CORE COMMITMENTS FOR CHILDREN IN HUMANITARIAN ACTION

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for every child

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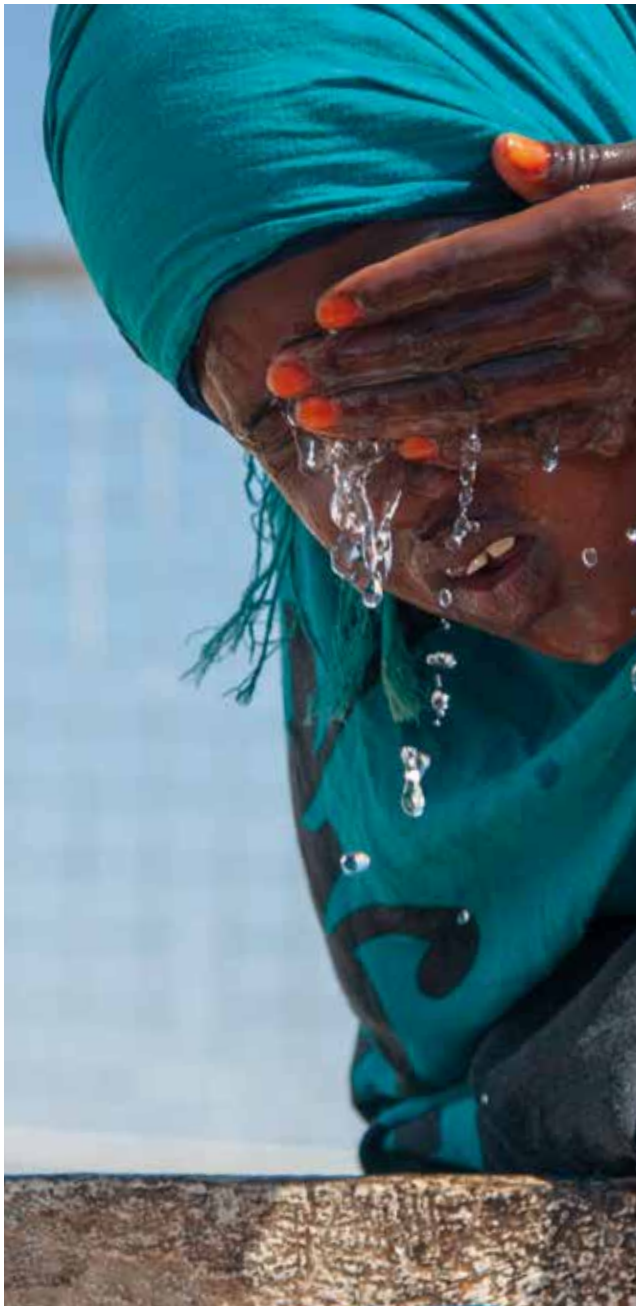

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1. POLICIES, PRINCIPLES AND ACCOUNTABILITY

1.1 Introduction

Since the Core Commitments for Children in Humanitarian Action (CCCs) were introduced in 1998 and revised in 2010, the global humanitarian context has changed significantly. Humanitarian crises are increasingly protracted. Rising disregard for international humanitarian and human rights law and humanitarian principles characterizes conflicts, disproportionally affecting children and women. Population growth, urbanization, environmental degradation and climate change, large-scale migration, forced displacements, as well as public health emergencies increasingly compound the threats that children face. The CCCs have been revised to **equip UNICEF and its partners to deliver principled, timely, quality and child-centred humanitarian response and advocacy** in any crises with humanitarian consequences.

1.2 Scope of CCCs

1.2.1 Definition

The **CCCs form the core UNICEF policy and framework for humanitarian action** and are mandatory for all UNICEF personnel. Grounded in global humanitarian norms and standards, the CCCs set **organizational, programmatic and operational commitments and benchmarks** against which UNICEF holds itself accountable for the coverage, quality and equity of its humanitarian action and advocacy.

In addition, they guide every stakeholder, including governments and civil society organizations (CSOs), in designing their humanitarian action and in setting and meeting standards for respecting, protecting and fulfilling the rights of children.

Humanitarian action for UNICEF encompasses interventions aimed at saving lives, alleviating suffering, maintaining human dignity and protecting rights of affected populations, wherever there are humanitarian needs, regardless of the kind of crisis (sudden-onset or protracted emergencies, natural disasters, public health emergencies, complex emergencies, international or internal armed conflicts, etc.[1]), irrespective of the Gross National Income level of a country (low, middle or high), or legal status of the affected populations. Humanitarian action also encompasses interventions addressing underlying risks and causes of vulnerability to disasters, fragility and conflict, such as system strengthening and resilience-building, which contribute to reducing humanitarian needs, risks and vulnerabilities of affected populations.

[1] A *humanitarian crisis* is defined as any circumstance where humanitarian needs are sufficiently large and complex to require significant external assistance and resources, and where a multisectoral response is needed, with the engagement of a wide range of international humanitarian actors (IASC). This may include smaller-scale emergencies; in countries with limited capacities, the threshold will be lower than in countries with strong capacities. An *emergency* is a situation that threatens the lives and well-being of large numbers of a population and requires extraordinary action to ensure their survival, care and protection.

The CCCs:

- Are guided by **international human rights law**, particularly the Convention on the Rights of the Child (CRC) and its Optional Protocols, **and international humanitarian law**

- Apply **in all countries and territories, in all contexts, and to all children** affected by humanitarian crisis, based on rights and needs, regardless of their country's state of political, civil, economic and social development or the availability of UNICEF resources

- Provide a menu of **minimum commitments, activities, benchmarks and standards** that UNICEF commits to achieve in humanitarian crises, with its partners

- Are grounded in the Sphere standards, including the Core Humanitarian Standard on Quality and Accountability (CHS), the Inter-Agency Network for Education in Emergencies (INEE) Minimum Standards, Minimum Standards for Child Protection in Humanitarian Action (CPMS); and reflect UNICEF's Inter-Agency Standing Committee (IASC) commitments

See 1.4.3 Global humanitarian standards

- Are grounded in the Principles of Partnership: equality, transparency, results-oriented approach, responsibility and complementarity to enable predictable and timely collective humanitarian action

- Contribute to the Sustainable Development Goals (SDGs) and include explicit strategies to **link humanitarian and development action**, strengthen local capacity and systems and build resilience at all stages of humanitarian action

- When relevant and feasible, without prejudice to the humanitarian principles of neutrality, impartiality and independence, contribute to the UN system-wide agenda for Sustaining Peace[2]

[2] The UN system-wide agenda for Sustaining Peace focuses on the contribution the UN system can make to end some of the world's most devastating and protracted armed conflicts and support UN Member States in their efforts to prevent armed conflict and sustain peace. See General Assembly resolution A/RES/70/262 and Security Council resolution S/RES/2282 (2016).

TARGETED AUDIENCE AND INTENDED USE	
The CCCs are **UNICEF's core humanitarian policy and framework for humanitarian action.** They are:	• A **mandatory policy for all UNICEF personnel.** • A **communication and advocacy** instrument. • A **programming reference for UNICEF and its partners** to design programmes and partnership agreements. • A **reference framework for planning, monitoring and reporting** for every UNICEF Country Office (CO). CCCs benchmarks are supported by existing accountability and reporting systems. • A **partnership tool** for UNICEF and its partners to discuss mutual accountabilities. • A **one-stop shop** on the most up-to-date humanitarian policies and guidance on programmes and operations.
They are intended for **both internal and external audiences:**	• **All UNICEF personnel:** to understand UNICEF's mandate and implement the CCCs. • **Governments:** to bear their primary responsibility for responding to a crisis and promoting the realization of children's rights; to understand how UNICEF and its partners can contribute to and support the response. • **UNICEF partners** (i.e. governments, the UN system, civil society organizations (CSOs) including international and national non-governmental organizations (NGOs) and community-based organizations, private sector, donors): to use as a programming reference, a partnership tool and a communication and advocacy instrument. • **All stakeholders** (i.e. governments, the UN system, civil society organizations (CSOs) including international and national non-governmental organizations (NGOs) and community-based organizations, private sector, donors, human rights institutions, academic and research institutions, media): to understand UNICEF's mandate and commitments in emergencies and to advocate for children's rights. • **Affected populations:** to hold UNICEF accountable for its programme and operational commitments.
They are published with the following companions:	• The **References** comprise links to the international legal framework, norms and standards (📖 Chapter 1) and to UNICEF and interagency guidance and handbooks on Programmes (📖 Chapter 2) and Operations (📖 Chapter 3). • The **CCCs Indicator Guidance** aligns UNICEF Programme Commitments (📖 Chapter 2) with UNICEF planning, monitoring, evaluation and reporting systems through a compendium of indicators. • The **CCCs Monitoring Framework for Operational Commitments** provides the means and accountabilities for monitoring all UNICEF Operational Commitments (📖 Chapter 3).

INTENDED USE	TARGETED AUDIENCE
Mandatory policy	All UNICEF personnel and Offices
Reference framework for planning, monitoring and reporting	All UNICEF personnel and Offices
One-stop shop on the most up-to-date policies and guidance	All UNICEF personnel and Offices; Governments; UNICEF partners: governments, UN, CSOs, private sector, donors; All stakeholders, including UNICEF partners, media and academia
Programming reference to design programmes and partnership agreements	All UNICEF personnel and Offices; Governments; UNICEF partners: governments, UN, CSOs, private sector, donors
Partnership tool for UNICEF and its partners to discuss mutual accountabilities	All UNICEF personnel and Offices; Governments; UNICEF partners: governments, UN, CSOs, private sector, donors
Communication and advocacy instrument	All UNICEF personnel and Offices; Governments; UNICEF partners: governments, UN, CSOs, private sector, donors; All stakeholders, including UNICEF partners, media and academia; Affected population

Key: Targeted audience

All UNICEF personnel and Offices | Governments | UNICEF partners: governments, UN, CSOs, private sector, donors | All stakeholders, including UNICEF partners, media and academia | Affected population

1.2.2 The role of states

States remain the primary duty bearers for the respect, promotion and realization of children's rights. They bear the primary responsibility for responding to a crisis, providing assistance to the victims and facilitating the work of humanitarian actors, including through mobilization of domestic and international resources and use of national systems and capacities. UNICEF contributes to these efforts by mobilizing national and international resources through its technical expertise, coordination and advocacy. States can use the CCCs to inform their humanitarian action and guide their efforts to meet the needs and protect the rights of affected populations.

1.2.3 Partnerships

UNICEF seeks to **build an alliance** around the CCCs with various stakeholders. The CCCs are realized through close collaboration with states; national and local authorities; affected populations; civil society organizations (CSOs), including international and national NGOs, community-based organizations, human rights institutions and faith-based organizations; the UN system, including its operational funds, agencies and programmes; donors; academic and research institutions; the private sector; and the media.

At country level, UNICEF establishes **partnerships with host governments, CSOs, communities and the private sector for programme implementation. The fulfilment of the CCCs is closely linked to UNICEF's operational partners' ability to deliver on the ground.** The operational commitments (Chapter 3) describe UNICEF's accountabilities to enable the timely delivery of humanitarian assistance by UNICEF and its partners.

1.2.4 Application

The CCCs must be used by **every Country Office (CO) as a framework to monitor the situation of women and children and take appropriate preparedness and response measures,** in order to deliver predictable, timely, principled and child-centred humanitarian response.

1.2.5 **Implementation**

The CCCs describe UNICEF commitments to the most disadvantaged children and their families, **regardless of the kind of crisis** (sudden-onset or protracted emergencies, natural disasters, public health emergencies, complex emergencies such as international or internal armed conflicts, etc), **irrespective of the Gross National Income level of the country (low, middle or high)** or **legal status of the affected populations.**

While the CCCs apply in all contexts, UNICEF's **scope of action and programming will be adapted to the context,** based on the analysis of the situation, assessment of humanitarian needs and national capacities. UNICEF implementation modalities may include **systems strengthening,** through technical assistance, policy development and capacity-building; support for **service delivery; direct programme implementation;** intervention through **operational partners; remote** programming; **coordination;** and **advocacy**.

The **fulfilment of the CCCs depends on many factors,** including availability of resources (cash, in-kind, technical expertise, core assets); UNICEF presence; partners' presence, resources and their ability to deliver on the ground; access to affected populations and humanitarian space; and security conditions. In complex emergency situations, UNICEF commits to do the utmost effort to mobilize resources and advocate for humanitarian access to affected populations.

The CCCs also apply in situations **where UNICEF does not have direct access to affected populations.** In this case, UNICEF does its utmost to respond to the protection and humanitarian needs of the affected populations. In cases where UNICEF operates through remote programming and monitoring, UNICEF still engages with communities remotely even when implementation and monitoring are executed through partners and third-party monitors.

Identification of populations in need, targeting of communities and locations and **prioritization** are a core component of Country Offices' strategic planning processes and day-to-day programmatic decisions. Through the targeting process, UNICEF aims at ensuring that the populations facing the most severe needs and with the worst prospects to meet their needs, are not left behind and are receiving humanitarian assistance.

Guiding parameters for the **prioritization** include: the severity of humanitarian consequences; magnitude (estimated numbers of people in need); likely evolution of the needs; factors causing the needs; people's own prioritization of their needs; as well as interventions by other actors. Availability of funding, access constraints, security and other operational challenges should not be factored in the targeting and prioritization process. These are considered at a later stage, during the planning and implementation phases, to inform the decision-making and day-to-day management of programmatic priorities by Country Office Senior Management.

In the case of a sudden onset or rapid deterioration of a humanitarian crisis, **UNICEF prioritizes reaching those most at risk with critical activities such as life-saving interventions.**

1.2.6 **Performance monitoring**

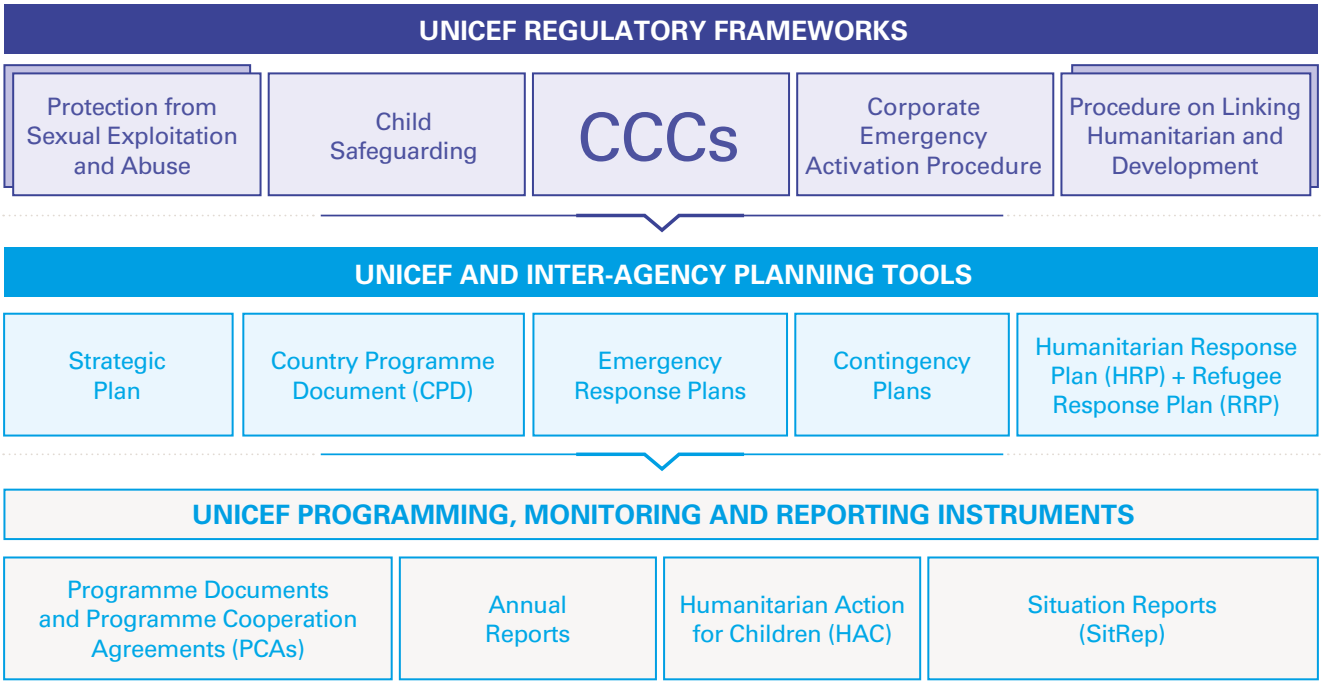
The CCCs are fundamental to UNICEF's planning, monitoring and evaluation architecture and guide UNICEF's contribution to the interagency Humanitarian Programme Cycle.

Programme commitments and benchmarks (📖 Chapter 2) are supported by the CCCs Indicator Guidance to help Country Offices (COs) plan, monitor and report against their humanitarian programming.

Operational commitments and benchmarks (📖 Chapter 3) are supported by the CCCs Monitoring Framework for Operational Commitments, using UNICEF's corporate systems to track performance.

Systematic reference to the CCCs in UNICEF planning and reporting documents supports their implementation and strengthens UNICEF accountability to deliver on the CCCs. UNICEF builds on its existing performance monitoring system[3] to measure progress and report against the CCCs regularly.

[3] Virtual Integrated System of Information (VISION).



1.3 International legal framework

UNICEF's work is grounded in an international legal framework regulating states' obligations to respect, protect and fulfil the rights of children.

📖 **See Annex 2** References

This includes four interrelated and mutually reinforcing bodies of international law:

- **International human rights law,** applicable both in armed conflict and in peace, including:
  - Convention on the Rights of the Child (CRC) and its Optional Protocols
  - Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)
  - Convention on the Rights of Persons with Disabilities
- **International humanitarian law,** including the Geneva Conventions and their Additional Protocols, which offer protection to civilians and combatants during armed conflict and include special protections for children
- **International refugee law,** including the 1951 Refugee Convention and 1967 Protocol and other international and regional laws and standards on refugees, statelessness and internal displacement 📖 **See 2.5.2 Large-scale movements of refugees, migrants and internally displaced persons**
- **International criminal law,** including the Rome Statute of the International Criminal Court

This legal framework is supplemented by:	• **Security Council** resolutions, particularly on children and armed conflict, protection of civilians, women, peace and security
	• **General Assembly** resolutions, including:
	  • Strengthening of the coordination of humanitarian emergency assistance of the United Nations (A/RES/46/182 and subsequent resolutions), which describe the UN's role in coordinating the efforts of the international community to support affected countries
	  • Agenda for Humanity (Annex to A/70/709), which sets out five areas for action to reduce humanitarian needs, risks and vulnerabilities
	  • The 2030 Agenda for Sustainable Development and the SDGs (A/RES/70/1), which stresses the role of preparedness and development programming to reduce needs, vulnerabilities and risks
	• **Economic and Social Council** resolutions of the ECOSOC Humanitarian Affairs Segment, which define how to best tackle the most recent and pressing humanitarian concerns

1.4 Global standards and principles

1.4.1 Humanitarian principles

UNICEF is committed to the following humanitarian principles[4] in its operations:

- Humanity: Human suffering must be addressed wherever it is found. The purpose of humanitarian action is to save lives, protect health and ensure respect for human beings. UNICEF upholds the principle that all girls, boys, women and men of every age shall be treated humanely and seeks to assist and protect any and every vulnerable child, treating them with dignity and respect.

- Impartiality: UNICEF allocates and delivers assistance based on needs and without discrimination based on nationality, ethnicity, race, sex, language, disability, religious belief, class, sexual orientation, gender identity, political or other opinions.

- Neutrality: UNICEF refrains from engaging in controversies of a political, racial, religious or ideological nature, and does not take sides in hostilities.

- Independence: Humanitarian action must be autonomous from the political, economic, military or other objectives that any actor may hold with regard to areas where humanitarian action is being implemented. UNICEF is independent of political, economic, military, security or other objectives.

Humanitarian principles guide UNICEF action in every context, conflict-affected or not.

In complex and high threat environments, humanitarian principles are critical to enable operations and to stay and deliver. More particularly, they **guide UNICEF to make programmatic and operational decisions** as well as to **earn and maintain the acceptance** among communities, authorities and among all parties to conflict.

[4] All four were reaffirmed in GA Resolution 58/114 (2004).

Application of Humanitarian Principles in UNICEF operations

AREA	KEY CONSIDERATIONS
Capacity Building of UNICEF Personnel **See 1.5.4** Roles and responsibilities	• Build the **humanitarian leadership capacity** of UNICEF personnel at all levels (FO/CO/RO/HQ) and their ability to apply humanitarian principles in decision-making. • Build the capacity of UNICEF personnel to **apply humanitarian principles effectively** in the conduct of operations, especially in a complex and high-threat environment. This includes capacity building on civil-military coordination, access negotiations and humanitarian advocacy.
UNICEF Field Presence and Operations **See 3.1** Administration and Finance	• Ensure that **UNICEF field presence** and operations allow for adequate identification and response to the needs of affected populations, **including those in hard-to-reach areas.** • Strive to **stay and deliver** in complex and high threat environments and refer to humanitarian principles to guide UNICEF actions and decisions.
Access **See 2.1.4** Humanitarian access	• Seek to **establish and maintain humanitarian access,** ensuring all affected populations can safely and consistently reach assistance and services. • Seek engagement **with all parties to conflict,** and other stakeholders as necessary and feasible, to gain access to the populations in need. • Design **context-specific access strategies** grounded in humanitarian principles. • Proactively pursue **acceptance** among communities and stakeholders for a sustainable access to all populations in need.
Advocacy **See 1.4.2** Humanitarian advocacy	• Conduct **advocacy for sustained and unimpeded access** to all populations in need. • Conduct **advocacy on child rights, including on grave violations of child rights,** in line with the principles of humanity, neutrality, impartiality and independence. • **Promote the application of humanitarian principles,** in coordination with partners and in line with interagency guidelines.
Coordination **See 2.1.2** Coordination	• **Promote compliance with humanitarian principles** when supporting the leadership and coordination of humanitarian response **along with national and local authorities.** • Engage in coordination mechanisms to establish and maintain principled humanitarian access, in collaboration with UN Agencies, national and local authorities and CSOs, within existing coordination mechanisms such as the **Humanitarian Country Team (HCT), the United Nations Country Team (UNCT), the Security Management Team (SMT), and the intersector/intercluster coordination mechanisms.**

Needs Assessment **See 2.3.1** Needs assessments, planning, monitoring and evaluation	• Provide neutral and impartial humanitarian assistance based on **impartial needs assessments.** • Ensure respect for humanitarian principles throughout the **targeting and prioritization** processes, especially in determining service locations and targeting methods. • Avoid only seeking out and assessing populations under the control of a single party to conflict.
Programmes **See 2.2.4** Linking humanitarian and development	• **Safeguard operational independence** and principled humanitarian action when linking humanitarian and development programmes, **especially in situations where the government is party to the conflict.** In some contexts, it may neither be possible nor appropriate to engage in development action.
Partnerships **See 3.5** Partnerships	• Partner with **organizations and entities committed to the core values of UNICEF** and the UN, as well as to humanitarian principles. • Ensure UNICEF partners properly understand the operational application of humanitarian principles. Maintain engagement with partners and communities to ensure the understanding and application of humanitarian principles.
Resource Mobilization **See 3.6** Resource mobilization	• Ensure that **resources are allocated impartially**, based on the needs of affected populations, and that the humanitarian imperative comes first when allocating aid, even in the most complex environments. • **Mitigate the risks of donors' conditions** and funding associated with objectives that could jeopardize the neutrality, impartiality and independence of humanitarian response, and refrain from funding arrangements that undermine child rights or the best interest of children, or that put the safety and security of humanitarian workers at risk. Maintain **operational independence** and seek to avoid dependency upon a single funding source.
Security Management **See 3.7** Security management	• **Utilize acceptance as a security risk management approach that can support humanitarian access.** Acceptance by communities and/or threat actors can reduce the likelihood of harmful events occurring and increases the chances of an effective response if a harmful event does occur. **Humanitarian principles underpin acceptance** – cultivating good relations and consent for humanitarian activities among local populations and key actors[5]. • **Build the capacity** of security professionals and managers with security responsibilities on **generating acceptance,** assessing the degree of acceptance and integrating acceptance in the Security Risk Management process. • Make use of armed escorts only after a thorough analysis in the Security Risk Management (SRM) process that determines no other SRM measure is available to bring security risks to acceptable levels, as per the IASC Non-Binding Guidelines on the Use of Armed Escorts for Humanitarian Convoys. • Refer to the IASC Non-Binding Guidelines on the Use of Armed Escorts for Humanitarian Convoys when contributing to the SMT's evaluation of the potential impacts of using armed escorts. This evaluation should be context and location-specific and should also be informed by humanitarian principles.

