change and building peace.

UNICEF increased its engagement with adolescents affected by humanitarian crises in 2017, including by co-leading, with the Norwegian Refugee Council and all global clusters and areas of responsibility, the launch of the Inter-Agency Guidelines for Programming with and for Young People in Humanitarian Settings. The Guidelines address programmatic gaps in current humanitarian tools, support the design and implementation of programming that addresses the needs of adolescents and youth, and provide strategies and tools for positively engaging with young first-line responders in emergencies.

At the country level, UNICEF equipped its partners to respond to the specific psychosocial needs and priorities of adolescents in emergencies, and to engage with young people in meaningful ways that enable them to express themselves, participate in decisions that affect them and achieve sustainable change in their families and communities. For example, in Nepal, in the aftermath of the earthquake, UNICEF provided technical and financial support to the government and local organizations to roll out comprehensive training for adolescents in five affected districts. More than 10,000 adolescents (58 per cent girls) were equipped with appropriate and relevant knowledge and skills on building resilience through topics including self-awareness, gender and social inclusion, gender-based violence, sexual and reproductive health, nutrition, first aid, disaster risk management and climate change adaptation.

In the Syrian Arab Republic, UNICEF provided life-skills training to adolescents and involved young people in social and civic engagement activities. Using focus group discussions, UNICEF and local partners also gathered input and involved young people and adolescents in planning and implementing their own community-based initiatives for identifying children who had dropped out of school, promoting back-to-learning campaigns and raising hygiene awareness.

Women and girls

Humanitarian crises have profoundly different impacts on women and girls, and men and boys. For women and girls, displacement and the breakdown in social order

and normal protection systems heightens their risk of gender-based violence, maternal mortality, unwanted pregnancy and sexually transmitted infections. Adolescent girls are more likely to leave school to take on household responsibilities. Crises can also force families to employ negative coping mechanisms such as child marriage and female genital mutilation, perpetuating cycles of violence and discrimination against girls.

UNICEF works to ensure that its humanitarian action – from preparedness to response and early recovery – protects the rights of and responds to the distinct needs of girls, boys, women and men. In 2017, gender concerns were strategically addressed throughout UNICEF's humanitarian efforts. For example, in Somalia, investments in water infrastructure brought collection points closer to communities, reducing both the time-burden of collecting water and the exposure of women and girls to violence. The response to the refugee crisis in Bangladesh involved women and girls in decisions on the types of menstrual hygiene management materials included in dignity kits, and measures to make latrines safer.

In response to the increasing scale and scope of humanitarian crises, UNICEF has also expanded its preparedness and response to gender-based violence in emergencies. In 2017, 3.6 million women and children in humanitarian situations were provided with risk mitigation,[45] response and prevention services to address gender-based violence, and more than 1.6 million women and children who experienced or were at risk of experiencing sexual violence accessed multisectoral support services. In a number of countries, these services were made available through safe spaces. For example, nearly 62,000 women and girls in Lebanon and nearly 11,600 women and girls in Iraq accessed services through such spaces.

UNICEF's gender-based violence in emergencies interventions also continued to emphasize the strengthening of systems to improve core service delivery. In 2017, capacity-building of service providers covered a wide range of issues from clinical management of rape and gender-based violence case management, to working with child survivors, ensuring safe referral pathways and strengthening law enforcement response. For example, in the context of the refugee and migrant crisis in Europe, in Bulgaria, training on gender-based violence in emergencies was held for representatives from the State Agency for Refugees, including all six reception and registration centres and NGOs.

Challenges and constraints

The evolving global humanitarian context resulted in an increased number of vulnerable children in need of assistance and protection, while making it more difficult and complex for them to reach and be reached by these services. Roughly half of the required emergency funding in 2017 was for major humanitarian programmes in countries where UNICEF and partners face critical access challenges. Many of these programmes were implemented in the context of protracted, violent and urban conflicts involving fragmented non-state entities and violations of international humanitarian and human rights law by all parties to conflict, including targeting of civilians and direct violence against humanitarian actors. In extreme cases, civilians, particularly women and children, have been trapped in besieged areas and/or parties to conflict have used access to humanitarian assistance as a bargaining chip in pursuit of political concessions.

In addition, armed conflict, civil unrest, high-threat environments and targeting of humanitarian workers have made recent years the deadliest on record for the aid community. The frequent failure by parties to conflict to respect established norms and principles governing humanitarian action and the protection of civilians during the conduct of hostilities have posed even greater challenges.

For example, insecurity and access challenges in northern and central Mali constrained and delayed UNICEF interventions. UNICEF's safe water response only benefited 49 per cent of the targeted populations. In the Democratic Republic of the Congo, increasing attacks against humanitarian staff and escalating armed conflict challenged physical access and logistics in most implementation areas. This, coupled with critical underfunding resulted in significant underachievement in the WASH, education and child protection sectors.

In both conflict-affected and non-conflict settings, host governments often use bureaucratic measures (e.g., visas and travel permits, clearance of goods) to limit and control humanitarian action in pursuit of political or other objectives. At the same time, the emerging laws, policies and agendas of host governments and Member States, such as counter-terrorism-related measures, can compromise access if they lead stakeholders to perceive humanitarian actors as aligned with the political or military objectives of national and international stakeholders. Some examples included policies that discriminate against specific populations by excluding them from assistance, and protection based on partisan motivations rather than humanitarian needs.

UNICEF has developed a number of innovative approaches to overcome these access challenges, including the Rapid Response Mechanism and mobile teams; integrating access and security issues into programme planning and analysis; using C4D and the organization's advocacy voice to build local acceptance and enable critical programmes; and strengthening staff capacities to apply existing United Nations policies to address key access issues. UNICEF has also developed an institutional access framework for addressing these challenges. These approaches are discussed in more depth in 'Future workplan' (p. 60).

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.

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

In 2017, UNICEF continued to participate actively in inter-agency processes to strengthen impartial, transparent and coordinated needs assessment and analysis; while supporting risk-informed situation analysis of children to facilitate connected development programming under country programmes. At the global level, UNICEF contributed to a range of multisector data initiatives to strengthen needs assessment, both under the umbrella of UNICEF-led global cluster coordination teams and as part of humanitarian and development data forums. For example, UNICEF contributed technical support and training to improve the quality of education and child protection data in the IOM-led Displacement Tracking System for children on the move, which is in use in 39 countries. Similarly, under its Data for Children Strategy, UNICEF initiated a series of pilots to strengthen collective outcome monitoring, including in crisis-affected countries (in Ethiopia, Lebanon, Myanmar, the Philippines, South Sudan, the State of Palestine and Uganda).

At the country level, in 2017, two thirds of country and area offices with an ongoing humanitarian response reported active engagement in support of inter-agency

and nationally led needs assessment. UNICEF (1) provided technical support to multisector data collection and analysis coordinated by governments, inter-cluster coordination groups or other inter-agency mechanisms (e.g., in Ethiopia, Haiti, Lebanon, Myanmar, Nigeria, Pakistan, South Sudan and the United Republic of Tanzania); (2) led significant sector-specific assessment exercises such as in education, nutrition, WASH and child protection, contributing to overview needs analysis in at least 13 countries; and (3) supported specialized assessment in response to localized crises (e.g., the cholera assessment in Bangladesh). In highly fluid situations such as in the Democratic Republic of the Congo and South Sudan, UNICEF and partners supported capacities for rolling needs assessment. UNICEF and partners also contributed to risk analysis (e.g., flood risk mapping in the Rohingya camps in Bangladesh), and invested in outcome-level monitoring to assess collective results (e.g., the longitudinal survey on Syrian refugee families with children in Jordan).

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

UNICEF continued to invest in strengthening humanitarian performance monitoring in 2017. At the global level, the organization invested in programme-specific systems such as Primero, a web-based inter-agency information management system for protection-related case management and incident monitoring that is currently in use in 14 countries, and the offline system for gender-based violence, which is now in use in 31 countries globally and was adopted in Jordan, Lebanon, Mali and Somalia in 2017.

At the field level, more than 90 per cent of country offices with a Humanitarian Action for Children appeal had systems in place to track priority high-frequency indicators; 15 of the year's larger responses established scaled-up field monitoring systems (e.g., over 50 sites per month); and 20 country offices reported[46] supporting some form of systematic mechanism for feedback from affected populations, including focus group discussions in routine field monitoring, end-user monitoring for supplies, or adaptations of Short Message Service (SMS) based reporting systems (e.g., U-Report). UNICEF also invested in strengthening monitoring approaches and systems for specific types of programming, for example, establishing a performance monitoring system for the cash transfer

project in Yemen. Where possible, country offices worked with partners to strengthen national government monitoring systems for child-focused humanitarian response. For example, UNICEF invested in improving the quality and speed of feedback cycles in nutrition-related monitoring in Afghanistan, Malawi, Mongolia and the Sudan; enhancing child-focused data for the Central Bureau of Statistics in the Democratic People's Republic of Korea; and supporting water quality monitoring in Lebanon.

Country office efforts to strengthen monitoring of humanitarian action were reinforced throughout the year through direct or remote technical support, including 16 planning and monitoring support missions by Emergency Response Team (ERT) and roster members. In addition, more than 900 staff members from 38 countries with an ongoing humanitarian response participated in results-based management training that integrates key content on risk-informed programme design and adapted approaches to programme monitoring. In response to humanitarian evaluations, including a 2016 external review of UNICEF humanitarian performance monitoring, the organization adjusted procedures, guidance and tools to support more flexible monitoring approaches adapted to various contexts and to better connect humanitarian and development programming. UNICEF also continued to advance work on its corporate eTools project (the organization's forthcoming web-based information management platform) which will include partner reporting platforms for both UNICEF-led clusters and implementing partners, and a field monitoring module with tools for capturing feedback from affected populations and following up on action points.

Commitment 3: Humanitarian action is regularly assessed against the CCCs, policies, guidelines, UNICEF quality and accountability standards, and the stated objectives of humanitarian action through evaluative exercises, with partners whenever possible.

In 2017, UNICEF undertook two meta-evaluation exercises of its own humanitarian response. A synthesis of evaluations of UNICEF humanitarian action between 2010 and 2016[47] served as an opportunity for UNICEF to take stock of priority issues emerging from evaluations over the past five years and refine the change processes that were triggered by the individual humanitarian evaluations. The synthesis highlighted a number of issues that have been fully embraced in the UNICEF Strategic Plan, 2018–2021 and relate to improving efficiency and effectiveness for humanitarian results, including: contributing to stronger coordinated inter-agency needs assessment; strengthening results-based management across humanitarian and development programming; supporting a more systematic UNICEF and inter-agency approach to community

engagement and AAP; maintaining and strengthening partnerships with national and local humanitarian actors; and strengthening the connectedness and coherence of humanitarian action and development programming.

A sector-specific synthesis of WASH humanitarian response[48] found that while there is a need for more evaluative density in the sector, WASH teams are valued partners in emergencies globally, and perform well when responding to humanitarian crises. Remaining areas of work include the integration of WASH with other sectors in terms of the more consistent use of needs assessments, stronger understanding of responding in urban environments, and maximizing the benefits of cash/voucher modalities in emergencies for WASH results.

During the year, UNICEF also evaluated its humanitarian response in both acute and protracted crises. In Somalia, a real-time evaluation was undertaken to examine the response to the pre-famine crisis during 2016 and 2017.[49] The evaluation found that in a complex situation, UNICEF met demanding targets, scaled up its response significantly and gave priority to the most vital sectors, resulting in saving the lives of many at risk of famine, including through malnutrition and cholera treatment. The evaluation also observed that part of the effectiveness of the response were pre-arranged agreements with partners, quickly mobilized donor resources and decentralized supply hubs, which supported implementation at scale. Internal scaling-up benchmarks were crucial, though complicated by the protracted nature of the crisis. Some deficiencies were noted in convergence between sectors and AAP. In response, UNICEF has committed to strengthening the convergence approach in its emergencies work in 2018, as well as its resilience development programming.

The emergency cash transfer programme that was set up during the Nepal earthquake response was also evaluated in 2017.[50] This ex-post evaluation[51] aimed to assess the success of the programme in relation to the short-term relief and recovery needs of the target groups after the earthquake, as well as in relation to the wider humanitarian response. The evaluation found that the programme was set up well, with both phases reaching 90 per cent coverage; was responsive to needs; and demonstrated that regular social protection systems in Nepal are an effective mechanism for responding to shocks within a wider response. A number of trade-offs were identified regarding some key criteria underpinning humanitarian response, such as timeliness, coverage of the affected population and the adequacy of the support provided. Mitigating these will require a legislative framework and institutional architecture that reflects a vision for a shock-responsive social protection system. UNICEF will continue to engage with the government and partners to support this, including by supporting the finalization and implementation of the National Framework for Social Protection and enabling work related to social protection and shock-responsiveness.

Challenges and constraints

At the inter-agency level, work to strengthen needs assessment and analysis initially faced a lack of convergence and prioritization of efforts. UNICEF and partners will make better use of analytical tools to support common needs analysis, standard operating procedures and structures for implementing needs assessment, and build linkages to development data processes. In addition, more work is needed to develop flexible monitoring approaches adapted to context, as well as stronger linkages between humanitarian and development monitoring. There have also been challenges related to translating clear data policy on protection of personal beneficiary data into strong procedures adapted to fast-evolving technologies and politicized contexts. Though the development of eTools has faced delays, in 2018, the roll-out of key eTools modules and complementary training and change management support will help improve humanitarian monitoring and reporting, as well as the ease of analysis and use, and data collection and analysis. UNICEF will also address more specialized data issues, including data on the programme reach to children with disabilities, and data policy and procedures.

Regarding evaluations, the bulk of emergency responses that are not designated as Level 2 or Level 3 remain unevaluated. UNICEF has therefore defined more explicit triggers for humanitarian evaluations to increase coverage. In addition, evaluations of UNICEF's responses to Level 3 emergencies have taken too long to finalize, reducing their utility in informing ongoing humanitarian response. UNICEF is therefore piloting the Rapid and Timely Humanitarian Evaluation approach in Bangladesh, South Sudan and Yemen to prioritize rapid data collection and analysis, timely utilization of findings and greater involvement of UNICEF monitoring, evaluation and learning capacities in the process.

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 UNICEF WASH humanitarian response continued to grow in 2017, ultimately becoming the organization's largest humanitarian WASH effort ever. During the year, UNICEF helped more than 32.7 million people access safe water to agreed standards (95 per cent of the 34.4 million targeted); over 9 million people access adequate sanitation facilities (68 per cent of the 12.3 million targeted); more than 28 million people access handwashing facilities (91 per cent of the 31 million targeted); over 2.4 million children access WASH facilities in their learning environment (98 per cent of the 2.5 million targeted); and nearly 1 million women access menstrual hygiene management (72 per cent of the 1.4 million targeted) in humanitarian situations. The diverse nature of emergencies in 2017, ranging from an urban cholera outbreak in Yemen to densely populated refugee camps in Bangladesh to severe drought in sub-Saharan Africa, not only required significant resource mobilization efforts but also the identification and deployment of suitable human resource capacity to address the various needs.

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.

In 2017, sixty-nine UNICEF country offices reported leading or co-leading the WASH cluster or sector; and 100 per cent of countries reporting had a coordination mechanism for WASH that met the CCC standards for coordination, maintaining the 2016 level.[52] During the year, the Global WASH Cluster engaged with the Global Health Cluster to develop joint operational guidance for country coordination platforms; and with the Global Shelter Cluster to mainstream cash programming into both sectors. National emergency WASH coordination platforms received continuous support from the Global WASH Cluster through 948 days of deployment and remote support provided through the Field Support Team.[53] In addition, the Cluster Advocacy and Support Team[54] provided direct support to seven Level 3 emergencies. In the Eastern and Southern Africa region, UNICEF continued to coordinate the work of the regional WASH humanitarian group with the production of guidance notes on WASH in the context of the Horn of Africa drought response and the cholera/acute watery diarrhoea responses in Ethiopia and Somalia, and the development of the WASH vulnerability model for the Horn of Africa. In Nepal, where the cluster mechanism for the earthquake response was deactivated in 2017 but reconstruction efforts remain under way, UNICEF continued to engage and coordinate with all partners involved in WASH reconstruction and track the status of reconstruction works.

In 2017, UNICEF led or co-led the WASH cluster or sector in 69 countries.

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 most humanitarian situations. In Chad, nearly 244,000 people (55,763 women, 70,971 girls, 54,983 men and 62,003 boys) benefited from a package of WASH interventions provided through the building or rehabilitation of 172 water points in areas affected by displacement or epidemics (81 per cent of the 301,000 targeted). Local water management committees were established for each water point to strengthen the sustainability of the water supply systems and to bridge humanitarian and long-term development interventions. In Yemen, UNICEF pursued a resilience-building approach in its safe-water interventions to generate sustainable change in the lives of children. More than 4.2 million people, including 2 million children, gained improved and sustained access to drinking water, including support for the operation, maintenance and rehabilitation of public water systems (exceeding the target of 4.1 million). In Ethiopia, UNICEF reached nearly 4.3 million drought-affected people through a combination of water trucking (as an emergency response) and linking humanitarian interventions to longer-term sustainability and development through borehole rehabilitation and the expansion of water schemes (98 per cent of the 4.4 million targeted). In Somali Region, Ethiopia, UNICEF supported mobile teams to maintain and rehabilitate 148 boreholes, benefiting nearly 548,000 people and contributing to reducing the non-functionality of water supply facilities by 30 per cent. In Eritrea, global humanitarian thematic funding (GHTF) contributed to the procurement of five solar-powered pumping systems for installation in newly constructed community water supply schemes. These systems will provide access to safe water for nearly 12,000 people, as well as five schools and three health centres, and enhance the long-term sustainability of the water supply system.

Globally, UNICEF supported 32.7 million people with access to safe water to agreed standards (95 per cent).

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

Provision of appropriate sanitation is key to preventing the spread of diseases and protecting human dignity, especially for women and girls. In Yemen, UNICEF improved access to sanitation services for more than 3.2 million people, including 1.6 million children, through support to wastewater treatment and solid waste management. This included support for the rehabilitation of damaged facilities and emergency latrines, benefiting internally displaced persons and focusing on areas at high risk of cholera and SAM. In response to the refugee crisis, UNICEF and the Government of Bangladesh supported more than 372,000 people with access to culturally and gender-appropriate latrines and washing facilities (83 per cent of the 450,000 targeted) through the construction of more than 13,000 latrines. In the context of the July 2017 flood response in Jamalpur, Bangladesh, UNICEF also supported 3,000 people with emergency latrines, including disability-friendly latrines as needed; and key life-saving messages, including on menstrual hygiene management, were disseminated among the affected population. In the aftermath of the earthquake in Ecuador, more than 32,000 people (including 15,700 women and girls) received hygiene support, including hygiene items and hygiene promotion activities, and more than 26,300 people gained access to sanitation (including 12,900 women and girls) though the installation, construction and rehabilitation of latrines.

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

Studies have shown that behaviour change communication and awareness-raising are an essential component of any WASH response. In Ethiopia, UNICEF reached more than 3 million drought-affected people (including refugees) with communication activities that promoted good hygiene and sanitation practices and equipped them with information to protect themselves and their families against disease outbreaks (exceeding the target of 2.2 million). This effort involved the dissemination of information, education and communication materials in local languages, and building capacities and spreading hygiene promotion messages nationwide though a large and diverse group of community influencers that included health extension workers, religious leaders, school teachers and community leaders. In Haiti, UNICEF reached nearly 1.1 million people with awareness-raising activities on cholera prevention, 73,000 homes were disinfected, and 87 per cent of all identified cholera cases were responded to within 48 hours (exceeding the target of 75 per cent). In Angola, more than 527,000 people received key messages on hygiene practices (exceeding the target of 360,000). A WASH C4D knowledge, attitudes and practices survey found that 80 per cent of refugees in Angola target areas could recall key WASH messages regarding handwashing, cholera prevention and the use of latrines that were promoted by UNICEF-supported social mobilizers and community radio.

Commitment 5: Children access safe water, sanitation and hygiene facilities in their learning environment and in child-friendly spaces.

WASH-in-schools interventions contribute to increasing school enrolment and retention and protecting the dignity and health of students, especially adolescent girls. In the aftermath of the Caribbean hurricanes, with UNICEF support, more than 19,000 children gained access to WASH services, including handwashing facilities and soap, when schools reopened (61 per cent of the 32,000 targeted). In Kenya, UNICEF reached nearly 86,000 crisis-affected school children in 243 schools with access to water in the school environment or in community facilities for use in schools, allowing school environments to stay open during the drought (78 per cent of the 110,000 targeted). In Nepal, as part of the flood recovery effort, UNICEF supported

the provision of WASH facilities in schools, temporary and transitional learning centres, and health facilities that were damaged during the earthquake. In total, 142 schools and 101 health facilities gained WASH facilities, benefiting more than 28,000 students (more than 14,000 girls) in schools and more than 25,000 people in health centres. In the context of the Burundian refugee response in the United Republic of Tanzania, UNICEF supported WASH in schools and child-friendly spaces, benefiting more than 91,000 children (exceeding the target of 50,000). These facilities included a room for menstrual hygiene management and a room for children with disabilities.

Globally, 2.4 million children accessed WASH facilities in their learning environments (98 per cent).

A young Rohingya girl drinks clean water from a UNICEF-supported tap in the Balukhalii Refugee Camp in Cox's Bazar, Bangladesh (November 2017).

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Children fill containers with water at a tap inside the Dalori camp for internally displaced persons in Maiduguri, Borno State, Nigeria (March 2017). UNICEF has supported the operation and maintenance of water systems in camps to ensure safe drinking water for the internally displaced and prevent the spread of cholera.

CONTRIBUTING TO THE MULTISECTORAL CHOLERA RESPONSE IN NIGERIA

The cholera outbreak in Nigeria began in Borno State in August 2017 and was contained in December 2017 with a combined total of 5,365 cases and a final death toll of 61 people. The outbreak was caused by multiple underlying factors, including overcrowding in camps, a weak national health system, poor sanitary conditions and lack of clean water and other basic services.

Effective water and sanitation interventions, such as comprehensive chlorination treatment, disinfection of affected camps, sustained desludging of latrines and targeted hygiene promotion, were key to reducing cholera transmission during the outbreak. Sectoral convergence and coordination at all levels enabled the success of these interventions.

Overall, nearly 193,000 internally displaced persons (one third of the camp population at high risk for cholera) were reached with sustained sanitation facilities through the desludging of nearly 3,900 latrines once every two months, on average. In addition, more than 522,000 people living in cholera hot spots across 43 camps (more than 90 per cent of the camp population at high risk) gained access to improved sanitation through the routine cleaning and disinfection of nearly 7,600 latrines and garbage removal. UNICEF also supported the operation and maintenance of water systems in camps, including chlorination, benefiting more than 265,000 internally displaced persons.

UNICEF will continue to work with local government and other aid agencies to build capacities for immediate and sustained WASH service delivery, emphasizing the nexus between humanitarian and development programming and building the preparedness and response capacities of government institutions.

Challenges and constraints

The UNICEF WASH-in-emergencies response faced significant challenges in 2017, including funding gaps (for example, the Democratic Republic of the Congo received only 17 per cent of its funding needs despite undergoing one of the worst cholera outbreaks of the decade[55]); difficulty accessing target populations in countries such as Somalia, the Syrian Arab Republic and Yemen; limited capacity of key implementing partners, such as in Nigeria; and challenges in coordinating with numerous humanitarian organizations and donors, for example in Bangladesh, where the initial response involved many non-traditional actors providing WASH assistance without agreed standards or process identification. UNICEF will work to address these challenges by: (1) conducting after-action reviews of Level 3 emergency responses to identify key issues and lessons learned and develop follow-up actions; (2) better linking humanitarian and development WASH programming to support sustainable service delivery, including cost recovery where possible; and (3) developing the capacities of UNICEF staff on linking humanitarian and development programmes and implementing sustainable models to facilitate better humanitarian WASH response, particularly to protracted crises.

Child protection

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

Global response

In 2017, UNICEF responded to the protection needs of girls and boys affected by humanitarian situations in 81 countries, including the seven countries facing Level 3 emergencies and three Level 2 emergency responses (the Central African Republic, the Horn of Africa and the Lake Chad Basin). Working with governments, United Nations agencies, NGO partners and other international organizations, UNICEF reached more than 3.5 million children with psychosocial support (89 per cent of the 4 million targeted); placed more than 36,000 unaccompanied and separated children in alternative care; reunified more than 19,000 of these children with their families or caregivers; provided more than 5.9 million children with mine-risk education (exceeding the target of 5.2 million); and mitigated the risk[56] of gender-based violence for more than 3.6 million girls, women and boys in humanitarian situations.

Commitment 1: Effective leadership is established for both the child protection and gender-based violence 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 2017, UNICEF led the child protection areas of responsibility in 64 countries and co-led the gender-based violence areas of responsibility in 11 countries. Eighty-five per cent of countries reporting had a coordination mechanism for child protection that met the CCC standards for coordination. The UNICEF-led Global Child Protection Area of Responsibility[57] provided 510 days of direct RRT support to eight countries, including Bangladesh, the Democratic Republic of the Congo, Iraq, Kenya, Myanmar, Somalia and South Sudan; and remote support in response to more than 750 requests from 49 countries, with 99 per cent satisfactory outcomes. During the year, the Global Child Protection Area of Responsibility spearheaded actions to improve the localization of child protection response: the Strategic Advisory Group now has a majority of national NGOs (8 of 14); a capacity-building programme was delivered to eight governments to strengthen local systems and bridge the humanitarian-development nexus; and the global help desk, which operates in English, was decentralized to a regional model, covering French, Spanish and Arabic, thereby improving local partner access. In the Horn of Africa, coordination groups partnered with the Nutrition and WASH Clusters to conduct assessments and develop guidance on how to collaborate in humanitarian responses. In South Sudan, the Child Protection Area of Responsibility worked with the Health Cluster (WHO) and Camp Management Cluster (IOM) to establish a mental health and psychosocial support technical coordination network. In Bangladesh and the Democratic Republic of the Congo, the Child Protection Areas of Responsibility and Education Clusters collaborated to conduct rapid risk assessments to inform programming on critical topics such as the prevention of child trafficking.

In 2017, UNICEF led the child protection areas of responsibility in 64 countries and co-led the gender-based violence areas of responsibility in 11 countries.

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 is the co-chair of the United Nations Security Council-mandated country task forces on monitoring and reporting, and provides leadership on the implementation of the Security Council's children and armed conflict agenda. In 2017, UNICEF supported annual and quarterly reporting on the 14 countries on the children and armed conflict agenda and the Monitoring and Reporting Information Management System was rolled out to six countries. Of the 65 parties to conflict listed for grave violations in 2017, fourteen signed an action plan to halt and prevent further grave violations against children. In Myanmar, UNICEF supported the training of 309 participants from community-based organizations, international NGOs and United Nations agencies to increase the capacity of the task force to monitor and report on grave violations against children and expand the Monitoring and Reporting Network. In the Syrian Arab Republic, the task force worked to increase engagement with parties to the conflict and more than 1,500 violations were documented in 2017. Successful advocacy in Nigeria led the Civilian Joint Task Force to sign an action plan, committing to the immediate handover of all children within its ranks. In the Philippines, the Moro Islamic Liberation Front completed its action plan and was delisted.

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

In 2017, UNICEF strengthened its responses to major child protection risks by establishing safe environments for the most vulnerable children and improving the availability of specialized services. In the Caribbean, in an innovative effort that cemented previously ad hoc arrangements while reinforcing systems at the subregional level, UNICEF established a standby agreement with the National Emergency Management Organization of Saint Lucia to be the subregional hub for psychosocial support in the eastern Caribbean should the need arise. Outreach and case management systems were strengthened to support refugee and migrant children across the Middle East and Europe, resulting in direct services for more than 53,500 children, many of whom were unaccompanied or separated. In addition, more than 6,300 front-line responders received training on child protection standards in 10 European countries (exceeding the target of 3,975).

Thematic funding was crucial to UNICEF's ability to strengthen child protection mechanisms in some countries. In Myanmar, despite access challenges, thematic funds helped UNICEF address the acute protection needs of some 130,000 children and adolescents and provide coaching to partners on case management, adolescent programming and psychosocial support. In Chad, UNICEF used thematic funds to provide mobile psychosocial outreach to more than 3,900 children returning to hard-to-reach areas, and establish local systems that enabled community leaders, parents and young people to report on and respond to cases of violence against children.

