

Annual Results Report 2015

Humanitarian Action

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



UNICEF's Strategic Plan 2014–2017 guides the organization's work in support of the realization of the rights of every child, especially the most disadvantaged. At the core of the Strategic Plan, UNICEF's equity strategy – emphasizing the most disadvantaged and excluded children, caregivers and families – translates UNICEF's commitment to children's rights into action. What follows is a report summarizing how UNICEF and its partners contributed to Humanitarian Action in 2015 and the impact of these accomplishments on the lives of children, caregivers and families.

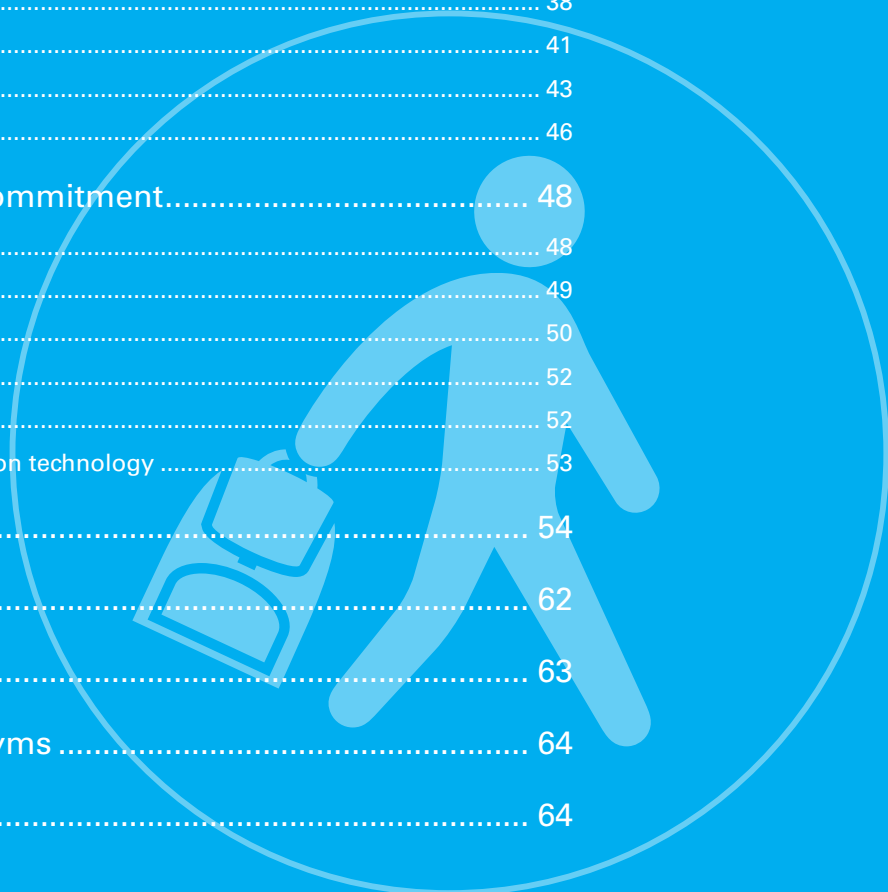
This report is one of nine on the results of UNICEF's efforts this past year, one on each of the seven outcome areas of the Strategic Plan, one on gender and one on humanitarian action. It is an annex to the 'Report on the midterm review of the Strategic Plan, 2014–2017 and annual report of the Executive Director, 2015', UNICEF's official accountability document for the past year. An additional results report on the UNICEF Gender Action Plan 2014–2017 has also been prepared as an official UNICEF Executive Board document.

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On 27 November 2015, a girl covered in a heavy blanket, stands outside a tent at the Vinojug reception centre for refugees and migrants in Gevgelija, in the former Yugoslav Republic of Macedonia, on the border with Greece. She is among refugees, primarily from the Syrian Arab Republic, Afghanistan, and Iraq. From Gevgelija, the refugees will board a special train that takes them to Tabanovce, close to the Serbian border. Heavy rain and near freezing conditions are challenging the refugees and the aid organizations providing them with warm winter clothing and supplies.

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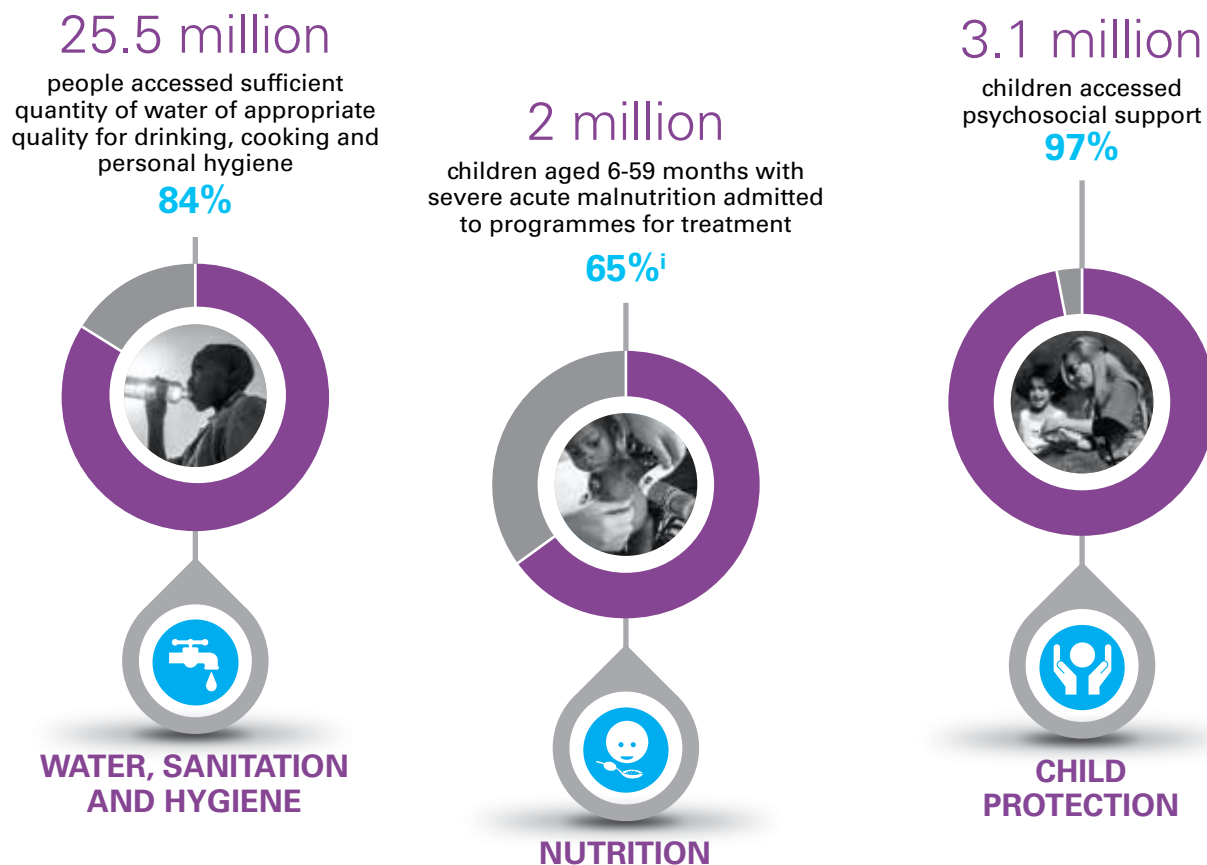
EXECUTIVE SUMMARY

The scale and complexity of humanitarian crises continued to increase in 2015. Protracted conflicts affected a growing number of children and families during the year and humanitarian situations increasingly spilled over borders and into subregional displacement crises.¹ Climate change continued to pose a serious threat to children, with over half a billion children living in flood-prone areas and nearly 160 million living in high drought-risk regions.²

These trends were evident in the year's most devastating emergencies. Protracted conflicts affected millions of children, including in the Central African Republic, Iraq, South Sudan, the Syrian Arab Republic and Yemen. Refugee and displacement crises, such as those in Burundi, Nigeria and the Middle East, exposed a growing number of children to severe food shortages, disease and abuse; and in Europe, thousands of children on the move faced heightened protection risks. In Nepal,

FIGURE 1
Delivering humanitarian results for children

These are some of the key humanitarian results achieved against targets for children by UNICEF and partners in 2015. In some contexts, achievements were constrained by limited resources, including across sectors; inadequate humanitarian access; insecurity; and challenging operating environments.



ⁱ In countries where both humanitarian and development contexts exist, reporting of children being admitted for SAM treatment have not necessarily been distinguished by the contexts in which they were treated. As such, SAM cases within humanitarian contexts have often been reported within the development-related SAM indicator, making it appear as if fewer children have been reached in humanitarian contexts in 2015. This explains, in part, the decline in achievement against the target (compared to 2014).

two devastating earthquakes struck in March and April, impacting the lives of more than 1 million children. In the Pacific Islands, climate change exacerbated the impacts of natural hazards, which quickly exceeded local coping capacities. The Ebola outbreak, which began in 2014 and continued into 2015, took a dramatic toll on Guinea, Liberia and Sierra Leone, affecting livelihoods, disrupting public services and threatening the progress achieved in recent years.

In total, UNICEF and partners responded to 310 humanitarian situations of varying scales in 102 countries in 2015. In line with the Strategic Plan 2014–2017 and the Core Commitments for Children in Humanitarian Action (CCCs), UNICEF focused its humanitarian action on saving lives, protecting rights and addressing the underlying causes of vulnerability to crises. In 2015, the organization continued to leverage its long-standing comparative advantage for humanitarian

23 million
children aged 6 months
– 15 years vaccinated
for measles

43%ⁱⁱ



HEALTH

7.5 million

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

70%



EDUCATION

16,600

HIV-positive pregnant
women continued
anti-retroviral therapy

59%ⁱⁱⁱ



HIV/AIDS

ⁱⁱ Low achievement against the target can be attributed to a few factors. In addition to the near doubling of the target from 31 million in 2014 to 55 million in 2015, in some settings, following assessment of epidemiology, risk and population immunity (routine coverage/previous campaigns, etc.) there may be a deliberate decision to scale back the age range and limit the campaigns to children under 5 years instead of children aged 6 months to 15 years. In other cases there may have been logistical, financial or even political barriers to implementing a wide age range campaign and as a result the age range was scaled down. Other factors may also have impacted results.

ⁱⁱⁱ This achievement increased from 53.5 per cent in 2014, which shows some progress towards the Strategic Plan target of 80 per cent by 2017.



Refugee children from South Sudan at a child friendly space in the refugee settlement in Kiryandongo District.

action of having a field presence before, during and after emergencies; delivering a multi-sector approach; leveraging its vast network of partners, which includes government, civil society and the private sector; and engaging in dedicated inter-agency collaboration with partners in the humanitarian system.

This enabled UNICEF to deliver results for millions of children in a variety of contexts in 2015 (see Figure 1). Globally, nearly 25.5 million people accessed sufficient quantity of water of appropriate quality for drinking, cooking and personal hygiene (84 per cent of the target).³ Nearly 2 million children 6–59 months old with severe acute malnutrition (SAM) benefited from therapeutic feeding programmes (65 per cent of the target)⁴ and 23 million children 6 months to 15 years old received measles vaccination (43 per cent of the target).⁵ More than 3.1 million children accessed psychosocial support (97 per cent of the target) and 7.5 million school-age children accessed formal or non-formal education (70 per cent of the target). Some 16,600 HIV-positive women continued antiretroviral therapy (59 per cent of the target).⁶

As part of efforts to better link humanitarian and development programming, UNICEF continued to invest in disaster risk reduction, early preparedness, and strengthening the resilience of the child, communities and systems to shocks and cumulative stresses. Much of the humanitarian response to natural disasters in 2015 built off of preparedness measures already undertaken at the country level – for example, in the Pacific Islands, where pre-positioned supplies were instrumental to UNICEF’s ability to respond to major disasters in the region in a timely manner. During the year, UNICEF also invested in building staff capacity and expertise on disaster risk reduction, and advocated for increased investments in this area in key international humanitarian forums.

UNICEF continued to strengthen its humanitarian action and its ability to deliver results for children in the face of multiple and simultaneous large-scale emergencies in 2015. This included revising the procedures for activating an organization-wide response to particular crises based on lessons learned to enable more sustained responses to complex and/or protracted crises. UNICEF also strengthened its human resources for humanitarian action by expanding its standing capacity of technical, operational and programme experts ready for deployment at the onset of an emergency and facilitating intensive emergency simulation training.

UNICEF also continued to support the humanitarian system, including the Inter-Agency Standing Committee Transformative Agenda, and delivered on its responsibility for inter-agency coordination by fulfilling its cluster accountabilities in emergencies. In 2015, UNICEF led

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or co-led clusters or sectors in 66 countries for water, sanitation and hygiene (WASH), 66 for education, 60 for nutrition, 57 for child protection and eight for gender-based violence. Overall, 13 per cent of the 755 surge deployments in 2015 were for cluster coordination.

Partners remained crucial to UNICEF programme delivery and response, and the organization worked closely with governments, civil society actors, international and national non-governmental organizations, first responders, local service providers and affected populations. UNICEF collaborated with a total of 1,434 civil society partners in the field for its humanitarian programming in 2015.⁷ During the year, 29 standby partners provided UNICEF with a total of 25,689 days of support in 226 deployments,⁸ the equivalent of 70 full-time staff members working for emergency operations.

A key driver of success for UNICEF's humanitarian action in 2015 was its supply and logistics operations. For example, to respond to the crisis in Yemen, UNICEF quickly established a new warehouse hub in Djibouti, which also became instrumental in the shipment of cargo for other organizations. In Nepal, UNICEF sent six shipments amounting to 84.7 metric tons in the first week following the 25 April earthquake. By mid-September the supply response had reached 1,275 metric tons composed mainly of WASH and shelter items.

The year's results were made possible by the generous contributions of resource partners, including governments, National Committees and corporate partners. Humanitarian funding for UNICEF totalled US\$1.780 billion⁹ in 2015, marking a 12.7 per cent increase from 2014 (US\$1.579 billion). Utilizing 2015 revenue and limited resources from prior years, UNICEF other resources emergency (ORE) expenditure totalled US\$1.685 billion¹⁰ in 2015 (35 per cent of the organization's total expenditure in 2015), representing a 40 per cent increase in expenditure over 2014. Overall, 44 per cent of ORE was spent in the Middle East and North Africa and 43 per cent was spent in Eastern and Southern Africa and West and Central Africa combined.

UNICEF's readiness to respond has been challenged by the emerging typologies of crisis faced in 2015 (e.g., health emergencies and population movement) and new contexts (e.g., Europe in response to the migrant and refugee crisis), requiring a shift in how the organization operates to deliver on the CCCs. The scale and complexity of crises are demanding more diverse sources of funding, as well as more flexible funding, that can span both humanitarian and development contexts. The year also underscored the risks faced by UNICEF in delivering assistance, including attacks on staff and constrained access due to insecurity, highlighting the

organizational risk of accessing affected people and reinforcing the need to implement appropriate mitigating measures for the safety and security of staff.

Moving forward, UNICEF will work to better bridge its development, preparedness, risk reduction, humanitarian and peacebuilding efforts by drawing on the sustainable development framework and its resulting Agenda 2030, the global agreements made on climate change and disaster risk reduction at the United Nations World Conference on Disaster Risk Reduction in Sendai and the United Nations Conference on Climate Change in Paris in 2015, as well as the outcomes of the World Humanitarian Summit 2016. This will include continuing to expand investments in the protection and education of children in emergencies; foster meaningful community engagement with affected populations; expand the degree to which programmes are informed by risk and conflict analysis; and enhance the capacity and expertise of human resources and implementing partners. Key to this effort will be mobilizing new and flexible financing sources to meet the increased demand for humanitarian funding.

This report and the accompanying Humanitarian Action Study summarize the scope of the humanitarian crises facing children in 2015, and the response put forward by UNICEF and partners. This is presented through a summary of the strategic context of UNICEF humanitarian action, including key results in 2015, and analyses of the results against the programme and operational commitments of the CCCs, humanitarian revenue and expenditure, and the future workplan.

STRATEGIC CONTEXT

THE HUMANITARIAN SITUATION

The year 2015 confirmed that humanitarian crises are growing in scale and complexity worldwide, and that children are bearing the brunt of the impact. Protracted conflicts, millions displaced and on the move, the impacts of climate change and large-scale health emergencies all characterized a devastating year of humanitarian crisis.

In 2015, protracted conflicts dominated the humanitarian landscape. Five years into the crisis in the Syrian Arab Republic, 13.5 million people are in need of life-saving assistance and 6 million are displaced, with children facing daily risks of grave protection and human rights violations.¹¹ In Iraq, ongoing violence has displaced nearly 3.2 million people and left children facing lost schooling, child labour and recruitment into armed groups.¹² Continued air strikes, shelling and ground fighting in Yemen has led to the collapse of public services and left more than 21 million people in need of humanitarian assistance.¹³ More than 1.2 million people are facing emergency levels of food insecurity in the Central African Republic amid the complex humanitarian and protection crisis.¹⁴

Humanitarian situations continued to spill over borders in 2015, with children and families increasingly on the move. Children represented a growing proportion of the refugees and migrants arriving in Europe, following arduous, often dangerous journeys, primarily from the Syrian Arab Republic.¹⁵ By the end of 2015, 1.4 million children had been displaced by conflict and violence linked to the Boko Haram insurgency across Cameroon, Chad, the Niger and Nigeria. Affected children are facing critical levels of malnutrition, and lack access to safe water, sanitation and health care.¹⁶

As the numbers of children impacted by conflict and displacement continued to rise globally, so did the numbers of children in need of protection from violence, disease, abuse and exploitation. Two years into the conflict in South Sudan, nearly 2.3 million people have fled their homes, including 645,000 living as refugees. Widespread displacement has placed a generation of children at risk of attacks, grave rights violations and hunger.¹⁷ One of the poorest countries in the world, Burundi is facing a protection crisis that has driven some 220,000 people to flee to neighbouring countries. Children have been uprooted from school, subjected to violence, separated from their families and cut off from basic nutrition and health services.¹⁸

Climate change is increasingly recognized as one of the biggest threats to children globally. Although natural disasters impacted marginally fewer people in 2015 than

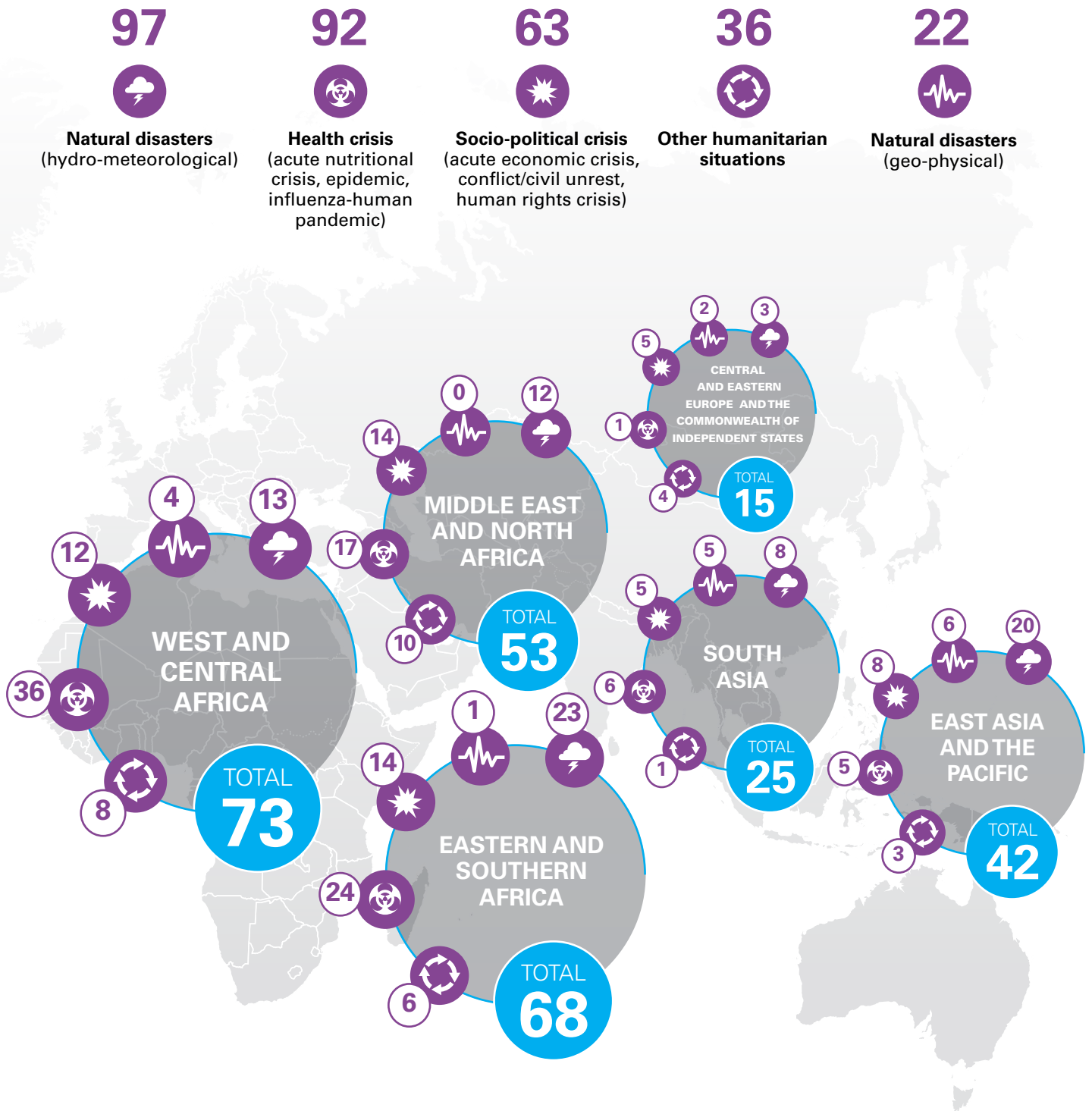
in 2014 (98 million people affected in 2015, compared with 102 million people in 2014),¹⁹ the El Niño weather phenomenon exacerbated flooding and droughts and worsened food crises, including in the Sahel and Eastern and Southern Africa. In the Pacific subregion, the effects of climate change were felt most heavily in places already facing seasonal cyclones and typhoons, as evidenced by Category 5 Cyclone Pam, which affected 2.3 million people.²⁰

The most deadly natural disaster of the year was the earthquake that struck Nepal in April, which resulted in nearly 9,000 deaths and left millions of people in need of shelter, food, livelihood support, medical care, education and protection.²¹ The Ebola outbreak, which began in 2014 and continued into 2015, took a dramatic toll on Guinea, Liberia and Sierra Leone, leaving 22,000 children without their parent or primary caregiver. The outbreak affected livelihoods, disrupted public services and set back recent development gains.²² Chronic humanitarian situations and less visible crises also continued to affect millions of children throughout the world, in places such as Afghanistan, Chad, the Democratic Republic of the Congo, Mali, Myanmar, Somalia, the Sudan, Ukraine and the Sahel region – to name a few.



RESPONDED TO
310
HUMANITARIAN SITUATIONS

FIGURE 2
Type of response in 2015



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

Crisis in Yemen²³

Following the escalation of the conflict in Yemen in March 2015, the situation of children deteriorated rapidly. As of the end of 2015, at least 21.1 million people in Yemen are in need of humanitarian assistance and 2.5 million are internally displaced. Conflict-related damage to health infrastructure has left more than 15 million people in need of basic health care and at least 3,500 schools have closed due to intensive airstrikes and street fighting. The ongoing violence has had a dramatic impact on the psychosocial well-being of children.

UNICEF's humanitarian strategy in Yemen has focused on delivering life-saving services and supplies in line with the Core Commitments for Children in Humanitarian Action (CCCs). This included providing an integrated package of health, nutrition and vaccination services and preventive measures to mothers, newborns and children, and preparing for potential outbreaks of childhood disease. In 2015, more than 4 million children received micronutrient interventions (exceeding the target) and some 4.7 million were vaccinated against polio (exceeding the target) through integrated health and outreach campaigns. With UNICEF support, local water corporations ensured safe water access for 3.7 million people (95 per cent of the target).

In addition, UNICEF supported Government partners to reopen schools and provide catch-up classes and school supplies for more than 373,000 out-of-school children (69 per cent of the target). Nearly 373,000 children received psychosocial support through schools and community facilities (exceeding the target).²⁴ The Country Task Force on Monitoring and Reporting of Grave Child Rights Violations in Armed Conflicts has monitored, verified and documented 1,074 cases of grave child rights violations since the conflict began. More than 66,000 vulnerable families that received a UNICEF-supported unconditional cash transfer were able to meet their basic needs (27 per cent of the target).²⁵

UNICEF's ability to respond in Yemen was challenged by access restrictions related to insecurity. A key achievement was the establishment of a Logistics Hub in Djibouti, where supplies and equipment are consolidated and transported to different Yemeni ports, providing an almost uninterrupted supply chain that reaches all parts of the country. To mitigate the risks associated with access restrictions, UNICEF also partnered with local vendors to establish third-party monitoring and, in 2016, will grow its staff numbers to increase its presence in field offices and operations.

UNICEF HUMANITARIAN RESPONSE IN 2015

In 2015, UNICEF worked with national governments, civil society partners and other United Nations agencies to keep children at the heart of humanitarian action and deliver results for millions of children and women in the most challenging environments in the world. In line with the Strategic Plan 2014–2017, UNICEF continued to focus on effective preparedness, response and early recovery to save lives and protect rights, as set out in the CCCs, and to address the underlying causes of vulnerability to disasters, fragility and conflict. Recognizing that the world cannot achieve the Sustainable Development Goals without addressing the needs of people in humanitarian crisis, UNICEF strengthened the bridge between its humanitarian and development action during the year, including by investing in protection and education for children in humanitarian situations, strengthening health systems to respond to health emergencies, and improving its ability to analyse risk and promote resilient development in fragile and risk-prone contexts.

