



Humanitarian action

Global Annual
Results Report 2020

unicef 
for every child

Cover image: © UNICEF/UNI367251/Fazel
Somaya, 9 years, washes her hands at a UNICEF-supported
handwashing facility for internally displaced children in Ferdousi
camp, Balkh province, Afghanistan (September 2020).

Expression of thanks: © UNICEF/UN0403198/Abdalkarim
A refugee boy at a UNICEF-supported child-friendly space in
the camp in Hamdayet Reception Centre, Tigray, Ethiopia
(November 2020).



Expression of thanks

UNICEF expresses its gratitude to all resource partners whose overall contributions supported the organization's humanitarian action in 2020. The achievements described in this report were the result 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. Thanks to thematic funding and its flexibility, UNICEF has been able to provide timely and effective technical, operational and programming support to countries in all regions as part of its efforts to prepare and deliver life-saving protection and assistance to children and families. On behalf of children, their families and communities in urgent need, UNICEF is especially grateful for contributions of global, regional and country humanitarian thematic funds, which provide the most flexible resources for emergency response.

UNICEF's work is funded entirely through the voluntary support of millions of people around the world and our partners in government, civil society and the private sector. Voluntary contributions enable UNICEF to deliver on its mandate to protect children's rights, to help meet their basic needs, and to expand their opportunities to reach their full potential. We take this opportunity to thank all our partners for their commitment and trust in UNICEF.

Seventy-four years after UNICEF was established and thirty-one years since the adoption of the Convention on the Rights of the Child, the organization's mission to promote the full attainment of the rights of all children is as urgent as ever.

The UNICEF Strategic Plan, 2018–2021 is anchored in the Convention on the Rights of the Child and charts a course towards attainment of the Sustainable Development Goals and the realization of a future in which every child has a fair chance in life. It sets out measurable results for children, especially the most disadvantaged, including in humanitarian crises, and defines the change strategies and enablers that support their achievement.

Working together with governments, United Nations partners, the private sector, civil society and with the full participation of children, UNICEF remains steadfast in its commitment to realize the rights of all children, everywhere, and to achieve the vision of the 2030 Agenda for Sustainable Development, a world in which no child is left behind.

The following report summarizes how UNICEF and its partners contributed to humanitarian action in 2020 and reviews the impact of these accomplishments on children and the communities where they live. This is one of seven reports on the results of efforts during the past year, encompassing gender equality and humanitarian action as well as each of the five Strategic Plan Goal Areas – 'Every child survives and thrives', 'Every child learns', 'Every child is protected from violence and exploitation', 'Every child lives in a safe and clean environment', and 'Every child has an equitable chance in life'. It supplements the 2020 Executive Director Annual Report (EDAR), UNICEF's official accountability document for the past year.

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Executive Summary

Aichata, 15 years, takes her school lessons on the radio. UNICEF has supported radio lessons to help children in Mali learn from home during the COVID-19 pandemic (November 2020).

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Globally, 1 in 33 people were in need of humanitarian assistance and protection at the end of 2020, up from 1 in 45 people at the beginning of the year.¹ Against this backdrop of rising humanitarian needs, the coronavirus disease 2019 (COVID-19) pandemic – combined with

prolonged and violent conflict, large-scale population displacement, a global hunger crisis and climate-related disasters – has generated the most widespread humanitarian crisis that the world has ever seen.

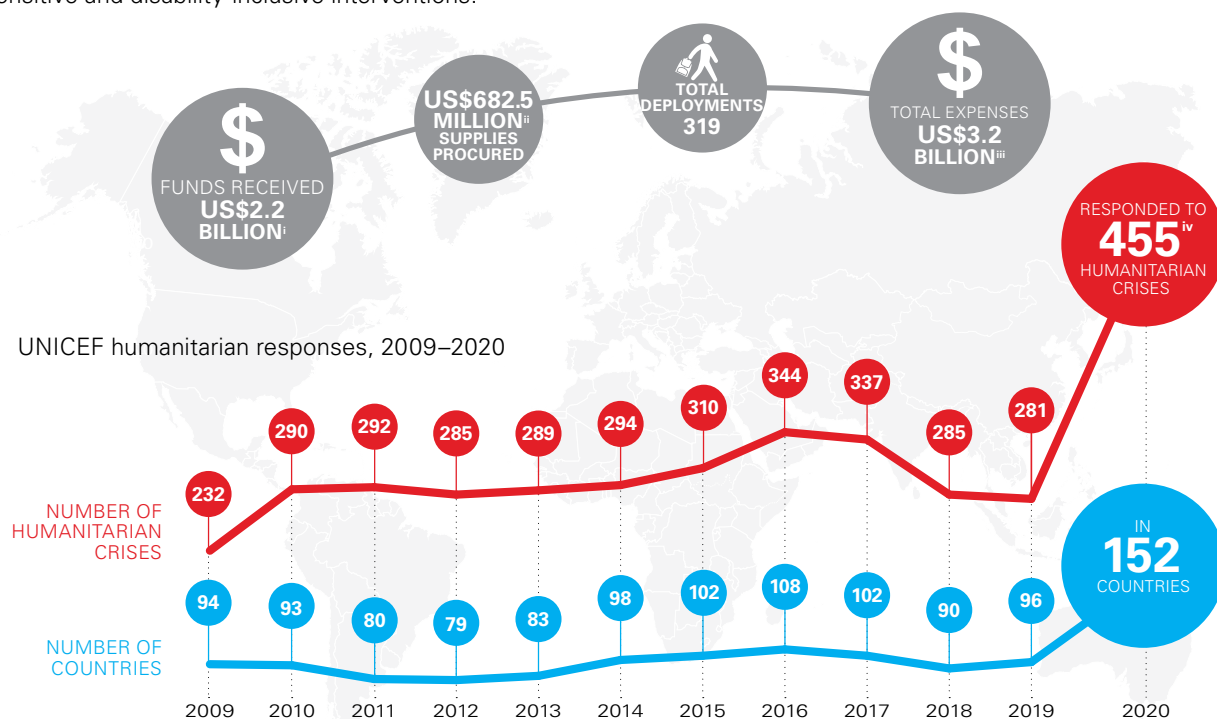
UNICEF work and key results in 2020²

In 2020, UNICEF and its implementing partners responded to 455 new and ongoing humanitarian crises in 152 countries (see Figure 1), compared with 281 humanitarian crises in 96 countries in 2019. The significant increase in the number of humanitarian crises and countries can be attributed to the UNICEF humanitarian response to the COVID-19 pandemic, which represents the largest humanitarian response – and the first global emergency response – in the history of the organization.

The UNICEF humanitarian response in 2020 was delivered in accordance with the UNICEF Strategic Plan, 2018–2021, the Core Commitments for Children in Humanitarian Action (CCCs), and the global COVID-19 response strategy. To meet humanitarian needs, UNICEF continued to leverage its long-standing comparative advantages, including having a field presence before, during and after emergencies; delivering multisectoral support; leading or co-leading four clusters/areas of responsibility; leveraging its global

FIGURE 1: Global response in 2020

In 2020, 152 country offices responded to 455 humanitarian crises, reaching millions of children with life-saving, gender-sensitive and disability-inclusive interventions.



ⁱ The figure is based on emergency contributions received in 2020, recognized as other resources – emergency.

ⁱⁱ This total includes all programme supplies going to Level 2 and Level 3 emergencies; all programme supplies for any new Level 2 or Level 3 emergencies, from the date they are declared; specific relevant orders for the countries in which only a region or part of the country is in an emergency; and specific supplies flagged as emergency supplies in countries facing Level 1 crises. Of the US\$682.5 million, US\$545.3 million is other resources – emergency.

ⁱⁱⁱ The figure represents expenses of emergency funds (other resources – emergency) received in 2020 and funds available from the previous year.

^{iv} The significant increase in the number of humanitarian crises and countries can be attributed to UNICEF's humanitarian response to the COVID-19 pandemic, which represents the largest humanitarian response – and the first global emergency response – in the history of the organization.

humanitarian supply capacity; and harnessing its vast network of partners, including governments, civil society, communities and the private sector.

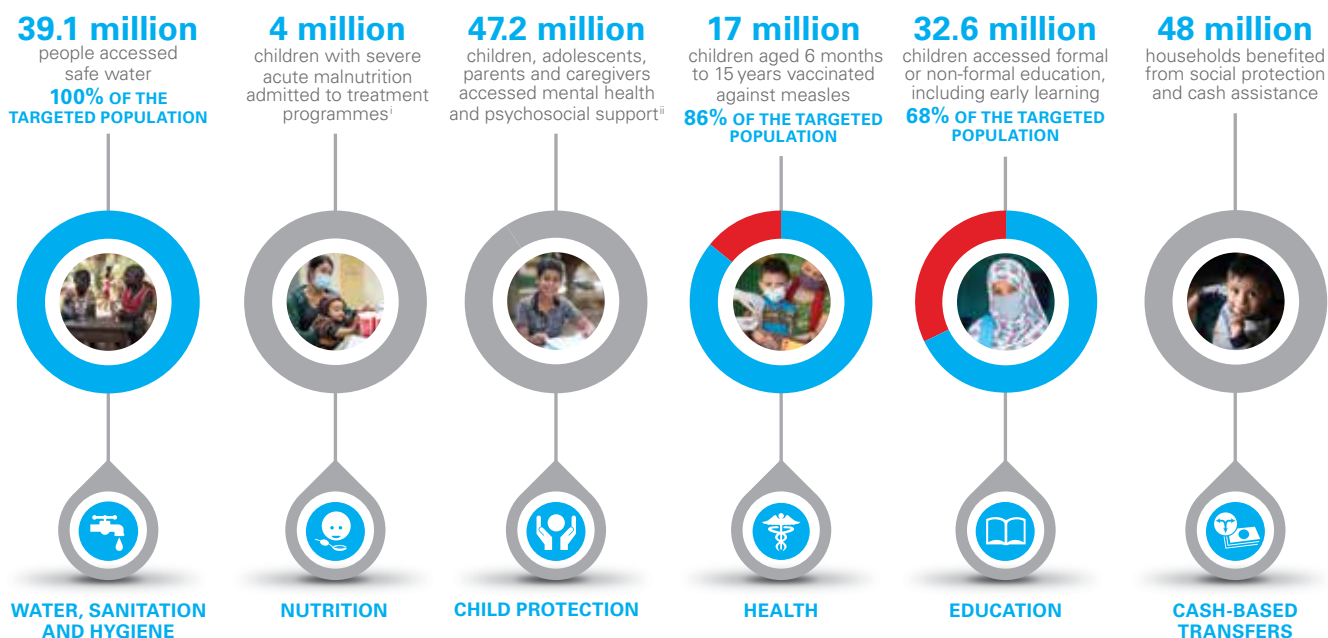
The UNICEF COVID-19 strategy contributes directly to the key pillars of the World Health Organization (WHO) multi-agency Strategic Preparedness and Response Plan for the pandemic, and the United Nations Global Humanitarian Response Plan led by the Office for the Coordination of Humanitarian Affairs, as well as the United Nations framework for the immediate socioeconomic response to the pandemic. It focuses on four priorities: (1) supporting the public health response to reduce coronavirus transmission and mortality; (2) supporting the continuity of health, HIV, nutrition, education, water, sanitation and hygiene (WASH), child protection, gender-based violence, social protection and other social services, and assessing and responding to the immediate socioeconomic impacts of COVID-19 mitigation measures; (3) advocating for child rights; and (4) supporting the Access to COVID-19 Tools Accelerator partnership.

The unprecedented nature of humanitarian action in 2020 caused UNICEF to face several challenges in its ability to deliver results for children. In a number of countries, COVID-19 restrictions negatively impacted UNICEF emergency programmes and the number of children that UNICEF was able to reach. Despite this, UNICEF staff remained committed to staying and delivering, and the organization is adapting to the new ways of working demanded by the pandemic, implementing business continuity plans and special measures in line with programme criticality assessments.

In several contexts where UNICEF operates, insecurity and limited humanitarian access hampered the movement of humanitarian personnel and endangered their safety. At the same time, COVID-19 restrictions imposed on international and domestic travel limited the ability of UNICEF and partners to implement and monitor programmes. UNICEF remains committed to sustaining humanitarian interventions and to identifying innovative ways to adapt and scale up programming. This includes using remote implementation (e.g., through telephone counselling and psychosocial support sessions, or online group discussions) and monitoring where direct access is not possible.

FIGURE 2: Delivering humanitarian results for children

These are some of the key humanitarian results achieved against targets for children by UNICEF and partners in 2020. In some contexts, achievements were constrained by limited resources, including across sectors; inadequate humanitarian access; insecurity; and challenging operating environments.



¹ As the sources of data used to calculate UNICEF's global severe acute malnutrition treatment admissions in 2020, as well as the provision of infant and young child feeding counselling and vitamin A supplementation, do not disaggregate humanitarian and development targets, the global humanitarian targets for these results are not presented.

² UNICEF reached 47.2 million children, adolescents, parents and caregivers with community-based mental health and psychosocial support support in 2020. This included 31.2 million children (91 per cent of the target population) and 15.9 million parents and caregivers (exceeding the targeted population).

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Even with so many challenges, UNICEF and partners reached millions of children with life-saving, gender-sensitive and disability-inclusive interventions in the areas of health, nutrition, education, child protection, WASH and social protection during the year (see Figure 2). These results were achieved across the world, including in countries facing some of the most severe humanitarian crises of the past five years, such as the protracted crises in Nigeria, Somalia, South Sudan, the Syrian Arab Republic and neighbouring countries, Yemen and the central Sahel (Burkina Faso, Mali and the Niger); cyclones in Indonesia and Mozambique; the refugee influx into Bangladesh and migrant crisis in Latin America and the Caribbean; the political and economic crisis in the Bolivarian Republic of Venezuela; the Ebola outbreak and internal displacement in the Democratic Republic of the Congo; and the complex emergencies in Afghanistan, Ethiopia, Mozambique and the Sudan.

Since the UNICEF Level 3 response to the COVID-19 pandemic began in early 2020, UNICEF has reached more than 536 million people with vital health, nutrition, water, sanitation and hygiene (WASH), education, child protection, gender-based violence and social protection services. In addition, UNICEF and partners reached 3 billion people, including 810 million children, with life-saving risk communication and community engagement information and activities. In Uganda, for example, UNICEF raised awareness of COVID-19 transmission, prevention and control across media platforms, including television, social media, radio, newspapers, government messages, and in conversations among families and friends. In just six months, over 506,000 people were reached through U-Report and over 844,000 were reached via social media.

The ability of UNICEF to respond to emergencies was supported by its human resources for humanitarian action. At the onset of the pandemic, COVID-19 restrictions significantly impacted in-country surge support to ongoing humanitarian operations. In response, UNICEF rolled out a surge protocol to address the travel constraints and scale up surge support for the remainder of 2020.

A total of 319 emergency (surge) deployments were completed in 2020 (down from 600 in 2019) and amounted to nearly 34,000 days of support (on average, 122 days per deployment). The standby partnership mechanism³ remained the main provider of surge support for UNICEF during emergencies. In all, 24 standby partner organizations provided UNICEF with 124 deployments to 44 country, regional and headquarters offices. This support provided over 16,000 deployment days, the estimated equivalent of US\$14.4 million. Global cluster Rapid Response Teams supported 17 countries, including for two Level 3 emergencies, through 29 missions totalling 2,074 days.⁴

Surge missions by UNICEF staff members remain the largest contributor to emergency responses, with 122 deployments⁵ accounting for 38 per cent of all deployments in 2020. In all, 15 per cent of deployments undertaken by UNICEF staff members were conducted by UNICEF Emergency Response Team (ERT) members. The UNICEF ERT, which comprises 24 UNICEF staff members with

specialized skills in child protection, education, WASH, nutrition, emergency coordination, accountability to affected populations (AAP), Communication for Development, gender, communications, human resources, supply management, operations and security, undertook 48 missions to 25 country offices, totalling nearly 2,600 days. In all, 81 per cent of these missions (almost 2,100 days) supported responses to UNICEF Level 2 and Level 3 crises.

Loans provided through the Emergency Programme Fund supported the UNICEF response to acute emergencies by fast tracking funding to affected countries within 48 hours of a crisis. In 2020, US\$46.3 million was allocated to over 21 countries and UNICEF global support. For example, these funds supported the emergency response in the north-west Syrian Arab Republic; facilitated uninterrupted WASH and education support in Ukraine; enabled the provision of critical nutritional supplies in Somalia; and supported the scale up of the COVID-19 response. These regular resources are critical, especially in sudden-onset emergencies and unpredictable contexts such as the COVID-19 crisis, and UNICEF was able to re-programme and use US\$81.7 million in 2020.

Procurement for emergencies reached US\$682.5 million globally, with 94 per cent (US\$640.6 million) going to Level 2 and Level 3 emergencies. Supplies were provided to 143 countries and territories preparing for, or responding to, emergencies, or both. The Supply Division provided direct support through 25 staff deployments to locations including the Democratic Republic of the Congo, Liberia, Sierra Leone, the Bolivarian Republic of Venezuela and Yemen. The largest component of emergency supplies by value was medical renewables, including personal protective equipment worth US\$197.2 million procured for the COVID-19 response.

UNICEF continued to advance initiatives to improve the efficiency and effectiveness of humanitarian results in 2020. A key milestone was the release of the revised CCCs, the organization's core policy for humanitarian action, and a vital framework that guides and shapes its humanitarian response in complex and life-threatening environments. This edition of the CCCs reaffirms the key principles and standards that guide UNICEF humanitarian action and ensure that children are protected, that their dignity is respected, and that no child is left behind, even in the most adverse circumstances.

The organization also completed a review⁶ to examine its humanitarian operations in the context of the global challenges posed by the twenty-first century. The recommendations of this review reflect the organization's current challenges and its desired outcomes. Collectively, they will help UNICEF to become more agile, more effective in fulfilling the CCCs across its dual mandate and, most importantly, better able to meet the needs and rights of all crisis-affected children. In 2020, these recommendations were endorsed by UNICEF senior management to strengthen the organization's capacity to deliver a principled, timely, quality and child-centred humanitarian response and advocacy efforts.

UNICEF continued to prioritize gender equity in humanitarian action, from preparedness to response and recovery. The revised CCCs outline three overarching gender-equity commitments for the first time: ending gender-based violence, engaging with and for women and girls, and making programming gender-responsive. The Commitments make gender analysis a mandatory part of humanitarian action, commit UNICEF to more equity-focused data collection and disaggregation, and call for more meaningful partnerships with civil society organizations advancing the rights of women and girls.

In 2020, the number of people reached with gender-based violence services in emergencies nearly doubled. As part of the COVID-19 response, UNICEF reached 17.8 million people in 84 countries affected by crisis with gender-based violence risk mitigation, prevention and response services (98 per cent of the target).

During the year, UNICEF also scaled up its internal systems for protection against sexual exploitation and abuse, globally and in countries responding to emergencies. All UNICEF personnel are required to complete mandatory training on prevention of sexual exploitation and abuse, and all UNICEF partners must adhere to a code of conduct and reporting procedures for preventing and responding to sexual exploitation and abuse. UNICEF assessed these risks among more than 1,300 civil society partners to determine gaps in capacity and training, and is now working with partners to address these gaps. The organization is also actively seeking to inform communities on its standards and commitments, through communications tailored to local contexts and community-based complaints mechanisms. Globally, UNICEF estimates that the reach of these communications and mechanisms tripled between 2019 and 2020, and they now cover 44.3 million people.

The year saw a significant expansion in UNICEF cash transfer programming. In 2020, 71 UNICEF country offices – or 47 per cent of countries responding to humanitarian crises – used cash-based transfers as part of their humanitarian responses, up from 30 countries in 2019 (31 per cent). Overall, UNICEF support and use of humanitarian cash transfer programmes reached 48 million households, including 81 million children. Of these, 45.5 million households were reached through the provision of technical assistance to governments to scale up social cash transfers and address the needs of households affected by COVID-19. The remaining 2.5 million households were reached through UNICEF-funded humanitarian cash transfer programmes in 50 countries.

For example, in Jordan, the UNICEF Hajati cash transfer programme continues to assist more than 10,000 children (51 per cent girls) directly and on a regular basis to address the multisectoral needs of Syrian refugee children. An additional 30,000 children (49 per cent girls) were supported for 9 months in 2020 to address the economic impacts of COVID-19. A study by the UNICEF Office of Research – Innocenti and UNICEF Jordan revealed that children receiving Hajati cash support are more likely to go to school,

less likely to be engaged in economic activities, more likely to have three meals a day, and less likely to show symptoms of depression.⁷

The preparedness of UNICEF country offices to respond to emergencies was strengthened in 2020 through two pilot funding mechanisms: the First Action Initiative⁸ and the Co-Funding Initiative.⁹ The First Action Initiative is helping UNICEF to generate evidence on how preparedness can improve the efficiency and effectiveness of the organization's humanitarian response and add value for money. In 2020, UNICEF made four First Action Initiative allocations, to the Islamic Republic of Iran, Kenya, Nicaragua, and West and Central Africa coastal countries (Benin, Côte d'Ivoire, Ghana, Guinea and Togo). It is estimated that these allocations, along with five allocations made in 2019, will improve the speed of the UNICEF emergency response by an average of 30 days, enable 66 per cent in savings per investment, and reduce the organization's carbon dioxide emissions by more than 200 metric tons.

UNICEF continued to prioritize close collaboration with partners in its humanitarian action in 2020. For example, during the year, UNICEF worked with 1,852 civil society partners, comprising 1,294 local organizations and 558 international non-governmental organizations (NGOs). Nearly US\$555 million in cash was transferred to civil society partners (more than 58 per cent to local partners). UNICEF also partnered with national government responders, transferring nearly US\$244 million in humanitarian funding. Overall, 28 per cent of humanitarian funding went directly to local and national civil society and government responders, exceeding the target of 25 per cent.¹⁰ For example, of the funds received against the global COVID-19 appeal and transferred to implementing partners, 64 per cent went to governments and 22 per cent to national NGOs and/or Red Cross and Red Crescent Societies.

Strong engagement with other United Nations entities remained vital to the UNICEF humanitarian response. Collaboration with WHO from the onset of the COVID-19 pandemic enabled unprecedented access to and participation in the global health planning and response. Working with WHO, UNICEF co-authored global infection prevention and control guidance for health-care facilities, schools, homes, communities and public spaces. Additionally, UNICEF, WHO and the International Federation of Red Cross and Red Crescent Societies (IFRC) jointly developed a global risk communication and community engagement strategy.

In 2020, UNICEF and the Office for the United Nations High Commissioner for Refugees (UNHCR) launched the Blueprint for Joint Action for refugee children. The Blueprint is an ambitious initiative supporting the governments of 10 countries to reach more than 10 million refugee and host children with essential education, WASH and child protection services. By modelling an innovative, effective and efficient collaboration that aims to realize substantive cost savings and improve efficiency, the Blueprint also contributes directly to United Nations reform.

UNICEF continued to support the humanitarian system and to deliver on its responsibility for inter-agency coordination by mobilizing, leading and organizing collective efforts through its cluster lead agency roles. In 2020, UNICEF led or co-led education, child protection, WASH and nutrition sectors/clusters in the 25 countries where humanitarian response plans are included in the Global Humanitarian Overview.

With UNICEF advocacy and support, the number of cluster coordination performance assessments conducted during the year increased in all UNICEF led/co-led sectors/clusters with humanitarian response plans. In education, the number of performance assessments increased by 175 per cent (from 8 in 2019 to 22 in 2020); in child protection, assessments increased by 71 per cent (from 7 to 12); in nutrition, assessments increased by 50 per cent (from 12 to 18); and in WASH, assessments increased by 45 per cent (from 11 to 16).

The year 2020 was marked by a dramatic increase in humanitarian needs, largely due to the COVID-19 pandemic. As a result, there was a substantial increase in humanitarian funding requirements. While the global COVID-19 appeal received high levels of flexible funding, which proved critical to the organization's ability to mount an efficient, swift and agile response, many emergencies remained severely

underfunded. In 2021, UNICEF will support advocacy and resource mobilization efforts at all levels to ensure that funding is available to meet the rising needs.

The year's results were made possible by the generous contributions of resource partners, including governments, National Committees and corporate partners. As of December 2020, the Humanitarian Action for Children appeal was 34 per cent funded, reaching nearly US\$2.2 billion. Humanitarian action played a significant role in field operations in 2020, with 53 per cent of all country-level expenses (US\$3 billion) supporting humanitarian response during the year. Of overall UNICEF expenses, 57 per cent supported humanitarian action in 2020 (US\$3.2 billion), using funds received in 2020 and resources from previous years.

UNICEF global humanitarian thematic funds – critical multi-year flexible funding – allowed the organization to meet critical needs. In 2020, US\$28.5 million was disbursed to 42 country and regional offices for humanitarian preparedness and response. These funds helped UNICEF respond to overlapping crises in the Sahel, where vulnerable people urgently needed multisectoral support throughout the year; scale up its response to displacement in the Democratic Republic of the Congo; and implement life-saving preparedness action in Kenya.



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Mohammad, 12 years, takes part in World Children's Day at a UNICEF-supported Makani centre in an informal tented settlement on the outskirts of Amman, Jordan (November 2020).

Looking ahead

UNICEF is dedicated to improving its humanitarian action, in accordance with its Strategic Plan, to meet the challenges described above and strengthen its ability to deliver results for crisis-affected children.

The recommendations of the Humanitarian Review reflect the organization's current challenges and its desired outcomes. A key recommendation is that UNICEF increase its humanitarian leadership and capacity so that the organization has people with the right skills in the right place at the right time to respond to the needs of all crisis-affected children. The Humanitarian Review also recommends that UNICEF improve its risk management by establishing a comprehensive risk management system that ensures effective risk identification, management and response across UNICEF operations.

In addition, to prepare for future emergencies, the Humanitarian Review recommends that UNICEF should: (1) clearly define its role in public health emergencies, with increased technical capacity at all levels and adapted strategies, including a no-regrets approach; (2) explore new configurations for field support; (3) reinforce current capacities for refugee and migration crises; (4) mainstream and increase the volume of humanitarian aid delivered through cash across sectors; (5) leverage technology and innovation; and (6) strengthen or increase the integration of supply needs in programme planning and response.

In 2021, UNICEF will continue to roll out the updated CCCs globally, across all country and regional offices and headquarters divisions, and with partners. Advocacy, management, planning and training tools, including but not limited to training of trainers and interactive e-learning and virtual programmes, will be further developed for managers, staff members and partners to meet the commitments in all contexts. This includes a new external digital platform (www.corecommitments.unicef.org/)¹¹ to deliver the CCCs to UNICEF staff, partners and affected communities; increase access to relevant knowledge and learning; and support the achievement of the CCCs in both humanitarian and development contexts. The CCCs will also more systematically inform the UNICEF Strategic Plan, annual workplans, emergency response plans, country programme documents, performance reports, and partnerships with governments and civil society organizations.

UNICEF is developing new emergency procedures based on learning from the COVID-19 response and the thematic review of those procedures by the Office of Internal Audit and Investigations. The new procedures will apply to all emergencies (Levels 1, 2 and 3) with additional simplifications and requirements for Level 2 and Level 3 crises. The procedures will align with the revised CCCs and operationalize the recommendations of the Humanitarian Review to make UNICEF more predictable, timely and efficient in its humanitarian coordination, response and

advocacy efforts. The procedures will include a minimum package of actions to be taken in emergencies for such key areas as protection from sexual exploitation and abuse, humanitarian access, and AAP. They will be auditable to ensure a more predictable and accountable response.

To advance its ability to analyse risk, UNICEF is developing data-driven online tools to support country and regional offices, and headquarters divisions, in determining baseline risks and emerging dynamic hazards. UNICEF is also pooling resources with inter-agency partners on the INFORM project,¹² which aims to add a dynamic quantitative multi-hazard warning tool to the existing set of INFORM products, with components that leverage academic expertise.

The COVID-19 pandemic has re-emphasized the importance of having strong complaints and feedback mechanisms in place to ensure affected populations are listened to and engaged with. However, integrating these mechanisms into UNICEF programmes has remained challenging. In 2021, UNICEF will continue to prioritize its support for country offices to establish these mechanisms and ensure that systematic engagement with affected people guides evidence-based decision-making in all its programming. UNICEF will also integrate learning from the COVID-19 response to invest in digital platforms to strengthen both AAP and prevention of sexual exploitation and abuse.

While the organization's COVID-19 strategy is anchored in humanitarian action and guided by the CCCs, given that the nature of the crisis requires addressing the overwhelming socioeconomic impacts on children, the response goes well beyond addressing immediate humanitarian needs. UNICEF will continue to prioritize interventions that strengthen systems and build technical capacities across the humanitarian-development-peace nexus at the national and subnational levels, in partnership with governments, civil society partners and other United Nations agencies, and in line with the recommendations of the humanitarian review and the localization agenda. In all its programmes, UNICEF will continue to promote a model for recovery that is resilient and conflict- and climate-sensitive, that reduces vulnerability and does not exacerbate inequality, and that prioritizes platforms that promote engagement opportunities and agency for children and adolescents.

Finally, UNICEF has launched a US\$659 million appeal for 2021 to support the Access to COVID-19 Tools Accelerator, which includes a COVID-19 vaccine humanitarian buffer, a mechanism of last resort under the COVID-19 Vaccine Global Access (COVAX) Facility to ensure equitable access to and allocation of COVID-19 vaccines for humanitarian populations that will not be included in national allocation and access mechanisms.



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Mykyta, 7 years, is ready for Grade 2. UNICEF is supporting teachers in Ukraine to keep children learning during the COVID-19 pandemic.



Strategic context

Children and families affected by Typhoon Vamco stay at the UNICEF-supported H. Bautista Elementary School in Marikina City, Metro Manila, the Philippines (November 2020).

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The humanitarian landscape

The need for humanitarian assistance showed exponential growth in 2020. By the end of the year, 235 million people – 1 in 33 people worldwide – were in need of humanitarian assistance and protection. This represents a significant increase from the figure of 1 in 45 people in need at the start of the year, which was already the highest figure in several decades.¹³

Prolonged and violent conflict continued to represent a key driver of humanitarian needs across the globe. In 2020, violence escalated in South Sudan, the Sudan, the Bolivarian Republic of Venezuela, Yemen and the central Sahel. Meanwhile, new conflicts broke out in several places, such as the Tigray region in Ethiopia and the Cabo Delgado Province of Mozambique. The impacts of armed conflict and violence have been particularly devastating for children, with interruptions to education and health services, and a heightened risk of conflict-related sexual violence.

Over the past decade, more people have been internally displaced by conflict and violence than ever before.¹⁴ At the start of 2021, there were an estimated 51 million internally displaced persons, and the number of refugees had doubled to 20 million.¹⁵ In Bangladesh, for example, there were 860,000 Rohingya refugees living in 34 congested camps in Cox's Bazar District at the end of 2020.¹⁶

Against this backdrop, the coronavirus disease 2019 (COVID-19) pandemic generated the most widespread humanitarian, socioeconomic, and human and child rights crisis that the world has ever seen. The pandemic has strained already overburdened social and health service delivery systems; left millions of children out of school; contributed to rising rates of violence against children; undermined access to vital water, sanitation and hygiene (WASH) resources; heightened vulnerabilities for children on the move; and eroded hard-won advances in global development.

Ongoing conflict and the COVID-19 pandemic also deepened an already severe hunger crisis. By the end of 2020, the number of people facing acute food insecurity reached an estimated 270 million, representing an 82 per cent increase since the outbreak of COVID-19.¹⁷ In Africa, more children are stunted than there were in the year 2000; and more than 70 per cent of people facing chronic hunger are women and girls.¹⁸

Climate change and environmental degradation continue to deepen these vulnerabilities. Over the past 30 years, the number of climate-related disasters – from severe drought to flooding – has tripled.¹⁹ In East Asia, the Mekong region was hit by more than four storms in just one month in 2020. These disasters disproportionately affected the most vulnerable children and families, threatening food security, increasing water scarcity and forcing people to leave their homes.

UNICEF humanitarian response in 2020

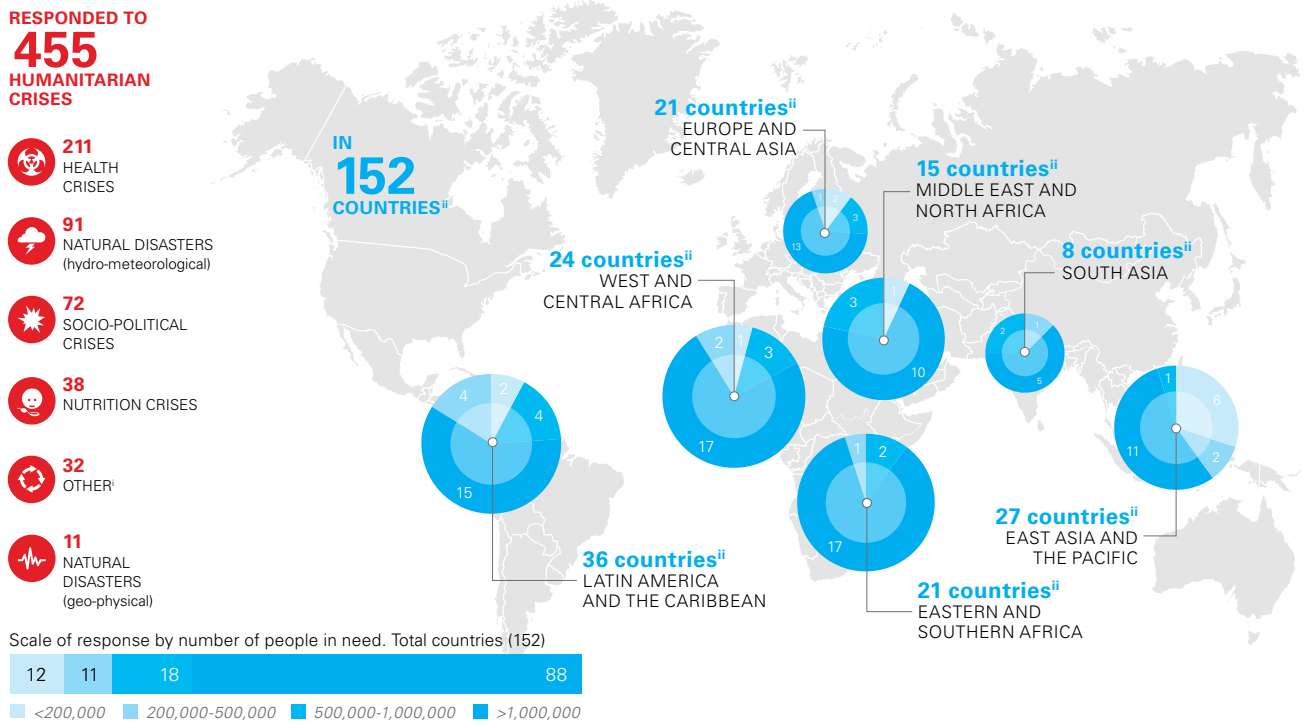
In 2020, UNICEF and its implementing partners responded to 455 new and ongoing humanitarian crises in 152 countries (see *Figure 3*). This compares with 281 humanitarian crises in 96 countries in 2019. The significant increase in the number of humanitarian crises and countries can be attributed to the UNICEF humanitarian response to the COVID-19 pandemic, which represents the largest humanitarian response – and the first global emergency response – in the history of the organization.

The 2020 Humanitarian Action for Children appeal was 34 per cent funded by 31 December 2020, reaching nearly US\$2.2 billion. Humanitarian action played a significant role in field operations in 2020, totalling 57 per cent (US\$3.2 billion) of overall UNICEF expenses. Of all country-level expenses, 53 per cent (US\$3 billion) supported humanitarian response.²⁰ In Greece, Lebanon, the Syrian Arab Republic and Turkey, more than 90 per cent of country-level expenses were classified as humanitarian. Of the 30 country offices with the largest overall expenses, 26 of them were included

in the 2020 Humanitarian Action for Children appeal. Humanitarian action for these offices comprised 77 per cent of total country-level expenses, both humanitarian and non-humanitarian (see *Figure 4*).

In 2020, UNICEF continued to deliver its humanitarian response in line with the UNICEF Strategic Plan, 2018–2021, the Core Commitments for Children in Humanitarian Action (CCCs) and the global COVID-19 response strategy. This included efforts to strengthen the response to mass population displacements and protracted crises; increase the coverage and quality of humanitarian assistance; recognize the profoundly different and gendered impacts on women and men, and girls and boys; advocate for the central role of protection, with particular attention to specialized protection services for children involved in armed conflict; and grow organizational capacity to support, operate and deliver critical services to the most vulnerable children in remote, insecure, high-risk and complex humanitarian emergencies.

FIGURE 3: Type and scale of humanitarian response in 2020



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 by India and Pakistan. The final status of Jammu and Kashmir has not yet been agreed by the Parties. The final boundary between the Republic of the Sudan and the Republic of South Sudan has not yet been determined.

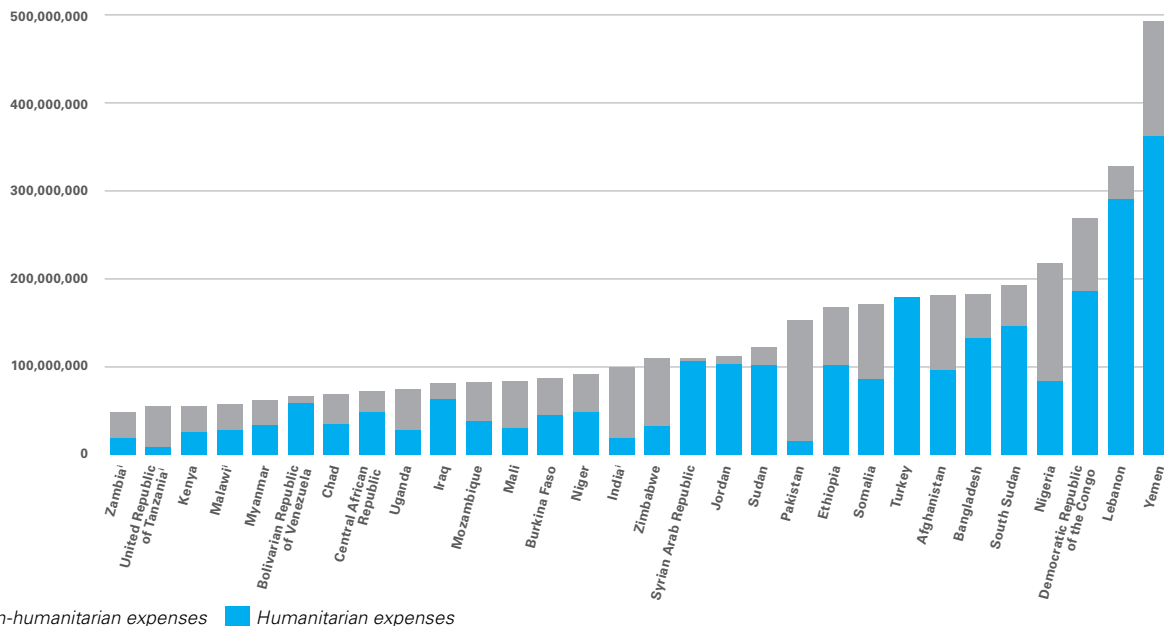
ⁱ Including but not limited to refugee crises.

ⁱⁱ Out of the 152 countries where UNICEF responded in 2020, 129 countries reported the total number of people in need. The charts in this graphic reflect the breakdowns by region and scale of response for those 129 countries.

FIGURE 4: Expenses

Top 30 country offices – 2020 expenses (includes all funding types).

Humanitarian expenses (US\$3.2 billion) were 57 per cent of overall organizational expenses in 2020.



ⁱ With the exception of India, Malawi, the United Republic of Tanzania and Zambia, all of these country offices had Humanitarian Action for Children appeals in 2020.

UNICEF also continued to support the humanitarian system and deliver on its responsibility for inter-agency coordination by mobilizing, leading and coordinating collective efforts through its cluster lead agency roles for WASH, nutrition and education, and for the child protection area of responsibility (see Figure 5). For more on the organization’s work as cluster lead agency, see Commitment 1 in each of the following sections of the Results by Strategic Plan Goal Area chapter: ‘Nutrition in emergencies’ (p. 32), ‘Education in emergencies’ (p. 38), ‘Water, sanitation and hygiene in emergencies’ (p. 46) and ‘Child protection in emergencies’ (p. 42).

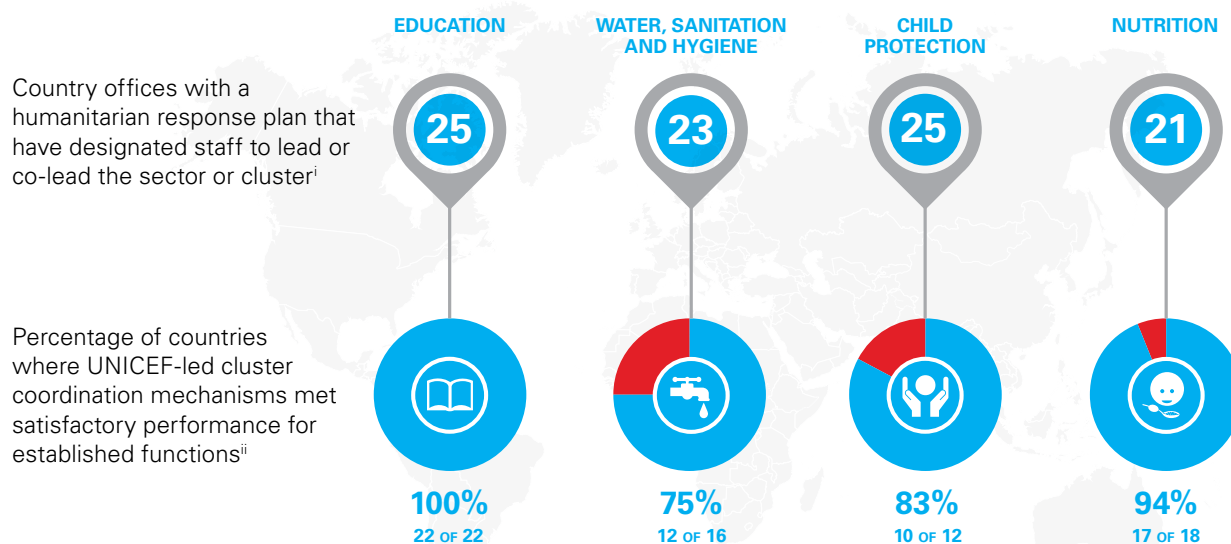
Globally, UNICEF and its implementing partners delivered results for millions of emergency-affected children in 2020 (see Figures 6 and 7). This action included responses to four large-scale Level 3 emergencies: the Ebola outbreak in the Democratic Republic of the Congo, protracted emergencies in the Syrian Arab Republic and Yemen, and the global COVID-19 pandemic. UNICEF also responded to three Level 2 emergencies: the complex humanitarian crises in the Bolivarian Republic of Venezuela and the central Sahel (Burkina Faso, Mali and the Niger), and internal displacement in the Democratic Republic of the Congo. A total of 319 emergency (surge) deployments were reported and completed in 2020, down from 600 in 2019 due to COVID-19 restrictions. These deployments totalled nearly 34,000 days, with an average mission length of 122 days (see ‘Human resources’ on p. 62 for more on the 2020 surge response).



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Abdel, 10 years, participates in psychosocial support activities at the UNICEF-supported child-friendly space at the Karantina public garden in Beirut, Lebanon (September 2020).

FIGURE 5: Coordination



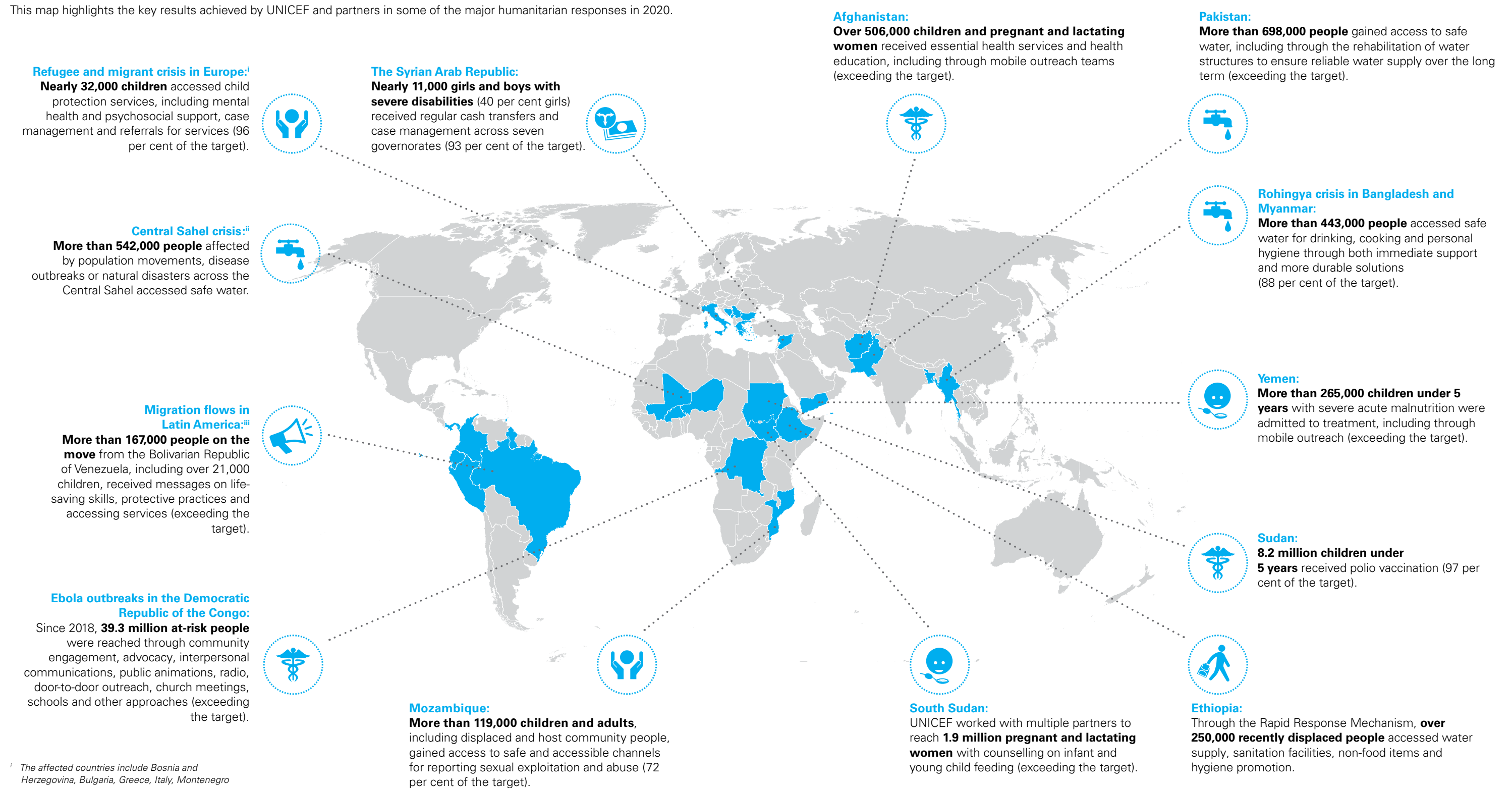
ⁱ For each sector or cluster, 2020 results are based on annual reporting from UNICEF country offices included in the Global Humanitarian Overview with an inter-agency humanitarian response plan.

ⁱⁱ This is a new indicator in the UNICEF Strategic Plan, 2018–2021. Satisfactory performance reported by country offices where a cluster coordination performance assessment was undertaken with partners is based on these criteria:

- The country office assigns designated staff to lead or co-lead, whether with the government or other actor, a humanitarian cluster or sector, area of responsibility or similar coordination mechanism.
- Where there is a designated cluster lead or co-lead and any form of coordination performance assessment has been completed with partners during the year of reporting.
- The assessment is structured against the six Inter-Agency Standing Committee-agreed core functions of coordination and accountability to affected populations or other assessment criteria in the cluster coordination performance monitoring tool.
- The country office reported that their coordination performance was good or satisfactory under the assessment.

FIGURE 6: Key results from humanitarian responses

This map highlights the key results achieved by UNICEF and partners in some of the major humanitarian responses in 2020.



ⁱ The affected countries include Bosnia and Herzegovina, Bulgaria, Greece, Italy, Montenegro and Serbia.