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 their families, and ensure the protection of unaccompanied and separated children in 2017. In South Sudan, UNICEF has assisted nearly 14,500 unaccompanied and separated children since the conflict began in December 2013, including nearly 2,800 children registered for tracing and reunification services in 2017. In Haiti, UNICEF supported nearly 4,700 flood-affected unaccompanied and separated children with interim care and family reunification (exceeding the target of 4,000). In Uganda, where forced displacement and migration has put children at risk of separation from their families, 16,500 children out of 18,000 registered as unaccompanied or separated, nearly half of them girls, received foster or kinship care. In Nepal, UNICEF collaborated with partners to prevent trafficking and in 2017 intercepted more than 2,400 women, adolescents and children at the border (exceeding the target of 300), and provided 187 survivors of trafficking with specific services, including counselling, shelter and income-generation activities.

Globally, UNICEF supported the reunification of 19,000 unaccompanied and separated children with their families or caregivers.

Commitment 5: Violence, exploitation and abuse of children and women, including gender-based violence, are prevented and addressed.

Addressing gender-based violence in emergency situations not only serves to secure the rights, protection and well-being of millions of children and women caught in conflict, but also builds lasting peace, a culture of respect for human rights and progress towards sustainable development. In 2017, UNICEF provided survivors of gender-based violence with life-saving care, for example in the Democratic Republic of the Congo, where more than 4,900 survivors

accessed health and psychosocial support services (70 per cent of the 7,000 targeted), out of nearly 345,000 women and children reached through gender-based violence risk mitigation measures.[58] In South Sudan, the UNICEF gender-based violence risk reduction and response programme reached nearly 198,000 people (89,656 women, 46,311 girls, 29,341 boys and 32,639 men) (exceeding the target of 160,000). In the Central African Republic, UNICEF's partners registered 666 cases of sexual violence, a significant decrease from 2016 when 1,700 cases were registered; the difference is probably mainly due to fewer partners covering less territory in 2017, as there was ongoing fighting and reports of widespread gender-based violence throughout the year.

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

The provision of psychosocial support is a critical aspect of emergency response. UNICEF increasingly makes use of community-based activities that facilitate the integration, expansion and sustainability of its psychosocial support programming. In Iraq, UNICEF supported the delivery of psychosocial support through mobile teams, safe spaces for girls and women, static and mobile child-friendly spaces, and community-based child protection centres, reaching more than 391,000 girls and boys (exceeding the target of 162,000). In South Sudan, nearly 267,000 vulnerable children (121,079 girls and 145,632 boys) accessed community-based and school-based psychosocial support services (82 per cent of the 327,000 targeted). In Ukraine, UNICEF provided psychosocial assistance to more than 105,000 children through direct service provision and mobile outreach that included psychosocial first aid, group therapy and individual therapy (exceeding the target of 100,000). In camps for internally displaced persons in Myanmar, UNICEF and partners provided programmes supporting positive parenting that benefited 284 girls, 266 boys, 428 women and 122 men. In the Caribbean, where children faced risks due to the hurricanes, UNICEF and partners reached nearly 16,000 children with psychosocial support through formal education settings and safe community spaces (92 per cent of the 17,000 targeted).

Globally, UNICEF supported 3.5 million children with psychosocial support (89 per cent).

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

UNICEF works to prevent child recruitment by armed forces and groups and to support the release of children who are used in armed conflict. In 2017, this included supporting the release of more than 10,000 children from armed forces and groups in 15 countries, and the reintegration of more than 12,000 children with their communities.[59] For example, in Nigeria, UNICEF assisted more than 6,000 children and women associated with armed groups and/or survivors of sexual violence with reintegration support, including 792 children released from administrative custody by security forces. In the Central African Republic, more than 3,000 children (865 girls) associated with armed groups benefited from interim care, psychosocial support and family reunification.

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 2017, UNICEF prioritized action to strengthen mine-risk education and victim assistance, and advocate for ratification and/or compliance with international humanitarian law in 25 countries. The number of children reached with mine-risk education increased to more than 5.9 million children in 2017 (48 per cent girls) (exceeding the target of 5.2 million), compared with 4 million children in 2016. More than 80 per cent of those reached in 2017 were located in the Syrian Arab Republic, Ukraine and Yemen. In the Syrian Arab Republic, UNICEF expanded its mine-risk education programme to promote safe behaviour and prevent civilian casualties, reaching 2 million people, 1.9 million children and 128,000 caregivers (78 per cent of the 2.6 million targeted). In Yemen, more than 1 million people received mine-risk education and learned how to report the existence of mines and explosive remnants of war. In nine countries, UNICEF supported child survivors and victims of landmines/explosive remnants of war; and in 23 countries, it built the capacities of 41 mine action professionals. In Myanmar, UNICEF helped to develop a new mine-risk education mobile application to reach communities living in affected areas, and supported 150 children injured or affected by landmines/explosive remnants of war.

Junayed, aged 13 years, playing a game with another boy in a UNICEF-supported child-friendly space in the Kutupalong makeshift settlement for Rohingya refugees in the Cox's Bazar district of Bangladesh (December 2017). After losing both of his parents, Junayed and his two sisters are sheltering with another Rohingya family.

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RESPONDING TO THE PROTECTION CRISIS IN BANGLADESH USING THEMATIC HUMANITARIAN FUNDING

At its core, the Rohingya refugee crisis in Bangladesh is a protection crisis, with families seeking safety from reported acts of horrific violence perpetrated against children and adults, including sexual and gender-based violence, abduction and trafficking.

Despite the life-saving nature of child protection interventions, child protection was one of the least funded areas of the initial refugee response. UNICEF used flexible thematic funds, including global and country humanitarian thematic funds, to bridge this funding gap, and worked through CODEC, a long-established national NGO in Bangladesh, to bring the child protection response to scale. Together, UNICEF and CODEC reached more than 28,000 children and adolescents with critical child protection services that supported them to cope with the trauma of the violence they had fled.

For nearly 26,000 boys and girls, child-friendly spaces offered a physical space away from the stresses of life as a refugee where they could visit other children their age through structured psychosocial and recreational activities. Age-appropriate support was also extended to more than 2,200 adolescents, including life-skills education and basic literacy and numeracy. UNICEF and CODEC also helped to identify foster family support for 280 separated or unaccompanied children, and provide ongoing case management.

In 2018, efforts will be made to establish a trained cadre of facilitators and social workers from national NGO partners such as CODEC, as well as community-based child protection networks, to increase the number of children reached.

Challenges and constraints

Countries experiencing complex humanitarian emergencies faced challenges in the provision of child protection prevention and response services in 2017, due to the scale of protection needs, the restricted operating environment and limited humanitarian access. Lack of respect for international humanitarian and human rig hts law among many parties to conflict meant that numerous children and their families faced brutal violence during the year, including grave violations of their rights. In addition, a number of UNICEF country offices, including those facing Level 2 and Level 3 emergencies, faced funding shortfalls for life-saving child protection and gender-based violence-in-emergencies services. For example, in the Central African Republic, less than half (44 per cent) of the child protection appeal was mobilized in 2017, which resulted in a curtailing of services for survivors of gender-based violence and children released from armed groups. To address these challenges, UNICEF will invest in strengthening child protection systems to increase the reach and quality of programmes, and support community-based mechanisms to monitor, report on and respond to child protection risks.

Nutrition

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

Global response

In 2017, UNICEF worked in close collaboration with governments and partners to deliver life-saving action to safeguard the nutritional status of women and children in 66 countries experiencing new or protracted emergencies. Globally, nearly 3 million children aged 6–59 months suffering from SAM in humanitarian contexts were given treatment and care over the course of the year (83 per cent of the 3.6 million targeted). Of those children admitted to the programmes, 91 per cent recovered. In addition, nearly 6 million mothers and caregivers affected by humanitarian crises received information, counselling and support on infant and young child feeding (IYCF) (99 percent of the 6 million targeted).

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 and nutrition-in-emergencies working groups or clusters in 58 countries in 2017; and 100 per cent of countries reporting had a coordination mechanism for nutrition that met the CCC standards for coordination, compared with 93 per cent in 2016. The Global Nutrition Cluster provided a total of 250 days of direct RRT support to four countries – Bangladesh, Ethiopia, Iraq and Somalia – and the help desk supported 24 countries in 2017. In its role as cluster lead agency for nutrition, UNICEF continued to spearhead the coordination of nutrition-in-emergencies responses, including by supporting partner coordination and promoting timely and effective nutrition response in emergencies at national and subnational levels. Key actions included leading emergency preparedness efforts, coordinating nutrition assessments, building the capacity of frontline workers, and mobilizing human and financial resources. The Global Nutrition Cluster strengthened collaboration with the global food security, health and WASH clusters in 2017, which led to the call for action on the famine and famine-like situations in north-east Nigeria, Somalia, South Sudan and Yemen, and facilitated a more integrated response. Guidance issued for humanitarian coordinators on the importance of integrated response renewed interest in programme integration among humanitarian country teams; and 18 country case studies showcasing key cluster responses in regards to

integration, transition and application of the AAP concepts were published.

In 2017, UNICEF led or co-led nutrition sectors, nutrition-in-emergencies working groups or clusters in 58 countries.

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

Nutrition data from multisectoral situation analysis and programme monitoring are essential to guiding effective emergency nutrition responses. In Mali, UNICEF, in collaboration with the Ministry of Health, the National Institute of Statistics, the Food and Agriculture Organization of the United Nations (FAO), WFP and WHO, conducted a national nutrition survey using the Standardized Monitoring and Assessment of Relief and Transition methodology. The findings revealed an estimated 630,000 children suffering from acute malnutrition, including 165,000 with SAM. These results formed the basis for updated response planning. The UNICEF Eastern and Southern Africa Regional Office supported reviews of national nutrition information systems in Botswana, Madagascar, Mozambique and Zimbabwe to identify data gaps and improve systems to more consistently enhance the quality and availability of data. UNICEF continued to work with partners to find innovative ways to assess and refer children for nutrition services, even in hard-to-reach locations. For example, when concerns were raised about increasing levels of acute malnutrition in parts of Iraq, UNICEF and partners adjusted the surveillance strategy to access these children. Small teams were sent to transit sites to provide first-line care, including screening some 294,000 children for acute malnutrition. In the Niger, UNICEF partnered with the Ministry of Health, WFP and the NGO ALIMA to scale up the 'MUAC-by-mothers'[60] approach in Maradi Region, where mothers screen their children to detect acute malnutrition at its earliest stages, enabling increased and sustainable coverage of routine screening.

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

The protection, promotion and support of optimal IYCF practices is the first line of defence for children under 2 years of age in emergencies. UNICEF and the Emergency Nutrition Network co-led the update of the Infant Feeding in Emergencies Operational Guidance, which shares updated guidance on non-breastfed infants and complementary feeding in emergencies. The guidance was disseminated

to 100 countries in 2017 and will be scaled up in 2018. As part of the continued refugee migrant crisis response in Europe, nearly 1,800 children under 2 years of age in Greece (exceeding the target of 1,000) and more than 1,500 children in Serbia (96 per cent of the 1,600 targeted) accessed mother and baby care centres for both nutrition and health services. In Serbia, UNICEF also advocated for more child-sensitive food distributions in reception and accommodation centres and partnered with the National Institute for Public Health to strengthen the national recommendations for IYCF in emergencies. In the State of Palestine, UNICEF continued to support partners to deliver health and nutrition care interventions to the most vulnerable. As a result, more than 56,000 children and their mothers benefited from community counselling on early childhood nutrition and health practices. In eastern Ukraine, UNICEF and partners trained more than 1,800 health workers, mothers and teachers on IYCF, immunization and essential neonatal care. UNICEF also established five breastfeeding support centres in Ukraine, where about 500 pregnant women and mothers accessed breastfeeding counselling and information materials.

Globally, UNICEF supported 6 million mothers and caregivers with infant and young child feeding counselling (99 per cent).

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

Though UNICEF reached more children with SAM treatment in 2017 than in 2016 (3 million compared with 2.4 million), the needs remain significant. In Somalia, UNICEF rolled out a pre-famine scale-up plan, which was critical to accelerating the prevention and reduction of excess morbidity and mortality related to SAM. By increasing the number of implementing partners from 21 to 56, UNICEF was able to rapidly expand the coverage of static and mobile outreach service delivery sites from 538 to 800 and reach nearly 270,000 children with life-saving nutrition treatment (97 per cent of the 277,000 targeted). In South Sudan, despite service disruptions in more than 40 nutrition sites, UNICEF and partners reached nearly 207,000 children with SAM treatment through outpatient therapeutic programmes and stabilization services (99 per cent of the 207,000 targeted). In the West and Central Africa region, UNICEF significantly scaled up its nutrition services to expand care and treatment for children with SAM. The number of health-care facilities offering SAM services increased from 8,000 in 2016 to more than 8,800 in 2017.

Globally, UNICEF supported 3 million children aged 6-59 months with SAM with treatment (83 per cent).

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

Vitamin and mineral deficiencies increase a child's risk of disease and mortality due to diarrhoea, measles, malaria and pneumonia, and impair physical and cognitive development. In 2017, UNICEF continued to support micronutrient programmes in several countries, including vitamin A supplementation programmes. In Yemen, 80 per cent of children aged 6–59 months received the recommended two high doses of vitamin A. In addition, mothers and caregivers were sensitized on optimal IYCF, and more than 706,000 pregnant and lactating women received iron and folic acid supplements. In Cameroon, UNICEF supported the implementation of a home-based food fortification programme in four health districts in the North to improve the quality of complementary feeding for children aged 6–23 months. The latest available information indicates that about 10 countries implemented multiple-micronutrient powder interventions as part of an emergency programme – the Democratic People's Republic of Korea, Haiti, Lebanon, Mauritania, Myanmar, Nepal, Pakistan, Papua New Guinea, the Syrian Arab Republic and Vietnam – reaching more than 2.1 million children.

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

To ensure that populations can access available services and adopt positive practices in emergencies, UNICEF strives to widely disseminate information on nutrition services and how caregivers can best care for their families in challenging circumstances. In Kenya, UNICEF in partnership with BBC Media Action built the capacity of local radio stations and community health workers to provide nutrition information and promote the adoption of positive social norms. In the United Republic of Tanzania, UNICEF supported 207 health information teams to provide some 151,000 refugees with nutrition and health-related information on IYCF, deworming and vitamin A supplementation. In Yemen, as part of the response to the cholera outbreak, UNICEF supported the Ministry of Public Health and Population to develop and implement guidelines on fluid management for children with SAM and diarrhoea/suspected cholera, deliver key messages in oral rehydration corners and diarrhoea treatment centres, and train over 2,000 staff from high-risk districts to raise awareness on cholera prevention.

A medical practitioner uses a mid-upper-arm circumference measuring tape on a boy being screened for malnutrition at Ma'abar Hospital, Dhamar governorate, Yemen (March 2017).

THE INTEGRATED HEALTH AND NUTRITION RESPONSE IN YEMEN

The complex emergency in Yemen has resulted in a catastrophic humanitarian crisis that will have repercussions for generations. The health system is on the verge of collapse, with only 45 per cent of the country's health facilities functioning. Some 1.8 million children are acutely malnourished, including more than 400,000 children under 5 years of age who are suffering from SAM.

To save lives and preserve the health system in Yemen, UNICEF, WHO and the World Bank launched the Yemen Emergency Health and Nutrition Project in 2017, the first partnership of its kind in a humanitarian response. In the first year of implementation, UNICEF provided comprehensive or partial support that enabled 4,000 health facilities to remain operational and continue service provision. In addition, health staff (430 health workers, 40 community health workers, 23 feeding centre staff and more than 600 community health volunteers) received training to increase their capacities to deliver life-saving health and nutrition interventions.

In addition, UNICEF, the Ministry of Health and WFP conducted a nationwide polio immunization day, which included screening children for acute malnutrition using mid-upper arm circumference measurements. Through the campaign, more than 3.2 million children aged 6–59 months were screened and some 293,000 children with acute malnutrition, including 65,700 children with SAM, were identified and referred for treatment.

UNICEF and partners will continue to strengthen health systems in Yemen, and scale up the community-based management of acute malnutrition response and other prevention activities through health facilities.

Challenges and constraints

In fragile contexts and conflict situations, weak national systems, limited availability of disaggregated data and constrained human and financial resources for emergency preparedness and response made it difficult for countries to scale up nutrition responses. In 2017, UNICEF's nutrition efforts in complex emergencies were also challenged by limited access to affected populations, which restricted the timely collection of quality data, as well as response actions. In several contexts, such as in Somalia, South Sudan and Yemen, these challenges were further exacerbated by the complexity of the emergencies, including disease outbreaks, climatic shocks, conflict and population displacements that compounded existing needs. UNICEF and cluster partners will undertake advocacy to highlight 'forgotten emergencies', such as those in the Central African Republic, the Democratic Republic of the Congo, the Niger and the Sudan, so that these responses receive adequate resources, including for cluster coordination and information management. UNICEF will also continue to work closely with partners to document lessons learned and best practices to seek innovative ways to improve the quality of nutrition information.

Education

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

Global response

In 2017, more than 8.8 million children, including 4.2 million girls, accessed formal or non-formal basic education, including pre-primary and early childhood education, with UNICEF support (73 per cent of the 12 million targeted). As the number of children under 18 years of age who were forcibly displaced rose to record levels in 2017, education made up the largest part of UNICEF's Humanitarian Action for Children appeal at US$370 million. The year's response included continued efforts to reach out-of-school children living in crisis-affected zones (estimated at 50 per cent of all children of primary school age), including in countries facing a Level 2 or Level 3 emergency response.

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 2017, UNICEF led or co-led the education clusters, education-in-emergencies working groups or education sector coordination mechanisms in 70 countries. Overall, 95 per cent of countries reporting[61] had a coordination mechanism for education that met the CCC standards for coordination, compared with 67 per cent in 2016. During the year, the Global Education Cluster revised its strategic plan to realign priorities for 2017–2019 with current humanitarian discourse and ongoing humanitarian and development system reforms. Resources were also mobilized with the Directorate-General for European Civil Protection and Humanitarian Aid (US$1.2 million) and the Education Cannot Wait Fund (US$2.5 million) to strengthen field support activities. The Global Education Cluster provided 208 days of direct RRT support to five countries – Afghanistan, Bangladesh, Kenya, Senegal and the Sudan – and the Global Education Cluster help desk addressed more than 152 requests in 35 countries. In Swaziland, UNICEF worked with civil society partners and regional education authorities to improve preparedness and include multi-hazard contingencies in the 2018–2019 Education Cluster plan. Child protection and education sectors collaborated to better link responses in Angola, Burundi, Nigeria and the Sudan. In Burundi, for example, the Education Watch Initiative was launched to bridge

child-friendly spaces and schools as zones of peace to provide a holistic approach for the (re)integration of children into schools.

In 2017, UNICEF led or co-led the education clusters, education-in-emergencies working groups or education sector coordination mechanisms in 70 countries.

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

UNICEF is committed to making education services accessible to and inclusive of all, especially the most vulnerable and excluded in emergency contexts. In Chad, interventions specifically addressed gender disparities in education, which can be exacerbated by lack of hygiene and sanitary facilities in schools. To mitigate this, UNICEF distributed hygiene kits and sanitary materials to more than 5,600 adolescent girls impacted by the crises in the Central African Republic and Nigeria, and training for female parent-teacher association members on providing the girls with assistance and guidance. Enrolment of girls saw a marked increase of 58 per cent, compared with 2016.[62] In Eritrea, UNICEF provided cash assistance for school materials, registration fees, learning materials and school uniforms to 3,500 orphaned, disabled and otherwise vulnerable children (38 per cent girls), including 1,000 street children who were helped to return to school. In Somalia, cash grants provided tuition fees and community-organized school feeding for nearly 95,000, including nearly 34,000 displaced children (exceeding the target of 80,000). Given the importance of messaging and advocacy to supporting the return of school-age children to learning opportunities, UNICEF conducted enrolment campaigns at the community level in Nigeria that contributed to the enrolment of nearly 443,000 children in 10 states. In Uganda, UNICEF expanded pre-primary programmes for both host and South Sudanese refugee children, supporting nearly 70,000 children.

Globally, UNICEF supported 8.8 million children, including 4.2 million girls, with formal or non-formal basic education (73 per cent).

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

Schools and educational institutions are increasingly being targeted and attacked during conflict. Between 2000 and 2014, the number of education institutions targeted rose 17-fold,[63] causing enrolment rates in affected regions to plummet.[64] In addition, out-of-school children in conflict zones are at much higher risk of violence, exploitation, abuse and neglect. In response, in 2017, UNICEF supported the renovation of destroyed classrooms, set up temporary learning spaces, and provided teaching and learning materials so that children and their teachers could return to school. In seven countries in West and Central Africa (Cameroon, the Central African Republic, Chad, the Democratic Republic of the Congo, Mali, the Niger and Nigeria), UNICEF supported 1.45 million children with access to educational infrastructure. In Yemen, more than 550,000 children accessed safe learning through 425 rehabilitated schools and temporary learning spaces (exceeding the target of 364,000). In Afghanistan, some 69,500 internally displaced, returnee and host community children (49 per cent girls) accessed learning opportunities in 650 temporary classrooms established by UNICEF (70 per cent of the 100,000 targeted).

UNICEF was also able to use thematic funds to provide safe and secure learning environments to children affected by emergencies. In Nepal, where the education sector has not fully recovered from the impacts of the 2015 earthquake, thematic funds helped UNICEF support the establishment of 650 transitional learning centres in 337 schools, benefiting nearly 28,000 children (50 per cent girls). The flexibility of thematic funding also helped UNICEF scale up protection and education programmes in the Mediterranean and Baltic regions, where a combination of direct service delivery and technical assistance to governments benefited some 7,000 at-risk children in Italy, 3,000 stranded children in Bulgaria and Serbia, and 280 at-risk children on the move through the former Yugoslav Republic of Macedonia.

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

Teachers in crisis contexts play a critical role in a child's life, from providing quality education to providing psychosocial support. In Cameroon, in the context of the Lake Chad Basin crisis, UNICEF supported the training of more than 1,400 teachers to provide psychosocial support and implement conflict and disaster risk reduction strategies, benefiting more than 124,000 children. In Ukraine, UNICEF partnered with the Health Through Education initiative and the Regional Institute for In-service Trainings to provide life skills education to more than 4,500 teachers and community members, equipping them with skills such as mediation, gender sensitivity and conflict prevention and resolution, thereby enabling them to respond to the needs of children impacted by crisis. In Colombia, UNICEF supported a collaboration between the ministries of education and health that led to the production of educational materials for Zika prevention in the towns of Chaparral and Ibagué. Overall, social mobilization activities for Zika prevention involved more than 5,600 students, 50 public servants and nearly 1,700 members of school communities and neighbourhood groups.

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.

UNICEF uses innovative strategies, including radio outreach, adolescent kits[65] and innovation labs,[66] to support adolescents to develop life skills, avoid negative coping mechanisms such as participation in armed conflict, and reach their learning and earning potential. In response to the drought in the Horn of Africa, UNICEF Kenya delivered key messages on disease outbreak prevention to over 150,000 children (41 per cent girls) and radio messages on peace education programming reached 70,000 listeners during the 2017 election period. In Cameroon and the Niger, 144 radio programmes delivered literacy and numeracy lessons and messages on conflict, disaster risk reduction, child protection and children's rights issues. In Mali, more than 1,900 adolescents trained as back-to-school ambassadors visited some 30,000 households and conveyed messages about the importance of education for children. In Malawi, UNICEF provided livelihood training to 1,800 vulnerable youth and functional literacy classes for 5,500 out-of-school children. Given Malawi's chronic food supply challenges, UNICEF also helped the government implement the Living Schools Programme in 30 schools, enhancing the knowledge of nearly 31,000 children and youth on climate change.

Sidra washes her face using the water facilities at Farahedee School in east Mosul, Iraq, which was rehabilitated by UNICEF (June 2017). Some 1,500 children now attend the school, where they take classes and participate in special sessions on mine-risk education.

HELPING CHILDREN RETURN TO SCHOOL IN IRAQ

In Iraq, the complex emergency and increasing armed violence have led to a shortage of safe learning spaces and teaching and learning resources across the country, including in Mosul, where most of the educational infrastructure has been destroyed; and in Sulaymaniya, where school buildings were heavily damaged following the 2017 earthquake.

These overlapping emergencies necessitated that UNICEF expand supply delivery and prioritize access to safe learning environments to ensure a rapid return to learning. UNICEF worked with the Ministry of Education and its directorates to renovate 214 schools in Mosul within 100 days of the city's return to central government control, helping nearly 201,000 children (more than 82,000 girls) return to school. Working with the Directorate in Sulaymaniya, UNICEF prioritized 10 schools for repair, allowing nearly 3,900 children (48 per cent girls) and 320 teachers to safely return to school.

Across the country, in 2017, UNICEF supported some 840,000 children (46 per cent girls) with learning materials (exceeding the 690,000 targeted) and more than 44,000 children (44 per cent girls) with temporary learning spaces (89 per cent of the 50,000 targeted). With UNICEF support, the Ministry of Education also delivered 1.4 million textbooks to 475,000 children in Ninewa Governorate, following the end of a military offensive.

In addition to the timely delivery of supplies, UNICEF supported a cost-benefit study, the results of which indicate that some 355,000 internally displaced children remain out of school in Iraq, representing 48 per cent of the total number of internally displaced school-age children, with an estimated cost to Iraq's economy of US$1 billion in unrealized potential wages. UNICEF will use the results of this study to conduct advocacy for increasing investments in health and education.

Students look at an inflatable globe, which was among the School-in-a-Box supplies provided to a new transitional learning centre near Cox's Bazar, Bangladesh (October 2017).

Challenges and constraints

In 2017, funding shortfalls posed a significant barrier, with education appeals less than 50 per cent funded in Afghanistan, Bangladesh, Burundi, Chad, the Democratic Republic of the Congo, Ethiopia, Mali and the Syrian Arab Republic. This impacted UNICEF's ability to scale up programmes and led to low achievement against education targets. In addition, the increased caseload of refugee children in 2017 (e.g., in Bangladesh, the Syrian Arab Republic and the United Republic of Tanzania), created new challenges related to the delivery of quality educational programmes in emergency contexts. Insecurity (e.g., in the Democratic Republic of the Congo, Nigeria

and Yemen) created a shortage of safe and child-friendly learning environments. UNICEF is exploring solutions to these challenges, such as self-learning programmes in the Syrian Arab Republic, the introduction of multi-purpose service sites in Bangladesh and second-shift schooling in the United Republic of Tanzania, and will continue to recruit, train and mentor teachers through partner organizations; deliver teaching and learning materials to ensure quality education; and build the capacities of education ministries to support teachers in emergency settings. UNICEF will also continue to bridge humanitarian and development efforts in education-in-emergencies programming by engaging local partners and communities and strengthening the resilience of education systems.

Health

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

Global response

In 2017, UNICEF provided care to millions of children affected by health emergencies, natural disasters and conflicts, many of them protracted. This included the provision of measles vaccination to more than 18 million children aged 6 months to 15 years (74 per cent of the 24.4 million targeted). Throughout the year, UNICEF leveraged its cross-sectoral field presence to respond to cholera outbreaks in Iraq, Kenya, Nigeria, Somalia, South Sudan and Yemen; measles and diphtheria outbreaks in Bangladesh; plague in Madagascar; and outbreaks of viral haemorrhagic fevers, including Rift Valley fever, Lassa fever, Crimean–Congo haemorrhagic fever, Marburg virus disease and Ebola virus disease, mostly in sub-Saharan Africa. Over the course of the year, UNICEF continued to build capacities for public health emergency preparedness and response through the Health Emergencies Preparedness Initiative, as well as through engagement in the International Health Regulations Monitoring and Evaluation Framework.

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 an active member in the Global Health Cluster, the Global Outbreak Alert and Response Network, the Global Task Force on Cholera Control and the Interagency Working Group on Reproductive Health in Crises, UNICEF coordinated with other agencies to support the development of policies and guidelines, as well as joint advocacy at the global level. At the country level, UNICEF representation in coordination mechanisms enhanced cross-sectoral linkages with other sectors such as WASH, nutrition, C4D and child protection/gender-based violence, including through participation in the Sexual and Reproductive Health Working Group and the District Diphtheria Committee for the Rohingya crisis in Bangladesh, as well as cholera task forces and emergency operation centres for multisectoral coordination

of the cholera response in Yemen and Lassa fever response in Nigeria.