In 2015, UNICEF responded to 310 humanitarian situations of varying scale in 102 countries, representing

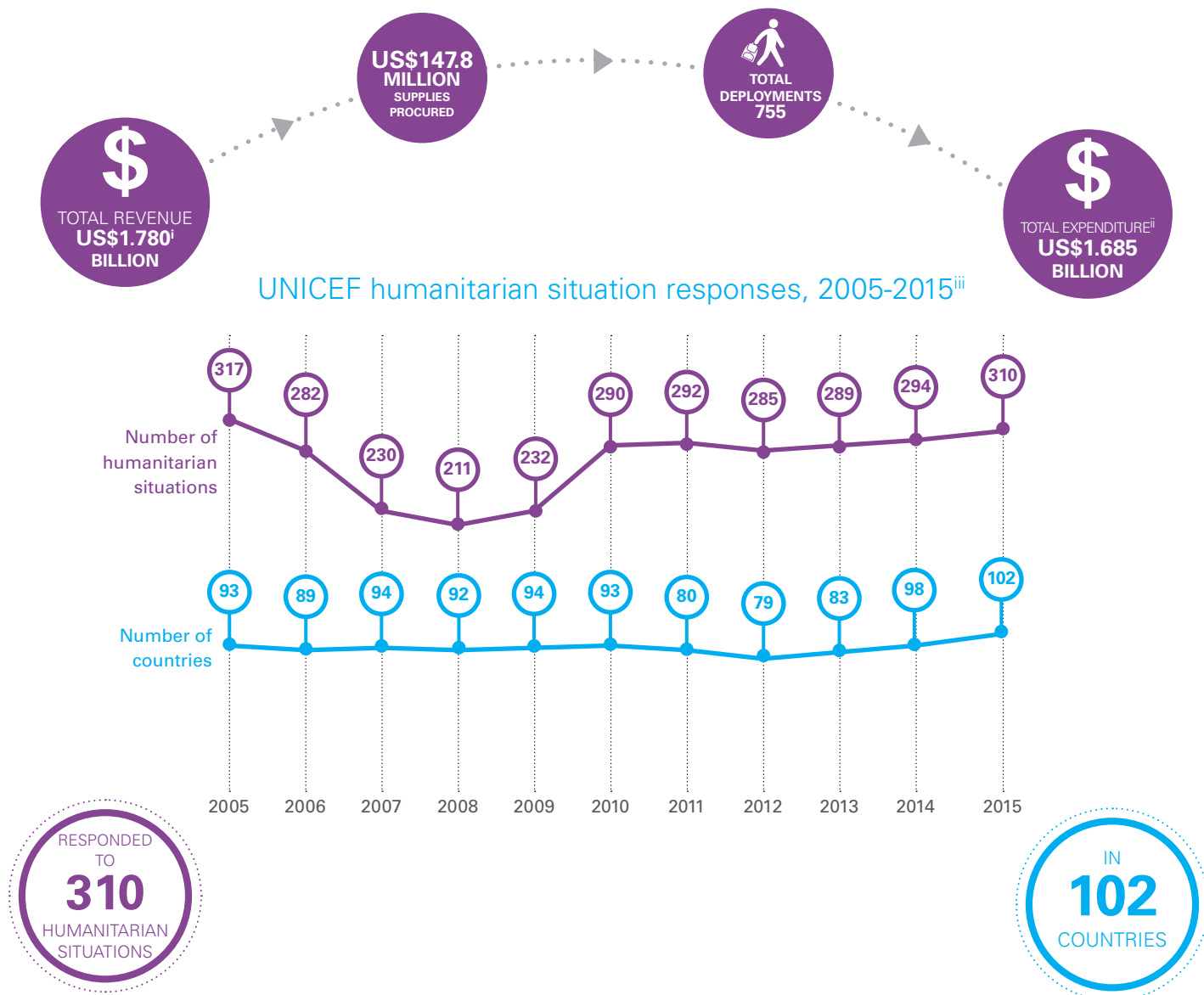
65 per cent of UNICEF country offices (*see Figure 3*). The number of situations responded to is the highest since 2005, when UNICEF began collecting this information,²⁶ and the number of countries is the highest ever recorded. Globally, UNICEF delivered results for millions of children in a variety of contexts in 2015, in the areas of nutrition; health; water, sanitation and hygiene (WASH); child protection; HIV and AIDS; and social inclusion. This included regional and country-level responses to some of the most complex emergencies in recent years (*see Figure 4*).

For example, in Burundi, UNICEF reached nearly 334,000 children under 5 years old with measles vaccination during the Mother and Child Health Week campaign (exceeding the target). Amid collapsing public services in Yemen, UNICEF reached more than 158,000 children 6–59 months old with treatment for severe acute malnutrition (SAM) (74 per cent of the target). In South Sudan, more than 297,000 people affected by conflict and displacement gained access to appropriate sanitation facilities (exceeding the target) and in the Central African Republic, nearly 42,000 vulnerable households benefited from WASH interventions and non-food items provided through the Rapid Response Mechanism (RRM) (exceeding the target).

FIGURE 3

Global response in 2015

In 2015, UNICEF responded to 310 humanitarian situations in 102 countries, the latter a record and comprising 65 per cent of UNICEF offices. The number of situations is the most since 2005, when UNICEF began surveying country offices. Since 2010, UNICEF has responded to an average of over 290 humanitarian situations in nearly 90 countries each year. Many of these are handled by UNICEF offices building off of preparedness measures already undertaken and using existing resources, highlighting the importance of UNICEF's presence before, during and after a crisis.



ⁱ This figure is based on ORE revenue received in 2015, which differs from ORE budget issued in 2015. Budget issued will normally exceed the revenue received, as UNICEF now releases budgets in full when a contract is signed with a donor, even though it may cover multiple years.

ⁱⁱ The gap in 2015 revenue and expenditure amounts is due to revenue being utilized over different calendar years. For example, a portion of the funding UNICEF received late in 2015 was carried forward to be used for activities in 2016.

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

Refugee and migrant crisis in Europe²⁷

More than 1 million people arrived in Europe in 2015. Children represented an increasing proportion of the migrants and refugees: towards the end of the year, one in every four arrivals was a child. Many children reached Europe following arduous, often dangerous journeys, primarily from the Syrian Arab Republic, and arrived in need of specialized care and support.

During the year, UNICEF worked closely with governments, National Committees and the United Nations system, as well as with European political stakeholders, to improve assistance and protection for refugee and migrant children and their families crossing into Europe. The UNICEF response was directed towards children on the move through the Balkan route, those recently stranded (in Greece and Turkey), as well as children in destination countries – for example, Germany – where the organization engaged with authorities to provide technical support and advocate for children's access to services and protection.

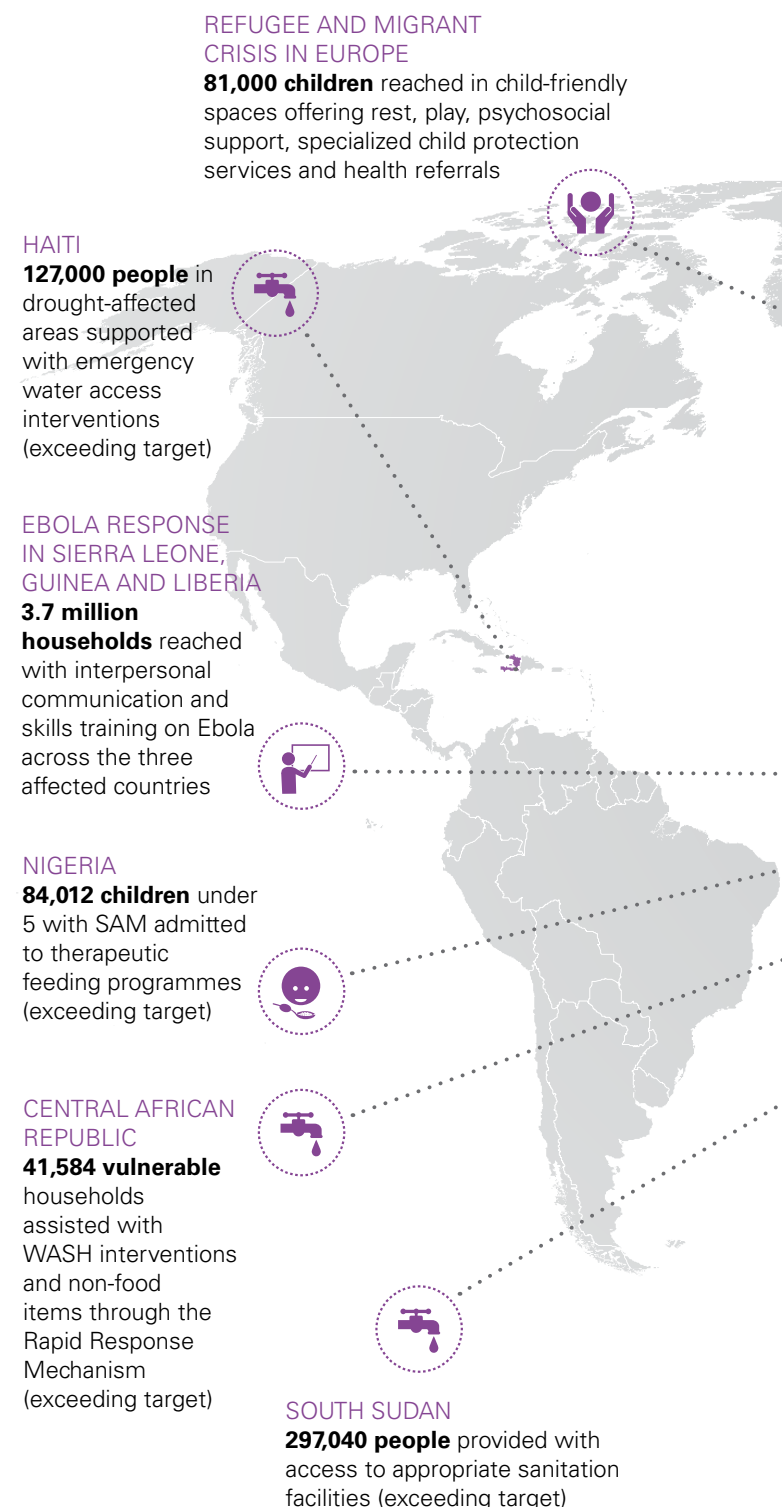
In 2015, UNICEF and partners established seven child-friendly spaces along the main routes of population movement in the former Yugoslav Republic of Macedonia, Croatia and Serbia, benefiting 81,000 children. These spaces were augmented by mother and baby care facilities providing support and counselling to lactating mothers, which benefited nearly 18,000 children and newborns under 24 months old who received specialized services. In addition, 2,251 unaccompanied and separated children benefited from family tracing and reunification, psychosocial services and family based care, and 49,100 children received clothes and other items to protect them from harsh winter conditions.

The refugee and migrant crisis in Europe has represented a new type of emergency and a new operating context for UNICEF, necessitating that the organization adapt to an extremely fluid humanitarian environment and provide assistance to people on the move – some of whom spent only a few hours in transit and reception centres. In this context, UNICEF's partnerships with governments and National Committees, United Nations agencies and non-governmental organizations (NGOs) have been key, allowing the organization to mount a nimble response, improve the quality of services through coordination and put children at the centre of the effort.

FIGURE 4

Results from key humanitarian responses

The map below highlights the key results achieved by UNICEF and partners in some of the major humanitarian responses in 2015¹



UKRAINE

1.6 million people gained access to safe water (exceeding target)



IRAQ

346,558 children benefitted from the provision of learning materials (63 per cent of target)



AFGHANISTAN

160,160 children aged 0-59 months affected by SAM admitted for treatment (exceeding target)



NEPAL

434,690 vulnerable people, including persons with disabilities, older persons, widows, single women above 60 and Dalit children under 5 received an emergency top up to their regular social assistance grants.



MYANMAR

146 children were released from armed forces or groups and received medical support, formal education, vocational training and/or income generation support.



SYRIAN ARAB REPUBLIC

278,000 children accessed formal education (55 per cent of target)



BURUNDI

333,936 children under 5 reached with measles vaccination during the Mother and Child Health Week (exceeding target)



YEMEN

158,409 children aged 6-59 months with SAM admitted for treatment (74 per cent of target)



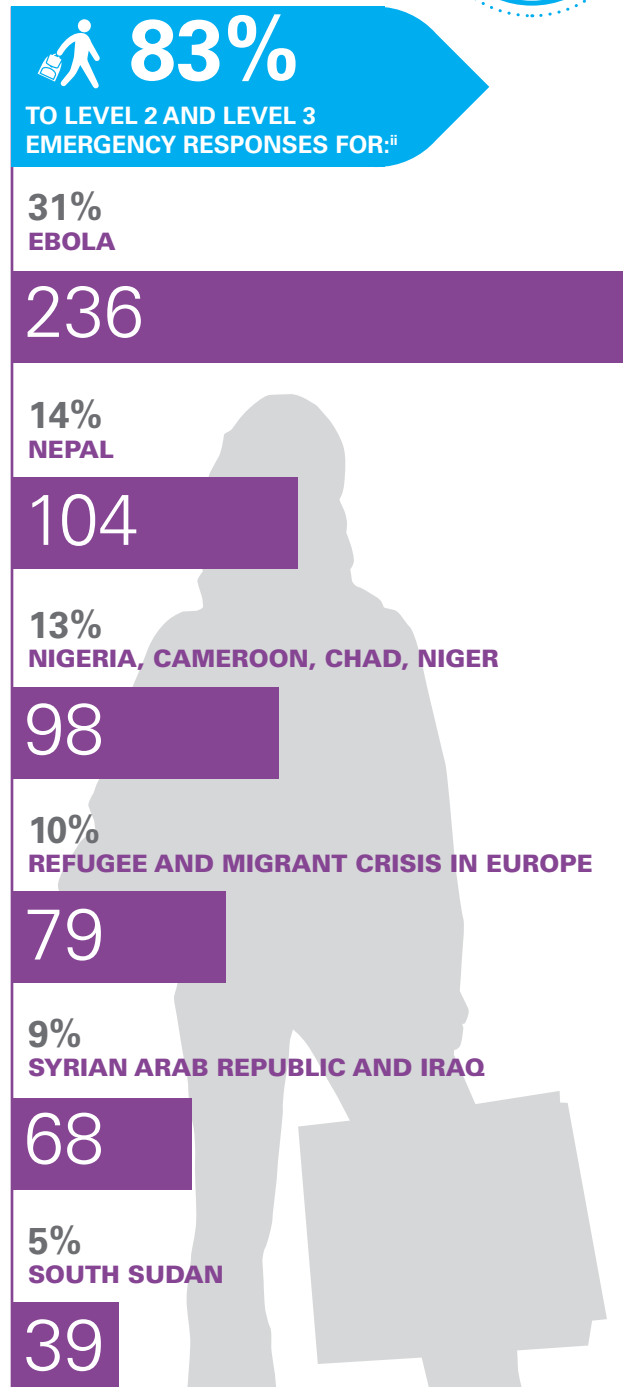
SYRIAN REFUGEES IN IRAQ, JORDAN, LEBANON, TURKEY AND EGYPT

630,000 refugee children accessed formal education (exceeding target)

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

FIGURE 5
Emergency deployments:
Deployment by crisis

TOTAL
DEPLOYMENTS
755ⁱ



ⁱ This includes 201 field deployments provided through standby partners.
ⁱⁱ Does not represent 100% of the total number of surge deployments.

UNICEF and partners continued to deliver on the No Lost Generation initiative, reaching 278,000 children with education opportunities inside the Syrian Arab Republic (55 per cent of the target) and 630,000 refugee children with education in Egypt, Iraq, Jordan, Lebanon and Turkey (exceeding the target). More than 81,000 migrant and refugee children accessed child-friendly spaces established along the main transit routes in Europe, which offered rest, play and child protection and health services.

As part of the Ebola outbreak response, UNICEF reached more than 3.7 million households in Guinea, Liberia and Sierra Leone with Ebola prevention messages, including through daily radio broadcasts and public awareness campaigns. In Nepal, UNICEF and partners worked through the Government’s social assistance programmes to disburse cash grants to enable nearly 435,000 vulnerable people affected by the earthquakes to meet their basic needs.

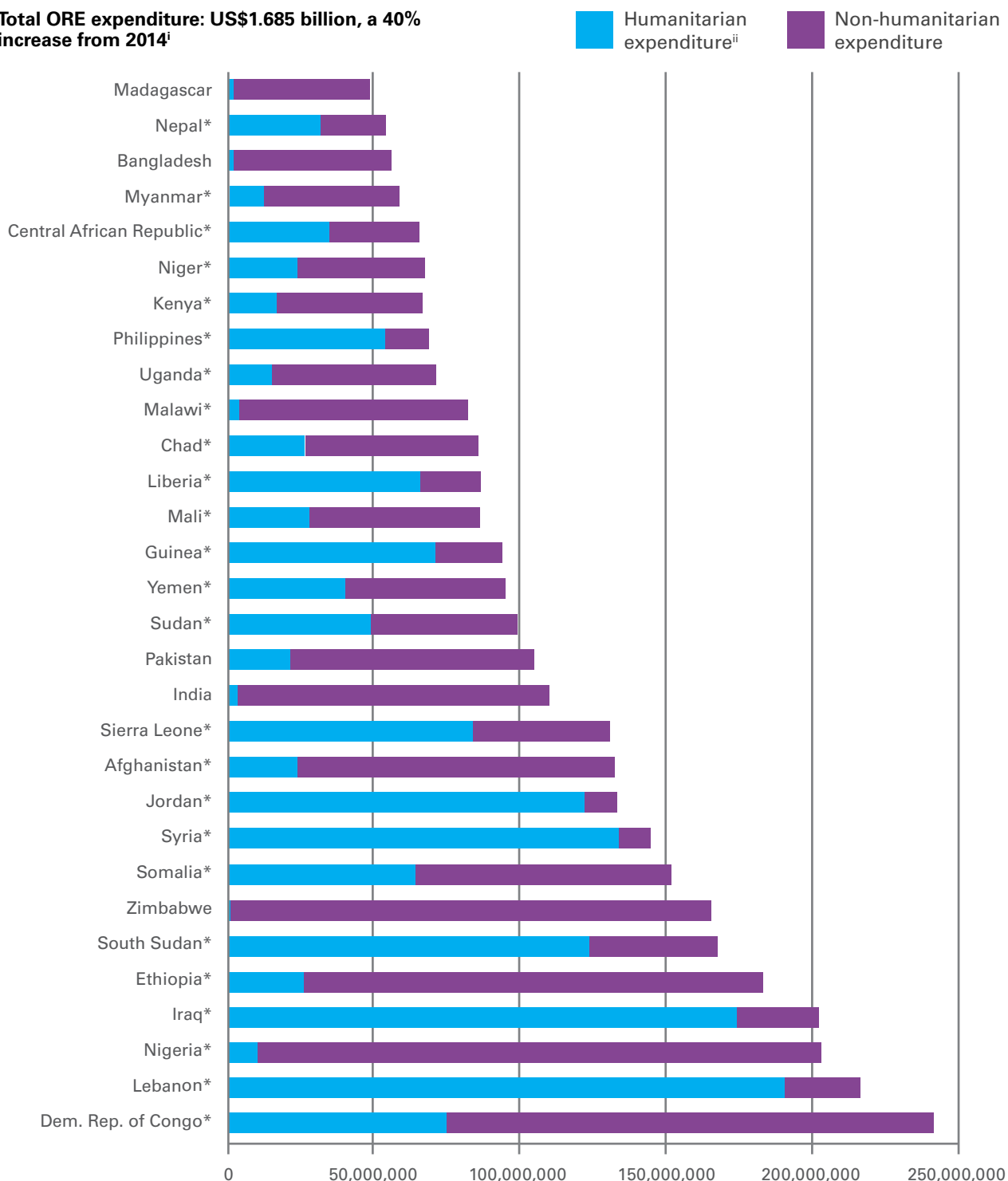
The total number of surge deployments was 755²⁸ in 2015 (see Figure 5) – representing a decline from 2014 (934) but on par with the number of surge deployments in 2013 (755). A few large-scale responses – Ebola, Iraq, Nepal, Nigeria and neighbouring countries, South Sudan, the Syrian Arab Republic and neighbouring countries, and the refugee and migrant crisis in Europe – absorbed the bulk of organizational resources, mobilizing more than 90 per cent of UNICEF surge staff deployments in 2015. The response to the Ebola outbreak alone absorbed nearly one third of surge staff deployments during the year.

Expenditure data show that humanitarian action remained a core part of UNICEF work globally. Total other resources emergency (ORE) expenditure amounted to US\$1.685 billion²⁹ (35 per cent of the organization’s total expenditure in 2015), and resources from UNICEF regular programmes were also used to support humanitarian action. Many of the largest UNICEF country programmes faced humanitarian situations in 2015, making humanitarian response central to UNICEF’s field presence throughout the year. Twenty-five of the top 30 country offices in overall expenditure had appeals in UNICEF’s Humanitarian Action for Children. These 25 countries made up two thirds (66 per cent) of UNICEF’s overall country-level expenditure. In 11 of these countries, humanitarian expenditure (from all funding sources) comprised more than half of the country office’s expenditure (see Figure 6).

FIGURE 6 Expenditure

Top 30 country offices in total expenditure, 2015

Total ORE expenditure: US\$1.685 billion, a 40% increase from 2014ⁱ



Asterisks indicate countries with appeals in the Humanitarian Action for Children 2015.

ⁱ The gap in 2015 revenue and expenditure amounts is due to revenue being utilized over different calendar years. For example, a portion of the funding UNICEF received late in 2015 was carried forward to be used for activities in 2016.

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

STRENGTHENING PREPAREDNESS, BUILDING RESILIENCE

As a dual mandated agency, and as part of efforts to better link humanitarian and development programming, UNICEF invests in risk reduction, early preparedness, and strengthening the resilience of the child, communities and systems to shocks and cumulative stresses. Much of the humanitarian response to natural disasters in 2015 built off of preparedness measures already undertaken at the country level, highlighting the importance of UNICEF's presence before, during and after a crisis. For example, in the Pacific Islands, drawing on lessons learned from the response to Cyclone Pam, UNICEF pre-positioned supplies and strengthened partnerships with national authorities in 2015, enabling rapid response to major disasters in the region in 2016. Overall, by the end of the year, 110 out of 130 country offices demonstrated a high level of compliance with UNICEF Early Warning Early Action requirements, which is a proxy for country office preparedness levels (see Figure 7).³⁰

To improve the efficiency and effectiveness of the organization's preparedness work, UNICEF has designed and validated the architecture and technical specifications for the Emergency Preparedness Platform, which will replace the current Early Warning Early Action platform. UNICEF will develop the Emergency Preparedness Platform software in 2016 and roll out the new platform in 2017. This will enhance UNICEF risk analysis, preparedness planning and monitoring of emergency readiness at local, regional and global levels.

A joint study carried out in 2015 by UNICEF, the World Food Programme (WFP) and the United Kingdom's Department for International Development (DFID) found that early investments in preparedness lead to efficiency gains with a return of US\$2 for every US\$1 invested, and saved more than one week of response time. These results are feeding into global policy initiatives on innovative humanitarian financing and cost-effective planning. With renewed support from DFID, the inter-agency preparedness research initiative has evolved into a multi-year framework (2015–2017) and has expanded to include the United Nations High Commissioner for Refugees (UNHCR) and the United Nations Office for the Coordination of Humanitarian Affairs (OCHA), with research planned in three new pilot countries. This next project phase will also measure the carbon savings derived from preparedness strategies, which demand significantly less fuel-intensive transportation modalities for both emergency supplies and surge personnel.

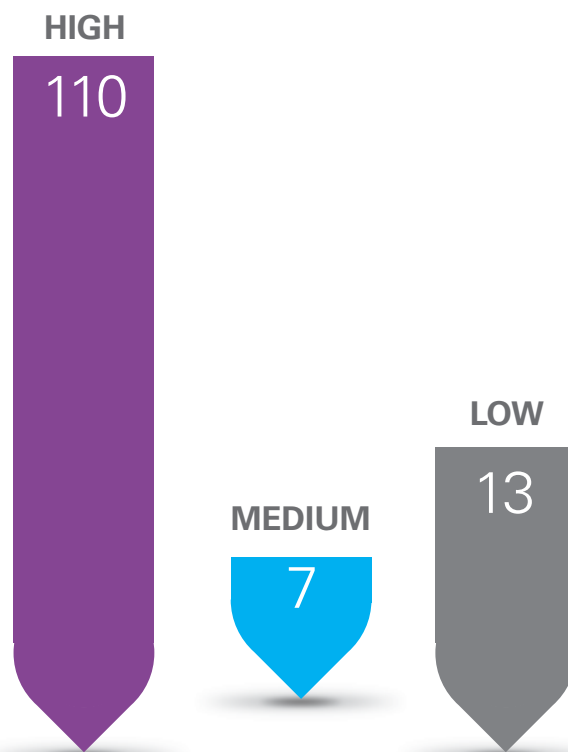
UNICEF facilitated inter-agency capacity development on emergency response preparedness during the year with the finalization of the Inter-Agency Standing Committee (IASC) emergency response preparedness guidance and development of the associated training package; four regional trainings have been completed to date.

Support for disaster risk management continued under the Capacity for Disaster Reduction Initiative partnership on disaster risk reduction, including with country-level guidance and the development of a new business plan for the initiative in 2015, which was endorsed by the Executive Board in March 2016.

The organization actively advocated for increased investments in preparedness and disaster risk reduction in key international humanitarian forums in 2015, including the United Nations World Conference on Disaster Risk Reduction in Sendai and the United Nations Conference on Climate Change in Paris. At the World Humanitarian Summit Global Consultation in Geneva, UNICEF called on partners to increase investment in children's education and protection in humanitarian situations, better link humanitarian and development work and meet children's immediate needs while addressing their long-term prospects.

FIGURE 7 Preparedness

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



ⁱ UNICEF is developing a new, more rigorous system, with higher preparedness standards, which will, in the future, provide a more robust measurement of readiness levels.

Nepal earthquakes³¹

Two devastating earthquakes, each registering above 7.0 on the Richter scale, struck Nepal in March and April 2015, killing nearly 9,000 people and severely affecting 2.8 million, including 1.1 million children. Nearly 1 million homes were either damaged or destroyed, and at the height of the emergency, some 188,900 people were temporarily displaced. Humanitarian needs following the earthquakes increased further due to acute fuel shortages, which hampered essential services and disrupted supplies of basic commodities.

UNICEF worked closely with the Government and humanitarian partners to help save the lives of children and women in the aftermath of the earthquakes. All cluster contingency plans were activated in April and were key to effective partner coordination and the organization of timely response in earthquake-affected areas. UNICEF also supported early recovery priorities, including the provision of cash transfers to the most marginalized groups using the Government-led social protection mechanism.

Key results in severely affected districts:

- 326,091 children 6–59 months old received multiple micronutrient powder (exceeding the target)
- 406,181 children under 5 years old received life-saving services for diarrhoea (exceeding the target)
- 1,283,640 people received a sufficient quantity of water of appropriate quality for drinking, cooking and personal hygiene (exceeding the target)
- 176,363 children received community-based psychosocial support as well as specialized psychosocial services (exceeding the target)
- 159,900 children gained access to temporary learning centres (87 per cent of the target)
- 434,690 vulnerable people received an emergency top-up to their regular social assistance grants (exceeding the target)

Given Nepal's high-risk profile and vulnerability to natural hazards, UNICEF will continue to support recovery and reconstruction, as well as the development of resilient systems and communities capable of withstanding future shocks. District-level, equity-focused risk mapping will be key to prioritizing Government efforts, including for targeted risk mitigation, enhancing local preparedness measures and revising national policies and practices linked to disaster risk reduction and school safety.

STRENGTHENING ORGANIZATIONAL CAPACITY

The first two years of the UNICEF Strategic Plan 2014–2017 included a focus on testing the Corporate Emergency Activation Procedure that UNICEF had put into place to respond to large-scale emergencies. In 2015, informed by lessons from recent emergencies, UNICEF revised the Procedure to enable more sustained response to complex and/or protracted crises using a two-phase approach: 1) an initial phase for surging the required human resources supplies and funding; and 2) a subsequent phase for consolidating the systems and structures in place to enable the delivery of expected results. UNICEF also simplified its programme cooperation agreements with partners in emergency response during the year, which has been instrumental to the large-scale crisis responses in the Central African Republic, Iraq, South Sudan, the Syrian Arab Republic and Yemen.

Core to UNICEF's ability to rapidly respond is the Emergency Programme Fund (EPF), a key mechanism through which UNICEF is able to disburse funds within 48 hours of a humanitarian crisis and provide an equitable response to affected children, irrespective of the level of public attention that a crisis receives. In February 2015, the UNICEF Executive Board increased the EPF ceiling to US\$75 million annually from US\$75 million biennially. During the year, the EPF benefited 34 country offices for a total of US\$28.8 million. In the Sahel, the Fund was critical to maintaining the nutrition supply line amid funding gaps in 2015, allowing for the treatment of more than 84,000 severely malnourished children into 2016.

Significant steps were taken to strengthen the staffing of emergency response through more flexible procedures for deploying trained staff from across the organization to key responses. The Emergency Response Team (ERT) was expanded with eight additional members, adding capacity in the areas of emergency coordination, supply, human resources, security, communication and

operations. A total of 12 field offices benefited from 499 days of ERT deployments by six ERT members in 2015, including in Afghanistan, Europe, South Sudan, the Syrian Arab Republic and Ukraine.

