



## Humanitarian action

Global Annual  
Results Report 2021

unicef   
for every child

Cover image: © UNICEF/UN0551315/Hayyan  
Two girls celebrate World Children's Day in November 2021 at Al  
Shaab School in Aden Governorate, Yemen.

Expression of thanks: © UNICEF/UN0588735/Coutinho  
A young girl enjoys a back-to-school moment in Lagoa dos  
Gatos, Pernambuco, Brazil. In August 2021, UNICEF worked in  
northeastern Brazil to support priority municipalities in safely  
reopening schools.



## Expression of thanks

UNICEF expresses its gratitude to all resource partners whose overall contributions supported the organization's humanitarian action in 2021. 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. The work of UNICEF 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.

The mission of UNICEF 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 is able to fully enjoy their rights. 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 and 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 2021 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 2021 Executive Director Annual Report (EDAR), UNICEF’s official accountability document for the past year.

# Contents

## Executive Summary ..... 2

UNICEF work and key results in 2021.....	3
Looking ahead.....	6

## Strategic Context ..... 8

The humanitarian landscape in 2021 .....	9
The UNICEF humanitarian response in 2021 .....	11
Strengthening efficiency and effectiveness for humanitarian results .....	16
Fostering collaboration and partnerships.....	25
Fostering equity and inclusion.....	27
Challenges and lessons learned.....	28

## High-level priorities and the way forward ..... 30

Ensure the right human resources are in place for humanitarian action.....	31
Strengthen the response to mass population displacements and protracted crises .....	32
Recognize the profoundly different and gendered impacts of crises on women and men, and girls and boys .....	32
Advocate for the central role of protection, with particular attention to specialized protection services for children in armed conflicts.....	33
Expand preparedness, anticipatory action and risk analysis work.....	33
Prioritize supporting country offices to establish accountability mechanisms and continue to promote a more localized humanitarian response .....	34
Complete the implementation of the recommendations of the Humanitarian Review.....	34

## Results by Strategic Plan Goal Area..... 35

Goal Area 1: Every child survives and thrives.....	36
Goal Area 2: Every child learns.....	51
Goal Area 3: Every child is protected from violence and exploitation.....	54
Goal Area 4: Every child lives in a safe and clean environment.....	62
Goal Area 5: Every child has an equitable chance in life .....	66

## Results by cross-cutting commitment ... 74

Needs assessment, planning, monitoring and evaluation .....	75
Supply and logistics.....	76
Media and communications.....	78
Security management.....	80
Human resources.....	82
Resource mobilization .....	84
Finance and administration .....	86
Information and communications technology .....	87

## Abbreviations and acronyms..... 88

## Annex 1: Global Humanitarian Thematic Funding 2021 ..... 89

## Annex 2: Financial Report ..... 110

## Annex 3: UNICEF Strategic Plan Results Framework: Humanitarian data companion..... 122

## Endnotes..... 127



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# Executive Summary

Children smile in a UNICEF-supported camp for internally displaced persons in Mekelle, the capital city of the Tigray region in Ethiopia (October 2021).

A record number of people globally – 235 million – required humanitarian assistance in 2021, a number that is expected to rise to 274 million in 2022.<sup>1</sup> Millions of children and families needed humanitarian support to have adequate nutrition, access preventive health care and recover from illness and injury, enjoy an education,

cope with displacement and remain safe from the harms and the worst effects of conflict and climate change. The coronavirus disease 2019 (COVID-19) pandemic continued to add unique challenges to reaching those in need of humanitarian assistance.

## UNICEF work and key results in 2021

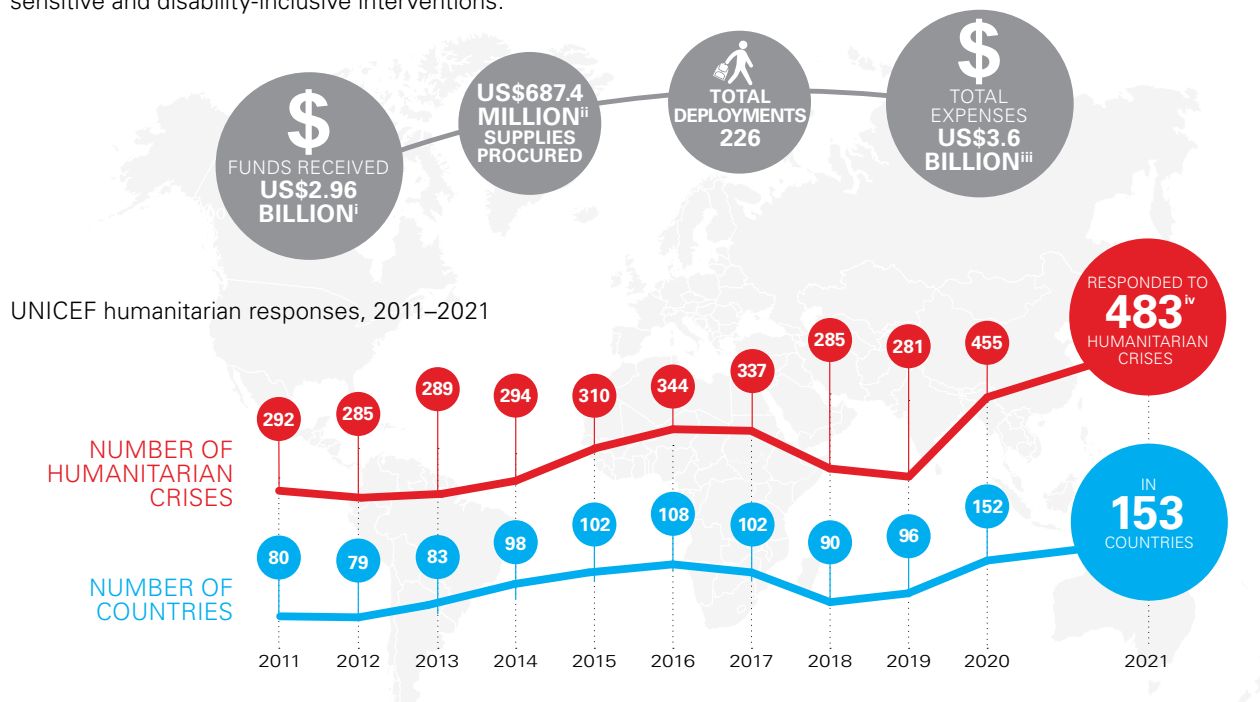
UNICEF responded in 153 countries to 483 new or ongoing humanitarian crises (Figure 1), including five Level 3 crises and seven Level 2 crises. Altogether, UNICEF responded to 104 natural disasters, 84 socio-political crises, 226 health emergencies (including the COVID-19 pandemic response), 27 nutrition crises and 42 other critical situations.

The global UNICEF humanitarian response in 2021 was delivered in line with the UNICEF Strategic Plan, 2018–2021 and the newly revised UNICEF global policy and framework for humanitarian action, the Core Commitments for

Children in Humanitarian Action. The results described in this Annual Results Report are organized according to these revised Core Commitments, and cover the last year of the Strategic Plan, 2018–2021. The country-level response to the COVID-19 pandemic was integrated into country office and regional office strategies and appeals, while a global appeal for the Access to COVID-19 Tools Accelerator (ACT-A) guided UNICEF global efforts in support of COVID-19 vaccines, diagnostics, therapeutics and the health systems connector.

FIGURE 1: UNICEF global response in 2021

In 2021, 153 country offices responded to 483 humanitarian crises, reaching millions of children with life-saving, gender-sensitive and disability-inclusive interventions.



<sup>i</sup> The figure is based on emergency contributions received in 2021, recognized as other resources – emergency.

<sup>ii</sup> 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.

<sup>iii</sup> The figure represents expenses of emergency funds (other resources – emergency) received in 2021 and carried over from the previous year.

<sup>iv</sup> This total includes 104 natural disasters, 84 socio-political crises, 226 health emergencies (including the COVID-19 pandemic response), 27 nutrition crises and 42 other critical crises.

To meet humanitarian needs, UNICEF drew on the full force of its mandate and a dynamic network of partners to provide a protective and life-saving response. The organization exerted 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 humanitarian supply capacity; and harnessing its vast network of partners, including governments, civil society, communities and the private sector.

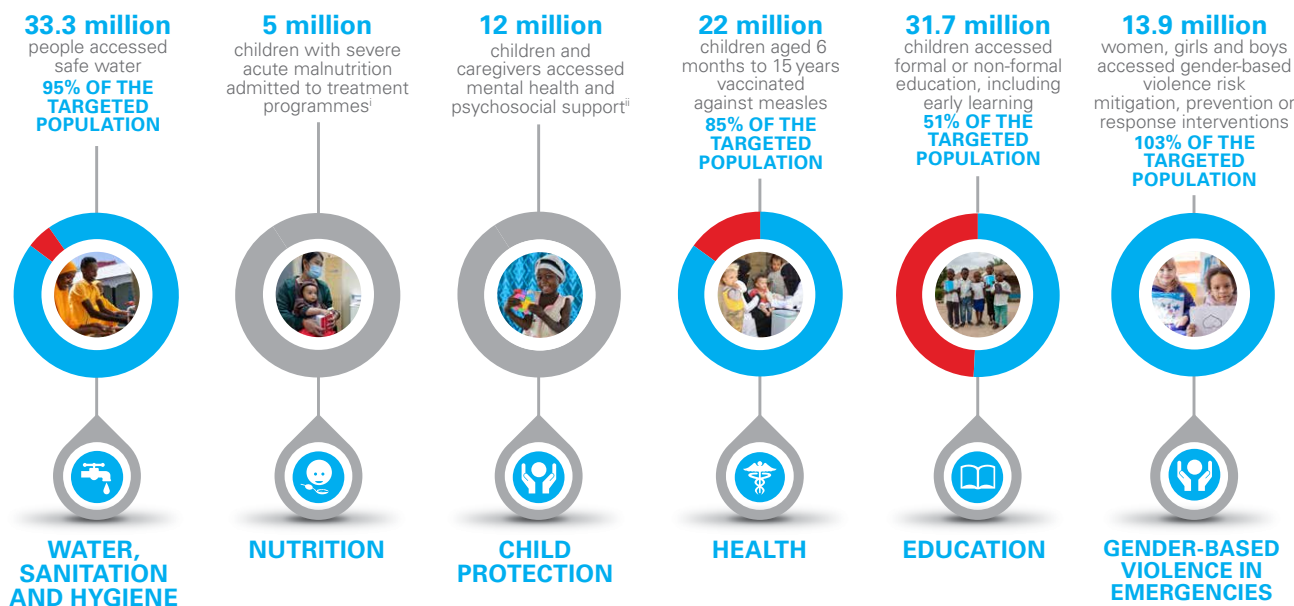
A great example of UNICEF's use of its comparative advantage and strong and broad field presence was its role in risk communication and community engagement work under the ACT-A: UNICEF provided community engagement and social and behaviour change expertise to complement the World Health Organization's epidemiological focus in more than 100 countries. UNICEF's work was tailored to specific country and community contexts and achieved considerable results in some countries in terms of reach of key messages and COVID-19 vaccine uptake (in South Sudan, for example, COVID-19 vaccine uptake among women jumped from 25 per cent to 43 per cent after UNICEF information-gathering and focus groups helped the Government hone its vaccination outreach measures). The focus on community engagement that was required for the COVID-19 response also resulted in great strides in youth

engagement globally – part of a tidal wave of progress in this area, with 19.6 million adolescents (54 per cent girls) in 125 countries engaged through UNICEF programmes in 2021 (nearly four times the Strategic Plan target), with 5.7 million of these young people engaged in humanitarian action and nearly 700,000 on climate change advocacy.

All this work was part of UNICEF staff and partners' efforts to mitigate the pandemic's worst effects on children and deliver life-saving support to children and families. But, while the COVID-19 pandemic remained a dominant force in people's lives and in UNICEF humanitarian efforts in 2021, it was only part of a much broader picture of humanitarian need and response. Major 2021 humanitarian responses for which UNICEF activated its corporate emergency procedures in 2021 or in prior years included not only the pandemic, but also the extreme humanitarian crises in Afghanistan, northern Ethiopia, the Syrian Arab Republic and Yemen (all Level 3 emergencies) as well as Level 2 emergencies – complex humanitarian situations in the Bolivarian Republic of Venezuela and the central Sahel (Burkina Faso, Mali and the Niger) and in Cabo Delgado (Mozambique), internal displacement and health epidemics in the Democratic Republic of the Congo, the escalation of violence in Myanmar, the effects of climate change and worsening drought in southern Madagascar and the earthquake in Haiti.

FIGURE 2: Humanitarian results for children in 2021

These are some of the key humanitarian results achieved against targets for children by UNICEF and partners in 2021. In some contexts, achievements were constrained by limited resources, including across sectors; inadequate humanitarian access; insecurity; and challenging operating environments.



<sup>i</sup> As the sources of data used to calculate UNICEF's global severe acute malnutrition treatment admissions in 2021, 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.

<sup>ii</sup> UNICEF reached 12 million children, adolescents, parents and caregivers with community-based mental health and psychosocial support in 2021. This included 8.4 million children (exceeding the targeted population) and 3.6 million parents and caregivers (81 per cent of the targeted population).

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In these and in 140 other countries, UNICEF addressed the needs of millions of children and women experiencing emergencies by providing an array of services, support and advocacy, with the goal that each child and each woman could realize each and every one of their rights. Key results are provided in Figure 2.

UNICEF advocated at all levels of government and in the international arena, providing advice to inform policies and to shape critical General Assembly, Security Council and Economic and Social Council resolutions to keep children's interests front and centre. Key resolutions UNICEF influenced in favour of children included Security Council Resolution 2601 (2021), designed to protect education from attack, and Security Council Resolution 2615 (2021), linked to maintaining humanitarian assistance to children in Afghanistan.

UNICEF made sure children's needs were accounted for in the global humanitarian architecture through its fundamental role in the inter-agency humanitarian cluster system as leader of the Global Water, Sanitation and Hygiene (WASH) Cluster and the Global Nutrition Cluster, co-leader (with Save the Children) of the Global Education Cluster and as leader of the Child Protection Area of Responsibility. UNICEF also participated in other programmatic global clusters. All UNICEF-led country clusters that undertook performance management exercises in 2021 were rated 'satisfactory' or better.

Work to strengthen key strategic partnerships (e.g., with the Office of the United Nations High Commissioner for Refugees [UNHCR] and the International Federation of Red Cross and Red Crescent Societies [IFRC]) intensified. For example, the Blueprint for Joint Action, the partnership with UNHCR, assisted 2 million refugee children and their families in 10 countries. And of course, the partnership with the World Health Organization in the context of the COVID-19 pandemic and in the face of numerous other disease outbreaks and public health threats (among them in 2021 were Ebola, cholera, measles, meningitis, polio, dengue, plague, hepatitis E and yellow fever) remained critical to ensuring children's right to the highest attainable standard of health.

Recognizing that a more local response will result in a more tailored and accountable response, efforts to put humanitarian response in the hands of local or national partners made significant progress. The percentage of UNICEF humanitarian funding given to local or national partners reached 29.3 per cent, with 8 per cent of this given to women-led organizations (the first year this was tracked). Focusing on accountability also included expanding access to information and reporting channels for prevention and response to sexual exploitation and abuse: In 2021, UNICEF reached 61 million children and adults in 93 countries through accessible reporting channels for protection from sexual exploitation and abuse, compared with 7 million people reached in 2018 – a tenfold increase from the beginning to the end of the Strategic Plan, 2018–2021.

In 2021, UNICEF increasingly involved the private sector as a humanitarian partner. Private sector fundraising levels in 2021 more than doubled from 2020, totalling US\$520.9 million. This was 18 per cent of all humanitarian funding, compared with 12 per cent of humanitarian funding in 2020, an increase that occurred in part due to private donor contributions to the ACT-A appeal. In 2021, UNICEF also operationalized the Humanitarian Air Initiative and the World Economic Forum COVAX Charter, which was signed by 18 major transport and logistics companies in 2020, to support equitable access to life-saving supplies despite supply chain disruptions. UNICEF forged new types of partnerships with private sector partners, for example with DHL, Hope Consortium (a United Arab Emirates-based consortium of industry-leading partners facilitating supply chain solutions related to COVID-19 vaccines) and Iberia for in-kind support that included prioritizing COVAX Facility shipments, donating freight capacity and seconding staff.

In 2021, UNICEF deployed 408 staff and personnel in 59 countries in response to global emergencies through various surge modalities. UNICEF global Emergency Response Team (ERT) members carried out 61 missions in 2021, including 2 remote and 3 hybrid (in-person and remote) missions, providing 3,475 days of support. UNICEF also deployed standby partners on 165 missions, including 130 standby personnel and 35 rapid response team missions and service package that provided assistance in 55 country, regional and headquarters offices. These standby partner deployments provided 22,222 days of work. The greatest number of standby partner deployments were to Ethiopia (31), Afghanistan (16) and Haiti (14). Additionally, surge support was provided to 29 countries through the deployment of 218 staff, individual contractors and United Nations Volunteers, while providing 15,260 days of work. Approximately 32 per cent of the surge deployments focused on supporting Afghanistan, while another 14 per cent were in support of Haiti.

UNICEF work and results for children were made possible by the US\$2.96 billion in humanitarian funding UNICEF received in 2021, a 35 per cent increase compared with funding received in 2020 (US\$2.2 billion). However, despite the substantial – and increased – contributions received, these represented just 41 per cent of the total funding required to meet critical needs.

Continued – and growing – gaps between the humanitarian needs of children and the resources available to meet these needs remained a key challenge in 2021. Other obstacles encountered in 2021 included difficulties with humanitarian access (despite some progress) and the ongoing impact of the pandemic on the scale of needs and the supply chain and on in-person deployments and staff learning opportunities. The greater needs coupled with constrained resources meant that certain groups with important needs could not be prioritized for assistance.

# Looking ahead

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The present Annual Results Report on Humanitarian Action closes out humanitarian annual reporting for the UNICEF Strategic Plan, 2018–2021. Key challenges occurring during the Plan period have also shaped 2021 and lessons learned during the entire Strategic Plan period have set the stage for important goals and work destined to make an impact in 2022 and beyond.

Challenges in the first years of the Strategic Plan, 2018–2021 centred on the need to balance coverage, predictability, quality and equity of the UNICEF humanitarian response and improve its timeliness – all cornerstones of delivering results for children and enabling and empowering them to realize their rights. The organization also began to articulate the need for improved humanitarian leadership and capacity and greater accountability for results. Out of the early years of the Strategic Plan, 2018–2021 were borne the revisions of the Core Commitments (finalized in 2020) and the emergency procedures (finalized in late 2021). Lessons learned and ambitions for ever-stronger results for children in the future also ensured that humanitarian efforts and the resources needed to accomplish key goals were embedded in the new Strategic Plan, 2022–2025.

These core documents provide strengthened guidance around UNICEF's emergency response. Additionally, the Humanitarian Review was finalized in 2020 and implementation of its recommendations began in 2021. The Review recommendations are a road map for equipping UNICEF to meet the many challenges brought about by the current trend of expanding and intensifying humanitarian need among children and families worldwide.

UNICEF personnel have had to adapt to the evolving scale, depth and dynamism of humanitarian crises. UNICEF has planted the seeds for creating even stronger leaders for cluster leadership roles and for its responses in complex, high-threat environments by developing a framework for leadership skills in emergency settings and tailored learning programmes to help its staff acquire these skills. The Humanitarian Leadership Workshop was further developed into several modules and rolled out in 2021, with planned participation by 100 senior UNICEF field managers each year. This focus on cultivating strong and sensitive leadership able to deliver results for children in even the most challenging circumstances is expected to pay dividends for many years to come.

Making partnerships – with public and private sector donors and other partners, implementing partners, procurement partners and advocates – work better for children has been an ambition of UNICEF throughout the Strategic Plan period. This is an ongoing process. At the global level, examples include strengthening the partnership with the World Health Organization for emergency health-related responses, including the response to the COVID-19

pandemic; significant growth in UNICEF partnerships with International Financial Institutions, including the World Bank Group; and deepening and improving partnerships with UNHCR and IFRC, among others. Innovative partnerships with the private sector are also accelerating.

The need to empower local partners and foster a more localized approach to humanitarian assistance was noted over the years of the Strategic Plan, 2018–2021 as a critical challenge. UNICEF has exceeded a key target of providing 25 per cent of humanitarian funding to local and national partners, but there is much more to do. Specific, mandatory benchmarks on localization of the humanitarian response were included in the revised Core Commitments, and a strategy on localization is being developed.

Similarly, improving accountability to affected populations has been a key challenge throughout the Strategic Plan period. UNICEF has established mechanisms for such accountability in many of its humanitarian responses, but consistent systems to act on the feedback received and adapt programmes accordingly have been lacking.

The Humanitarian Review articulated one of the key challenges facing UNICEF throughout the Strategic Plan period: how to carry out action in the face of uncertainty to better serve children. This includes better identifying risks and setting up ways to act on these identified risks more quickly and effectively. It was recommended that UNICEF define its 'risk appetite' to effectively prepare for and mitigate risks and, ultimately, deliver a better response for children in times of crisis. The last year of the Strategic Plan saw progress in this area.

Humanitarian access was identified as a critical challenge during the second half of the Strategic Plan period. Accessing people in need is not a new challenge, nor is it one unique to UNICEF. In 2021, some long-term work on improving UNICEF capacity to push for and obtain access to populations in need came to fruition. The organization released guidelines (for the leadership and field-based practitioners) on humanitarian engagement with armed non-state actors when operationally or programmatically necessary. UNICEF also finalized the Access Field Manual, to be disseminated in 2022; and it piloted the organization's first dedicated humanitarian access training course. These efforts are expected to lead to better and more consistent access to populations in difficult environments. Yet the challenge of access will remain significant as the number of humanitarian responses occurring in complex and high-threat environments continues to rise.

Nearly one half of the Strategic Plan period overlapped with the COVID-19 pandemic. To the many challenges and aspirations guiding UNICEF (e.g., equity, quality, timeliness, leadership, ability to accept risk, improving preparedness, better accountability and the need to more effectively

press for humanitarian access) were added the additional challenges of the humanitarian response in the COVID-19 era. These challenges have included 'staying and delivering', adapting to limitations on in-person work and deployments (a situation that improved somewhat in 2021) and the need to reach more children than ever because of the breadth of the pandemic's impact. Yet finding ways to meet children's needs during the pandemic has also fostered new ways of operating and opened up new avenues for delivering programmes.

Finally, present throughout the four years of the Strategic Plan, 2018–2021 was the need for greater levels of flexible funding for humanitarian action. This is still a great need, because such funding can instantly make urgency of need the critical determinant of whether UNICEF can meet the need. There are signs of progress: Thematic funding ranged from 7 to 9 per cent of humanitarian funding during the first three years of the Plan but jumped to 14 per cent in 2021. And, in addition to stalwart and steady official development assistance from governments, private sector partners have expanded their support for UNICEF, in general, and specifically via the kinds of flexible funds that are so critical to reaching the children most in need.



Students at Ham Rong preschool in Lao Cai Province, Viet Nam use augmented reality technology supported by UNICEF (December 2021).



# Strategic Context

Children learn and play in a transit centre for refugees and asylum seekers, in Agadez, in northern Niger. UNICEF provides children in the UNHCR-run centres with food, protection and education services through early learning centres and with psychosocial support upon their admission to local schools. UNICEF also supports host-community schools with equipment and infrastructure (October 2021).

# The humanitarian landscape in 2021

A record number of people globally – 235 million – required humanitarian assistance in 2021, expected to rise to 274 million in 2022.<sup>2</sup> Millions of children and their families needed humanitarian support to have adequate nutrition, access preventive health care and recover from illness and injury, enjoy an education, cope with displacement and remain safe from the harms and the worst effects of conflict and climate change.

Prolonged and violent conflicts remained the primary drivers of the humanitarian needs of children and families in 2021.

Such conflicts escalated in Afghanistan, Ethiopia and Myanmar. Conflict also drove increasing humanitarian needs in the Central Sahel (Burkina Faso, Mali and the Niger), Cabo Delgado in Mozambique, South Sudan, the Sudan and Yemen.

At the end of 2020, 82.4 million people worldwide (42 per cent of them children) were displaced, around 1 per cent of the world's population. Of people currently displaced, the highest levels of displacement across national borders have occurred from the Syrian Arab Republic, the Bolivarian Republic of Venezuela and Afghanistan (in that order); the highest levels of internal displacement due to conflict and violence exist in the Democratic Republic of the Congo, the Syrian Arab Republic and Ethiopia.<sup>3</sup> Children who are displaced or on the move experienced discrimination and xenophobia and were routinely denied essential services. In many places around the world, border closures and travel restrictions due to COVID-19 public health measures dramatically worsened the situation for people seeking protection and safety.

The United Nations verified 26,425 grave violations against children in 2020, the latest year for which complete data are available.<sup>4</sup> During the first three quarters of 2021, verified cases of abduction of children had risen by 39 per cent compared with the same period in 2020, and verified cases of sexual violence against children had risen by 15 per cent.<sup>5</sup>

Climate change was not only a driver of population movement and displacements,<sup>6</sup> but also an important cause of famine.<sup>7</sup>

A record high 283 million people in 80 countries were acutely food insecure or at high risk in 2021.<sup>8</sup> Children were hungry and lacked adequate nutrition, with severe malnutrition causing wasting in 45.5 million children, more than 50 per cent of them living in South Asia. Children were thirsty and lacked clean water and adequate sanitation facilities. Some 23 million children worldwide missed out on routine childhood immunizations that keep preventable diseases at bay. School closures in response to the

COVID-19 pandemic disrupted children's education, with 870 million students at all levels facing disruptions in their education in September 2021.

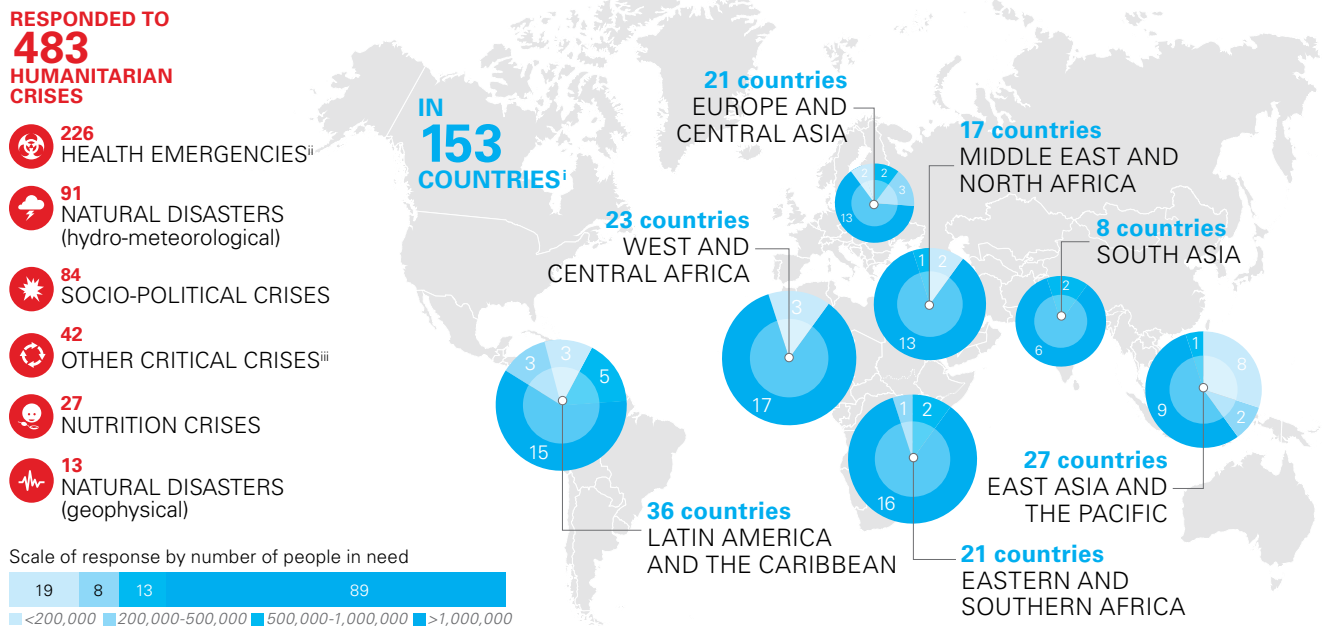
Diseases such as Ebola Virus Disease, Lassa fever, Marburg fever and plague caused extensive suffering, and the COVID-19 pandemic added unique challenges and pressures to attempts to reach those in need of humanitarian assistance and made reaching emergency-affected people much more difficult. The pandemic caused breaks in service provision and heightened protection risks stemming from isolation, public health mitigation measures and economic hardships. Low- and middle-income countries experienced the brunt of inequitable access to vaccines and COVID-19 therapeutics. At the end of February 2022, more than 100 countries were off track for meeting the target of vaccinating 70 per cent of their population by mid-2022.<sup>9</sup>

In short, in 2021, millions of children were not able to fully enjoy their rights as recognized in the Convention on the Rights of the Child and its Optional Protocols.



Medical doctors work in the COVID-19 ward at Fort Portal Regional Referral Hospital, in Fort Portal in western Uganda in November 2021. UNICEF procured and filled oxygen cylinders and provided personal protective gear for doctors to support COVID-19 patient care in refugee-hosting communities.

FIGURE 3: Type and scale of humanitarian response in 2021



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.

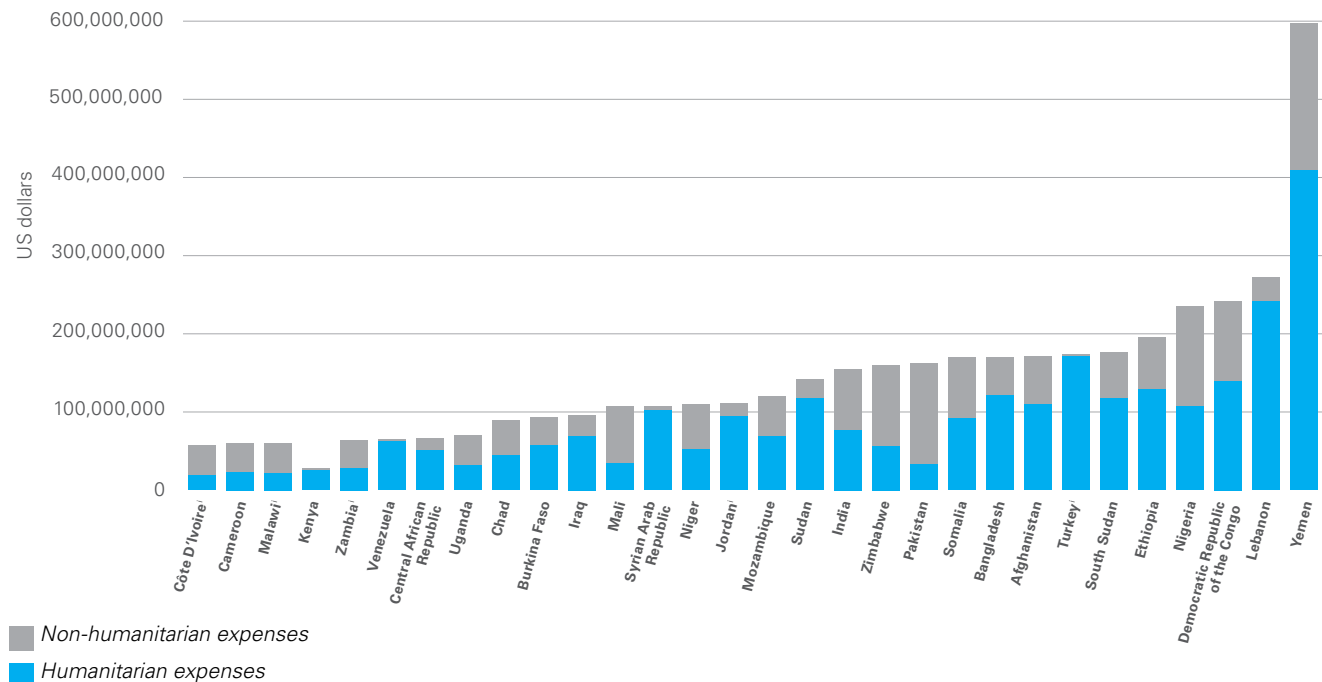
<sup>i</sup> Out of the 153 countries where UNICEF responded in 2021, 129 countries reported the total number of people in need. The charts in this graphic reflect the breakdowns by region and scale of response for those 129 countries.

<sup>ii</sup> Including the COVID-19 pandemic response.

<sup>iii</sup> Including but not limited to refugee or migrant response.

FIGURE 4: Top 30 country offices – 2021 expenses

Humanitarian expenses were 57 per cent (US\$3.6 billion) of overall organizational expenses in 2021.



<sup>i</sup> With the exception of Côte d'Ivoire, Jordan, Malawi, Turkey and Zambia, all these country offices had Humanitarian Action for Children appeals in 2021.

# The UNICEF humanitarian response in 2021

During 2021, UNICEF and its partners responded to a total of 483 new or ongoing humanitarian crises in 153 countries (Figure 3), compared with 455 crises in 153 countries in 2020. The depth of need of children and families in 2021 brought forth an extraordinary effort from UNICEF staff, who worked alongside many local, national and international partners to provide assistance so that children living in even the most challenging circumstances could enjoy their rights to protection, education, health care and a clean environment.

The 2021 Humanitarian Action for Children appeal had received US\$2.96 billion by 31 December 2021, which meant it was 41 per cent funded. Humanitarian action played a significant role in field operations in 2021, totalling 57 per cent of overall UNICEF expenses (US\$3.6 billion). In the Syrian Arab Republic, Turkey and the Bolivarian Republic of Venezuela, more than 95 per cent of country-level expenses were classified as humanitarian. Of the 30 country offices with the largest overall expenses (Figure 4), 25 of them were included in the 2021 Humanitarian Action for Children appeal.

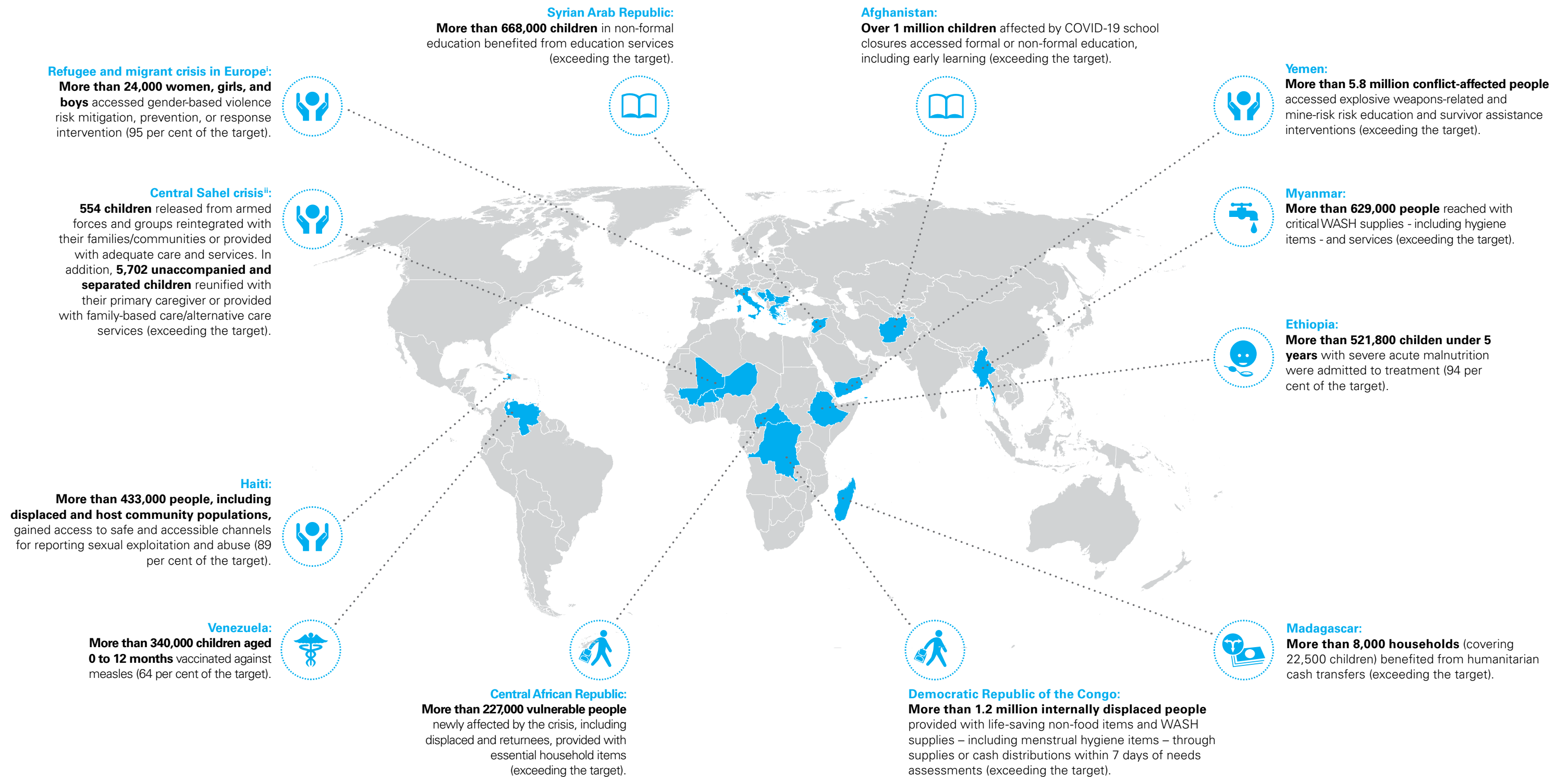
The global UNICEF humanitarian response in 2021 (Figure 5) was delivered in line with the UNICEF Strategic Plan, 2018–2021 and the newly revised UNICEF global policy and framework for humanitarian action, the Core Commitments for Children in Humanitarian Action. The results described in this Annual Results Report are organized according to these Core Commitments. The country-level response to the COVID-19 pandemic was integrated into country office and regional office strategies and appeals. And the Access to COVID-19 Tools Accelerator (ACT-A) global appeal guided UNICEF efforts in support of COVID-19 vaccines, diagnostics, therapeutics and the health systems connector. (See [page 14](#) for an overview of UNICEF's global COVID-19-related results and supply contribution and see the Results by Strategic Plan Goal Area section for examples of country-specific COVID-19 results across programmatic domains.)



Ashutosh Chhetry, 13, is thumbs up after receiving his second dose of COVID-19 vaccine, donated to Nepal and provided through the COVAX Facility, at the Patan Academy of Health Sciences in Lalitpur District, central Nepal, in December 2021. Ashutosh, who has asthma, is in a group the Government of Nepal prioritized for the vaccine, which included immunocompromised people over age 12.

FIGURE 5: Key results from humanitarian responses

This map highlights the key results achieved by UNICEF and partners in some of the major humanitarian responses in 2021.



<sup>i</sup> The affected countries include Bosnia and Herzegovina, Bulgaria, Greece, Italy, Montenegro and Serbia.

<sup>ii</sup> The affected countries include Burkina Faso, Mali and the Niger.

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.



## COVID-19 supply response highlights UNICEF's capacity to adapt and deliver

In 2021, despite unprecedented supply and logistics challenges, UNICEF:

- Led the procurement and delivery of COVID-19 vaccines as procurement coordinator for the COVAX Facility. In 2021, COVAX delivered 958 million doses (including donated doses) to 144 countries.
- Shipped 434 million items of personal protective equipment (PPE), including 175.4 million face masks, 148.4 million pairs of gloves, 8.5 million N95 respirators and 4.2 million gowns
- Shipped more than 7 million rapid diagnostic tests
- Delivered 17.4 million dexamethasone tablets and ampoules
- Procured 21,034 oxygen concentrators
- Delivered 2 billion syringes and 18.4 million safety boxes for COVID-19, routine and campaign immunization activities

### Capacity to adapt

Access to vaccines, diagnostics, treatments and other health supplies has been critical to combat the COVID-19 pandemic. Rising demand, the scarcity and price increase of key commodities and unprecedented logistics barriers have challenged access to life-saving supplies to a degree that is unparalleled in UNICEF's history. To navigate these complex supply and logistics issues on a global scale, UNICEF relied on its preparedness planning, its ongoing collaboration with governments, industry and partners and its ability to adapt to a volatile and changing environment.

UNICEF, the single largest vaccine buyer in the world, was uniquely positioned to be the procurement coordinator on behalf of the COVAX Facility and one of the lead procurement and delivery partners for COVID-19 vaccines supplied via COVAX. The first doses shipped internationally by COVAX arrived in Accra, Ghana on 24 February 2021, delivered by UNICEF. By the end of the year, COVAX had delivered 958 million vaccine doses to 144 countries. While vaccine production increased at unprecedented rates, early vaccine procurement by high-income countries, the delayed development and approval of promising vaccines and other production issues exacerbated inequities in access to vaccines. Many low-income countries faced hurdles that included limited access to cold chain equipment for storing and transporting the vaccines, short notice periods for delivery of donated doses, soon-to-expire vaccine donations, difficulties reaching high-need areas and vaccine hesitancy.

Increased trade barriers and export bans severely impacted procurement, cross-border trade and access to markets, posing a risk to UNICEF's global humanitarian response, including the COVID-19 response but extending far beyond it. Ongoing air freight disruptions, COVID-19-related restrictions and record high shipping rates continued to put access to many kinds of life-saving supplies for children at risk. In addition, port congestion, ocean carrier and

container shortages and shipping backlogs at major ports increased transit times and shipping prices, significantly reducing the reliability of shipments.

UNICEF rallied support from the transport and logistics industries to help overcome unprecedented logistics challenges.

UNICEF operationalized the Humanitarian Air Initiative and the World Economic Forum COVAX Charter, which was signed by 18 major transport and logistics companies in 2020. Support from a wide range of partners included the prioritization of COVAX shipments, donated freight capacity and staff secondments. A flagship partnership with Dubai Ports World led to the expansion of storage capacity in Dubai, which was key for pre-positioning and distributing COVID-19-related supplies.

With the commitment to increase global COVID-19 vaccination coverage, which translated into stronger political and financial commitments to ACT-A goals, UNICEF redoubled efforts to protect health workers, including 2.7 million health workers in low- and middle-income countries, by providing access to quality-assured PPE. Thanks to preparedness planning and the pre-positioning of supplies for infection prevention control, in particular PPE, UNICEF was able to support country offices and quickly deliver more than 434 million items of PPE to 115 countries. PPE was delivered from UNICEF's global supply hubs in Copenhagen, Dubai, Guangzhou and Panama City.

Building on strong partnerships, pooling demand and leveraging its global forecast, which provides appropriate planning information including an estimation of needs, UNICEF also pursued a series of joint and individual negotiations with manufacturers to secure sufficient quantities of quality COVID-19 tests, syringes and other health supplies at more affordable prices to ensure countries were equipped to fight the pandemic.

UNICEF's ability to overcome critical barriers and address ever-evolving challenges ensured it could continue to deliver life-saving supplies for children and their families.

## Capacity to deliver

### Delivered COVID-19 vaccines

In its role as procurement coordinator for the COVAX Facility, UNICEF led the procurement and delivery of COVID-19 vaccines. In 2021, the COVAX Facility delivered 958 million doses (including donated doses) to 144 countries. More than 85 per cent of deliveries were to COVAX Advance Market Commitment countries.<sup>10</sup> In addition, UNICEF delivered 45.5 million doses of COVID-19 vaccines to 41 countries on behalf of the African Union's African Vaccine Acquisition Trust initiative. In 2021, UNICEF's global supply hubs in Copenhagen and Dubai stockpiled hundreds of millions of auto-disable syringes and safety boxes to ensure that vaccination campaigns could be launched as soon as countries received COVID-19 vaccines. In addition, to support the distribution of COVID-19 vaccines, UNICEF procured and delivered 800 ultra-cold chain units to more than 70 countries, providing storage capacity for 200 million mRNA vaccines requiring -80°C refrigeration. While developing standard cold chain capacity usually takes 12–18 months, UNICEF, through close coordination with partners and countries, completed 95 per cent of the first-round delivery targets of the more complex ultra-cold chain scale-up within four months.

### Delivered COVID-19 diagnostics at significantly reduced pricing

As one of the global leaders in procurement, distribution and programming for disease diagnostics, including for Ebola, Zika virus, malaria and HIV, UNICEF leveraged its existing long-term agreements with major diagnostics suppliers to ship more than 7 million COVID-19 rapid diagnostic tests. Engaging with partners, UNICEF halved the price of antigen-detecting rapid diagnostic tests from US\$5.00 per test in September 2020 to as little as US\$2.50 by April 2021. UNICEF also reduced procurement prices for COVID-19 RT-PCR tests by 40 to 60 per cent by November 2020 and in 2021 achieved significant price reductions that resulted in the most affordable quality-assured COVID-19 RT-PCR diagnostics retailing at US\$2.80 per test.

### Delivered oxygen therapy

Oxygen concentrators, which provide life-saving oxygen to patients struggling to breathe, have been vital to UNICEF's COVID-19 response. However, for many low- and middle-income countries, access to oxygen remained an enormous challenge. Thanks to UNICEF's Scaling Pneumonia Response InnovaTions (SPRINT) model, established in 2019 to expand access to oxygen therapy and antibiotics to treat pneumonia (the leading cause of death from infectious diseases

in children under five), UNICEF was able to urgently respond to global oxygen needs and advance access to oxygen therapy and oxygen equipment for many low- and middle-income countries. UNICEF procured 21,034 oxygen concentrators in 2021 alone. Since the start of the pandemic, UNICEF has shipped more than 40,000 oxygen concentrators. If well maintained, an oxygen concentrator can last more than six years and an estimated two million people can gain access to vital oxygen therapy over its lifespan.

UNICEF also developed the first complex Oxygen Plant System (Plant-in-a-Box) to help countries establish a sustainable source of oxygen in hospitals. In December 2021, the first Oxygen Plant-in-a-Box package was procured, installed and commissioned by UNICEF for patients at the Soroti Regional Referral Hospital in Uganda.

### Delivered personal protective equipment

In 2021, UNICEF shipped more than 434 million items of PPE to 115 countries to protect health workers and support the continuity of health services. During the pandemic, demand for PPE grew by 300 to 400 per cent and prices soared on both products and freight. In response to the market situation, UNICEF worked with countries to consolidate demand and used its procurement expertise and capacity to work with manufacturers to negotiate acceptable pricing and secure supplies to meet the increasing demand. UNICEF also leveraged the knowledge gained in the first year of the pandemic to work with new local manufacturers of PPE to increase local and regional production and to support the development of local markets, increasing sustainable access to PPE beyond the COVID-19 pandemic response.

To address the scale of the COVID-19 pandemic response supply requirements and support global equitable access to COVID-19 tests, treatments and vaccines, UNICEF, in collaboration with ACT-A partners, created the ACT-A Supplies Financing Facility (ACT-A SFF), a fund dedicated to supporting countries in securing access to key COVID-19 supplies. In 2021, the ACT-A SFF – operating via UNICEF procurement services – allocated \$568.7 million to support the COVID-19 response in 89 countries.

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 or co-lead agency roles for WASH, Nutrition and Education, and for the Child Protection Area of Responsibility. 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 section: Nutrition in emergencies ([p. 43](#)), Education in emergencies ([p. 51](#)), Water, sanitation and hygiene in emergencies ([p. 62](#)) and Child protection in emergencies ([p. 54](#)).

In 2021, responses supported by UNICEF and its partners included five Level 3 emergencies: Afghanistan, Ethiopia (northern Ethiopia), the Syrian Arab Republic and Yemen, as well as the global COVID-19 pandemic emergency. UNICEF and partners also responded to seven Level 2 emergencies

in the Democratic Republic of the Congo, Haiti, southern Madagascar, Mozambique (Cabo Delgado crisis), Myanmar, the Bolivarian Republic of Venezuela and the central Sahel region.

To support country teams, the Emergency Response Team (ERT) members carried out 61 missions in 2021 across 23 countries, providing 3,475 days of support. UNICEF also deployed standby partners on 165 missions, including 130 standby personnel and 35 rapid response team missions that provided assistance in 55 country, regional and headquarters offices. These standby partner deployments provided 22,222 days of work. Humanitarian responses in Afghanistan, Ethiopia, Haiti, Myanmar, the Sudan and the Bolivarian Republic of Venezuela received the highest number of standby partner deployments. Surge support was provided to 29 countries through the deployment of 218 staff and personnel.

## Strengthening efficiency and effectiveness for humanitarian results

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### Improving the linkages between humanitarian action and development

Conflicts and fragility pose some of the most significant risks to the rights and well-being of children and the achievement of the Sustainable Development Goals – a lesson learned time and again. Around 415 million children – 1 child in 5 – live in conflict-affected settings and a total of 670 million live in fragile settings, where risks of conflict and its intersection with other hazards are highest.<sup>11</sup> The COVID-19 pandemic has often heightened social divisions, discrimination and grievances across the world, highlighting the need to address the root causes of social unrest, instability and conflict. In 2021, UNICEF advanced its commitments and actions to strengthen the links between humanitarian and development programming to reduce needs, vulnerabilities and risks.