[5] Security Risk Management (SRM) Manual, Annex E: Reflecting Acceptance in the SRM, p. 106-110.

ENGAGEMENT IN UN INTEGRATED MISSION SETTINGS

In contexts where the UN has a presence involving political and/or multidimensional peace operations alongside humanitarian and development actors, UN Integration policy devises how the different dimensions of the UN engagement (political, development, humanitarian, human rights, rule of law and security) work together to achieve peace consolidation aims[6].

The UN Policy on Integrated Assessment and Planning clarifies that "while humanitarian action can support peace consolidation, its main purpose remains to address life-saving needs and alleviate suffering. Accordingly, most humanitarian operations are likely to remain outside the scope of integration, which can, at times, challenge the ability of UN humanitarian actors to deliver according to humanitarian principles".

UNICEF seeks **strategic engagement** with UN missions whenever relevant and feasible, **without prejudice to the humanitarian principles of neutrality, impartiality and independence.** Key areas of collaboration include child protection, juvenile justice, reintegration of children associated with armed groups or armed forces, peacebuilding and sustaining peace initiatives and delivery of essential services.

UNICEF seeks to maintain sustained engagement at all levels with the Mission to maximize the Mission's contribution to creating an **enabling environment for humanitarian access**, while maintaining an **operational distance** where necessary to minimize the risks for UNICEF's adherence to the humanitarian principles and for staff security.

The necessary coordination and support with the Mission should be maintained alongside an effective separation of profiles and activities in the field in order to **maintain operational independence** and **minimize the risk of compromising perceptions of UNICEF or the UN's adherence to the humanitarian principles and acceptance with local communities and stakeholders**[7].

[6] See United Nations Secretary-General, Decisions of the Secretary-General – 25 June Meeting of the Policy Committee, Decision No. 2008/24 – Integration, 2008; United Nations Secretary-General, UN Policy on Integrated Assessment and Planning, 2013; Integrated Assessment and Planning (IAP) Working Group, Integrated Assessment and Planning Handbook, 2013.

[7] See UN Integration/Working in Mission Context and Technical Guidance Note on Working with UN Integrated Presences, UNICEF, 2014.

ENGAGEMENT WITH NON-STATE ACTORS (NSAs)

UNICEF engages with any person or organization, including non-state actors (NSAs), that it finds necessary **to secure protection for children, ensure the provision of humanitarian assistance and end or prevent grave violations of children's rights.** Engagement with NSAs is guided by a robust international normative and legal framework, including international human rights and humanitarian law.

Where NSAs control specific territories or affected populations, or operate as *de facto* local authorities, engaging with these may be **critical to delivering on UNICEF's mandate** and ensuring fulfilment of the CCCs. When engaging with NSAs, UNICEF fully takes into account that **legal obligations of NSAs towards populations and aid workers** are grounded in international humanitarian law, international human rights law and international criminal law.

COs, with the support of HQ and ROs, develop robust engagement strategies with NSAs, based on sound context and risk analysis, and identifying **clear purpose for engagement, expected results for children, risk mitigation measures and red lines.**

1.4.2 Humanitarian advocacy

UNICEF is mandated to **promote and protect the rights of all children**, guided primarily by the CRC and its Optional Protocols, as well as IHL. UNICEF conducts humanitarian advocacy to:

- Facilitate the **delivery of humanitarian assistance**
- Secure **unimpeded and principled humanitarian access** to populations in need
- Promote adherence to international and regional **legal norms, standards and principles**
- **Promote accountability** of perpetrators of child rights violations
- **Raise international and national awareness** of the situation of children and of humanitarian and protection needs, particularly of the most vulnerable
- Trigger **rights-based and equitable development** and strengthening of national policies, budgets, decisions and legislation, to contribute to positive social transformation and enable affected populations to claim their rights
- **Advocate for the rights and voices of children and women** as an integral component of humanitarian action

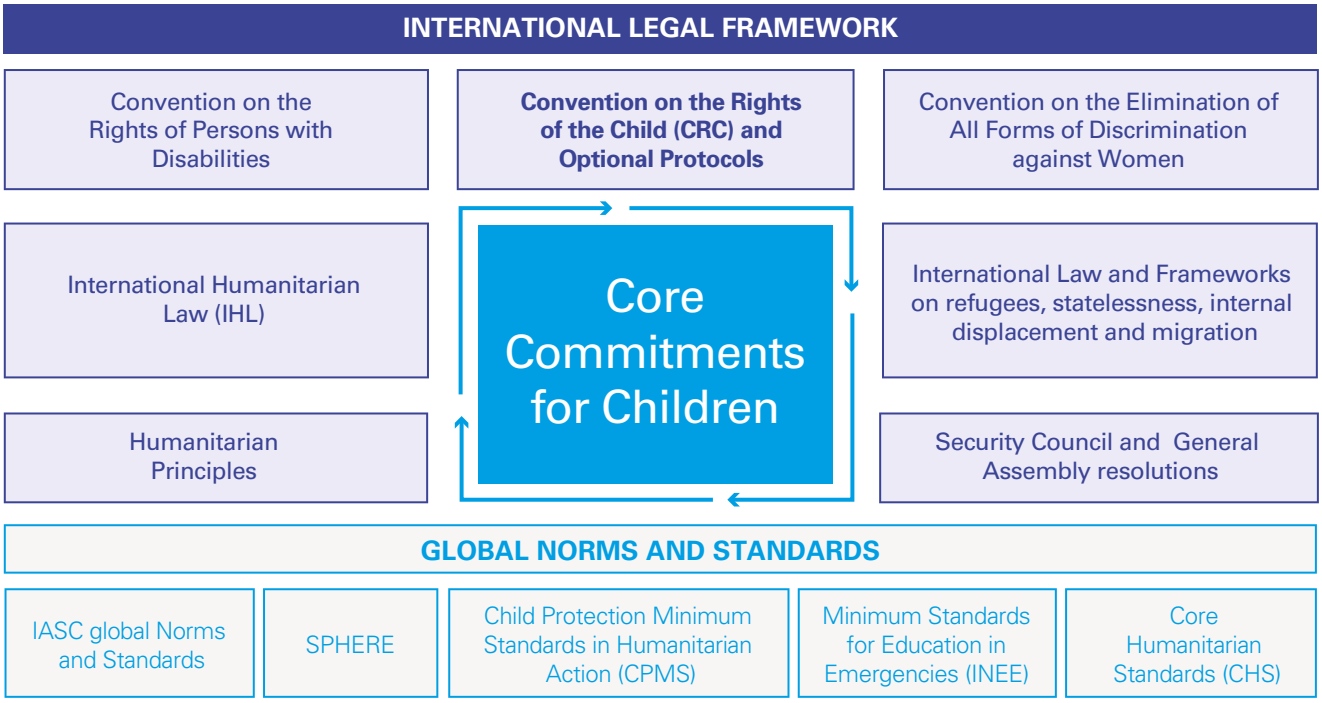
See 2.1.4 Humanitarian access and **2.3** Sectoral commitments (key considerations on advocacy)

1.4.3 Global humanitarian standards

UNICEF abides by global standards that aim to improve the quality of humanitarian action and enhance the accountability of the humanitarian system to affected populations, specifically children, including:

- The Sphere Handbook: Humanitarian Charter and Minimum Standards in Humanitarian Response (Sphere Standards), including the Core Humanitarian Standard on Quality and Accountability (CHS)
- Inter-Agency Network for Education in Emergencies Minimum Standards (INEE)
- Minimum Standards for Child Protection in Humanitarian Action (CPMS)

See Annex 2 References



1.4.4 Guiding principles

1.4.4.1 **Human rights-based approach:** UNICEF is committed to addressing inequalities and disparities in the design, implementation and monitoring of its programmes, and to ensuring that its humanitarian action is provided without discrimination of any kind. UNICEF also promotes the participation of children, adolescents, women and affected populations, and advocates for their rights and voices.

1.4.4.2 **Do no harm:** UNICEF takes measures to ensure that its interventions do not negatively impact those it seeks to assist and that they are conflict sensitive. UNICEF programmes are designed to avoid creating or exacerbating conflict and insecurity for affected populations; exacerbating existing disparities or perpetuating discrimination; creating or exacerbating environmental degradation.

1.4.4.3 **Non-discrimination:** Humanitarian crises often magnify existing inequalities and further marginalize those already at risk of discrimination. UNICEF works to identify, monitor and address existing and new patterns of discrimination and power dynamics.

1.4.4.4 **Child participation:** In all its programmes, UNICEF seeks to ensure meaningful participation of girls and boys of different ages and abilities; children are listened to and supported to express their views freely and in safety and participate in decisions which concern them.

1.4.4.5 **The best interest of the child:** UNICEF ensures that the best interest of the child guides all its humanitarian action. If a legal provision is open to more than one interpretation, the interpretation which most effectively serves the child's best interest should be chosen.

1.4.4.6 **Environmental sustainability:** UNICEF takes measures to deliver its humanitarian action in a manner that minimizes harm to the environment. This includes greenhouse gas emissions, environmental pollution, toxicants and waste.

1.4.5 Centrality of protection

Protection is the purpose and intended outcome of humanitarian action and must be **central** to preparedness efforts, as part of immediate and life-saving activities, and throughout the duration of humanitarian response and beyond. UNICEF commits to design and implement a humanitarian response that helps **keep people with vulnerabilities from harm**, protect them **from violence, coercion and abuse,** reduce the threats they face, minimize their exposure to these and increase their capacity to cope. The protection of all persons affected and at-risk is **central to UNICEF decision-making** and response, including UNICEF engagement with states and non-state parties to conflict.

1.4.6 **Accountability to Affected Populations (AAP)**

UNICEF, in accordance with the IASC and the CHS definition of AAP, aims to ensure that all vulnerable, at-risk and crisis-affected populations supported through its humanitarian action **are able to hold UNICEF to account** for promoting and protecting their rights and generating effective results for them, taking into account their needs, concerns and preferences, and working in ways that enhance their dignity, capacities and resilience.

See 2.1.6 AAP

1.4.7 **Child safeguarding**

All UNICEF personnel (staff and non-staff) and associates (suppliers/vendors, corporate partners, partners for programme implementation) are subject to provisions of UNICEF's Policy on Conduct Promoting the Protection and Safeguarding of Children. The policy is a commitment to reduce direct and indirect risks of harm to children, from deliberate or unintentional acts, including neglect, exploitation, and abuse. This applies under all circumstances. All UNICEF personnel and associates are expected to:

- Share the organization's commitment to the protection and safeguarding of children
- Conduct themselves in a way that demonstrates their commitment to the protection and safeguarding of children, the Universal Declaration of Human Rights and the CRC
- Conduct themselves in a way that demonstrates their commitment to provide assistance on the basis of rights and need alone and without discrimination against any person, in accordance with the principles of humanity, impartiality, neutrality and independence

UNICEF also promotes the adoption of protection and safeguarding by host governments in their national laws and policies, and by civil society and corporate organizations.

1.4.8 **Protection from Sexual Exploitation and Abuse (PSEA)**

UNICEF has **zero tolerance** for sexual exploitation and abuse (SEA) and is committed to the effective prevention and response to SEA, as set out in the Secretary-General's bulletin, Special measures for protection from sexual exploitation and sexual abuse (ST/SGB/2003/13) and the IASC Six Principles on related to SEA.

PSEA is a core commitment of UNICEF, and a whole-of-organization accountability that includes active leadership by UNICEF senior management, a **survivor-centred approach** and contributions from all UNICEF programme and operations.

All UNICEF personnel (staff and non-staff), including consultants, individual contractors, stand-by personnel, UN volunteers, interns and other persons who work for UNICEF under an individual contract are required to complete PSEA training, and have an **obligation to promptly report allegations of SEA.**

UNICEF has an obligation to refer survivors for appropriate assistance, including supporting child survivors during investigations, and to cooperate during the investigation process.

UNICEF partners are also obligated to promptly report allegations of SEA to UNICEF, in accordance with the United Nations Protocol on Allegations of Sexual Exploitation and Abuse Involving Implementing Partners, and to meet the PSEA requirements outlined in UNICEF's Programme Cooperation Agreement (PCA).

See 2.1.5 PSEA

UNICEF contractors are also expected to take all appropriate measures to prevent sexual exploitation or abuse of anyone by their personnel, including their employees or any persons engaged by the contractor to perform any services under the contract, and to promptly inform UNICEF of any incident.

1.4.9 Ethical evidence generation and data protection

UNICEF commits to **strict standards of ethical evidence generation** to ensure that children and their communities are respected and protected throughout the data cycle, by paying specific attention to data collection, analysis, transfer, storage, access, dissemination and destruction. UNICEF requires clear **safeguards when processing personal data,** particularly when children or vulnerable people are concerned, to safeguard their best interests. All personal data processing by UNICEF is governed by internal and interagency rules.

See 3.3 Information and communication technology

1.5 Institutional responsibilities

1.5.1 Commitment to deliver on the CCCs

The CCCs state the organization's – and each Country Office's - **commitment to respond**, regardless of the kind of crisis (sudden-onset or protracted emergencies, natural disasters, public health emergencies, complex emergencies, international or internal armed conflicts, etc.[8]), irrespective of the Gross National Income level of a country (low, middle or high), or legal status of the affected populations.

See 1.2.4 Application and **1.2.5** Implementation

UNICEF has established **clear accountabilities** and systems to ensure that all UNICEF personnel and all sectors of the organization **at global, regional, country and local level** are empowered and held accountable for the fulfilment of the CCCs.

1.5.2 Emergency procedures

All UNICEF personnel are expected to know and apply the emergency procedures[9]. UNICEF's emergency procedures set out a streamlined mechanism for organization-wide mobilization to support the timely delivery of humanitarian response. This includes the immediate deployment of financial, human and material resources and a set of fast-track procedures and mechanisms to enable the **rapid delivery** of humanitarian response, **timely decision-making** and **effective partnerships.**

1.5.3 Risk management

UNICEF's Enterprise Risk Management Policy supports **well-managed risk-taking** and mitigating strategies. This implies accepting risk when benefits for children are maximized and outweigh costs; anticipating and managing risks through continuous risk assessment, and proper mitigation measures; making prompt decisions; and recognizing that affirmative management of risks is critical to success.

[8] A ***humanitarian crisis*** is defined as any circumstance where humanitarian needs are sufficiently large and complex to require significant external assistance and resources, and where a multisectoral response is needed, with the engagement of a wide range of international humanitarian actors. This may include smaller-scale emergencies; in countries with limited capacities, the threshold will be lower than in countries with strong capacities. An ***emergency*** is a situation that threatens the lives and well-being of large numbers of a population and requires extraordinary action to ensure their survival, care and protection.

[9] **UNICEF emergency procedures** include the Simplified Standard Operating Procedures (SSOPs) for Corporate Emergency Activation Procedure in Level 3 Emergencies, UNICEF Procedure on Corporate Emergency Activation for Level 3 Emergencies, UNICEF Procedure on Regional Emergency Activation for Level 2 Emergencies and UNICEF Procedure for Level 2 Emergencies. The SSOPs are undergoing a comprehensive review with a view to developing new emergency procedures for all crises with certain provisions for L2 and L3 emergencies – in line with the CCCs and Humanitarian Review. On 20 March 2020, new emergency procedures were developed for COVID-19 building on the existing L3 SSOPs, as well as new COVID-19 specific guidance.

1.5.4 **Roles and responsibilities**

All UNICEF personnel, all sectors and offices of UNICEF at global, regional, country and local level are **responsible** for the fulfilment of the CCCs.

UNICEF PERSONNEL	
All UNICEF personnel, whether operating in a humanitarian or development context:	• Are expected to **know the CCCs**, **promote their implementation and contribute to their fulfilment**, according to the context • Are expected to know and **apply the emergency procedures**, according to the context • Must **observe the standards of conduct** of the International Civil Service[10] and UNICEF's core values
All UNICEF senior managers at Headquarters (HQ), Regional Office (RO), Country Office (CO) and Field Office (FO) are responsible and held accountable for:	• **Implementing and enforcing the CCCs** as the framework for preparedness and humanitarian response • **Practising and promoting standards of behaviour** based on the core values of care, respect, integrity, trust and accountability as per UNICEF Competency Framework, and as a foundation of their **humanitarian leadership** • **Empowering staff** to deliver results for children, holding them accountable for those results, and creating a climate that encourages quality organizational performance and efficient partnerships • Developing and maintaining a **positive working environment** that is free from misconduct, including discrimination, abuse of authority and harassment

[10] ICSC Standards of Conduct for the International Civil Service and UN Code of Ethics.

Country Offices (COs) are responsible for the effective and principled delivery of UNICEF humanitarian action at country level. In case of cross-border operations, COs ensure appropriate coordination with ROs' support.

COUNTRY OFFICES

Country Representatives, with the support of the Country Management Team (CMT) and the guidance of the RO and HQ, are responsible for:

- Providing **overall strategic direction**, leadership and guidance to the CO team in the design and delivery of humanitarian programmes as well as on prioritisation and resource allocation
- Establishing dialogue and fostering **strategic and principled collaboration** and/or partnerships with the host government (and in conflict-affected contexts, with parties to conflict), with UN agencies, international financial institutions, media, civil society, private sector and academia
- **Advocating with the national/local authorities**, and in conflict-affected contexts, with parties to the conflict, to respect, promote and fulfil women's and children's rights, and to improve policies and programmes for children, women and communities
- **Establishing** dialogue and fostering **strategic and principled collaboration** and/or partnerships with the local authorities and, in conflict-affected contexts, with parties to the conflict for unimpeded **principled access and delivery of humanitarian assistance to the populations in need**
- **Representing UNICEF** in humanitarian and development fora and advocating for the fulfilment of the CCCs in interagency coordination fora, such as UN Country Team (UNCT), Security Management Team (SMT), and Humanitarian Country Team (HCT)
- **Monitoring the situation** of children, women and communities with a view to detecting imminent crises; identifying major unmet humanitarian needs of children and taking appropriate measures in line with the CCCs to address them
- Ensuring UNICEF delivers on its **IASC commitments** at country level, including on coordination
- Ensuring the delivery of **quality humanitarian programmes** and their effective monitoring for corrective action **See 2.2.1** Quality of programmes
- Ensuring that UNICEF is a **responsive and reliable partner** **See 3.5** Partnerships with governments and civil society organizations for programme implementation
- Providing **support to national and local partners** **See 2.2.6** Localization
- Establishing alliances with donors and **mobilizing multi-year and flexible resources**
- Ensuring the **optimum management of programme resources** (financial, human, administrative and other assets), including through the design and adjustment of an office structure fit for purpose for emergency programmes and operations **See 3.1** Administration and finance
- Ensuring that activities are conducted in a way that **manages the risks** to personnel, premises and assets, and ensures the protection and security of staff members and UNICEF **See 3.7** Security management
- Ensuring that UNICEF's **zero tolerance to SEA** is upheld, including mandatory PSEA training of all UNICEF personnel and partners, prompt reporting of SEA allegations and referral of survivors for support

Chiefs of Field Office, with the support of their team and the guidance of the Representative, are responsible for effective and principled delivery of UNICEF humanitarian action at local level.

FIELD OFFICES

This includes:

- **Representing UNICEF** in the area of responsibility, providing leadership in the provision of technical advice, negotiation and advocacy with every stakeholder
- **Advocating with the local authorities,** and in conflict-affected contexts with all parties to the conflict, to respect, promote and fulfil women's and children's rights
- **Establishing** dialogue and fostering **strategic and principled collaboration** and/or partnerships with the local authorities and, in conflict-affected contexts, with all parties to the conflict for unimpeded **principled access and delivery of humanitarian assistance to the populations in need**
- Ensuring **effective management** of UNICEF presence, staff and assets; providing direction, leadership and guidance to the field office team; and managing their performance to deliver results for children and conduct effective partnerships
- Sustaining dialogue and regular **engagement with local communities and authorities**
- Undertaking **field visits**, ensuring that field office staff conduct field visits to monitor and assess programme implementation for corrective action
- Identifying **major unmet humanitarian needs** of children and taking appropriate measures in line with the CCCs to address them
- Providing local authorities and service providers with **technical support and guidance**, building and reinforcing the capacities of national and local partners
- Maintaining **effective partnerships** and collaboration for advocacy, technical cooperation, programme development/management/coordination, information-sharing and networking
- Ensuring the **optimum use of programme resources** (financial, human, administrative and other assets) through systematic assessments and monitoring of operations, including through monitoring the allocation, disbursement and liquidation of programme funds

Regional Offices (ROs), with the support of HQ, are responsible for providing guidance, oversight and direct technical and operational support to COs. ROs also coordinate cross-border, cross-regional and multi-country responses.

Regional Directors, with the support of the Regional Management Team, are responsible for providing direction, leadership and guidance to COs to ensure the achievement of organizational mission, strategy, goals and objectives.

REGIONAL OFFICES	
This includes:	• **Representing UNICEF** in the region; establishing and maintaining the highest level of contacts and effective relationships with regional partners, including UN and national partners, intergovernmental organizations, international financial institutions, NGOs and civil society; and leveraging strategic partnerships for humanitarian action • **Conducting regional advocacy and supporting country level advocacy** to protect the rights of children, promote adherence to international laws and standards, facilitate principled humanitarian access and the delivery of programmes, and promote child-friendly policies and practices • **Monitoring regional risks** and **defining regional strategies and plans for preparedness and emergency response**; reviewing and guiding COs on their risk assessment and management • Providing **guidance and direct support to COs** on their preparedness and emergency response, resources, budget, fundraising and use of emergency procedures • Leveraging **regional partnerships** for emergency preparedness and response; establishing alliances with donors and **mobilizing multi-year and flexible resources** on behalf of COs • Monitoring the effectiveness of UNICEF country emergency response and the efficient use of country programme resources with a view to **improving country programme performance** • Monitoring **effective human resources management** within the region; ensuring the availability of technical staff within the RO, facilitating the short-term deployment of staff as needed and assisting in staff redeployment in emergency situations; • Developing and implementing regional communication, information and advocacy strategies • Establishing **logistics and supply** operations and hubs • Providing support to COs on **staff safety, security and counselling** • Informing the development of **global norms and policies** based on regional experience • Facilitating **cross-learning** between COs within the region and across regions

Headquarters (HQ) develops and maintains corporate standards, policy and tools on humanitarian action; provides technical and operational support to COs jointly with ROs, and to ROs in their preparedness and response efforts; engages in external fora and partnerships; and maintains resources to support ROs and COs in crises beyond their capacity.