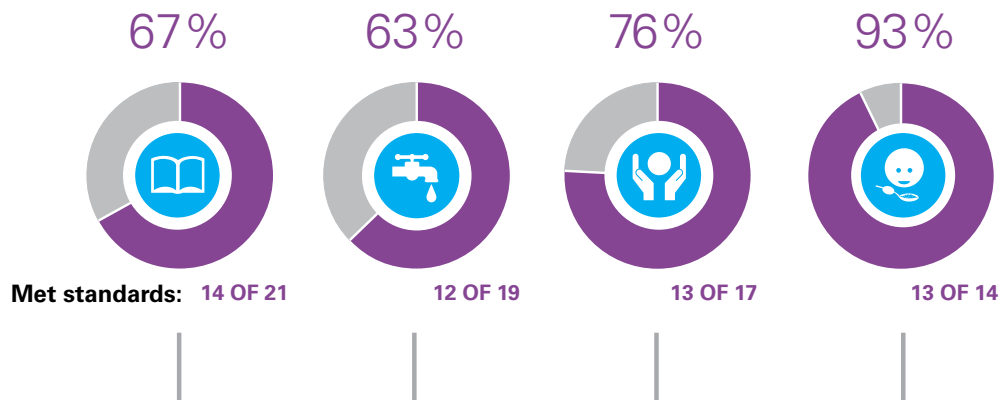
In addition, 26 new Immediate Response Team (IRT) members and seven ERT members from across the organization were trained and readied for surge deployment within 24–48 hours of an emergency during an intensive week-long emergency simulation exercise. As part of UNICEF's efforts to strengthen organization-wide skills for more effective humanitarian action, the organization established dedicated capacity for humanitarian learning. A 2015 mapping of the organization's humanitarian learning initiatives will support the development of a 2016–2017 implementation plan for the humanitarian learning strategy.

FOSTERING COLLABORATION AND PARTNERSHIPS

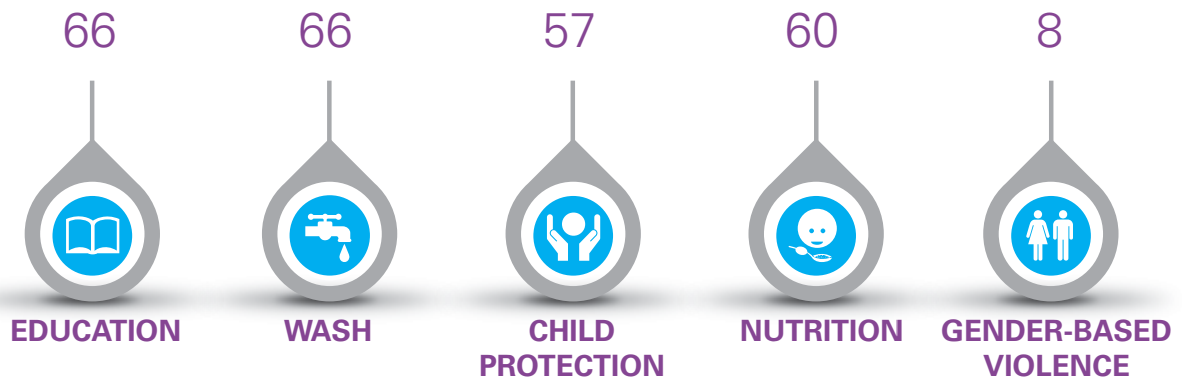
UNICEF continued to support the humanitarian system in 2015, including the IASC Transformative Agenda, through engagement with IASC task teams, reference groups, and the development of the 2016–2017 IASC Workplan. The organization has remained involved in IASC risk assessment efforts, including the biannual IASC Early Warning Early Action reports (now known as the 'Alert, Early Warning and Readiness Report') and work to support the readiness of the United Nations system to respond to a given crisis. UNICEF also continued to deliver on its responsibility for inter-agency coordination, including by fulfilling its cluster accountabilities in large-scale emergencies (see Figure 8).

FIGURE 8
Coordination

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



Number of countries leading/co-leading sector/cluster:



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.

Crisis in Nigeria and surrounding countries³²

By the end of 2015, 1.4 million children had been displaced by conflict and violence linked to the Boko Haram insurgency across four countries: Cameroon, Chad, the Niger and Nigeria. Food insecurity has deepened, and access to safe drinking water and health services has declined. Attacks against civilian populations have forced more than 1 million children out of school.

Children are facing unimaginable atrocities. They have been separated from their families, exposed to exploitation and abuse and recruited by armed groups – and sometimes used as suicide bombers. Many children have been killed or maimed in the violence. Young women and girls have been abducted and subjected to forced marriage, as well as physical and psychological abuse and rape. Teachers and students have been deliberately targeted by armed groups, and many classrooms have been damaged, looted or occupied.

In coordination with governmental authorities, other United Nations agencies and local and international NGOs, UNICEF provided life-saving assistance to affected children in Cameroon, Chad, the Niger and Nigeria. Key results across the four countries in 2015 included:

- 93,702 severely acutely malnourished children treated (85 per cent of the target)
- 350,569 children vaccinated against measles (92 per cent of the target)
- 236,533 people with access to safe water (81 per cent of the target)
- 152,322 children provided with learning materials/schooling (34 per cent of the target)³³
- 145,452 children received psychosocial support (exceeding the target)
- 1,626 separated children identified, reunified with their families and unaccompanied children placed in alternative care arrangements (73 per cent of the target)

Although insecurity posed a serious threat to response teams on the ground and limited access to affected populations during the year, UNICEF was able to expand its humanitarian assistance to displaced families. Field presence was reinforced in Diffa (the Niger); Maroua (Cameroon); Borno, Maiduguri and Yobe (Nigeria) and Bagasola (Chad) and more than 100 emergency response experts were deployed during the year despite severe funding shortfalls.

Partnerships are crucial to UNICEF programme delivery and response coordination. UNICEF collaborated with a total of 1,434 civil society partners in the field for its humanitarian programming in 2015 (see Figure 9).³⁴ New partnerships, including with the International Federation of the Red Cross and Red Crescent Societies, leveraged diverse capacities to meet humanitarian needs. UNICEF worked with private-sector partners, looking beyond financial contributions to leverage knowledge assets. For example, in the telecommunications sector, UNICEF worked with private-sector partners to extend innovative tools such as U-Report, a direct, SMS-based real-time feedback and youth engagement tool.

UNICEF standby arrangements with governments and partners remained critical to the organization's humanitarian action. In 2015, new standby partnerships with ChildFund Alliance, IMPACT Initiatives and Justice Rapid Response brought the total number of standby partners to 29. During the year, standby arrangements provided UNICEF with a total of 25,689 days of support in 226 deployments, the equivalent of 70 full-time staff members working for emergency operations (see Figure 10). This included 170 standby personnel

and 56 deployments of Rapid Response Team (RRT) missions to major emergencies in Europe, Nepal, Ukraine, Vanuatu and West Africa (Ebola), as well as to smaller, underfunded, forgotten or protracted emergencies, including those in Chad, Fiji, Mali, Myanmar, Nigeria and the Sudan.

EMPHASIZING EQUITY AND INCLUSIVITY

UNICEF continued to emphasize equity and inclusivity in its humanitarian action in 2015 by prioritizing support to local and global initiatives that focus on meaningful engagement with different groups, including children with disabilities, adolescents and women and girls. This involved piloting standard operating procedures for feedback and complaint mechanisms, especially those that are child and adolescent friendly – for example, in the Democratic Republic of the Congo and Ethiopia. In West and Central Africa, UNICEF WASH programmes worked to ensure the involvement of users, village and neighbourhood communities, health committees,

FIGURE 9

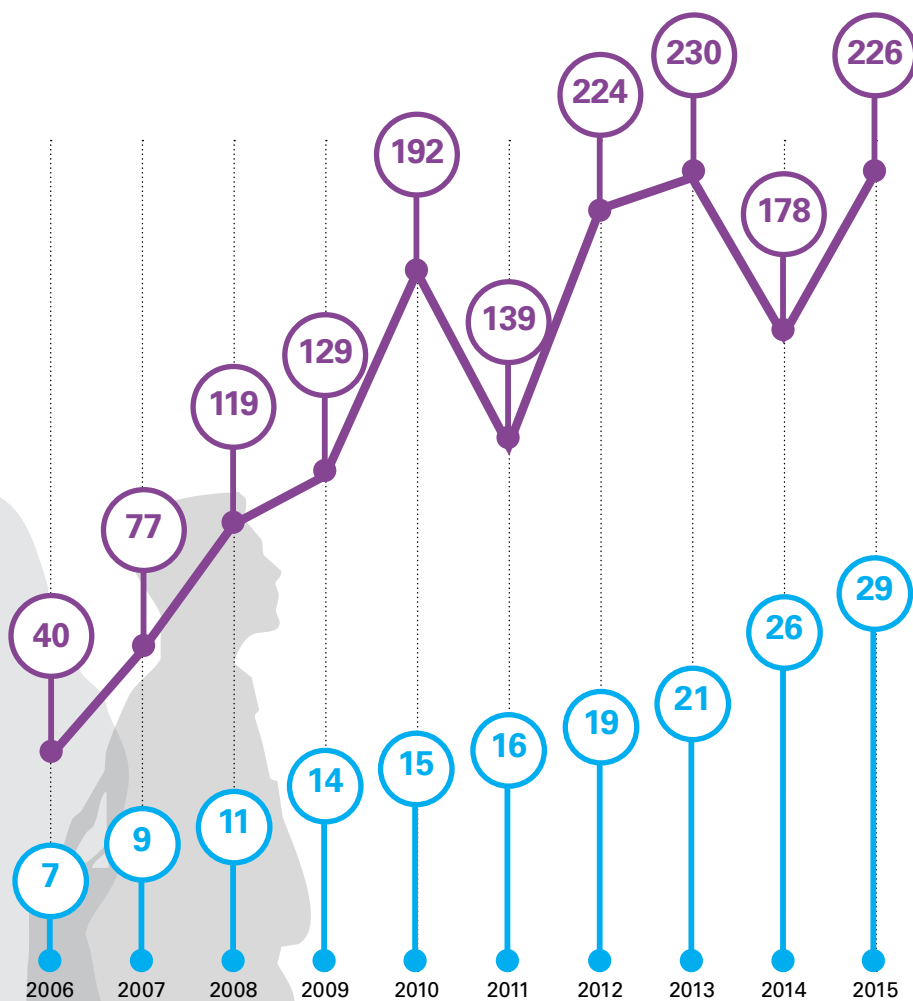
Standby partners

In total 201 deployments were undertaken in 2015, a significant increase from 2014 and returning to levels similar to 2012 and 2013, the highest deployment years to date. In 2015, partners provided UNICEF with a total of 25,689 days, or the equivalent of 70 full time staff working for emergency operations.

226 →
STANDBY PARTNERS
DEPLOYED¹

37
COUNTRY AND
REGIONAL OFFICES

65%
SUPPORT TO LEVEL 2
AND LEVEL 3 EMERGENCIES



○ Total number of deployments

○ Total number of partners

PARTNERS PROVIDED UNICEF WITH THE EQUIVALENT OF:
70
FULL TIME STAFF

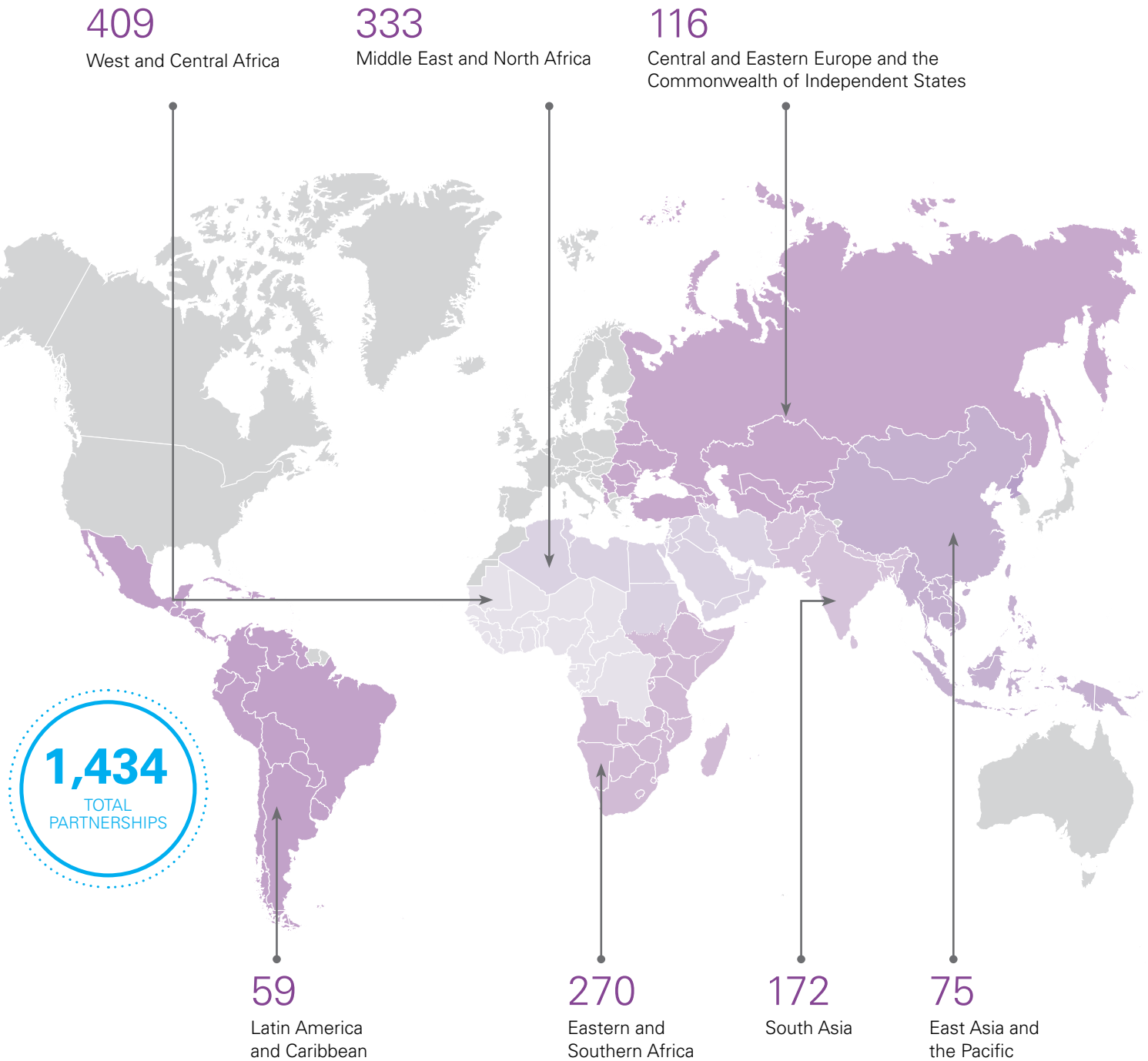
¹ This figure includes 25 deployments to HQ offices

Deployed in the functional areas of:

- 25%** Child protection
- 21%** Information management
- 17%** WASH
- 9%** Nutrition
- 8%** Education
- 5%** Emergency
- 4%** Logistics
- 4%** DRR/DRM
- 3%** Communication
- 1%** Construction
- 1%** Monitoring
- < 1%** Telecommunications
- < 1%** GBV
- < 1%** Cash programming

FIGURE 10 Partnerships

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



Cash transfers in humanitarian action

Recognizing the increasing complexity of humanitarian crises and the potential of multipurpose cash transfers to make the humanitarian system more effective, efficient and transparent, UNICEF has been expanding the use of cash transfers as a humanitarian assistance modality, where appropriate. In 2015, cash-based programming successfully addressed the various and immediate needs of vulnerable children, and contributed to strengthening the UNICEF humanitarian responses to the crises in the Syrian Arab Republic and neighbouring countries, as well as in the Democratic Republic of the Congo, Iraq, Nepal, Somalia and Yemen.

For example, in Jordan, in the context of the Syria crisis response, UNICEF provided a monthly child cash grant of US\$28 to 15,000 of the most vulnerable registered Syrian refugee families, benefiting 55,000 girls and boys. The monitoring process found that the child cash grant enabled more than half of beneficiary families to avoid negative coping strategies such as reducing the quality and quantity of food consumed; 88 per cent of families used the cash grant to support children's needs, including for healthy food, school expenses and medicine; and 91 per cent of families experienced an improvement in their overall family well-being. Based on this experience, UNICEF has actively explored linkages and synergies between this humanitarian cash transfer programme and the national social protection system in Jordan to share lessons on targeting, funds transfer technology and monitoring and evaluation.

students, parents and teacher associations in the assessment, decision-making and evaluation of WASH interventions.

One country where UNICEF has increased programming for people with disabilities is Nepal, where UNICEF and partners provided nearly 2,000 children with disabilities (47 per cent girls) in the 14 earthquake-affected districts with access to inclusive child-friendly facilities and play materials. Gender also remained a central focus of UNICEF's work in 2015. For example, in the State of Palestine, gender analysis contributed to the programme planning stage to ensure that interventions address the specific needs of girls and boys; participation of both girls and boys was monitored; and results were disaggregated by sex when reporting.

Based on the nascent theory of change for UNICEF's contribution to accountability to affected populations, new technologies and innovative approaches, including SMS-based platforms, remained a cornerstone of UNICEF's strategy to enable the participation of affected communities in all phases of humanitarian action. A key example is U-Report, which was underway in a number of countries in 2015, including Burundi, Cameroon, the Central African Republic, the Democratic Republic of the Congo, Guinea, Liberia, Mali, Nigeria, Pakistan, Sierra Leone, Uganda and Ukraine.

CHALLENGES AND CONSTRAINTS

UNICEF's readiness to respond has been challenged by emerging typologies of crisis faced in 2015 (e.g., health emergencies and population movement), as well as new

contexts (e.g., Europe in response to the migrant and refugee crisis), which have required a shift in how UNICEF operates to deliver on the CCCs. Lessons learned from the Ebola response demonstrated the importance of UNICEF's role in health emergencies, as well as the need to increase the predictability of the organization's work on social mobilization and community engagement. Experiences in Europe demonstrated the importance of UNICEF's agility in its ability to respond (programmatically and operationally) in countries where the organization does not traditionally have a presence.

In addition, the number and complexity of large-scale emergencies in 2015 highlighted the demand for more diverse sources of funding, as well as more flexible funding that can span both humanitarian and development contexts. While large-scale crises such as in Nepal, Ebola-affected countries, Iraq, South Sudan, the Syrian Arab Republic, Syrian refugee-hosting countries and Yemen constituted the bulk of funding received in 2015, protracted crises in countries such as Afghanistan, the Democratic Republic of the Congo, Eritrea, the Niger and the Sudan struggled to attract resources and were less than 25 per cent funded.

The year also underscored the risks faced by UNICEF in delivering assistance, including attacks on staff and partners, threats by non-state entities and constrained access due to insecurity, which affected UNICEF's ability to reach people in need. These issues highlighted the organizational risk of accessing affected people and reinforced the need to implement appropriate mitigating measures for the safety and security of staff.

RESULTS BY PROGRAMME COMMITMENT

The information below follows reporting on the programme and operational commitments of the CCCs and represents the contributions made by UNICEF, with partners, to each commitment. These are in line with the outcome areas of the UNICEF Strategic Plan 2014–2017 and include a section on social inclusion. All figures come from the Country Office Annual Reports and consolidated emergency reports, unless otherwise stated. Further information on country-level results can be found in individual consolidated emergency reports.

RAPID ASSESSMENT, MONITORING AND EVALUATION

Strategic result: Humanitarian action for girls, boys and women is timely, effective and efficient.

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

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

Building on the work carried out in previous years on developing guidance and tools for the Multi-Cluster/ Sector Initial Rapid Assessments and humanitarian needs overviews, UNICEF supported the ongoing work on the Inter-Agency Indicators Registry. As cluster lead agency, a member of humanitarian country teams, and under the leadership of OCHA, UNICEF and partners contributed to initial needs assessments at the country level, such as in response to the Nepal earthquake and Tropical Cyclone Pam in Vanuatu, as well as humanitarian needs overviews, including in the Central African Republic, Chad, Colombia, the Democratic Republic of the Congo, Ethiopia, Guinea, Iraq, Libya, Mali, the Niger, Nigeria, Somalia, Ukraine and Yemen, among others.

UNICEF also contributed to ongoing localized needs assessment with partners in the Central African Republic under the RRM, including more than 25 assessments in 2015. UNICEF and partners supported similar assessments in Chad, the Democratic Republic of the Congo, Haiti, Iraq, Kenya and South Sudan and in the non-government-controlled areas (NGCAs) of eastern Ukraine. UNICEF supported cluster or sector-specific assessments across a range of countries, for example, nutrition assessments in Bangladesh; education assessments in the Central African Republic, Mali and Pakistan; and WASH assessments in many Ebola-affected countries; as well as a range of sector assessments in Cameroon, the Central African Republic, the Democratic Republic of the Congo, Haiti, Mali, the Niger, Nigeria and Ukraine. UNICEF also contributed data to analyses for the Humanitarian Data Exchange, an open platform for sharing data.

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

In 2015, 98 per cent of country offices with stand-alone appeals in the Humanitarian Action for Children 2015 were able to report results against programme targets aligned to the CCCs. UNICEF has continued to strengthen humanitarian performance monitoring (HPM) systems through direct support to country offices, as well as sustained expert deployments to build capacity for country offices, for example for the Ebola crisis, the European migrant crisis (specifically to the former Yugoslav Republic of Macedonia and Serbia), Nepal and Yemen. Such direct in-country support was complemented by remote technical support from UNICEF headquarters.

UNICEF also worked to improve practice by continuing to refine HPM guidance and tools, drawing from country experience. In 2015, this included the consolidation of updates to field monitoring tools. UNICEF worked to strengthen scaled-up field monitoring systems, as the critical component of HPM that provides a lens on the quality of response, as well as feedback from affected people and communities, particularly vulnerable population subgroups such as women and adolescent children. Significant field monitoring systems established

in previous years continued in 2015, including in the Central African Republic, Iraq, Lebanon, Pakistan, the Syrian Arab Republic and Ebola-affected countries such as Guinea. In 2015, new third-party field monitoring systems were established in Nepal as part of the earthquake response and in Yemen in response to the deteriorating situation. Approaches varied in scale but in the major emergencies tended to be very high frequency with high coverage. For example, UNICEF supported more than 45 third-party monitor visits per month in Lebanon and more than 100 third-party monitor visits per month in Yemen. UNICEF employed a number of different approaches during the year, including the use of third-party monitors and dedicated UNICEF staff, the integration of monitoring within RRM (e.g., in the Central African Republic), and the participation of networks of civil society partners (e.g., in Guinea using partners such as scouts and universities).

The development of information management platforms for HPM progressed during the year. The eTools project, which is under development and spans a range of web-based platforms and applications, will facilitate work planning, implementation monitoring and partnership management at the country level. The overall purpose is to increase work process efficiencies in both development and humanitarian contexts. In 2015, nine country offices with different levels and types of humanitarian action were engaged in testing and using the first set of products, which provide an information management basis for future HPM-related products planned for release in 2016 and 2017. These future products will include tools for partner reporting, cluster partner reporting and field monitoring linked to eTrip, a component of e-Tools.

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

A number of evaluations of UNICEF humanitarian action in protracted humanitarian situations were undertaken during the year. With regard to the situation in South Sudan, the 'Inter-Agency Humanitarian Evaluation of Response to Conflict in South Sudan' (November 2015) concluded that the main response objectives related to saving lives, providing protection and supporting livelihoods were appropriate and generally fulfilled. The evidence indicates that the response averted any major public health catastrophe; however, the response was also slow to deploy in the early months of 2014. UNICEF also evaluated the response to the situation in South Sudan with the WFP-UNICEF 'Rapid Response

Mechanism in South Sudan: One year on' (May 2015) and the 'Internal Review of the UNICEF South Sudan Rapid Response Mechanism' (April 2015). With regard to the crisis in the Syrian Arab Republic and neighbouring countries, UNICEF undertook the 'Independent Evaluation of UNICEF's Response to the Syrian Refugee Crisis in Turkey, 2012–2015', as well as evaluations of the organization's response to the Syria crisis, which will be published in 2016. Two evaluations of UNICEF's response to the situation in the Central African Republic will be published in 2016.

The internal 'Lessons Learned: UNICEF's response to the 2014–15 Ebola outbreak in West Africa' (April 2015) provided UNICEF with substantial information for future responses to health emergencies. Overall, the assessment of UNICEF's response and the leadership role it played in certain areas were positive. There was a collective sense that UNICEF had contributed significantly to mitigating the outbreak and that resource partners, governments and communities also had good impressions. Participants also identified a number of lessons learned, including differences in stakeholder perceptions of risk; the sense that the strategy was not always sufficiently flexible to meet country-specific needs; and challenges related to the availability of data and the establishment of performance monitoring systems.

In the Pacific islands, the 'UNICEF After Action Review: Tropical Cyclone Pam and Typhoon Maysak' highlighted successes including the early involvement of key UNICEF units at regional and global levels, preparedness actions at the country level and the early deployment of an experienced emergency coordinator and communications specialist. However, the review also found a lack of capacity within the Vanuatu Field Office. Recommendations included stronger ownership and knowledge of emergency preparedness and response plans within the office. With regard to the Nepal earthquakes, the 'UNICEF Nepal L2 Earthquake Emergency Response after Action Review: One month in' found that UNICEF had a well-funded response, with a large number of partner agreements, but field presence needed to be urgently enhanced.

The 'Evaluation of the Support Provided by the Global Nutrition Cluster (GNC) to National Coordination Platforms' (February 2015) focused on the GNC RRTs support role to countries in large-scale emergencies and chronic crises. It found that the RRT system was relevant, appropriate and effective, although lacking an efficient funding mechanism. Coverage of RRT support was found to be adequate in terms of availability and coverage.

Challenges and constraints

Challenges related to needs assessment continue where populations are hard to reach and data are highly

politicized. The implementation of HPM continues to be uneven across offices, with stronger systems in large-scale emergencies, as well as protracted emergencies, compared with other smaller-scale situations. Both needs assessment and HPM need to be further strengthened in terms of their systematic integration with approaches to strengthen accountability to affected populations. While experience with field monitoring systems is growing, maintaining the quality of the feedback component with affected populations remains a challenge. Similarly, information management and data analysis and communication of feedback from affected populations to decision makers is particularly challenging; work under the eTools project will contribute some elements of a solution, though this remains an important area for stronger inter-agency data interoperability and cross-sector analysis. In general, approaches to HPM must be better integrated with country office monitoring and evaluation plans.

NUTRITION

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

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

Global response

In 2015, UNICEF supported the implementation of SAM management in both development and humanitarian contexts. A total of 3 million children 6–59 months old were admitted for SAM treatment with UNICEF support in 2015, including nearly 2 million in humanitarian situations (65 per cent of the target).³⁵ The achievement should be considered within the context of the global SAM burden of 16 million children (spanning development and humanitarian settings) and the alarming food and

nutrition insecurity situations in the Sahel, as well as countries affected by conflict, including the Central African Republic and Nigeria. To improve achievement against this target moving forward, UNICEF will continue to strengthen situation analysis, including on barriers and challenges to effective coverage, with counterparts and partners, to improve planning and monitoring and its ability to implement scalable and flexible programmes. In 2015, UNICEF headquarters and regional offices also supported country-level responses, including to Afghanistan, Chad, the Democratic Republic of the Congo, the Niger, Somalia, South Sudan, the Sudan and Yemen. In West and Central Africa, nine emergency-affected countries were able to carry out nutrition surveys to inform the current situation of children and women in affected areas as well as response strategies. In collaboration with Save the Children, a regional analysis of IYCF in emergencies capacity was undertaken in Kenya, Somalia and South Sudan to better understand the challenges with implementing preparedness and response activities at scale in acute or protracted emergencies.

In 2015, UNICEF led or co-led nutrition sectors/clusters in 60 countries.

Commitment 1: Effective leadership is established for nutrition cluster inter-agency coordination, with links to other cluster/sector coordination mechanisms on critical inter-sectoral issues.