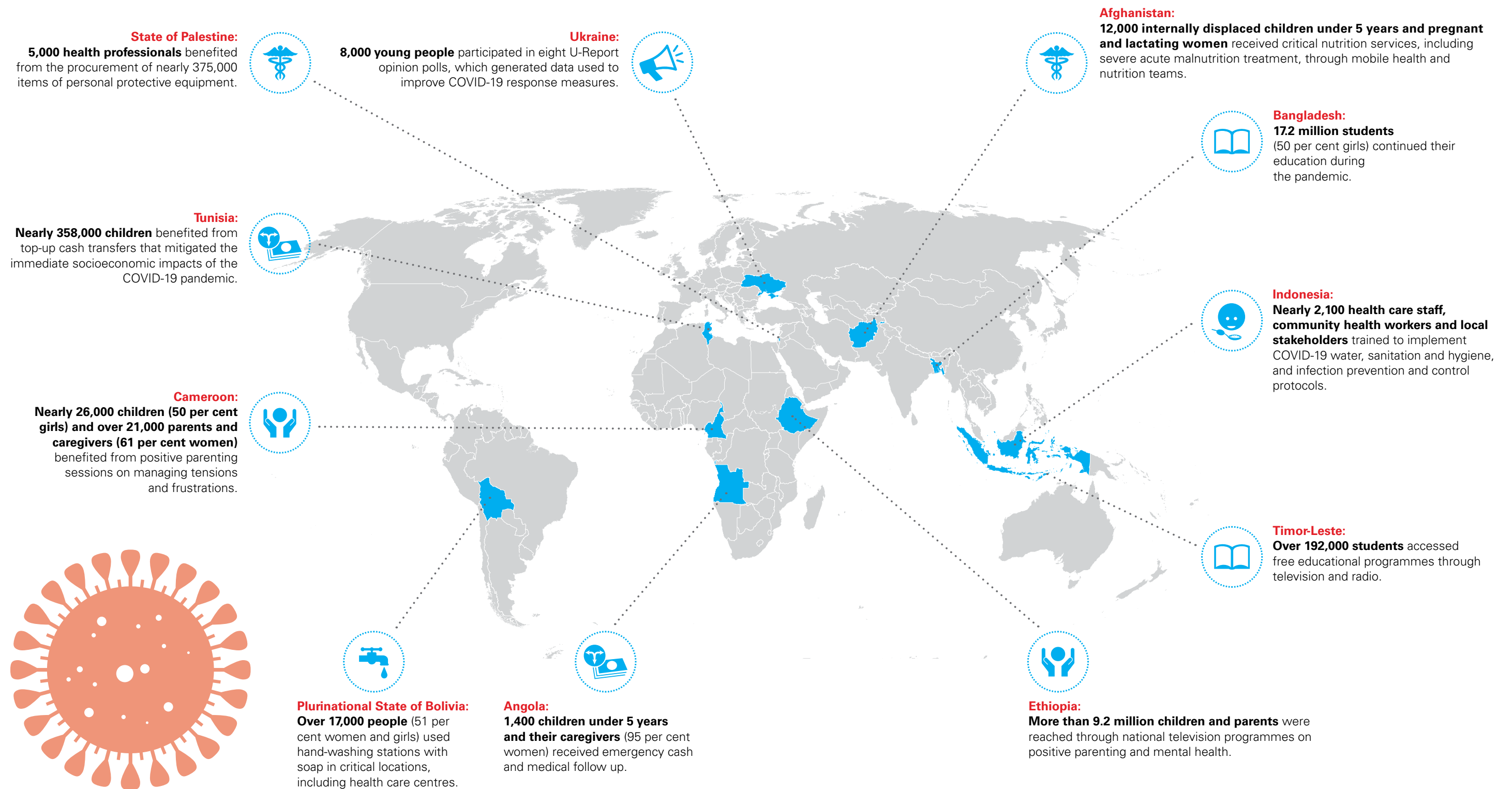
ⁱⁱ The affected countries include Burkina Faso, Mali and the Niger.

ⁱⁱⁱ This support covered Brazil, Colombia, Ecuador, and Trinidad and Tobago.

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 by India and Pakistan. The final status of Jammu and Kashmir has not yet been agreed by the Parties. The final boundary between the Republic of the Sudan and the Republic of South Sudan has not yet been determined.

FIGURE 7: Key results from COVID-19 responses

This map highlights the key results achieved by UNICEF and partners in response to COVID-19 in 2020.



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 by India and Pakistan. The final status of Jammu and Kashmir has not yet been agreed by the Parties. The final boundary between the Republic of the Sudan and the Republic of South Sudan has not yet been determined.

The response to the COVID-19 pandemic

The COVID-19 pandemic has upended the lives of children and families across the world. As of December 2020, there were nearly 80 million confirmed cases and more than 1.7 million reported deaths globally.²¹

The UNICEF COVID-19 strategy contributes directly to the key pillars of the World Health Organization (WHO) multi-agency Strategic Preparedness and Response Plan for the pandemic, and the United Nations Global Humanitarian Response Plan led by the Office for the Coordination of Humanitarian Affairs, as well as the United Nations framework for the immediate socioeconomic response to the pandemic. It focuses on four priorities: (1) supporting the public health response to reduce COVID-19 transmission and mortality; (2) supporting the continuity of health, HIV, nutrition, education, WASH, child protection, gender-based violence, social protection and other social services, and assessing and responding to the immediate socioeconomic impacts of COVID-19 mitigation measures; (3) advocating for child rights; and (4) supporting the Access to COVID-19 Tools Accelerator partnership.

Since the UNICEF Level 3 response to the COVID-19 pandemic began in early 2020, UNICEF has reached more than 536 million people including 92.2 million children and women with essential health care services, 5 million children 6-59 months admitted for treatment of severe acute malnutrition, 78 million children, parents and caregivers provided with community-based mental health and psychosocial support and messaging, 17.8 million women, girls and boys with gender-based violence risk mitigation, prevention or response interventions, 106 million people (55 million women and girls; 58 million children) with critical WASH supplies, including hygiene items, and services, 47.1 million households with social assistance measures to respond to COVID-19 and 301 million children (147 million girls) supported with distance/home-based learning.

Since the start of the pandemic, UNICEF (along with WHO) has been one of the largest global procurers of personal protective equipment, diagnostics and oxygen concentrators. In 2020, UNICEF procured US\$469.5 million worth of personal protective equipment for the COVID-19 response.

Strengthening efficiency and effectiveness for humanitarian results

A key milestone in 2020 was the release of the revised CCCs, UNICEF's core policy for humanitarian action and a vital framework that guides and shapes its humanitarian response in complex and life-threatening environments. This edition of the CCCs responds to a critical need: to provide quality, timely humanitarian support in the midst of fast-moving emergencies. It reaffirms key the principles and standards that guide UNICEF humanitarian action and ensure that children are protected, that their dignity is respected and that no child is left behind, even in the most adverse circumstances.

The CCCs include new corporate commitments on important areas of work that have emerged over the past decade, and that are essential to the ability of UNICEF to strengthen the efficiency and effectiveness of humanitarian results. They include dedicated commitments on preparedness, humanitarian access, protection from sexual exploitation and abuse, accountability to affected populations (AAP), the quality of programmes, multisectoral

and integrated programming, equity, environmental sustainability and climate change, localization, community engagement for behaviour and social change, humanitarian cash transfers and fostering coherence and complementarity between humanitarian and development programming.

The organization also completed a review²² to examine its humanitarian operations in the context of the global challenges posed by the twenty-first century. The recommendations of this review reflect the organization's current challenges and its desired outcomes. Collectively, they will help UNICEF to become more agile, more effective in fulfilling the CCCs across its dual mandate and, most importantly, better able to meet the needs and rights of all crisis-affected children. In 2020, these recommendations were endorsed by UNICEF senior management to strengthen the organization's capacity to deliver a principled, timely, quality and child-centred humanitarian response and advocacy efforts.

UNICEF also continued to prioritize gender in humanitarian action – from preparedness to response and recovery – and took steps to strengthen its efforts to protect women and children against gender-based violence, and sexual exploitation and abuse. The work on gender, gender-based violence and prevention of sexual exploitation and abuse is described in depth on pages 25 (gender equity), 43 (gender-based violence) and 43 and 64 (prevention of sexual exploitation and abuse).

Strengthening collaboration, coherence and complementarity of humanitarian and development programming

In 2020, UNICEF advanced its commitments and actions to strengthen the links between humanitarian and development programming to reduce needs, vulnerabilities and risks. This work was carried out in line with the UNICEF Procedure on Linking Humanitarian and Development Programming (issued in 2019), which lays out actions designed to ensure consistent and systematic coherence between humanitarian and development programming, and to contribute to peace and social cohesion. In addition, the revised CCCs include dedicated commitments on fostering coherence and complementarity between humanitarian and development programming, strengthening risk-informed programming, ensuring conflict sensitivity and contributing to sustaining peace. UNICEF also became an adherent of the Organisation for Economic Co-operation and Development's Development Assistance Committee Recommendation on the humanitarian–development–peace nexus, which supports better results, particularly in fragile and conflict-affected settings.

In 2020, UNICEF made progressive improvements to strengthen humanitarian action and development programme coherence at the country level. In education, for example, 62 country offices established equitable education systems to ensure learning continuity and lower the impact of service disruption in humanitarian crises. This was an increase from 54 offices in 2019. To support longer-term, inter-agency, system-wide planning and coordination, 15 country offices strengthened their existing humanitarian response plans through the incorporation of multi-year strategies.

In an example from the State of Palestine, UNICEF reinforced the coherence between humanitarian and development efforts by working with partners to ensure the continuity of sexual, reproductive, maternal, newborn and child health services in emergencies. Working with other United Nations agencies, UNICEF supported the development of a package of 20 protocols, guidelines and checklists covering such topics as pre-conception, antenatal care, safe delivery, family planning, maternal and child nutrition, postnatal care, COVID-19 and pregnancy,

mental health and psychosocial support, and gender-based violence. This package has contributed to strengthening health systems in the West Bank and the Gaza Strip.

Localizing humanitarian and development programming

UNICEF invests in the institutional and technical capacity of local actors (e.g., local authorities, civil society organizations, communities and the private sector), to better address the needs of children affected by humanitarian crises and to prepare national and subnational actors for future humanitarian responses.

In 2020, UNICEF commitment to localizing its humanitarian response was enshrined in the revised CCCs, which now include an explicit benchmark on localization, and thereby operationalize the Grand Bargain commitments. The revised CCCs commit UNICEF to localizing its humanitarian response by recognizing, respecting and strengthening the leadership and coordination of humanitarian action by national and local authorities, civil society organizations and communities. This will be achieved by building the capacities of local authorities and civil society organizations, including on emergency preparedness and risk-informed programming, engaging in principled partnership, adopting comprehensive risk management approaches and, where possible, supporting multi-year agreements and funding.

During the year, UNICEF continued to prioritize, develop and sustain its partnerships with local actors. The proportion of UNICEF humanitarian funding going to these partners continues to exceed the target of 25 per cent;²³ in 2020, over 28 per cent of humanitarian funding was transferred in cash to local and national civil society and government responders. At the country level, 58 per cent of UNICEF country offices transferred at least one quarter of all their humanitarian funding to local and national responders. Of the funds received against the global COVID-19 appeal and transferred to implementing partners, 64 per cent went to governments and 22 per cent to national non-governmental organizations (NGOs) and/or Red Cross and Red Crescent Societies.

As an example of UNICEF's work with local actors, in Nepal, the organization launched a flood preparedness programme in 12 municipalities of 4 provinces in 2020, training 750 persons representing local government officials, community volunteers and youths. In Somalia, UNICEF and its local partners provided care and treatment to 245,000 children affected by life threatening severe acute malnutrition. In India, UNICEF teams mobilized partnerships with local actors to strengthen community-led, multi-sectoral health and nutrition actions to care for pregnant women and children. In Bangladesh, UNICEF operated 27 infant nutrition facilities with two local implementing partners: Society for Health Extension and Development and Social Assistance and Rehabilitation for the Physically Vulnerable.

Strengthening social protection systems and increasing the use and coordination of cash-based programming in humanitarian action

In many crises, social protection support helps children and their families cope with and recover from emergencies. This was strongly demonstrated in the context of COVID-19, where social protection was a key part of the response to the socioeconomic impacts of the pandemic. UNICEF support for strengthening social protection systems, particularly in enhancing their shock responsiveness, enabled this work to proceed in many countries.

In 2020, 71 UNICEF country offices (47 per cent of countries responding to humanitarian crises) used cash-based transfers as part of their humanitarian response, up from 30 countries in 2019 (31 per cent). Overall, UNICEF support and use of humanitarian cash transfer programmes reached 48 million households, including 81 million children. Of these, 45.5 million households were reached through the provision of technical assistance to governments for scaling up social cash transfers to address the needs of households affected by COVID-19. The remaining 2.5 million households were reached through UNICEF-funded humanitarian cash transfer programmes in 50 countries. In total, UNICEF-funded programmes delivered US\$245 million to crisis-affected populations, including US\$2.5 million provided as vouchers.

Of the 2.5 million households reached, over 591,000 in 18 countries were assisted through funding provided to governments for scaling up social cash transfers, with 1.9 million households in 34 countries reached directly, through partnerships with local financial service providers and civil society partners. In Albania, Jordan, Mozambique, the State of Palestine, the Syrian Arab Republic, Yemen and Zambia, UNICEF used a mixed approach where elements of existing national social protection programmes were leveraged (such as beneficiary list, social workforce etc.) to deliver humanitarian cash programmes.

(Further details and examples of UNICEF humanitarian cash programmes are provided in 'Linking humanitarian cash transfers to social protection systems', p. 50.)

Ensuring programmes are informed by and adapted to risk

UNICEF continued to implement risk-informed programming as a means of building resilience and strengthening preparedness by identifying risks to children through child-sensitive, multi-hazard risk analyses. In 2020, 41 per cent of UNICEF country offices met organizational benchmarks on implementing risk-informed programming, implying that specific risk reduction measures are

operationalized through workplans. In addition, 48 country offices reported using up-to-date conflict analyses and assessments to support the design and adaptation of their humanitarian, development and peacebuilding programmes. Thirty-eight of these offices used these analyses to inform programmes aimed at strengthening social cohesion and building peace by addressing the root causes of conflict and fragility.

For example, in Somalia, UNICEF developed an innovative risk-informed response mechanism that consolidates live data on conflict and context. The mechanism serves as the office's early warning system and allows it to drill down and conduct hot-spot mappings, track socioeconomic trends over time and, in combination with its regular community-based third party monitoring (which provides perception data), adapt its humanitarian and development programming to changing conflict dynamics and improve tracking of its impact on the root causes of conflict.

UNICEF also supports child-centred disaster risk reduction and disaster recovery efforts at the inter-agency and national levels. In 2020, this included adapting the existing multi-agency post-disaster needs assessment methodology for the COVID-19 Recovery Needs Assessment Tool. This was done at the request of governments to support resilient recovery by strengthening systems to make them more responsive to the specific vulnerabilities of children. UNICEF also worked to ensure that child-sensitive programming was incorporated into United Nations guidance on disaster risk reduction efforts, notably by contributing to the United Nations Common Guidance on Helping Build Resilient Societies and the Scaling up Disaster Risk Reduction in Humanitarian Action recommendations and checklist.

At the country level, UNICEF supports governments to develop child-sensitive national and local risk management plans that address risks related to disasters, climate change, conflict, public health emergencies and other crises. By the end of 2020, 56 countries had these plans in place. In Madagascar, for example, UNICEF supported the adoption of subnational child-sensitive disaster management plans across the country. In several countries, UNICEF also uses school-based disaster risk reduction to address the vulnerabilities of children while engaging them as active participants in the response. In Kyrgyzstan, for example, UNICEF worked with line ministries to develop a road map on disaster risk reduction in education, which has helped 64,000 children in 119 schools learn safe behaviour and skills through school-based drills. The road map is now being used to scale up child-centred disaster risk reduction to reach 80 per cent of schools in the country.

Investing in preparedness and risk analysis

In 2020, UNICEF continued to strengthen its global preparedness architecture to improve the readiness of country offices to respond to emergencies. The Emergency Preparedness Platform²⁴ and the Procedure on Preparedness for Emergency Response²⁵ were updated to better meet the organization's needs and address operational challenges. This update included revising minimum preparedness standards, aligning with the revised CCCs and adding user-friendly features. In addition, 48 country offices in medium- and high-risk contexts strengthened the quality of their preparedness and contingency plans for responding to humanitarian risks.

Country-level emergency preparedness was enhanced through two pilot funding mechanisms: the First Action Initiative²⁶ and the Co-Funding Initiative.²⁷ The First Action Initiative is helping UNICEF to generate evidence on how preparedness can improve the efficiency and effectiveness of the organization's humanitarian response and add value for money. In 2020, UNICEF made four First Action Initiative allocations: to the Islamic Republic of Iran, Kenya, Nicaragua, and West and Central Africa coastal countries (Benin, Côte d'Ivoire, Ghana, Guinea and Togo). It is estimated that these allocations, along with five allocations made in 2019, will improve the speed of UNICEF's emergency response by an average of 30 days, enable 66 per cent in savings per investment, and reduce UNICEF's carbon dioxide emissions by more than 200 metric tons.



Jackline, 15 years, educates her fellow pupils on Ebola preparedness in Yambio, South Sudan (March 2020).

PARTNER TESTIMONIAL

UNICEF is a valuable long-term partner for the Czech Republic in protecting, assisting and empowering vulnerable children, youth and women in fragile settings. The partnership of the Czech Republic with UNICEF encompasses the Czech government, several public institutions, non-governmental organisations, private companies, students, art professionals as well as broader public. The Czech government provides multiannual contributions to UNICEF education, nutrition and protection programmes, notably in Iraq and Sahel. Czech students volunteer for UNICEF in water and sanitation programmes in Jordan or Zambia. Several Czech based NGOs and companies serve as implementing partners for UNICEF. The broader public in the Czech Republic takes part in colourful public fundraising. We commend UNICEF for its innovative cooperation with the international private sector, for its role in the coherence of humanitarian and development actions, and currently also for its flexible partnership in response to COVID-19 pandemic. In partnership with UNICEF, we indeed can envisage a better future for the most vulnerable and at the same time most promising members of the human community.

- Quote by Jakub Kulhanek, Minister for Foreign Affairs of the Czech Republic

For example, in Nicaragua, the First Action Initiative supported key preparedness actions in anticipation of a particularly severe hurricane season. These actions included pre-positioning WASH supplies, developing a communications strategy and strengthening collaboration with key partners. When Hurricanes Eta and Iota made landfall in November, UNICEF and its partners were ready to respond, immediately reaching 15,000 people with safe water and distributing hygiene kits, both of which were crucial to preserving human health in the context of the COVID-19 pandemic.

The development of new technology solutions enhanced the ability of UNICEF to analyse risks. The organization rolled out automated online dashboards to aggregate the risk data provided by the Horizon Scan,²⁸ enabling rapid identification of countries in need of emergency preparedness support. In Nicaragua, the Horizon Scan dashboard identified the specific rivers that were at risk from flooding before Hurricane Eta struck, which gave UNICEF the information it needed to implement life-saving preparedness actions. In addition, analytical context briefs combining quantitative data with qualitative analysis produced through the Horizon Scan process improved UNICEF understanding of potential future directions in high-risk crises (e.g., in Côte d'Ivoire and the United Republic of Tanzania).

Addressing fragility and building peace

In 2020, UNICEF increased its engagement in peacebuilding as a means to address the root causes of conflict and fragility. This included deliberate global efforts to tackle the social cohesion challenges wrought by the COVID-19 pandemic. The completion of major evaluations and reviews, including the UNICEF peacebuilding and conflict sensitivity portfolio, and its support for young people in peacebuilding, have paved the way towards strengthening its support to conflict prevention and sustaining peace.

Globally, 70 country offices implemented child and adolescent-focused programmes deliberately aiming to build peace and strengthen social cohesion by bridging community and intergenerational divides, reducing social tensions and addressing the root causes of conflicts. For example, in the Democratic Republic of the Congo, the UNICEF Programme of Expanded Assistance to Returnees (now in its third phase) supported community social cohesion to increase resilience through the provision of equitable, inclusive and sustainable access to basic social services (WASH, health, nutrition and education) while also strengthening the capacity of local community structures to mitigate and manage conflicts and their impacts.

UNICEF also continued to focus on strengthening its engagement with adolescents and youth as agents of peace in their communities and societies. In 2020, 42 country offices developed programmes supporting the

catalytic role that can be played by adolescents and youth to address conflicts and bridge divides. Working with partners in Côte d'Ivoire, UNICEF supported over 3,100 adolescent and youth peacebuilders who directly engaged 35,000 of their peers in preventing hate speech, violence and stigma in the post electoral period. Leveraging its U-Report²⁹ and social media platforms, a youth-led campaign promoting messages of social cohesion and peace reached 6 million people.

Strengthening accountability to affected populations

UNICEF is committed to centring its work on affected populations, including children, women and the most vulnerable groups. This commitment was enshrined in a new dedicated CCC that reflects the aim to facilitate the safe, appropriate and equitable engagement of communities in all UNICEF humanitarian action. UNICEF will accomplish this by promoting the participation of communities in decisions about humanitarian response across its emergency programmes, providing access to life-saving information, and providing secure means for affected communities to provide feedback on the UNICEF response.

In 2020, UNICEF made strides in its effort to include affected people in its humanitarian response. Among the 152 countries with a humanitarian response (including a COVID-19 response), 129 reported some type of communication for development support to communications, community engagement and/or AAP. Of those, 40 per cent (51) reported consulting affected populations throughout one or more phases of humanitarian programming. In addition, 78 per cent of countries (101) reported providing information to affected and at-risk people, including the most marginalized groups, on life-enhancing and life-saving actions; 64 per cent (82) reported providing information to better inform them about their entitlements and how to access them; and 35 per cent (45) reported that affected people had access to systematic feedback and complaints mechanisms designed to include the most marginalized and vulnerable groups.

Across its country programmes in 2020, UNICEF focused on strengthening AAP in programme implementation and emergency response, and building organizational knowledge and capacities to ensure accountability in all aspects of its humanitarian response. For example, in Cameroon, more than 26,000 individuals were engaged and provided feedback through various mechanisms, such as end-user monitoring surveys, focus group discussions, helplines, helpdesks, mobile clinics and meetings with community influencers. Affected populations provided feedback on their levels of satisfaction with the response, their knowledge and awareness of services, and their perceptions of staff behaviour. In 2021, this feedback will be incorporated into intervention design, implementation and reporting.

Risk communication and community engagement

In 2020, UNICEF continued to scale up its risk communication and community engagement interventions to engage proactively with affected and at-risk communities, and provide timely and accurate health advice to encourage positive health-seeking behaviours. As part of its public health response to COVID-19, this work focused on reaching communities with life-saving information, and driving people-centred and community-led approaches to promote healthy and safe lifestyles.

Within the global COVID-19 response, UNICEF co-leads the risk communication and community engagement pillar with WHO and the International Federation of Red Cross and Red Crescent Societies (IFRC). The partners also established the global Risk Communication and Community Engagement Collective Service, a service-based partnership building on each organization's technical assets, to streamline, coordinate, standardize and amplify social and behavioural work, risk communication and community engagement across a wide range of partners. The Collective Service has strengthened the capacities of partners, governments and communities across the health and humanitarian spheres.³⁰

In 2020, UNICEF and partners reached 3 billion people, including some 810 million children, with life-saving risk communication and community engagement information and activities. These were delivered through local networks, including key community influencers, traditional and religious leaders, community groups, youth groups, health workers, non-governmental organizations, volunteers, social and traditional media (TV and radio), and announcements during religious services, among other methods. Country experiences from Afghanistan, India, the Niger, Pakistan, South Sudan, the Sudan, the Syrian Arab Republic, Turkey and Yemen highlighted the importance of mobilizing quickly, working with trusted partner organizations and leveraging existing networks.

In Uganda, for example, UNICEF raised awareness of COVID-19 transmission, prevention and control across media platforms, including television, social media, radio, newspapers, government messages, and in conversations among families and friends. In just six months, over 506,000 people were reached through U-Report and over 844,000 were reached via social media.

Digital platforms and remote engagement with communities was a key feature of the response. UNICEF used the Internet of Good Things (a mobile-ready website offering a data-light platform) to reach vulnerable populations with educational and life-saving information. In 2020, the Internet of Good Things supported the delivery of front-line worker training materials, job aids, and key risk communication and community engagement efforts as part of the COVID-19 response. The platform – which was accessed by front-line workers, parents, caregivers, adolescents and youth – was scaled up from 18 to 29 countries and grew its annual reach by more than 200 per cent with over 25 million visits.

UNICEF will continue to support governments to invest in community-led and people-centred interventions as part of the COVID-19 response. In addition, the revised CCCs will be leveraged to mainstream system-strengthening, community engagement, and behaviour and social change efforts across sectors. UNICEF, with other humanitarian partners, is also revising its Community Engagement in Humanitarian Action Toolkit to serve as a one-stop shop with all relevant information, knowledge and tools, including for advocacy and coordination, for all types of emergencies.

PARTNER TESTIMONIAL

In humanitarian crises, children are exposed to proportionately greater and prolonged suffering and rights violations, which, if not addressed, undermine their human development and, consequently, the social and economic fabric of the communities they live in. Italy believes that the protection and promotion of children's rights is key to build the foundations of solid and resilient societies, more inclined to develop the necessary antibodies to prevent the recurrence of conflicts and crises.

In this endeavor, UNICEF represents Italy's strategic and long-standing partner for the support of the most vulnerable children. Italy is proud to support UNICEF's work in multiple areas such as the fight to children malnutrition, school feeding, education, prevention and fight against sexual and gender-based violence, maternal and newborn health, mental health support. In addition, Italy values the impressive work UNICEF has carried out in the fight against the COVID-19 pandemic in the most fragile contexts, as well as its capacity to swiftly adapt its activities vis-à-vis the changing operational environments that the pandemic has framed.

We are convinced that supporting UNICEF is a smart investment for a better future.

- Quote by Marina Sereni, Deputy Minister of Foreign Affairs and International Cooperation, Italy

Fostering collaboration and partnerships

Leveraging partnerships

In 2020, UNICEF continued to prioritize close collaboration with partners in its humanitarian action. For example, during the year, UNICEF worked with 1,852 civil society partners (1,294 local and 558 international NGOs) (see Figure 8). Nearly US\$555 million in cash was transferred to civil society partners (over 58 per cent went to local partners). UNICEF also partnered with national government responders, transferring nearly US\$244 million of humanitarian funding. Overall, 28 per cent of humanitarian funding went directly to local and national civil society and government responders, exceeding the target of 25 per cent.³¹

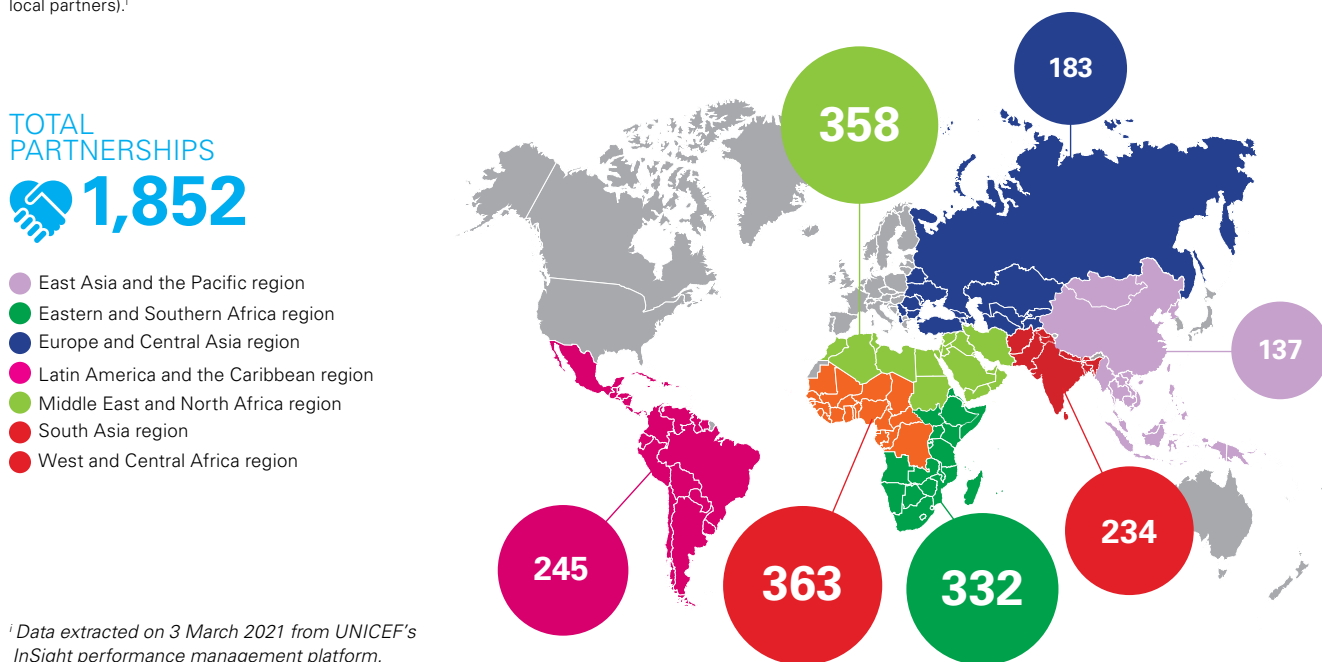
UNICEF work through the Rapid Response programme in the Democratic Republic of the Congo provides a good example of its efforts to put local actors at the centre of emergency response. UNICEF worked with national NGOs that had strong knowledge of local dynamics and had gained the trust and acceptance of local communities. They included Action pour la Rehabilitation et la Promotion Sociale, Promotion des Soins de Santé Primaires, Red Cross North Kivu and Red Cross Tanganyika. This approach improved humanitarian access and community acceptance

of rapid response interventions and enabled UNICEF and partners to provide a tailored and contextualized response. As a result, UNICEF was able to meet the acute needs of nearly 550,000 people affected by population movement, including over 280,000 children, through the provision of life-saving WASH supplies and non-food items (exceeding the target).

UNICEF support was complemented by strong assistance from 24 standby partner organizations, which provided 124 deployments to 44 country, regional and headquarters offices. This delivered over 16,000 deployment days, the estimated equivalent of US\$14.4 million. In the context of the COVID-19 pandemic, the standby partnership mechanism³² remained the main provider of surge support for UNICEF during emergencies. The highest number of standby deployments was in support of the COVID-19 pandemic (45 deployments), followed by the crises in the Bolivarian Republic of Venezuela (15) and South Sudan (12). While 60 per cent of standby deployments related to UNICEF Level 2 and Level 3 emergencies, these deployments also supported smaller emergency responses in Benin, Colombia, Fiji, Greece (the Moira fire), Serbia, Uganda and Zimbabwe. Standby partners provided a

FIGURE 8: Partnerships

In 2020, UNICEF collaborated with 1,852 civil society partners (1,294 local). Nearly US\$555 million in cash was transferred to civil society partners (over 58 per cent to local partners).¹



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 by India and Pakistan. The final status of Jammu and Kashmir has not yet been agreed by the Parties. The final boundary between the Republic of the Sudan and the Republic of South Sudan has not yet been determined.

range of expertise, including in climate resilience, energy, youth and adolescent education, child protection, water engineering and base camp construction.

UNICEF revitalized partnerships with the private sector for external surge deployment. For example, after the Beirut explosion, a team of five engineers from Veolia³³ were deployed to support the Lebanese water utility with assessment, leakage detection and repairs. At the end of their 5-week mission, 200 water points had been investigated and 71 leakages had been detected and repaired, saving more than 110 m³ of water per hour for the population of Beirut.

Strengthening inter-agency collaboration

Strong engagement with other United Nations entities remains vital to UNICEF humanitarian response. Collaboration with WHO from the onset of the COVID-19 pandemic enabled unprecedented access to and participation in global health planning and response efforts. With WHO, UNICEF co-authored global infection prevention and control guidance for health-care facilities, schools, homes, communities and public spaces. UNICEF, WHO and IFRC also jointly developed a global risk communication and community engagement strategy.

In 2020, UNICEF and the Office for the United Nations High Commissioner for Refugees (UNHCR) launched the Blueprint for Joint Action for refugee children. The Blueprint is an ambitious initiative supporting the governments of 10 countries to reach more than 10 million refugee and host children with essential education, WASH and child protection services. By modelling an innovative, effective and efficient collaboration that aims to realize substantive cost savings and improve efficiency, the Blueprint also contributes directly to United Nations reform.

For example, in Ethiopia, the third-largest refugee hosting country in Africa, where nearly 803,000 people are registered as refugees and asylum-seekers,³⁴ UNICEF and UNHCR negotiated a tripartite agreement with the Government that sets out an inclusive, nationally led approach to supporting refugees. As a result, both agencies have gained greater access to refugee camps, and cooperation among the three entities has improved.

UNICEF continued to strengthen its humanitarian collaboration with IFRC and the International Organization for Migration (IOM). With IFRC, UNICEF developed comprehensive guidance on partnering and working with civil society, and expanded its mapping of the global IFRC–UNICEF Partnership Analysis. In the lead up to the 2021 UNICEF–IOM Strategic Dialogue, UNICEF and the IOM Department of Operations and Emergencies convened a joint technical consultation to take stock of the organizations' collaboration in humanitarian crises and identify priorities for strengthening cooperation in 2021.

Humanitarian partnerships with NGOs continued to progress in 2020. The second Annual Consultation with NGOs in Humanitarian Action – co-convened by UNICEF and the International Council of Voluntary Agencies – was attended by 172 civil society organizations. The conference reported progress made on specific issues since the 2019 consultations, and enabled discussion on new topics such as decolonization of aid, anti-racism and anti-discrimination. In addition, UNICEF convened a webinar series for more than 261 NGO partners (880 participants) on critical thematic and operational strategies for responding to COVID-19.

In close partnership with the Private Fundraising and Partnerships Division, UNICEF also continued to engage with private sector actors (e.g., Microsoft, Lego and Johnson & Johnson) and multi-stakeholder platforms (e.g., the Global Humanitarian Action Executive Alliance).

Fostering equity and inclusion

UNICEF continued to foster equity and inclusion in its humanitarian action throughout the year, including through programmes designed to reach women and girls (*see 'Gender equality' below*), young children (*see p. 37*), children with disabilities (*see p. 51*), adolescents (*see p. 53*) and other marginalized groups in humanitarian crises.³⁵ In 2020, more than nearly 2.8 million children aged under 5 years experiencing humanitarian crises benefited from early childhood development interventions; 28 UNICEF country offices systematically included children with disabilities in emergency response efforts; and 5 million adolescent girls and boys living in humanitarian crises participated in civic engagement initiatives through UNICEF programmes and activities.

Gender equality

UNICEF continued to prioritize gender-transformative programming in humanitarian action, from preparedness to response and recovery. For the first time, the revised CCCs outline three overarching gender equality commitments: ending gender-based violence; engaging with and for women and girls; and making programming gender-responsive. These commitments are designed to accelerate and catalyse UNICEF programming, coordination and advocacy, and complement the integration of gender into all core commitments. The commitments make gender analysis a mandatory part of humanitarian action, commit

UNICEF to greater equity-focused data collection and disaggregation, and call for more meaningful partnerships with civil society organizations to advance the rights of women and girls.

During the COVID-19 response, UNICEF worked closely with its sister United Nations agencies to develop a collective response to the gender-related impacts of the pandemic. This included guidance for use by all United Nations country teams to apply a gender lens in response plans, which serves as the basis for the allocation of gender-earmarked funds from the COVID-19 Multi-Partner Trust Fund. Six UNICEF offices received US\$20 million from this fund to integrate gender issues into their COVID-19 response plans.

Within UNICEF, the COVID-19 response provided an opportunity to focus on improving the collection and reporting of gender-disaggregated data. For example, between June 2020 and February 2021, the percentage of UNICEF country offices reporting disaggregated data for the 11 situation report indicators relevant to gender increased from 10 per cent to 34 per cent. In 2021, UNICEF will identify additional opportunities to strengthen its gender-responsive monitoring and evaluation of emergency response.

UNICEF prioritized the prevention and response to gender-based violence and sexual exploitation and abuse in all COVID-19 response efforts. At the onset of the pandemic, UNICEF leveraged its inter-agency leadership to support the roll-out of key guidance, including the first ever guidance for practitioners on how to adapt gender-based violence case management services to align with COVID-19 infection prevention and control efforts. These efforts also included a resource on how to integrate disability considerations into gender-based violence programming during the COVID-19 pandemic, and guidance on supporting the safety and well-being of female front-line health-care workers.

During the year, the number of UNICEF country offices implementing gender-based violence in emergencies programmes almost doubled (increasing from 53 in 2019 to 107 in 2020). Globally, UNICEF reached 17.8 million women,

girls and boys in 84 countries with gender-based violence risk mitigation, prevention and response services, up from 3.3 million in 2019 (98 per cent of the target).

UNICEF used the COVID-19 response as an entry point in 2020, including to mitigate the risks of harmful practices regarding girls. For example, UNICEF supported community sensitization on female genital mutilation by adding related messages to COVID-19 and gender-based violence public information campaigns. These reached 16.4 million people (up from 8.5 million in 2019). In Nigeria, local women's associations created surveillance committees using WhatsApp to disseminate messages about COVID-19 prevention and female genital mutilation, and to report cases to community leaders. Nearly 117,000 girls and women were reached in five states (exceeding the target).

UNICEF also applied digital innovations to promote service continuity during the pandemic. In Eritrea, UNICEF integrated maternal health messages into an offline mobile app that provided COVID-19 information to communities with no internet connectivity, and enabled health workers to maintain schedules for pregnant and lactating mothers for perinatal care and infant vaccinations. UNICEF also continued to promote gender-responsive teaching, despite school closures. For example, in Viet Nam, UNICEF supported the Government to expand gender-responsive online teacher training and produce digital, TV and radio learning assets for students, with sign language and subtitles in multiple ethnic languages. This initiative benefited 20.9 million students, approximately half of them girls.

UNICEF prioritized its engagement with local women's civil society organizations to meet the needs of women and girls in hard-to-reach areas. In Afghanistan, three organizations reached more than 1 million people (59 per cent women/girls) with COVID-19 prevention information, psychosocial support, and gender-based violence prevention and referral services. This localized engagement was complemented with training for 2,250 front-line workers from the education and nutrition sectors on the delivery of gender-sensitive and age-appropriate services.

Challenges and lessons learned

Delivering humanitarian action in the context of COVID-19

In a number of countries, COVID-19 restrictions negatively impacted UNICEF emergency programmes and so affected the number of children UNICEF was able to reach. At the onset of the pandemic, the movement of humanitarian supplies for all operations was constrained by international and domestic travel restrictions, curfews, checkpoints and

bureaucratic impediments. This affected the delivery of assistance and the pre-positioning of supplies. In several countries where vaccination campaigns were put on hold, rapid response missions were cancelled and camps for internally displaced persons became inaccessible; consequently, UNICEF humanitarian assistance reached fewer people in need.

Despite these challenges and the uncertainty of the operating environment, UNICEF staff remained committed to staying and delivering. The organization is adapting to the new way of working in the context of the pandemic, with business continuity plans and special measures implemented in accordance with programme criticality assessments. UNICEF country offices maintained a large physical presence in terms of the number of staff members on the ground, and were able to maintain either full or partial teleworking mode. In most countries, where international partners were operating with reduced capacities and financial resources due to COVID-19, UNICEF increasingly put local partners at the forefront of the humanitarian response. UNICEF also strongly prioritized its duty of care, which remains critical to ensuring the continuity of operations and the ability of UNICEF and partners to stay and deliver. This included procuring personal protective equipment and treatment supplies for health workers and humanitarian actors.

Meeting escalating needs despite significant underfunding

The year 2020 was marked by a dramatic increase in humanitarian needs, due largely to the COVID-19 pandemic. The pandemic added substantial needs to a humanitarian landscape already characterized by significant crises. In many cases, the socioeconomic impacts of COVID-19 exacerbated the dire conditions that millions of children and families affected by conflict, deprivation and disaster were already experiencing. As a result, there was a substantial increase in humanitarian funding requirements.

However, many emergencies remained severely underfunded. For example, the UNICEF response in the State of Palestine received only 21 per cent of the required funding, Myanmar received 22 per cent, Burkina Faso received 27 per cent and Haiti received 41 per cent. While overall humanitarian funding increased in 2020 compared with 2019, the quality of funding remained a concern, with the amount of flexible thematic funding for humanitarian action remaining low at 9 per cent. This has stagnated at under 10 per cent for the past 5 years. In addition, while UNICEF acknowledges the resource partners that provided multi-year contributions for the humanitarian response, 2020 was marked by a decline in multi-year contributions (US\$513 million in 2019 compared with US\$376 million in 2020).

The global COVID-19 appeal received high levels of flexible funding, which proved critical to the organization's ability to mount an efficient, swift and agile response, and provide countries and communities with support to build their long-term resilience. In 2021, UNICEF will support advocacy and resource mobilization efforts at all levels to ensure

that funding is available to meet rising needs. Together with other United Nations entities and partners, UNICEF will take stock of the lessons learned from the COVID-19 response to increase flexible funding for humanitarian action, in the hope that such funding becomes the norm and not the exception.

Adapting to the limitations of in-person surge deployments

At the onset of the pandemic, COVID-19 restrictions significantly impacted in-country surge support to ongoing humanitarian operations. In response, UNICEF rolled out a surge protocol to address the travel constraints and scale up surge support for the remainder of 2020. The experience yielded important lessons. First, remote support can be a viable alternative modality when physical deployments or travel are not possible when a surge request is initiated or under way. Second, remote deployment is most effective when the support is targeted and well-defined. For example, in Burkina Faso, UNICEF launched a remote internal surge plan that supported the expansion of emergency coordination, humanitarian access, emergency operations, humanitarian cash assistance and child protection services.

Responding in insecure contexts with limited humanitarian access

In several contexts where UNICEF operates, insecurity and limited humanitarian access hampered the movement of humanitarian personnel and endangered their safety. At the same time, COVID-19 restrictions imposed on international and domestic travel limited the ability of UNICEF and partners to implement and monitor programmes in many countries.

For example, the security crisis in the Cabo Delgado Province of Mozambique deteriorated significantly in 2020, with increased attacks, rising displacement and growing access constraints in the northern districts. In Myanmar, COVID-19 travel restrictions further reduced already severely constrained humanitarian access to populations in need.

UNICEF remains committed to staying and delivering to sustain humanitarian interventions and to identifying innovative ways to adapt and scale up programming, including remote implementation (e.g., through telephone counselling and psychosocial support sessions, or online group discussions) and monitoring where direct access is not possible.



Results by Strategic Plan Goal Area

Schoolchildren wash their hands before entering class using hygiene items provided by UNICEF as part of the Ebola response in the Democratic Republic of the Congo (November 2020).

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The information presented in the following sections follows reporting on the programme and operational commitments of the Core Commitments for Children in Humanitarian Action (CCCs). It represents the contributions made by UNICEF and partners to each Commitment. These are organized by and in line with the goal areas of the Strategic Plan. All figures come from the country office annual reports and consolidated emergency reports unless otherwise stated, and further information on country-level results can be found in individual consolidated emergency reports.

Goal Area 1: Every child survives and thrives

UNICEF works to ensure that every child – including those affected by emergencies – survives and thrives. This means reaching children living in humanitarian crises with vital nutrition, health, HIV and early childhood development (ECD) services. In 2020, out of the total US\$2.2 billion expenditure under Goal Area 1, around 52 per cent was emergency funding to support critical nutrition, health, HIV and AIDS, and ECD interventions.

Health in emergencies

In 2020, while the coronavirus disease 2019 (COVID-19) pandemic and response caused alarming disruptions in health service delivery, UNICEF and partners provided life-saving health interventions for children in both acute and protracted humanitarian crises in 63 countries. UNICEF reached 17 million children with measles vaccination in these settings (86 per cent of the target). In addition, UNICEF provided personal protective equipment to nearly 2.6 million health workers in health-care facilities and communities in 103 countries; trained 4 million health-care facility staff and community health workers on infection prevention and control in 75 countries; trained 2.6 million health-care workers on COVID-19 case management; and supported the delivery of life-saving interventions to 92.2 million children and women in UNICEF-supported facilities. During the year, UNICEF and partners also responded to 211 health emergencies, including outbreaks of cholera, Ebola, measles and Zika, as well as natural disasters and acute escalations in conflict that led to population displacements.



86%

UNICEF-targeted children in humanitarian situations vaccinated against measles.
2020 MILESTONE: 95%

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 intersectoral issues

In 2020, UNICEF continued to engage with global and national partners to address health issues affecting newborns and children in humanitarian settings. In support of the Global Health Cluster COVID-19 task forces, UNICEF provided guidance, and remote and in-country support to countries where the COVID-19 response and lockdown measures were causing significant disruption to services. UNICEF continued to co-chair the Child Health in Emergencies and Humanitarian Settings Subgroup under the Global Child Health Task Force and the Newborn Health in Emergencies Working Group within the broader Every Newborn Action Plan infrastructure. UNICEF remained a key partner in the Global Action Plan for Healthy Lives and Well-being for All to accelerate progress towards the health-related Sustainable Development Goals. As co-lead of the Primary Health Care Accelerator under the Gender Action Plan, UNICEF advocated for joint action in countries such as Pakistan, Somalia and South Sudan. UNICEF worked with the Universal Health Coverage 2030 platform to monitor and learn from fragile, vulnerable and conflict settings, and to produce recommendations for mitigating the disruptive impacts of the pandemic.

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

In 2020, communities and community-based interventions were central to UNICEF support for essential health services for women and children. As part of the response to the Cabo Delgado crisis in Mozambique, UNICEF helped maintain access to health services by strengthening service provision through community health workers and government-run integrated mobile brigades. In collaboration with partners, UNICEF supported a coordinated response to cholera outbreaks in Cabo Delgado through the provision of acute watery diarrhoea kits and cholera vaccinations, reaching over 390,000 people in Pemba. Using thematic funds, UNICEF was able to vaccinate nearly 170,000 children aged 6 months to 15 years against measles

(exceeding the target). UNICEF support to community-based interventions also helped to meet the health needs of migrants and people with disabilities. In Rohingya refugee camps in Bangladesh, UNICEF and partners improved physical access for persons with disabilities in five primary health centres by providing ramps, wheelchairs and accessible toilets. In addition, in January 2020, following thousands of suspected measles cases reported in 2019, UNICEF supported a measles–rubella immunization campaign that reached more than 292,000 Rohingya children aged 6 months to 10 years (exceeding the target).

Globally, UNICEF supported 17 million children in humanitarian situations with measles vaccination (86 per cent of the targeted population).

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

UNICEF continues to secure access to life-saving health services for the most vulnerable and marginalized populations. In Ethiopia, UNICEF provided multisectoral support for the cholera response, including through the provision of treatment kits benefiting nearly 11,000 people (exceeding the target) and emergency drug kits benefiting 315,000 people (exceeding the target). UNICEF prioritizes the multidimensional needs of migrants and displaced populations, focusing on equity and system-strengthening to reach the most vulnerable. This approach has been adopted by some Latin American countries in response to the outflow of migrants from the Bolivarian Republic of Venezuela. In Brazil, for example, more than 8,700 children received measles vaccinations as part of an effort to provide primary health care to underserved populations (exceeding the target). In Peru, 123 health personnel benefited from the adaptation of the Inter-Agency Standing Committee (IASC) psychosocial skills course for COVID-19 responders into a virtual platform; 48 statisticians received specialized training, emphasizing analyses focused on gender and vulnerable populations, including migrants; and nearly 66,000 children and women received primary health care in UNICEF-supported facilities (exceeding the target). Of these children, 515 were migrant girls and 544 were migrant boys.

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

In 2020, risk communication and community engagement was a key strategy for improving the health and well-being of populations, fostering behavioural change to reduce risks, and promoting healthy habits and choices. In response to the Ebola outbreaks in the Democratic Republic of the Congo, UNICEF supported risk communication and community engagement teams to mobilize nearly 133,000 influential leaders and groups – including members of community action cells, religious and traditional leaders, opinion leaders, teachers, taxi drivers, soldiers, journalists, indigenous leaders and adolescents – to engage in preventive measures and Ebola response. In 2020, more than 6.3 million people at risk of Ebola were reached through advocacy, interpersonal communications, public events, radio broadcasts, door-to-door visits, community engagement and meetings in churches and schools. More than 39 million people have been sensitized across the country since the first outbreak in 2018 (exceeding the target). In Burundi, UNICEF used thematic funds to reach 9 million people with life-saving information through awareness campaigns held in public places, including displacement camps for people affected by flooding, quarantine sites for returnees, markets, fishing ports, schools, entry/control points, churches and mosques. The UNICEF risk communication and community engagement strategy also played a key role in the response to the COVID-19 pandemic by dispelling rumours and providing accurate information to communities. In South Sudan, for example, UNICEF and partners reached over 8.4 million people with COVID-19 engagement actions, including interpersonal communications and megaphone announcements, with messages on health-seeking behaviour and disease prevention (exceeding the target).

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

UNICEF supports the provision of essential goods to vulnerable populations during emergencies. This work is fundamental to preventing and treating common childhood illnesses and supporting the health and well-being of mothers and children. In Nepal, in response to flooding and landslides in three provinces, UNICEF distributed 1,300 medicated bed nets, 3,000 zinc and oral rehydration salt packets, and 5 newborn incentive kits. UNICEF also provided essential shelter items such as tarpaulins, blankets and family tents to nearly 12,000 people (99 per cent of the target) and supported the continuation of essential health services, including antenatal, delivery and postnatal care, essential newborn care, immunization, treatment of childhood illnesses, and mental health and HIV care for 5,300 women, newborns, children and adolescents (exceeding the target). UNICEF also fostered resilience and strengthened the coherence between its humanitarian action and development programmes so that children

Case study 1: Afghanistan: Working with partners to reach remote communities with life-saving services

In Afghanistan, the ongoing conflict, limited access to basic services and the impacts of COVID-19 exacerbated existing vulnerabilities in 2020. The health system has struggled to absorb internally displaced persons, refugees and returnees, as well as additional caseloads related to COVID-19. Lack of health service coverage and capacities has limited peoples' access to essential health care, particularly in the most remote areas. COVID-19 mitigation measures (e.g., lockdowns and movement restrictions) and fear of accessing health-care facilities also led to a significant decline in the take-up of essential health services.

In response, UNICEF deployed 46 mobile health and nutrition teams to the most remote and deprived emergency-affected areas to reach communities with life-saving health services. More than 450,000 children under 5 years (47 per cent girls) and nearly 56,000 pregnant women received essential health services and information on emergency contexts. For children, this included integrated management of newborn and childhood illness, routine immunization, and screening and referral for malnutrition; and for pregnant women, this included antenatal and postnatal care, and family planning services. In addition, and in response to outbreaks in emergency-affected areas, a campaign resulted in nearly 36,000 children under 5 years being vaccinated against measles.

The engagement of the Afghan Government and local partners, including provincial public health directorates and community networks, was vital to ensure effective implementation of this response. Working with local actors through community networks enabled UNICEF to negotiate humanitarian access, engage communities, raise awareness and deliver health services to these remote populations.

In 2021, UNICEF will continue this strategy and engage with multiple stakeholders to reach vulnerable populations with essential health-care services, strengthen primary health care, and address the direct and indirect health impacts of COVID-19.