HEADQUARTERS	
All UNICEF **Division Directors** are responsible in their respective areas for:	• Ensuring **oversight of the organization's performance** in humanitarian response, and ensuring coordination of institutional and cross-divisional support to ROs and COs • **Mobilizing technical expertise and resources** (human, material, financial) to support ROs and COs in their preparedness and response efforts • **Conducting global advocacy and supporting regional and country advocacy** to protect the rights of children, promote adherence to international laws and standards, facilitate principled humanitarian access and the delivery of programmes, and promote child-friendly policies and practices • **Advocating with states,** and in conflict-affected contexts **with all parties to the conflict,** to respect, promote and protect women's and children's rights, and for unimpeded principled access and delivery of humanitarian assistance to the populations in need • Providing **strategic leadership and overall direction** to ROs and COs for the implementation of humanitarian response and the fulfilment of the CCCs • Providing **strategic and technical guidance to ROs and COs** in their preparedness and emergency efforts, monitoring and evaluating the quality of emergency response • Developing and maintaining **strategic partnerships** for humanitarian action with counterparts in institutions/foundations, development agencies, UN agencies and NGOs for the purposes of programme co-operation, knowledge sharing, policy development and resource mobilization • Developing **policies, guidance, tools and systems** to enable the delivery of humanitarian response • Facilitating **knowledge management**, knowledge transfer and learning across the organization • Establishing **security policy** and managing security activities for UNICEF, in coordination with other UN agencies

NATIONAL COMMITTEES

National Committees, in close coordination with HQ, ROs and COs, contribute to delivering on the CCCs through **fundraising, advocating for child rights and raising public awareness** of children's rights and needs, as well as through their partnerships with governments, national and local authorities, civil society organizations, human rights institutions, the private sector, academic and research institutions, and local media.

In countries and territories where there is a National Committee Office, and no UNICEF office, and where Governments are requesting UNICEF's support, **National Committees and UNICEF may work together to establish a formal agreement defining their respective roles**, responsibilities, and the modalities of their collaboration, in order to provide a coordinated response meeting the standards defined in the CCCs.

In countries and territories without any UNICEF presence, UNICEF activates and fast-tracks procedures and mechanisms to enable the rapid delivery of humanitarian response, through the **timely deployment of financial, human and material resources from HQ, RO, as well as from neighbouring COs, and National Committees when applicable,** for a coordinated response meeting the standards defined in the CCCs.

In all contexts, with or without UNICEF presence/intervention, **Governments, civil society organizations (CSOs) and other stakeholders can use the CCCs as a reference** to design their humanitarian action and guide their efforts in setting and meeting standards for respecting, protecting and fulfilling the rights of children and affected populations.

2. PROGRAMME COMMITMENTS

Programme commitments describe the scope of activities and advocacy undertaken by UNICEF and its partners in humanitarian settings. They form UNICEF's contribution to a collective response and are designed to support interagency coordination and response. They apply in all contexts at all times. UNICEF's role in realizing the commitments varies by context.

See 1.2 Scope of CCCs

Benchmarks describe the performance levels expected against the commitments. They set expected standards of programme coverage, quality and equity. They are drawn from global humanitarian standards, including Sphere Standards, the Core Humanitarian Standard on Quality and Accountability (CHS), the Inter-Agency Network for Education in Emergencies (INEE) Minimum Standards and the Minimum Standards for Child Protection in Humanitarian Action (CPMS).

They are supported by the CCCs Indicator Guidance to help **align UNICEF's humanitarian and development planning, monitoring and reporting.**

All Programme commitments and benchmarks foster **multisectoral and integrated programming as well as geographic convergence.**

2.1. Overarching commitments

Overarching commitments describe the principles expected of UNICEF and its partners in their humanitarian action and advocacy. These are corporate commitments which **apply across every sector and programme area**.

Benchmarks describe the performance levels expected against the commitments. They set expected standards to be **applied across all programming**.

2.1.1 Preparedness

COMMITMENT

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

BENCHMARK

All COs, ROs and HQ meet the Minimum Preparedness Standards (MPS) as per the UNICEF Procedure on Preparedness for Emergency Response and the Guidance Note on Preparedness for Emergency Response in UNICEF

Preparedness **consists of the mechanisms and systems put in place in advance to enable an effective and timely humanitarian response to humanitarian crises**, based on an analysis of the risks in a particular context, and taking into account national and regional capacities and UNICEF's comparative advantage. It is part of risk-informed programming and contributes to linking humanitarian and development programming.

UNICEF builds national and local capacities for preparedness and response, ensures UNICEF offices' preparedness to respond, including through internal capacity development, and contributes to interagency preparedness[11]. The combination of these elements varies according to context.

The UNICEF Procedure on Preparedness for Emergency Response requires all COs to complete/review at least every 12 months a four-step preparedness planning process using the Emergency Preparedness Platform (EPP) (risk analysis, scenario definition, key elements of UNICEF response, preparedness actions) to prepare to respond to their priority hazards.

The procedure also sets Minimum Preparedness Standards (MPS) for COs, ROs and HQ. These are **mandatory standards for every Office**, designed to significantly increase UNICEF's preparedness for humanitarian response.

2.1.2 Coordination

COMMITMENT

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

BENCHMARK

UNICEF, at CO/RO/HQ level, actively contributes to intersectoral coordination and ensures that sectors/clusters under its leadership are adequately staffed and skilled **See 2.3** Sectoral commitments

As a member of the IASC, UNICEF is committed to **support humanitarian coordination**[12] along with national and local stakeholders (including national and local authorities, CSOs, and communities) and to **improve the collective impact** of humanitarian response. Whether the cluster approach is activated or not, UNICEF plays a key role in both global and country-level interagency coordination for its areas of programmatic responsibility.

Where clusters are not activated, UNICEF is accountable for its respective sectors to support coordination mechanisms. This includes supporting coordination functions, the development of assessment and information management systems and tools, capacity-building and prepositioning of supplies.

[11] Reflected in the country's Programme Strategy Notes, Programme Document and Programme Management Plan.

[12] United Nations, General Assembly Resolution, 'Strengthening of the Coordination of Humanitarian Emergency Assistance of the United Nations', A/RES/46/182.

Where clusters are activated, as Cluster Lead Agency (CLA) for Nutrition, WASH, Education[13], and Child Protection Area of Responsibility (AoR) within the Protection Cluster, UNICEF is committed to fulfil the six core functions defined by the IASC:

1. Support service delivery by providing a coordination platform to prevent gaps or duplications

2. Inform strategic decision-making by the Humanitarian Coordinator (HC) and the Humanitarian Coordination Team (HCT) for the humanitarian response through coordination of needs assessment, gap analysis and prioritisation

3. Develop strategies and plans in accordance with standards and funding needs

4. Advocate to address concerns on behalf of cluster/sector members and the affected population

5. Monitor and report on the cluster/sector strategy and results, recommending corrective action where necessary

6. Support contingency planning/preparedness/national capacity-building where needed

In doing so, UNICEF pays specific attention to:

- Establish, lead and manage **effective coordination mechanisms** with all relevant partners, and provide adequate human and financial resources for cluster/sector coordination and information management responsibilities

- Establish **standards of quality, predictability, accountability and partnership**, in accordance with global norms and standards

- Provide **technical support and guidance** to cluster/sector members and promote quality and global humanitarian standards, including on child rights, gender and protection mainstreaming

- Ensure **strong links with development coordination bodies and processes** to ensure that humanitarian and development approaches are aligned with national development objectives and that steps are taken to strengthen national preparedness and response capacity

- **Promote principled humanitarian action and humanitarian principles**, especially in conflict affected contexts

- Promote the **participation of local and national NGOs** in the cluster/sector system

Furthermore, as the **Provider of Last Resort**, when and where necessary, and depending on access, security and availability of funding, **UNICEF is committed to take appropriate measures for the provision of services required to fill critical gaps** identified by the cluster/sector group and reflected in the Humanitarian Response Plan (HRP). When access, security and/or funding are not sufficient, UNICEF, as the cluster/sector lead agency, is committed to raise these issues with the HC or Emergency Relief Coordinator for urgent attention and/or advocacy, as per the IASC Guidance on Provider of Last Resort.

In case of the activation of a IASC Humanitarian System-Wide Scale-Up Activation Protocol and related IASC Empowered Leadership Protocol, **UNICEF is committed to take appropriate measures to adapt and scale-up its response modalities** for interagency response to meet populations' needs.

[13] UNICEF is the Cluster Lead Agency at country-level and the co-lead at the Global Level, through a MoU with Save the Children.

2.1.3 Supply and logistics

COMMITMENT

Ensure the timely delivery and distribution of supplies and essential household items to affected populations, partners and/or point-of-use

BENCHMARK

All COs, with the support of ROs/HQ, ensure that life-saving supplies and essential household items are delivered to affected populations, partners and/or point-of-use promptly

Supply and Logistics are an integral component of programme and service delivery. UNICEF commits to ensuring the fast delivery and distribution of appropriate supplies and relief items related to Health, Nutrition, WASH, Education and Protection sectors, and of appropriate essential household items to affected populations. **UNICEF teams, including programme, operations, supply and logistics staff, work closely at all stages of the programme cycle**, to develop supply and logistics strategies based on needs assessments, preparedness and response plans; and ensure that life-saving supplies and essential household items for children and communities are delivered to affected populations, partners and/or point-of-use in a timely fashion.

See 3.8 Supply and logistics

2.1.4 Humanitarian access

COMMITMENT

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

BENCHMARK

All COs, with the support of ROs/HQ:

- Establish internal coordination mechanisms which define roles, responsibilities, processes, and tasks related to humanitarian access
- Identify and equip relevant staff with requisite knowledge, skills, materials, and tools on principled humanitarian action and operating in complex and high threat environments (including civil-military coordination, negotiations for access and humanitarian advocacy)
- Seek engagement with all parties to conflict, and other stakeholders, as necessary and feasible to earn and maintain access to and for the populations in need
- Proactively pursue acceptance among communities and stakeholders
- Engage in coordination mechanisms to establish and maintain principled humanitarian access, in collaboration with UN Agencies, national and local authorities and CSOs, within existing coordination mechanisms such as the Humanitarian Country Team (HCT), the United Nations Country Team (UNCT), the Security Management Team (SMT), and the cluster/sector coordination mechanisms

Principled and unimpeded humanitarian access is essential to establish and carry out humanitarian response. In all contexts, conflict-affected or not, UNICEF is **committed to ensure that all affected populations can safely and consistently reach assistance and essential services.**

UNICEF access to populations and programme implementation is grounded on **a deliberate application of humanitarian principles in all decision-making processes** and is supported by a continuous effort to earn and maintain **acceptance** of communities, authorities, and in conflict-affected contexts, of all parties to the conflict.

See 1.4.1 Humanitarian principles

UNICEF's Access Framework[14] provides UNICEF and its partners with the guidance and resources to gain and maintain principled humanitarian access to populations in need. At CO level, Senior Management is responsible for establishing internal coordination mechanisms which define roles, responsibilities, and processes by which UNICEF personnel from Programmes and Operations collaborate to optimize humanitarian access.

In all contexts, **UNICEF seeks to ensure its action is perceived by all stakeholders as apolitical, neutral, impartial and independent.** This implies a strict distinction from political and military entities, including in UN integrated settings **See Engagement in UN Integrated Mission Settings in 1.4.1 Humanitarian principles**, and the use of armed escorts only after a thorough analysis in the Security Risk Management (SRM) process that determines no other SRM measure is available to bring security risks to acceptable levels, as per the IASC Non-Binding Guidelines on the Use of Armed Escorts for Humanitarian Convoys[15].

2.1.5 Protection from Sexual Exploitation and Abuse (PSEA)[16]

COMMITMENT

Deliver on UNICEF's commitment to protection from sexual exploitation and abuse **See 1.4.8** PSEA

BENCHMARK

All COs, with the support of ROs/HQ, establish processes to ensure that:

- Every child and adult in humanitarian contexts have access to safe, child- and gender-sensitive reporting channel(s) to report SEA
- Every survivor is promptly referred for assistance in line with their needs and wishes (such as medical care, mental health and psychosocial support, legal assistance, reintegration support), as part of UNICEF's gender-based violence (GBV) and child protection programmes
- The prompt, safe and respectful investigation of SEA cases, is consistent with the wishes and best interest of every survivor

UNICEF is committed to ensuring that all children and adults are protected from sexual exploitation and abuse across all of UNICEF programming. Every UNICEF Office contributes to achieving the above benchmarks by embracing a whole-of office approach, including through: the development of a Country Office Action Plan under the leadership of senior management with active contributions by Human Resources, Ethics, Operations and all Programme sectors; the designation of a PSEA Focal Point within each CO, including field offices; the mandatory completion of PSEA training for all UNICEF personnel and partners; and the active contribution to an inter-agency approach under the leadership of the Humanitarian Coordinator[17].

[14] See UNICEF Access Framework, 2020 (forthcoming – hyperlink to be added when officially released).

[15] In accordance with the IASC Non-Binding Guidelines on the Use of Armed Escorts for Humanitarian Convoys.

[16] In accordance with the IASC Commitments on Accountability to Affected People and Protection from Sexual exploitation and Abuse, 2017.

[17] IASC Championship Strategy on PSEA and Sexual Harassment (2018); IASC Plan to Accelerate PSEA in Humanitarian Response at Country Level, endorsed by IASC Principals December 2018.

2.1.6 **Accountability to Affected Populations (AAP)**[18]

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

BENCHMARK

All COs, with the support of ROs/HQ, establish processes to ensure that affected and at-risk populations, including children and women:

- Participate in humanitarian planning processes and in decisions that affect their lives
- Are informed about their rights and entitlements, expected standards of conduct by UNICEF personnel, available services, and how to access them through their preferred language and methods of communication, as per the Sphere standards
- Have their feedback systematically collected and used to inform programme design and course correction
  See 2.3.1 Needs assessments, planning, monitoring and evaluation
- Have access to safe and confidential complaint mechanisms

UNICEF is committed to **putting affected populations, including children, women and the most vulnerable**[19] **groups, at the centre of its work**[20]. UNICEF facilitates the safe, appropriate and equitable engagement of communities by:

- Promoting the **participation of communities** in decisions on defining and prioritising interventions and determining the most appropriate delivery mechanisms
- Providing **access to life-saving information**, including on affected people's rights and how to exercise them, and appropriate two-way communication channels between aid providers and communities
- Providing secure means for affected communities to **provide feedback** and complain about programmes and responses, while regularly collecting, analysing and integrating this information into decision-making processes

[18] Ibid.

[19] **Vulnerable groups** are those most exposed to risk, and particularly susceptible to the effects of environmental, economic, social and political shocks and hazards. Vulnerable groups 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.

[20] See UNICEF, Accountability to Affected Populations Handbook (draft), 2019.

2.2 Programme approaches

Programme approaches describe the approaches expected of UNICEF and its partners in their humanitarian action and advocacy. These are corporate commitments which **apply across every sector and programme area**.

Benchmarks describe the performance levels expected against the approaches. They set expected standards to be **applied across all programming**.

2.2.1 Quality of programmes

COMMITMENT

Design and implement high quality programming

BENCHMARK

All COs, with the support of ROs/HQ, design and implement results-based humanitarian responses that are informed by humanitarian principles and human rights, meet global norms and standards, and contribute to strengthening local capacity and systems

UNICEF works with its partners to design and implement programmes that:

- Are informed by international legal frameworks, **humanitarian principles** and **human rights,** put children's rights at the centre of programming and **mainstream the protection** of children, women and affected populations in all sectors

See 1.3 International legal framework and **1.4.5** Centrality of protection

- Are in line with **global norms and standards**, including the Sphere standards, CHS, INEE and CPMS

See 1.4 Global standards and principles

- Target the **most disadvantaged children, women and communities**

See 2.2.3 Equity

- Foster **multisectoral programming, geographic convergence and an integrated approach** for sustainable and at-scale outcomes

See 2.2.2 Multisectoral and integrated programming

- Are **safe and accessible**
- Are **results-based, contribute to collective outcomes** and are founded on **evidence, analysis** and **needs assessments**
- Are based on **communication with, participation of and feedback from affected populations,** including women and children
- Are **gender-responsive, age-sensitive and inclusive**
- Are **conflict-sensitive,** avoid negative effects, and are **informed by a robust child-sensitive risk and conflict analysis**, taking into consideration protection risks and potential violations
- Contribute to **strengthening national and local systems and capacities** of national and local actors (authorities and CSOs), reduce vulnerabilities and risks, **build resilience and social cohesion** and lay the foundation for recovery and sustainable development, including **environmental considerations**, by integrating climate adaptation and disaster risk reduction

See 2.3 Sectoral commitments and **2.4** Cross-sectoral commitments (key considerations on quality programming and standards)

2.2.2 Multisectoral and integrated programming

COMMITMENT

Foster multisectoral/integrated programming and geographic convergence at all phases of the programme cycle

BENCHMARK

All COs promote multisectoral and integrated programming, as well as geographic convergence, when designing and implementing programmes and partnerships

UNICEF fosters a **multisectoral/integrated approach and geographic convergence** in the design and implementation of its programmes and partnerships. Sector leads are encouraged to operate in the same geographic locations; coordinate the planning, financing and implementation of programmes jointly; contribute to each other's goals and results, in order to deliver more sustainable, cost-effective and at-scale outcomes[21].

This **applies to all phases** of the programme response cycle: needs assessments; planning, design of partnerships; programme implementation; support to service delivery; capacity-building; coordination; field monitoring and evaluation.

See 2.3 Sectoral commitments and **2.4** Cross-sectoral commitments (key considerations on quality programming and standards)

2.2.3 Equity

COMMITMENT

Target and reach the most disadvantaged children and their communities with humanitarian assistance, protection and services

BENCHMARK

All COs develop context-specific approaches for reaching the most vulnerable groups and balance coverage, quality and equity in their humanitarian response planning

UNICEF's humanitarian response strives to **focus on the most disadvantaged** communities to **realize the rights of every child** starting with the most vulnerable[22] and deprived. UNICEF seeks to understand and address the root causes of discrimination and inequity, often exacerbated by emergencies, so that all children and women, particularly those most vulnerable, have safe access to education, health care, nutrition, sanitation, clean water, protection and other services, and have an opportunity to survive, develop and reach their full potential, without discrimination.

UNICEF balances **reaching the greatest number of people in need** (coverage) with **reaching those in greatest need** (equity), while maintaining the delivery of **quality programming**[23]. UNICEF prioritizes **accessing people who are in greatest need of assistance** in a timely and principled manner, particularly in contexts with limited funding. To inform an equity approach, UNICEF collects and uses disaggregated data to understand the different needs of different groups of affected populations, in order to target and reach the most disadvantaged groups.

See 2.3.1 Needs assessments, planning, monitoring and evaluation

[21] **Examples of multi-sectoral and integrated programming** include the combining of Health, Nutrition, WASH, Child Protection, ECD and HIV for severe acute malnutrition (SAM) treatment; the combining of Health, WASH and Community engagement for behaviour and social change for the response to disease outbreaks; the combining of Education and WASH for menstrual health and hygiene in schools; and of Education and Child Protection for mental health and psychosocial support (MHPSS).

[22] **Vulnerable groups** are those most exposed to risk, and particularly susceptible to the effects of environmental, economic, social and political shocks and hazards. Vulnerable groups 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.

[23] **Balance coverage, quality and equity:** Process which consists in balancing the objective to reach the greatest number of people (coverage) with the objective to reach the people in greatest need (equity), while maintaining quality of programmes. 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 interagency and IASC standards. Equity is judged by appropriate prioritisation of the people most in need, informed by assessment and analysis of vulnerability and deprivation, and the principle of leaving no child behind.

2.2.4 **Linking humanitarian and development**

COMMITMENT

Foster coherence and complementarity between humanitarian and development programming

BENCHMARK

All COs, with the support of ROs/HQ, design and implement risk-informed and conflict-sensitive humanitarian programmes that build and strengthen national and local capacities and systems from the start of humanitarian action to reduce needs, vulnerabilities of and risks to affected populations; and contribute to social cohesion and peace, where relevant and feasible

All COs must implement **risk-informed and conflict-sensitive programming that build and strengthen national and local capacities and systems to reduce needs, vulnerabilities of and risks to affected populations**. This includes:

- Responding to emergencies in a way that **strengthens existing national and local capacities and systems,** helping to safeguard women and children's rights and deliver essential services to the most vulnerable and marginalized through:
    - Investing in the organizational and institutional capacity of national and local actors, including national and local authorities, CSOs, and the private sector
    - Strengthening national and local service delivery and management systems, including building the readiness and resilience of national social protection systems
    - Strengthening capacities of communities, particularly women, adolescents and children
    - Strengthening the leadership and coordination of humanitarian response by local communities and authorities
- Identifying and analysing **risks, shocks and stresses and implementing risk-informed and conflict-sensitive programming** that:
    - Plans for the impact of shocks and stresses through appropriate preparedness measures to avoid possible disruptions to service delivery
    - Is designed to avoid exacerbating conflict and violence (i.e. conflict-sensitive)
    - Improves national and local capacities for disaster risk reduction, including sustainable climate change adaption

UNICEF's Procedure on Linking Humanitarian and Development Programming makes these strategies mandatory for all COs.

See 2.3 Sectoral commitments and benchmarks on system strengthening and key considerations on linking humanitarian and development

LINKING HUMANITARIAN, DEVELOPMENT AND PEACE

All COs design and implement **conflict-sensitive programmes that contribute to social cohesion and peace**, where relevant and feasible, by:

- Focusing on the **equitable and inclusive delivery and effective management of social services** such as education, health, clean water and sanitation and child protection
- Supporting the good management and delivery of essential services in **conflict-sensitive, equitable and accountable** ways
- Promoting the **participation of communities**, especially children, adolescents and young people
- Building **trust and collaboration** within and between communities
- Strengthening individual **coping mechanisms** and capacities to deal with causes and effects of conflict and sustaining peace

In contexts affected by conflict, fragility and/or other major challenges to social cohesion, COs design and implement humanitarian programmes that:

- Are informed by a **robust conflict analysis** and avoid exacerbating conflict and violence factors
- Identify and seize opportunities to **build social cohesion** and peace in the delivery of services
- Entail activities aiming at **preventing** the outbreak, escalation, continuation and recurrence of conflict, whenever relevant and feasible
- **Safeguard operational independence and principled humanitarian action** when linking humanitarian and development programmes, especially in situations where the government is party to the conflict. In some contexts, it may neither be possible nor appropriate to engage in development action.

In all contexts, while contributing to collective outcomes, UNICEF humanitarian action remains guided by humanitarian principles and focused on its objectives of saving lives, alleviating suffering and maintaining human dignity during and in the aftermath of crises. Without prejudice to the humanitarian principles of neutrality, impartiality and independence, and when relevant and feasible, UNICEF contributes to the UN system-wide agenda for Sustaining Peace[24].