In 2015, UNICEF led or co-led nutrition sectors or clusters in 60 countries. During the year, the GNC RRT grew from five to six members, and all six were deployed for a total of 103 weeks to support coordination and information management functions in Ethiopia, Malawi, Nepal, Somalia, South Sudan, the Sudan, Ukraine and Yemen. The GNC completed a review of nutrition cluster transition plans/processes in Ethiopia, Kenya, Pakistan and the Philippines to identify and assess capacity-building gaps for governments and cluster lead agencies. Working with HelpAge and the Global Food Security Cluster, the GNC also developed a joint strategy and operational framework on accountability to affected populations. At the country level, immediately after the earthquake struck in Nepal, the Nutrition Cluster initiated the emergency nutrition response in 14 earthquake-affected districts with five key interventions considered the 'five building blocks'. UNICEF, as the cluster co-lead, played a major role, coordinating the provision of early response with the implementation of the five building

Reaching children in South Sudan with crucial nutrition interventions

Since gaining independence in 2011, South Sudan has faced economic crises, widespread food insecurity and the collapse of public services. The outbreak of violence in 2013 only exacerbated these challenges. In 2015 alone, horrific violence and human rights violations forced more than 900,000 children to flee their homes. As a result, food insecurity and malnutrition have reached critical levels. In 2015, the number of children suffering from SAM rose to more than 237,000, compared with 108,000 before the crisis.

Through the Joint Scale-Up Plan launched in July 2014 and continued into 2015, UNICEF and WFP increased the quality and reach of nutrition treatment services for affected children. In 2015, UNICEF and 45 of its implementing partners admitted nearly 149,000 children for SAM treatment, representing 100 per cent of the targeted caseload and 53 per cent more children than were reached in 2014.

During the first three months of 2015, 62 per cent of national SAM admissions were children referred through an innovative social mobilization campaign led by UNICEF and the Ministry of Health. The campaign involved door-to-door active case finding and referral of malnourished children, as well as the provision of WASH and IYCF messages to caregivers. In Northern Bahr el Ghazal, social mobilizers screened nearly 198,000 children under 5 years old, of whom 3.7 per cent and 8.2 per cent were found to be severely and moderately malnourished, respectively.

Despite the achievements, the nutrition response continued to be constrained by the ongoing conflict, poor infrastructure, access constraints in Greater Upper Nile and the spread of fighting to previously stable Western, Central and Eastern Equatoria States. The RRM was therefore a vital mechanism, allowing UNICEF to screen nearly 82,000 children in 37 missions and identify and treat more than 1,100 children suffering from SAM and more than 6,000 suffering from moderate acute malnutrition.

blocks and thereby reaching 90 per cent of the target population. Following the flooding in Malawi, UNICEF supported the Government to establish a humanitarian coordination system within the sector framework, identify information management gaps and develop a plan to address them.

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

Assessing malnutrition rates and monitoring programme performance is a critical part of UNICEF's work to better identify and respond to needs. In Mali, UNICEF continued to work with partners, such as the Government's Système d'Alerte Précoce (Early Warning System) to strengthen information systems on nutrition-related indicators for early warning systems. This effort contributed to improving early warning systems for slow onset food and nutritional crises, which in turn contributed to resilience building among vulnerable communities. In Ethiopia, UNICEF supported the Federal Disaster Risk Management and Food Security Sector/Emergency Nutrition Coordination Unit to produce a monthly national-level, multi-sector early warning and

nutrition information system bulletin. Similarly, monthly updates on regional-level multi-sectoral early warning and nutrition information were given by regions. Based on this information, emergency responses were undertaken in areas where emergency situations were reported and observed. In Chad, a nationwide nutrition Standardized Monitoring and Assessment of Relief and Transitions (SMART) survey was carried out to collect and analyse reliable data on the nutrition situation within the 23 regions. The survey showed a global acute malnutrition rate of 11.7 per cent and a SAM rate of 2.8 per cent.

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

There is increasing recognition that protection, promotion and support for adequate IYCF practices is critical to improving nutritional behaviour in emergencies and supporting infant and child survival. In 2015, more than 4.8 million caregivers of children aged 0-23 months accessed IYCF counselling in humanitarian situations, based on 69 responding countries (80 per cent of the

Globally, UNICEF supported 4.8 million caregivers of children aged 0-23 months with infant and young child feeding counselling in humanitarian situations (80 per cent).

target). In the context of the migrant and refugee crisis in Europe, five mother and baby corners were established in Serbia, providing space for lactating mothers to continue to breastfeed, and for mothers of children under 2 years old to receive information on breastfeeding and IYCF counselling. UNICEF supported the deployment of nurses into these spaces to provide counselling and support the provision of safe, adequate and acceptable complementary foods for children. These spaces benefited some 6,400 babies and 2,900 mothers in 2015.

In Nigeria, where inappropriate IYCF practices contribute to malnutrition, UNICEF had established 369 IYCF support groups across three states by the end of the year, reaching 73,694 caregivers (67,209 female and 6,485 male), including pregnant and lactating women (exceeding the target). A major contributor to the programme's success was the ability to leverage and integrate with other nutrition programming, such as multiple micronutrient powder distribution and community-based management of acute malnutrition, to identify and capture the target population. In Jordan, UNICEF continued to facilitate the IYCF programme, covering refugee camps and host communities (Aqaba, Karak, Irbid, Jordan Valley, Maan and Mafraq). Raba'a Al Sarhan new arrival registration site services included the provision of safe and calm areas for mothers to breastfeed, along with a roving IYCF mobile van designed to conduct sessions in hard-to-reach areas. Overall, 6,469 pregnant and lactating mothers were reached with IYCF education and counselling on breastfeeding through IYCF centres and outreach activities in the camps and host community centres.

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

In Nigeria, the UNICEF nutrition programme worked closely with the UNICEF polio campaign, community volunteers and volunteer community mobilizers, in camp and non-camp settings, to screen 357,881 children under 5 years old (exceeding the target) and admit 84,012 children with SAM to community-based management of acute malnutrition (exceeding the target). As a result, the lives of some 16,000 children with SAM were saved. The scale-up of active case



In September 2015, a child has his middle upper arm circumference and weight measured to assess the presence (if any) and severity of malnutrition at the launch of the UNICEF/WFP Joint Nutrition Response Plan for South Sudan in Aweil, Northern Bahr el Ghazal State.

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finding significantly contributed to the results. In Somalia, despite the volatile security situation, UNICEF reached more than 113,000 children with SAM treatment (75 per cent of the target), with a nearly 92 per cent recovery rate. With support from UNICEF, the Government of Ethiopia adopted and quickly scaled up a phased community management of acute malnutrition approach countrywide as part of the emergency response, using the existing vast network of more than 15,000 outpatient and stabilization centres with more than 38,000 health workers or health extension workers trained in SAM management. In 2015, a total of 350,451 SAM cases were treated in Ethiopia (exceeding the target). Emergency funds were also mobilized to advance delivery of nutrition supplies to respond to emerging needs in the Sahel region.

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

UNICEF continued to provide micronutrient supplies and technical and monitoring support to prevent and treat micronutrient deficiencies during emergencies. In Haiti, with UNICEF support, the Ministry of Public Health and Population reinforced routine micronutrient services in 7 out of 10 departments. Nearly 1.1 million children 6–59 months old received vitamin A supplementation and deworming medication alongside routine immunization activities to boost their immune systems and prevent night blindness. Routine vitamin A coverage increased from 68 per cent in 2014 to 80 per cent in 2015. In Myanmar, in Rakhine State, UNICEF and partners prevented a decline in the nutritional status of 22,612 children (10,439 boys and 12,173 girls) 6–59 months old and 9,942 pregnant and lactating women through multi-micronutrient supplementation (exceeding the targets). In Nigeria, where approximately 70 per cent of children suffer from anaemia, iron deficiency is a national public health problem. As part of the emergency response, UNICEF supported state governments to distribute micronutrient powders among children 6–23 months old, reaching some 23,000 children in 18 camps for internally displaced people and 60 primary health-care facilities across three states with at least 30 sachets of sprinkles, for one-month's supply of supplementation. In addition, 90 camp workers and 300 primary health-care workers in target states received training.

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

UNICEF strives to disseminate information regarding nutrition services in emergencies. In Ukraine, UNICEF

and partners conducted three assessments of IYCF practices and the anthropometric status of children under 2 years old in camps for internally displaced people near conflict zones and in NGCAs. UNICEF information materials on IYCF were substantively revised in October 2015, based on the results, to include specific messages targeting the most problematic behaviours. This new format was widely welcomed by target audiences, and UNICEF printed more than 115,000 copies for partner dissemination. Some 7,000 copies were distributed in protection centres in government-controlled areas to involve local communities. In Mali, UNICEF conducted a study capturing the country's experience with the implementation of the Care for Child Development initiative, designed to raise the importance of early stimulation in the context of food crises. The initiative is a holistic early childhood development intervention that provides information and recommendations for cognitive stimulation and social support to young children, through sensitive and responsive caregiver-child interactions. The implementation in Mali aimed to change the developmental trajectory of affected children, focusing on malnourished children through both clinic and home-based activities. The experience gained through the 100 stimulation centres in the targeted communities (Mopti, Sikasso and Timbuktu) is being considered for expansion at the national level.

Challenges and constraints

The increasing regional-level impact of emergencies, and high levels of nutritional risk and poor nutritional status despite low levels of acute malnutrition in recent emergencies underscore the need for UNICEF to continue to facilitate the update of emergency preparedness and response tools and standards with partners. In 2015, UNICEF laid the foundation for the update of the Infant Feeding in Emergencies Operational Guidance with the Emergency Nutrition Network and Infant Feeding in Emergencies Core Group, in addition to the systematic documentation of models and lessons learned to inform guidance updates. A Nutrition in Emergencies Toolkit was updated to increase access to current tools and examples to enable country-level staff to better operationalize the CCCs for nutrition. Further progress was made to consolidate guidance on risk analysis and investments in national humanitarian coordination capacity for nutrition, which will be translated into guidance roll-out and lesson learning in 2016. Foundations were also laid in 2015 to better understand how UNICEF can deliver on its cluster and programme accountabilities to identify and address technical issues. Areas for systematic improvement were identified, which will guide accelerated investments in 2016 in internal capacity, communication and surge systems to enable UNICEF to deliver on its accountabilities for both cluster and programmes in nutrition emergencies.

HEALTH

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

Mortality and morbidity are critical risks in emergencies. The year 2015 was marked by a number of humanitarian crises affecting the health of women and children, as well as public health situations that became humanitarian crises and presented new challenges. UNICEF's engagement across all sectors in the Ebola response in particular emphasized the vital role that UNICEF plays in strengthening the capacities of governments and partners to respond to health emergencies across the continuum of development, prevention, preparedness, response and recovery. Lessons from the Ebola response also highlighted the importance of improving risk analysis, building capacity for preparedness and expanding efforts to strengthen health systems. In general, UNICEF aims to promote access to essential quality health services, including to address maternal, newborn and early childhood needs, at the household, community and health facility levels, with increasing emphasis on community health approaches.

Global response

In 2015, UNICEF continued to provide relief and support to millions of children across the globe affected by natural disasters, protracted crises, long-term conflict and violence. UNICEF supported some 23 million children 6 months to 15 years old with measles vaccination during the year (43 per cent of the target).³⁶ In response to Cyclone Pam in the Pacific Islands, UNICEF facilitated immunization campaigns and provided cold chain supplies and newborn care kits and services. UNICEF also joined the World Health Organization and partners' efforts to prevent the spread of cholera and provide treatment in cholera-affected countries, including the Democratic Republic of the Congo, Haiti, Iraq, Kenya, Mozambique, South Sudan and the United Republic of Tanzania. The RRM allowed UNICEF to maintain its presence and deliver life-saving interventions in the Central African Republic, the Democratic Republic of the Congo, Iraq, South Sudan and other protracted crisis, despite the challenges.



In May 2015, Chisa Consolata holds her infant, Etangishak, in the cholera treatment centre in Nyarugusu refugee camp, in Kigoma Region, Tanzania. Chisa traveled with her four eldest children from Burundi to Tanzania; cholera has been confirmed along the border between the two countries. The child pictured was born in the camp on 15 May.

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Commitment 1: Inter-agency coordination mechanisms in the health sector (e.g., cluster coordination) are supported and enhanced with links to other cluster/sector coordination mechanisms on critical inter-sectoral issues.

As a partner in the Health Cluster, the Inter-Agency Working Group on Reproductive Health in Crises, the Global Outbreak Alert and Response Network and the International Strategy for Disaster Reduction through the health working group, UNICEF participates in coordination activities, as well as the development of policies, strategies, guidelines, and advocacy carried out at the global, regional and country levels. UNICEF also coordinates with partner agencies, including other United Nations agencies, government agencies, and NGOs. In 2015, UNICEF supported the multi-sector response to the Ebola outbreak, making the necessary linkages between the World Health Organization technical areas (laboratory, surveillance, etc.) and the programme areas where UNICEF leads (nutrition, education, protection and WASH). In Nigeria, UNICEF supported the Ministry of Health in the three north-eastern states with the coordination of all partners' emergency health interventions to ensure the harmonization of services and prevent the duplication of efforts in camps for internally displaced people and communities hosting large internally displaced populations. In Ethiopia, aiming to build national capacity for sustainable results, UNICEF responded to the request of the Ministry of Health to lead the Health Cluster, specifically in the response to the scabies outbreak.

UNICEF provided technical assistance to support the development and final endorsement of the multi-sectoral Strategic National Scabies Response Plan, technical guidelines and communication messages and materials.

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

After Cyclone Pam hit the Pacific Islands, UNICEF implemented an emergency measles campaign in Vanuatu, a country with one of the lowest immunization coverage rates in the subregion. In partnership with the Ministry of Health, UNICEF reached 24,336 children 6–59 months old with measles vaccination (97 per cent of the target). In the Gambia, UNICEF supported the scale-up of life-saving health interventions by expanding services in health centres and at community levels, with a focus on vulnerable areas. A total of 166,630 children 6–59 months old and 47,020 post-partum mothers received vitamin A supplementation. In addition, 228 primary health-care villages and public health facilities received essential drugs for the management of diarrhoea and pneumonia among children. In the Sudan, where the measles outbreak was more than 10 times the country's usual annual caseload, UNICEF procured more than 16 million doses of vaccines for a phased nationwide campaign and reached more than 9 million children 6 months to 15 years old with measles vaccination (56 per cent of the target). The remaining children will be vaccinated in the last phase of the campaign in 2016.

Fighting cholera in Burundi

Cholera is endemic in the lakeshore areas of Burundi that border the Democratic Republic of the Congo and the United Republic of Tanzania. In the second quarter of 2015, a cholera outbreak among the Burundian refugees on both sides of the Burundi-Tanzania border spread rapidly over Nyanza-Lac Health District in Burundi, as displaced people travelled back and forth between the two countries. By the end of the year, a total of 416 cholera cases and six deaths had been reported.

UNICEF worked through local NGOs to address case management and prevent the spread of disease through risk communication, community mobilization and WASH communication activities. UNICEF and the Ministry of Health carried out joint supervision in six health districts in cholera-prone areas, including Nyanza Lac, to ensure that local authorities and partners were adequately managing the epidemic. With funding from the French Committee for UNICEF and DFID, UNICEF was able to maintain its technical and financial support to improve the real-time (or early) reporting of cholera cases and the outcome of case management using RapidPro technology on mobile phones. Emergency cholera treatment kits and associated materials were also provided. All 416 cholera cases received treatment during the year.

A main lesson learned was the importance of pre-positioning cholera treatment kits in epidemic-prone areas to ensure that cholera treatment and adequate management can be quickly accessible to affected populations and to prevent high cholera-related mortality. Moving forward, UNICEF will increase its resource mobilization efforts to cover the anticipated future needs and maintain its participation as a key partner in the health sector.

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

As part of its commitment to providing basic services throughout the life cycle, UNICEF provided high-impact preventive and curative interventions in the most challenging environments in 2015, with special focus on children, girls and women. In South Sudan, UNICEF integrated key health interventions into the multi-sectoral RRM missions to hard-to-reach locations hosting internally displaced persons. More than 1 million children received polio vaccination (82 per cent of the target). Other interventions included the distribution of long-lasting insecticide-treated nets, curative consultations for adults and children, the distribution of clean delivery kits, treatment of malaria, and tetanus immunization for women of childbearing age. RRM missions also reached 45,391 pregnant women in remote or inaccessible areas with antenatal services, including deworming, nutritional supplementation and health education. In Myanmar, UNICEF provided basic health-care services to children and women by partnering with a range of national and international organizations and strengthening government systems to meet health needs in humanitarian settings. The Kachin State Health Department received support to strengthen the capacity of health systems to respond to emergencies and provide sustainable primary health care, routine immunization, and maternal and child health services, including referral support for emergency obstetric care and child illnesses through UNICEF's implementing partner, Health Poverty Action.

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

Communication for Development activities for polio eradication continued in 2015 and played a major role in maintaining public knowledge on the importance of polio vaccination in Iraq, where no further cases of polio were reported 2015. Through large-scale social mobilization efforts, national polio immunization days reached up to 5.4 million children under 5 years old nationwide, including in areas controlled by armed opposition groups. In response to the Burundian refugee situation, in the United Republic of Tanzania, UNICEF supported a social mobilization campaign that led to the dissemination of key messages and actions for hygiene promotion and resulted in the successful administering of oral cholera vaccine to more than 100,000 refugees and local residents. During

the Ebola outbreak, UNICEF led social mobilization and community engagement efforts, which included youth, and supported national efforts to slow the spread of disease and reduce fear, stigma and discrimination. In Liberia specifically, UNICEF trained 750 adolescent girls and boys to disseminate Ebola prevention messages that ultimately reached 8,000 community members in some of the most impoverished areas.

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

The UNICEF 'Warm for Winter' project in Iraq was designed to respond to the needs of vulnerable children and pregnant women. Between October and December 2015, 91,226 internally displaced persons (girls, boys and pregnant women) received warm winter clothing and shoes in seven governorates. After the earthquakes in Nepal, UNICEF winterized shelter homes to protect women and children from the harsh cold and encourage them to continue using the homes. This included the provision of outer coverings, insulation in the walls and floors, hot air heaters, extra blankets and quilts. This effort increased the number of institutional deliveries in health facilities where the shelter homes had been established. Furthermore, UNICEF and the Ministry of Women, Children and Social Affairs distributed 7,720 blankets to children, including children with disabilities, and women, including lactating women, in 14 districts to help them keep warm and safe during cold winters. In the Central African Republic, despite the insecure environment, more than 46,000 highly vulnerable households in hard-to-reach areas affected by the emergency received non-food items.

Challenges and constraints

The response to health in emergency situations, as well as to health emergencies such as the Ebola outbreak, continued to face a number of challenges related to evolving security situations; funding shortages; the limited technical capacity of implementing partners in many conflict areas; continuing military offensives undermining humanitarian access; and supply route blockages. For example, in the Democratic Republic of the Congo, funding shortages in the context of the growing needs, combined with the low accountability of operational health workers and provincial health representatives, significantly undermined the response. In addition, although there have been improvements, risk reduction, resilience and climate change adaptation must be better mainstreamed into national health plans and strategies so that the results achieved under the CCCs generate longer-term benefits for children.



In early August 2015 in Jordan, Rani Masaeed, 12, washes dishes beneath a tent in the desert, near the city of Umm Al-Lulu, Mafraq Governorate. She, her siblings and her father use 200 litres of water daily for cooking, drinking and washing clothes and dishes.

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WATER, SANITATION AND HYGIENE

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

WASH response is a key life-saving action in most emergencies and remains a priority area throughout the humanitarian response. Few crises occur without some disruption to WASH services, be this through the loss of physical access or the disruption of functionality and supply. The degradation of WASH services during times of crisis affects health, nutritional status, and the safety and dignity of children. UNICEF plays a key role in supporting vulnerable populations to gain and maintain access to WASH services in emergencies, both through direct response as well as through its leadership role in the inter-agency cluster system.

Global response

Globally in 2015, UNICEF supported nearly 25.5 million people with access to sufficient water of appropriate quality for drinking, cooking and personal hygiene (84 per cent of the target). In addition, UNICEF supported nearly 6 million people with access to sanitation (56 per cent of the target) and nearly 13.8 million people with access to services and supplies for hand washing with soap (67 per cent of the target). Overall, UNICEF provided direct humanitarian WASH response in a total of 70 countries in 2015. This included responses to complex, protracted emergencies in Somalia and the Democratic

Republic of the Congo, the multi-country response to the Ebola crisis in Liberia, Sierra Leone, Guinea and other countries in West Africa, the severe cholera outbreaks in several countries, including the Democratic Republic of the Congo, Iraq and the United Republic of Tanzania and natural disasters, including the earthquakes in Nepal. The largest intervention in 2015 was in the Middle East and North Africa region, which accounted for 54 per cent of emergency WASH expenditure, and more than half the number of people who accessed water services globally.³⁷ The large number of water beneficiaries during the year is due in part to the large-scale support to water supply systems, notably in the Syrian Arab Republic, where more than 7.1 million people retained or regained access to safe water through UNICEF support for repairs, rehabilitation, and the production and procurement of water purification chemicals. In addition, more than 2.7 million Syrian refugees in Iraq, Jordan and Lebanon benefited from clean water in refugee camps and host communities through water trucking, rehabilitation and maintenance of water systems, drilling of bore wells and water purification.

Commitment 1: Effective leadership is established for WASH cluster/inter-agency coordination, with links to other cluster/sector coordination mechanisms on critical inter-sectoral issues.

UNICEF continued to play a leadership role in WASH emergency coordination in 2015. UNICEF was the WASH cluster lead agency at the global level, and led or co-led the WASH cluster or sector in 66 countries, including in all major humanitarian crises in 2015 and most smaller-

scale crises. The Global WASH Cluster and the Cluster Advocacy and Support Team worked with selected emergency-prone countries to strengthen national capacity for coordination, and in countries where the cluster is active, to advocate and support the transition from clusters into a broader and more sustainable national WASH coordination system. The purpose of this initiative is to support national governments to gradually and progressively transition WASH Cluster coordination (mostly humanitarian) to national WASH 'holistic' coordination mechanisms (including development), and build the capacity of national governments.

In 2015, UNICEF led or co-led WASH sectors/clusters in 66 countries.

The WASH Cluster worked with country clusters (the Democratic Republic of the Congo, the Niger and Somalia) on a new approach involving simple tools for identifying areas to be strengthened in terms of accountability to affected populations. The Global WASH Cluster continued to provide both remote and in-country support for the ongoing emergencies in 2015, despite the limited number of field support teams (six were on board during the year). Field support teams were deployed for a total of 435 days, including for needs assessment, information management and coordination mechanisms, in the Central African Republic, Iraq, Malawi, Nepal, Nigeria, South Sudan, Ukraine, Vanuatu, and the Syrian Arab Republic and the subregion, and for the Ebola crisis. Field support teams and the Cluster Advocacy and Support Team supported 17 countries remotely, including on recruitment, assessment, preparedness and humanitarian needs overview and humanitarian response plan processes.

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

The provision of clean drinking water is a crucial life-saving intervention in emergencies. In Iraq, despite funding challenges, UNICEF supported the provision of safe water for more than 2.3 million internally displaced persons from the start of the crisis in 2014 to the end of December 2015 through the repair of water infrastructure, water tankering or the provision of bottled water (62 per cent of the target). UNICEF specifically supported water tankering for nearly 14,000 non-camp internally displaced persons in scattered locations across seven districts of Dahuk governorate, including in hard-to-reach locations. UNICEF continued to support local authorities to fill service gaps when these arose,

Bringing water and sanitation to people affected by the Syria crisis

The year 2015 witnessed devastating attacks on water and electricity systems that cut millions of people off from water supply sometimes for days and weeks at a time. In the summer of 2015, deliberate water cuts to the main system in Aleppo precipitated a water crisis affecting 2.1 million people.

UNICEF was instrumental in devising and coordinating a consolidated sector response plan focusing on water trucking and equipping ground water wells as alternative sources of water. UNICEF also initiated a working group on hygiene awareness through which the capacity of sector partners was strengthened with regular meetings and trainings that took place throughout the year.

In addition, UNICEF launched the largest water trucking operation in the country, trucking water to 1.5 million people as a life-saving intervention. To promote more sustainable solutions, UNICEF also rehabilitated and equipped alternative water sources, benefiting more than 2.5 million people in Aleppo, Damascus, Dara'a, Idlib and Rural Damascus. Overall, UNICEF provided water treatment, covering 12 million people, including in Raqqa, and rehabilitated and maintained key water and sanitation infrastructure, serving 7.9 million people (exceeding the target), including 2.6 million people located in hard-to-reach areas.

Despite the high risk that cholera would spread due to outbreaks in neighbouring countries, these interventions contributed to the prevention of any water-borne disease outbreaks during the year. These achievements were made possible, in part, by the expansion of the programme to all governorates (including Dara'a, Raqqa and Sweida) beyond the five originally targeted.

including through the provision of sufficient water purification materials to last six months in the Dahuk Directorate of Water. The materials will be used to provide safe water for both Syrian refugee camps and camps for internally displaced persons. In South Sudan, despite the ongoing conflict and worsening humanitarian crisis, UNICEF made significant gains in the delivery of essential WASH services to vulnerable and emergency-affected communities. This was particularly important given that more than 60 per cent of the population is estimated to have reverted to using untreated water sources because

they could not afford to buy safe water. In collaboration with WASH Cluster partners and local authorities, or, where necessary, through direct implementation, 540,328 people were reached with safe water supply (90 per cent of the target).

Globally, UNICEF supported 25.5 million people with access to sufficient water of appropriate quality for drinking, cooking and personal hygiene (84 per cent).

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

Particularly during emergencies, sanitation and hygiene are critical to disease prevention, as well as for human dignity, especially for women and girls. Following the earthquake in Nepal in April 2015, UNICEF's WASH response in the 14 most severely affected districts focused on the provision of WASH services to the population with the objective of preventing illness such as diarrhoea among children and vulnerable groups. Although WASH interventions in remote areas were often hampered due to logistical challenges, including poorly maintained mountain roads and rugged terrain, a total of 410,899 people (199,281 males and 211,608 females) gained access to emergency and sustained sanitation (49 per cent of the target). In Iraq, more than 1.1 million people received hygiene kits and other key hygiene supplies (74 per cent of the target). In Ethiopia, 38,613 people gained improved access to safe latrine facilities. In the Democratic Republic of the Congo, the Rapid Response to Population Movement project played a crucial role in supporting sanitation activities, facilitating the construction of public emergency latrines, family emergency latrines and emergency showers for 144,499 people in 2015.

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

WASH interventions are about sustaining life, not only with safe drinking water and sanitation, but also through the prevention of diseases and infections. In Vanuatu, following Tropical Cyclone Pam, a total of 107,353 people, including children and women, received WASH-related

information to prevent child illness, especially diarrhoea (exceeding the target). Critical WASH-related messages were provided through multiple means, including interpersonal communication, a radio programme, pocket-sized booklets distributed to households and health-care facilities and a mobile phone text message campaign. In Mali, as part of Ebola prevention and response, UNICEF supported the sensitization of communities through mass communication campaigns. Hygiene promotion sessions and hand-washing stations were provided in public spaces such as schools (235), bus stations (100) and at public gatherings during religious celebrations. Schools were specifically targeted in order to reach children: 212 pedagogic advisers and 6,116 school directors and teachers were trained on Ebola prevention; 8,100 pedagogic materials and 15,000 posters were distributed in 1,225 schools; and model lesson guides were produced and distributed in more than 10,000 schools.