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A child receives routine vaccination thanks to UNICEF support in Nawabad health-care facility in Herat, Afghanistan (October 2020).

and their families become better prepared to face and overcome the multiple challenges associated with fragile and emergency contexts. In Burundi, for example, UNICEF supported the establishment of 166 solidarity groups that brought together 3,900 households to pool funds, support income-generating activities, provide emergency loans and support vulnerable children in the community. In 2020, these groups helped over 16,000 children with food support, clothing, school kits, civil status registration and temporary accommodation.

Challenges

The rapid spread of the COVID-19 pandemic across the globe significantly affected the availability of and access to health services in 2020. The pandemic response led governments to divert significant health resources and establish lockdown measures, which, coupled with fear of accessing services, further limited health-care coverage during the year. UNICEF worked with partners to minimize these disruptions by prioritizing the most essential services, leveraging community-based delivery, adopting alternative strategies such as telemedicine, and linking health with social protection.

At the same time, humanitarian crises worsened in many places and were exacerbated by the pandemic and its impacts on service delivery. This led to an alarming downward trend in the coverage of life-saving health interventions across the world. UNICEF advocated to sustain the humanitarian health response with adequate resources and operating space, and, with partners, directed resources made available for the COVID-19 response to interventions that would have both immediate and long-term impacts on health services. For example, UNICEF invested in ensuring the availability of medical oxygen to support COVID-19 treatment, as well as treatment for other respiratory illnesses affecting children.

The pandemic also highlighted inadequacies in emergency preparedness capacities and plans, and the need for both development and humanitarian partners to invest further in this area. In most countries, the lack of real-time monitoring systems also posed a significant challenge. UNICEF will continue to work with partners at the national and local levels to safeguard and strengthen health systems and primary health care, in line with the revised CCCs. UNICEF is also engaging with development partners to deliver emergency health responses through sustainable, long-term modalities.

Nutrition in emergencies

In 2020, as nutritional vulnerability deepened across the world, UNICEF and its partners delivered life-saving interventions to safeguard the nutritional status of children and women in new and protracted emergencies in 63 countries. During the year, 4 million crisis-affected children suffering from severe acute malnutrition (SAM) received treatment.²⁶ To prevent malnutrition, 33.2 million caregivers

living in humanitarian settings received information and counselling to support breastfeeding, and other recommended feeding and care practices, and 52.4 million children received life-protecting vitamin A supplementation.



4 million

children aged 6 to 59 months with SAM were admitted for treatment in humanitarian situations.

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

In 2020, cluster coordination performance assessment was undertaken with partners in 18 countries with humanitarian response plans, with 94 per cent of these countries fully meeting satisfactory performance levels for the established functions. The Global Nutrition Cluster provided 1,182 person days of direct deployment support to such countries as Afghanistan, Burkina Faso, the Democratic Republic of the Congo, Ethiopia, Lebanon, Mali, Myanmar, Somalia, the Bolivarian Republic of Venezuela and Zimbabwe. For example, following the explosion in Beirut, Lebanon, the Global Nutrition Cluster (in collaboration with national and international partners) helped identify and respond to nutrition needs for both the post-blast response and the protracted crisis. In a major shift, going away from in-country and face-to-face support and towards remote and digital support, the Global Nutrition Cluster expanded its direct support from 29 humanitarian response plan/Global Humanitarian Overview countries to 65 countries included in the Global COVID-19 Humanitarian Response Plan. This included countries that previously had no regular functional sector coordination mechanism. This facilitated the effective coordination of nutrition responses to needs arising from the direct and indirect socioeconomic impacts of COVID-19 in countries with existing crises and new emergencies. Overall, UNICEF leadership and coordination, with over 40 partners in the Global Nutrition Cluster, supported the effective delivery of life-saving nutrition interventions in emergencies that benefited 29 million people globally.

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

Nutrition data and information are essential for emergency preparedness and response. In 2020, UNICEF continued to lead, coordinate and support activities to improve the availability and quality of nutrition information and reporting systems in collaboration with nutrition clusters and partners. In the context of the COVID-19 pandemic,

which led to the suspension of data collection and thereby reduced data availability, UNICEF worked closely with partners to develop two technical briefs outlining priority actions and recommendations for undertaking nutrition information management, surveillance and monitoring activities. At the country level, UNICEF employed RapidPro, a digital data collection system that uses mobile technology, at the community and health-care facility levels in Zimbabwe to enable regular and timely reporting on key nutrition information throughout the pandemic. In the Central African Republic, UNICEF established a nutrition surveillance and early warning system in all 35 health districts. This collected data on a monthly basis via mobile phones to monitor changes in the nutritional status of children and women. In Yemen, UNICEF, the Food and Agriculture Organization and the World Food Programme (WFP) conducted a joint food security and livelihoods assessment, which included mid-upper-arm circumference measurements (to assess nutritional status). The findings of this assessment, along with other data, were used to complete the Integrated Food Security Phase Classification nutrition situation analysis across all 333 districts of the country. UNICEF will use the findings to identify programme priorities in 2021.

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

In countries affected by humanitarian crises, infant and young child feeding (IYCF) interventions are critical to protecting the nutritional status of the youngest children, and to preventing malnutrition and mortality. In Pakistan, UNICEF leveraged social protection service delivery platforms to reach 1.3 million people – mostly vulnerable mothers with limited access to electronic media – with counselling and support on safe IYCF practices during the COVID-19 pandemic. In South Sudan, UNICEF supported IYCF counselling for more than 1.9 million caregivers of children under 2 years (exceeding the target). In Yemen, nearly 3.2 million pregnant and lactating women were reached through 2,200 IYCF corners, spaces where parents and caregivers can access support for themselves and their young children (exceeding the target). In the Syrian Arab Republic, over 1 million pregnant and breastfeeding women were reached with combined COVID-19 and nutrition messages delivered through community outreach, local media campaigns and social mobilization activities (exceeding the target). In Bangladesh, UNICEF adapted to COVID-19 restrictions preventing IYCF counsellors from entering refugee camps, by training nurses to deliver IYCF support. Using this approach, UNICEF was able to offer IYCF counselling to 80 per cent of the mothers of children under 2 years in the camps.

Globally, UNICEF supported 33.2 million mothers and caregivers in humanitarian situations with information, counselling and support on infant and young child feeding.

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

When prevention efforts fall short, children with acute malnutrition need early detection, treatment and care to save their lives and put them back on the path to survival, growth and development. In Somalia, UNICEF and its implementing partners reached more than 245,000 children suffering from SAM (exceeding the target). To reduce the number of people visiting nutrition clinics per day, families were given double or triple the amount of ready-to-use therapeutic food and supplies to treat their children at home. In Afghanistan, where the COVID-19 pandemic led to an estimated 13 per cent increase in the number of children with SAM, UNICEF adapted its programming to continue the provision of diagnostic and treatment services, and minimize the risk of transmission. During the year, UNICEF was able to reach 40 per cent of children under 5 years – 310,000 children with SAM (49 per cent girls) – with life-saving treatment (exceeding the target). In Faryab and Herat Provinces, humanitarian thematic funding helped UNICEF reach nearly 2,300 children with treatment for SAM. In Cabo Delgado, Mozambique, where a new conflict erupted in 2020, UNICEF supported the early detection and treatment of SAM through the Government mobile health units, reaching 621 sites in districts affected by the conflict, and screening more than 46,000 children (exceeding the target).

Globally, UNICEF supported 4 million children aged 6 to 59 months in humanitarian situations with treatment for severe acute malnutrition.

Case study 2: Nigeria: Continuing nutrition services in the context of COVID-19

More than a decade of armed conflict and mass displacement in Nigeria has generated a severe nutrition crisis. In 2020, this was further exacerbated by climatic shocks and the COVID-19 pandemic. Containment measures disrupted the food system and overburdened basic service infrastructure.

In response, UNICEF worked to prevent additional cases of malnutrition by supporting infant and young child feeding (IYCF) counselling, reaching 389,000 caregivers (exceeding the target). The support also included vitamin A supplementation and food fortification with multiple micronutrient powders. While UNICEF exceeded its targets for IYCF counselling, the coverage of its vitamin A supplementation interventions declined significantly from 29 million in 2019 to 9 million in 2020, due to COVID-19-related restrictions.

UNICEF also reached 273,000 children with severe acute malnutrition (SAM) by providing treatment in crisis-affected areas. While only 60 per cent of targeted children were reached, this represents a significant achievement given the immense implementation challenges of 2020, including the collapse of treatment facilities due to COVID-19 restrictions. Over 95 per cent of children admitted for SAM in Nigeria in 2020 recovered their health, an indication of quality treatment despite the challenges.

These achievements are also linked to UNICEF efforts to strengthen nutrition services. In 2020, UNICEF trained front-line service providers and engaged community nutrition volunteers to identify children in need. However, the limited availability of supplies (including ready-to-use therapeutic foods) and severe funding constraints posed major challenges.

UNICEF will continue to navigate significant challenges in its nutrition response in Nigeria in 2021, including anticipated funding shortfalls for life-saving nutrition services. The organization will adapt and innovate in its nutrition programming to meet the demand for support.



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Labadan recovered from severe acute malnutrition after receiving treatment provided through UNICEF and European Union support at the primary health-care centre in Binkola, Adamawa, Nigeria (October 2020).

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

Children and women living in humanitarian contexts are at high risk of suffering micronutrient deficiencies due to the poor quality of diets, disrupted feeding and care practices, and/or repeated infections, which threaten survival, growth and development. In two flood-affected districts in Malawi, nearly 41,000 adolescent girls received iron and folic acid supplementation to protect against anaemia. This support was delivered through the UNICEF education programme, which distributed the supplements through schools. In Bangladesh, UNICEF shifted from a facility-based approach to a house-to-house approach to run the biannual vitamin A supplementation campaign more safely in the context of the COVID-19 pandemic. The first round reached 97 per cent of all refugee children under 5 years in 34 camps (155,000 children, 49 per cent girls, including 132 children with disabilities). In Kenya, UNICEF and partners supported the Ministry of Health to scale up vitamin A supplementation when regular campaign activities were disrupted by COVID-19. Through a community health approach, 88 per cent of children aged 6 to 59 months received vitamin A between January and July 2020 (exceeding the target).

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

Access to reliable information on how to improve diets, feeding and care practices, as well as where to access nutrition services and how to adopt positive nutrition behaviours, can help families make informed decisions. This was essential in the context of COVID-19 across all humanitarian contexts. In India, UNICEF tailored its communication on healthy diets to the COVID-19 crisis and, with partners, reached over 650 million people with messages on COVID-19 and how to access essential nutrition services. In Burundi, UNICEF supported more than 1.7 million parents and caregivers of young children by providing information that improved their knowledge of optimal nutrition and health practices. In the Pacific Islands, messages on dietary diversification and healthy eating were delivered through a range of platforms, including social media, radio, television, and religious and community activities, reaching 435,000 people (exceeding the target).

Challenges

The COVID-19 pandemic dramatically affected children's and families' lives and livelihoods, disrupting access to nutritious, safe and affordable diets; upending the delivery of essential nutrition services; and negatively impacting IYCF and nutrition practices in many countries, including those affected by crises. In the face of these challenges, UNICEF was able to adapt, simplify, innovate and identify

new ways of delivering life-saving interventions to safeguard the nutritional status of children and women. UNICEF also continued to support the integration of treatment services as part of regular health and nutrition provision in 30 countries. In 2021 and beyond, UNICEF will continue to invest in proven and innovative programmes and approaches, such as the provision of treatment via community health workers, to reach more children and women with better diets, services and practices to prevent and, where necessary, treat malnutrition in humanitarian crises.

HIV in emergencies

As humanitarian crises deepen across the world, UNICEF continues to work to prevent HIV in emergencies and ensure treatment and care for crisis-affected women, children and adolescents living with HIV. In 2020, the COVID-19 pandemic affected treatment and access to testing programmes for large numbers of people living with HIV. The socioeconomic impacts of the pandemic led to sharp increases in violence against women and girls, which in turn increased the risk of HIV transmission. UNICEF responded to these challenges rapidly and effectively with a range of innovative solutions.

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

In humanitarian settings, effective HIV prevention and treatment rely on the provision of accurate information on HIV risks and services. UNICEF focuses on ensuring that humanitarian and health workers have the skills, knowledge and tools to provide accurate, sensitive and timely information to affected women, children and adolescents. For example, in Kenya, UNICEF built the capacities of 150 youth advisory champions for health. These young civic leaders were sensitized on sexual and reproductive health, HIV, sexual and gender-based violence and COVID-19 prevention, and trained in peer-led advocacy, community-based action and mental health and psychosocial support (MHPSS). Over the course of the year, 70,000 adolescents and young people – more than half of them women and girls – accessed HIV self-testing in 2020, double the number in 2019. In Zambia, in response to widespread misinformation on COVID-19, UNICEF used U-Report to reach more than 100,000 users with accurate COVID-19 information and messages on HIV.

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

Supporting testing services to identify pregnant women, children and adolescents living with HIV is a necessary first step to providing care and treatment. In 2020, UNICEF

Case study 3: Bangladesh: Delivering HIV services during the COVID-19 pandemic

Before COVID-19 arrived in Bangladesh, prevention of mother-to-child transmission services for Rohingya refugees from Myanmar were delivered by a network of primary health care centres situated within the refugee camps supported by UNICEF, other United Nations agencies and international non-governmental organizations. These government-operated facilities screened pregnant women for HIV during antenatal care and referred women who tested positive to specialized facilities outside the camps for confirmatory testing, antiretroviral therapy initiation and follow-up HIV care.

After the Government imposed a total lockdown in March 2020, this system was no longer viable. At the same time, some hospital services were suspended to provide capacity for people with COVID-19, making it even more difficult for pregnant women and children living with HIV in refugee camps to access care.

In response, UNICEF and partners rapidly implemented a multi-month drug dispensing programme to provide pregnant women living with HIV with at least three months of antiretroviral medication. In addition, the prevention of mother-to-child transmission team started a system of regular, weekly mobile phone communications with HIV-positive clients using structured templates to capture and record information. During these calls, providers reinforced treatment adherence, gave updated information on treatment supplies, provided correct guidance on COVID-19 prevention, and offered counselling and advice on preparation for birth.

Through these mobile interactions, it was noted that many women and children had limited supplies of medication and were unwilling or unable to travel to health centres for refills. Although the authorities in Bangladesh have traditionally been apprehensive about handing over antiretroviral medication to anyone other than patients (because of their high commercial value), UNICEF was able to negotiate with hospital administration, local government representatives and the national HIV programme to trial an innovative third-party medication delivery system.

When the lockdowns were instituted, designated individuals were given special permission to travel to different areas of Cox's Bazar in their capacities as grocery salespeople, pharmacy suppliers and community volunteers. UNICEF established a system using these people to deliver medication to women and children in need.

This approach yielded extraordinary results. No pregnant woman or child in the city of Cox's Bazar, including in the Rohingya refugee camps, experienced any medication stock-outs during four months of lockdown. The success helped convince the Government and other stakeholders to adopt multi-month prescriptions even after the travel restrictions ended. Overall, in 2020, nearly 23,000 pregnant Rohingya women benefited from HIV counselling and testing in Bangladesh.



Sabera, an expectant mother and Rohingya refugee living in Bangladesh, receives regular counselling for her pregnancy from UNICEF-supported community health workers.

continued to drive access to testing and treatment services in a diverse range of humanitarian settings. In Pakistan, UNICEF supported an online training course on paediatric HIV care led by the United Kingdom-based academic network PENTA. In total, 35 paediatricians were trained across Pakistan. The innovative virtual approach proved to be highly successful in remote regions and helped to establish new HIV services in areas where high numbers of children live with HIV. UNICEF also supported 94 per cent of the over 1,300 children living with HIV in Sindh Province to start antiretroviral therapy. This was a significant achievement in a location that is historically underserved and lacking in paediatric HIV capacity. In the Bolivarian Republic of Venezuela, where the humanitarian crisis has decimated health and HIV service delivery, UNICEF reached 1,200 children living with HIV with antiretroviral therapy, and 5,000 children living with HIV with drugs to treat opportunistic infections. In Chad, UNICEF supported the inclusion of prevention of mother-to-child transmission and paediatric HIV treatment and care services in emergency settings, covering 71 per cent of refugee and internally displaced pregnant women.

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

Many of the regions of the world most affected by COVID-19 restrictions are home to large populations of people living with HIV. Overnight, these communities found themselves unable to access care, treatment refills and other essential services. UNICEF worked with governments and other partners to rapidly introduce innovations, including multi-month antiretroviral therapy prescriptions, virtual consultations and community-based treatment posts, to sustain services and support treatment continuity for people living with HIV. In West and Central Africa, for example, UNICEF built the capacities of community-based organizations – including community groups of people living with HIV – to adopt innovative approaches, such as mobile health consultations, to ensure the continuity of care for children and women with HIV. In Zimbabwe, UNICEF worked with the Ministry of Health to continue HIV treatment for over 10,000 children (55 per cent girls), 23,000 adolescents (59 per cent girls) and nearly 14,000 pregnant and lactating women. In Mozambique, in the wake of Cyclone Idai, UNICEF helped displaced women living with HIV to continue treatment. Almost 4,000 people received treatment in the first half of the year.

Challenges

Over the past year, several challenges emerged in the effort to support women, children and adolescents affected by HIV in humanitarian settings. The speed with which the COVID-19 pandemic spread caught HIV programmes off guard and revealed the inherent weaknesses in the supply chain and client follow-up systems. In the initial weeks, many patients went without treatment, drug stock-outs

were common, and testing in settings such as antenatal care sites ground to a halt. The challenges revealed important lessons about the need to be better prepared for risks, and to make systems and services more resilient. Although UNICEF responded quickly and treatment coverage has now rebounded in much of the world, the full impacts of pregnant women and children having to go without treatment – in terms of mortality and vertical HIV transmission from mother to child – could be staggering. Building on the lessons of 2020, UNICEF will adopt approaches to make both routine and emergency services for people with HIV more accessible, client-centred and resilient. This will include strengthening community systems, applying innovations in diagnosis and service delivery, and increasing the use of mobile communications and social networks to reach communities and link mothers, children and adolescents living with HIV with the necessary services and support.

Early childhood development

Millions of young children spend their most critical developmental years in environments that expose them to trauma, multiple deprivations and toxic stress, and prevent them from achieving their full developmental potential. Newborns and children need nurturing environments and holistic care for their survival, healthy brain development and overall well-being.

In 2020, the COVID-19 pandemic interrupted ECD services, severely impacting young children's health, development, safety, learning and more. Health concerns, job insecurities and lockdowns also increased stress for parents and caregivers, affecting their ability to care for their children.

In response to this crisis, UNICEF sought to empower families to provide nurturing care. Globally, UNICEF leveraged its parenting platform³⁷ and partnerships to develop and share COVID-19 guidance, information and resources. A parenting partnership with Sesame Workshop supported young children's learning and caregiver well-being, while collaboration with the LEGO Foundation helped UNICEF mobilize resources for in-country support. UNICEF also contributed to inter-agency COVID-19 ECD response efforts by providing input to a brief from the Moving Minds Alliance on the additional risks posed by the pandemic for young children and families already living in crisis contexts.

At the country level, UNICEF used ECD, early learning and caregiver support tools and interventions to reach nearly 2.8 million children under 5 years in emergency contexts across 74 countries. This represents a significant increase over 2019, when UNICEF reached 615,000 children, due to the large-scale COVID-19 humanitarian response in several countries, most prominently in Latin America and the Caribbean. Country-level ECD responses to the pandemic employed remote modalities such as television, radio and online programmes to communicate information to parents of young children.

Globally, UNICEF supported nearly 2.8 million children in humanitarian situations with early childhood development interventions.

For example, in Brazil, UNICEF designed a comprehensive campaign to support caregivers in vulnerable communities with nurturing care resources in lieu of home visits. Delivered through the existing Criança Feliz Programme, the campaign reached over 888,000 children aged 0 to 6 years, including children with disabilities, whose caregivers received specialized support. In addition, over 26,000 health, education and social workers were equipped to support young children and families during the COVID-19 pandemic through a distance-learning course.³⁸ UNICEF also developed a series of podcasts to support learning continuity, and this reached more than 4 million young children, including children living in migrant shelters.

UNICEF distributed over 14,500 ECD emergency kits – each kit containing play-based learning and hygiene materials for up to 50 young children – in 65 countries and covering 7 large-scale emergencies. In South Sudan, over

1,200 kits provided more than 62,000 children (47 per cent girls) with play-based learning opportunities before schools closed. Play and caregiver counselling was also integrated into the UNICEF South Sudan nutrition programme, which reached over 198,000 children under 5 years in 2020.³⁹

Challenges

UNICEF needs to invest in advocacy, mobilize additional resources and continue to strengthen its own capacities to effectively incorporate the needs of young children and their caregivers into multisectoral humanitarian response. There is a constant need to ensure that ECD tools and methodologies are well coordinated, integrated, monitored and evaluated across sectors in humanitarian crises. UNICEF has incorporated ECD-specific commitments in the revised CCCs and will continue to provide guidance in coordination with partners on how to operationalize ECD and nurturing care in humanitarian responses. UNICEF will also support governments to integrate ECD into humanitarian planning and engage with key partners to ensure that ECD is embedded in stakeholder plans. In leading the Inter-Agency Network for Education in Emergencies ECD Task Team, UNICEF and partners have a better understanding of the current landscape and are working together to address gaps and needs based on evidence from the field.

Goal Area 2: Every child learns

Education in emergencies

In 2020, UNICEF worked to increase access to learning for crisis-affected children across the world. The 2020 education in emergencies response was the largest to date for UNICEF and the organization reached every programme country as part of its response to the COVID-19 pandemic. UNICEF was the largest provider of education in emergencies assistance globally. Of the US\$1.17 billion expended under Goal Area 2, 60 per cent was spent on education in humanitarian contexts. During this unprecedented year, UNICEF reached 68 per cent of targeted girls and boys in humanitarian crises with early

learning, primary or secondary education, reaching 32.6 million children (up from 7.4 million in 2019).⁴⁰ This included some 3.1 million children on the move. In addition, 22.4 million children received learning materials, 6.1 million children and adolescents (48 per cent girls) accessed skills-based programmes, and 301 million children (49 per cent girls) in 109 countries accessed distance and home-based learning (85 per cent of the target).

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 intersectoral issues

In 2020, cluster coordination performance assessment was undertaken with partners in 22 countries with humanitarian response plans. All these countries met satisfactory performance standards for established functions. The Global Education Cluster Rapid Response Team provided 109 days of deployment support to 5 country teams, and 660 days of remote support to 16 country teams to strengthen coordination, information management and needs



68%

UNICEF-targeted girls and boys in humanitarian situations participated in early learning, primary or secondary education through UNICEF-supported programmes.

2020 MILESTONE: 78%

assessment. For example, in the Syrian Arab Republic, Rapid Response Team support facilitated the finalization of the 2020 Humanitarian Response Plan; strengthened emergency preparedness; enhanced intersectoral linkages with the water, sanitation and hygiene (WASH) Cluster and the Child Protection sub-cluster; and helped allocate humanitarian funds. The Global Education Cluster continued to support country coordination teams – including in Iraq, the Sahel and the Bolivarian Republic of Venezuela – to develop Education Cannot Wait first emergency response proposals and multi-year resilience programmes. In collaboration with the Inter-Agency Network for Education in Emergencies and the United Nations High Commissioner for Refugees, the Initiative for Strengthening Education in Emergencies Coordination was launched to promote a joint approach to education continuity for crisis-affected children and youth. Several advocacy initiatives profiled critical intersectoral and intrasectoral coordination issues. For example, the 54-member Global Education Cluster Partners Forum highlighted priorities and experiences gained in responding to the COVID-19 pandemic, strengthening the humanitarian–development nexus, and child protection and education in emergencies collaboration.

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

COVID-19 disrupted the learning of children across the world. In this context, UNICEF supported children – including girls, children with disabilities and children on the move – to access quality and inclusive education and learning from early childhood through to adolescence. When the pandemic forced schools to close in South Sudan, UNICEF supported 1.5 million children to continue learning remotely using digital platforms, radio and television. Nearly 922,000 children received learning supplies for home-based education. In addition, over 795,000 children and young people (43 per cent girls) gained access to pre-primary and primary education, accelerated learning and secondary school services (exceeding the target). In Nigeria, UNICEF improved access to education for over 799,000 girls and boys in conflict-affected areas in the northeast. Of these children, nearly 588,000 attended a learning centre or school (exceeding the target), and over 211,000 accessed alternative basic education, a non-formal education pathway for children unable to attend formal schools (exceeding the target).

Globally, UNICEF supported 32.6 million children in humanitarian situations with formal and non-formal education (68 per cent of the targeted population).

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

In 2020, the safety and security of students, teachers and other educational personnel and facilities were threatened due to new or ongoing conflicts and recurring natural disasters. The COVID-19 pandemic exacerbated these challenges, especially in fragile and conflict-affected settings. Here, there have been increased inequities, and violence and discrimination against vulnerable groups, including refugees and migrants. In response to flooding in Malawi, UNICEF distributed teaching and learning materials, including 225 school-in-a-box kits, 450 kits with extra teaching materials, 245 recreation kits, 245 ECD kits, 1,780 chalk boards and 10,000 school bags. These supplies helped over 81,000 children (54 per cent girls) access education and, in so doing, stay motivated, keep playing and developing, and continue learning (exceeding the target). In the Syrian Arab Republic, more than 2.2 million children (49 per cent girls) across all 14 governorates received various education services and supplies in both formal and non-formal settings (91 per cent of the target). In non-formal settings, over 452,000 children (49 per cent girls) received textbooks, self-learning materials, recreational materials and stationery that helped them continue to learn despite extremely challenging living circumstances (exceeding the target). To improve the quality of learning in schools, UNICEF also provided 1.9 million textbooks to children living in hard-to-reach areas across the country.

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

Schools provide vital integrated service platforms, especially for the delivery of psychosocial and health services to children affected by emergencies and those experiencing trauma. In the context of COVID-19, it became necessary to rapidly train teachers in safe school protocols and adjust the ways in which schoolchildren and educational personnel access MHPSS. Working with local partners, UNICEF supported over 405,000 schools in 89 countries to implement school safety protocols in line with IASC guidance for COVID-19 prevention and control. In the Democratic Republic of the Congo, more than 2,900 teachers (33 per cent women) were trained on child-centred methodologies, peace education and psychosocial support, improving the learning environments of more than 167,000 children (exceeding the target). In Afghanistan, UNICEF supported teachers to raise awareness of COVID-19 in communities and to provide basic psychosocial support to children. Over 860,000 children (43 per cent girls) received home-based learning materials, and television and radio educational programmes (exceeding the target). In Brazil, UNICEF provided non-formal education, psychosocial support and protection services across Belém, Boa Vista, Manaus and Pacaraima states, reaching over 19,000 children affected by population movement (50 per cent girls) (96 per cent of the target).

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 2020, the COVID-19 pandemic disrupted learning for long periods, with long-term impacts for children and young people. UNICEF provides life-skills programmes to address these issues, as well as supporting social cohesion and enabling pathways to employment. In Iraq, despite COVID-19-related camp closures, UNICEF reached nearly 237,000 children (47 per cent girls), providing access to formal and non-formal education by introducing blended learning approaches and home schooling (exceeding the target). In addition, over 284,000 children (47 per cent girls) received stationery and supplementary learning materials to support learning from home (exceeding the target). In Mexico, UNICEF partnered with Sesame Workshop to produce 32 videos for preschool children and children in Grade 1. The videos feature lessons on healthy habits regarding COVID-19, and promote socioemotional learning and emotional well-being. An estimated 2.6 million preschool children were reached.

Challenges

The COVID-19 pandemic has reversed some of the hard-won gains made in expanding access to and improving the quality of education in settings where there is a humanitarian crisis. The number of out-of-school children is expected to grow as the socioeconomic impacts of the pandemic deepen and exacerbate the obstacles to accessing learning that occur in fragile and emergency contexts, especially for marginalized children. Emergency education responses also continue to face severe financial constraints. In 2020, only 2.6 per cent of humanitarian funding was spent on education, down from 2.9 per cent in 2019. To address these challenges, UNICEF will continue to support multisectoral school-based interventions to help children in humanitarian settings, especially the most marginalized, get back on track with learning as quickly as possible in supportive environments. These interventions will address the comprehensive needs of children, including learning, protection, health, MHPSS, nutrition and WASH. UNICEF will also continue to advocate for the protection of national education budgets to mitigate further setbacks in global progress on children's learning.



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UNICEF has distributed school materials (blackboard, notebooks, pencils, erasers and chalk) and hygiene kits (mats, soap and bleach) to Mberra and Bassikounou refugee camps in Mauritania (October 2020).

Case study 4: Colombia: Reaching children on the move with education

By the end of 2020, an estimated 12.2 million people, including 4.3 million children,⁴¹ were in need of humanitarian assistance across Latin America and the Caribbean. This was due to migration outflows from and returns to the Bolivarian Republic of Venezuela, the COVID-19 pandemic, and violence and internal displacement in Colombia and northern Ecuador. The affected children often lacked access to education and other basic services.

In Colombia, UNICEF prioritized the protection of migrant children and helped them continue to learn during the COVID-19 pandemic through distance- and home-based activities. In 2020, over 20,000 children benefited directly from this support, including over 2,100 children reached with formal education and nearly 18,000 children reached with non-formal education (exceeding the target). These children benefited from the delivery of learning materials to their homes, remote training of teachers with specific materials related to COVID-19, and online support for children enrolled in a flexible education model.

Among these children, over 1,300 continued their education within the 'learning circles' model supported by UNICEF. These children also received cash transfers for their families, which were used to prevent school dropout and overcome the challenges presented by the pandemic.

In addition, more than 17,000 children from migrant and host communities (49 per cent girls) benefited from distance-learning activities promoting academic and socioemotional learning outcomes using the 'La Aldea' educational strategy. This promotes learning through stories related to children's lives, while simultaneously helping them to learn mathematics, science and languages.

This experience has shown that while the pandemic has severely disrupted learning for many, it has also created new educational opportunities for crisis-affected children. In future, UNICEF will continue to expand digital learning and tailor programmes to the specific needs of children affected by emergencies, particularly those who are most disadvantaged.



Children in Colombia receive support to learn from home during the COVID-19 pandemic.

Goal Area 3: Every child is protected from violence and exploitation

Child protection in emergencies

In emergencies, UNICEF provides critical care and services to ensure that all girls, boys and women are safe from harm and protected from violence, abuse and exploitation. In 2020, given the urgent and extraordinary scope of the global protection crisis stemming from the COVID-19 pandemic, UNICEF scaled up its child protection services by adapting, innovating and mobilizing community-based programming and strengthening systems. Overall, UNICEF and partners provided protective services to crisis-affected children and women in 145 countries in 2020, up from 74 in 2019. Of the total US\$712 million expenditure in 2020 under Goal Area 3, US\$393 million was for humanitarian action to support critical child protection in emergencies programming and interventions.

In 2020, UNICEF reached 47.2 million children, adolescents, parents and caregivers with community-based MHPSS, more than 11 times the number reached in 2019 (91 per cent of the target for children and exceeding the target for parents and caregivers). Over 12,000 children across 19 countries who had exited armed forces or groups received care, services, and family and community reintegration (53 per cent of the target). Gender-based violence programming reached 17.8 million women, girls and boys with prevention, mitigation and response services, far exceeding the 3.3 million reached in 2019 (98 per cent of the target). In addition, UNICEF and partners registered nearly 229,000 children as unaccompanied or separated in emergencies, a 142 per cent increase from 2019. This was due primarily to COVID-19 pandemic-related containment measures. Nearly 2.7 million girls and boys across 20 countries, including over 7,100 children with disabilities in 10 countries, received prevention and survivor assistance interventions for exposure to landmines and explosive remnants of war (65 per cent of the target).



91%

UNICEF-targeted girls and boys in humanitarian situations provided with mental health and psychosocial support.

EXCEEDED 2020 MILESTONE OF 80%

Commitment 1: Effective leadership is established for both the child protection and gender-based violence cluster areas of responsibility,⁴² with links to other cluster/sector coordination mechanisms on critical intersectoral issues; support is provided for the establishment of a mental health and psychosocial support coordination mechanism

In 2020, 12 coordination groups were assessed for cluster coordination performance, and 83 per cent of these countries met satisfactory performance criteria. UNICEF provided 570 days of child protection coordination support to 11 countries in 2020, including through in-country support in 2 newly declared emergencies. In addition, the language helpdesks provided continuous field support throughout the year, responding to 869 requests from 64 countries. The Child Protection Area of Responsibility prioritized intersectoral collaboration among the education, food security, gender-based violence and mine action sectors. To this end, the Area of Responsibility developed a collaboration framework⁴³ with the Global Education Cluster to bolster joint planning and response in the field. The Area of Responsibility also finalized a needs identification and analysis framework toolkit.⁴⁴ This draws heavily on other sector data, laying a foundation for collective responses. Localization also remained a key priority in 2020, with coordination groups in Colombia, the Democratic Republic of the Congo, Iraq, Nigeria and South Sudan boosting the leadership roles of local organizations within the humanitarian programme cycle.

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 United Nations Country Task Forces on Monitoring and Reporting, UNICEF works with other United Nations entities to monitor and report on grave violations of child rights in armed conflict; strengthen services and interventions for affected children, families and communities; and engage with parties in conflict to encourage adoption and implementation of concrete measures to prevent violations and protect children. In 2020, the Monitoring and Reporting Mechanism documented more than 26,000 grave violations across 21 countries. In Mali, ongoing capacity-building of Monitoring and Reporting Mechanism partners and stronger collaboration with Country Task Force members resulted in a 36 per cent increase in the number of verified and reported

grave violations against children in 2020. In Myanmar, where UNICEF supported Country Task Force engagement with parties in conflict, the Democratic Karen Benevolent Army signed an action plan to end and prevent future recruitment and use of children. In South Sudan, the Government signed an action plan to end and prevent all six grave violations.⁴⁵

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

In 2020, UNICEF focused on strengthening child protection systems by investing in the social service workforce and prioritizing local and community-led programming, among other actions. In Myanmar, UNICEF helped build capacities within the child protection workforce, including within community-based groups. Over 400 child protection staff, 250 volunteers and 1,600 members of community-based child protection groups were trained on delivering quality services in their communities. These efforts are part of UNICEF work to localize the delivery of child protection services amidst the COVID-19 pandemic. In Iraq, child rights and child protection awareness-raising interventions supported by UNICEF partners engaged nearly 389,000 people (51 per cent women/girls) (exceeding the target).

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

UNICEF strives to register all unaccompanied and separated children, and to provide them with interim family-based or alternative care, and family tracing and reunification services, where necessary. In 2020, UNICEF and partners provided nearly 137,000 children with family tracing and reunification services and alternative care, a 163 per cent increase from 2019 (74 per cent of the target). In Afghanistan, UNICEF supported over 7,700 unaccompanied and separated children, including over 5,900 children on the move returning from Europe, the Gulf States, the Islamic Republic of Iran, Pakistan and Turkey, with a comprehensive package of services delivered through case management. UNICEF also worked with other United Nations agencies and governments to support transit centres, family tracing, reunification and reintegration through cash transfers and livelihood opportunities in 19 provinces. By strengthening child protection mobile teams in Brazil, UNICEF assisted with the rapid identification of nearly 1,600 unaccompanied and separated children affected by the population outflow from the Bolivarian Republic of Venezuela, and facilitated more than 300 family reunifications.

Globally, UNICEF supported nearly 137,000 children with family tracing and reunification services and alternative care (74 per cent of the targeted population).

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

UNICEF dramatically accelerated action to protect girls and women against rising rates of gender-based violence and intensifying risks compounded by COVID-19 containment measures. In Bangladesh, nearly 16,000 girls and women in the camps (44 with disabilities) and nearly 6,100 girls and women in host communities (4 with disabilities) accessed gender-based violence prevention and response services through UNICEF-supported safe spaces (exceeding the targets). These spaces remained open during the pandemic in response to escalating incidents of gender-based violence, including child marriage and intimate partner violence. To prevent gender-based violence in Somalia, UNICEF worked through the Communities Care programme to hold dialogues with over 140,000 community members (58 per cent women/girls).

The COVID-19 pandemic increased the risk factors for sexual exploitation and abuse by humanitarian workers, with children and women disproportionately affected. In 2020, UNICEF actively supported humanitarian coordinators and humanitarian country teams to accelerate protection from sexual exploitation and abuse as part of their core mandate to affected populations. UNICEF established a dedicated IASC field support team, which delivered remote and in-person support to over 50 inter-agency coordinators and co-chairs of prevention of sexual exploitation and abuse networks. In 2020, COVID-19 accelerated the scale up of prevention of sexual exploitation and abuse, with 91 countries now having safe and accessible reporting channels for sexual exploitation and abuse. Globally, 44.3 million people have access to these services – a significant increase compared with the 8.9 million people with access in 2019. UNICEF investments in capacities and systems to prevent and respond to sexual exploitation and abuse are also showing results, with 130 countries establishing internal reporting systems and training mechanisms for partners. At the same time, the number of countries with quality standard operating procedures on the referral and provision of services for survivors has increased by 50 per cent from 2019 to 2020.

Globally, UNICEF supported 17.8 million women, girls and boys with gender-based violence prevention, mitigation and response services (98 per cent of the targeted population).

Commitment 6: Mental health and psychosocial support is provided to children and their caregivers

In 2020, UNICEF continued to invest in MHPSS, significantly expanding its reach to meet growing demand across humanitarian contexts. In the context of COVID-19, UNICEF prioritized community messaging to challenge prevailing

stigmas and discrimination associated with mental health challenges, and supported awareness activities promoting mental health and psychosocial well-being. Around 47.2 million children, adolescents, parents and caregivers benefited from UNICEF-supported community-based mental health and psychosocial support – an exponential growth compared with previous years. Taking into account additional efforts to expand the scope of mental health-related community messaging, awareness-raising with digital platforms, and capacity building of the social service workforce during the pandemic, UNICEF has supported more than 78 million children, adolescents, parents and caregivers across 117 countries overall. In Bangladesh, UNICEF provided individual and family-based psychosocial support to over 83,000 children in camps (50 per cent girls), including over 2,700 children with disabilities (83 per cent of the target) and nearly 20,000 children in host communities (49 per cent girls), including nearly 260 children with disabilities (79 per cent of the target). This support enhanced resilience, positive coping and the ability of these children to function socially. In Yemen, UNICEF provided psychosocial support to over 434,000 people across 11 governorates, including 283,000 children (50 per cent girls) and 151,000 adults (57 per cent women) through a network of fixed and mobile child-friendly spaces to help children cope with the immediate and long-term consequences of exposure to violence (84 per cent of the target).

Globally, UNICEF supported 47.2 million children, adolescents, parents and caregivers with mental health and psychosocial support.

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

UNICEF works with governments and other stakeholders to prevent child recruitment by armed forces and armed groups, aid their release and reintegration, and advocate against illegal and arbitrary detention of children in armed conflict. In 2020, UNICEF provided care and services to over 12,000 children in 19 countries who exited armed forces or armed groups over the course of several years. Of the 11,000 children for whom sex-disaggregated data are available, 23 per cent are girls. UNICEF also supported family and community reintegration for more than 4,800 children (19 per cent girls) across 17 countries, including nearly 2,000 children (22 per cent girls) in the Democratic Republic of the Congo. In Afghanistan, UNICEF-supported

child protection units helped prevent 187 boys from enlisting in the Afghan National Police. UNICEF also helped the Government to develop a child protection policy with provisions protecting children from recruitment, use and sexual violence.

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

Children account for 69 per cent of the casualties resulting from explosive remnants of war.⁴⁶ Survivors suffer life-altering injuries and endure debilitating psychological trauma. UNICEF supports education about the dangers of explosive weapons, and strengthens child-centred victim assistance, as well as advocacy for – and compliance with – international disarmament treaties. In the Syrian Arab Republic, UNICEF disseminated explosive ordnance risk-prevention messages via the same platform used for remote learning during COVID-19 lockdowns. These information messages were integrated in the school curricula and four Government-run immunization campaigns, reaching over 1 million children (50 per cent girls) and 287,000 caregivers (62 per cent women). In eastern Ukraine, 80 children and 41 adult survivors received comprehensive mine victim assistance and individual case management, and explosive ordnance risk education reached more than 10,000 children and nearly 700 caregivers.

Challenges

Early in the COVID-19 response, many governments did not recognize child protection and gender-based violence programmes as essential and, with limited funding, supporting service delivery was difficult. UNICEF and partners advocated for the essential role of front-line responders, building workforce capacity and empowering the participation of affected local actors, including women- and girl-led organizations, which was critical in an emergency response marked by access constraints. UNICEF and partners addressed access challenges by transforming service delivery modalities, innovating outreach approaches and strengthening collaboration across sectors. In 2021, UNICEF will continue to invest in the innovations that expanded the reach of programmes in 2020. UNICEF will also redouble its efforts to ensure quality as the new CCCs are rolled out globally.

Case study 5: Syrian Arab Republic: Addressing violence against children and promoting mental health

In the Syrian Arab Republic, a decade of violent conflict, economic collapse and widespread displacement have generated a devastating, protracted protection crisis for children. Since 2014, there has been a 39 per cent increase in child casualties, with over 1,200 children killed or injured in 2020 alone. The recruitment and use of children has nearly tripled, and attacks on schools continue unabated.⁴⁷

In 2020, UNICEF invested in addressing the drivers of violence against children and strengthening related child protection systems, including for preventing and mitigating gender-based violence. Parenting programmes emphasizing non-violent discipline and inclusive, developmentally appropriate practices benefited almost 32,000 caregivers (72 per cent women). UNICEF also supported the development of a national mental health and psychosocial well-being curriculum to improve the quality of child protection programmes. In 2020, more than 90,000 children (49 per cent girls) were engaged through mental health and psychosocial support (MHPSS) programmes, including nearly 7,400 children engaged as part of the COVID-19 response.

In coordination with the Ministry of Social Affairs and Labour, and the Syrian Commission for Family Affairs and Population, UNICEF helped develop a case management model and training package for the provision of integrated social services for children. In addition, UNICEF supported efforts to strengthen the case management system for gender-based violence, establishing standard procedures and a monitoring and evaluation framework. To date, 4,900 children (50 per cent girls) in the north-west Syrian Arab Republic and over 7,100 at-risk children (41 per cent girls) across the country have benefited from individualized care plans and referrals to specialized services.

UNICEF will continue to strengthen MHPSS as a core component of the future child protection programme in the Syrian Arab Republic.



UNICEF-supported volunteer Abdelrahman, 20 years, talks to Omar, aged 11, about child rights during an awareness-raising initiative on protection from sexual abuse and harassment in the Syrian Arab Republic.

Goal Area 4: Every child lives in a safe and clean environment

Water, sanitation and hygiene in emergencies

In emergencies, the UNICEF WASH interventions are vital to saving children's lives and protecting their rights. In 2020, WASH assistance – including safe water, infection prevention and control, and hand hygiene – played a critical role in the organization's global response to the COVID-19 pandemic. In its largest WASH effort to date, UNICEF reached 106 million people in 120 countries with WASH-related COVID-19 interventions. Out of the total US\$995 million expenditure under Goal Area 4 in 2020, at least US\$554 million (56 per cent) supported humanitarian WASH interventions. UNICEF reached 39.1 million people with emergency water supply interventions in 2020 (100 per cent of the target), including 8.9 million with durable water supply systems and 30.2 million people through water trucking and other temporary measures. Emergency sanitation services were provided to over 6.9 million people (58 per cent of the target), and 15.3 million children benefited from WASH interventions in schools and safe learning spaces, which facilitated the safe reopening of schools across the world (exceeding the target).



100%

UNICEF-targeted population in humanitarian situations provided with sufficient quantity of water of appropriate quality for drinking, cooking and personal hygiene.

EXCEEDED 2020 MILESTONE OF 97%

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

In 2020, cluster coordination performance assessment was undertaken with partners in 16 of these platforms and 75 per cent met satisfactory performance for established functions. The Global WASH Cluster continued to support national humanitarian WASH coordination platforms to fulfil their roles and coordination functions effectively. The Field Support Team provided 946 days of deployments, including virtual deployments, to five countries (Burkina Faso, Honduras, Somalia, Whole of Syria and Zimbabwe and two regions (the central Sahel, and Latin America and

the Caribbean), to support core coordination functions, such as needs assessment, information management and coaching of national roles. In 2020, the Global WASH Cluster continued to strengthen WASH sector capacities for a predictable and high-quality response. With the launch of *Water Under Fire* Volume 2⁴⁸ and the implementation of the strategy, *Delivering Humanitarian Water, Sanitation and Hygiene at Scale, Anywhere and Any Time: Road Map for 2020-2025*,⁴⁹ the Cluster articulated an innovative approach to delivering predictable, quality humanitarian response through strengthened collective commitments and strategic partnerships. The Global WASH Cluster also supported the implementation of several innovative tools designed to improve sector capacity. Guidance, tools and webinars supporting the Quality Assurance and Accountability System were launched in 10 countries; the WASH Severity Classification was piloted at the country level and gained global endorsement; and the Humanitarian WASH Gap Analysis engaged over 1,500 multisectoral stakeholders to identify and update the global analysis of WASH gaps in 2020.

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

The COVID-19 pandemic raised the demand for safe water and generated new challenges for the water sector globally. UNICEF provided water for drinking, hand hygiene, and infection prevention and control in schools, health-care facilities, prisons and other public facilities, and advocated for and supported the continuity and affordability of WASH services for affected populations. In response to the protracted crisis in the Syrian Arab Republic, UNICEF focused on restoring and maintaining the water supply to strengthen the resilience of communities. These interventions reached 3.1 million people by providing access to improved water supply, delivered through emergency repairs of water networks, pumping stations, treatment plants and water tanks (85 per cent of the target). In the Bolivarian Republic of Venezuela, UNICEF reached 2.6 million people with both permanent and temporary water services (exceeding the target). UNICEF trained water utility staff on technical subjects and hygiene practices, installed water tanks and rehabilitated water trucks, while also trucking water where necessary and distributing household water treatment equipment. In Ethiopia, humanitarian thematic funds enabled UNICEF to rehabilitate 20 water schemes in collaboration with the regional water bureau

in the cholera-affected Southern Nations, Nationalities and Peoples' Region. These schemes provided safe water access to over 58,000 people (52 per cent women/girls).

Globally, UNICEF supported 39.1 million people with emergency water supply interventions (100 per cent of the targeted population).

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

UNICEF continued to provide safe and culturally appropriate sanitation services to people affected by various crises in 2020. This included reducing the risks of water-borne diseases. For example, in Nigeria, UNICEF provided sanitation services to meet the needs of over 342,000 people living in camps for internally displaced persons and host communities through the provision of emergency latrines, ventilated pit latrines, bath shelters and hand-washing facilities (exceeding the target). The intervention was accompanied by cholera prevention messages to help sustain strong outcomes. In the 8 UNICEF-supported Rohingya refugee camps in Bangladesh, the organization constructed an additional 82 accessible latrines for people with disabilities. In addition, features designed to improve gender sensitivity and inclusion were added to 553 latrines. In total, nearly 242,000 refugees and over 99,000 people in host communities benefited from sanitation interventions in the camps (90 per cent of the target). In Myanmar, UNICEF delivered hygiene items to nearly 305,000 people (90 per cent of the target) and installed nearly 7,600 hand-washing facilities. To track the functionality of the facilities during COVID-19 restrictions and ongoing conflict, UNICEF developed a tracking tool using the RapidPro digital data collection system. This has proven to be cost effective and will be scaled up in 2021.

Globally, UNICEF supported over 6.9 million people with emergency sanitation services (58 per cent of the targeted population).

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

In 2020, the UNICEF WASH response played an important role in the organization's risk communication and community engagement efforts for COVID-19. In addition, many countries delivered preventive messages on cholera and Ebola through existing hygiene promotion channels.

In Haiti, UNICEF conducted a nationwide hand-washing campaign with other United Nations agencies and Haitian influencers to raise awareness of COVID-19. By mobilizing over 40 sector partners, the organization reached 5.4 million people and installed 10,000 hand-washing stations in public places. In Zimbabwe, nearly 4.3 million people in hot spots received hygiene messages focusing on COVID-19 and cholera. The messages were delivered through over 8,100 health and hygiene sessions, and 1,300 health clubs. In Malawi, UNICEF reached over 2 million people with hygiene messages focusing on hand washing with soap (exceeding the target). This was achieved by using a range of delivery methods, including national radio, local radio vans, door-to-door visits, and handing out education materials. In Ecuador, as part of the response to the Venezuelan migration crisis, UNICEF partnered with WFP to distribute electronic coupons for essential personal hygiene items to nearly 19,000 people.

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

WASH-in-schools interventions became even more important in the context of the COVID-19 pandemic, as many countries planned for the safe reopening of schools. In Indonesia, for example, UNICEF conducted advocacy and provided technical support to the Government to support the reopening of schools in five provinces. One of these provinces is currently implementing action plans for WASH improvements in 200 schools; another province has begun improvements in more than 100 schools and has committed to rehabilitating WASH facilities in 455 schools in 2021 using its own resources. In the context of the Ebola outbreak in the Democratic Republic of the Congo, UNICEF provided WASH, and infection prevention and control interventions, including setting up hand-washing facilities in 403 schools. While schools were temporarily closed due to COVID-19, UNICEF and partners installed 45 water points and 202 new or rehabilitated latrines in 85 schools, benefiting over 26,000 students. In the Pacific Islands, UNICEF repaired sanitation facilities, constructed separate shower rooms for girls in two schools, and constructed group hand-washing stations in these schools and five community centres, reaching nearly 8,600 people. In 12 flood-affected counties in Kenya, 15,000 adolescent girls and young women benefited from menstrual hygiene management education and the distribution of 12,000 sanitary pads.