#### **Commitment: Foster coherence and complementarity between humanitarian and development programming**

Following the findings and recommendations of the Formative Evaluation of UNICEF Work to Link Humanitarian and Development Programming conducted in 2020, UNICEF took proactive steps in 2021 to ensure that all policies and procedures are clear that connecting humanitarian and development programming – a nexus

approach – is required, and to adapt planning, monitoring, reporting and management structures to support this nexus approach. UNICEF integrated humanitarian action throughout the pathways to change envisioned in the new Strategic Plan, 2022–2025.

Within countries, linking humanitarian to development and peacebuilding work can require innovative thinking and approaches and requires collaboration with an array of partners. Humanitarian programmes to address emergency needs are an opportunity to strengthen local development, capacity-building and peaceful coexistence. One example of how this benefits children immediately and in the long term is demonstrated by the low-cost scalable classroom that UNICEF introduced in the Democratic Republic of the Congo in 2021, following approval by the Ministry of Education in December 2020. The classroom's modular design means it can be built in phases: phase one for emergency, phase two for a transitional stage and phase three for development settings. Using the emergency model of the classroom instead of tents brings advantages in durability, value for money, adaptability to the local context and community acceptability – and sets the stage for meeting longer-term development needs as well as country infrastructure needs. In 2021, UNICEF successfully advocated replacing tents with these emergency modular classrooms in a post-Ebola project funded by the Central Emergency Response Fund. Thirty-six classrooms and latrines were subsequently constructed in the territory of Beni in North Kivu, in an area particularly prone to recurring displacement, and this increased the capacity of schools there to receive displaced children.

## Addressing fragility and building peace

UNICEF spent a total of US\$2.4 billion on humanitarian action in fragile and conflict-affected countries in 2021, or 67 per cent of all humanitarian expenses.

Focused action on preventing and mitigating fragility and conflicts in all UNICEF advocacy and programmes is crucial for advancing and sustaining the realization of child rights as committed through the Sustainable Development Goals and the Core Commitments for Children in Humanitarian Action.

In 2021, UNICEF made significant progress in mainstreaming the engagement of young people in peacebuilding in its most important policies and strategies. In the new UNICEF Strategic Plan, 2022–2025, there is a clear results area and approach for strengthening trust and social cohesion in conflict-affected and fragile settings by promoting action on participation, accountability and responsive institutions. And the forthcoming UNICEF Global Peacebuilding Framework sets Youth, Peace and Security and Women, Peace and Security as core pillars, paving the way for strengthening support for conflict prevention and sustaining peace. UNICEF continued to collaborate with the Secretary-General's Peacebuilding Fund in 2021, implementing 49 joint projects in 27 countries with other United Nations entities.

And more UNICEF country offices than ever before reported making deliberate contributions through their programmes to social cohesion and peace. Forty-one country offices – compared with 27 in 2017 – met organizational benchmarks on promoting peaceful and inclusive societies. These country offices implemented sector-specific or multisectoral programmes with deliberate goals of using child-centred social services to bridge community and intergenerational divides, reduce social tensions and address the root causes of conflicts. For example, in both Myanmar and the Philippines, UNICEF supported the country offices to pilot water, sanitation and hygiene (WASH) as an entry-point for peacebuilding and conflict sensitivity, engaging young people as agents of change. In both places, the country offices worked with partners to carry out water management and WASH conflict analysis in 2021. In 2022, the country offices will design and implement conflict-sensitive interventions that serve to build social cohesion and engage young people as agents of change.

### Challenges

UNICEF has been building organizational capacity to increasingly and continuously practice conflict sensitivity, conduct conflict analysis and make UNICEF programmes across the humanitarian–development–peace nexus. The COVID-19 pandemic has nonetheless limited, in some places and at some times during the year, access to the field and opportunities for partnerships, programme monitoring and support to understand the extent, patterns and trends of violations against children.

UNICEF expects to deepen and strengthen its advocacy and programmes throughout the humanitarian, development and peacebuilding domains to reduce vulnerability, enhance national and local coping capacity and pivot towards conflict prevention by addressing the drivers of fragility. This includes strengthening the focus on preventing conflict and reducing fragility by more deliberately harnessing the significant peacebuilding impact of child-centred social services, particularly in the areas of education, WASH, social and child protection. UNICEF will also build on its support of young people's unique role as agents of peace in their communities and societies by strengthening linkages between at-scale skills development programmes, civic engagement and meaningful participation in decision-making. UNICEF will mainstream and systematize the use of conflict analysis and conflict sensitivity in fragile and conflict-affected settings and ensure their clearer integration into multi-hazard, risk-informed programming approaches by country offices.

## Strengthening systems and localizing humanitarian and development programming

A critical bridge between humanitarian and development work is strengthening the systems that are in place to prepare for and mitigate the effects of humanitarian emergencies and to support people's recovery from humanitarian shocks. UNICEF engaged in a whole array of systems-strengthening work in the context of its humanitarian responses in 2021. For example, UNICEF and the World Health Organization Regional Office for Europe leveraged their joint technical expertise to support health authorities in Azerbaijan, Georgia, Kazakhstan, Moldova and Uzbekistan in optimizing the performance of their supply chains. Supply chain gaps and investment needs were identified using the UNICEF Supply Chain Maturity Model and evidence-based roadmaps for equitable, fast and efficient roll-out of all health products, including COVID-19 vaccines, were subsequently established.

To support countries in identifying and addressing their supply chain bottlenecks, UNICEF continued to play a critical role in the COVID-19 response, issuing technical guidance in support of Member States and publishing guidance documents on using data to monitor the effects of COVID-19 on essential health services, and an operational guide for maintaining essential health services in a COVID-19 context.

In 2021, in fact, UNICEF provided substantial technical assistance to many kinds of critical systems that were engaged in prevention of or addressing the health and societal consequences of the COVID-19 pandemic, and also supported health systems to roll out the COVID-19 vaccine or provide critical care to patients with COVID-19.

Pandemic-related systems-strengthening work is expected to have a lasting impact on services available to children and families, in many countries. For example, in the Central African Republic, support for COVID-19 vaccination efforts enabled improvements in the logistics of routine vaccinations through support to 419 immunization centres (see page 37 for more details). And in Afghanistan, among the many areas of intervention undertaken in 2021 to respond to chronic and escalating humanitarian need, UNICEF established a cash transfer intervention that enabled direct payments to people in need – and also formed the seed of a future strong social protection system. (See Box, facing page, for more on this work in Afghanistan, and see page 66 for a global overview of UNICEF results in social protection in emergencies, including humanitarian cash transfers.)

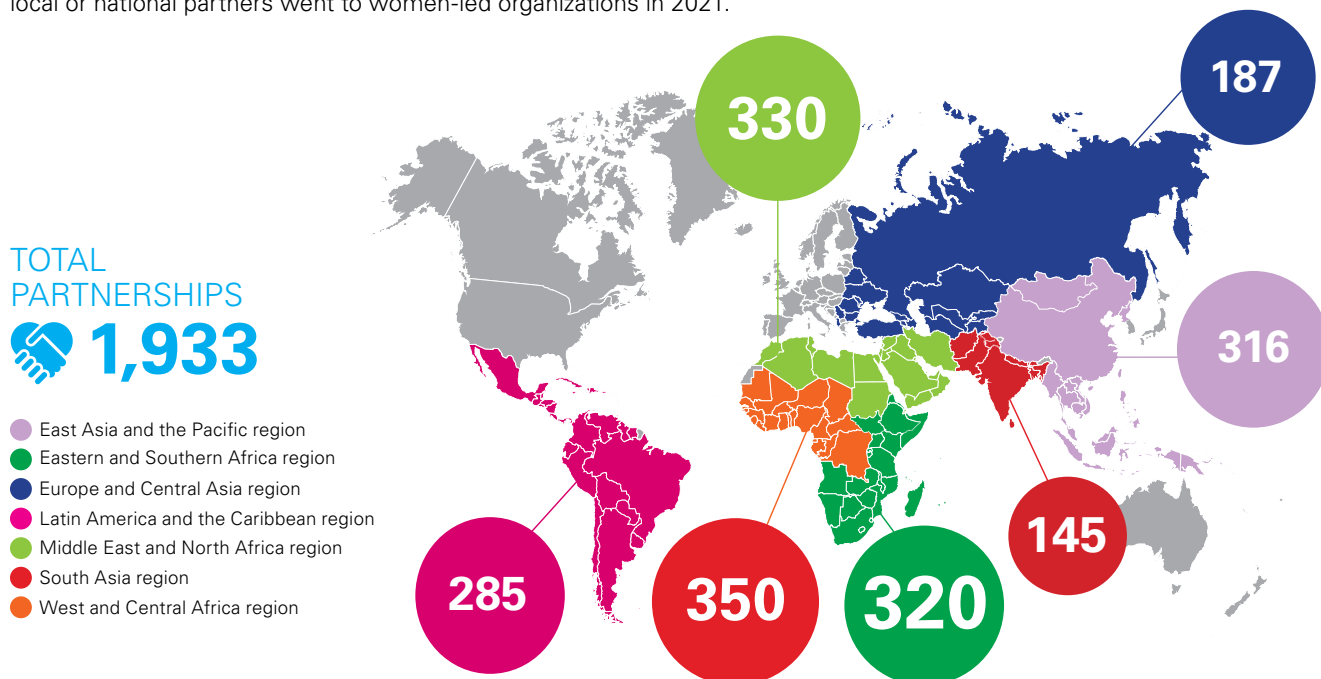
### Commitment: Invest in strengthening the capacities of local actors (national and local authorities, civil society organizations and communities) in humanitarian action

Part and parcel of supporting the development of stronger systems is support for local- and national-level humanitarian action. There were several important milestones in this effort in 2021. The revised Core Commitments, implementation of which started in 2021, made investing in strengthening the capacities of local actors in the humanitarian response a mandatory benchmark for UNICEF action. UNICEF also continued to promote the use of the United Nations Partner Portal for the fair and transparent selection of partners, including local partners. In 2021, 433 first-time local or national civil society organization partners worked with UNICEF. Overall, of the 1,933 civil society partners UNICEF collaborated with in 2021, 1,373 were local partners.

As in 2020, more than half of all UNICEF country offices awarded at least 25 per cent of their humanitarian funding to local and national civil society partners. Countries with large-scale and notably localized humanitarian responses in 2021 included Afghanistan, Bangladesh, Brazil, Cameroon, the Democratic Republic of the Congo, Ghana, Haiti, India, Indonesia, Iraq, Mali, Mongolia, Somalia, Turkey and Ukraine.

FIGURE 6: Partnerships

In 2021, UNICEF collaborated with 1,933 civil society partners (1,373 local). Nearly US\$606 million in cash was transferred to civil society partners (over 64 per cent to local partners).<sup>1</sup> Eight per cent of UNICEF humanitarian funding awarded to local or national partners went to women-led organizations in 2021.



<sup>1</sup> Data extracted on 4 March 2022 from UNICEF's InSight performance management platform.

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.

## Scaling up cash transfers for vulnerable families and children in Afghanistan

The operational environment for delivery of humanitarian assistance in Afghanistan – where there is almost universal poverty and women and children are disproportionately impacted by compounded humanitarian needs – shifted dramatically in 2021. To deliver its life-saving social protection response, UNICEF defined a two-pronged strategy focusing on addressing immediate humanitarian needs while working within a social protection systems approach. UNICEF rapidly scaled up its cash programme operations in Afghanistan, expecting to reach 1.5 million people by the first quarter of 2022. The cash transfer programme addresses immediate and medium-term needs of the most vulnerable children and families in Ghor, Herat, Kabul, Kandahar, Nuristan, Samangan and Wardak provinces. The programme is designed to strengthen the nascent building blocks of a future strong social protection system.

Supported by global humanitarian thematic funding, UNICEF set up the Afghanistan Programme Management Unit, a distinct operational unit for carrying out the cash transfer programme in Afghanistan. The Unit includes dedicated expertise on contracting, payment, risk management, monitoring and beneficiary data management for high-volume cash payments. UNICEF works with non-governmental organization (NGO) implementing partners for recipient selection for its cash transfers. Electronic data collection is carried out by trained enumerators, using a dedicated UNICEF server. Registration data are uploaded onto UNICEF's dedicated management information system for cash transfers, the Humanitarian Cash Operations and Programme Ecosystem. This automatically leverages available biographical information on each individual beneficiary and calculates a similarity score to other individual beneficiaries, flagging those which merit further review for any duplication. Transfer values are set in United States dollars, which are then converted to Afghani before payment, to ensure beneficiary purchasing power is minimally impacted by exchange rate fluctuations.

As of December 2021, UNICEF had disbursed assistance to more than 266,151 people, including 156,819 children.



Four-year-old Rahima shares a nice moment with a UNICEF programme specialist working on UNICEF's cash transfer programme in Nuristan Province, Afghanistan (December 2021).

The proportion of humanitarian funding awarded by UNICEF to local and national civil society partners increased from 28.4 per cent in 2020 to 29.3 per cent in 2021, exceeding the Grand Bargain target of 25 per cent. Of the US\$606 million in cash that was transferred to civil society partners, more than 64 per cent went to local partners. Of note, 8 per cent of UNICEF humanitarian funding awarded to local or national partners went to women-led organizations<sup>12</sup> in 2021; and of all local and national partners awarded humanitarian funding, 12 per cent were women-led. The collection of these particular data is new and will enable deeper analysis and identification of ways to meaningfully engage women-led organizations.

UNICEF contributed to the work of the Inter-Agency Standing Committee (IASC) on localization and helped to develop IASC guidance on strengthening participation of local actors in humanitarian coordination mechanisms.

## Strengthening accountability to affected populations

### **Commitment: Ensure that affected children and families participate in the decisions that affect their lives, are properly informed and consulted and have their views acted upon**

On an organizational level, UNICEF made significant strides in furthering such accountability in 2021, placing technical specialists in accountability to affected populations in four regions. A total of 47 country offices received dedicated support to improve accountability to affected populations between January 2020 and December 2021.

This momentum bore fruit during the year in different kinds of humanitarian contexts. In the Bolivarian Republic of Venezuela, the UNICEF country office, supported by headquarters, established and now operates a nationwide feedback and listening mechanism to help meet standards for accountability to affected populations in UNICEF-supported programmes. Areas of feedback and reporting include the quality of humanitarian assistance, prevention of sexual exploitation and abuse and other violations of codes of conduct. The dedicated telephone hotline and email set up for this effort reached more than 30,000 users in 2021. UNICEF also advocated for and provided guidance in the establishment of an inter-agency collective service for accountability to affected populations in the country. This inter-agency service was piloted in two areas of Zulia State and used various feedback channels – a contact line for voice calls, SMS, WhatsApp and email – to receive information, resolve doubts and receive complaints or suggestions related to the projects and organizations that implement humanitarian assistance. Phase 1 of this project saw more than 60,000 people engage with United Nations agencies on issues of concern through safe and secure channels.

After the takeover by the de facto authorities in Afghanistan in August 2021, and with accountability to affected populations integrated into the response plan for that country, UNICEF was able to gain insight into the priorities and evolving needs of affected populations through more than 150,000 U-Reporters. UNICEF also provided technical support to train 42 staff in Afghanistan (including from other United Nations agencies and civil society partners) to better apply accountability to affected populations principles and approaches in the humanitarian response. In the Middle East and North Africa region, UNICEF launched Voices of Change, an initiative using a one-stop-shop system for people to share feedback and raise concerns about service providers. Voices of Change uses a mix of online, offline, phone-based and face-to-face channels that are deployed as contextually appropriate. It is currently being rolled out in Iraq, Jordan, the State of Palestine, the Sudan and Yemen, and also in the Democratic Republic of the Congo in the West and Central Africa region.

## Ensuring effective prevention and response to sexual exploitation and abuse

### **Commitment: Deliver on the UNICEF commitment to protection from sexual exploitation and abuse**

In 2021, UNICEF reached 61 million children and adults in 93 countries through accessible reporting channels for protection from sexual exploitation and abuse, compared with 7 million people reached in 2018 – a tenfold increase from the beginning to the end of the Strategic Plan, 2018–2021. Integration of prevention of sexual exploitation and abuse into the COVID-19 pandemic response from its outset contributed to the scale-up of this prevention work in 117 UNICEF country offices, with 53 achieving UNICEF benchmarks in this area. Although under-reporting is still a significant challenge, the investments made by UNICEF and the global scale-up of internal reporting systems and safe and accessible, community-based reporting channels has resulted in survivors coming forward more often to report sexual exploitation and abuse. The number of allegations reported to UNICEF quadrupled between 2018 and 2021, a positive indication of overall progress in prevention and response to sexual exploitation and abuse.

UNICEF made important gains in 2021 in harnessing digital and innovative products and services to build trust and strengthen the role of women and girls as vital partners in creating solutions to sexual exploitation and abuse prevention and response that work for them. A digital innovations technical note on prevention of sexual exploitation and abuse to help countries engage women and girls in these efforts was launched, focusing on humanitarian response. This technical note outlines how digital tools can be leveraged to detect, mitigate and report the risks of sexual exploitation and abuse, in a manner

that is joined up with community-based approaches. Use of such digital and innovative tools is expected to expand the reach and quality of reporting channels through broader information dissemination about how to report and receive assistance; deploy appropriate risk assessments in more agile ways to reach and engage women and girls; and strengthen overall prevention of sexual exploitation and abuse through responding to risk and reporting. At a country level, the focus on engaging women and girls in sexual exploitation and abuse prevention and response has taken various forms. In the Central African Republic, for example, women who benefit from the trust of their peers were engaged as community dialogue facilitators, which has gradually motivated girls and other women to use community-based complaints mechanisms to seek information, make complaints or seek assistance.

## Humanitarian access

### **Commitment: Seek to establish and maintain humanitarian access, so that all affected populations can safely and consistently reach assistance and services**

Some longer-term work on improving UNICEF capacity to push for and obtain access to populations in need came to fruition in 2021. Reflecting the UNICEF global policy and framework for humanitarian action (the 2020 revision of the Core Commitments for Children in Humanitarian Action), the revised UNICEF emergency procedures, implementation of which began in 2021, contain mandatory actions linked to access, including the appointment of access focal points and civil–military liaison focal points, as well as the development and implementation of country-specific access strategies.

UNICEF released guidelines (for both leadership and field-based practitioners) on humanitarian engagement with armed non-state actors when operationally or programmatically necessary. UNICEF also finalized the Access Field Manual, to be disseminated in 2022; and the organization piloted, in the Libya Country Office, its first dedicated humanitarian access training course tailored to a specific country office – a three-day in-country training covering all aspects of humanitarian access, using real-life case studies, scenarios and role-plays. UNICEF developed a Competencies Framework for Humanitarian Access as well as humanitarian access learning pathways; this work included the identification of learning gaps and available courses that match specific humanitarian access competencies.

Global advocacy for the principle of humanitarian access supported country offices in establishing and maintaining humanitarian access to children living in complex and high-threat environments. For example, UNICEF provided information and advice to Member States for Security Council Resolution 2601 (2021), the first Resolution designed to protect education from attack. Humanitarian

access was one component of this resolution, which also covered contained strong language on children with disabilities, girls' access to education, and the need to provide assistance that enables children who are displaced and those who are refugees to continue their education. UNICEF also influenced passage of Security Council Resolution 2615 (2021), which helps to ensure that children and families in Afghanistan can continue to benefit from urgently needed humanitarian assistance and other activities.

In places where insecurity and limited humanitarian access hampered the movement of humanitarian personnel and endangered their safety, UNICEF used a comprehensive security risk management process consistent with the United Nations Security Management System and the security benchmarks outlined in the revised Core Commitments. UNICEF headquarters supported more than a dozen country offices in 2021 on humanitarian policy issues in complex and high-threat environments. Efforts to improve humanitarian access on the ground took different forms in different countries where humanitarian response was hindered by varying access constraints. In Afghanistan, for example, UNICEF navigated questions of sanctions and engagement with armed non-state actors in a new political environment. In Mozambique, the organization looked to develop engagement and civil–military strategy as enablers for humanitarian response.

In some places, gaining access to people in need involved leaning into support for localized humanitarian responses. In Burkina Faso, the UNICEF flagship community-based emergency strategy (the Rapid Response and Community Resilience, or 3RC approach) provided a multisectoral package of interventions to hard-to-reach communities, using 20 local partnerships with civil society organizations and associations to help overcome access challenges. Eighteen simplified multisector needs analyses were conducted by 3RC partners, and humanitarian assistance was provided to more than 75,000 individuals in hard-to-reach areas. In the Democratic Republic of the Congo, UNICEF's rapid response programme, launched in 2019, partners with experienced local non-governmental partners in four provinces to provide a rapid response that is swift and localized in a model that has led to improved access to hard-to-reach individuals. In 2021, this resulted in a significant increase in people reached with WASH kits: 623,000 people (target 765,000), including 363,654 children, compared with 550,000 individuals who received assistance in 2020.

### **Challenges**

The considerable efforts from UNICEF around access are expected to lead to better and more consistent access to populations in difficult environments. Yet the challenge of access will remain great as the number of humanitarian responses occurring in complex and high-threat environments continues to rise. Lack of humanitarian access to populations in need is not simply an abstract problem that breaches humanitarian principles, including



that of impartiality, which says that humanitarian aid must be provided on the basis of need alone: In reality, lack of humanitarian access means that children and families do not receive the life-saving support they require at crucial moments. In Somalia, for example, conflict-linked challenges in achieving humanitarian access to people in need in Dhusumareb, Jubbaland, Mudug, Bakool and Bari in 2021 were a key reason the UNICEF programme there reached only 41 per cent of its mental health and psychosocial support (MHPSS) annual target in 2021. While a total of 74,663 people were reached with key mental health aid, including 47,791 children (46 per cent girls), the reality is that 103,337 people missed out on services critical for their psychological well-being, primarily because they could not be reached. This is why humanitarian access is critical.

## Investing in preparedness and ensuring programmes are informed by risk

### **Commitment: Improve humanitarian response through investing in preparedness with a focus on enabling effective and timely response, reducing costs and reaching the most vulnerable**

In 2021, UNICEF embedded preparedness more firmly throughout its work and enhanced its preparedness capacities in priority, high-risk contexts through innovative funding, tailored technical support and the quality assurance of preparedness and contingency plans. UNICEF also improved its online Emergency Preparedness Platform (EPP), rolling out additional features in March 2021 that offer more impactful preparedness plans that can enhance the delivery of high-quality responses, especially at the onset of emergencies. This showed an immediate benefit in Timor-Leste, where heavy rains in late March and early April created urgent needs for assistance among more than 15,000 people temporarily relocated to evacuation centres and for families in affected communities. Due to remoteness, pandemic restrictions and the small domestic market size of the country, procuring relief supplies could have taken weeks or months. However, pre-positioned relief supplies, preparedness planning and other actions taken (all using the EPP platform) to meet minimum preparedness standards enabled UNICEF to provide immediate assistance, which helped to alleviate suffering in the first days and weeks following the floods.

Strategic partnerships for preparedness, such as those with donors including the United States Agency for International Development Bureau of Humanitarian Affairs and with the Government of Denmark, and through the Business and Community Resilience initiative for harnessing the private sector to improve preparedness, were initiated or expanded.

UNICEF also provided efficient technical support and increased investments in preparedness through the First Action and Co-Funding Initiatives – two innovative funding facilities that push resources out before crises to boost preparedness. The US\$4.4 million in 2021 in preparedness funding allocations through the First Action Initiative and Co-Funding Initiative were matched by US\$2.8 million from regional and country offices (Co-Funding Initiative), providing support to 19 country offices. Co-Funding Initiative allocations made to Afghanistan and neighbouring Central Asia countries were critical to responding to the unfolding situation in August 2021. In Afghanistan, the Co-Funding Initiative enabled increased preparedness to respond to the urgent needs of populations affected by the escalation of insecurity. In Tajikistan, Turkmenistan and Uzbekistan, these funds helped strengthen collaboration with government and other partners to enhance preparedness and ensure effective, immediate capacity to respond to refugee influxes from Afghanistan into these countries.

UNICEF continued to develop methodology and tools to enable data-driven risk analysis and monitoring, at all levels. The global horizon scan process identifies priority situations for preparedness and enables headquarters support to country and regional offices. In 2021, UNICEF conducted pilots with Nigeria and Somalia to enable dynamic risk monitoring using spatial analysis and mapping. UNICEF headquarters supported the Somalia Country Office to build an open-source geospatial system under a 'risk-informed response' project for dynamic monitoring of compounding risks.

## Community engagement for behaviour and social change

UNICEF continued to scale up its efforts to improve the quality of implementation of people-centred and community-led humanitarian responses necessary for achieving inclusive, localized and more sustainable results. Community engagement and social and behaviour change work is a cornerstone of this people-centred approach.

### **Overarching commitment: Implement community engagement for behaviour and social change in collaboration with national and local actors**

UNICEF focused on improving and standardizing technical assistance and devoting resources to support the application of community engagement and behaviour change interventions; improving coordination of key stakeholders and decision-making around this at the community level; and collecting and analysing quality data to inform service delivery.

## Risk communication and community engagement and the COVID-19 pandemic

As a leader in risk communication and community engagement, and through the technical support to the global RCCE Collective Service that was set up to facilitate response to the COVID-19 pandemic with the co-leadership of WHO and IFRC, UNICEF and partners worked in 106 countries in 2021 implementing people-centred behaviour change interventions to build local capacities and create dialogue. In many places, this meant work with influencers and local leaders, youth and other networks to build community trust in basic services, promote public health and social measures aimed at stopping COVID-19 transmission and tackle misinformation and rumours around COVID-19 vaccines.

During the first phase of COVID-19 vaccinations in South Sudan, an estimated 48,461 people received their first jab (and 3,387 received their second). However, only 25 per cent of those vaccinated were women. UNICEF responded to this low uptake by women by supporting data gathering and holding focus group meetings to identify behaviours and barriers faced by women when attempting to access COVID-19 vaccines, and then used this information to recommend such government measures as more outreach sites and tailored messaging to dispel common misconceptions to promote vaccine adherence. These RCCE efforts, along with evidence-based advocacy, contributed to an increase in women getting their COVID-19 vaccinations: By the end of November, 43 per cent of COVID-19 vaccines were going to women in the country.

Globally, in coordination with WHO, UNICEF supported knowledge and learning by conducting capacity-building webinars to enhance RCCE capacity, skills development and sharing best practices across different countries in the regions. These webinars targeted governments, United Nations agencies, NGOs and other partners to help them prepare and update RCCE strategies, interventions and practical tools to be rolled out in their own countries and jurisdictions. The webinars covered key topics such as working with religious leaders and engaging adolescents and youth; strengthening tracking, reporting, monitoring and evaluation of RCCE initiatives; planning for COVID-19 vaccine roll-out and community engagement; communicating vaccine-related crises and adverse events following immunization; social listening and evidence use for decision-making; community engagement for COVID-19 vaccines; addressing COVID-19 vaccine rumours and misinformation; and vaccine demand management. UNICEF also established social listening mechanisms in four regions to help provide regular updates on key public concerns, rumours and misinformation that needed to be addressed with appropriate and accurate information through engagement activities.

*(For more information on UNICEF's role in RCCE, see the Public health emergencies chapter, [page 38](#).)*



26-year-old Beatrice Apiyo stands outside a COVID-19 vaccination tent in Munuki, Juba, South Sudan in November 2021, after receiving a COVID-19 vaccination. Her two sisters also received their vaccinations.

Much of UNICEF's work in this area in 2021 was linked to pandemic response efforts. Approximately US\$29 million was allocated from the ACT-A funding mechanism for behaviour-focused risk communication and community engagement in more than 100 countries, including those with humanitarian emergencies. This accelerated RCCE efforts to support vaccination in communities, including among the most vulnerable and marginalized (see *Box*), and also resulted in a higher number of countries reporting more at-scale community engagement – and more countries whose national coordination mechanisms included community engagement and social and behaviour change.

Commitments around community engagement and social and behaviour change, now integrated across sectors/clusters in the revised Core Commitments, are critical to achieving demand and utilization of services that consider the social, cultural and context-specific needs of communities and local populations. Acting on these commitments builds community trust and means investing in local and community-based capacity-building and partnerships. For example, in the Syrian Arab Republic, integrated community engagement and social and behaviour change efforts tapped into the leadership of trusted community leaders, such as religious leaders, health workers and educators, to reach more than 12.5 million people (6.1 million female) in 2021 to encourage routine vaccination for polio and other diseases, promote hand hygiene to help prevent COVID-19 and to bring out-of-school children back to learning (with a special focus here on reaching children with disabilities).

Key benchmarks of community engagement and social and behaviour change include coordination, evidence generation, capacity development and community engagement, and UNICEF gained momentum in all these areas in 2021.

Seventy-seven countries reported having coordination platforms in 2021 compared with 66 in 2020, and 83 UNICEF country offices reported investing in community engagement in 2021 compared with 74 in 2020.

UNICEF also worked with key partners to establish and maintain multiple platforms for generating behavioural and social data (captured in the evidence generation and use benchmark). Interventions within countries that were facilitated or conducted by UNICEF with national partners included behavioural assessments and surveys, tracking community engagement activities, using diverse platforms for information and outreach (social listening, digital platforms, etc.) as well as community feedback mechanisms.

Results from the Latin America and the Caribbean region, which made significant progress in all four benchmarks in 2021, show how dramatic the improvements can be in community engagement and social and behaviour change. The number of countries in the region reporting community engagement mechanisms that facilitated at-scale inclusion and participation rose from 13 in 2020 to 19 in 2021. Those reporting community engagement platforms that facilitate two-way communication and feedback rose from 15 in 2020 to 19 in 2021. Those with community engagement platforms/processes that are adapted to address specific issues increased from 11 countries in 2020 to 20 in 2021, and those with initiatives prioritizing community capacity-building increased from 12 in 2020 to 16 in 2021. One of the evidence generation benchmarks, addressing the “wide scope and source of data generated/used”, rose from 12 in countries in the region in 2020 to 26 countries in 2021. This highlights that countries are increasingly recognizing the significance of generating social and behavioural data, despite challenges with the systematic use of that data that require further attention.

## Challenges

The pandemic has highlighted how crucial it is to invest in community engagement and social and behaviour change from a systems perspective – but it has also helped to widen the gap between this need and the resources available to meet it. In many countries, the lack of confidence over vaccines, government systems and personal beliefs has led to vaccine hesitancy. UNICEF, along with many global, national and local partners has worked closely to establish new pathways to understand population concerns and then address them, with the goal of improving uptake of critical services and needed behaviour changes. UNICEF will continue to work with partners at all levels to maintain the social listening mechanisms and other responsive community engagement work established during the pandemic. UNICEF is also engaging with other humanitarian and development partners to build capacity by creating tools that are relevant, local, sustainable and long-term, such as the Community Engagement in Humanitarian Action Toolkit, RCCE indicator guidance (for use by implementing agencies and humanitarian organizations, particularly at the country level), aligned to the global RCCE monitoring and evaluation framework, and a training toolkit on social science for community engagement in public health emergencies.

# Fostering collaboration and partnerships

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## Adolescents and young people as partners

Among the most critical partnerships forged in 2021 were those with adolescents and young people. UNICEF engaged 19.6 million adolescents (54 per cent girls) in 125 countries through its programmes (nearly four times the Strategic Plan target), with 5.7 million of them engaged in humanitarian action and nearly 700,000 on climate change advocacy. This momentum was created by extensive country office efforts to support the role of young people in awareness-raising, peer-to-peer support and outreach to communities during the COVID-19 pandemic. It also reflects the increased investment of UNICEF in adolescent engagement, and young people's eagerness to be agents of change in their communities and true partners in actions that affect them. It also underlines the reality that adolescents and youth are among those greatly affected by more complex and often more protracted conflicts, and by disasters that are increasing in intensity and frequency, often linked to climate change.<sup>13</sup> They are having to adapt to drastic changes in their lives, education and work. Despite these challenges, young people are taking action and showing resilience in humanitarian emergencies. Guided by the revised Core Commitments for Children in Humanitarian Action, UNICEF remains committed to working with and for adolescents and youth as equal partners in humanitarian services and programmes. (See [page 72](#) for details and key results linked to adolescent and youth engagement in humanitarian action in 2021.)

## Strengthening inter-agency collaboration

In 2021 there were numerous opportunities to deepen and strengthen UNICEF's inter-agency collaboration – making it stronger, and therefore better able to leverage the strengths of all partners to deliver results for children and families. UNICEF worked with multiple United Nations agencies throughout 2021 to rise to the challenges posed by the global COVID-19 pandemic in 2021 and adapt to a rapidly shifting landscape of need.

UNICEF continued its work as a critical partner in ACT-A, the groundbreaking global collaboration to accelerate the development, production and equitable access to COVID-19 tests, treatments, vaccines and personal protective equipment. The World Health Organization, Gavi, the Vaccine Alliance, governments, civil society and industry have joined together in ACT-A, and UNICEF is particularly active as a key player in the RCCE arm, as well as the premier procurement and delivery partner for COVID-19 vaccines. (See [page 23](#) for more on RCCE.)

The Office of the United Nations High Commissioner for Refugees (UNHCR)-UNICEF Blueprint for Joint Action for refugee children was rolled out in 10 countries and reached more than 2 million refugee children and their families. Ten additional joint action plans will get under way in 2022. In Iraq, as part of the Blueprint work to support child protection capacity and case management, UNICEF provided incentives for critical social work staff to be trained and coached by UNHCR. In Indonesia, the two agencies successfully advocated for the inclusion of refugees in the roll-out of the national COVID-19 vaccination programme.

Through their Partnership Strengthening Initiative, UNICEF and IFRC mapped 114 different agreements between UNICEF and IFRC, or IFRC National Societies, valued at US\$198 million and spanning 58 countries and all UNICEF programmatic areas. This mapping informed new guidance on partnering and simplified partnership agreements. Pilot work using the new guidance was completed in Honduras, Kyrgyzstan, Nigeria and Tajikistan.

## Strengthening humanitarian coordination capacities as a cluster lead agency

### **Commitment: Support the leadership and coordination of humanitarian response, along with national and local stakeholders, and in compliance with humanitarian principles**

UNICEF continued to lead or co-lead the Global Education, Nutrition and Water, Sanitation and Hygiene Clusters in 2021, along with the Child Protection Area of Responsibility. UNICEF designated country-level leaders for the clusters it leads or co-leads in 2021 as follows: Education in 24 countries (out of 28 countries), WASH in 16 countries (out of 27), Nutrition in 18 countries (out of 26) and the Child Protection Area of Responsibility in 19 countries (out of 27). Clusters have substantially scaled up the cluster coordination performance management exercise conducted yearly, and all UNICEF-led clusters that engaged in this performance management in 2021 were rated 'satisfactory' or better (for details on key achievements of each cluster or area of responsibility in 2021, see *Commitment 1 results in the relevant Goal Area chapters*).

As UNICEF began to implement the recommendations of the Humanitarian Review in early 2021, key actions for enhancing the organization's capacity to lead these clusters – a core finding of the Review – were initiated. These included launching an ambitious inter-cluster e-learning initiative (with the potential to also train non-cluster staff); rolling out the Humanitarian Leadership Workshop; and developing a cluster coordination talent management strategy. UNICEF also invested targeted funds to kick-start key Review recommendations, including money invested in capacity-building for cluster leadership. In 2021, UNICEF also completed the CLARE II evaluation of its role in the clusters and the area of responsibility it leads or co-leads (Education, Nutrition, WASH and Child Protection); the evaluation found that UNICEF has generally delivered on its coordination responsibilities but that performance on the leadership aspect of the cluster roles has been uneven. UNICEF expects to begin implementation in 2022 of key evaluation recommendations to enhance this work.

## Harnessing the private sector as a partner for children

Tapping into the capacities, assets and networks of the private sector to support stronger national and international humanitarian systems and deliver results for children remained a UNICEF priority in 2021. The Business and Community Resilience Initiative, which seeks to improve preparedness for emergencies, expanded to cover six countries in three regions. UNICEF country offices for the Eastern Caribbean, Guatemala and Peru incorporated business engagement as a change strategy to achieve national preparedness and resilience goals. UNICEF also aligned with other global, inter-agency initiatives connected to the private sector, including the Connecting Business initiative (led by the United Nations Development Programme and the United Nations Office for the Coordination of Humanitarian Affairs); the ARISE network (led by the United Nations Office for Disaster Risk Reduction); and the One Billion Coalition for Resilience (led by IFRC).

Virtual networking and brokering remote partnerships have been a necessity during the COVID-19 pandemic. Despite the challenges of doing this type of work remotely, in some cases UNICEF has used the disruption to pre-pandemic ways of doing things to find ways to do things differently, and better. To this end, UNICEF has partnered with a design agency, the Nucleus Group, to develop new ways to use human-centred design methods to enhance its management of public-private partnerships.

To ensure equitable access to essential COVID-19-related supplies, particularly in low- and middle-income countries, UNICEF worked closely with private sector partners in 2021 to ship key supplies globally, including vaccines, diagnostics, therapeutics, personal protective equipment, syringes, cold chain equipment and oxygen products.

To address the oxygen gap in many low- and middle-income countries, UNICEF developed the first complex Oxygen Plant System (Plant-in-a-Box) that helps countries establish a sustainable source of oxygen in hospitals and includes everything needed to produce large volumes of medical-grade oxygen for patients, including accessories supplied in the right quantities, installation of equipment and pre-planned maintenance services. In 2021, UNICEF procured 67 Oxygen Plant-in-a-Box packages that are at different stages of roll-out in 10 countries.

In addition, to facilitate the work of the COVAX Facility (the vaccine pillar of ACT-A), address supply chain bottlenecks and build resilience, UNICEF operationalized the World Economic Forum COVAX Charter and the Humanitarian Air Freight Initiative and began work with a range of new partners.

UNICEF's Supply Division also received 63 contributions-in-kind from the private sector worth over US\$17.5 million to support emergency responses (not just COVID-19 responses), including contributions in the form of transport that facilitated access to hard-to-reach areas. In Yemen, private sector support allowed UNICEF to quickly deliver life-saving nutrition supplies. In Chad, the UPS Foundation supported the delivery of 45 metric tons of nutrition supplies, ensuring 3,000 children gained access to life-saving support, and in India it delivered 3,000 oxygen concentrators to strengthen health systems coping with a deadly second wave of COVID-19.

*(For more information on the overall supply contribution to UNICEF's humanitarian action in 2021, see [page 76](#). And see [page 14](#) for details on how Supply Division served as a backbone of UNICEF's response to the COVID-19 pandemic.)*

# Fostering equity and inclusion

UNICEF humanitarian action is in and of itself an effort to ensure that all children and families – even those affected by emergencies – can have their needs met and can realize their rights, even in the face of extreme hardship. In practice, however, not everyone is impacted equally by crises, nor does every child have an equal opportunity to overcome them, and this is why a focus on equity and inclusion in humanitarian response is so necessary. According to a comprehensive review published in the medical journal *The Lancet*, women and girls – especially those with intersecting vulnerabilities including having a disability, living in poverty or identifying with a socially marginalized group – have been disproportionately impacted by the COVID-19 pandemic, for example.<sup>14</sup> And even though the evidence on the gendered impacts of pandemic-related school closures is still emerging, initial information suggests larger losses among girls.<sup>15</sup> So, in its response to the pandemic and to the many other emergencies that occurred in 2021, UNICEF took specific actions to ensure that the most vulnerable children – very young children (see [page 47](#)), those living with disabilities (see [page 68](#)), adolescents and youth (who are often forgotten in emergencies but who can be powerful actors for change, see [page 72](#)), and, of course, women and girls (see below) – could receive life-saving support and a lifeline to a better future.

## Gender equality

The pandemic-related disparities in impact noted above echo the unfortunate reality for women and girls experiencing all types of humanitarian crises. Adolescent girls, in particular, face challenges in humanitarian settings: displacement strains their already tenuous claim over their secondary schooling, access to public spaces and agency in decision-making and their time, effort and safety are often deployed to minimize the impact of a crisis on their families. They take on gendered adult roles – collecting food and water, caring for family and engaging in livelihood activities – that prevent them from accessing tailored support and heighten their risks of violence, exploitation and such harmful practices as child marriage.

The Core Commitments for Children in Humanitarian Action were revised in 2020 to better address these realities by embedding gender equality and the empowerment of women and girls across all programme design and implementation to deliver transformative change. In 2021, UNICEF also delivered on its three cross-sectoral gender Core Commitments that advance gender equality and the empowerment of women and girls (see [Box](#)).

UNICEF reached 13.9 million people in 89 countries in 2021 with gender-based violence risk mitigation, prevention and response services (see [pages 56 and 57](#) for detailed results).

## Gender equality Core Commitments for Children in Humanitarian Action

Gender-based violence prevention and risk mitigation for all is included in programmes, with a focus on the safety and resilience of girls and women

Adolescent girls, women and their respective organizations are actively engaged in the design and delivery of programmes

Analyses, needs assessments, programming and enabling environments (e.g., partnerships, communications) respond to the distinct needs and experiences of girls, women, boys and men

UNICEF also leveraged catalytic funding through the Gender Thematic Fund to engage 14 countries in strengthening women's and girls' participation in humanitarian action. In Djibouti, UNICEF partnered with women-led community groups to raise awareness about COVID-19 and available services. In Libya, UNICEF partnered with local women's organizations to establish safe space platforms for women and adolescent girls. And in northern Mozambique, UNICEF carried out a timely conflict gender analysis in collaboration with local women's groups.

Globally, in 2021, almost a million girls (867,000) in humanitarian contexts participated in UNICEF-supported skills development programmes for learning, personal empowerment and active citizenship and/or employability. This reflects UNICEF's focus on strengthening girls' engagement and participation.

For the first time UNICEF tracked gender-related expenditure for programming happening exclusively in emergencies. The percentage of gender-transformative expenditures in emergencies was 15.7 per cent, which exceeds the 15 per cent benchmark outlined in the United Nations System-wide Action Plan on Gender Equality and the Empowerment of Women. In 2022, UNICEF also created an internal dashboard that tracks reporting of country and regional offices on indicators for which data disaggregation is possible.



Honor (left to right), 19, Joël, 20, Oblave, 21 and Squad, 19, pose with some of their work at the Center for Apprenticeship of Trades and Hotel Training in Matadi, capital of Kongo Central Province in western Democratic Republic of the Congo in September 2021. The Center, where these young men are students in the plastic arts, welcomes young people in difficulty – often orphaned or abandoned by their families – and offers them practical training as well as French and literacy courses.

The gender-transformative expenditures advanced programming in key areas of work, including education (see [page 51](#)) and WASH (see [page 62](#)).

These expenditures have also had an impact on the COVID-19 response. For example, in some settings, women have been more hesitant than men to receive the COVID-19 vaccine, due to limited mobility, limited decision-making power and dependence on men in their households, poor access to trustworthy information and risk of experiencing violence. UNICEF is supporting national efforts to address gender disparities in COVID-19 vaccine uptake. In South Sudan, for example, UNICEF-supported data gathering and focus groups informed targeted government measures to promote vaccine adherence, which helped increase vaccine uptake among women (see [page 23](#) for more details on these results).

In 2022, UNICEF will continue to strengthen gender integration in humanitarian action. These efforts include developing guidance on capacity-strengthening of local civil society organizations, including those advancing the rights of women and girls, improving data disaggregation in emergencies and integrating rapid gender analysis. UNICEF will also focus on maintaining and recruiting female talent in humanitarian contexts: Currently, 30 per cent of staff working in the most difficult duty stations are women (39 per cent among International Professionals). At a systems level, UNICEF will continue advancing gender equality as a member of the IASC Gender in Humanitarian Action Reference Group.

## Challenges and lessons learned

In 2021 UNICEF experienced some of the key challenges that had come into focus during the implementation period of the Strategic Plan, 2018–2021. These included the need for improved humanitarian leadership and capacity and greater accountability for results, challenges in humanitarian access, the ongoing impact of the COVID-19 pandemic on both scale of needs and on UNICEF operations and significant underfunding of UNICEF responses to some large-scale crises.

### Humanitarian capacity

UNICEF personnel have had to adapt to the evolving scale, depth and dynamism of humanitarian crises. UNICEF has planted the seeds to create even stronger leaders for cluster leadership roles and for its responses in complex, high-threat environments by developing a framework for leadership skills in emergency settings and tailored learning programmes to help its staff acquire these skills, and by developing a talent management strategy designed to cultivate and retain strong leaders for the organization's

humanitarian action. This focus on cultivating strong and sensitive leadership that can deliver results for children in even the most challenging circumstances is expected to pay dividends for many years to come.

### Humanitarian access

Difficulty gaining humanitarian access was identified as a critical challenge during the second half of the Strategic Plan period and it continued to be an obstacle in 2021. Accessing people in need is not a new challenge, nor is it unique to UNICEF. In many contexts in which UNICEF operates, limited humanitarian access has continued to hamper the delivery of humanitarian services to children and their families. The number of complex and high-threat environments continues to increase year after year, which in turn, increases country offices' need for support on humanitarian access and broader humanitarian policy issues, such as engagement with armed non-state actors and principled humanitarian action in a context of sanctions. In-person direct country support around such access

issues remained constrained in 2021 by COVID-19 travel restrictions and preventive measures. Alternative modalities for support and training were used and even strengthened, but in-person field support remains critical for this work.

In 2021, some long-term work on improving UNICEF capacity to push for and obtain access to populations in need came to fruition (see [page 28](#)). In addition to advocacy around access at all levels – in the context of Security Council Resolutions, with governments, in local contexts – UNICEF also took steps to consolidate more localized responses to gaining access to hard-to-reach populations. In Burkina Faso, for example, UNICEF tapped into partnerships with 20 local civil society organizations to overcome access challenges to delivering a multisectoral aid package. And in the Democratic Republic of the Congo, continued partnership with local non-governmental partners has improved access to hard-to-reach people.

The considerable efforts made to improve access are expected to lead to better and more consistent access to populations in difficult environments. Yet the challenge remains great as the number of humanitarian responses occurring in complex and high-threat environments continues to rise.

## Pandemic-related challenges persisted throughout 2021

Nearly one half of the Strategic Plan period overlapped with the COVID-19 pandemic. To the many challenges and aspirations guiding UNICEF (e.g., equity, quality, timeliness, leadership, ability to accept risk, improving preparedness, better accountability and the need to press more effectively for humanitarian access) were added the additional challenges of providing a humanitarian response in the COVID-19 era.

In 2021, these obstacles persisted and diversified dependent on a pandemic reality that varied based on geography (disease levels, existing restrictions) and timing. Challenges included continued difficulties in ‘staying and delivering’ in some contexts, limitations on in-person work and deployments (a situation that improved somewhat, albeit unevenly, in 2021) and the sheer breadth of need due to, or exacerbated by, the pandemic.

The COVID-19 pandemic also disrupted supply chains for key items in different programme areas. For example, in some emergency responses, critical WASH components (offshore materials including pipes, pumps and fittings in the Democratic People’s Republic of Korea, water pipes in Burundi) were unavailable as a result of supply chain disruptions.

## The need for humanitarian funding that matches the humanitarian needs of children, and the need for flexible funding for humanitarian action

Finally, present throughout the four years of the Strategic Plan, 2018–2021, and certainly in 2021, was the need for adequate levels of funding to meet identified needs, and the need for greater levels of flexible funding so that humanitarian aid could be delivered to meet the most urgent needs.

Sixty-eight per cent of humanitarian funding received in 2021 went into support for the top 10 most high-profile emergency responses.<sup>16</sup> In some of the large-scale emergencies that had extremely large funding requirements for their humanitarian response, such as those in the Democratic Republic of the Congo, the Syrian Arab Republic, in Syrian refugee-hosting countries and in Yemen and Zimbabwe, UNICEF programmes remained underfunded. This limited the organization’s capacity to reach children most in need. Yemen, for example, remained the largest humanitarian crisis in the world, yet new funding received in 2021 to meet the needs of children and families in Yemen was only 36 per cent of the US\$508.8 million requested. And the responses in the Syrian refugee-hosting countries received only 25 per cent of the US\$972.8 million requested.

Global humanitarian thematic funding – the most flexible type of support after core resources for results (regular resources) – amounted to US\$39.5 million in 2021, a 25 per cent increase compared with 2020. However, this absolute increase notwithstanding, the portion of all humanitarian funds received that was given as global humanitarian thematic funding decreased, to only 1.3 per cent, from 1.5 per cent in 2020 (see *Annex 1 on global humanitarian thematic funding*).

At the same time, for the overall pool of humanitarian thematic funding (national, regional and global) there were signs of progress: Thematic funding ranged from 7 to 9 per cent of humanitarian funding during the first three years of the Strategic Plan, 2018–2021 but jumped to 14 per cent in 2021. And private sector partners have expanded their support for UNICEF, in general, and specifically via the kinds of flexible funds that are so critical to reaching the children most in need.