In UN Integrated Mission Settings, UNICEF seeks to maintain sustained engagement at all levels with the Mission while maintaining an operational distance to minimize the risk of compromising perceptions of UNICEF adherence to the humanitarian principles and acceptance with local communities and stakeholders[25].

See Engagement in UN Integrated Mission Settings in **1.4.1** Humanitarian principles

[24] The UN system-wide agenda for Sustaining Peace focuses on the contribution the UN system can make to end some of the world's most devastating and protracted armed conflicts and support member states in their efforts to prevent armed conflict and sustain peace. See General Assembly resolution A/RES/70/262 and Security Council resolution S/RES/2282 (2016).

[25] See UN Integration/Working in Mission Context and the UNICEF Technical Guidance Note on Working with UN Integrated Presences, 2014.

2.2.5 **Environmental sustainability and climate change**

COMMITMENT

Incorporate environmental sustainability into the design and delivery of UNICEF's humanitarian action and strengthen communities' resilience to climate change

BENCHMARK

All COs, with the support of ROs/HQ, design humanitarian programmes that integrate environmental and climate risk, prioritise approaches that minimize harm to the environment and contribute to building resilience, whenever relevant and feasible

UNICEF is committed to **reducing the risk and impact of environmental degradation and climate change upon children and providing them with a safe and clean environment**. In the delivery of its humanitarian action, UNICEF assesses its impact upon the environment and takes steps to minimize emissions, pollution and waste.

See 2.1.3 Supply and logistics

At Country Office level, humanitarian action is informed by a **mandatory assessment of climatic and environmental risks**, part of the Procedure on Linking Humanitarian and Development Programming, mandatory for all COs. Solutions designed in consultation with the community **build resilience to future environmental stresses and promote low-carbon and pollution approaches.** UNICEF works with national and local authorities to promote and implement environmentally sustainable and climate-resilient solutions.

2.2.6 **Localization**

COMMITMENT

Invest in strengthening the capacities of local actors (national and local authorities, CSOs and communities) in humanitarian action

BENCHMARK

All COs, with the support of ROs/HQ, invest in strengthening institutional and technical capacity of local actors to deliver principled humanitarian response

UNICEF invests in the institutional and technical capacity of local actors (authorities, CSOs, communities and private sector), to better address the needs of children affected by humanitarian crisis and to prepare national and sub-national actors for future humanitarian responses. UNICEF commits to localizing its humanitarian response by **recognizing, respecting and strengthening the leadership and coordination of humanitarian action by national and local authorities, CSOs, and communities.** UNICEF achieves localization by supporting capacity-building of local authorities and CSOs including on emergency preparedness and risk informed programming, engaging in principled partnership, adopting comprehensive risk management and, where possible, supporting multi-year agreements and funding.

See: 1.2.3 Partnerships and **3.5** Partnerships with governments and civil society organizations for programme implementation; **2.1.1** Preparedness; **2.1.2** Coordination; **2.1.6** AAP; **2.1.3** and **3.8** Supply and logistics; **2.2.1** Quality of programmes; **2.2.4** Linking humanitarian and development; **3.1** Administration and finance; and **3.6** Resource mobilization.

2.2.7 Community engagement for behaviour and social change[26]

COMMITMENT

Implement community engagement for behaviour and social change in collaboration with national and local actors

BENCHMARK

All COs, with the support of ROs/HQ, design and implement humanitarian programmes with a planned and resourced component on community engagement for behaviour and social change

UNICEF safely **engages and mobilizes communities to foster positive and measurable behaviour and social change** and puts people at the centre of humanitarian programmes. UNICEF integrates community engagement, behaviour and social change into humanitarian preparedness and response by including a planned and resourced component, designed and implemented with national and local partners and adapted to each context[27], with a focus on:

- Providing **life-saving information and information on rights and entitlements, services available** and how to access them
- Supporting the **adoption of healthy and protective behaviour,** including psychosocial self-care practices
- Conducting **rapid assessments, social and behavioural research** to inform response activities
- Creating community engagement platforms or converting existing ones for the purpose of the response
- Supporting the **scale-up of community-based interventions** for the purpose of the response
- Building engagement and interpersonal **capacity of frontline workers**
- Supporting the **participation** of all affected and at-risk populations in intervention design and feedback

See 2.1.6 AAP

- Promoting **peacebuilding and social cohesion** activities (including coexistence between displaced populations and host communities)

See 2.2.4 Linking humanitarian and development

- Helping **build trust with local actors** to **secure humanitarian access** to intervention areas

Where relevant, UNICEF leads or contributes to the coordination of stakeholders implementing community engagement, behaviour and social change interventions.

See 2.3 Sectoral commitments for commitments on Community engagement for behaviour and social change, **2.4** Cross-sectoral commitments and **2.5.1** Public health emergencies (PHE)

[26] Also known as Communication for Development (C4D).

[27] See UNICEF Minimum Quality Standards and Indicators in Community Engagement, 2020.

2.2.8 **Humanitarian cash transfers**

COMMITMENT

Promote unconditional and unrestricted humanitarian cash transfers

BENCHMARK

All COs, with the support of ROs/HQ, promote the use of unconditional and unrestricted humanitarian cash transfers, whenever relevant and feasible

Alongside other modalities, UNICEF is committed to **assessing the feasibility of cash transfers in every humanitarian response** in coordination and agreement with other humanitarian actors. All COs must assess the feasibility of cash transfers in a timely and efficient manner in accordance with the UNICEF Procedure on Preparedness for Emergency Response or during the response.

Humanitarian cash transfers are a flexible assistance modality which helps meet the survival and recovery needs of the most vulnerable children and families; contributes to multisectoral response through addressing immediate basic needs; gives families flexibility to make their own choices and supports local markets. Cash transfers can also contribute to the delivery of sector-specific objectives through the design of cash plus approaches.

As the context evolves, all COs must update and adapt their approach to humanitarian cash transfers, maintaining minimum **ethical and safety standards around the collection, use and sharing of data.**

While a range of implementation models can be used to implement cash transfer programmes, UNICEF first considers the possible use of existing national social protection systems. When this is not feasible or not aligned with humanitarian principles, UNICEF uses or sets up an alternative system of implementation through partnerships with other UN agencies, international financial institutions, international and local NGOs, the Red Cross and Red Crescent Movement and the private sector.

2.3. **Sectoral commitments**

Strategic results describe at a high-level what UNICEF is working towards by meeting its commitments and benchmarks.

Sectoral commitments describe the **scope of activities** undertaken by UNICEF and its partners in their humanitarian action and advocacy in a particular sector.

Benchmarks describe the **performance levels expected** against the commitments. They set expected standards to be applied across all programming in that sector.

Needs assessments, planning, monitoring and evaluation provides the framework for all programmes.

2.3.1 Needs assessments, planning, monitoring and evaluation

STRATEGIC RESULT
Children and their communities benefit from appropriate and timely humanitarian action through needs-based planning and results-based management of programmes

COMMITMENTS	BENCHMARKS
1: Equity-focused data Disaggregated data is collected, analysed and disseminated to understand and address the diverse needs, risks and vulnerabilities[28] of children and their communities	• Disaggregated data (by age, gender, disability, location and other context-specific considerations) is collected, analysed and disseminated in all assessment, planning, monitoring and evaluation activities
2: Needs assessment Coordinated, timely and impartial assessments of the situation, humanitarian assistance and protection needs, vulnerabilities and risks are undertaken	• Needs assessments and analysis are, whenever possible, conducted as joint interagency exercises, and start within 72 hours of a sudden onset crisis, and at least annually for protracted humanitarian situations[29] • Needs assessments and analysis are child- and gender-sensitive, meet interagency standards and use pre-crisis data and feedback from affected populations
3: Response planning Response plans are evidence-based and consistent with interagency planning. They address coverage, quality and equity[30], adapt to evolving needs, ensure conflict sensitivity and link humanitarian and development programming	• Planning is informed by evidence, including needs assessments, vulnerability analysis, pre-crisis data, learning from evaluations/reviews, partner dialogue and feedback from affected populations • Indicators and targets are identified, including high frequency indicators • Ongoing needs assessment and monitoring plans are in place and reviewed twice a year, addressing coverage, quality, equity and "do no harm" • Humanitarian and development programming are linked through preparedness, system strengthening, resilience and transition planning

[28] **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.

[29] Initial rapid assessments within 72 hours; sectoral needs assessments within two weeks; Multi-cluster Initial Rapid Assessment (MIRA) or similar multi-sector needs assessments within four weeks.

[30] **Balance coverage, quality and equity:** Process which consists in balancing the objective to reach the greatest number of people (coverage) with the objective to reach the people in greatest need (equity), while maintaining quality of programmes. 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 interagency and IASC standards. Equity is judged by appropriate prioritisation of the people most in need, informed by assessment and analysis of vulnerability and deprivation, and the principle of leaving no child behind.

4: Monitoring The humanitarian situation and the coverage, quality and equity of the humanitarian response are monitored to inform ongoing corrective action and future planning processes	• Progress against targets is regularly reported, including through high frequency indicators • Structured field monitoring, including partner dialogue and feedback from affected populations, is undertaken in line with the UNICEF Field Monitoring Guidance **See 3.5** Partnerships with governments and civil society organizations for programme implementation and **2.1.6** AAP • Situation Monitoring tracks evolving humanitarian needs at a frequency appropriate to the context • Intended and unintended consequences[31] are monitored, with a focus on equity and conflict sensitivity
5: Evaluation UNICEF's contribution to humanitarian action is systematically and independently assessed[32] through credible and utilisation-focused evaluations, interagency evaluations and other evaluative exercises[33], in line with the UNICEF evaluation policy and procedures	• Evaluations of humanitarian responses are used for organizational learning, accountability and performance improvements to enhance the systems, policies and programmes of UNICEF and its partners • Evaluative exercises, such as after-action reviews, lessons learned exercises and operational peer reviews, are undertaken early for rapid-onset emergencies, or incorporated into regular strategic planning for protracted responses, to inform corrective action

See 1.2.6 Performance monitoring, **2.1.1** Preparedness, **2.1.6** AAP and **2.2.3** Equity

[31] An **intended consequence** can refer to a planned programme outcome e.g. increased community participation in humanitarian response planning processes. An unintended consequence can refer to any unforeseen effects e.g. community participation programming that exacerbates existing inequalities by favouring community members with the ability and status to engage in processes and/or increasing women's time burden. Unintended consequences can be positive or negative.

[32] Against the CCCs, policies, guidelines, UNICEF quality and accountability standards, and stated objectives of humanitarian action.

[33] Evaluative exercises such as after-action reviews and lessons learned exercises may be undertaken internally.

KEY CONSIDERATIONS

Advocacy

- **Advocate for timely collection and sharing of data and analysis** to facilitate needs-based programming, particularly where there are existing gaps or barriers to data collection and sharing.
- **Promote multi-sectoral and integrated planning and programming,** including geographic convergence.
- **Advocate for impartial needs assessment to inform response planning and independent monitoring.**

Coordination and partnerships

- **Collaborate with local partners, authorities, CSOs and communities** to improve understanding of the context and better access communities and vulnerable groups.
- **Ensure coordination with other UN agencies, CSOs and national and local authorities** through joint assessments, planning, monitoring, evaluation and data sharing to achieve collective results and minimize risks of gaps or duplication.

Quality programming and standards

- Provide **neutral and impartial humanitarian assistance** based on impartial needs assessments
- Ensure respect for **humanitarian principles throughout the targeting and prioritization processes,** especially in determining service locations and targeting methods. Special care should be taken to avoid only seeking out and assessing populations under the control of a single party to conflict
- **Identify and engage with different groups of people** in culturally appropriate ways to collect disaggregated data.
- **Optimize the use of credible primary and secondary data sources**, including data collected and analysed by other humanitarian actors, pre- and post-crisis data, programme monitoring data, feedback from affected populations, civil society, social media and geospatial data.
- **Ensure Results-Based Management** of humanitarian action through collection, analysis and use of data, including disaggregated data, on the situation of children and their communities and programme implementation to inform planning, programme design, corrective actions and adaptation to changing needs and contexts.
- **Balance the coverage, quality and equity[34] of programming** factoring in operational constraints (e.g. funding, access). Interventions that are more difficult to measure and those targeting smaller numbers of the most vulnerable children should not be discounted. **See 2.2.3** Equity
- **Align indicators and targets** across planning processes and funding appeals to harmonize programming and streamline reporting requirements.
- **Use digital data collection and dissemination** to improve the timeliness of data collection and analysis, provided there are adequate safeguards in place for data protection.

[34] **Balance coverage, quality and equity:** process which consists in balancing the objective to reach the greatest number of people (coverage) with the objective to reach the people in greatest need (equity), while maintaining quality of programmes. 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 interagency and IASC standards. Equity is judged by appropriate prioritisation of the people most in need, informed by assessment and analysis of vulnerability and deprivation, and the principle of leaving no child behind.

- **Ensure ethical data collection, use, storage and sharing** in the best interest of the child, as per the Procedure for Ethical Standards. **See 1.4.9** Ethical evidence generation and data protection
- **Use third party monitors** (TPMs) to overcome capacity or access constraints, and where TPMs have a lower risk profile than UNICEF personnel. Plan and implement capacity-building for TPM to meet UNICEF standards and principles.
- Ensure UNICEF staff at field, country, regional and HQ levels have the **necessary resources and capacities** to commission and manage evaluations. Ensure that evidence produced is used to create timely and effective feedback loops into UNICEF programming and operations.
- **Ensure that humanitarian evaluations are of high quality**, meet the needs of UNICEF and stakeholders and are well-resourced, effectively planned, designed, managed and conducted. In contexts where interagency evaluations (which assess collective outcomes and are not in-depth evaluations of the performance of any specific organization) are planned, UNICEF should consider lighter evaluative exercises for its own learning and accountability purposes.

Linking humanitarian and development

- To the extent possible, use or enhance **existing national and sub-national data systems and minimize the development of parallel data systems** during humanitarian response. **See 2.2.4** Linking humanitarian and development
- In contexts of conflict, fragility or major challenges to social cohesion, ensure that programmes are informed by a **robust conflict analysis**. **See 2.2.4** Linking humanitarian and development
- **Undertake reviews and evaluations of UNICEF's work in linking humanitarian and development** on a regular basis to assess how these linkages contribute to improved results for children.

2.3.2 Health

STRATEGIC RESULT
Children, adolescents and women have access to life-saving, high-impact and quality health services

COMMITMENTS	BENCHMARKS
1: Leadership and coordination Effective leadership and coordination are established and functional **See 2.1.2** Coordination	• UNICEF actively contributes to the interagency and intersectoral coordination mechanisms
2: Maternal and neonatal health Women, adolescent girls and newborns safely and equitably access quality life-saving and high-impact[35, 36] maternal and neonatal health services	• At least 90% of pregnant women and adolescent girls receive scheduled antenatal care[37] (ANC) in line with coverage of 4+ ANC visits • At least 90% of pregnant women and adolescent girls receive skilled attendance at birth including essential newborn care, with desired quality[38,39] • At least 80% of mothers and newborns receive early routine postnatal care within two days following birth • At least 80% of small and sick newborns have access to inpatient level 2[40] special newborn care within two hours of travel time
3: Immunization Children and women receive routine and supplemental vaccinations	• At least 80% of the targeted children and women receive routine vaccinations, including in hard-to-reach areas[41] • At least 95% of the targeted population are reached during vaccination campaigns conducted to reduce risk of epidemic-prone outbreaks[42]

[35] 16 high impact lifesaving interventions: Darmstadt GL, Bhutta ZA, Cousens S, Adam T, Walker N, de Bernis L, Lancet Neonatal Survival Steering Team: NSS, Evidence-based, cost-effective interventions: how many newborn babies can we save? Lancet. 2005, 365 (9463): 977-988. 10.1016/S0140-6736(05)71088-6.

[36] **Preconception:** (1) Folic acid supplementation; **Antenatal** (2) Tetanus toxoid immunization, (3) Syphilis screening and treatment, (4) Pre-eclampsia and eclampsia: prevention (calcium supplementation), (5) Intermittent presumptive treatment for malaria, (6) Detection and treatment of asymptomatic bacteriuria; **Intrapartum** (7) Antibiotics for preterm premature rupture of membranes, (8) Corticosteroids for preterm labour, (9) Detection and management of breech (caesarian section), (10) Labour surveillance (including partograph) for early diagnosis of complications, (11) Clean delivery practices; **Postnatal:** (12) Resuscitation of newborn baby, (13) Breastfeeding, (14) Prevention and management of hypothermia, (15) Kangaroo mother care (low birthweight infants in health facilities), and (16) Community-based pneumonia case management.

[37] **Antenatal care (ANC)** is provided by skilled health-care professionals to pregnant women and adolescent girls in order to ensure the best health conditions for both mother and baby during pregnancy. The components of ANC include risk identification; prevention and management of pregnancy-related or concurrent diseases; health education and health promotion. For details see WHO recommendations on Antenatal care for a positive pregnancy experience.

[38] Operational definitions for the characteristics of **Quality of Care for maternal and newborn health:** (1) **Safe**—delivering health care which minimises risks and harm to service users, including avoiding preventable injuries and reducing medical errors, (2) **Effective**—providing services based on scientific knowledge and evidence-based guidelines, (3) **Timely**—reducing delays in providing/receiving health care, (4) **Efficient**—delivering health care in a manner which maximises resource use and avoids wastage, (5) **Equitable**—delivering health care which does not vary in quality because of personal characteristics such as gender, race, ethnicity, geographical location or socioeconomic status, and (6) **People-centered**—providing care which takes into account the preferences and aspirations of individual service users and the cultures of their communities.

[39] For details of quality of care standards, result statements and measures, refer to WHO Standards for improving quality of maternal and newborn care in health facilities, 2016.

[40] **Key inpatient care** (24/7) practices for small and sick newborns, including (but not exclusively): provision of warmth; support for feeding and breathing; treatment of jaundice; prevention and treatment of infection. Special newborn care does not include the provision of intermittent positive-pressure therapy. Special newborn care can only be provided in a health facility. See WHO and UNICEF, Survive and Thrive: Transforming care for every small and sick newborn, 2019. p.60 and 130.

[41] **Routine vaccination** schedules are determined by national standards. Coverage levels should be scrutinised at sub-national level (3rd administrative level) to ensure equitable coverage. Refer to targets in Global Vaccine Action Plan 2011-2020 and the soon to be released Global Vaccine Action Plan 2021-2030.

[42] As defined in the Global Vaccine Action Plan 2011-2020 and the soon to be released Global Vaccine Action Plan 2021-2030 and based on decision- making framework for vaccination in acute humanitarian emergencies.

4: Child and adolescent health Children and adolescents safely and equitably access quality life-saving and high-impact child health services	• Children and adolescents have safe and uninterrupted access to health services through functional health facilities, school and community-based activities and at the household level • Children and adolescents receive quality, age- and gender-appropriate prevention, diagnosis and treatment for common causes of illness and death • Children, adolescents and caregivers have access to psychosocial support
5: Strengthening of health systems and services Primary health care continues to be provided through health facilities and community-based service delivery mechanisms **See 2.2.4** Linking humanitarian and development	• At least 70% of UNICEF supported facilities have adequate cohort of staff appropriately trained for providing basic health services[43] • At least 70% of UNICEF supported facilities apply Quality of Care (QoC)[44] or clinical audit standards for reproductive, maternal, newborn, child and adolescent health and nutrition care (RMNCAHN)[45] • At least 70% of UNICEF supported facilities and/or frontline workers submit data in real time for the health management information system (HMIS), reproductive, maternal, newborn, child and adolescent health and nutrition care (RMNCAHN) service mapping and for meeting the International Health Regulations (IHR) guidelines[46] • All subnational storage points report no stock outs of the key health products[47]
6: Community engagement for behaviour and social change 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 **See 2.2.7** Community engagement for behaviour and social change	• Children, their caregivers and communities are aware of available health services and how and where to access them • Children, their caregivers and communities are engaged through participatory behaviour change interventions • Adolescents have access to information on health, including sexual, reproductive and mental health

See 2.5.1 Public health emergencies (PHE)

[43] This benchmark is specific to health facilities; however, an equivalent benchmark will be used for community-based service delivery through a community-based cadre of health workers, for countries/ contexts with community health systems in place.

[44] Quality of care (QoC) is defined as "the extent to which health care services provided to individuals and patient populations improve desired health outcomes. In order to achieve this, health care must be safe, effective, timely, efficient, equitable and people-centred." See WHO, What is the Quality of Care Network?

[45] See UNICEF, The UNICEF Health Systems Strengthening Approach, 2016.

[46] See WHO, About IHR.

[47] The United Nations Commission on Life-Saving Commodities for Women and Children aims to increase access to life-saving medicines and health supplies for the world's most vulnerable people by championing efforts to reduce barriers that block access to essential health commodities. These 13 commodities are Oxytocin, Misoprostol, Magnesium sulphate, Injectable antibiotics, Antenatal corticosteroids, Chlorhexidine, Resuscitation devices, Amoxicillin, Oral rehydration salts, Zinc, Female condoms, Contraceptive implants and emergency contraceptives.

KEY CONSIDERATIONS

Advocacy

- Advocate with national and local authorities (and in conflict-affected contexts with all parties to conflict), donors, partners and caregivers for **every child and woman's right to health**[48], using global and national commitments around ensuring healthy lives and promoting well-being for all at all ages, including SDG 3 on health[49], the CRC and the Astana Commitment.
- Advocate for **greater and timely investments** to ensure timely access to life-saving care and to quality maternal, neonatal, child and adolescent health services.
- Advocate for the **protection of health workers, health care users, health facilities, supplies and ambulances**, with reference to IHL and relevant Security Council resolutions, including Resolution 2286.[50]
- In conflict affected contexts, **establish a dialogue with all parties to conflict** around access to health services and in line with IHL.

Coordination and partnerships

- **Clarify the responsibilities** of UNICEF, national and local authorities and partners in response plans as early as possible.
- Ensure that the **rights and needs** of newborns, children, adolescents and women are adequately captured in interagency and health sector assessments, strategies and programming.
- Identify and address any **gaps or bottlenecks in coordination mechanisms** in collaboration with governments, the World Health Organization (WHO) and other partners.
- Ensure **coordination with mental health actors and psychosocial support services** as per IASC Guidelines on Mental Health and Psychosocial Support.

Quality programming and standards

- **Foster an integrated multisectoral response**: collaborate closely with other sectors (especially Nutrition, WASH, Education, Protection and Community Engagement for Behaviour and Social Change) for an integrated response to displacement, disease outbreaks, natural disasters and other situations that require multisectoral and integrated approaches.
- **Focus on the most deprived and hard-to-reach:** newborns, children, adolescents and women, especially in remote rural areas, urban slums and poorest and hard-to-reach communities who are often disproportionally affected by humanitarian crises.
- In the case of a **mass casualty event**, when governments or partners call for UNICEF's support, ensure affected populations, especially newborns, children, adolescents and women, have access to first aid, emergency and trauma care and that health authorities are supported to launch and implement a comprehensive response, including psychosocial support. In areas at risk of such events, UNICEF and its partners, especially the health cluster/sector lead agency, should ensure preparedness for response.
- **Healthcare facilities must be safe and child-friendly** in line with early childhood development principles, as per the Framework on Nurturing Care, in terms of design, information provided and access.
- **Rights and needs of children with disabilities and their caregivers** must be considered during needs assessments, humanitarian needs overview exercises, response and recovery efforts.