Globally, UNICEF supported 15.3 million children in crisis-affected countries with WASH services in schools and safe learning spaces (exceeding the target).

Case study 6: Myanmar: Working with local actors to improve the WASH response

Nearly 1 million people, including 336,000 internally displaced persons (69 per cent of whom are women and children), are affected by the decade-long conflict in Myanmar.⁵⁰ Affected children and women lack access to basic services, including WASH. However, humanitarian access remains severely constrained due to bureaucratic impediments, deteriorating security conditions and, in 2020, COVID-19.

In 2020, UNICEF employed various tactics to overcome humanitarian access challenges and bring life-saving services to those most in need. This included strengthening the capacities of local organizations and contractors to participate more effectively in the WASH response. In Rakhine State, where humanitarian access continued to deteriorate, UNICEF engaged local contractors to construct latrines and distribute supplies. These approaches enabled UNICEF and partners to maintain critical services for internally displaced persons in an extremely complex operating environment, and cover gaps as the provider of last resort.

Overall, UNICEF was able to reach nearly 150,000 crisis-affected people in Myanmar with water for drinking, cooking and personal hygiene (90 per cent of the target). This support was provided through the repair, rehabilitation and construction of water supply systems, including gravity-fed water supply systems. The support was delivered in partnership with the Government, more than a dozen civil society organizations, WFP and local contractors.

In 2021, UNICEF will continue to build and enhance its partnerships in Myanmar to support the delivery of quality WASH services in hard-to-reach areas.



Challenges

UNICEF faced significant challenges in its emergency WASH response in 2020. For example, widespread travel restrictions due to COVID-19 delayed or prevented UNICEF and its partners from engaging in some field work, such as the provision of direct supervision for interventions and field monitoring. To ensure the quality of WASH interventions, UNICEF expanded local partnerships and used remote monitoring tools, such as mobile phone applications. Another major challenge was the global shortage of hygiene supplies. In-kind donations of soap and hand sanitizer from Colgate-Palmolive, Unilever and other companies helped UNICEF provide critical supplies

to vulnerable populations. Many UNICEF offices also partnered with local soap manufacturers to make soap more accessible in programme countries. These challenges further exacerbated pre-existing issues related to WASH conditions in humanitarian settings in many countries. For example, in cholera hot spots in Zimbabwe, COVID-19 lockdowns weakened already fragile urban water systems. UNICEF piloted urban water kiosks with tap card systems to provide water for vulnerable populations at subsidized rates. In 2021, UNICEF will continue to strengthen its partnerships at the global and local levels and pursue innovative ways of providing critical humanitarian WASH services to vulnerable populations.

Goal Area 5: Every child has an equitable chance in life

Across UNICEF programming, the organization strives to provide all children – including those affected by emergencies – with an equitable chance in life. This includes improving the use of social protection in fragile and humanitarian settings, and implementing interventions that aim to reach and meet the unique needs of children with disabilities, adolescents and youth, and women and girls. In 2020, out of the total US\$532.6 million expenditure under Goal Area 5, 48 per cent was emergency funding to support critical interventions.

Strengthening the shock-responsiveness of social protection systems

The socioeconomic impacts of the COVID-19 pandemic highlighted the importance of ensuring that social protection systems are informed by risk so that they are able to support the poor and the most vulnerable when they need them the most. Since 2017, UNICEF has incrementally scaled up these efforts. In 2020, 79 country offices reported work on building shock-responsive social protection systems, up from 56 countries in 2019. This reflects the upward trend in the number of countries reporting moderate or strong shock-responsive national cash transfer programmes. A total of 16 countries reported strong national cash transfer programmes in 2020, up from 9 countries in 2019 and surpassing the Strategic Plan target of 15 countries by 2021 (see *Figure 9*).

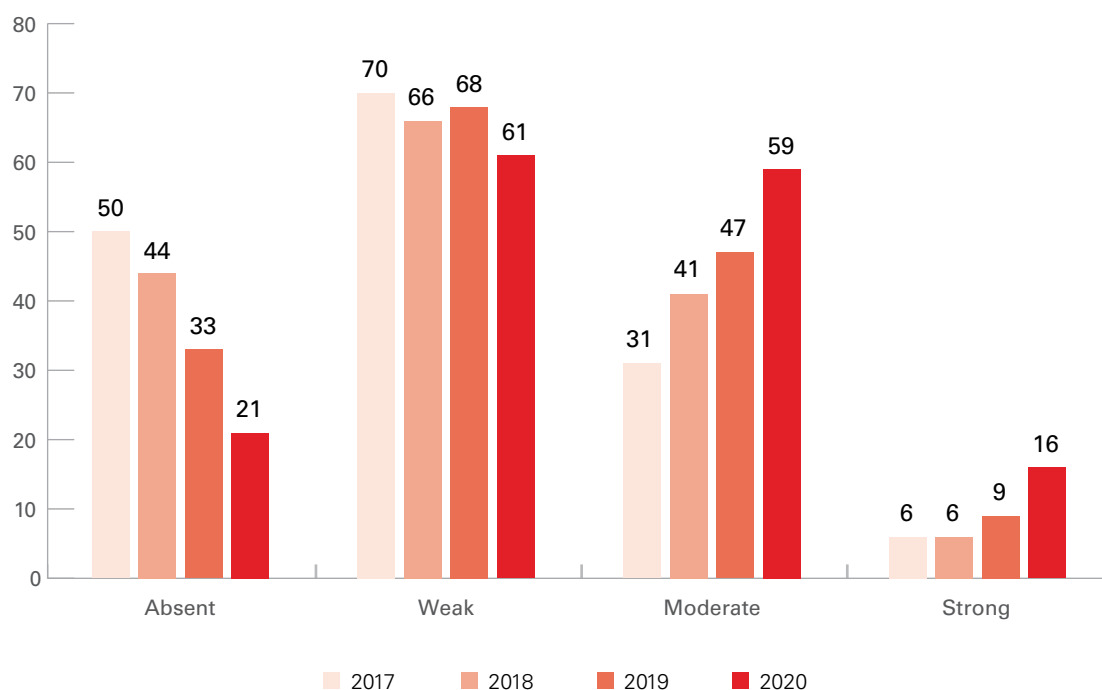
This progress has been aided by some important developments. The revised CCCs include sector-level commitments on social protection for the first time since their launch in 1998. These commitments will guide UNICEF and partner efforts on strengthening social

protection in humanitarian crises. UNICEF also developed and shared important resources in 2020, including the social protection system readiness assessment tool, which reviews the system from a humanitarian response perspective, and helps UNICEF and partners support governments to improve emergency response by preparing the system in advance.



Inaq Acih and her granddaughter are pictured at their home in Sugihan Village, Indonesia. Inaq received 4 million IDR (US\$284) in cash-based assistance from UNICEF (December 2020).

FIGURE 9: Number of countries with national cash transfer programmes that are ready to respond to crises, 2017–2020



During the year, UNICEF leveraged its presence and prior engagement in social protection system-building to support governments (i.e., through context-based technical assistance and/or funding) to embark on a social protection response and address the socioeconomic impacts of COVID-19. For example, in Sri Lanka, UNICEF convened International Financial Institutions, United Nations sister agencies and other partners, and coordinated efforts on social protection to support the Government response to COVID-19. The UNICEF strategic engagement and advocacy with the Presidential Secretariat, the Department of National Planning and the Presidential Task Force for the COVID-19 Response facilitated a rapid and large cash transfer response that reached an estimated two thirds of households in the country.

In the Philippines, UNICEF used global humanitarian thematic funds to develop guidance in support of the Government cash assistance programmes. By laying the foundation for the country's shock-responsive social protection system, UNICEF was able to advocate for financial support from the Australian Government Department of Foreign Affairs and Trade for the Philippines regular social protection programme, and from the Joint Sustainable Development Goal Fund on Social Protection for improving the operational efficiency of future cash transfer programmes.

With generous support from Germany, UNICEF and WFP embarked on a joint programme to support social protection responses in Mali, Mauritania and the Niger. The project follows a twin track approach to assist populations impacted by the crisis, and build nutrition-sensitive, child-sensitive and shock-responsive social protection systems.

Linking humanitarian cash transfers to social protection systems

UNICEF is committed to delivering humanitarian cash transfers in ways that build on social protection and, where systems do not yet exist, contributing to the development of nascent systems. Globally UNICEF leads this work by co-chairing the Grand Bargain subgroup on linking humanitarian cash with social protection.

In 2020, UNICEF reached more than 48 million households with social protection and humanitarian cash transfers. Of these, 45.5 million households were supported through technical assistance to governments to scale up social cash transfers and address the needs of households affected by COVID-19. The remaining 2.5 million households were reached through UNICEF-funded humanitarian cash transfer programmes in 50 countries. In total, UNICEF-funded programmes delivered US\$245 million to crisis-affected populations, including US\$2.5 million provided as vouchers.

Out of the 2.5 million, over 591,000 households in 18 countries were assisted through funding provided to governments to scale up social cash transfers, and 1.9 million households in 34 countries were reached directly through partnerships with local financial service providers and civil society partners. In Albania, Jordan, Mozambique, the State of Palestine, the Syrian Arab Republic, Yemen and Zambia, UNICEF used a mixed approach where elements of existing national social protection programmes were leveraged (such as beneficiary list, social workforce etc.) to deliver humanitarian cash programmes.

In Kenya, UNICEF provided funding to the Government to expand the National Safety Net Programme to support nearly 13,000 households in selected counties. A total of 2,000 Kenya shillings (equivalent of about US\$19) was transferred to each household through the existing social cash transfer programme, and UNICEF supported the Government to make adjustments as necessary (e.g., through the use of mobile money) to enhance the efficiency of the assistance.

In Jordan, the UNICEF Hajati cash transfer programme continues to assist more than 10,000 children (51 per cent girls) on a regular basis to address the multisectoral needs of Syrian refugee children. An additional 30,000 children (49 per cent girls) were supported for nine months in 2020 to address the economic impacts of COVID-19. A study by the UNICEF Office of Research – Innocenti and UNICEF Jordan revealed that children receiving Hajati cash support are: (1) more likely to go to school; (2) less likely to be engaged in economic activities, including being exposed to work-related hazards; (3) more likely to have three meals a day; (4) more likely to own more basic school items; (5) less likely to show symptoms of depression; and (6) less likely to report low self-esteem.⁵¹

In Guyana, UNICEF provided funding to the Ministry of Human Services and Social Security to support over 1,600 families with new or additional social assistance in response to the impacts of the COVID-19 pandemic (exceeding the target). Ninety per cent of these families were Venezuelan migrants. Recipient households received the equivalent of US\$241 and were registered in the Ministry of Human Services and Social Security database.



16 countries

with national cash transfer programmes were ready to respond to a crisis.

EXCEEDED 2020 MILESTONE OF 12 COUNTRIES



48 million

households covering 81 million children benefited from social protection and humanitarian cash transfer programmes in 71 countries.

Challenges

The economic impacts of COVID-19 have threatened to reverse the progress made over the past few years in reducing child poverty. While governments across the world have scaled up social protection responses to support people impacted by the pandemic, this work must be sustained and expanded. In low-resource settings, the limited fiscal space for this work poses a significant challenge. In 2021, UNICEF will continue to advocate with International Financial Institutions for debt relief. UNICEF will also continue to build on the inclusion of social protection commitments in the revised CCCs by equipping social protection staff in all countries with the capacities they need to deliver on these commitments. In 2021, UNICEF will scale up its efforts to develop resources and enhance capacities in this area across the organization.

Children with disabilities in emergencies

Children with disabilities are disproportionately impacted by emergencies and face multiple barriers to accessing humanitarian assistance. The COVID-19 pandemic further highlighted the costs of this exclusion. UNICEF is committed to promoting the rights of children with disabilities impacted by humanitarian emergencies by strengthening their inclusion and participation across all areas of programming.

In 2020, UNICEF advanced disability-inclusive humanitarian action, both in its own programming and through its lead role globally. UNICEF co-led the establishment of the Reference Group on Inclusion of Persons with Disabilities in Humanitarian Action to ensure a coordinated approach to the topic and promote the implementation of the IASC Guidelines launched in 2019.⁵² The Reference Group now has over 140 members, including United Nations entities, non-governmental organizations and organizations of persons with disabilities, with members representing actors from the global, regional and country levels.



44%

of country offices with a Humanitarian Action for Children appeal (28 country offices) systematically included children with disabilities in their response efforts in 2020.

EXCEEDED 2020 MILESTONE OF 40%

UNICEF also led inter-agency efforts, supported by the United Kingdom Foreign, Commonwealth and Development Office, to strengthen disability inclusion in humanitarian needs overviews and humanitarian response plans. This has resulted in substantial improvements since this initiative began in 2017. For example, between 2018 and

Case study 7: Guatemala: Reaching children through an innovative cash transfer programme

When Hurricanes Eta and Iota struck Central America in late 2020, Guatemala was already reeling from the COVID-19 pandemic. More than 900,000 children in Guatemala were affected by the two hurricanes, which caused landslides and massive flooding across the region. The ongoing pandemic has increased the vulnerability of affected people even further.

Before COVID-19 struck, UNICEF had engaged with the Ministry of Social Development to strengthen the social registry and revamp information systems to support social protection results at a large scale. At the onset of the pandemic, UNICEF and the World Bank supported the design and implementation of Bono Familia, an unconditional emergency cash transfer programme that identifies poor families based on their energy consumption.

Building on this process, and in a concerted effort with government entities and the private sector, including commercial banks and call centres, UNICEF supported the creation of an innovative platform to identify, register and pay benefits to affected families. Innovations included electronic registrations, token distribution and electronic signatures. More than 2 million poor and vulnerable families were reached across the country, representing 80 per cent of households in Guatemala. This was the largest social programme in the country's history in terms of coverage and investment, with an approximate budget of US\$780 million.

UNICEF will continue to support efforts to build the social protection system in Guatemala and capture lessons that can be shared across the region and beyond.



Claudia, 28 years, holds her son Keilor, 2 years, in Alta Verapaz, Guatemala. Her family has received cash transfers through the Bono Familia programme (January 2021).

2020, the percentage of humanitarian needs overviews and humanitarian response plans that disaggregated the number of people in need by disability increased from 0 to 80 per cent.

At the country level, 44 per cent of UNICEF country offices (28 offices) systematically included children with disabilities in emergency response efforts. In the context of COVID-19, UNICEF enabled children with disabilities to access education, WASH, health services and psychosocial support to both mitigate the impacts of the global pandemic and strengthen service systems in humanitarian contexts to be more inclusive in the longer term. In 2020, UNICEF also continued its work to address the heightened risk of violence, exploitation and abuse faced by children with disabilities, through inclusive child protection services.

UNICEF work to reach children with disabilities with education in emergencies highlights the diversity of approaches taken to address multiple and intersecting barriers in humanitarian contexts. In Kenya, for example, UNICEF supported the use of the Universal Design for Learning framework to ensure that learning content was accessible to all children, including those with disabilities. In Bangladesh, UNICEF equipped 20 schools with accessible latrines, hand-washing facilities, drinking water and hygiene promotion. In Jordan, to enable continued learning for children with disabilities, UNICEF provided disability inclusive workbooks, adapted to each child's learning plan, to nearly 1,500 children from Kindergarten 2 to Grade 6 in camps and host communities (covering Arabic, mathematics, and sensory and perceptual skills). These kits were complemented with videos circulated to parents to support speech and occupational therapy.

The UNICEF cross-sectoral approach to the inclusion of children with disabilities is reflected in the broad range of interventions undertaken in emergency response in 2020. In Mozambique, more than 1,000 persons with disabilities received psychosocial support, rehabilitation and medical or legal services as part of the emergency response. In Rwanda, UNICEF adapted multimedia communication materials on Ebola and COVID-19 to the needs of persons with disabilities, and reached 8,700 people (52 per cent women/girls) through these materials. In the Syrian Arab Republic, UNICEF reached nearly 11,000 children living with disabilities with integrated social protection, including regular cash transfers and case management.

Challenges

While substantial progress has been made on the inclusion of children with disabilities in humanitarian action, a number of challenges remain. UNICEF continues to grapple with how best to monitor children with disabilities, and their access to UNICEF programmes, given limited data disaggregated by disability. This will be a priority area of work for UNICEF in 2021 as part of a broader focus on strengthening the disaggregation of data by sex, age, disability and other factors. UNICEF will also work to

strengthen engagement by persons with disabilities in humanitarian action, as part of broader efforts to promote localization.

Adolescents and youth in emergencies

In many humanitarian settings, adolescents and youth constitute over 50 per cent of the population in need.⁵³ They are often seen as a problem to be solved, yet in many cases, adolescents have proven themselves as assets and partners in promoting effective and inclusive humanitarian action and building peace. The meaningful and safe engagement of adolescents and youth has a lasting impact, not only on a country's recovery process, but also on young people and their communities.

In 2020, the COVID-19 pandemic presented new challenges for adolescents and youth, and added pressure to already-fragile contexts. As a leading humanitarian actor, including in the COVID-19 response, UNICEF prioritized the engagement of adolescents and youth in the response, focusing on the most marginalized and vulnerable. UNICEF's work drew increased global attention to young peoples' needs and opinions, as well as growing recognition of their capacities to impact society in a positive way.

At the global level, UNICEF was instrumental in the endorsement of the IASC Guidelines on Working with and for Young People in Humanitarian and Protracted Crises.⁵⁴ This document is the first of its kind, and sets standards and principles to facilitate the systematic inclusion of, and engagement with, young people in humanitarian, protracted and peacebuilding contexts. UNICEF also integrated adolescent priorities in the revised CCCs to ensure they have equal engagement in, and access to services and programmes.

In 2020, some 5 million adolescents participated in civic engagement interventions through UNICEF-supported programmes in humanitarian settings, a sharp increase from previous years (*see Figure 10*). This rise is due primarily to the COVID-19 response and its focus on adolescents and youth, including through awareness-raising, youth-led advocacy and peer to peer engagement on MHPSS.

UNICEF reached 340,000 adolescents in 19 countries through the Adolescent Kit for Expression and Innovation – a package of guidance, tools and supplies for adolescent engagement in emergencies – which was also adapted during COVID-19. The kit was used in education, child protection and cross-sectoral programmes, including in Colombia, Indonesia, Jordan, Lebanon and Tajikistan.

In Indonesia, in addition to the Adolescent Kit, UNICEF used U-Report to gather feedback from adolescents to inform interventions and campaigns on menstrual hygiene, guide messaging on COVID-19 and vaccinations, and shape

FIGURE 10: Number of adolescents participating in UNICEF-supported civic engagement interventions, 2017–2020



interventions on topics such as home-based learning, school reopening and mental health. Nearly 53,000 respondents participating in U-Report polls across all 34 provinces provided insights into the impact of the pandemic on young people.

In the Syrian Arab Republic, UNICEF supported and engaged over 300,000 adolescents and youth aged 10 to 24 years (50 per cent women/girls) to implement community-based social initiatives, bringing together host communities and internally displaced persons through cultural activities, awareness-raising campaigns and community clean-up activities. In Colombia, UNICEF worked with partners to implement 75 school peace initiatives and promoted the leadership of over 1,250 students (51 per cent girls). In all, 111 schools used new online tools that supported the participation of over 24,000 students (51 per cent girls) in workshops to manage emotions, learn alternative conflict resolution methods, promote gender equality and prevent COVID-19 infection.

Challenges

Ensuring that adolescents and youth have access to age- and gender-appropriate services remains challenging due to the lack of disaggregated data in humanitarian contexts. In order to make humanitarian and peacebuilding efforts more effective and inclusive, UNICEF and partners will need to increase their investments in the education, protection and meaningful participation of adolescents and youth in preparedness, response, transition and recovery. The new IASC youth guidelines⁵⁵ can help practitioners engage young people and address their needs across humanitarian and peacebuilding efforts. The key is to include adolescents and youth in all their diversity, invest in building their capacities, involve them in decision-making, and support humanitarian actors to develop their own capacities and skills to work effectively with and for young people.



In India, (L to R) Veena, 16 years, Bhavana, 16, and Santhosh, 17, pose with red dots to create awareness about menstrual hygiene and bust myths about periods (December 2020).



Results by cross-cutting commitment

Vaseva, 12 years, whose family was affected by Tropical Cyclone Yasa, talks with a Zubnah Khan communication officer at UNICEF Pacific at Galoa Village, Bua, Fiji (December 2020).

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Rapid assessment, monitoring and evaluation

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

In 2020, UNICEF leveraged its role as cluster lead agency to strengthen its ability to analyse and assess the situation of children and women affected by emergencies; work that is critical to its ability to respond effectively to emergencies.

For example, the UNICEF-led Global Water, Sanitation and Hygiene (WASH) Cluster strengthened the degree to which WASH considerations were incorporated into global and country monitoring of the secondary impacts of coronavirus disease 2019 (COVID-19). In Burkina Faso, this involved creating a WASH assessment strategy by mapping the information landscape and the resources available for data collection and analysis. The Global WASH Cluster also directly supported UNICEF Burkina Faso to collect WASH data by providing training on how to use mobile data collection tools and developing tools for collecting data on WASH in health-care facilities.

The UNICEF-led Global Child Protection Area of Responsibility finalized a Needs Identification and Analysis Framework toolkit, a conceptual framework that creates a common approach to needs identification and data interpretation across child protection actors. To complement the framework and promote greater child engagement and leadership, the Area of Responsibility partnered with Colombia University on the development of a child participation resource toolkit to guide practitioners across sectors on engaging children as participants and partners in emergency response efforts.

In Nigeria, UNICEF used the Needs Identification and Analysis Framework toolkit to carry out participatory assessments with service providers and children as a means of improving understanding of perceptions of COVID-19. The resulting documentation of children's voices is being used to help children access the information and services they need most. Similar exercises were conducted in Bangladesh, Somalia and the Syrian Arab Republic.

Commitment 2: Systems for performance benchmarking regularly monitor UNICEF humanitarian action, enabling Core Commitments for Children in Humanitarian Action (CCCs) implementation to be measured

With the launch of the revised CCCs related to humanitarian assessment, planning, monitoring and evaluation – and related resources for country offices – UNICEF accelerated its efforts to improve evidence and

analysis for humanitarian action. Taken together, these resources provide a framework for enhancing the UNICEF focus on equity and quality, and strengthening the links between its monitoring and accountability priorities.

In the context of COVID-19, UNICEF established innovative approaches to humanitarian performance management that helped the organization respond more effectively. The global COVID-19 reporting system provided a data collection portal and online data analytics dashboard with sex and age disaggregated data collected monthly. Some 120 countries used the system consistently during the COVID-19 response, using the data collection and situation report features, and producing dashboards that enabled real-time programme oversight and donor reporting at the country, regional and headquarters levels.

UNICEF country offices received significant remote and in-person support for their humanitarian monitoring during the year, including in the context of COVID-19, as well as for instability in the central Sahel, and the Ebola outbreaks in the Democratic Republic of the Congo. In the Democratic Republic of the Congo, UNICEF worked with third-party monitors and the Social Science Analysis Cell⁵⁶ to generate evidence, including social science insights and community feedback, that was used to systematically review UNICEF and partner programmes, maximize their relevance and effectiveness, and remain accountable to affected populations.

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

UNICEF conducted a number of evaluations of humanitarian action in 2020, including the following three examples. Firstly, the corporate global evaluation of the UNICEF WASH programming in protracted crises was the first UNICEF global thematic evaluation focused on the protracted crisis context. With the average length of a crisis now over nine years, the evaluation contained lessons applicable across UNICEF and the wider WASH sector on strengthening the coherence of humanitarian and development work. The evaluation found that UNICEF has been largely successful in meeting water coverage targets, but progress in sanitation and hygiene has lagged behind; greater emphasis is needed on equity and quality; and UNICEF has more work to do to adapt its programming across the humanitarian–development nexus as crises endure and evolve. The evaluation also recommended

making improvements to data collection and use, and building local partnerships and UNICEF's position as a thought leader in the sector.

Secondly, the corporate evaluation of the UNICEF contribution to education in humanitarian crises was commissioned to assess the extent to which the organization's approach to education in humanitarian contexts is fit for purpose and contributes effectively to improving education outcomes for children living in humanitarian crises. The evaluation concluded that UNICEF has successfully raised the importance of education as a core component of the humanitarian response, and strengthened the global architecture for education in emergencies. It also concluded that while UNICEF programmes have increased access to learning opportunities and offered appropriate education programmes during earlier stages of rapid-onset emergencies, the organization's education in emergencies programming was less successful in acute or protracted crises. The evaluation recommended UNICEF should continue to equip staff with adequate leadership, and advocacy capacities and tools; promote equitable learning opportunities, gender equality and disability inclusion in humanitarian education contexts; and lead the development, implementation and sharing of innovative and impactful learning solutions for children in humanitarian crises.

Thirdly, UNICEF designed and rolled out a real-time country-level assessment of its response to COVID-19 as it unfolded in all regions. The assessment explored the efficacy of country office adaptation and implementation of the response, including the quality of the response, to distil lessons for the ongoing emergency and future crises. The assessment found that UNICEF country offices adapted quickly in response to the pandemic, setting the stage for strong coverage and scaling up; that the response, particularly UNICEF's risk communication and community engagement activities, were timely; and that the response

highlighted the value of preparedness. These findings have informed discussions and reflections, and the assessment's geographic scope has offered opportunities for cross-country and cross-regional learning.

Challenges

While many aspects of humanitarian performance management have become well established practices in UNICEF, this has also led to an overemphasis on such products as situation reports. Across the organization, there is a need for a stronger understanding of the central purpose of humanitarian performance management, which is to improve humanitarian programming and action. UNICEF will use the roll-out of the revised CCCs as an opportunity to emphasize this point, including the launch of a revised suite of support documents and an external-facing website. UNICEF is also collecting examples of good practice from the COVID-19 response that can be adapted across its humanitarian programmes.

A central challenge for UNICEF has been to continue to contribute learning and accountability while supporting the organization and partners to analyse the short- and long-term impacts of COVID-19. Given lockdown and travel restrictions in virtually all countries, evaluations could not be undertaken in the usual fashion, and the evaluation function had to adapt and diversify its products to provide faster real-time evidence that offices could use to enhance programming. UNICEF will seek to enhance its evaluation capacities at the regional and country levels, and explore the use of innovative approaches to data collection, including virtual tools, rapid review and synthesis, and the use of secondary data and real-time data. This includes monitoring data such as that generated through U-Report. These approaches will ensure that the organization has evidence to support oversight and learning in fast-evolving decision-making processes.

Supply and logistics

In 2020, UNICEF procurement for emergencies reached US\$682.5 million globally, of which 64.9 per cent (US\$442.6 million) was dedicated to the COVID-19 response (see Figure 11). Level 2 and Level 3 emergencies accounted for 94 per cent of procurement for emergencies (US\$640.6 million). Supplies were provided to 143 countries and territories preparing for and/or responding to emergencies. The UNICEF Supply Division also provided direct support through 25 staff deployments to emergency locations, including the Democratic Republic of the Congo, Liberia, Sierra Leone, the Bolivarian Republic of Venezuela and Yemen. The largest component of UNICEF emergency supplies by value was for medical renewable devices, including personal protective equipment worth US\$197.2

million. In 2020, over 200 million face masks, 195 million pairs of gloves, 19 million surgical caps and 4 million coveralls were shipped to 130 countries.

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

In 2020, UNICEF provided targeted support to seven large-scale emergencies to alleviate the impact of crises on children and families. In the Bolivarian Republic of Venezuela, where over 3 million children were in need of humanitarian assistance due to the protracted crisis, UNICEF organized 7 charter flights to transport 200 tons

of life-saving commodities, including WASH products, medicines, medical kits and equipment, 20 oxygen concentrators and over 2.5 million face masks.

In Lebanon, the explosion in the port of Beirut destroyed vital health and medical supplies that UNICEF had shipped to the port and that were waiting to be distributed. UNICEF was able to replenish the destroyed goods and deliver more than 18 shipments of critical humanitarian supplies (including nutrition supplements and food rations for the most vulnerable children) within the first few weeks of the blast, in part through donations of air and sea freight capacity from partners. Shipments also included antiretrovirals, cold chain equipment, and midwifery and early childhood development kits, as well as personal protective equipment and COVID-19 diagnostic kits. Existing preparedness planning, which included establishing agreements with local suppliers for key products, was crucial to the timely delivery of supplies.

The UNICEF Supply Function also scaled up its response to health emergencies, including the outbreak of Ebola in the Democratic Republic of the Congo and neighbouring countries. UNICEF shipped six full charter flights of Ebola supplies, including personal protective equipment, and one

full charter of cholera supplies to the Democratic Republic of the Congo and neighbouring countries. In addition, partners donated two international flights to transport over 12 tons of hospital equipment and 24 tons of medical equipment and medicines to support the response. Globally, the Supply Division sent 105 vaccine shipments, delivering more than 65.9 million doses of vaccines for emergencies to 15 countries.

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

UNICEF continued to encourage local and regional procurement of essential supplies to strengthen markets and reduce delivery times, in line with efforts to strengthen the humanitarian–development nexus. For example, in the Syrian Arab Republic, by expanding its work with local suppliers, UNICEF was able to increase the availability of supplies and improve delivery times.

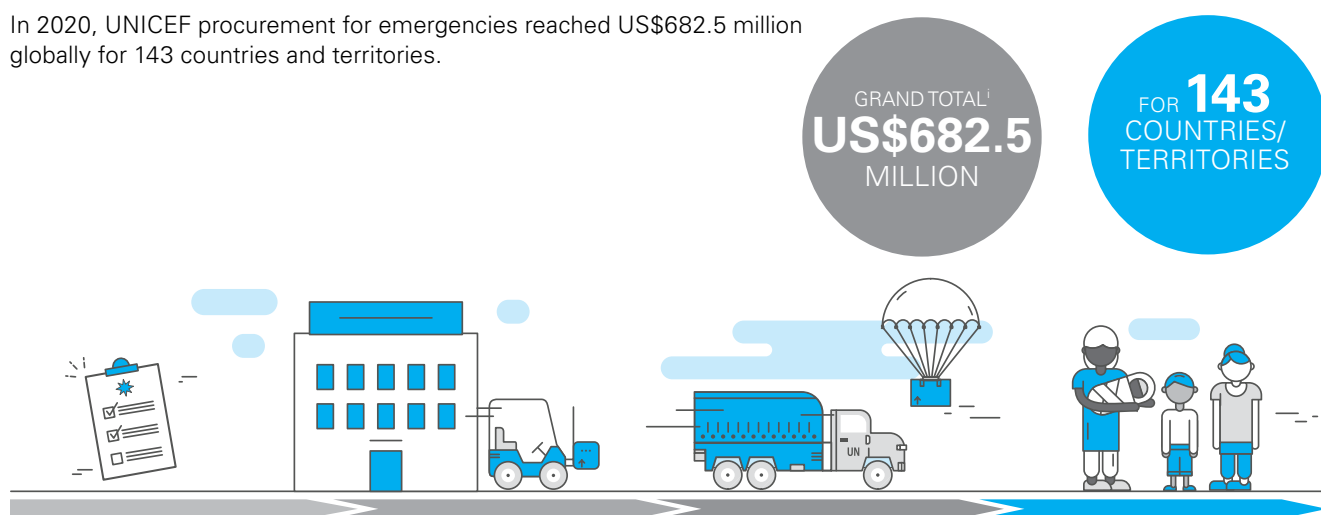
The UNICEF Supply Division has built, expanded and maintained a surge roster of 248 highly competent and dedicated staff from across the organization that can be deployed at short notice, according to the levels and areas



Alejandro, a UNICEF supply and logistics assistant, conducts vaccine temperature monitoring in a cold room rehabilitated by UNICEF in the national vaccine warehouse in Caracas, Bolivarian Republic of Venezuela (November 2020).

FIGURE 11: Emergency supplies

In 2020, UNICEF procurement for emergencies reached US\$682.5 million globally for 143 countries and territories.



Vaccines

UNICEF procured a total of **US\$40.9 million** in vaccines and biological products for emergencies, making these commodities the sixth largest by value of total UNICEF emergency supplies.

105 shipments of vaccines were made to **15 countries**, delivering more than **65.9 million doses** of vaccines.

Top five emergency supplies of vaccine and biological products

<p>Yemen 15.9 million doses of oral polio vaccine 0.78 million doses of measles, mumps and rubella vaccine</p>	<p>Syrian Arab Republic 8.1 million doses of oral polio vaccine 0.98 million doses of measles, mumps and rubella vaccine</p>	<p>Zambia 4 million doses of oral polio vaccine 1.9 million doses of measles, mumps and rubella vaccine</p>	<p>Bolivarian Republic of Venezuela 0.97 million doses of oral polio vaccine 1.1 million doses of measles, mumps and rubella vaccine</p>	<p>Mozambique 0.27 million doses of oral polio vaccine 0.62 million doses of measles, mumps and rubella vaccine</p>
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¹This total includes all programme supplies going to Level 2 and Level 3 emergencies; all programme supplies for any new Level 2 or Level 3 emergencies, from the date they were declared; specific relevant orders for the countries in which only a region or part of the country is in an emergency; and specific supplies flagged as emergency ones in countries facing Level 1 crises. Of the US\$682.5 million, US\$545.3 million is other resources – emergency.

of support required. In 2020, the Supply Division deployed 25 staff skilled in logistics, warehouse management and procurement to support large-scale emergencies. For example, in Yemen, supplies were delivered to the warehouse hub in neighbouring Oman, and a deployed staff member explored the best ways to manage the onward movement of essential supplies to Yemen.

Due to the restrictions on movement brought on by the global pandemic, the Supply Division also explored ways to scale up remote deployments in support of rising needs in offices responding to emergencies. As an example, a Supply Division staff member was deployed to the Bolivarian Republic of Venezuela to boost the offices' procurement capacity and their ability to respond to the migrant crisis in the region.

Challenges

The COVID-19 pandemic presented unprecedented logistical challenges and caused significant supply chain disruptions at the global scale. The health emergency had a particularly adverse impact on countries that were already responding to a humanitarian crisis. As markets became inaccessible, countries closed their borders, freight capacity became sparse and need of supplies to fight the pandemic far outstripped demand. UNICEF took immediate steps to mitigate the impacts on children and families by pre-positioning supplies in regional hubs and engaging with over 1,000 new vendors to obtain supplies to combat the pandemic.

UNICEF also pursued new and innovative freight solutions, including multi-stop charter flights. Through this approach, several smaller vaccine shipments were pooled into a single delivery flight with stops being made in several countries. UNICEF organized three such charter operations

and delivered vaccines to hard-to-reach countries in West and Central Africa, a region with some of the lowest immunization coverage rates in the world.

UNICEF will continue to strengthen preparedness planning and response to reduce the impact of emergencies on children's lives. This includes strengthening internal links

between humanitarian action and planning, including stock management and warehousing, working with governments to increase health system resilience and increasing the flexibility of funding modalities.

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 2020, UNICEF continued to advocate for the rights of children and communicate messages about the impact of humanitarian crises on children. Through external communications and media engagement, UNICEF raised awareness of the impact of the COVID-19 pandemic on vulnerable children globally. These included press releases, statements from the UNICEF Executive Director and opinion pieces on the impact of the pandemic on children already affected by emergencies.

With the launch of the COVID-19 web portal in all UNICEF languages,⁵⁷ the organization provided regular and timely information on the impact of the pandemic and its response. The English language version of the COVID-19 portal landing page garnered 1.2 million unique views in 2020.

Through the global Children Under Attack campaign, UNICEF continued to call for an end to attacks on children. The campaign employed traditional media, including statements and press releases highlighting child-specific concerns, as well as innovative digital and youth-led communications designed to inspire action. For example, nine country offices participated in Poems for Peace, a youth-led activation to empower young people affected by conflict. The campaign video, released on International Poetry Day, received over 26 million views on social media. More than 50 poems, aired on national radio, in newspapers and via influencer social media channels, were used to enhance key advocacy moments throughout the year. In addition, a 'day in the life' Vlog from a girl named Muna from Yemen was viewed more than 100 million times, and the accompanying web story received more than 650,000 page views.

UNICEF also engaged with the media to protect the rights of children on the move. Public statements from senior officials, including the Executive Director, called on governments to end immigration detention for migrant

children and their families, and end forced returns of unaccompanied minors. Examples include communications on the Central America–United States corridor, the regional crisis stemming from out-migration from the Bolivarian Republic of Venezuela, and population movement in the Darien Gap (Colombia and Panama) and Eastern Europe.

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

With the evolution of the 2021 Humanitarian Action for Children fundraising appeal to a new web platform and a complete redesign of the site, online engagement in the appeal increased significantly. The number of page views nearly doubled, from 13,000 unique views in 2019 to 27,000 in 2020. Meanwhile, time spent on the new appeals landing page increased from 55 seconds per visit in December 2019 to 1 minute 20 seconds in December 2020. Users were met with a more accessible landing page, including a new section highlighting key messages and clear fundraising and advocacy requests.

Strategic and integrated advocacy and communication were central to the UNICEF response for children in 2020. The global COVID-19 advocacy framework established a clear organizational agenda with wide support. Using this framework, UNICEF spoke with one voice about its response to COVID-19 throughout the pandemic, maximizing its profile with external stakeholders. In addition, UNICEF country offices and National Committees used the Agenda for Action⁵⁸ launched in April and the Six Point Plan to Protect our Children⁵⁹ launched in November to advocate for national-level change for children affected by emergencies. These tools contributed to generate greater investment in digital learning, WASH in schools, and mental health services for children, and supported the continuity of routine immunization services. By May 2020, 172 United Nations Member States and Permanent Observers had endorsed the Agenda for Action.

UNICEF advocacy action through the Children Under Attack campaign focused increased attention on key emergencies. For example, in Yemen, UNICEF updated its Yemen Crisis web site to coincide with the launch of a new report, Yemen Five Years On: Children, conflict and COVID-19⁶⁰ and press release. The integrated approach extended the launch event, creating sustained public engagement with the crisis. The page received more than 1 million views and is now one of Google's top five search results for the term 'Yemen'. More than US\$1 million was raised through referrals from donate buttons on UNICEF.org – the majority of which came through this crisis page.

Challenges

While the wide-ranging nature of the Children Under Attack campaign provided an excellent communication framework, it was difficult to drive progress towards specific policy changes. In 2021, UNICEF will update its global communication and advocacy strategy for protecting children in conflict to align with clearer change goals. In addition, COVID-19 travel constraints made it harder to provide bespoke support and generate content. In 2020, the Headquarters-based Division of Communications will continue to support UNICEF country offices remotely, with the intention of travelling and providing in-person support when it is feasible and appropriate. UNICEF will also continue to use Child Alerts to support communication and advocacy campaigns led by country and regional offices.

Security

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

While security support to the field was constrained in 2020 due to COVID-19 travel restrictions, UNICEF provided real-time remote or virtual security support to country offices facing complex security incidents and crises. This included providing policy advice on security risk management and support for the development of security plans and local cost-share security budgets. For example, in Tigray (Ethiopia), Cabo Delgado (Mozambique) and the Niger, UNICEF provided location-specific security risk management guidance that enabled programme delivery for children in insecure contexts.

Investments in learning remained critical to building the security capacities of personnel, including managers, in 2020. Due to COVID-19 travel restrictions, 83 security focal points and chiefs of field offices participated in virtual webinars on their specific security responsibilities and accountabilities. In addition, 140 female personnel participated in 7 women's security awareness training events, which addressed security threats as they relate to women and provided practical tips and tools for managing security risks.

The UNICEF Operations Centre (OPSCEN) continued to provide 24-hour organizational business continuity throughout the COVID-19 pandemic by sustaining its operational support to UNICEF staff and offices globally. UNICEF investment in remote support in 2019, including off-site simulations, testing systems and equipment, were instrumental to the ability of OPSCEN to respond in the context of COVID-19. OPSCEN provided a telework-ready

environment, allowing for a swift and smooth shift to remote working arrangements with continuous information and communication services.

OPSCEN continued to support UNICEF decision-making by facilitating timely and effective global situational awareness of security and humanitarian crises, including key developments in the COVID-19 pandemic. This was achieved through the production and dissemination of nearly 1,600 information reports and over 600 key daily media briefs and summaries of important political, security, emergency, humanitarian or socioeconomic events. This was in addition to nearly 1,000 real-time advisories and alerts for breaking crises, including security events in Afghanistan, the Central African Republic, the Democratic Republic of the Congo, Iraq, Mali and Somalia, as well as the World Health Organization (WHO) declaration of the global pandemic and the port explosion in Beirut, Lebanon.

In 2020, the Central Investment Fund disbursed US\$3 million to 85 country offices across 7 regions to facilitate compliance with safety and security standards in various areas of UNICEF operations. The funds were used to purchase key security equipment and enhance the security of UNICEF office premises and operations. For example, UNICEF Somalia received US\$100,000 to install a fortified bunker at the Baidoa Field Office that will protect against explosive threats.

Challenges

The global shutdown imposed constraints on the ability of UNICEF to provide in-country security across the United Nations system to ensure staff safety. UNICEF adapted by providing security support to field operations virtually and participating in inter-agency security forums remotely.

In addition, while OPSCEN was able to provide 24-hour support for organizational business continuity during the pandemic, the experience highlighted the need for stronger information management systems, including for global

contact management and more robust data visualization. In 2021, UNICEF will strengthen its capacities in this area with the establishment of an information management post within OPSCEN.

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

A total of 319 surge deployments were reported and completed in 2020 in the areas of coordination, programmes and operations, representing 51 per cent of total requests for emergency surge support (629 requests) (see Figure 12). This included 52 deployments of Rapid Response Teams, standby partners, consultants and UNICEF staff in support of cluster coordination. Emergency surge missions for the year totalled nearly 34,000 days, with an average mission length of 122 days. The largest share of deployments (44 per cent, or 141 deployments) were in support of the humanitarian response to COVID-19, followed by the Beirut explosion in Lebanon,

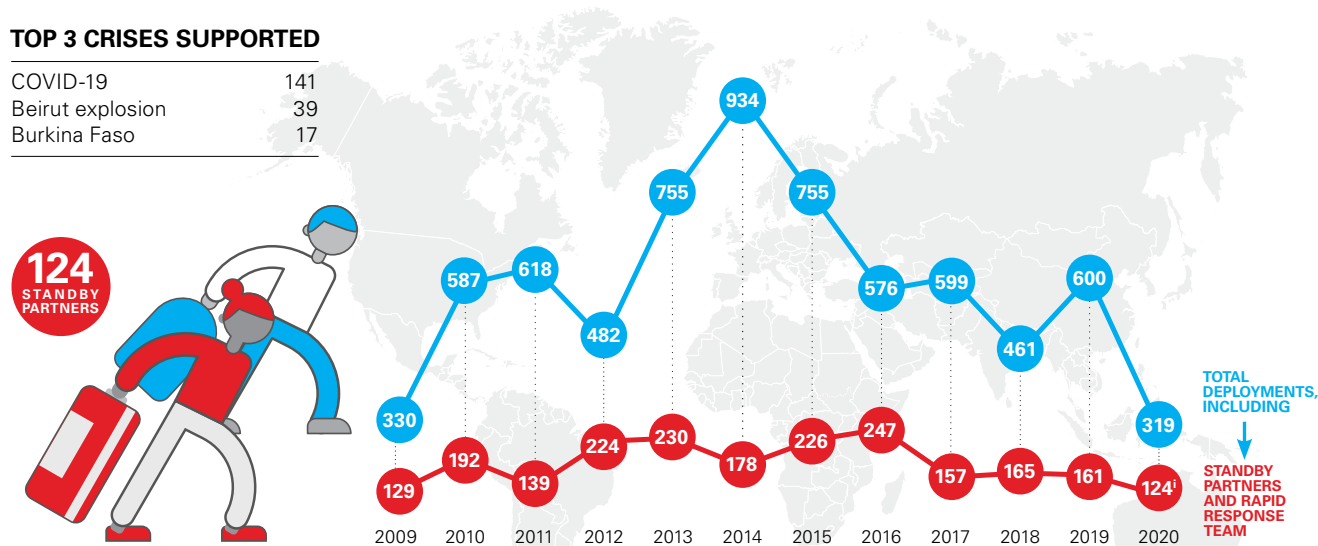
(39 deployments) and the Burkina Faso emergency (17 deployments). The bulk of deployments provided personnel for WASH, Communication for Development and child protection. (see Figure 13).

Surge missions by UNICEF staff members remain the largest contributor to emergency responses, with 122 deployments⁶¹ accounting for 38 per cent of all deployments in 2020. In all, 15 per cent of deployments undertaken by UNICEF staff members were conducted by UNICEF Emergency Response Team (ERT) members. The ERT is comprised of 24 UNICEF staff members with specialized skills in child protection, education, WASH, nutrition, emergency coordination, accountability to affected populations, Communication for Development, gender, communications, human resources, supply management, operations and security. In 2020, the UNICEF ERT undertook 48 missions to 25 country offices, totalling over 2,600 days. A total of 81 per cent of these missions (almost 2,100 days) were in response to UNICEF Level 2 and Level 3 crises.

FIGURE 12: Emergency deployments

TOP 3 CRISES SUPPORTED

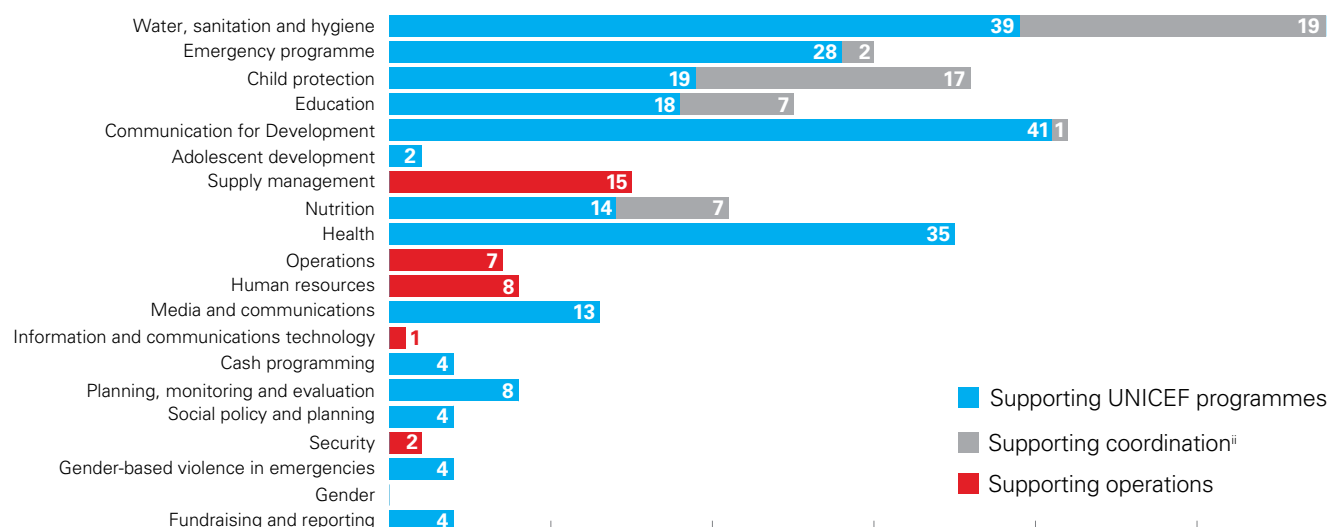
COVID-19	141
Beirut explosion	39
Burkina Faso	17



ⁱ Includes 104 standby partner deployments and 20 Rapid Response Team deployments to support clusters and areas of responsibility led or co-led by UNICEF.

FIGURE 13: Deployments by functional area

319 deployments by functional area



ⁱⁱIncludes Rapid Response Teams, standby partners and UNICEF deployments in support of cluster coordination.

For example, in the Sudan, an ERT member filled the vital role of deputy representative and advocated for increased global humanitarian thematic funding allocations to the response. The resulting funds (US\$300,000) enabled the provision of life-saving WASH assistance to vulnerable displaced persons. This was complemented by the strong support of 24 standby partner organizations providing UNICEF with 124 deployments to 44 country, regional and headquarters offices. This support provided over 16,000 deployment days, the estimated equivalent of US\$14.4 million. While 60 per cent of standby deployments were to UNICEF Level 2 and Level 3 emergencies, these deployments also supported smaller emergency responses in Benin, Colombia, Fiji, Greece (for the Moria fire), Serbia, Uganda and Zimbabwe.

Commitment 2: Well-being of staff is assured

In 2020, the UNICEF global staff well-being programme focused on helping staff cope with the COVID-19 pandemic and its impacts. Key interventions included establishing an inter-agency psychosocial support hotline in West and Central Africa, launching an intranet page on coping during the pandemic, hosting external expert talks on COVID-19-related health topics (e.g., managing burnout), and hosting online fitness and mindfulness sessions.

The programme also continued to provide individual and group counselling. Nearly 4,900 individual counselling sessions were completed, representing a 38 per cent increase over 2019, and nearly 800 group sessions and workshops were provided, representing a 59 per cent

increase over 2019. In part, the increase was due to the additional support provided during the year, including providing regular support groups for staff dealing with challenging circumstances (e.g., living alone or recovering from COVID-19), facilitating well-being sessions at staff meetings, providing sessions to help staff deal with COVID-19-related grief, and facilitating a range of COVID-19 workshops (e.g., on dealing with anxiety, managing travel and supporting children during difficult times). Global staff support also developed a wider reach with the addition of Arabic, French, Portuguese and Spanish language options.

In South Sudan, in addition to the 784 individual counselling sessions and 49 group sessions, the staff counsellor worked closely with the security, operations, health and human resources teams as part of the COVID-19 integrated protocol to proactively track and support staff and their direct contacts. In Lebanon, UNICEF provided staff with psychosocial support and other resources (e.g., a buddy system, and group and family counselling) in the aftermath of the explosion in Beirut.

UNICEF also developed a new comprehensive pre-/post-deployment protocol in 2020 to respond to and mitigate the impact of extreme working environments and critical incidents on UNICEF employees. The protocol includes standard operating procedures for the psychosocial preparation of individuals deploying to Level 2 and Level 3 emergencies, and hardship duty stations, as well as support during the mission and after deployment.