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

In 2015, more than 4.1 million children were provided with access to safe WASH in schools and temporary learning spaces (80 per cent of the target). In the Sudan, in the targeted emergency-affected areas, 28,858 school children (13,766 boys and 15,092 girls) in 67 schools gained access to gender-sensitive and child-friendly latrines (gender-segregated and sized for children) with adequate hand-washing facilities. To ensure child-friendly schooling and to contribute to increasing school enrolment rates, especially for girls, within the emergency-affected areas, UNICEF assistance also enabled 53,178 schoolchildren (25,925 boys and 27,253 girls) in 63 basic schools to gain access to improved drinking-water sources. To enhance preventive health and improved nutrition services, visitors and staff of 26 health and nutrition centres were enabled to access and use improved drinking-water sources, while visitors and staff of 21 health and nutrition centres were able to access and use improved gender-sensitive toilets in the emergency-affected areas. In the United Republic of Tanzania, following the cholera outbreak, UNICEF provided latrines and hand-washing stations for the temporary learning

Globally, UNICEF supported 4.1 million children with access to safe WASH in schools and temporary learning spaces (80 per cent).

centres and child-friendly spaces, reaching more than 40,000 children. More than 14,000 girls and women were also provided with reusable sanitary pads.

Challenges

A number of challenges impacted the WASH response in 2015, including lack of sustainable WASH solutions for protracted crises; the substantial reduction in available funding; limited humanitarian access; difficulties responding to dispersed affected populations in urban settings and informal tented settlements; and non-traditional response requirements – for example, in Ukraine and in the context of the European refugee/migrant crisis. In conflict zones, such as in Iraq, ongoing military and armed group operations caused damage and degradation to existing water systems, which required urgent attention. In the Syrian Arab Republic, the year witnessed increasing deliberate and devastating attacks on water and electricity systems, cutting millions of people off from water supply. In the absence of decentralized structures, WASH coordination remained a challenge in countries such as Burundi. In Somalia and the Syrian Arab Republic, the security situations, the limited availability of implementing partners, and monitoring difficulties remained major issues. Moving forward, UNICEF will work to address these challenges through: a) its initiatives under the National Humanitarian Coordination transition; b) pilot studies on humanitarian and development silos (the Democratic Republic of the Congo and South Sudan); and c) remote programming. UNICEF is also strengthening response capacity by improving coordination with other sectors – for example, health and nutrition.

CHILD PROTECTION

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

Emergencies can adversely affect child protection systems by breaking down family and social structures, eroding traditional values and dismantling formal and informal protection mechanisms. These factors can contribute to an increased risk of violence, exploitation, abuse and neglect of children. UNICEF supports targeted child protection services and works to strengthen the overall child protective environment. It is critical that this work encompasses both immediate life-saving protection services in response to humanitarian needs, as well as a longer-term development focus to

strengthen child protection systems, and build community resilience for future emergencies.

Global response

In 2015, UNICEF responded to the protection needs of children affected by armed conflict and natural disasters in 82 countries. Globally, UNICEF provided psychosocial support to nearly 3.1 million boys and girls in 70 countries (97 per cent of the target). UNICEF and partners established child-friendly spaces in response to the refugee crisis in Europe to address child protection concerns, gender-based violence (GBV), and the need for psychosocial support for children on the move. To address GBV in emergencies, UNICEF reached more than 2.25 million girls, women, boys and men across 29 countries through an expanded package of services and material support. This package included risk mitigation, and prevention and response interventions, including safe spaces with a range of asset-building supports, such as dignity kits and multi-sectoral services (related to health, psychosocial needs, livelihoods and justice). In response to child recruitment, the Children, Not Soldiers campaign stimulated significant momentum to implement action plans to prevent recruitment and end grave violations against children in Afghanistan, the Democratic Republic of the Congo, Myanmar, the Philippines, Somalia, South Sudan and Yemen.

In 2015, UNICEF led or co-led the global Child Protection Working Group area of responsibility in 57 countries and co-led the GBV area of responsibility in 8 countries.

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

UNICEF and humanitarian partners continue to play a pivotal role in providing inter-agency global leadership in the areas of child protection and GBV. In 2015, UNICEF led the global Child Protection Working Group area of responsibility in 57 countries and co-led the GBV area of responsibility in eight countries. Through its critical



In September 2015, Aysha, 9, looks out the window from a child-friendly space in Al-Takya Al-Kasnazaniya Camp in Baghdad's Al-Rasheed district. Most of the residents of the camp are displaced by the ongoing violence in Anbar Governorate.

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role within the Global Child Protection Working Group, UNICEF continued to support the building of core child protection capacity and increased the availability of surge support in response to humanitarian crises. In 2015, child protection coordinators were deployed in the Central African Republic, Iraq, Jordan, Nepal, Nigeria, South Sudan and Ukraine. UNICEF spearheaded the revision of the 'IASC Guidelines for Integrating Gender-

Based Violence Interventions in Humanitarian Action' and launched them in September 2015.

UNICEF also continued to co-chair the IASC Reference Group on MHPSS. In 2015, UNICEF convened the global symposium 'Growing up in Conflict: The impact on children's mental health and psychosocial well-being' in collaboration with the Government of the Netherlands,

Child protection for internally displaced children in Iraq

With the numbers of displaced Iraqis increasing by more than 1 million in 2015 and documented cases of grave violations against children on the rise, Iraq remained in the grip of an internationally recognized protection crisis. Children have experienced psychological distress after witnessing violence or experiencing it first-hand. Increasing child labour has exposed children to additional risks, both physical and social, as they miss out on key developmental milestones and opportunities. The combined effects of interrupted schooling, stress linked to disintegrated families, the trauma of multiple displacements, and the breakdown of familiar routines and structures have heightened the risk of Iraq losing a generation of children.

Despite a 45 per cent funding gap for child protection at the beginning of 2015, UNICEF was able to prioritize the protection needs of civilians, including those displaced and otherwise affected by the conflict. This included strengthening the Monitoring and Reporting Mechanism (MRM) to document grave violations of child rights in situations of armed conflict, and providing child protection assistance through the RRM following the onset of the Anbar displacement in April 2015. The No Lost Generation initiative continued to galvanize international concern over the plight of children in Iraq.

Overall in 2015, UNICEF and partners reached 46,500 newly registered internally displaced children (22,314 girls and 24,186 boys) with psychosocial services. Family tracing and reunification, or alternative care services where families could not be traced, were provided for 527 children (279 girls and 248 boys). A total of 50 child-friendly spaces were set up across Iraq, including 38 static and 12 mobile, reaching more than 76,000 children with psychosocial services (70 per cent of the target). Child protection training and awareness-raising sessions reached social workers and international and national NGO staff, improving their knowledge and skills to engage with local communities on child protection issues and connecting children in need of support with available services.

the United States Agency for International Development (USAID) Office of Foreign Disaster Assistance and other stakeholders. The symposium included the participation of more than 140 researchers, MHPSS practitioners, child protection specialists, and representatives from government, United Nations agencies and civil society to advance the implementation of MHPSS programming in humanitarian settings.

At the country level, in Nepal, UNICEF, together with the Government, led the child protection and GBV sub-clusters and four technical groups on MHPSS, unaccompanied and separated children, child-friendly spaces and trafficking to coordinate immediate life-saving response in the aftermath of the 2015 earthquakes. UNICEF also served as provider of last resort when gaps were identified. In Ukraine, through the child protection sub-cluster, UNICEF organized the training of trainers on child protection minimum standards, which included the participation of 45 organizations, including local governments. In Indonesia, with support from UNICEF and Wahana Visi Indonesia, a national partner of World Vision Indonesia, the Ministry of Social Affairs led the contextualization of the Minimum Standards for Child Protection in Humanitarian Action. The Standards, which are available in the Indonesian language, were discussed in a workshop in January 2015 and went through field review in several disaster-affected areas in Indonesia.

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).

As co-chair of the Security Council-mandated Country Task Force on Monitoring and Reporting, UNICEF supported the monitoring and reporting of grave violations committed against children during armed conflict, which is critical to informing the development of appropriate programmatic and advocacy interventions to end and prevent such violations. As such, UNICEF supported the formal drafting and submission of 68 MRM global horizontal notes on children and armed conflict from 17 countries. UNICEF also drafted three country-specific reports on children and armed conflict for the Secretary-General on the situation in Afghanistan, the Central African Republic and Iraq. UNICEF continued to support the ongoing implementation of action plans to end grave violations against children, including through the development of age assessment protocols and procedures to prevent and end the recruitment and use of children under 18 years old within the state forces of the seven countries currently included within the Children, Not Soldiers campaign (Afghanistan, the Democratic Republic of the Congo, Myanmar, the Philippines,

Somalia, South Sudan and Yemen), which was launched by the Office of the Special Representative to the Secretary-General on Children and Armed Conflict and UNICEF in 2014.

In South Sudan, 649 verified grave child rights violations affecting 23,295 children were reported through the MRM in 2015. In Nigeria, an MRM was established through expanded networks of civil society organizations and child rights monitors, with working groups on children and armed conflict set up in Adamawa, Borno and Yobe states. A total of 132 country and state-level members were trained to support the MRM. In Somalia, the Country Task Force on Monitoring and Reporting documented 2,785 grave violations affecting 2,112 boys and 428 girls. UNICEF also continued to coordinate the monitoring of the six grave child rights violations inside the Syrian Arab Republic, where attacks on schools and health centres have increased. In 2015, the MRM in the Syrian Arab Republic recorded 440 verified instances of grave violations resulting from aerial shelling, affecting a total of 391 children.

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

UNICEF focuses on building and strengthening child protection systems for children in emergency response. In the aftermath of the devastating earthquakes in Nepal, UNICEF worked with the Ministry of Home Affairs, the Nepal Police, and the Department of Immigration to reinforce monitoring at border crossings and other strategic locations and to take corrective measures when cases of trafficking were intercepted. UNICEF supported capacity building through trainings for immigration officers on how to identify and take action in preventing possible cases of trafficking at the border areas, and supported the Nepal Police to establish and/or strengthen 84 police stations and checkpoints around the country to prevent and respond to child trafficking. A total of 1,472 victims of trafficking (316 boys and 369 girls; 617 women and 170 men) had been intercepted as of December 2015 and provided with an integrated response through temporary shelters, psychosocial support and health services. In the context of the migrant and refugee crisis in Europe, UNICEF advocated for child-friendly facilities and mainstreamed child protection and GBV prevention standards during the set-up of transit centre facilities. Response efforts were scaled up in eastern Turkey at departure points, and other UNICEF offices in the subregion increased their preparedness and readiness to respond to refugee and migrant populations on the move. As of the end of December 2015, 81,000 children had benefited from UNICEF-supported child-friendly spaces along the route.³⁸ In the former Yugoslav Republic of Macedonia, UNICEF supported two child-friendly spaces

near the border with Greece and near the border with Serbia. The child-friendly spaces were used to reach 38,000 children, including 2,780 unaccompanied children and 471 children with disabilities who benefited from recreational activities, psychosocial support and referrals to appropriate services, including medical referrals.

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

In 2015, UNICEF continued to protect unaccompanied and separated children in all emergencies. During the year, 32,152 unaccompanied or separated children received alternative care services and 24,136 children in 41 crisis-affected countries were reunified with families and caregivers. In the Sudan, the National Network on Alternative Family Care registered 1,866 unaccompanied and separated children (85 per cent of the target). Of these, 791 children were placed in foster family care/*kafala*, and 300 South Sudanese children were reunified with their families. In Nepal, following the earthquake, 113 unaccompanied children were reunified with caregivers or placed in alternative care and 266 separated children were reunited with family and relatives. In Kathmandu, UNICEF and partners identified 137 unaccompanied children, of which 73 have been reunified/placed in alternative care and 64 are in the process of tracing their families for reunification (100 per cent of the target). In Nigeria, 1,589 unaccompanied or separated children were identified and provided with appropriate alternative care (79 per cent of the target). In addition, 1,097 unaccompanied and separated children identified in camps for internally displaced persons were reunified with their families or offered alternative care arrangements (64 per cent of the target).

Globally, UNICEF supported the reunification of more than 24,000 unaccompanied and separated children with their families or caregivers.

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

Emergencies often increase threats and heighten risks of violence, abuse and exploitation; this risk is often specifically heightened among girls and women. In Somalia, UNICEF assisted 8,862 survivors of GBV

through legal counselling (exceeding the target) and provided another 1,668 survivors with material assistance (exceeding the target). In the refugee settings in Gambella and Shire in Ethiopia, 78,934 children identified as vulnerable to violence, exploitation and abuse received multi-sectoral assistance, including child-friendly spaces and psychosocial support (exceeding the target). In Afghanistan, 5,931 boys and girls affected by conflict and emergencies, including separated children and GBV survivors, benefited from multi-sectoral services (99 per cent of the target). In Nepal, UNICEF undertook a range of efforts to promote and strengthen the resilience of national and community-based systems to prevent and mitigate GBV, and enable survivors and those at risk of GBV to access care, welfare and protection support. Additionally, UNICEF supported the mobilization of 20,670 women by establishing 3,445 women's groups in 14 earthquake-affected districts. In Sierra Leone, UNICEF supported 1,428 girls and women through services to address sexual violence in the context of the Ebola outbreak. In addition, some 9,800 girls received life skills training to increase their capacity to understand how and where to access support in response to sexual exploitation and abuse.

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

Globally, UNICEF supported 3.1 million children with psychosocial support (97 per cent).

The provision of psychosocial support is a critical aspect of emergency response, both in conflict and disaster contexts. In 2015, UNICEF-supported psychosocial interventions reached significant numbers of children in complex and high-threat settings. In the context of the migrant and refugee crisis in Europe, some 7,000 children received psychosocial support in child-friendly spaces established in Croatia. In the State of Palestine, UNICEF provided structured child protection and psychosocial support services, including individual and group counselling to 85,880 children (51 per cent of the target). In the Syrian Arab Republic, UNICEF expanded its outreach through additional NGOs and provided 454,771 children and caregivers with structured psychosocial support and child protection awareness interventions (exceeding the target). In the subregion (Egypt, Iraq, Jordan, Lebanon and Turkey), some 377,000 Syrian refugee children accessed psychosocial support (95 per cent of the target) and some 17,000 children received specialized child protection services (81 per cent of the target).

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

The impact of conflict, the transnational presence of armed groups, and the recruitment and use of children through abduction, as well as the use of social media towards these ends, continues to be of major concern. In 2015, UNICEF supported the release of more than 9,955 children from armed forces or armed groups (21 per cent of the target) and 6,896 children received reintegration assistance, including psychosocial support, education, life skills, training and livelihood support (*see the conclusion of this chapter for explanation of low achievement against the targets under this commitment*). In the Greater Pibor Administrative Area of South Sudan, UNICEF successfully advocated for the release of 1,755 children from the Cobra Faction, including 5 girls, and is now supporting these children with a range of socio-economic reintegration programmes (12 per cent of the target). These children and their communities are being provided with long-term multi-sectoral assistance designed to minimize the risk of re-recruitment. Similarly, 146 boys formerly serving in the Myanmar Armed Forces received reintegration support in 2015, including medical support, formal education support, vocational training and/or income generation support. In the Democratic Republic of the Congo, 4,488 children (3,844 boys and 644 girls) associated with armed forces or armed groups were released in 2015 (exceeding the target) and more than 5,000 children associated with armed forces and groups received reintegration support (exceeding the target). UNICEF also supported the development of release and reintegration strategies in the Central African Republic, Colombia and South Sudan, including the socio-economic strengthening and reintegration of children formerly associated with armed forces and armed groups.

Commitment 8: The use of landmines and other indiscriminate or illicit weapons by state and non-state actors is prevented, and their impact is addressed.

UNICEF remains a strong advocate against the indiscriminate use of lethal weapons (i.e., landmines, cluster munitions, small arms). In the Syrian Arab Republic, UNICEF and partners reached more than 1 million children in nine governorates with messages on the risks of explosive remnants of war through school-based risk education programmes (73 per cent of the target). In Eritrea, UNICEF conducted positive behavioural change assessments in 61 schools in Anseba, Debub and Zoba Gash-Barka regarding the threat posed by landmines and explosive remnants of war in the conflict-affected

communities. The results of the assessment indicated that the schoolchildren's knowledge, attitudes and practices had significantly improved. In Turkey, UNICEF continued mine risk education in Hatay and Sanliurfa provinces and reached 5,795 Syrian refugee children and parents in 2015. In Mali, UNICEF mobilized partners to sensitize communities in high-risk areas on mine risk education through public awareness events and posters and banners in schools. Some 150 community focal points were trained to conduct risk education activities and approximately 379,595 persons were reached, half of whom were children (exceeding the target). In Myanmar, some 15,000 school-age children and internally displaced persons were reached with mine risk education in areas most affected by landmines and other explosive remnants of war. In addition, UNICEF developed a mine risk education toolkit based on the findings of a 2015 knowledge, attitude and practices survey and rapid assessment.

Challenges and constraints

In 2015, the increased number of emergencies requiring immediate life-saving protection assistance, as well as the number of ongoing protracted emergencies in a climate of limited resources, challenged UNICEF's ability to reach children affected by crisis with child protection services. In addition, the response was limited by lack of humanitarian access to some of the most emergency-affected and remote areas; ongoing insecurity; attacks against humanitarian workers, health centres, schools and other civilian structures; and complex operating environments. Blatant disregard for international humanitarian law and international human rights law in situations of armed conflict continued throughout the year, with parties to conflict committing grave violations of child rights despite multiple country-specific United Nations Security Council resolutions calling for adherence to international law and for parties to end and prevent such abuses. Programme implementation was at times constrained by the lack of child protection partners on the ground, and the varying levels of capacity. In the context of the Ebola crisis, some elements of UNICEF's child protection in emergencies response could not be fully applied, such as child-friendly spaces when children needed to be kept at home to avoid disease transmission. Moving forward, UNICEF will continue to strengthen monitoring and reporting and information-sharing, build new partnerships, make use of innovative technologies and approaches, and support the development of inter-agency global standards to address the challenges.

EDUCATION

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

Conflicts and natural disasters often cause extensive damage to communities. Emergencies can disrupt schooling and learning for a considerable period of time. In 2015, humanitarian emergencies and protracted crises affected the education of more than 80 million children and young people 3–18 years old. In situations of emergency and chronic crisis, education provides physical, psychosocial and cognitive protection that can be both life-saving and life-sustaining for children and adolescents. Education offers safe spaces for learning and provides a sense of normalcy, stability and hope for the future that helps to protect children against exploitation and harm; and provides life-saving knowledge and skills during emergencies. Education is an integral part of emergency response that is critical to strengthening the resilience of education systems, and contributes to the longer-term recovery and economic stability of affected communities.

Global response

More than 7.5 million school-age children in humanitarian situations accessed formal or non-formal basic education in 2015 through UNICEF-supported programmes (70 per cent of the target). In Ebola-affected countries in West Africa, despite school closures due to heightened risk of transmission, UNICEF and partners developed simple protocols for the safe operation of schools. More than

3.3 million Ebola-affected children were enrolled in some 15,000 schools, while distance learning programmes provided through community radio reached an estimated 1 million children. In Latin America, UNICEF is working with the Global Business Coalition for Education on a campaign titled the 'Strong Schools and Communities Initiative: Working together to build safe schools and protective learning environments' aimed at galvanizing action from students, communities, schools and the private sector to keep schools safe from armed violence. During the year, UNICEF's engagement in refugee crises expanded in the Syrian Arab Republic and neighbouring affected countries, where one in four schools is destroyed, damaged or occupied.³⁹ In the Middle East and North Africa, for example, UNICEF finalized the preparatory work for launching the Syria Curriculum and Certification Initiative, which aims to provide vulnerable, marginalized children, including Syrian children, as well as out-of-school children within host communities, with a quality e-learning platform to ensure access to basic education through alternative education modalities.

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 2015, UNICEF led or co-led the education sector or cluster in 66 countries. Overall, 14 out of 21 countries reporting (where UNICEF was appointed as the lead agency within an activated Education Cluster) had a coordination mechanism for education that met CCC

The Safe School and Learning Environment Regional Strategy in West and Central Africa

The year 2015 saw UNICEF face complex issues in its education in emergencies responses in the West and Central Africa region. These included attacks on education in conflict-affected contexts such as Nigeria, as well as school closures in Ebola-affected countries aimed at decreasing the risk of disease transmission among children.

In response, UNICEF and partners renewed emphasis on risk analysis and the need to define standards for safe learning environments throughout the region, as part of humanitarian response. In 2015, UNICEF and UNHCR co-hosted a regional, multi-country education meeting focused on addressing education access and quality issues for children affected by the refugee crisis through the harmonization of interventions, the strengthening of partnerships and the establishment of approaches for implementing protective environments for children.

A key result of the meeting was the development of the Protocols for Safe School Environments in the Ebola Outbreak. Next steps will include adapting the results of the meeting at the country level. In 2016, UNICEF will host a second regional education meeting with UNHCR and government partners to develop risk-informed country action plans and safe schools and learning environment strategies.



In March 2015 in Guinea, a girl looks up from writing in a notebook while attending class at the Mangalla school, in the town of Guékédou, Guékédou Prefecture. Because of the Ebola virus disease outbreak, schools across the country remained closed after the conclusion of the summer 2014 holidays and finally reopened on 19 January 2015. UNICEF and partners have worked to reduce, as much as possible, the risk of Ebola virus disease transmission.

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In 2015, UNICEF led or co-led the education sector/cluster in 66 countries.

standards for coordination (compared with 11 out of 15 such countries in 2014). This indicates that the need for strong education coordination increased as the number of humanitarian situations grew. The results are also indicative of the positive and productive cluster co-lead partnership between UNICEF and Save the Children in the context of the Education Cluster Steering Group and at the country level (UNICEF co-leads the Education Cluster with Save the Children in Iraq, Myanmar and Turkey). In Myanmar, this collaboration led to a) education-focused conflict analysis; b) conflict-sensitivity review; c) a study on inclusiveness of temporary learning spaces; and d) an education sector assessment in selected townships in Rakhine State. UNICEF also continued to support national and state-level education in emergencies sector groups to ensure a timely, coherent and effective education response by mobilizing and coordinating stakeholders to respond in a strategic manner and to develop sector preparedness capacity. One example was the response to Myanmar's flood in mid-2015, whereby UNICEF led the coordination of responders and supported local education authorities in affected areas to set up education coordination groups. UNICEF also leveraged a new partnership with World Vision to support the emergency repair of schools and help strengthen the disaster resilience of school communities. In Iraq, UNICEF continued to collaborate with the Ministry of

Education in Baghdad and Erbil. UNICEF's consistent leadership has been key to developing a clear response plan and providing regular updates on available resources and the response.

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

Enabling school-aged children, including preschool pupils and adolescents, to access quality, formal and non-formal education is a UNICEF priority intervention in emergencies. For example, in Kenya, UNICEF reached 88,788 children (38 per cent girls) drawn from eight target counties and the refugee settlements of Dadaab and Kakuma and their host communities, with various education interventions (exceeding the target). These included capacity building/trainings, provision of temporary learning spaces; out-of-school children campaigns for increased access; in-service teacher training conducted for a total of 679 teachers (30 per cent female); provision of alternative education;

Globally, UNICEF supported 7.5 million school-aged children in humanitarian situations with formal or non-formal basic education (70 per cent).

provision of emergency education supplies; peace education; psychosocial support; and school food assistance programmes. In Turkey, to address the high number of out-of-school children in the context of the Syrian refugee crisis, the UNICEF education response focused on school construction, renovation and refurbishment. A total of seven schools and temporary education centres were constructed. Meanwhile, learning materials were distributed to 284,124 students (exceeding the target), including 220,000 during the back to school period in the third quarter of 2015.

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

In 2015, UNICEF continued to support safe learning environments for children in crises. Globally, UNICEF continued its advocacy with the Global Coalition to Protect Education from Attack, commissioning the paper 'What Ministries Can Do to Protect Education from Attack'. UNICEF also brought together teams from 11 different countries (Afghanistan, the Central African Republic, Colombia, the Democratic Republic of the Congo, Kenya, Mali, Nigeria, Pakistan, Palestine, Somalia and South Sudan), as well as practitioners from Nepal and the Sudan, to create three-month country action plans to address attacks on education. In Somalia, for example, this resulted in the signing of the Safe Schools Declaration one week after the workshop ended. In Nepal, in collaboration with the Government and implementing partners, UNICEF established 1,599 temporary learning centres, benefiting some 159,900 children and adolescents 3–18 years old to provide them with safe and quality learning environments. In addition, 568,380 children were supported with education supplies and 5,474 teachers were trained on psychosocial support and life-saving messages for children. In Nigeria, the education response focused on the provision of safe and secure learning environments for conflict-affected children. Through the Back to School campaign in October/November, UNICEF enabled 216,885 children (85,634 girls and 131,521 boys) to access education (exceeding the target).

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

Psychosocial support activities are essential to ensuring that the trauma of children and their education service providers and caregivers is addressed in crisis contexts as communities strive to return to a sense of normalcy.

In Vanuatu, in the aftermath of Cyclone Pam, UNICEF supported the production of a 'tips for teachers' book and a student workbook to help primary teachers address children's psychosocial needs and anxieties, along with messages on disaster risk reduction. As a result, up to 30,000 young children gained access to psychosocial support services. A partnership was also developed with the Vanuatu Society for Disabled People to support the emergency response for disabled children. In addition, UNICEF Pacific distributed 83 recreation kits, allowing 6,640 children (28 per cent of the affected primary schoolchildren) to play sports and games. In South Sudan, UNICEF and implementing partners trained 7,678 teachers (25 per cent female), early childhood development facilitators and parent-teacher association members on education in emergencies; disaster risk reduction; pedagogy; life skills; peacebuilding and child-centred teaching methods; and to provide psychosocial support to children affected by conflict. In Nepal, in the aftermath of the earthquakes, a total of 5,474 teachers were trained on psychosocial support and life-saving messages for children. In Iraq, 1,425 teachers and education personnel were trained to provide psychosocial support in the classroom. These trainings improved teachers' ability to manage the learning needs of children who may require additional support after weeks or months outside the formal education system, or who have experienced stress as a result of their displacement.

Commitment 5: Adolescents, young children and caregivers access appropriate life skills programmes and information about the emergency, and those who have missed out on schooling, especially adolescents, receive information on educational options.

In Jordan, in the context of the Syrian refugee crisis, UNICEF supported the scale-up of alternative education opportunities as an immediate stop-gap solution for out-of-school girls and boys. This has been integrated into a comprehensive approach to programming, called Makani/'My Space'. The Makani model fits within the No Lost Generation framework to offer cost-effective, multi-sectoral services to children, young people and women and to create an environment that helps improve their safety, health and well-being as well as to provide young people in Jordan with skills to help them shape their future. By the end of December 2015, UNICEF developed a network of 149 operational Makani centres, maximizing existing partnerships with non-governmental and community-based organizations. As of December, 168,003 children (52 per cent girls) were registered with Makani centres and other child- and adolescent-friendly

spaces. In Myanmar's Rakhine and Kachin States, where UNICEF and partners play an instrumental role in fulfilling the education provision gap, UNICEF made significant improvements for post-primary school-age children through the provision of non-formal temporary learning spaces, adolescent centres and support to middle schools. In South Sudan, to counteract the impact of the conflict on children and youth, UNICEF mainstreamed components of the pre-existing Peacebuilding, Education and Advocacy Programme into the emergency response, focusing on psychosocial support, conflict mitigation and community mobilization to increase resilience against conflict and facilitate the protection of vulnerable populations, especially children. A total of 1,566 adolescents and youth were trained on peer education (an effective way of reaching children who need special attention to adjust to school and cope with conflict), as well as psychosocial and peacebuilding support to younger children.