For its responses to health emergencies, UNICEF continued to work closely with WHO to jointly coordinate immunization campaigns at the country level, and at the global level through the International Coordination Group on vaccine provision for cholera, meningitis and yellow fever. Coordination with partners including WHO and the Pan American Health Organization, the United States Centers for Diseases Control and Prevention, national and local governments, and other partners, as well as cross-sectoral coordination among health, WASH, C4D, ECD, disabilities and education, was critical to delivering a holistic response to children and families affected by the Zika outbreak.

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

UNICEF and partners responded to multiple outbreaks of vaccine-preventable diseases in humanitarian settings in 2017, including in contexts where health systems were weakened by protracted crises. In Bangladesh, UNICEF, the Directorate General of Health Services and WHO organized two rounds of oral cholera vaccine campaigns to reduce the risk of a cholera outbreak. The first round reached more than 700,000 people over 1 year old, with a coverage rate of 92 per cent; and the second round, coupled with oral polio vaccine, reached more than 199,000 children with an estimated coverage rate above 96 per cent. This preventive immunization contributed to no cases of cholera being diagnosed in Bangladesh in 2017. UNICEF supported two rounds of child health days in the Democratic People's Republic of Korea, reaching 1 million children aged 24–69 months with deworming and screening for malnutrition. Efforts to prevent and control malaria included the response in Burundi, where health infrastructure has been weakened by the decade-long conflict. In a nationwide mass campaign, UNICEF distributed more than 6 million long-lasting insecticide-treated nets across the country, covering 96 per cent of household needs.

Globally, UNICEF supported 18 million children aged 6 months to 15 years with measles vaccination (74 per cent).

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

UNICEF supported the provision of integrated primary health care services, often using mobile health approaches in challenging contexts. In Nigeria, UNICEF reached more than 4.4 million people with integrated primary health care services, including by strengthening referral services in camps for internally displaced persons (exceeding the target of 3.9 million). In Ethiopia, where drought has left the population extremely vulnerable, UNICEF supported the deployment of 49 mobile health and nutrition teams and 11 international NGO teams in pastoral regions of Somali and Afar, where health systems are fragile and overstretched, reaching nearly 484,000 people, including nearly 189,000 children, with preventive and curative health consultations (exceeding the target of 400,000). The intervention improved the ability of beneficiaries to access health and nutrition services and emergency referrals, thereby improving health and nutrition outcomes. In South Sudan, nearly 900,000 children under 5 years of age received preventive and curative consultations in Protection of Civilians sites and through host community outreach and integrated rapid response mechanism missions (exceeding the target of 476,000). GHTF remained critical to ensuring equitable access to essential health services in Iraq, where UNICEF supported the government to upgrade health facilities in conflict-affected areas. In Myanmar, GHTF helped UNICEF reach more than 6,000 children under 5 years of age with diarrhoea treatment (3,065 boys and 3,076 girls), 401 pregnant women with emergency obstetric care and 467 newborns with essential care.

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

C4D was critical to the UNICEF outbreak response in 2017, including for risk communication and community engagement. In Yemen, which experienced the world's largest cholera outbreak in 2017, UNICEF led the inter-sectoral Cholera Awareness Week – a house-to-house campaign that delivered hygiene promotion messages and facilitated the identification and referral of cholera cases and the distribution of oral rehydration salt for more than 18.5 million people. In Bangladesh, community mobilization volunteers visited more than 486,000 people in more than 68,000 households as part of the diphtheria outreach campaign, resulting in the vaccination of more than 71,000 children. C4D also played a critical role in the response to the dengue epidemic in Burkina Faso, with over 1.15 million students reached in more than 5,400 schools, including through U-Report messages to 34,000 adolescents. In Latin America and the Caribbean, UNICEF implemented

a multisector response in 16 countries with the provision of holistic care and support services to families affected by the Zika virus, as well as prevention activities in high-risk groups. Nearly 90 million people were reached with key messages on prevention.

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

In 2017, UNICEF continued to reach vulnerable women and children in humanitarian crises with access to essential household items. For example, nearly 948,000 families received two insecticide-treated mosquito nets with UNICEF support (67 per cent of the 1.4 million targeted). In Pakistan, more than 4,300 pregnant women benefited from clean delivery kits that are essential to safe delivery, and an additional 4,300 women received newborn kits to support the health of their babies. In Iraq, UNICEF provided warm winter clothing to nearly 172,000 children displaced from their homes due to the ongoing conflict and facing extreme cold weather conditions without access to basic shelters (86 per cent of the 200,000 targeted). Despite frequent attacks by non-state armed groups in the Niger, UNICEF continued its support to the most vulnerable populations through the distribution of kits of non-food item (comprised of long-lasting insecticidal nets, hygiene supplies, water containers, a bucket, soap, a kettle, cotton fabric, tarpaulin, rope, a plastic mat and blankets) to more than 32,000 displaced people in Diffa Region through the Rapid Response Mechanism (exceeding the target of 14,000) and more than 41,000 people affected by flooding (exceeding the target of 35,000).

Challenges and constraints

A number of challenges impacted UNICEF's ability to reach populations in conflict and outbreak-affected countries with essential health services in 2017. These included funding shortages, lack of humanitarian access, insecurity, and the limited surge capacity of the Health Cluster and implementing partners. Recent health emergencies have also stretched UNICEF's internal capacity to respond, and raised the need for additional preparedness and risk analysis. Attacks against health-care workers continued unabated in countries such as Afghanistan, the Central African Republic, the Democratic Republic of the Congo, Libya, Pakistan, South Sudan, the Syrian Arab Republic and Yemen, with devastating immediate and long-term consequences, impacting health systems and reversing decades of development gains. Countries such as Myanmar, the Niger and Pakistan faced significant funding gaps, hampering the delivery of services to affected populations. In Myanmar, the limited number of partners in some areas reduced the scope and options for implementing the health response. UNICEF will address these challenges by continuing to work across sectors and to foster strategic partnerships with governments, donors,

United Nations agencies and implementing partners (including through the Global Outbreak Alert and Response Network). Through the Health Emergencies Preparedness Initiative, the organization is working to expand capacities for health emergency response. UNICEF will also continue to invest in dedicated human resources for health emergencies at the country, regional and global levels.

BUILDING NATIONAL CAPACITIES IN RESPONSE TO THE PROTRACTED CRISIS IN THE SYRIAN ARAB REPUBLIC

In 2017, the conflict in the Syrian Arab Republic remained one of the largest humanitarian crises in the world. Due to the ongoing violence and destruction, including attacks on health facilities and personnel, half of all health-care facilities are either partially functioning or not functioning at all. An estimated 1,030 health workers have been killed since the beginning of the conflict. Decades of health gains have been reversed, with immunization levels dropping from 90 per cent in 2010 to 70 per cent in 2017. In 2017, there were a record 70 vaccine-derived polio virus cases reported among children.

In response, UNICEF and partners continued to invest in immunization and health system strengthening in the country in 2017. More than 2.7 million children received polio vaccination and 3.1 million children and women accessed primary health care services provided through 114 fixed health centres and 51 mobile health teams. To revitalize basic health-care services, UNICEF built the capacities of more than 1,400 doctors, nurses, midwives and technicians, and rehabilitated 15 public health centres. Routine and supplementary immunization activities were supported through the purchase of vaccines, cold chain equipment, syringes and vaccination cards.

UNICEF also continued to provide urgent life-saving assistance for health. This included responding to the chemical attack in Khan Shaykun that took place in April through the quick deployment of mobile clinics and ambulances, and by referring patients to hospitals in northern Aleppo and Idleb.

UNICEF will continue to focus on health system strengthening in the Syrian Arab Republic, including the provision of child and material health care and quality immunization services, including in besieged and hard-to-reach areas.

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A health worker vaccinates three-year-old Rahaf in Tareek Albab neighbourhood in the eastern part of Aleppo City. In May 2017, UNICEF and WHO supported the Ministry of Health to undertake a nationwide immunization campaign in the Syrian Arab Republic.

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 2017, UNICEF supported more than 46,000 pregnant women living with HIV to continue antiretroviral therapy (ART) (81 per cent of the 57,000 targeted). This represents a significant increase from 62 per cent in 2016, and exceeds the goal of 80 per cent set for the end of the UNICEF Strategic Plan, 2014–2017. In addition, more than 40,000 children were supported to continue ART in humanitarian situations (55 per cent of the 73,000 targeted), compared with nearly 23,000 in 2016. During the year, the HIV programme continued to strengthen the integration of HIV activities into emergency responses and document approaches and lessons learned on risk-informed programming for HIV in emergencies. In the Horn of Africa, for example, UNICEF developed guidance on HIV programming in countries affected by the drought that identified strategic steps for mitigating the impact of shocks on HIV treatment and prevention. This guidance has been implemented across Eastern and Southern Africa.

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

Providing accurate information about modes of HIV transmission and the availability of prevention, testing and treatment services is a critical aspect of the HIV response in emergencies and a central focus of UNICEF's work. In the Central African Republic, for example, UNICEF worked with local NGOs and the Ministry of Health to conduct HIV awareness and testing campaigns in camps for internally displaced persons, reaching more than 50,000 people, including more than 2,500 who agreed to an HIV test. In Zimbabwe, where populations were affected by multiple natural hazards in 2017, UNICEF supported the development of integrated HIV, nutrition, child protection and WASH guidance. Sixty-four community leaders (14 women and 50 men) and 133 volunteer health workers (102 women and 31 men) were trained on the guidance, and more than 20,000 people were reached through HIV awareness sessions facilitated by these trainees. In the United Republic of Tanzania, health information teams supported by UNICEF reached some 220,000 refugees with information on health education, prevention and living with HIV/AIDS, as well as the importance of maternal and child care and early health-seeking behaviour.

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

In 2017, UNICEF worked to ensure that HIV programmes continued to reach and serve people living with and at risk for HIV during periods of crisis. In Chad, UNICEF supported nearly 21,000 pregnant and breastfeeding women in emergency-affected areas to access services for HIV testing and prevention of mother-to-child transmission of HIV. Within camps for internally displaced persons and host communities, 98 per cent of pregnant women with HIV received ART in 2017, compared with the national average of 68 per cent. Ultimately, treatment coverage was higher in emergency regions due to UNICEF support. In the non-government controlled regions of Donetsk and Lugansk oblasts in Ukraine, UNICEF enabled the expansion of HIV prevention programmes through support to local health departments in conflict-affected areas, including with the establishment of two new youth-friendly clinics that will serve 300 young people per month, including internally displaced persons. In response to the effects of the 2016 El Niño drought in Southern Africa, UNICEF mounted a multi-country, multisectoral response throughout 2017 that catalysed HIV, WASH, nutrition, health and social protection programming to enhance nutrition outcomes for children. In Malawi and Zimbabwe, the integration of HIV testing into nutrition centres resulted in all children with SAM being tested for HIV. Of those found to be HIV-positive in Malawi, 90 per cent were initiated on ART. The lessons learned from this experience have been adapted in other contexts in the subregion.

In 2017, UNICEF–supported 46,000 HIV-positive pregnant women to continue antiretroviral therapy (81 per cent).

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

Many crises, particularly conflicts, can persist for years. Ensuring that HIV services are sustained is therefore an important part of the emergency response. In the Philippines, UNICEF continued to prioritize the continuation of HIV treatment in response to the observed increased in HIV cases among young people. Based on lessons learned, UNICEF developed a regional guidance document on integrated HIV and sexual and reproductive health service delivery for adolescents in emergency settings. In the local community, UNICEF facilitated dialogue with religious and tribal leaders to support adolescent health policy. Sixty such leaders were provided with information to improve their participation in health services and offer support for promoting HIV and sexual and reproductive health services

for adolescents. In Zimbabwe, UNICEF supported the continuation of service delivery for children, adolescents and pregnant women with HIV in 20 crisis-affected districts. By the end of November 2017, nearly 64,000 children, adolescents and pregnant and breastfeeding women had continued ART in these districts (exceeding the target of 55,500).

Challenges and constraints

In 2017, challenges persisted regarding access to treatment and prevention services among affected populations in emergency contexts. In refugee-hosting settings,

the relatively high cost of treatment made it difficult for host countries to provide ART to refugees living with HIV. In all emergencies, other more urgent health and life-saving concerns often superseded HIV programming and HIV-related interventions rarely received adequate attention and funding in multisectoral response plans. To address these challenges, UNICEF will continue to strengthen community-based programmes to improve access to HIV prevention, testing, treatment and retention in care. For example, in the Philippines, where geographic and security issues have posed an ongoing challenge to HIV programmes, UNICEF will continue to work in partnership with local government, to build community capacity, including among tribal and religious leaders, on adolescent health programming and HIV prevention.

MITIGATING HIV RISKS DURING A REFUGEE INFLUX IN KENYA

In 2017, Kenya faced a dramatic influx of refugees from Somalia and South Sudan. In response, UNICEF mounted a data-driven, multisectoral effort that included action on HIV.

An assessment in Turkana County revealed that adolescent girls were twice as likely to acquire HIV infection compared with their male counterparts. The possible drivers of HIV in these young women included sexual and gender-based violence, alcohol and drug use, food insecurity and multiple sexual partners. Other contributors identified included decreased access to and use of condoms, low levels of knowledge on HIV, high rates of sexually transmitted infection and teenage pregnancy, and age-disparate transactional sex with older men.

UNICEF extrapolated this data and established targeted and rights-based interventions aimed at improving the health and well-being of children, adolescents and pregnant and breastfeeding women living with HIV. Nearly 234,000 adolescents in Kakuma camp and surrounding communities received HIV testing (exceeding the target of 90,000) and those found to be HIV-positive were quickly linked with treatment and care, including psychosocial support. In addition, UNICEF, the Ministry of Health and the Ministry of Education reached nearly 25,000 adolescents in refugee camps and host communities with life-skills education. The Ministry of Health also received technical support to develop risk-informed contingency plans to avert stock-outs of essential commodities such as life-saving HIV treatment.

Based on these achievements, UNICEF will continue to advocate for and support the use of age- and gender-disaggregated data and related evidence to ensure programme resilience and inform action in subsequent crises.

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A technician conducts an HIV test at a UNICEF–supported clinicin western Kenya.

Social inclusion

Global response

Building on the previous years' achievements, UNICEF's social inclusion response to humanitarian crises expanded further in 2017 with a greater focus on using national systems to deliver humanitarian cash to support crisis-affected populations, including by addressing discrimination against marginalized groups. UNICEF also strengthened the role of social protection in bridging the humanitarian and development divide, and enhanced accountability to crisis-affected populations, including with technology. The organization increased its focus on shock-responsive social protection in 2017, with 52 countries having embedded shock-responsive social protection into either the design of humanitarian cash transfer programmes or preparedness and risk reduction strategies.[67] Of these, 46 countries reported supporting governments to include emergency prevention, preparedness and response in the social protection system/programmes.[68]

Accountability to affected populations

Inclusion of crisis-affected children and their families is at the core of UNICEF's humanitarian action. This is achieved by involving affected populations in the design, implementation and monitoring of programmes. In 2017, of 87 country offices reporting, 73 countries (84 per cent) reported that affected populations were consulted throughout one or more phases of humanitarian programming,[69] on par with 83 per cent in 2016 and 79 per cent in 2015. In addition, more than half (53 per cent) of these countries reported that affected populations were consistently involved in key processes and decisions affecting their lives (i.e., planning, implementation and monitoring).

At the country level, UNICEF used a variety of methods to enhance AAP. For example, in Ukraine, a multimedia campaign that included television advertising, media outreach, web outreach, an art exhibition and a children's book was used to promote social inclusion and awareness-raising on the displacement crisis response. The campaign helped internally displaced persons gain valuable information on the availability of community centres (with awareness increasing from 24.5 per cent in October 2016 to 31 per cent in March 2017) and education kits (with awareness increasing from 42 per cent to 68 per cent over the same period).

In the Democratic Republic of the Congo, the Rapid Response to Movements of Population mechanism included an accountability framework designed to ensure the involvement and systematic participation of beneficiaries in the identification of their needs and solutions in all phases of the programme cycle.

This included discussions with community focus groups during needs assessment evaluations and the involvement of community members in committees in charge of targeting, defining the assistance package and determining programme logistics. Overall, 82 per cent of beneficiaries reported that the assistance was received in a safe, accessible and participatory manner. In addition, a complaint mechanism, including various feedback mechanisms, was established at the beginning of the intervention, although only 67 per cent of beneficiaries reported being aware of its existence. In response to this finding, UNICEF and partners focused on strengthening public sensitization activities and distributing flyers explaining the mechanism to households.

Social protection

The use of cash transfers increased in 2017, with more than 1 million[70] people benefiting from humanitarian cash transfers in 13 countries. Furthermore, in Yemen, UNICEF partnered with the World Bank to deliver cash transfers to more than 1.3 million of the most vulnerable households, reaching nearly one third of the population, including many in humanitarian situations, through strengthening the national social protection system. Outreach teams were established to serve those located in remote areas and provide specific support to the elderly, persons with disabilities and other vulnerable beneficiaries.

At the country level, UNICEF complemented humanitarian cash transfer programmes with activities aimed at facilitating children's access to services. For example, in response to the drought in Madagascar, UNICEF launched the first cash transfer intervention with child protection-related selection criteria (presence of a child victim or a child at risk of exploitation), complemented by literacy and life-skills activities, reaching 1,290 households. In the Democratic Republic of the Congo, UNICEF reached more than 271,000 people with unconditional cash transfers in four provinces (74 per cent of the 266,000 targeted). A programme evaluation found that 75 per cent of children from assisted families had enrolled in and attended primary or secondary school and that more than 41 per cent of children from assisted families had sought treatment in a health centre.

As part of its focus on shock-responsive social protection, in Dominica, UNICEF and WFP, in partnership with the Ministry of Social Services, Family and Gender Affairs, embarked on a Joint Emergency Cash Transfer programme, reaching more than 2,200 households with humanitarian cash transfers in 2017. The existing social protection system was expanded to reach these beneficiaries – among the poorest and most marginalized in their communities – including through the establishment of a more accurate and up-to-date database on the flagship social protection programme. In Nepal, the successful implementation of the emergency cash transfer programme through the national social security system served as a key catalyst

for the expansion and improvement of the Child Grant by the government, with UNICEF input and support, in 2017. Between 2016 and 2017, 314,000 children were able to meet their basic needs using the cash transfer (exceeding the target of 250,000); in 2017/18, the government's expanded Child Grant programme will reach an additional 117,000 children.

UNICEF's social protection responses in Madagascar, Malawi and Zimbabwe combined humanitarian cash transfers with systems improvements to allow for better integration of emergency cash programming within national systems, increasing both the efficiency and cost-effectiveness of support to vulnerable households. In the fragile context of Iraq, cost efficiencies in humanitarian cash transfers were achieved by partnering with mobile network provider Zain. This facilitated a more timely and secure disbursement of cash transfers to beneficiaries, while leading to lower operational costs for UNICEF.

In Bosnia and Herzegovina, UNICEF partnered with the line ministry for social protection and faculties of social work to develop a manual on the role of social protection systems in emergency preparedness and response. Training on the use of this manual and its practical implications was conducted for all centres for social work, civil protection representatives and other key stakeholders in the country.

Challenges and constraints

In UNICEF's AAP programmes, feedback from affected people did not fully feed into the design and redesign of humanitarian action, and communities did not always receive timely feedback on this process. There was also a lack of clarity on how to address challenges related to the systematic analysis and use of data in the design of humanitarian responses. To address these issues, UNICEF will continue to build the capacities of its own staff, as well as local and national partners, to improve the effectiveness of its AAP programming, including two-way communication, and will ensure that systems that promote AAP and address these issues are adequately reflected in UNICEF preparedness plans. UNICEF will take steps to enhance the use and protection of data from affected populations.

In UNICEF's cash-based programming, political contexts, local capacity constraints (including lack of expandable social protection programmes and systems in drought- and hurricane-prone areas), funding shortfalls and lack of innovative financing solutions for strengthening the humanitarian-development nexus hampered the organization's ability to expand its reach in some cases. In the period of the UNICEF Strategic Plan, 2018–2021, the organization will increase efforts to build shock-responsive social protection systems in crisis-prone countries. The organization will also continue to invest in its internal capacity to facilitate humanitarian cash transfer programming and build nascent social protection systems where such systems are not mature or cannot be used.

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A Syrian refugee girl works on an assignment in a Turkish language class in Nizip 1 refugee camp in Gaziantep, Turkey (January 2017). UNICEF is supporting efforts to include Syrian children in a national programme that grants cash allowances to vulnerable families to help them send and keep their children in school.

EXTENDING SOCIAL PROTECTION TO REFUGEE CHILDREN IN TURKEY

Despite significant efforts to increase school enrolment, more than 350,000 Syrian refugee children remain out of school in Turkey. Economic status plays a key role in limiting children's access to education, with more than two thirds of the refugee population living below the poverty line.

UNICEF significantly expanded its social protection programme in Turkey in 2017 to increase access to education, child protection and social services for vulnerable refugee and Turkish children. The extension of the national Conditional Cash Transfer for Education programme was launched in May 2017 in collaboration with the Ministry of National Education, the Ministry of Family and Social Policies and the Turkish Red Crescent to encourage enrolment, improve attendance and reduce dropout among vulnerable refugee children.

The programme provides a regular cash transfer to children enrolled in school and achieving 80 per cent attendance. The level of benefit is based on the child's grade/level in school and gender, with girls receiving a higher amount. In 15 provinces, the programme also included a child protection component covering more than 24,000 at-risk children to ensure their retention in school and to facilitate their access to child protection services.

By the end of the year, the programme had reached more than 188,400 children – all of whom were enrolled in and regularly attending school. UNICEF plans to scale up the programme to reach 350,000 children in 2018–2019 and will explore options for addressing gaps in secondary school enrolment, including targeted outreach.

Supply and logistics

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

UNICEF's supply and logistics operations were a key element in the organization's humanitarian response in 2017. Over the course of the year, UNICEF procurement for emergencies reached US$553.3 million[71] globally. Supplies were received in 61 countries and territories facing emergencies. Direct support by the UNICEF Supply Division was provided through 16 staff deployments to emergency locations, including the crises in Bangladesh, the Caribbean and Yemen.

UNICEF's procurement of nutrition supplies reached record levels in 2017 in response to multiple nutrition emergencies, particularly in Bangladesh, the Central African Republic, the Democratic Republic of the Congo, Europe and Central Asia, the Horn of Africa, Iraq, Nigeria, the Syrian Arab Republic and Yemen. A total of US$112.2 million worth of nutrition products were procured during the year, making nutrition the largest component of the total UNICEF emergency supplies by value in 2017.

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

In 2017, UNICEF's supply and logistics function supported responses in a number of large-scale emergencies, including in Bangladesh, the Democratic Republic of the Congo, the eastern Caribbean (Anguilla [UK], Barbados, the British Virgin Islands, Cuba, Dominica, Haiti, Turks and Caicos Islands [UK] and the United States Virgin Islands), Iraq, Nigeria, South Sudan, the Syrian Arab Republic and Yemen.

In Bangladesh, UNICEF responded quickly to the Rohingya refugee crisis. At the outset, five supply and logistics staff were deployed to Cox's Bazar District and Dhaka to establish and operate service arrangements that would ensure efficient supply and logistics operations. In the first few weeks, three charter flights carrying essential commodities arrived to scale up the response. By the end of the year, UNICEF had sent emergency supplies valued at more than US$8 million, including 5.2 million doses of pentavalent, tetanus and diphtheria, measles and rubella vaccines for immediate response and pre-positioning, as well as additional health, nutrition, WASH and education supplies.

FIGURE 8: Emergency supplies

Grand Total: **US$553 MILLION**[i]

In 2017, UNICEF procurement for emergencies reached **US$553.3 million** globally[ii]

for **61 COUNTRIES AND TERRITORIES**

Top five countries/crises

Horn of Africa	Yemen	Syria Arab Republic and Syrian refugee hosting countries	Nigeria	Bangladesh
US$47.6 million of ready-to-use therapeutic food	**US$30.9 million** of ready-to-use therapeutic food	**US$5.7 million** of fortified spread, high energy biscuits and micronutrient powder	**US$24.8 million** of ready-to-use therapeutic food	**US$1.2 million** of ready-to-use therapeutic food

UNICEF procured a total of **US$112.2 million** worth of nutrition products, making it the largest component of total UNICEF emergency supplies by value in 2017.

i This is emergency supplies, of which US$257.8 million is other resources – emergency.

ii Includes all funding types and is based on an improved methodology by the Supply Division to better represent the actual emergency supply response to all crises.

Given the significant challenges faced in the responses to the Caribbean hurricanes, UNICEF deployed two experienced field logistics specialists to Anguilla (UK), Barbados, the British Virgin Islands, and Turks and Caicos Islands (UK) to support coordination among country teams, the Regional Office and the Supply Division. Their presence enabled UNICEF to coordinate incoming shipments and liaise with local authorities for customs clearance, warehousing and onward distribution of relief to affected populations. Overall, supplies valued at more than US$3.8 million were delivered to the region, including tents, tarpaulins, water, collapsible jerry cans, school kits, zinc tablets, ECD kits and water pumps.

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

In 2017, UNICEF undertook a variety of actions to ensure the availability of the supply resources required to respond to emergencies. In Copenhagen, UNICEF hosted an inter-agency meeting of procurement partners on specialized food products, at which a range of key issues around emergency nutrition were discussed. During the same week, the biannual Nutrition Supplier Meeting brought together over 100 participants from industry, partner organizations and regulatory bodies, facilitating information sharing and serving as a forum for learning and planning future actions among suppliers, regulators, procurement agencies, implementing partners and donors.

UNICEF finalized the physical pre-positioning of supplies identified through the Health Emergency Preparedness Initiative, some of which were used for the first time to respond to the plague outbreak in Madagascar. UNICEF also published nine inaugural Health Emergency Preparedness Initiative disease market notes covering chikungunya, cholera, dengue, Ebola virus disease, Marburg virus disease, Middle East Respiratory Syndrome, novel influenza A, severe acute respiratory syndrome and Zika. Each note highlights current market trends in the supply, demand, shortages, surplus and availability of related strategic products. As the procurement agency for the three emergency stockpiles of yellow fever, meningococcal and oral cholera vaccines funded by the Global Alliance for Vaccines and Immunisation, UNICEF also supplied over 15 million doses of these vaccines in response to 24 emergency requests from countries in Africa and South America.

Innovative financing increasingly facilitates children's access to life-saving supplies. In 2017, UNICEF helped countries tackle funding challenges via alternative financing approaches, namely, pre-financing, increasing government fiscal space, special contracting and supplier financing.[72] Pre-financing support was extended to Iraq and Lebanon (Syrian refugee crisis) and Bangladesh (Rohingya refugee crisis).

THE NEW ACUTE WATERY DIARRHOEA KIT FOR CHOLERA RESPONSE

In recent years, serious outbreaks of cholera have occurred in the aftermath of both natural and human-made disasters, most recently and seriously in Yemen. Since 2005, agencies supporting preparedness and response to outbreaks have supplied medicines and medical devices through 'cholera kits', formally known as Interagency Diarrhoeal Disease Kits. These were designed by WHO together with UNICEF, IFRC, the International Committee of the Red Cross and others. However, several partners, especially in Haiti, Sierra Leone and Zimbabwe, noted that the kits did not adequately meet needs in the field.

In 2013, WHO again convened partners to review the presentation and contents of the kits. Following their recommendations, UNICEF redesigned, and in 2017 launched, a completely revised kit specifically for cholera – the Acute Watery Diarrhoea Kit – which provides treatment for 100 patients to cover the first month of the response. The Kit package contains six sub-kits further divided into modules that can be ordered separately to adapt to each unique context. For example, the Community Kit contains the necessary equipment for the initial response at the community level and facilitates rapid deployment to the affected population.

UNICEF will closely monitor and evaluate the effectiveness of the Kit in the field and adapt the approach as needed.