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

UNICEF work on protection from sexual exploitation and abuse is guided by the 2019 Strategy to Prevent and Respond to Sexual Exploitation and Abuse and Sexual Harassment.⁶²

Signalling its continuing commitment to addressing sexual misconduct, in 2020 UNICEF became the first United Nations entity to adhere to the recommendation of the Development Assistance Committee of the Organisation for Economic Co-operation and Development on ending sexual exploitation, abuse and harassment in development cooperation and humanitarian assistance.

In 2020, UNICEF strengthened its vetting procedures by improving self-disclosure questions, reference checks and background verification, as well as strengthening the reach and depth of its training. As of April 2021, 96 per cent of UNICEF staff had completed the mandatory online training on prevention of sexual exploitation and abuse. With partners, UNICEF updated its mandatory training to capture the revision of the Inter-Agency Standing Committee (IASC) Six Core Principles,⁶³ and to make this accessible publicly, offline and in a growing number of language versions.

Assessing and managing risk to prevent sexual exploitation and abuse remained a critical priority in 2020. UNICEF introduced a new policy on enterprise risk management and required its offices to assess two distinct risks – sexual exploitation and abuse, and child safeguarding violations – to gain an overall picture of the risks faced by offices and which of them cannot be adequately addressed locally without assistance. Further, UNICEF released a procedure to manage the risks of sexual exploitation and abuse in implementing partnerships, which assesses and assigns a risk rating to all civil society organizations partnering with UNICEF based on their ability to prevent and respond to sexual exploitation and abuse. The procedure sets corresponding field monitoring requirements and is accompanied by a toolkit to help partners fortify their protection. By the end of the 2020, 1,300 civil society partners had been assessed.

UNICEF personnel have a duty to report all instances of sexual exploitation and abuse perpetrated by United Nations-affiliated personnel or non-United Nations aid workers that they become aware of. To simplify the reporting process and improve confidential handling of allegations, UNICEF is finalizing a revision of the internal reporting procedure for sexual exploitation and abuse, and serious child safeguarding violations, due for launch in 2021.

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

Enhancing the capacities of UNICEF staff and leadership on humanitarian action remained a key priority in 2020. Through the new Humanitarian Leadership Workshop, UNICEF strengthened the leadership capacities of 19 senior field managers from country offices around the world, including Cameroon, the Central African Republic, Eritrea, Mali, South Sudan and the State of Palestine. UNICEF also oversaw a knowledge-sharing event for 50 regional emergency advisors, which enhanced the effectiveness of that role, and trained 74 national staff on fundamental skills essential to delivering humanitarian response at the local level.

The capacities of staff, managers and partners to deliver timely and quality humanitarian response were also improved with the launch of the UNICEF CCC Learning Strategy. During the year, more than 1,250 participants received tools that will improve their ability to deliver results for children in line with the revised CCCs. For example, in Benin, UNICEF support helped implementing partners provide humanitarian aid in line with the CCCs, particularly in the areas of prevention of sexual exploitation and abuse, and mainstreaming gender-sensitive approaches in country programmes.

Challenges

At the onset of the pandemic, COVID-19 restrictions significantly impacted in-country surge support to ongoing humanitarian operations. In response, UNICEF rolled out a surge protocol to address the travel constraints and scale up surge support for the remainder of 2020. The experience yielded important lessons. First, remote support can be a viable alternative modality when physical deployments or travel are not possible when a surge request is initiated or under way. Second, remote deployment is most effective when the support is targeted and well-defined. For example, in Burkina Faso, UNICEF launched a remote internal surge plan that supported the expansion of emergency coordination, humanitarian access, emergency operations, humanitarian cash assistance and child protection services.

The staff well-being programme was adjusted to meet the higher demand for support despite COVID-19 restrictions. All individual counselling, group sessions and workshops were conducted virtually, requiring staff counsellors to explore innovative ways to build rapport and generate participation online. Travel restrictions and the lack of well-being missions also made it harder for staff counsellors who had relocated at the start of COVID-19 to build relationships with managers and staff. Notwithstanding these difficulties, and with the support of peer support volunteers, staff counsellors managed to meet the increased demand for their services while also confronting their own personal challenges. While UNICEF expects that

the demand for staff psychosocial support will lessen as COVID-19 cases decrease, the organization is currently exploring options for restructuring the global staff well-being function to meet future challenges and increase operational efficiencies.

The allegations of sexual exploitation that were raised during the tenth Ebola response (2018–2020) in the Democratic Republic of the Congo provided a stark reminder that grave risks of sexual exploitation and abuse persist. Outbreaks of infectious diseases, natural disasters, armed conflicts and economic crises all increase the risk of sexual exploitation and abuse, as the need for assistance and income becomes more acute. In October 2020, UNICEF participated in the IASC field support mission to the Democratic Republic of the Congo to identify challenges and lessons learned, including the barriers facing

communities and personnel in reporting sexual exploitation and abuse. Vigilance is required to integrate prevention of sexual exploitation and abuse from the outset of an emergency response, and to mitigate the risks of sexual exploitation and abuse in programmes and operations.

COVID-19 prevention measures, including travel restrictions, and limited freight and transport opportunities, have highlighted the importance of strengthening staff, partner and affected population capacities to respond to humanitarian crises in a timely, effective, efficient and principled manner. UNICEF is seeing a significant demand for learning and more accessible learning tools at the local levels. The organization will therefore continue to expand its learning offerings, including by introducing modern and innovative humanitarian learning approaches and digital tools that deliver learning faster and at larger scale at the local level.

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 year 2020 saw a dramatic increase in humanitarian needs, due largely to the COVID-19 pandemic, which added substantial needs to an already complex humanitarian landscape.

At the beginning of 2020, UNICEF requested US\$4.2 billion through its Humanitarian Action for Children appeal. Funding requirements continued to grow over the course of the year, reaching US\$6.3 billion by the end of December. The unprecedented level of funding needs for humanitarian assistance was due primarily to the COVID-19 pandemic. Humanitarian requirements also rose as existing crises grew in complexity; for example, in Zimbabwe (multiple natural hazards and an economic downturn) and the Pacific (Tropical Cyclone Harold). New needs also emerged in several countries, such as Lesotho (drought), Lebanon (Beirut explosions) and in the Central America region (Hurricanes Eta and Iota).

By the end of 2020, UNICEF had received nearly US\$2.2 billion in humanitarian contributions for the 2020 appeal, with 34 per cent dedicated to the COVID-19 response. In the face of rising needs, UNICEF sought support from a wide range of resource partners, including traditional International Financial Institutions, global public partnerships and funding mechanisms such as the Central Emergency Response Fund (see Annex 3). Public sector partners continued to lead the way, with the top 10 public sector donors making up 73 per cent of funding mobilized in 2020.



David receives a personal hygiene kit distributed by UNICEF in El Junco community, Táchira state, Bolivarian Republic of Venezuela (October 2020).

While UNICEF launched over 50 appeals in 2020, the bulk of resources (74 per cent) went to supporting the top 10 high-profile emergency responses. In large-scale emergency settings such as the Democratic Republic of the Congo, the Syrian Arab Republic, the Syrian refugee-hosting countries, Yemen and Zimbabwe, UNICEF programmes remained underfunded, limiting the organization's capacity to reach the children who are most in need. Although the humanitarian crisis in Yemen remained the largest in the world, UNICEF received only 34 per cent of the US\$535 million requested.

UNICEF also expanded its engagement with the private sector in 2020, as fundraising for the COVID-19 response opened up new partnership and donor opportunities. Eighty per cent of private sector support for the COVID-19 response came from high-value donors and corporate partners, half of which were entirely new donors to UNICEF emergency response. UNICEF will sustain this growth across audiences, including in the high-value space including businesses, foundations, global philanthropists, faith-based organizations, diasporas, etc.

In 2020, UNICEF conducted the Internal Assessment on Cascading of Quality Funding to Implementing Partners,⁶⁴ which generated key recommendations and provided an opportunity to advance this agenda further. During the COVID-19 response, UNICEF operationalized key partnership management principles, including budget flexibility, adaptive programming, meaningful partner interaction and partnership simplifications in emergency contexts, among others.

Challenges

Although the humanitarian funding received in 2020 increased from the 2019 value (US\$2.0 billion), the quality of funding remains a concern. Flexible thematic funding made up only 9 per cent (US\$202.2 million) of total funding. Global humanitarian thematic funding decreased to 1.5 per cent (*see Annex 1*). In contrast, the global COVID-19 appeal received greater levels of flexibility compared with other emergencies (*see Annex 2*).

While UNICEF acknowledges the resource partners that provided multi-year contributions for humanitarian response, 2020 was marked by an overall decline in multi-year funding compared with previous years (*see Annex 3*). On the other hand, the number of UNICEF country offices with multi-year plans increased to 32 in 2020, up from 18 in 2019.⁶⁵

These trends for stagnation in thematic funding, a decline in multi-year commitments and significant funding gaps are worrisome and affect the ability of UNICEF to respond to emergencies. These trends also go against the quality funding agenda and do not bode well for vulnerable children and young people.

At the same time, UNICEF provided greater transparency, visibility and evidence-based reporting on the added value of quality funding in 2020. UNICEF continued to enhance its systems and address donor concerns on quality reporting, accountability and the need to recognize resource partners supporting humanitarian action. Despite these efforts, quality funding has not reached the critical mass needed to impact on humanitarian action.

Given the challenges that the humanitarian community continues to face, it is critical that partners reduce earmarking and other conditions on funding. Together with other United Nations entities and partners, UNICEF will take stock of the lessons learned from the COVID-19 response to increase the flexibility of support for humanitarian action.

Finance and administration

Commitment 1: Effective and transparent management structures are established, with support from the regional offices and UNICEF headquarters, for effective implementation of the programme and operational CCCs; this is done in an environment of sound financial accountability and adequate oversight

UNICEF continued to strengthen its financial, administrative and oversight processes in humanitarian contexts in 2020. The organization focused on strengthening the capacities

of operations functions (i.e., finance, administration, information and communication technology, supply and human resources) to improve response to emergencies at the regional and country levels, and to integrate its risk management efforts across its functions.

In 2020, financial accountabilities were enhanced with the development of the UNICEF COVID-19 Emergency Procedures, which strengthened global financial accountability and administration of humanitarian resources in the response to the pandemic. Financial accountability was also enhanced with the implementation of the Donor



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Children in El Muelle neighbourhood in Bilwi, Puerto Cabezas, Nicaragua were supported by UNICEF in the aftermath of Hurricane Eta (September 2020).

Reporting Portal, which improved the organization's financial accountability to all resource partners, including in the context of its humanitarian action.

The COVID-19 pandemic posed unique challenges to the continuity of key financial and administrative processes. To ensure the continuity of humanitarian operations oversight during the year, UNICEF facilitated remote external audits by the United Nations Board of Auditors and system-wide Joint Inspection Unit reviews. The two ERT members with expertise in field operations revised and simplified the existing emergency procedures to maintain efficiencies in humanitarian settings.

These ERT members also provided a total of 25 weeks of on-site deployment support during the year in Burkina Faso, the Democratic Republic of the Congo and Yemen; as well as 24 weeks of remote assistance to Mozambique and Yemen. In Yemen, for example, the ERT member strengthened the office's ability to operate through its field offices and reach children whose rights have not yet been realized across the country by revising its accountability framework, and more clearly defining roles and responsibilities at all levels.

Challenges

The ability of UNICEF to provide emergency operations support was severely affected by COVID-19 restrictions in 2020. For example, in Yemen, some support that is better performed in-country, such as capacity-building activities, had to be conducted remotely; in Burkina Faso, deployment was delayed by flight cancellations and quarantines; and in Mozambique, remote support was constrained by time zone differences and lack of engagement with the situation on the ground. With the roll-out of COVID-19 vaccines in 2021, UNICEF is anticipating more flexibility and better conditions for physical deployment, as well as more efficient and effective operations support. The organization will also provide a hybrid approach, combining partial remote support with physical deployments, as necessary. In addition, in some crises, delays in the finalization of emergency response plans in 2020 jeopardized the development of operational strategies at a time when country offices were scaling up their responses. In the future, UNICEF will work to improve coordination between programmes and operations teams earlier in the emergency planning process to address this challenge.

Information and communication technology

Commitment 1: Timely, effective and predictable delivery of telecommunications services to ensure efficient and secure programme implementation, staff security and compliance with inter-agency commitments

In 2020, the UNICEF information and communication technology (ICT) function supported the organization's operations in every humanitarian crisis where it was present. This included UNICEF's global response to the COVID-19 pandemic.

Across the world, UNICEF staff worked remotely in 2020 due to COVID-19 lockdowns and travel restrictions. In some cases, this meant working in locations with unstable power supplies. To ensure the continuity of life-saving services, UNICEF and its partner Danimex Communication A/S designed a portable renewable energy solution that would

permit staff to telework from remote locations where power was either unreliable or unavailable. More than 250 units were ordered by 11 country offices (Argentina, Armenia, Cuba, Gabon, Honduras, Jamaica, Lebanon, Libya, Madagascar, Uganda and Zimbabwe). In Libya, where prolonged power cuts were common during the day, staff were able to use the solar kits to telework from their homes and increase their productivity.

Direct support for emergency preparedness and response was provided to nine countries: Armenia, Lebanon, Libya, Mali, Mozambique, Nigeria, the Syrian Arab Republic, the Bolivarian Republic of Venezuela and Yemen. For example, in Qamishli, Syrian Arab Republic, UNICEF-trained responders set up a very small aperture terminal (a two-way satellite ground station) in two days, a job that would normally take five days to complete. Donated by UNICEF strategic partner, emergency.LU, the terminal ensured that connectivity to maintain provision of life-saving services was available to UNICEF and United Nations sister agencies co-located at the United Nations office in Qamishli, where ongoing conflict continues to impede service delivery.

UNICEF continued to build the ICT capacities of its staff and partners, to enable them to conduct their humanitarian work remotely despite the restrictions posed by COVID-19. With the postponement of the Global Emergency Telecoms Training Event, 209 participants from all UNICEF regions attended a virtual training event on preparedness, response and recovery activities, with sessions led by UNICEF and its partners (e.g., IEC Telecoms, a leader in mobile satellite services). Attendees also gained expertise on emergency preparedness and response, mobile satellite services and alternative power systems. Given the success of this event, UNICEF has launched three e-learning modules covering key components of the emergency telecoms training.

Challenges

In 2020, UNICEF was unable to carry out on-site ICT assessment and support missions due to COVID-19 lockdowns and restrictions. Instead, offices in need of support received assistance remotely. In 2021, UNICEF will continue to work with local ICT personnel to support humanitarian response efforts in the eventuality that actual deployment is impractical. The virtual nature of training in 2020 meant that participants were unable to gain hands-on experience. To ensure staff continue to develop the skills needed to support emergencies, UNICEF will work with partners such as IEC Telecoms, Save The Children, Danimex Communication A/S and the Emergency Telecoms Cluster to create additional self-paced e-learning modules.



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Children attend school at the UNICEF-supported Krang Snay Primary School in Chhouk District, Kampot Province, Cambodia (September 2020).



High-level priorities to achieve the 2018–2021 Strategic Plan and beyond

Displaced children in Nangua Camp, Metuge, Cabo Delgado, Mozambique, whose families have received support from UNICEF and partners (November 2020).

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Implementing the recommendations of the Humanitarian Review

The recommendations of the Humanitarian Review reflect the current challenges facing UNICEF and the desired outcomes. Collectively, the recommendations will help UNICEF become more agile, more effective in fulfilling the Core Commitments for Children in Humanitarian Action (CCCs) across its dual mandate and, most importantly, better able to meet the needs and rights of all crisis-affected children.

A key recommendation is that UNICEF increase its humanitarian leadership and capacity so that the organization has people with the right skills in the right place at the right time to respond to the needs of all crisis-affected children. The Humanitarian Review also recommends that UNICEF improve its risk management by establishing a comprehensive risk management system that ensures effective risk identification, management and response across UNICEF operations.

In addition, to prepare for future emergencies, the Humanitarian Review recommends that UNICEF should: (1) clearly define its role in public health emergencies, with increased technical capacity at all levels and adapted strategies, including a no-regrets approach; (2) explore new configurations for headquarters field support; (3) reinforce current capacities for refugee and migration crises; (4) mainstream and increase the volume of humanitarian aid delivered through cash across sectors; (5) leverage technology and innovation; and (6) strengthen or increase the integration of supply needs in programme planning and response.

As part of its effort to engage meaningfully with a greater number of local organizations in its humanitarian preparedness and response, the Humanitarian Review also recommends that UNICEF should build on discussions concerning the decolonization of aid, and play a lead role in defining a new and improved localization agenda that puts anti-racism and anti-discrimination at its centre. At the inter-agency level, this will include supporting the implementation of the Inter-Agency Standing Committee (IASC) effort to address racism and racial discrimination at both global and country levels, rolling out the UNICEF action plan on anti-racism and discrimination, and leading work on addressing racism and discrimination in its emergency programmes globally.

Rolling out the revised Core Commitments for Children in Humanitarian Action

In 2021, UNICEF will continue to roll out the updated CCCs globally, across all country and regional offices, headquarters divisions and partners. Advocacy, management, planning and training tools, including but not limited to the training of trainers, interactive e-learning and virtual programmes, will be further developed for managers, staff members and partners to meet the commitments in all contexts. This includes a new external

digital platform (www.corecommitments.unicef.org/),⁶⁶ which aims to deliver the CCCs to UNICEF staff, partners and affected communities; increase access to relevant knowledge and learning; and support the achievement of the CCCs in both humanitarian and development contexts. The CCCs will also more systematically inform the UNICEF Strategic Plan, annual workplans, emergency response plans, country programme documents, performance reports and partnerships with governments and civil society organizations.

Revising the organization's emergency procedures

UNICEF is developing new emergency procedures based on learning from the coronavirus disease 2019 (COVID-19) response and a thematic review of the related procedures by the Office of Internal Audit and Investigations. The new procedures will apply to all emergencies (Levels 1, 2 and 3) with additional simplifications and requirements for Level 2 and Level 3 crises. The procedures will align with the revised CCCs and operationalize the recommendations of the Humanitarian Review to make UNICEF more predictable, timely and efficient in its humanitarian coordination, response and advocacy efforts. The procedures will include a minimum package of actions to be taken in emergencies for such key areas as protection from sexual exploitation and abuse, humanitarian access and accountability to affected populations (AAP). They will be auditable to ensure a more predictable and accountable response.

Strengthening preparedness and risk analysis

To advance its ability to analyse risk, UNICEF is developing data-driven online tools to support country and regional offices and headquarters divisions in determining baseline risks and emerging dynamic hazards. UNICEF is also pooling resources with inter-agency partners on the INFORM project,⁶⁷ which aims to add a dynamic quantitative multi-hazard warning tool to the existing set of INFORM products, with components that leverage academic expertise.

UNICEF is conducting a series of emergency preparedness webinars, developing simulation packages to test capabilities and highlight areas for improvement, and supporting new funding structures that are critical pieces of the risk management architecture. The First Action Initiative, anticipatory action and other trigger-related funding are promising approaches that require additional support. UNICEF is also strengthening the coherence between humanitarian preparedness, disaster risk reduction and resilience, both internally and at the inter-agency level. In response to the lessons learned from the COVID-19 response, UNICEF will strengthen preparedness for global-level catastrophic risk, beginning with a review of its readiness to respond effectively to a variety of events.

Ensuring programmes are informed by and adapted to risk

UNICEF is developing systems to manage contextual risk beyond the traditional boundaries of preparedness in large-scale disasters. Following a recommendation made in the Humanitarian Review, the new emergency procedures will include a risk appetite statement, with the principal risk for UNICEF in all humanitarian responses identified as any action or inaction that results in a failure or delay in saving lives, alleviating suffering, maintaining human dignity and protecting rights. UNICEF is working across headquarters divisions to develop a common risk analysis format to support both emergency preparedness and risk-informed programming, and better integrate the results into programme design. At the field level, UNICEF is piloting new ways of monitoring and managing risks in volatile contexts, including using rapidly updated spatial data to inform programme decisions. UNICEF is also developing a new risk compact to clarify and establish accountabilities at all levels of the organization, tailored to the different types of emergencies to which the organization responds. At the inter-agency level, UNICEF is collaborating with partners such as IASC on existing and innovative risk management processes.

Improving accountability to affected people through strong feedback mechanisms

The COVID-19 pandemic has re-emphasized the importance of having strong complaints and feedback mechanisms in place to listen to and engage with affected populations. However, integrating these mechanisms into UNICEF programmes has remained a challenge. In 2021, UNICEF will continue to prioritize supporting country offices to establish these mechanisms and ensure that systematic engagement with affected people guides evidence-based decision-making in all its programming. UNICEF will also integrate learning from the COVID-19 response and invest in digital platforms to strengthen both AAP and prevention of sexual exploitation and abuse.

Continuing to respond to the COVID-19 pandemic

While the organization's COVID-19 strategy is anchored in humanitarian action and guided by the CCCs, given that the nature of the crisis requires addressing the overwhelming socioeconomic impacts on children, the response goes well beyond addressing immediate humanitarian needs. UNICEF will continue to prioritize interventions that strengthen systems and build technical capacities at the national and subnational levels, in partnership with governments, civil society partners and other United Nations agencies, in line with the recommendations of the humanitarian review and the localization agenda. In all its programmes, UNICEF will continue to promote a model for recovery that is resilient and conflict- and climate-sensitive, that

reduces vulnerability and does not exacerbate inequality, and that prioritizes platforms that promote engagement opportunities and agency for children and adolescents.

Supporting the COVID-19 vaccine roll-out through the global Access to COVID-19 Tools Accelerator

UNICEF has launched a US\$659 million appeal for 2021 to support the Access to COVID-19 Tools Accelerator. This includes a COVID-19 vaccine humanitarian buffer, a mechanism of last resort under the COVID-19 Vaccine Global Access (COVAX) Facility to ensure equitable access to and allocation of COVID-19 vaccines for humanitarian populations that may not be included in national allocation and access mechanisms. The humanitarian buffer comprises up to 5 per cent of COVID-19 vaccines procured through the COVAX Facility. The buffer was approved in principle by the Board of Gavi, the Vaccine Alliance, and its design is being finalized by the Gavi Secretariat with support from UNICEF, the World Health Organization and IASC partners.



A happy girl plays at the kindergarten in Fada, eastern Burkina Faso (October 2020).

Abbreviations and acronyms

AAP	accountability to affected populations	OPSCEN	The UNICEF Operations Centre
CCC	Core Commitments for Children in Humanitarian Action	IYCF	infant and young child feeding
COVAX	COVID-19 Vaccine Global Access	MHPSS	mental health and psychosocial support
COVID-19	coronavirus disease 2019	NGO	non-governmental organization
ECD	early childhood development	OCHA	Office for the Coordination of Humanitarian Affairs
ERT	Emergency Response Team	SAM	severe acute malnutrition
GHTF	global humanitarian thematic funding	UNHCR	United Nations High Commissioner for Refugees
IASC	Inter-Agency Standing Committee	UNICEF	United Nations Children's Fund
ICT	information and communication technology	WASH	water, sanitation and hygiene
IFRC	International Federation of Red Cross and Red Crescent Societies	WFP	World Food Programme
IOM	International Organization for Migration	WHO	World Health Organization

Annex 1: Global Humanitarian Thematic Funding 2020



Fiji, 2020

Asinate, 8, receives a water and hygiene kit Tavea Village, Bua, Fiji, following Cyclone Yasa (December 2020).

ABOUT GLOBAL HUMANITARIAN THEMATIC FUNDING

Humanitarian thematic funding contributions at all levels – global, regional and country – allow partners to support the achievements set out under the UNICEF Humanitarian Action for Children appeal. After regular resources, Global Humanitarian Thematic Funding¹ (GHTF) is the most flexible form of funding, allowing rapid and strategic responses by UNICEF to humanitarian crises. GHTF allows UNICEF to deliver assistance to the most vulnerable children when and where it is needed and in a timely and effective manner.

The nature of GHTF allows for faster and more cost-effective UNICEF emergency response than other external humanitarian funding mechanisms. When a GHTF pool is available, it can critically improve aid effectiveness and predictability in humanitarian response.

WHY INVEST IN GLOBAL HUMANITARIAN THEMATIC FUNDING?

If adequately funded, GHTF can be one of the best mechanisms for saving lives, protecting rights and securing a better, healthier and safer future for children and their communities. It allows UNICEF and its partners to:



Provide immediate life-saving assistance to the children who are most in need.



Rapidly release funds for sudden-onset emergencies, within 24 hours, as needed.



Respond equitably based on needs by reaching children in smaller and/or forgotten crises, in underfunded sectors (e.g., child protection) and in multi-country and sub-regional crises.



React faster in underfunded/forgotten emergencies. When it is difficult to attract international attention for forgotten crises; GHTF helps to address this gap.



Invest in preparedness for early response. Through better risk analysis and the identification of high-return actions, preparedness saves lives and makes the emergency response faster and more efficient. This also facilitates more strategic and stronger UNICEF programming.



Ensure more cost-effective response – every US\$1 invested early in high-risk humanitarian contexts saves an average of over US\$4 on the next emergency and speeds up operations by more than 12 days. This means greater impact is achieved with limited resources.



Save transaction costs associated with managing individual and earmarked contribution agreements. By adopting harmonized and strategic reporting approaches, GHTF reduces transaction costs, resulting in a lower cost recovery rate, so that more funding is programmed.

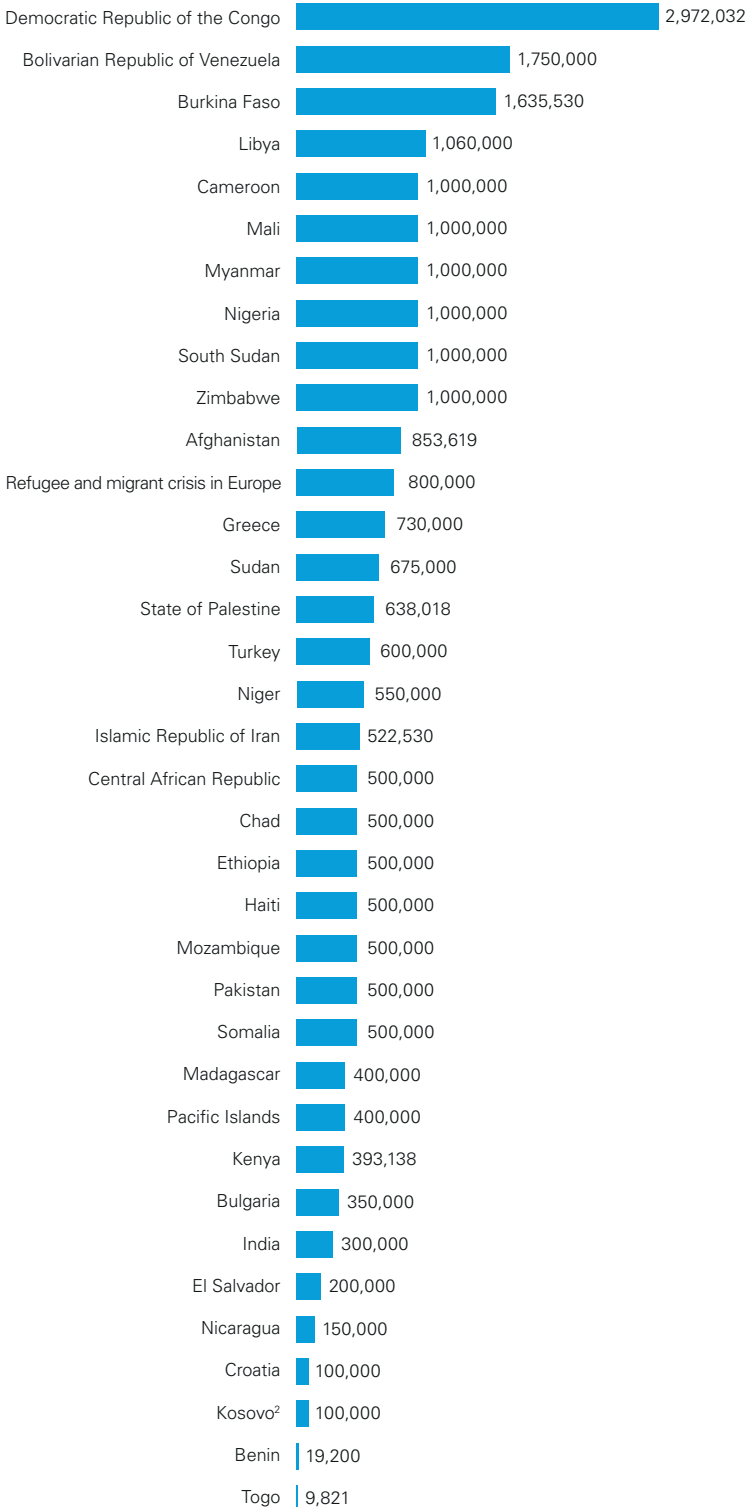


Ensure a higher quality response by facilitating strategic and efficient investments based on a clear set of criteria and priorities. Through quality assurance processes and robust technical assistance, UNICEF is able to ensure timely and high-quality results for the most vulnerable children.

¹ United Nations Children's Fund, 'Global Humanitarian Thematic Funding', UNICEF, New York, 2021, <www.unicef.org/emergencies/global-humanitarian-thematic-funding>, accessed 1 April 2021.

GLOBAL HUMANITARIAN THEMATIC FUNDING ALLOCATIONS

2020 GHTF allocations (US\$)

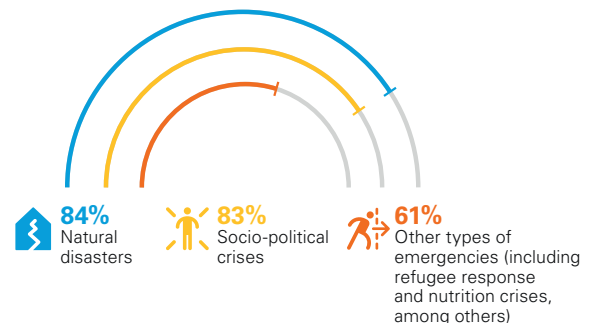


In 2020, UNICEF allocated US\$34.4 million of programmable GHTF for global humanitarian action. Of this, 83 per cent supported humanitarian action in countries and regions and 17 per cent supported other global coordination and technical support efforts. In addition to this, a critical reserve of US\$1 million is maintained for responses to unforeseen emergencies.



GHTF is considered the 'last resort' for those emergencies that are forgotten or constantly suffer from severe lack of adequate resources. GHTF allocated to these emergencies serves as life-saving catalytic funding that can kick-start responses to emerging crises; scale up operations in deteriorating emergencies; fill temporary funding gaps to avoid interruptions to critical operations, including protracted, less-visible crises; and ensure the delivery of essential field support. Ten of the most underfunded emergencies in 2020 received 33 per cent of all country allocations: Burkina Faso, Cameroon, the Democratic Republic of the Congo, Kenya, Libya, Mali, Myanmar, Pakistan, Zimbabwe and the State of Palestine.





GHTF can support overlapping and multidimensional crises in the same country and at the same time. For instance, in 2020, more than 80 per cent of GHTF allocations supported complex emergencies, including socio-political crises (acute economic crises, conflict/civil unrest and human rights crises) and natural disasters (floods, droughts, earthquakes, hurricanes, tropical storms, etc.).



² All references to Kosovo in this report should be understood to be in the context of United Nations Security Council resolution 1244 (1999).

ALLOCATION CRITERIA

A senior-level allocations committee in UNICEF governs GHTF allocations against the aforementioned criteria. The directors of the Public Partnerships Division, Programme Division and Office of Emergency Programmes endorse the proposals for GHTF allocation. The proposals are then reviewed and approved by the Deputy Executive Director of Programmes. A set of clear criteria is used to allocate GHTF at all levels – country, regional, multi-regional and global. These criteria include:

-  Critical unmet needs for the most vulnerable children.
-  Critical funding gaps based on available and projected contributions.
-  Strong implementation capacity based on the delivery track records of regular country programmes.
-  Alignment with organization-wide initiatives aimed at strengthening the efficiency and effectiveness of UNICEF humanitarian action (e.g., the Humanitarian Review recommendations; the revised Core Commitments for Children in Humanitarian Action, etc.) This can include gender-transformative programming; establishing effective mechanisms for the prevention of sexual exploitation and abuse; accountability to affected populations; and localization strategies that emphasize anti-racism and anti-discrimination.



Pacific Islands GHTF allocation: US\$400,000



Criteria applied:

- Widespread destruction due to Tropical Cyclone Harold in Fiji, Solomon Islands, Tonga and Vanuatu. Some 433,000 people are living in all affected areas and 110,000 people are living in the worst-affected areas, including 48,000 children.
- Critical underfunding, with only 19 per cent of the humanitarian appeal funded as of May 2020 and a shortfall of US\$6.3 million.



Greece GHTF allocation: US\$200,000



Criteria applied:

- Deteriorating refugee and migrant crises due to increasing inter-communal violence in overcrowded camps under lockdown. In September, a fire broke out at Moria Reception and Identification Centre on the Greek island of Lesbos that left some 12,000 refugees, migrants and asylum seekers – including 4,200 children, 400 of whom were unaccompanied and separated – without accommodation. UNICEF conducted a needs assessment and immediately requested US\$3 million. In response to the sudden onset emergency in Lesbos, a GHTF allocation was made to support the critical needs of affected children and their families.



Pakistan GHTF allocation: US\$500,000



Criteria applied:

- Worsening food insecurity, with an estimated 36.4 million people persistently and chronically vulnerable to food insecurity and exposed to natural hazards and shocks. The GHTF allocation was made to scale up urgently the nutrition response for some 41,000 children in Sindh and Balochistan regions.
- Critical underfunding, with only 20 per cent of the humanitarian appeal funded as of July 2020.



Libya
GHTF allocation:
US\$359,600



Criteria applied:

- Multiple, overlapping crises, including a multi-front armed conflict, a protracted refugee and migrant crisis, and the worsening COVID-19 outbreak. As of mid-year, 893,000 people were in need of urgent humanitarian assistance.
- Critical underfunding, with only 25 per cent of the humanitarian appeal funded and no additional funds forecast at the time of GHTF allocation.



Mali
GHTF allocation:
US\$500,000



Criteria applied:

- Volatile security situation and worsening food insecurity, which has been further exacerbated by conflict and the coronavirus disease 2019 (COVID-19). Some 6.8 million people, including 3.5 million children and 333,000 internally displaced persons, need humanitarian assistance. The GHTF allocation was made to support the response to the Central Sahel crisis, including to meet the needs of displaced and food insecure people.
- Critical underfunding, with only 31 per cent of the humanitarian appeal funded as of May 2020, and no additional funds forecast at the time of GHTF allocation.



Somalia
GHTF allocation:
US\$500,000



Criteria applied:

- Worsening humanitarian crisis due to the impact of flooding and the desert locust plague. These threats, coupled with COVID-19, left an estimated 5.2 million people in need of urgent humanitarian assistance.
- Only 40 per cent of the humanitarian appeal was funded as of July 2020, but this funding was heavily earmarked, leaving the nutrition, flooding and locust responses severely underfunded (less than 10 per cent).



Bolivarian Republic of Venezuela
GHTF allocation:
US\$200,000



Criteria applied:

- Deteriorating humanitarian crisis, with water and electricity supplies falling to critical levels. The migration inflow reached 80,000 people, including 46,000 migrants during the first quarter of the year.
- Critical underfunding, with only 32 per cent of the humanitarian appeal funded as of March 2020, leaving limited funding to address the dire needs of 2.6 million people, including 1.7 million children and adolescents.

2020 GLOBAL HUMANITARIAN THEMATIC FUNDING AT A GLANCE

In 2020, of the total funds received in the UNICEF appeal, US\$202.2 million was thematic funding for humanitarian responses at the country, regional and global levels – an overall reduction compared with the previous year. When looking at GHTF as a portion of the total funding received, about 1.5 per cent or US\$31.6 million was raised in 2020.

Despite of the transformative change and impact that flexible funding can create if adequate support is secured, the overall percentage of flexible funding, particularly GHTF, remains low. With the exception of 2018, over the past five years, flexible funding has been no more than 1.5 per cent of total humanitarian funding.

Given that humanitarian needs continue to evolve and increase significantly, UNICEF urges its resource partners to invest in flexible resources, which are critical to its ability to reach the most vulnerable children and their communities. GHTF is UNICEF's collective commitment to responding efficiently and effectively to growing humanitarian needs.

UNICEF humanitarian action needs strong, reliable and predictable GHTF.

Transparency, accountability and reporting

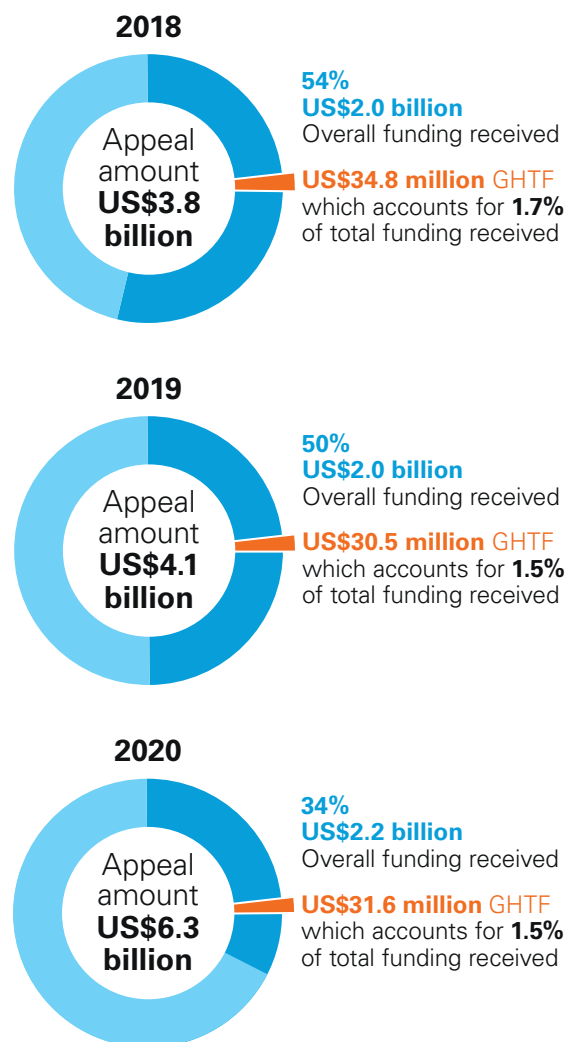
UNICEF has made significant progress towards improving the transparency, visibility and strong evidence-based reporting on the added value of quality funding, such as GHTF. Quality funding helps UNICEF achieve its mandate of advocating for children's rights, helping meet the basic needs of children, and expanding their full potential and the opportunities open to them.

To ensure full transparency on how funding is used in real time, UNICEF launched an [online platform about GHTF](#), which includes continuous updates on allocations. UNICEF also provides regular updates to the Financial Tracking System managed by Office for the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) on the GHTF funding allocated to emergency responses.

Internally, UNICEF has examined the impact of flexible funding, such as GHTF, on its work with implementing partners. In 2020, UNICEF published, 'UNICEF Internal Assessment on Cascading Quality Funding to Implementing Partners',³ which improved its ability to examine its internal systems. In line with the Grand Bargain workstream on enhanced quality funding, this exercise addressed UNICEF's commitment to transferring quality funding to implementing partners at the organizational level.

³ United Nations Children's Fund, 'UNICEF Internal Assessment on Cascading Quality Funding to Implementing Partners', UNICEF, New York, 2020.

UNICEF humanitarian funding trends 2018–2020



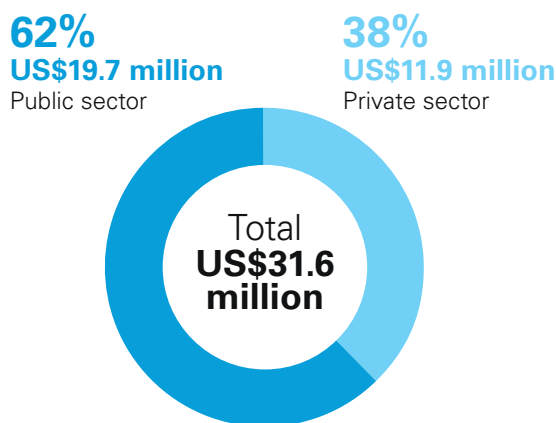
Top 10 sources of global humanitarian thematic funding, 2016–2020 (US\$)

1	Netherlands	97,061,975
2	Swedish Committee for UNICEF	13,680,297
3	United Kingdom Committee for UNICEF	10,522,095
4	Republic of Korea	5,500,000
5	UNICEF Thailand	5,055,028
6	U.S. Fund for UNICEF	3,641,168
7	Finnish Committee for UNICEF	3,333,143
8	Denmark	3,017,299
9	UNICEF China	2,513,220
10	Canada	2,390,381

WHO SUPPORTS GLOBAL HUMANITARIAN THEMATIC FUNDING?

The partners who supported GHTF in 2020 were a lifeline. UNICEF acknowledges the role that these partners played in enabling critical humanitarian interventions. All such contributions help to achieve results for the most vulnerable children and their communities.

Global humanitarian thematic funding by type of resource partner, 2020



Of the US\$31.6 million in GHTF contributed in 2020, US\$19.7 million came from seven public sector partners and the remaining US\$11.9 million came from 23 private sector partners. Total GHTF increased over the 2019 level, as did the total number of resource partners: there were 30 resource partners in 2020 compared with 17 in 2019.

The Netherlands retained its position as the largest government contributor to GHTF for humanitarian action. The Netherlands signed a three-year agreement from 2019 to 2021 to contribute US\$55.7 million in GHTF. As part of this agreement, the Netherlands contributed US\$18.6 million in GHTF in 2020.

Key donors supporting UNICEF humanitarian action through National Committees in 2020

National Committee	Key donors
United States	<ul style="list-style-type: none"> Latter-Day Saint Charities Inc. USF various donors
Germany	<ul style="list-style-type: none"> Louis Vuitton
United Kingdom	<ul style="list-style-type: none"> EasyJet
Sweden	<ul style="list-style-type: none"> Svenska PostkodLotteriet

Partners that consistently support GHTF are essential to UNICEF's ability to reach the most vulnerable, crisis-affected and forgotten children. Each one of these resource partners, regardless of the size of their contribution, shares in the achievements of GHTF worldwide.

On behalf of some of the world's most vulnerable children, UNICEF thanks and acknowledges all of its resource partners providing GHTF in 2020. Your contributions make a tremendous difference.

UNICEF will continue to diversify its humanitarian donor base and expand flexible financial support. This will help the organization deliver effective programmes for millions of children, including life-saving assistance and protection, and activities that enhance preparedness, strengthen systems and build resilience. UNICEF will also continue to link humanitarian action to longer-term goals so that no child is left behind.

Sources of global humanitarian thematic funding, 2020 (US\$)

1	Netherlands	18,558,952
2	United Kingdom Committee for UNICEF	3,850,084
3	Swedish Committee for UNICEF	2,962,521
4	UNICEF China	1,464,272
5	UNICEF Thailand	1,000,000
6	Danish Committee for UNICEF	611,197
7	Denmark	591,454
8	Republic of Korea	500,000
9	U.S. Fund for UNICEF	363,132
10	Italian Committee for UNICEF	308,164
11	Finnish Committee for UNICEF	303,938
12	French Committee for UNICEF	213,549
13	Netherlands Committee for UNICEF	190,553
14	Swiss Committee for UNICEF	155,069
15	Polish Committee for UNICEF	112,152
16	Canadian Committee for UNICEF	91,892
17	German Committee for UNICEF	88,431
18	Portuguese Committee for UNICEF	88,431
19	Romania	59,737
20	Australian Committee for UNICEF	52,433
21	Spanish Committee for UNICEF	37,899
22	Norwegian Committee for UNICEF	20,230
23	Belgian Committee for UNICEF	18,682
24	Hong Kong Committee for UNICEF	13,468
25	International online donations	594
TOTAL		31,656,831

CENTRAL SAHEL CRISIS – BURKINA FASO, MALI AND THE NIGER

The flexibility of humanitarian thematic funding was vital to UNICEF's ability to respond to the overlapping crises in the Sahel, where vulnerable people urgently needed multisectoral support throughout the year.

Attacks on children and violence across the central Sahel have continued to surge. In 2020, the crisis was compounded by the onset of the COVID-19 pandemic, which deepened the vulnerability of millions of people.

In Burkina Faso, the water, sanitation and hygiene (WASH) response faced critical underfunding in 2020, with only 41 per cent of the WASH budget funded. In this context, UNICEF used thematic funds to reach over 16,000 people, including nearly 9,900 children, with life-saving WASH assistance. Although only 2 per cent of WASH humanitarian results are attributable to these funds, they helped UNICEF to deliver results faster and to alleviate a water crisis in Dori. For example, following the influx of displaced people into Dori in June, UNICEF used thematic funds to construct sanitation facilities – including 171 latrines and showers – for nearly 12,000 displaced people, in partnership with IEDA Relief.


In Mali, GHTF helped UNICEF provide a rapid and integrated response to the complex crisis despite significant underfunding. Thanks to the flexibility of these funds, UNICEF and partners were able to deploy mobile teams composed of a psychologist and a social worker to reach children affected by overlapping emergencies. Overall, 1,500 internally displaced and host community children received psychosocial support activities that helped them deal with trauma.

In the Niger, the flexibility of humanitarian thematic funding allowed UNICEF to respond to changing needs and the rapidly evolving crisis situation. When record flooding hit the country in August, UNICEF was able to cover immediate needs and improve preparedness while mobilizing additional resources. Working with partners, UNICEF delivered 2,000 flood kits with basic household items to more than 16,000 people in affected regions.




Mali
Hawa, 15, (L) who fled her village in 2019 following violence, plays a traditional game with a friend at the UNICEF-supported child-friendly space at the Socoura displacement camp in Mopti, central Mali (May 2020).

Humanitarian thematic funding including GHTF contributed to the following results in 2020:

 In **Burkina Faso**,
16,000
people received WASH
assistance

 In **Mali**,
1,500
affected children
received psychosocial
support

 In the **Niger**,
16,000
people affected by flooding
received kits with basic
household items

DEMOCRATIC REPUBLIC OF THE CONGO

Humanitarian thematic funding added value across UNICEF's crisis response in the Democratic Republic of the Congo. Using these funds, UNICEF was able to scale up its response to displacement in the northeast and launch cash assistance with the World Food Programme (WFP).

The scale and complexity of humanitarian needs and protection concerns in the Democratic Republic of the Congo are staggering. Chronic poverty and weak essential service systems, recurrent armed conflict, acute malnutrition and major epidemic outbreaks – including the COVID-19 pandemic – have heightened vulnerability across the country.

In 2020, thematic funds were crucial to UNICEF's ability to respond to the frequent and repeated population movements driven by conflict in North Kivu and Ituri. They enabled UNICEF to address the critical needs of internally displaced persons, especially children, in a timely and comprehensive manner, with holistic multisectoral humanitarian assistance.

The WASH response in the Democratic Republic of the Congo faced critical underfunding in 2020, with only 15 per cent of the WASH budget funded. In this context, UNICEF used thematic funds to reach nearly 9,100 people – including nearly 3,200 children – with access to drinking water through the rehabilitation and construction of three water points. For each water point, UNICEF supported the establishment of a locally elected water management committee trained to maintain the water point. In addition, nearly 2,900 people benefited from the construction of latrines on sites hosting internally displaced people.

UNICEF also used GHTF to launch joint cash assistance with WFP. The aim of this project is to mitigate the secondary impacts of COVID-19 by helping cushion the loss of income experienced by households already living in precarious conditions. The project also aims to support shock-responsive social protection systems and tools. Thanks to thematic funds, UNICEF was able to complete the registration of more than 22,000 vulnerable households – 59,000 people – for future cash interventions, and recruit a dedicated cash specialist.



Democratic Republic of the Congo
In the Democratic Republic of the Congo, a student washes his hands at school using a bucket provided by UNICEF (October 2020).

Humanitarian thematic funding including GHTF contributed to the following results in 2020:



9,100
people gained access to safe drinking water



2,900
people benefited from improved sanitation



22,000
vulnerable households registered for cash assistance

LIBYA

Across UNICEF programmes in Libya, humanitarian thematic funding was catalytic to the organization's ability to respond to multiple, severely underfunded crises; meet the urgent needs of children and vulnerable groups; and enhance emergency preparedness.

Due to the protracted armed conflict, political and economic crises and the COVID-19 pandemic, nearly 1.2 million people, including over 348,000 children, require humanitarian assistance in Libya.⁴ Children and families have experienced a rapid deterioration in their access to public services – particularly education and health services – as well as higher food and fuel prices, loss of shelter and livelihoods and significant protection challenges.

With only 25 per cent of the Humanitarian Action for Children appeal for Libya funded, humanitarian thematic funds were critical to UNICEF's ability to respond to these crises, including the rapidly deteriorating socioeconomic conditions across the country, and meet escalating needs. During the year, UNICEF used GHTF to reach more than 35,000 people, including 14,000 children, through the Rapid Response Mechanism and direct emergency response. The beneficiaries of this assistance included conflict-affected displaced households, migrants and refugees, including in some hard-to-reach areas, and households affected by disasters.

These households received an integrated package of emergency assistance, including essential hygiene items and key hygiene messages and kits for babies and children. With the rising risks related to landmines and unexploded ordnances, UNICEF also provided explosive ordnance risk education messages with its emergency assistance.

UNICEF also used these funds to strengthen its capacity for emergency preparedness and response in Libya. This included supporting national sectoral and emergency coordination and capacities for stockpiling and storing supplies.



Libya
In Libya, a little girl receives a winter clothing kit provided by UNICEF that will protect her from the harsh winter.