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# High-level priorities and the way forward

Nafissata Sawadogo, 5, plays in a UNICEF-supported child-friendly space serving displaced children, in Kaya, in the Centre-Nord region of Burkina Faso in December 2021.

As called for by the Humanitarian Review, UNICEF is in the midst of transformational whole-of-organization change to strengthen its capacity to deliver results for children in humanitarian emergencies. The organization is cultivating stronger humanitarian leadership and greater skills-building and learning in key technical areas. UNICEF is already improving preparedness and conflict-sensitive risk-informed programming, and reinforcing technical capacities, particularly in public health emergencies and migration

crises, and investing in new implementation modalities to respond effectively and efficiently to the needs of children. Such change is supported by key milestones already achieved: revision of the Core Commitments for Children in Humanitarian Action, development of new emergency procedures and integration of key elements required for growth into the Strategic Plan, 2022–2025. Among the priority areas for continued transformation are the following:

## Ensure the right human resources are in place for humanitarian action

UNICEF has taken key steps to grow organizational capacity to support, operate and deliver critical services to the most vulnerable children in remote, insecure, high-risk and complex humanitarian emergencies. A number of these steps are linked to developing and supporting a fit-for-purpose workforce.

Since October 2020, UNICEF has made several key investments in humanitarian leadership, including development of the Humanitarian Leadership Workshop, which will train up to 100 senior field-based personnel per year. The workshop is a UNICEF education programme designed to improve humanitarian leadership capacity for individuals and teams. The curriculum includes a learning pathway on humanitarian principles and approaches, and on the procedures and skills required to manage emergency work in complex and high-threat environments. UNICEF will roll out a talent management strategy for leaders in emergencies, which will include enhanced induction, handover mechanisms, training packages and succession planning. There has also been an increase in multilingual digital training packages covering core humanitarian sectors and skills available to UNICEF staff.

UNICEF has piloted on-the-job coaching and well-being support for senior leaders to enhance support systems for those leading the organization in some of the toughest environments. To support its corporate commitment to effective and accountable humanitarian coordination and leadership, UNICEF is investing in its cluster leadership role, aiming to commit core resources annually to ensure the presence of dedicated cluster teams where necessary, while ensuring that staff have core coordination competencies as well as technical knowledge.

UNICEF will seek investments in a humanitarian resource hub, which would bring together a virtual core team of human resources staff and specialized consultants globally, and a humanitarian learning platform, to be built and updated around available tools that can support skills-building in key areas of growth.



A mother and an infant wait for a check-up at a community health centre in Kizersarai, in Gaya District, Bihar, India (December 2021).

## Strengthen the response to mass population displacements and protracted crises

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Migration movements tend to include a mix of people with diverse needs and legal statuses. Little attention has been paid to internally displaced persons, who constitute the largest group of those who are forcibly displaced and are highly vulnerable. The Action Agenda on Internal Displacement proposed by the United Nations Secretary-General for consultation in 2022, includes actionable commitments to achieve durable solutions, prevent new displacement and ensure effective protection and assistance.

UNICEF has invested in capacity-building on the revised Core Commitments for Children in Humanitarian Action, which includes commitments related to large-

scale movements of refugees, migrants and internally displaced persons. As of April 2022, 100 UNICEF staff had participated in specific training on children on the move. Additionally, through the International Data Alliance for Children on the Move and with increased disaggregation of programme results data by migration status, UNICEF aims to improve statistics and data on migrant and forcibly displaced children for evidence-based policymaking that protects and empowers children on the move. The humanitarian response continues to be accompanied by advocacy and social and behaviour change strategies to combat stigma, xenophobia and discrimination based on a child's migration status.

## Recognize the profoundly different and gendered impacts of crises on women and men, and girls and boys

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Not everyone is impacted equally by crises, and this is why a focus on equity and inclusion in humanitarian responses is so necessary. The Core Commitments for Children in Humanitarian Action were revised in 2020 to better address these realities by embedding gender equality and the empowerment of women and girls across all programme design and implementation to deliver transformative change. The key gaps across development and humanitarian settings include accountability shortcomings, particularly at decentralized levels; shortfalls in dedicated gender expertise and resources; and challenges in comprehensively mainstreaming gender equality so that it fully permeates all UNICEF core programming areas and work culture. Ownership of gender equality is a linchpin – although leadership overall is strong, field-level ownership is lacking, with gender concerns still 'silo-ed' to gender staff, rather than being the collective responsibility of all staff. Similarly, efforts to improve gender parity must also account for intersectionality – between gender, race/ethnicity, age and disability – to properly cultivate a truly inclusive workplace.

In response, the Gender Action Plan, 2022–2025, which operationalizes the UNICEF Gender Policy 2021–2030, will take a more ambitious approach to achieving the collective vision of gender equality in UNICEF programmes, workplaces and practices, in order to achieve transformative results for women and girls. This needs more intentional action and investment to allow not only response to inequality, but also change in the underlying barriers that perpetuate the inequality. As the effects of the COVID-19 crisis continue to manifest, UNICEF will seek out opportunities for transformative outcomes to 'build back better' for every child in need. Maintaining attention on the disproportionate impacts on girls and women will remain paramount, to maintain momentum and stay on track to meet the gender equality targets of the 2030 Agenda for Sustainable Development.

# Advocate for the central role of protection, with particular attention to specialized protection services for children in armed conflicts

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UNICEF continues to be a global advocate of children's right to protection in all settings, and particularly in armed conflict. Not just a champion for this cause, the organization retains its status as a key service provider of services for children requiring protection, across all settings, and as a thought leader working with governments and a wide range of partners to ensure that systems and processes are designed and implemented with child rights as a premier consideration.

UNICEF will continue to advocate internationally, nationally and locally for all actors to uphold children's right to protection and freedom from violence.

The operational capacity of partners – line ministries, international organizations and national civil society organizations – to prevent and respond to protection needs is uneven. Protection work is human resource intensive, even when bolstered by the most innovative solutions. It requires front-line protection providers, including local women's organizations, social workers and a wide range of experts to work with children, women, families and leaders to shore up protection and ensure services are responsive. UNICEF will continue to mobilize technical and financial resources to support the sector, invest in research and innovation and advocate at all levels to overcome these challenges. Elevating prevention of child protection violations as a strategic priority in the Strategic Plan, 2022–2025 reflects UNICEF's commitment in this area.

# Expand preparedness, anticipatory action and risk analysis work

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A dedicated team at UNICEF headquarters is addressing preparedness, anticipatory action and risk analysis and providing direct technical support to country and regional offices. The team is working to catalyse preparedness action not only within UNICEF, but also in the United Nations system and the broader humanitarian community. In 2022 and beyond, UNICEF will continue to enhance remote and in-country support for preparedness, including making resources available online and having regular interactions with regional offices to better identify and address the preparedness needs of UNICEF country offices.

Other key goals include alignment of country-level emergency preparedness planning requirements with overall country office planning processes to ensure that EPP updating occurs at least once yearly, and considers the seasonality of shocks, where applicable. Globally, UNICEF offices do not adequately use spatial data for risk analysis and monitoring. There have been increases in demand for geospatial services throughout the UNICEF constellation, but there are resource constraints in meeting these demands, as one critical position has remained unfunded.

Additionally, lack of rigorous data and analysis of human-induced hazards remains challenging, especially gaining an understanding of subnational vulnerability.

UNICEF is further developing the open-source geographic information system (GIS) solution used in Somalia to meet global needs. Investments in such a solution have shown that it can improve preparedness by offering a better understanding of dynamic contexts. An open-source system would make evidence-based risk analysis feasible at all levels. UNICEF continues development of such data-driven tools as the global operations dashboard and the big data media monitoring tool.

# Prioritize supporting country offices to establish accountability mechanisms and continue to promote a more localized humanitarian response

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Engaging with local actors is fundamental to achieving better accountability to affected populations. UNICEF has exceeded a key target of providing 25 per cent of humanitarian funding to local and national partners, but there is much more to do. Specific, mandatory benchmarks on localization of the humanitarian response were included in the revised Core Commitments.

In line with the Humanitarian Review recommendations on localization, UNICEF has also developed a draft organizational strategy for a comprehensive approach to localization. This involves: a) investing in the institutional and technical capacity of local actors (national authorities, civil society organizations, communities and the private sector); b) respecting and strengthening the leadership and coordination of humanitarian action by national and local authorities, civil society organizations and communities; c) engaging in principled partnerships; d) adopting comprehensive risk management; e) supporting, where possible, multi-year agreements and funding; and f) capacity-sharing with local actors, including communities.

A key aim of accountability to affected populations is to receive their feedback and adapt programmes accordingly, which is also one of the benchmarks of the

Core Commitments and features in key recommendations of the Humanitarian Review. UNICEF has made strides in strengthening accountability to affected populations throughout the organization, although translating feedback into programme adaptation has been uneven. Specialists in accountability to affected populations were placed in four regional offices in 2021 and were able to boost support to country offices for their accountability efforts. UNICEF is drawing lessons from this enhanced regional support to come up with recommendations for maintaining and expanding this capacity to other regions. The development of a 2022–2025 plan of action around accountability to affected populations is an opportunity to strengthen the leadership support for accountability. UNICEF actively promotes cooperation around accountability to affected populations at the inter-agency level.

UNICEF is also scaling up its internal systems for protection against sexual exploitation and abuse globally and in countries responding to emergencies. In 2022 and beyond, 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 programming, and that systems to prevent and respond to sexual exploitation and abuse are strengthened.

## Complete the implementation of the recommendations of the Humanitarian Review

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UNICEF undertook the Humanitarian Review to understand how its work in emergencies could be strengthened to ensure that it is a reliable and consistent partner in delivering results for children and their families. The Review is now the organization's change management tool for implementing actions to enable a humanitarian response that fits the needs of children today, and tomorrow. UNICEF has already made a 'down payment' to securing visionary change for its humanitarian action, for which the Humanitarian Review offers a road map. This down payment comprises organizational will, as evidenced by endorsement from UNICEF senior management of all the recommendations of the Review; the incorporation of the Review into key corporate guideposts for humanitarian action, including the Core Commitments, the new Strategic Plan and the emergency procedures; the reflection of the recommendations of the Review in annual workplans for 2022 at headquarters and in regional and country offices;

mainstreaming of the Review into existing monitoring and planning processes to ensure stronger commitment and integral organizational change; and in the allocation of funds to enact the Review.

Overall, the cost associated with implementing the recommendations of the Humanitarian Review is estimated at roughly US\$32 million over four years, an investment that can make the approximately \$3 billion UNICEF spends annually of humanitarian action even more impactful. UNICEF expects to commit at least US\$12 million in existing resources, including core funds, and US\$1 million in global humanitarian thematic funding in 2021 to kick-start implementation of the recommendations. UNICEF is preparing an investment case to request additional support for some of the longer-term, more far-reaching changes needed in key areas covered by the Review.



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# Results by Strategic Plan Goal Area

Raghad, 9 carries her younger brother, age 2, in Baharka camp for displaced people in Erbil, northern Iraq, in January 2021. She and others in the camp have fled their homes and cities due to violence. In the camp they are exposed to cold, rain and winds during the harsh winter season, and their lives are also impacted by the COVID-19 pandemic. UNICEF and its partner, Public Aid Organization, have provided more than 30,000 winter clothing boxes to camps for internally displaced people in Iraq.

*This section of the Annual Results Report provides information on key achievements, results and challenges by Goal Area of the UNICEF Strategic Plan, 2018–2021. Reporting is organized by programmatic sector and by Core Commitment for Children in Humanitarian Action, 2020 revision. The year 2021 was the first implementation year for the revised Core Commitments, which updated and expanded key commitments and benchmarks for UNICEF's life-saving action for children and families in humanitarian crises. Results provided are indicative, not exhaustive, and further information on country-level results can be found in individual consolidated emergency reports linked to each Humanitarian Action for Children appeal.*

## Goal Area 1: Every child survives and thrives

Children affected by emergencies often require substantial support from their families, communities, governments, local and national associations and international NGOs and agencies simply to survive, and to thrive. UNICEF and its many partners reach children with vital health, nutrition, HIV and early childhood development (ECD) services. UNICEF also has a critical role working alongside governments and communities to provide systemic support in the face of public health emergencies, a Core Commitment area formally added in the recent revision but whose work nonetheless truly dates to the founding of UNICEF.

In 2021, out of the total US\$2.53 billion expenditure under Goal Area 1, around 55 per cent was emergency funding to support critical nutrition, health, HIV/AIDS and ECD interventions.

### Health in emergencies

In 2021, UNICEF began to implement its revised Core Commitments for Children in Humanitarian Action, expanding the scope and impact of interventions in humanitarian contexts in all areas, including health. The organization continued working on key elements such as leadership, immunization and maternal, neonatal and child health, and to these added clear commitments to ensure a comprehensive health response in areas including community health and health systems-strengthening, with a focus on universal access to primary health care.

UNICEF continued to leverage its multiple health-related partnerships, such as the Global Health Cluster, to ensure a child-sensitive approach to emergencies, and the ACT-A, which provides children and their families with comprehensive access to preventive and therapeutic interventions for COVID-19. This included supporting countries to use the COVAX Facility for equitable vaccine access.

To increase visibility and transparency, UNICEF Supply Division launched the COVID-19 vaccine market dashboard, which offers publicly accessible real-time data on the global COVID-19 vaccine market, COVAX Facility vaccine deliveries and safe injection device deliveries and tracks globally reported vaccine deliveries and vaccine donations outside of COVAX.

Globally, UNICEF and partners provided life-saving interventions for children and women in 226 health emergencies (including COVID-19 pandemic responses), and supported health interventions in acute and protracted crises in 47 countries. UNICEF also reached 22.4 million children and women with essential health-care services in UNICEF-supported facilities and 22 million children aged 6 months to 15 years with measles vaccination in humanitarian settings.



**85%**

UNICEF-targeted children in humanitarian situations vaccinated against measles.

2021 TARGET: 95%

### **Commitment 1: Effective leadership and coordination are established and functional**

In 2021, UNICEF continued leveraging key partnerships with various actors such as governments, donors and implementing agencies to ensure that children and their families have access to essential health-care services. Global humanitarian thematic funding supported an early response to a suspected cholera/acute watery diarrhoea outbreak in five provinces in Afghanistan. In coordination with WHO, case management of patients with suspected cholera was strengthened by providing critical health supplies to infectious disease hospitals in Kabul and in other affected districts. In Malawi, in partnership with the United Kingdom Foreign, Commonwealth & Development Office and the Malawi Red Cross Society, UNICEF supported the development of a national plan of action on health security. This was critical to ensure that COVID-19 recommendations were in line with Joint External Evaluation recommendations under the International Health Regulations, the global framework for response to emergencies and public health events.

### **Commitment 2: Women, adolescent girls and newborns safely and equitably access quality life-saving and high-impact maternal and neonatal health services**

In Senegal, UNICEF supported the national strategy for continuous reproductive, maternal, and newborn health. Postnatal care interventions reached 419,559 mothers and newborns (exceeding the target) within two days of birth. UNICEF also reinforced nine neonatal units, training 163 health workers on use of equipment for newborn care. In Yemen, UNICEF reached 2.9 million children and women (exceeding the target) with essential health-care services. These included 525,629 women who received antenatal care; 182,244 women who delivered with the assistance of skilled birth attendants; 80,526 women who received postnatal care; 24,135 newborns who received quality care at the hospital level and 14,218 newborns who were admitted to neonatal intensive care units. Finally, in the Democratic People's Republic of Korea, the proportion of deliveries at health-care facilities remained high at 92.9 per cent nationwide, close to the annual target of 93 per cent.

### **Commitment 3: Children and women receive routine and supplemental vaccinations**

UNICEF continues to be a global leader in sustaining and expanding access to immunization services, experience which has been instrumental in rolling out COVID-19 vaccines and preparing for broader country-level introduction of the malaria vaccine in the fourth quarter of 2023. Likewise, support for the roll-out of COVID-19 vaccination has served as an opportunity to strengthen overall immunization programmes. For example, in the Central African Republic, the resources supporting COVID-19 vaccination were also an opportunity to strengthen the logistics of routine immunization,

covering 419 immunization centres, ensuring accessibility to additional childhood vaccines and improving cold chain management with ultra-low-temperature cold chain equipment for COVID-19 vaccines. The country received nearly 1.42 million doses of the COVID-19 vaccine supported by UNICEF, enabling 9 per cent of the total population to be vaccinated with two doses. In addition, 1.34 million children under 5 years of age were vaccinated against polio (99 per cent immunization coverage), and 78 per cent of children aged 0–11 months (exceeding the target) received three doses of pentavalent vaccine. Also, in the Sudan, 8.5 million children under age 5 (more than double the target) were vaccinated with oral polio vaccine. In Namibia, the number of women of childbearing age reached with tetanus toxoid was 18,697 (exceeding the target).

Globally, UNICEF supported 22 million children in humanitarian situations with measles vaccination (85 per cent of the targeted population).

### **Commitment 4: Children and adolescents safely and equitably access quality life-saving and high-impact child health services**

UNICEF worked to cover the health needs of those affected by COVID-19 and other respiratory conditions. In Sri Lanka, for example, in partnership with the Ministry of Health, UNICEF supported access to essential health services for 155,000 children and people with confirmed/suspected COVID-19 (exceeding the target). This included a country analysis of oxygen needs and the provision of oxygen supplies to 10 hospitals in Western Province, also ensuring quality care for more than 10,000 pregnant mothers and children in 2021. UNICEF also provided prevention and treatment services for common childhood illnesses. In Rwanda, the organization conducted several vitamin A supplementation and deworming campaigns with a substantial reach. During the third round, 1.4 million children aged 6–59 months received vitamin A (85 per cent of the target), and 1.3 million children aged 12–59 months were dewormed (87 per cent of the target). In Cameroon, 46,982 children (25,146 boys and 21,836 girls) received antimalarial drugs (70 per cent of the target).



### **Commitment 5: Primary health care continues to be provided through health-care facilities and community-based service delivery mechanisms**

Ensuring access to primary health-care services is the cornerstone of UNICEF health programming and one of the key components of health-care systems-strengthening. In the Congo, for example, UNICEF conducted an integrated nationwide health-care campaign to reach women and children during Mother and Child Health Week, including those in regions experiencing emergencies. As a result, 325,296 children and women (exceeding the target) had access to primary health care in UNICEF-supported health-care facilities. In the Syrian Arab Republic, which is experiencing one of the worst humanitarian crises globally, UNICEF provided free primary health-care services to 1.9 million children and their families (exceeding the target; 41 per cent boys, 41 per cent girls, 16 per cent women and 2 per cent men). Similarly, in Zimbabwe, a total of 2.5 million women and children were reached with primary health-care services (94 per cent of the target; 75 per cent female).

### **Commitment 6: At-risk and affected populations have timely access to culturally appropriate, gender- and age-sensitive information and interventions, to improve preventive and curative health-care practices**

Appropriate information and interventions often begin at the community level. In Burkina Faso, 439,400 children and women (exceeding the target) received primary health-care services in UNICEF-supported facilities in regions affected by humanitarian crises. These activities were intertwined with community interventions, including risk communication and community engagement supported by community-based health workers and community volunteers who were recruited, trained, equipped and motivated by UNICEF. The availability of health-care services, both preventive and curative, was maintained at a community level in areas where many health-care facilities were closed. In Yemen, of the 148 community midwives who were attending three years of pre-service training with UNICEF support, 91 graduated in 2021. UNICEF also scaled up service provision at the community level by training and deploying an additional 840 community health workers to detect diseases or epidemic threats, cases of malnutrition, pregnancy and birth complications, focusing on hard-to-reach areas in the country. By the end of 2021, the cumulative number of community health workers trained was 2,950, and they in turn had reached around 1.8 million people, including 632,600 women of reproductive age and 616,900 children under age 5 with integrated services.

### **Challenges**

In 2021, COVID-19 continued to be a key challenge to the implementation of health programmes, due to disruption in logistics, movement restrictions, reduced care-seeking, lack of financial and human resources and exacerbation of the already high health-care burden of vulnerable populations. UNICEF and partners addressed these challenges using strategies that included provision of personal protective equipment and training on its use for facility- and community-based health workers, strengthening oxygen supply capacity and procurement and distribution of COVID-19 vaccines.

A second lingering challenge in humanitarian and fragile contexts is political instability, conflict and insecurity, which limits movement of personnel, hinders access to key vulnerable populations and causes the destruction of health and other essential infrastructure, thus hindering the development of health and other essential programmes. This continued to be a challenge in Mali, Mozambique, Myanmar, Yemen and many other countries facing humanitarian crises in 2021. Some of the strategies employed by UNICEF and partners to overcome this include negotiation with de facto authorities for access to hard-to-reach communities, simplification of protocols and reliance on community members to deliver essential health services.

Finally, lack of data in fragile contexts, especially subnational data, hinders evidence-based planning and resource mobilization efforts. To surmount this, UNICEF headquarters and regional and country offices have used smart surveys, strengthened health management information systems through digital health strategies and used data modelling.

### **Public health emergencies**

In 2021, 156 UNICEF country offices responded to at least one disease outbreak or other public health threat. Much of the UNICEF response addressed the worldwide impact of the COVID-19 pandemic. Beyond COVID-19, 34 country offices also responded to outbreaks of Ebola, cholera, measles, meningitis, polio, dengue, plague, hepatitis E and yellow fever.<sup>17</sup>

UNICEF's strategy for public health emergencies is evolving, combining emergency response with long-term elimination and control, and moving from response-only to preparedness and readiness, from a cross-sectorial to a whole-of-society approach and from disease-specific to 'multidemics' systemic approaches. This is particularly important because epidemics do not exist as isolated events within societies – and they often occur simultaneously and in the same place. This was the case in Guinea, which in 2021 faced four public health emergencies<sup>18</sup> in addition to recurrent outbreaks of yellow fever, measles and polio. UNICEF provided infection prevention and control and WASH interventions in 40 health-care facilities, while also promoting efficiencies in the response and strengthening systems to prevent, detect and respond to simultaneous outbreaks. UNICEF is further developing this approach in Guinea in 2022 for potential replication in similar contexts.

## Global humanitarian thematic funding provides essential emergency care services to women and children following the August 2021 earthquake in Haiti

Health-care facilities in Haiti remain limited and underfunded, with few qualified personnel and significant shortages in materials and equipment. The health-care system is further strained by the occurrence of periodic sudden emergencies, such as the 7.2 magnitude earthquake that hit the country's southern region on 14 August 2021. The disaster resulted in more than 12,700 wounded and approximately 2,300 registered deaths. And more than 60 per cent of the health infrastructure in the southern region (97 health-care facilities) was destroyed or damaged, leaving hundreds of thousands of women and children in urgent need of emergency primary health-care assistance.

Global humanitarian thematic funds were a key force behind 192,000 children and women receiving essential emergency health-care services in UNICEF-supported facilities and through mobile clinics in the wake of the earthquake. UNICEF's emergency health response covered the three departments most affected by the earthquake: Sud, Grand'Anse and Nippes. To provide emergency care to victims, UNICEF distributed medical supplies to the main field hospitals within 24 hours of the deadly earthquake. The flexibility of global humanitarian thematic funds has positioned UNICEF in Haiti as a key partner of the Government for restoring and ensuring continuity of basic health care to vulnerable Haitian children, pregnant women and their families.



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A young child is examined during a mobile clinic for displaced people in Haiti. UNICEF partners with the Ministry of Public Health and Population to run mobile clinics (May 2022).



A UNICEF health officer checks the vaccination card of a baby at an outreach centre in Trishal, Mymensingh, Bangladesh, in January 2021.

### **Commitment 1: Effective coordination is established with governments and partners**

In 2021, UNICEF's child-centred and whole-of-society strategy for response to health emergencies continued to complement WHO-led health responses by mobilizing expertise to support governments in preventive activities and by mitigating the impacts of public health threats on other rights and sectors (e.g., education, nutrition, social protection and child protection).

UNICEF supports states and governments in identifying public health risks and enhancing core capacities to prevent, detect and respond to public health events, together with WHO, and in line with the International Health Regulations (2005). In 2021, UNICEF engaged with six West African countries<sup>19</sup> for the coordinated development of national preparedness plans, following the declaration of the Ebola outbreak in Guinea. This plan was activated in August 2021 in Côte d'Ivoire in response to a suspected Ebola case; having the plan in place facilitated a swift response. At the global coordination level, UNICEF staff were embedded in the WHO COVID-19 incident management system and continued to contribute to the Global Outbreak Alert and Response Network to ensure a well-coordinated inter-agency response and influence policy and technical guidance.

### **Integrated Outbreak Analytics**

UNICEF response to public health emergencies is increasingly supported by innovative expertise and leadership in Integrated Outbreak Analytics (IOA). IOA supports a community-based approach and reinforces accountability to affected populations using transdisciplinary data to better understand outbreak dynamics and to make evidence-informed and transparently tracked recommendations. UNICEF IOA support was expanded in 2021 within the Democratic Republic of the Congo (in response to COVID-19, cholera, plague and measles); deployed in Guinea to support the set-up of the IOA Ebola Cell; and informed the UNICEF global response to the COVID-19 pandemic. UNICEF actively led the global IOA Working Group and delivered training to government staff and partners on IOA approaches to key public health challenges.

## **Commitment 2: Communities are reached with targeted messages on prevention and services and are engaged to adopt behaviours and practices to reduce disease transmission and its impact. They participate in the design, implementation and monitoring of the response for ongoing corrective action**

Through its joint leadership (with WHO and the IFRC) of the Risk Communication and Community Engagement [Collective Service](#), UNICEF facilitated consolidation of coordination mechanisms required for a community-centred approach to RCCE embedded throughout public health, humanitarian and development response efforts. UNICEF supported the launch of the first [Collective Helpdesk in December 2021](#) to meet the growing demand for technical support in such critical areas of the COVID-19 response as community feedback and accountability, RCCE and social and behaviour change. The Helpdesk responded to 69 requests for assistance between December 2021 and March 2022. UNICEF also led the development of the first [guidance on collective indicators to monitor progress in RCCE](#) at the country level, with interim guidance published in March 2022; and facilitated collaboration and training at the regional level for a wide range of partners, including youth networks and faith-based and media groups. Globally, UNICEF and partners worked in 106 countries in 2021 implementing people-centred behaviour change interventions to build local capacities and create dialogues, and many of these efforts were linked to public health interventions. (See [page 23](#) for information on RCCE efforts, under the ACTA umbrella, which resulted in increased COVID-19 vaccine uptake among women in South Sudan.)

## **Commitment 3: Populations in at-risk and affected areas safely and equitably access prevention, care and treatment, to reduce disease transmission and prevent further spread. Specific attention is given to women and children**

UNICEF leadership in most areas of public health emergency prevention goes beyond the classic biomedical interventions. In Cameroon for example, UNICEF remained engaged in the COVID-19 response, strengthening health systems and implementing RCCE initiatives through community platforms and media. UNICEF also supported measles vaccination and pre-positioned critical medical and WASH supplies such as kits for infectious disease case management and infection prevention and control.

Health emergencies can exacerbate pre-existing gender inequalities. UNICEF implements gender-responsive outbreak prevention and response programmes underpinned by community-based evidence and gender-disaggregated data. During the Ebola outbreak in the Democratic Republic of the Congo, UNICEF engaged in prevention and response to risks of sexual exploitation and abuse and barriers to community-based reporting of this abuse. This work was informed by a pilot study<sup>20</sup> that allowed community actors, including women's organizations, to co-develop recommendations for establishing safe community-based complaint and alert mechanisms.<sup>21</sup>

## **Commitment 4: Essential services and humanitarian assistance are maintained and scaled up as necessary, and communities can safely and equitably access them**

Most public health emergencies are predictable, particularly in environments affected by recurrent shocks and where health and social services are already overwhelmed. In 2021, UNICEF responded to COVID-19, cholera, yellow fever, measles, polio or Ebola outbreaks in countries already affected by humanitarian crises, including South Sudan, Yemen and others, ensuring the continuity of basic services across sectors and contributing to building resilience. In Yemen, UNICEF is focused on preventing, preparing for and responding to outbreaks of infectious diseases (e.g., cholera) while also investing in health, water and sanitation system preservation and strengthening. In 2021, UNICEF supported the oral cholera vaccination campaign in 10 high-risk districts<sup>22</sup> covering 691,982 people, while reinforcing the cold chain capacity across the country and providing cholera supplies to diarrhoea treatment centres.

## **Challenges**

The year 2021 was marked by the continued impact of the COVID-19 pandemic and a strong focus on COVID-19 vaccine delivery. Meanwhile, other public health events also called for an urgent response – which some countries were not able to deliver. Competing priorities and insufficient resources, especially in fragile contexts, made it difficult to maintain continuity of basic services in some places in 2021, an essential part of any health emergency response.

What's more, Children are often not adequately taken into consideration in the response to health emergencies. During the 2021 Ebola outbreaks in the Democratic Republic of the Congo, difficulties identifying and following up children who were contacts of infected individuals remained a barrier to their timely treatment. To address this, UNICEF worked with the Ministry of Health and WHO to develop outbreak control tools more inclusive of children. UNICEF also supported child-friendly spaces and training of community members to respond to the psychosocial impact of the disease on children.

The initial design of public health responses is generally medically oriented, focusing solely on stopping disease and underestimating socioeconomic and protection elements. This risks creating barriers to essential community engagement or the exclusion of the most vulnerable from the response. UNICEF addresses these challenges by promoting child-centred and equity-based public health emergency preparedness and responses at all levels. As the COVID-19 pandemic enters a new phase, UNICEF is now looking to influence global pandemic preparedness policy to promote a whole-of-society approach to the multiple and specific needs of children, women and underserved communities during health emergencies.

## UNICEF response to Ebola in the Democratic Republic of the Congo

The Democratic Republic of the Congo faced two Ebola Virus Disease outbreaks in 2021 (February–May and October–December). Learning from outbreaks in recent years, UNICEF implemented a multisectoral and holistic approach across the humanitarian, development and peace nexus. This comprehensive public health emergencies programmatic strategy combined immediate outbreak prevention and response with building communities' resilience, strengthening health systems and promoting quality access to basic services. This translated into strengthened infection prevention and control in 83 priority health-care facilities. It also resulted in sustained risk communication and community engagement, with more than 200,000 households visited by community action cells and more than 4,100 disease alerts raised by communities and addressed. Nutritional and psychological support and counselling were also provided to patients and those who accompanied them. UNICEF and its partners implemented an action plan to prioritize the prevention of sexual exploitation and abuse, including community complaint mechanisms. This holistic approach also underpinned the UNICEF response to the country's COVID-19 pandemic and to outbreaks of measles, malaria, cholera, polio, meningitis and plague.



While her mother is in isolation at a nearby Ebola centre, 9-month-old Safi receives care and nurturing at a UNICEF-supported nursery in Beni, in the Democratic Republic of the Congo, from Deborah, an Ebola survivor and nursery caregiver (December 2021).

## Nutrition in emergencies

UNICEF supports governments to prepare for and respond to nutrition crises exacerbated by drought, conflict and displacement, as well as the ongoing socioeconomic impacts of the COVID-19 pandemic. This includes assistance in developing emergency preparedness and response plans that prioritize the prevention of malnutrition, while ensuring the provision of life-saving interventions to detect and treat severe wasting where prevention falls short. Through its role as Cluster Lead Agency for Nutrition, UNICEF promotes these system-wide actions during emergencies and helps countries prepare for, withstand and recover from crises. In 2021, an already vulnerable global nutrition situation worsened, and a record 283 million people in 80 countries were acutely food insecure or at high risk of being food insecure.<sup>23</sup> UNICEF and partners met critical needs in 47 humanitarian countries, with key achievements including admission of 5 million children for treatment of severe wasting, more than 50 million caregivers receiving information to support breastfeeding and other recommended feeding and care practices to prevent malnutrition, more than 9 million children receiving micronutrient supplementation and more than 201 million children receiving vitamin A supplementation.



### 5 million

children aged 6–59 months with severe acute malnutrition in humanitarian situations were admitted for treatment.

### Commitment 1: Effective leadership and coordination are established and functional

In 2021, the Global Nutrition Cluster, which UNICEF leads, provided nutrition in emergencies coordination support to 57 countries. Of these, 21 had stand-alone Nutrition Clusters where the cluster approach was activated. The Global Nutrition Cluster provided 1,105 days of deployment support (including 488 days of support from rapid response teams and 527 days of support via standby partners) to countries in need. As mandated cluster lead, UNICEF led all activated Nutrition Clusters in 2021. All 24 Nutrition Clusters/sectors that conducted a cluster coordination performance management exercise in 2021 met 'satisfactory' performance for established functions. Overall, UNICEF leadership and coordination of the more than 40 partners in the Global Nutrition Cluster supported the effective delivery of life-saving nutrition interventions in emergencies that benefited 37.9 million people globally.

In 2021 the Cluster launched the Global Nutrition Cluster Strategy 2022–2025, which expands the scope of support it provides, extends support to subnational coordination mechanisms and partners and provides more direct support to local NGOs. Additionally, the Cluster launched GNC Learn, an open-access, self-paced online learning platform offering more than 120 courses in multiple languages. In the first two months of piloting, 97 individuals from 30 countries completed around 200 courses. The creation of United Nations Nutrition, an inter-agency collaboration and coordination mechanism for nutrition, improved coordination among the four United Nations agencies with a mandate in nutrition (the Food and Agriculture Organization of the United Nations, UNICEF, World Food Programme and WHO), a positive outcome of operationalizing United Nations reform.

### Commitment 2: Monitoring and information systems for nutrition, including nutrition assessments, provide timely and quality data and evidence to guide policies, strategies, programmes and advocacy

In 2021, UNICEF continued to lead, coordinate and support activities to improve the availability and quality of nutrition information and analysis for decisions, in collaboration with nutrition clusters and partners. In Madagascar, where a drought and conflict emergency has resulted in emergency levels of child wasting and concerns about famine, UNICEF continued to support the government financially and technically in its implementation of the Nutrition Surveillance System. All the targets were achieved including reliable quarterly data on wasting representative of the community level; completion of two integrated food security phase classification analyses; identification of 'hot spot' municipalities requiring special attention and emergency interventions for better targeting of the emergency response and allocation of the available resources; and enhanced coverage of quarterly exhaustive mass screenings for detecting and referring wasted children for treatment. In Pakistan, where levels of malnutrition remain critical in many parts of the country, UNICEF supported improvements to the district health information system to include key nutrition indicators, and also helped to integrate nutrition commodity tracking into the federal health logistics management information system.

### **Commitment 3: Children under 5 years of age benefit from diets, practices and services that prevent stunting, wasting, micronutrient deficiencies and overweight**

UNICEF continued to support actions to prevent malnutrition in children under 5 years of age, focusing on improving infant and young child feeding practices that are life-saving in an emergency. In camps for internally displaced persons in Iraq, to support growth and development and prevent malnutrition, UNICEF partners provided mothers and their children with services including home visits for newborns, counselling in breastfeeding and other recommended feeding practices for children under the age of 2 years, and growth monitoring for children aged 0–5 years. These interventions reached 31,067 children aged 0–59 months (15,222 girls), against a planned target of 46,200 children. In Nepal, a total of 447,743 caregivers of children under 2 were counselled on breastfeeding and complementary feeding, reaching more than three times the target. Additionally, around 2.3 million children aged 6–59 months received vitamin A capsules in October during the two-day national vitamin A campaign, and around 2.1 million children aged 12–59 months received deworming tablets in the same national campaign.

Globally, UNICEF supported more than 50 million caregivers in humanitarian situations with information, counselling and support on infant and young child feeding.

### **Commitment 4: Children in middle childhood (5–9 years) and adolescent girls and boys (10–19 years) benefit from diets, practices and services that protect them from undernutrition, micronutrient deficiencies and anaemia**

The focus on middle childhood and adolescents in emergencies is new under the revised Core Commitments, and there is a need to generate further programmatic experience for these two age groups. In 2021, in Bangladesh, 49,342 adolescent girls aged 10–19 years (99 per cent of the target) living in Rohingya refugee camps in Cox's Bazar received iron–folic acid tablets and nutrition messaging to prevent adolescent anaemia. In Burkina Faso, UNICEF and partners supported mother-to-mother support groups, where a total of 385,798 pregnant and breastfeeding women, among them 7,701 pregnant or breastfeeding adolescents, benefited from counselling on recommended feeding practices.

### **Commitment 5: Pregnant women and breastfeeding mothers benefit from diets, practices and services that protect them from undernutrition, micronutrient deficiencies and anaemia**

In 2021, UNICEF supported actions to protect women and breastfeeding mothers from all forms of malnutrition in emergencies. In Yemen, UNICEF focused on improving the nutrition status of women, reaching more than 2.2 million pregnant and breastfeeding women with iron–folate supplementation, to reduce the risk of anaemia and poor pregnancy outcomes. In Bangladesh, where maternal malnutrition is a public health concern, this supplementation was coupled with dietary counselling, reaching more than 25,000 women (102 per cent of the target) living in the Rohingya refugee camps in Cox's Bazar. In Tajikistan, UNICEF supported training of 632 health workers to strengthen their capacity to provide infant feeding and maternal nutrition counselling, and they in turn reached around 516,000 mothers and caregivers with counselling.

### **Commitment 6: Children under 5 years of age benefit from services for the early detection and treatment of severe wasting and other forms of life-threatening acute malnutrition in early childhood**

Early detection and treatment of severe wasting in children saves lives and puts the youngest back on the path to grow and thrive. Ethiopia, with high levels of humanitarian need, also has one of the world's largest populations of severely wasted children. Using humanitarian thematic funding, UNICEF and its partners supported the treatment of 521,822 severely wasted children, reaching 94 per cent of the target. Of those admitted for treatment, 89 per cent were discharged as cured. In north-east Nigeria, a total of 297,560 severely wasted children aged 6–59 months (163,658 girls) accessed treatment at UNICEF-supported treatment centres, and in the north-western area of the country, 154,434 severely wasted children under age 5 (80,337 girls) were admitted for treatment in UNICEF-supported emergency sites of Sokoto and Zamfara states. Together these efforts achieved 108 per cent of their total 2021 target – success attributable to advocacy, community-based nutrition screening, enhanced supportive supervision to ensure quality services at nutrition sites, capacity-building, sensitization, orientation on micronutrient powder and iron–folic acid distribution.

Globally, UNICEF supported 5 million children aged 6–59 months in humanitarian situations with treatment for severe acute malnutrition.

## **Commitment 7: Services to prevent and treat malnutrition in children, adolescents and women are provided through facility- and community-based delivery mechanisms in ways that strengthen national and subnational systems**

UNICEF's systems-strengthening approach for delivery of nutrition services is a core focus, demonstrated by investments in government capacity at all levels and in community systems and the health and community workforce. In the Niger, for example, capacity-building for nutrition actors, community-level services and families was a key component of UNICEF's 2021 humanitarian response in nutrition. More than 700 supply managers at the national, regional and district levels received training to improve supply chain management of nutritional inputs, particularly ready-to-use therapeutic food (RUTF). This has improved supply planning, monitoring and stock management to ensure adequate availability of nutritional inputs while reducing the risks of inappropriate use of RUTF. In the Pacific Islands, more than 300 doctors, nurses and other health workers from six countries (Kiribati, the Marshall Islands, the Federated States of Micronesia, Samoa, Solomon Islands and Vanuatu) received a five-day training on the integrated management of wasting in emergency and non-emergency contexts, with attention to the risks of COVID-19. This was the first time any doctors and health workers in the Marshall Islands, the Federated States of Micronesia and Samoa had received this training.

## **Commitment 8: At-risk and affected populations have timely access to culturally appropriate, gender- and age-sensitive information and interventions that promote the uptake of diets, services and practices and contribute to improve their nutritional status**

Lebanon is affected by an economic crisis and increasing food insecurity. UNICEF, in partnership with the Lebanese Parliament's Committee of Women and Child and more than 60 partners, operationalized a nationwide infant and young child feeding (IYCF) media campaign, which is coupled with an infant feeding hotline to accelerate IYCF programme outreach, referral and counselling. In 2021, this campaign reached nearly 4.2 million individuals. Additionally, 601,732 caregivers of children under the age of 2 years received messages on recommended IYCF, more than 45,000 pregnant and breastfeeding women received counselling and 1,000 mothers received specialized support to restart breastfeeding. In the Philippines, with support from UNICEF, a campaign on complementary feeding in partnership with the Department of Health and the National Nutrition Council used the extensive reach of social media and radio – via Facebook, YouTube, radio messages and talk shows on local radio stations in Samar, Northern Samar and Zamboanga del Norte – to reach a total of 1.5 million people

(nearly triple the target) with information and messages to promote breastfeeding and recommended diets and feeding practices for infants and young children.

## **Challenges**

In the face of exceptional global nutrition vulnerability in 2021, both the quantity and quality of humanitarian financing for nutrition was suboptimal, leading to difficult decisions at the country level on prioritizing resources to the most life-saving interventions for the youngest children, in the most nutritionally vulnerable areas. This prioritization can negatively impact coverage of malnutrition prevention activities and other systems-strengthening activities in health, WASH and protection that are effective in reducing nutrition vulnerability in communities. This can have a particularly negative impact on interventions for women, adolescents and pregnant and breastfeeding mothers, who, despite their specific nutrition requirements, are often not prioritized in emergencies when resources are severely constrained. The outlook in 2022 remains one of high need and constrained resources. UNICEF will continue to maximize effectiveness and coverage of life-saving and preventive nutrition interventions by strengthening community systems, investing in government and national partners, and supporting innovations in the treatment of wasting, including RUTF formulation and dosage.

## **HIV/AIDS in emergencies**

In 2021, UNICEF worked to protect women, children and adolescents from acquiring HIV and to ensure access to treatment and care to those with HIV infection. Several key HIV indicators that had stalled or reversed in 2020 due to the COVID-19 pandemic rebounded in 2021. In many cases, this was a direct result of service delivery innovations employed in response to the pandemic.

## **Commitment 1: Children, adolescents and women have access to information and services for HIV prevention, including HIV testing**

HIV information and testing are critical entry-points to HIV prevention and treatment services. In humanitarian contexts, this support begins with health workers having the knowledge, skills, tools and necessary infrastructure. In 2021, in its emergency response in Cameroon, UNICEF provided support for coordination forums at the national level and within 55 affected districts across six regions, including provision of 40 point-of-care devices for infant HIV diagnosis. The intervention resulted in increased testing capacity and reduced burden on regional hospital laboratories, which had to cope with second and third waves of COVID-19. Amid the ongoing civil war in the Central African Republic, UNICEF supported 314 sites offering services for prevention of mother-to-child transmission (PMTCT) of HIV with training, capacity-



## Humanitarian thematic funding offers a lifeline of support to children experiencing wasting in Somalia

Malnutrition in Somalia remains high. The prevalence of wasting is estimated at 11 per cent nationally, with some pockets that exceed emergency thresholds of 15 per cent. This translates to around 365,000 wasted children in Somalia, some of whom require treatment for severe wasting. Driving this malnutrition are poor infant and young child feeding practices, drought, food insecurity and disease epidemics, including COVID-19, cholera and measles. A drought was declared by the Federal Government of Somalia in November 2021, signifying a deterioration in the overall food and nutrition security situation into 2022 and, as a result, the World Health Organization called for additional resources for critical interventions. In 2021, the UNICEF nutrition programme was able to secure US\$27 million, including US\$1 million in thematic funds (3 per cent of the overall funding requirement of US\$32.5 million for 2021). A US\$5.5 million funding gap remained.

As of 31 December 2021, UNICEF had utilized US\$449,600 in humanitarian thematic contributions to sustain critical nutrition services in Somalia, focusing them primarily on work to prevent and treat acute malnutrition. The allocation helped to sustain the human resource capacity for nutrition and support 10 partnerships (8 with local NGOs and 2 with international NGOs) for nutrition interventions – and it also supported the supply chain system, including procurement, storage and logistics. Thematic funds ensured the screening for malnutrition of 311,631 children under 5 years of age. Of these, 10,600 children were identified and admitted for severe wasting. Humanitarian thematic funding also supported the first national micronutrient survey in a decade; the results are informing nutrition programming for 2022–2025.

Although impressive results were achieved in Somalia in 2021, critical challenges persist linked to the impact on nutrition insecurity and deteriorating climate conditions. Given this, UNICEF will continue to work with the Ministry of Health and other partners to implement nutrition action, with a focus on women and children who are at the highest risk of wasting.



A mother prepares a drink for her malnourished child at a UNICEF-supported Stabilisation Centre in Hargeisa, Somaliland, in February 2021.

building and, in some cases, devices for infant HIV diagnosis. In the supported sites, there was a significant increase in demand not only for testing but also for antenatal care (ANC) and in the number of clients attending four or more ANC visits.

### **Commitment 2: Children, adolescents and women living with HIV access sustained care and treatment services**

In 2021, UNICEF supported continuity of HIV services for people living with HIV, including children and pregnant women impacted by humanitarian crises. In Ukraine, UNICEF provided 442 children (55 per cent girls) in families affected by HIV/AIDS with HIV prevention, care and services as well as psychosocial support, food and school kits. In Zimbabwe, UNICEF supported the Ministry of Health to sensitize pregnant women, including on the importance of getting tested during pregnancy and the breastfeeding period and remaining adherent to HIV treatment. More than 44,000 (69 per cent female) pregnant and breastfeeding women, children and adolescents were reached with PMTCT and treatment services, more than seven times the target.

### **Commitment 3: At-risk and affected populations have timely access to culturally appropriate, gender- and age-sensitive information and interventions, to improve prevention practices, care and treatment**

In all epidemic settings and especially in humanitarian crises, adolescent girls and young women and young key populations are at increased risk of acquiring HIV. In Cameroon, where 9 out of 10 regions continue to be impacted by complex humanitarian conflict, UNICEF in 2021 implemented the '3+1 Youth Initiative' in six municipalities in the Adamawa and East regions. This initiative engaged 100 community leaders on youth responses. In Djohong in the Adamawa region, as a result, six listening clubs were set up for interpersonal communication and peer education for young people. In Kenya, within eight counties designated as arid or semi-arid lands, the rates of mother-to-child transmission of HIV are much higher than in the rest of the country. UNICEF in 2021, provided financial and technical assistance for orientation and training of 320 community HIV champions in PMTCT, to enable them to provide tailored and gender-sensitive support to mothers in Turkana, Garissa, West Pokot, Wajir, Isiolo, Tana River and Lamu. In Chad, where an estimated 1 in 3 people are in need of humanitarian assistance, with UNICEF support 37,597 pregnant and breastfeeding women were tested for HIV in 2021, and 96 of these women were found to be HIV-positive. They were started on HIV treatment and had very high rates of retention in care.

## **Challenges**

Despite the promotion of HIV-sensitive programming, some critical challenges hampered the scale of UNICEF's work in 2021, many linked to the COVID-19 pandemic pulling resources (including human resources) away from HIV services and COVID-19-related disruptions in the supply chain. In Cameroon, for example, UNICEF had to respond to high rates of loss to follow-up by employing some of the refugees and displaced people themselves to track lost HIV clients, including those that had travelled to neighbouring countries, and bring them back into care. In Kenya, UNICEF procured 47,040 emergency paediatric medications to respond to multiple stock-outs, including for 214 children living with HIV. In Ukraine, despite UNICEF supporting procurement of emergency HIV medicines, a secondary crisis was looming in 2021 as providers in non-government-controlled areas began to run out of commodities for treating and managing tuberculosis infection and HIV-related co-infection.

## **Early childhood development in emergencies**

Exposure to violence, deprivations and chronic stress is particularly detrimental in early childhood, when a child's rapidly developing brain is exceptionally sensitive to environmental influence. Ongoing crises around the world, including the COVID-19 pandemic, have threatened the survival and well-being of millions of young children and their caregivers. To realize their full cognitive, social, emotional and physical potential, infants and young children need nourishing, stable environments, which can be provided by ECD services, especially in humanitarian settings. UNICEF implements interventions to improve the accessibility and quality of holistic services for young children; supports parents and caregivers' well-being and ability to provide nurturing care; and builds the capacities of the ECD workforce. In 2021, UNICEF reached 1.6 million children under age 5 (50 per cent girls) – including 15,164 children with disabilities – in 76 countries with early stimulation, care, play and learning interventions.

Globally, UNICEF supported 1.6 million children under age 5 in humanitarian situations with early childhood development interventions.