Challenges and constraints

The year posed several challenges and constraints to UNICEF's humanitarian supply and logistics. Prime among these was maintaining appropriate levels of surge capacity while simultaneously dealing with 14 large-scale emergencies, including the Syrian refugee response, which required extra capacity and resources in neighbouring countries. Moreover, many emergencies involved a large-scale response and required support across all stages of the supply chain (e.g., in Bangladesh, the Democratic Republic of the Congo, the Syrian Arab Republic and Yemen). Some emergencies were also very complex, for example in the Caribbean, where inter-island logistics necessitated negotiation with several different jurisdictions. In addition, lack of access to populations trapped in conflict zones, for example in Nigeria, the Syrian Arab Republic and Yemen, challenged UNICEF's ability to reach the most vulnerable with essential, life-saving supplies. UNICEF will address these issues in future global supply strategies, while also expanding its use of surge mechanisms, establishing solid and sustainable supply chains at the onset of emergencies and placing logistics hubs in areas of limited access.

In addition, although there was sufficient diphtheria-containing vaccine to respond to the diphtheria outbreaks, there was also a need for Diphtheria Anti-Toxin, which has been in short supply globally for a number of years due to a lack of available suppliers of quality assured products. UNICEF is collaborating with partners and regulatory authorities to address the need for the supply of quality assured Diphtheria Anti-Toxin to respond to cases and outbreaks. There also remain challenges with regard to the availability of yellow fever, oral cholera and meningococcal vaccines to respond to preventive campaigns to reduce the risk of outbreaks. Through its procurement and ongoing interactions with the vaccine industry, UNICEF will continue to support the development of healthy supply markets with multiple suppliers to ensure capacity to meet global demand.

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Children displaced by floodwaters stand near a bladder (yellow, in background) containing drinking water at a temporary shelter for people displaced by Hurricane Irma in Haiti (September 2017).

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 2017, UNICEF global media and communications continued to support advocacy for children in emergency situations and drive fundraising for humanitarian responses. Two global humanitarian advocacy themes were launched during the year to focus communications on the impact of today's crises on children: 'Children under Attack' for children caught in conflict, and 'Fighting Famine' for the famine and famine-like situations in north-east Nigeria, Somalia, South Sudan and Yemen. Common narratives, information, messaging and regularly updated data were shared across headquarters, regional and country offices, as well as National Committees, to drive media engagement that would reach and influence the public. For example, in December, UNICEF issued a press release, 'Children under attack at shocking scale in conflicts around the world', to highlight the growing phenomenon of attacks and violence against children in today's conflicts and to call for greater protection for children. The story was covered in major global media, putting children and UNICEF at the centre of the discussion.

In addition, through the #ChildrenUprooted campaign, UNICEF highlighted the situation of millions of children on the move. Several high-profile reports were launched as part of the campaign, including on the central Mediterranean migration route; unaccompanied refugee and migrant children in Europe; children on the move in West and Central Africa; and the exploitation and abuse of refugee and migrant children. When violence erupted in Myanmar in August, leading to significant displacement, UNICEF launched a major communications effort to support advocacy and fundraising, including social media packages and interviews by key UNICEF staff.

Over the course of the year, using both traditional and innovative media, UNICEF generated more than 165,000 pieces of monitored media coverage related to humanitarian crises, representing an 8 per cent increase over 2016, and the organization's share of the total voice on emergencies was 30 per cent. Content shared through

UNICEF's social media channels reached 42.5 million people, and social media posts referring to emergencies increased by 12 per cent during the second half of the year. Social media video content related to humanitarian responses reached 6.4 million people on Facebook alone. The best-performing Facebook video, which featured an animation of drawings by children affected by conflict, generated nearly 1.5 million views.

Commitment 2: Humanitarian needs and the actions taken to address them are communicated in a timely and credible manner to advocate for child-friendly solutions, increase support for the response and, where necessary, assist with fundraising.

In 2017, UNICEF streamlined its communications, advocacy and fundraising activities to position the organization to respond quickly after the onset of crises. National Committees made use of the humanitarian advocacy framework to link fundraising efforts to clear, common child-centred narratives, evidence and messages. Country offices also increasingly identified child and youth advocates and invested in high-quality video and other multimedia products to bring their voices, stories and child-centred messages to the world. Strategic links between country, headquarters and National Committee production teams helped to maximize the production and use of such products, for example in Bangladesh, Chad, the Syrian Arab Republic, South Sudan and Ukraine.

In January, the launch of the 2017 Humanitarian Action for Children appeal highlighted the worsening nutrition situation in countries affected by humanitarian crises and received widespread coverage on social media and through country- and regional-level advocacy. High-performing Humanitarian Action for Children appeal microsites included the Syrian crisis site, with more than 60,000 views; the Rohingya crisis site, with nearly 48,000 views; and the Syrian refugees appeal page, with more than 23,000 views.

In 2017, the ERT communications specialist provided in-country advocacy and communications support to the humanitarian response effort in five country offices and one regional office – Afghanistan, Lebanon, Nigeria, the Syrian Arab Republic, and the Middle East and North Africa Regional Office for the Yemen cholera response. This support included identifying advocacy objectives, crafting messaging, developing action plans, producing media

UNICEF ADVOCACY IN 2017: HUMANITARIAN ACTION

#ChildrenUnderAttack. Attacks against children in conflict areas reached a shocking level in 2017. UNICEF drew attention to the dangers children face in countries including Afghanistan, Cameroon, Myanmar, Nigeria, Somalia, South Sudan, Ukraine and Yemen in an end-of-year emergency alert. The alert argued that attacks against children cannot be the new normal and called for them to stop.[73]

#FourFamines. In March 2017, UNICEF reported that 1.4 million children were at risk of death from SAM in four countries affected by famine: Nigeria, Somalia, South Sudan and Yemen.[74] The news came with an appeal for funding to provide health care, safe water, vaccinations and education. While the appeal focused on these four countries, the crises crossed borders and included the countries of the greater Lake Chad Basin, as well as Djibouti, Ethiopia, Kenya and Uganda.[75]

#RohingyaCrisis. One of the world's fastest growing humanitarian crises increased in intensity in October 2017 when 2,000–3,000 Rohingya refugees a day – more than half of them children – were arriving at refugee camps in Bangladesh.[76] The crisis threatened children's health, safety and education. UNICEF called on the world to make sure it did not steal their futures, too.

#ChildrenUprooted. Throughout 2017, UNICEF and partners drew attention to the 50 million children on the move throughout the world. Two reports, *Harrowing Journeys* and *Beyond Borders*, focused respectively on protecting children and youth on the move across the Mediterranean Sea and making the global compacts on migration and refugees work for uprooted children. Both reports highlighted the dangers facing migrant and refugee children – including trafficking and exploitation – and accelerating efforts to save and improve their lives.[77]

content (e.g., videos, human interest stories, and blog and social media posts) and providing guidance to senior management.

In Ukraine, for example, the ERT communications specialist revised the emergency advocacy and communications strategy developed in 2015 based on visits to conflict-affected areas, meetings with children and families living close to the 'contact line', and close collaboration with staff and partners. This not only informed the revision of advocacy priorities and messages but also provided content for new multimedia products, such as a video highlighting the ongoing psychological impacts of the conflict on young people. These media products were subsequently

republished via UNICEF global channels and contributed to awareness-raising about urgent humanitarian needs, including the psychological impact of conflict on children and young people.

Challenges and constraints

In 2017, the risk of 'emergency fatigue' continued among the media and the public, as did the trend towards the 'normalization' of brutal violence against children. Generating coverage of smaller or less 'newsworthy' crises also remained a challenge. In addition, political developments in the United States of America, the United Kingdom of Great Britain and Northern Ireland, and western Europe dominated the international news agenda, at times reducing the space for wider international reporting on humanitarian crises. UNICEF will continue to develop approaches that gained traction in 2017 despite these challenges, including the focused narratives related to children under attack and famine, and the use of child alerts (media-focused reports supported by powerful multimedia assets). In response to challenges related to securing accurate, verified information, photos and video showing the plight of children in conflict settings, UNICEF will increase its use of international and local contractors and encourage staff and partners in the field to capture content via smartphones for use on social media. UNICEF will also continue to focus on strengthening country office capacity to develop or update advocacy strategies for breaking or new phases of emergencies, including through field missions.

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A young child suffering from malnutrition clings to her mother as she waits to receive therapeutic milk in the UNICEF-supported Al Sabbah Children's Hospital in Juba, South Sudan (March 2017).

Security

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

In 2017, UNICEF continued to deliver on the organization's commitment to protecting its staff and assets in complex environments around the world. Utilizing allocations from the Central Investment Fund, most UNICEF country and regional offices made key security enhancements during the year, including boosting the physical security of UNICEF premises; purchasing protective equipment for safer programme delivery; and deploying a blast expert to seven countries[78] facing large-scale emergencies to provide assessment and recommendations for enhancing physical security at UNICEF premises.

UNICEF also used surge deployments to boost security in complex and high-threat environments. For example, in Yemen, UNICEF surge support facilitated the safer implementation of the cash transfer project through the development of contingency plans, weekly trends analysis with security recommendations, review of security protocols at payment sites and recommendations for minimizing potential security incidents. Other surge missions to countries such as Honduras, Mali and Myanmar enabled the integration of security into earlier stages of programme planning and design, as well as the development of emergency preparedness tools in anticipation of a potential crisis. For example, more than 480 UNICEF and United Nations female staff across 15 countries benefited from training in women's security awareness. Engagement in United Nations Security Management System policy discussions, including through the Inter-Agency Security Management Network, kept UNICEF's humanitarian action aligned with United Nations security directives. UNICEF also prioritized compliance with United Nations Security Risk Management Measures, and all 23 country offices assessed in 2017 were compliant with these measures.

The UNICEF Operations Centre (OPSCEN) continued to provide 24/7 emergency support to staff globally to facilitate rapid security and/or humanitarian response. In 2017, OPSCEN responded to security situations and natural disasters, both sudden and slow-onset, through a combination of direct communication with colleagues globally, distribution of relevant information, facilitation of multiple stakeholder conference calls and management of information flows. The team assisted in the response to a high volume of events, including the Caribbean hurricanes, for which OPSCEN reporting, monitoring and information coordination facilitated media and donor communication, as well as preparatory work (e.g., regular situation reports) that enabled faster and more effective response across the organization.

Challenges and constraints

Armed conflict, civil unrest, high-threat environments and targeting of humanitarian workers have made recent years the deadliest on record for the aid community. Frequent failure by parties to conflict to respect established norms and principles governing humanitarian action and the protection of civilians during the conduct of hostilities has posed even greater challenges. UNICEF is an active member of in-country security management teams, and has integrated security risk-management strategies into its humanitarian action to strengthen overall security. This has allowed UNICEF to stay in country and deliver even in high-risk contexts. UNICEF is also investing in its security functions through staff training, hiring additional security experts, procuring essential security equipment, recruiting additional security advisors and deploying security staff to crisis-affected countries such as Afghanistan, Cameroon, Chad, the Central African Republic, Iraq, Mali, Nigeria, Somalia, South Sudan, the Syrian Arab Republic, Ukraine and Yemen. In addition, the Framework of Accountability (finalized and disseminated in early 2018) clearly defines security responsibilities between the UNICEF Office of Security Coordination and regional and country offices, and will enable the effective discharge of these accountabilities by the UNICEF Executive Director and representatives.

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.

The total number of emergency (surge) deployments that were completed and/or active[79] in 2017 was 599[80] (an increase over the 576 in 2016), including 129 deployments for coordination. Emergency surge missions completed in 2017 totalled 33,418 days, with an average mission length of 58 days. Standby partners provided UNICEF with 157 deployments[81] plus an additional 23 deployments to support emergency preparedness during the year. This included 137 standby partners and 43 members of the RRT deployed to the field to deliver on UNICEF's programme, cluster and operational commitments.[82] The external surge mechanism (RRT and standby partners) had a crucial impact on strengthening programme delivery, boosting UNICEF local capacities and increasing the level and quality of coordination among governments, United Nations agencies and CSOs.

FIGURE 9: Emergency deployments

TOP 7 CRISES SUPPORTED

Bangladesh–Rohingya Crisis	177
Yemen	40
Ethiopia	34
Somalia	30
Democratic Republic of the Congo	29
Peru	28
Dominica	20

31 STANDBY PARTNERS

STANDBY PARTNERS AND RAPID RESPONSE TEAM

Blue line: 245 (2006), 376 (2007), 388 (2008), 330 (2009), 587 (2010), 618 (2011), 482 (2012), 755 (2013)

Purple line: 40 (2006), 77 (2007), 119 (2008), 129 (2009), 192 (2010), 139 (2011), 224 (2012), 230 (2013)

2006   2007   2008   2009   2010   2011   2012   2013

FIGURE 10: Deployments by functional area

Deployment by functional area

	Child protection	Communication	Education	Emergency coordination, management and specialists	Health	Planning, monitoring and evaluation	Nutrition	Supply logist
UNICEF	47	43	26	43	36	16	46	27
COORDINATION	11		8	35			13	
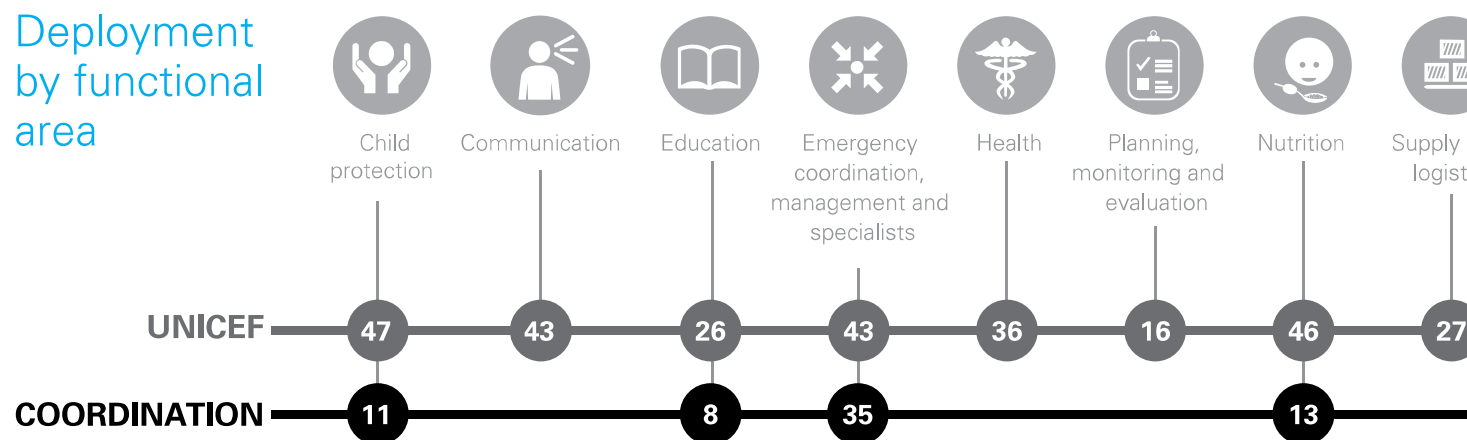
 This includes 157 standby partners and rapid response team deployments and does not include 23 standby partner deployments in support of emergency preparedness.

 This includes 115 standby and 42 rapid response team members deployed to the field to deliver on UNICEF's programme, cluster and operational commitments.

934

755

576 599 [i]

178 226 247 157 [ii]

2014 2015 2016 2017

		Water, sanitation and hygiene	Communication for Development	Operations and other	Information management	Totals
		70	21	80	15	470
		31			31	129
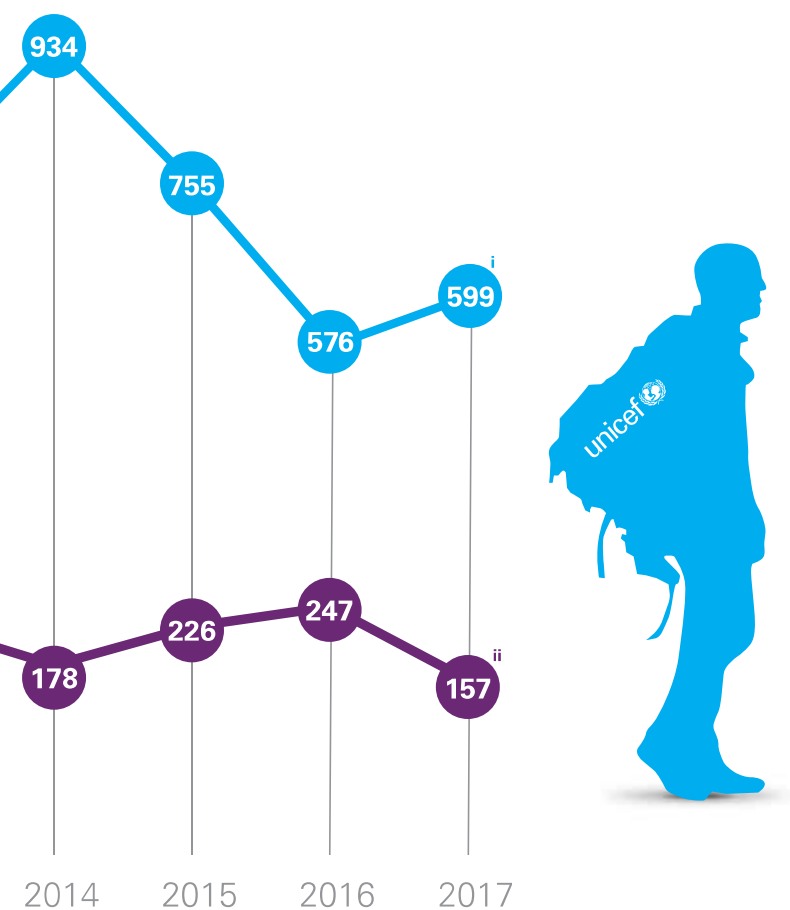
The largest share of deployments (30 per cent, or 177 deployments) supported the humanitarian response to the refugee crisis in Bangladesh. The Yemen response benefited from 40 deployments;[83] drought responses in Ethiopia and Somalia received 34 and 30[84] deployments, respectively; and the displacement crisis in the Democratic Republic of the Congo was supported through 29 deployments. Regionally, the largest share of surge deployments supported countries in South Asia (30 per cent) followed by Eastern and Southern Africa (21 per cent), and the Middle East and North Africa (17 per cent). The bulk of deployments provided personnel for WASH (101), emergency coordination (78), nutrition (59), child protection (58) and information management (46).

The ERT was fully staffed and demand for such support remained high over the course of the year. The 14 ERT members undertook 58 missions to 17 countries, 4 regional offices and 4 headquarters locations in 2017, totalling 2,001 days of emergency coordination, programming and operations support. This included the deployment of an emergency coordination specialist to Cox's Bazar District in Bangladesh, which facilitated the initial emergency response, enabled the identification of needs, and contributed leadership capacity to the field office and overall execution of the response during a crucial time.

Commitment 2: Well-being of staff is assured.

In 2017, UNICEF continued to take steps to improve staff well-being across the organization, including by expanding the provision of psychosocial support to staff and family members. For example, the number of individual counselling sessions increased from 2,469 in 2016 to 3,826 in 2017 (55 per cent increase). The number of international professional staff counsellor posts also increased, from 10 in 2016 to 11 at the end of 2017.
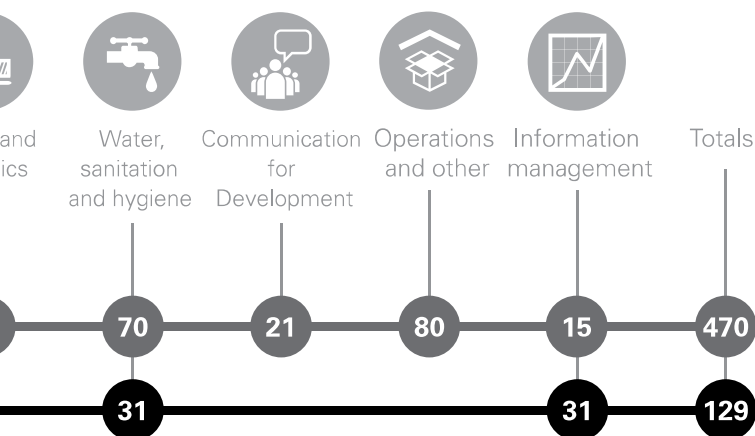
The redesigned Peer Support Volunteer programme was launched in 2017 and is being translated into French. Five Peer Support Volunteer basic and advanced workshops were conducted during the year, bringing the total number of active volunteers to 454. The *Pre-Deployment Guide for UNICEF Personnel in Emergency and High-Risk Environments*, which was published at the end of 2017, included a dedicated section on well-being, addressing the causes and symptoms of stress and burn-out and tips on managing stress, and will serve as a key aspect of the new mandatory resilience briefing for all international professionals assigned to Level 2 and Level 3 duty stations (to be implemented in 2018). In addition, the well-being 'toolbox', which includes e-booklets on building resilience, domestic violence and psychological first aid, was expanded to improve and standardize well-being material, programmes and services to all staff.

At the inter-agency level, UNICEF continued to support the implementation of the United Nations High Level Committee on Management duty of care

Patients suffering from severe diarrhoea or cholera receive treatment at the UNICEF-supported Sab'een Hospital in Sana'a, Yemen (May 2017).

recommendations. For example, with UNICEF support, the Workplace Mental Health and Well-Being Strategy was developed and approved in September 2017 (full implementation is planned for 2018/2019). The strategy is designed to ensure that services and support for mental health and well-being are available and accessible to all staff members, particularly those serving in high-risk environments. In addition, a health risk assessment tool – a standard for evaluating duty station medical facilities – has been developed by the United Nations Medical Directors and is currently being piloted in 14 countries. The assessment tool will allow the United Nations Country Team to identify gaps (e.g., the availability of paramedics) and ensure adequate medical facilities in the field.

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

In 2017, UNICEF fortified measures under the Secretary-General's bulletin on special measures for prevention from sexual exploitation and abuse (ST/SGB/2003/13) and the IASC minimum operating standards for prevention from sexual exploitation and abuse. This included supporting the establishment of an inter-agency framework for vetting potential staff members for such concerns; and including prevention from sexual exploitation and abuse, and child safeguarding obligations in supplier and implementing partner contracts and related guidance. At the country level, UNICEF scaled up its work in this area in 16 countries during the year, with a priority focus on contexts experiencing a large-scale humanitarian response. This included steps to strengthen UNICEF's internal reporting procedures and assistance provided to victims, mandatory training for UNICEF personnel, capacity development of UNICEF partners, and coordination with investigators. In

Bangladesh, for example, UNICEF provided relevant training to partners at the outset of the Rohingya response, and worked with IOM to establish the Protection from Sexual Exploitation and Abuse Network in Cox's Bazar, which UNICEF now co-chairs. UNICEF also worked with IOM to support the roll-out of the IASC best practice guide on community-based complaint mechanisms for protection against sexual exploitation and abuse in seven countries, training over 300 focal points.

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.

In 2017, UNICEF launched a set of five online learning packages for staff and partners, which cover the fundamentals of humanitarian action; principles and frameworks; coordination and the humanitarian system; emergency response; and emergency preparedness. These modules, as well as a platform of humanitarian learning options and an online reference document on preparedness and response, are now available to all country, regional and global staff, standby partners and surge teams, and will enable users to apply and make use of UNICEF's new emergency preparedness procedure and platform. Several joint learning events were held at country, regional and global levels, including on preparedness, risk analysis and the EPP. In addition, the Preparedness and EPP Resource Library developed in 2017 will provide all staff with access to key documents and resources on implementing the procedure.

Challenges and constraints

The growing number and complexity of humanitarian situations and increasingly protracted crises are stretching UNICEF's capacity to consistently ensure timely and effective responses. Identifying human resources in humanitarian situations remains one of the organization's greatest challenges.

While UNICEF has expanded its surge mechanisms in recent years – including the ERT – the demand for rapid surge capacities has continued to rise. Although standby partners represented a significant source of capacity in 2017, partners faced issues in deploying their personnel in conflict-affected countries and countries suffering from protracted crises. In addition, while partners are keen to provide support, suitable candidates are often unavailable and pursued by non-United Nations agencies that are also competing for similar skills and competences, albeit in different contexts and settings. Under the new UNICEF Strategic Plan, 2018–2021, the organization will further expand the ERT from 14 to 26 members, and invest in expanding its standby partnerships, including its private sector standby partnerships in emergencies.

UNICEF also faced challenges in its effort to improve staff well-being during the year, due to the lack of dedicated staff counsellors for all countries experiencing a Level 2 or Level 3 emergency response. UNICEF will explore cost-sharing arrangements among country offices and/or other United Nations agencies to ensure better coverage of this function, and continue to support the Peer Support Volunteer programme.

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.

While funding for humanitarian response plans reached a new peak in 2017 with the generous support of resource partners, given that the level of need grew, the gap between requirements and funding remained significant. At the end of 2017, of the US$3.79 billion requested, the Humanitarian Action for Children appeal was only 52 per cent funded, reaching US$1.97 billion.[85]

Led by public and private partnerships divisions, the year's resource mobilization involved numerous bilateral engagements at the country, regional and headquarters levels, as well as a focused approach to the Level 2 and Level 3 emergencies which included annual consultations, tailored resource mobilization strategies and pledging conferences. In 2017, six high-level conferences took place

that generated additional pledges. Flexible resources were aided by thematic humanitarian funding, regular resources and the Central Emergency Response Fund (CERF), and country-based pooled mechanisms. As demonstrated in Annex 2, a central part of the year's efforts was providing greater visibility and recognition to resource partners that provide flexible funding.

UNICEF has continued to support strengthening multi-year planning within the humanitarian sector, including by co-organizing a workshop with the Government of Canada, OCHA and the Norwegian Refugee Council in September 2017 to share experiences and lessons from the latest literature, draw out good practices and identify areas of potential collaboration. Internally, UNICEF has begun a process of strengthening internal guidance to support multi-year strategies and plans under the Humanitarian Action for Children appeal process and in line with inter-agency humanitarian response plans to facilitate more efficient longer-term technical solutions for key life-saving services. Multi-year planning also facilitates humanitarian response that addresses and connects to longer-term issues; for example, programming to address gender-based violence. In 2017, multi-year Humanitarian Action for Children appeals were developed for the Democratic Republic of the Congo, Mali, the Niger and Syrian refugees.

In 2017, UNICEF welcomed multi-year contributions from partners such as the governments of Canada, Denmark, Germany, Japan, Norway, the United Kingdom and the United States; the European Commission; the German Committee for UNICEF; United Kingdom Committee for UNICEF; and the U.S. Fund for UNICEF. Longer-term funding allowed UNICEF to be more strategic and predictable, to respond effectively where needs were greatest, and to bridge the humanitarian-development nexus. Through the policy platforms of the IASC, UNICEF contributed to several deliverables, including to the definition and tracking of localization and cash. UNICEF continued to explore ways of shrinking the funding gap, a central part of the aid effectiveness discussion, and was at the forefront of inter-agency efforts in this regard. This will be part of a work stream that will define actions in 2018.

Challenges and constraints

Although flexible thematic funds are among the most efficient and effective for the organization, UNICEF has continued to face challenges in raising thematic funding for the humanitarian response. In some cases, resources are not moving towards greater flexibility, but rather towards greater conditionality, making it difficult to reach those children and families who are most in need. In addition, as UNICEF continues to deliver on its Grand Bargain commitments, there will be challenges related to ensuring system-wide implementation and better synergies across work streams. UNICEF will work to address these issues while increasing its requests for un-earmarked, flexible and multi-year funding.

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 2017, UNICEF continued to improve its humanitarian budgeting and monitoring to gain efficiencies in the field and globally through the development of new enabling systems, such as the Budget Formulation Tool[86] and eZHACT,[87] to strengthen result-based management and evidence-based spending. The Budget Formulation Tool includes modules on humanitarian resource planning and resource allocation requests for the Emergency Programme Fund and GHTF. The eZHACT tool has improved efficiency by halving transaction times. For example, during the humanitarian response in Bangladesh, UNICEF was able to transfer funds to implementing partners in 2–3 days, rather than the typical 7–10 days, greatly accelerating the organization's ability to deliver life-saving supplies and services for Rohingya refugees.

During the year, the two ERT operations staff provided 295 days of in-country technical support to facilitate the effective implementation of emergency operations. This included eight missions to five countries (Bangladesh, the Democratic Republic of the Congo, Somalia, South Sudan and Yemen) and one regional office. The deployments to Bangladesh and the Kasai region of the Democratic Republic of the Congo provided expert capacity that was critical to establishing and managing key support functions to ensure a timely programmatic response.

The UNICEF Division of Financial and Administrative Management also played a major role in facilitating cash-based transfer operations during the year by identifying, understanding, managing and mitigating financial risks. For example, financial and administrative support to the cash transfer project in Yemen included oversight and guidance related to the selection of banking counterparts and the cash transfer delivery mechanism; reviews of banking agreements and terms of reference for payment agencies; and assessments of financial markets and foreign exchange rates. An innovative foreign exchange approach of using the market rate instead of the official United Nations rate generated US$11.96 million in added value for that project.