Challenges and constraints

Although the share of global humanitarian funding for education rose to 2.6 per cent in 2015, up from the baseline of 1.9 per cent, funding for education in crises remains a significant challenge to ensuring that all children have access to safe, quality and equitable education in crises. Funding remains fractured, unpredictable, a low priority in appeals and provided over short-term horizons. Inadequate funding has also made it difficult to create strong links to transition planning and education sector development goals. To respond to these challenges, UNICEF participated in efforts in 2015 to advance financing reforms in education via the International Commission for Financing Education. Multiple stakeholders built consensus around establishing a new Education Crisis Platform, which has evolved into a joint global initiative to mobilize collective action and funding for education in emergencies. To further this work in a timely manner, UNICEF commissioned the Overseas Development Institute to conduct a thorough analysis of the scope and value of an education in emergencies platform through financial support from Norway, USAID and DFID. Additionally, UNICEF has provided significant technical leadership, hosted various working groups, and supported the Inter-Agency Network for Education in Emergencies to host a global, online consultation as a participatory mechanism for global stakeholders to influence the platform's priorities and approaches. UNICEF will continue to take a leadership role in these efforts in 2016 in the lead-up to the World Humanitarian Summit.

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.

Disease outbreaks, conflict, natural and human-made hazards and economic and political crises can disrupt HIV services and supplies, decrease treatment adherence and retention, and increase the risk of new infections due to the breakdown of protective societal norms or behaviours. Humanitarian situations can therefore hinder progress towards UNICEF's vision of an AIDS-free generation. To address current and future challenges, UNICEF has continued to work with development and humanitarian partners to conduct risk analysis that enables effective emergency response, facilitating the continuation of and equitable access to life-saving HIV treatment and care for children and women living with HIV.

Global response

In 2015, 59 per cent of the HIV-positive pregnant women targeted by UNICEF in humanitarian situations continued treatment to prevent mother-to-child-transmission (PMTCT) of HIV. This increase from 53.5 per cent in 2014 shows some progress towards the Strategic Plan target of 80 per cent by 2017, though much work remains to be done. During the year, the HIV programme intensified efforts to strengthen the effective integration of HIV activities into emergency response and to strengthen systems prone to multiple risks. As a member of the Inter-Agency Task Team to address HIV in Humanitarian Emergencies, UNICEF advocated for a minimum HIV service package in the Central African Republic and South Sudan to support the restoration of public health services during emergencies.

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

Awareness of HIV/AIDS modes of transmission and access to prevention and treatment information remain a priority for UNICEF. In Djibouti, although life skills activities in refugee camps could not take place as planned due to the lack of an implementing partner with the required

capacities, the life skills programme for HIV prevention still managed to reach some 6,600 at-risk adolescents and youth in Djibouti City, as well as Arta, Obock and Tadjourah regions. UNICEF trained 600 adolescents and youth on the life skills approach, enabling these participants to raise awareness on HIV among some 6,000 peers. In the refugee host community in Kenya, UNICEF reached a total of 12,186 adolescents and young people through a toll-free call centre with counselling and HIV information. A network of 1,500 adolescents living with HIV and AIDS continued to receive HIV information through the Sauti Skika initiative, and 263 adolescents (112 male and 161 female) living with HIV benefited from peer support groups.

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

In conflict-affected areas of the Central African Republic, with UNICEF technical support, the Ministry of Health was able to reactivate 76 per cent of the PMTCT sites. As a result, some 35,000 pregnant women were tested for HIV, and some 510,000 adolescents were provided with HIV counselling and testing in Bangui and Bosanko. Medical and nutritional support was provided in all the active PMTCT centres. Children living with HIV were tested in SAM and tuberculosis units, revealing that 23 per cent of children with SAM and 44 per cent of children with tuberculosis were HIV-positive. Between

January and June 2015, in the three most flood-affected districts of Malawi, a total of 757 children with SAM were admitted to the nutrition recovery units. Overall, 77 per cent of the children admitted were tested and 26 per cent (151) were found to be HIV-positive. A total of 61 per cent of the HIV-positive children initiated ART.

In 2015, UNICEF supported 16,600 HIV-positive pregnant women to continue antiretroviral therapy (59 per cent).

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

In Malawi, heavy rainfalls in January 2015 caused severe flooding in the country, affecting the most densely populated southern regions with the highest HIV prevalence rates. A total of 638,000 people were affected countrywide, out of whom an estimated 52,137 were living with HIV and in need of ART. This included 9,215 pregnant women and 842 children residing in the three most flood-affected districts. In recent years, Malawi has made significant progress in tackling HIV. Adequate risk-informed planning, preparedness to natural hazards and flexible programming ensured the continuation of and access to HIV services during the flood. Decentralized

Reaching people with HIV with treatment in non-government-controlled areas of Eastern Ukraine

Since 2014, the armed conflict in eastern Ukraine has resulted in extensive humanitarian suffering and significant displacement. Following a UNICEF assessment in Ukraine in March 2015, it became clear that stock-outs of life-saving antiretroviral (ARV) medications and interruptions in treatment in the NGCAs presented a serious threat to the lives of children and families living with HIV, and a public health risk to the entire country.

To address this, UNICEF worked with key partners and through the health sub-cluster on HIV and tuberculosis to develop and submit an application for funding to the Emergency Fund of the Global Fund to Fight AIDS, Tuberculosis and Malaria. As a result, in 2015, UNICEF signed a US\$3.7 million agreement with the Global Fund for the emergency provision of HIV supplies in NGCAs in eastern Ukraine. The agreement enabled the continuation of ARV treatment for one year for more than 8,000 adults and children living with HIV, as well as HIV testing for more than 31,000 pregnant women and their children. As part of the implementation, the optimization of treatment regimens was introduced in the NGCAs and 90 per cent of patients were switched to a first-line antiretroviral therapy (ART) regimen.

The advantage of the optimization is the replacement of several ARVs through combination one-tablet effective ARV, which simplifies the taking of medicines by patients, thereby increasing adherence to ART. Optimization also resulted in cost saving in the procurement of ARVs. To monitor ART optimization, UNICEF provided technical assistance to health facilities and analysed the results of the optimization of treatment regimens, in collaboration with an expert group under the health sub-cluster on HIV and tuberculosis.

distribution and storage meant that flooded roads did not impact the distribution of ARV medications. As a result, antenatal care initiation was not disrupted and treatment drop-outs among pregnant women living with HIV showed no increase in flood-affected districts.

Mobile clinics were primarily staffed by health surveillance assistants and community health workers who provided a wide range of health services at the camps, including HIV testing and counselling, ART, malaria, nutrition, and maternal, newborn, and child health services. Having a cadre of both health staff and community health workers trained in HIV to conduct community outreach and provide community-based services was integral to the effectiveness of the response. In Haiti, despite continued challenges, including the cholera epidemic, drought and food insecurity, UNICEF, in partnership with United Nations agencies and international and local NGOs, continued to support the Ministry of Public Health and Population to ensure equal access to quality integrated health care for vulnerable women, adolescent and children. In 2015, 87 per cent of pregnant women diagnosed with syphilis were treated, 91 per cent of HIV seropositive pregnant women were placed on ART and 88 per cent of HIV-exposed infants received ARV prophylaxis.

Challenges and constraints

Awareness on HIV and AIDS is still low in many countries. Historically, consideration of people affected by humanitarian emergencies in HIV programmes has not been integrated well enough or addressed in high HIV prevalence settings, and even less so in low prevalence settings or in concentrated epidemic settings. For those affected by humanitarian emergencies, access to HIV prevention and/or life-saving treatment is often not prioritized or is limited and inadequate in scope; in many cases, it is non-existent. In countries where HIV services are available and accessible, the onset of violent conflict or disaster, possibly resulting in forced displacement and the collapse of health systems, may lead to increased vulnerability to HIV infection or interruption of treatment. Moving forward, UNICEF will focus on improving risk analysis, building capacity, and working on a multi-sector level with clusters, internally and externally, to ensure that HIV is included in guidance.

SOCIAL INCLUSION

The impact of humanitarian crises is more severe in places where deprivation and exclusion are also high. Those most exposed and most affected are also often those who are already worse off and marginalized within their societies. When humanitarian responses fail to take the needs, suggestions and voices of the most vulnerable into account, the prospects of the poorest

children do not improve, and cycles of violence and poverty are perpetuated.

To minimize the impact of crises on the poorest and most vulnerable, in 2015, work in the outcome area of social inclusion in humanitarian settings focused on 1) working with national and local governments to improve preparedness, prevention and response to shocks and cumulative stresses, taking account of the most marginalized children and families; 2) strengthening social protection responses before, during and after crises, in ways that promote humanitarian outcomes, increase resilience and catalyse longer-term social protection system development; 3) promoting peacebuilding with young people to increase understanding and reduce future conflict; and 4) keeping vulnerable groups visible during emergencies, by facilitating consultation directly with affected populations as part of HPM and accountability to affected populations.

Improved national and local government preparedness, prevention and response

The integration of disaster and conflict risk into national planning and monitoring systems has been steadily increasing, from 64 per cent in 2014 (96 countries) to 74 per cent in 2015 (113 countries). In Kyrgyzstan, UNICEF successfully completed the 'Reducing disaster vulnerability of children in Kyrgyzstan' project, which supported the Government to carry out physical assessment of school and preschool buildings and contributed to the Government's efforts to ensure the safety of education facilities against natural hazards.

Social protection

Building on its strong presence in fragile states, its diverse country experience in social protection and its leading work in humanitarian action, UNICEF continued to strengthen social protection systems in fragile contexts and to reinforce linkages between humanitarian action and social protection programming. In 2015, a total of 42 countries (up from 35 in 2014) supported governments to include emergency prevention, preparedness and response in their social protection systems. Similarly, 35 countries (up from 24 in 2014) supported sustainable social protection system building as part of humanitarian programming.

In 2015, UNICEF supported governments to develop, strengthen or support social protection systems in fragile and conflict-affected areas such as Afghanistan, Burundi, Somalia, South Sudan, the State of Palestine and Yemen. In other countries such as Jordan, Nepal and Sierra Leone, UNICEF has worked during emergency response and recovery to advocate for the strengthening of existing systems. In Lebanon, UNICEF has been working with

partners to identify ways to integrate internally displaced persons, refugees and returnees into existing social protection systems. This has included supporting the Ministry of Education and Higher Education to provide free education up to Grade 9 for all children – Lebanese and non-Lebanese – in public schools, ensuring that school registration, tuition fees, and the cost of school books and stationary are covered. The Ministry also assessed the feasibility of introducing a cash grant to address the barriers that Lebanese, Palestinian and Syrian children face in accessing education.

At global, regional and national levels, UNICEF used its position across the humanitarian-development nexus to facilitate discussions between actors from multiple sectors, ministries, NGOs and partners working in both humanitarian and development assistance to find ways to further link social protection and humanitarian action, and to transfer the chronic caseload taken care by humanitarian actors in social protection. UNICEF worked closely with other partners such as DFID, WFP, the European Commission's Humanitarian Aid and Civil Protection department and the World Bank to identify joint areas of work and learning.

Building peace and strengthening resilience

Strengthening the responsiveness, equitable management and equitable delivery of basic social services and related institutions that can contribute to

building sustainable peace and development is another important area of UNICEF engagement. In 2015, in the Philippines, UNICEF supported interventions led by the Government responding to humanitarian needs created by the protracted violent conflict. In partnership with the Autonomous Region in Muslim Mindanao and the Government at the provincial, municipal and barangay levels, UNICEF supported the local government units to extend critical services for child survival and development into the identified conflict-affected areas where these services were previously non-existent. In Pakistan, UNICEF implemented a child-friendly schools approach, with a focus on curriculum development and teacher training, in 50 selected government schools, including 30 in areas hosting Afghan refugees, to promote peaceful co-existence between the refugees and local residents.

In addition, in an effort to expand UNICEF's capacity to more effectively support the engagement of adolescents as peacebuilders, a competency framework for adolescents was developed to be used by programme managers and practitioners as a tool in their peacebuilding programmes. This framework outlines the competencies and skills that adolescents need to have to play an active role in peacebuilding efforts.

Accountability to affected populations

In 2015, more than three quarters of countries surveyed reported that affected populations were consulted during one or more phases of humanitarian programming

The Emergency Top-Up Cash Transfer Programme: A humanitarian response and a catalyst to enhancing the social protection system in Nepal

In 2015, UNICEF provided financial and technical assistance to the Government of Nepal to implement an Emergency Top-Up Cash Transfer Programme for vulnerable groups affected by the earthquakes. The programme aimed to meet immediate household expenditure needs and to increase household resilience by reducing the use of negative coping mechanisms.

A total of US\$15 million in financial assistance was provided in US\$30 grants to a total of 434,690 beneficiaries of existing government social assistance programmes in the 19 most earthquake-affected districts, as a top-up to regular government payments. The programme reached the five categories of social assistance beneficiaries, including: senior citizens 70 years old and above; widows and single women 60 years old and above; people with disabilities; Dalit children under 5 years of age; and highly marginalized indigenous ethnic groups.

An independent assessment showed that the programme achieved very high coverage and that the cash was most commonly used to meet basic daily needs such as food (81 per cent), medicines (45 per cent), household essentials (37 per cent) and clothing (32 per cent). As well as providing immediate relief to those affected by the earthquakes, UNICEF used this intervention as an opportunity to strengthen and progressively scale up the child grant (a regular government social transfer programme for children), reinforce the building blocks of an integrated social protection system, and help develop a model for social transfers that work in both regular development and emergency contexts.

processes. For example, in the Ebola-affected countries of West Africa, UNICEF led the establishment of a special needs group (i.e., special communication needs) to ensure the active inclusion of people with hearing, visual or physical impairment in all community-led planning and decision-making processes. In Nepal, UNICEF collaborated with child rights organizations, local government (village development committees) and the National Government to organize consultations with more than 1,800 children in the 14 earthquake-affected districts to understand their concerns. Children discussed issues related to shelter, education, toilets, health, hygiene, grief due to loss of family and friends, privacy, harassment and increased work burdens. Following the consultation, participants were provided with life skills education aimed at increasing resilience, and local bodies are being trained to better address the disaster-related issues raised and link those issues to upcoming planning processes.

Challenges and constraints

Undertaking social inclusion programming in humanitarian contexts is challenging. Fragile states face crucial gaps in capacity, security and legitimacy, while political and financial support from the international community is often fragmented and unpredictable. Additionally, existing funding mechanisms do not allow for the exploration of adequate or appropriate solutions to address the underlying factors and drivers of crises. In terms of capacity constraints, while initial investments have been made to reinforce internal and external capacity and provide technical support in this area of work – for example, by hiring a full-time person dedicated to cash-based programming and social protection in humanitarian and fragile contexts – more investments are needed to take the work to scale and address existing gaps.

Moving forward, UNICEF will continue to work with partners to strengthen government capacities in risk assessment and analysis. Country offices will also continue to support governments to include emergency prevention, preparedness and response in their social protection systems/programmes. Given the urgency of these tasks – notably in view of the growing number of humanitarian crises and climate change predictions – UNICEF will make internal investment to strengthen the organization's capacity and the capacity of counterparts in this area. UNICEF will also leverage its work in social protection and local governance to bring together key actors from multiple sectors, ministries and NGOs and strengthen the bridge between humanitarian and development programming. UNICEF will engage with the World Humanitarian Summit process to advocate for these changes and will also explore additional funding mechanisms for social inclusion in humanitarian settings in 2016.



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In Nepal, the emergency cash grant has been distributed to nearly 435,000 vulnerable people who have been receiving cash grants under the Government's social welfare scheme

SUPPLY AND LOGISTICS

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

Global response

In 2015, UNICEF supported emergencies worldwide by delivering supplies worth a total value of US\$147.8 million. This included direct support to 51 countries in emergencies (a 31 per cent increase compared with 2014) (see *Figure 11*) and 53 supply staff deployments to emergency locations (a 23 per cent increase compared with 2014) to places with limited access, including Albania, Burundi, the Central African Republic, Ethiopia, the former Yugoslav Republic of Macedonia, Guinea, Liberia, Malawi, Nepal, Serbia, Sierra Leone, South Sudan, Vanuatu and Yemen. A total of US\$2.3 million in emergency supplies was procured to support the refugee and migrant crisis in Europe, where refugees from the Syrian Arab Republic and the subregion arrived in mass numbers throughout the year. UNICEF headquarters worked closely with UNICEF country offices in Albania, Bulgaria, Croatia, the former Yugoslav Republic of Macedonia and Serbia to define and meet supply needs throughout the year to address the hygiene, shelter and winterization needs of new arrivals and to identify potential partners.

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

In 2015, intensive supply and logistics support focused on a number of large-scale emergencies, including in the Central African Republic, Iraq, Nepal, South Sudan, the Syrian Arab Republic and neighbouring countries and Yemen.

In the context of the earthquake in Nepal, pre-positioned supplies contributed to an immediate supply response within hours. UNICEF sent six shipments amounting to 84.7 metric tons in the first week following the 25 April earthquake. By mid-September, the UNICEF supply response had reached 1,275 metric tons, composed mainly of WASH and shelter items (e.g., water tanks, basic family water kits, family hygiene and dignity kits and tarpaulins), health and nutrition supplies (e.g., tents, vaccines and immunization-related

items, health kits, ready-to-use therapeutic food, long-lasting insecticidal nets and supplies supporting education and child protection activities (e.g., School in a Box, School in a Carton and early childhood development kits). A comprehensive supply distribution monitoring system was piloted to increase the visibility of deliveries by partners to end users.

In Yemen, following the temporary relocation of international staff, staff deployed from the UNICEF Supply Division in Copenhagen were instrumental in coordinating shipments from various locations, including the regional stockpile in Amman. The UNICEF Supply Division quickly established a new warehouse hub in Djibouti, which also became instrumental in the shipment of cargo for other organizations including the International Medical Corps, Oxfam and Action Against Hunger. A three-week polio campaign was supported through the shipment of polio vaccines via the humanitarian air service in August/September 2015. Overall, a total value of US\$19.7 million in supplies were shipped to Yemen between April and December. These mainly included WASH items (e.g., water purification tablets, water tanks, collapsible jerry cans, squatting plates, etc.); health and nutrition supplies (tents, vaccine-related items, health kits, ready-to-use therapeutic foods, medicines and pharmaceuticals, etc.) and supplies supporting education activities (e.g., School in a Box) (see *Figure 11*).

Supplies were also delivered to meet the humanitarian needs of millions of children at risk of disease, malnutrition and trauma due to the ongoing crises in Afghanistan, the Democratic Republic of the Congo, Nigeria, Pakistan and Somalia, among others.

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

UNICEF is continuously looking at ways to leverage its resources more effectively and efficiently to better meet the needs of women and children in crisis. In 2015, UNICEF used its market weight and advance procurement facilities to shape product development for emergency supplies and improve the efficiency of the organization's emergency response. This has helped the organization obtain lower prices and secure needed quantities.

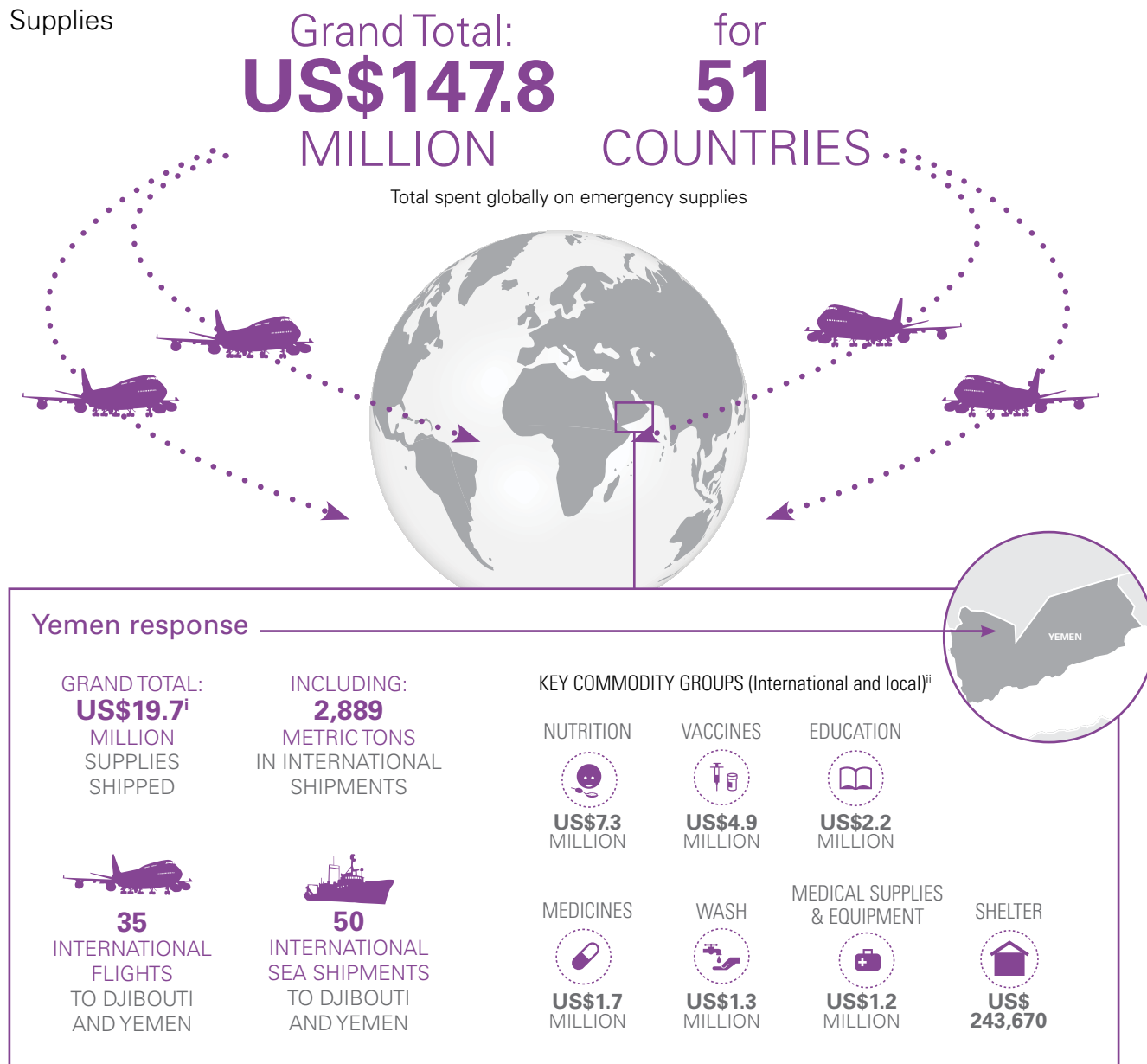
UNICEF's experience with the response to the Ebola outbreak in West Africa raised the visibility of the UNICEF Supply Division's work and the positive contribution of the supply function around health emergencies. This emerging area of work will be informed by the 2015 report documenting the Supply Division's Ebola response and lessons learned. UNICEF also worked in 2015 to

prepare a framework that will allow the organization to better respond to health emergencies in the future and launched a review of pre-positioned inventory of emergency response as part of the DFID project. During the year, UNICEF also continued to strengthen the linkages between supply and programme needs and between development and humanitarian programmes. In 2015, this was reflected in the first-ever joint regional supply and programme network meeting on nutrition organized by the UNICEF Eastern and Southern Africa Regional Office.

Challenges and constraints

UNICEF responded to six large-scale emergencies in 2015, each of which presented specific supply challenges. In Yemen, restricted access to sea ports and airports prompted the opening of the new logistics hub in Djibouti, from which small local sailing vessels made safe crossings over the Red Sea and the Gulf of Aden. In Nepal, despite restrictions in size and weight of aircraft able to access the country's only international airport, UNICEF was able to establish an air bridge after the earthquake by optimizing space on commercial flights.

FIGURE 11
Supplies



ⁱ This is the total value of all supplies shipped to Yemen between April and December 2015.

ⁱⁱ The list of commodity groups is not exhaustive, but is meant to illustrate the key commodity groups with the highest supply value procured for the Yemen response. Total procurement included 81% international shipments and 19% local shipments.

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 2015, UNICEF continued to expand its reach through local and international media, and thereby engage more people to take action for children living through crises. In particular, the #BringBackOurChildhood campaign helped to focus global attention on the plight of children affected by violence in Nigeria and across the subregion. UNICEF had substantial media mentions in 2,120 articles about the situation over a four-day period in April 2015. In Nepal, by working closely with international media and responding quickly and effectively when the second earthquake struck, UNICEF managed to secure the largest share of voice on children's issues in the aftermath, with 49 per cent of all online and targeted media coverage. This included eyewitness statements, multimedia materials and interviews with spokespeople on the ground. The UNICEF appeal for donations to aid its relief efforts in Nepal was a key driver across social media coverage. The multimedia production, 'Children on the Move', which highlighted the situation of children affected by the refugee and migrant crisis in Europe, was picked up by a range of media outlets, including CNN, *the New York Times*, Mashable and Al Jazeera, among others. The materials were also widely used by UNICEF National Committees for advocacy and fund-raising purposes.

The UNICEF multimedia team also created photo essays and videos for use in social media and with broadcasters to highlight the situation of children in emergencies in the Central African Republic, Chad, Iraq, Nigeria, South Sudan, the Syrian Arab Republic, Yemen and countries affected by Ebola. UNICEF Goodwill Ambassadors continued to reach wide audiences on issues affecting children in emergencies. For example, actor Orlando Bloom made field visits to the former Yugoslav Republic of Macedonia and Serbia to raise awareness of the plight of child refugees and migrants. In addition, Bloom's public service announcement broadcast on CNN following the Nepal earthquakes reached more than 293 million households worldwide. UNICEF Goodwill Ambassador

David Beckham visited Nepal six months after the devastating earthquakes to highlight the importance of getting children back into school following the disaster.

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

In 2015, UNICEF sustained its media coverage of the impact of humanitarian crises on children and the organization's response. UNICEF had a 34 per cent share of the voice in online and broadcast media covering Cyclone Pam in Vanuatu, the largest share among comparable organizations. When UNICEF medical supplies and other aid reached Yemen's capital, Sana'a, in April 2015, more than 10,000 social media conversations on the topic, including mentions of UNICEF, were recorded over a six-day period. The report, 'Education under Fire', which highlighted the impact of conflict on the education of children across the Middle East and North Africa region, received widespread media coverage. Media also picked up stories of child soldiers released and reintegrated with their communities in the Central African Republic and South Sudan, among other countries. Overall, the number of UNICEF-related articles in major international and regional media outlets has doubled since 2013 and the percentage of highly positive media coverage for UNICEF in 2015 remained relatively high at 75 per cent (previously 67 per cent in 2014 and 69 per cent in 2013). This can be attributed to several factors, including the growing base of UNICEF supporters, and the proliferation of digital media, with an increase in the number of potential impressions.

Internally, UNICEF's humanitarian response was supported through the development of new standard operating procedures on communication and public advocacy on grave violations of children's rights. These provide clear guidance and clarify the roles of country and regional offices, as well as headquarters, in terms of the process to follow for speaking out about grave violations. Specialized training on managing communication in humanitarian and complex contexts was provided to some 30 communications staff around the world in the

first in a series of training programmes that reached more than 130 staff by March 2016. The first-time recruitment of an ERT member in the UNICEF Division of Communications enabled the organization to provide valuable guidance and support both at the global level on humanitarian advocacy, as well as to countries affected by crisis. This included in-country support to Ukraine and to the Middle East and North Africa Regional Office through public advocacy on the No Lost Generation initiative.

Challenges and constraints

The evolving humanitarian environment presented a series of challenges and constraints, including increased competition in securing media and communications attention among humanitarian organizations; restricted access for media and communications work where there was limited humanitarian access in general; limited capacity within country offices to carry out media and communications work in the context of humanitarian crisis; and government constraints in many countries that hindered strong communications. In addition, given the number of large-scale humanitarian crises worldwide, there was a sense of 'emergency fatigue' within the public, particularly for long-running crises such as in the Syrian Arab Republic.