[48] The WHO Constitution (1946): "…the highest attainable standard of health as a fundamental right of every human being."
[49] See UNICEF and the SDGs.
[50] "*Strongly condemns* acts of violence, attacks and threats against the wounded and sick, medical personnel and humanitarian personnel exclusively engaged in medical duties, their means of transport and equipment, as well as hospitals and other medical facilities…" (op para 1) and "*Demands* that all parties to armed conflicts fully comply with their obligations under international law to ensure the respect and protection of all medical personnel and humanitarian personnel exclusively engaged in medical duties…." (op para 2).

- **Work with GBV actors and coordination mechanisms** to reduce risks of GBV and ensure provision of care for survivors of GBV. Equip and train health personnel with up-to-date information on available GBV response services and referral procedures to support GBV survivors. If there are no GBV actors available, train health staff on the GBV Pocket Guide.
- Systematically engage affected communities and local authorities in preparedness and **preventive action at community level**, and in the **design, planning and monitoring of health programmes.**
- **Using safe and confidential feedback and reporting mechanisms** based on affected populations' preferred methods of communication, **systematically use their views to review, inform and correct** health interventions.
- Ensure that children, adolescents, caregivers and communities **participate in decisions** that affect their lives and have access to **safe and confidential complaints mechanisms.**

Linking humanitarian and development

- **Preventing health system and service collapse is of utmost importance** soon after the initial shock to ensure ability to deliver all other programme commitments and reduce efforts and resources needed for early recovery. UNICEF should provide critical inputs towards re-establishment of routine services, e.g. cold chain for resumption of Expanded Programme on Immunization services.
- **Support the decentralization and strengthening of primary health care** in areas most subjected to natural disaster and conflict.
- **Ensure frontline health workers are mobilized and supported** by their local communities, authorities and CSOs, including local women's and children's organizations/groups, and mechanisms are in place for rapid expansion of integrated community services when needed.
- **Identify and strengthen the capacity of existing community structures** to respond to shock and contribute to the reconstruction of systems as soon as the context allows for recovery interventions **to reduce needs, vulnerabilities and risks of affected populations**.
- **Strengthen resilience of communities and health infrastructure** to withstand disaster-related hazards such as floods, hurricanes or earthquakes as determined by the risk assessment.

2.3.3 HIV/AIDS

STRATEGIC RESULT
Vulnerability of children, adolescents and women to HIV infection is mitigated, and the care and treatment needs of those living with HIV are met

COMMITMENTS	BENCHMARKS
1: Prevention and testing Children, adolescents and women have access to information and services for HIV prevention, including HIV testing	• HIV prevention services are available and used, including information on post-rape care, HIV post-exposure prophylaxis and sexually transmitted infection (STI) treatment • Confidential and voluntary HIV testing is available and used
2: Access to HIV treatment Children, adolescents and women living with HIV access sustained care and treatment services	• HIV and AIDS care and treatment services, including antiretroviral treatment, are available and accessed by 90% of children, adolescents and women living with HIV, both newly identified and those previously known to be living with HIV • Services for prevention of mother-to-child transmission of HIV (PMTCT) are available and used by pregnant and lactating women, including 90% accessing HIV testing and 90% of those found to be positive accessing lifelong antiretroviral treatment • At least 90% of children, adolescents and women who start treatment access continuous treatment and are retained in care
3: Community engagement for behaviour and social change 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	• Children, their caregivers and communities are aware of how and where to access services for HIV prevention, care and treatment • Children, their caregivers and communities are engaged through participatory behaviour change interventions on HIV prevention, care and treatment

KEY CONSIDERATIONS

Advocacy

- **Ensure testing is offered** in all contexts. Testing must always be confidential, voluntary and linked to provision of counselling, prevention and treatment services.
- **Promote HIV testing as an entry point** for both prevention and treatment, and link to GBV prevention, risk mitigation and response.
- Promote understanding that HIV prevention, testing and treatment are **cross-cutting interventions:** GBV, including sexual assault and transactional sex, which is exacerbated during emergencies, increases exposure and vulnerability to HIV infection.

Coordination and partnerships

- Ensure the **roles, responsibilities and complementarities of partners around HIV prevention and treatment are clearly defined.** For example, agencies providing sexual reproductive health (SRH) services and sexually transmitted infection (STI) information and treatment should incorporate HIV prevention messaging alongside violence prevention messaging into their work.
- Ensure there are **focal points with expertise in HIV** and related STI prevention and treatment in children, adolescents and women amongst partners.
- **Train frontline health workers, social workers and volunteers** on the normative guidance and clinical recommendations for care for survivors of sexual assault, including sexually transmitted infection (STI) treatment and post-exposure HIV prophylaxis.

Quality programming and standards

- **Foster an integrated multisectoral response.** Prevention of mother-to-child transmission of HIV (PMTCT) and paediatric HIV care and treatment should form part of the overall maternal and young child response. Infants and children with severe acute malnutrition (SAM) should be prioritised for HIV testing, especially if they are not responsive to nutritional treatments. HIV prevention should be joined with Protection, Education, Community Engagement for Behaviour and Social Change and other sectors that reach adolescents and address violence.
- Ensure access to **mental health and psychosocial support services (MHPSS),** including community-based adherence support, for people living with HIV and survivors of sexual assault who are living with HIV or at risk of HIV infection.
- **Emergency cash or in-kind transfers should be HIV-sensitive** by targeting vulnerable girls and young women or people living with HIV and linking those recipients to other emergency support services.
- **Design and implement HIV interventions according to the quality standards** described in the IASC Guidelines for HIV/AIDS.
- **Design HIV interventions based on the context** and the background of HIV prevalence. In a generalized HIV epidemic where prevalence is greater than 1%, the full set of HIV prevention and treatment interventions should be prioritised. Where prevalence is lower, the numbers of people living with HIV may be small, but HIV prevention may still be an important forward-thinking intervention.
- **Protect the integrity of family structures** and ensure that children who are orphans and/or living in child-headed households receive adequate support and achieve equitable outcomes.
- Create **context-specific HIV prevention and treatment information** showing where people can access services.
- Introduce **gender- and age-responsive programming,** including GBV risk mitigation, taking into account the unique needs of adolescents and girls.
- Involve **existing community networks** to identify the most appropriate content and strategies.

Linking humanitarian and development

- Map **HIV services and capacity at national level to identify gaps** as a risk reduction and preparedness measure.

2.3.4 Nutrition

STRATEGIC RESULT
Children, adolescents and women have access to diets, services and practices that improve their nutritional status[51]

COMMITMENTS	BENCHMARKS
1. Leadership and coordination Effective leadership and coordination are established and functional **See 2.1.2** Coordination	• Nutrition cluster/sector coordination and leadership functions are adequately staffed and skilled at national and sub-national levels • Core leadership and coordination accountabilities are delivered
2. Information systems and nutrition assessments Monitoring and information systems for nutrition, including nutrition assessments, provide timely and quality data and evidence to guide policies, strategies, programmes and advocacy	• Relevant data and evidence on the type, degree, extent, determinants and drivers of maternal and child malnutrition and of the groups most at risk are available • Multisectoral data and evidence guide timely decision-making, support monitoring, and enable course correction of preparedness and response
3. Prevention of stunting[52] wasting[53] micronutrient deficiencies and overweight[54] in children aged under five years Children aged under five years benefit from diets, practices and services that prevent stunting, wasting, micronutrient deficiencies and overweight	• Caregivers of children aged 0-23 months are supported to adopt recommended infant and young child feeding (IYCF) practices, including both breastfeeding and complementary feeding[55] • Children aged 0-59 months have improved nutritional intake and status through age-appropriate nutrient-rich diets, micronutrient supplementation, home-fortification of foods and deworming prophylaxis, according to context

[51] The **nutrition situation** of children, adolescents and women is **determined by their diets** (e.g. breastfeeding and age-appropriate nutrient-rich foods, with safe drinking water and household food security at all times), the quality of the **nutrition services** they benefit from (e.g. services that protect, promote and support good nutrition) and their **nutrition** practices (e.g. age-appropriate feeding, dietary and hygiene practices).

[52] **Stunting** in children 0-59 months is defined as a height-for-age below -2 SD (standard deviation) from the WHO Child Growth Standards median for a child of the same age and sex. **Moderate stunting** is defined as below -2 SD and greater than or equal to -3 SD. **Severe stunting** is defined as below -3 SD.

[53] **Wasting** in children 0-59 months is defined as a weight-for-height below -2 SD from the WHO Child Growth Standards median for a child of the same height and sex. **Moderate acute malnutrition (MAM)** is defined by moderate wasting (weight-for-height below -2 and above or equal to -3 SD) and/or (in the case of children 6-59 months) mid-upper-arm-circumference (MUAC) of less than 125mm and above or equal to 115mm. **Severe acute malnutrition (SAM)** is defined by the presence of severe wasting (weight-for-height below -3 SD) bilateral pitting oedema (kwashiorkor) and/or (in the case of children 6-59 months) a MUAC of less than 115mm.

[54] **Overweight** in children aged 0-59 months is defined as a weight-for-height above +2 SD from the WHO Child Growth Standards median for a child of the same height and sex. Severe overweight (above +3 SD) is referred to as obesity.

[55] **Infant and Young Child Feeding (IYCF)** refers to the feeding of infants and young children aged 0-23 months. IYCF programmes focus on the protection, promotion and support of early initiation of breastfeeding within one hour of birth, exclusive breastfeeding for the first six months of life, timely introduction of diverse complementary foods and age-appropriate complementary feeding practices along with continued breastfeeding for two years or beyond.

4. Prevention of undernutrition, micronutrient deficiencies, and anaemia in middle childhood and adolescence[56] 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[57]	• Children in middle childhood have access to community- and school-based package of interventions that includes at a minimum: iron supplementation, deworming prophylaxis[58] nutrition education, counselling and support, according to context • Adolescent girls and boys have access to community- and school-based package of interventions that includes at a minimum: iron and folic acid supplementation, deworming prophylaxis, nutrition education, counselling and support, according to context
5. Prevention of undernutrition[59] micronutrient deficiencies, and anaemia in pregnant women and breastfeeding mothers Pregnant women and breastfeeding mothers benefit from diets, practices and services that protect them from undernutrition, micronutrient deficiencies and anaemia	• Pregnant women and breastfeeding mothers - with special attention to pregnant adolescent girls and other nutritionally at-risk mothers – have access to a package of interventions that includes at a minimum: iron and folic acid/multiple micronutrient supplementation, deworming prophylaxis, weight monitoring, nutrition counselling, and nutrition support through balanced energy protein supplementation, according to context
6. Nutrition care for wasted children Children aged under five years benefit from services for the early detection and treatment of severe wasting and other forms of life-threatening acute malnutrition in early childhood	• All children aged under five years in affected areas are screened regularly for the early detection of severe wasting and other forms of life-threatening acute malnutrition and are referred as appropriate for treatment services • All children aged under five years suffering from severe wasting and other forms of life-threatening acute malnutrition in affected areas benefit from facility- and community-based services that provide effective treatment assuring survival rates >90%, recovery rates >75% and default rates <15%[60]

[56] **Undernutrition among adolescents** includes stunting and underweight or thinness. In **adolescence, underweight or thinness** is defined as Body Mass Index (BMI)-for-age Z-score below –2 SD from the 2007 WHO Growth Reference Standard for Children and Adolescents (5-19 years). Severe thinness is defined as BMI-for-age Z-score below –3 SD. **Stunting** is defined as height-for-age below -2 SD. **Severe** acute malnutrition in adolescents aged 10–14 years is defined by a MUAC of less than 160 mm and signs of severe visible wasting or bilateral pitting oedema.

[57] **Anaemia** classified on the basis of the WHO recommended cut-offs for haemoglobin concentrations as follows: haemoglobin levels g/l: children 5–11 years ≥115 (no anaemia) 110–114 (mild) 80–109 (moderate) <80 (severe); children 12–14 years ≥120 (no anaemia), 110–119 (mild) 80–109 (moderate), <80 (severe); non-pregnant women 15 years and above ≥120 (no anaemia), 110–119 (mild) 80–109 (moderate), <80 (severe). In settings where anaemia prevalence among children 5-12 years is 20% or higher, iron supplementation should be provided. Similarly, in settings where anaemia prevalence among menstruating adolescent girls 10-19 years is 20% or higher, iron and folic acid supplementation should be provided to adolescents.

[58] In areas where the baseline prevalence of any soil-transmitted helminth infection is 20% or higher among children 5-12 years and non-pregnant adolescent girls 10-19 years.

[56] For the purpose of this document, **undernutrition in non-pregnant women of reproductive age** is referred to as "thinness" and defined as having a BMI below 18.5 kg/m2. For girls (15-19 years), refer to footnote 56 on adolescents.

[60] Sphere standards state that the population of discharged individuals from treatment of severe acute malnutrition is made up of those who have recovered, died, defaulted or not recovered. The survival rate in this document refers to the total number of individuals who recover, default or do not recover divided by the total number discharged x 100. Recovery rate is calculated using the total number of individuals recovered divided by the total number discharged x 100. The default rate is calculated using the total number of individuals who defaulted divided by the total number discharged x 100.

7. System strengthening for maternal and child nutrition

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 sub-national systems

See 2.2.4 Linking humanitarian and development

- National and sub-national systems delivering health, water and sanitation, education, child and social protection are supported to:
  - align their policies, programmes and practices with internationally agreed standards and guidance on nutrition
  - deliver evidence-based interventions with a workforce supported in their knowledge, skills and capacity in nutrition
  - procure and deliver essential nutrition supplies in a timely manner through facility- and community-based platforms

8. Community engagement for behaviour and social change

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

See 2.2.7 Community engagement for behaviour and social change

- Children, adolescents, caregivers and communities are aware of available nutrition services and how and where to access them
- Children, adolescents, caregivers and communities are engaged through participatory behaviour change interventions to improve their nutritional status
- Caregivers and communities are supported and empowered to prevent malnutrition, as well as to identify and refer children with life-threatening forms of undernutrition

KEY CONSIDERATIONS

Advocacy

- Advocate for the **right of every child to adequate nutrition and the fulfilment of the CCCs** with every stakeholder, using the CRC, the 2030 Agenda for Sustainable Development, SDG 2 and Security Council Resolution 2417 on conflict and hunger.
- Advocate for the **inclusion of nutrition in national policies, strategies, programmes and standards,** including multi-year financing for nutrition programmes, supplies and equipment.
- Advocate for the **inclusion of ready-to-use therapeutic food (RUTF)** in the national Essential Medicine Lists.
- Advocate for the **protection of breastfeeding from unethical marketing practices** in line with the International Code on the Marketing of Breastmilk Substitutes, and subsequent World Health Assembly resolutions and international guidance. **Discourage the donation of breastmilk substitutes or feeding equipment.**

Coordination and partnerships

- **As Sector/Cluster Lead Agency for Nutrition, provide leadership for nutrition and support coordination** of partners at national and sub-national levels. Support and engage **intersectoral coordination mechanisms** in particular with Health, Food Security and WASH Sectors/Clusters.
- **Establish and support functional technical working groups** in technical areas relevant to the context. This may include Infant and Young Child Feeding, Nutrition of School-Age Children, Community-Based Management of Acute Malnutrition, Nutrition Information Systems, and Accountability to Affected Populations.
- **Initiate and enhance coordination for programming to prevent and treat malnutrition** among UN agencies supporting nutrition, including FAO, UNHCR, WFP and WHO.
- **Manage and mitigate risks when engaging with the private sector**, including the food and beverage industry, by adhering to organizational and sectoral guidance on private sector engagement.

Quality programming and standards

- **Foster multisectoral and integrated response and geographic convergence** in Nutrition, Health, WASH, Education, Child Protection, Social Policy and cross-cutting sectors[61].
- **Establish safe spaces for feeding** and responsive care and promote linkages with Child Protection.
- Design, deliver and monitor nutrition programmes **according to the quality standards described in the most up to date UNICEF guidance.** **See Annex 2** References
- Place a **deliberate focus on the most marginalized children and women** to reduce inequities (right in principle) and improve impact on the most vulnerable groups (right in practice). All forms of malnutrition are increasingly concentrated among the poorest and most marginalized children, adolescents, women and households.
- Procure **ready-to-use infant formula for infants who cannot be breastfed, or are mixed fed,** with priority given to infants under six months old in line with UNICEF Guidance on the provision and use of breastmilk substitutes in humanitarian settings.
- Systematically engage with communities to **implement preparedness, preventive and response activities at community level**, including the promotion of positive practices such as optimal infant and young child feeding, access to and adoption of healthy diets, routine immunization and micronutrient supplementation, and early detection and treatment of severe wasting and other forms of life-threatening acute malnutrition.

[61] For example: Improving the diversity of children's diets requires a food system that can produce a range of nutritious foods that are accessible and acceptable to families; a health system with well-trained staff at facility and community level to counsel caregivers on the benefits of consuming a diverse diet; a water and sanitation system that provides clean drinking water as part of a healthy diet and for the safe preparation of foods; and a social protection system that helps make nutritious foods affordable for the most vulnerable children and families.

- **Work with GBV actors to** reduce risks of GBV related to nutrition programmes. If there are no GBV actors available, train nutrition staff on the GBV Pocket Guide.
- **Include the needs of children with disabilities and their caregivers** in assessments and the design of preparedness and response actions for nutrition.
- **Using safe and confidential feedback and reporting mechanisms** based on affected populations' preferred methods of communication, **systematically use their views to review, inform and correct** nutrition interventions.
- Ensure that children, adolescents, caregivers and communities **participate in decisions** that affect their lives and have access to **safe and confidential complaints mechanisms.**

Linking humanitarian and development

- **Establish, strengthen and invest in information and monitoring systems**, including policies, tools and databases for sex-, age- and disability-disaggregated data for nutrition, and end-user monitoring.
- **Embed emergency preparedness and response actions in development coordination platforms,** including the **Scaling Up Nutrition movement.**
- **Develop risk-informed systems and programmes** and **support government and partner capacity** at national and sub-national levels through skill transfer.
- **Strengthen nutrition supply chains** to improve integrated forecasting, costing, procurement, storage (including contingency stocks), delivery and end-user monitoring of nutrition commodities.[62]

[62] Including RUTF, supplies for therapeutic feeding centers, micronutrient supplements, deworming tablets, multiple micronutrient powders, height boards and weighing scales.

2.3.5 Child protection

STRATEGIC RESULT
Children and adolescents are protected from violence, exploitation, abuse, neglect and harmful practices

COMMITMENTS	BENCHMARKS
1: Leadership and coordination Effective leadership and coordination are established and functional **See 2.1.2** Coordination	• Child Protection Sector/Area of Responsibility (AoR) coordination and leadership functions are adequately staffed and skilled at national and sub-national levels • Core leadership and coordination accountabilities are delivered
2: Strengthening of child protection systems Child protection systems are functional and strengthened to prevent and respond to all forms of violence, exploitation, abuse, neglect and harmful practices **See 2.2.4** Linking humanitarian and development	• Mechanisms to assess, analyse, monitor and report child protection concerns and their root causes are established and functional at national and local levels • Mapping of the social service workforce is conducted, and capacity-building plans are developed accordingly • Integrated case management system, including referral pathways for services and a safe information management system, is functional • Families and communities are supported in their protective functions, with measures in place to mitigate and prevent abuse, neglect, exploitation and violence against children • Civil registration systems provide accessible and safe birth registration and certification for children and their families
3: Mental health and psychosocial support (MHPSS) MHPSS needs of children, adolescents, and caregivers are identified and addressed through coordinated multisectoral and community-based MHPSS services	• Family and community support systems are identified and strengthened to provide MHPSS activities and protection with meaningful participation of children, adolescents, and caregivers • MHPSS interventions and referral mechanisms ensure access to support across the IASC MHPSS pyramid of interventions for children, adolescents, caregivers, and communities, as per the Operational Guidelines on Community-based Mental Health and Psychosocial Support in Humanitarian Settings • All children, adolescents, and caregivers identified through MHPSS service entry points (including child protection, education and health) as needing specialised mental health services, are provided or referred to appropriate services

4: Unaccompanied and separated children (UASC) Separation of children from families is prevented and responded to, and family-based care is promoted in the child's best interest	• Causes of child separation are identified in a timely manner and actions to prevent separation, including use of behavioural change strategies, are promoted • All UASC are identified, are in family-based care or in a suitable, safe, alternative care arrangement; and are provided with an individual case management/care plan • In close coordination with mandated agencies[63], UASC are registered, safely reunified and reintegrated with primary caregivers or other family members
5: Monitoring and reporting on grave violations[64] 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	• A mechanism is in place that monitors grave violations against children and informs advocacy and programmes • Where the Monitoring and Reporting Mechanism (MRM)[65] is activated, UNICEF co-chairs the Country Task Force on Monitoring and Reporting or equivalent working group and reports to the Security Council Working Group on Children and Armed Conflict
6: Children associated with armed forces and groups and detention of children in the context of armed conflict 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	• Drivers and causes of child recruitment and use are identified, prevented and addressed • Children who have exited armed forces or groups are identified and provided with safe, community-based reintegration services in accordance with the Paris Principles • Coordinated advocacy against illegal and arbitrary detention and for adherence to international standards of juvenile justice[66] for conflict-affected children is undertaken, including for their immediate release to child protection actors
7: Mine action and weapons The use of landmines and other indiscriminate or illicit weapons by state and non-state actors is prevented and their impact addressed	• At-risk children and communities have access to age-appropriate education about the risks of explosive weapons • Formal/informal injury surveillance systems and priority-setting mechanisms for mine action intervention, and child-focused victim assistance, are in place • Advocacy activities are implemented to promote humanitarian mine action and compliance with international instruments related to explosive weapons

[63] Including the specific mandate of the ICRC and the National Societies, as well as that of UNHCR (for refugees). See Field Handbook on UASC.

[64] **Grave violations** include killing and maiming of children; recruitment or use of children as soldiers; sexual violence against children; abduction of children; attacks against schools or hospitals; denial of humanitarian access for children.

[65] The Monitoring and Reporting Mechanism (MRM) is a mechanism established by Security Council Resolution 1612. Through this and subsequent related resolutions, UNICEF is mandated to support monitoring and reporting on grave child rights violations to the Security Council. See above for the list of grave violations.

[66] CRC; International Covenant on Civil and Political Rights; UN Standard Minimum Rules for the Administration of Juvenile Justice (Beijing Rules); UN Rules for the Protection of Juveniles Deprived of their Liberty (Havana Rules); UN Guidelines for the Prevention of Juvenile Delinquency (Riyadh Rules); UN Minimum Rules for Non-Custodial Measures (Tokyo Rules); UN Guidelines for Action on Children in the Criminal Justice System (Vienna Guidelines).