## Addressing critical gaps in HIV programmes in the Bolivarian Republic of Venezuela

Data from the 2021 Global AIDS Monitoring database estimate that 1,298 children and adolescents under 15 years of age were living with HIV in the Bolivarian Republic of Venezuela. The economic crisis has had a profound impact on the country's ability to procure and distribute HIV medication. In 2019, in response to acute shortages, UNICEF assumed the responsibility to secure treatment for all children, adolescents and pregnant women living with HIV. UNICEF has continued in this role and is now the only organization supplying HIV medication for children. In partnership with the Pan American Health Organization and the Global Fund, UNICEF works with the Government and civil society to coordinate procurement and distribution of the drugs. In 2021, despite the ongoing emergency, a total of 1,022 children under 15 years living with HIV were maintained on treatment, and more than 246,900 pregnant women living with HIV were offered life-saving antiretrovirals to prevent mother-to-child transmission of HIV. In addition, 4,970 adolescents received treatment for opportunistic infections and UNICEF trained more than 200 health workers on taking dried blood spots to mitigate sample transportation challenges and facilitate HIV diagnosis of infants.



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Marianni and her family pose during a walk in Curiapo, Delta Amacuro state, Bolivarian Republic of Venezuela, in March 2022. To ensure that Venezuelan children and adolescents living in the most remote communities, such as Curiapo (home to members of the Warao indigenous population), receive medical attention in emergencies, UNICEF helped to rehabilitate a hospital ship and two fluvial ambulances. The hospital ship offers specialized care, gynecology, ultrasound tests, rapid tests for malaria, syphilis and HIV, along with nutritional support.

### **Commitment 1: Young children have equitable and safe access to essential services to fulfil their developmental needs**

The primary intervention for young children in humanitarian settings is the provision of ECD Kits for emergencies. These aim to enhance early learning and development opportunities by strengthening linkages with play. Around 12,500 ECD Kits, each containing materials to provide a safe, stimulating environment for up to 50 young children, were distributed in 2021 in 64 countries, reaching approximately 625,850 children. In Viet Nam, UNICEF procured 900 ECD Kits with global humanitarian thematic funds to meet the immediate needs of children highly affected by the seven typhoons that damaged materials and disrupted learning in four provinces. UNICEF responded quickly and equitably with the ECD Kits through schools, reaching 45,000 vulnerable young children with access to stimulation, play and early learning, supporting their sense of normalcy and well-being. UNICEF also delivers integrated services through ECD centres and home-based programmes, as in Rwanda's Mahama refugee camp, where trained caregivers operate stimulation rooms and parents are empowered to support ECD. These efforts benefited 7,959 children aged 0–6 years (51 per cent girls) in 2021, meeting the target.

### **Commitment 2: Parents and caregivers are supported to practice nurturing care**

Parents and caregivers have a strong influence over young children's environments and developmental opportunities, so parents' knowledge, skills and well-being are key to providing a nurturing environment. In 2021, UNICEF in Jordan leveraged its Makani programme for Syrian refugees to offer caregivers a package of ECD and parenting programmes with modules for developmental stages between 0 and 8 years; in this way, 296 parents (90 per cent female) were supported to practice nonviolent discipline, early learning and stimulation and other nurturing practices. In Trinidad and Tobago, UNICEF counselled Venezuelan refugee caregivers and parents with children under 5 on nutrition, stimulation and social protection. This intervention reached 1,261 migrant caregivers (84 per cent female), well surpassing the overall target of 300 because of improved national partnerships. Additional families of 962 children under 5 (46 per cent female) received services and messaging for play, child development, early learning and violence prevention through UNICEF's pandemic response. Across Europe and Central Asia, more than 1.1 million people were affected by natural disasters and crises in 2021, their plight greatly exacerbated by the pandemic. Because of the expansion of advocacy campaigns and use of online platforms, UNICEF's COVID-19 pandemic responses reached 784,979 parents and caregivers of children under age 5 in the region with parenting and ECD support, far beyond the target of 296,000.

### **Commitment 3: Capacity of front-line workers and partners in inclusive early childhood development and nurturing care is strengthened**

UNICEF's Care for Child Development (CCD) package trains front-line workers to support parents and caregivers in providing nurturing care to their children. In 2021, CCD was adapted and implemented widely across Central and South America to deliver ECD services to increasing migrant populations, such as those in Belize and Brazil, where front-line workers supported families in camps, and in the Plurinational State of Bolivia, where implementing partners were trained on CCD and parenting skills. Capacity-building across sectoral platforms was key in UNICEF's 2021 humanitarian response in ECD; for example, in the Niger, health and nutrition workers established 3,541 community groups supporting infant and young child feeding and ECD, benefiting 111,272 children and caregivers. Building capacity also strengthens system readiness and resilience, a lesson UNICEF applied in Fiji after Tropical Cyclone Ana hit in 2021. Delivering localized training resulted in 45 early childhood education teachers successfully using ECD Kits to facilitate play-based learning.

### **Challenges**

Although the integration of holistic and inclusive ECD services in humanitarian responses has improved in recent years, ECD remains an underserved and under-resourced area. UNICEF will continue to support governments and engage with key partners to embed ECD into humanitarian planning. To ensure the needs of young children and their caregivers are incorporated into multisectoral programming, and that ECD interventions are gender- and disability-inclusive, UNICEF will prioritize advocacy, the mobilization of resources, partnerships and strengthening its own capacities. Together with partners, UNICEF is developing, evaluating and revising tools and methodologies based on evidence from the field to improve the efficacy of ECD services in humanitarian crises, including considering how ECD can support climate action across sectors.

Another major challenge is data collection in emergencies, particularly data disaggregated by gender and (dis)ability. Lack of such disaggregation hinders UNICEF's ability to design and plan equitable ECD programming. Within UNICEF, of the 76 countries reporting on children in humanitarian contexts reached by ECD interventions, only 46 disaggregated their data by gender, and only 26 disaggregated by (dis)ability. The incorporation of ECD-specific commitments and indicators in the 2020 revision of the Core Commitments will help address this issue within UNICEF.

## In Peru, elevating early childhood development through health care during the pandemic

Peru has the world's third highest COVID-19 mortality rate and the highest number of COVID-19 deaths per 100,000 population;<sup>24</sup> its health system has struggled to cope. Reductions in health-care services because of the COVID-19 pandemic have exacerbated the gap in routine vaccinations, nutrition supplements and monitoring of ECD for 1.5 million children aged 0–2.

From January 2021 to February 2022, UNICEF provided access to health services for pregnant women, and children aged 0–2, which also equipped families to support children's development in northern Lima. UNICEF and local actors conducted home visits to provide 470 families, including 105 migrant families, with ECD care packages and information on monitoring children's development. Using humanitarian thematic funds, 1,200 family-sized ECD Kits were purchased for pregnant women and newborns and 3,000 for families. UNICEF trained 31 personnel in 10 health establishments on how to use the kits and on holistic child development. Another 18 health-care professionals were trained to administer the Evaluación del Desarrollo Infantil, an evaluation tool developed in Mexico for identifying risks of disability in early childhood.

This intervention benefited 11,809 children under age 2 and 3,256 pregnant women, and their families. It also built local capacity and trust in community health actors; and increased demand for engaging ECD materials for families and supplies and training for health workers. To scale up this strategy, UNICEF and the Directorate of Integrated Health Networks developed a training plan for health, education and social development actors on ECD and early detection of disabilities. UNICEF will also provide technical assistance at the regional and national levels.



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A young child plays at an early childhood development centre for children under age 2 in Huancavelica, Peru, in January 2022.

# Goal Area 2: Every child learns

## Education in emergencies

In 2021, the expanse of UNICEF support for children's education in humanitarian settings remained near the high levels of 2020, covering 144 countries and five territories to ensure learning continuity and educational access for children affected by humanitarian crises, including the COVID-19 pandemic. Of the US\$1.19 billion that UNICEF spent overall on Goal Area 2 in 2021, 57 per cent was spent on education in humanitarian settings, helping 31.7 million children to access education at the early learning, primary and secondary levels (51 per cent of the target). This included 4 million children on the move, an increase of 29 per cent compared with 2020. Sixty-eight per cent of all children accessing education with the support of UNICEF were at the primary level. A total of 18.1 million children were provided with learning materials and 1.7 million children (51 per cent girls) participated in skills development programmes.



51%

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

2021 TARGET: 80%

### Commitment 1: Effective leadership and coordination are established and functional

The Global Education Cluster Rapid Response Team provided coordination, information management, assessment, capacity development and thematic support to 10 countries through 343 days of in-country or virtual deployments, and to 24 countries and 3 hubs through 327 days of remote support. In addition, the Global Education Cluster Helpdesk responded to 222 support requests from 36 contexts. Around 171 coordination staff and partners participated in the Cluster's Core Coordination Training to gain the knowledge and skills to coordinate effective education responses. All UNICEF-led clusters that undertook the cluster performance management exercise rated 'satisfactory' or above for established functions.

The Global Education Cluster strengthened support for comprehensive needs assessments in 2021. For example, the Cluster implemented its Needs Assessment Coaching Programme with the Sudan Education Cluster, focusing on participatory approaches to capture the voices and needs of 408 children in its assessment. In response to the COVID-19 pandemic, the Global Education Cluster Rapid

Response Team Information Management Officer remotely supported the State of Palestine Education Cluster to develop a rapid assessment tool for schools to generate a common understanding of children's needs and access to education.

The Global Education Cluster increased country team awareness of the advantages of cash and voucher assistance in humanitarian education responses and provided technical support in this area to country education clusters or education in emergencies working groups in Burkina Faso, the Central African Republic, the Democratic Republic of the Congo, Lebanon, Myanmar, the Niger and the Syrian Arab Republic.

### Commitment 2: Children and adolescents have equitable access to inclusive and quality learning opportunities

Conflict, natural disasters and the COVID-19 pandemic continued to disrupt children's learning globally in 2021. UNICEF supported the access of children – including girls, children with disabilities and children on the move – to quality and inclusive education and learning from early childhood through adolescence. This resulted in more than 15.9 million out-of-school girls in humanitarian contexts participating in early learning, primary or secondary education through UNICEF-supported programmes. The effects of the COVID-19 pandemic on the education system in the Niger prompted innovative solutions to improve access, with UNICEF supporting the development and implementation of a micro-teaching programme focused on teaching literacy and numeracy to elementary-age children at home. This work benefited 50,425 children (22,312 girls), exceeding its target. In Afghanistan, where both political instability and a third wave of COVID-19 hindered the learning continuity of all students, UNICEF supported access to various types of non-formal education, including early learning (e.g., in community-based education classes), reaching 245,995 children (53 per cent girls). This, along with other educational interventions, enabled UNICEF to reach a total of 1 million students (exceeding the target). UNICEF also supported 1,472 schools with safe school COVID-19 protocols.

Globally, UNICEF supported 31.7 million children in humanitarian situations with formal and non-formal education (51 per cent of the targeted population).

### **Commitment 3: Children and adolescents have equitable access to safe and secure learning environments**

The threats to the safety and security of students, teachers and other education personnel and facilities due to conflict and climate change were compounded by the challenges posed by the COVID-19 pandemic. In Iraq, to protect children from COVID-19, UNICEF supported 673 schools (96 per cent of target) in infection prevention and trained teachers in those schools on safe school protocols. In Guyana, UNICEF supported the Ministry of Education to ensure safe school environments for in-person learning for 367 schools, benefiting 170,388 children (84,337 girls) (exceeding the target), including in migrant-hosting border communities and in rural areas.

### **Commitment 4: Mental health and psychosocial support for students, teachers and other education personnel is available in learning environments**

As new crises emerged in 2021 and the pandemic continued, UNICEF increased efforts to meet the rising needs of children for MHPSS, including by training teachers to provide support. In Cameroon, in three different crises, UNICEF incorporated psychosocial support training as part of its conflict and disaster risk training for teachers; 2,830 teachers received this training (85 per cent of target), benefiting 583,351 children and adolescents (280,008 girls), 87 per cent of the target. To lessen the psychological stress faced by children due to the long-term, protracted conflict in the State of Palestine, UNICEF supported the participation of 54,971 children (99 per cent of the target) in summer recreation and psychosocial activities. Additionally, 437 schoolteachers (247 women) were trained on child safeguarding and psychosocial support interventions.

### **Commitment 5: Education systems are risk-informed to ensure inclusive, quality education and safe and protective learning environments**

UNICEF partnered with governments and other organizations on risk-informed approaches to strengthen systems, including as part of the COVID-19 pandemic response. In Pakistan, UNICEF worked with national and local education authorities to ensure safe school operations amid the pandemic through implementation of protocols and the use of training packages, and by providing supplies and training. A total of 16,665 (6,828 women) teachers and education officers were trained, benefiting approximately 650,000 students.

The Ukraine Government approved a National Plan of Action developed with UNICEF support for enacting the recommendations within the Safe School Declaration, a political commitment to making schools safe even in times of war, which Ukraine had endorsed in 2019. The plan focuses on rolling out mechanisms for monitoring and reporting on attacks on education, integrating conflict-sensitive approaches into education policies and curricula, enhancing protection of education facilities in eastern Ukraine and ensuring continuity of education.

### **Commitment 6: Children and caregivers have timely access to culturally appropriate, gender- and age-sensitive information on educational options and other social services, and are engaged in interventions creating a conducive learning environment**

Humanitarian services that provide all children and caregivers the knowledge they need during conflict and natural disasters and in the pandemic must be inclusive and accessible. UNICEF works with vulnerable population groups to ensure that services are accessible for all children. UNICEF supported inclusive communications for 28.4 million vulnerable children and their families in Mexico and Central America (more than doubling the target). Examples of support for inclusive communications include work with Costa Rica's Ministry of Education to develop safe school and COVID-19 prevention protocols, with return-to-classroom campaign materials translated into seven indigenous languages and also produced in formats that are accessible to persons with disabilities. In El Salvador, migrant and displaced children were able to access flexible education modalities, and 20,676 children (10,372 girls) received inclusive education materials.

In Malawi, UNICEF's education support centred on mitigating the impact of COVID-19 on education, with interventions to decongest classrooms and improve the learning environment. Messaging to 1.1 million community members (600,000 women) on girls' education, ending child marriage and on gender-based violence helped 1.1 million children (557,000 girls) (exceeding target) access quality formal and non-formal learning education at the pre-primary, primary and secondary levels.

## Ensuring learning continuity for the most vulnerable children during the COVID-19 lockdowns in Sri Lanka

In 2021, schools in Sri Lanka mostly remained closed, severely impacting the learning continuity of 4.8 million schoolchildren, especially the most disadvantaged. To get children back into school and to ensure that they receive the services they need, UNICEF worked with Sri Lanka's Ministry of Education and Ministry of Health to support the country's Building Back Better programme and played a key role in the development and implementation of its COVID-19 education response and recovery strategy. The strategy uses a systems-strengthening approach to safe school reopening, learning continuity, child well-being and recovery.

By December 2021, UNICEF, the Ministry of Education and provincial education authorities had developed a remediation strategy for learning recovery that minimized learning losses nationwide through online or offline home-based learning programmes, depending on local conditions. These programmes minimized learning gaps for 834,733 primary-age children (50 per cent girls) and 93,781 preschool children (50 per cent girls) in the country's nine provinces. Additionally, to ensure that families felt safe sending their children back to school, UNICEF, in coordination with the Ministries of Education and Health, developed a child-friendly age-appropriate cartoon book that taught young readers about proper hygiene and the prevention of COVID-19. The book was printed in all Sri Lanka's local languages and distributed to 9,152 schools nationwide, benefiting more than 1.67 million children. As the country navigates a staggered return to face-to-face learning, there is increased hope that the roll-out of blended learning models and the building of increased capacity of teachers on distance learning and learning recovery programmes will further bolster the resilience of the country's education system and its ability to react to future emergencies.



Women take part in cleaning up No. 03 Tamil school in Sri Lanka in October 2021, in preparation for its reopening.



## Challenges

The scale of impact of the pandemic and the rise in conflict, natural disasters and political and economic instability on children and their education is a global concern. Learning poverty (the inability to read and understand a simple text by age 10) is at an all-time high, with children living in humanitarian situations disproportionately affected. Prior to the pandemic, more than half of out-of-school children lived in crisis and conflict settings. This is expected to have increased at all levels of education as a result of the prolonged school closures implemented during the pandemic. Bringing the most vulnerable and marginalized children back to classrooms in a context of humanitarian crisis requires new or scaled-up, targeted approaches.

Humanitarian funding for education in emergencies increased slightly, to 2.8 per cent<sup>25</sup> of all global humanitarian funding, compared with 2.6 per cent in 2020 and nearly reaching its 2.9 per cent share in 2019. UNICEF continues to advocate for increasing funding for education within emergency responses. Education represented 25 per cent of the 2021 UNICEF Humanitarian Action for Children appeal funding request. The acceleration of recovery within the education system after the pandemic is an ongoing call for action. This includes supporting multisectoral school-based interventions to help all children in humanitarian settings – including the most vulnerable – to get back on track with their learning.

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

## Child protection in emergencies

Children and women continued to live with increased risk of protection violations in 2021, elevated by the threat of violent conflicts, climate-related severe weather events, disease outbreaks and the flagrant violation of humanitarian principles, compounded by the social and economic impacts of the COVID-19 pandemic. To meet these protection needs, UNICEF delivered a range of critical services, community-based interventions and multisectoral programming to crisis-affected children in 124 countries. Of the total US\$773 million in expenditures in 2021 under Goal Area 3, US\$422 million (55 per cent) was for child protection in humanitarian action.

These funds enabled UNICEF to reach more than 8.4 million children and adolescents in 111 countries with community-based MHPSS, through direct services and targeted awareness campaigns. Included in this group are more than 50,000 children with disabilities in 51 countries. Similar interventions reached 3.6 million parents and caregivers. Almost 13,000 children in 19 countries who exited armed forces or armed groups received care and services supported by UNICEF, including family and community reintegration. UNICEF educated 5.2 million children on the risks of explosive weapons and how to protect themselves, while gender-based violence programming reached 13.9 million women, girls and boys with risk mitigation, response and prevention services in 89 countries,<sup>26</sup> including 32,000 girls and boys with disabilities in 28 countries. More than 179,000 unaccompanied or separated children (of the 153,000 for whom disaggregated

data are available, 37 per cent are girls) received UNICEF-supported family tracing and were reunited with family or placed in alternative care in 67 countries. Sixty-one million children and adults had access to reporting channels for sexual exploitation and abuse in 93 countries. And, in 2021, 117 out of 128 UNICEF country offices that reported on this area were actively engaged in establishing or scaling up systems for protection from sexual exploitation and abuse – and 53 country offices have a system for prevention of sexual exploitation and abuse in place.<sup>27</sup>



**113%**

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

EXCEEDED 2021 TARGET OF 80%



**81%**

UNICEF-targeted parents and primary caregivers in humanitarian situations provided with mental health and psychosocial support.

2021 TARGET: 80%

## **Commitment 1: Effective leadership and coordination are established and functional**

The Global Child Protection Area of Responsibility, which UNICEF leads, provided 52 countries with child protection coordination, information management and thematic technical support in 2021. The UNICEF Rapid Response Team and other Global Child Protection Area of Responsibility colleagues conducted 13 deployments for a total of 290 days, half of them remote due to travel restrictions. All UNICEF-led Child Protection Areas of Responsibility that conducted a cluster coordination performance management exercise in 2021 met 'satisfactory' performance for established functions.

Advocacy support was provided to Child Protection Coordination Groups on the situation and protection needs of children in such escalating crises as those in Afghanistan and Ethiopia. The Child Protection and Gender-Based Violence Areas of Responsibility together created a [field cooperation framework](#) to address service provision gaps. And, with the Education Cluster, the Child Protection Area of Responsibility launched [a framework for strengthening the institutional capacity of national and local members](#) of Child Protection and Education country Coordination Groups. The Area of Responsibility also updated its [Localisation Dashboard Toolkit](#) (available in Arabic, English, French and Spanish), used to track country-level progress on localizing child protection response efforts.

## **Commitment 2: Child protection systems are functional and strengthened to prevent and respond to all forms of violence, exploitation, abuse, neglect and harmful practices**

In 2021, UNICEF invested in national and local child protection systems, contributing technical expertise, resources and platforms to build capacity and sustainability, including strengthening social service workforces. In Rwanda, to strengthen capacity and preparedness of the national child protection system, including for refugees, UNICEF helped develop a series of 'cascade' training. Sixty national child protection and welfare officers, 862 sector-level participants and around 23,400 community-based volunteer social workers received training on prevention and response to child protection issues. Responding to the situation of children on the move from Afghanistan, Islamic Republic of Iran and Pakistan, in Bosnia and Herzegovina UNICEF and UNHCR jointly mobilized local authorities and donors to advance the inclusion of refugee and asylum-seeking children into national child protection services through strengthened case management capacity, revised referral pathways and improved alternative care.

## **Commitment 3: Mental health and psychosocial support (MHPSS) needs of children, adolescents and caregivers are identified and addressed through coordinated multisectoral and community based MHPSS services**

In 2021, UNICEF expanded access to MHPSS by further integrating these services into protection, health and education sectors, with a focus on participatory, sustainable and community-based approaches. In Ethiopia, 119,194 children and caregivers (127 per cent of the target) were reached through community-based MHPSS interventions. In Amhara, together with national and regional public health units, UNICEF rapidly deployed 35 social workers, psychologists and psychiatrists to hospitals, internally displaced person sites and one-stop centres (set up in emergencies to provide comprehensive multisectoral services) to support women and children who are survivors of violence. In Myanmar, despite escalating political violence and pandemic-related restrictions, UNICEF and partners reached 29,722 children (14,098 girls) and 5,058 adults (3,511 women), providing MHPSS through mobile and remote services. In Guatemala, with UNICEF support, 15,271 unaccompanied returnee and in-transit children and adolescents received MHPSS at government and civil society shelters.

Globally, UNICEF supported 12 million children, adolescents, parents and caregivers with mental health and psychosocial support.

## **Commitment 4: Separation of children from families is prevented and responded to, and family-based care is promoted in the child's best interest**

In 2021, UNICEF significantly expanded its reach and services for unaccompanied and separated children in humanitarian settings, supporting family tracing, reunification and/or alternative care for more than 179,000 children, up 31 per cent from the nearly 137,000 children reached in 2020. Around 70 per cent of the 80,000 children who received UNICEF-supported alternative care in 2021 benefited from family or community-based arrangements as opposed to residential care placement, the result of sustained multi-year advocacy and service investments. In Afghanistan, with UNICEF support, 5,102 unaccompanied or separated children (62 per cent of the target) were reunited with their primary caregivers or provided with temporary alternative care. UNICEF was also instrumental in providing cross-border inter-agency coordination for the registration, care and reunification of an additional 392 unaccompanied or separated children identified among

civilians evacuated via Qatar and Germany by the United States Government in August. In the Sudan, 13,036 unaccompanied and separated children displaced by violent conflict in Central, North and West Darfur States were identified and reunited with their families or placed in alternative family care.

Globally, UNICEF supported more than 179,000 unaccompanied or separated children with family tracing and reunification services and alternative care (exceeding the target).

### **Commitment 5: In situations of armed conflict, grave violations against children and other serious rights violations and protection concerns are documented, analysed and reported and inform programmatic response and advocacy interventions**

Where the United Nations-led Monitoring and Reporting Mechanism (MRM)<sup>28</sup> is activated, UNICEF co-leads implementation and reporting to the Security Council Working Group on Children and Armed Conflict. In 2021, the MRM documented more than 22,000 grave violations<sup>29</sup> in 21 country situations and 1 regional situation, with more than 15,000 children (27 per cent girls) affected by at least 1 grave violation. UNICEF engages within all countries where the MRM is operational to develop strategies to address rights violations, including advocacy, legislative reform and comprehensive multisector prevention and response measures. In Yemen, MRM data supported advocacy and dialogue with parties to the conflict. In Burkina Faso, where an MRM was initiated in 2021, UNICEF supported the training of 82 members of local community organizations and 62 local and international child protection actors on monitoring and reporting grave violations.

### **Commitment 6: Child recruitment and use by armed actors, as well as illegal and arbitrary detention and criminal processing of conflict-affected children, are prevented and addressed**

Nearly one fifth of children worldwide live in conflict-affected countries. UNICEF and partners, including governments and communities, work to prevent child recruitment and support the release and reintegration of thousands of children who exit armed forces and groups each year. In Somalia, engagement with the Government and the Somali National Army resulted in the handover of 98 previously associated children to UNICEF; a total of 1,041 children (195 girls) formerly associated with armed

forces and groups, and children at risk, benefited from reintegration services, including safe shelter, vocational training, formal education and MHPSS. In Mali, supported by increased identification capacities and the strong commitment of field actors, holistic assistance was provided to 554 children (13 per cent girls) released from armed forces or groups, representing 139 per cent of the 2021 target.

### **Commitment 7: The use of landmines and other indiscriminate or illicit weapons by state and non-state actors is prevented and their impact addressed**

Children account for half of those killed or injured by explosive ordnance, causing devastating multilayered consequences for children and families. Survivors suffer life-altering injuries and psychological trauma. To address these threats, UNICEF educates communities on the dangers of explosive weapons and provides child-centred victim assistance; the organization also advocates against the use of explosive weapons in populated areas. In Yemen, UNICEF reached more than 5.8 million conflict-affected people with explosive ordnance risk education, including more than 3 million children (49 per cent girls). In 2021, UNICEF trained 21,575 professionals in 14 countries to deliver explosive ordnance risk education. This included 2,940 community liaison leaders (1,423 women) in South Sudan. UNICEF supported nearly 1,000 child survivors of explosive ordnance with direct assistance in 10 countries, including in Afghanistan, where 398 child survivors received assistance. UNICEF supported coordinated global advocacy by providing new evidence on the impact of explosive weapons in populated areas on children and by calling on all Member States to avoid their use.

Globally, UNICEF reached 5.2 million children in areas affected by landmines and other explosive weapons with prevention and survivor-assistance interventions (86 per cent of the targeted population).

### **Commitment 8: Survivors of gender-based violence and their children can access timely, quality, multisectoral response services and gender-based violence is prevented**

Increased investment by UNICEF both in communities and at the national level to address gender-based violence continued to drive transformative results for women and girls in all contexts. In Iraq, UNICEF supported the delivery of gender-based violence risk mitigation, prevention and response services, reaching 356,881 women, girls and boys

(141,246 girls, 206,479 women). Programming included adapting the evidence-based Communities Care initiative, which aims to transform harmful unspoken gender norms into collective practices and behaviours supporting gender equality and safety. In Nepal, where programming focused on the needs of child and adolescent survivors of gender-based violence, 18,969 people (16,928 females) were reached with gender-based violence response services and 25,034 people (14,192 females) participated in prevention activities. In South Sudan, UNICEF's gender-based violence prevention and response programme reached 99,524 individuals (27,338 girls, 28,982 women). Through close coordination with the Health and Nutrition Clusters, UNICEF strengthened gender-based violence risk mitigation efforts and supported a multisectoral safety audit to ensure the safety of girls and women in accessing all sectoral services.

Globally, UNICEF reached 13.9 million women, girls and boys with risk mitigation, prevention or response programmes to address gender-based violence (exceeding the target).

### **Commitment 9: Children and affected populations are protected from sexual exploitation and abuse by humanitarian workers**

UNICEF integrated prevention of sexual exploitation and abuse into its emergency procedures and continued to strengthen systems and programmes to protect children and women from sexual exploitation and abuse by humanitarian workers, promoting survivor-centred approaches. In 2021, 61 million children and adults had access to UNICEF-supported sexual exploitation and abuse reporting channels in 93 countries. Improved access and community trust in systems have led to a greater than fourfold increase in reports in 2021 compared with 2017. In Haiti, UNICEF integrated prevention of sexual exploitation and abuse from the outset of the emergency response, engaging young people through digital communication tools leading to 433,233 people having access to sexual exploitation and abuse reporting channels. As global lead for the United Nations Victims' Assistance Protocol roll-out, which provides United Nations and Humanitarian Country Teams with guidance, including during investigations, UNICEF has trained more than 900 inter-agency focal points and specialists in prevention of sexual exploitation and abuse, and supported 10 countries to roll out the Protocol. UNICEF is also working with the United Nations Victims' Rights Advocate and partners to support access to justice for survivors. For example, in Myanmar, UNICEF has engaged more than 80 local lawyers to provide legal aid assistance for any child survivor, ensuring capacity to respond immediately and effectively.

### **A commitment on gender-based violence also forms part of UNICEF's overall commitments around gender equality in humanitarian assistance: Gender-based violence prevention and risk mitigation for all is included in programmes, with a focus on the safety and resilience of girls and women**

The threat of gender-based violence soars in emergency settings, putting women and girls (especially adolescents) at significant risk. Addressing such violence – and its drivers – is critical for keeping all girls and women safe and is a core element of UNICEF's gender equality programming priorities (*see page 27 for results linked to gender-transformative action humanitarian settings*). Addressing gender-based violence in emergencies is a whole-of-organization effort. For example, as part of UNICEF's global inter-agency leadership on rolling out the IASC Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action, new guidance for cash transfers was piloted in Bangladesh, Sierra Leone and Yemen to ensure humanitarian cash transfers include women's and girls' voices and reduce potential risks. The guidance has also been used in Afghanistan. In the Democratic Republic of the Congo, UNICEF investment in the complementary scale-up of prevention of sexual exploitation and abuse and gender-based violence response capacity resulted in related partnerships increasing from 3 to 11, including some with women-led organizations. Women and girls are consulted in programme design, and community-based reporting mechanisms have engaged participation of local women leaders as prevention of sexual exploitation and abuse focal points to promote face-to-face reporting and the trust of survivors in 13 health zones, up from 5.

## **Commitment 10: At-risk and affected populations have timely access to culturally appropriate, gender- and age-sensitive information and interventions, to prevent and respond to violence, exploitation, abuse, neglect and harmful practices**

Awareness-raising campaigns and community messaging were essential in disseminating information to at-risk and affected populations in 2021. In Indonesia, in celebration of World Mental Health Day, UNICEF conducted a series of weekly webinars 'Ruang Peka 2.0' (Mental Health in an Unequal World) which were attended by 450 youth. In total, just over 1 million people (330,803 children and 695,858 caregivers), including 472,264 girls and women, were reached with targeted MHPSS messages. UNICEF's Middle East and North Africa Regional Office worked with country offices to develop child-sensitive messages on prevention of sexual exploitation and abuse in local languages to disseminate through posters, social media and radio, increasing regional access to sexual exploitation and abuse reporting channels by 250 per cent, from 1.7 million in 2020 to 6 million in 2021.

### **Challenges**

Rising global conflict, the ongoing COVID-19 pandemic and climate change indicate an unprecedented level of need for humanitarian assistance and protection. UNICEF and the child protection sector face a myriad of challenges and, despite some progress, the scale of need continues to outpace available services and programmes. Lack of access to populations affected by crises (due to insecurity or impassable roads) is a primary challenge; and, when access is granted or achieved, ensuring that social services and protection are considered essential is the next challenge. Funding for protection programmes, including those addressing gender-based violence, from the outset of a crisis is a challenge globally. Analysis in 'The Unprotected: Annual Spotlight on Child Protection Funding in Humanitarian Action – 2021' found that child protection budgets of humanitarian appeals were funded at just 24 per cent in 2020 (approximately half of 2019 levels).<sup>30</sup> This highlights another hurdle: the operational capacity of partners – line ministries, international organizations and national civil society organizations – to prevent and respond to protection needs. Protection work is human resource intensive, even when bolstered by the most innovative solutions. It requires front-line protection providers, including local women's organizations, social workers and a wide range of experts to work with children, women, families and leaders to shore up protection and ensure services are responsive. UNICEF will continue to mobilize technical and financial resources to support the sector, invest in research and innovation, and advocate at all levels to overcome these challenges. Elevating prevention of child protection violations as a strategic priority in the Strategic Plan, 2022–2025 reflects UNICEF's commitment in this area.

## **Children on the move**

The six-point [Agenda for Action](#), the Global Programme Framework on Children on the Move, guided UNICEF programmes in 2021 to protect children on the move and their families from violence, exploitation and abuse and ensure access to services and durable solutions along the migration route. In 2021, UNICEF's protective services reached 2.3 million uprooted children, education services reached 4 million children on the move in humanitarian settings, health services reached 5 million children, social protection services reached 940,000 children; WASH efforts reached 7.3 million refugees, returnees and host community members.

### **Commitment 1: Effective coordination is established with UNICEF's participation**

In line with its commitment to the Global Compact on Refugees and the Global Compact for Safe, Orderly and Regular Migration, UNICEF has forged new partnerships with UNHCR (see [page 25](#)) and the International Organization for Migration (IOM); the organization also strengthened collaboration with the United Nations Network on Migration in 2021 and nurtured partnerships with migrant and refugee-youth led organizations, including in the context of climate mobility. This has helped ensure effective inter-agency and intersectoral coordination, harmonized response plans and coordination at national levels.

The PROSPECTS partnership, launched by the Government of the Netherlands and involving UNICEF, the International Finance Corporation, the World Bank, the International Labour Organization and UNHCR, connected humanitarian and development efforts to accelerate the inclusion of displaced children and their families in national systems and services. Together, partners helped enrol 855,729 children and young people in education programmes, assisted 751,929 refugees and asylum seekers with civil status registration or birth certification and provided MHPSS services to 78,550 people. At the country level, in Belize, UNICEF was integral to cross-sectoral programming within the United Nations Emergency Technical Team and helped implement a joint migration action plan with the Government, UNHCR and IOM, to support migrant children and their families. And in Iraq, UNICEF led coordination on the needs of vulnerable returnees under the Durable Solutions for Refugees and Persons of Concern Operational Strategic Framework, designed to create conditions to facilitate the return of internally displaced persons.

## The gender-based violence in emergencies response in Tigray, Ethiopia

In 2021, the humanitarian crisis in the Tigray region in northern Ethiopia deepened, with grave and violent consequences for children and women. UNICEF, in coordination with a range of partners, significantly scaled up efforts to address the needs of women and girls.

UNICEF was able to meet half the gender-based violence needs identified in the inter-agency northern Ethiopia Response Plan, including services through one-stop centres that provide health and psychosocial support to survivors. UNICEF also leads gender-based violence risk mitigation through safety audits and other activities throughout Tigray; distributes dignity kits; and actively supports gender-based violence coordination in the response hubs of Shire, and, at times, Mekelle. Drawing on UNICEF's resources, five technical experts were deployed to Tigray and the capital to effectively scale up coordinated programming. In addition, social workers and 37 specialized MHPSS staff were placed in health-care facilities and mobile clinics as well as in internally displaced person sites to support direct service delivery to survivors of gender-based violence, including child survivors of violence. UNICEF supported capacity-building on gender-based violence risk mitigation, prevention and response for 300 service providers and front-line staff from implementing partners.

In 2021, a total of 228,196 women, girls and boys benefited from gender-based violence risk mitigation, prevention and response services. UNICEF actions strengthened communities' ability to monitor and address gender-based violence risks and to provide women and children with information on where and how to seek support. Awareness-raising sessions focused on intimate partner violence, sexual exploitation, benefits of early gender-based violence incident reporting, where to report risks or threats and how to access response services. These interventions have contributed to an increase in reports/referrals of cases, an indication of greater trust in the system as well as increased access to reporting mechanisms.



Feven Tsegay, 18, (left) and Senait Birhanu, 20, open dignity kits supplied by UNICEF in alliance with the Labor and Social Affairs Bureau, in January 2021. The two women were displaced from western Tigray, Ethiopia to the city of Mekelle.

## **Commitment 2: The best interests of the child guide all actions concerning children, including status determination procedures and the identification of durable solutions**

In 2021, UNICEF made gains in ensuring that the Best Interests Principle guides actions concerning children on the move. The organization helped to establish procedures and referral systems for reporting incidents of violence, and a social service workforce trained to respond with appropriate actions that help identify durable solutions. UNICEF-supported Best Interests Assessment/Determination (BIA/BID) processes reached 43,000 unaccompanied and separated children in 32 countries in 2021. In Brazil, UNICEF intensified work with child protection case management teams, ensuring BIDs for 1,887 unaccompanied and separated children and 2,357 undocumented children. In Mexico, GHTF underpinned UNICEF support to the Government to implement new regulations, and the organization also seconded 12 multidisciplinary teams to six states and eight municipalities to train 6,079 people on the new regulations. As a result, 5,971 migrant children benefited from case management and improved BID procedures.

## **Commitment 3: Children and their families have access to safe and age-, gender- and disability-appropriate reception**

UNICEF improved the access of uprooted children and their families to safe and suitable reception and care and family reunification, with child protection policies and monitoring systems in place. As co-leads of the United Nations Network on Migration workstream on alternatives to detention, UNICEF, UNHCR and the International Detention Coalition convened more than 40 governments for peer exchanges to end child immigration detention. Globally, through UNICEF work, more than 179,000 unaccompanied and separated children in 67 countries had access to family tracing and reunification or alternative care options that meet minimum standards. In Greece, UNICEF facilitated relocation of more than 600 unaccompanied and separated children housed in camps on islands to child-appropriate reception facilities on the Greek mainland and outside the country; supported 16 child and family support hubs on the mainland as well as on the islands of Samos and Lesbos; reunified or provided family-based care to 2,721 unaccompanied and separated children; and strengthened the capacities of 650 front-line workers and caregivers. In Peru, UNICEF supported the Ministry of Women and Vulnerable Populations on case management and developed a community-based foster family recruitment strategy to establish family-based alternative care, reaching 1,470 potential carers.

## **Commitment 4: Children have timely access to child-friendly information on their rights, available services, public health information, legal and administrative processes and durable solutions**

Children on the move need timely access to child-friendly information on their rights, available services and legal and administrative processes. In 2021, UNICEF reached more than 2 million uprooted children with key messages or information related to education, health (including mental health and psychosocial support) and legal services. In the Plurinational State of Bolivia, 814 Venezuelan children (437 girls) and 1,174 adults (639 women) accessed legal services, information about regularization and social integration, health care and educational support. In Rwanda, UNICEF provided 150 solar-powered radios to early childhood development centres, allowing 30,000 children and parents in refugee camps and host communities to listen to *Itetero*, a popular children's radio and TV show that ran a public health awareness and information campaign on COVID-19. In Colombia, 6,781 children and women received information on prevention of gender-based violence and how to access protection services. Leveraging U-Report On The Move, a real-time social messaging tool, UNICEF and partners reached more than 3,600 young Venezuelan migrants and refugees in 2021 through the regional *Uniendo Voces* U-Report platform in the Plurinational State of Bolivia and Brazil.

## **Commitment 5: Children have access to essential services,<sup>31</sup> without discrimination, regardless of their legal status**

UNICEF helps children on the move access essential services without discrimination, through systems-strengthening, direct service provision and social behaviour change strategies that address stigma and xenophobia. In 2021, UNICEF-supported programmes reached 2.3 million children on the move in 74 countries through services promoting alternatives to child immigration detention, MHPSS, child-friendly legal aid and longer-term reintegration support. In Guatemala, psychosocial and medical care was provided to 7,840 returning and transiting unaccompanied children in government-run quarantine shelters. Mobile field units in the departments of Quiché and Huehuetenango supported children returning to their communities of origin. In Costa Rica, UNICEF promoted the social inclusion of migrant children through social and behaviour change strategies in five indigenous migrant and host communities.

## Providing services and safe spaces for children on the move in the Darién Gap

The Darién Gap, a dense tropical forest separating Colombia and Panama, is one of the most dangerous crossing points for children and families on the move in the Americas. Migrant children and families who cross the Darién Gap are exposed to violence, including sexual abuse, trafficking and extortion from criminal gangs. Children are also at risk of diarrhoea, respiratory diseases and dehydration. More than one in five migrants crossing the border between Colombia and Panama are children. Nearly 30,000 children crossed through the Darién Gap in 2021, 77 per cent of them under the age of 5.

Since 2019, UNICEF has provided integrated multisectoral services for children and their families moving through the Darién Gap. At migratory reception stations, UNICEF facilitates access to services and improved care for unaccompanied and separated children and for local children with protection needs. In partnership with SOS Children's Villages, an international non-governmental organization, UNICEF provides a safe space for children requiring special protection measures. Of the 202 unaccompanied and separated children identified by UNICEF and the Panama Immigration authorities as crossing the Darién jungle in 2021, 103 were housed and received alternative care in La Casita, a temporary family-based care centre in Meteti, Darién that opened in July. For the first time, children were no longer placed in detention centres.

UNICEF also worked with the provincial child protection authorities in Darién Province to strengthen inter-institutional coordination. More than 15,000 children and adults on the move received psychosocial support and early stimulation through child-friendly spaces managed in partnership with the humanitarian NGO RET International. Of those who received support, 93 per cent rated the service as 'excellent'.

A UNICEF-developed information management system collects, analyses and monitors the reach of UNICEF's WASH and child protection response in the Darién Gap. The dashboard enables monitoring of progress in real time; this contributes to more efficient communication between partners, greater accountability to affected populations, a decrease in reporting burdens and higher-quality service delivery.



A UNICEF staff member helps a child off a boat in Bajo Chiquito in November 2021, after the group's crossing from Colombia into Panama through the Darién Gap. In Bajo Chiquito, the Panamanian authorities provide protection and food and UNICEF provides safe drinking water to both migrants and the local community.



## Challenges

The demographic realities of large-scale movements present a growing challenge. The number of children on the move is growing rapidly: an estimated 35 million (42 per cent) of the 82.4 million forcibly displaced people globally are children. In 2021, restrictive border policies continued to leave children in dire circumstances, with

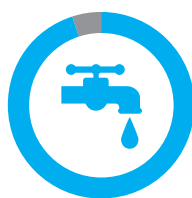
risks exacerbated by the pandemic and related mitigation measures. The trend towards more enforcement and security-based approaches to migration management increased throughout 2021. Other key challenges, and approaches to address them, are enumerated on [page 30](#), in the 'High-level priorities and the way forward'.

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

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## Water, sanitation and hygiene in emergencies

WASH programming is a critical component of every humanitarian response, pivotal in providing access to safe drinking-water, eliminating open defecation, preventing diarrhoeal disease – in short, to ensuring a dignified life. Despite ongoing COVID-19-related restrictions, UNICEF continued to provide a WASH response in complex emergencies in 2021. Emergency WASH expenditure totalled US\$758 million in 2021, accounting for nearly 68 per cent of overall expenditure for Goal Area 4. UNICEF provided emergency water supply to 33.3 million people (95 per cent of the target), of whom 1.2 million were reached with durable water solutions. Humanitarian sanitation services reached 8.4 million people (71 per cent of the target). Similarly, 11.6 million school children (96 per cent of the target) and 1.3 million girls and women (47 per cent of the target) benefited from WASH in Schools and menstrual health and hygiene services, respectively.



# 95%

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

2021 TARGET: 100%

## Commitment 1: Effective leadership and coordination are established and functional

In 2021, the Global WASH Cluster demonstrated innovation in its transition from a coordination platform focused on operational support to a driver of sectoral strategy and policy, able to influence decision makers as a thought leader for the WASH sector. The Cluster provided direct support to national coordination platforms in 31 countries and reached 79 million people affected by crises. In 2021, the Field Support Team provided 1,317 days of in-country or virtual deployment support in coordination, information management and assessment to 12 coordination platforms, through 20 different deployments. All UNICEF-led WASH Clusters/sectors that conducted a cluster coordination performance management exercise in 2021 met 'satisfactory' performance for established functions.

The Global WASH Cluster continued focusing on inter-cluster and intersector collaboration aimed to systematically position and promote the WASH sector. Collaboration was sought on key intersectoral issues including public health outbreaks, food crises and malnutrition with the Global Health and Nutrition Clusters, and the Global Food Security Cluster along with the Global Task Force on Cholera Control and the Country Support Platform.

The Global WASH Cluster also partnered with UNICEF and REACH to spearhead the WASH Severity Classification (WSC). The WSC was implemented in 20 countries in 2021 to maximize results, drive decision-making for investment and mitigate emerging WASH crises.

## **Commitment 2: Affected populations have safe and equitable access to, and use a sufficient quantity and quality of water to meet their drinking and domestic needs**

As the COVID-19 pandemic continued in 2021, UNICEF focused on providing safe water for drinking, hand hygiene and infection prevention and control (IPC) and sector support for ensuring service continuity. Globally, UNICEF humanitarian water programming reached 33.3 million people and benefited 16.7 million girls and women. In the Syrian Arab Republic, UNICEF repaired and rehabilitated water infrastructure to provide safe water to 3.8 million people (1,033,406 boys, 975,361 girls, 871,111 men and 921,533 women) (106 per cent of the target) based on vulnerability mapping. Amid the economic crisis in Lebanon, where deterioration of basic services continued, UNICEF supported water utilities with major operational costs, benefiting 1.4 million people (130 per cent of the target). Global humanitarian thematic funding allowed UNICEF to establish a voucher water provision system in South Sudan for 30,000 people in Juba camps for internally displaced persons, partnering with Nile Sustainable Development Organization, while also providing water trucking until the completion of the water system.



A young girl in Necoclí, on the Gulf of Urabá in northeastern Colombia, in October 2021. She is one of more than 90,610 primarily Haitian and Cuban migrants who passed through this area between January and October 2021. UNICEF provided safe water at six distribution points on the area beaches.

Globally, UNICEF supported 33.3 million people with emergency water supply interventions (95 per cent of the targeted population).

## **Commitment 3: Affected populations have safe access to, and use appropriate sanitation facilities; and excreta is safely managed**

UNICEF continues its organization-wide effort to increase response capacity in sanitation, because safe access to adequate sanitation facilities is key to preventing infectious diseases (e.g., cholera). In 2021, 8.4 million people (including 4.19 million women and girls) benefited from UNICEF sanitation programming (71 per cent of the target), which reached 1.5 million more people than in 2020. In Chad, which hosts Sudanese, Cameroonian and Central African refugees and its own internally displaced persons, 30,020 people gained access to sanitation services and achieved the status of Open Defecation Free through UNICEF programmes in 2021 (150 per cent of the target), largely through programming linking humanitarian and development strategies, or nexus programming. Sixty-seven per cent of these beneficiaries were supported by global humanitarian thematic funding to attain this status. In Yemen, UNICEF provided emergency latrines along with fuel for generators to operate wastewater treatment plants, reaching 4.1 million people (120 per cent of the target).

Globally, UNICEF supported 8.4 million people with emergency sanitation services (71 per cent of the targeted population).

## **Commitment 4: Affected populations have safe access to, and use, appropriate WASH services in health-care and learning facilities for children**

The scale of the COVID-19 pandemic highlighted the repercussions of inadequate WASH services at health-care facilities and in schools. Of 11.6 million children reached by UNICEF humanitarian WASH services, 6.5 million were girls. Throughout 2021, UNICEF continued supporting WASH and IPC in these institutions. As part of the pandemic response in Zimbabwe, UNICEF provided group hand-washing stations, girl-friendly latrines and water supply interventions benefiting 340 schools (100 per cent of the target). UNICEF also supported 66 health-care facilities with WASH infrastructure improvements and

cleaning supplies. Furthermore, health-care staff at 100 health-care facilities in seven districts were trained on the Water and Sanitation for Health-care facility Improvement Tool; this was followed by data collection to enable WASH/IPC improvements in 2022. In Indonesia, UNICEF coordinated reinforcement of the Public-private Partnership for Handwashing with Soap, a multi-stakeholder platform that distributed COVID-19 Safe School Kits to support the reopening of 15,000 schools in 10 provinces, benefiting more than 1 million children.

Globally, UNICEF reached 11.6 million children in crisis-affected countries with WASH services in schools and safe learning spaces (96 per cent of the targeted population).

### **Commitment 5: WASH national and local systems are equipped to assess, prevent and address risks and hazards at service delivery and user level**

In addition to providing critical life-saving interventions, UNICEF extends technical support, data analysis and training to build capacity in the WASH sector. While not all efforts yield immediately visible outcomes, these interventions are embedded in all WASH programmes. In Burkina Faso, using humanitarian thematic funding UNICEF supported the Ministry of Water and Sanitation at all levels. By generating evidence, this effort helped the country revise its national WASH strategies to improve the sector's response, a strong demonstration of nexus programming. In Ecuador, through a COVID-19 Post Disaster Needs Assessment, UNICEF supported the Government to analyse the WASH sector's financial performance between 2019 (pre-pandemic) and 2020 (during the pandemic). In Kyrgyzstan, UNICEF and the United Nations Development Programme supported the Capacity for Disaster Reduction Initiative's Disaster Risk Reduction (DRR) scoping mission, which has a WASH component. The results of this analysis will inform the national development plan and DRR planning at all levels.

### **Commitment 6: At-risk and affected populations have timely access to culturally appropriate, gender- and age-sensitive information, services and interventions related to hygiene promotion, and adopt safe hygiene practices**

During 2021, hygiene promotion and the provision of hygiene supplies remained a priority as the pandemic and other public health emergencies continued globally. In an effort to make menstrual health and hygiene (MHH) services (distribution of dignity kits, provision of private washing and disposal facilities and MHH information) more accessible for affected women and girls, UNICEF increased the number of women and girls (1.3 million) reached with emergency MHH services compared with 1 million in 2019. UNICEF increasingly used cash-based programming for essential hygiene supply distributions in 2021, including in Burundi, Jordan, Mozambique, Nigeria, the State of Palestine and Ukraine. In Bangladesh, 243,000 Rohingya refugees (51 per cent female, 3 per cent persons with disabilities) (100 per cent of the target) received soap through e-voucher mechanisms in partnership with other United Nations agencies. Allied with 18 universities and implementing partners, in Indonesia UNICEF engaged young people in smartphone-based behaviour change monitoring for COVID-19 compliance in public places. More than 130,000 observations were made on hand washing with soap, mask usage and social distancing. And as Kenya simultaneously experienced the COVID-19 pandemic and drought, UNICEF delivered COVID-19 and menstrual health and hygiene messages to 255,128 people through in-person hygiene promotion campaigns. These messages were also shared on the Facebook page 'The Period Talk', resulting in more than 1.4 million impressions. Meanwhile, 5,435 vulnerable girls received reusable sanitary pads and underwear.