Challenges and constraints

As UNICEF strengthens its operational, financial and administrative processes to support more efficient and effective emergency response efforts, it continues to require additional capacity at the country level to enhance risk evaluation, monitoring, reporting and value for money. Based on lessons learned, UNICEF is working to build capacities through the recruitment of a business analyst, who will advise, develop and support capacity development initiatives in finance, budget and administration, and strategic operations. UNICEF is also identifying effective modalities to support the scale-up of cash-based transfers, particularly in humanitarian situations, developing a clear strategic framework to guide its engagement in humanitarian cash transfers and strengthening internal collaboration and knowledge sharing.

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 2017, the timely and efficient delivery of information and communication technology (ICT) services remained an essential building block of all UNICEF humanitarian operations. During the year, ICT operations supported UNICEF humanitarian responses in Afghanistan, the Caribbean, the Central African Republic, the Democratic Republic of the Congo, Mali, Nigeria, Somalia, South Sudan, the Syrian Arab Republic and Yemen. For example, in the Syrian Arab Republic, UNICEF ICT staff worked under difficult conditions, including installing satellite antenna equipment in between fighting, to ensure the provision of two-way radio and other crucial security communications services, including access to email and Internet.

In addition, 18 emergency ICT kits – self-contained toolkits comprising the necessary hardware to rapidly deploy core UNICEF ICT services to offices of various sizes – were shipped from Headquarters to the field in 2017, including to the Central Africa Republic, Guinea, Haiti, the Niger, Nigeria, Somalia and South Sudan. In a major step towards increased disaster recovery and preparedness, UNICEF upgraded 96 field offices to the Lightweight and Agile IT Solution, a server-less and remotely supported ICT kit that facilitates the rapid deployment of office and staff in the case of regular ICT infrastructure loss, such as in the Kasai region of the Democratic Republic of the Congo in 2017.

UNICEF also led the annual Emergency Telecoms Training workshop in 2017, with 56 participants from 47 countries, including from five other humanitarian organizations (WFP, UNHCR, Save the Children, RedR Australia and Irish Aid). In addition, UNICEF revised the *Emergency*

Telecommunications Handbook, a comprehensive 250-page manual that aims to provide ICT field technicians with all configuration and in-field installation guidance needed to properly deploy emergency ICT equipment.

In 2017, key partners in emergency ICT – including the private sector (e.g., Inmarsat), NGOs, government (e.g., the Government of Luxembourg) and the United Nations system (e.g., WFP) – enabled UNICEF to facilitate more effective ICT emergency preparedness and capacity-building. UNICEF was also active in all emergencies where the Emergency Telecommunications Cluster (led by WFP) was activated and, on behalf of the cluster, provided telecommunications services to affected populations and other member organizations in the Democratic Republic of the Congo, Haiti and South Sudan.

Challenges and constraints

UNICEF currently does not have ICT resources (i.e., trained staff, equipment, connectivity, etc.) available and ready for immediate deployment in a matter of hours. The organization is working to establish a budget to support this need and will continue to invest in partnerships towards this end. Limited resources are also challenging UNICEF's ability to conduct continuous emergency preparedness gap assessments in all emergency-prone areas; the organization is working with partners to address this need as funding permits. The lack of permanent or predictable ICT responder capacity is another major constraint and the Information and Communication Technology Division will request ICT capacity on the ERT pending available funds. Finally, additional investment is needed in ICT preparedness training. UNICEF is exploring options for securing a permanent and guaranteed funding solution to facilitate the planning and execution of preparedness and response capacity-building.

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Mansoor, aged 12 years, watches a virtual reality documentary outside a UNICEF-supported Makani centre in the Za'atari camp for Syrian refugees in Jordan (January 2017). The film shows a day in the life of Sidra, an adolescent girl living in the camp, where more than half of the population are children.

FUTURE WORKPLAN: UNICEF STRATEGIC PLAN, 2018–2021

UNICEF is committed to continue strengthening its approach to humanitarian action to meet the challenges of the complex global landscape. This includes continuing to enhance efficiency and effectiveness for humanitarian results, in line with the UNICEF Strategic Plan, 2018–2021 and ongoing humanitarian and development system reforms.

The new strategic plan represents the organization's strongest framework for integrating its dual humanitarian and development mandates, and is closely aligned with the 2030 Agenda for Sustainable Development, the Sendai Framework for Disaster Risk Reduction and ongoing humanitarian and development system reform efforts. In addition to including key humanitarian results under each Goal Area, the strategic plan also identifies critical entry-points and enablers for strengthening the connections between development and humanitarian programming for more effective and efficient humanitarian response. Reporting on UNICEF contributions under the strategic plan will allow the organization to track its progress through a selection of key performance indicators.

UNICEF will also review its emergency procedures – including the simplified standard operating procedures for Level 2 and Level 3 emergency activation, and the CCCs – to ensure they are fit for purpose to guide its humanitarian action across different types of crises, including health emergencies, mass population movements and protracted crises.

The rest of this section describes the key efforts that UNICEF will undertake in the coming years to strengthen the efficiency and effectiveness of its humanitarian action.

Enhancing emergency preparedness

UNICEF will continue to enhance its Emergency Preparedness System to ensure its ability to provide life-saving support to children and meet their humanitarian needs quickly, effectively and at scale in all regions and in all types of humanitarian situations. In collaboration with the IASC, a network of offices and staff with defined roles and responsibilities will mainstream preparedness across country, regional and global offices in a more systematic and consistent way. UNICEF will also continue to work with partners to identify alternative and innovative financing mechanisms that facilitate consistent and robust investments in emergency preparedness. In the short term, UNICEF will finalize the roll-out of the EPP and its

use by all country offices, and work at all levels to identify and address critical preparedness constraints and boost UNICEF's preparedness level globally.

Addressing humanitarian access challenges

UNICEF has developed and will continue to use a number of innovative approaches to overcome humanitarian access challenges, including: further integrating access and security issues into programme planning and analysis; utilizing the Rapid Response Mechanism and mobile teams to provide agile, flexible and swiftly deployable response capacities to deliver life-saving services in highly insecure areas; continuing to use C4D and the organization's strong advocacy voice and field presence to build local acceptance and enable critical programmes under some of the most challenging conditions; and further strengthening staff capacities to effectively apply existing United Nations policies – including on security risk management, programme criticality, United Nations integration and civil-military coordination – and apply recently developed policies and guidance on key access-related issues, such as engagement with non-state entities.

In addition, in 2017, the UNICEF Office of Emergency Programmes initiated a process to develop an institutional access framework for UNICEF. The framework will provide a structured and systematic approach to addressing access and security challenges in the field; equip staff with the necessary tools, guidance and support to effectively implement their approaches and strategies; and enable UNICEF to continuously gather, share and act on good practices that can increase the organization's ability to deliver results for children. The framework, which is being developed through an inclusive and consultative process, is expected to be completed in 2018.

Reinforcing humanitarian advocacy

UNICEF will take a more systematic approach to humanitarian advocacy to uphold the rights and interests of children, including the CCCs. This will involve speaking out when there is specific evidence of systematic or patterns of violations of children's rights; documented physical attacks on children; and any of the six grave violations against children in armed conflict (killing and maiming, recruitment and use, sexual violence, attacks on schools and hospitals, abduction, and denial of humanitarian access).

Mobilizing flexible and multi-year humanitarian funding

Given the increasingly protracted nature of humanitarian crises, predictable, flexible and multi-year funding has become essential, and longer-term planning that much more crucial. UNICEF and the Government of Canada are co-leading an effort with other partners to strengthen multi-year planning for global humanitarian funding. In 2018, four multi-year UNICEF appeals will be launched for Afghanistan, Mali, the refugee and migrant crisis in Europe, and Syrian refugees. For example, in Afghanistan, the multi-year plan will cover investment in water supply for internally displaced persons, returnees and host communities and include the use of small-scale solar pumping networks and gravity-fed systems. It will also allow for investment in institutional capacities as a means of delivering humanitarian response. The UNICEF Strategic Plan, 2018–2021 has a target of 15 country offices in protracted crisis having multi-year response plans, aligned with multi-year inter-agency plans.

Expanding human resources through surge mechanisms

Experience has shown that using surge mechanisms – such as the ERT, the Immediate Response Team, RRTs, standby partnerships and regional emergency rosters – improves the ability of UNICEF to efficiently and effectively scale up its response at the onset of an emergency. Although UNICEF has expanded all of these surge mechanisms in recent years, the demand for rapid surge capacities has continued to rise. During the period of the UNICEF Strategic Plan, 2018–2021, the organization will further expand the ERT to 26 members. The organization will also continue to invest in expanding its standby partnerships.

Strengthening humanitarian operational partnerships

NGOs, United Nations humanitarian agencies and increasingly IFRC play a critical role in supporting UNICEF's efforts to deliver humanitarian results for children. UNICEF

Students participate in a class at the UNICEF-supported school for internally displaced persons at Phan Khar Kone camp in Bahmo city, Kachin State, Myanmar (March 2017).

will seek to strengthen its alliances with these entities to improve its ability to respond to a range of humanitarian situations, from climate change-induced crises to health emergencies. Towards this end, UNICEF will consolidate and augment the capacity of the Office of Emergency Programmes for NGO partnerships, to enhance its focus on operational relationships and build on the strengths of current standby partnerships and field-based operational partnerships with NGOs and the Red Cross and Red Crescent movement at the country level. Cooperation will be fostered through regular consultations with these partners and engagement on substantive issues to bring UNICEF's work closer to children, enhance engagement with frontline responders and improve operational work on child protection issues requiring special attention, including working with children with disabilities, the provision of psychosocial support and other areas.

Increasing the use and coordination of cash-based programming

UNICEF is increasingly focusing on strengthening social protection systems, including scaling up cash transfers in emergencies. In 2018 and 2019, the organization will develop humanitarian cash transfer training and guidance for country and regional offices to strengthen shock-responsive national social protection systems and use these to disburse humanitarian cash transfers efficiently and effectively. UNICEF is assessing the feasibility of developing its own internal data management system that will allow country offices to better safeguard beneficiary data, streamline data exchange with other agencies and track UNICEF cash programmes in real time. An internal community of practice will be established to allow for better exchanges of experiences between country offices, and efforts will be made to further improve collaboration and coordination with UNHCR and WFP on common cash programmes.

Strengthening accountability to affected populations

UNICEF humanitarian response will more systematically include community engagement and promote stronger accountability to affected populations, including through C4D and platforms for adolescent participation. This will involve building on investments in scaling up behaviour change and community engagement programmes, including in humanitarian situations; and will include investments in real-time monitoring at scale, which can support larger-scale collective feedback mechanisms and strengthen the organization's accountability. In 2018, UNICEF will develop an organization-wide approach to AAP, which will build on existing good practices and bring all relevant parts of the organization together in a collective and unified effort. This will focus on the need

to 'close the feedback loop' so that UNICEF programmes are better informed by the views and feedback of affected communities. A similar focus will take place at the inter-agency level by working with partners engaged in target countries to ensure more robust approaches to collective feedback mechanisms.

Expanding support for local and national responders

UNICEF will continue to engage and support national and local first responders, including national and subnational governments and NGOs. Key focus areas will include increasing implementation through and capacity-building of local partners; transferring capacity developed during emergencies to local partners; working at the system level to build long-term capacity or reinforce existing systems; building on initial response to develop protocols and policies; and utilizing and strengthening local capacities in humanitarian and development programmes to create linkages and increase resilience. UNICEF-led clusters will continue to support capacity development of national and local actors in preparedness and contingency planning. As part of this work, UNICEF, UNHCR and WFP are currently developing a United Nations Partner Portal, which will serve as an online platform for CSOs to create organizational profiles, view opportunities for partnership with the United Nations, and submit both solicited and unsolicited proposals.

Improving joint needs assessment, monitoring and reporting

UNICEF is also striving to improve its monitoring and reporting mechanisms to better assess children's needs, analyse programme results, identify gaps and implement course correction, including through community engagement. The development of the new UNICEF Strategic Plan, 2018–2021 has established a clear results framework for humanitarian performance monitoring. The strategic plan identifies key humanitarian results under each Goal Area that articulate UNICEF commitments to responding to acute humanitarian needs, as well as critical change strategies and enablers for stronger humanitarian action, including efficiency and effectiveness measures, each with key performance indicators. Changes to reporting systems in line with the new strategic plan will be implemented over the course of 2018. UNICEF will also roll out eTools modules in 2018–2019 to support UNICEF and cluster partner reporting and piloting in the field, as well as updated training to strengthen monitoring. At the inter-agency level, UNICEF will support the more systematic use of cluster coordination performance monitoring tools, as well as inter-agency processes and country-level efforts aimed at strengthening coordinated needs assessment and outcome monitoring in humanitarian situations.

EXPRESSION OF THANKS

UNICEF expresses its gratitude to all resource partners whose overall contributions supported the organization's humanitarian action in 2017. The achievements described in this report were 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 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. UNICEF will explore new ways of enhancing visibility for partners that support global thematic funds and will brainstorm ideas with partners to ensure that the new approach is fit for purpose.

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Temesgen, 5 months, smiles during a breastfeeding celebration event at Debri health centre in Tigray Region, Ethiopia (August 2017).

A Rohingya refugee girl carries an empty water pot near a UNICEF-supported water point at the Leda makeshift settlement in Teknaf, Cox's Bazar, Bangladesh (December 2017).

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ABBREVIATIONS AND ACRONYMS

AAP	accountability to affected populations
ART	antiretroviral therapy
C4D	Communication for Development
CBPF	Country-Based Pooled Funds
CERF	Central Emergency Research Fund
CCC	Core Commitments for Children in Humanitarian Action
CSO	civil society organization
ECD	early childhood development
EPP	Emergency Preparedness Platform
ERT	Emergency Response Team
FAO	Food and Agriculture Organization of the United Nations
GHTF	global humanitarian thematic funding
IASC	Inter-Agency Standing Committee
ICT	information and communication technology
IFRC	International Federation of Red Cross and Red Crescent Societies
IOM	International Organization for Migration
IYCF	infant and young child feeding
NGO	non-governmental organization
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
OPSCEN	UNICEF Operations Centre
RRT	Rapid Response Team
SAM	severe acute malnutrition
SMS	Short Message Service
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
WASH	water, sanitation and hygiene
WFP	World Food Programme
WHO	World Health Organization

ENDNOTES

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2. United Nations Children's Fund, 'Executive Director's Annual Report', UNICEF, 2018.

3. United Nations High Commissioner for Refugees, 'Figures at a Glance', UNHCR, Geneva, 2018, <www.unhcr.org/en-us/figures-at-a-glance.html>, accessed 3 May 2018.

4. Global figures are derived from the country office annual reports, unless otherwise stated. Further information on global figures can be found in the UNICEF Executive Director's Annual Report 2017 Data Companion and Score Card, which include non-rounded figures. Slight discrepancies are due to rounding.

5. This number includes humanitarian cash transfers undertaken in Humanitarian Action for Children appeal and non-appeal countries, including the Democratic Republic of the Congo, Dominica, Iraq, Jordan, Lebanon, Lesotho, Madagascar, Malawi, Myanmar, Somalia, the Syrian Arab Republic, Turkey and Yemen. Information is based on the *2018 Humanitarian Action for Children* appeal and the 2017 country office annual reports.

6. The Grand Bargain is an agreement between more than 30 of the biggest donors and aid providers, which aims to get more means into the hands of people in need.

7. As 2017 was the year of transition to the new preparedness procedure (based on the new EPP), this result is based on the number of country offices undertaking the minimum action of becoming familiar with the new procedure/EPP (proxy measure is two staff per country office participated in EPP training to enable country offices to undertake risk analysis and preparedness planning within the new platform).

8. These phases include planning preparedness; needs assessment; project design or response planning; project implementation, including distribution and/or service delivery; and monitoring and evaluation.

9. Standby arrangements are a tool for strengthening emergency response capacity. Under such an arrangement, partners maintain a pool of operational resources including personnel, technical expertise, services and equipment that can be deployed to UNICEF to enhance the response capacity at the onset of an emergency.

10. This includes 14 deployments to headquarters locations.

11. This includes one RRT mission for emergency preparedness.

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

13. These include the responses to the crises in Bangladesh, the Central African Republic, the Democratic Republic of the Congo, Nigeria, South Sudan and the Syrian Arab Republic.

14. Among the countries where UNICEF is leading or co-leading clusters or sectors, those countries with humanitarian coordinators and/or humanitarian country teams contain a specific set of ascribed IASC/cluster reporting lines and accountabilities including provider of last resort.

15. This includes missions undertaken by UNICEF's Global Cluster Coordination Unit.

16. This includes all funding types and is based on an improved methodology by the Supply Division to better represent the actual emergency supply response to all crises.

17. This figure represents other resources – emergency funds received (cash) in 2017, which is different from other resources – emergency revenue, which represents the contribution signed during a specific year, including multi-year contributions.

18. Humanitarian expenses are defined as the sum of all expenses comprising other resources – emergency, other resources – regular, and regular resources that are tagged as humanitarian, including Emergency Programme Funds.

19. The Emergency Programme Fund is a revolving fund disbursed to field offices within 48 hours of a sudden humanitarian crisis, before donor resources are available, and to underfunded emergencies.

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22. United Nations Children's Fund Democratic Republic of the Congo, 'Democratic Republic of the Congo Consolidated Emergency Report 2017', UNICEF, Kinshasa, March 2018.

23. Ibid.

24. United Nations Children's Fund Latin America and the Caribbean Regional Office, 'Caribbean Hurricanes Consolidated Emergency Report 2017', UNICEF, Panama City, March 2018.

25. These top 30 offices comprised 80 per cent of total country office expenses, both humanitarian and non-humanitarian.

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

27. 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.

28. The Rapid Response Mechanism is a mobile mechanism for carrying out assessments and delivering life-saving support.

29. U-Report is a messaging tool that empowers young people around the world to engage with and speak out on issues that matter to them. U-Report is available via SMS or social media, and works on even a basic mobile phone.

30. Active surge includes the number of surge personnel currently on the ground and surge personnel confirmed/filled but not yet on the ground.

31. This does not include 23 standby partner deployments in support of emergency preparedness: WASH, 5; child protection, 5; nutrition, 4; cash programming, 3; emergency management, 3; education, 2; health, 1.

32. The Yemen response benefited from 40 deployments (including 15 missions based in Jordan in support of the Yemen crisis humanitarian response, primarily due to visa or travel restrictions), and drought responses in Ethiopia and Somalia received 34 and 30 deployments, respectively. The 30 deployments to Somalia included 12 missions based in Kenya in support of the Somalia humanitarian response. The displacement crisis in the Democratic Republic of the Congo was supported through 29 deployments.

33. The Strategic Advisory Group of the Child Protection Area of Responsibility, on behalf of the broader Child Protection Area of Responsibility membership, guides and contributes to the overall strategic direction of the Child Protection Area of Responsibility.

34. This number includes humanitarian cash transfers undertaken in Humanitarian Action for Children appeal and non-appeal countries.

35. As 2017 was the year of transition to the new preparedness procedure (based on the new EPP), this result is based on the number of country offices undertaking the minimum action of becoming familiar with the new procedure/EPP (proxy measure is two staff per country office participated in EPP training to enable country offices to undertake risk analysis and preparedness planning within the new platform).

36. High-return actions include the pre-positioning of emergency supplies, identifying and contracting implementing partners for critical interventions, and conducting emergency preparedness and response training for staff.

37. Standby arrangements are a tool for strengthening emergency response capacity. Under such an arrangement, partners maintain a pool of operational resources including personnel, technical expertise, services and equipment that can be deployed to UNICEF to enhance the response capacity at the onset of an emergency.

38. This includes 14 deployments to headquarters locations.

39. This includes one RRT mission for emergency preparedness.

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

41. These include the responses to the crises in Bangladesh, the Central African Republic, the Democratic Republic of the Congo, Nigeria, South Sudan and the Syrian Arab Republic.

42. The Eastern and Southern Africa, Latin America and Caribbean, Middle East and North Africa, South Asia, and West and Central Africa regional offices.

43. UNICEF's Procedure on Preparedness for Emergency Response is aligned with the IASC Emergency Response and Preparedness Plan.

44. Duty bearers are those actors who have a particular obligation or responsibility to respect, promote and realize human rights and to abstain from human rights violations.

45. Risk mitigation is about making humanitarian action and programmes safe and thereby reducing the likelihood that gender-based violence will occur. This entails working across sectors to ensure that programmes are implemented according to the IASC Gender-Based Violence Guidelines. This includes, for example, working with WASH to ensure that water points and latrines are established in safe places based on consultations with women and girls; or working with public health teams to design cholera or other responses in ways that don't increase risks to women and children.

46. Reported in country office consolidated emergency reports for 2017.

47. United Nations Children's Fund, 'Towards improved emergency responses: Synthesis of UNICEF Evaluations of Humanitarian Action 2010-2016', UNICEF, New York, June 2017, <www.unicef.org/evaldatabase/files/TOWARDS_IMPROVED_EMERGENCY_RESPONSES_Evaluation_Full_WEB.pdf>, accessed 3 May 2018.

48. United Nations Children's Fund, 'UNICEF WASH action in humanitarian situations: Synthesis of evaluations 2010-2016', UNICEF, New York, December 2017, <www.unicef.org/evaldatabase/files/Unicef_WASH_in_emergencies_evaluation_synthesis_-_EO_08.01.18(1).pdf>, accessed 3 May 2018.

49. Crook, Paul, Mohamed Haji Ibrahim and Giorgio Ferrari, 'Real-time evaluation of UNICEF SCO humanitarian response to the pre-famine crisis: Final report', UNICEF, New York, January 2018, <www.unicef.org/evaldatabase/files/Real_Time_Evaluation_of_UNICEF_Somalia_humanitarian_response_to_the_pre-famine_crisis.pdf>, accessed 3 May 2018.

50. Merttens, Fred, et al., 'Evaluation of the Nepal emergency cash transfer programme through social assistance: Final report', UNICEF Nepal, April 2017, <www.unicef.org/evaldatabase/files/UNICEF_ECTP_Final_Evaluation_Report_OPM_April_2017.pdf>, accessed 3 May 2018.

51. An 'ex post' evaluation is a type of summative evaluation of an initiative after it has been completed. Its purpose is to analyse how well the initiative served its aims, to assess the sustainability of its results and impacts, and to draw conclusions for similar initiatives in the future.

52. CCC standards for coordination are defined as: convening partners; establishing terms of reference for coordination; establishing a cluster operational strategy and/or action plan; performance management system in place; and sector coverage known from cluster reporting.

53. The Global WASH Cluster Field Support Team provides either remote or direct support to increase national capacity to coordinate humanitarian preparedness and response, with the long-term goal of decreasing the frequency and scale of global surge support.

54. The Cluster Advocacy and Support Team was established to carry out the responsibilities of the cluster lead agency (UNICEF) and is tasked with the day-to-day running and leadership of the Global WASH Cluster.

55. United Nations Children's Fund, 'Democratic Republic of the Congo', Humanitarian Action for Children 2018, UNICEF, New York, <www.unicef.org/appeals/drc.html>, accessed 7 May 2018.

56. Risk mitigation is about making humanitarian action and programmes safe and thereby reducing the likelihood that gender-based violence will occur. This entails working across sectors to ensure that programmes are implemented according to the IASC Gender-Based Violence Guidelines. This includes, for example, working with WASH to ensure that water points and latrines are established in safe places based on consultations with women and girls; or working with public health teams to design cholera or other responses in ways that do not increase risks to women and children.

57. Note that based on a leadership review that took place in 2016, UNICEF's co-leadership of the Global Gender-Based Violence Area of Responsibility was transferred to UNFPA in 2017. Given UNICEF's operational advantage, at the field level, the organization continues to lead gender-based violence areas of responsibility, especially at subnational levels, in cooperation with UNFPA.

58. Risk mitigation is about making humanitarian action and programmes safe and thereby reducing the likelihood that gender-based violence will occur. This entails working across sectors to ensure that programmes are implemented according to the IASC Gender-Based Violence Guidelines. This includes, for example, working with WASH to ensure that water points and latrines are established in safe places based on consultations with women and girls; or working with public health teams to design cholera or other responses in ways that do not increase risks to women and children.

59. As the reunification and reintegration process is often long and non-linear, the number of children in the process of reintegration can be greater than those released in a given year.

60. MUAC stands for mid-upper arm circumference.

61. This only includes countries where UNICEF was appointed as the lead agency with a formally activated education cluster.

62. During the same period, the boys' enrolment rate increased by 24 per cent. While no formal evaluation was conducted, in this case, preliminary evidence indicates that the intervention's targeting of girls might have significantly contributed to the increase in enrolment.

63. University of Cambridge, 'REAL: Let girls learn in conflict settings', Research for Equitable Access and Learning Centre, Cambridge, <www.educ.cam.ac.uk/centres/real/researchthemes/conflictandpeace/letgirlslearn/>, accessed 13 April 2018.

64. International Commission on Financing Global Education Opportunity, *The Learning Generation: Investing in education for a changing world*, The International Commission on Financing Global Education Opportunity, New York, 2016, <http://report.educationcommission.org/wp-content/uploads/2016/09/Learning_Generation_Full_Report.pdf>, accessed 13 April 2018.

65. The Adolescent Kit is a package of guidance, tools and supplies to reach and engage adolescents affected by conflict and emergencies.

66. An innovation lab is a space and set of protocols for engaging young people, technologists, the private sector and civil society in problem solving.

67. UNICEF's work on shock-responsive social protection entails two activities: (1) in normal times, preparing the existing social protection system to respond to shocks; and (2) in times of crisis, either using the existing system to deliver humanitarian cash transfers and/or contributing to social protection system strengthening in other ways. The figure of 52 countries having embedded shock-responsive social protection into either the design of humanitarian cash transfer programmes or preparedness and risk reduction strategies was calculated based on countries responding 'yes' to either or both of the following strategic monitoring questions: a) has the country office supported the government to include emergency prevention, preparedness and response in its social protection system/programmes; and b) has the country office supported programming for humanitarian action that supports sustainable social protection system building.

68. This represents 53 per cent of the 87 country offices that responded to this question.

69. These phases comprise planning preparedness; needs assessment; project design or response planning; project implementation, including distribution and/or service delivery; and monitoring and evaluation.

70. This number includes humanitarian cash transfers undertaken in Humanitarian Action for Children appeal and non-appeal countries.

71. Includes all funding types and is based on an improved methodology by the Supply Division to better represent the actual emergency supply response to all crises.

72. Pre-financing: A range of tools deployed to 'bridge' timing gaps in grant or government disbursements that could lead to supply shortages or stock-out. Increasing government fiscal space: Support to country-owned budgeting, domestic resource mobilization and financing initiatives through the identification and implementation of structured and sustainable supply financing solutions. Special contracting arrangements: Contracts negotiated with suppliers, employing non-standard terms, typically with accompanying financing structures, to secure improved pricing (resulting in savings) and accelerated availability of supplies.

73. United Nations Children's Fund, 'Children under attack at shocking scale in conflicts around the world, says UNICEF', Press release, UNICEF, New York, 28 December 2017, <www.unicef.org/media/media_102357.html>, accessed 26 April 2018; <twitter.com/hashtag/ChildrenUnderAttack?src=hash>.

74. United Nations Children's Fund, 'Famine response and prevention', Humanitarian Action for Children, UNICEF, 29 March 2017, <www.unicef.org/appeals/famine.html>, accessed 26 April 2018.

75. Ibid.

76. United Nations Children's Fund, 'Outcast and Desperate: Rohingya refugee children face a perilous future', UNICEF, New York, October 2017, p. 4, <www.unicef.org/publications/files/UNICEF_Rohingya_refugee_children_2017.pdf>.

77. United Nations Children's Fund and International Organization for Migration, *Harrowing Journeys: Children and youth on the move across the Mediterranean Sea at risk of trafficking and exploitation*, UNICEF and IOM, New York, September 2017, <www.unicef.org/publications/files/Harrowing_Journeys_Children_and_youth_on_the_move_across_the_Mediterranean.pdf>; United Nations Children's Fund, *Beyond Borders: How to make the global compacts on migration and refugees work for uprooted children*, UNICEF, New York, November 2017, <www.unicef.org/publications/files/UNICEF_Beyond_Borders_Nov_2017.pdf>.