8: Gender-based Violence Survivors of GBV and their children can access timely, quality, multisectoral response services and GBV is prevented	• Quality, coordinated, survivor-centred and age- appropriate response services are timely, available and used by survivors of GBV • GBV prevention programmes are implemented • Child protection programmes implement actions that address and reduce risks of GBV
9: Protection from sexual exploitation and abuse Children and affected populations are protected from SEA by humanitarian workers **See 2.1.5** PSEA	• All children have access to safe, accessible, child and gender-sensitive reporting channels • Child survivors of SEA are promptly referred to and access quality, integrated GBV/child protection response services and assistance based on their needs and wishes
10: Community engagement for behaviour and social change 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 **See 2.2.7** Community engagement for behaviour and social change	• Children, their caregivers and communities are aware of available protection services and how and where to access them • Children, their caregivers and communities are engaged in community-led processes designed to support positive social norms and practices; promote gender equality; address the causes of child protection risks; and increase the focus on participation of children, adolescents and marginalized groups in their communities

KEY CONSIDERATIONS

Advocacy

- Advocate for the **fulfilment of the CRC** and its Optional Protocols.
- Advocate for the **signature, ratification and implementation** of the Optional Protocol to the CRC on Children in Armed Conflict, Anti-Personnel Mine Ban Convention, the Convention on Certain Conventional Weapons (Protocol V and Amended Protocol II) and the Convention on Cluster Munitions, as well as other soft law instruments such as the Paris Principles and Guidelines on Children Associated with Armed Forces and Armed Groups and the Vancouver Principles on Peacekeeping and the Prevention of the Recruitment and Use of Child Soldiers.
- Advocate for and support **universal application of legal frameworks** related to refugee protection, statelessness, internal displacement, migration and children affected by armed conflict, and of international standards of juvenile justice, fair trial and the rule of law.
- Advocate for the inclusion of **child protection in national and sub-national emergency and recovery** response plans.
- Advocate for **the inclusion of all children**, including refugees, migrant and internally displaced children, in national child protection system(s) and for services to be made available to all children without any form of discrimination.
- Advocate for the **end of all forms of detention of refugee, stateless and migrant children** based on their or their parents' migratory status. Especially, advocate for their access to health, education, accommodation, and the broad range of services that they require.

- Seek **commitments from armed groups and forces to end grave violations,** including to stop recruiting and using children, and to **release children in their ranks, including girls, unconditionally.**
- Advocate for children who have been recruited and used by armed forces and groups to be considered and **treated primarily as victims, not perpetrators**.
- Advocate **against selective implementation of the law,** whereby children associated with certain armed groups or children above a certain age, face lower standards of legal protection.
- Advocate for **safe reintegration** of children formerly associated with armed forces and groups into families and communities.
- Advocate **against the arbitrary detention of children** and **facilitate access to legal and protection services** as well as other assistance for children in contact with the law in a child-friendly criminal justice system. Advocate for the understanding that detention can **only** be used as a measure of last and temporary resort, in line with international standards.
- Advocate for **universal birth and death registration** within Civil Registration and Vital Statistics (CRVS) systems so that: 1) all children have a birth certificate, including to prevent statelessness; 2) preparedness and response plans are in place for CRVS; 3) CRVS systems are modernized, and data is backed up, stored off-site and interoperable with health, education and social support systems.
- Advocate for **immediate family-based care and other emergency care** for unaccompanied children, and to prevent separation during displacement and extreme economic hardship.
- Advocate **against the use of explosive weapons** with wide area effects in populated areas.
- In cases of **intercountry adoption**, advocate for the best interest of the child as the paramount consideration. Adoption (domestic or intercountry) is not an appropriate response during or after an emergency in accordance with the Guidelines for the Alternative Care of Children.

Coordination and partnerships

- Disseminate, contextualize and apply the Minimum Standards for Child Protection in Humanitarian Action (CPMS) and the Interagency Minimum Standards for Gender-Based Violence in Emergencies (GBViEMS).
- Contribute to the effective establishment and functioning of an **interagency PSEA network** from the outset of the humanitarian response, through internal coordination with other sectors and external collaboration with interagency partners.
- **Lead the Child Protection AoR within the wider Protection Sector/Cluster** and ensure the development and implementation of a **comprehensive protection strategy,** building on existing systems, and reflecting adequately children's issues in prevention and response.
- As Lead of the Child Protection AoR, **collaborate with all relevant stakeholders** from the other sectors including **Education, Health, Nutrition, Food Security, Livelihood Support and Social Protection**, for multi-sectoral and **integrated programming** that mitigates and responds to child protection and GBV risks and vulnerabilities.
- In situations characterized by the presence of asylum seekers, refugees, stateless persons and returnees, **collaborate with the UNHCR-led Refugee Protection Working Group** and lead the sub-group on child protection as agreed in country.

Quality programming and standards

- Foster **multisectoral and integrated approach.** Collaborate with all relevant stakeholders from the other sectors including Education, Health, Nutrition, Food Security, Livelihood Support and Social Protection, for multi-sectoral and integrated programming that mitigates and responds to child protection and GBV risks and vulnerabilities; and design child protection activities in close collaboration with Education, Community Engagement for Behaviour and Social Change, Gender, Disability and Adolescent Development and Participation.
- **Collect, process, analyze, store, and share information** according to international child protection and GBV principles and with full respect for confidentiality, data protection and information-sharing protocols, in line with the CPMS and the GBViEMS. **See 1.4.9 Ethical evidence generation and data protection**
- Invest in **advanced data systems** (e.g. Primero), build capacity of staff and partners to use these systems and consider Real Time Evaluations to generate evidence quickly enough to enable timely decision-making. **See 1.4.9 Ethical evidence generation and data protection**
- Ensure the use of endorsed, policy-compliant child protection and GBV data systems for **confidentiality, data security and accountability**, in line with the CPMS and GBViEMS. Such systems avoid insecure collection of data, promote referrals and data-sharing, prevent data silos and minimize duplicative data collection and revictimization[67].
- Ensure **quality case management** in line with the CPMS and GBViEMS, which advocate for strong supervisory structures that can provide ongoing supervision and coaching to case workers.
- Promote **access to information for populations in high-risk areas** including on availability, locations of services and reporting child protection concerns.
- Be aware that **urban areas** present specific challenges for child protection, bringing heightened risks of exploitation, violence, crime and drugs, particularly for the most disadvantaged children.
- Ensure **integrated support services/referrals are available** to survivors who disclose experience of GBV, before initiating any GBV awareness or prevention activities.
- Engage children, caregivers, community members and local authorities to decide if **group activities**, including Child-Friendly Spaces (CFS) or Women and Girls' Safe Spaces (WGSS), are appropriate, and how they can be safe, accessible, inclusive, high-quality and contextually/culturally appropriate. See the CPMS and the GBViEMS.
- All group activities, including CFS or WGSS, should be provided by **staff or volunteers trained in basic mental health and psychosocial support** and equipped for safe and ethical interaction with children and women.
- **MHPSS** programmes should **avoid singling out sensitive groups** (e.g. survivors of GBV or children formerly associated with armed forces and groups) through separate activities, in ways that further their discrimination and exclusion from communities. Instead, it is best to work towards broad support and promote the inclusion and wellbeing of all community members. It is critical to balance the need to improve scale of MHPSS interventions, while ensuring quality and equity.
- Establish and enforce **organizational mechanisms for staff and volunteer care**, with an emphasis on persons involved in frontline protection and MHPSS work, and national workers who have been affected by the emergency.
- **Strengthen child rights monitoring** and effectiveness of response through engagement with statutory actors, ombudspersons, CSOs and where feasible with children themselves.
- **Protect staff** and minimize the risks associated with MRM and other monitoring and reporting mechanisms and frontline child protection work by measures to ensure staff safety and duty of care.
- Start **coordinated tracing and reunification activities** for separated and unaccompanied children at an early stage, alongside emergency care and protection. Work with other sectors to actively prevent secondary separation of children from their families and/or caregivers.

[67] Mainstreaming standardized systems, such as Primero, across humanitarian responses increases speed of delivery, strengthens coordination and ensures data compatibility.

- Provide **community-based reintegration** tailored to individual needs of girls and boys that contributes to increasing social acceptance, empowering children, families and communities, developing appropriate relationships, minimizing stigma and emphasizing equitable access to services.
- Integrate **GBV risk mitigation** in all child protection programmes such as family tracing, reunification, reintegration and MHPSS services. Equip and train personnel on the GBV Pocket Guide.
- **Provide assistance to survivors of sexual exploitation and abuse** in accordance with the principles and standards in the UN Protocol on the Provision of Assistance to Victims of SEA and **serve as the provider of last resort for child survivors.**
- Ensure support services, referrals and case management systems are **disability-inclusive**. Map their accessibility and suitability. Train case workers in how to work with children and women with disabilities.
- **Using safe and confidential feedback and reporting mechanisms** based on affected populations' preferred methods of communication, **systematically use their views to review, inform and correct** protection interventions.
- Ensure that children, adolescents, caregivers and communities **participate in decisions** that affect their lives and have access to **safe and confidential complaints mechanisms.**

Linking humanitarian and development

- **Strengthen existing national and local child protection and social protection systems**, including local women's and children's organizations, to prepare for shocks and stresses, coordinate humanitarian response and recover. Introduce new or parallel systems **only** as a last resort.
- Ensure that **child protection and social services systems are accessible to all children and women** by promoting inclusion of all, including those most marginalized such as minority and indigenous children and women, refugees and migrants.
- Foster and **build local partnerships** to deliver child protection and GBV services in remote and high-risk settings.
- Identify and address, the **most common risk factors** that lead to violence, exploitation, abuse and neglect of children and women.

2.3.6 Education

STRATEGIC RESULT
Children and adolescents have access to inclusive, quality education and learning in safe and protective environments

COMMITMENTS	BENCHMARKS
1: Leadership and coordination Effective leadership and coordination are established and functional **See 2.1.2** Coordination	• Education sector/cluster coordination and leadership[68] functions are adequately staffed and skilled at national and sub-national levels • Core leadership and coordination accountabilities are delivered
2: Equitable access to learning Children and adolescents have equitable access to inclusive and quality learning opportunities	• Formal and non-formal education programmes, including early learning and skills[69], are available and used • Inclusive access to education opportunities is ensured with a specific attention to girls, children with disabilities, refugees, displaced children and other marginalized or vulnerable children[70] • Teachers and other education personnel are trained to provide quality learning • Learning is measured to monitor the quality of education
3: Safe learning environments Children and adolescents have equitable access to safe and secure learning environments	• Preventive measures are taken to make learning environments safe and accessible • Learning environments are free from sexual harassment, abuse and violence • Preventive measures are taken to make learning environments healthy and free from disease outbreaks
4: Mental Health and Psychosocial support Mental Health and Psychosocial support for students, teachers and other education personnel is available in learning environments	• Gender- and age-appropriate mental health and psychosocial support programmes are delivered in schools and learning environments

[68] UNICEF is the Cluster Lead Agency at country-level and the co-lead at the Global Level, through a MoU with Save the Children.

[69] Including foundational skills, transferable skills, digital skills, and job-specific skills. See UNICEF Education Strategy 2019-2030.

[70] **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.

5: Strengthening of education systems

Education systems are risk-informed to ensure inclusive, quality education and safe and protective learning environments

See 2.2.4 Linking humanitarian and development

- Education plans, budgets and programmes are informed by risk and conflict analysis
- Continuity of education for all children is ensured, with a specific attention to girls, children with disabilities, refugees, displaced children and other marginalized or vulnerable children. Vulnerable groups[71] are factored into education plans, budgets and programmes

6: Community engagement for behaviour and social change

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

See 2.2.7 Community engagement for behaviour and social change

- Children, their caregivers and communities are aware of available education services and how and where to access them
- Timely information on social services is available through learning environments
- Children, their caregivers and communities are engaged in preparedness actions and design of the programmes

[71] Ibid.

KEY CONSIDERATIONS

Advocacy

- Advocate for the **fulfilment of the right of all children**, no matter their or their parents' or legal guardians' status, **to education, based on equal opportunity and without discrimination,** in line with the CRC.
- In line with the CRC and CEDAW, advocate to address the **specific barriers to education faced by girls and young women** in crises.
- Advocate that education responses **ensure inclusive and equitable quality education and promote lifelong learning opportunities for all**, as per SDG 4.
- Support the **implementation of the** Safe Schools Declaration **and** Safe to Learn Call to Action to better protect students, teachers, other education personnel and schools during crises, to support the continuation of education and to put in place concrete measures to deter the military use and occupation of schools.
- Advocate and engage with relevant authorities, including non-state actors as necessary, and partners to **ensure the protection of children and educators** as well as prevent attacks on education facilities and other grave violations against children, in line with international human rights and humanitarian law.
- Advocate and engage with relevant authorities and partners to promote equivalences and collaborate towards **recognized certifications for all learning programmes**, where appropriate.
- **Mobilize donors** to fund **safe and inclusive play and early learning** in humanitarian response.
- Advocate for engagement with education systems as **platforms for reducing social divisions, intolerance and prejudice** through curricula, teaching, learning and education sector governance; and for fostering social cohesion among children and communities.

Coordination and partnerships

- As **sector/cluster lead/co-lead** for Education: identify gaps; support effective advocacy, timely and effective responses to filling critical education gaps, systematic monitoring and evaluation and knowledge management processes; and consider specific needs related to gender, disabilities and age.
- Ensure that **education interventions are included in all humanitarian response plans**, including activities such as: supply of kits for education in emergencies; measuring and monitoring of learning; re-establishment of schools as a priority; establishing sustainable education and other learning options for displaced and refugee children in protracted crises.
- Ensure responses are in line with the INEE Minimum Standards for Education: Preparedness, Response and Recovery, including the INEE Gender Guidance Note and other relevant guidance.
- Ensure **linkages between humanitarian** (e.g. education sector/cluster) **and development coordination mechanisms** (e.g. education sector working group, development partners group, local education group).

Quality programming and standards

- **Foster integrated, multisectoral responses** to increase access to safe and secure quality education, using models such as the Rapid Response Mechanisms for Humanitarian Action. Collaborate with Health, Nutrition, Child Protection, WASH, Social Policy and Community Engagement for Behaviour and Social Change, as well as Gender, Disabilities and Adolescent Development, **to use schools as an integrated service platform delivering a range of interventions** and outcomes for children.

- Ensure **Comprehensive Sexuality Education** and **GBV/Psychosocial Support** are coordinated with other relevant programmes such as Child Protection, Health and HIV/AIDS.
- Ensure **continuation of learning is central to all plans.** Special attention should be given to targeting the needs of out-of-school children, girls, children with disabilities, refugees, displaced children and other marginalized or vulnerable groups[72].
- Ensure that **essential education supplies** are procured and delivered in a timely manner through facility- and community-based systems.
- **Engage systematically with affected groups,** especially out-of-school children, including adolescents and young people, as well as marginalized communities, to identify their educational priorities and exert influence on the setting and infrastructure of educational services.
- Systematically engage with communities to **implement preparedness, preventive and response** activities at community level, according to INEE Minimum Standards for Education: Preparedness, Response and Recovery.
- **Integrate GBV risk mitigation** in all education programmes. **Work with GBV actors and coordination mechanisms** to reduce risks of GBV and ensure provision of care for survivors of GBV. Equip and train education personnel with up-to-date information on available GBV response services and referral procedures to support GBV survivors. If there are no GBV actors available, train education staff on the GBV Pocket Guide.
- **Using safe and confidential feedback and reporting mechanisms** based on affected populations' preferred methods of communication, **systematically use their views to review,** inform and correct education interventions.
- Ensure that children, adolescents, caregivers and communities **participate in decisions** that affect their lives and have access to **safe and confidential complaints mechanisms**.

Linking humanitarian and development

- Engage in **multi-hazard risk assessments, planning and programming** for education, in line with INEE Minimum Standards and other global guidance.
- Implement the Comprehensive School Safety Framework, including safe learning facilities (disaster-resilient infrastructure), school disaster management and disaster risk reduction and resilience education.
- Work with national and local partners to build capacities and **integrate facilitators/teachers into systems with appropriate compensation.**
- Engage in **conflict analyses** to inform education planning and programming in contexts of conflict, fragility or major challenges to social cohesion, in line with the INEE Guidance for Conflict Sensitive Education and other global guidance.
- Strengthen the ability of education systems (governance systems, curricula, administrators, teachers) to **foster social cohesion**.
- Enhance the role of education systems in developing the skills of children, including adolescents and youth, to **participate in their communities** and make meaningful contributions to community resilience, social cohesion and peace.

[72] Ibid.

2.3.7 Water, sanitation and hygiene (WASH)

STRATEGIC RESULT
Children and their communities have equitable access to, and use, safe water and sanitation services, and adopt hygiene practices

COMMITMENTS	BENCHMARKS
1: Leadership and coordination Effective leadership and coordination are established and functional See 2.1.2 Coordination	• WASH sector/cluster coordination and leadership functions are adequately staffed and skilled at national and sub-national levels • Core leadership and coordination accountabilities are delivered
2: Water supply Affected populations have safe and equitable access to, and use a sufficient quantity and quality of water to meet their drinking and domestic needs	• Quantity of water meets an initial minimum survival level of 7.5 litres, to at least 15 litres per person per day (Sphere)[73] • Drinking water supply services meet at least "basic"[74] level, as per Joint Monitoring Programme[75] (JMP) standards • Quality of water meets WHO or national standards
3: Sanitation Affected populations have safe access to, and use appropriate sanitation facilities; and excreta is safely managed	• No-one is practicing open defecation • A maximum ratio of 20 people per functioning shared toilet, separated for men and women, with locks, child-friendly features and hand washing facilities, is ensured[76] and adapted to people with disabilities[77] • Sanitation service meets at least "limited"[78] level, as per JMP standards • Excreta is safely contained, collected, transported, treated and disposed of in a way that safeguards public health
4: WASH in health care facilities and learning environments Affected populations have safe access to, and use, appropriate WASH services in health care and learning facilities for children	• Health care and nutrition treatment facilities meet at least "basic"[79] JMP service levels for water, sanitation and hygiene services • Learning facilities/schools for children, child-friendly spaces and protection-transit centres have at least "basic"[80] JMP service levels for water, sanitation and hygiene services • Affected populations benefit from hygiene awareness-raising activities and have access to hygiene and menstrual health information

[73] The **quantity of water needed for drinking, hygiene and domestic use depends upon the context**. It will be influenced by factors such as pre-crisis use and habits, excreta containment design and cultural habits. A minimum of 15 litres per person per day is established practice in humanitarian response. It is never a "maximum" and may not suit all contexts. In the acute phase of a drought, 7.5 litres per person per day may be appropriate for a short time. In an urban middle-income context, 50 litres per person per day may be the minimum acceptable amount to maintain health and dignity.

[74] **"Basic" drinking water supply service level** as per the joint **WHO/UNICEF Joint Monitoring Programme (JMP)**, refers to "Drinking water from an improved source, provided collection time is not more than 30 minutes for a roundtrip including queuing."

[75] The joint **WHO/UNICEF Joint Monitoring Programme (JMP) for Water Supply Sanitation and Hygiene** provides regular global reports on drinking-water and sanitation coverage to facilitate sector planning and management, to support countries in their efforts to improve their monitoring systems, and to provide information for advocacy.

[76] **During the first days and weeks of a rapid-onset crisis, target a minimum ratio of 1 per 50 people, which must be improved as soon as possible.** A medium-term minimum ratio is 1 per 20 people, with a ratio of 3:1 for female to male toilets.

[77] At least 1 out of 10 toilet cubicles are accessible for children and persons with disabilities.

[78] **"Limited" sanitation service level** as per JMP refers to "Use of improved facilities shared between two or more households."

[79] **"Basic" WASH services in health care facilities as per JMP** refer to 1) Water is available from an improved source on the premises; 2) Improved sanitation facilities are usable with at least one toilet dedicated for staff, at least one sex-separated toilet with menstrual hygiene facilities, and at least one toilet accessible for people with limited mobility; 3) Functional hand hygiene facilities (with water and soap and/or alcohol-based hand rub) are available at points of care, and within 5 metres of toilets.

[80] **"Basic" WASH** services in schools as per JMP refer to 1) Drinking water from an improved source is available at the school; 2) Improved sanitation facilities, which are single-sex and usable at the school are available; 3) Handwashing facilities, which have water and soap available.

5. WASH system strengthening

WASH national and local systems are equipped to assess, prevent and address risks and hazards at service delivery and user level

See 2.2.4 Linking humanitarian and development

- Periodic risk assessments are conducted and inform sector policies and preparedness plans
- Capacity development and technical support are provided to all stakeholders at national and sub-national levels on linking humanitarian, development and peacebuilding[81]

6: Hygiene promotion and community engagement for behaviour and social change

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

See 2.2.7 Community engagement for behaviour and social change

- Children, their caregivers and communities are aware of available WASH services and how and where to access them
- Children, their caregivers and communities are engaged through participatory behaviour change interventions
- Affected people receive key hygiene communication in a timely manner
- At least 70% of target population is aware of key public health risks related to water, sanitation and hygiene and can adopt measures to reduce them
- Handwashing facilities are available as per the SPHERE standards
- Affected populations have access to necessary hygiene items to adequately undertake essential daily personal and household hygiene activities
- Affected populations benefit from hygiene awareness-raising activities and have access to hygiene and menstrual health information. Women and girls have access to menstrual supplies and facilities in the community

[81] Capacity development and technical support aim to reinforce, among others, WASH institutional arrangements; coordination; risk-informed sector policies plans and strategies; and financing.

KEY CONSIDERATIONS

Advocacy

- Advocate for the fulfilment of WASH core commitments for children, based on the **universal human right to water and sanitation**, as per General Assembly Resolution 64/292 (2010), Article 11 on the Right to an Adequate Standard of Living of the International Covenant on Civil and Political Rights, and General Comment 15 on the Right to Water (E/C.12/2002/11).
- Advocate for and engage with relevant authorities and partners for parties to conflict to **stop attacks on water and sanitation** infrastructure and personnel in line with international human rights and humanitarian law[82].

Coordination and partnerships

- As **sector/cluster lead/co-lead** for WASH: identify gaps; support effective advocacy, timely responses to filling critical gaps; establish monitoring and evaluation and knowledge management processes; consider specific needs related to gender, disabilities and age.
- In the case of a disease outbreak, **clarify at an early stage the roles of WASH sector and UNICEF on infection prevention and control measures** in health care facilities, in close coordination with the health sector.
- Collaborate with the **private sector**, in the framework of Child Rights and Business Principles.

Quality programming and standards

- Conduct **multisectoral assessments,** planning, programming and monitoring **to address public health risks** and malnutrition by creating barriers along the main pathways for pathogens to infect humans.
- Foster a **multisectoral and integrated approach** to contribute to reducing WASH-related risk factors at community/household level and in public health, education and protection facilities. Collaborate **with Health, Education, Child Protection, Gender and Disability sectors** when planning WASH facilities for health centres, schools, temporary learning spaces, child-friendly spaces and protection centres.
- Consider the use of **cash transfers** to deliver WASH responses: implement needs assessments, market analyses, and organization of cash/vouchers management tools.
- Target those who are **most in need and hard-to-reach**. Aim to close equity gaps in line with the "leave no-one behind" agenda.
- Aim for **higher standards of service provision** where feasible, starting with meeting at least the Sphere standards and indicators and **aiming for higher JMP service levels.** Water quality and quantity should aim to meet WHO guidelines, national standards, or equivalent.
- Promote **household toilets and bathing facilities** as the ideal for user safety, security, convenience and dignity when feasible because of the demonstrated links between ownership and maintenance. Alternatively, provide gender-segregated communal/shared facilities with context-appropriate safety features such as door locks and lighting.
- Ensure that water and sanitation systems (including their locations, technologies and service delivery mechanisms) 1) are **resilient to extreme weather events** (risks must have been assessed and appropriate interventions identified and implemented); 2) **use renewable energy where possible;** 3) do not aggravate climate impact (do not harm).
- Engage in **solid waste management** on a case-by-case situation at household, institutional or community level, including medical and menstrual health and hygiene waste.