### **Challenges**

Despite easing COVID-19 restrictions in many countries and territories in 2021, UNICEF faced multiple challenges when providing humanitarian WASH services. UNICEF programmes struggled with conflict-related access restrictions. For instance, no vendors were willing to transport WASH supplies from Bamako, the capital of Mali, to affected areas due to widespread insecurity. COVID-19-related supply chain constraints were another common problem. In Burundi, an extension of a water network project to internally displaced persons sites was delayed due to a water pipe shortage in the local market. Similarly, because of border closure in the Democratic People's Republic of Korea, UNICEF could not obtain such offshore materials as pipes, pumps and fittings. Consequently, 19 ongoing projects remained incomplete at the end of the year. The inadequate capacity of implementing partners was another challenge that resulted in delayed delivery of construction work and inadequate quality of monitoring. To address these barriers and reach the most vulnerable populations, UNICEF will increase engagement of and undertake capacity-building activities for implementing partners in key technical areas.

## Involvement of local women in WASH infrastructure project contributes to reducing risks associated with gender in Chad

In the context of increased internal displacements in Lac Province in 2021, the low coverage of WASH services in internally displaced persons sites remained a major challenge. Accordingly, UNICEF interventions laid the groundwork for local women to manage the WASH infrastructure to ensure its sustainability – and women’s safety.

A total of 300 masons, including 105 women, received training, supported by humanitarian thematic funding. The women were trained in superstructure construction and were also responsible for choosing the sites for boreholes. Locating boreholes and latrines strategically reduced the risks of sexual and gender-based violence to women and girls. This is critical, because the burden of tasks like collecting water often falls on women and girls, and the need to cover long distances to reach water sources jeopardizes their safety.

Ultimately, UNICEF supported 21,000 people (5,040 women, 4,620 men, 5,880 girls and 5,460 boys) in three displacement sites in Lac Province with 1,050 emergency latrines and 19 boreholes. The strong involvement of women in the selection of sites and in the construction and management of WASH infrastructure was key to the project’s success.

In 2022, building on this experience, UNICEF will continue working with implementing partners to promote women’s and girls’ empowerment in the WASH sector in Chad.



A girl washes her hands and refreshes herself on the playground of her school, in Bol, in western Chad.

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

UNICEF continued to apply the force of its mandate to ensuring that all children, including those affected by emergencies, have an equitable chance in life. For many children facing humanitarian crises, this meant working to improve the use of social protection in fragile and humanitarian settings, including through humanitarian cash transfer programmes, and implementing interventions to reach and meet the unique needs of children with disabilities, adolescents and youth and women and girls. In 2021, global programme expenses in Goal Area 5 totalled US\$727 million, including US\$352 million for humanitarian action (48 per cent). (See [page 27](#) in the *Strategic context for information and results linked to UNICEF’s commitment to gender equality in humanitarian response*.)

## Social protection in emergencies

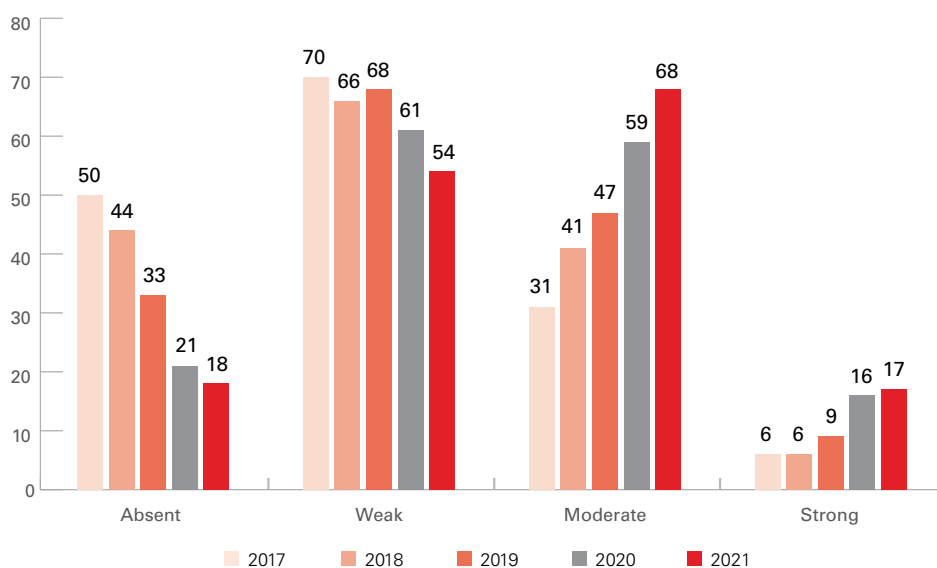
Across UNICEF programming, the organization strives to provide all children and adolescents – including those affected by emergencies – with an equitable chance in life. This includes leveraging social protection systems in fragile and humanitarian settings to meet the unique needs of populations affected by crises, including children on the move, people living with disabilities and women and girls. Where leveraging government systems is not feasible, UNICEF delivers humanitarian cash transfers through a parallel system.

In 2021, UNICEF maintained its efforts to strengthen shock-responsive social protection systems, with 79 countries reporting work in this area. The progress on this front is reflected in the consistent reduction of the number of countries with absent or weak shock-responsive social protection systems and a corresponding increase in the number of countries with moderate and strong systems (see *Figure 7*).

### Commitment 1: Effective coordination is established and functional

UNICEF co-chairs the Social Protection Inter-Agency Cooperation Board (SPIAC-B)<sup>33</sup> Working Group on linking humanitarian (cash) assistance and social protection. In 2021, following changes in the Grand Bargain workstreams, UNICEF facilitated a participatory process to transition the Grand Bargain subgroup on linking humanitarian cash and social protection into a working group of SPIAC-B. Additionally, UNICEF led the knowledge management function for this group; this included organizing six webinars, developing 22 newsletters and creating a set of case studies documenting member agencies’ experiences linking humanitarian cash with social protection in their COVID-19 pandemic response. UNICEF also continued to play critical coordination roles at regional and country levels, for example in Latin America and the Caribbean by serving as the Technical Secretariat of the Regional Cash Working Group of the Regional Response for the Bolivarian Republic of Venezuela, and at the country level

FIGURE 7: Trends in the number of countries with national cash transfer programmes that are ready to respond to crises<sup>32</sup>



in numerous countries by leading social protection working groups. In Armenia, in one such example, in conjunction with the Government, the Cash Coordination Group (co-led by UNICEF and UNHCR) developed a Memorandum of Understanding on modalities for humanitarian cash transfers. This enabled cash support to 8,000 displaced children through the treasury system in 2021. As part of its role as cluster lead agency, UNICEF also supported the clusters it leads or co-leads (Education, Nutrition, WASH) to better integrate cash transfers in their work. This included development of research on the role of cash in achieving sectoral outcomes, organizing eight webinars for cluster staff and partners and building the capacity of country cluster staff on coordination of cash programming.

### **Commitment 2: Adequate support is provided for the effective functioning of social protection systems**

UNICEF provided technical and/or financial support to a number of governments in 2021 to expand or adapt social protection mechanisms (including humanitarian cash transfers) to help families cope with the economic impacts of the COVID-19 pandemic. In Nepal, for example, UNICEF provided 'Cash Plus' emergency COVID-19 relief support, implemented through the government system, to the most vulnerable families impacted by the pandemic. In Malawi, UNICEF supported the Government to design and implement the COVID-19 Urban Cash Intervention programme, which ultimately benefited 138,360 poor working households (69 per cent of the target). And in Kenya, UNICEF supported cash transfers via government systems in various ways, including horizontal expansion of the National Safety Net Programme (NSNP) to 865 vulnerable families to cushion the impact of the COVID-19 pandemic, also providing these families with nutrition counselling and nutrition and HIV/AIDS support. Additionally, UNICEF provided top-ups through the NSNP for persons with severe disabilities.

### **Commitment 3: Support national systems to address financial barriers of the most disadvantaged and vulnerable families to meet their essential needs**

UNICEF analysis and evidence-based advocacy have shifted the needle on addressing financial barriers and have led to inclusion of children and other excluded groups in existing social protection systems (and national policies) for cash transfers and services, and to improvements in the systems themselves. In Indonesia, UNICEF published a report and call to action towards child-focused COVID-19 response and recovery, which led the Government to increase spending of social protection funds from US\$6.8 billion in 2019 to US\$10.9 billion in 2021. In Lebanon, UNICEF launched a new integrated social assistance programme for children in June 2021 known as *Haddi*. It reached 100,000 Lebanese, Syrian and Palestinian children with monthly cash grants, linking these to service delivery

and information services. The positive outcomes of the programme fed into the national policymaking in this area and led to a consensus at the national level to establish social grants in the country. In Cameroon, UNICEF worked with the Ministry of Social Affairs on piloting a new way of targeting and registration which led to the inclusion of 65,000 socially vulnerable individuals into the unified social registry. In Fiji, a UNICEF assessment led to the identification of the 'new poor', and the Government adopted the recommendation for an expanded social assistance programme that benefited more than 250,000 Fijians.

### **Commitment 4: Communities are consulted and informed on the planning, design and implementation of social protection programmes**

Continued lockdowns through 2021 led to innovative ways of communicating with communities. This included digital case management in Sri Lanka and the use of community and religious leaders for messaging. In the Lao People's Democratic Republic, UNICEF continued to disseminate the COVID-19 messages on health but also on available social services, developed in partnership with the Ministry of Information, Culture and Tourism. Developed in Lao, sign language and two ethnic minority languages (Hmong and Khmu), the messages were disseminated through national television and radio stations, social media and community loudspeakers in 4,800 villages, reaching more than 3.4 million people. In Yemen, UNICEF activated the community engagement and social investment pillars of the Integrated Model of Social and Economic Assistance and Empowerment. UNICEF reached community-based organizations through capacity-building on essential knowledge on community engagement and social protection.

### **Commitment on cash transfers: All country offices, with the support of regional offices and headquarters, promote the use of unconditional and unrestricted humanitarian cash transfers, whenever relevant and feasible**

In 2021, 62 UNICEF country offices (41 per cent of those responding to humanitarian crises globally) used cash-based transfers as part of their humanitarian response. Overall, UNICEF support and use of humanitarian cash transfers reached 9.4 million households, covering more than 19 million children. The number of countries implementing UNICEF-funded humanitarian cash transfer programmes increased to 52 countries in 2021 (up from 50 in 2020), reaching 2.7 million households (up from 2.5 million households in 2020). Of these, 724,000 households were reached through direct funding and use of national social protection programmes in 20 countries, and 1.9 million households in 38 countries were reached directly

through implementation partnerships with local financial service providers and civil society partners (up from 34 countries reached in 2020). In eight countries UNICEF used a mixed approach, where elements of the existing national social assistance programmes (such as beneficiary list and social workforce) were leveraged to deliver humanitarian cash programmes. In total, UNICEF-funded programmes resulted in US\$351 million provided directly to crisis-affected populations (up from US\$245 million in 2020), with US\$2 million of this provided as vouchers.



**17 countries**

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

EXCEEDED 2021 TARGET OF 15 COUNTRIES



**9.4 million**

households covering more than 19 million children benefited from humanitarian cash transfer programmes in 62 countries.

## Challenges

Social protection and humanitarian cash transfer programmes continue to lack sufficient resources; this area is significantly underfunded in the Humanitarian Action for Children appeals. To support stronger resource mobilization, UNICEF is strengthening the evidence base and communication around this area of work.

Additionally, social protection systems in many countries experiencing crises are nascent and not always adequately prepared to comprehensively support affected populations. Moreover, migrant and displaced populations are often not covered by social protection measures in emergencies. Strengthening inclusive and shock-responsive social protection systems is a critical step in this direction. UNICEF is committed to supporting governments to further this work by providing context-specific evidence, technical assistance and funding where needed.

## Children with disabilities in emergencies

UNICEF has strengthened its commitment to ensuring that children and adolescents with disabilities have inclusive and safe access to humanitarian action and advocacy by including specific and strong commitments to children with disabilities in the 2020 revision of the Core Commitments for Children in Humanitarian Action, which is the guiding framework for UNICEF humanitarian action.

UNICEF is a global leader in advocating for children with disabilities in humanitarian contexts and is working hand in hand in this area with other organizations, at all levels. Membership in the Reference Group on Inclusion of Persons with Disabilities in Humanitarian Action, which UNICEF co-chairs, jumped to 220 global-, regional- and country-level actors in 2021 from 140 in 2020. This dramatic increase, which is expected to help multiply action and results for children with disabilities, resulted from a significant focus on engaging new disability and humanitarian actors through key events and other targeted outreach. In 2021, the Reference Group launched a call for action on humanitarian commitments at the Global Disability Summit organized by Ghana, Norway and the International Disability Alliance for February 2022, and maintained seven working groups for, among other things, developing training resources for humanitarian actors and conducting a review of disability inclusion in existing mechanisms in the humanitarian system for country support.

Underpinning its global leadership, UNICEF continues to enhance its country-level efforts around children with disabilities in emergencies. The percentage of UNICEF country offices with Humanitarian Action for Children appeals that systematically included children with disabilities in their humanitarian responses in 2021 was 55 per cent (36 offices), exceeding the 2021 target of 50 per cent and a significant increase compared with 36 per cent in 2019. Additionally, another 21 country offices without appeals systematically included children with disabilities in their humanitarian responses.



**55%**

of country offices with a Humanitarian Action for Children appeal systematically included children with disabilities in their response efforts in 2021.

EXCEEDED 2021 TARGET OF 50%

## Commitment 1: The needs of children with disabilities and their caregivers are identified and reflected in planning and monitoring

To better address the specific factors that increase the vulnerability of children with disabilities, as well as to identify the risks and barriers that they face, the needs of children with disabilities and their caregivers must be considered at all stages of planning and monitoring. At the global level, in 2021, UNICEF-led inter-agency efforts to strengthen disability inclusion in humanitarian needs overviews and humanitarian response plans, supported by the United Kingdom's Foreign, Commonwealth & Development Office, resulted in 90 per cent of these overviews and plans using data disaggregated by disability, exceeding the 2021 target of 70 per cent. UNICEF-led or co-led clusters (WASH, Education, Nutrition) and the Child Protection Area of Responsibility have had an essential role in driving these changes.

## Leveraging government systems in Ethiopia to deliver cash support to people who are internally displaced

The conflict in November 2020 in the Tigray region of Ethiopia led to large-scale internal displacement of families into the Amhara region. Many families either lost their access to existing national social protection programmes or were previously ineligible for these programmes. UNICEF and the Amhara Bureau of Women, Children and Social Affairs agreed to utilize the Government's existing social protection architecture at the regional level to provide humanitarian cash transfers to displaced families in addition to other services. The existing banking agreement between the Government and the Commercial Bank of Ethiopia was leveraged to disburse funds. UNICEF prioritized displaced families with separated/unaccompanied and orphaned children and, jointly with the child protection team, mobilized social workers to provide support in registration and referrals to other critical services.

Humanitarian cash transfers were provided to 31,410 internally displaced persons in the areas of North Shewa, Oromo Special Zone, Dessie, Debre Birhan and Debark, either in three monthly transfers or in a lump sum to some families to ensure they could access the money before their situation further deteriorated.

Post-distribution monitoring in Debark showed that the cash was a lifeline for many families. All respondents used the cash to buy food for their family and 98 per cent received some support from a social worker; 61 per cent used it to buy clothes for their children, 58 per cent spent some on rent and 43 per cent specifically mentioned buying food for their children.

The cash response demonstrated that government systems can be effectively and efficiently engaged to deliver life-saving support to affected persons. This was demonstrated by the proactivity of the Amhara Bureau of Women, Children and Social Affairs to find solutions to emerging challenges on targeting, registration and payments and the ability to leverage the contract of the Commercial Bank of Ethiopia to reduce costs and logistics for cash. The use of KoboCollect (an electronic data collection tool) ensured timely data collection and helped improve the programme in real time.



A beneficiary signs the register with her fingerprint to receive the 3,000 Ethiopian Birr cash assistance (about US\$58) provided by UNICEF in partnership with the Oromia State Bureau of Labour and Social Affairs. The humanitarian cash transfers assist pregnant and lactating women in the drought-affected Borena area of the Oromia region of Ethiopia (March 2022).



Several UNICEF country offices identified and reflected the needs of children with disabilities in their humanitarian planning and programmes. In Yemen, UNICEF worked with partners to identify services and assistance available to children with disabilities, their needs, existing gaps and the emergency support that UNICEF can immediately provide. In Cameroon, UNICEF provided technical support and financial resources to register and identify socially vulnerable people, including children with disabilities, in collaboration with the Ministry of Social Affairs and the International Labour Organization. A UNICEF study on digital learning in Indonesia found that children with disabilities were particularly disadvantaged in digital learning during the COVID-19 pandemic, so UNICEF continued to work with the Ministry of Education, Culture, Research, and Technology to create inclusive learning materials accessible for children with disabilities to address these learning barriers.

### **Commitment 2: Children with disabilities and their caregivers have safe access to humanitarian programmes**

UNICEF continued to support the safe access of children with disabilities to the services they need during humanitarian crises. In 2021, 32,172 women and children with disabilities in humanitarian crises benefited from interventions to prevent gender-based violence. And 54,833 girls and women with disabilities were provided with menstrual hygiene management services through UNICEF-supported programmes.

Providing communication and advocacy that consider the needs of children with disabilities and their caregivers is crucial to protecting their rights during times of crisis. In Costa Rica, UNICEF and the Ministry of Education ensured that national communications and advocacy campaign materials – including television, radio, press and print materials – on the safe return to school during the COVID-19 pandemic were produced in formats accessible to persons with disabilities; materials were made available in Braille and translated into seven indigenous languages. The highly successful campaign reached 8 million people.

UNICEF also continued to design and adapt humanitarian programmes that are inclusive and accessible for all children with disabilities. In Rwanda, UNICEF supported the renovation/rehabilitation of eight child- and youth-friendly spaces in Mahama refugee camp (home to nearly 50,000 primarily Burundian refugees, including 24,500 children) to improve physical accessibility and hygiene. Disability-friendly games, including goal ball and boccia, were also provided. In addition, recreational and learning materials for home-based play and games were distributed to 435 children in the camp, including 355 children with disabilities (205 boys and 150 girls). In Lebanon, UNICEF supported the inclusion of 1,298 children with disabilities in non-formal education programmes by building the capacity of partners and delivering specialized services and assistive devices.

### **Commitment 3: Children with disabilities participate in the design of programmes and in the decisions that affect their lives**

In 2021, UNICEF achieved progress in a number of country contexts in creating opportunities for children with disabilities and their caregivers to have their voices heard in humanitarian programme design. In consultation with Rohingya refugees with disabilities, UNICEF and CARE Bangladesh conducted a six-month field trial of new accessible latrines for people with disabilities in Camp 16 of Cox's Bazar District. The refugees with disabilities who participated in the trial reported increased independence, improved self-esteem and more positive attitudes from family and community members, including reports of increased involvement in decision-making. In Rwanda, UNICEF developed and adapted materials for health promotion in partnership with the Umbrella of Organisations of Persons with Disabilities in the Fight against HIV&AIDS and for Health Promotion and other partners. Approximately 10,172 persons with disabilities (5,565 females) were reached with this information.

### **Challenges**

Despite the progress in fulfilling UNICEF commitments towards disability-inclusive humanitarian action, a number of challenges remain, for instance in human capacity and technical competencies regarding disability inclusion in emergencies in regional and country offices and in headquarters divisions. There is also a need to strengthen the systematic integration of disability inclusion into emergency procedures and to better reflect disability inclusion in reporting. In addition, there are important opportunities to build on and further enhance the integration of disability inclusion in humanitarian coordination.

To address staff capacity around children with disabilities in emergencies, UNICEF is including specific learning areas in the humanitarian learning framework, linked to a targeted learning module to be launched 2022. UNICEF is also rolling out a toolbox and training package for UNICEF staff and partners to operationalize guidelines on children with disabilities in humanitarian action. UNICEF will support quality reporting on disability inclusion and disability disaggregation in UNICEF emergency preparedness and response by mapping and reviewing current approaches to collecting data on children with disabilities in humanitarian settings; and by developing guidance and tools supporting the collection, analysis and use of disability-disaggregated data, particularly at the country level. In 2022, UNICEF will coordinate a Disability Reference Group project on capacity-building of organizations of persons with disabilities to engage in humanitarian action, work funded by the United States Agency for International Development.

## A step towards a better future in the Syrian Arab Republic through comprehensive, inclusive humanitarian response

In 2021, UNICEF continued to implement the Integrated Social Protection Programme for Children with Disabilities in the Syrian Arab Republic. The programme addresses the economic and social vulnerabilities of children with disabilities and their families by combining the provision of periodic, unconditional cash transfers with case management services that facilitate the referral of children with disabilities to available social services and strengthen their social inclusion. In 2021, 11,639 children with disabilities (4,751 girls) were provided with quarterly cash transfers and case management services. Case management was provided by 323 case managers, who facilitated the referral of children to social services, including their access to obtaining a disability card. These interventions also indirectly benefited more than 55,000 people in the families of these children, because part of the cash was used to pay for essentials (e.g., food) for the family.

Post-distribution monitoring surveys showed the programme's positive impact. For example, a survey in Homs noted increased spending specifically on the child (spending on education increased by 57 per cent, on health by 48 per cent). Eighty-two per cent of households surveyed were satisfied with their case managers, and 9 per cent of children without a disability card were issued one. Surveys also indicated challenges, including low enrolment in education for children with disabilities (in Homs, more than 70 per cent of participating children are out of school) and the need to increase the frequency and size of transfers, accelerate the issuance of disability cards and strengthen the quality and frequency of case management. In 2022, UNICEF aims to reach 14,000 children with disabilities with regular cash transfers and case management services under this programme. Programmatic changes planned based on monitoring and feedback to date include providing support for families to overcome barriers to obtaining disability cards and supporting complementary education interventions to respond to the specific learning needs of children enrolled in the programme, in coordination with all partners.



Nour, 11, plays with a ball at her school in Al-Kaisa village, in Rural Damascus, in the Syrian Arab Republic. Nour is one of thousands of children who have benefitted from UNICEF's integrated social protection programme, which since 2017 has reached children with severe disabilities in Rural Damascus with regular cash assistance, along with case management services to help their families meet their needs and support their access to social services.

## Adolescents and youth in emergencies

In 2021, UNICEF engaged 5.7 million young people in humanitarian action, 10 times more than in 2018, at the outset of the UNICEF Strategic Plan, 2018–2021. Efforts at building innovative partnerships with youth-led organizations fuelled this momentum, as did country offices' support for young people's role in awareness-raising, peer-to-peer support and outreach to communities, much of it linked to global work to address the impact of the COVID-19 pandemic.

### **Commitment 1: Adolescent girls and boys have safe access to gender-responsive and inclusive services and programmes that promote their participation and respond to their rights and needs**

A key UNICEF global public good for engaging young people in humanitarian contexts is the [Adolescent Kit for Expression and Innovation](#), which has supported more than 450,000 adolescents to date, in 25 countries (with more in the pipeline), with materials translated into seven languages.<sup>34</sup> In a village in Kupang, Indonesia, adolescent circles used the Kit to identify local hazards and risks that were negatively affecting their lives. The village leaders then formalized adolescent engagement in local disaster planning and monitoring processes, with support from the local District Ministry of Education and Culture. Globally, in 2021 UNICEF trained more than 100 humanitarian actors from 15 countries in the Middle East and North Africa<sup>35</sup> and Eastern and Southern Africa<sup>36</sup> regions by facilitating a cross-regional, multilingual virtual 'Learning Series' to strengthen UNICEF's gender- and age-responsive programmes for adolescents in forced displacement contexts. UNICEF also continued its partnership with the United States Fund for UNICEF to scale up implementation of the Learning Series, including development of COVID-19-specific adaptations.

### **Commitment 2: Adolescent girls and boys have equitable access to capacity-building opportunities, including skills development to make informed decisions on issues related to their lives, and can be effective agents of change within their communities**

Several UNICEF country offices focused efforts to support adolescents in access to skills-building opportunities and to enable them to take action in their communities. In the Bolivarian Republic of Venezuela, approximately 54,000 adolescents and youth in 16 states were engaged through the Life Skills Programme that utilized the [Adolescent Kit](#). The results led the Ministry of Education to incorporate the programme into the secondary education curriculum, allowing UNICEF to contribute to creating long-term capacity within the Ministry and helping to bridge the humanitarian–development nexus. This programme will benefit 380,000 adolescents nationwide during the 2021–2022 school year.

### **Commitment 3: Adolescent girls and boys are engaged in the design and implementation of humanitarian programmes and peacebuilding initiatives**

The IASC guidelines 'With Us & For Us: Working with and for Young People in Humanitarian and Protracted Crises' support humanitarian actors to ensure that young people are meaningfully engaged in emergency responses, and give guidance on how to address their needs and priorities.<sup>37</sup> The guidelines were highlighted in several global events in 2021,<sup>38</sup> providing opportunities for them to be applied in practice. Roll-out initiatives in 2021 included hybrid training for approximately 100 humanitarian actors and young people in Cox's Bazar, Bangladesh. UNICEF and partners also organized global virtual training around 'With Us & For Us', reaching around 100 young humanitarians, drawn from United Nations partners, civil society, youth networks and donors, to strengthen their capacity to reach more of their peers and local actors. A key strategic partnership underpinning adolescent engagement in humanitarian action has been with the Government of the Netherlands, through their Youth At Heart and the PROSPECTS partnership. This is a multi-stakeholder partnership where UNICEF, in close coordination with the Ministry of Foreign Affairs of the Netherlands, UNHCR, the International Labour Organization, World Bank, IFC and other partners, shaped mechanisms to support and meaningfully engage forcibly displaced young people and host communities in Egypt, Ethiopia, Kenya, Iraq, Jordan, Lebanon, the Sudan and Uganda.

### **Challenges**

The needs and priorities of young people are often excluded in emergencies. Even so, young people continue to engage in and be at the forefront of humanitarian action, as was the case in 2021, when they were key actors in UNICEF humanitarian efforts, including the organization's COVID-19 pandemic response. Humanitarian actors must complement these efforts by building on the existing work of young people to strengthen initiatives and mechanisms for their systematic engagement. It is vital to meaningfully engage young people across sectors and throughout all phases of the humanitarian programme cycle. Existing frameworks and resources (e.g., the adolescent commitments in UNICEF's Core Commitments, the [IASC Youth Guidelines](#) and the [Adolescent Kit](#)) could be leveraged to support practitioners as they engage young people and address their needs in humanitarian and peacebuilding efforts. To this end, UNICEF and all stakeholders – youth networks, civil society, national governments and international organizations – will need to continuously ensure the engagement of young people through broad consultations, representative platforms and consolidated networks. It is this work that will enable inclusive and responsive humanitarian action with and for young people.

## Learning-to-Earning initiatives put the future in focus for young people in Jordan

In Jordan, UNICEF enhanced its interventions in 2021 to support young people in securing learning and employment opportunities while building their capacities to become agents of change. UNICEF delivered programming to enhance comprehensive, transferable 21st century skills to nearly 50,000 young people (65 per cent female, 2 per cent with disabilities) with life, leadership and employability skills training. Seventy-eight per cent of these young people were Jordanian, and 21 per cent were Syrian.

The Learning-to-Earning initiative enabled 5,328 young people (61 per cent female) to enrol in demand-driven, technical and vocational education and training programmes. Of these individuals, 49 per cent were Jordanian, 44 per cent Syrian and 7 per cent Palestinian. The entrepreneurship and self-employment components of the initiative focused on supporting home-based businesses, micro and social enterprises reaching 1,438 vulnerable young people (60 per cent female) in host communities and in Azraq and Za'atari refugee camps. In addition, 7,247 young people (61 per cent female) received innovation and entrepreneurship training, and more than 619 youth-led ventures were designed and implemented. UNICEF supported three social innovation incubators in Amman, Tafileh and Ajloun, which empowered the most vulnerable young people to identify the most pressing challenges and create entrepreneurial solutions to address them in their communities.

UNICEF continued promoting youth engagement and volunteerism through the National Youth Engagement and Volunteering Movement known as Nahno. This platform featured 252,426 volunteering activities for 79,738 young people (71 per cent female). In 2021, more than 2 million hours of volunteering were completed, including remote opportunities during the COVID-19 pandemic. In exchange for their volunteering, young people benefited from training and networking opportunities offered by companies. The Nahno platform has been a game changer and has influenced global thinking on connecting learning with action, as well as similar undertakings for young people in Iraq, Lebanon and the State of Palestine.

UNICEF has also partnered with the International Labour Organization and the Jordan Minister of Youth to launch an initiative supporting employment and engagement opportunities for Jordanian and Syrian young people as part of the wider PROSPECTS programme, supported by the Government of the Netherlands, which aims to build the capacity of young people in Learning-to-Earning transitions and meaningfully engaged them throughout the design and implementation of programmes.



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Sally, 20, learns to navigate various programmes on a laptop computer in her home in Irbid, Jordan in April 2021. She is a student in sociology and social work at Yarmouk University, is enrolled in UNICEF-supported digital skills training and has taken courses in digital literacy, cybersecurity and professional development skills.



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# Results by cross-cutting commitment

A UNICEF staff member and a child share smiles and laughter in a UNICEF-supported child-friendly space for displaced children, in Kaya, in the Centre-Nord region of Burkina Faso, in December 2021.

# Needs assessment, planning, monitoring and evaluation

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In 2021, UNICEF integrated the roll-out of the revised Core Commitments into the Strategic Plan, 2022–2025 by mapping the plan against the commitments. This integration helps country offices to harmonize humanitarian and development planning as well as results monitoring. Through the revised emergency procedures, a greater focus has been given to programme monitoring in situations where the consequences of poor programme performance are most critical to the lives of children. UNICEF also chaired the Joint Intersectoral Analysis Framework (JIAF) Advisory Group that oversaw an independent review of the JIAF needs assessment methodology.

## **Commitment 1: Disaggregated data are collected, analysed and disseminated to understand and address the diverse needs, risks and vulnerabilities<sup>39</sup> of children and their communities**

EMOPS is leading a UNICEF Programme Core Disaggregated Data Improvement Working Group, which has already introduced disaggregated reporting in SitReps and in the Results Assessment Module (RAM). A comprehensive analysis of disaggregated data reporting for COVID-19 SitReps identified disability data as the type of data most difficult to collect; consultations were undertaken with regional and country offices to understand the barriers to disaggregated data collection, analysis and use at the country office level. Guidance will be released in 2022.

## **Commitment 2: Coordinated, timely and impartial assessments of the situation, humanitarian assistance and protection needs, vulnerabilities and risks are undertaken**

UNICEF chaired the JIAF Advisory Group that oversaw an independent review of the JIAF methodology by Yale University. The JIAF methodology underpins humanitarian needs overviews that are undertaken by approximately 50 UNICEF offices each year. UNICEF also launched and chaired the JIAF Helpdesk and supported its implementations through the clusters.

At the global level, UNICEF led or co-led the Child Protection Area of Responsibility and the Nutrition, Education and WASH Clusters, all of which had an impact on providing field-based assessments and identifying priority humanitarian needs. (See *the Results by Goal Area chapters for more information.*)

## **Commitment 3: Response plans are evidence-based and consistent with inter-agency planning. They address coverage, quality and equity,<sup>40</sup> adapt to evolving needs, ensure conflict sensitivity and link humanitarian and development programming**

ERT members provided country-level programme planning and monitoring support in missions to five country offices: Afghanistan, Ethiopia (two missions), Honduras, Nicaragua and the Sudan. These missions supported high-quality response planning.

Humanitarian considerations, including population in need and cluster targets, are being included in the digital annual workplan templates being launched in 2022, further harmonizing humanitarian and development programming.

UNICEF also works to ensure effective inter-agency and intersectoral coordination and more harmonized response plans and coordination at national levels (*see, for example, Commitment 1 in the 'Children on the Move' chapter, and other Goal Area chapters*).

## **Commitment 4: The humanitarian situation and the coverage, quality and equity of the humanitarian response are monitored to inform ongoing corrective action and future planning processes**

In collaboration with the COVID-19 Programme Monitoring and Evaluation Working Group, 11 case studies of country office monitoring adaptations to COVID-19 were documented and published along with a synthesis report of learning.<sup>41</sup> This was a dedicated effort to capture and share country office innovations with a focus on practical solutions for remote monitoring.

This included using U-Reporters to give feedback on vaccination campaigns in their communities in Côte d'Ivoire. The use of Integrated Outbreak Analytics (IOA) in the Democratic Republic of the Congo also brought together diverse data sources and perspectives to find solutions to challenges posed by COVID-19 that built on experience from Ebola outbreaks there (*see page 40 for more on IOA in public health emergencies*).

The Core Commitments were comprehensively mapped to the 2022–2025 Strategic Plan Results Framework and to the revised RAM 3.0 Standard Indicators, improving their integration into programme monitoring and evaluations frameworks from the level of the Executive Board to day-to-day country office programme monitoring. Field monitoring

continues to require institutional strengthening. The new emergency procedures increase the requirement for field monitoring of life-saving programming. Ongoing collaboration among headquarters, regional offices and country offices will continue to identify good practices in the field and build them into guidance and procedures.

## Challenges

There has been only partial integration of humanitarian considerations into programme planning processes and guidance, particularly for the five-year country programme document process. In 2022, UNICEF will participate in a

workshop to develop and refine these processes in-line with the recommendations of the Humanitarian Review. Priorities for 2022 include interdivisional work on data repository and reporting tools and structure, continued building of cooperation networks and internal UNICEF alignment with other United Nations agencies, focus on the adequate roll-out of the emergency procedures, updating guidance for the use of Core Commitments for Children indicators, providing guidance on the application and use of disaggregated data and further support for development and use of the electronic situation report (eSitRep). UNICEF will also provide expert support to the JIAF.

# Supply and logistics

In 2021, procurement for emergencies reached US\$687.4 million globally, with 96 per cent going to Level 2 and Level 3 emergencies, including the COVID-19 pandemic (but excluding COVID-19 vaccine and immunization supplies). Supplies were provided to 139 countries and territories for emergency preparedness and response. The largest component was medical supplies and equipment, with a value of US\$399 million.

Supply Division also provided direct support through 12 emergency deployments – with some as remote assignments – to emergency locations including the Central African Republic, Haiti, Somalia, the Bolivarian Republic of Venezuela and Yemen.

The wider UNICEF Supply Function scaled up its response to health emergencies, including responding to the Ebola Virus Disease outbreak in the Democratic Republic of the Congo and neighbouring countries.

## Supply and logistics overarching commitment: Ensure the timely delivery and distribution of supplies and essential household items to affected populations, partners and/or point-of-use

To alleviate the impact of humanitarian crises on children and families, UNICEF provided targeted support to 12 large-scale emergencies.

In Afghanistan, where children were increasingly vulnerable to malnutrition and lacked access to safe water and sanitation services, UNICEF delivered US\$26.2 million worth of supplies, including kits and medicines to people suffering from dehydration caused by acute watery diarrhoea. In addition, with more than 66,000 cases of measles reported in children in 2021, UNICEF shipped 4.7 million doses of measles vaccines to address the outbreak.

In Yemen, in response to the world's largest humanitarian crisis, UNICEF delivered US\$104.3 million worth of supplies, including \$15.3 million worth of RUTF to provide life-saving nutritional support, including for over 346,000 children admitted to outpatient treatment programmes with severe acute malnutrition.

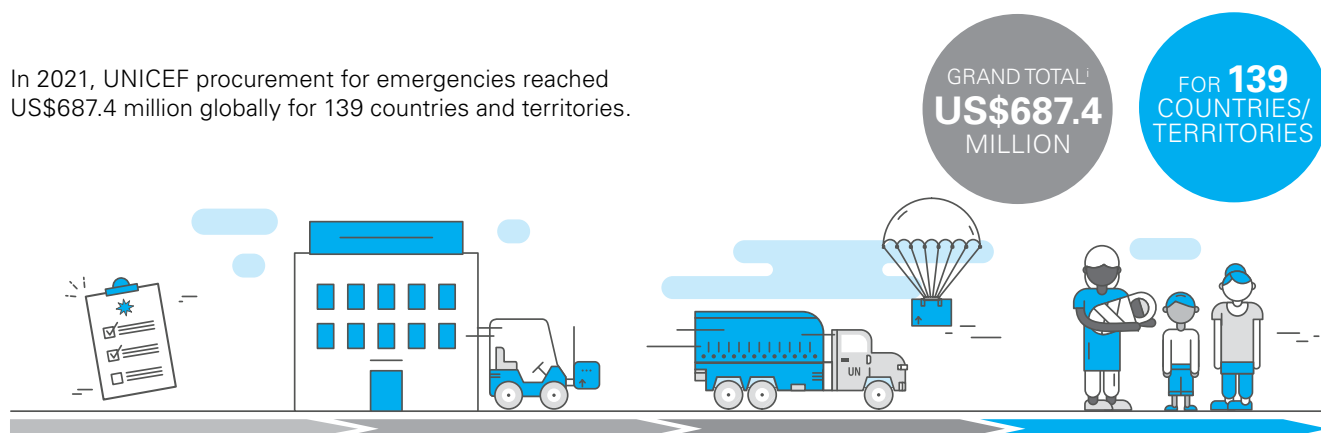
In Haiti, in response to the earthquake that struck the Tiburon Peninsula, UNICEF delivered 7.8 million worth of supplies to supplement pre-positioned UNICEF supplies in the country. The first shipments contained 39.7 tons of supplies to reach more than 23,350 children and families – these included



UNICEF's emergency supplies are ready to be dispatched to respond to people's needs for safe drinking water, sanitation, hygiene, nutrition, education and child protection in the wake of Typhoon Odette, which made landfall in the Philippines in December 2021.

FIGURE 8: Emergency supplies

In 2021, UNICEF procurement for emergencies reached US\$687.4 million globally for 139 countries and territories.



### Vaccines

UNICEF procured **2.75 billion doses of vaccines, including COVID-19 vaccine doses**, worth US\$4.12 billion, for 123 countries. This figure excludes donations.

### Medical supplies and equipment

UNICEF procured a total of **US\$399 million in medical supplies and equipment for emergencies**, making these commodities the largest component by value of total UNICEF emergency supplies.

Top level results for COVID-19			
<b>COVID-19 vaccines (COVAX facility)</b> <b>958 million doses</b> of COVID-19 vaccine (including donated doses) delivered to 144 countries.	<b>Personal protective equipment</b> <b>434 million items</b> of PPE shipped to <b>115 countries</b> including 175.4 million face masks, 148.4 million pairs of gloves, 8.5 million N95 respirators and 4.2 million gowns.	<b>Safe injection equipment</b> <b>2 billion syringes</b> delivered, including 1.9 billion auto-disable syringes, 82.4 million re-use prevention syringes and 18.4 million safety boxes.	<b>Cold chain management</b> <b>800 ultra-cold chain units</b> procured and delivered to over <b>70 countries</b> , providing storage capacity for 200 million mRNA vaccines requiring -80oC refrigeration.

*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 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.*

medicines, surgical equipment and nutritional supplements, as well as over half a million face masks. The shipments also contained 15 tents to be deployed in areas where health centres were destroyed, to ensure the continuity of essential health services.

Globally, 121 shipments of vaccines were made to 14 countries in response to humanitarian crises, delivering more than 96.4 million doses of vaccines – including 50.3 million doses of oral polio vaccine, 11.3 million doses of measles-containing-vaccine, 8.2 million doses of pentavalent vaccine, 7 million doses of diphtheria and tetanus vaccine and 6.4 million doses of bacille Calmette-Guérin vaccine.

In its role as procurement coordinator for the COVAX Facility, UNICEF led the procurement and delivery of COVID-19 vaccines. In 2021, the COVAX Facility delivered 958 million doses (including donated doses) to 144 countries.

### Commitment 1: Supply and logistics preparedness measures are in place at global, regional and country levels, including pre-positioning of supplies and contractual arrangements for logistics services and more commonly requested goods

In 2021, UNICEF continued to encourage the local and regional procurement of essential supplies to reduce delivery times and to strengthen local markets for continued access to needed supplies. UNICEF kept emergency supplies available by reviewing and maintaining the Emergency Supplies List and by pre-positioning supplies in Supply Division hubs to ensure fast and efficient access to key supplies for emergency responses. In the Philippines, as the UNICEF country office coordinated the first response to Typhoon Odette, US\$600,000 worth of pre-positioned supplies, including personal protective equipment, medical kits and water purification tablets, were immediately released, supporting evacuations ahead of the storm.



## **Commitment 2: Life-saving supplies for children and communities are delivered to partners and/or point-of-use in a timely fashion**

UNICEF Supply Division built, expanded and maintained a surge roster of more than 250 supply staff from throughout the organization who can be deployed at short notice, according to the level and areas of support required. In 2021, 12 staff skilled in such areas as logistics, warehouse management and procurement were deployed.

In the aftermath of the earthquake in Haiti in August 2021, the country's UNICEF warehouse was destroyed. Supply Division quickly deployed two staff members from the Copenhagen warehouse to support warehouse logistics, receive and dispatch items and oversee the construction of a temporary warehouse to continue responding to the needs of those affected.

In addition, the first-ever series of virtual Supply and Logistics Emergency Preparedness and Response training sessions, including a live emergency simulation, was organized for 124 colleagues from 82 countries to strengthen UNICEF's ability to prepare for and respond to emergencies.

## **Commitment 3: Sustainable procurement, supply and logistics arrangements (contracts, agreements and/or plans) are made available at the onset or deterioration of a humanitarian crisis**

In 2021, UNICEF initiated a new global warehouse strategy, which aims to review UNICEF hub locations, identify efficiencies and assess the economic and environmental sustainability of warehouse operations.

In addition, to ensure timely and sustainable access to life-saving supplies, UNICEF supports local procurement through agreements with local manufacturers. For example, since 2016, of the average 49,000 metric tons of ready-to-use therapeutic food (RUTF) procured by UNICEF each year, more than 50 per cent is procured from suppliers based in countries with high levels of malnutrition. Particularly in Africa, where demand is highest, local procurement of RUTF is playing an important role in stimulating the local economy, lowering transportation costs and shortening transportation routes. During the COVID-19 pandemic, UNICEF greatly benefitted from having established sources of supply locally in programme countries and nearer to the demand. The availability of domestic production can also be an incentive for governments to invest in the treatment of wasting.

## **Challenges**

The COVID-19 pandemic continued to disrupt markets for essential supplies across supply chains, from raw materials to finished products. Increased trade barriers and export bans severely impacted procurement, cross-border trade and access to markets, posing a risk to UNICEF's global humanitarian response, including the COVID-19 response but extending far beyond it. Ongoing air freight disruptions, COVID-19-related restrictions and record-high shipping rates continued to put access to many kinds of life-saving supplies for children at risk. In addition, port congestion, ocean carrier and container shortages and shipping backlogs at major ports increased transit times and shipping prices, significantly reducing the reliability of shipments.

To address these challenges, UNICEF deployed its wide range of expertise in procurement and supply chain management, product innovation, market shaping and partnerships, health systems-strengthening and financing.

# **Media and communications**

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## **Commitment 1: Accurate information on the situation and needs of children, women and their communities and UNICEF's response are shared in a timely manner. 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**

Through external communications and media engagement, UNICEF raised awareness in 2021 of the impact of conflict, crisis and the continuing COVID-19 pandemic on vulnerable children caught up in humanitarian crises around the world. Through press releases, statements from the UNICEF

Executive Director, media briefings and opinion pieces, UNICEF worked to ensure children and the issues affecting them were front and centre in the global conversation.

By combining more than 200 compelling humanitarian-focused press releases and statements (not including COVAX-related products) with press briefings (including more than 20 proactive humanitarian-focused briefings to the Geneva Palais press corps), interviews and field visits – where possible, considering travel restrictions – UNICEF was mentioned in more than half a million articles in online and print media, an increase of 113 per cent compared with 240,000 media mentions in 2020. These 2021 mentions included more than 23,000 in top-tier media outlets, an increase of 47 per cent compared with 16,000 in such

outlets in 2020. Additionally, UNICEF was mentioned in 5,325 broadcasts in 2021, up from 2,953 in 2020 – an 80 per cent increase.

In 2021, UNICEF also witnessed a 3-percentage-point increase in its share of voice on humanitarian issues,<sup>42</sup> ranking second, after the World Health Organization, compared with fourth in 2020, behind the World Health Organization, the World Bank and IFRC. UNICEF's increased share of voice relating to emergency issues can be attributed in part to advocacy in diverse contexts, including on girls and education rights in Afghanistan and humanitarian assistance provided in such crises as those in Ethiopia and Yemen.

On UNICEF's global website, [unicef.org](https://www.unicef.org), the global COVID-19 portal (launched in 2020) continued to be updated almost daily with the latest guidance, press releases and stories of impact and response. It generated more than 33 million pageviews in five languages in 2021. To support the response to the Delta variant wave of COVID-19 in India, an emergency response page was launched in May that generated more than 1.1 million pageviews and 40,000 donation clicks on the global website alone. COVID-19-related guidance on the global site, including content designed specifically for parents, generated nearly 22 million pageviews, with articles about vaccines among the top-performing. In 2021, [unicef.org](https://www.unicef.org) COVID-19-related content was among the top 20 most viewed links on Facebook.

Web traffic to humanitarian content on the UNICEF global website nearly doubled in 2021 compared with 2020. The UNICEF in Emergencies hub was launched in Q1 of 2021 with the aim to increase online visibility, reach and engagement and ensure UNICEF continues to be positioned as a leading voice for children in emergency contexts. By the end of 2021, traffic and engagement to this new section also doubled compared with a year earlier.

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 initiative to empower young people affected by conflict. Young people from Ukraine to Yemen used poetry to call for peace – with their voices amplified on global channels throughout the year, including on World Poetry Day and on the International Day of Peace. The initiative, now in its second year, received over 1 million organic interactions (reactions, comments and shares).

## **Commitment 2: Advocacy is conducted at country, regional and global levels to protect the rights of children, women and their communities, promote adherence to international laws and standards, facilitate principled humanitarian access and the delivery of programmes and promote child-friendly policies and practices**

UNICEF continued to advocate in 2021 for the rights of children and for adherence to international laws at country, regional and global levels. With the launch of the report 'Water Under Fire III', UNICEF spotlighted the impact on children of attacks on water and sanitation infrastructure during armed conflict through case studies developed together with country offices in Iraq, the State of Palestine, the Syrian Arab Republic, Ukraine and Yemen. The report demonstrated how, in many conflicts around the world, mainly because of the destruction caused by explosive weapons, more children die from diseases linked to unsafe water than from direct violence. This also allowed UNICEF to position itself as a key stakeholder in the context of an ongoing global campaign advocating for the adoption of a political declaration calling for the avoidance of the use of explosive weapons in populated areas.

UNICEF's global advocacy actions, carried out in close collaboration with regional and country offices, were vital to increasing attention on prioritized emergencies. For example, UNICEF raised the profile of children in Afghanistan, especially in the wake of the political developments in August; UNICEF advocated both publicly and privately for the rights of children, especially girls, to be upheld, and for international aid to continue, to avoid the collapse of essential service provision. And a new crisis page in 2021 on the humanitarian situation in the Central African Republic provided strategic support at the global level in the absence (at that time) of a country office website. This gave visibility to a forgotten emergency that was nonetheless an organizational priority.

Humanitarian issues remain some of the most engaged content on UNICEF social media channels. UNICEF sent out strong messaging on the protection of children affected by conflict and natural disasters, including those in Afghanistan, Ethiopia and Haiti. Social media also amplified advocacy messages in emergencies, away from media headlines. This [post](#) on last year's fires in Rohingya refugee camps in Bangladesh was UNICEF's most engaged post on Facebook in 2021. On Instagram, the most engaged [post](#) was a video of a girl describing the impact of conflict on the State of Palestine.

UNICEF marked 25 years of the groundbreaking report 'The Impact of Armed Conflict on Children' with a strong social media activation. This included a powerful [explainer video](#), [graphics and stories of young people impacted by conflict](#).

UNICEF's digital channels were an effective fundraising tool for emergencies. There was a 35 per cent increase in number of tracked donation clicks from unicef.org in 2021 compared with a year earlier, 1.73 million compared with 1.28 million in 2020. In August, UNICEF's promotion of the Facebook Megaphone raised US\$298,000 for the Haiti earthquake crisis appeal.