78. The blast expert was deployed under any of the following conditions: (1) depending on the general threat situation of a country/area based on the security-risk management tool; (2) a demand from a specific country office to improve the security of its UNICEF premises or if it is moving to a new location where there is a need to provide a blast assessment to improve mitigating measures; or (3) if the threat has changed in a specific area (e.g., more complex attacks or different tactics) and there is a need to provide an updated assessment based on the new evolving reality.

79. Active surge includes the number of surge personnel currently on the ground and surge personnel confirmed/filled but not yet on the ground.

80. This does not include 23 standby partner deployments in support of emergency preparedness: WASH, 5; child protection, 5; nutrition, 4; cash programming, 3; emergency management, 3; education, 2; health, 1.

81. This includes 14 deployments to headquarters locations.

82. This includes one RRT mission for emergency preparedness.

83. This includes 15 missions based in Jordan in support of Yemen crisis humanitarian response (mainly due to visa or travel restrictions).

84. This includes 12 missions based in Kenya in support of Somalia humanitarian response.

85. In addition to the 1.97 billion, there was US$755 available from previous years.

86. The Budget Formulation Tool is a web-based application that will strengthen results-based management and deepen UNICEF's understanding of its spending based on evidence.

87. The ezHACT tool plays an essential role in UNICEF's programming by streamlining the processing, management and reporting of Harmonized Approach to Cash Transfers transactions.

88. This includes 14 deployments to headquarters locations.

89. This includes one RRT mission for emergency preparedness.

90. This includes missions undertaken by UNICEF's Global Cluster Coordination Unit.

91. Afghanistan, Cameroon, the Central African Republic, Chad, the Democratic People's Republic of Korea, Libya, Madagascar, Mali, the Niger, Nigeria, Somalia, the Sudan and Uganda.

ANNEX 1: GLOBAL HUMANITARIAN THEMATIC FUNDING 2017

Iraq, 2018, Noor and Sarah walk in the west of Mosul where many buildings have been totally destroyed.

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What is global humanitarian thematic funding?

Thematic contributions are pooled funds categorized as 'other resources'. These contributions are designed to support the achievement of outcomes or results in the UNICEF strategic plan through flexible multi-year funding and achieve the UNICEF mandate to advocate for the protection of children's rights, help meet their basic needs and expand their opportunities to reach their full potential.

Through humanitarian thematic funding contributions at global, regional and country levels, partners support UNICEF to deliver results at the highest programme levels in each of the strategic plan goal areas, to support the achievement of the 2030 Agenda for Sustainable Development.

Global humanitarian thematic funding (GHTF) allows UNICEF to respond to humanitarian crises rapidly and strategically. These contributions are the most valuable type of thematic funding, as they provide the greatest level of flexibility, allowing UNICEF to deliver timely and effective assistance to the children and families who are affected by emergencies and need it most. The management and decision-making processes for GHTF are faster and more cost-effective than other external humanitarian funding mechanisms. When strategically funded, the pooled funding mechanism critically improves aid effectiveness and predictability in humanitarian response.

GHTF is received from government partners, individuals and corporate partners through UNICEF National Committees. These contributions are applied against the UNICEF Humanitarian Action for Children appeal.

Thanks to its fast and more flexible allocation process, GHTF complements other UNICEF resources available for humanitarian response, such as regular resources and earmarked emergency funding, including the allocations received from pooled funding mechanisms such as the Central Emergency Response Fund and country-based pooled funds mechanisms. Together, these funds allow UNICEF to provide greater geographic coverage of humanitarian crises across the globe.

> *As humanitarian needs in the world are rising, UNICEF responds swiftly to specific challenges. Because children remain the most vulnerable victims of conflict and disaster. The organization adequately works on children's rights and protection, on health and psychosocial support, and on nutrition and education. Thus benefiting children and helping lay the foundation for long-term resilience of communities. That is why the Netherlands keeps supporting UNICEF's work as a leading humanitarian agency, particularly through the provision of flexible funds.*

- Sigrid Kaag, Minister for Foreign Trade and Development Cooperation, the Netherlands

Why invest in global humanitarian thematic funding?

Saving lives, protecting rights and securing a better, healthier and safer future for children

The fast, flexible and multi-year nature of GHTF allows UNICEF to reach the most vulnerable children and use available resources strategically and effectively. With this type of funding, UNICEF and its partners are able to:

- **Provide immediate life-saving assistance** to children most in need;

- **Enable more comprehensive and strategic humanitarian responses** through an integrated multisectoral approach for children affected by emergencies;

- **Respond more equitably** by reaching children even in smaller and/or forgotten crises, and underfunded sectors (e.g., child protection and education), and respond strategically to multi-country and subregional crises;

- **Look beyond the immediate crisis** to support the integration of resilient development and recovery interventions for greater sustainability and better 'value for money';

- **Support the UNICEF global humanitarian architecture**, which allows UNICEF to provide direct support to country and regional offices, facilitate inter-agency coordination and partnerships, lead or co-lead global coordination clusters, develop policy guidance and facilitate strategic dialogue, mobilize human and financial resources for humanitarian action, and monitor and report on humanitarian results;

- **Reduce transaction costs for donors, implementing partners and UNICEF** through consolidated reporting, a streamlined allocation procedure and reduced administrative burden.

How does it work?

GHTF is envisaged as the essential enabler of UNICEF humanitarian action, allowing a country office to kick-start emergency response efforts immediately when a new crisis emerges. At the same time, GHTF also supports protracted and forgotten emergencies, filling critical gaps when no other funding is available.

Governance

GHTF is governed by an internal, senior-level Allocations Committee composed of the directors of UNICEF's emergency programme, partnerships and divisions. The Committee provides

governance and oversight of the allocation of GHTF based on the recommendations of a technical team. The Office of Emergency Programmes serves as the secretariat and coordination body of the Allocations Committee.

Allocation process and criteria for selection

GHTF can be allocated to any office that has a valid humanitarian appeal, including regional and headquarters offices that are included in the Humanitarian Action for Children appeal and exhibit all of the following:

- Identified critical funding gaps;

- Implementation capacity;

- Delivery track record and rates;

- Income projections.

UNICEF country offices are considered for allocation based on: (1) requests by country offices with urgent humanitarian needs; and (2) a standard allocation process that takes place twice a year. Recommendations made by the GHTF Secretariat are reviewed and decided on by the Allocations Committee.

2014–2017 Allocations

Over the period 2014–2017, UNICEF received US$77.8 million in GHTF, of which US$72 million was the programmable amount allocated to humanitarian action. Of this programmable amount, 81 per cent (US$58 million) supported humanitarian action in country and regional offices, while 19 per cent (US$14 million) supported global efforts. Based on the criteria mentioned above, 37 per cent of all country allocations went to 10 of the most chronically underfunded emergencies (Burundi, Cameroon, the Central African Republic, Chad, the Democratic People's Republic of Korea, the Democratic Republic of the Congo, Eritrea, the Niger, the Sudan and Uganda). Africa was the largest recipient of GHTF over this period, both in terms of the number of countries (18) and the amount of funds received (US$28 million), representing 39 per cent of the total country allocations made. GHTF supported numerous types of crisis, with nearly half going towards countries affected by conflict (47 per cent of total funds allocated to country offices), health crises (11 per cent), sudden-onset natural disasters (9 per cent), mass population displacements, including refugees (7 per cent), and other socio-political crises not related to conflict (4 per cent). In addition, 19 per cent of the funds that went to country and regional offices was specifically for emergency preparedness, while 2 per cent was allocated to countries responding to the effects of the El Niño phenomenon.

GHTF supported numerous types of crises

47% conflict-affected countries

11% health crises

19% emergency preparedness

9% sudden-onset natural disasters

7% mass population displacement and refugees

4% socio-political crises not related to conflict

2% responding to the effects of the El Niño phenomenon

US$58 million supported humanitarian action in country and regional offices

2014–2017 **US$72** million** of GHTF

US$14 million supported global efforts

** This represents the programmable amount of a total of US$77.8 million received.

37% of allocations to country offices went to 10 of the most chronically underfunded emergencies

Burundi
Cameroon
Central African Republic
Chad
Democratic People's Republic of Korea
Democratic Republic of the Congo
Eritrea
Niger
Sudan
Uganda

Global humanitarian thematic funding allocations 2014–2017 (US$)*

Colombia	200,000
Libya	200,000
Philippines (Mindanao)	200,000
South Sudan	200,000
Serbia	356,600
Bangladesh	500,000
Burkina Faso	500,000
Caribbean hurricanes	500,000
Haiti	500,000
Sri Lanka	500,000
United Republic of Tanzania	550,000
Ecuador	600,000
Pacific Islands (Vanuatu)	600,000
Mauritania	700,000
Hurricane Irma	750,000
Refugees/migrants in Europe	800,000
Somalia	800,000
Burundi	900,000
Country-level response capacity	960,000
Democratic Republic of the Congo	1,000,000
El Niño	1,000,000
Djibouti	1,075,000
Cameroon	1,100,000
Ethiopia	1,100,000
Niger	1,300,000
Uganda	1,300,000
Chad	1,500,000
Iraq	1,500,000
Ukraine	1,600,000
Zika response	1,615,000
Democratic People's Republic of Korea	1,850,000
Middle East and North Africa**	1,950,000
Eritrea	2,000,000
South Asia**	2,020,000
Mali	2,050,000
West and Central Africa**	2,060,000
Latin America and the Caribbean**	2,160,
Myanmar	
Sudan	
East Asia and Pacific**	
Central African Republic	
Europe and Central Asia**	
Eastern and Southern Africa**	

* This reflects only allocations to country and regional offices. Additionally US$14 million was allocated to global support for humanitarian action.
** Represents a regional office.

2017 GHTF allocations (US$)

Global support for humanitarian action	3,593,968
Regional support for humanitarian action	3,500,000
Democratic People's Republic of Korea	1,150,000
Central African Republic	1,000,000
Country-level response capacity	960,000
Mali	750,000
Uganda	750,000
Pacific Islands (Vanuatu)	600,000
Bangladesh	500,000
Caribbean hurricanes	500,000
Iraq	500,000
Ukraine	500,000
Djibouti	400,000
Sudan	386,720
Myanmar	300,000
Eritrea	200,000
Mauritania	200,000
Philippines	200,000

2017 highlights

In 2017, nearly US$16 million of GHTF was allocated to UNICEF's humanitarian action. Of this, US$12.4 million was allocated to country and regional offices, and US$3.6 million was allocated to support emergency (surge) deployment, humanitarian advocacy and policy work, and cluster coordination and leadership at the global level. Of the total 2017 allocations, 22 per cent supported regional offices to provide direct technical assistance for both emergency preparedness to anticipated crises, as well as response to ongoing and sudden-onset emergencies.

The flexibility of GHTF enabled UNICEF to support chronically underfunded emergency programmes in the Central African Republic, the Democratic People's Republic of Korea, Eritrea, the Sudan and Uganda, which comprised 36 per cent of all country allocations in 2017. Of the total amount that went to country offices, 37 per cent (US$3.6 million) supported humanitarian action in conflict-affected countries.

In 2017 **US$16** million of GHTF allocated

Of which **US$12.4** million — Allocated to country and regional offices

Of which **US$3.6** million — Allocated to support direct technical assistance

2,700,000
2,986,720
3,025,000
3,300,000
3,465,624
4,080,000
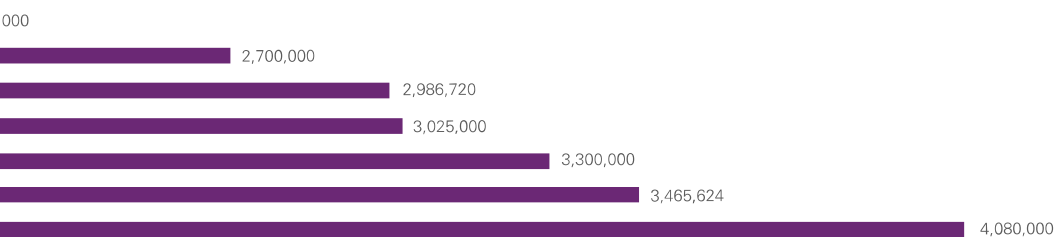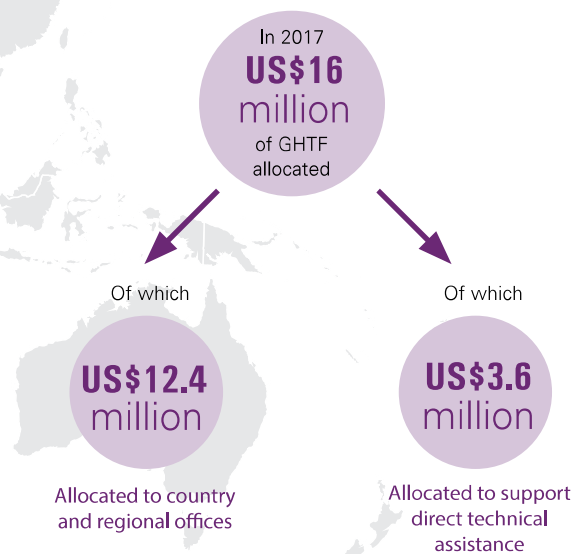
Caribbean hurricanes

Country and global humanitarian thematic funds were critical for the humanitarian response to the Caribbean hurricanes, representing 44 per cent of the emergency funds allocated to the response in affected countries (46 per cent in the eastern Caribbean).

Country and global humanitarian thematic funds were used in conjunction with non-thematic and other funds, contributing to the achievement of results for children in all sectors and in all countries in line with the Humanitarian Action for Children appeal. The immediate availability of resources from thematic pools allowed for rapid allocation to country offices according to the most pressing needs, facilitating the immediate scale-up of actions, supply procurement, pre-positioning of supplies, transportation, and the urgent deployment of specialized staff.

For example, in Cuba, GHTF represented approximately 23 per cent of the contributions to the education sector. This funding benefited an estimated 25,000 children reached with school and recreational supplies in hurricane-affected locations.

GHTF and country thematic funds also enabled UNICEF to cover sectors and components of the response that often remain underfunded despite being critical for the operation, including monitoring and technical support.

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GHTF* contributed to the following results in 2017:

In Cuba GHTF represented approximately

23%
of contributions to the education sector

This benefited an estimated

25,000
children

with

SUPPLIES
for school and recreational activities

*Results were achieved from GHTF allocations made in 2017 plus GHTF carried forward from previous years.

The Central African Republic

The exibility of GHTF allowed UNICEF to ensure continued education for affected children who were not able to participate in their end-of-year exams due to insecurity.

In the Central African Republic, a chronically underfunded emergency, GHTF enabled UNICEF and partners, including the Ministry of Education, to provide a more equitable and comprehensive education-in-emergencies response, including assessment, project design, monitoring, supervision and evaluation.

Overall, UNICEF reached some 100,500 affected children with education-in-emergencies interventions in 2017. This included nearly 57,000 children who received learning materials (49 per cent girls) through 315 temporary learning spaces created in 38 sites. UNICEF and partners also provided psychosocial support training to 766 teachers from temporary learning spaces and public schools to ensure healing learning environments and address the specific needs of crisis-affected children.

These efforts resulted in more than 80 per cent of children participating in temporary learning spaces passing their year-end exams, far exceeding the national average of 48 per cent. In addition, UNICEF supported the Ministry of Education to organize two special sessions for 10,000 affected children in Bangassou and Bria to take their year-end exams.

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GHTF* contributed to the following results in 2017:

100,500
affected children
reached with education
in emergencies

This included

57,000
children who
received learning
materials

of whom

49%
were girls

through

315
temporary learning
spaces

766
teachers trained in
psychosocial support

80%
of children passed their
end-of-year exams

*Results were achieved from GHTF allocations made in 2017 plus GHTF carried forward from previous years.

The Democratic People's Republic of Korea

GHTF was essential to UNICEF's ability to address the population's humanitarian needs, particularly in the areas of health and WASH.

The humanitarian situation in the Democratic People's Republic of Korea is chronically underfunded. As of the end of October 2017, only 42 per cent of the 2017 Humanitarian Action for Children appeal had been funded.

In health, GHTF was used to procure 40 per cent of life-saving supplies for the response to diarrhoea. In 2017, UNICEF procured and supplied 5.4 million sachets of oral rehydration salts for the treatment of diarrhoea, benefiting some 1.7 million children under 5 years of age; and essential medicines benefiting some 4.2 million people, including 700,000 children under 5 years of age. These interventions were essential to sustaining the decline in the prevalence of diarrhoea and pneumonia across the country. Overall, more than 90 per cent of children with diarrhoea received oral rehydration salts, and more than 60 per cent of children with pneumonia in UNICEF-supported counties were treated with antibiotics.

GHTF was also critical to the water, sanitation and hygiene (WASH) response, which was significantly underfunded. Of the more than 208,000 people reached with safe water, more than one quarter of the beneficiaries (more than 56,000 people) were reached thanks to global thematic funding. These results were crucial not only for safe water access, but also for sustaining the gains made in nutrition and health.

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GHTF* contributed to the following results in 2017:
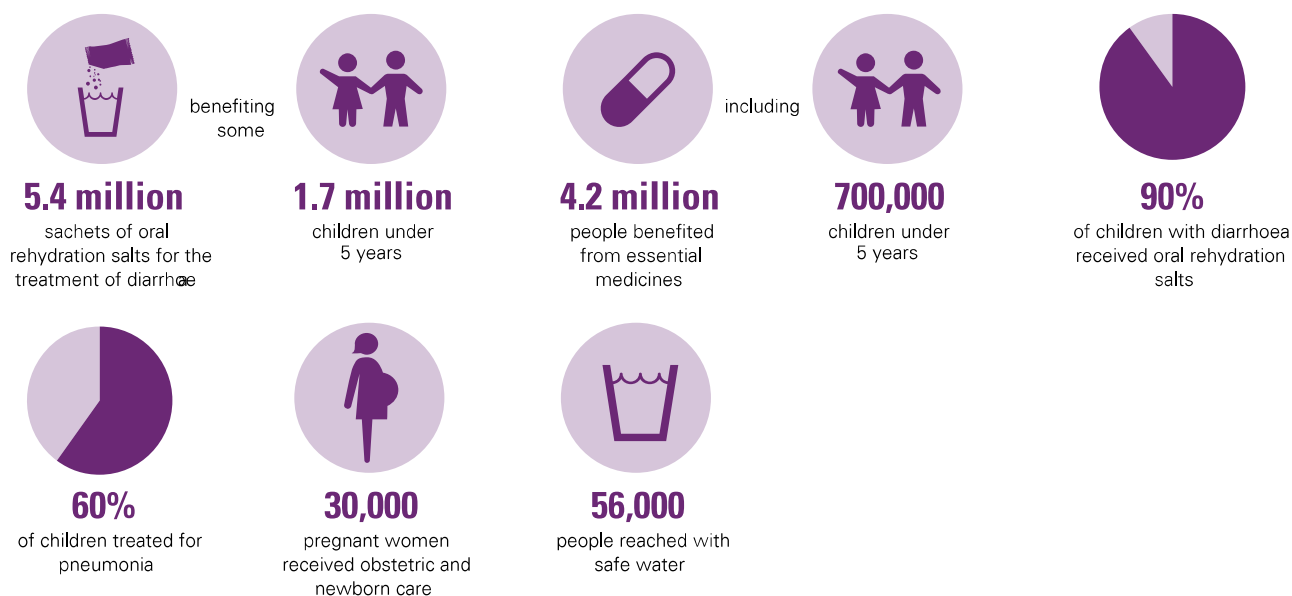
5.4 million
sachets of oral rehydration salts for the treatment of diarrhoea

benefiting some

1.7 million
children under 5 years

4.2 million
people benefited from essential medicines

including

700,000
children under 5 years

90%
of children with diarrhoea received oral rehydration salts

60%
of children treated for pneumonia

30,000
pregnant women received obstetric and newborn care

56,000
people reached with safe water

Results were achieved from GHTF allocations made in 2017 plus GHTF carried forward from previous years.

Djibouti

GHTF was crucial to UNICEF's ability to reduce the mortality and morbidity of the most vulnerable women and children, and to support their protection from violence and exploitation through a multisectoral package of nutrition, health, WASH, education, HIV and child protection interventions.

Due to the small size of the affected population in Djibouti, the humanitarian situation there is less visible than many crises and often forgotten. GHTF enabled UNICEF to achieve a significant portion of the results described below.

More than 1,275 of the over 3,800 children under 5 years of age suffering from severe acute malnutrition (SAM) admitted into therapeutic feeding programmes and nearly 9,900 of the 30,000 children under 5 years of age who received vitamin A supplementation were reached using GHTF (33.5 per cent of results attributable to GHTF). Nearly 6.6 per cent of results for the health response are attributable to GHTF, which include 300 of the 4,500 children under 5 years of age in refugee camps who received measles vaccination, and more than 500 of the 7,800 children under 5 years of age suffering from pneumonia who received antibiotics, oral rehydration salts and zinc.

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GHTF funds helped achieve 23 per cent of water and sanitation results, with 575 of the 2,500 crisis-affected people who gained access to a sufficient quantity of safe drinking water, and 194 of the 842 people who gained access to adequate sanitation in drought-affected areas. Some 423 of the 632 refugee children and caregivers who were supported with psychosocial activities and 93 of the 139 unaccompanied refugee children who benefited

from risk awareness activities were reached using GHTF (67 per cent of results attributable to GHTF). Under the education response, GHTF supported 2,930 of the nearly 4,500 refugee children who gained access to quality pre-primary, primary and secondary education. This includes school enrolment for 330 Yemeni refugee children living in Markazi camp and urban areas who were reached using GHTF.

GHTF* contributed to the following results in 2017:

1,275
children under 5 years of age admitted into therapeutic feeding programmes

9,900
children under 5 years of age received vitamin A supplementation

300
children received measles vaccination due to GHTF

500
children under 5 years of age received antibiotics, oral rehydration salts and zinc

575
people gained access to safe drinking water

194
people gained access to adequate sanitation

423
refugee children and caregivers supported with psychosocial activities

93
of the 139 unaccompanied refugee children benefited from risk awareness activities

2,930
refugee children gained access to education

*Results were achieved from GHTF allocations made in 2017 plus GHTF carried forward from previous years.

Mali

GHTF was instrumental in UNICEF's ability to implement a multisectoral, agile response in Mali – a chronically underfunded humanitarian situation.

In nutrition, flexible humanitarian funds enabled UNICEF to prevent a break in the ready-to-use therapeutic food pipeline, and provide treatment for malnutrition to all children in need. GHTF supported treatment of 14,637 children affected with SAM out of the 113,104 children who received SAM treatment through the provision of 13,173 boxes of nutritional supplies (Plumpy'Nuts).

GHTF also enabled UNICEF to reinforce crucial government capacities by providing additional capacity to identify gaps in humanitarian information management and emergency preparedness at the local and regional levels and develop plans to address these. UNICEF's technical and financial support to the government supported the updating of the 2017 National Contingency Plan and the pre-positioning of 44 metric tons of non-food and WASH items across the country, benefiting nearly 5,000 households (nearly 29,000 people, including more than 14,600 women) affected by flooding or displacement. In collaboration with the Norwegian Refugee Council, UNICEF also launched a rapid response mechanism involving humanitarian surveillance, situation assessment and response, to reinforce the emergency response in conflict-affected areas.

Flexible GHTF complemented other sources of funding to enable UNICEF to launch a third-party monitoring mechanism in conflict-affected areas with limited access and to conduct an evaluation of UNICEF Mali's response to the humanitarian crisis in 2017.

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The monthly quantitative and qualitative information generated through field visits was crucial to the progress and effectiveness of UNICEF-supported humanitarian projects in these regions.

GHTF* contributed to the following results in 2017:
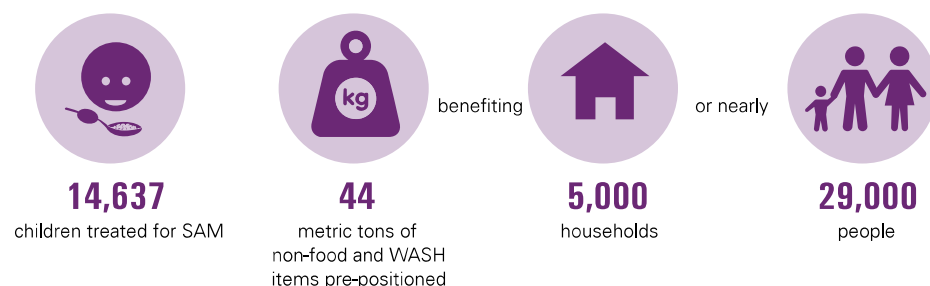
14,637
children treated for SAM

44
metric tons of non-food and WASH items pre-positioned

benefiting

5,000
households

or nearly

29,000
people

Results were achieved from GHTF allocations made in 2017 plus GHTF carried forward from previous years.

Uganda

GHTF enabled UNICEF to provide both immediate and sustainable WASH responses to crisis-affected populations in Uganda, including South Sudanese refugees.

The immediate response included the construction of 375 latrines benefiting more than 3,000 people; and the provision of systematic and participatory hygiene promotion activities to some 18,000 people in refugee settlements to protect against WASH-related diseases. GHTF also enabled UNICEF to begin the construction of two hybrid water systems that combine solar and generator power to provide a consistent source of clean water to more than 18,000 South Sudanese refugees residing in Palabek refugee settlement in Lamwo District and eliminate the need for expensive water trucking. The use of solar-powered water pumps will also help to improve children's health outcomes by reducing air pollution related to diesel fuel combustion.

Using thematic funding, UNICEF also partnered with George Washington University to conduct formative research on 'Engaging adolescents in adaptive thinking and advocacy for community resilience', which aimed to strengthen the capacity of young people in refugee-hosting districts in Uganda to formulate practical adaptive solutions to reduce disaster risk in their school communities. Through this engagement, adolescents were able to gain self-confidence; learn about teamwork, leadership, self-determination, conflict resolution and sense of community; and increase their conceptual understanding of disaster and conflict.

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GHTF* contributed to the following results in 2017:

375
latrines constructed

benefiting more than
3,000
people

18,000
people provided with hygiene promotion activities

18,000
people provided with a consistent source of clean water

*Results were achieved from GHTF allocations made in 2017 plus GHTF carried forward from previous years.

Ukraine

GHTF enabled UNICEF to provide critical WASH, nutrition and health interventions in conflict-affected eastern Ukraine.

In Ukraine, GHTF for WASH was critical to ensuring UNICEF's leading role in WASH cluster coordination. The WASH cluster monitored and reported on incidents related to water infrastructure, developed evidence-based research and made recommendations on how to work constructively for sustainable solutions to water supply systems in crisis-affected areas. Overall, GHTF enabled the WASH sector to reach more than 1.1 million people with safe drinking water in Donetsk and Luhansk oblasts in 2017.

In nutrition, GHTF contributed to the continuation of critical awareness-raising activities on breastfeeding and infant and young child feeding, which could not have taken place without this financial support. In health, GHTF contributed to strengthening the capacities of 500 health workers trained on the promotion of breastfeeding and nutritional counselling for pregnant and lactating women. In addition, 300 mothers were trained on breastfeeding and hygiene. Information materials, including booklets, posters and handouts, were printed for distribution in various health facilities, ensuring that parents, particularly mothers attending antenatal and postnatal care visits, would have access to information on infant and young child feeding.

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> Since 2014, GHTF has helped us provide life-saving assistance, including psychosocial support, mine risk education, access to safe drinking water and hygiene items to more than 580,000 children living along the contact line in conflict-affected eastern Ukraine that divides government- and non-government-controlled areas and where fighting is most intense.

— Giovanna Barberis, UNICEF Representative in Ukraine

GHTF* contributed to the following results in 2017:

1.1 million
people provided with safe drinking water

500
health workers trained

on

the promotion of breastfeeding and nutritional counselling for pregnant and lactating women

300
mothers were trained on breastfeeding and hygiene

*Results were achieved from GHTF allocations made in 2017 plus GHTF carried forward from previous years.

Global support for humanitarian action

GHTF supported UNICEF's global humanitarian architecture, facilitating the organization's global and regional inter-agency coordination and partnerships; its contributions to humanitarian country team strategic response plans; its leadership or co-leadership of four global clusters; its contributions to policy guidance and strategic dialogue; the mobilization of human and financial resources; and communications, monitoring and reporting on humanitarian results.