⁴ This was calculated as a 30 per cent increase over 2020 needs to accommodate for the COVID-19 pandemic and increased conflict-related needs. United Nations Office for the Coordination of Humanitarian Affairs, 'Libya: 2020 Humanitarian Response Plan', OCHA, New York and Istanbul, 2020.

Humanitarian thematic funding including GHTF contributed to the following results in 2020:



35,000
people reached
through the Rapid
Response Mechanism



This included
14,000
children reached with
life-saving assistance



UNICEF also
strengthened its
preparedness
capacities in Libya

KENYA

In Kenya, UNICEF used humanitarian thematic funds to take life-saving preparedness actions, including pre-positioning non-food item kits and providing a comprehensive nutrition response.

The humanitarian crisis in Kenya has deteriorated rapidly due to the COVID-19 pandemic, desert locusts, recurrent waterborne disease outbreaks, flooding and slow recovery from the 2019 drought. Access to basic social services is limited for vulnerable populations, particularly women and children.⁵ Kenya also hosts over 498,000 refugees and asylum seekers, more than half of whom are children.⁶ Only 40 per cent of the Humanitarian Action for Children appeal for Kenya was funded in 2020.

In 2020, UNICEF used humanitarian thematic funds to support preparedness actions in response to a flooding alert in Turkana County. UNICEF procured and dispatched 500 family relief kits, which were pre-positioned with the county government in anticipation of potential displacement.

In addition, through the First Action initiative, UNICEF supported the nutrition sector to indirectly reach 480,000 people and 17,000 children suffering from severe wasting in eight arid counties affected by desert locusts and COVID-19 through key preparedness actions, including advocacy, technical support and support for the government preparedness system. Eight counties were supported to develop and update multi-hazard preparedness and response plans and integrate emerging hazards into those plans.

The nutrition response in Kenya faced critical underfunding in 2020, with only 46 per cent of the nutrition budget funded. In this context, UNICEF used humanitarian thematic funding to give parents and caregivers the tools they need to protect their children against malnutrition through Family mid-upper arm circumference (MUAC). Family MUAC is an innovative approach that empowers parents and caregivers in hard-to-reach areas to routinely monitor their children for malnutrition using tapes. In 2020, over 12,000 parents and caregivers were trained through Family MUAC and 472 children were diagnosed with acute malnutrition and referred for treatment.



Kenya
A man whose household was affected by flooding receives a family relief kit provided by UNICEF in Naotin village, Turkana County, Kenya.

⁵ United Nations Office for the Coordination of Humanitarian Affairs, 'Kenya Situation Report', OCHA, New York and Istanbul, 10 September 2020.

⁶ United Nations High Commissioner for Refugees, 'Kenya: Registered refugees and asylum seekers', UNHCR, Geneva, 31 August 2020.

Humanitarian thematic funding including GHTF contributed to the following results in 2020:



500
family relief kits
pre-positioned



480,000
people benefited from
nutrition preparedness
actions



12,000
parents and
caregivers trained
on Family MUAC

MOZAMBIQUE

Humanitarian thematic funding was instrumental to UNICEF's ability to reach children affected by the Cabo Delgado crisis with multisector humanitarian assistance, including health, education, child protection and social protection services.

The humanitarian crisis in Mozambique has deteriorated with the intensification of conflict in Cabo Delgado province. Some 425,000 people are displaced, and basic services have been severely disrupted.⁷ Over 135,000 people are food insecure and nearly 28,000 children are acutely malnourished.⁸

UNICEF used humanitarian thematic funding to strengthen its multisector response to the situation in Cabo Delgado. This included reaching nearly 95,000 children with measles vaccination and supporting children with disabilities with assistive devices such as crutches, walkers and canes.

Thematic funding was also critical to UNICEF's ability to reach affected people with life-saving messages on cholera and COVID-19. UNICEF used these funds to boost the signals of community radio stations so that internally displaced persons in Cabo Delgado had access to these messages. UNICEF also reinforced multimedia mobile units to make sure that life-saving messages reached those not covered by mass media.

The education response in Mozambique faced critical underfunding in 2020, with only 28 per cent of the education budget funded. In this context, UNICEF used thematic funds to train 61 teachers in distance learning, benefiting nearly 1,400 children – both internally displaced and host community children. Overall, 150,000 children benefited from distance education in 2020. Non-formal education, including vocational training, reached 850 out-of-school adolescents. Thematic funds were also used to reach over 16,000 affected children with psychosocial support.



Mozambique
Students at the Eduardo Mondlane School in Cabo Delgado, Mozambique, show off school supplies provided by UNICEF (December 2020).

⁷ International Organization for Migration Displacement Tracking Matrix, 'Mozambique: Cabo Delgado, Nampula and Niassa provinces – Results of the baseline assessment round 6 – September 2020', IOM, Geneva, 23 November 2020.
⁸ Technical Secretariat for Food and Nutrition Security and Sovereignty, 'Integrated Food Security Phase Classification Food and Nutrition Security Assessment', SETSAN, July 2020.

Humanitarian thematic funding including GHTF contributed to the following results in 2020:



95,000
children vaccinated
against measles



150,000
children benefited from
distance learning



16,000
children received
psychosocial support

MYANMAR

In Myanmar, UNICEF used humanitarian thematic funds to scale up and enhance critical education and nutrition interventions, giving crisis-affected children the tools and services they need to learn and grow.

More than 1 million people, including an estimated 450,000 children are affected by Myanmar's decade-long conflict.⁹ Children and women are increasingly vulnerable to gender-based violence, family separation, exploitation, abuse, detention, arrest, recruitment and trafficking. Those affected also lack access to vital services, including health, nutrition and education.

In 2020, UNICEF used humanitarian thematic funding to help children in Chin State continue to learn. Given that the state does not currently have dedicated or specific grants, humanitarian thematic funding was vital to the education response for children affected by conflict and natural disasters.

The education response in Myanmar faced critical underfunding in 2020, with only 41 per cent of the education budget funded. In this context, UNICEF, in collaboration with the State Education Office, used thematic funds to provide education-in-emergencies supplies to help children continue to learn. This included the provision of 8 school tents, 2,000 roofing sheets, 2,900 school kits, 20 recreation kits and 5 school-in-a carton supplies to displacement camps in Paletwa. The roofing sheets were used to repair leaking classrooms, and the tents provided additional classroom space, accommodating more than 3,000 children. The education kits gave teachers and students materials to use in the classroom.

After a windstorm and fire swept through Chin State in 2019 and 2020 damaging school infrastructure, UNICEF coordinated with the State Education Department and Township Education Offices to distribute education-in-emergencies materials to 20 disaster-affected schools. This included 1,900 school-in-a carton kits, 600 roofing sheets and school kits for over 1,000 students.

Overall, UNICEF was able to support more than 4,000 conflict- and disaster-affected children in Chin State to continue their educations in child-friendly settings.


⁹ United Nations Office for the Coordination of Humanitarian Affairs, 'Myanmar: 2021 Humanitarian Needs Overview' (draft), OCHA, New York and Istanbul, 2020.




Myanmar

Lu Aung, 9, sits on a handloom, inside the common hall of a weaving workshop supported by UNICEF in Maina Camp for internally displaced persons in Waingmaw, Kachin State, Myanmar (July 2020).

Humanitarian thematic funding including GHTF contributed to the following results in 2020:

 **4,000**
crisis-affected children continued their education

 **2,000**
roofing sheets provided to repair leaking classrooms

 **8**
school tents provided additional classroom space

PAKISTAN

In response to the growing nutrition crisis in Pakistan, UNICEF used humanitarian thematic funding to strengthen and continue nutrition services vital to the overall health, well-being and development of the country's children.

Pakistan is confronting multiple emergencies – the COVID-19 pandemic, an ongoing nutrition emergency and recurrent disasters. At the end of 2020, there were 346,000 confirmed cases of COVID-19 and the global acute malnutrition rate was 18 per cent.

GHTF was instrumental to sustaining and expanding integrated nutrition service delivery in Pakistan in 2020. While nutrition was the sector with the highest funding requirement in 2020, it also experienced the largest funding gap, at 89 per cent or US\$36 million.

Using these thematic funds, UNICEF was able to reach over 29,000 children with screening and assessment for acute malnutrition using biometric measurements. Of these, 2,300 children were diagnosed with severe acute malnutrition and registered for outpatient treatment using ready-to-use therapeutic food.

In addition, UNICEF provided the caregivers of 6,400 children with micronutrient powder to fortify food at home; nearly 5,400 pregnant and lactating women and 840 adolescent girls received a three-month supply of iron and folic acid for daily use to protect against anaemia; and 4,800 parents and caregivers received infant and young child feeding counselling.

Humanitarian thematic funds not only facilitated the provision of these services, but also funded the procurement of essential nutrition supplies, including iron folic acid, multi-micronutrient powder, amoxicillin dispersible tablets and anthropometric equipment. UNICEF was also able to establish 20 new nutrition sites and continue services in 25 existing sites.



Pakistan

Tabish, 4, enjoys mashed potatoes made by his mother, who received advice on child nutrition at a UNICEF-supported nutrition centre in Lahore district, Punjab province, Pakistan.

Humanitarian thematic funding including GHTF contributed to the following results in 2020:



2,300
severely malnourished
children received
treatment



6,400
children received
micronutrient supplementation
at home



4,800
parents and caregivers
received infant and young
child feeding counselling

STATE OF PALESTINE

Flexible humanitarian thematic funds allowed UNICEF in the State of Palestine to respond where needs were most acute. This included a comprehensive health response, including for children with disabilities and young children.

The protracted protection crisis in the State of Palestine, which has been exacerbated by the COVID-19 pandemic, has continued to impact children. More than 2.2 million people need humanitarian aid and over 1 million children living in Gaza Strip have difficulty accessing essential services.¹⁰ In 2020, the humanitarian response in the State of Palestine faced critical underfunding, with only 28 per cent of the Humanitarian Action for Children appeal funded.

With flexible humanitarian thematic funds, UNICEF and partners were able to respond to the humanitarian health needs of the most vulnerable women and children in the West Bank and Gaza Strip. UNICEF provided life-saving services, including essential supplies such as medical ventilators, consumables, early childhood development equipment and assistive devices for children with disabilities. UNICEF also ensured that quality essential health and nutrition services were accessible and available for high-risk pregnant and lactating women, newborns and young children.

UNICEF also partnered with WFP to address the sharp deterioration in living conditions through an e-voucher programme. The intervention benefited nearly 3,800 households – nearly 23,000 people – living in vulnerable communities.

Humanitarian thematic funding also facilitated the procurement of essential education emergencies supplies (stationery and writing kits and recreational kits), including warehouse storage and the installation of games in early childhood education centres for crisis-affected children.



State of Palestine
Iban, 2 months, waits to be vaccinated at the UNICEF-supported Ministry of Health clinic in Ramallah, State of Palestine (May 2020).

¹⁰ United Nations Office for the Coordinator of Humanitarian Affairs, 'State of Palestine: 2020 humanitarian needs overview', OCHA, New York and Istanbul, December 2019.

Humanitarian thematic funding including GHTF contributed to the following results in 2020:



UNICEF procured essential supplies, including ventilators and assistive devices for children with disabilities



3,800
households received e-vouchers



23,000
people from vulnerable communities received support

REFUGEE AND MIGRANT RESPONSE IN EUROPE

Humanitarian thematic funding gave UNICEF the flexibility to respond to emerging priorities and provide services that otherwise might have been out of reach.

Children on the move in Europe – particularly the over 10,000 unaccompanied and separated children – are highly vulnerable and require urgent care and protection. Access to quality, appropriate health, nutrition, protection and education services and basic supplies is critical.

In Greece, GHTF was the first funding made available to UNICEF following the sudden-onset Lesbos fire emergency. UNICEF was able to use these funds to provide life-saving support, including emergency accommodation for 400 unaccompanied and separated children and 200 single mothers; identification, referrals and case management through outreach teams; and recreational activities, psychosocial support and learning activities in child-friendly spaces.

In Bulgaria, UNICEF strengthened preparedness and emergency response capacities following a surge in migrants. Key programme interventions were prioritized for children in the areas of health and nutrition, as well as emergency supplies, child protection and education.

In Bosnia and Herzegovina, UNICEF provided continuous access to essential child protection, health and education services for children on the move and their caregivers. Some 350 unaccompanied and separated children received 24/7 care in temporary reception centres.

In Montenegro, where only 32 per cent of the Humanitarian Action for Children appeal was funded in 2020, UNICEF used GHTF to: deliver supplies and services, including laptops for children in asylum centres for online education; establish child-friendly spaces and mother and baby corners; and provide basic medical supplies. During the year, 409 children received psychosocial support.



Refugee and migrant response in Europe

Yosif, 13, plays football with other children in front of a UNICEF-supported centre for refugees and migrants in Lesbos, Greece (October 2020).

Across the response in Europe in 2020, humanitarian thematic funds were invaluable, giving UNICEF the flexibility to respond to emerging priorities and provide services not covered through institutional funding. Overall, this support helped UNICEF reach over 18,000 children and families on the move in Europe with vital protection, education, health and WASH services and systematic capacity building.

Humanitarian thematic funding including GHTF contributed to the following results in 2020:



18,000
children and families
on the move received
services



In **Greece**,
400
unaccompanied and
separated children were
given accommodations



In **Montenegro**,
409
children received
psychosocial support

BOLIVARIAN REPUBLIC OF VENEZUELA

UNICEF used flexible humanitarian thematic funding to rapidly respond to the COVID-19 context and adapt its interventions in the Bolivarian Republic of Venezuela.

Children and adolescents in the Bolivarian Republic of Venezuela are affected by a triple burden: the protracted socioeconomic and political situation; the COVID-19 pandemic; and mixed migration flows across international borders.

Humanitarian thematic funds have been critical to supporting UNICEF's emergency response in the country. In 2020, these flexible funds enabled UNICEF to rapidly respond and adapt its interventions to the COVID-19 context.

For example, in Zulia Region, community mobilizers were struggling to reach populations in need due to quarantine restrictions, fuel shortages, and insecurity. UNICEF used thematic funds to procure bicycles to give these community promoters the mobility they needed to implement planned activities. Using the bicycles, these mobilizers were able to reach hundreds of children and women with life-saving services, including: 150 families with WASH promotion; 200 children with treatment for malnutrition; and 9,500 persons with key messages, including on COVID-19.

In addition, to prevent disruptions to pentavalent vaccine supplies, UNICEF redirected thematic funds to the acquisition of 520,000 doses for children under 5 years. This helped maintain and improve immunization coverage during the onset and subsequent impacts of the pandemic, including electric supply failures, transportation challenges, cash and fuel shortages and lack of health personnel.

UNICEF was also able to strengthen and improve specialized and integrated child protection services at border areas in Zulia and Bolívar states using humanitarian thematic funds. For example, in Bolívar, UNICEF rehabilitated child protection facilities to provide more friendly environments for children and improve the quality of services. Some 800 children and adolescents have benefited from these improvements every month.



The Bolivarian Republic of Venezuela

A child participates in a Global Handwashing Day activity at a UNICEF-supported centre for children in the Etnia Guajira neighborhood, Zulia state, Bolivarian Republic of Venezuela (October 2020).

Humanitarian thematic funding including GHTF contributed to the following results in 2020:



520,000
doses of pentavalent vaccine procured



800
children and adolescents received child protection services in child-friendly spaces every month



9,500
persons received key messages, including on COVID-19

GLOBAL SUPPORT FOR HUMANITARIAN ACTION

Emergency Response Teams



Nutrition

In 2020, the UNICEF Nutrition in Emergencies Specialist supported global nutrition preparedness, response and recovery in emergency contexts by leading a strategic review of the Global Technical Assistance Mechanism. UNICEF, World Vision, the Emergency Nutrition Network, the Global Nutrition Cluster Coordination Team and International Medical Corps identified serious gaps in addressing nutrition technical needs in humanitarian contexts, including a lack of support for translating existing guidance into practice and lack of coordination between practitioners and approaches. Following this review, the Mechanism was transitioned into a Global Nutrition Cluster Technical Alliance of over 40 partners to provide access to the most up-to-date technical resources and tools; comprehensive remote and in-person technical support; and expert consensus on how to tackle new and difficult problems in the absence of guidance. In 2020, the Alliance provided over 62 weeks of technical support and was accessed by 6,600 unique users, including from United Nations entities, non-governmental organizations, governments and academia. This support helped these users respond better to their countries' nutrition needs.



Climate, environment, resilience and peace

Given the rise in the number of emergencies globally, conflict analysis, sensitivity and peacebuilding are critical areas to integrate into UNICEF humanitarian and development responses to foster long-lasting social cohesion and peace. The UNICEF Peacebuilding and Fragility Team strengthened capacities for peacebuilding in five priority country offices responding to emergencies (Burkina Faso, Ethiopia, Mozambique, Somalia and the Sudan) and two regional offices (Eastern and Southern Africa and West and Central Africa) by integrating conflict analysis, conflict sensitivity and peacebuilding into their child-centred humanitarian and development programmes. Over 40 staff in Mozambique completed an in-depth, online, blended training programme that equipped the office to conduct conflict analysis and included a conflict sensitivity in its response to the evolving emergency in Cabo Delgado. In the Sudan, 61 staff from seven field offices were trained to leverage UNICEF's child-centred development and humanitarian programmes in peacebuilding and strengthen four peacebuilding projects in Darfur, focusing on young people and displaced persons in the context of the national transition. UNICEF Sudan also refined its vision to include peacebuilding as a pathway for achieving results for children.



Emergency Response Team

Refugee children in Greece use temporary water facilities provided by the UNICEF ERT while permanent water infrastructure is constructed.



WASH

In Greece, following the fire that destroyed the Lesbos refugee camp, the Emergency Response Team (ERT) conducted a cost-effectiveness analysis on alternative water and sanitation delivery strategies to determine the most efficient solution to address immediate water needs. The return-on-investment tool revealed that investments in semi-permanent infrastructure would break even against continued water trucking in five months, or eight months for construction of permanent water infrastructure. Using semi-permanent and permanent infrastructure would result in €4.5 million and €7 million of savings, respectively. The tool also found that emergency latrines with semi-permanent treatment systems are the least costly option if centralized emergency latrines are used beyond three years. By demonstrating the benefits of more sustainable infrastructure investments, these findings have raised €7.5 million to rebuild WASH infrastructure at the Lesbos camp, where sustained services will support the WASH needs of 8,000 refugees. Water and sanitation investment analysis will be an important cost-saving exercise to address the long-term humanitarian needs of refugees.

Humanitarian cash transfers

The flexibility of humanitarian thematic funds enabled UNICEF Burkina Faso to implement its first Humanitarian Cash Transfer intervention in the country.

Burkina Faso is facing a multifaceted emergency crisis resulting from a combination of shocks. In 2020, the situation deteriorated severely and led to a sharp rise in humanitarian needs in six regions, forcing more than 1 million people to flee their communities.

Thanks to the GHTF allocation, nearly 3,700 vulnerable, crisis-affected households in the Centre-Nord region (67 per cent displaced people and 33 per cent host households, including 27,000 children and 441 people with disabilities) received three monthly cash transfers to meet their multisectoral basic needs. This financial support contributed to empowering targeted households to cover their child-related expenses in the local market and boosting the local economy for a faster recovery.

UNICEF transferred the cash using a Mobile Money operator. This delivery mechanism reinforced discretion and mitigated potential protection and safety risks to beneficiaries. It also prevented social gatherings during cash distributions to mitigate COVID-19 transmission in the region.

According to post-distribution monitoring results, the money had a very positive impact on beneficiaries' ability to access basic needs for children and improve their health and education status.

Information and Communications Technology

Across the world, UNICEF staff worked remotely in 2020 because of COVID-19 lockdowns and travel restrictions; in some cases, this meant working in locations with unstable power supplies. To ensure the continuity of services for humanitarian action, UNICEF and its partner Danimex Communication A/S designed a portable renewable energy solution that would permit staff to telework from remote locations where power was either unreliable or unavailable. More than 250 kits were ordered by 11 country offices – Armenia, Argentina, Cuba, Gabon, Honduras, Jamaica, Lebanon, Libya, Madagascar, Uganda and Zimbabwe. In Libya, where prolonged power cuts were common during the day, staff were able to use the solar kits to telework from their homes and increase productivity.

Preparedness

In Nicaragua, the First Action Initiative enabled UNICEF to engage in key preparedness actions in anticipation of a particularly severe hurricane season, including by pre-positioning WASH supplies, developing a communications strategy and strengthening collaboration with key partners. When hurricanes Eta and Iota made landfall within days of each other in November, UNICEF and its partners were immediately ready to respond, reaching 15,000 persons with safe water and hygiene kits. These actions were crucial to preserving the health of affected populations in a complex context further affected by the COVID-19 pandemic.

In Kenya, the First Action Initiative also enabled UNICEF and its partners to increase their standing capacities to respond to the second wave of locust infestation in 2020 and avoid devastating consequences for children. This involved pre-positioning health and nutrition supplies, training caregivers to detect acute malnutrition, and developing multisectoral preparedness and response plans involving a range of stakeholders and key line ministries. The action targeted over 17,000 vulnerable children under 5 years of age with ready-to-use therapeutic foods and reached over 80,000 children at risk of malnutrition through risk communication messaging, caregiver training and malnutrition screenings.



Libya – Information and Communication Technology
Safa Belhaj, a UNICEF Supply Associate, works remotely from home in Tripoli, Libya, using a portable renewable/solar power system that allows her to continue to deliver results for children during the COVID-19 pandemic.

Annex 2: COVID-19 Global Response

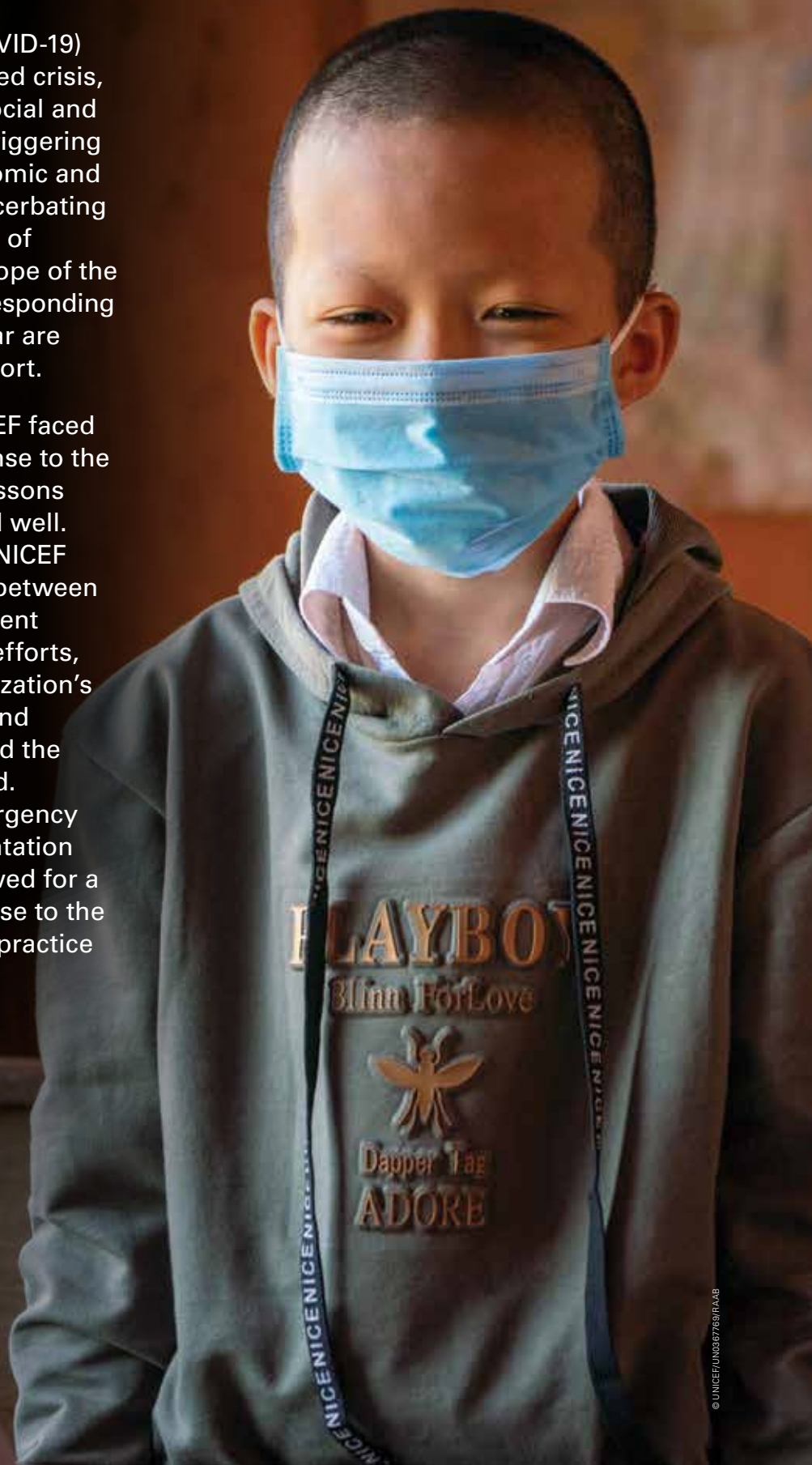


School disinfection at a high school in Minia governorate in Upper Egypt. In order to support the disinfection efforts of the Ministry of Education, UNICEF Egypt contributed to disinfecting 360 schools in Minia and Fayoum governorates to keep nearly 338,300 children safe while handing their assignments.

1. OVERVIEW

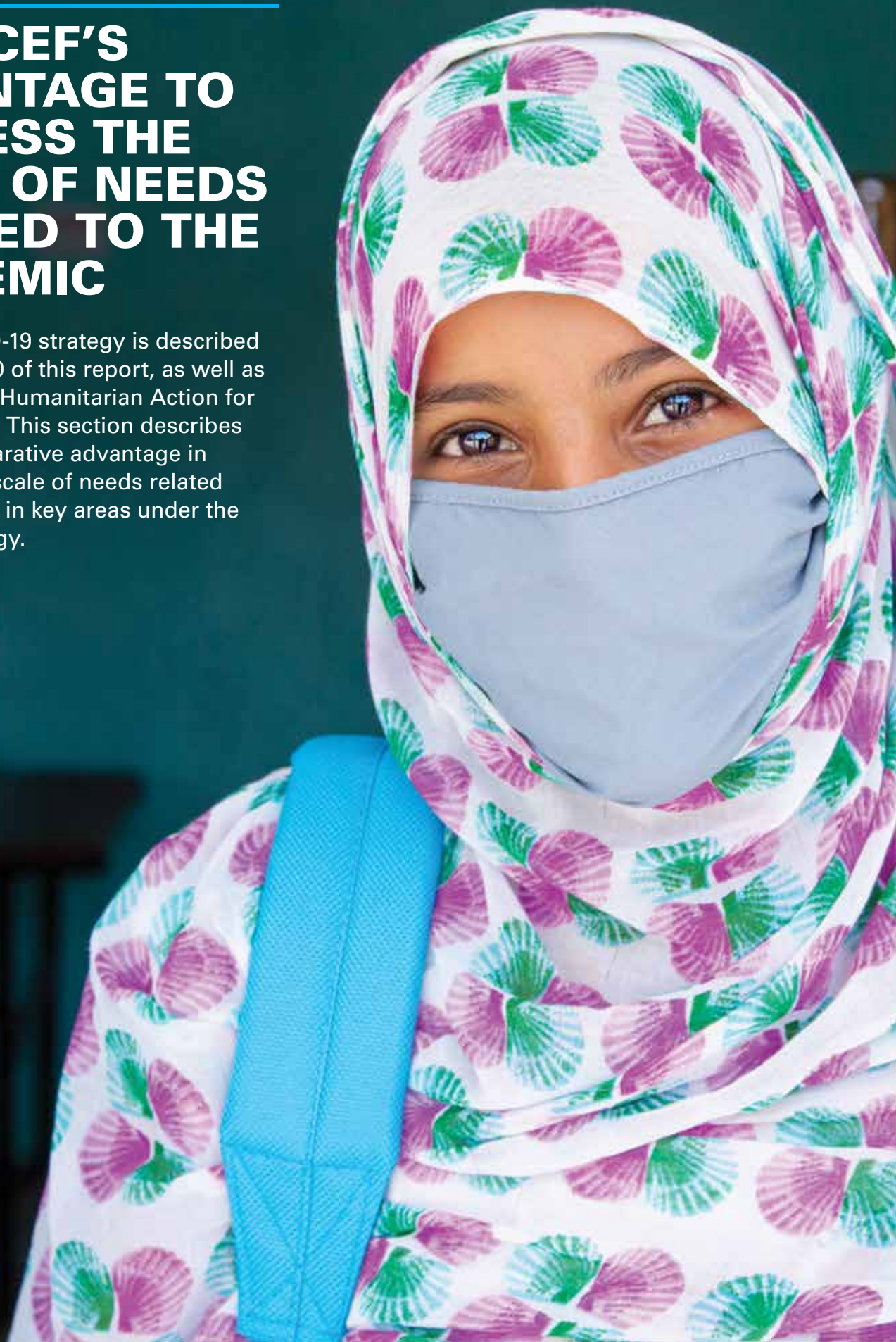
The coronavirus disease 2019 (COVID-19) pandemic caused an unprecedented crisis, straining already overburdened social and health service delivery systems, triggering a global humanitarian, socioeconomic and human/child rights crisis, and exacerbating the inequalities and vulnerabilities of children and their families. The scope of the pandemic, UNICEF's strategy for responding to it and the key results for the year are described on p. 10 of the main report.

Over the course of the year, UNICEF faced significant challenges in its response to the pandemic and learned valuable lessons – in real time – about what worked well. The response underscored that UNICEF must further strengthen the links between its humanitarian action, development programming and peacebuilding efforts, which have been key to the organization's ability to address the immediate and long-term impacts of COVID-19 and the socioeconomic crisis it has created. The use of the organization's emergency systems, and the global implementation of its emergency procedures allowed for a flexible, efficient and rapid response to the pandemic and emerged as a best practice for future disease outbreaks.



2. UNICEF'S ADVANTAGE TO ADDRESS THE SCALE OF NEEDS RELATED TO THE PANDEMIC

UNICEF's COVID-19 strategy is described in depth on p. 10 of this report, as well as in the COVID-19 Humanitarian Action for Children appeal. This section describes UNICEF's comparative advantage in addressing the scale of needs related to the pandemic in key areas under the COVID-19 strategy.



Risk communication and community engagement

UNICEF has focused on risk communication and community engagement to reach communities with the information they need to protect themselves, promote community ownership and leadership of the response and help halt the spread of the disease and its consequences on individuals and communities. These interventions have been implemented through key community influencers, traditional and religious leaders, community groups, youth groups, health workers and local organizations, as well as via billboards, flyers, social media and traditional media (TV and radio). Key activities have included the following:

- Promoting the proper use of masks, regular hand-washing and other hygiene practices and social distancing and providing information on how and where to seek basic services and assistance.
- Implementing activities that help combat the stigmatization of people who have contracted the illness.
- Informing communities of the national epidemiological situation.
- Raising awareness of gender-based violence.
- Working with authorities and partners to track and respond to misinformation on COVID-19.
- Listening to communities through traditional media and social media, performing global and field studies to better understand community perceptions and compliance with public health measures and helping to adapt the response to specific audiences.

The Risk Communication and Community Engagement Collective Service, a formal collaboration between UNICEF, the World Health Organization (WHO) and the International Federation of Red Cross and Red Crescent Societies, has strengthened the capacities of partners, governments and communities across the public health and humanitarian spheres.

Data collection and social science research

UNICEF has facilitated data collection and social science research for public health decision-making as part of a joint project with WHO and partners. This has included:

- Supporting adapted field and global data collection and social research on COVID-19, distribution of and compliance with the public health and social measures to control it, and the impact of these measures on women and children.
- Ensuring that data-collection systems are closely coordinated with epidemiological information and rely on a variety of scientific methods.
- Using information collected with governments and national and international academic and civil society institutions to inform decision-making by national public health officials and international advisors.

UNICEF has worked with partners to collect data and conduct social research on the impacts of the COVID-19 pandemic on women and children to support national public health and related decision-making. The data and information that UNICEF has collected and analysed are helping governments and humanitarian and development actors adapt responses to meet the real needs and gaps that are evident on the ground.

Continuing access to basic social services

To mitigate the socioeconomic impacts of the COVID-19 pandemic and ensure the continuity of basic services, UNICEF has provided financial, technical and supply-distribution support to national authorities and implementing partners. This includes making immediate adaptations to service delivery systems to cope with the new reality and limit interruptions and supporting systems to reopen while securing equitable access. This work has included:

- Providing virtual counselling for children and victims of gender-based violence
- Supporting virtual and other forms of remote learning
- Adapting protocols for the detection and treatment of malnutrition
- Empowering communities and families as the new front-line workers
- Supporting and expanding social protection systems
- Providing guidance, together with WHO and others, to governments on resuming child vaccinations and reopening schools.

UNICEF built relationships with large manufacturers and suppliers of personal protective equipment and established long-term agreements to secure production capacities and geographically diversify the supplier base.

Challenges and lessons learned

Over the course of the year, as UNICEF confronted the challenges of responding to the pandemic, the organization sought to adapt quickly – for example, to respond more effectively in insecure environments with limited humanitarian access to deliver vital supplies during the global shutdown. UNICEF also worked to increase the coverage and safety of vital services that saw significant declines in utilization; to establish protection, including protection from gender-based violence, as an essential component of the pandemic response; to tackle vaccine hesitancy in preparation for the eventual roll-out of a COVID-19 vaccine; and to address the digital divide in remote learning to ensure that all children have access to education.

UNICEF has integrated valuable lessons – in real time – about what has worked in its response to the pandemic, including leveraging its emergency systems and humanitarian-development linkages for effective response; implementing infection prevention and control measures in key child service locations to ensure their continuity; implementing and monitoring programmes remotely where feasible; securing movement and access permits

for social workers and other critical staff; emphasizing the importance of flexible funding in its resource mobilization; prioritizing risk communication and community engagement; working through local responders; and using technology to enhance programme delivery, humanitarian coordination and accountability to affected populations.

In future emergencies, UNICEF will prioritize strengthening its social protection interventions, redoubling its preparedness efforts, and improving the quality and timeliness of its humanitarian response. The organization will also learn from its experience managing partnerships during the COVID-19 response, including by improving budget flexibility, adaptive programming and meaningful partner interaction, and simplifying its partnership arrangements in emergency contexts.

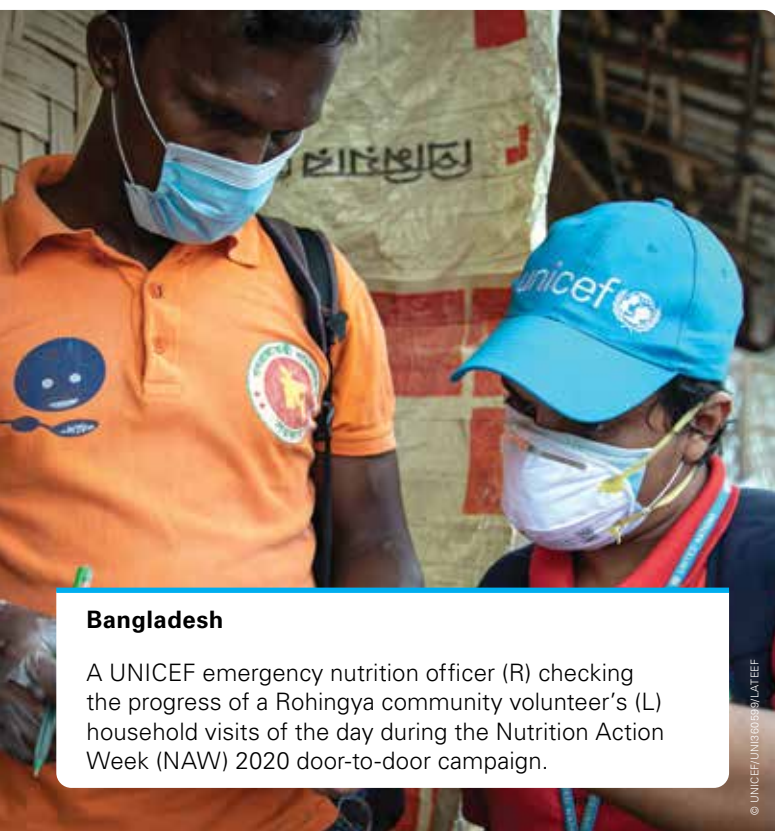
Across its humanitarian and development responses, UNICEF will use the disruption caused by the COVID-19 pandemic as an opportunity to scale up innovative approaches to supporting children globally.

Public finance for children

In an effort both to respond to the socioeconomic crisis caused by the pandemic and to foster inclusive recovery, UNICEF is working with governments and the international community to prioritize investments in child- and youth-focused social services, protect existing government spending on children, and ensure that spending becomes more efficient and generates more equitable benefits for children and their families.

In 2020, UNICEF worked with national counterparts to:

- highlight the consequences of economic and fiscal policies on children and their families through advocacy and communication;
- make the investment case for protecting social spending, using data, evidence and analysis;
- mitigate the impacts of the health and economic crises on children;
- leverage the resources of the international system, through technical support to national governments and international partners, to support sustainable, child-sensitive and inclusive national fiscal responses.



Bangladesh

A UNICEF emergency nutrition officer (R) checking the progress of a Rohingya community volunteer's (L) household visits of the day during the Nutrition Action Week (NAW) 2020 door-to-door campaign.

3. KEY RESULTS ACHIEVED

RISK COMMUNICATION AND COMMUNITY ENGAGEMENT

3 BILLION

people (1.5 billion women and girls; 810 million children) reached with life-saving COVID-19 messaging on prevention and access to services.

EDUCATION

301 MILLION

children (147 million girls) supported with distance/home-based learning.

WASH/INFECTION PREVENTION AND CONTROL

106 MILLION

people (55 million women and girls; 58 million children) received critical WASH supplies, including hygiene items, and services.

WASH/INFECTION PREVENTION AND CONTROL

4 MILLION

health care facility staff and community health workers trained on infection prevention and control.

WASH/INFECTION PREVENTION AND CONTROL

2.6 MILLION

health workers within health facilities and communities provided with personal protective equipment.

HEALTH

92.2 MILLION

children and women received essential health care services in UNICEF-supported facilities.

HEALTH

2.6 MILLION

health care providers trained to detect, refer and appropriately manage COVID-19 cases.

PREVENTION OF SEXUAL EXPLOITATION AND ABUSE

44.3 MILLION

children and adults had access to safe channels for reporting sexual exploitation and abuse.

CHILD PROTECTION

78 MILLION

children, parents and caregivers provided with community-based mental health and psychosocial support and messaging.

SOCIAL PROTECTION

47.1 MILLION

households benefiting from new or additional social assistance measures provided by governments to respond to COVID-19 with UNICEF support.

GENDER BASED VIOLENCE

17.8 MILLION

women, girls and boys received gender-based violence risk mitigation, prevention or response interventions in 84 countries with COVID-19 response plans

GENDER BASED VIOLENCE

210,800

UNICEF personnel and partners completed training on gender-based violence risk mitigation and referrals for survivors in 84 countries with COVID-19 response plans.



RISK COMMUNICATION AND COMMUNITY ENGAGEMENT

3 BILLION

people (1.5 billion women and girls; 810 million children) reached with life-saving COVID-19 messaging on prevention and access to services.



© UNICEF/PAKISTAN/2019/HUMA AKRAM

Pakistan

With support from UNICEF and the United Nations COVID-19 Solidarity Fund, health workers and volunteers in Pakistan were trained to provide COVID-19 risk communication and community engagement interventions targeting women and children in rural areas without access to mass media.



© UNICEF/SIERRA LEONE/2021/MASON

Sierra Leone

In Sierra Leone, with UNICEF and Sweden's support, social media influencers, including musicians, actors, journalists, politicians and bloggers, were trained to support the National COVID-19 Emergency Response Centre's Share4Mama Salone Ambassador initiative, to dispel myths and rumours about COVID-19.



© UNICEF/TIMOR-LESTE/2021/MONEMAASI

Timor-Leste

In Timor-Leste, with UNICEF and Australia's support, and in association with the Disability Association of Timor-Leste, the East Timor Blind Association and the Ministry of Health, people with disabilities received accessible COVID-19 prevention messages delivered in braille and sign language.



© UNICEF/CÔTE D'IVOIRE/2020/DJONGH

Côte d'Ivoire

In Côte d'Ivoire, with the support of the Government of the United Kingdom, UNICEF-supported U-Reporters raised awareness about COVID-19, including the importance of hygiene, hand-washing and social distancing, and distributed masks to vulnerable groups.



EDUCATION

301 MILLION

children (147 million girls) supported with distance/home-based learning.



State of Palestine

In the State of Palestine, UNICEF supported the establishment of school safety protocols and trained nearly 45,000 Ministry of Education staff to prevent the spread of COVID-19 in schools. These steps helped nearly 2,300 schools remain open during the pandemic.



Senegal

In Senegal, UNICEF supported the development of radio-based learning programmes on literacy and numeracy that were broadcast across 120 community radio stations by the country. The programmes reached children without access to the internet, digital devices and television.



Bhutan

In Bhutan, UNICEF supported the Ministry of Education to adopt a blended approach to distance learning, with some learning sessions provided via television, Google classrooms (Grades 4-12), radio and other social media; and others provided through printed materials.



Timor-Leste

In Timor-Leste, UNICEF supported the development and airing of 74 episodes of Eskala ba Uma (School Goes Home) television and radio programmes. These programmes reached over 192,000 students and are now available for free online.



© UNICEF/EGYPT/2020/MOSTAFA

Egypt

In Egypt, UNICEF supported schools – such as this one in Minia Governorate in Upper Egypt – with disinfection and the provision of supplies to facilitate the reopening process.



© UNICEF/IRAQ/2020/IBASIM

Iraq

In northern Iraq, with UNICEF support, the Ministry of Education and the Kurdistan Regional Government provided free online learning to all students in the country in several dialects following school closures. Some 350,000 children – including internally displaced children – were reached in the first 10 days of the programme's launch.



© UNICEF/UN0354381/POCK-KUTSCH

Greece

In Greece, UNICEF supported the Ministry of Education to register refugee and migrant children in the Government's distance learning programme. Unaccompanied children received tablets to access the UNICEF/Akelios digital language learning platform in six languages. Some 300 children from 32 nations are attending.



© UNICEF/INDIA/2020

India

In India, UNICEF and the United Nations COVID-19 Solidary Funds supported the launch of Radio Brahmaputra, which provides teacher-led radio lessons for children from economically depressed communities. Youth volunteers brought students together to listen to the lessons in community halls and open spaces.



WASH/INFECTION PREVENTION AND CONTROL

106 MILLION

people (55 million women and girls; 58 million children) received critical WASH supplies, including hygiene items, and services.



4 MILLION

health care facility staff and community health workers trained on infection prevention and control.



2.6 MILLION

health workers within health facilities and communities provided with personal protective equipment.

125%

112%

124%



© UNICEF/SIERRA LEONE/DAVIES/2020

Sierra Leone

Thanks to flexible support provided by the United Kingdom Foreign, Commonwealth and Development Office, UNICEF was able to provide oxygen therapy through oxygen concentrators in Sierra Leone in 2020.



© UNICEF/SRIH/2020/CHIKIK/01

Indonesia

In Indonesia, support from UNICEF and the United Nations COVID-19 Solidarity funds helped operationalize the new national COVID-19 protocols for WASH and infection prevention and control through the training of nearly 2,100 health staff, community workers and provincial and district officers in six districts.



© UNICEF/KENYA

Kenya

Thanks to flexible funding provided by the United Kingdom Foreign, Commonwealth and Development Office, UNICEF was able to provide 500 frontline health workers in Kenya with personal protective equipment and nearly 1,200 health workers with infection prevention and control training, reassuring parents that health facilities were safe during the pandemic.



© UNICEF/BOLIVIA/2020

Bolivia

In the Plurinational State of Bolivia, UNICEF used funding from the United Kingdom Foreign, Commonwealth and Development Office to install hand-washing stations that benefited over 17,000 people (8,635 women/girls; 7,253 children) in critical locations, including health care centres in vulnerable communities.



HEALTH AND NUTRITION

92.2 MILLION

children and women received essential health care services in UNICEF-supported facilities.



2.6 MILLION

health care providers trained to detect, refer and appropriately manage COVID-19 cases.



Bolivarian Republic of Venezuela

In the Bolivarian Republic of Venezuela, UNICEF was able to use the flexible support provided by the Swedish International Development Cooperation Agency to provide children with medical care in Táchira State.



Afghanistan

In Afghanistan, UNICEF used mobile health and nutrition teams to deliver emergency nutrition services to internally displaced persons in Herat. These teams reached 12,000 children under 5 years of age and pregnant and lactating women with critical nutrition services, including nutrition-related COVID-19 counselling.



Bangladesh

In Bangladesh, despite the postponement of a vitamin A supplementation campaign due to COVID-19, UNICEF provided 20.8 million children – including 155,000 Rohingya refugee children – with vitamin A using additional safety measures (e.g., the installation of hand-washing facilities and use of personal protective equipment) and door-to-door outreach.



Europe and Central Asia

UNICEF launched the Baby Feeding Code Reporter project across Europe and Central Asia to inform parents of optimum infant young child feeding practices, raise awareness of national and international codes on marketing of breast milk substitutes, and help parents report code violations in their countries.



PREVENTION OF SEXUAL EXPLOITATION AND ABUSE

44.3 MILLION

children and adults had access to safe channels for reporting sexual exploitation and abuse.



Nigeria

In Nigeria, UNICEF adjusted risk communication, community engagement and child protection messages based on community feedback to address the myth that only girls can be victims of sexual assault.



Afghanistan

In Afghanistan, a social worker conducts a group session on COVID-19 and the specific vulnerabilities of women and girls at a UNICEF-supported Women's Safe Space in Kabul city. Since June, over 734,700 women, girls, men, and boys were reached with information on COVID-19 and gender-related issues.



Indonesia

In Indonesia, UNICEF and partners launched the Oky mobile phone period tracker app, which allows girls to track their periods and access trustworthy information about menstrual hygiene management, reproductive health and COVID-19.



Zimbabwe

In Zimbabwe, UNICEF supported the establishment of e-support groups run by young mentor mothers that monitor clinic appointments and antiretroviral supplies for both mothers and their infants. Through virtual follow-ups, 90 per cent of young mothers who missed appointments were traced and 71 per cent returned to care.



CHILD PROTECTION

78 MILLION

children, adolescents, parents and caregivers provided with community-based mental health and psychosocial support and messaging.



Syrian Arab Republic

Thanks to the generous contribution from the European Civil Protection and Humanitarian Aid Operations, UNICEF reached 10,700 children in Aleppo with psychosocial support. This support helped children affected by the crisis in the Syrian Arab Republic express themselves, cope with stress and maintain their psychological well-being.



Cameroon

Thanks to generous support from the Government of Japan, UNICEF developed a positive parenting strategy to help parents and caregivers in Cameroon provide children with key messages on COVID-19 and tips on how to manage tension and frustration. Nearly 26,000 children and 21,000 parents and primary caregivers were reached.



Jordan

Throughout the pandemic, UNICEF and partners have provided equitable and safe learning, skills-building and protection services to children (56 per cent girls) in 140 Makani centres across Jordan. These centres offer learning support and child protection, including for children living in Za'atari refugee camp.



Lebanon

In Lebanon, thanks to the United Nations COVID-19 Solidarity Response Fund, UNICEF has reached over 3,000 children with community-based psychosocial support interventions, and 2,500 adolescents and youth with psychosocial support and online life-skills sessions focusing on mental health, substance abuse, sexual and reproductive health, and COVID-19 prevention.

Colombia

In Colombia, parents and caregivers received tools for identifying and preventing child protection risks during lockdown. UNICEF also helped prepare and distribute 44,000 copies of *My house, my home*, a guide for the prevention of sexual violence against children and adolescents during COVID-19.

Georgia

In Georgia, UNICEF partnered with the Public Broadcaster to air specialized bi-weekly education programmes for parents of children with disabilities. A Child Hotline was also launched that gives children and their families access to public services such as cash benefits, violence prevention programmes and assistive technology.



SOCIAL PROTECTION

47.1 MILLION

households benefiting from new or additional social assistance measures provided by governments to respond to COVID-19 with UNICEF support.



Afghanistan

In Afghanistan, UNICEF was able to use flexible support from Australia to provide 900 vulnerable families with children with disabilities, or who were living in open spaces with cash grants. The project used a Cash Plus approach, combining cash distribution with COVID-19 and child protection awareness and information sessions.



Angola

In Angola, UNICEF was able to use flexible funds from the Swedish International Development Cooperation Agency to support 1,400 children under 5 years of age and their caregivers with emergency cash transfers. The children were also tested for malaria at the time of the cash transfer and medical follow-up plans were set up with caregivers.



Morocco

In Morocco, UNICEF supported and advocated for the Government's roll-out of an emergency cash transfer programme that reached 4.1 million households (3.2 million children) that were working in the informal sector and lost their jobs or incomes due to the socioeconomic impacts of COVID-19.

Tunisia

In Tunisia, thanks to contributions from the Government of Germany/KFW, the Ministry of Social Affairs expanded its national social safety net system to reach approximately 10 per cent of all children in the country with top-up cash transfers to help their parents mitigate the immediate negative socioeconomic impacts of the COVID-19 pandemic and prioritize investments for their children.

Ethiopia

In Ethiopia, UNICEF supported the Government to provide emergency cash transfer top-ups to 100,000 vulnerable people included in the Productive Safety Net Programme, a government social protection programme that targets food insecure households.



GENDER BASED VIOLENCE

17.8 MILLION

women, girls and boys received gender-based violence risk mitigation, prevention or response interventions.



210,800

UNICEF personnel and partners completed training on gender-based violence risk mitigation and referrals for survivors.