UNICEF advanced advocacy on malnutrition, developing a new global advocacy and communication initiative to increase official development assistance and domestic investment to combat wasting, after securing a US\$2 million two-year advocacy and communication grant from the Eleanor Crook Foundation. Advocacy efforts led to stronger political support for proven approaches focusing on prevention, early detection and treatment of wasting, and to new resource commitments by such key donors as Canada and the United States of America.

UNICEF also engaged on advocacy efforts to protect the rights of children on the move. The groundbreaking 'Talent on the Move' report, co-created with youth and informed by U-Report findings from 26,000 young people, was a powerful tool for advocating investment in learning and earning opportunities for young refugees and migrants. UNICEF also became a leading voice within the climate mobility policy space and co-created, together with youth on the move, an action agenda on children uprooted in a changing climate, for advocacy in the context of the United Nations Climate Change Conference in Glasgow in October and November 2021.

## Challenges

UNICEF humanitarian advocacy continues to be too wide-ranging in nature, making it difficult to drive progress towards specific policy changes. However, in 2021 UNICEF defined more specific priorities for 2022, and in particular will focus advocacy on adoption of a political declaration to avoid the use of explosive weapons in populated areas.

While UNICEF often has strong media and communications capacity at the country level, humanitarian advocacy capacity is not always at this same level. The roll-out of the revised emergency procedures and the Humanitarian Review recommendations, which began in 2021, provides an opportunity to work alongside country and regional offices to further build humanitarian advocacy capacity.

Challenges in communications in 2021 included continuing travel restrictions and complications, which made it more difficult to facilitate media and content visits and provide on-the-ground support to country and regional offices. Shrinking media space in the United States and in Europe for 'foreign' and international news amid competing major domestic news stories means that the space for raising awareness of humanitarian crises – especially such protracted crises as those in the Syrian Arab Republic and Yemen – has become more constricted and contested, with multiple humanitarian organizations vying for attention. To address such challenges, UNICEF continues to search out compelling and original stories and examples of UNICEF's response, while also working in an agile manner to maximize opportunities when media focus does shift to individual crises.

## Security management

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**Commitment 1: Security risks that could affect personnel, premises, assets or the ability to deliver emergency programmes are identified, assessed and managed, in compliance with the security risk management policy**

**Commitment 2: Security risk management capacity is adequate to manage risks to personnel, assets and premises and enable the delivery of programmes**

**Commitment 3: Active participation in inter-agency security forums at global and national levels ensures that security risk management measures, policies and guidelines enable programme delivery by UNICEF and partners**

While continuing to apply the United Nations Framework of Accountability throughout the organization, UNICEF worked through the Inter-Agency Security Management Network to update this Framework based upon lessons learned and feedback from regional and country offices, and this update was endorsed in January 2022. The Framework, combined with the United Nations Security Risk Management framework and procedure, continued to enable UNICEF activities globally within acceptable levels of security risk throughout 2021. Oversight and matrix management of the UNICEF security workforce and advice to security decision makers and senior managers, directly or through Regional Security Advisors, ensured the effective implementation of security policy.

In Ethiopia, the Framework of Accountability guided decisions related to relocation of personnel out of Tigray, the implementation of family restrictions in Addis Ababa, and decisions by the UNICEF Representative related to the implementation of programme activities in high-threat areas such as Tigray.

Security support provided directly to country offices through regional offices remained continuous in 2021, despite travel limitations related to the COVID-19 pandemic. The Office of Security Coordination (OSC) conducted five security support missions to eight country offices in 2021. These missions included participation in a Central Asian workshop on the regional implications of the evolving Afghanistan security situation, and improved information and analysis on the potential impact of a private paramilitary group in the Central African Republic on UNICEF's programme activities.

OSC facilitated and coordinated four Women Security Awareness Trainings for 75 staff in Afghanistan, Senegal and South Sudan, and coordinated two Emergency Trauma Bag trainings delivered in Senegal, with 32 security personnel from the West and Central Africa and Eastern and Southern Africa regions certified, in addition to 10 from other United Nations Security Management System (UNSMS) organizations. OSC co-facilitated delivery of four Humanitarian Leadership Workshops, including elements on security risk management and security decision-making, with a total of 84 participants representing several UNICEF country offices and various managerial levels.

Six Hostage Incident Prevention webinars for UNICEF staff reached a total of 1,110 UNICEF staff from all regions but Eastern and Southern Africa. Observers from other UNSMS organizations also participated. UNICEF ran a webinar in Haiti for all United Nations personnel at the request of the Department of Safety and Security (UNDSS) Chief Security Adviser there. Additionally, OSC, in collaboration with UNDSS's Critical Incident Stress Management Unit, developed and delivered the first Family Liaison and Support Officer training to 12 UNICEF staff counsellors from all regions.

The UNICEF Operations Centre (OPSCEN) remained critical to UNICEF's situational awareness of crises throughout 2021. OPSCEN prepared and disseminated 365 OPSCEN Briefs focusing on global-, regional- and country-level developments and 265 OPSCEN Directors' Briefs highlighting Level 3 and Level 2 emergencies in addition to Priority Risk countries, as identified in the Horizon Scan meetings. OPSCEN disseminated more than 500 UNICEF Humanitarian Situation Reports, more than 400 Alerts from the United Nations Operations and Crisis Centre, and similar reports and assessments from the Department of Safety and Security and others. Situation Briefs covered the floods in India and the uptick in humanitarian needs driven by natural disasters due to climate change. More than 95 OPSCEN Alerts and Updates were generated and widely circulated. These included (among others) some on natural disasters, such as the 7.2 magnitude earthquake in Haiti, floods and landslides in Indonesia, Cambodia and India, Typhoon Rai in the Philippines, the unfolding situation in Afghanistan in August 2021, the emergency developments in northern Ethiopia and Cabo Delgado in Mozambique, the escalating crisis in the Sudan, repercussions of the coup d'état in Myanmar, deepening insecurity in several West and Central African countries and the tensions between Armenia and Azerbaijan, among other breaking events.

OPSCEN coordinated more than 130 emergency management meetings and other ad hoc and high-volume technical and director-level calls related to the COVID-19 pandemic and other thematic issues for Level 2 and Level 3 emergencies.

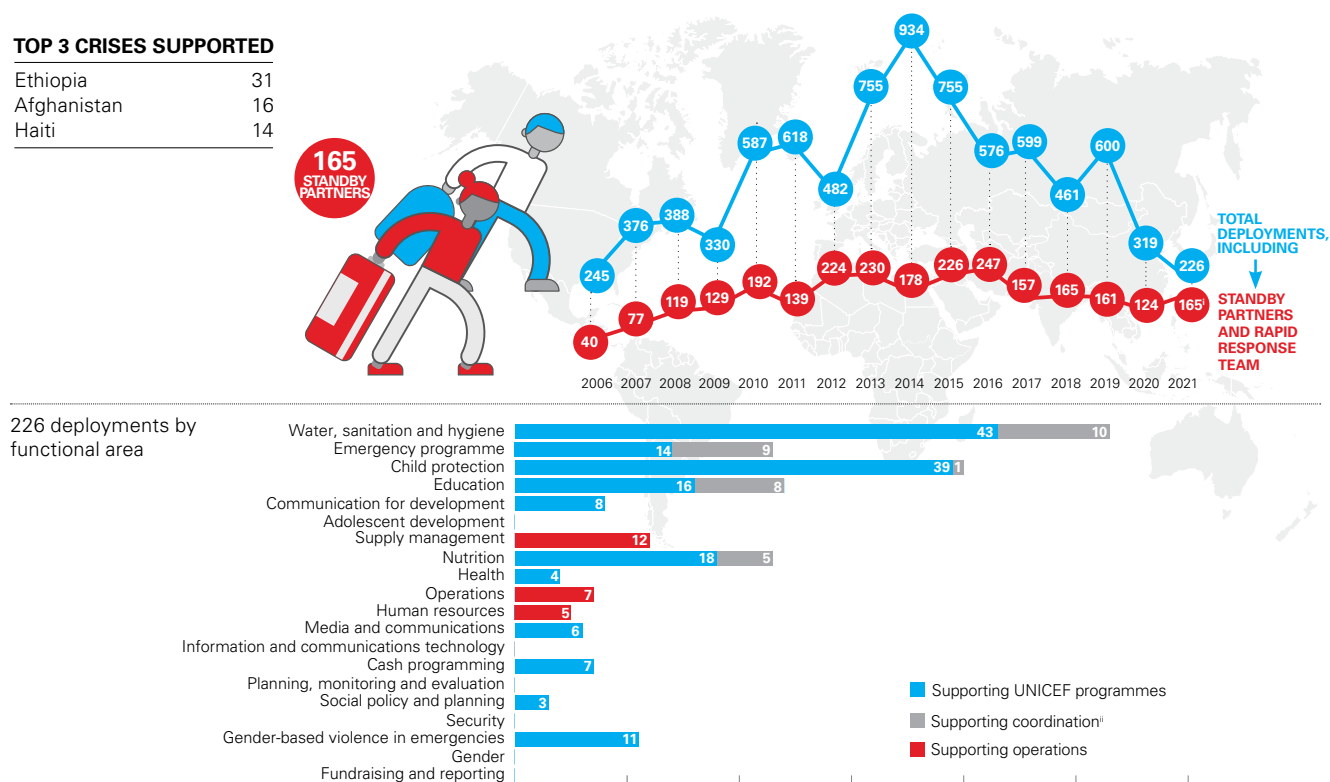
## Challenges

COVID-19 travel restrictions and visa issues remained the most significant challenges in 2021. These caused delays in surge deployments, affected the timeline of surge missions and prevented OSC from holding its annual global workshop. Coordination between headquarters and Regional Security Advisers, although improved since 2019, still needs refreshing. Finally, the uneven quality of UNDSS service provision and oversight (in the field and at headquarters) continues to be challenging for UNICEF activities, especially in high-threat locations.

To address the above challenges, OSC continues to invest in enhancing security and risk management capacity of decision makers and advisors, including through training, such as the Humanitarian Leadership Workshops, and through monthly video calls with Regional Security Advisers and quarterly townhalls with all UNICEF security personnel. The UNICEF security team undertook extensive engagement with other United Nations agencies (through the United Nations Inter-Agency Security Management Network and bilaterally) and UNDSS senior management (in the field and at headquarters), including at the level of Under Secretary-General. This resulted in revised policies and the start of a process to delineate the exact services UNDSS is expected to deliver in the field and at headquarters.

In 2021, OPSCEN's ability to sustain its 24/7 operation, which is mandated, was strained by unforeseen and overlapping emergency leaves within the Watch Associate team. The use of consultants to bridge this gap resulted in budgetary implications that were mitigated through surplus/unused travel budgets transferred from OSC. A shortage, due to COVID-19, of consultants with the required profile at the consultancy firm holding the relevant LTA further impacted staffing. To address this in the future, UNICEF will look to establish a technical talent pool and to re-launch and expand OPSCEN's Volunteer Initiative,<sup>43</sup> which was delayed in 2021 due to the ongoing Headquarters Efficiencies process.

FIGURE 9: Emergency deployments



<sup>i</sup> Includes 130 standby partner deployments and 35 rapid response team deployments to support clusters and areas of responsibility led or co-led by UNICEF.  
<sup>j</sup> Includes rapid response teams, standby partners and UNICEF deployments in support of cluster coordination.

## Human resources

### Commitment 1: Timely deployment of personnel at the onset of emergencies enables rapid emergency response

To support country teams, global ERT members carried out 61 missions in 2021, including 2 remote and 3 hybrid (in-person and remote) missions, providing 3,475 days of support. UNICEF also deployed standby partners on 165 missions, including 130 standby personnel and 35 rapid response team missions that provided assistance in 55 country, regional and headquarters offices. These standby partner deployments provided 22,222 days of work. Additionally, surge support was provided to 29 countries through the deployment of 218 staff and personnel (including individual contractors and United Nations Volunteers) while providing 15,260 days of work.

Countries with the highest number of emergency deployments included Ethiopia (31), Afghanistan (16) and Haiti (14). Of all emergency deployments, the greatest number were for water, sanitation and hygiene (53), child protection (40), education (24), and nutrition and general emergency programme support (23 each).

### Commitment 2: Regional offices, country offices and field offices are adequately staffed to enable ongoing humanitarian response

In 2021, progress was made in conceptualizing proactive UNICEF staff mobility, which will be launched upon completion of the functional and skills mapping exercise. UNICEF also integrated a new Internal Talent Marketplace Platform to ensure that the right people are in the right place at the right time.

The recruitment monitoring and evaluation function continued to play a valuable role in proactively identifying recruitment trends, highlighting best practices and areas that require closer attention. Additionally, UNICEF launched a workforce planning project to match the strategic business requirements with long-term workforce trends, with desired skills and expertise to deliver UNICEF's work today and in the future while meeting the challenges of a changing landscape of work modalities and the drive to ensure simplification and gain efficiencies.

Membership in [Frontlines](#), a platform launched in 2020 to build a specialized global community of UNICEF personnel interested in pursuing careers in humanitarian contexts, grew from 2,329 members in 2020 to 2,800 members in 2021. Surge support was provided to 22 countries through the deployment

of 100 staff and other personnel from Frontlines. Approximately half of the surge deployments through Frontlines focused on supporting Afghanistan, while another 13 per cent were in support of Haiti.

### **Commitment 3: Duty of care for UNICEF personnel is assured**

UNICEF continued to provide strong support to staff in 2021 through the global well-being programme, at levels significantly higher than in the pre-pandemic era. The global well-being team provided direct support to staff through 34 well-being missions, including to some of the most challenging humanitarian contexts, such as the Democratic Republic of the Congo, Ethiopia, Mozambique, the State of Palestine, South Sudan, the Sudan and Ukraine. Overall, 4,169 individual counselling sessions were conducted during the year. Thirty per cent of these were for staff based in emergency duty stations, including 240 pre-deployment briefings. Additionally, the global well-being team hosted 594 group sessions/webinars for 18,364 participants from development and humanitarian contexts. These group sessions were tailored to each group, and covered topics ranging from building resilience, coping with trauma, critical incident stress management and burnout prevention to dealing with political unrest. Direct support helped to build the resilience of the workforce. It also facilitated timely care and referrals for staff with emerging mental health concerns.

The global well-being team also strengthened relationships with members of the ERT to better support their well-being and introduced mandatory pre- and post-deployment briefings with counsellors for every ERT member before each surge mission. This bolstered colleagues' ability to adapt and cope before missions and to process post-mission.

Tailored interventions were offered to meet the specific needs arising in certain groups within the offices of emergency duty stations. For example, when the de facto authorities took control of Afghanistan in 2021, a female counsellor was contracted to the Afghanistan Country Office to support national female colleagues individually and in groups. Another example is from the Goma field office in the Democratic Republic of the Congo where, following the volcanic eruption in July 2021, a staff counsellor collaborated to provide safe spaces for the relocated children of staff members to play while staff continued to perform their duties.

### **Commitment 4: UNICEF personnel have appropriate knowledge of emergency preparedness and response**

In 2021, around 10,000 UNICEF colleagues and partners enrolled in a variety of courses, in multiple languages, designed to improve the understanding of the revised Core Commitments and their use in emergencies. Four in-person Humanitarian Leadership Workshop sessions trained 90

senior field and country office managers in superior leadership abilities. In addition, a Humanitarian Learning Framework was finalized to guide the learning and development of UNICEF and partners' (inter)national personnel, informed by the Core Commitments. UNICEF enhanced its capacity to lead the clusters for which it is a designated lead or co-lead by launching an ambitious inter-cluster e-learning initiative (with the potential to also train non-cluster staff); rolling out the Humanitarian Leadership Workshop; and developing a cluster coordination talent management strategy.

### **Commitment 5: UNICEF personnel observe organizational standards of conduct, both as an individual responsibility and an organizational commitment. These include standards on discrimination, harassment, sexual harassment and abuse of authority, child safeguarding and sexual exploitation and abuse**

As international civil servants, UNICEF staff members are expected to meet the highest standards of integrity, efficiency and competence. UNICEF has zero tolerance for any form of sexual exploitation and abuse or sexual harassment. In 2021, UNICEF continued its scale-up of systems and programmes to protect communities from sexual exploitation and abuse by humanitarian and development actors, resulting in 117 country offices engaged in prevention of sexual exploitation and abuse system establishment. Fifty-three country offices had such systems in place in 2021, having developed country action plans, rolled out the United Nations Protocol on the Provision of Assistance to Victims of Sexual Exploitation and Abuse, strengthened referral pathways and implemented capacity-building for partners. *(For more details on UNICEF's efforts to enhance prevention of sexual exploitation and abuse, see [page 20.](#))*

### **Challenges**

Expanded staff needs for well-being support have highlighted key challenges in providing services to all those who require them. For example, a lack of qualified external mental health care professionals has limited the referral options in some emergency duty stations. To mitigate this, UNICEF staff counsellors are expanding their skills. They completed the Hostage Incident Management Family Liaison and Support Officer training in October 2021 to provide support during hostage incidents and in 2022 will be trained in best practices in early trauma interventions. Additionally, UNICEF will continue to contract consultant counsellors to increase the range of language options available for global staff support.

Over the last two years, increasing requests for psychosocial support, staff turnover and pandemic travel restrictions have created the need for new peer support volunteers (PSVs) – staff who provide confidential guidance and support in their offices. To address this, in 2021 the global team evaluated and revised the role of PSVs and developed a virtual training for new volunteers, to be rolled out globally in Q2 of 2022.

# Resource mobilization

## **Commitment 1: Adequate and quality resources are mobilized in a timely and predictable manner to support preparedness and response to humanitarian and protection needs, particularly of the most vulnerable populations**

It was another remarkably difficult year to be a child in 2021, with emergency situations around the globe causing humanitarian requirements to be the largest ever. UNICEF requested US\$6.4 billion at the start of 2021, and by December the Humanitarian Action for Children appeal had reached US\$7.19 billion. In 2021, UNICEF received US\$2.96 billion in humanitarian contributions, a 35 per cent increase compared with funding received the previous year (US\$2.2 billion). However, while contributions received increased in absolute terms, they only represented 41 per cent of the total funding required to meet critical needs. This alarming gap between the needs of children and families and the resources available to meet them continued to grow in 2021. Additionally, the overall

commitments for non-COVID-19-related needs decreased in absolute terms compared with 2019, reflecting a shifting of resource partners' priorities and the wider economic implications of the COVID-19 pandemic response. (See Annex 2 for an in-depth look at the funding analysis of UNICEF's humanitarian response efforts.)

While the bulk of UNICEF's humanitarian funding – 82 per cent – came from public sector partners, private sector fundraising levels in 2021 more than doubled from 2020, totalling US\$520.9 million. This was 18 per cent of all humanitarian funding, compared with 12 per cent of humanitarian funding in 2020, an upward trend that has occurred in part thanks to private donor assistance to the ACT-A appeal. The support to ACT-A also played a crucial role in the increase of flexible funding at the HAC individual appeal level in 2021. Thematic humanitarian funds (country, regional and global), at 14 per cent of overall humanitarian funding, reached US\$410 million in 2021, more than double the US\$202.2 million received in 2020. However, global humanitarian thematic funding, the most flexible funding



Children hang out with their backpacks on their school playground in Mora, Mayo Sava, in the Far North region of Cameroon in March 2021.

after the core resources for results (regular resources), represented only 1.3 per cent of the total funds received. Contributions of crucial multi-year funding to humanitarian response increased by 11 per cent from 2020, with US\$418 million in multi-year contributions received.

UNICEF seeks to appeal to resource partners for continued strategic partnerships, including more flexible, timely and longer-term funding to address the needs of the most vulnerable children and their families. While the increased levels of flexibility for individual appeals, such as for the ACT-A appeal, show progress, UNICEF calls on partners to provide the maximum amount of flexibility, which is critical for all emergency appeals. Almost all funds that UNICEF receives for humanitarian work are heavily or partially earmarked (more than 98 per cent of such funds were non-global humanitarian thematic funding in 2021), and 68 per cent of all humanitarian funding was for a small number of emergencies (10 of the total 46). To achieve a wider impact for crisis-affected communities and meet their emergency needs, flexible support must be provided at scale to increase the level of global humanitarian thematic funding from less than 2 per cent to 11 per cent of all humanitarian contributions received, the target set in the new UNICEF Strategic Plan, 2022–2025. This target may seem ambitious – but the scope and depth of children’s needs globally means that UNICEF must be ambitious. The strong and positive donor response to the ACT-A appeal gives hope that partners can step up to the challenge.

The quality funding raised through global humanitarian thematic funding enabled UNICEF to make strategic investments for preparedness through the First Action Initiative and the Co-Funding Initiative<sup>44</sup> in 2021. These initiatives provided support to 19 country offices. Co-Funding Initiative allocations made to Afghanistan and neighbouring Central Asia countries ahead of the takeover of the de facto authorities in Afghanistan in August 2021 were critical to responding to the unfolding situation. In Afghanistan, these allocations helped UNICEF and partners prepare to respond to the urgent needs of populations affected by rising insecurity. In Tajikistan, Turkmenistan and Uzbekistan, the funds strengthened the collaboration with Governments and other partners to robustly enhance preparedness to respond to the refugee flows into these countries.

### **Commitment 2: Integration of humanitarian and development resources is enhanced**

When it comes to localization and cascading flexibility down to implementing partners, UNICEF transferred US\$2.5 billion to 9,400 implementing partners both for humanitarian and development programming in 2021, up from US\$2.3 billion transferred to 9,200 implementing partners in 2020. UNICEF also advanced its commitment to transfer funds to local partners in humanitarian contexts, with 29.3 per cent of humanitarian funds transferred to local or national implementing partners in 2021. And 53 per

cent of all UNICEF country offices transferred at least 25 per cent of their humanitarian funding to local or national civil society and government partners.

Tracking and reporting funding provided to implementing partners in a flexible manner requires further progress and a consistent approach across signatories to the Grand Bargain. In 2021, as a co-leader with Oxfam of the Inter-Agency Standing Committee Results Group 5 on Humanitarian Financing under the Grand Bargain, UNICEF stepped up the process of mapping partners’ current practices related to indirect cost coverage. This exercise is part of UNICEF’s commitment to localization and its efforts towards greater efficiency and transparency with partners, and this work is expected to further progress in 2022.

### **Commitment 3: Resources are allocated impartially, based on the needs of affected populations**

As required by the Allocation of Global Thematic Funds programme instruction document from 2018, thematic humanitarian contributions are received against Humanitarian Action for Children appeals and address the areas covered in the Core Commitments, based on criteria that include priorities and funding gaps. More information is available in Annex 1 on the allocation of global humanitarian thematic funding in 2021. The programme instruction document will be updated for the new Strategic Plan 2022–2025.

In its newly released emergency procedures and in line with the findings of the Humanitarian Review, UNICEF outlined key principles on humanitarian risk management, including in public health emergencies. The principal risk for UNICEF in all humanitarian responses is any action or inaction which results in a delay or failure to save lives, alleviate suffering, maintain human dignity and protect the rights of children and their families affected by humanitarian crises. This principal risk is inseparable from two related risks: any action or inaction that contravenes the humanitarian principles of humanity, impartiality, neutrality and independence or international humanitarian law and any action or inaction that puts the affected population at risk (the principle of ‘do no harm’).

UNICEF staff are on the front lines and must make difficult decisions daily. They weigh threats and opportunities, keeping immediate needs in mind while ensuring long-term sustainability of results in line with UNICEF’s mandate and its mission statement. UNICEF is willing to accept risks required to deliver on UNICEF’s mandate and strategic goals while ensuring effective systems are in place to proactively identify, manage and monitor those risks. UNICEF has an overall ‘higher’ appetite for risk (compared with a ‘low’ or ‘medium’ risk categorization) that enables the organization to deliver on its mandate for children. In humanitarian action in particular, UNICEF is willing to accept higher risks if doing so can prevent the potential failures and delays described above.



# Finance and administration

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## **Commitment 1: Programmes are delivered through transparent and efficient use of resources**

The UNICEF Division of Financial and Administrative Management (DFAM) continued to collaborate with EMOPS through the ERT mechanism to provide timely and quality support to countries at the onset of emergencies and during protracted humanitarian crises. The experiences of the two DFAM Operations Managers (at P4 and P5 levels) serving as members of the ERT greatly contributed to the finalization and roll-out of the new emergency procedures in 2021 and to the AGORA Administration training.

The two ERT members provide remote and on-site operational support to countries upon request. In 2021, they were deployed to Afghanistan, Guinea and the Bolivarian Republic of Venezuela for a total of 34 in-person weeks of deployment. Due to visa complications, they also provided remote assistance to Afghanistan and the Bolivarian Republic of Venezuela for an additional 16 weeks.

The overall objective was to support the country offices by applying a sound risk management approach when implementing the Level 2 and Level 3 emergency procedures, which provided additional simplifications and fast-tracking measures to complement those already available under existing UNICEF rules and regulations related to operational areas (budget, financial management and reporting, facilities management, administration, supply and logistics management, information and communication technology, human resources, and safety and security). The DFAM ERT deployments also provided strategic guidance as operations managers and assisted on emerging operations issues specific to each context while increasing the efficiency and effectiveness of the responses.

## **Commitment 2: Cash is disbursed to partners and vendors in a timely manner and in compliance with established procedures**

UNICEF's Global Shared Services Centre (GSSC), located in Budapest, Hungary, processes all payments centrally, delivers on predefined Service Level Agreements (SLA) and meets performance targets based on country office emergency status. Payments for emergency country offices are processed daily and SLA targets of 90 per cent or more are monitored and achieved against this same-day performance indicator.

Standard operating procedures, process instructions and various internal controls support and guide the payment processes at the GSSC. Controls including segregation of duties and escalating approval levels are in place and are further reinforced by a quality assurance team that ensures compliance with standard operating procedures and relevant policies.

## **Commitment 3: Safe and conducive working environments and appropriate accommodation are in place to enable UNICEF field presence and programme delivery**

DFAM played a key role in overseeing correct application of the simplified emergency procedures in administrative management in 2021, such as those covering office premises and guesthouse management, transportation and implementation of duty of care. DFAM further ensured that practical business continuity plans were in place in 2021 and tested on a regular basis. This coordinated effort helped create better agility and responsiveness in office governance. It also facilitated the timely establishment or closing of temporary offices and guesthouses, including changes of office types when required. While this contribution strengthened UNICEF field presence and facilitated programme delivery, it is worth noting that the process was accompanied by a sound risk management and financial accountability framework.

## **Challenges**

The delay in visa processing for Afghanistan and the Bolivarian Republic of Venezuela (and subsequent lack of immediate additional human resources in these countries) negatively impacted UNICEF's ability to respond to the operational needs in a timely way. On the programmatic side, the delay in finalization of emergency response plans (whereby sectoral interventions could be integrated into a single document) jeopardized development of operational intervention strategies when country offices were scaling up their humanitarian responses.

# Information and communications technology

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## **Commitment 1: Information and communications technology infrastructure and solutions are deployed in a timely manner, supporting efficient programme implementation and staff security**

In 2021, UNICEF's information and communications technology (ICT) function supported the organization's operations in each of its humanitarian responses. This included UNICEF's global response to the COVID-19 pandemic.

Despite travel restrictions, and to ensure the continuity of life-saving services, direct support for emergency preparedness and response was provided to nine countries: Afghanistan, Armenia, Ethiopia, Eritrea, Haiti, Indonesia, Lebanon, Madagascar and Mongolia. In Mongolia, UNICEF is leading the Emergency Telecommunications Cluster and is supporting a preparedness exercise with the Government. In Armenia, Eritrea, Indonesia and Madagascar, access to the global emergency stock was used to support response efforts and provide life-saving services.

## **Commitment 2: Information and communications technology personnel have the capacity to respond to emergencies in line with Telecoms Security Standards and inter-agency standards**

UNICEF continued its ICT emergency capacity-building efforts to enhance emergency preparedness and response. Due to pandemic-related travel restrictions, the team developed the online Emergency Telecommunications Training (ETT) e-Learning Series, a course composed of one introductory and four core e-learning modules. As of 31 October 2021, the course had been accessed by 1,045 learners (244 UNICEF staff members and 801 individuals from other humanitarian partner organizations).

The ICT Division actively participated in 230 internal and external emergency coordination activities in 2021 and provided technical guidance to field offices and external partners.

## **Challenges**

In 2021, the annual emergency telecoms face-to-face training did not take place due to pandemic-related restrictions. And while UNICEF quickly adapted and developed virtual training modules, time constraints meant that not all ETT modules were included in these adaptations, and a core component – the hands-on exercises – did not take place. To make sure staff continue to develop required emergency skills vis-à-vis telecommunications, UNICEF will work with partners to organize a face-to-face ETT event in 2022.

In 2021, the ICT team experienced a high rotation of staff that affected the implementation of its 2021 workplan. Recruitment of new staff should address this challenge in 2022.

# Abbreviations and acronyms

ACTA	Access to COVID-19 Tools Accelerator	JIAF	Joint Intersectoral Analysis Framework
ANC	antenatal care	MHH	menstrual health and hygiene
BIA	Best Interests Assessment	MHPSS	mental health and psychosocial support
BID	Best Interests Determination	MRM	Monitoring and Reporting Mechanism
CCD	Care for Child Development	NGO	non-governmental organization
CERF	Central Emergency Response Fund	NSNP	National Safety Net Programme
DFAM	Division of Financial and Administrative Management	OPSCEN	Operations Centre
DRR	Disaster Risk Reduction	OSC	Office of Security Coordination
ECD	early childhood development	PMTCT	prevention of mother-to-child transmission
EMOPS	Office of Emergency Programmes	PPE	personal protective equipment
EPP	Emergency Preparedness Platform	PSV	peer support volunteers
ERT	Emergency Response Team	RAM	Results Assessment Module
ETT	Emergency Telecommunications Training	RCCE	risk communication and community engagement
GSSC	Global Shared Services Centre	RUTF	ready-to-use therapeutic food
HAC	Humanitarian Action for Children (appeal)	SLA	Service Level Agreements
IASC	Inter-Agency Standing Committee	SPIAC-B	Social Protection Inter-Agency Cooperation Board
ICT	information and communication technology	UNDSS	United Nations Department of Safety and Security
IFRC	International Federation of Red Cross and Red Crescent Societies	UNHCR	Office of the United Nations High Commissioner for Refugees
IPC	infection prevention and control	UNSMS	United Nations Security Management System
IYCF	infant and young child feeding	WASH	water, sanitation and hygiene
IOA	Integrated Outbreak Analytics	WSC	WASH Severity Classification
IOM	International Organization for Migration		

# Annex 1: Global Humanitarian Thematic Funding 2021



Mozambique, 2021

Ana José, 38, stands with some of her family in the Pachinuapa temporary shelter centre, Nangua B locality, in Metúge district, Cabo Delgado Province, Mozambique. They were among more than 100,000 people displaced from Palma, a town on the northeast coast of the province, after attacks there by non-state armed groups in March 2021. Quality funding helped UNICEF and its partners to support displaced families in Nangua B camp with the distribution of hygiene kits and the construction of latrines and handwashing stations.

# ABOUT GLOBAL HUMANITARIAN THEMATIC FUNDING

UNICEF relies on [voluntary contributions](#) to uphold its mission of reaching every child. Sufficient levels of quality funds can support effective preparedness and the timely response to humanitarian and protection needs, particularly for the most vulnerable people. UNICEF thematic contributions – one type of funding – are pooled, flexible multi-year funds to support the [UNICEF Strategic Plan, 2018–2021](#), including humanitarian action. [Global humanitarian thematic funding \(GHTF\)](#) is, after the [core resources for results \(regular resources\)](#), the most flexible form of funding, because it

allows for rapid and strategic responses by UNICEF to humanitarian crises. GHTF makes it possible for UNICEF to deliver assistance to the most vulnerable children when and where it is needed, in a timely and effective manner. Such flexibility is particularly important during responses to sudden-onset emergencies because funding is often required immediately, and to efforts in protracted emergencies, where needs are chronic – yet urgent – and the world’s attention may be far away.

## WHY INVEST IN GLOBAL HUMANITARIAN THEMATIC FUNDING?

Global humanitarian thematic funding can be one of the best mechanisms to save lives, protect rights and secure a better, healthier and safer future for children and their communities, because it allows UNICEF and its partners to:



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



**Speedily 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 subregional crises.



**React faster** in underfunded/forgotten emergencies to flexibly address immediate or ongoing critical needs when it is difficult to attract international attention and funding.



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



**Ensure more cost-effective response** because every US\$1 invested in preparedness reduces response cost by US\$2, and investment in preparedness can make responses faster by an average of 14 days.



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

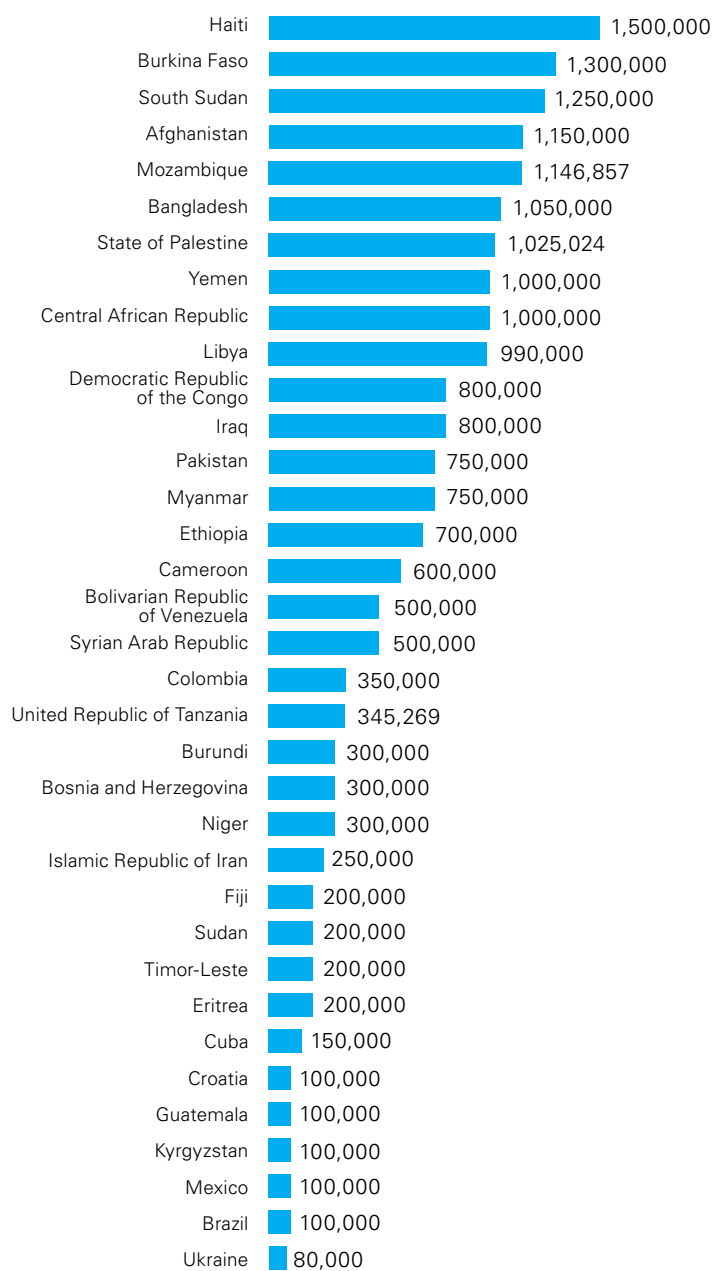


**Ensure a higher quality response** by allowing for strategic and efficient allocation based on clear criteria and priorities. Through quality assurance processes along with robust technical assistance, UNICEF can ensure timely and high-quality results for the most vulnerable children.

# GLOBAL HUMANITARIAN THEMATIC FUNDING ALLOCATIONS

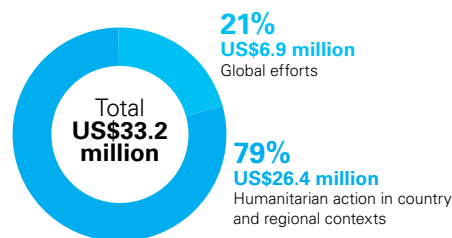
In 2021, UNICEF allocated US\$33.2 million of programmable global humanitarian thematic funding for humanitarian action. Of this, 79 per cent supported humanitarian response in the country and regional offices and 21 per cent supported other global coordination and technical support efforts provided to the field. In addition to this, a critical reserve of US\$1.5 million was maintained for response to unforeseen emergencies.

**Figure A1-1: Global humanitarian thematic funding country-level\* allocations, 2021 (in US dollars)**



\* This figure excludes regional and global-level allocations.

**Figure A1-2: Breakdown of programmable global humanitarian thematic funding allocations, 2021\***



\* Amounts shown may not add up due to rounding.

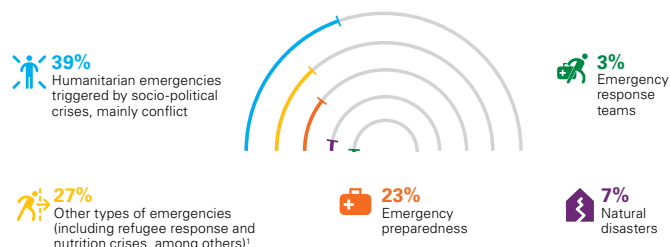
For sudden-onset crises, GHTF can make all the difference for children in the first days and weeks; and GHTF funding is considered the 'last resort' for emergencies that are forgotten or whose responses have a chronic or significant lack of adequate resources. The allocation of GHTF serves as life-saving catalytic funding that can kick-start responses to sudden-onset emergencies; scale up operations in escalating crises; fill temporary funding gaps to avoid interruption in critical operations, especially in protracted, less-visible crises; and ensure the delivery of essential field support.

Twenty-seven per cent of all country- and regional-level GHTF allocations in 2021 went to nine underfunded emergencies with an average funding shortfall of 73 per cent of the required funds: Burkina Faso, Cameroon, the Democratic Republic of the Congo, Eritrea, Haiti, Kyrgyzstan, Libya, Mozambique (Cabo Delgado crisis) and Myanmar.

The largest allocations of GHTF in 2021 went to responses in Afghanistan, Bangladesh (Rohingya crisis), Burkina Faso, the Central African Republic, Haiti, Mozambique, South Sudan, State of Palestine and Yemen.

In 2021, US\$8.2 million, or 39 per cent of the country-level allocations, supported complex humanitarian situations triggered by socio-political crises, mainly conflicts, while US\$1.5 million, or seven per cent of these allocations, supported natural disasters. It is notable that nearly US\$4.8 million (23 per cent of all country-level allocations) supported emergency preparedness and response work.


**Figure A1-3: Country-level allocations by emergency type and emergency response teams, 2021 (in US dollars)**






<sup>1</sup> This category includes protracted crises with ongoing high humanitarian needs without notable escalation of the situation and multi-dimensional crises whose primary drivers are composed of multiple factors, and includes life-saving interventions in WASH, child protection (gender-based violence), nutrition and responses for refugees and internally displaced persons.

# ALLOCATION CRITERIA

A senior-level allocations committee within UNICEF governs global humanitarian thematic funding allocations based on established criteria, with final approval given by the Deputy Executive Director, Programmes. A set of clear criteria is used to allocate GHTF at all levels – country, regional and global. Criteria include:

 Alignment with organization-wide initiatives aimed at strengthening the efficiency and effectiveness of UNICEF humanitarian action (e.g., the Humanitarian Review recommendations and the revised Core Commitments for Children in Humanitarian Action). Other examples of this 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.

-  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 record of regular country programmes

## GHTF ALLOCATION CRITERIA EXAMPLES<sup>2</sup>

### Burundi

**GHTF allocation:**  
**US\$300,000**



- Natural disasters, including major flooding, resulted in significant damage to 14,000 affected households that are home to an estimated 70,000 people and impacted basic social services, with the partial or total destruction of schools and health facilities. In the wake of internal displacement and relocation, children and women were at high risk of violence and other protection violations.
- With only 36 per cent of the humanitarian appeal for Burundi funded, and with significant gaps in supplies, GHTF was crucial for helping to meet the many needs of affected people, including their access to WASH services and educational and safe spaces, and to meet their need for immediate food and nutritional assistance.

*In March 2021, a child gathers water at a camp for internally displaced people in Gatumba, near Bujumbura, Burundi.*

### Cameroon

**GHTF allocation:**  
**US\$200,000**



- A worsening humanitarian crisis that affected 9 out of the 10 regions in Cameroon in 2021 left 4.4 million people (including 2.3 million children) in need of humanitarian assistance. The crisis displaced thousands of people. Needs mainly driven by increased armed conflict and inter-communal violence, refugee influx, disease outbreaks and flooding were further exacerbated by the COVID-19 pandemic.
- With only 23 percent of the total humanitarian appeal for Cameroon funded and no additional funds forecast at the time of allocation, GHTF was crucial for supporting the critically underfunded sectors of nutrition, WASH, social protection and health, allowing UNICEF to expand its capacity to deliver life-saving interventions to the most vulnerable in Cameroon.

*Mothers and their babies come together for a UNICEF-supported nutrition activity in their community in Bertoua, in the East Region of Cameroon. The project improves access to nutrition services, in the context of the COVID-19 pandemic, by strengthening community-level interventions.*

### Cuba

**GHTF allocation:**  
**US\$150,000**



- Many Cubans experienced multiple humanitarian risks linked to the severe impact of the COVID-19 pandemic, the country's economic crisis and shortages of food, basic supplies and medicine. Against this backdrop, an unprecedented situation of civil unrest exacerbated people's vulnerability to natural hazards (e.g., hurricanes and earthquakes) and limited the country's capacity to respond to new emergencies.
- Flexible funding through the Co-Funding Initiative enabled preparedness actions (including pre-positioning of critical items) and helped strengthen the capacity of families and communities to face potential crises.

*In 2021, Dayana, 3, masks up to play in the street in the Regla neighbourhood of Havana, Cuba. As the country continued to face a complex epidemiological situation linked to the COVID-19 pandemic, as well as other risks such as natural disasters, UNICEF scaled up preparedness efforts, increasing and diversifying the pre-positioning of critical items.*

<sup>2</sup> Allocation amounts provided in these examples cover one allocation per country, so may not match total allocation amount provided in Figure A1-1, "Global humanitarian thematic funding country-level allocations, 2021".

## Kyrgyzstan

**GHTF allocation:**  
**US\$100,000**



© UNICEF/2021/Kyrgyzstan

Aibek, 15, in Kyrgyzstan. Aibek and other adolescents face many challenges and are in urgent need of protection.

- There was an urgent need to meet the humanitarian needs and reintegration of children being repatriated to Kyrgyzstan from Iraq, the Syrian Arab Republic and other areas with ongoing armed conflicts. By the end of January 2021, an estimated 79 Kyrgyz children in Iraq were staying in orphanages (or, for the younger children, in prison with their mothers) and were scheduled to be repatriated in the following weeks.
- There was a critical funding gap, with no funds received for the humanitarian appeal and no additional funds forecast at the time of allocation. GHTF was critical to support repatriation, case management, reintegration support, mental health and psychosocial support and targeted supplementary education support for children who had received little or no education to date.

## Myanmar

**GHTF allocation:**  
**US\$250,000**



© UNICEF/UN04635613/Htet

Ma Nilar Than, 42, withdraws cash from a Wave Money agent shop in Hlaing Thar Yar Township in November 2021. UNICEF partnered with Wave Money, a mobile financial services provider in Myanmar, to deliver cash transfers to targeted populations.

- The deteriorating humanitarian situation in Myanmar was marked by a military coup in February 2021; conditions forced the displacement of 320,900 people nationwide. Households faced significant decreases in or total loss of income. As basic food prices increased, household food consumption significantly worsened, causing families to turn to negative coping strategies, including sending their children to work for income, which can severely impact children's well-being.
- With only 35 per cent of the humanitarian appeal funded, GHTF provided crucial unconditional multipurpose cash transfers to crisis-affected pregnant and lactating women, children under age 2 and children with disabilities through the Humanitarian Child Grant programme. This bolstered household income, helped provide for children's basic needs and reduced the need to utilize negative coping strategies.

## Pakistan

**GHTF allocation:**  
**US\$400,000**



© UNICEF/2021/Pakistan/Aslam

Rukhsana Naseer, a Lady Health Visitor, explains the use of multiple micronutrients to the mother of Hareem, an 18-month-old baby girl. These nutrition services are supported by UNICEF, which has helped the Department of Health to establish nutrition centres in basic health units in rural areas of Punjab Province in northeastern Pakistan.

- Humanitarian needs in Pakistan in 2021 increased primarily due to the COVID-19 pandemic, a chronic nutrition crisis and recurrent natural disasters. Some 10.5 million people, including 5.5 million children, are in need of humanitarian assistance. More than one third of households are food insecure, and 18.3 per cent of households are severely food insecure.
- Because the nutrition sector faced critical funding gaps, GHTF was urgently required to scale up treatment for severe acute malnutrition using the community management of malnutrition approach, for delivering services at both the facility and community levels and for supporting outreach and mobile approaches where permanent health facilities are not available.

## State of Palestine

**GHTF allocation:**  
**US\$400,000**



© UNICEF/UN0463028/EI Baba

A Palestinian girl readies to fill a jerrycan with clean drinking water in May 2021. Since the escalation of hostilities in the Gaza Strip began on 10 May 2021, 40 Palestinian children have been killed, with many more injured and displaced. Even prior to this escalation, 1 in 3 children in the Gaza Strip required psychosocial support for conflict-related trauma.

- A worsening protracted, highly complex and multifaceted crisis with 2.3 million people in need of humanitarian assistance, including 1.1 million children, has been compounded by the rise of tensions and violence in the West Bank, specifically in East Jerusalem, and by the escalation of hostilities in the Gaza Strip. The impact of the COVID-19 pandemic has put the country's already weak health system at risk of total collapse.
- Because funding for humanitarian actors remained constrained due to the political impasse, and with only 12 per cent of the humanitarian appeal funded at time of allocation, GHTF was invaluable in shoring up critical, life-saving WASH, education and child protection programmes in both the West Bank and Gaza Strip.

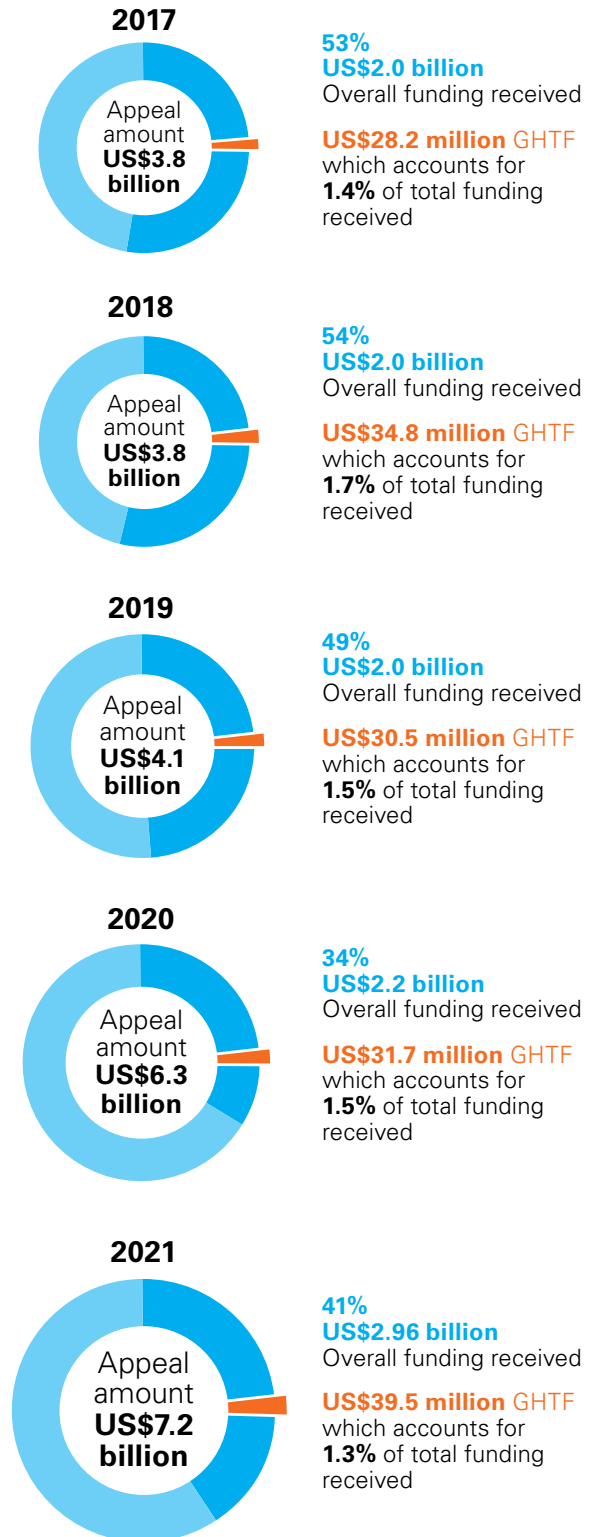


# 2021 GLOBAL HUMANITARIAN THEMATIC FUNDING AT A GLANCE

In 2021, UNICEF raised US\$39.5 million in global humanitarian thematic funding, a 25 per cent increase compared with 2020. However, the percentage of total humanitarian funding received as GHTF remained extremely low, 1.3 per cent of the overall humanitarian contributions received in 2021, the lowest percentage of the last five years. The majority of humanitarian funding (86 per cent of the total amount received<sup>3</sup>) remains strictly earmarked and heavily concentrated on a small number of emergencies,<sup>4</sup> which impedes UNICEF's ability to respond equitably, effectively and rapidly to the humanitarian needs of all vulnerable children. UNICEF advocates for more investment in GHTF from its resource partners to address this growing concern about the levels of flexibility for humanitarian response.