In 2017, GHTF investments in UNICEF's global support contributed to the following key results:

- Twenty standby partners (out of a total of 31) provided 157 deployments[88] plus an additional 23 deployments to support emergency preparedness to country offices during the year, including 137 standby personnel and 43[89] rapid response team (RRT) missions by standby personnel to support UNICEF programme, cluster and operational commitments. Fifty-five per cent of these deployments supported Level 2 and Level 3 emergencies;

- The global cluster RRTs supported 24 countries, including seven Level 3 emergencies, through 79 missions totalling more than 3,122 days;[90]

- The Emergency Response Team (ERT) undertook 58 missions to 17 countries, 4 regional offices and 4 headquarters locations, totalling 2,001 days; of these missions, 14 (totalling 86 days) were for the provision and/or receipt of capacity-building/training;

- The establishment of a preparedness window, a mechanism to complement donor funds to support country and regional offices to undertake innovative, critical and complementary preparedness activities, thereby maximizing the impact of other donor funds received for preparedness.

The work of the health ERT member provides an example of GHTF for global support at work in 2017. During the year, the health ERT was deployed to large-scale emergencies such as Bangladesh, Somalia and Yemen. In Bangladesh, in addition to supporting cholera, measles and diphtheria campaigns that

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reached more than 700,000, 334,000 and 316,000 people, respectively, the health ERT member contributed to the timely scale-up of the health response by doubling the number of supported health facilities. In Yemen, the ERT deployment provided crucial support for the cholera outbreak response, including scaling up the integrated cholera response and a nationwide integrated cholera awareness week as well as establishment of emergency operations centres in Aden, Ibb and Sana'a, and the development of guidance and tools, including a standardized cholera training curriculum and a cholera toolkit adapted to the specific context. In Somalia, the health ERT member led the UNICEF emergency health response to the cholera outbreak, including through support to a national cholera task force; the development of an integrated health, WASH, nutrition, education and protection response strategy; as well as advocacy, resource mobilization and capacity development.

GHTF* contributed to the following results in 2017:

BANGLADESH

GHTF-funded health ERT member contributed to

reaching more than

700,000
people to prevent cholera

334,000
people to prevent measles

316,000
people to prevent diphtheria

*Results were achieved from GHTF allocations made in 2017 plus GHTF carried forward from previous years.

Global humanitarian thematic funding trend analysis

In order to respond quickly, effectively and with more agility to humanitarian crises, UNICEF seeks flexible, unearmarked resources to prioritize and respond strategically to the needs of the most vulnerable children and their families. After regular resources, GHTF contributions are the second most flexible type of funding for UNICEF.

Despite the overall generosity of resource partners over the years in regard to their contributions against UNICEF Humanitarian Action for Children appeals, the levels of thematic funding, particularly global thematic funding, remains very low. The limited flexibility of other funding often makes it more difficult for UNICEF and its partners to reach those most in need.

Even though GHTF increased from US$1.9 million in 2014 to US$28.2 million in 2017 (in absolute terms), the 2017 total only represented 1.4 per cent of total humanitarian funding for the year. The increase in GHTF can primarily be attributed to a generous three-year agreement commitment of US$56 million from the Government of the Netherlands – the global thematic champion for UNICEF.

During the period of the UNICEF Strategic Plan, 2014–2017, the agency received a total of US$77.8 million in GHTF from 27 resource partners (20 from the private sector and 7 from the public sector), of which the support from the Government of the Netherlands represented 72 per cent. National Committees also played an integral role in raising GHTF from the private sector. During this four-year period, the top supporters were the Swedish National Committee and UNICEF Thailand.

UNICEF humanitarian funding trends 2014–2017

2014

Appeal amount
US$3.2 billion

48%
US$1.55 billion
Overall funding received

US$1.9 million GHTF
which accounts for **0.1%** of total funding received

2015

Appeal amount
US$3.3 billion

52%
US$1.72 billion
Overall funding received

US$20 million GHTF
which accounts for **1.2%** of total funding received

2016

Appeal amount
US$3.2 billion

60%
US$1.90 billion
Overall funding received

US$27.7 million GHTF
which accounts for **1.5%** of total funding received

2017

Appeal amount
US$3.8 billion

62%
US$1.98 billion
Overall funding received

US$28.2 million GHTF
which accounts for **1.4%** of total funding received

Global humanitarian thematic funding by type of resource partner, 2014–2017

PUBLIC SECTOR:

US$61.2 million

PRIVATE SECTOR:

US$16.7 million
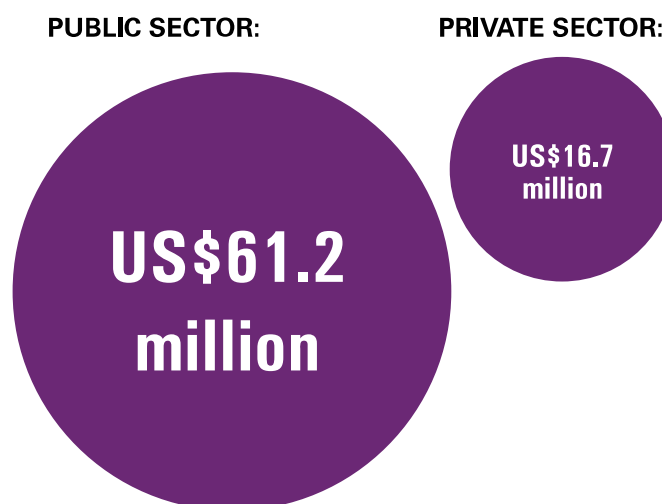
Top 10 sources of global humanitarian thematic funding, 2014–2017 (US$)

1	Netherlands	56,019,060
2	Swedish Committee for UNICEF	4,819,712
3	UNICEF Thailand	4,026,278
4	Finnish Committee for UNICEF	2,002,480
5	Canada	1,912,629
6	Republic of Korea	1,664,455
7	U.S. Fund for UNICEF	1,517,967
8	Denmark	1,148,106
9	Korean Committee for UNICEF	1,000,000
10	UNICEF Argentina	810,908

Sources of global humanitarian thematic funding, 2017 (US$)

1	Netherlands	18,143,010
2	Swedish Committee for UNICEF	4,525,836
3	Republic of Korea	1,666,667
4	U.S. Fund for UNICEF	1,288,581
5	Denmark	1,148,106
6	UNICEF Thailand	1,000,418
7	UNICEF China	143,075
8	International online donations	99,207
9	Finnish Committee for UNICEF	98,722
10	Belgian Committee for UNICEF	37,387
11	Canadian Committee for UNICEF	25,066
12	Norwegian Committee for UNICEF	18,491
13	New Zealand	5,108
14	Australian Committee for UNICEF	3,383
	Grand Total	28,203,056

2017 global humanitarian thematic funding at a glance

In 2017, GHTF saw a modest increase compared with 2016. A total of US$28.2 million was secured (representing an increase of approximately half a million dollars from 2016), with nearly US$21 million coming from four public-sector resource partners and US$7.2 million from 10 private-sector resource partners.

Of the total 14 GHTF resource partners in 2017, the top 6 provided 98 per cent of the year's total contributions. The Government of the Netherlands remained the top GHTF donor with US$18.1 million (64 per cent of the total), followed by the Swedish National Committee with a US$4.5 million contribution. In addition, for the first time, the Republic of Korea made a two-year commitment for GHTF support, contributing US$1.7 million in 2017.

> Helping children in need is a moral imperative and an investment in the future of the world community. Thus, protecting and supporting vulnerable children in emergencies is one of the highest priorities in Korea's humanitarian assistance. UNICEF is a key partner to Korea in achieving this endeavour. UNICEF's thematic funding is an efficient and effective means to reach vulnerable children by enabling faster, more effective and at-scale humanitarian response in areas of highest needs, including critically underfunded emergencies. Korea has steadily increased funding for UNICEF's humanitarian action, and will continue to do so.

– Kang Kyung-wha, Minister of Foreign Affairs, Republic of Korea

UNICEF would like to acknowledge all resource partners who provided GHTF in 2017. Every GHTF supporter, regardless of the size of their contribution, contributed to the achievements and results obtained.

As UNICEF and its partners continue to address the scale and complexity of humanitarian challenges, adequate and predictable levels of GHTF will be critical to delivering results for children and to doing so more effectively and efficiently.

UNICEF remains strongly committed to continuing to enhance effectiveness and efficiency in the delivery of humanitarian funds for life-saving assistance and protection for millions of children and their communities. To do so, it urges its resource partners to provide more flexible humanitarian funding for all emergencies and at the global level. GHTF will allow the organization to link its allocations to strategically defined needs on the ground, improve aid effectiveness and predictability in humanitarian response, planning and coordination, and reduce transaction costs for donors and implementing partners.

ANNEX 2: FINANCIAL REPORT*

In 2017, UNICEF requested US$3.36 billion through the Humanitarian Action for Children appeal, to assist 81 million people, including 48 million children, in 48 countries. By the end of the year, the emergency appeal had risen to US$3.8 billion to assist 136 million people, including 60 million children. The increase was mainly due to new refugees in Bangladesh; new internal displacements in the Kasai region of the Democratic Republic of the Congo; famines/risk of famine in north-east Nigeria, Somalia and South Sudan; famine and cholera outbreaks in Yemen; the devastating hurricanes in the Caribbean; and the floods in Nepal. Nearly two thirds of the total appeal funded seven Level 3 emergency responses.

By the end of 2017, UNICEF had received US$1.97 billion in emergency resources thanks to the generous contributions of partners. This represents 52 per cent of the total funding requirement for 2017 to respond to the humanitarian needs of children. Most of the funds received for humanitarian interventions – 92 per cent – were earmarked, which is part of a growing trend.

The public sector provided most of the humanitarian resources received by UNICEF, accounting for 90 per cent of the funding received, amounting to US$1.78 billion. A total of US$190.8 million came from the private sector. Funding for humanitarian response plans reached a new peak. However, given that the level of need grew, the gap between the requirements and the funding received were still large.

Figure A1: Other resources – emergency, funding trend 2007–2017
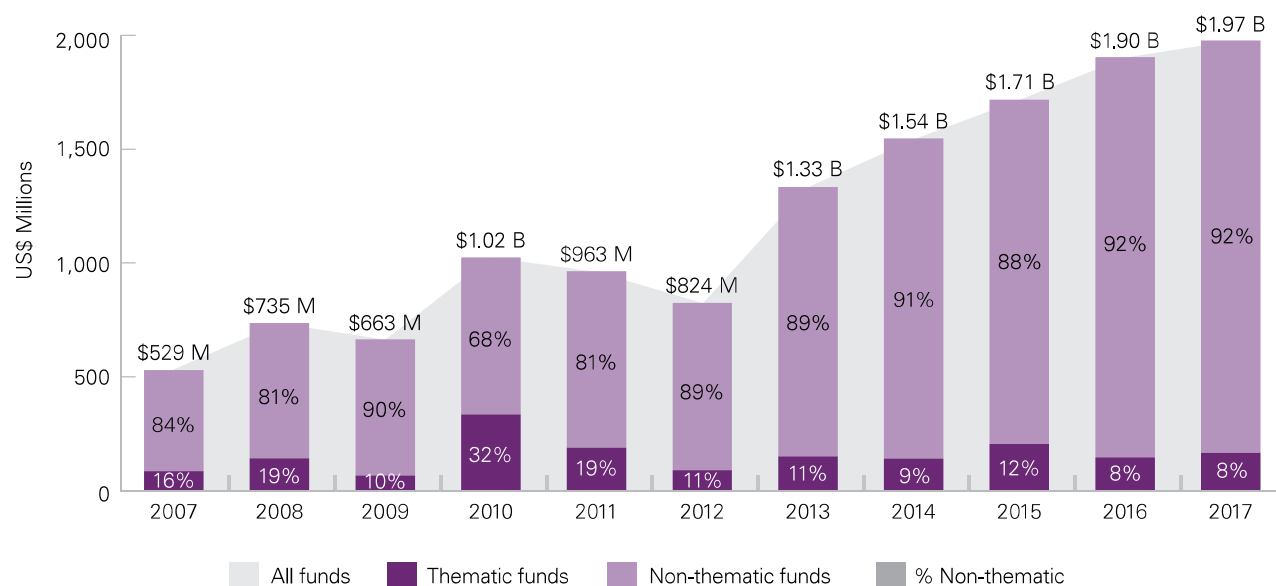
* All funding data as of 1 April 2018, pending audit and certification.

Of the total funds received in 2017, more than half went to the responses to Syrian refugees and neighbouring countries, South Sudan and Yemen. On the other hand, only 2 per cent of the total funds received covered nine emergencies: Angola, Burundian refugees, Caribbean hurricanes, the Democratic People's Republic of Korea, Djibouti, Eritrea, Libya, Mali and Nepal. Needs often went unmet for large-scale protracted crises such as in the Democratic Republic of the Congo, for which only 43 percent of the funding requested was secured.

The top 10 donors to UNICEF humanitarian action contributed US$1.8 billion, or 85 per cent of all funding received in 2017. These were the United States of America, the United Kingdom of Great Britain and Northern Ireland, Germany, the European Commission, CERF, Japan, Norway, Canada, the Country-Based Pooled Funds and the U.S. Fund for UNICEF. Seven of the top 10 donors increased their commitments over the previous years, with UNICEF's top donor, the Government of the United States, contributing US$120.9 million more in 2017 than in 2016.

Figure A2: Total humanitarian funds received by type of donor, 2017: US$1.970 billion

Non-governmental organizations
$4.3 million
<1%

Field offices
$9.9 million
1%

National Committees
$176.6 million
9%

Inter-organizational arrangements
$170.7 million
9%

Intergovernmetal agencies
$216.6 million
11%

Government
$1,391.8 million
71%
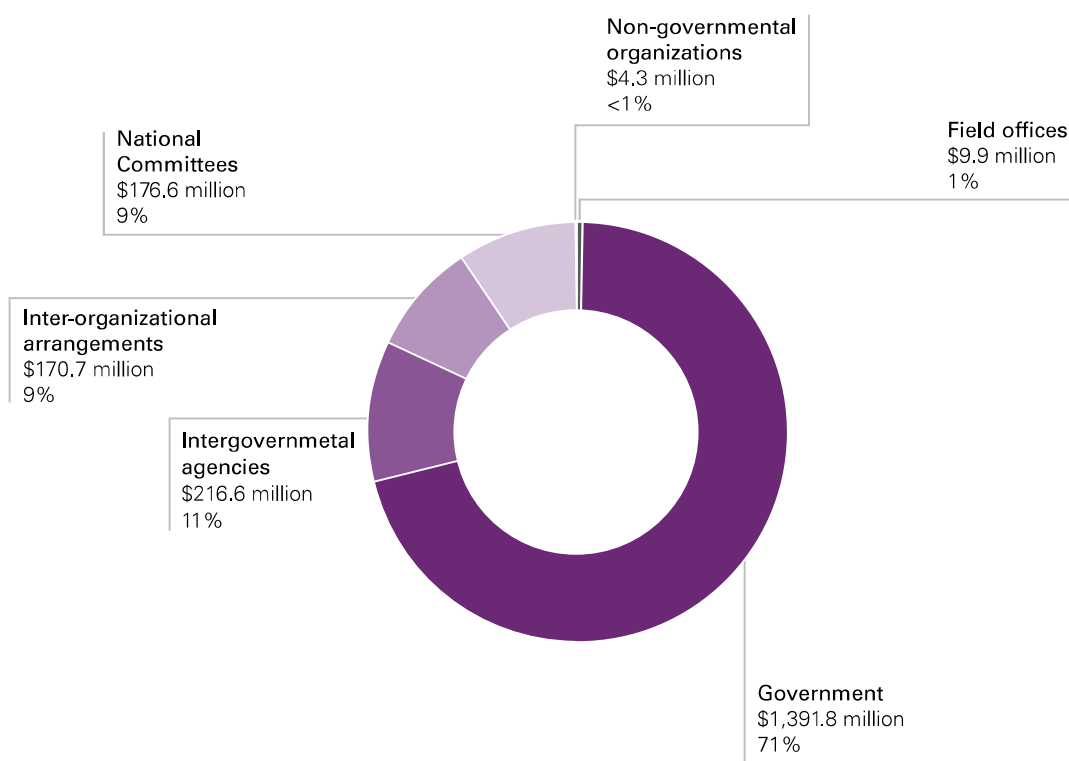
TABLE A1: Thematic funding contributions by resource partner to humanitarian action, 2017

Resource partner type	Resource partners	Total (US$)	Percentage of total
Governments 18.67%	Netherlands	18,143,010	11.04%
	Denmark	8,911,105	5.42%
	Republic of Korea	1,666,667	1.01%
	Finland	1,569,038	0.95%
	Iceland	220,000	0.13%
	Estonia	148,791	0.09%
	Lithuania	29,621	0.02%
	New Zealand	5,108	0.00%

Resource partner type	Resource partners	Total (US$)	Percentage of total
National Committees 78.87%	German Committee for UNICEF	30,794,602	18.73%
	U.S. Fund for UNICEF	21,147,970	12.87%
	United Kingdom Committee for UNICEF	16,199,026	9.85%
	Japan Committee for UNICEF	11,708,011	7.12%
	Spanish Committee for UNICEF	7,253,812	4.41%
	Swedish Committee for UNICEF	7,089,263	4.31%
	French Committee for UNICEF	4,774,937	2.90%
	Finnish Committee for UNICEF	3,848,701	2.34%
	Danish Committee for UNICEF	3,751,870	2.28%
	Dutch Committee for UNICEF	3,363,804	2.05%
	Canadian Committee for UNICEF	3,139,143	1.91%
	Italian Committee for UNICEF	2,852,627	1.74%
	Australian Committee for UNICEF	2,747,379	1.67%
	Norwegian Committee for UNICEF	2,616,579	1.59%
	Korean Committee for UNICEF	1,634,098	0.99%
	Portuguese Committee for UNICEF	1,410,706	0.86%
	Swiss Committee for UNICEF	1,134,649	0.69%
	Luxembourg Committee for UNICEF	749,423	0.46%
	New Zealand Committee for UNICEF	623,261	0.38%
	Iceland National Committee for UNICEF	492,847	0.30%
	Belgian Committee for UNICEF	455,983	0.28%
	Hong Kong Committee for UNICEF	393,402	0.24%
	UNICEF Ireland	355,450	0.22%
	Czech Committee for UNICEF	291,373	0.18%
	Polish Committee for UNICEF	269,027	0.16%
	Austrian Committee for UNICEF	218,763	0.13%
	Slovenian Committee for UNICEF	155,173	0.09%
	Hellenic Committee for UNICEF	68,501	0.04%
	Turkish Committee for UNICEF	38,611	0.02%

Resource partner type	Resource partners	Total (US$)	Percentage of total
National Committees 78.87%	Andorran Committee for UNICEF	27,860	0.02%
	Slovak Committee for UNICEF	21,482	0.01%
	Hungarian Committee for UNICEF	7,880	0.00%
Field offices - humanitarian 1%	UNICEF Thailand	1,574,526	0.96%
	UNICEF Mexico	829,938	0.50%
	UNICEF Indonesia	311,083	0.19%
	UNICEF Croatia	305,652	0.19%
	UNICEF China	202,697	0.12%
	UNICEF Argentina	142,787	0.09%
	UNICEF Malaysia	95,487	0.06%
	UNICEF United Arab Emirates	92,321	0.06%
	UNICEF Brazil	52,101	0.03%
	UNICEF Chile	47,937	0.03%
	UNICEF Philippines	18,928	0.01%
	UNICEF Ecuador	11,919	0.01%
	UNICEF Qatar	7,995	0.00%
	UNICEF Kuwait	4,825	0.00%
	UNICEF Peru	3,992	0.00%
	UNICEF Bulgaria	907	0.00%
Other 0.2%	International on-line donations	343,874	0.21%
Grand Total		**164,376,520**	**100.00%**

TABLE A2: Top 10 humanitarian resource partners by contributions received in 2017

Rank	Resource partners	Other resources (emergency) (US$)
1	United States	518,608,623
2	United Kingdom	264,241,103
3	Germany	234,232,625
4	European Commission	215,178,120
5	Central Emergency Response Fund (United Nations)	108,902,994
6	Japan	73,157,216
7	Norway	59,749,793
8	Canada	48,680,511
9	Country-Based Pooled Funds (CBPFs)	48,298,725
10	U.S. Fund for UNICEF	44,259,215

CERF and the Country-Based Pooled Funds (CBPF) remained important sources of humanitarian funding in 2017, comprising 8 per cent of all humanitarian funds received. As of 31 December, US$108.9 million was received from CERF and US$48.3 million was received from CBPF. In 2017, thirty-three crises benefited from CERF's rapid response window and 14 countries[91] received financial support through the under-funded crisis window.

In terms of flexible funding, only US$164 million, or 8 per cent, constituted thematic humanitarian funding in 2017, while global thematic humanitarian funding stood at 1.4 per cent. Of all thematic funds received in 2017, humanitarian thematic accounted for the largest amount (US$164 million), or 45 per cent of all thematic funds received. National Committees are an integral part of UNICEF and played a critical role in raising thematic humanitarian funds from the private sector. Of the total thematic humanitarian funding raised in 2017, seventy-nine per cent were thematic contributions from National Committees. The top five providers of thematic humanitarian support were: the German National Committee for UNICEF, U.S. Fund for

UNICEF, the Government of the Netherlands, the United Kingdom National Committee for UNICEF and the Japan National Committee for UNICEF.

After regular resources, global thematic contributions are the second most flexible and cost-effective funding type for UNICEF. Global thematic humanitarian funding is allocated on an 'as needed' basis and allows for longer-term planning and programme sustainability. The Government of the Netherlands and the National Committees remain the global humanitarian thematic champions for UNICEF, representing 64 per cent and 25 per cent, respectively. In addition, for the first time, the Republic of Korea made a two-year (2017–2018) commitment for global thematic humanitarian support, contributing US$1.7 million in 2017. Other donors and National Committees that provided global thematic contributions in 2017 included the Swedish Committee for UNICEF, the U.S. Fund for UNICEF, the Government of Denmark, UNICEF Thailand, UNICEF China, international online donations, the Finnish Committee for UNICEF and the Belgian Committee for UNICEF (*see Annex 1 for further information*).

Figure A3: Thematic contributions by outcome area and humanitarian action, 2017: US$363 million

HIV AND AIDS
$13 MILLION
4%

WASH
$33 MILLION
9%

HEALTH
$16 MILLION
4%

NUTRITION
$17 MILLION
5%

EDUCATION
$87 MILLION
24%

HUMANITARIAN
ACTION
$164 MILLION
45%

CHILD
PROTECTION
$27 MILLION
8%

SOCIAL
INCLUSION
$5 MILLION
1%

GENDER
$1 MILLION
<1%
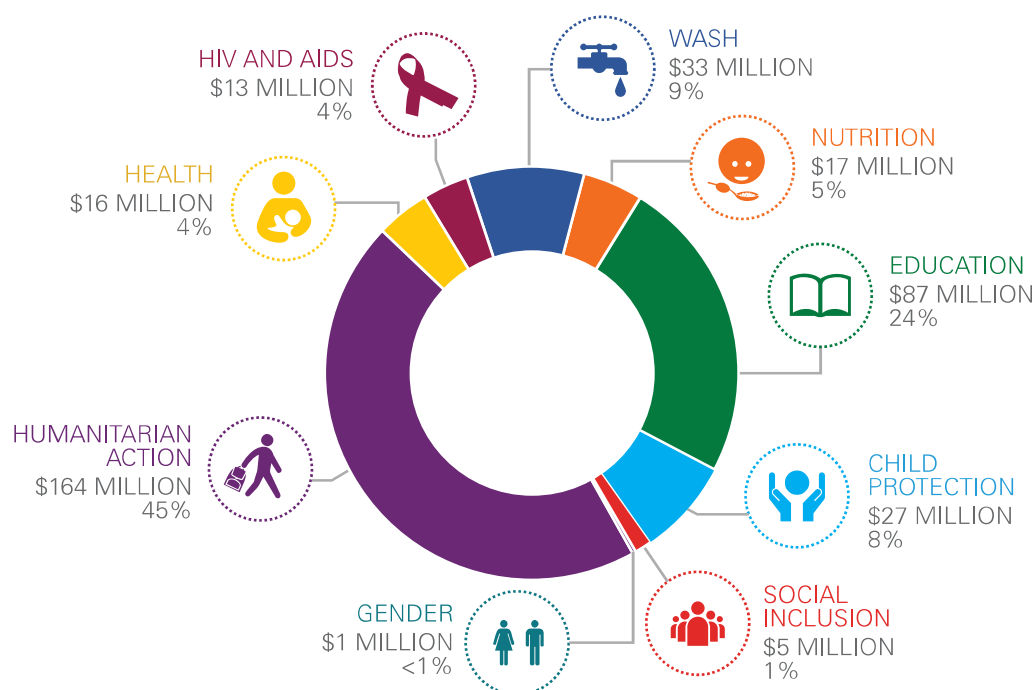
Humanitarian action remained central to the work of UNICEF in the field, with more than half – 55 per cent of all country-level expenses (all funding types) – supporting humanitarian action in 2017. Utilizing funds received from 2017 and resources from previous years, UNICEF emergency earmarked funding expenses in 2017 totalled US$2.1 billion – 38 per cent of the organization's total expenses of US$5.4 billion. This represented a 13 per cent increase from emergency earmarked funding expenses in 2016 (US$1.8 billion).

As was the case in 2016, more than half of all emergency earmarked expenses (53 per cent – US$1.1 billion) in 2017 was in the Middle East and North Africa. The largest crisis in terms of amount of emergency earmarked funding spent was the Syrian crisis (both inside the country and in neighbouring countries), followed by Iraq, Yemen, South Sudan and Somalia. Education and WASH comprised the largest shares of emergency earmarked funding expenses, at 27 per cent and 26 per cent, respectively. The proportion that went to education represented an increase from 23 per cent in 2016.

Figure A4: Other resources – emergency expenses by outcome area, 2017
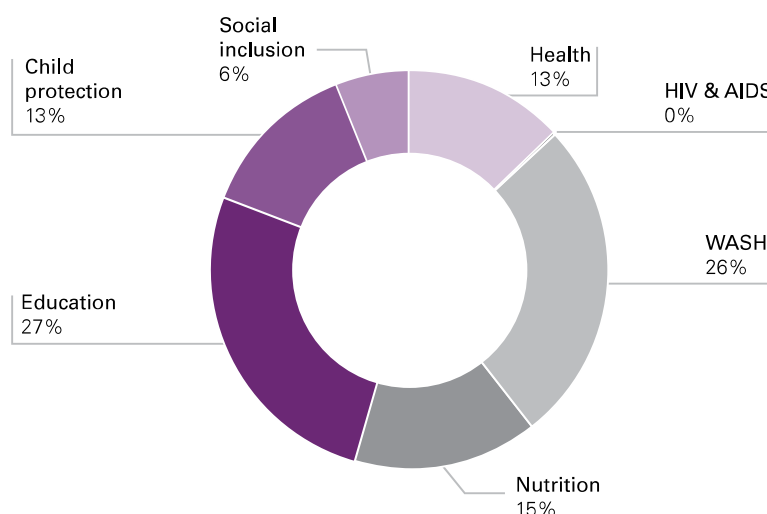
TABLE A3: Expenses by outcome area, 2017 (US$)

Outcome area	Other resources – emergency	Other resources – regular	Regular resources	Grand total
Health	266,182,861	873,397,427	235,341,571	1,374,921,859
HIV and AIDS	4,670,179	45,523,726	33,987,625	84,181,530
WASH	541,570,071	341,225,674	135,539,192	1,018,334,937
Nutrition	310,721,479	241,051,456	113,898,382	665,671,317
Education	542,390,995	497,822,049	162,555,810	1,202,768,854
Child protection	267,197,793	243,073,503	179,318,716	689,590,012
Social inclusion	122,516,626	159,144,443	131,595,399	413,256,467
Grand Total	**2,055,250,005**	**2,401,238,277**	**992,236,695**	**5,448,724,977**

In addition to emergency earmarked contributions, regular resources also fund UNICEF's core presence and activities in all programme countries. UNICEF is thereby well placed to anticipate, prepare for and rapidly respond to adverse events. More directly, regular resources are deployed to support immediate scale up and response through UNICEF's revolving internal Emergency Programme Fund loan facility. In 2017, the Emergency Programme Fund benefited 21 country offices and three regional offices, with a total of US$84.7 million disbursed by the end of the year.