Uganda

In Uganda, UNICEF supported girls affected by early marriage and female genital mutilation with rehabilitation and education. Through UNICEF-supported community dialogues, parents were also engaged, including to keep girls in school and speak out against child marriage. A total of 163 children (153 girls, 10 boys) affected by different forms of sexual violence received multi-sectoral services such as health, psychosocial, legal, and safety support in 2020.



Somalia

In Somalia, in-person services addressing gender-based violence were able to continue safely during the pandemic thanks to established public safety measures. Multi-sectoral services such as clinical, psychosocial, legal, transport, and safe accommodation assistance were provided to nearly 6,000 gender-based violence survivors. As part of the COVID-19 response, approximately 11,400 calls were received on the gender-based violence hotlines. In addition, more than 92,200 people received awareness messages on the prevention of child recruitment, child marriage, female genital mutilation, gender-based violence, and COVID-19.



India

In India, civil society volunteers supported by UNICEF engaged with adolescents to discuss perceptions and experiences of violence and safety, particularly gender-based violence. A total of 146,000 UNICEF personnel and partners have completed training on gender-based violence risk mitigation and referrals for survivors.

Nigeria

In Nigeria, UNICEF supported online trainings for social workers and gender-based violence response teams and helped hotlines and online platforms better manage rising cases of gender-based violence and violence against children. Nearly 2,500 children and adolescents were reached with specialized gender-based violence support services, including case management.

Middle East and North Africa

Before the pandemic, several countries in the Middle East and North Africa, including Iraq, Jordan and Lebanon, had established hotlines for reporting gender-based violence and related concerns. UNICEF provided additional guidance and training for case workers to support the shift to remote service delivery.

4. FUNDING OVERVIEW¹

For more information on the COVID-19 funding overview and resource partners, please see: [COVID-19 donors and partners site](#)



¹ Presented figures are provisional as of 31 December 2020 and represent fund commitments by resource partners as per the agreement signed in the current appeal year. Figures are subject to change.

In 2020, all of UNICEF's country offices implemented humanitarian interventions, underscoring the truly global nature of the COVID-19 pandemic and response. For many of these countries this was the first time that UNICEF had supported a humanitarian response, including some upper-middle income countries. UNICEF National Committees played a critical role in supporting COVID-19 responses and complementing government efforts in social inclusion, social protection, education, child protection, health, child rights, education and communication for development.

During the year, UNICEF adapted and expanded its response to COVID-19 and appealed for a total of US\$1.93 billion² to protect millions of lives and halt the spread of the pandemic in 152 countries.

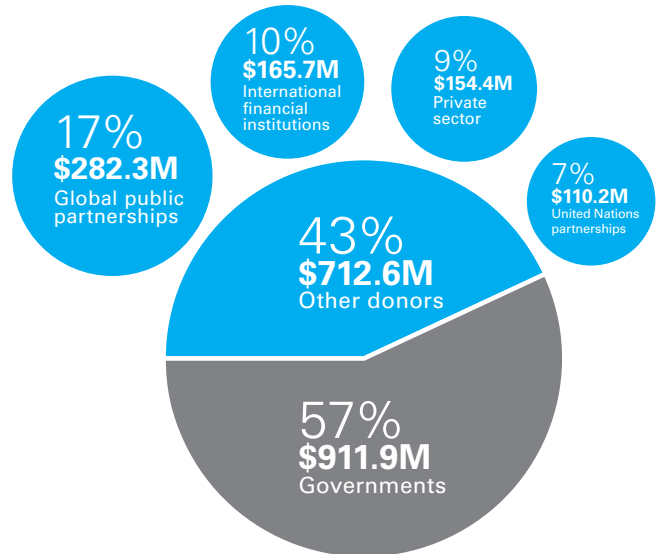
UNICEF partners responded with unprecedented levels of support. As of 31 December, the global COVID-19 appeal was 84 per cent funded thanks to commitments from both the public and private sectors. The funding committed against the appeal included US\$931.3 million in humanitarian contributions. Resource partners also provided an additional US\$692.4 million in other resources to help address the global pandemic.

Governments provided 57 per cent of all funding committed. The top resource partners for the COVID-19 response were Germany, the Global Partnership for Education, the United States, the United Kingdom and the World Bank. Global programme partnerships and international financial institutions also provided vital resources for the pandemic response, including support for continuous education activities.

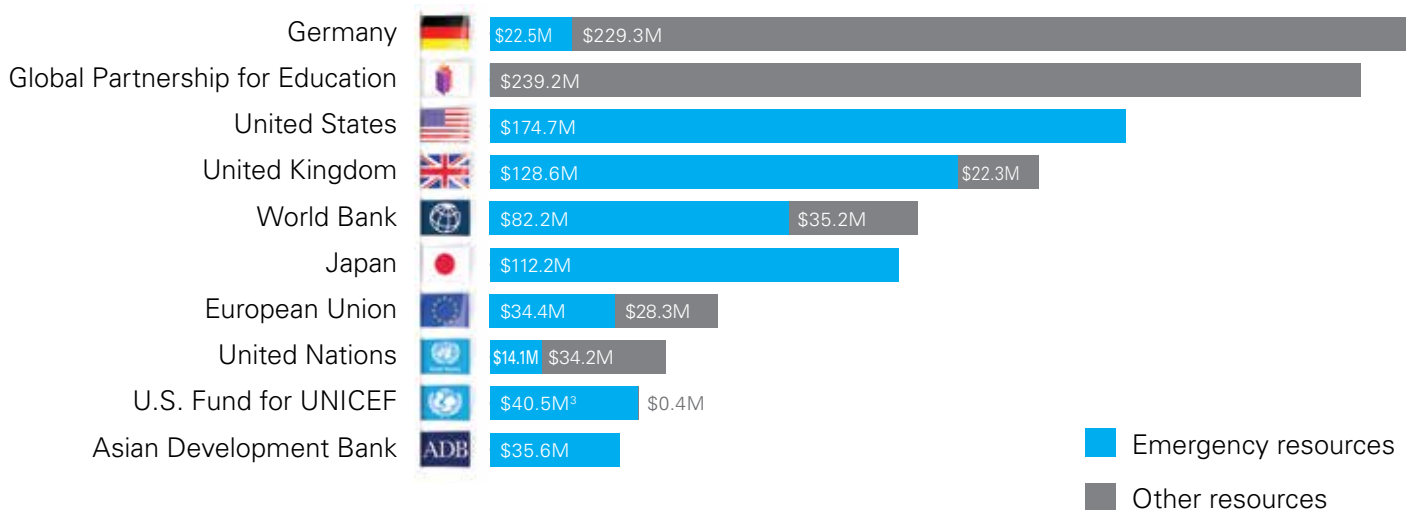
COVID-19 Humanitarian Action for Children appeal (US\$)



COVID-19 commitments by type of partner



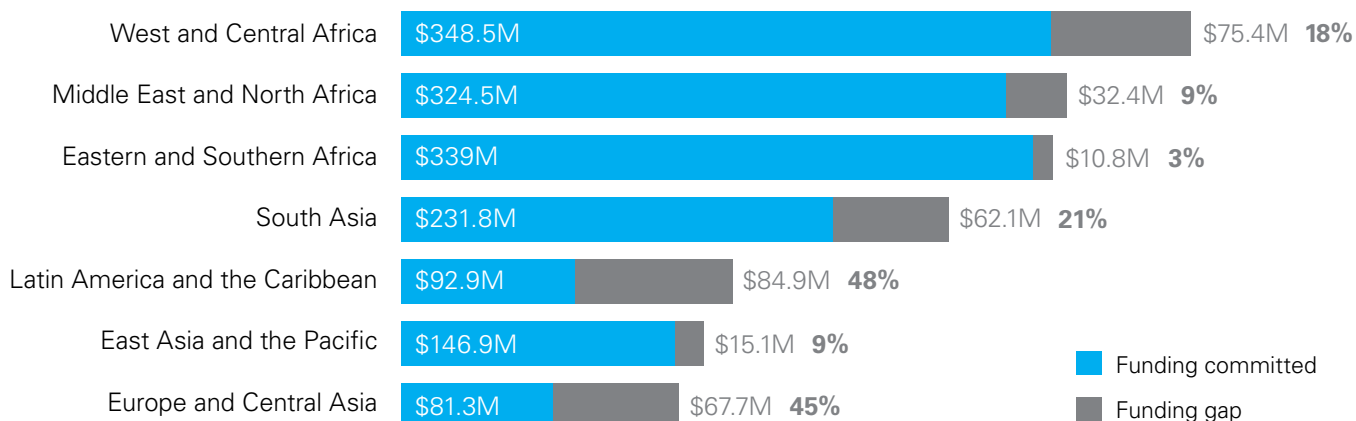
COVID-19 top 10 resource partners



² The total amount required for the COVID-19 response includes the portion reflected in the US\$9.5 billion Global Humanitarian Response Plan supporting 63 countries.

³ This amount includes the contribution from the COVID-19 Solidarity Response Fund (US\$10 million).

COVID-19 Humanitarian Action for Children funds committed by geographic area



Regions such as West and Central Africa, and the Middle East and North Africa, which had the largest funding requirements, received the largest share of support. Regions with larger funding gaps included Europe and Central Asia, and Latin America and the Caribbean. Health, water, sanitation and hygiene (WASH) and education were the most funded sectors. Flexible funding played a critical role in supporting sectors such as child protection and social protection, which struggled to attract support.

Flexible support in a time of need

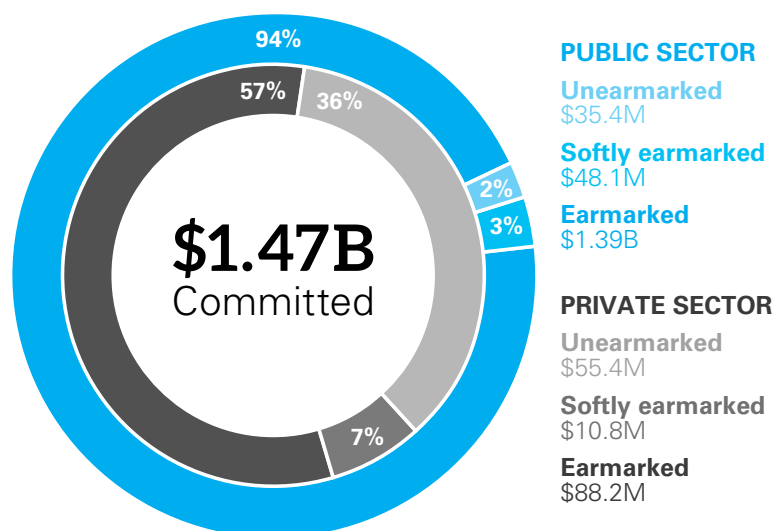
Top 10 COVID-19 flexible donors⁴

	United Kingdom	\$25.2M
	Germany	\$22.4M
	U.S. Fund for UNICEF ³	\$17.6M
	Central Emergency Relief Fund	\$16.0M
	Japan Committee for UNICEF ⁵	\$12.2M
	COVID-19 Solidarity Response Fund	\$10.0M
	Denmark	\$7.3M
	German Committee for UNICEF ³	\$6.7M
	Sweden	\$4.0M
	Australia	\$3.5M

⁴ Flexible donors represent those who have provided unearmarked funds and those who provided softly-earmarked funds.

⁵ Refers to National Committee for UNICEF.

Flexibility by type of partner (US\$)



"UNICEF is a very important partner for Denmark. Conflict-affected children and young people were already among the most vulnerable, but COVID-19 has exacerbated their situation and their need for humanitarian assistance. The pandemic has also exposed vulnerabilities and inequalities within and among countries, including pre-existing gender inequalities and heightened protection risks. UNICEF has played a key role in responding to all these aspects of the COVID-19 pandemic in a timely and agile manner, and Denmark has been proud to support this. Gender equality and the rights of children are core pillars in our collaboration with UNICEF, as is sexual and reproductive health and rights, combating gender-based violence and supporting gender-transformative programming. We look forward to continuing our long-term partnership with UNICEF to jointly make a difference in the lives of children all over the world."

Mr. Flemming Møller Mortensen, Minister for Development Cooperation and Minister for Nordic Cooperation, Denmark

With the complexity of the pandemic, and the fast-moving spread of COVID-19 globally, flexible resources were essential to supporting more efficient and effective humanitarian response. Of the total funds committed, US\$149.7 million was provided flexibly. In terms of fully unrestricted supporters, the United Kingdom, Denmark and Canada exemplified public partner commitment to efficiency and effectiveness of the response. The private sector showed great flexibility, securing about 44.2 per cent of this type of funding. UNICEF is deeply grateful to all resource partners that responded to the call for flexible resources.

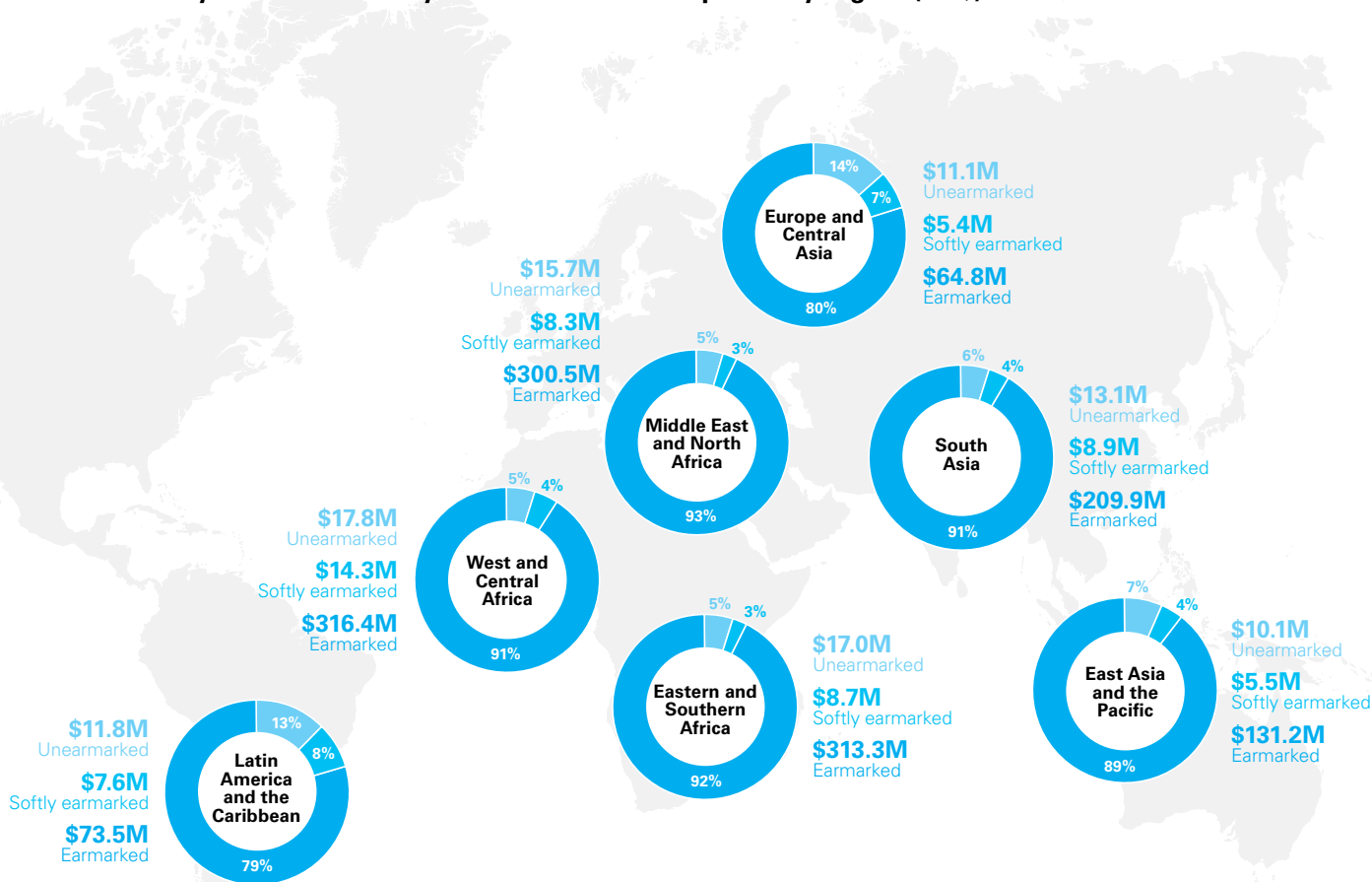
As a first line of response, UNICEF used over US\$81.7 million of its regular resources⁶, which allowed for immediate action and the scale-up of humanitarian interventions in 124 countries. This also included Emergency Programme Fund loans totalling US\$41.8 million to all seven regions to meet critical needs and scale up the response until additional funding was secured. In addition, US\$4.5 million in Emergency Programme Fund loans were allocated for global coordination and technical support to the COVID-19 response.

In terms of how flexible funds are allocated, UNICEF worked with experts in its headquarters and regional offices to prioritize flexible funding allocations for the COVID-19 response in real time, based on where needs were most acute. Factors included: high rates of transmission/cases or high risk due to contextual factors, such as high-density urban slums and the presence of vulnerable populations (e.g., refugees, migrants, internally displaced persons); countries with weak health systems; available funding, including funding in the pipeline; and government and/or partner capacity to respond to the crisis.

With thanks to partners, funds were allocated flexibly for the global COVID response to all seven regions. In 2020, Latin America and the Caribbean received the largest share of flexibly allocated funds⁷ of total funding received (21 per cent). The region with the smallest share was the Middle East and North Africa (7 per cent).

On behalf of some of the world's most vulnerable children in need, UNICEF expresses its gratitude to all resource partners who provided flexible contributions for the COVID-19 response in 2020. These contributions have made a huge difference for children.

Funds available by level of flexibility for the COVID-19 response by region (US\$)



⁶ Figure is based on the expenditure tagging done by offices for the COVID-19 response.

⁷ 'Flexibly allocated funds' include softly earmarked funds and flexible funds, which are funds contributed through humanitarian thematic funding and other flexible contributions.

5. HUMAN INTEREST STORIES



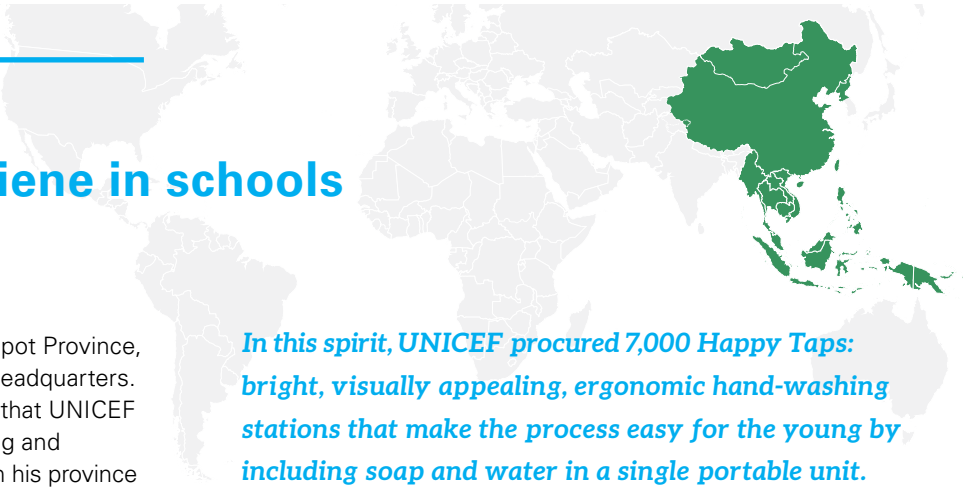
East Asia and the Pacific

Supporting hand hygiene in schools in Cambodia

At 7 a.m., Tak Hab, Education Director for Kampot Province, was already lifting boxes at his department's headquarters. This was not a typical morning. It was the day that UNICEF delivered several tons of hand hygiene, cleaning and disinfection supplies to enable all 700 schools in his province to reopen safely following long closures due to the COVID-19 pandemic.

While hand washing has long been a pillar of UNICEF's work supporting Cambodia to meet the Sustainable Development Goals, COVID-19 has made meeting these targets even more urgent, and UNICEF has ramped up its work accordingly. In addition to informing the Cambodian public about the benefits of hand washing and developing WASH services across the country, UNICEF has procured and distributed key hygiene supplies in preschools and schools with funding from the European Union, the multi-donor Capacity Development Partnership Fund and the Government of China.

When procuring hygiene supplies, particular attention was paid to the needs of younger children, who often find it more difficult to understand and follow instructions, and who



In this spirit, UNICEF procured 7,000 Happy Taps: bright, visually appealing, ergonomic hand-washing stations that make the process easy for the young by including soap and water in a single portable unit.

benefit from anything that makes hand washing fun. In this spirit, UNICEF procured 7,000 Happy Taps: bright, visually appealing, ergonomic hand-washing stations that make the process easy for the young by including soap and water in a single portable unit.

"I really like the Happy Tap," says Sopheaktra, 3 years old. "But actually, I know all about washing my hands. My parents showed me how to do it properly and I know it's very important."

Overall, in 2020, UNICEF provided hygiene supplies and safety materials to all 13,000 schools and 3,100 community preschools in Cambodia.

Cambodia

A preschooler in Kampot, Cambodia, shows how to use the Happy Taps supplied by UNICEF.



Europe and Central Asia

Providing life-saving nutrition services for children in Tajikistan

In April 2020, some 3.3 million people in Tajikistan – one third of the country's population – were food insecure, and 1.6 million were severely food insecure.⁸ After the COVID-19 pandemic hit, 41 per cent of households reported reducing their food consumption due to the economic downturn and loss of remittances.⁹ Children were particularly vulnerable. Before the pandemic, Tajikistan had among the worst nutrition indicators in Europe and Central Asia, with 18 per cent of children under 5 years of age stunted, 6 per cent wasted and 1.8 per cent severely wasted.¹⁰

With support from the Government of Denmark, the U.S. Fund for UNICEF, and UNICEF National Committees in Germany, Japan and the United Kingdom. In 2020, UNICEF used flexible humanitarian thematic funds to support the Government and its partners to respond to child malnutrition in Tajikistan. This response included providing essential nutrition supplies (e.g., ready-to-use therapeutic foods, mid-upper-arm circumference tapes, electronic scales and height boards);

In 2020, UNICEF used flexible humanitarian thematic funds to support the Government and its partners to respond to child malnutrition in Tajikistan.

training over 100 health-care staff on COVID-19-specific integrated management of acute malnutrition; facilitating treatment for children with severe acute malnutrition (SAM); strengthening nutrition service delivery; building capacities for nutrition response planning; and promoting healthy infant and young child feeding practices in the context of COVID-19.

UNICEF was able to use flexible humanitarian thematic funds to reach 3,200 children (1,568 girls) with SAM treatment and expand SAM programmes in 109 health facilities. These critical funds helped UNICEF scale up nutrition services for children in a timely manner and, in so doing, avert devastating and long-lasting consequences for malnourished children and families.

⁸ World Food Programme, April 2020.

⁹ World Bank, 'Economic and Social Impacts of COVID-19: Updates from the listening to Tajikistan survey', New York, 13 July 2020.

¹⁰ Tajikistan Demographic and Health Survey, 2017.



Tajikistan

Sardor, 12 months old from Dushanbe, Tajikistan, explores new tastes and shapes with his mother, while eating and playing with his parents.

© UNICEF/UN0398303/SADULLOEV

Eastern and Southern Africa

Empowering mothers and caregivers in the United Republic of Tanzania to identify malnutrition



In August 2020, Bukuru Rahma noticed that her 36-month-old daughter Nshimirimana had lost weight. Having been trained on the use of mid-upper-arm circumference tape to screen for acute malnutrition as part of COVID-19 mitigation measures in Mtendeli Refugee Camp, Bukuru knew exactly how to check to see if her daughter was growing well. Using the tape, she found that Nshimirimana was suffering from SAM.

Bukuru immediately took Nshimirimana to the hospital for a full nutrition assessment. Nshimirimana was admitted to the inpatient facility and treated in the stabilization ward for eight days. Eventually she was referred to an outpatient therapeutic programme for further support, where she made a full recovery and was eventually discharged.

Bukuru's story is an example of how mothers and caregivers can be equipped with the skills and knowledge to implement community-based approaches to screen their children for acute malnutrition.

Bukuru's story is an example of how mothers and caregivers can be equipped with the skills and knowledge to implement community-based approaches to screen their children for acute malnutrition. This was vital during the COVID-19 pandemic, as community-based nutrition services were broadly suspended. To meet rising needs, UNICEF partnered with the Tanzania Red Cross Society to train refugee mothers to screen their own children for acute malnutrition in an innovative approach to nutrition assistance during COVID-19.

For Bukuru, the training was life-saving. Not only did she ensure that own child had the treatment she needed, but she has also become a champion for nutritional screening in her refugee camp. Bukuru now advises community members on how to understand, accept and practise the use of mother-led screening for acute malnutrition.



Tanzania

Bukuru and Nshimirimana in Mtendeli Refugee Camp in north of the United Republic of Tanzania.

Latin America and the Caribbean

Helping remote, indigenous communities in the Peruvian Amazon continue to learn



One of the things Richard Guimaraes Camayo, 15, enjoys most about living in his community in the Peruvian Amazon is getting together with friends and playing football. Both things used to happen mainly at school, but the arrival of the pandemic changed everything in Nuevo San Rafael, a Shipibo community in the Amazonian region of Ucayali in Peru.

COVID-19 hit this area especially hard: shortly after the first case was detected, the region became one of the worst affected in the country.

With a state of emergency declared and all schools shut by the pandemic, the Ministry of Education launched “I Learn at Home”, a national remote education strategy developed for children and adolescents with UNICEF support that responds to the needs of students living in rural and indigenous communities. I Learn at Home lessons are available in Spanish and nine indigenous languages.

UNICEF delivered four loudspeakers to local authorities to expand access to the educational programmes broadcast over the radio. In September, the loudspeaker reached Nuevo San Rafael, changing the lives of Richard and the community’s other young people.

The installation of the loudspeaker has brought some normalcy back to Richard’s life: he can continue his studies, connect with his classmates and complete group assignments.

The installation of the loudspeaker has brought some normalcy back to Richard’s life: he can continue his studies, connect with his classmates and complete group assignments. Regaining contact with the educational system is vital to averting academic delays and dropout. For Richard, it is also a way of imagining a brighter future: “When I’m done with school, I want to keep studying at university and complete three degree programmes to help my family and community.”

Peru

Adolescents in the Peruvian Amazon continue their learning thanks to loudspeakers installed by UNICEF that broadcast school lessons.



© UNICEF/UN0359479/GARCIA

Middle East and North Africa

Kickstarting the COVID-19 response in the State of Palestine using humanitarian thematic funds

In the State of Palestine, the COVID-19 pandemic significantly impacted household income. According to the Palestinian Bureau of Statistics, 46 per cent of households in the West Bank and 38 per cent in the Gaza Strip saw their incomes cut in half. At the same time, children's access to essential services such as health, nutrition, child protection and education, has been severely constrained.

To kickstart the COVID-19 response and support the Government and partners to reduce COVID-19 transmission and mortality, UNICEF delivered critical medical supplies to hospitals and clinics across the West Bank and Gaza Strip. These supplies included 22 intensive care unit sets containing 65 oxygen concentrators, as well as 1,400 COVID-19 testing kits, 375,000 items of personal protective equipment for 5,000 health professionals, 1,000 infection prevention and control items and 197,000 medical drugs including micronutrient supplements for children. UNICEF also distributed medical and waste management supplies to 50 quarantine centres in the West Bank. As a result of this supply effort, nearly 74,000 people have received appropriate health services since the onset of the pandemic.

To kickstart the COVID-19 response and support the Government and partners to reduce COVID-19 transmission and mortality, UNICEF delivered critical medical supplies to hospitals and clinics across the West Bank and Gaza Strip.

Humanitarian thematic funds also supported UNICEF's infection prevention and control efforts. UNICEF distributed e-voucher top-ups that 18,000 vulnerable families in Gaza and 4,500 vulnerable families in the West Bank used to redeem hygiene items at local shops. Without this support, these families might not have been able to access these supplies essential to COVID-19 prevention.

UNICEF also used humanitarian thematic funds to kickstart the COVID-19 child protection and education responses. This included the provision of case management services, group and individual counselling, life skills education and psychosocial support to over 11,000 children in the Gaza Strip and West Bank since the start of the pandemic. In education, UNICEF provided nearly 3,500 children with tablets that helped them continue to learn.

State of Palestine

Access to essential health, nutrition, child protection and education services to children and their families was critical during the pandemic to protect and save lives.



Middle East and North Africa

Reaching children in the Syrian Arab Republic with life-saving health and nutrition services

Years of conflict have taken a heavy toll on children and families in the rural sub-district of Qahtaniya, 30 kilometres east of Qamishli, in the north-east of the Syrian Arab Republic. Damaged basic infrastructure and depleted household resources have made it extremely difficult for children to access essential services.

Thanks to generous contributions from the United Kingdom Foreign Commonwealth and Development Office and the Office of United States Foreign Disaster Assistance, UNICEF provided children and mothers in Qahtaniya with basic health and nutrition support despite COVID-19 mitigation measures.

UNICEF organized mobile teams consisting of a paediatrician, a nurse and trained health workers, to reach children with life-saving services. These teams had the supplies they needed to follow COVID-19 mitigation measures – including respiratory and hand hygiene practices and social distancing – during the examination and screenings of children and mothers.

Thanks to generous contributions from the United Kingdom Foreign Commonwealth and Development Office and the Office of United States Foreign Disaster Assistance, UNICEF provided children and mothers in Qahtaniya with basic health and nutrition support despite COVID-19 mitigation measures.

Overall, 5,000 children under 15 years of age received outpatient consultations, and 2,500 children under 5 years of age and pregnant and lactating women received life-saving nutrition interventions, including screening for malnutrition and treatment.



Syrian Arab Republic

Firyal, 3, receives a medical check-up by a UNICEF-supported mobile team in Qahtaniya, north-east Syrian Arab Republic.

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Middle East and North Africa

Expanding the National Social Safety Net System in Tunisia

Nadia, a widow and mother of two children, is the head of her family. She is unemployed and receives 190 dinars per month through Tunisia's National Social Safety Net System. Once a month, Nadia goes to the post office in El Ghraiba to withdraw her monthly allocation.

Nadia has also received financial support to improve her family's living conditions, but the funds were insufficient, and the family still uses a straw cabin as a kitchen. The roof of the cabin leaks and does not provide adequate cover for Nadia and her children during the winter. The family lives in a single room without sanitation facilities.

In 2020, Nadia and her children became eligible for a new child-focused programme implemented by the Ministry of Social Affairs with support from UNICEF and the Government of Germany.

In 2020, Nadia and her children became eligible for a new child-focused programme implemented by the Ministry of Social Affairs with support from UNICEF and the Government of Germany. Nadia received an additional 50 dinar to support her son Adel, 10, to return to school, and is receiving 30 dinar per month for her daughter Shams, 5.

The cash transfers have been transformative. Shams is now in preschool. And with the extra support, Nadia has been able to improve the family's access health services. Nadia hopes the cash will help both of her children stay in school.

As part of the programme, Nadia is also receiving regular messages on positive parenting practices, which Adel reads aloud to her. She says the messages are helping her keep her children in good health and support them to realize their potential.



Tunisia

The kitchen where Nadia and her family prepare their meals in Sfax Governorate, Tunisia.


South Asia

Providing access to education during COVID-19 in Bangladesh

In Bangladesh, learning centres for Rohingya refugee children were closed in March 2020 due to the pandemic. This meant that Rohingya students lost almost three quarters of structured learning time for the year, and the planned introduction of learning based on the formal Myanmar curriculum was put on hold.

Before they were closed in March 2020, nearly 232,000 children aged 3 to 14 years (112,000 girls and 1,200 children with disabilities) were attending the 2,500 learning centres operated by UNICEF implementing partners. Ninety-eight per cent of these centres were operated by national NGOs, in accordance with localization principles followed by UNICEF.

With the learning centres closed, UNICEF and the Government of Bangladesh developed guidelines for home-based learning. Using humanitarian thematic funding, UNICEF supported the Government to produce and broadcast digital learning materials on multiple platforms, including television, mobile phones, radio and through the internet. Where children lacked access to internet, UNICEF used humanitarian thematic funding to create pre-recorded classes for television for pre-primary through secondary students. Teachers were trained in the



In response to the closed learning centres, UNICEF and the Government of Bangladesh developed guidelines for home-based learning with support from the humanitarian thematic funding.

new modalities so that distance education could begin immediately and continue for the duration of the pandemic.

Despite the immense challenges in Bangladesh – including limited access to education and unequal distribution of resources – these diverse remote learning approaches helped maintain access to learning when children in Bangladesh needed it most. Overall, an estimated 17.2 million students (50 percent girls) across the country continued to study during the pandemic.

UNICEF plans to build on the lessons learned in 2020 in future humanitarian responses in Bangladesh. Distance education will not only be a key element in emergency preparedness planning, it will also be used to help children in hard-to-reach areas access learning in times of crisis.

Bangladesh

A secondary school student in Bangladesh attends classes remotely during COVID-19 lockdown measures.



South Asia

Empowering and protecting women in Bangladesh

Nur is one of the many women who has suffered gender-based violence at the hands of her husband. In 2020, a chance meeting with a UNICEF-supported volunteer from a Safe Space for Women and Girls changed her life.

Back in Myanmar, Nur, 25, got married when she was 13 years old. She now has four children and is a Rohingya refugee living in a camp Bangladesh's Cox's Bazar.

"I got pregnant almost immediately. My husband was very violent and frequently beat me for minor issues like delaying food or waking up late. I always had bruises all over my body," she says. She was constantly verbally abused by her husband's family who reminded her that she was useless, just another mouth to feed and a waste of money. Her confidence was shattered and she became withdrawn. When the family moved to Bangladesh, life was even harder. Her husband had no income for a long time and beat her frequently.

Nur is one of the many women who has suffered gender-based violence at the hands of her husband. In 2020, a meeting with a UNICEF-supported volunteer from a Safe Space for Women and Girls changed her life.

After meeting with the community volunteer, Nur was referred to the Safe Space for Women and Girls run by ActionAid with UNICEF support. The centre offers a safe, confidential and comfortable environment where women can meet and commune with each other away from the presence of men and boys, and without stigma. Survivors of gender-based violence can access psychosocial support and case management services. Women can also learn economically empowering skills such as dressmaking and embroidery – skills that Nur is using to empower and protect herself.

State of Palestine

Nur improves her dressmaking skills at a UNICEF-supported Safe Space for Women and Girls in Bangladesh.



West and Central Africa

Supporting community awareness of COVID-19 in Sierra Leone

Saidu Ture is a community health worker in the densely populated Kroo Bay Informal Settlement in Freetown, Sierra Leone. In addition to guiding community members on how to prevent and seek treatment for malnutrition, diarrhoea, acute respiratory infections and malaria, Saidu plays a critical role in raising awareness during public health emergencies, including the COVID-19 pandemic.

In 2020, Saidu and his team of nine other community health workers have been hard at work supporting contact tracing, dispelling rumours and misconceptions about COVID-19, and encouraging pregnant women, lactating mothers and caregivers of children under 5 years to continue to access health services.

UNICEF, with funding from the United Kingdom Foreign, Commonwealth and Development Office, is supporting the work of community health workers like Saidu and his team by providing training on applying appropriate infection prevention and control measures in their daily work to minimize risks to themselves and their patients. Saidu leads by example – always having his face mask on during the visits, and ensuring that during discussions, a good physical distance is maintained between himself and the clients.

In 2020, Saidu and his team of nine other community health workers have been hard at work supporting contact tracing, dispelling rumours and misconceptions about COVID-19 and encouraging pregnant women, lactating mothers and caregivers of children under 5 years to continue accessing health services.

Changes have also been made to how patients are monitored. To reduce close contact, mothers and caregivers are asked to check the body temperatures of babies, and community health workers record the findings and guide follow-up actions. Case management is conducted via mobile phones.

“As community health workers, we have the confidence and trust of the people because we have been working in this community for a long time,” says Saidu. “The assurances we have given them about the need to continue to access maternal and child health services during this difficult time of a pandemic have been well received.”



Sierra Leone

Community health worker Saidu helps mothers like Ngozi access health services during the pandemic, with UNICEF support.

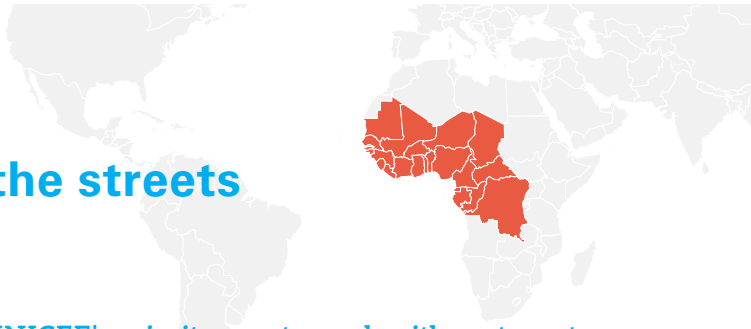
West and Central Africa

Protecting children who live on the streets in Côte d'Ivoire

An estimated 15,000 children live on the streets in Côte d'Ivoire. With limited access to basic services and given their heightened risk of trauma, these children are extremely vulnerable to the impacts of COVID-19.

To support these critically vulnerable children during the pandemic, UNICEF used flexible humanitarian thematic funds and worked with partners to provide children living on the streets with shelter, food, clean water, learning opportunities, access to sanitation, psychosocial support and care in child protection centres. UNICEF's priority was to work with partners to help reunite street children with their families, where possible, and provide them with vocational learning opportunities, when appropriate.

For example, working with the Ivorian Ministry of Women, Family and Children, UNICEF used flexible humanitarian thematic funds to identify and support 646 children living on the streets and provide these children with psychosocial support, accommodation, learning opportunities and care. Of these children, 126 have already been reunited with their families.



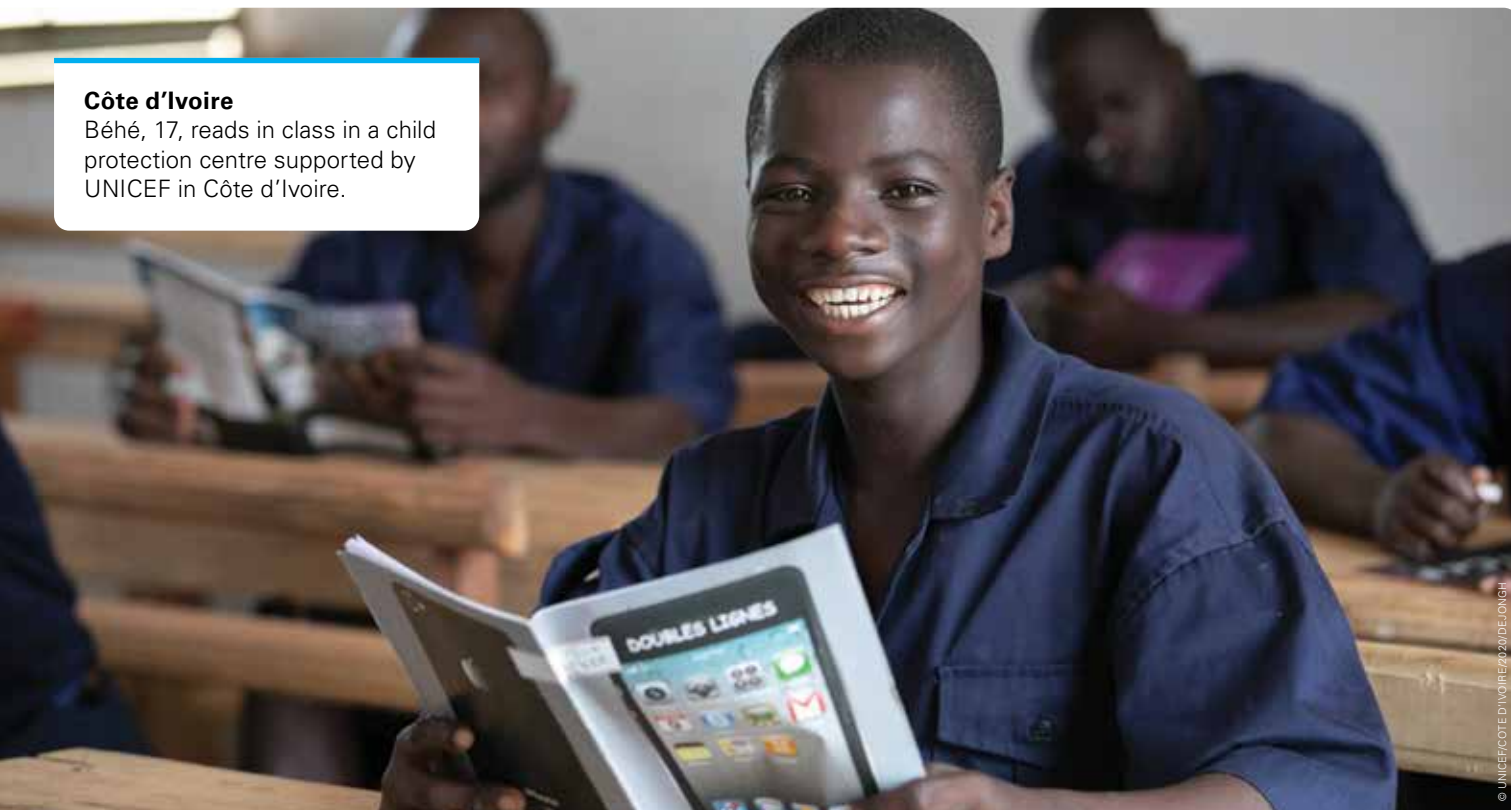
UNICEF's priority was to work with partners to help reunite street children with their families, where possible, and provide them with vocational learning opportunities, when appropriate.

For Béhé, 17, who left home at 11, COVID-19 made survival even more difficult. "During the curfew, I was often chased by armed men in the streets," Béhé says. Béhé was relieved when he was approached by a social worker who helped him to find a place in a child protection centre supported by UNICEF.

"They gave me everything I needed to be able to protect myself against COVID-19," he says. "I'm also getting counselling, food and other forms of support. The routine and numeracy classes at the centre have taken a bit time to get used to, but I feel like I have hope here. I'm happy that I'm able to learn things that can help me in the future."

Côte d'Ivoire

Béhé, 17, reads in class in a child protection centre supported by UNICEF in Côte d'Ivoire.



Headquarters

Supporting UNICEF programmes and operations at the global level during the COVID-19 response

Flexible resources were critical to supporting UNICEF's operations and programmes globally during the COVID-19 response in 2020.

Throughout the pandemic, UNICEF teams stayed and delivered programmes and results for children across the world, even when faced with a heightened risk of contracting COVID-19. To ensure the continuity of UNICEF programmes globally during the pandemic, UNICEF used humanitarian thematic funds to protect and provide medical assistance to its staff. This included establishing COVID-19-related medical services – including testing, treatment and medical evacuations – for UNICEF and United Nations staff in multiple locations. This support gave UNICEF staff the confidence and assurances they needed to continue to work during the pandemic – often on the front lines of the response – to deliver results for children globally.

At UNICEF Headquarters, humanitarian thematic funds supported the development of frameworks and guidance, and the provision of continuous support to UNICEF teams on the ground. This included rapid data collection, analysis and

Throughout the pandemic, UNICEF teams stayed and delivered programmes and results for children across the world, even when faced with a heightened risk of contracting COVID-19.

impact assessments that not only supported the UNICEF response but also informed broader public health responses and national decision-making.

As governments implemented COVID-19 mitigation measures, including mobility restrictions, and concerns rose about the effects of these measures on children, UNICEF used humanitarian thematic funds to generate sound evidence in countries where it was operating. This evidence was vital to informing governments, UNICEF and partners on gaps in the response and the progress being made. For example, UNICEF developed thematic data analyses on the epidemiology of the pandemic that informed public health responses; as well as on the socioeconomic impacts of COVID-19 on children.



Headquarter

Throughout the COVID-19 pandemic, UNICEF teams globally stayed and delivered programmes and results for children. In July 2020, Barangay health worker Elvie Mendoza and UNICEF visit residents of Purok 2, Sitio Target during the rapid coverage assessment for the massive polio vaccination in Angeles City, Pampanga, Philippines.

Annex 3: Financial Report

At the beginning of 2020, UNICEF requested US\$4.2 billion through its Humanitarian Action for Children appeal. Funding requirements continued to grow over the course of the year, reaching US\$6.3 billion by the end of December. The unprecedented level of funding needs for humanitarian assistance was primarily due to the COVID-19 pandemic and its impact on children and women.

Humanitarian requirements also rose as existing crises grew in complexity. In Zimbabwe, communities confronted multiple natural hazards and an economic downturn, while children in the Pacific were affected by Tropical Cyclone

Harold. New needs also emerged in several countries, such as Lesotho (drought), Lebanon (Beirut explosions) and in the Central America region (hurricanes Eta and Iota).

By the end of 2020, UNICEF had received nearly US\$2.2 billion in humanitarian contributions for the 2020 appeal, including US\$1.9 billion from the public sector (88 per cent) and US\$260.9 million from the private sector (12 per cent). The COVID-19 response accounted for 34 per cent of the total humanitarian funds (other resources – emergency) received. Resource partners also provided US\$463.1 million in ‘other resources – regular’ towards the global response to COVID-19, including through repurposing ongoing contributions.

FIGURE A3-1: Other resources – emergency contributions, 2014–2020

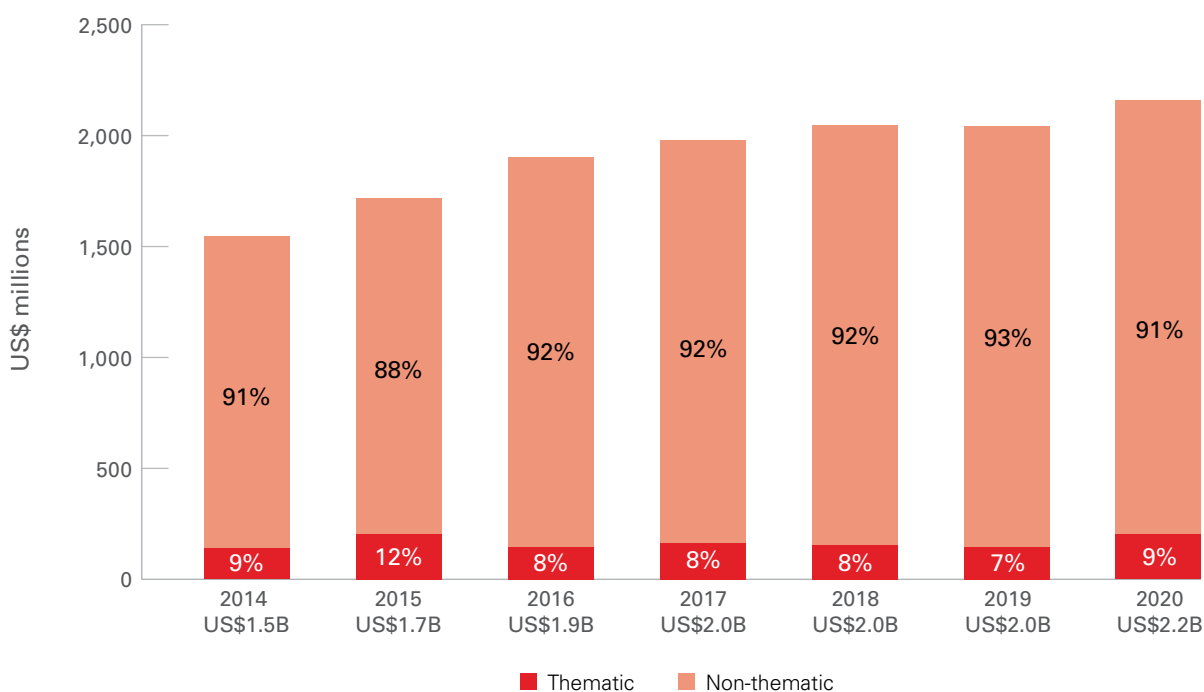


FIGURE A3-2: Other resources – emergency contributions by partner group, 2020

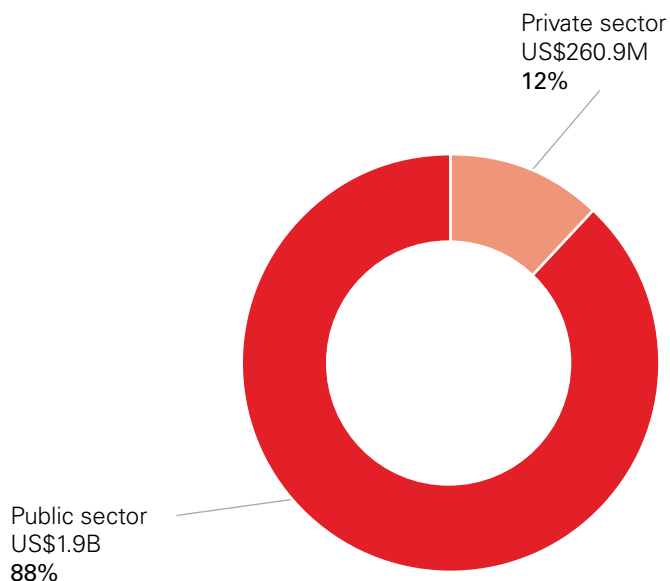
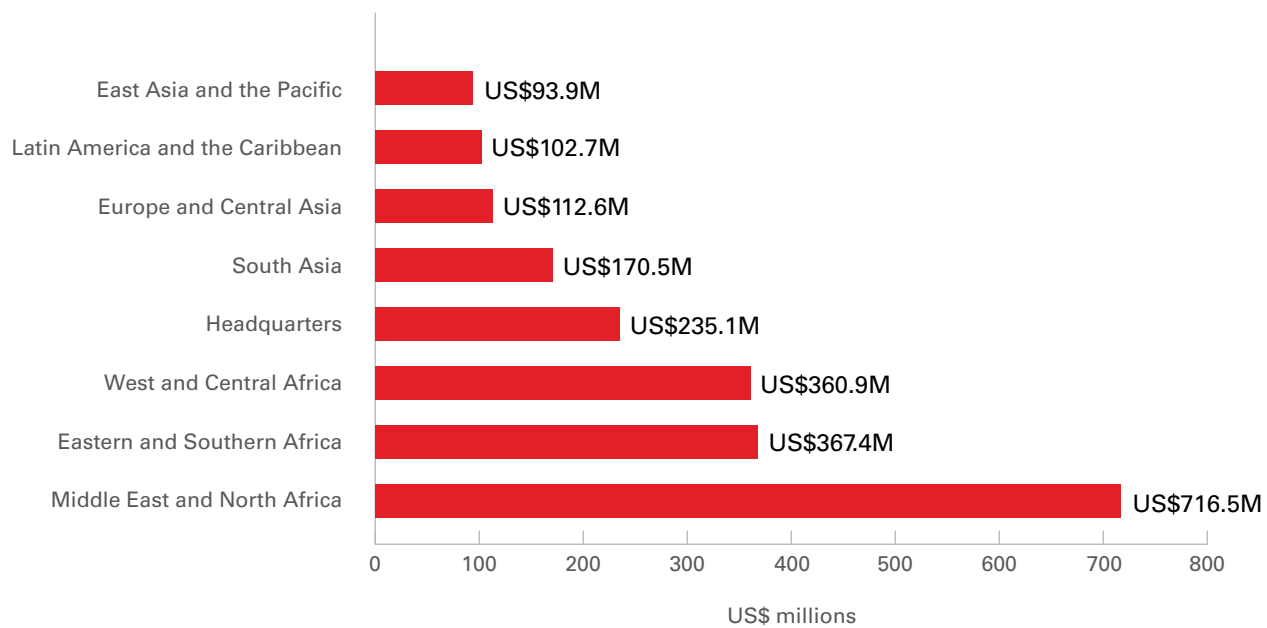


FIGURE A3-3: Humanitarian contributions (other resources – emergency) received in 2020, by region



The majority of the humanitarian funding received – 73 per cent of the total – came from the following top 10 resource partners: the Government of the United States of America, the Government of the United Kingdom of Great Britain and Northern Ireland, the Central Emergency Relief Fund, the Government of Japan, the European Commission, the U.S. Fund for UNICEF, the Government of Germany, the Government of Canada, Saudi Arabia, and the Government of Sweden. These top 10 donors contributed a total of US\$1.6 billion to UNICEF humanitarian action in 2020.