The Government of the Netherlands continued to be the top supporter of GHTF, providing more than half of the total funding received. At the same time, the main driver of the increased absolute levels of GHTF funding in 2021 came from private sector fundraising from UNICEF country offices. Of public sector resources partners, the Governments of Denmark, the Netherlands and the Republic of Korea increased their contributions to GHTF in 2021 compared with 2020.<sup>5</sup>

Figure A1-4: UNICEF humanitarian funding trends, 2017–2021



<sup>3</sup> Of the total funds received in 2021, 86.2 per cent represent non-thematic humanitarian funds to UNICEF. The remaining funds are comprised of the various levels of flexible thematic funding: 1.3 per cent in global humanitarian thematic funds, 0.2 per cent in regional humanitarian thematic funds and 12.3 per cent in country thematic funds.

<sup>4</sup> Sixty-eight per cent of all humanitarian funding supported the top 10 most high-profile emergencies.

<sup>5</sup> By order of contribution amount: the Netherlands (7 per cent increase), Republic of Korea (100 per cent increase) and Denmark (12 per cent increase).

# BANGLADESH

**In all programme areas, global humanitarian thematic funding played a catalytic role in meeting the needs of vulnerable children and their families in Bangladesh, including Rohingya refugees in Cox’s Bazar District.**

By the end of 2021, Bangladesh was hosting 918,841 Rohingya refugees from Myanmar (52 per cent children) in 34 camps in Cox’s Bazar District and on the island of Bhasan Char. The conditions in the Rohingya camps and in Bhasan Char are complex and meeting Rohingya refugees’ time-critical and life-saving needs remains challenging. A fire in March 2021 that severely affected several refugee camps in Cox’s Bazar deepened humanitarian needs. As the impact of the COVID-19 pandemic continued to adversely affect vulnerable children and their families in 2021, GHTF enabled UNICEF to ensure continuation of services and meet humanitarian needs in all programme areas.

Thanks to GHTF, UNICEF and partners reached 125,000 Rohingya beneficiaries (51 per cent female, and including 3 per cent people with disabilities) with access to safe water and sanitation and with hygiene promotion. In host communities, a total of 30,000 people (50 per cent female, and including 1 per cent people with disabilities) benefitted from hygiene promotion activities and from 6,304 latrines in the Ukhiya, Teknaf, Cox’s Bazar Sadar, Ramu, Chakaria and Pekua upazilas (subdistricts).

As part of its education response, UNICEF and partners used GHTF to implement home-based, caregiver-led education activities and repair and maintain learning centres. The funds also supported capacity development activities for partners and learning centre management committees. To support a safe school reopening in the context of the COVID-19 pandemic, GHTF also helped provide teacher training and hygiene materials to 657 government primary schools serving host communities throughout Cox’s Bazar District. As a result, a total of 231,578 children (52 per cent girls, and including 1 per cent children with disabilities) continued their education despite pandemic-related interruptions to learning; and 138,022 children (49 per cent girls) were



**Bangladesh**

Rohima Akter, 13, a Rohingya refugee girl, practices writing in the Burmese language at a UNICEF-supported learning centre in Cox’s Bazar.

supported through caregiver-led home-based learning in safe and protective environments. After the Rohingya refugee camp fire in March 2021, GHTF was pivotal in enabling UNICEF and partners to reconstruct 142 learning centres, two multipurpose centres, a teacher resource centre and 44 WASH facilities destroyed by the fire.

**Humanitarian thematic funding including GHTF contributed to the following results in 2021:**



**125,000 Rohingya beneficiaries** accessed safe water, sanitation and hygiene promotion activities



**231,578 children** continued accessing education despite the impact of the COVID-19 pandemic



**142 learning centres** were reconstructed

# CENTRAL AFRICAN REPUBLIC

**Global humanitarian thematic funding catalysed delivery of an integrated package of life-saving health and nutrition services (free essential care, immunization and screening and treatment for malnutrition) in the hardest-to-reach conflict-affected communities in the Central African Republic.**

Despite the peace agreement signed in 2019, the combined impacts of enduring violence, epidemics, structural fragility and economic downturn due to the COVID-19 pandemic left 2.8 million people (57 per cent of the population) in the Central African Republic in need of humanitarian assistance in 2021, including 1.3 million children and 430,000 people with disabilities. The security deterioration and socioeconomic impacts of the pandemic restricted access to food and essential health care and services, deepening the vulnerability of crisis-affected populations, especially in hard-to-reach areas.

Thanks to GHTF, UNICEF and Médecins d’Afrique implemented an emergency health and nutrition mobile clinic project. This provided an integrated package of life-saving services to conflict-affected people in hard-to-reach areas in the southeast along the Rafai-Dembia, Alindao-Mingala and Mobaye-Zangba road axes in Mbomou and Basse-Kotto prefectures.

By the end of December 2021, midway through the project, 12,442 children under 15 years of age had received free treatment, mostly for malaria, acute respiratory infections and diarrhoea. In addition, a total of 2,028 children under 5 years of age were treated for malnutrition (including 760 for severe acute malnutrition and 1,268 for moderate acute malnutrition); 790 children under 12 months of age were vaccinated against measles and other childhood diseases, 759 pregnant and 1,008 lactating women received free consultations and 3,657 individuals from the general population received free essential care. Forty-five local health workers received training and were supported with incentives.



**Central African Republic**  
Sadrack, Mezac, Adenego and Warren joyfully fill their UNICEF-provided cans at a water point in the Doloko neighbourhood of Bangui, Central African Republic, in January 2021.

Humanitarian thematic funding including GHTF contributed to the following results in 2021:



**12,442 children** received free treatment for illnesses



**760 children** were treated for severe acute malnutrition



**759 pregnant and 1,008 lactating women** received free consultations

## EAST ASIA AND PACIFIC

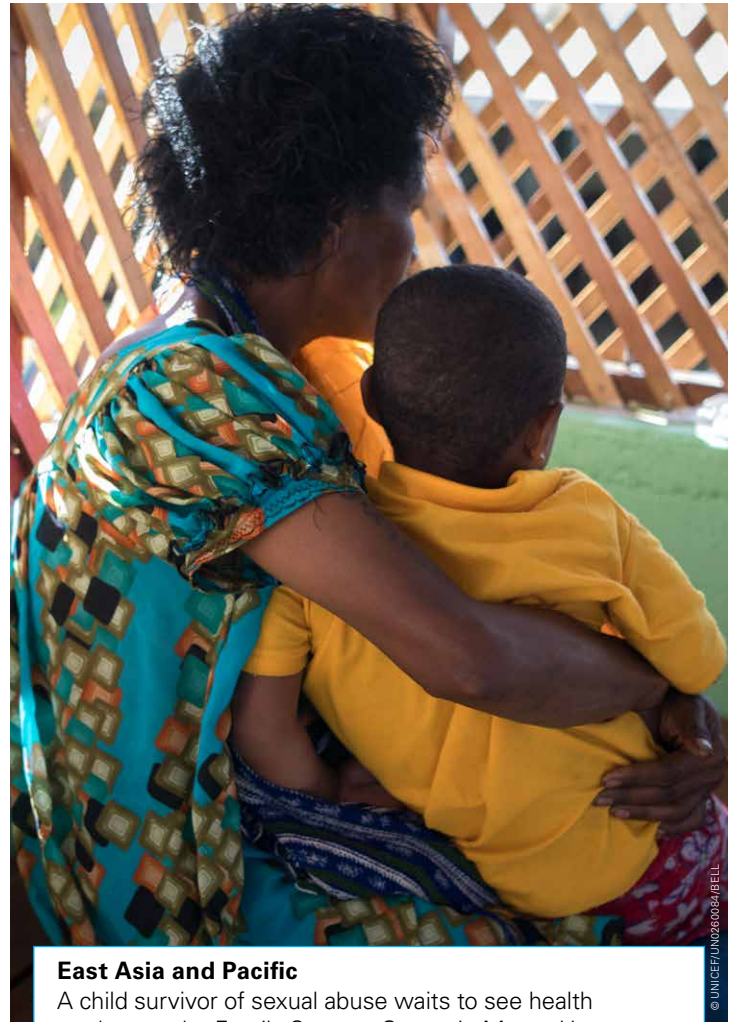
**In the East Asia and Pacific region, global humanitarian thematic funding was instrumental in strengthening prevention and response to sexual and gender-based violence regionally and in Cambodia, Papua New Guinea and Viet Nam.**

In 2021, natural hazards, civil unrest, displacement and protracted conflicts and the impact of the COVID-19 pandemic continued to affect the lives of women and children and increase their vulnerabilities throughout the East Asia and Pacific region. UNICEF leveraged GHTF to enhance its actions together with partners to prevent, mitigate and respond to sexual and gender-based violence.

In **Cambodia**, GHTF enabled translation of the global gender-based violence response pocket guide app into the Khmer language. This guide was used to train 600 social workers and quarantine centre staff on gender-based violence risk mitigation and response in the three provinces with the highest numbers of migrants returning from Thailand. As a result, community members, especially girls and women, have benefitted from information and referrals to gender-based violence response services, risk mitigation and awareness raising activities.

In **Papua New Guinea**, UNICEF used GHTF to support the operationalization of the national toll-free gender-based violence helpline 1-Tok Kaunselin Helpim Lain. This included its expansion to a 24-hour service and support for case management practices and standards. While many services for gender-based violence were suspended or scaled down due to the COVID-19 pandemic, the service filled a critical gap for women and children experiencing violence and abuse. The helpline recorded more than 11,000 instances of violence in 12 months. UNICEF support also helped ensure 1,349 children (609 girls, 740 boys) and 3,731 adults (1179 females, 1948 males) were able to access the helpline and were provided with case management and mental health and psychosocial support services.

In **Viet Nam**, thanks to GHTF, UNICEF supported 600 women and child survivors of violence to access telephone counselling and mental health and psychosocial support. This included



### East Asia and Pacific

A child survivor of sexual abuse waits to see health workers at the Family Support Centre in Mount Hagen, Western Highlands Province, Papua New Guinea, in 2018.

referrals for safe shelter and accommodation and other services. UNICEF supported the training of 800 social welfare officers, child protection officers and national gender-based violence helpline staff on case management for gender-based violence and child protection in emergencies. In response to the COVID-19 pandemic and flooding, UNICEF provided 660 women and children with dignity kits, including sanitary napkins, hygiene products and information on how to access gender-based violence services and support for survivors of violence.

### Humanitarian thematic funding including GHTF contributed to the following results in 2021:



**600 social workers and quarantine centre staff** were trained

on gender-based violence risk mitigation and response in Cambodia



**1,349 children**

accessed protection services in Papua New Guinea through a gender-based violence helpline



**600 women and child survivors** of

violence accessed telephone counselling and mental health and psychosocial support in Viet Nam

# HAITI

**In Haiti, global humanitarian thematic funding enabled the rapid provision of emergency care for the victims of the August 2021 earthquake through direct support for medical supplies to hospitals and deployment of mobile clinics to remote areas.**

More than 12,700 people were wounded and approximately 2,300 people died as a result of the 7.2 magnitude earthquake that hit the southern region of Haiti in August 2021. Additionally, more than 60 per cent of the health infrastructure (97 health facilities) in these regions was destroyed or damaged, leaving thousands of women and children in urgent need of emergency primary health care assistance.

Thanks to GHTF contributions, UNICEF delivered 135 emergency medical kits to 28 health facilities; deployed 24 teams to run mobile clinics in 18 highly affected and remote municipalities; installed

more than 30 tents to enable temporary resumption of primary health care at 27 damaged health facilities; and established an electronic system for data monitoring via tablets distributed to mobile teams and health directorates.

The flexible funding also enabled UNICEF to provide emergency essential health care to more than 24,000 vulnerable children, women and their families affected by the earthquake during the four months that followed. Overall, in 2021, 192,000 children and women received primary health care services in UNICEF-supported facilities and through community health interventions, including integrated management of childhood illnesses, immunization, maternal health care, HIV/AIDS services and adolescent care. The flexibility of GHTF has positioned UNICEF in Haiti as a key partner of the Government for restoring and maintaining continuity of basic health care for vulnerable Haitian children, pregnant women and their families.



**Haiti**  
A woman and her baby are seen at a mobile clinic for displaced people in Haiti in May 2022. UNICEF has partnered with the Ministry of Public Health and Population to deploy mobile clinics to the regions of Haiti most affected by the August 2021 earthquake.

Humanitarian thematic funding including GHTF contributed to the following results in 2021:

**135 emergency medical kits** were delivered to health institutions

**24 mobile teams** were deployed in remote municipalities

**192,000 children and women** received essential emergency health-care services

# IRAQ

**Thanks to flexible humanitarian thematic funding, in 2021 UNICEF was able to sustain key WASH and adolescent programme interventions for vulnerable Iraqis who are internally displaced, for returnees and for children and families from the host communities.**

An estimated 2.5 million people, including 1.1 million children, need humanitarian assistance in Iraq. Of these, 961,000 people are in acute need. Decreased humanitarian funding for Iraq and low government resource allocations for social services constrained humanitarian action in the country in 2021, in particular programming for adolescents and for water, sanitation and hygiene. Flexible humanitarian thematic funding helped fill critical gaps in programmes and ensure continuity of life-saving services.

Children in Iraq make up 48 per cent of the country’s population, while youth aged 15–24 years account for 20 per cent of the population. On top of the country’s challenging humanitarian and socioeconomic situation, insecurity and a longstanding political stalemate continued to negatively affect children and young people in Iraq throughout 2021. Thanks to flexible humanitarian thematic funds, including global humanitarian thematic funding, UNICEF reached 15,054 young people (8,197 girls) with learning and skills-building services that covered life skills, digital skills and employability and entrepreneurship skills.

Flexible humanitarian thematic funds also permitted a quick UNICEF response to critical WASH needs. Thanks to this particularly flexible source of funding, UNICEF ensured the provision of safe water and sanitation services in the seven camps for internally displaced persons in Ninewa Governorate and in the city of Sulaymaniyah, reaching a total of 30,472 individuals (15,530 women and girls). To address water turbidity and river contamination in the Kirkuk and Ninewa Governorates, UNICEF reached a total of 71,727 affected people (36,500 women/girls and 33,000 children) with water purification materials that included 180 tons of chlorine gas, 40 tons of calcium hypochlorite and around 250 tons of aluminium sulphate.



## Iraq

In March 2022, Yazidi girls wash their hands in a child-friendly space in Shekhan camp for internally displaced persons in Dohuk Governorate, Iraq.

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**Humanitarian thematic funding including GHTF contributed to the following results in 2021:**



**15,054 young people** (8,197 girls) reached with learning and skills-building services



**30,472 individuals** (15,530 women/girls) accessed safe water and sanitation services



**71,727 affected people** (36,500 women/girls) benefited from water purification materials

# REFUGEE AND MIGRANT RESPONSE IN EUROPE

**In response to the refugee and migrant crisis in Europe, global humanitarian thematic funding was invaluable in giving UNICEF flexibility to address emerging priorities and provide basic services, supplies and systematic capacity building to help ensure that children on the move in this region could realize their rights.**

The year 2021 was marked by a 75 per cent increase from 2020 levels in the number of refugees and migrants arriving in Europe, with the majority coming from Afghanistan, Iraq and the Syrian Arab Republic and from north Africa and sub-Saharan Africa. In total, some 165,500 new arrivals, including 23,000 children, made the dangerous journey to Europe. Because the humanitarian response to this influx of people was unevenly funded in receiving countries, GHTF was critical for enhancing preparedness and ensuring a rapid response to adequately address the urgent needs of refugee and migrant children, regardless of their country of reception. Activities included bolstering and filling such critical social service gaps as gender-based violence and protection services, gaps that were the result of overstretched national services, the socioeconomic impacts of the COVID-19 pandemic and the increased refugee influx.

In **Italy**, GHTF was key to strengthening UNICEF’s gender-based violence prevention, mitigation and response interventions to support refugee and migrant women and girls facing difficulties caused by the COVID-19 pandemic. UNICEF provided prevention and response services to nearly 1,300 survivors of gender-based violence and individuals at risk of such violence, through outreach interventions and safe spaces in Calabria, Rome and Sicily and in border areas. Additionally, more than 20,000 individuals were reached with reliable information on gender-based violence risks and services.

In **Bulgaria**, UNICEF used GHTF to facilitate preparedness and further strengthen capacities to address some of the most critical gaps in the provision of gender-based violence and protection services, integrating support for refugee and migrant children into the national child protection and welfare system. As result, a total



## Bosnia and Herzegovina

Children play at Sedra Temporary Reception Centre in Una Sana Canton, Bosnia and Herzegovina, in May 2021. At Sedra, UNICEF supports children with families as well as unaccompanied children with 24-hour protection and a variety of programmes, including the Mother and Baby Corner, the Children’s Corner and the Youth Corner, and by providing non-formal education for children.


of 317 frontline workers and representatives of non-governmental organizations, state institutions and staff from United Nations agencies were trained on gender-based violence prevention and response, and 3,617 refugee and migrant children accessed gender-based violence services.

In **Bosnia and Herzegovina**, UNICEF provided essential non-food items to 504 children in temporary reception centres, including 151 children in Una-Sana Canton, 193 children in Sarajevo Canton and 160 children in various outreach locations – all thanks to humanitarian thematic funds, including GHTF. This flexible funding also facilitated the establishment in temporary reception centres with 24/7 core care services for children on the move; it provided for child-friendly spaces, case management, referrals and mental health and psychosocial support services even with the funding gaps in 2021.

## Humanitarian thematic funding including GHTF contributed to the following results in 2021:



More than **20,000 people** reached with reliable information on gender-based violence risks and services in Italy



**3,617 refugee and migrant children** accessed gender-based violence services in Bulgaria



**504 refugee children** received non-food items in Bosnia and Herzegovina

# SOUTH SUDAN

**In South Sudan, humanitarian thematic funding was crucial in meeting the multidimensional needs of crisis-affected populations and enabling capacity development for long-lasting and sustainable efforts.**

As a result of the COVID-19 pandemic, a spike in intercommunal violence, floods and the arrival of desert locusts, more than 8.3 million people were in need of humanitarian assistance in South Sudan in 2021. Overall, there was a significant increase from 60 per cent of the population in need of aid in 2020 to 66 per cent in 2021. In this humanitarian context, and with limited humanitarian funding at the beginning of 2021, GHTF was crucial to emergency programming in the WASH, child protection, nutrition and education sectors.

As part of the WASH response, for example, and thanks to GHTF, UNICEF procured 9,000 containers for households to provide 54,000 emergency-affected people with water storage and collection containers. In response to the subnational conflict in Tambura County, Western Equatoria that resulted in the

displacement of 90,000 people, using GHTF UNICEF met time-critical needs by providing hygiene items along with related messaging to 27,000 internally displaced people; sanitation and handwashing facilities in three camps for the internally displaced; and water supply for 14,500 internally displaced people.

Life-saving child protection interventions were funded in part by GHTF together with other flexible thematic funds. UNICEF and partners reached 256,522 individuals (91,625 girls; 93,321 boys; 40,358 women; 31,218 men) with critical services including case management, family tracing and reunification, mental health and psychosocial support, support to children associated with armed forces and armed groups, prevention of and response to gender-based violence and explosive ordnance risk education. GHTF also supported UNICEF's work on capacity development with the country task force on monitoring and reporting. Altogether, it enabled 29 capacity building sessions for 790 members (111 women) of the armed forces, and 3,236 members of the security forces (773 women) benefited from 179 child protection awareness-raising sessions.



**South Sudan**  
In October 2021, a woman and a child pump water at the only available borehole (water hand pump), which stands in the middle of a flooded area of Panyagor, in Twic East County in Jonglei State, South Sudan.

Humanitarian thematic funding including GHTF contributed to the following results in 2021:



**54,000 emergency-affected people** received water storage and collection containers



**27,000 internally displaced people** benefited from non-food items and messaging on WASH services



**256,522 caregivers and children** accessed life-saving child protection interventions



# PREPAREDNESS FOR HUMANITARIAN ACTION



## Uganda

Jana Peter (in striped t-shirt) and his family pose for a picture in Akwangelit, in the Serere District of eastern Uganda, in April 2022. The family was displaced by floods in this district, which is prone to natural disasters. UNICEF, in partnership with World Vision and the Office of the Prime Minister, is training members of Serere District Disaster Management Committee and the Sub-County Disaster Management Committee to strengthen emergency preparedness and response.

UNICEF has two dedicated funding initiatives for emergency preparedness, the First Action Initiative and the Co-Funding Initiative. These initiatives have enabled important investments in the preparedness capacity of UNICEF and partners. In 2021, global humanitarian thematic funding was a critical source of funds for these two important emergency preparedness initiatives.

The First Action Initiative rapidly increases UNICEF's standing capacity to deliver an initial life-saving response to a likely humanitarian crisis. It offers an innovative investment portfolio approach to emergency preparedness, providing the foundational seed investments needed to meet risk levels with appropriate readiness and capacity to undertake early action. The First Action Initiative also contributes to a more environmentally sustainable approach, because investments are expected to result in significant savings in terms on funding, time and carbon dioxide emissions (due to pre-positioning of supplies in key areas).

The Co-Funding Initiative provides seed money to regional and country offices for preparedness interventions. This funding mechanism offers valuable opportunities to strengthen

cooperation on preparedness with government actors and partners and can help country offices and partners to better link their development and humanitarian programming through preparedness. Actions are focused on preparedness to enable early action for an initial life-saving response. Interventions supported typically include a combination of activities, such as the establishment of contingency partnerships, risk communication and community engagement activities, emergency supply pre-positioning and support to government planning, coordination and monitoring. Gender considerations and gender-based violence mitigation efforts are included in all interventions.

In 2021, UNICEF made US\$4.4 million in preparedness funding allocations through the First Action Initiative and the Co-Funding Initiative, funded primarily with GHF. These allocations were matched by US\$2.8 million from UNICEF regional and country offices (through the Co-Funding Initiative), and altogether provided support to 19 country offices.

## BURKINA FASO

In 2021, the situation in Burkina Faso remained complex, with increasing security challenges and 3.5 million people in need of humanitarian assistance, including 2.1 million children. Attacks by non-state armed groups persisted during the year, with a total of 733 incidents and 1,280 victims (14 children) recorded between January and December 2021. The intensification of hostilities resulted in the disruption or unavailability of essential services, reduced access to livelihoods in the most affected areas and led to substantial displacement. Nearly 1.6 million people were internally displaced throughout 2021, 62 per cent of them children.

With a critical funding gap for responding to the protracted emergency, the UNICEF country office's standing capacity to respond to new crises was limited. Through the Co-funding Initiative, UNICEF Burkina Faso received a US\$400,000 contribution to support supply and logistics preparedness measures, including pre-positioning of stocks. Thanks to these funds, 900 non-food item kits (1 kit per household of 7 people) were immediately purchased to provide rapid assistance to newly displaced people in several regions. Kits included kitchen items, mosquito nets, blankets, plastic mats, water bucket and a plastic basin, soap, solar lamp, plastic sheet and rope. Some of the kits



### Burkina Faso

Maiga Zonaba, a 36-year-old mother of seven, sits with her family in Barsalogo, in the Centre-Nord region of Burkina Faso, in December 2021. UNICEF distributed dignity and hygiene kits to the family.

were used at the end of December to provide a joint response with the Office of the United Nations High Commissioner for Refugees (UNHCR) and World Food Programme to displaced people in Bourzanga and the city of Kongoussi in the Centre-Nord region. This stock allowed a more efficient supply chain management of the response to sudden shocks and improved UNICEF's readiness to deliver humanitarian assistance.

## EUROPE AND CENTRAL ASIA

The deteriorating humanitarian crisis in Afghanistan in 2021 posed the risk of refugee outflows to countries in Central Asia and Europe. Security assessments anticipated a surge in conflict and violence in Afghanistan and an outflow of people seeking refuge in the Afghanistan's neighbouring countries: Tajikistan, Turkmenistan and Uzbekistan. By mid-September 2021, more than 2,500 Afghan refugees had been evacuated to Albania, Bulgaria, North Macedonia and Romania, and as of December 2021, Tajikistan and Uzbekistan were hosting 25,000 Afghan people. Noting that these countries continued to be highly prone to natural hazards and that their basic social services and governmental capacities were already overstretched by the COVID-19 pandemic, it was crucial for UNICEF to scale up humanitarian preparedness efforts.

In this context, the UNICEF Regional Office for Europe and Central Asia received US\$500,000 through the Co-Funding Initiative to strengthen its collaboration with Governments and other partners, including UNHCR, to robustly enhance preparedness actions to ensure effective and immediate capacity to respond to a sudden refugee influx of people from Afghanistan into Tajikistan, Turkmenistan and Uzbekistan. Thanks to this flexible funding, UNICEF trained implementing partners in these countries to build preparedness and response capacities and procured and pre-positioned child-centred emergency supplies to ensure access to education, early childhood development, recreation, health, nutrition



### Tajikistan

Shukufa, 15, an Afghan refugee now living in Vakhdat, Tajikistan, seeks to encourage other refugee girls and Tajik girls with her words: "Never lose hope, don't be discouraged, raise your voice and one day you can make your dreams come true" (October 2021).

and WASH services. Tajikistan and Uzbekistan were prepared in this way to cover 10,000 arrivals each, and Turkmenistan to cover 1,000 arrivals. UNICEF's scenario-based approach was in line with the inter-agency Refugee Response Plan for preparedness and response efforts led by UNHCR, in collaboration with other United Nations agencies and humanitarian actors.

## LIBYA

Since 2011, Libya has experienced episodes of instability and armed conflict. By the end of 2021, nearly 803,600 people, including more than 321,400 children, were in need of humanitarian assistance. The overall weak capacity of the Libyan government, coupled with the effects of previous conflicts, has continued to erode strained systems. To meet increasing humanitarian needs, national and local authorities have relied heavily on the international humanitarian architecture for in-kind assistance, coordination, planning, needs assessments, technical support, guidance and programme implementation.

With only 22 per cent of the humanitarian appeal for Libya funded, UNICEF provided US\$590,000 through the Co-Funding initiative for the Libya Country Office to scale-up preparedness actions in light of the potential increases in polarization and political tensions due to elections in December 2021, including possible scenarios of armed conflict. These flexible funds allowed UNICEF to develop a training of trainers on emergency preparedness and response planning for 75 participants from the Libyan Red Crescent Society, the Libyan Scouts and Government counterparts. Based on the key preparedness gaps identified, the country office conducted a national system analysis of the emergency preparedness and response structure.

The system analysis was fully funded by thematic funding. It consisted of a legal review of relevant national legislation, a literature review, key informant interviews and a self-assessment questionnaire. Through this analysis, the country office identified



### Libya

A UNICEF staff member handles core relief items, mine risk education materials, hygiene items and recreational kits during a distribution of vital assistance to 292 displaced families (including 584 children) in the town of Gharabuli, Libya. The distribution was through the Rapid Response Mechanism, which brings together UNICEF and other United Nations agencies to deliver life-saving assistance, particularly to people in hard-to-reach areas.

the need for a regulatory framework and for systems building, better coordination and communication mechanisms, data management, early warning systems and capacity building. UNICEF has used the system analysis as a baseline for advocacy and programming for preparedness and response planning and for topic-specific capacity building to support localization initiatives, in line with Grand Bargain commitments.

## Transparency, accountability and reporting

In 2021, UNICEF continued its commitment to transparent and accurate reporting on humanitarian financing. Key tools for this include the Financial Tracking System (FTS) of the United Nations Office for the Coordination of Humanitarian Affairs and other real-time external platforms, including the [Global humanitarian thematic funding](#) live platform, which reports the latest allocation data with the list of major donors who contribute global humanitarian thematic funding to UNICEF, and the [COVID-19 donors and partners page](#), which contains contribution amounts to UNICEF's ACT-A (Access to COVID-19 Tools Accelerator) Humanitarian Action for Children appeal and to the COVID-19 pandemic response. UNICEF has also strengthened its reporting on funding for the response to gender-based violence in emergencies as part of regular reporting to FTS and will continue to enhance this reporting in 2022.

# WHO SUPPORTS GLOBAL HUMANITARIAN THEMATIC FUNDING?

UNICEF is grateful to all resource partners that contributed to global humanitarian thematic funding in 2021, and for their commitment to quality funding for UNICEF's critical humanitarian interventions.

The Netherlands remained the largest government contributor to UNICEF's GHTF in 2021, as it has been since 2017. A champion of high-quality, multi-year funding that enables the most flexible, rapid and strategic response to emergencies, the Netherlands signed a three-year agreement for a total commitment of US\$55.7 million in GHTF to UNICEF for 2019–2021. As part of this agreement, the Netherlands contributed US\$19.9 million in 2021, nearly 53 per cent of all GHTF contributions received.

After the Netherlands, the next largest source of GHTF was private sector fundraising by UNICEF country offices, which contributed nearly US\$11 million to GHTF in 2021. UNICEF is extremely grateful to the private sector partners for significant increase in their support for GHTF, and, in particular, to private sector fundraising by UNICEF country offices, where the contribution to GHTF in 2021 increased threefold compared with 2020.

Those top two sources combined – the Government of the Netherlands and private sector fundraising by UNICEF country offices – accounted for nearly 78 per cent of all GHTF received in 2021.

Of the US\$39.5 million in GHTF contributed in 2021, around US\$21.7 million came from five public sector partners. The remaining US\$17.8 million was contributed by 19 private sector partners. The number of resource partners remained steady in 2021 (24, compared with 25 in 2020). One public sector partner and seven private sector partners<sup>6</sup> that supported GHTF in 2020 did not provide support in 2021; however, seven resource partners<sup>7</sup> were either first-time supporters of GHTF or returning supporters of GHTF after a hiatus.

The increase in GHTF in 2021 can be attributed to the increase in absolute dollars provided by the private sector and to an increase in the proportion of GHTF coming from the private sector. Additionally, the percentage of partners contributing to GHTF who were in the private sector increased from 38 per cent in 2020 to 45 per cent in 2021, an all-time high.

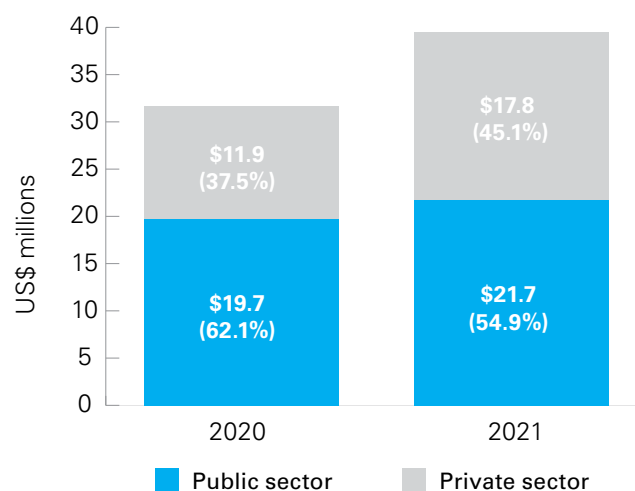
<sup>6</sup> Government of Romania and the UNICEF National Committees in France, Italy, Norway, Poland, Portugal, Spain and Switzerland.

<sup>7</sup> Governments of Canada and New Zealand, the New Zealand Committee for UNICEF, the Hungarian Committee for UNICEF and private sector fundraising by UNICEF country offices in Brazil, Malaysia and United Arab Emirates.

**Table A1-1: Top 10 sources of global humanitarian thematic funding, 2017–2021 (in US dollars)**

1	Netherlands	95,762,585
2	Private sector fundraising by UNICEF country offices	23,291,658
3	Swedish Committee for UNICEF	16,653,733
4	United Kingdom Committee for UNICEF	10,713,494
5	Republic of Korea	6,500,000
6	United States Fund for UNICEF	3,725,793
7	Finnish Committee for UNICEF	2,385,759
8	Danish Committee for UNICEF	1,317,030
9	Denmark	1,253,656
10	Dutch Committee for UNICEF	955,105

**Figure A1-5: Global humanitarian thematic funding by type of resource partner, 2020 and 2021 (in US dollars)**



**Table A1-2: Top 5 resource partners supporting GHTF through National Committees in 2021**

National Committee	Key donors
Sweden	Svenska PostkodLotteriet
United States	Sisters of the Sacred Heart of Mary
Denmark	Poul Due Jensen Foundation
United Kingdom	Eleva Foundation
United States	Colgate-Palmolive

In 2021, UNICEF secured first-time contributions or contributions after a hiatus in support to GHTF from several partners: the Governments of Canada and New Zealand, the New Zealand Committee for UNICEF, the Hungarian Committee for UNICEF and private sector fundraising by UNICEF country offices in Brazil, Malaysia and United Arab Emirates.

Despite the positive trend of new donors and an overall increase in support to GHTF, it is still concerning that GHTF as a portion of overall humanitarian funding remains extremely low. UNICEF will continue its strategic engagement with donors to diversify its donor base as a way to expand flexible financial support to the organization. UNICEF will also continue to strengthen its reporting on the impacts of GHTF and communicate this more proactively with resource partners.

On behalf of some of the world's most vulnerable children, UNICEF sincerely thanks and acknowledges all resource partners that have provided GHTF in 2021. Support from these partners has been an essential catalyst for reaching some of the most vulnerable children in crisis-affected settings and in forgotten crises. Each one of these resource partners, regardless of contribution size, has made a tremendous difference in the lives of children.

**Table A1-3: Sources of global humanitarian thematic funding, 2021 (in US dollars)**

1	Netherlands	19,929,660
2	Private sector fundraising by UNICEF country offices	11,029,108
3	Swedish Committee for UNICEF	3,082,786
4	Republic of Korea	1,000,000
5	Finnish Committee for UNICEF	765,578
6	Denmark	662,202
7	Dutch Committee for UNICEF	642,914
8	United Kingdom Committee for UNICEF	628,901
9	Danish Committee for UNICEF	461,113
10	German Committee for UNICEF	351,959
11	United States Fund for UNICEF	294,082
12	Canadian Committee for UNICEF	184,202
13	Hong Kong Committee for UNICEF	130,943
14	New Zealand Committee for UNICEF	96,755
15	Canada	76,936
16	Australian Committee for UNICEF	65,683
17	International online donations	42,592
18	Belgian Committee for UNICEF	31,186
19	New Zealand	14,182
<b>Grand total</b>		<b>39,490,782</b>

# GLOBAL SUPPORT FOR HUMANITARIAN ACTION

## Emergency Response Teams



### Child protection

In 2021, the child protection specialist on the monitoring and reporting mechanism (MRM) on children and armed conflict, funded by global humanitarian thematic funding, provided technical guidance to more than 25 countries to support the implementation of UNICEF's responsibility to monitor and report on grave violations against children in situations of armed conflict. In line with UNICEF's Core Commitments for Children in Humanitarian Action and relevant Security Council Resolutions on Children and Armed Conflict, countries that received support included the 21 situations covered in the annual *Children and Armed Conflict: Report of the Secretary-General* as well as humanitarian situations with rapidly developing conflict situations. Child protection teams and senior management were equipped with the tools and guidance required to establish and scale up monitoring mechanisms to document grave child rights violations as well as engage with parties to conflict. Burkina Faso and Cameroon, the two most recent situations added to the Secretary-General's Report, along with Ethiopia and Mozambique, were the countries that received significant support from the child protection specialist in 2021. In Mozambique, remote field monitoring was implemented to quickly scale up UNICEF's ability to respond to the conflict situation. This modality also enabled skills development of United Nations and other partners' staff and resulted in the establishment of the MRM in Mozambique.



### Education

In early 2021, an education specialist funded by global humanitarian thematic funding was deployed to support UNICEF Ethiopia's education in emergencies response in the northern Ethiopian region of Tigray. The specialist worked with UNICEF and partner teams on refining and launching an integrated approach to child protection and education programming known as 'Bete' (My Home). Bete helps internally displaced people affected by conflict and climate events, and community caseworkers, with the help of local authorities, take care of children from their arrival in the host community until they return to school.

Additionally, the education specialist assisted strategic partnership building with an eye towards implementing the Drought Anticipatory Action Plan, a pilot programme funded by CERF, targeting the Afar region, the Somali region and the Southern Nations, Nationalities, and Peoples' region. More than 27,500 children (51 per cent girls) benefited from a package including cash voucher assistance and WASH and child protection interventions. As interim Cluster Coordinator, the education specialist played key roles in liaising with Education Cannot Wait (or ECW, the United Nations' global fund for education in emergencies) and mobilizing US\$1 million under ECW's First Emergency Funding window for the education in emergencies response in Tigray.



### Ethiopia

Mariam, 13, reads in Alelo, Ethiopia, in March 2022. In early 2021, Mariam's village was completely destroyed by floods, displacing her family. However, thanks to the Bete (My Home) programme, Mariam had the opportunity to go to school, for the first time ever.



## Afghanistan

In Badghis Province, Afghanistan, workers check an individual's name against a payment list before disbursing a humanitarian cash transfer. Crisis-affected households receive cash transfers as part of UNICEF's emergency response.



### Humanitarian cash transfers

In 2021, global humanitarian thematic funding supported a Beneficiary Data System Specialist position to provide in-country support to UNICEF country offices in Afghanistan, the Central African Republic and South Sudan for the roll-out of the UNICEF Humanitarian Cash Operations and Programme Ecosystem (HOPE).

As a result, 36,000 teachers in South Sudan received payments to incentivize teacher attendance and the reopening of schools after a year-long closure due to the COVID-19 pandemic. In Afghanistan, the HOPE system was used to rapidly register 371,216 crisis-affected households as part of the Level 3 emergency response. As of December 2021, UNICEF had disbursed cash assistance to more than 266,151 people (including 156,819 children) in 36,459 households. As part of UNICEF's commitment to shift from in-

kind to cash-based assistance, winterization cash top-ups were provided at the start of winter for households to access essential winter items for children. In both countries, the deployment of HOPE enabled the implementation of a humanitarian cash transfer programme at scale.

In the Central African Republic, GHTF supported the expansion of humanitarian cash transfers for the COVID-19 pandemic response extending support to an additional 6,720 individuals, providing US\$150 per family per month for three months to address their increased vulnerabilities as a result of the pandemic.

Overall, HOPE has been deployed in seven countries since early 2021: Afghanistan, Antigua & Barbuda, Bangladesh, the Central African Republic, the Democratic Republic of the Congo, South Sudan and the Sudan.



### **Afghanistan**

Young children sit at a local community school in Wardak Province, Afghanistan, in January 2022. In the midst of deep humanitarian crisis, in 2021 UNICEF supported children's access to various types of non-formal education, including early learning in community-based education settings. The photograph has been used on the web site of the UNICEF country office in Afghanistan to shine a spotlight on the situation in the country. Global humanitarian thematic funding helped the UNICEF Division of Global Communication and Advocacy bolster these country-level website efforts.



### **Central African Republic**

Ngaina Geraldine, 17, is photographed at the Elien Primary School, in the town of Paoua in northwestern Central African Republic, in February 2020. Thanks to global humanitarian thematic funding, the UNICEF Division of Global Communication and Advocacy was able to help the country office in Central African Republic develop a strong web presence (including this photograph) to effectively communicate - globally - about the needs of children there.



### **Global communications and advocacy**

In 2021, global humanitarian thematic funding was crucial to the implementation of a global web strategy to ensure UNICEF continues to be positioned as a leading voice for children in emergency contexts. During the first quarter of the year, UNICEF Division of Global Communication and Advocacy launched the [UNICEF in Emergencies hub](#) to increase online visibility, reach and engagement. Web traffic to humanitarian and emergencies content on the UNICEF global website nearly doubled compared with 2020.

Additional flexible funding enabled the Division to support the India Country Office during the Delta variant wave of COVID-19 with the creation of an emergency response page and human interest content. This [live emergency page](#) generated more than 1.1 million pageviews and 40,000 donation clicks on the global website alone.

Similarly, the Division worked with the Afghanistan Country Office to create an extensive suite of web content, including an [emergency response page](#) highlighting UNICEF's work in the country along with advocacy asks. It generated more than

350,000 pageviews from August to December 2021. The humanitarian web editor also provided direct support by helping to manage the country office's website by proxy, including refreshing the structure, uploading critical content and running in-depth scans of content to flag potential sensitivities.

The Division of Global Communication and Advocacy also developed a global web presence for [the Central African Republic Country Office](#), which at the time had no local website, to support communication and increase attention on this forgotten emergency.

The Division also continued to create content and maintain global web pages covering crises and UNICEF's response in [Bangladesh \(on the Rohingya refugee situation\)](#), [the Syrian Arab Republic](#) and [Yemen](#) and in other emergencies around the world.

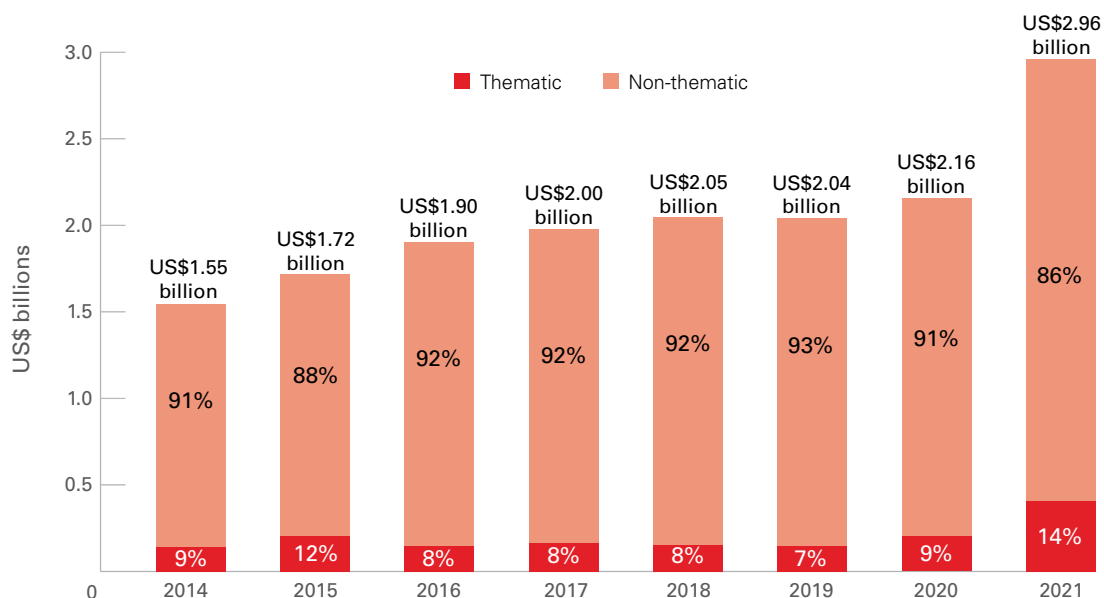


# Annex 2: Financial Report

At its launch, the 2021 Humanitarian Action for Children appeal requested US\$6.4 billion to assist 190.8 million children in need in 149 countries and territories.<sup>1</sup> By the end of 2021, the total humanitarian requirement to meet established needs had risen to US\$7.19 billion. This increase was due to new crises and worsening protracted emergencies in such places as Afghanistan, Ethiopia, Haiti, India, Madagascar, Mozambique and the Niger, as well as the need to accelerate equitable access to COVID-19 tests, treatments and vaccines through UNICEF's work as part of the Access to COVID-19 Tools Accelerator (ACT-A), including the COVID-19 Vaccine Global Access (COVAX) Facility.

In 2021, UNICEF received US\$2.96 billion in humanitarian contributions, including US\$2.44 billion from the public sector (82 per cent) and US\$520.9 million from the private sector (18 per cent). While the COVID-19 pandemic remained a key part of the UNICEF emergency response in 2021, there was no global COVID-19 pandemic appeal. Instead, pandemic-related needs and funding requirements were integrated into individual country and regional appeals and also into the ACT-A global appeal. The US\$707.7 million received for the ACT-A appeal, one of UNICEF's largest-ever appeals, accounted for 24 per cent of all the humanitarian funds the organization received in 2021 – with US\$280.3 million of this coming from the private sector. Additionally, partners contributed US\$341.3 million in COVID-19-dedicated emergency funding through individual humanitarian appeals.

FIGURE A2-1: Contributions to other resources – emergency, 2014–2021



<sup>1</sup> The 2021 Humanitarian Action for Children appeal covered 144 countries and five territories at the time of the launch.

FIGURE A2-2: Contributions to other resources – emergency in 2021, by partner group

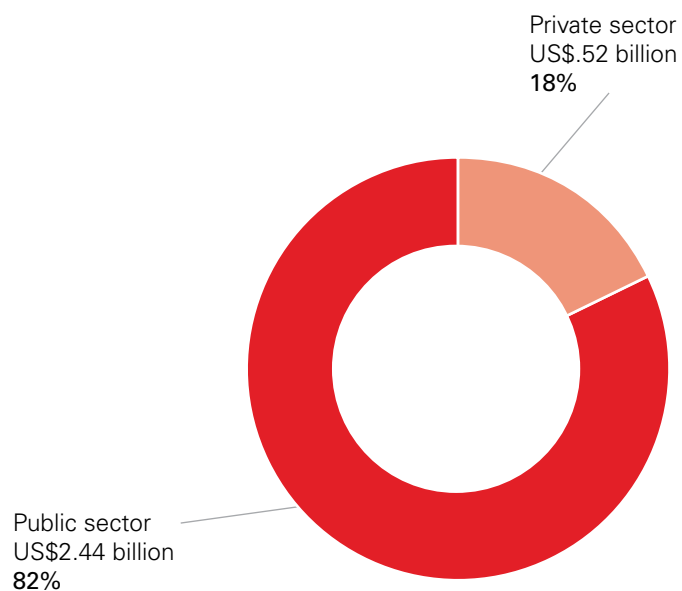
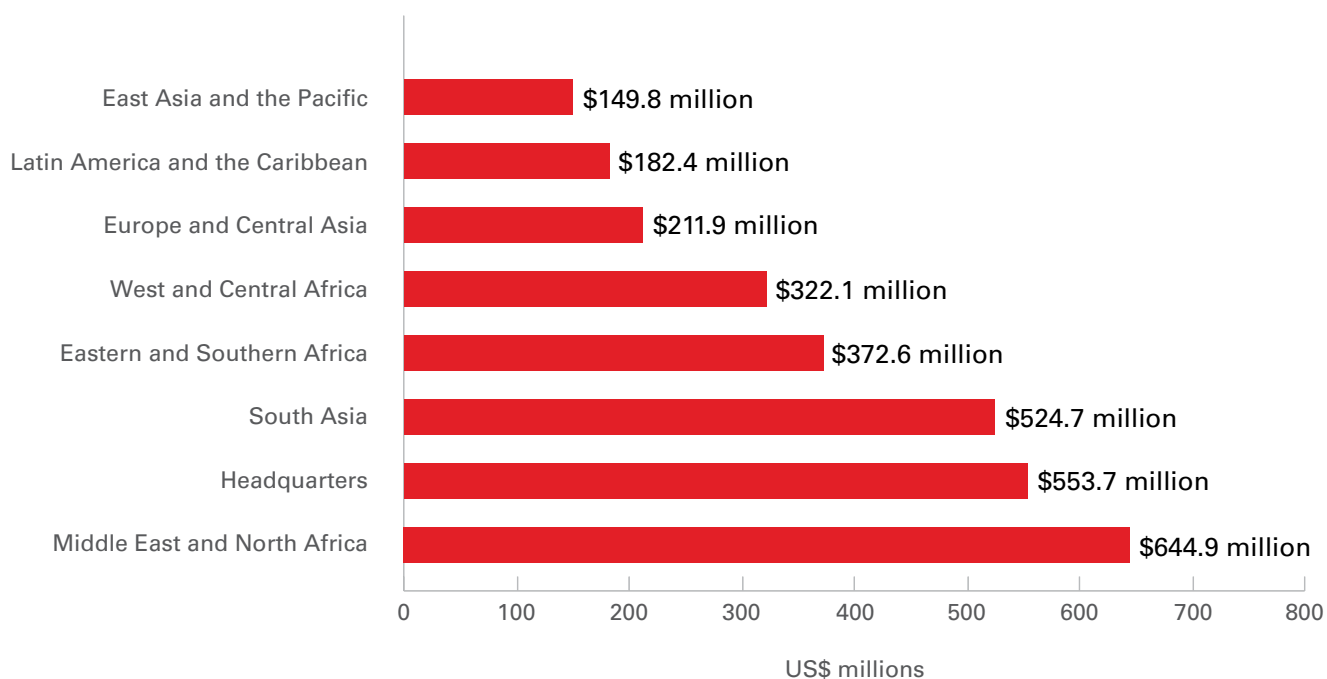


FIGURE A2-3: Contributions to other resources – emergency in 2021, by region\*



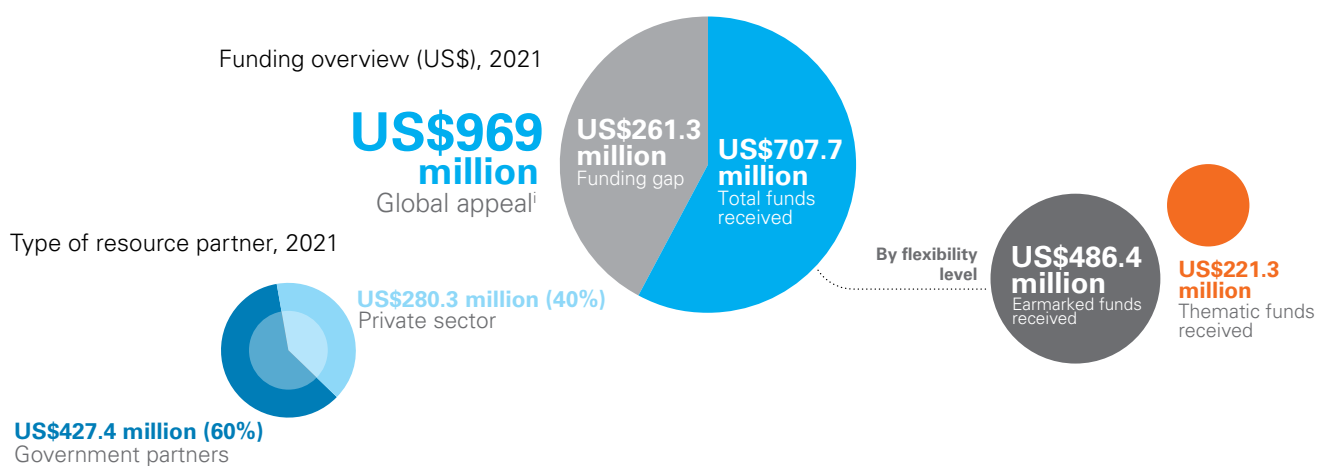
\* Global contributions include fully flexible and multi-country contributions received in support of the ACT-A global appeal.