SECURITY

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

UNICEF continued to provide strategic security support to complex environments around the world. In 2015, this included assessment and analysis of security situations in the Syrian Arab Republic, Yemen and other complex emergencies; forecasts for potential emergencies, such as in Burundi and Guinea; and the recruitment of additional security capacity in Burundi, Chad, the Democratic Republic of the Congo, Iraq and Yemen. Security support to Yemen enabled UNICEF to lead the return of international staff following their temporary withdrawal and open operational hubs in Hodaydah, Saada and Taiz. UNICEF participated in the development of the Security Risk Management policy, an analytical process rolled out to all United Nations duty stations for identifying risk levels that may affect United Nations personnel, premises and operations. The Security Risk Management e-tool was field-tested in the Democratic Republic of the Congo, Djibouti, Kenya and Somalia. As custodian of the internal Central Investment Fund, UNICEF headquarters allocated US\$10 million to regional and country offices to support

compliance with the Minimum Operational Security Standards. Countries with active conflict or emergencies received the majority of allocated funds.

In addition, 90 staff members were trained in six Women's Security Awareness Training courses delivered in Cairo, Juba and New York. UNICEF continued to engage with the United Nations Security Management System to influence policy, processes and training to ensure that security directives were aligned with UNICEF's mission. Three Hostage Incident Management trainings were co-facilitated with the United Nations Department for Safety and Security, during which 14 UNICEF security advisers were trained. Trained Hostage Incident Management security advisers will assist country and regional offices and headquarters to manage a hostage situation. Twenty-five security professionals have been added to the technical cleared pool of candidates (out of 164 screened).

The UNICEF Operations Centre (OPSCEN) continued to provide 24/7 emergency support to staff globally in order to facilitate rapid security and/or humanitarian response. In 2015, 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 to key colleagues, 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 attack on UNICEF staff in Somalia, the Nepal earthquakes, and the temporary withdrawal of international staff from Yemen. OPSCEN remained UNICEF's centralized source for all staff for alerts and advisories on humanitarian and security situations. It provided all UNICEF staff with a single point of contact for all organizational and/or individual emergencies that took place during the year.

Challenges and constraints

Notwithstanding the achievements, the global security environment continues to evolve and demands to respond have become greater. UNICEF personnel are operating in more complex and dynamic environments and continue to encounter diverse and multifaceted threats, both directly (when specifically targeted) and indirectly (through collateral damage). Threats to personnel include armed conflict, post-conflict instability, the proliferation of violent terrorism, rising crime, hostage-taking/kidnapping and civil disorder, most of which were fuelled by underlying political, economic and/or social crises. To respond to the unpredictable global security environment, UNICEF will continue to provide strategic advice and analysis to senior management and strengthen staff capacity to address security issues facing staff globally.

HUMAN RESOURCES

Commitment 1: Appropriate and experienced staff and personnel with relevant deployment training are provided and rapidly deployed, primarily through internal redeployment of staff. This is complemented by external recruitment and standby personnel to allow for recruitment of possible longer-term posts, as needed.

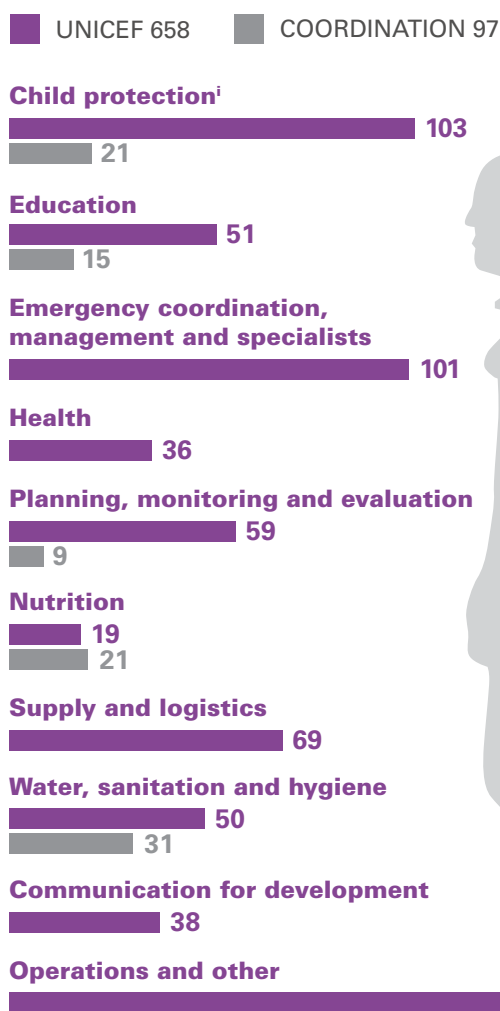
In 2015, UNICEF had 755 surge deployments – representing a decline from 2014 (934) but on par with the number of surge deployments in 2013 (755). This included 554 internal deployments and 201 personnel from standby partners (which accounted for 27 per cent of all surge deployments). The largest share of deployments (31 per cent, or 236 deployments) supported humanitarian surge for the Ebola crisis in West Africa, followed by 14 per cent for the response to the Nepal earthquakes and 10 per cent for the refugee and migrant crisis in Europe. Given the number of crises, average internal deployment speed was 20 days in 2015, up from 18 days in 2014. The bulk of deployments provided personnel for operations (132) and emergency coordination, management and specialists (101). A large number of deployments were also for child protection, including GBV response (103 total for child protection, including 21 in support of cluster/sector coordination), far exceeding any other functional area and reflecting the fact that protection – and specifically child protection – has become central to humanitarian response, as noted in the IASC Statement on the Centrality of Protection.

Commitment 2: Well-being of staff is assured.

UNICEF advocated for and monitored the well-being of staff exposed to stress, including by implementing staff wellness programmes – many of which involved access to staff counsellors – across emergency duty stations and organizing training workshops to strengthen leadership capacity in humanitarian response situations. For example, in the Eastern and Southern Africa region, human resources support missions were conducted to Ethiopia, Kenya, Madagascar, Malawi, Rwanda, Somalia and South Sudan, leading to recommendations for improvements in staff selection and staff welfare. In addition, the Eastern and Southern Africa Regional Office Regional Staff Counsellor position was filled in 2015 and allowed for 16 missions to support staff well-being in 14 countries where staff are engaged in complex situations and/or humanitarian action. As a result, an estimated 352 individual counselling sessions

took place and 785 staff members were trained in stress prevention, psychosocial emergency preparedness and critical incident management. The Eastern and Southern Africa Regional Office also provided operational support to UNICEF Somalia in the aftermath of the Garowe incident, ensuring that adequate communications and logistics were organized to attend to staff and families affected by the incident, as well as address any security improvements and counselling support. In line with the Strengthening Humanitarian Action initiative, UNICEF also made concerted efforts to support staff who exceeded their minimum tour of duty in emergency duty stations, flagging their cases to country offices and supporting them to identify and apply to vacant posts.

FIGURE 12
Emergency deployments:
Deployment by functional area



ⁱ Child protection includes deployments for gender-based violence

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

Continuing the work on the prevention of sexual exploitation and abuse, the organization endorsed the recommendations set forth by the Secretary-General's bulletin on special measures for the prevention of sexual exploitation and sexual abuse (ST/SGB/2003/13), and reinforced UNICEF's capacity to adapt existing conduct and discipline policies and procedures to include incidences of sexual exploitation and abuse. Internally, a formal Notification Alert was developed and distributed to all regional and country offices to clarify internal reporting lines and procedures linked to alleged instances of sexual exploitation and abuse. Further, programmatic guidance was developed that provides additional information and tools for UNICEF humanitarian teams. An internal technical team was set up at the global level to monitor the progress of this work. At an inter-agency level, UNICEF is part of the IASC Task Team on Accountability to Affected Populations and Prevention of Sexual Exploitation and Abuse and works closely with peacekeeping missions in this regard. Further to this, legal provisions have now been incorporated into UNICEF partnership agreements with civil society organizations that compel them to put measures into place to mitigate the risk of sexual exploitation and abuse by their own staff and any subcontracting entity. Finally, UNICEF conducted biannual refresher activities for all humanitarian action countries (including specific measures for Level 3 emergencies) on minimum standards for the prevention of sexual exploitation and abuse.

Commitment 4: UNICEF staff members and key partners have knowledge and skills for effective emergency preparedness and response. This includes knowledge about humanitarian reform and the cluster approach.

UNICEF's capacity to rapidly deploy staff with specialized skills in emergency coordination, programming and operations was enhanced in 2015 with the recruitment of eight additional ERT members. In total, 12 field offices benefited from 499 days of ERT deployments by six ERT members during the year. UNICEF's IRT members – experts in key programme and operational areas – were deployed 20 times for a total of 783 days. A total of 26 IRT and seven ERT members from across the organization were also trained and readied for surge deployments during an intensive week-long emergency simulation exercise.

As part of UNICEF's effort to strengthen organization-wide skills for more effective humanitarian action, the organization established dedicated capacity for

humanitarian learning. A mapping of the humanitarian learning initiatives that are planned, available and required for staff was undertaken, which enabled priorities to be set for 2016, along with the development of a 2016–2017 implementation plan for the humanitarian learning strategy. In 2015, training was conducted for representatives working in high-threat and complex environments in 16 countries (Afghanistan, Burundi, the Central African Republic, Chad, the Democratic Republic of the Congo, Libya, Mali, Myanmar, the Niger, Nigeria, Pakistan, Somalia, South Sudan, the State of Palestine, the Sudan and Ukraine). UNICEF is also reviewing, planning and developing humanitarian action learning across sectors through greater collaboration at the global, regional and country levels, and enhancing linkages between effective learning, guidance, evaluation, lessons identified and good practices.

To improve the efficiency and effectiveness of the organization's preparedness work, UNICEF has also designed and validated the architecture and technical specifications for the Emergency Preparedness Platform.

Finally, in 2015, UNICEF published the 'Cluster Coordination Guidance for Country Offices', which was developed to assist UNICEF country offices to better fulfil cluster lead agency responsibilities in Level 3 and other emergencies, with reference to relevant IASC protocols and guidance and relevant internal UNICEF reviews and evaluations.

Challenges and constraints

Despite the positive developments in human resources resulting from the Strengthening Humanitarian Action initiative, UNICEF continued to face challenges related to getting the right people to the right place at the right time. The number and complexity of large-scale humanitarian responses in 2015 posed challenges to staff well-being, preparedness, rotation and other issues, particularly during the critical phases and in the aftermaths of these responses. The recruitment of qualified and experienced staff counsellors to support staff well-being posed a challenge, particularly in volatile contexts (e.g., Somalia, South Sudan and the Syrian Arab Republic). Demand for deployments continued to outstrip supply for UNICEF clusters and areas of responsibility, which struggled to prioritize deployments and provide adequate field support. Attracting qualified candidates to serve in emergency situations generally remained difficult, with the need for talent exceeding the availability of experienced candidates. UNICEF will continue to refine its recruitment methods for internal and external candidates to emergency duty stations, including by expanding its outreach and by working with partners.

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.

The scale and number of natural disasters and violent conflicts continued to take a significant toll on millions of children and their families in 2015. Through the 2015 Humanitarian Action for Children appeal, UNICEF sought a total of US\$3.3 billion to address emerging priorities and the needs of children in crisis. The continuing crises in the Central African Republic, Iraq and the Syrian Arab Republic and neighbouring countries; the worsening situations in Nigeria, South Sudan and Yemen; the new refugee crises in Europe and in Burundi and neighbouring countries; and natural disasters in Nepal, the Pacific Islands and other parts of the world, particularly related to the impacts of the El Niño weather phenomenon, all resulted in new or revised appeals, adding nearly US\$215 million to the initial request for US\$3.1 billion issued in January 2015.

Resource partners generously responded to the worsening humanitarian situations, as well as new crises affecting children around the world. Humanitarian funding reached US\$1.780 billion⁴⁰ by the end of 2015. In 2015, the EPF benefited 34 country offices, for a total of US\$28.8 million. In addition, US\$1,007,378 was disbursed in 2015 for the recruitment of eight ERT staff for 18 months. Of the total US\$31.7 million EPF allocation, US\$14.8 million (47 per cent) was reimbursed by the end of 2015. Grants from the Central Emergency Response Fund (CERF) totalling US\$114 million were received for rapid response and underfunded emergencies in a total of 48 countries. Overall, UNICEF remains the second-highest beneficiary of CERF funds globally. Although data for 2015 are not yet available, CERF funding analysis for the years 2013 and 2014 indicate that UNICEF facilitated the largest disbursement of CERF funds to partners, including national partners.

Challenges and constraints

Protracted crises in countries such as Afghanistan, the Democratic Republic of the Congo, Eritrea, the Niger and the Sudan struggled to attract resources and were less than 25 per cent funded. The appeals for Mali and Uganda were severely underfunded at 17 and 14 per cent, respectively. UNICEF is therefore challenged to fund-raise for less visible, protracted humanitarian crises. The need for flexible funding remains critical, particularly given the highly dynamic nature of the

complex emergencies that children are facing. Flexible funding allows UNICEF to respond where funds are most needed, and allows the organization to respond equitably to all children affected by crises

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 2015, UNICEF recruited two ERT positions to strengthen financial and administrative support for emergency operations. These ERT members will provide technical support to senior management teams responding to or preparing for humanitarian crises in 2016, including by contributing to organizational discussions on financial and administrative policies and procedures for humanitarian preparedness, and developing related training strategies. UNICEF also included a facilitator with financial and administrative expertise in the intensive week-long emergency simulation exercise in which 26 IRT and seven ERT members from across the organization were trained and readied for surge deployment. During the year, UNICEF headquarters prioritized fast responses to day-to-day financial and administrative queries from colleagues in the field responding to emergencies. An IRT member devoted to finance and administration was deployed to Iraq to lead the operations team in the context of the humanitarian response and when the deployment had ended, continued to support UNICEF Iraq during verification visits from the European Commission. UNICEF also provided remote financial and administrative support to the humanitarian response in the State of Palestine in 2015, including on finalizing negotiations for inter-agency office space agreements.

Challenges and constraints

Financial and administrative processes impacting emergency response need to become more efficient, particularly relating to cash management, governance, risk and compliance, financial reporting and budget formulation. UNICEF has and will continue to improve efficiencies in the organization's global and emergency operations for children. Capacity gaps remain with regard to the organization's ability to respond to or prepare for

humanitarian crises in terms of operations and financial and administrative functions. UNICEF will continue to contribute to organizational discussions on financial and administrative policies related to emergency situations and provide technical support to the field to enable more effective operations on the ground.

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.

Enhancing information and communication technology (ICT) preparedness and response capacity at the global and country levels remained a priority for UNICEF in 2015. The organization continued to facilitate staff ICT training and maintained central and regional stocks of crucial emergency ICT equipment, complemented by strategic supply contracts with trusted partners and other agencies through the Emergency Telecoms Cluster (ETC). UNICEF ICT field staff supported complex ICT operations, often under extreme work and living conditions, as part of the responses to the Nepal earthquakes, the Vanuatu cyclone and the conflict in Yemen, as well as the continuing emergencies in the Syrian Arab Republic and the subregion, Iraq, Malawi, Mali, Ebola-affected countries, South Sudan and others. This support included the provision of internal and inter-agency coordination of major emergencies and the deployment of equipment from in-house stock. In 2015, some 350 ICT assets from this pre-stock were shipped to the aforementioned countries to facilitate data and security communications (radio). These included eight UNICEF-built emergency local area network kits (allowing responders to quickly and easily access corporate services such as email, intranet, the Virtual Integrated System of Information, etc.), mobile satcoms, very high frequency and high frequency radio, among others. These pre-stocked equipment and kits allowed offices facing emergencies to quickly boost the ICT response capacity, enlarging and extending crucial services for new emergency sites and often large influxes of international responders.

In 2015, as part of UNICEF commitment to improving ICT preparedness, UNICEF held the Emergency Telecoms Training, an essential capacity-building tool for ICT preparedness that allows local field staff to experience the equipment and services they will use

in an eventual emergency – a first defence in UNICEF's decentralized approach to response. Forty-one personnel attended the training, including staff from UNICEF, WFP and standby partners. In other preparedness efforts, UNICEF published the fourth edition of the Emergency Telecommunications Handbook, which provides UNICEF ICT responders with guidance in ICT procedures and standards and the configuration of equipment and kits. A collaborative effort between UNICEF headquarters and field staff, as well as vendors, the handbook allows field staff to access detailed 'how to' information on deploying and configuring the emergency ICT equipment, thereby speeding up the response. The handbook also allows trained staff to revisit lessons learned from previous experiences in emergencies.

On the inter-agency front, UNICEF continues to play an active role in the ETC, in support of the ETC 2020 agenda, which seeks to enhance government capacity and widen support for affected populations. In line with this, the UNICEF Innovation Team and the ETC Support Cell (at WFP Rome) collaborated on initiating testing of RapidPRO for inter-agency ICT response and introduced RapidPRO as a workshop topic, reflecting the importance of this and other innovative tools in emergency preparedness and response.

Challenges and constraints

The main challenge facing UNICEF in ICT preparedness and response globally is the frequent and large-scale emergencies, which require rapid access to equipment and responders, as well as readily available funding. In order to strengthen capacity, UNICEF in late 2015 initiated an upgrade of the pre-stock using DFID funds, to improve the organization's ability to respond to three concurrent emergencies. The upgrade will be finalized in 2016.

FINANCIAL ANALYSIS

The value of UNICEF's work in responding to the needs of children affected by crisis was affirmed by the extraordinary support of resource partners, which provided US\$1.780 billion⁴¹ in total revenue in 2015. This represented an increase in revenue of 12.7 per cent from 2014 and 33 per cent compared with 2013. The increase in humanitarian needs in 2015 resulted from the multiple, simultaneous large-scale emergencies requiring organization-wide response, including in the Central African Republic, Iraq, Nepal, South Sudan, the Syrian Arab Republic and Yemen. The responses to these and other emergencies were supported by two main sources of funding – regular resources and earmarked contributions.

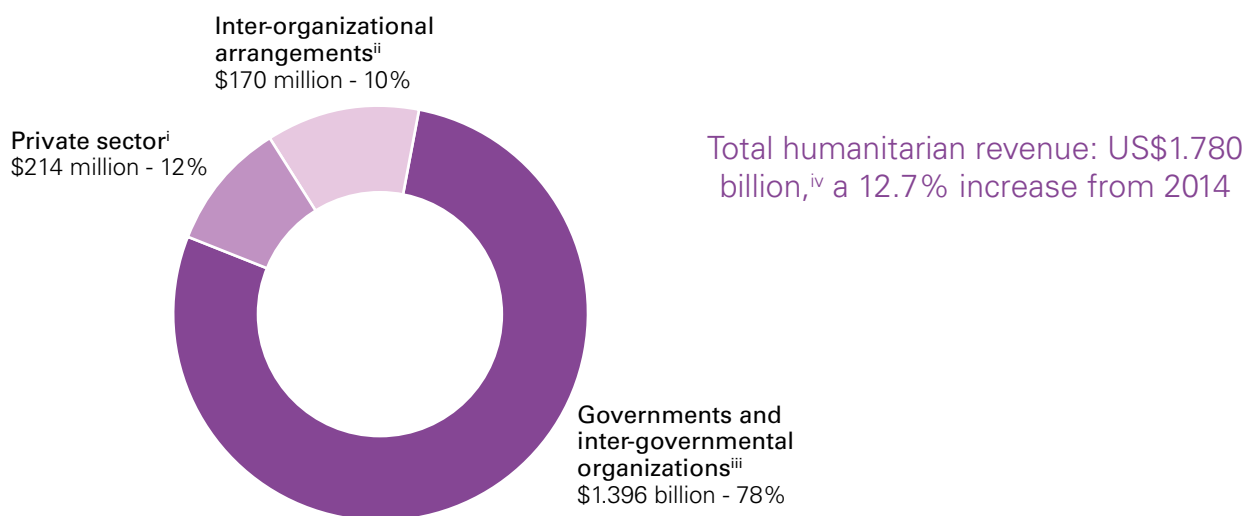
Governments and intergovernmental organizations remained the largest sources of funding for UNICEF humanitarian response (see Figure 13). The top-five resource partners that generously supported the emerging priorities in 2015 were the United States of America (US\$509 million), Germany (US\$198 million),

the European Commission (US\$171 million), the United Kingdom (US\$170 million) and Japan (US\$124 million) (see Table 1). The contribution of the top resource partner – the United States of America – represented an increase of more than 40 per cent, from US\$311 million contributed in 2014 to US\$509 million in 2015.

Thematic funding has also experienced a rise in contributions, from US\$139 million in 2014 to US\$204 million in 2015 (see Figure 15). This increase was also due to a flexible, global thematic contribution from the Government of the Netherlands of US\$16 million as a first instalment of their three-year commitment (2015–2017) of 45 million euros. Flexible, multi-year and predictable funding allows UNICEF to respond strategically and quickly to the needs of children in emergencies and to strengthen the nexus between humanitarian and development. In 2015, global thematic funding represented 10 per cent (compared with 1 per cent in 2014) of the total thematic contributions (see Figure 14).

FIGURE 13

Other resources emergency humanitarian revenue by type of donor, 2015 (US\$)



ⁱ Includes contributions from global funds, foundations, National Committees and country office private sector fundraising, individuals and NGOs.

ⁱⁱ Inter-organizational arrangements include the Food and Agriculture Organization, Global Partnership for Education, International Labour Organization, International Organization for Migration, Joint United Nations Programme on HIV/AIDS, UNHCR, United Nations Development Programme, United Nations Entity for Gender Equality and the Empowerment of Women, United Nations Human Settlements Programme, United Nations Mission for Ebola Emergency Response, United Nations Office for Project Services, OCHA, United Nations Population Fund, United Nations Trust Fund for Human Security, World Bank, WFP, World Health Organization, as well as United Nations Joint Programmes where UNICEF is the administrative agent.

ⁱⁱⁱ Inter-Governmental Organizations that provided ORE in 2015 included the Asian Development Bank, European Commission, UNITAID and West African Health Organization.

^{iv} This figure is based on ORE revenue received in 2015, which differs from ORE budget issued in 2015. Budget issued will normally exceed the revenue received, as UNICEF now releases budgets in full when a contract is signed with a donor, even though it may cover multiple years.

* Data as of 1 April 2016.

TABLE 1

Top 20 resource partners to other resources emergency, 2015

	Donor	ORE (US\$)
1	United States of America	508,830,904
2	Germany	197,956,631
3	European Commission	171,078,444
4	The United Kingdom	170,339,724
5	Japan	123,553,811
6	Central Emergency Response Fund (OCHA)	115,134,238
7	Canada	71,922,760
8	Netherlands	52,993,251
9	Kuwait	45,000,000
10	Common Humanitarian Fund (Multi-Partner Trust Fund Office)	38,483,032
11	United Kingdom Committee for UNICEF	32,557,168
12	United States Fund for UNICEF	30,713,631
13	Sweden	22,254,634
14	Japan Committee for UNICEF	19,312,034
15	German Committee for UNICEF	18,478,318
16	Norway	18,006,484
17	Saudi Arabia	17,300,865
18	Belgium	10,657,745
19	Spanish Committee for UNICEF	10,430,598
20	Denmark	9,274,414

FIGURE 14

Other resources emergency by funding modality and partner group, 2015: US\$1.780 billion

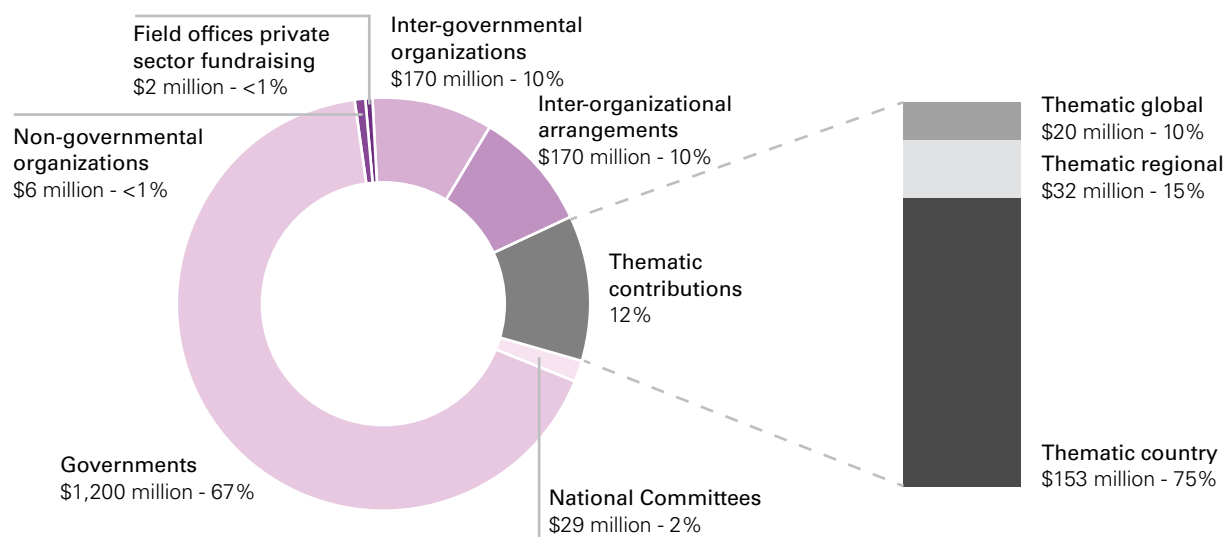


FIGURE 15

Thematic revenue share by outcome area and humanitarian action, 2015: US\$390 million

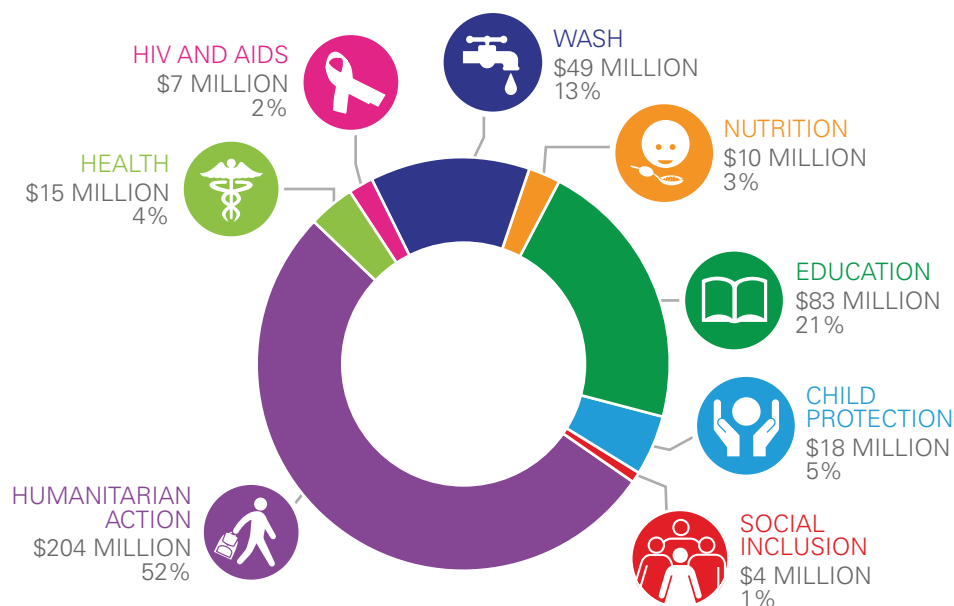
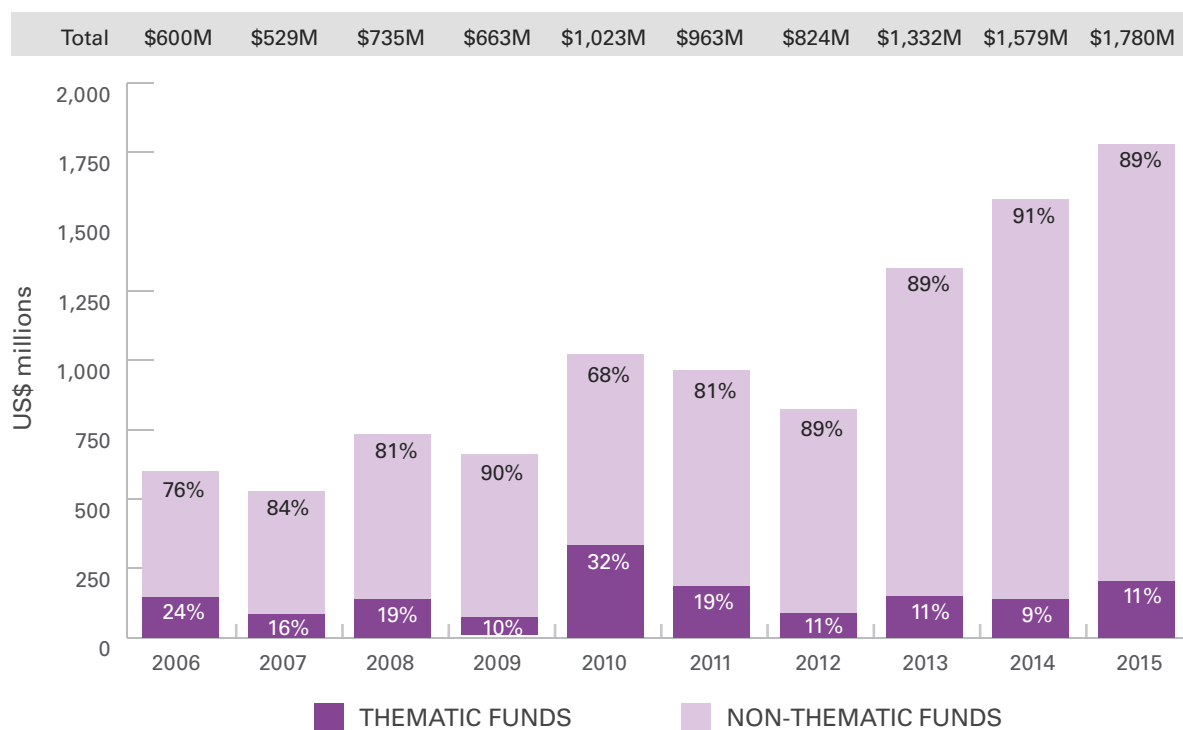