More than 60 per cent of these funds supported country offices to respond to Level 2 or Level 3 emergencies, including in Bangladesh, the Central African Republic, the Democratic Republic of the Congo, Iraq, Lebanon (Syrian refugee response), the Syrian Arab Republic, Yemen and the Horn of Africa (Ethiopia, Kenya and Somalia). In Bangladesh, for example, the Emergency Programme Fund disbursed US$11 million to jump start and scale up the emergency response before donor resources were available.

Figure A5: Other resources – emergency expenses by region, 2017
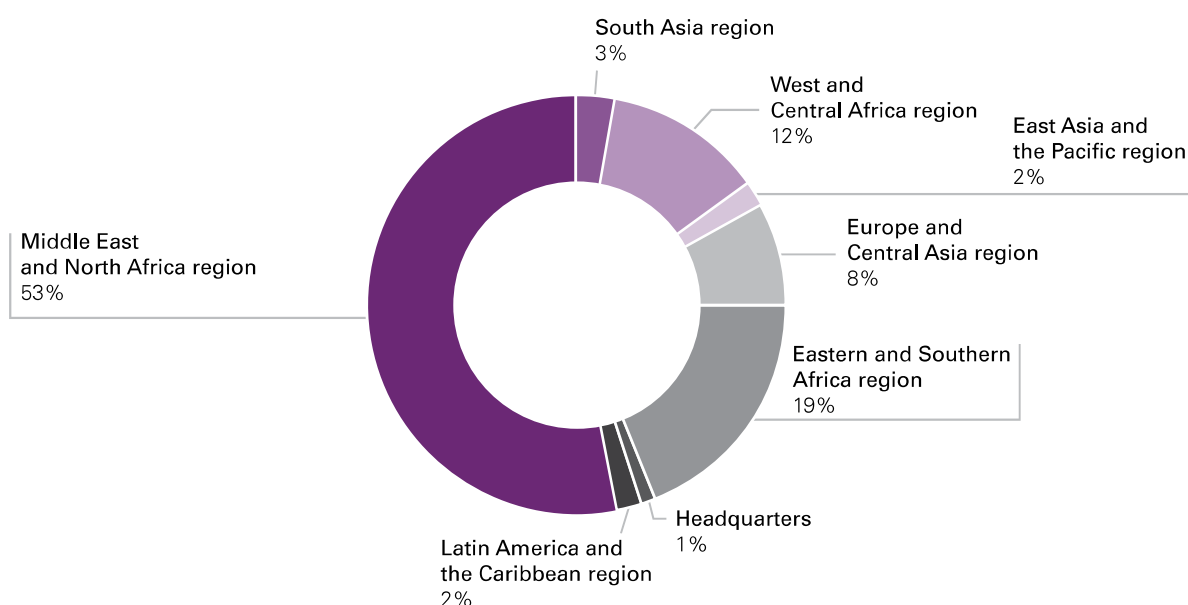
TABLE A4: Top 10 countries by emergency funding expense (other resources-emergency), 2017

Country	Expense (US$)
Lebanon	299,962,183
Jordan	192,513,325
Iraq	176,724,644
Syrian Arab Republic	158,388,594
Yemen	123,209,531
Turkey	121,330,635
South Sudan	114,284,581
Somalia	96,470,822
Ethiopia	79,186,344
Nigeria	47,725,085
Grand Total	**1,409,795,744**

2017 THEMATIC FUNDS FINANCIAL STATEMENT

STATEMENT OF ACCOUNT AS OF 31 DECEMBER 2017 IN US DOLLARS

CONTRIBUTIONS

Donor	Prior Year(s)	2017	Cumulative
AGFUND	448,615.13	0.00	448,615.13
Andorran National Committee for UNICEF	930,772.26	27,859.67	958,631.93
Australian Committee for UNICEF	36,160,581.43	2,747,378.60	38,907,960.03
Austrian Committee for UNICEF	7,420,859.28	218,762.97	7,639,622.25
Belgian Committee for UNICEF	33,537,040.37	455,983.43	33,993,023.80
Canadian UNICEF Committee	73,287,622.62	3,139,142.68	76,426,765.30
Cape Verde, others	35,154.07	0.00	35,154.07
Council of Europe/Conseil De L'euro	22,557.60	0.00	22,557.60
Czech Committee for UNICEF	2,812,763.22	291,372.82	3,104,136.04
Danish Committee for UNICEF	27,078,311.18	3,751,869.99	30,830,181.17
Estonian National Committee	46,173.42	0.00	46,173.42
Finnish Committee for UNICEF	20,154,967.90	3,848,701.33	24,003,669.23
French Committee for UNICEF	80,743,356.05	4,774,937.46	85,518,293.51
German Committee for UNICEF	229,518,415.96	30,794,601.91	260,313,017.87
Government of Andorra	159,546.82	0.00	159,546.82
Government of Australia	4,191,279.72	0.00	4,191,279.72
Government of Austria	398,590.22	0.00	398,590.22
Government of Bahamas	12,500.00	0.00	12,500.00
Government of Bahrain	992,938.16	0.00	992,938.16
Government of Belgium	12,403,604.57	0.00	12,403,604.57
Government of Benin	32,250.00	0.00	32,250.00
Government of Brazil	122,306.31	0.00	122,306.31
Government of Brunei Darussalam	115,204.81	0.00	115,204.81
Government of Bulgaria	172,500.93	0.00	172,500.93
Government of Canada	27,361,365.77	0.00	27,361,365.77
Government of Chile	25,000.00	0.00	25,000.00

Donor	Prior Year(S)	2017	Cumulative
Government of China	997,788.23	0.00	997,788.23
Government of Czech Republic (the)	264,050.31	0.00	264,050.31
Government of Denmark	0.00	8,911,105.16	8,911,105.16
Government of Estonia	201,472.47	148,790.90	350,263.37
Government of Finland	84,759,210.73	1,569,037.66	86,328,248.39
Government of Georgia	54,227.62	0.00	54,227.62
Government of Guyana	69,889.41	0.00	69,889.41
Government of Hong Kong	16,498.71	0.00	16,498.71
Government of Hungary	81,896.05	0.00	81,896.05
Government of Iceland	813,595.97	220,000.00	1,033,595.97
Government of Ireland	605,448.13	0.00	605,448.13
Government of Italy	50,708.17	0.00	50,708.17
Government of Japan	515,353.68	0.00	515,353.68
Government of Kazakhstan	21,483.75	0.00	21,483.75
Government of Kuwait	1,575,000.00	0.00	1,575,000.00
Government of Liechtenstein	145,039.50	0.00	145,039.50
Government of Lithuania	56,689.34	29,620.85	86,310.19
Government of Luxembourg	1,284,880.90	0.00	1,284,880.90
Government of Malta	32,594.50	0.00	32,594.50
Government of Mauritius	49,889.41	0.00	49,889.41
Government of Monaco	113,497.22	0.00	113,497.22
Government of Netherlands	39,249,112.64	18,143,009.61	57,392,122.25
Government of New Zealand	195,872.74	5,107.57	200,980.31
Government of Norway	183,331,230.93	0.00	183,331,230.93
Government of Permanent Mission of the Slovakia	191,654.50	0.00	191,654.50
Government of Poland	199,593.81	0.00	199,593.81
Government of Portugal	603,135.00	0.00	603,135.00
Government of the Republic of Korea	2,074,438.62	1,666,666.67	3,741,105.29
Government of Russian Federation	5,168,975.43	0.00	5,168,975.43
Government of San Marino	32,929.97	0.00	32,929.97
Government of Serbia	352,160.38	0.00	352,160.38
Government of Serbian Government	0.00	0.00	0.00
Government of Singapore	54,823.45	0.00	54,823.45
Government of Slovenia	229,757.89	0.00	229,757.89
Government of South Africa	443,964.16	0.00	443,964.16

Donor	Prior Year(S)	2017	Cumulative
Government of Sweden	154,985,276.28	0.00	154,985,276.28
Government of Switzerland	370,753.50	0.00	370,753.50
Government of Tunisia	848.78	0.00	848.78
Government of Turkey	500,000.00	0.00	500,000.00
Government of Ukraine	46,928.60	0.00	46,928.60
Hellenic National Committee	6,563,478.62	68,501.29	6,631,979.91
Hong Kong Committee of UNICEF	27,793,337.03	393,401.69	28,186,738.72
Hungarian National Committee for UNICEF	446,552.46	0.00	446,552.46
Iceland National Committee for UNICEF	2,108,527.41	492,847.35	2,601,374.76
International On-Line Donations	4,299,317.81	343,873.50	4,643,191.31
Israel Fund for UNICEF	55,581.46	0.00	55,581.46
Israeli Fund for UNICEF	397,829.17	0.00	397,829.17
Italian National Committee	70,890,805.39	2,852,627.16	73,743,432.55
Japan Committee for UNICEF	180,909,733.76	11,708,010.97	192,617,744.73
Korean Committee for UNICEF	29,076,671.71	1,634,098.34	30,710,770.05
Latvian Committee for UNICEF	23,042.66	0.00	23,042.66
Lithuanian National Committee for UNICEF	58,539.53	0.00	58,539.53
Luxembourg Committee for UNICEF	3,727,855.02	749,422.56	4,477,277.58
National Committee of San Marino	115,424.89	0.00	115,424.89
Netaid Foundation	15,738.62	0.00	15,738.62
Netherlands Committee for UNICEF	45,143,338.96	3,363,804.02	48,507,142.98
New Zealand Committee for UNICEF	9,991,453.22	623,260.53	10,614,713.75
Norwegian Committee for UNICEF	21,025,532.17	2,616,578.74	23,642,110.91
Nyse Foundation	6,721.00	0.00	6,721.00
Ohchr - Kyrgyzstan	5,366.00	0.00	5,366.00
One-Off Donations Foundations	83,967.39	0.00	83,967.39
One-Off Donations Individuals	96,644.51	0.00	96,644.51
Polish Committee for UNICEF	180,219.49	0.00	180,219.49
Polish National Committee for UNICEF	4,076,139.36	269,027.19	4,345,166.55
Portuguese Committee for UNICEF	10,548,049.62	1,410,706.36	11,958,755.98
Singapore, others	10,000.00	0.00	10,000.00
Slovak Committee for UNICEF	707,555.72	21,482.28	729,038.00
Slovenska Fundacja Za UNICEF	1,333,893.54	155,173.18	1,489,066.72
Spanish Committee for UNICEF	80,356,784.14	7,253,811.52	87,610,595.66
Swedish Committee for UNICEF	40,296,073.61	7,089,262.52	47,385,336.13

Donor	Prior Year(S)	2017	Cumulative
Swiss Committee for UNICEF	17,162,583.52	1,134,649.00	18,297,232.52
Tetsuko Kuroyanagi	3,214,497.76	0.00	3,214,497.76
Turkish National Committee for UNICEF	3,676,024.25	38,611.12	3,714,635.37
UN Agencies Staff	25,481.58	0.00	25,481.58
UN Association Singapore	36,143.35	0.00	36,143.35
UN Women's Guild	33,981.00	0.00	33,981.00
UNICEF - East Timor	1,718.58	0.00	1,718.58
UNICEF - Ivory Coast	1,042.91	0.00	1,042.91
UNICEF - Jordan	300.00	0.00	300.00
UNICEF - Kazakhstan	4,060.04	0.00	4,060.04
UNICEF - Nepal	1,046.67	0.00	1,046.67
UNICEF - Panama	1,000.00	0.00	1,000.00
UNICEF - Serbia & Montenegro	655.71	0.00	655.71
UNICEF Bulgaria	1,056,338.10	906.70	1,057,244.80
UNICEF Hungarian Foundation	365,922.93	7,880.01	373,802.94
UNICEF Ireland	23,703,107.83	355,450.24	24,058,558.07
UNICEF Kenya	17,941.07	0.00	17,941.07
UNICEF Panama	50,341.33	0.00	50,341.33
UNICEF Slovenia	3,465,475.55	0.00	3,465,475.55
UNICEF Sudan - Khartoum	2,987.15	0.00	2,987.15
UNICEF Switzerland	11,876.12	0.00	11,876.12
UNICEF - Afghanistan	5,219.00	0.00	5,219.00
UNICEF - Angola	3,682.04	0.00	3,682.04
UNICEF - Argentina	4,130,633.65	142,786.89	4,273,420.54
UNICEF - Armenia	100,000.00	0.00	100,000.00
UNICEF - Bangladesh	222,858.07	0.00	222,858.07
UNICEF - Barbados	190,212.96	0.00	190,212.96
UNICEF - Belize	6,100.86	0.00	6,100.86
UNICEF - Bhutan	16,329.81	0.00	16,329.81
UNICEF - Bolivia	6,212.04	0.00	6,212.04
UNICEF - Botswana	24,538.79	0.00	24,538.79
UNICEF - Brazil	1,754,070.79	52,101.46	1,806,172.25
UNICEF - Burkina Faso	9,840.21	0.00	9,840.21
UNICEF - Cambodia	820.00	0.00	820.00
UNICEF - Cameroon	2,252.23	0.00	2,252.23

Donor	Prior Year(S)	2017	Cumulative
UNICEF - Chile	2,605,608.23	47,936.74	2,653,544.97
UNICEF - China	1,649,721.46	202,696.90	1,852,418.36
UNICEF - Colombia	553,247.31	0.00	553,247.31
UNICEF - Comoros	5,550.71	0.00	5,550.71
UNICEF - Congo	4,941.78	0.00	4,941.78
UNICEF - Costa Rica	43,103.20	0.00	43,103.20
UNICEF - Cote D'ivoire	4,981.48	0.00	4,981.48
UNICEF - Croatia	2,757,470.17	305,651.72	3,063,121.89
UNICEF - Cuba	6,688.60	0.00	6,688.60
UNICEF - D. P. R. Korea	3,092.55	0.00	3,092.55
UNICEF - Denmark	339.07	0.00	339.07
UNICEF - Djibouti	50,546.94	0.00	50,546.94
UNICEF - Dominican Republic	315,540.18	0.00	315,540.18
UNICEF - Eapro	525,515.31	0.00	525,515.31
UNICEF - Ecuador	478,909.55	11,919.00	490,828.55
UNICEF - Egypt	36,185.37	0.00	36,185.37
UNICEF - Ethiopia	115.61	0.00	115.61
UNICEF - Fiji	2,868.08	0.00	2,868.08
UNICEF - Guatemala	11,503.62	0.00	11,503.62
UNICEF - Guyana	219,691.77	0.00	219,691.77
UNICEF - Haiti	965.00	0.00	965.00
UNICEF - Honduras	5,000.00	0.00	5,000.00
UNICEF - Icdc	670.28	0.00	670.28
UNICEF - India	328,616.26	0.00	328,616.26
UNICEF - Indonesia	3,058,073.12	311,083.19	3,369,156.31
UNICEF - Iran	25,362.33	0.00	25,362.33
UNICEF - Israel	6,197.92	0.00	6,197.92
UNICEF - Jamaica	78,322.03	0.00	78,322.03
UNICEF - Jordan	40,632.21	0.00	40,632.21
UNICEF - Kuwait	0.00	4,824.84	4,824.84
UNICEF - Lao People's Democratic Rep.	4,802.02	0.00	4,802.02
UNICEF - Lebanon	144,249.90	0.00	144,249.90
UNICEF - Liberia	465.12	0.00	465.12
UNICEF - Madagascar	289.45	0.00	289.45
UNICEF - Malawi	24,381.79	0.00	24,381.79

Donor	Prior Year(S)	2017	Cumulative
UNICEF - Malaysia	4,099,184.24	95,487.27	4,194,671.51
UNICEF - Mali	5,027.13	0.00	5,027.13
UNICEF - Mauritania	769.23	0.00	769.23
UNICEF - Mauritius	450.00	0.00	450.00
UNICEF - Mexico	3,972,278.57	829,938.32	4,802,216.89
UNICEF - Mongolia	43,662.64	0.00	43,662.64
UNICEF - Morocco	796,959.38	0.00	796,959.38
UNICEF - Nepal	609.73	0.00	609.73
UNICEF - Nicaragua	4,325.00	0.00	4,325.00
UNICEF - Nigeria	128,072.83	0.00	128,072.83
UNICEF - Oman	83,856.08	0.00	83,856.08
UNICEF - Pakistan	839,308.30	0.00	839,308.30
UNICEF - Papua New Guinea	959.87	0.00	959.87
UNICEF - Peru	225,287.34	3,991.54	229,278.88
UNICEF - Philippines	582,579.55	18,927.63	601,507.18
UNICEF - Qatar	0.00	7,995.45	7,995.45
UNICEF - Romania	1,811,231.05	0.00	1,811,231.05
UNICEF - Russian Federation	210,311.21	0.00	210,311.21
UNICEF - Saudi Arabia	1,322,357.18	0.00	1,322,357.18
UNICEF - Senegal	1,472.22	0.00	1,472.22
UNICEF - Serbia	417,425.41	0.00	417,425.41
UNICEF - Sierra Leone	150,203.09	0.00	150,203.09
UNICEF - South Africa	137,361.05	0.00	137,361.05
UNICEF - Sri Lanka	37,343.24	0.00	37,343.24
UNICEF - Switzerland	71,463.74	0.00	71,463.74
UNICEF - Syrian Arab Republic	331.89	0.00	331.89
UNICEF - Thailand	14,925,169.59	1,574,525.62	16,499,695.21
UNICEF - Togo	96.40	0.00	96.40
UNICEF - Tunisia/Starwood	60,293.85	0.00	60,293.85
UNICEF - Turkey	400.00	0.00	400.00
UNICEF - Uganda	3,195.53	0.00	3,195.53
UNICEF - Ukraine	65,479.91	0.00	65,479.91
UNICEF - United Arab Emirates	2,009,183.03	92,321.20	2,101,504.23
UNICEF - United Republic Of Tanzania	9,153.22	0.00	9,153.22
UNICEF - Uruguay	349,953.83	0.00	349,953.83

Donor	Prior Year(S)	2017	Cumulative
UNICEF-Venezuela	793,425.57	0.00	793,425.57
UNICEF-Viet Nam	107,413.27	0.00	107,413.27
UNICEF-West Bank & Gaza	121,664.50	0.00	121,664.50
UNICE-Yemen	620.00	0.00	620.00
UNICEF-Zambia	7,195.00	0.00	7,195.00
UNICEF-Zimbabwe	312,892.99	0.00	312,892.99
United Kingdom Committee for UNICEF	173,920,869.71	16,199,026.49	190,119,896.20
United States Fund for UNICEF	364,549,024.20	21,147,970.31	385,696,994.51
Unocha	2,842.98	0.00	2,842.98
Usa, others	42,734.73	0.00	42,734.73
TOTAL	2,222,792,505.45	164,376,520.12	2,387,169,025.57

EXPENDITURES

Business Area	Prior Year(s)	2017	Cumulative
Afghanistan	11,355,827.34	129,848.94	11,485,676.28
Albania	73,721.13	(42.72)	73,678.41
Algeria	0.00	77,822.23	77,822.23
Angola	5,905,755.01	1,444,914.22	7,350,669.23
Azerbaijan	127,118.87	80,615.87	207,734.74
Bangladesh	10,971,877.75	1,184,798.45	12,156,676.20
Barbados	266,283.34	1,064,926.95	1,331,210.29
Belgium	38,051.55	0.00	38,051.55
Belize	41,738.99	45,760.67	87,499.66
Benin	1,745,422.13	8,213.63	1,753,635.76
Bhutan	273,124.68	(0.00)	273,124.68
Bolivia	1,927,868.94	(7.63)	1,927,861.31
Bosnia and Herzegovina	293,458.97	32,669.36	326,128.33
Brazil	9,861.07	88,499.04	98,360.11
Bulgaria	105,093.96	58,014.57	163,108.53
Burkina Faso	7,866,523.20	243,576.05	8,110,099.25
Burundi	7,108,961.71	505,941.85	7,614,903.56
Cambodia	57,765.73	33,541.34	91,307.07
Central African Republic	23,559,783.60	2,774,754.92	26,334,538.52

Business Area	Prior Year(S)	2017	Cumulative
Chad	27,678,873.38	734,216.73	28,413,090.11
Chile	2,236,572.62	212,854.94	2,449,427.56
China	12,066,415.08	301,964.71	12,368,379.79
Colombia	2,561,529.76	53,138.08	2,614,667.84
Comoros	251,487.53	0.00	251,487.53
Congo	3,901,271.92	128,716.27	4,029,988.19
Costa Rica	6,008.49	2,289.11	8,297.60
Cote D'ivoire	9,456,807.43	1,346.27	9,458,153.70
Croatia	502,705.84	14,224.31	516,930.15
Cuba	1,795,186.75	549,379.50	2,344,566.25
Data, Research and Policy	97,779.52	77,111.15	174,890.67
Democratic Republic of the Congo	24,657,013.61	790,942.75	25,447,956.36
Div. of Finance & Admin Mgmt	444,303.94	0.00	444,303.94
Division of Communication	2,510,820.71	477,077.75	2,987,898.46
Division of Human Resources	3,331,638.14	191,079.44	3,522,717.58
Djibouti	2,461,884.89	510,862.74	2,972,747.63
Dominican Republic	6,873,691.72	187,618.30	7,061,310.02
DP Republic of Korea	9,361,855.83	744,729.39	10,106,585.22
Eapro, Thailand	5,926,125.35	292,089.29	6,218,214.64
Ecaro, Switzerland	8,155,505.50	6,144,282.23	14,299,787.73
Ecuador	2,206,403.03	2,817,557.55	5,023,960.58
Egypt	2,868,161.48	637,021.20	3,505,182.68
El Salvador	2,452,176.71	(0.00)	2,452,176.71
Equatorial Guinea	145,778.23	62,760.80	208,539.03
Eritrea	17,181,439.22	1,154,187.65	18,335,626.87
Esaro, Kenya	10,032,379.60	1,934,273.74	11,966,653.34
Ethiopia	62,197,520.69	1,469,846.91	63,667,367.60
Evaluation Office	5,673,651.37	248,058.48	5,921,709.85
Field Results Group Office	0.00	(145.76)	(145.76)
Fiji (Pacific Islands)	5,932,702.19	1,530,606.24	7,463,308.43
Gambia	973,321.76	27,991.78	1,001,313.54
Georgia	3,020,466.17	105,547.73	3,126,013.90
Ghana	1,154,778.12	(27.03)	1,154,751.09
Guatemala	4,639,386.90	72,786.17	4,712,173.07
Guinea	7,695,715.46	687,945.35	8,383,660.81

Business Area	Prior Year(S)	2017	Cumulative
Guinea Bissau	2,154,697.49	120,393.77	2,275,091.26
Guyana	102,346.54	75,921.81	178,268.35
Haiti	236,149,757.32	4,236,121.74	240,385,879.06
Honduras	1,602,286.84	75,123.81	1,677,410.65
India	19,331,341.78	682.27	19,332,024.05
Indonesia	181,353,110.99	0.00	181,353,110.99
Info & Comm Technology Div	1,083,762.09	17,253.26	1,101,015.35
Int. Audit & Invest (Oiai)	838,934.29	0.00	838,934.29
Iran	5,898,050.12	0.00	5,898,050.12
Iraq	26,378,934.32	4,878,108.19	31,257,042.51
Jamaica	543,687.06	(22.74)	543,664.32
Jordan	9,804,681.85	12,550,465.32	22,355,147.17
Kenya	25,143,277.97	261,760.80	25,405,038.77
Kosovo	316,414.79	0.00	316,414.79
Lacro, Panama	2,428,217.88	1,180,583.66	3,608,801.54
Lao People's Dem Rep.	465,350.33	19,913.60	485,263.93
Lebanon	15,489,043.20	5,493,230.44	20,982,273.64
Lesotho	430,401.90	(91.53)	430,310.37
Liberia	19,866,309.70	1,150,855.79	21,017,165.49
Libya	1,375,533.50	23,561.14	1,399,094.64
Macedonia	201,852.30	660,001.64	861,853.94
Madagascar	2,428,115.11	612,430.34	3,040,545.45
Malawi	4,549,933.00	932,797.89	5,482,730.89
Malaysia	3,695,797.08	0.00	3,695,797.08
Maldives	34,015,412.65	0.00	34,015,412.65
Mali	12,839,782.82	2,233,506.55	15,073,289.37
Mauritania	8,683,281.59	317,198.80	9,000,480.39
Mena, Jordan	30,704,963.88	11,851,064.30	42,556,028.18
Mexico	1,427,375.33	2,062,467.56	3,489,842.89
Mongolia	362,504.92	0.00	362,504.92
Morocco	101,141.16	0.00	101,141.16
Myanmar	53,184,210.02	182,311.83	53,366,521.85
Namibia	246,350.28	4,335.38	250,685.66
Nepal	72,384,940.26	20,982,989.14	93,367,929.40
Nicaragua	1,703,434.71	0.00	1,703,434.71

Business Area	Prior Year(S)	2017	Cumulative
Niger	16,925,479.34	964,446.66	17,889,926.00
Nigeria	4,928,399.17	3,099,867.90	8,028,267.07
Office of Emergency Prog.	11,199,479.99	2,562,408.88	13,761,888.87
Pakistan	211,237,066.83	3,489.22	211,240,556.05
Palestine, State of	29,196,713.10	2,338,018.43	31,534,731.53
Papua New Guinea	94,165.32	(1,635.09)	92,530.23
Paraguay	69,760.41	(40.42)	69,719.99
Peru	3,310,851.76	119,425.46	3,430,277.22
Philippines	113,183,452.27	6,495,049.13	119,678,501.40
Programme Division	4,081,969.92	768,441.24	4,850,411.16
Public Partnerships Division	874,252.75	120,647.07	994,899.82
Rep. of Uzbekistan	308,910.39	(0.00)	308,910.39
Rep. of Turkmenistan	0.00	8,223.82	8,223.82
Republic of Cameroon	5,465,604.48	578,013.33	6,043,617.81
Republic of Kyrgyzstan	2,798,910.19	(0.00)	2,798,910.19
Republic of Mozambique	2,746,589.10	325,110.50	3,071,699.60
Romania	6,085.10	4,433.26	10,518.36
Rosa, Nepal	4,612,358.38	415,436.53	5,027,794.91
Rwanda	294,954.98	107,939.84	402,894.82
Sao Tome & Principe	313,512.18	0.00	313,512.18
Senegal	3,085,710.93	180,509.40	3,266,220.33
Serbia	930,767.65	72,209.74	1,002,977.39
Sierra Leone	5,385,483.82	523,938.73	5,909,422.55
Somalia	147,530,440.34	7,406,892.08	154,937,332.42
South Sudan	33,615,547.75	7,340,083.04	40,955,630.79
Sri Lanka	106,637,985.24	155,358.65	106,793,343.89
Sudan	67,787,300.43	617,514.09	68,404,814.52
Swaziland	518,426.21	13,846.06	532,272.27
Syria	78,198,974.59	42,353,671.73	120,552,646.32
Tajikistan	884,007.51	(0.01)	884,007.50
Thailand	20,371,169.10	16,766.76	20,387,935.86
Timor-Leste	1,346,631.21	0.00	1,346,631.21
Togo	1,541,894.64	2,887.62	1,544,782.26
Tunisia	429,981.65	0.00	429,981.65
Turkey	8,320,675.01	737,699.40	9,058,374.41

Business Area	Prior Year(S)	2017	Cumulative
Uganda	23,857,210.33	1,057,565.70	24,914,776.03
Ukraine	1,021,913.17	1,781,103.84	2,803,017.01
UNICEF Geneva Regional Office for Europe	731,653.83	0.00	731,653.83
UNICEF Supply Division (CPH)	3,253,222.66	0.00	3,253,222.66
UNICEF Tokyo Office	70,921.21	0.00	70,921.21
United Rep. of Tanzania	515,541.06	381,975.27	897,516.33
Venezuela	102,275.48	4,403.95	106,679.43
WCARO, Senegal	14,944,226.80	1,806,836.62	16,751,063.42
Yemen	6,127,052.89	4,096,237.65	10,223,290.54
Zambia	1,574,267.01	0.00	1,574,267.01
Zimbabwe	10,005,210.58	1,062,259.53	11,067,470.11
TOTAL	2,049,901,838.74	187,380,181.85	2,237,282,020.59

SUMMARY

	Cumulative contributions	Cumulative expenditures	Thematic funds available
TOTAL	2,387,169,025.57	2,237,282,020.59	149,887,004.98