US\$2.15 billion – 72 per cent of all humanitarian funding received by UNICEF in 2021 – came from the top 10 resource partners: The Government of the United States of America; the European Commission; the Government of Japan; the United States Fund for UNICEF; United Nations Office for the Coordination of Humanitarian Affairs; Gavi, the Vaccine Alliance; the Government of the United Kingdom of Great Britain and Northern Ireland; the Government of Germany; the World Bank; and the Government of Canada.

Several partners increased their contributions compared with previous years, including the European Commission, the Government of Japan, the United States Fund for UNICEF, the Government of Canada, the Republic of Korea and the Government of Australia. In addition, Gavi, the Vaccine Alliance provided US\$140 million to support the ACT-A appeal in 2021. Partners overall also rose to action with support during deterioration of such crises as the escalating conflict in northern Ethiopia, the devastating earthquake in Haiti and the intensification of the crisis in Afghanistan.

The humanitarian funding received in 2021 was unprecedented and immensely appreciated. However, the bulk of resources (68 per cent) went into supporting the top 10 most high-profile emergency responses.<sup>2</sup> In some of the large-scale emergencies that had extremely large funding requirements for the humanitarian response, such as those in the Democratic Republic of the Congo, the Syrian Arab Republic, in Syrian refugee-hosting countries and in Yemen and Zimbabwe, UNICEF programmes remained underfunded. This limited the organization's capacity to reach children most in need. To illustrate this: Yemen remained the largest humanitarian crisis in the world, yet new funding received in 2021 to meet the needs of Yemen's children and families was only 36 per cent of the US\$508.8 million requested. Additionally, the Syrian refugee-hosting countries received only 25 per cent of the US\$972.8 million requested.

FIGURE A2-4: Total ACT-A funds received in 2021, by type of donor



**TOP TEN ACT-A donors in 2021**

Gavi, the Vaccine Alliance	US\$157.8M
Japan	US\$121.6M
United States Fund for UNICEF	US\$108.8M
Danish Committee for UNICEF	US\$70.2M
Germany	US\$56.3M
European Union	US\$25.3M
Australia	US\$19.5M
United Kingdom Committee for UNICEF	US\$17.8M
UNICEF India	US\$15.0M
Canadian Committee for UNICEF	US\$13.0M

**TOP TEN ACT-A thematic resources donors in 2021**

United States Fund for UNICEF	US\$90.9M
Danish Committee for UNICEF	US\$68.7M
United Kingdom Committee for UNICEF	US\$13.3M
Canadian Committee for UNICEF	US\$11.7M
Japan Committee for UNICEF	US\$6.6M
Committee for UNICEF Switzerland and Liechtenstein	US\$5.6M
Spanish Committee for UNICEF	US\$5.3M
UNICEF Ireland	US\$4.9M
German Committee for UNICEF	US\$4.7M
Swedish Committee for UNICEF	US\$1.9M

<sup>1</sup> The total amount required for the ACT-A appeal is part of the US\$7.2 billion UNICEF Humanitarian Action for Children appeal

<sup>2</sup> The 10 appeals that received 68 per cent of resources in 2021 are (highest amount first): ACT-A, Syria Refugees Response, Afghanistan, Yemen, Ethiopia, Syrian Arab Republic, South Sudan, India, the Democratic Republic of the Congo and Bangladesh.

**TABLE A2-1: Top 20 humanitarian resources partners by contributions received, 2021**

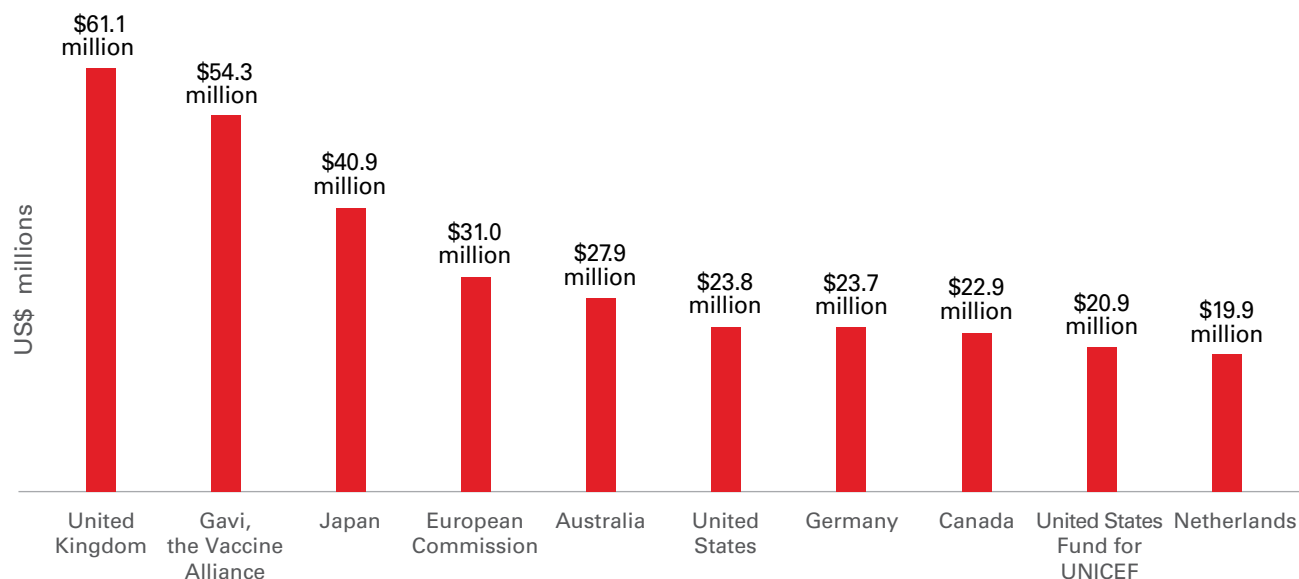
Rank	Resource partners	Total (US\$)
1	United States	632,138,939
2	European Commission	329,706,767
3	Japan	259,953,937
4	Gavi, the Vaccine Alliance	180,677,824
5	United States Fund for UNICEF	165,141,242
6	United Nations Office for the Coordination of Humanitarian Affairs*	159,450,910
7	United Kingdom	133,696,038
8	Germany	126,843,915
9	World Bank	102,815,152
10	Canada	87,398,728
11	Danish Committee for UNICEF	77,960,173
12	Sweden	64,944,018
13	German Committee for UNICEF	44,827,700
14	Saudi Arabia	37,458,798
15	United Arab Emirates	36,946,857
16	United Kingdom Committee for UNICEF	36,855,359
17	Australia	36,513,216
18	Denmark	34,642,656
19	Republic of Korea	30,441,734
20	Norway	23,966,176

\*The United Nations Office for the Coordination of Humanitarian Affairs line item includes contributions received from the Central Emergency Response Fund and country-based pooled funds.

**TABLE A2-2: Top 20 humanitarian contributions received, 2021**

Rank	Grant description	Resource partners	Total (US\$)
1	Sehatmandi and COVID-19 response, Afghanistan	World Bank	100,000,000
2	Global humanitarian thematic funds for cross-sectoral activities (ACT-A)	United States Fund for UNICEF	90,301,118
3	CCTE (conditional cash transfer for education) – Increased access to education and protection for vulnerable refugee children and families in Turkey	European Commission	78,646,742
4	2020–2021 Syria 3RP and humanitarian action for children for Syrians and Iraqis, Lebanon	United States	68,351,879
5	Global humanitarian thematic funds for cross-sectoral activities (ACT-A)	Danish Committee for UNICEF	68,330,000
6	Support to UNICEF's Access to COVID-19 Tools Accelerator (ACT-A)	Germany	56,306,306
7	COVID-19 vaccine delivery support	Gavi, the Vaccine Alliance	44,305,101
8	Scaling up preventative and therapeutic services to children and their families at risk of malnutrition in Yemen	United Arab Emirates	36,818,152
9	Scaling up preventative and therapeutic services to children and their families at risk of malnutrition in Yemen	Saudi Arabia	36,818,152
10	Pre-positioning and delivery of nutrition supplies for drought preparedness in Afghanistan	European Commission	35,625,362
11	2020–2021 Syria 3RP and humanitarian action for children for Syrians and Iraqis, Turkey	United States	33,290,025
12	Increased access to education and protection for vulnerable Syrian and non-Syrian refugee children and families in Turkey	European Commission	29,474,940
13	Building health system resilience for nutrition emergencies, Ethiopia	United Kingdom	28,334,399
14	COVID-19 vaccine delivery support	Gavi, the Vaccine Alliance	25,000,000
15	2021 Humanitarian appeal for children in Lebanon	United States	24,965,926
16	Providing emergency health and nutrition assistance to affected populations in Afghanistan	Germany	22,935,780
17	Emergency WASH and nutrition interventions for drought emergency-affected vulnerable populations in Afghanistan	United Nations Office for the Coordination of Humanitarian Affairs	21,924,000
18	Yemen social protection programme/Yemen emergency cash transfer project	United Kingdom	21,320,495
19	Global humanitarian thematic funding	Netherlands	19,929,660
20	Humanitarian action for children Bangladesh	United States	19,718,267

FIGURE A2-5: Top 10 resource partners for multi-year contributions, 2021



The level of multi-year contributions increased to US\$418 million in 2021 compared with US\$370 million in 2020. Out of the top 10 public multi-year resource partners, significant increases in multi-year contributions compared with 2020 came from the Gavi, the Vaccine Alliance, the Government of Japan, the European Commission and the Government of Australia. The Government of Switzerland, though not in the top 10 list of resource partners, nearly doubled its contribution compared with 2020. Several UNICEF National Committees, including those in the United States and Germany, also contributed to the overall increase in multi-year funding. Such longer-term, multi-year funding allowed UNICEF and its partners to be more strategic and predictable and to respond effectively where needs were greatest.

The amount of thematic funding received for humanitarian responses at the global, regional and country levels in 2021 was US\$410 million (14 per cent of all humanitarian funding received). This represented a 100 per cent increase from 2020 and is predominately thanks to private sector donors (who provided 86 per cent of thematic funding in 2021) and their commitment to support the ACT-A appeal. Private donors provided 31 per cent of the flexible thematic funding received for that appeal.

[Global humanitarian thematic funding \(GHTF\)](#) – the most flexible type of support after core resources for results (regular resources) – amounted to US\$39.5 million in 2021, a 25 per cent increase compared with 2020. This absolute increase notwithstanding, the portion of all

humanitarian funds received that was given as global humanitarian thematic funding decreased to only 1.3 per cent, from 1.5 per cent in 2020 (*see Annex 1 on Global Humanitarian Thematic Funding*). The Government of the Netherlands continued to be a champion contributor to global humanitarian thematic funding, providing US\$20.57 million in 2021.

In 2021, UNICEF was the top recipient of Central Emergency Response Fund (CERF) allocations. CERF provided US\$145.7 million to UNICEF for work in more than 30 countries. CERF funds helped UNICEF to respond to violence and clashes in the Democratic Republic of the Congo, Ethiopia, Haiti, South Sudan, the Syrian Arab Republic and Yemen; to droughts in Angola, Ethiopia, Kenya, Madagascar and Somalia; and it helped to meet post-conflict needs in Armenia, the State of Palestine and South Sudan. Funding from CERF was also critical in scaling up UNICEF’s work in the Sehatmandi project in Afghanistan, the main source of health care in the country. UNICEF secured a global allocation of CERF funding for the Ebola responses in Côte d’Ivoire, Liberia and Sierra Leone. In contrast to the increase in CERF funds, UNICEF experienced a decline in country-based pooled funds: US\$13.7 million was received to support six emergency countries, compared with US\$42.6 million in 2020. Combined, both pooled funds (CERF and the country-based pooled funds) amounted to 5 per cent of the total humanitarian funding received.

**TABLE A2-3: Thematic funding contributions by resource partner to humanitarian action, 2021**

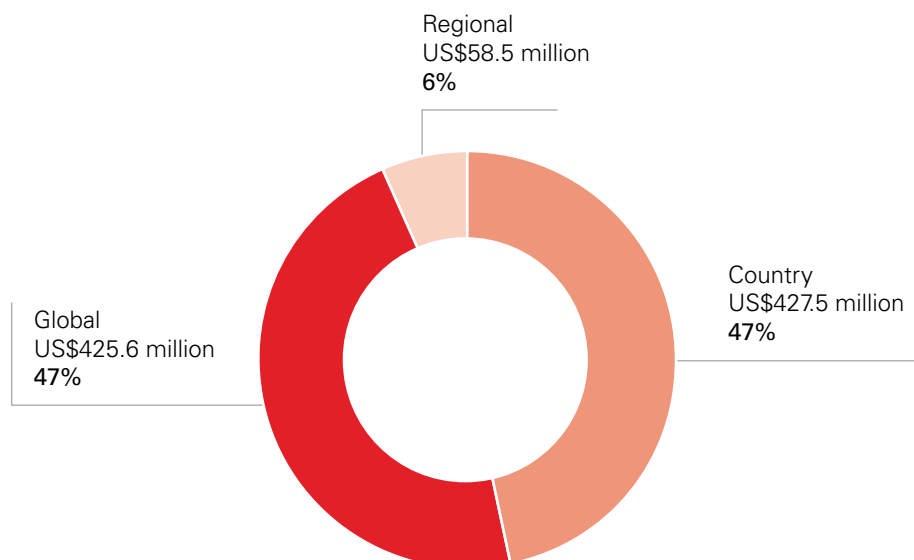
Resource partner type	Resource partner	Total (US\$)	Percentage of total
Governments 14.35%	Denmark	22,811,608	5.56%
	Netherlands	19,929,660	4.86%
	France	13,161,219	3.21%
	Luxembourg	1,135,074	0.28%
	Republic of Korea	1,000,000	0.24%
	Estonia	476,896	0.12%
	Lithuania	112,613	0.03%
	Monaco	96,332	0.02%
	Canada	76,936	0.02%
	Italy	16,075	0.004%
	New Zealand	14,182	0.003%
Private sector 85.65%	United States Fund for UNICEF	125,024,029	30.49%
	Danish Committee for UNICEF	76,018,534	18.54%
	German Committee for UNICEF	30,247,638	7.38%
	United Kingdom Committee for UNICEF	25,147,393	6.13%
	Canadian Committee for UNICEF	13,319,696	3.25%
	Japan Committee for UNICEF	8,501,700	2.07%
	French Committee for UNICEF	8,359,984	2.04%
	Spanish Committee for UNICEF	7,141,338	1.74%
	Swedish Committee for UNICEF	6,668,625	1.63%
	UNICEF Ireland	6,424,960	1.57%
	Committee for UNICEF Switzerland and Liechtenstein	6,363,458	1.55%
	Dutch Committee for UNICEF	4,062,425	0.99%
	Australian Committee for UNICEF	3,609,259	0.88%

**TABLE A2-3: Thematic funding contributions by resource partner to humanitarian action, 2021**

Resource partner type	Resource partner	Total (US\$)	Percentage of total
Private sector 85.65%	Finnish Committee for UNICEF	2,826,364	0.69%
	Norwegian Committee for UNICEF	2,606,303	0.64%
	Italian Committee for UNICEF	1,995,357	0.49%
	Korean Committee for UNICEF	1,550,978	0.38%
	Portuguese Committee for UNICEF	1,481,107	0.36%
	Hong Kong Committee for UNICEF	1,216,864	0.30%
	New Zealand Committee for UNICEF	964,705	0.24%
	Luxembourg Committee for UNICEF	944,674	0.23%
	Icelandic Committee for UNICEF	574,187	0.14%
	International online donations	433,901	0.11%
	Czech Committee for UNICEF	424,226	0.10%
	Belgian Committee for UNICEF	354,619	0.09%
	Polish Committee for UNICEF	244,573	0.06%
	Slovenian Foundation for UNICEF	241,086	0.06%
	Turkish Committee for UNICEF	93,636	0.02%
	Austrian Committee for UNICEF	93,256	0.02%
	Andorran Committee for UNICEF	76,577	0.02%
	The Israeli Fund for UNICEF	70,764	0.02%
	Hungarian Committee for UNICEF	42,285	0.01%
	Tetsuko Kuroyanagi	22,631	0.01%
Slovak Foundation for UNICEF	6,372	0.002%	
UNICEF country offices	14,056,553	3.43%	
	<b>Grand Total</b>	<b>410,040,655</b>	<b>100%</b>



FIGURE A2-6: Humanitarian thematic funding contributions at country, regional and global levels, 2021



The core resources for results (regular resources) are also critical to humanitarian response. In 2021, more than US\$196.9 million in regular resources supported humanitarian programmes and provision of life-saving support. Additionally, regular resources contribute to humanitarian response through allocations made via the Emergency Programme Fund loan mechanism, which fast-tracks resources to affected countries within 48 hours of a crisis. In 2021, US\$50.3 million was allocated through this Fund to 27 countries and to global support. This provided critical support to the emergency response in Afghanistan by facilitating set-up of the Afghanistan Programme Management Unit, a nationwide payment and beneficiary data system to provide humanitarian cash transfers and other cash disbursements. Emergency Programme Funds also enabled an uninterrupted response to the urgent humanitarian needs following an escalation of the crisis in northern Ethiopia and ensured uninterrupted essential health services in South Sudan. Regular resources were critical to responses to other crises as well, for example during the devastating second wave of COVID-19 that hit India during the year: UNICEF procured essential supplies – oxygen concentrators, real-time polymerase chain reaction (RT-PCR) testing machines, ribonucleic acid (RNA) extraction machines – and accelerated a focus on social mobilization as a major response strategy.

International Financial Institutions played a significant role in complementing humanitarian response efforts and strengthening programming for resilience by helping governments to address the public health and socioeconomic impacts of the COVID-19 pandemic. Support from these institutions to UNICEF ranged from the procurement of supplies to strengthening essential WASH, social protection, education and health systems support. The World Bank contributed US\$100 million to UNICEF to support the crisis response in Afghanistan and the Asian Development Bank contributed US\$9.96 million to pandemic-affected countries and economies in India, the Pacific Islands, Pakistan and the Philippines.

In 2021, UNICEF introduced systematic changes in its financial system to improve the monitoring, tracking and reporting of funds dedicated to humanitarian responses from non-emergency resource partners' budgets. The changes include a new type of grant coding to allow for more efficient and accurate reporting of funds available at all levels (country, regional and global). The new change will take effect in 2022 and will support efforts to ensure transparency of all resources made to UNICEF emergency appeals.

The organization continues to advocate for quality humanitarian funding to face the growing concern of the gap between funding requirements and contributions available. Having adequate levels of flexible contributions, as well as multi-year contributions, will equip UNICEF and partners to address the unmet needs of children more equitably and efficiently in protracted humanitarian crises and in those crises where the humanitarian response is underfunded.

Humanitarian action continued to make up the primary expense of UNICEF in the field. A total of US\$3.6 billion was spent on humanitarian action in 2021 (57 per cent of all UNICEF expenses), using funds received in 2021 and resources from previous years. This was a 12.5 per cent increase from emergency earmarked funding expenses in 2020 (US\$3.2 billion).

Core resources for results (regular resources) are the 'first responder' in most emergency situations, used within the first 24–48 hours of a sudden-onset emergency in a country. In 2021, more than US\$178.7 million in regular resources was spent to support humanitarian programmes and provision of life-saving support.

In 2021, the highest share of emergency funding expenses, 38 per cent (US\$1.3 billion), was for Goal Area 1 (Every child survives and thrives). This was followed by 21 per cent (US\$758 million) under Goal Area 4 (Every child lives in a safe and clean environment) and 19 per cent (US\$683 million) under Goal Area 2 (Every child learns) (see Figure A2-7).

For the fifth consecutive year, emergency expenses in 2021 were highest in the Middle East and North Africa region, with 33 per cent of global emergency expenses in 2021 (US\$1.2 billion). The country offices with the highest overall humanitarian expenses (in descending order) were Yemen, Lebanon, Turkey, the Democratic Republic of the Congo and Ethiopia. In the Syrian Arab Republic, Turkey and the Bolivarian Republic of Venezuela, more than 95 per cent of country-level expenses were classified as humanitarian expenses.

Of the 30 country offices with the largest expenses (development and humanitarian combined), 25 of them were included in the 2021 Humanitarian Action for Children appeal.

FIGURE A2-7: Thematic contributions by thematic pool, 2021

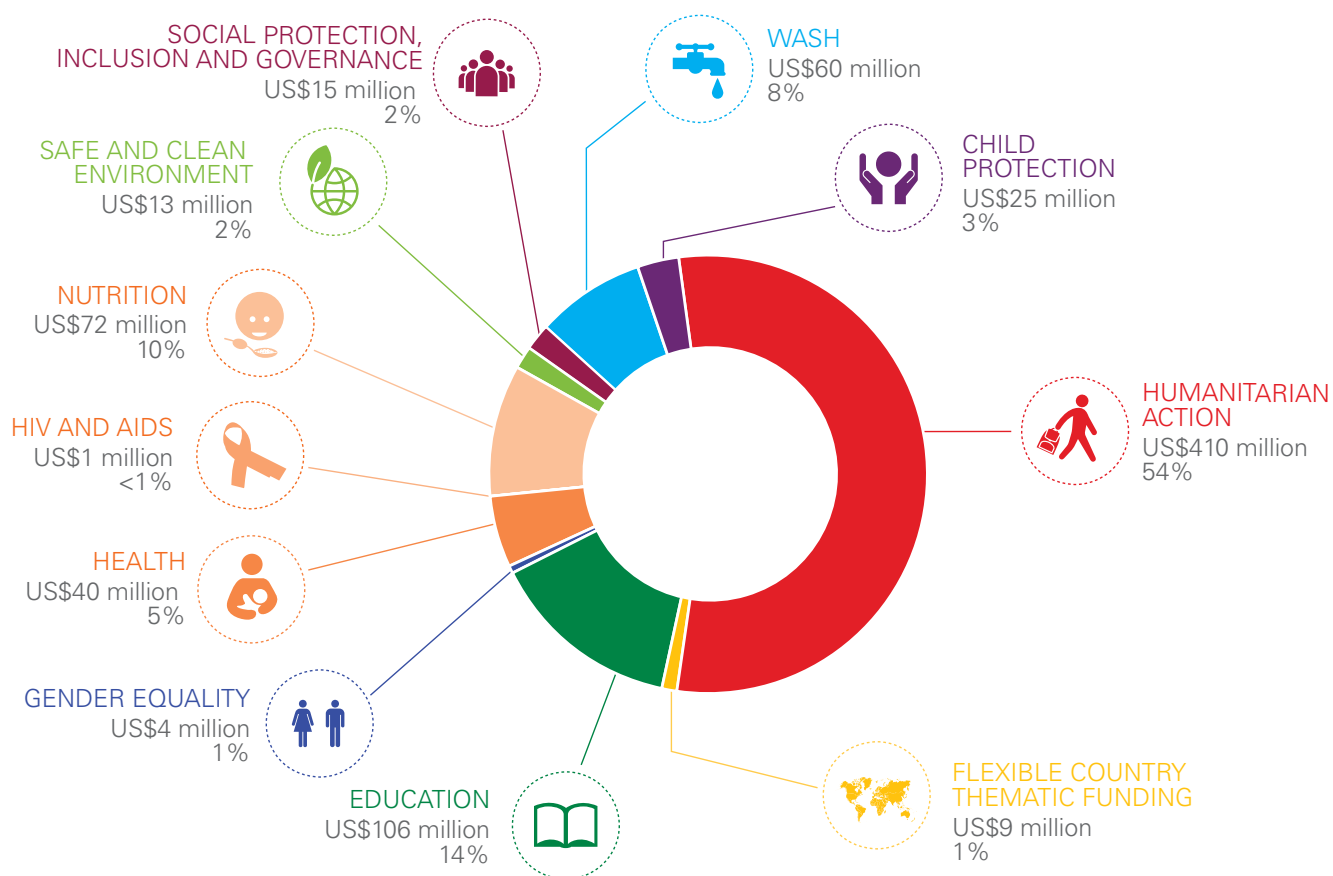
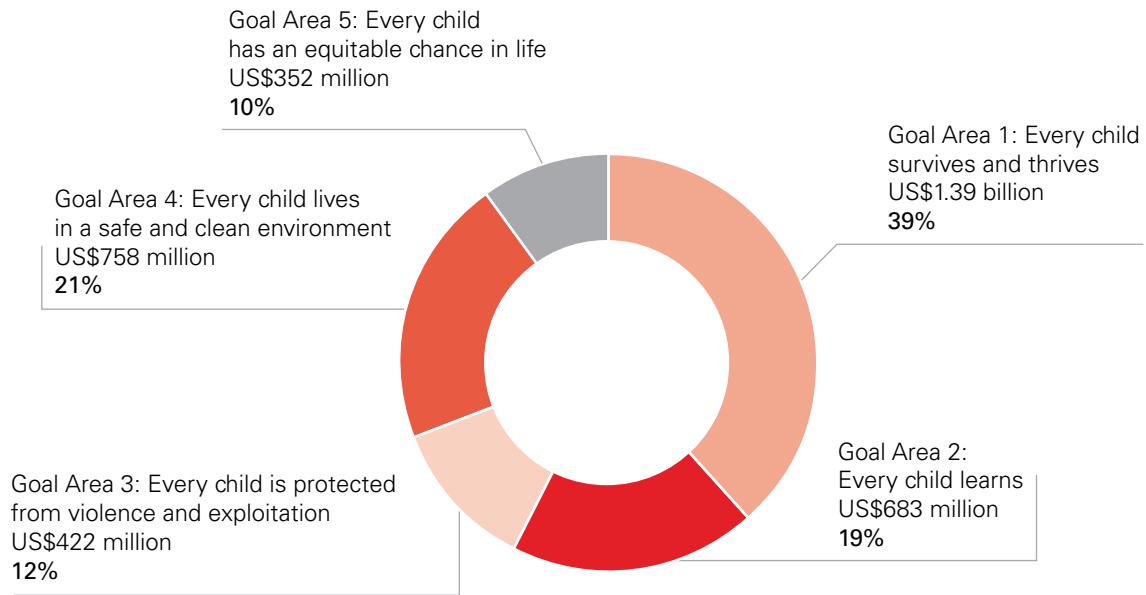


FIGURE A2-8: Other resources – emergency expenses by goal area, 2021\*



\* May not add up to 100% due to rounding.

FIGURE A2-9: Other resources – emergency expenses by region, 2021

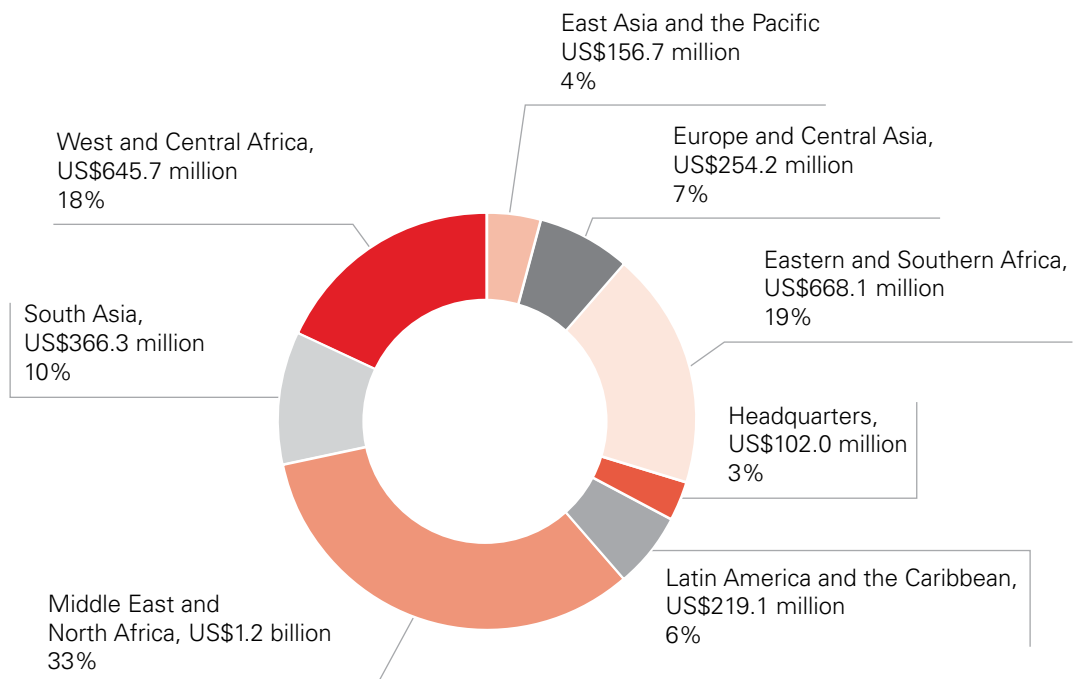
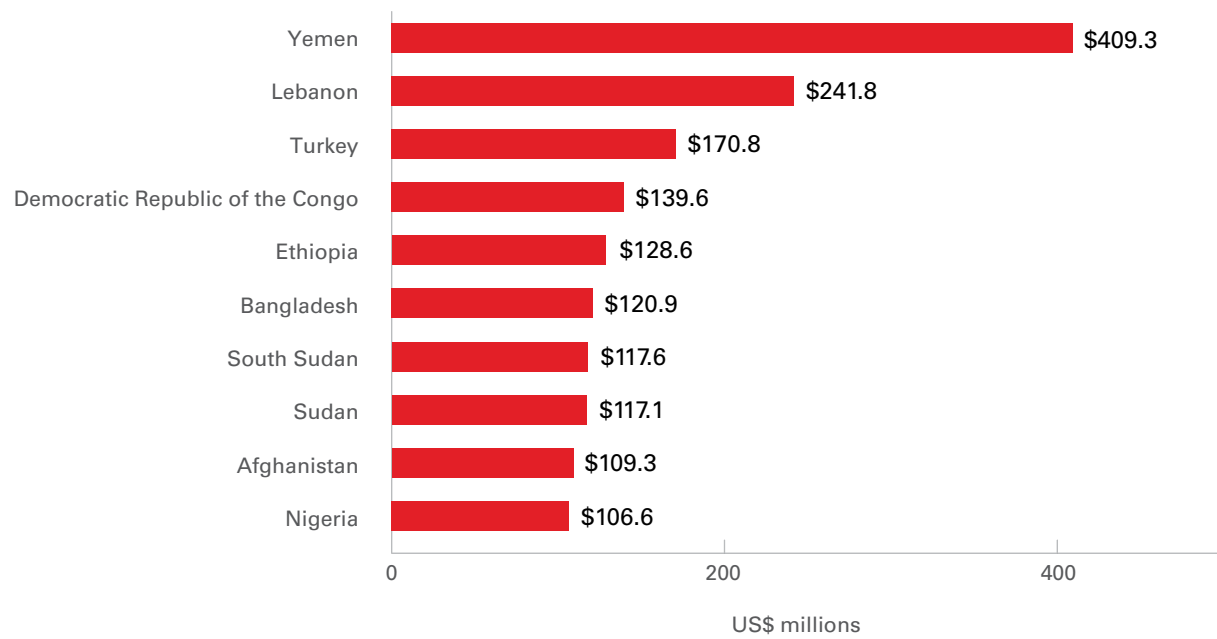


FIGURE A2-10: Top 10 countries by other resources – emergency expenses, 2021



# Annex 3: UNICEF Strategic Plan Results Framework: Humanitarian data companion

A. OUTPUT INDICATORS			
Output indicators		Results <sup>1</sup>	
		2020	2021
<b>GOAL AREA 1</b>			
1.b.5.	Percentage of polio priority countries that had less than 5 per cent missed children at district level during the last polio vaccination campaign in at least half of all districts in the country	88%	92%
1.b.6.	Percentage of UNICEF-targeted children in humanitarian situations vaccinated against measles	86%	85%
1.c.5.	Number of people receiving insecticide-treated nets as per international recommended standards through UNICEF-supported programmes	2.5 million	1.6 million <sup>2</sup>
1.e.1.	Number of girls and boys with severe acute malnutrition who are admitted for treatment <sup>3</sup>	4.0 million	5.0 million <sup>4</sup>
1.h.3.	Percentage of UNICEF-targeted girls and boys under 5 years (0-59 months) in humanitarian situations who participate in [organized ECD and/or] early learning interventions	64%	57%
<b>GOAL AREA 2</b>			
2.a.2.	Percentage of countries with equitable education systems for access, including [by] children with disabilities (including the emergency preparedness/resilience dimension)	51%	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	42%	51%
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	68%	51%
2.b.1.	Number of girls and boys provided with individual educational/early learning materials through UNICEF-supported programmes	32.0 million	50.1 million <sup>5</sup>
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	8.4 million	10.1 million <sup>6</sup>

<b>GOAL AREA 3</b>			
3.a.3.	Number of countries in which an interoperable information management system supports and tracks case management, incident monitoring and programme monitoring	19	26
3.a.4.	Percentage of countries monitoring and reporting on grave violations against children that have a functional framework for the protection of children	57%	62%
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	91% (31.2 million)	113% (8.4 million) <sup>74</sup>
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)	81% (3.6 million) <sup>75</sup>
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	74% (136,642)	123% (179,204)
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% (12,361)	59% (12,736)
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	65% (2.7 million)	86% (5.2 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	98% (17.8 million)	103% (13.9 million)
3.a.7.	Number of children on the move who received protective services through UNICEF-supported programmes	1.8 million	2.3 million
<b>GOAL AREA 4</b>			
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 <sup>7</sup>	100%	95%
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	58%	71%
4.b.4 (b)	Percentage of UNICEF-targeted population in humanitarian situations: (b) provided with menstrual hygiene management services	56%	47%
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	104%	96%
<b>GOAL AREA 5</b>			
5.b.2.	Number of countries with national cash transfer programmes that are ready to respond to a crisis <sup>8</sup>	16	17
5.e.3.	Percentage of countries providing disability-inclusive humanitarian programmes and services	44%	55%

## B. KEY PERFORMANCE INDICATORS

### Indicator

#### HOWS<sup>9</sup>

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) 78% (b) 41% (c) 30%	(a) 85% (b) 51% (c) 32%
H1.c.2.	Number of countries with inter-agency multi-year humanitarian response plans where country offices have aligned multi-year strategies and plans	15	13
H1.c.3.	Percentage of humanitarian funding provided to local and national actors	28%	30%
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	78%	80%
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	57% (d: 57%) (h: 57%) <sup>80</sup>	62% (d: 63%) (h: 67%) <sup>81</sup>
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	10
H6.a.5.	Percentage of countries where UNICEF-led cluster coordination mechanisms meet satisfactory performance for established functions: <sup>82</sup> (a) nutrition (b) education (c) WASH (d) child protection (area of responsibility)	(a) 81% (b) 88% (c) 52% (d) 40%	(a) 69% (b) 86% (c) 59% (d) 70%
H7.a.1.	Percentage of countries implementing proven real-time information innovations at large scale, including adaptation for humanitarian response	72%	83%

#### ENABLERS<sup>12</sup>

E3.b.3.	Percentage of relevant staff who have completed relevant learning programmes: (c) results-based management, including risk-informed programming	56%	56%
E3.d.1.	Percentage of requests for emergency response team support filled within three days	41%	72%

1. The 2020-2021 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 2020 and 2021. Due to rounding, figures may differ from those provided in the data companion and scorecard to the 2021 UNICEF Executive Director’s Annual Report.
2. This is the 2021 humanitarian result. The data companion and scorecard to the 2021 UNICEF Executive Director’s Annual Report also reflects the cumulative result of 9.5 million since 2016.
3. The humanitarian dimension of this indicator reflects the total number of children admitted for SAM in countries with a Humanitarian Action for Children appeal, with the exception of Nigeria, which reports disaggregated data in both humanitarian and development contexts.
4. This figure captures the severe acute malnutrition admissions in the full year from October 2020 to September 2021.
5. 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.
6. Ibid.
7. Improved access to drinking water in humanitarian situations includes water treatment solutions.
8. The indicator measures progress on preparedness for humanitarian crises only.
9. A ‘how’ indicator is defined as a change strategy necessary for the achievement of a result.
10. 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.
11. Ibid.
12. This is defined as internal factors that support the delivery of results and change strategies.





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A young child beats a drum in his nursery school class in Malawi (November 2021).

# Endnotes

1. United Nations Office for the Coordination of Humanitarian Affairs (OCHA), 'Global Humanitarian Needs Overview 2022', New York, 2 December 2021, p.9.
2. OCHA, 'Global Humanitarian Needs Overview 2022', p.9.
3. United Nations High Commissioner for Refugees (UNHCR), 'Global Trends: Forced Displacement in 2020', UNHCR Global Data Service, Denmark, 2021, <[www.unhcr.org/60b638e37/unhcr-global-trends-2020](http://www.unhcr.org/60b638e37/unhcr-global-trends-2020)>.
4. Grave violations include killing and maiming of children; recruitment and use of children by armed forces and armed groups; rape or other grave sexual violence against children; attacks on schools or hospitals; abduction of children; and denial of humanitarian access for children.
5. Information verified by the United Nations in situations of armed conflict, covered by the Report of the Secretary-General on children and armed conflict, A/75/873-S/2021/437, United Nations, New York, 6 May 2021.
6. UNHCR, 'Global Trends 2020', p.9.
7. OCHA, 'Global Humanitarian Needs Overview 2022', p.5.
8. OCHA, 'Global Humanitarian Needs Overview 2022', p.26.
9. Our World in Data, 'COVID-19: which countries are on track to complete the initial vaccination protocol for 70% of their population by mid-2022?', <[https://ourworldindata.org/grapher/covid-vaccination-global-projections?country=~OWID\\_WRL](https://ourworldindata.org/grapher/covid-vaccination-global-projections?country=~OWID_WRL)>, accessed 26 February 2022.
10. Advance Market Commitment countries are 92 lower- and lower-middle-income countries with an annual gross national income per capita of less than US\$4,000.
11. Save the Children, 'Stop the War on Children 2020: Gender Matters', Save the Children International, 2020, <<https://resourcecentre.savethechildren.net/document/stop-war-children-2020-gender-matters/>>.
12. The United Nations Partner Portal definition of a women-led organization is one with leadership principally made up of women, demonstrated by 50 per cent or more senior leadership positions at both board and staff level occupied by women.
13. OCHA, 'Global Humanitarian Needs Overview'.
14. Flor, Luisa S. and Joseph Friedman, et al., 'Quantifying the effects of the COVID-19 pandemic on gender equality on health, social, and economic indicators: a comprehensive review of data from March, 2020, to September, 2021', *The Lancet*, doi: 10.1016/S0140-6736(22)00008-3. Online ahead of print.
15. The World Bank United Nations Educational, Scientific and Cultural Organization, United Nations Children's Fund, *The State of the Global Education Crisis: A Path to Recovery*, Washington D.C., Paris, New York, 2021.
16. The 10 appeals that received 68 per cent of resources in 2021 are: ACT-A, Syria Refugees Response, Afghanistan, Yemen, Ethiopia, Syrian Arab Republic, South Sudan, India, the Democratic Republic of the Congo and Bangladesh.

17. In 2021, WHO Disaster Outbreak News reported outbreaks in multiple humanitarian crises contexts such as hepatitis E in South Sudan, yellow fever in West and Central Africa and Venezuela, Ebola Virus Disease and meningitis in the Democratic Republic of the Congo and Guinea, cholera in Cameroon and Togo, polio in Ukraine and Yemen, plague in Madagascar and Marburg fever in Guinea.
18. COVID-19, Ebola, Lassa fever and the first West Africa outbreak of Marburg fever.
19. Côte d'Ivoire, Burkina Faso, Mali, Liberia, Senegal and Sierra Leone.
20. Social Sciences Analytical Cell (CASS), *Perceptions around sexual exploitation and abuse (SEA) and barriers to community-based reporting, Equateur Province, DRC, March 2021*.
21. This will be achieved through the implementation of the following strategic components: 1. Strengthen a network of women leaders in Equateur at all levels; 2. Establish community-based complaints and alerts mechanisms based on the leadership of women's organizations in all health areas of Equateur Province and in refugees host communities and camps; 3. Co-develop a communication strategy with women's leadership organizations; 4. Reduce the risk of sexual exploitation and abuse through the promotion of women's economic empowerment. Source: UNICEF concept note of 3 March 2021, 'Women's leadership at the heart of prevention and response to sexual exploitation and abuse (PSEA)'.
22. Areas with high numbers of acute watery diarrhoea/ suspected cholera and malnutrition cases.
23. OCHA, 'Global Humanitarian Needs Overview 2022', p.26.
24. Data from Peru Ministry of Health (MINSA), <[www.gob.pe/coronavirus#casos](http://www.gob.pe/coronavirus#casos)>, accessed 11 April 2022 and Johns Hopkins University & Medicine, 'Mortality analyses', <<https://coronavirus.jhu.edu/data/mortality>>, accessed 11 April 2022.
25. According to OCHA, global humanitarian funding contributions totalled US\$29.35 billion in 2021. Of this, education received US\$807 million, or roughly 2.8 per cent. Source: OCHA, Financial Tracking Service, 'Total Reported Funding 2021', <<https://fts.unocha.org/global-funding/overview/2021>>.
26. Based on disaggregated data reported by 60 countries, 58 per cent of people supported through these programmes were female and 42 per cent were male.
27. Putting systems for prevention of sexual exploitation and abuse in place requires developing country action plans and establishing internal reporting systems. Scale-up requires building the capacity of partners, strengthening case management and referral pathways and disseminating messages around preventing sexual exploitation and abuse. Engaging the participation of women and children in this process has led to significant progress in better protecting communities from sexual exploitation and abuse by humanitarian and development workers.
28. The Monitoring and Reporting Mechanism was established by Security Council Resolution 1612 (2005). Through this and subsequent resolutions, UNICEF is mandated to support monitoring and reporting on grave child rights violations to the Security Council.
29. The six grave violations against children are recruitment and use by armed forces or groups; killing or maiming; sexual violence; abduction; attacks on schools and hospitals; and denial of humanitarian access.
30. Save the Children, 'The Unprotected: Annual Spotlight on Child Protection Funding in Humanitarian Action – 2021', Save the Children, 2022, <[the-unprotected-single-final.pdf \(alliancecpha.org\)](#)>.
31. Including education, health care, nutrition, child protection, mental health and psychosocial support, water and sanitation, shelter, civil registration, leisure, legal aid, social protection, independent representation and guardianship for unaccompanied children.
32. Ready to respond to crisis refers to an enabling policy environment, good coordination and the ability of the operational system for cash transfers to maintain its routine function, scale up assistance, temporarily add more people and enhance the comprehensiveness of support, etc.
33. The Social Protection Inter-Agency Cooperation Board is an inter-agency coordination mechanism composed of representatives of international organizations and bilateral institutions designed to enhance global coordination and advocacy on social protection issues and to coordinate international cooperation in country demand-driven actions. The establishment of the Board responds to a request from the G20 Development Working Group.
34. English, Arabic, French, Spanish, Tajik, Bahasa and Arabic Braille.
35. Algeria, Djibouti, Egypt, Iraq, Jordan, Lebanon, Morocco, Oman and the Syrian Arab Republic, and the countries covered by the UNICEF Gulf Area Office.
36. Burundi, Ethiopia, Mozambique, Somalia and Uganda.

37. This resource resulted from an extensive inter-agency process led by UNICEF and the Norwegian Refugee Council under the [Compact for Young People in Humanitarian Action](#) and the Inter-Agency Standing Committee. Focus includes access to gender- and age-responsive services in the education, child protection, health, WASH and other sectors.
38. The Alliance for Child Protection in Humanitarian Action global meeting, Global Refugee Forum discussions, the Global Education Cluster strategic advisory group meeting and webinar and the RewirEd Dubai Expo.
39. Vulnerability is the extent to which some people may be disproportionately affected by the disruption of their physical environment and social support mechanisms following disaster or conflict. Vulnerability is specific to each person and each situation. Vulnerable groups are those most exposed to risk, and particularly susceptible to the effects of environmental, economic, social and political shocks and hazards. They may include children, adolescents, women, older people, pregnant adolescents and women, child and female-headed households, people with disabilities, unaccompanied minors, people from marginalized groups and the poorest of the poor, people marginalized by their society due to their ethnicity, age, gender, sexual identity, disability status, class or caste, political affiliations or religion. The typology of vulnerable groups may evolve depending on contexts and risks.
40. Balance coverage, quality and equity: A process which consists of balancing the objective to reach the greatest number of people (coverage) with the objective to reach the people in greatest need (equity), while maintaining the quality of the programme. This balancing is particularly critical in contexts with limited funding. Coverage is guided by estimates of people in need. Quality is measured against UNICEF and inter-agency and IASC standards. Equity is judged by appropriate prioritization of the people most in need, informed by assessment and analysis of vulnerability and deprivation, and the principle of leaving no child behind.
41. A compendium of case studies can be found at 'Case studies of situation and programmatic monitoring adaptations during COVID-19', <<https://www.corecommitments.unicef.org/kp/case-studies-of-%E2%80%8Bsituation-and-programmatic-monitoring-%E2%80%8Badaptations-during-covid-19%E2%80%8B>>; the synthesis report 'Monitoring in COVID-19 contexts: A lessons learned synthesis report of UNICEF country office adaptations' <<https://www.corecommitments.unicef.org/kp/pme-emops-ssa-summary-report-27nov2021--external>>.
42. UNICEF's share of voice is the proportion of media coverage mentioning any listed humanitarian organization that mentions UNICEF.
43. The OPSCEN Volunteer Initiative provides the opportunity for interested General Service level staff (from the UNICEF Office of Emergency Programmes and other headquarters divisions as current target audience) to receive technical training on the Emergency Watch Associate function to provide backfill support to sustain OPSCEN's 24/7 operation, while providing the staff member with a career development opportunity and exposure to emergency and security work.
44. The First Action Initiative introduced an innovative investment portfolio approach to emergency preparedness. It established foundational seed investments in emergency preparedness required to meet risk levels with appropriate readiness to respond. The Co-Funding Initiative supports investments by UNICEF country and regional offices to enhance the preparedness of UNICEF, partners and government actors in the short, medium or long term, in relation to one or more risks. A contribution from headquarters complements funds allocated by the respective country and regional offices.



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Andrea Adelaida Herera Renojo, 32, and Juana Morales, 10, embrace before participating in a UNICEF-supported positive parenting workshop in La Cumbre, Quetzaltenango, Guatemala, in October 2021.

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