FIGURE 16

Other resources emergency funding trend, 2006–2015



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

TABLE 2

Thematic contributions by resource partner to humanitarian action, 2015

Resource partner type	Resource partner	Total (US\$)	Percentage
Governments 13%	Netherlands	16,321,299	8.01%
	Belgium	5,279,009	2.59%
	Finland	4,886,792	2.40%
National Committees 81%	Japan Committee for UNICEF	24,383,422	11.97%
	United States Fund for UNICEF	23,162,961	11.37%
	United Kingdom Committee for UNICEF	20,930,474	10.27%
	German Committee for UNICEF	17,705,688	8.69%
	Swedish Committee for UNICEF	9,081,216	4.46%
	Korean Committee for UNICEF	8,811,866	4.32%
	Spanish Committee for UNICEF	7,862,743	3.86%
	Canadian UNICEF Committee	5,423,103	2.66%
	Australian Committee for UNICEF Limited	5,348,889	2.62%
	Italian Committee for UNICEF	5,310,571	2.61%
	French Committee for UNICEF	5,192,060	2.55%
	Hong Kong Committee for UNICEF	4,564,901	2.24%
	Norwegian Committee for UNICEF	4,303,948	2.11%
	Swiss Committee for UNICEF	3,279,950	1.61%
	Dutch Committee for UNICEF	3,278,595	1.61%
	Danish Committee for UNICEF	3,233,262	1.59%
	New Zealand National Committee for UNICEF	2,996,334	1.47%
	Belgian Committee for UNICEF	2,455,490	1.20%
	Portuguese Committee for UNICEF	1,467,939	0.72%
	Finnish Committee for UNICEF	1,443,221	0.71%
	Polish Committee for UNICEF	1,174,536	0.58%
	UNICEF Ireland	876,781	0.43%
	Austrian Committee for UNICEF	495,188	0.24%
	Luxembourg Committee for UNICEF	480,929	0.24%
	Icelandic National Committee for UNICEF	345,979	0.17%
	Slovenian Committee for UNICEF	302,646	0.15%
	Czech Committee for UNICEF	235,500	0.12%
	Hellenic Committee for UNICEF	205,220	0.10%
Israeli Fund for UNICEF	165,700	0.08%	
Slovak Committee for UNICEF	76,566	0.04%	

Resource partner type	Resource partner	Total (US\$)	Percentage
National Committees 81% Cont...	UNICEF Hungarian Committee Foundation	73,608	0.04%
	Turkish Committee for UNICEF	56,264	0.03%
	Andorran Committee for UNICEF	44,754	0.02%
Field offices private sector fundraising 5%	UNICEF Thailand	3,683,955	1.81%
	UNICEF Malaysia	1,309,266	0.64%
	UNICEF Chile	1,046,708	0.51%
	International online donations	850,114	0.42%
	UNICEF Argentina	758,794	0.37%
	UNICEF China	749,391	0.37%
	UNICEF Brazil	442,316	0.22%
	UNICEF Romania	440,367	0.22%
	UNICEF Croatia	341,266	0.17%
	UNICEF Venezuela	244,792	0.12%
	UNICEF Philippines	199,116	0.10%
	UNICEF Indonesia	175,596	0.09%
	UNICEF Mexico	166,914	0.08%
	UNICEF United Arab Emirates	148,626	0.07%
	UNICEF Bulgaria	102,054	0.05%
	UNICEF Armenia	100,000	0.05%
	UNICEF Colombia	75,191	0.04%
	UNICEF Saudi Arabia	66,649	0.03%
	UNICEF Serbia	49,588	0.02%
	UNICEF Ecuador	42,217	0.02%
	UNICEF Uruguay	37,565	0.02%
	UNICEF Ukraine	25,629	0.01%
	UNICEF West Bank and Gaza	20,000	0.01%
	UNICEF South Africa	10,253	0.01%
	UNICEF Peru	4,260	0.00%
	UNICEF Sudan – Khartoum	2,987	0.00%
	UNICEF India	1,616	0.00%
UNICEF Costa Rica	625	0.00%	
UNICEF Nepal	610	0.00%	
UNICEF Jordan	171	0.00%	
Individuals (Others) 1%	Tetsuko Kuroyanagi	814,996	0.40%
	Other	575,745	0.28%
	One-off donations individuals	40,000	0.02%
Grand total		203,785,532	100.00%

Despite the increased generosity of resource partners, demands in 2015 continued to be enormous, and as a result, UNICEF appeals were only 58 per cent funded as of the end of 2015. Funding for large-scale crises such as in those in the Ebola-affected countries, Iraq, Nepal, South Sudan, the Syrian Arab Republic and neighbouring countries, and Yemen constituted the bulk of all funding received in 2015. Protracted crises in countries such as Afghanistan, Eritrea, the Democratic Republic of the Congo, the Niger and the Sudan struggled to attract resources. Refugee crises in Eastern and Southern Africa and West and Central Africa were severely underfunded at less than 25 per cent at the end of 2015.

Moving forward, UNICEF will continue its strong engagement and dialogue with a wide range of partners on how to ensure that adequate resources are available for humanitarian appeals, and that the most flexible and efficient funding channels are prioritized while children are placed at the centre of the response.

Utilizing revenue from 2015 and limited resources from prior years, UNICEF ORE expenditure in 2015 totalled US\$1.685 billion⁴² (35 per cent of the organization's total expenditure of US\$4.768 billion). This represented a 40 per cent increase from ORE expenditure in 2014 (US\$1.203 billion).⁴³ The appeal for Nepal (US\$120 million) covered needs in 2015 and into 2016. In addition, crises in several countries and regions, such as in the Syrian Arab Republic and the European refugee and migrant crisis, received funding late in the year, which was carried forward to 2016.

The largest share of 2015 expenditure (26 per cent) went to WASH, followed by health (20 per cent) and education (19 per cent) (*see Table 3*). Overall, 44 per cent of ORE was spent in the Middle East and North Africa region and 43 per cent in Eastern and Southern Africa and West and Central Africa combined (*see Figure 18*). As was the case in 2014, ORE expenditure in 2015 continued to reflect the massive response to the Iraq and Syrian Arab Republic crises (four of the top five countries in ORE expenditure), and the large-scale responses in South Sudan and the Democratic Republic of Congo (the fourth and seventh highest in ORE expenditure, respectively) (*see Table 4*).

ORE expenditure continued to increase in the Middle East and North Africa region, where four countries (Lebanon, Iraq, the Syrian Arab Republic and Jordan) were among the top 10 countries in terms of overall UNICEF ORE expenditure. Lebanon and Iraq (the first and second highest ORE expenditure, respectively) surpassed the Syrian Arab Republic, which was the highest ORE expenditure in 2014. ORE increased in West and Central Africa over the 2014 level due to increased humanitarian expenditure in the Ebola-affected countries of Sierra Leone, Guinea and Liberia (sixth, seventh and ninth highest ORE expenditure, respectively). ORE declined by 1 per cent in Eastern and Southern Africa, in Latin America and the Caribbean and in South Asia from 2014 levels. The share of humanitarian expenditure in East Asia and the Pacific decreased by 4 per cent from 2014. Overall, more than half of overall ORE expenditure was concentrated in five countries and three crises.

TABLE 3
Expenses by outcome area, 2015 (US\$)

Prorated outcome area	Other resources – emergency	Other resources – regular	Regular resources	Total
Health	338,059,808	717,316,904	223,258,479	1,278,635,191
HIV and AIDS	6,215,775	65,209,301	35,683,399	107,108,474
WASH	435,792,883	322,797,427	110,088,929	868,679,239
Nutrition	256,609,393	216,904,867	129,963,864	603,478,124
Education	321,097,543	521,573,717	157,763,280	1,000,434,540
Child protection	264,753,532	222,439,310	156,420,873	643,613,715
Social inclusion	63,365,554	84,179,498	118,870,107	266,415,159
Grand total	1,685,894,488	2,150,421,024	932,048,930	4,768,364,442

FIGURE 17

Other resources emergency expenses by Strategic Plan outcome area, 2015

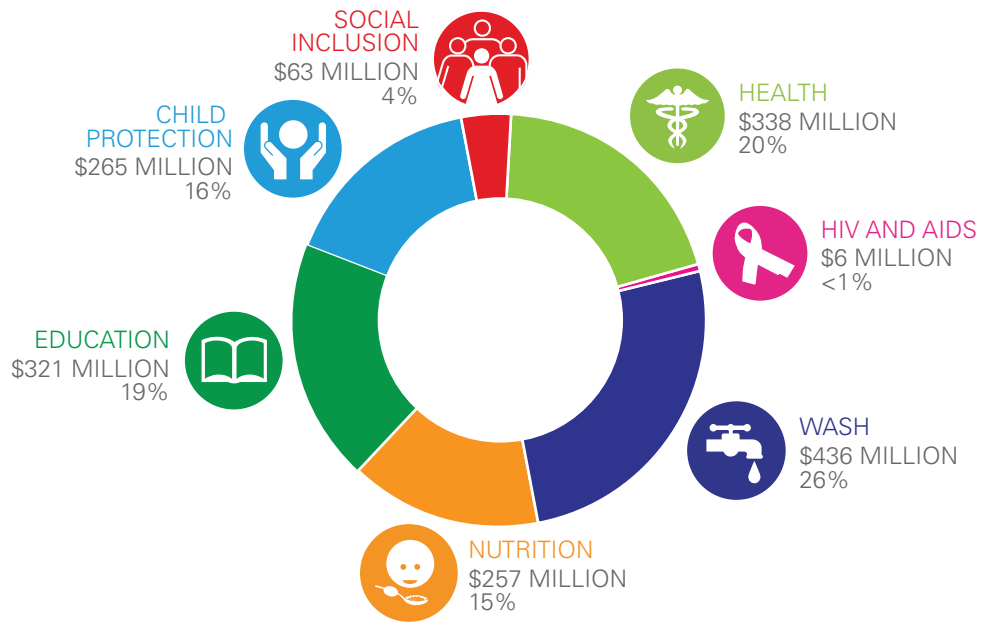


FIGURE 18

Other resources emergency expenses by region, 2015

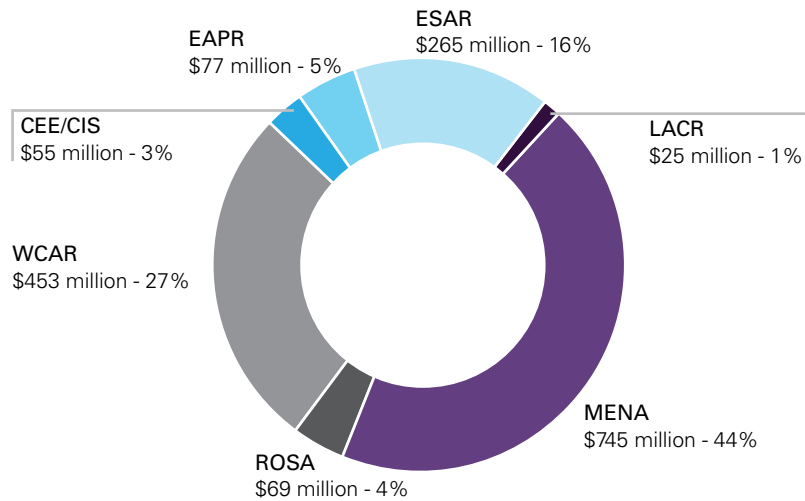


TABLE 4

Top 10 countries by emergency funding expense, 2015

Country	Total (US\$)
Lebanon	190,000,667
Iraq	174,287,570
Syrian Arab Republic	133,967,411
South Sudan	122,166,571
Jordan	116,901,946
Sierra Leone	82,939,183
Guinea	68,658,230
Democratic Republic of the Congo	67,974,420
Liberia	65,572,096
Somalia	62,418,082
Total top 10	1,084,886,176

FUTURE WORKPLAN

The humanitarian landscape continues to evolve, with ever more complex and protracted crises and growing interconnectedness across regions. Increasing numbers of children are being driven from their homes, exposing millions more to severe food shortages, violence, disease, abuse and threats to their education, while climate change and health emergencies represent emerging threats to children's well-being globally.

In 2016, UNICEF will continue to focus on bringing together its development, preparedness, risk reduction, humanitarian and peacebuilding efforts, drawing on the sustainable development framework and its resulting Agenda 2030, the outcomes of the International Conference on Financing for Development in Addis Ababa, the results of the three United Nations peace and security reviews, as well as the global agreements made on climate change and disaster risk reduction at the United Nations World Conference on Disaster Risk Reduction in Sendai and the United Nations Conference on Climate Change in Paris in 2015. Key to this approach will be expanding investments in the protection and education of children in emergencies to address immediate needs while also investing in a more promising future for children affected by crisis.

UNICEF will also work to develop and promote practical measures for systematically engaging with communities, local partners and global coordination mechanisms that nurture greater quality and accountability to affected populations. This includes sharing timely, relevant and actionable information, fostering two-way communication approaches, promoting dialogue and supporting an environment of greater trust and accountability, as well as ensuring that the views of people and communities affected by humanitarian situations feed into the design and management of humanitarian response and recovery. UNICEF is therefore expanding its investments in inclusive approaches to solicit and incorporate the views of affected people, including children and youth, particularly through open source information platforms and real-time technologies.

UNICEF is also committed to building capacities for risk assessment and analysis as a foundation for common humanitarian and development planning to strengthen emergency preparedness and promote resilient development in fragile and risk-prone contexts. This will involve working with partners to strengthen basic social services, including health, education and protection, to be risk-informed, such as through shock-responsive systems for social protection, strengthened health outreach through community volunteers and sector preparedness plans. In addition, the new Emergency Preparedness Platform, which will be rolled out to all country offices in 2016, will help countries strengthen the linkages between

risk analysis, response planning and preparedness actions. The 2016 roll-out of the UNICEF eTools project will support a more agile, results-based approach to HPM, through expanded field-based monitoring and high-frequency monitoring on a few priority indicators.

UNICEF's ability to respond across the humanitarian-development spectrum depends on the capacity and expertise of its human resources and implementing partners on disaster risk reduction, climate change adaptation, conflict analysis and peacebuilding. As part of the roll-out of the humanitarian learning strategy, in 2016, UNICEF will update and develop a core humanitarian learning package, which will cover emergency preparedness and response; essential response skills for country offices in medium- and high-risk contexts and regional surge teams; the fundamentals of humanitarian action; as well as conflict sensitivity, disaster risk reduction and climate change. In addition, external development partners with valuable experience will be brought in at the early stages of emergency response to strengthen efforts aimed at long-term recovery.

The consultations leading up to the World Humanitarian Summit 2016 and the High Level Panel on Humanitarian Financing have highlighted the challenges facing the humanitarian system. UNICEF is committed to making the concrete changes needed for a more robust and accountable humanitarian system that not only provides immediate life-saving assistance for children and their families but also invests in children's long-term needs. Key to this effort will be more flexible, un-earmarked humanitarian funding that allows UNICEF to respond to underfunded emergencies or where the needs of children are greatest, apply innovative solutions to complex situations, and integrate early recovery programming in large-scale emergencies. UNICEF will also continue to grow its donor base and expand the pool of available resources, including by striking new partnerships with the private sector and pursuing new financing opportunities. The organization will also commit to multi-year planning that covers both immediate needs, as well as longer-term outcomes for children.



After a disturbing event like Cyclone Pam it's important to get children back to learning and playing as soon as possible. Unfortunately, many of the schools in Vanuatu were heavily damaged and will take months to rebuild. To get children back to school, UNICEF provided a spacious tent to act as a temporary school shelter.

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EXPRESSION OF THANKS

UNICEF expresses its gratitude to all resource partners whose overall contributions supported the organization's humanitarian action in 2015. The achievements described in this report were also the results of these continued partnerships.

In particular, UNICEF expresses its sincere appreciation to all resource partners that contributed thematically to the organization's work in humanitarian response. It is thanks to thematic funding and its flexibility that UNICEF

has been able to provide timely and effective technical, operational and programming support to countries in all regions for work that helps prepare and deliver life-saving assistance to children and families. Thematic funding provides greater flexibility, longer-term planning and sustainability of programmes. It reflects the trust resource partners have in the capacity and ability of UNICEF to deliver quality support under all circumstances and has made possible the results described in this report.

ABBREVIATIONS AND ACRONYMS

ART	Antiretroviral therapy	NGCA	Non-government-controlled areas
ARV	Antiretroviral	NGO	Non-governmental organization
CCC	Core Commitments for Children in Humanitarian Action	OCHA	Office for the Coordination of Humanitarian Affairs
CERF	Central Emergency Response Fund	OPSCEN	Operations Centre
DFID	Department for International Development (United Kingdom)	ORE	Other resources emergency
EPF	Emergency Programme Fund	PMTCT	Prevention of mother-to-child transmission (of HIV)
ERT	Emergency Response Team	RRM	Rapid Response Mechanism
ETC	Emergency Telecoms Cluster	RRT	Rapid Response Team
GBV	Gender-based violence	SAM	Severe acute malnutrition
GNC	Global Nutrition Cluster	SMART	Standardized Monitoring and Assessment of Relief and Transitions
HPM	Humanitarian performance monitoring	UNHCR	United Nations High Commissioner for Refugees
IASC	Inter-Agency Standing Committee	UNICEF	United Nations Children's Fund
ICT	Information and communication technology	USAID	United States Agency for International Development
IRT	Immediate Response Team	WASH	Water, sanitation and hygiene
IYCF	Infant and young child feeding	WFP	World Food Programme
MHPSS	Mental health and psychosocial support		
MRM	Monitoring and Reporting Mechanism		

ENDNOTES

1. United Nations High Commissioner for Refugees, 'Children: Protection and Building Resilience', UNHCR, <www.unhcr.org/pages/49c3646c1e8.html>, accessed 23 March 2016; and United Nations High Commissioner for Refugees, 'World at War: UNHCR global trends forced displacement in 2014', UNHCR, Geneva, 2014.
2. United Nations Children's Fund, 'Unless We Act Now: The impact of climate change on children', UNICEF, New York, November 2015, <www.unicef.org/publications/files/Unless_we_act_now_The_impact_of_climate_change_on_children.pdf>, accessed 14 April 2016.
3. The targets referenced in this report were set by country offices in the Humanitarian Action for Children appeal. In every case where the targets were exceeded and emergencies were underfunded, non-emergency funds were re-programmed for emergency response.
4. In countries where both humanitarian and development contexts exist, reporting of children being admitted for SAM treatment have not necessarily been distinguished by the contexts in which they were treated. As such, SAM cases within humanitarian contexts have often been reported within the development-related SAM indicator, making it appear as if fewer children have been reached in humanitarian contexts in 2015. This explains, in part, the decline in achievement against the target (compared to 2014).

5. Low achievement against the target can be attributed to a few factors. In addition to the near doubling of the target from 31 million in 2014 to 55 million in 2015, in some settings, following assessment of epidemiology, risk and population immunity (routine coverage/previous campaigns, etc.) there may be a deliberate decision to scale back the age range and limit the campaigns to children under 5 instead of children aged 6 months to 15 years. In other cases, there may have been logistic, financial or even political barriers in implementing a wide age range campaign and as a result the age range was scaled down. Other factors may also have also come into play.
6. This achievement increased from 53.5 per cent in 2014, which shows some progress towards the Strategic Plan target of 80 per cent by 2017.
7. Based on country office reporting, and may reflect multiple partnerships with the same civil society organization between countries and regions.
8. This figure includes 25 headquarters deployments.
9. This figure is based on ORE revenue received in 2015, which differs from ORE budget issued in 2015. Budget issued will normally exceed the revenue received, as UNICEF now releases budgets in full when a contract is signed with a resource partner, even though it may cover multiple years.
10. This captures ORE humanitarian expenditure; it does not include expenditure related to humanitarian action from regular resources or other resources regular. The gap in 2015 revenue and expenditure amounts is due to revenue being utilized over different calendar years. For example, a portion of the funding UNICEF received late in 2015 was carried forward to be used for activities in 2016.
11. United Nations Children's Fund, 'Syrian Arab Republic', UNICEF Humanitarian Action for Children 2016, <www.unicef.org/appeals/syria.html>, accessed 4 April 2016.
12. United Nations Children's Fund, 'Iraq', UNICEF Humanitarian Action for Children 2016, <www.unicef.org/appeals/iraq.html>, accessed 4 April 2016.
13. United Nations Children's Fund, 'Yemen', UNICEF Humanitarian Action for Children 2016, <www.unicef.org/appeals/yemen.html>, accessed 4 April 2016.
14. United Nations Children's Fund, 'Central African Republic', UNICEF Humanitarian Action for Children 2016, <www.unicef.org/appeals/car.html>, accessed 4 April 2016.
15. United Nations Children's Fund, 'Refugee and Migrant Crisis in Europe', UNICEF Humanitarian Action for Children 2016, <www.unicef.org/appeals/refugee_migrant_europe.html>, accessed 4 April 2016.
16. United Nations Children's Fund, 'Nigeria Humanitarian Action for Children appeal', <www.unicef.org/appeals/nigeria.html>, accessed 4 April 2016.
17. United Nations Children's Fund, 'South Sudan', UNICEF Humanitarian Action for Children 2016, <www.unicef.org/appeals/south_sudan.html>, accessed 4 April 2016.
18. United Nations Children's Fund, 'Burundian Refugees' UNICEF Humanitarian Action for Children 2016, <www.unicef.org/appeals/burundian_refugees.html>, accessed 4 April 2016.
19. United States Agency for International Development, 'Disaster Data: A balanced perspective', Cred Crunch, no. 41, USAID, February 2016.
20. United Nations Children's Fund, 'Pacific Islands Countries', UNICEF Humanitarian Action for Children 2016, <www.unicef.org/appeals/pacific_islands.html>, accessed 4 April 2016.
21. United Nations Children's Fund, Nepal Humanitarian Situation Report 19, UNICEF, <www.unicef.org/appeals/files/UNICEF_Nepal_Humanitarian_SitRep_20Aug2015.pdf>, accessed 23 March 2016.
22. United Nations Children's Fund, 'Ebola', UNICEF, <www.unicef.org/emergencies/ebola/>, accessed 23 March 2016.
23. United Nations Children's Fund, 'Consolidated Emergency Report: Yemen', UNICEF, 2015.
24. If the education response in Yemen had been fully funded, UNICEF would have been able to achieve the target.
25. If the social protection response in Yemen had been fully funded, UNICEF would have been able to achieve the target.
26. Some 317 responses were recorded in 2005. Previously counting was done via phone interviews (2005) and questionnaires (2006–2009) and since 2010 as part of Country Office Annual Reports.
27. United Nations Children's Fund, 'Consolidated Emergency Report: Refugee and migrant crisis in Europe', UNICEF, 2015; and United Nations Children's Fund, 'Regional Humanitarian Situation Report #7: Refugee and Migrant Crisis in Europe', UNICEF, 11 January 2016.
28. This figure includes 201 field deployments provided through standby partners.

29. This captures ORE humanitarian expenditure; it does not include expenditure related to humanitarian action from regular resources or other resources regular.
30. UNICEF is developing a new, more rigorous system, with higher preparedness standards, which will, in the future, provide a more robust measurement of readiness levels.
31. United Nations Children's Fund, 'Consolidated Emergency Report: Nepal', UNICEF, 2015.
32. United Nations Children's Fund, 'Consolidated Emergency Report: Nigeria', UNICEF, 2015; and United Nations Children's Fund, 'Nigeria+ Crisis', UNICEF, November 2015.
33. Achievement towards this target was impacted by funding shortfalls, as well as persistent insecurity on the ground, which challenged the ability of UNICEF and partners to implement programmes and provide field monitoring.
34. Based on country office reporting, and may reflect multiple partnerships with the same civil society organization between countries and regions.
35. In countries where both humanitarian and development contexts exist, reporting of children being admitted for SAM treatment have not necessarily been distinguished by the contexts in which they were treated. As such, SAM cases within humanitarian contexts have often been reported within the development-related SAM indicator, making it appear as if fewer children have been reached in humanitarian contexts in 2015. This explains, in part, the decline in achievement against the target (compared to 2014).
36. Low achievement against the target can be attributed to a few factors. In addition to the near doubling of the target from 31 million in 2014 to 55 million in 2015, in some settings, following assessment of epidemiology, risk and population immunity (routine coverage/previous campaigns, etc.) there may be a deliberate decision to scale back the age range and limit the campaigns to children under 5 instead of children aged 6 months to 15 years. In other cases, there may have been logistic, financial or even political barriers in implementing a wide age range campaign and as a result the age range was scaled down. Other factors may also have also come into play.
37. See data on expenditure in the accompanying UNICEF Water, Sanitation and Hygiene Annual Results Report.
38. United Nations Children's Fund, 'Regional Humanitarian Situation Report #7: Refugee and migrant crisis in Europe', UNICEF, 11 January 2016.
39. United Nations Children's Fund, 'Syrian Arab Republic', UNICEF Humanitarian Action for Children 2016, <www.unicef.org/appeals/syria.html>, accessed 4 April 2016.
40. This figure is based on ORE revenue received in 2015, which differs from ORE budget issued in 2015. Budget issued will normally exceed the revenue received, as UNICEF now releases budgets in full when a contract is signed with a resource partner, even though it may cover multiple years.
41. This figure is based on ORE revenue received in 2015, which differs from ORE budget issued in 2015. Budget issued will normally exceed the revenue received, as UNICEF now releases budgets in full when a contract is signed with a resource partner, even though it may cover multiple years.
42. This captures ORE humanitarian expenditure; it does not include expenditure related to humanitarian action from regular resources or other resources regular.
43. 2015 revenue and expenditure amounts do not match due to revenue being utilized over several years, based on the grant agreement, while expenditure covers actual utilization in the calendar year.



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