[82] See also The Geneva List of Principles on the Protection of Water Infrastructure.

- WASH requires **specific approaches in urban environments.** Higher density, limited visibility of at-risk groups and diverse ownership of assets affects the choice of response options and methods of delivery.
- **Systematically engage affected communities, with specific attention to women and girls, to plan and implement**: 1) preparedness and preventive action at community level; 2) needs assessments and WASH response, including identification of water point locations; design and adaptation of bathing and laundry facilities; identification of priority hygiene items to include in hygiene kits and the design and adaptation of key hygiene messages to the local context. Establish feedback mechanisms to give affected people, especially women and girls, more control over the response and its impact on them.
- Ensure that **adolescent girls and women** are provided with an option to choose preferred menstrual health and hygiene materials and sanitation facility designs.
- Ensure that all at-risk groups, including women and girls, older people, people with disabilities and others **with specific protection concerns feel safe and are protected from discrimination and GBV** when collecting water or using toilets and bathing facilities, day or night, through participatory planning and regular beneficiary feedback mechanisms. Equip and train WASH personnel to refer GBV survivors. If there are no GBV actors available, train WASH staff on the GBV Pocket Guide.
- **Engage persons with disabilities** at all stages when designing accessible WASH facilities.
- Using **safe and confidential feedback mechanisms** based on affected populations' preferred methods of communication, **systematically use their views to review, inform and correct WASH interventions.**
- Ensure that communities **participate in decisions** that affect their lives and have access to **safe and confidential complaints mechanisms.**

Linking humanitarian and development

- Engage in **multi-hazard risk assessment, planning and programming for WASH,** in line with the Sendai Framework and other global standards and guidance on disaster risk reduction.
- Ensure that in contexts affected by conflict, fragility, or major challenges to social cohesion, WASH interventions are **underpinned by a conflict analysis** and are conflict sensitive.
- Ensure **WASH data on water points and water infrastructure is stored in a robust manner** (backed up digitally and off-site) that can be used for disaster recovery and rehabilitation programmes.
- Engage in **Post Disaster Needs Assessment and recovery strategies** for sustainable and resilient solutions.
- **Strengthen humanitarian-development-peace linkages by moving from temporary to longer-term and durable solutions** (e.g. establishing cost-effective water and sanitation infrastructure as soon as possible and keeping water trucking to a minimum).
- Design WASH interventions that are **resilient to current and future climate impacts and promote adaptive and environmentally sustainable WASH systems,** using solar power where possible.
- Train communities and **build national and local capacities** for local water and sanitation system management that can remain after the emergency response.
- **Align target and result figures with the JMP and UNICEF standards** for coordination, water, sanitation, hygiene and WASH in schools, health centres and other institutions to help countries **keep track of achievements towards SDGs** during emergencies.

2.3.8 Social protection

Social protection is a set of policies and programmes aimed at preventing or protecting all populations from poverty, vulnerability and social exclusion throughout their lifecycle, with a particular emphasis on vulnerable groups[83].

STRATEGIC RESULT
Vulnerable children, adolescents and their caregivers have access to financial support to meet their essential needs

COMMITMENTS	BENCHMARKS
1: Coordination Effective coordination is established and functional	• Coordination between the social protection and the humanitarian cash coordination systems is established and functional
2: Support social protection systems[84] Adequate support is provided for the effective functioning of social protection systems See 2.2.4 Linking humanitarian and development	• Technical assistance is provided to existing social protection systems to maintain regular social protection programmes, including social transfer payments • Where appropriate and feasible, multisector humanitarian cash transfers are designed to strengthen and/or build nascent social protection systems • Where appropriate and feasible, technical and/or financial assistance is provided to adjust and/or scale up social transfers to respond to newly identified needs[85]
3: Access to social transfers Support national systems to address financial barriers of the most disadvantaged and vulnerable families to meet their essential needs	• Scale-up of social transfer programmes includes groups at risk of social exclusion[86] when relevant and feasible • Links between social transfers and social services are promoted • Risk assessments are undertaken to implement safest access modality for at-risk groups, including girls and women
4: Community engagement and AAP Communities are consulted and informed on the planning, design and implementation of social protection programmes See 2.1.6 AAP	• Social protection system scale-up is informed by community consultation • Any changes to procedures and requirements for social transfers are communicated to the population • Mechanisms to seek feedback and redress grievances are functional

See 2.2.8 Humanitarian cash transfers

[83] **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.

[84] **Social protection system** refers to a system comprising the following key components: (i) evidence; (ii) policy, legal framework, finance and coordination; (iii) programmes (including social transfers); and (iv) institutional arrangements.

[85] **Scale-up** refers to a range of options including (but not only): introduction of new programmes by the government; expansion of existing programmes; use of some or all components of the programmes' operational system by other ministries (especially Disaster Risk Management) and/or other humanitarian actors such as UNICEF, to deliver humanitarian assistance.

[86] The typology of **groups at risk of social exclusion** may evolve depending on contexts and risks. This may include pregnant women and child- and female-headed households, people with disabilities, people living with HIV, displaced people, refugees, migrants.

KEY CONSIDERATIONS

Advocacy

- Advocate to **leverage national resources** for: shock-responsive social protection systems and for increased use of social protection systems in humanitarian response; for budgetary allocations supporting social transfers; and to extend social protection to non-citizens (especially in context of forced displacement and migration).
- Promote the role of social protection in humanitarian programming, including in leveraging existing systems for delivering humanitarian cash transfers.

Coordination and partnerships

- **Align humanitarian cash transfers** as closely as possible to existing or planned social protection programmes/services, as per SRSP Guidance.
- Develop **joint action plans with national authorities** to support adjustment and/or scale-up of social transfers in emergencies and contribute to longer-term resilience-building.

Quality programming and standards

- Prioritise **multisectoral cash transfers** to improve access to different essential services, including health, nutrition, WASH, education and child protection.
- Promote the strengthening or introduction of linkages between social protection system and other essential services, such as health, nutrition, WASH, education and child protection.
- Promote **timeliness** of transfers, coverage of newly vulnerable groups, reducing barriers to enrolment, ensuring safe delivery of assistance, especially to the most vulnerable.
- Promote the access to **safe, equitable and inclusive social protection programmes** for the most vulnerable and groups at risk of social exclusion[87].
- **Introduce gender- and age-responsive programming,** taking into account the unique needs of women, adolescents and girls.
- **Integrate GBV risk mitigation** in all social protection programmes. **Work with GBV actors and coordination mechanisms** to reduce risks of GBV and ensure provision of care for survivors of GBV. Equip and train social protection personnel with up-to-date information on available GBV response services and referral procedures to support GBV survivors. If there are no GBV actors available, train social protection staff on the GBV Pocket Guide.

Linking humanitarian and development

- **Promote government leadership and ownership** at the national and sub-national levels in the design, resource allocation, monitoring and implementation of social protection programmes.
- **Promote linkages between early warning systems and social protection systems** to make them shock-responsive (e.g. inclusive targeting and registration; strengthening cash delivery mechanisms for timely scale-up; contingency budgeting at national and sub-national level to increase support for humanitarian assistance; climate change and disaster risk reduction).
- Ensure that **humanitarian cash programmes are leveraged** to develop and strengthen nascent social protection systems.

[87] See Ibid for Vulnerable groups and groups at risk of social exclusion.

2.4 Cross-sectoral commitments

Cross-sectoral programme commitments are **overarching and apply across all programme areas**.

2.4.1 Gender equality and empowerment of girls and women

STRATEGIC RESULT
Children, adolescents and their communities benefit from gender-responsive programmes and services

COMMITMENTS	BENCHMARKS
1: Ending Gender-Based Violence GBV prevention and risk mitigation[88] for all[89] is included in programmes, with a focus on the safety and resilience of girls and women **See 2.3.1** Needs assessments, planning, monitoring and evaluation	• Programmes are designed to prevent and mitigate the risks of GBV • Coordination is established with GBV actors to ensure that GBV is mainstreamed in all sectors • All sectors' frontline workers and personnel are trained and equipped with information on available GBV response services and referral procedures to support GBV survivors
2: Community engagement and AAP with girls and women Adolescent girls, women and their respective organizations are actively engaged in the design and delivery of programmes **See 2.2.7** Community engagement for behaviour and social change and **2.1.6** AAP	• Organizations representing adolescent girls, women's rights and youth are engaged in programme design, delivery and monitoring • Women and adolescent girls are equitably represented in community feedback and complaints mechanisms • Men and boys are mobilized to support and promote gender equality and the rights and engagement of women and girls
3: Gender-responsive programming, including a lens on adolescent girls Analyses, needs assessments, programming and enabling environments (e.g. partnerships, communications) respond to the distinct needs and experiences of girls, women, boys and men **See 2.3.1** Needs assessments, planning, monitoring and evaluation	• Context-specific gender analysis informs the design and delivery of programmes in all sectors • Planning, monitoring and evaluation of programmes, as well as reporting, include sex- and age-disaggregated data and strategic gender indicators, in accordance with the UNICEF Gender Action Plan • Programmes intentionally promote positive behaviour and social change toward gender equality, especially by empowering adolescent girls • Programmes and enabling environment services provided and/or supported are gender-responsive and address the different needs of girls, boys, men and women

[88] Comprehensive GBV programming includes prevention, risk mitigation and response services for survivors. This commitment reinforces the need for quality multisectoral programming in the areas of prevention and risk mitigation, which has lagged behind response services. See GBV AoR, The Interagency Minimum Standards for Gender-Based Violence in Emergencies Programming, 2019.

[89] GBV, including sexual violence, does not discriminate by sex or age. However, reported and unreported rates of GBV are significantly higher for girls and women. Therefore, as per UNICEF programming guidance, an intentional programming approach with and for girls and women must be prioritised, in addition to engaging boys and men.

KEY CONSIDERATIONS

Advocacy

- Promote **understanding of gender-power dynamics**, including the socialization of some men and boys towards violence, and opportunities to reverse these harmful social norms by engaging across the sex and age continuum.
- Promote understanding that while humanitarian contexts may exacerbate pre-existing gender inequality, there may also be an **opportunity for transformational change**, particularly when working with and for adolescent girls and boys.
- Ensure **UNICEF demonstrates the principles of gender equality** in the management of human resources as well as in leadership and career development.

Coordination and partnerships

- Collaborate closely **with other UNICEF, interagency and intersectoral coordination mechanisms** (e.g. Gender Theme Group, AAP).
- **Identify and partner with** local women's organizations and youth networks.
- Promote the use of the IASC Gender with Age Marker (GAM).

Quality programming and standards

- Ensure that **sex-, age-, disability- and other context-specific disaggregated data** are collected, analysed and used.
- Systematically include a **gender analysis**, including GBV in emergencies, in all **preparedness and response plans**.
- Ensure all **programming recognizes systemic exposure to and risk of GBV** that is differentiated by sex, age and disability.
- Ensure **humanitarian responses are based on a gender analysis** and recognizes and respond to the specific vulnerabilities of girls and boys due to gender norms and cultural practices.
- **Work with GBV actors and coordination mechanisms** to reduce risks of GBV and ensure provision of care for survivors of GBV. Equip and train frontline workers with up-to-date information on available GBV response services and referral procedures to support GBV survivors. If there are no GBV actors available, train all personnel on the GBV Pocket Guide.

Linking humanitarian and development

- **Strengthen all multisectoral systems to deliver gender-responsive services** across all sectors, especially for GBV risk mitigation, prevention and survivor response, as GBV is exacerbated in humanitarian settings.
- Empower and equip all adolescents to become **agents of positive social change** before, during and after crises, to address gender inequities and gaps.
- In contexts affected by conflict, fragility, or major challenges to social cohesion, ensure that the situation of women and girls is systematically included in **conflict analysis.**

2.4.2 Disabilities

STRATEGIC RESULT
Children and adolescents with disabilities and their caregivers have inclusive and safe access to humanitarian services and programmes

COMMITMENTS	BENCHMARKS
1: Inclusive needs assessments, planning and monitoring The needs of children with disabilities[90] and their caregivers are identified and reflected in planning and monitoring	• Identification of risks and barriers faced by children with disabilities is included in needs assessments and analysis, and incorporated in humanitarian programme planning and monitoring **See 2.3.1** Needs assessments, planning, monitoring and evaluation
2: Inclusive and safe access to information and services Children with disabilities and their caregivers have safe access to humanitarian programmes	• Physical accessibility for children with disabilities is included in planning and design of humanitarian services and facilities • Accessibility of communication and information for children with disabilities is incorporated in planning and design of humanitarian programmes
3: Participation Children with disabilities participate in the design of programmes and in the decisions that affect their lives	• Community-based mechanisms/platforms exist for the systematic engagement of children with disabilities **See 2.2.7** Community engagement for behaviour and social change

KEY CONSIDERATIONS

Advocacy

- Advocate for implementation of the IASC Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action.
- Promote understanding that the **final cost of accessibility is significantly less if considered at the planning and design stage** (rather than retrofitting existing structures).
- Advocate for the allocation of **adequate resources in humanitarian response plans** that ensure inclusive and accessible access to services for children and persons with disabilities.

Coordination and partnerships

- **Partner with organizations of persons with disabilities** and organizations with expertise on disability issues to improve humanitarian preparedness and response. These organizations should be identified and mapped as a preparedness measure.
- **Build the capacity of UNICEF personnel and partners** on planning and implementing programmes and services that are inclusive and accessible for children and persons with disabilities.
- **All partnership agreements** should **include the required additional resources** for an adequate consideration of the rights and needs of children and persons with disabilities and should be based on needs assessment and planning disaggregating data by sex, age and disability.
- Support the establishment **of a gender-balanced working group on disabilities** within the coordination mechanisms at country level.

[90] The Convention on the Rights of Persons with Disabilities states that "persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others."

Quality programming and standards

- **Collaborate with all sectors to design and adapt humanitarian programmes that are** inclusive and accessible for all children with disabilities. **Engage with Education, Child protection and WASH sectors** to identify and respond to specific protection and safety issues affecting both girls and boys with disabilities.
- In planning a humanitarian response, where secondary data on population with disabilities is unavailable or unreliable, **use the WHO/World Bank estimate that 15% of the world's population has a disability.**[91]
- For **data disaggregation**, use the Washington Group Short Set of Questions on Disability and the UNICEF-Washington Group Child Functioning Module.
- Implement **targeted interventions to directly address the disability-related needs of children** whenever possible.
- Plan and allocate resources to promote the **access to assistive technology** for children with disabilities.
- **Work with GBV actors and coordination mechanisms** to promote understanding that **adolescent girls with disabilities** face heightened risks, to reduce these GBV risks, and ensure provision of care for survivors of GBV. If there are no GBV actors available, train staff on the GBV Pocket Guide.
- Ensure that children and adults with disabilities and their caregivers are engaged in the **design and implementation of programmes,** as well as in the selection of sites for service delivery.
- Ensure that children and adults with disabilities and their caregivers participate in decisions that affect their lives and have access to safe and confidential complaints mechanisms. **Using safe and confidential feedback and reporting mechanisms** based on their preferred methods of communication, **systematically use their views to review, inform and correct** interventions.

Linking humanitarian and development

- Ensure that **multi-hazard risk assessments** of households, communities and service delivery system, include **a child-sensitive analysis of disability inclusion and accessibility.**
- **Support national and local systems** in consolidating and strengthening the various services established for children and persons with disabilities during the humanitarian response.

[91] World Report on Disability, WHO, 2011.

2.4.3 Early childhood development (ECD)[92]

STRATEGIC RESULT
Young children[93] have equitable access to essential services and parents and caregivers are supported to engage in nurturing care[94]

COMMITMENTS	BENCHMARKS
1: Access to services Young children have equitable and safe access to essential services to fulfil their developmental needs	• Targeted interventions for young children are integrated into health, nutrition, WASH, child protection, education, early learning and parenting programmes
2: Support to parents and caregivers Parents and caregivers are supported to practice nurturing care	• Support to practice nurturing care is available, inclusive and gender-sensitive and used by parents and caregivers with specific attention to adolescents and young parents
3: Capacity-building Capacity of frontline workers and partners in inclusive ECD and nurturing care is strengthened	• Training in ECD and nurturing care is conducted with health, nutrition, WASH, child protection and education frontline workers and partners

[92] **Early Childhood** refers to the period of life from conception to school entry. Development is an outcome, it is a continuous process of acquiring skills and abilities across the domains of cognition, language, motor, social and emotional development and occurs as a result of the interaction between the environment and the child.

[93] **Young children** include children between the age of 0-8 years or the age of school entry.

[94] **Nurturing care** refers to conditions created by public policies, programmes and services, which enable communities and caregivers to ensure children's developmental needs through good health, hygiene and nutrition practices, early learning, protecting them from threats and responsive caregiving.

KEY CONSIDERATIONS

Advocacy

- **Promote ECD with donors and host-government structures** and policies to better address the developmental needs of young children.

Coordination and partnerships

- Ensure **ECD is represented within the host-government structures and in sector/cluster coordination mechanism,** especially Education, Nutrition, Health, WASH and Child Protection.

Quality programming and standards

- Collaborate with all sectors to ensure that **ECD guidance, tools and supplies are integrated into plans** and that sectoral staff and frontline workers are trained on how best to implement them across all sectors.
- Incorporate **age-, disability- and sex-disaggregated data of children aged between 0-8 years**, in the assessments, planning and monitoring that corresponds to ECD needs and programming[95].
- **Design and implement programmes** in accordance with the quality standards of the ECD Programme Guidance.
- **Contextualize and localize** ECD tools and supplies.
- **Integrate GBV risk mitigation** in all ECD programmes. **Work with GBV actors and coordination mechanisms** to reduce risks of GBV and ensure provision of care for survivors of GBV. Equip and train social protection personnel with up-to-date information on available GBV response services and referral procedures to support GBV survivors. If there are no GBV actors available, train ECD staff on the GBV Pocket Guide.
- Ensure that children and their caregivers and communities are engaged in the **design and implementation of ECD programmes,** participate in decisions that affect their lives, and have access to **safe, child-friendly and confidential complaints mechanisms.**

Linking humanitarian and development

- **Apply a life-course approach to maximize investments across the first two decades of a child's life**. For instance, humanitarian programmes that intend to enhance maternal, parental, infant and young child development will also positively affect adolescents (and vice versa).

[95] See UNICEF ECD Programme Guidance, pp 33-34.

2.4.4 Adolescent development and participation (ADAP)

STRATEGIC RESULT
Adolescents have equitable access to services and programmes and are systematically and meaningfully engaged

COMMITMENTS	BENCHMARKS
1: Access to information and services 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	• Age- and gender-responsive services and programmes addressing the priority needs of adolescent girls and boys are available, accessible and used
2: Capacity development 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 be effective agents of change within their communities	• Training and capacity-building for adolescent girls and boys, including skills development, are available, accessible and undertaken across sectors • Adolescents are supported and promoted as agents of change

3: Adolescent engagement and participation Adolescent girls and boys are engaged in the design and implementation of humanitarian programmes and peacebuilding initiatives **See 2.2.7** Community engagement for behaviour and social change	• Community-based mechanisms/platforms are functional for the systematic engagement of adolescents in the design and implementation of programmes

KEY CONSIDERATIONS

Advocacy

- Advocate to **integrate the specific needs and priorities of adolescents** in all sectors of humanitarian action.
- Advocate for **allocation of adequate resources for services and programmes for adolescents,** especially the most disadvantaged.
- Advocate for adolescents to be **agents of change** and advocates for peace and social cohesion.

Coordination and partnerships

- **Partner with adolescent/youth-led organizations, networks and groups** to build their capacities and to deliver services and programmes. These organizations, networks and groups should be identified and mapped as a preparedness measure.
- **Promote adolescent/youth-led initiatives** and innovations for better preparedness and response.

Quality programming and standards

- **Actively seek and identify the most marginalized and disadvantaged adolescents,** support efforts to address discrimination and improve equitable access to services and information.
- Design and adapt humanitarian programmes that are **inclusive, age- and gender-appropriate** with and for adolescents (e.g. 10-14, 15-19).
- Refer to the IASC Guidelines on Working with and for young people in humanitarian emergencies and protracted crises, and to the Adolescent Kit for Expression and Innovation to support programmes for adolescent boys and girls.
- **Work with GBV actors and coordination mechanisms** to reduce risks of GBV of adolescent girls and ensure provision of care for survivors of GBV. Equip and train personnel to understand the specific GBV risks faced by adolescent girls and how to refer them to services safely and confidentially. If there are no GBV actors available, train staff on the GBV Pocket Guide.

Linking humanitarian and development

- **Apply a life-course approach to maximize investments across two decades of a child's life** across the humanitarian-development continuum. For instance, enhancing maternal, infant and child health in turn positively impacts adolescents, as well as future parents.
- Identify or create opportunities for adolescents to **meaningfully participate in building social cohesion and peace** within their communities and their societies.
- **Strengthen** the ability of decision-makers, systems and institutions to **engage with adolescents** and to respond to their priorities and aspirations.

2.5 Situation-specific commitments

Situation-specific programme commitments require a multisectoral and integrated approach. All programme commitments and approaches described above, both sector-specific and cross-sectoral, apply to the situation-specific commitments.

2.5.1 Public health emergencies (PHE)

A PHE is the occurrence or imminent threat of a disease or health condition that poses a substantial risk of a significant number of deaths and/or disabilities. This policy focuses on infectious disease outbreaks, the most common type of PHE[96].

STRATEGIC RESULT
Children and their communities are protected from exposure to and the impacts of PHEs

COMMITMENTS	BENCHMARKS
1: Coordination and leadership Effective coordination is established with governments and partners **See 2.1.2** Coordination	• Interagency and intersectoral coordination mechanisms, including cross-border, are in place and allocate clear roles and responsibilities across sectors, without gaps nor duplications • UNICEF led sectors are adequately staffed and skilled at national and sub-national levels • UNICEF core leadership and coordination accountabilities are delivered[97] • Surge deployments and emergency procedures are activated on a no-regrets basis • In case of the activation of the IASC Protocol for the Control of Infectious Disease Events, response modalities and capacities are adapted and scaled up accordingly

[96] PHEs also include chemical, biological, radiological and nuclear events. Not all PHEs are humanitarian emergencies.

[97] See section 2.1.2 above, overarching commitment on coordination.