Despite the generosity of resource partners and the high level of funding in absolute terms, humanitarian needs reached record levels and posed significant challenges for UNICEF and its partners.

The bulk of resources (74 per cent) went to supporting the top 10 high-profile emergency responses. In large-scale emergency settings such as the Democratic Republic of the Congo, the Syrian Arab Republic, the Syrian refugee-hosting countries, Yemen and Zimbabwe, UNICEF programmes remained underfunded, limiting the organization’s capacity to reach those children who are most in need. While Yemen remained the largest humanitarian crisis in the world, UNICEF only received 34 per cent of the US\$535 million requested.

TABLE A3-1: Top 20 humanitarian resource partners by contributions received, 2020

Rank	Resource partners	Total (US\$)
1	United States	550,115,369
2	United Kingdom	279,622,168
3	United Nations Office for the Coordination of Humanitarian Affairs*	210,273,200
4	Japan	175,980,106
5	European Commission	143,163,404
6	World Bank	88,239,972
7	U.S. Fund for UNICEF	59,308,828
8	Germany	56,705,768
9	Canada	47,721,521
10	Saudi Arabia	46,638,254
11	Sweden	42,897,574
12	German Committee for UNICEF	35,459,368
13	Asian Development Bank	34,649,720
14	Denmark	31,310,274
15	United Kingdom Committee for UNICEF	29,498,049
16	UNDP-managed United Nations Partnerships and Joint Programmes	24,208,006
17	Netherlands	21,151,109
18	Australia	19,853,861
19	Japan Committee for UNICEF	19,568,396
20	Switzerland	17,304,297

*The Office for the Coordination of Humanitarian Affairs includes contributions received from the Central Emergency Response Fund, country-based pooled funds, and the pass-through contribution for Yemen from Saudi Arabia.

TABLE A3-2: Top 20 humanitarian contributions received, 2020

Rank	Grant description	Resource partners	Total (US\$)
1	Regional Refugee and Resilience Plan (3RP), Lebanon	United States	69,520,407
2	Health, Nutrition, Water, Environmental Sanitation, Education, Protection, Yemen	Saudi Arabia	46,000,000
3	Social Protection Programme, COVID-19 response, Yemen	United Kingdom	39,736,028
4	Regional Refugee and Resilience Plan (3RP), Turkey	United States	38,179,730
5	Building Health System Resilience for Nutrition Emergencies, Ethiopia	United Kingdom	29,021,232
6	Emergency Assistance Prevention of Further Spread of COVID-19, Regional offices for EAP and SA, and Iran	Japan	28,863,872
7	Coronavirus (COVID-19) Global Response	United Kingdom	25,218,305
8	Addressing Humanitarian Needs of Children and their Communities in the Eastern States, Sudan	UNOCHA	23,027,392
9	COVID-19 Emergency Response and Health System Preparedness Project, Afghanistan	World Bank	23,000,000
10	Preventing, Responding to COVID-19 Pandemic	Germany	22,396,417
11	Sahel Humanitarian Emergency Response Programme, WCA Regional Office	United Kingdom	21,554,478
12	CCTE 2, Turkey	European Commission	20,351,740
13	Regional Refugee and Resilience Plan (3RP), Jordan	United States	20,207,518
14	Integrated Essential Emergency Education Services (IEEES), South Sudan	United States	19,817,977
15	Global Humanitarian Thematic Funding	Netherlands	18,558,952
16	Regional Support to address COVID-19 Outbreak and Potential Outbreaks, EAPRO	Asian Development Bank	17,149,720
17	2019 Joint Response Plan for Rohingya Humanitarian Crisis, Bangladesh	United States	16,251,229
18	Lifesaving Support for Nutrition and WASH Services, Yemen	UNOCHA	15,999,941
19	Suppress and Mitigate the Impact of the COVID-19 Pandemic, Yemen	UNOCHA	15,999,548
20	Supporting Learning as a Pathway for Early Recovery, Syria	Japan	15,588,663

Note: EAP, East Asia and the Pacific; SA, South Asia; UNOCHA, United Nations Office for the Coordination of Humanitarian Affairs; WCA, West and Central Africa.

Loans provided through the Emergency Programme Fund supported the UNICEF response to acute emergencies by fast-tracking funding to affected countries within 48 hours of a crisis. In 2020, US\$46.3 million was allocated to over 21 countries and UNICEF global support. For example, these funds supported the emergency response in the north-west of the Syrian Arab Republic; facilitated uninterrupted water, sanitation and hygiene (WASH) and education support in Ukraine; enabled the provision of critical nutritional supplies in Somalia; and supported the scale up of the COVID-19 response. These regular resources are critical, especially in sudden-onset emergencies and unpredictable contexts such as the COVID-19 crisis, and UNICEF was able to reprogramme and use US\$81.7 million in 2020, based on the expenditure tagging done by offices.

Pooled funding mechanisms continued to play a critical role in the UNICEF humanitarian response in 2020. The Central Emergency Relief Fund provided US\$177.1 million to more than 40 countries, including timely and flexible funds to support the COVID-19 response. Country-based pooled funds awarded US\$42.6 million in contributions to 12 countries to address the challenges outlined in country humanitarian response plans. Combined, both pooled funds amounted to 10 per cent of the total funds received.

UNICEF continued to strengthen its partnerships with International Financial Institutions in 2020. As part of the response to COVID-19, UNICEF and the World Bank tripled the number of countries in which the organizations worked together, establishing more than 80 projects in 43 countries, nearly half of which were fragile or affected by conflict and violence. UNICEF was also the lead United Nations responding agency for the Pandemic Emergency Financing Facility, reaching 24 countries with COVID-19 emergency support and mobilizing US\$41 million in direct financing.

FIGURE A3-4: Top 10 donors for multi-year contributions in 2020

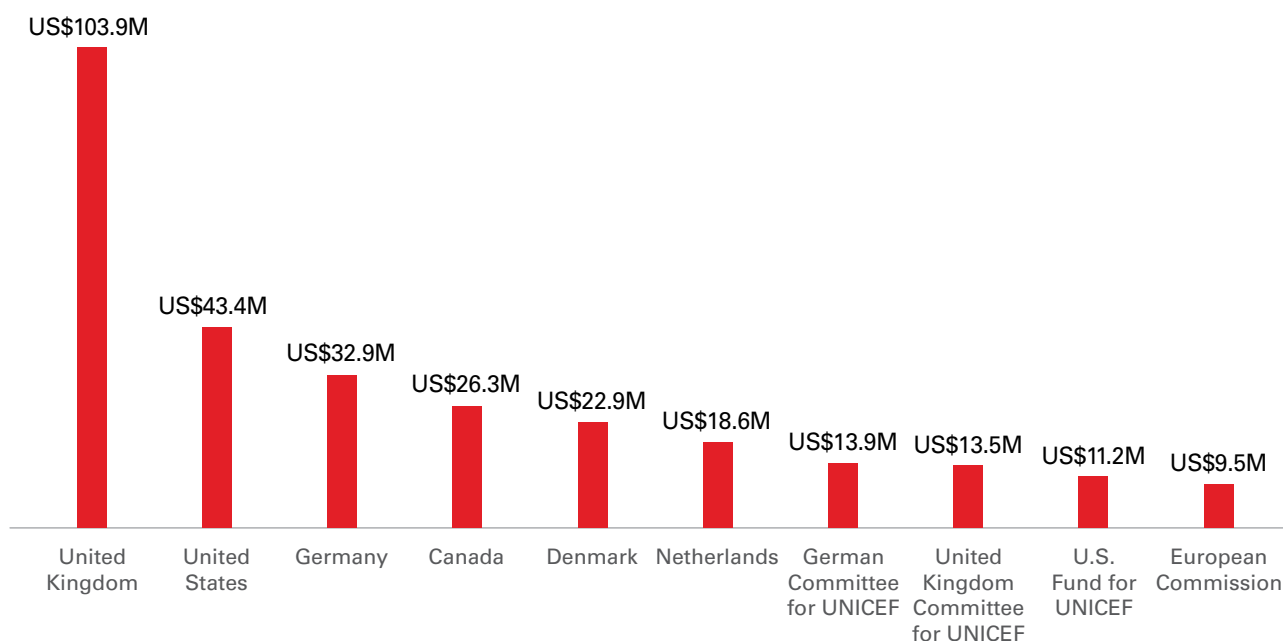


TABLE A3-3: Thematic funding contributions by resource partner to humanitarian action, 2020

Resource partner type	Resource partner	Total (US\$)	Percentage of total
Governments 18.01%	Netherlands	18,558,952	9.18%
	Denmark	13,224,476	6.54%
	Finland	2,389,486	1.18%
	Republic of Korea	1,100,000	0.54%
	Sweden	455,789	0.23%
	Estonia	285,627	0.14%
	Iceland	213,253	0.11%
	Lithuania	80,713	0.04%
	Romania	59,737	0.03%
	Italy	36,683	0.02%
Private sector 81.99%	German Committee for UNICEF	31,878,696	15.77%
	U.S. Fund for UNICEF	29,914,306	14.80%
	United Kingdom Committee for UNICEF	20,629,826	10.20%
	Japan Committee for UNICEF	19,282,194	9.54%
	French Committee for UNICEF	7,328,664	3.63%
	Norwegian Committee for UNICEF	6,811,140	3.37%
	Danish Committee for UNICEF	6,627,148	3.28%
	Swedish Committee for UNICEF	5,535,722	2.74%
	Italian Committee for UNICEF	3,682,362	1.82%
	Dutch Committee for UNICEF	3,478,395	1.72%
	UNICEF Saudi Arabia	3,272,550	1.62%
	Spanish Committee for UNICEF	2,684,255	1.33%
	Finnish Committee for UNICEF	2,362,180	1.17%
	Canadian Committee for UNICEF	2,170,342	1.07%
	UNICEF China	1,906,687	0.94%
	Swiss Committee for UNICEF	1,859,168	0.92%
	UNICEF Ireland	1,822,086	0.90%
	Luxembourg Committee for UNICEF	1,495,757	0.74%
	UNICEF Thailand	1,439,810	0.71%
	Belgian Committee for UNICEF	1,131,142	0.56%
	UNICEF India	967,317	0.48%
	Portuguese Committee for UNICEF	931,870	0.46%
	New Zealand Committee for UNICEF	930,452	0.46%
International online donations	783,729	0.39%	
Australian Committee for UNICEF	775,057	0.38%	

TABLE A3-3: Thematic funding contributions by resource partner to humanitarian action, 2020

Resource partner type	Resource partner	Total (US\$)	Percentage of total
Private sector 81.99%	UNICEF Indonesia	768,000	0.38%
	Hong Kong Committee for UNICEF	600,790	0.30%
	Korean Committee for UNICEF	600,734	0.30%
	Polish Committee for UNICEF	589,139	0.29%
	UNICEF United Arab Emirates	474,279	0.23%
	UNICEF Dominican Republic	449,846	0.22%
	Austrian Committee for UNICEF	372,139	0.18%
	UNICEF Croatia	265,688	0.13%
	UNICEF Mexico	262,500	0.13%
	UNICEF Philippines	218,390	0.11%
	UNICEF Chile	179,341	0.09%
	Icelandic Committee for UNICEF	161,430	0.08%
	Czech Committee for UNICEF	157,494	0.08%
	UNICEF Uruguay	137,222	0.07%
	UNICEF Malaysia	135,952	0.07%
	Andorran Committee for UNICEF	95,286	0.05%
	UNICEF Sri Lanka	92,186	0.05%
	UNICEF Ukraine	72,744	0.04%
	UNICEF Venezuela	71,250	0.04%
	UNICEF Colombia	65,000	0.03%
	UNICEF Egypt	56,864	0.03%
	Turkish Committee for UNICEF	55,554	0.03%
	UNICEF Cameroon	40,000	0.02%
	Slovenian foundation for UNICEF	30,587	0.02%
	UNICEF Kenya	25,000	0.01%
	UNICEF Romania	21,779	0.01%
	UNICEF Armenia	20,050	0.01%
	UNICEF Ecuador	14,713	0.01%
	UNICEF South Africa	13,802	0.01%
	Slovak Committee for UNICEF	4,091	0.00%
UNICEF Argentina	3,801	0.00%	
UNICEF Myanmar	2,094	0.00%	
UNICEF Viet Nam	1,379	0.00%	
UNICEF Bangladesh	1,105	0.00%	
Total		202,165,805	100.00%

The amount of thematic funding received for humanitarian responses at the global, regional and country levels in 2020 was 9 per cent (US\$202.2 million). Global humanitarian thematic funding (GHTF) – the most flexible type of humanitarian resources after regular resources – totalled US\$31.6 million (see Annex 1 for additional details).

In contrast, the global COVID-19 appeal received greater levels of flexibility from resource partners and surpassed the levels seen in other emergencies. In thematic funding alone, UNICEF received US\$86.4 million for the COVID-19 response and received an additional US\$87 million in softly earmarked contributions (see Annex 2 for additional details).

Multi-year contributions continued to decline in 2020, with US\$376 million received, compared with US\$513 million in 2019. The top government partners that have provided multi-year support to UNICEF humanitarian responses were the Government of the United Kingdom, the Government of the United States, the Government of

Germany, the Government of Canada and the Government of Denmark. Several National Committees played an important role in raising multi-year funding, including the National Committees of Germany, the United Kingdom, the United States, Japan and Norway. Longer-term funding allows UNICEF to be more strategic and predictable, and respond more effectively where needs are greatest, including by bridging humanitarian action and development programming.

As the world continues to face the devastating and wide-ranging impacts of COVID-19, UNICEF and its partners will continue to work tirelessly to support the most vulnerable children and their families, including displaced people, refugees, migrants and people caught up in conflicts or disasters. UNICEF urgently needs support from its partners to do more – to continue to save lives and expand its reach wherever necessary, while reducing underlying vulnerabilities and building long-term resilience to future shocks.

FIGURE A3-5: Humanitarian thematic funding contributions at country, regional and global levels, 2018–2020

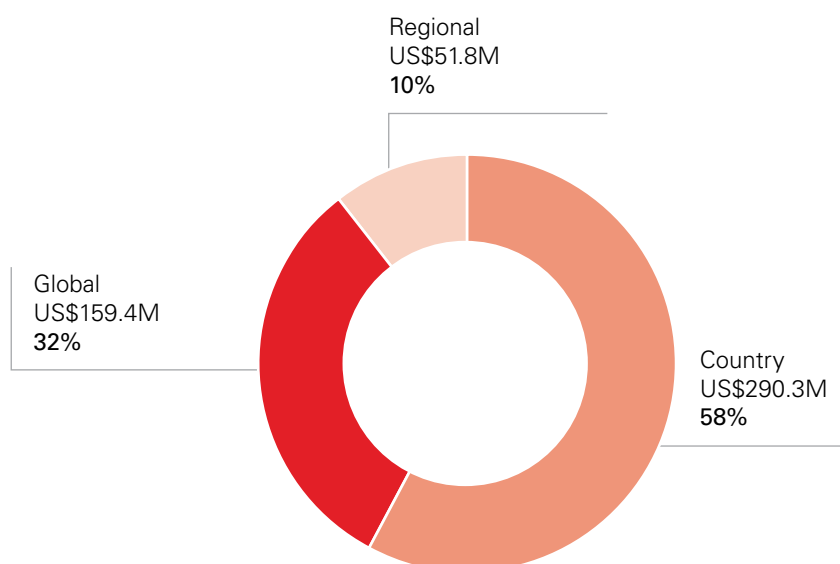
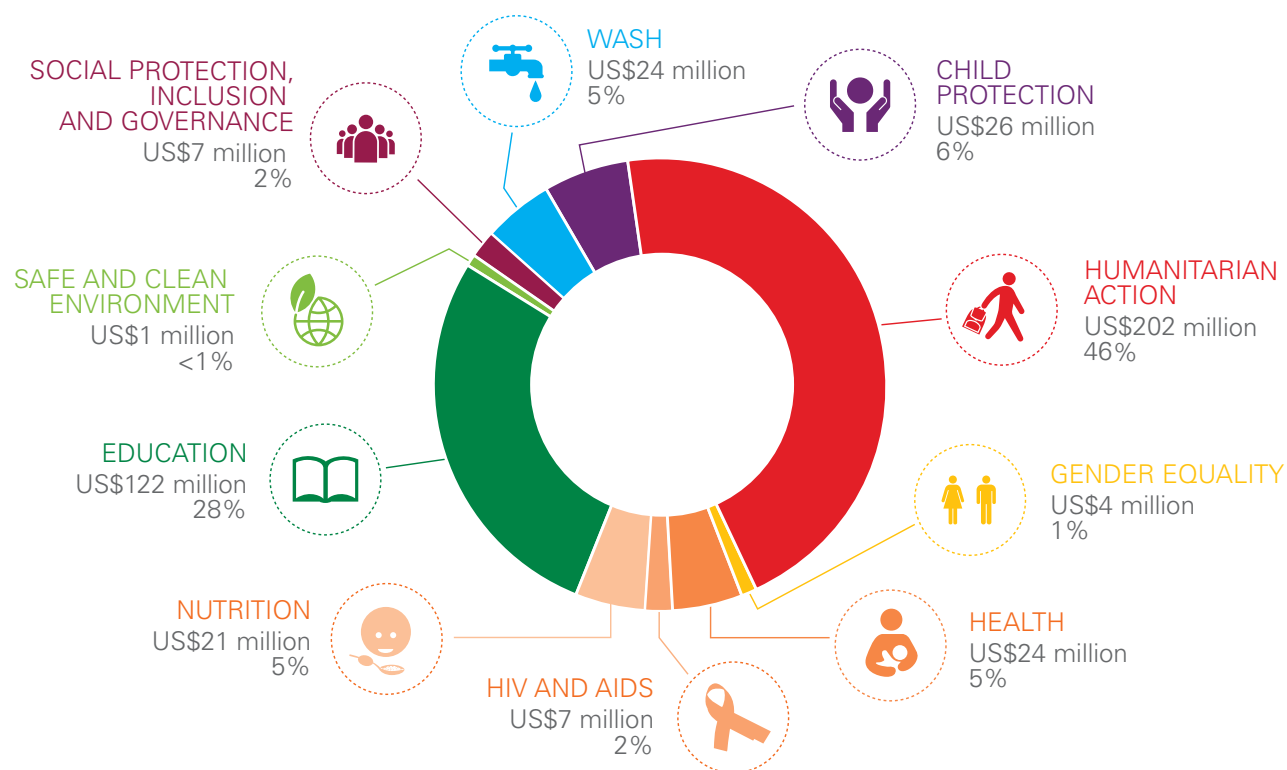


FIGURE A3-6: Thematic contributions by thematic pool, 2020



With the COVID-19 pandemic causing an unprecedented crisis and exacerbating the inequalities and vulnerabilities of children and their families, humanitarian action continued to play a significant role in field operations in 2020, totalling 57 per cent (US\$3.2 billion) of overall UNICEF expenses, using funds received in 2020 and resources from previous years. This represented a 5 per cent increase from emergency earmarked funding expenses in 2019 (US\$3.0 billion).

In 2020, the highest share of emergency funding expenses, 33 per cent, was for Goal Area 1 (every child survives and thrives). This was followed by 28 per cent funding expenses under Goal Area 4 (safe and clean environment) and 18 per cent under Goal Area 2 (every child learns).

Under the thematic areas, the highest expense was for WASH at 25 per cent, followed by 18 per cent for education and 17 per cent for nutrition. This was in line with funding requirements under the 2020 Humanitarian Action for Children appeal.

For the fourth consecutive year, emergency expenses in 2020 were highest in the Middle East and North Africa region, with 40 per cent of global emergency expenses in 2020 (US\$882 million). The largest crisis in terms of amount

of emergency earmarked funding spent remained the crisis in the Syrian Arab Republic (both inside the country and in neighbouring countries such as Lebanon and Turkey), followed by Yemen, the Democratic Republic of the Congo, South Sudan, Bangladesh, Somalia and Ethiopia. All of these crises were the most significant in terms of both scale and complexity.

Of all country-level expenses, 53 per cent (US\$3.0 billion) supported humanitarian response. In Greece, Lebanon, the Syrian Arab Republic and Turkey, more than 90 per cent of country-level expenses were classified as humanitarian. Of the 30 country offices with the largest overall expenses, 26 of them were included in the 2020 Humanitarian Action for Children appeal. Humanitarian action for these offices comprised 77 per cent of total country-level expenses, both humanitarian and non-humanitarian.

FIGURE A3-7: Other resources – emergency expenses by goal area, 2020

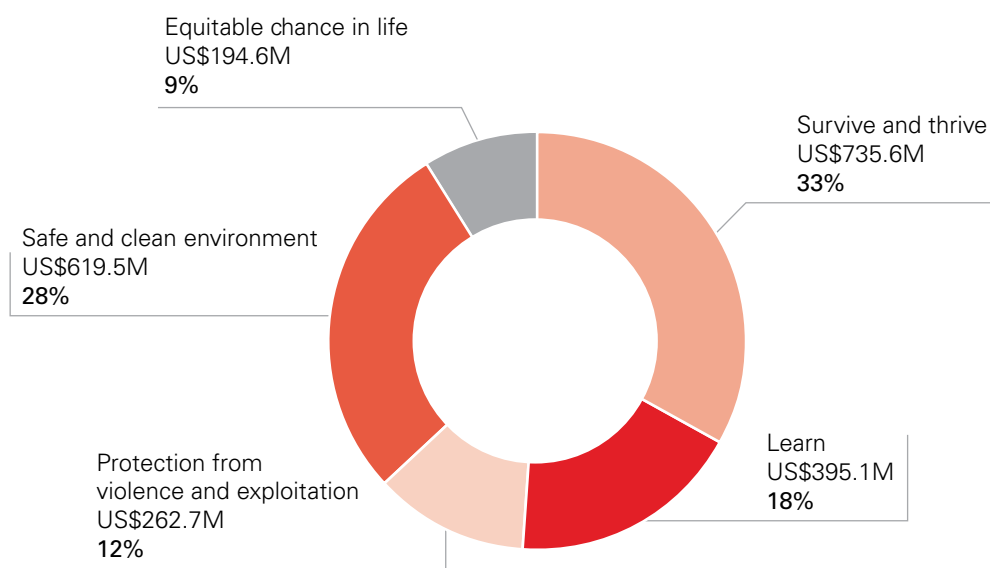


TABLE A3-4: Expenses by outcome area, 2020 (US\$)

Goal Area	Other resources – emergency	Other resources – regular	Regular resources	Total
Health	349,280,664	829,383,450	227,674,458	1,406,338,572
HIV and AIDS	2,284,049	24,042,826	26,021,188	52,348,063
WASH	553,978,476	305,517,211	135,523,251	995,018,939
Nutrition	370,722,555	190,006,057	95,271,463	656,000,075
Education	395,124,233	626,094,629	146,036,830	1,167,255,692
Child protection	262,695,071	288,000,012	161,337,251	712,032,334
Social policy, inclusion and governance	194,612,307	220,663,483	117,360,150	532,635,939
Safe and clean environment	65,553,142	28,019,461	33,246,862	126,819,465
Early childhood development	13,331,527	37,368,388	15,999,716	66,699,630
Total	2,207,582,025	2,549,095,517	958,471,169	5,715,148,710

Note: WASH, water, sanitation and hygiene.

FIGURE A3-8: Other resources – emergency expenses by region, 2020

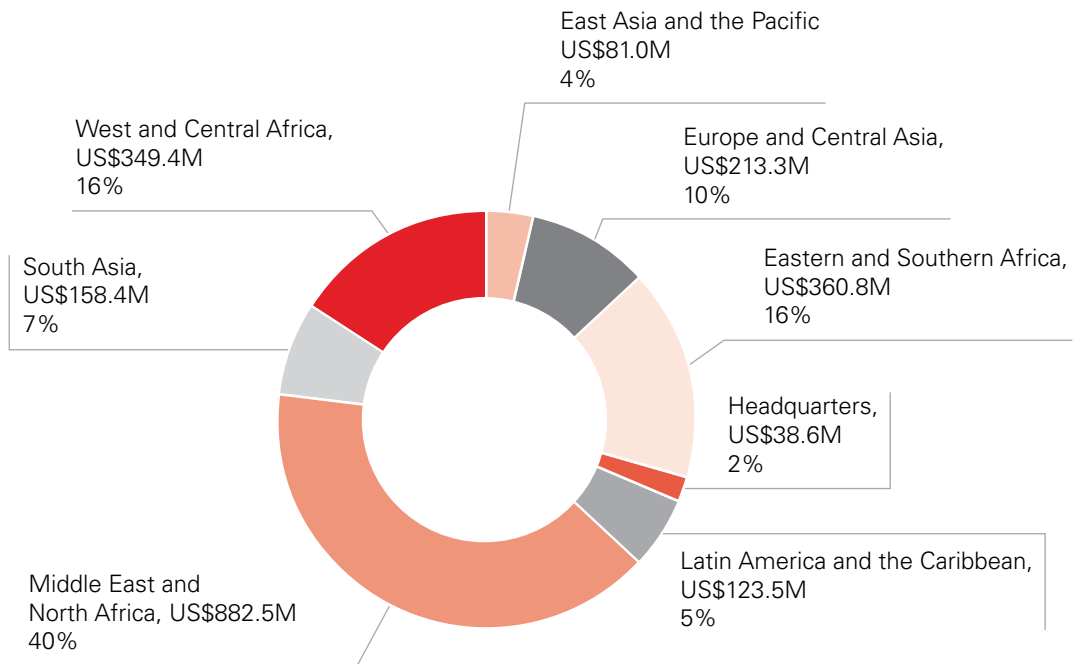
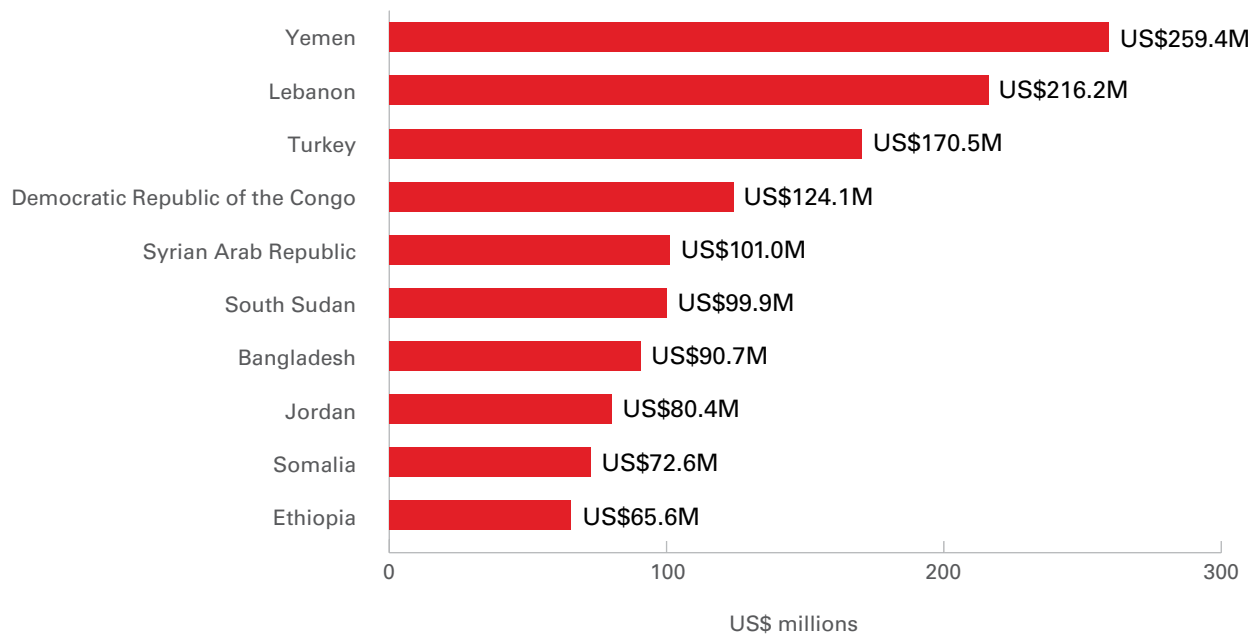


FIGURE A3-9: Top 10 countries by other resources – emergency expenses, 2020



Annex 4: UNICEF Strategic Plan Results Framework: Humanitarian Data Companion

A. OUTPUT INDICATORS			
Output indicators		Results ⁶⁸	
		2019	2020
GOAL AREA 1			
1.b.5.	Percentage of polio priority countries that had less than 5% missed children at district level during the last polio vaccination campaign in at least half of all districts in the country	89%	88%
1.b.6.	Percentage of UNICEF-targeted children in humanitarian situations vaccinated against measles	95%	86%
1.c.5.	Number of people receiving insecticide-treated nets as per international recommended standards through UNICEF-supported programmes	1.69 million	2.5 million ⁶⁹
1.e.1.	Number of girls and boys with severe acute malnutrition who are admitted for treatment ⁷⁰	4.1 million	4.0 million ⁷¹
1.h.3.	Percentage of UNICEF-targeted girls and boys under 5 years (0–59 months) in humanitarian situations who participate in [organized early childhood development and/or] early learning interventions	76%	64%
GOAL AREA 2			
2.a.2.	Percentage of countries with equitable education systems for access, including [by] children with disabilities (including the emergency preparedness/resilience dimension)	38%	51%
2.a.4.	Girls and boys targeted by UNICEF as a share of girls and boys targeted by all partners for early learning or education support in humanitarian situations	50%	42%
2.a.5.	Percentage of UNICEF-targeted girls and boys in humanitarian situations who have participated in early learning, primary or secondary education through UNICEF-supported programmes	60%	68%
2.b.1.	Number of girls and boys provided with individual educational/early learning materials through UNICEF-supported programmes	9.6 million	32.0 million ⁷²
2.c.1.	Number of girls and boys who have participated in skills development programmes for learning, personal empowerment, active citizenship and/or employability through UNICEF-supported programmes	2.3 million	8.4 million ⁷³

GOAL AREA 3			
3.a.3.	Number of countries in which an interoperable information management system supports and tracks case management, incident monitoring and programme monitoring	16	19
3.a.4.	Percentage of countries monitoring and reporting on grave violations against children that have a functional framework for the protection of children	37%	57%
3.a.5 (a-i)	Percentage of UNICEF-targeted girls and boys in humanitarian situations provided with community-based mental health and psychosocial support, including access to child-friendly spaces with intersectoral programming interventions	87% (3.7 million)	91% (31.2 million) ⁷⁴
3.a.5 (a-ii)	Percentage of UNICEF-targeted parents and primary caregivers in humanitarian situations provided with community-based mental health and psychosocial support, including access to child-friendly spaces with intersectoral programming interventions	-	110% (15.9 million) ⁷⁵
3.a.5 (b)	Percentage of UNICEF-targeted unaccompanied and separated girls and boys registered with family tracing and reunification services and family-based care or appropriate alternative services	58% (51,980)	74% (136,642)
3.a.5 (c)	Percentage of UNICEF-targeted girls and boys recruited and used by armed forces and groups that have been released and reintegrated with their families and provided with adequate care and services	53% (14,400)	53% (12,361)
3.a.5 (d)	Percentage of UNICEF-targeted girls and boys in areas affected by landmines and other explosive weapons provided with relevant prevention and survivor-assistance interventions	89% (4.4 million)	65% (2.7 million)
3.a.6.	Percentage of UNICEF-targeted women, girls and boys in humanitarian situations who were provided with risk mitigation, prevention or response interventions to address gender-based violence through UNICEF-supported programmes	116% (3.3 million)	98% (17.8 million)
3.a.7.	Number of children on the move who received protective services through UNICEF-supported programmes	1.8 million	1.8 million
GOAL AREA 4			
4.a.3.	Percentage of UNICEF-targeted population in humanitarian situations provided with a sufficient quantity of water of appropriate quality for drinking, cooking and personal hygiene ⁷⁶	100%	100%
4.b.4.(a)	Percentage of UNICEF-targeted population in humanitarian situations: (a) provided with access to appropriate sanitation facilities and living in environments free of open defecation	67%	58% ⁷⁷
4.b.4.(b)	Percentage of UNICEF-targeted population in humanitarian situations: (b) provided with menstrual hygiene management services	68%	56%
4.b.4.(c)	Percentage of UNICEF-targeted population in humanitarian situations: (c) provided with access to appropriate water, sanitation and hygiene (WASH) facilities for males and females, and hygiene education in schools, temporary learning spaces and other child-friendly spaces	42%	104%
GOAL AREA 5			
5.b.2.	Number of countries with national cash transfer programmes that are ready to respond to a crisis ⁷⁸	9	16
5.e.3.	Percentage of countries providing disability-inclusive humanitarian programmes and services	36%	44%

B. KEY PERFORMANCE INDICATORS

Indicator

HOWS⁷⁹

H1.c.1.	Percentage of country offices that meet organizational benchmarks on: (a) preparedness (b) implementing risk-informed programming (c) promoting peaceful and inclusive societies	(a) 74% (b) 41% (c) 30%	(a) 78% (b) 41% (c) 30%
H1.c.2.	Number of countries with inter-agency multi-year humanitarian response plans where country offices have aligned multi-year strategies and plans	14	15
H1.c.3.	Percentage of humanitarian funding provided to local and national actors	34%	28%
H1.c.4.	Percentage of countries with humanitarian response plans where country offices contribute to coordinated needs assessments through UNICEF-led cluster coordination mechanisms or directly with the humanitarian country team	79%	78%
H1.d.1.	Percentage of county offices that meet organizational benchmarks on Communication for Development programmes for community engagement and behaviour change, including adaptation for humanitarian response	40% (d: 51%) (h: 29%) ⁸⁰	57% (d: 57%) (h: 57%) ⁸¹
H5.b.2.	Number of novel products on pathway to being at scale in programme countries by 2021, including products developed to address health emergencies	5	5
H6.a.5.	Percentage of countries where UNICEF-led cluster coordination mechanisms meet satisfactory performance for established functions: ⁸² (a) nutrition (b) education (c) WASH (d) child protection (area of responsibility)	(a) 57% (b) 35% (c) 48% (d) 30%	(a) 81% (b) 88% (c) 52% (d) 40%
H7.a.1.	Percentage of countries implementing proven real-time information innovations at large scale, including adaptation for humanitarian response	54%	72%

ENABLERS⁸³

E3.b.3.	Percentage of relevant staff who have completed relevant learning programmes: (c) results-based management, including risk-informed programming	61%	56%
E3.d.1.	Percentage of requests for emergency response team support filled within three days	81%	41%

Endnotes

1. United Nations Office for the Coordination of Humanitarian Affairs, 'Global Humanitarian Overview 2021', OCHA, New York, 2020, <<https://www.unocha.org/global-humanitarian-overview-2021>>, accessed 4 May 2021.
2. Global figures presented throughout this report are derived from the country office annual reports, unless otherwise stated. Further information on global figures can be found in the 'Data companion and scorecard to the annual report for 2020 of the Executive Director of UNICEF', <www.unicef.org/executiveboard/documents/unicef-2020-EDAR-data-companion-and-scorecard-AS-2021>, accessed 4 May 2021. There may be slight discrepancies due to rounding of some values.
3. A standby arrangement is a tool for strengthening emergency response capacity. Under such an arrangement, partners maintain a pool of operational resources, including personnel, technical expertise, services and equipment, that can be deployed to enhance UNICEF response capacity at the onset of an emergency.
4. This includes missions undertaken by the UNICEF Global Cluster Coordination Unit.
5. This figure comprises deployments undertaken by UNICEF staff as part of the Humanitarian Surge Deployment, Regional/Rapid Response Mechanism, UNICEF Rapid Response Team and Emergency Response Team.
6. United Nations Children's Fund, 'Strengthening UNICEF's Humanitarian Action, The Humanitarian Review: Findings and recommendations', UNICEF, September 2020.
7. Natali, Luisa and Jacobus de Hoop, 'The Difference a Dollar a Day Can Make: Lessons from UNICEF Jordan's Hajati cash transfer programme', *Innocenti Research Report*, UNICEF Office of Research, Innocenti, Florence, 2020.
8. Through the First Action Initiative, UNICEF uses flexible funds in countries in urgent need of preparedness due to imminent risks. In 2020, the First Action Initiative made the following allocations: West and Central Africa (US\$540,000); Haiti (US\$533,883); Pacific Islands (US\$526,442); State of Palestine (US\$451,618); Kenya (US\$393,138); Afghanistan (US\$340,584); Zimbabwe (US\$237,220); Islamic Republic of Iran (US\$222,530); Nicaragua (US\$150,000); Benin (US\$19,200); and Togo (US\$9,821).
9. The Co-Funding Initiative seeks to support investments by country and regional offices to enhance the preparedness of UNICEF, partners and government actors over the short, medium or long term.
10. The 25 per cent target was established by the Grand Bargain, of which UNICEF is a signatory. UNICEF has internally set its own more ambitious target of 34 per cent in the Strategic Plan Results Framework.
11. United Nations Children's Fund, 'Core Commitments for Children', UNICEF, New York, 2021, <<https://www.corecommitments.unicef.org/>>, accessed 4 May 2021.
12. INFORM is a collaboration initiative between the Inter-Agency Standing Committee Reference Group on Risk, Early Warning and Preparedness, and the European Commission.
13. 'Global Humanitarian Overview 2021'.
14. Ibid.
15. Ibid.

16. United Nations Children's Fund, 'UNICEF Humanitarian Action for Children 2021 – Bangladesh', UNICEF, New York, 2020.
17. 'Global Humanitarian Overview 2021'.
18. Ibid.
19. Ibid.
20. UNICEF had approximately US\$952 million in funds available from the previous year (figure is provisional and subject to change).
21. World Health Organization, 'WHO Coronavirus Disease (COVID-19) Dashboard', WHO, Geneva, 2020, <<https://covid19.who.int/>>, accessed 25 November 2020.
22. United Nations Children's Fund, 'Strengthening UNICEF's Humanitarian Action, The Humanitarian Review: Findings and recommendations', UNICEF, September 2020.
23. The 25 per cent target was established by the Grand Bargain, of which UNICEF is a signatory (*see Endnote 5*).
24. The UNICEF Emergency Preparedness Platform tracks risks to enhance the organization's early warning and preparedness.
25. The Procedure on Preparedness for Emergency Response was designed to ensure that preparedness is mainstreamed across UNICEF country, regional and global offices. It includes mandatory minimum preparedness actions and standards for analysing risks, and systematic contingency planning and monitoring of progress towards agreed preparedness standards.
26. Through the First Action Initiative, UNICEF uses flexible funds in countries in urgent need of preparedness due to imminent risks (*see Endnote 3*).
27. The Co-Funding Initiative seeks to support investments by country and regional offices to enhance the preparedness of UNICEF, partners and government actors over the short, medium or long term.
28. The Horizon Scan Process allows UNICEF to identify risks, prioritize countries that have large risks to 'watch', and ensure those countries have solid preparedness plans in place to address the relevant risks.
29. U-Report is a social messaging tool and data collection system developed by UNICEF to improve citizen engagement, inform leaders and foster positive change.
30. World Health Organization, 'COVID-19 Global Risk Communication and Community Engagement Strategy', WHO, 2020, <www.who.int/publications/i/item/covid-19-global-risk-communication-and-community-engagement-strategy>, accessed 4 May 2021.
31. The 25 per cent target was established by the Grand Bargain, of which UNICEF is a signatory (*see Endnote 5*).
32. A standby arrangement is a tool for strengthening emergency response capacity (*see Endnote 7*).
33. Veolia is a French transnational company with activities in three main service and utility areas traditionally managed by public authorities: water management, waste management and energy services.
34. 'UNHCR Ethiopia Fact Sheet December 2020'.
35. Information related to early childhood development, adolescents and disabilities comes later in this report under the relevant sections of the chapter, Results by Strategic Plan goal area (*see page 28*). Gender equality is included here because it cuts across the achievement of all of the Strategic Plan goal areas.
36. As the sources of data used to calculate UNICEF's global SAM treatment admissions in 2020, as well as the provision of IYCF counselling and vitamin A supplementation, do not disaggregate humanitarian and development targets, the global humanitarian targets for these results are not presented.
37. United Nations Children's Fund, 'Coronavirus (COVID-19) guide for parents', UNICEF, New York, 2020, <www.unicef.org/parenting/coronavirus-covid-19-guide-parents>, accessed 4 May 2021.
38. United Nations Children's Fund, 'Childhood in Times of Covid-19', UNICEF, New York, 2020, <<https://cursocovid19.unicef.iprede.org.br/>>, accessed 26 April 2021.
39. United Nations Children's Fund, 'Playing is Not Only for Fun', UNICEF, 2020, <www.youtube.com/watch?v=XPcmX9MZ0PE>, accessed 26 April 2021.
40. The sheer number of children in need and the scale of the emergency prevented UNICEF from reaching its target.
41. UNICEF estimate based on country-level analysis and preliminary Response for Venezuelans inter-agency calculations.
42. UNICEF is no longer the co-lead of the Gender-Based Violence Area of Responsibility, which is now led by United Nations Population Fund.
43. Global Protection Cluster, 'Child Protection and Education in Emergencies', <www.cpaor.net/node/5012>, accessed 9 April 2021.
44. Global Protection Cluster, 'Needs Identification and Analysis Framework', UNICEF Child Protection Area of Responsibility, 2020, <www.cpaor.net/node/669>, accessed 4 May 2021.

45. The six grave violations against children in times of war are: killing and maiming of children, recruitment and use of children by armed forces or armed groups, attacks on schools or hospitals, rape or other sexual violence against children, abduction of children, and denial of humanitarian access to children.
46. International Campaign to Ban Landmines, 'Landmine Monitor 2019', ICBL, 2019; International Campaign to Ban Landmines, 'Landmine Monitor 2018', ICBL, 2018.
47. United Nations Children's Fund, 'Annual Report of the Secretary-General on Children and Armed Conflict' (unpublished draft).
48. United Nations Children's Fund, *Water Under Fire Volume 2: Strengthening sector capacity for a predictable, quality humanitarian response*, UNICEF, November 2020.
49. WASH Cluster, 'Delivering Humanitarian Water, Sanitation and Hygiene (WASH) At Scale, Anywhere and Any Time: Road map for 2020-2025', UNICEF, Geneva, 2020.
50. United Nations Children's Fund, 'UNICEF Humanitarian Action for Children 2021 – Myanmar', UNICEF, New York, 2020.
51. Natali, Luisa and Jacobus de Hoop, 'The Difference a Dollar a Day Can Make'.
52. Inter-Agency Standing Committee, 'IASC Guidelines, Inclusion of Persons with Disabilities in Humanitarian Action, 2019', IASC, 19 November 2019, <<https://interagencystandingcommittee.org/iasc-task-team-inclusion-persons-disabilities-humanitarian-action/documents/iasc-guidelines>>, accessed 5 May 2021.
53. Based on figures of children in need provided in UNICEF Humanitarian Action for Children 2021 appeals.
54. Inter-Agency Standing Committee, 'Wish Us & For Us: IASC guidelines on working with and for young people in humanitarian and protracted crises', UNICEF and Norwegian Refugee Council for the Compact for Young People in Humanitarian Action, 2020, <<https://interagencystandingcommittee.org/events/iasc-guidelines-working-and-young-people-humanitarian-and-protracted-crises>>, accessed 4 May 2021.
55. Ibid.
56. The Social Science Analysis Cell (CASS) is an integrated social sciences analysis unit providing real-time social and behavioural sciences to inform response interventions and strategies. CASS seeks to use evidence to advocate for more accountable, effective and efficient response strategies and interventions.
57. Arabic, Chinese, English, French, Russian and Spanish.
58. United Nations Children's Fund, 'UNICEF's Agenda for Action', UNICEF, <www.unicef.org/children-uprooted/agenda-for-action>, accessed 5 May 2021.
59. United Nations Children's Fund, 'A Six-Point Plan to Protect our Children', UNICEF, New York, 2020, <www.unicef.org/coronavirus/six-point-plan-protect-children>, accessed 4 May 2021.
60. United Nations Children's Fund Yemen, *Yemen Five Years On: Children, conflict and COVID-19*, UNICEF, June 2020.
61. This figure comprises deployments undertaken by UNICEF staff as part of the Humanitarian Surge Deployment, Regional/Rapid Response Mechanism, UNICEF Rapid Response Team and Emergency Response Team.
62. United Nations Children's Fund, 'UNICEF Strategy to Prevent and Respond to Sexual Exploitation and Abuse and Sexual Harassment', UNICEF, January 2019.
63. Inter-Agency Standing Committee, 'IASC Six Core Principles', IASC, <<https://psea.interagencystandingcommittee.org/update/iasc-six-core-principles>>, accessed 5 May 2021.
64. United Nations Children's Fund, 'UNICEF Internal Assessment on Cascading Quality Funding to Implementing Partners', UNICEF, 25 June 2020.
65. This includes multi-year humanitarian response plans, multi-year COVID-19 response plans, rolling multi-year plans, and agreements with implementing partners.
66. 'Core Commitments for Children', <www.corecommitments.unicef.org/>.
67. INFORM is a collaboration of the Inter-Agency Standing Committee Reference Group on Risk, Early Warning and Preparedness, and the European Commission.
68. The 2019–2020 values presented in the Annex reflect results in humanitarian settings across Goal Areas, change strategies and enablers. For the complete set of data reported against the UNICEF 2018–2021 Strategic Plan Results Framework, please refer to the data companion and score card of the UNICEF Executive Director's Annual Reports 2019 and 2020. Due to rounding, figures may differ from those provided in the data companion and scorecard to the 2019 UNICEF Executive Director's Annual Report.
69. This is the 2020 result. The data companion and scorecard to the 2020 UNICEF Executive Director's Annual Report also reflects the cumulative result of 7.9 million since 2016.

70. The humanitarian dimension of this indicator reflects the number of children with severe acute malnutrition admitted for treatment in countries included in the 2018 and 2019 Humanitarian Action for Children appeals, with the exception of Nigeria which reports disaggregated data in both humanitarian and development contexts.
71. This figure captures the severe acute malnutrition admissions in the full year from October 2019 to September 2020.
72. In the context of the COVID-19 pandemic, UNICEF seized the opportunity to find innovative ways to ensure learning continued for children and adolescents and to address exclusion and inequity. UNICEF supported efforts to adopt technology to provide distance learning to children during school closures, and to safely and inclusively reopen schools.
73. Ibid.
74. UNICEF has been at the forefront of ensuring the continuity of mental health and psychosocial support (MHPSS) services during the COVID-19 pandemic. UNICEF supported governments and practitioners on innovative and adaptive methods of delivering MHPSS activities amid the evolving contexts.
75. Ibid.
76. Improved access to drinking water in humanitarian situations includes water treatment solutions.
77. Progress was slow due to the reprioritization of hygiene and water for the COVID-19 response, compounded by challenges related to movement restrictions during the pandemic.
78. The indicator measures progress on preparedness for humanitarian crises only.
79. A 'how' indicator is defined as a change strategy necessary for the achievement of a result.
80. The (d:) and (h:) figures represent the percentages in development and humanitarian settings, respectively, of country offices that meet organizational benchmarks on Communication for Development programmes.
81. Ibid.
82. This is a new indicator in the UNICEF Strategic Plan, 2018–2021. Result values for 2019 and 2020 are different from the results provided in the 2019 and 2020 Annual Results Reports – Humanitarian Action, in which the focus is on countries where a cluster coordination performance assessment was undertaken with partners.
83. This is defined as internal factors that support the delivery of results and change strategies.



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