2: Risk Communication and Community Engagement (RCCE)[98] Communities are reached with targeted messages on prevention and services and are engaged to adopt behaviors and practices to reduce disease transmission and its impact. They participate in the design, implementation and monitoring of the response for ongoing corrective action **See 2.2.7** Community engagement for behaviour and social change and **2.1.6** AAP	• Communities are reached with gender- and age-sensitive, socially, culturally, linguistically appropriate and accessible messages on disease prevention, and on promotion of continued and appropriate use of health services • Local actors are supported and empowered to raise awareness and promote healthy practices • Systems are in place to allow communities to guide the response and provide feedback for corrective action
3: Strengthened public health response: prevention, care and treatment for at-risk and affected populations 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	• The risk of geographical spread of the outbreak and its potential impact are monitored, to inform early response and preparedness in at-risk areas • Specific needs and vulnerabilities of children and women are considered in prevention and treatment protocols, including in the design of patient-centred treatment programmes • Communities directly affected by the PHE are reached with Infection and prevention control (IPC)[99] activities, including the provision of critical medical, WASH supplies and services at facility, community and households' levels and in public spaces • Psychosocial support services contributing to reducing transmission and PHE-related morbidity are accessible to individuals and their families directly or indirectly affected by the PHE • Children directly affected by the PHE receive an integrated package of medical, nutritional and psychosocial care • Frontline workers at facility and community level are trained in IPC and provided with Personal Protective Equipment (PPE)[100] as appropriate for each situation and role

[98] Risk Communication and Community Engagement (RCCE) captures the range of communication, behaviour change, social and community mobilization strategies used in containing health outbreaks.

[99] Infection and prevention control (IPC) is a scientific approach and practical solution designed to prevent harm caused by infection to patients and health workers. It is grounded in infectious diseases, epidemiology, social science and health system strengthening.

[100] **Personal Protective Equipment (PPE)** consists of specialized clothing or equipment worn by health and other workers for protection against infectious hazards.

4: Continuity of essential services[101] and humanitarian assistance	
Essential services and humanitarian assistance are maintained and scaled-up as necessary, and communities can safely and equitably access them	• Needs assessments are conducted early and regularly to ascertain the impact of the outbreak on the population, humanitarian needs, and underlying needs not yet addressed • Essential services and humanitarian assistance in Health, WASH, Nutrition, HIV, are maintained and scaled-up as necessary, and communities can access them in a safe and equitable manner • Protection services, including case management and psychosocial support services are accessible to individuals and their families in a safe and equitable manner • Continued and safe access to education is maintained • Existing social protection mechanisms are maintained and expanded as necessary, including through establishing or scaling up humanitarian cash transfers

KEY CONSIDERATIONS

Advocacy

- Advocate for the systematic **collection and reporting of standardized clinical data disaggregated by age groups and sex**, as well as pregnancy status, as appropriate.
- Advocate for the **inclusion of the specific rights, needs and vulnerabilities of children, women and other vulnerable groups**, such as persons with disabilities, in prevention, early detection, care and treatment strategies and programmes.
- Advocate for **timely and impartial assessment of the broader humanitarian consequences of PHEs**[102].
- Advocate for and lead an effort to improve the humanitarian response and **access to safe and equitable essential services** for affected communities who have been impacted by humanitarian crises since before the PHE. Advocacy should **encompass pre-existing humanitarian challenges**[103] and their consequences.

Coordination and partnerships

- In collaboration with the government, WHO and partners, UNICEF contributes to the **leadership and coordination of several outbreak response pillars**, including **risk communication and community engagement, immunization, psychosocial support and WASH,** as well as continuation of **essential health services, including education and child protection.** Which response pillars[104] are activated depends on the type of PHE and country-specific arrangements, operational capacity and other contextual factors.
- In case of the activation of the IASC Protocol for the Control of Infectious Disease Events, UNICEF mobilizes capacities and resources to contribute to the collective response as per its mandated areas and Cluster Lead Agency responsibilities. This includes the deployment of supplies and logistics, surge capacity and the support to national and sub-national coordination.

[101] **Continuity of essential services** includes continued provision of primary health care (including MNCAH, immunizations, SRH, HIV/AIDS, GBV response care), nutrition, continued access to safe water and sanitation, continued provision of child protection services, mental health and psychosocial support (MHPSS), continuity of learning through maintained access to education, and continuity of social protection systems, and other services depending on the situation.

[102] In line with the IASC Protocol for the Control of Infectious Disease Events, 2019.

[103] These challenges may include disease outbreaks (e.g. malaria, measles, cholera), forced displacements, natural disasters, collapsed health and other services due to conflict etc.

[104] In Public Health Emergency (PHE), response pillars typically include: Surveillance, Contact tracing, Immunization, Infection Prevention and Control (IPC), Risk Communication and Community Engagement (RCCE), case management, etc.

Quality programming and standards

- **Continuously monitor the evolution of humanitarian needs to** ensure appropriate, impartial and early response to primary and secondary impacts for the population.
- The specific **needs of children, women and other vulnerable groups must be considered in the design of the response.** Child-specific guidance and child-friendly supplies need to be prioritised for prevention, care and treatment. Medical, nursing, nutritional, rehabilitation, mental health and psychosocial support services, as well as ECD services, need to be ensured.
- **Foster integrated and multisectoral response to** stop further spread and limit negative impact on individuals and communities, involving health, nutritional and paediatric care, WASH, MHPSS, education, social science research, child protection and community engagement for behaviour and social change. **Prevention** pillars may include the combination of IPC at facility, community, household level and in public spaces; risk communication and community engagement for promotion of hygiene and healthy practices; health system strengthening for detection and referral of cases and contacts; immunization; environmental health interventions and other activities, depending on the type of PHE. **Case Management** pillar may include the combination of provision of specialized paediatric, health and nutritional care; provision of material and psychosocial assistance to affected families; adequate referral and isolation of patients and contacts and other activities, depending on the type of PHE.
- **Strengthen and support the continuity of social services** in order to minimize and reverse the negative effects of the PHE on the population, such as the reduction of routine vaccinations or discontinuity of health, education, nutrition or other social services due to reallocation of human and financial resources for the response to the PHE itself.
- **Support health system capacities** to maintain routine immunization, maternal, newborn, young child and adolescent care, HIV treatment, nutrition services and capacities to respond to other life-threatening diseases.
- **Pay specific attention to urban areas**, which pose specific public health challenges for children, as population density facilitates the rapid spread of communicable diseases.
- **Systematically engage with communities** to implement preparedness, preventive and response activities at community level. Activities may include community surveillance; risk communication; detection and referral systems; development of isolation capacity; vector control; continuity of health and social services; and others, depending on the type of PHE.
- **GBV risks must be mitigated**, and all personnel must be equipped and trained with up-to-date information on available GBV response services and referral procedures to support GBV survivors. If there are no GBV actors available, train staff on the GBV Pocket Guide.
- Ensure that the **views of affected populations are systematically used** to review, inform and adapt all pillars of the public health and humanitarian response, using trusted feedback mechanisms.
- Ensure that communities **participate in decisions** that affect their lives and have access to **safe and confidential complaints mechanisms.**

Linking humanitarian and development

- **Promote national emergency preparedness capacities** in accordance with International Health Regulations core capacities and its monitoring and evaluation framework.
- The International Health Regulations monitoring and evaluation framework for PHE should include a **child-centred perspective that guides preparedness and response**, including real-time evaluations and after-action reviews.
- Include **transfer of competence, capacity-building** and strengthening of national and local health, water and sanitation systems and social protection systems as a core component of the prevention and response.
- **Participate in post-outbreak after-action reviews**, joint external evaluations, simulation exercises and national action plans for health security.
- In contexts affected by conflict, fragility or major challenges to social cohesion, ensure that responses to PHEs are **conflict-sensitive** and do not exacerbate underlying conflict dynamics.

2.5.2 Large-scale movements of refugees, migrants and internally displaced persons

Large-scale movements[105] involve mixed flows of people who move for different reasons but may use similar routes. They include **refugees, migrants, internally displaced persons[106], asylum seekers, stateless persons, smuggled or trafficked children and their families.** Large-scale movements are characterized by a high proportion of children and their families in need of humanitarian assistance.

UNICEF's work is **grounded in international refugee law,** and other international and regional laws, **frameworks and standards[107] on refugees, statelessness, internal displacement and migration.**

This section **applies to all children on the move** regardless of their legal status, citizenship, nationality or reason for moving. It **applies in countries of origin, transit, destination and return.**

STRATEGIC RESULT
Children, their families and host communities are protected from violence, exploitation, neglect and abuse and have access to services and durable solutions

COMMITMENTS	BENCHMARKS
1: Coordination and leadership Effective coordination is established with UNICEF's participation **See 2.1.2** Coordination	• Interagency and intersectoral coordination mechanisms, including cross-border, are in place and allocate clear roles and responsibilities across sectors, without gaps nor duplications[108] • In situations where the Humanitarian Coordination System and Refugee Coordination Mechanism co-exist, response modalities are adapted accordingly[109] • UNICEF led sectors are adequately staffed and skilled at national and sub-national levels • UNICEF core leadership and coordination accountabilities are delivered[110]
2: Best interest of the child The best interest of the child guides all actions concerning children, including status determination procedures and the identification of durable solutions	• Best interest procedures are in place, appropriately resourced and monitored • All service providers have mechanisms in place to identify vulnerable children and children at risk of violence, abuse and exploitation, and refer them to case management processes which include best interest procedures • Personnel in direct contact with children are appropriately trained and skilled • Child protection authorities/actors are involved in determining the best interest of the child as part of status determination procedures

[105] General Assembly Resolution A/RES/71/1, 2016.

[106] All actions concerning refugees are guided by the 1951 Refugee Convention and its protocol. The Guiding Principles on Internal Displacement outline the protections available to internally displaced people.

[107] These frameworks include: Global Compact on Refugees; Global Compact for Safe, Orderly and Regular Migration; Global Action Plan to End Statelessness: 2014 - 2024; Guidance Note of the Secretary General: The United Nations and Statelessness.

[108] Ensure complementarities between the cluster system and other coordination models, including the Refugee Coordination Model and the Camp Coordination Camp Management, and when necessary refer to the Joint UNHCR-OCHA note on coordination in mixed situation.

[109] Ibid.

[110] See section 2.1.2 above, overarching commitment on coordination.

3: Reception, accommodation and care Children and their families have access to safe and age-, gender- and disability-appropriate reception, accommodation and care	• Child-friendly reception, accommodation and care arrangements[111] are available that provide an adequate standard of living, and support families/ siblings to stay together • Child safeguarding and child protection policies and monitoring systems are integrated in all reception centres and locations hosting children and families • Unaccompanied and separated children have access to alternative care options that meet minimum standards[112]
4: Access to information and meaningful participation Children have timely access to child-friendly information on their rights, available services, public health information, legal and administrative processes and durable solutions	• Children have timely access to information about their rights, feedback and complaints mechanisms, in a language and format that children of various ages and backgrounds can understand and use **See 2.2.7** Community engagement for behaviour and social change and **2.1.6** AAP • Children are enabled and supported to meaningfully participate in all decisions affecting their lives
5: Access to services Children have access to essential services[113], without discrimination, regardless of their legal status	• In line with UNICEF's sectoral commitments, essential services are provided to all children through supporting national planning processes and budgets; strengthening systems for service provision; and, where needed, directly providing services across all sectors • Referral pathways and plans to ensure continued access to services during a crisis are established

[111] Community and family-based care, rather than institutionalization such as shelters, should be prioritised.
[112] UN General Assembly Resolution (A/RES/64/142), Guidelines for the Alternative Care of Children.
[113] Including education, healthcare, 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.

KEY CONSIDERATIONS

Advocacy

- Advocate for and support **universal application of the CRC** and its Optional Protocols for all children, regardless of their nationality, citizenship or legal status.
- Advocate for and support universal application of legal frameworks related to **refugee protection, internal displacement, migration and statelessness** and of **international standards relating to fair trial and the rule of law**.
- Advocate for the **end of all forms of detention of refugee, stateless, asylum-seeking and migrant children** on the basis of nationality, citizenship or legal status.
- Advocate for **universal birth and death registration** within Civil Registration and Vital Statistics (CRVS) systems so that all children have a birth certificate, including to prevent statelessness; preparedness and response plans are in place for CRVS; CRVS systems are modernized, and data is backed up, stored off-site and interoperable with health, education and social support systems.
- **Advocate against refoulement, pushbacks, deportations and mass expulsions of migrant and displaced children and families** to ensure children and their families are not returned to a country where they would face torture, cruel, inhuman or degrading treatment or punishment and other irreparable harm. During public health emergencies, these practices threaten children's rights and health and are a risk to public health.
- Advocate for **child-specific considerations** in all migration and asylum administrative and judicial proceedings, regardless of the children's legal status.
- Advocate for **equal access to essential services** for refugee, stateless and migrant children on par with national children, in line with the CRC.
- Advocate for **removal of legal, administrative, linguistic or financial barriers** that prevent refugee, migrant, stateless and internally displaced children from accessing essential services.
- Advocate **against stigmatizing refugee, migrant, stateless and internally displaced children**, fuelling xenophobia, characterizing them as a threat or using criminalizing rhetoric.
- Advocate for **local and national authorities to be supported and resourced** to protect and include refugee, migrant, stateless and internally displaced children.

Coordination and partnerships

- **Support the coordination model/response plan in place and work with UNHCR, IOM and national authorities** to ensure that the needs of children and adolescents are adequately captured in interagency/sector assessments, strategies and programmes.[114]
- Work with partners **to harmonize approaches, avoid gaps and reduce duplications. Ensure complementarities** within the cluster system and with other coordination models, including the Refugee Coordination Model and the Camp Coordination and Camp Management Cluster, and other coordination mechanisms set up to respond to large-scale population movements.
- **Support cross-border coordination and case management** between child protection, immigration and foreign affairs and/or interior ministries, including for family tracing and reunification and child-sensitive return and reintegration.
- Work with partners **to connect humanitarian and development coordination mechanisms** to ensure quality programming, application of relevant standards and inclusion of migrant or displaced children in local and national systems.

[114] In accordance with MoUs and other strategic cooperation agreements at country, regional and global level, including with UNHCR and IOM.

Quality programming and standards

- Ensure that programmes addressing the needs of refugee, migrant and internally displaced children also include needs assessment and service delivery targeting **host communities.**
- Provide **community- and family-based care** for all children, keeping families and siblings together, wherever possible.
- Ensure fast and effective **family tracing and reunification** procedures in accordance with the safety and best interest of the child.
- Identify, implement and **invest in alternative care for** unaccompanied and separated children.
- Prioritize secure access to **durable solutions** that are in a child's best interest such as local integration, regularization, resettlement or return.[115] These should never be compromised due to other considerations, including public health emergencies.
- Strengthen **national data systems to integrate data** on refugee, migrant, stateless and internally displaced children, disaggregated by age, gender and disability.

See 1.4.9 Ethical evidence generation and data protection

- **Pay specific attention to urban areas**: as economic centers, they provide opportunities for livelihoods and are often concentration points for displaced people and migrants.
- Ensure the **participation of refugees, migrants and internally displaced persons**, especially children, adolescents and women, in the design and implementation of programmes.
- **Using safe and confidential feedback and reporting mechanisms** based on affected populations' preferred methods of communication, **systematically use their views to review, inform and correct** protection interventions.
- Ensure that children, adolescents, caregivers and communities **participate in decisions** that affect their lives and have access to **safe and confidential complaints mechanisms.**

Linking humanitarian and development

- Engage with national and local actors in preparedness and from the onset of the crisis to **strengthen systems and local capacity** across sectors to **integrate refugee, migrant and internally displaced children and their families**, building on existing partnerships with line ministries, local authorities and CSOs.
- Recognize **safe and orderly migration**, when it is not forced, as **a potential driver for development.**
- Recognize that no programming should explicitly aim to prevent migration. However, **address child-specific drivers of forced displacement** as part of ongoing development programming and as preparedness measures.
- In contexts affected by conflict, fragility or major challenges to social cohesion, ensure that responses to large-scale movements are **underpinned by a conflict analysis** and are **conflict sensitive** as a minimum requirement.
- Identify and seize opportunities to reduce potential tensions and to **foster social cohesion** between migrants/refugees/internally displaced persons and host communities through peacebuilding interventions.

[115] Refer to UNHCR (2016) Durable Solutions – Preliminary Operational Guide and IOM (2019) Reintegration Handbook – Practical guidance on the design, implementation and monitoring of reintegration assistance.

3. OPERATIONAL COMMITMENTS

Operational commitments describe the actions and standards UNICEF commits to, to enable programme implementation through effective use of resources and adequate operational support.

Benchmarks describe the performance levels expected against the commitments. They are drawn from global humanitarian standards, including Sphere Standards and the Core Humanitarian Standard on Quality and Accountability (CHS).

They are aligned with UNICEF's Emergency Procedures and monitored through the CCCs Operational Monitoring Framework.

OVERARCHING COMMITMENT:

All UNICEF offices are fit for purpose and personnel know and contribute to the application of the minimum preparedness standards and emergency procedures, to enable the timely delivery of humanitarian assistance by UNICEF and its partners.

3.1 Administration and finance

COMMITMENTS	BENCHMARKS
1: Efficient use of resources Programmes are delivered through transparent and efficient use of resources	• Financial accountability, internal governance, control mechanisms and risk management are in place and regularly updated • Appropriate levels of authority are delegated within the CO to facilitate rapid and flexible response at field level
2: Timely disbursement of funds Cash is disbursed to partners and vendors in a timely manner and in compliance with established procedures	• Cash replenishment processes are in place and alternative options identified • Cash and funds transfer mechanisms are in place and cash availability is regularly assessed • Funds are disbursed in a timely manner, for intended purposes and in compliance with established procedures

3: UNICEF field presence Safe and conducive working environments and appropriate accommodation are in place to enable UNICEF field presence and programme delivery	• Staff are provided with adequate resources, office space, equipment, transportation, accommodation, security and logistics support which meet the duty of care principles and facilitate the delivery of programmes • Practical business continuity plans are in place and tests are conducted on a regular basis

KEY CONSIDERATIONS

- **Apply emergency procedures, as well as minimum preparedness standards to improve the timeliness and effectiveness** of UNICEF humanitarian response.
- Based on programme and staffing needs and projected field presence adapted to most effectively access and address humanitarian needs of the affected population, **develop financial and human assets, office structures and a staff accommodation plan**.
- Ensure that UNICEF field presence and operations allow for adequate identification and response to the needs of affected populations, including those in hard-to-reach areas.
- Strive to **stay and deliver in complex and high threat environments**, and use humanitarian principles to guide UNICEF actions and decisions in complex operational environment.
- **Prepare a robust business continuity plan** based on context-specific emergency crisis scenarios to ensure that UNICEF and its partners can continue to deliver an emergency response at an acceptable level, and that staff can continue to operate and recover within an acceptable timeframe should key assets be unavailable or inaccessible.
- **Establish a robust Enterprise Risk Management system** to ensure that analysis of risks, mitigations, action plans and other risk-related information are immediately accessible.
- **Optimize the delegation of authority** to field and/or zonal offices.
- **Maintain an open dialogue and information-sharing with partners on risk management** and support the capacity development of partners to prevent and manage financial risks, while respecting humanitarian principles, protecting child rights and complying with UNICEF's Child Safeguarding policy.
- **Build the capacity of both UNICEF and partners' personnel responsible for funds management**, especially when scaling up partnerships and programmes.
- **Strengthen partnerships with other UN agencies** to build on their systems, processes and knowledge. Maximize collaboration through a Business Operation Strategy. As far as possible, identify options for common premises.
- The Country Representative is ultimately responsible for ensuring that **risk assessment and internal controls** are in place to mitigate risks, including in cases where they delegate this authority. UNICEF managers are responsible for effective financial management.

3.2 Human resources

This section covers UNICEF managerial commitments and priorities, for which all UNICEF Divisions and Offices (CO/RO/HQ) are responsible.

COMMITMENTS	BENCHMARKS
1: Timely deployment Timely deployment of personnel at the onset of emergencies enables rapid emergency response	• Experienced and suitable personnel are identified within 48 hours after the sudden onset or deterioration of a humanitarian crisis and are deployed through surge mechanisms
2: Planning ROs, COs and field offices are adequately staffed to enable ongoing humanitarian response	• Human resource plans are established for immediate, medium- and longer-term needs, including scale-up, scale-down and exit strategies[116]
3: Well-being Duty of care for UNICEF personnel is assured	• Duty of care measures are in place • UNICEF personnel receive information on available care/support
4: Capacity UNICEF personnel have appropriate knowledge of emergency preparedness and response	• Personnel complete applicable mandatory training and have access to supplementary training/learning on emergency preparedness and response
5: Standards of conduct 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 SEA	• Standards of conduct are disseminated and UNICEF personnel complete applicable mandatory training • Appropriate and timely action is taken in response to any breaches • Leadership promotes a culture that aligns with the organisation's standards of conduct • Complaint and feedback mechanisms are in place and accessible to affected populations and external stakeholders[117]

[116] Surge support is planned for three months, possibly six months.
[117] Every programme lead is responsible for the establishment of complaint and feedback mechanisms.

KEY CONSIDERATIONS

- Optimize the use **of internal and external surge mechanisms,** including standby partnerships, rosters and other talent-mapping initiatives, to improve UNICEF's ability to scale up its response at the onset of an emergency and get the right balance of personnel between country and field and/or zonal offices.
- **Diversity** factors should be considered in the deployment of personnel to allow for more innovative response and adequate representation of beneficiaries, leading to better programmatic outcomes. For certain programmes where the experience of living with disabilities is an asset, the deployment of persons with disabilities should be considered.
- **Consider staffing needs for the medium- to long-term in operations, coordination and programme areas.** Think ahead so that the staffing plan is agile and adaptable. Bring longer-term staff on board rapidly to ensure continuity in the response, enable an effective exit from the surge mechanism and reduce UNICEF costs.
- **Duty of care measures** include a comprehensive pre-deployment package for staff and their families that is responsive to the needs of different employees, including women, LBTQI+ employees and persons with disabilities; training and support for managers operating in high-risk environments; availability of and access to counselling and peer support for staff in high-risk environments; and identification of consistent standards on working and living conditions for staff deployed in high-risk environments, with specific attention to locally recruited staff and female staff. Extend duty of care measures to non-staff personnel as outlined in the High-Level Committee on Management Duty of Care Guidelines, whenever relevant and feasible.

3.3 Information and communication technology (ICT)

COMMITMENTS	BENCHMARKS
1: Timely deployment ICT infrastructure and solutions are deployed in a timely manner, supporting efficient programme implementation and staff security	• All high-risk COs preposition essential, ready-to-use emergency ICT kits • Core UNICEF information systems and associated infrastructure are in place, including secure corporate data connectivity • Platforms, tools and end-user devices are provided for data collection and analysis and for communication with the affected population • Shared telecommunications and data communications service delivery options are identified with partners
2: Capacity ICT personnel have the capacity to respond to emergencies in line with Telecoms Security Standards and interagency standards	• Field ICT personnel are trained and involved in emergency simulation exercises at interagency, regional and country level
3: Data protection Data privacy and adherence to protection principles and standards are ensured while processing personal and sensitive data about affected or at-risk populations	• Technical and organizational safeguards and procedures are implemented to ensure proper data management[118], data protection and privacy[119] **See 1.4.9** Ethical evidence generation and data protection

KEY CONSIDERATIONS

- **Participate actively in ICT/telecommunications working groups, Emergency Telecommunications Cluster** and other coordination structures.
- Ensure **preparedness** and **business continuity through** remote connectivity tests; business continuity plans; provision of remote access to vital records to execute critical processes for critical staff; and a consolidated supply plan covering ICT and telecommunications equipment and service requirements.
- **Strengthen ICT capacities** through partnerships and collaboration with standby partners, UN agencies, NGOs, national authorities and private sector with specific expertise and capacity.
- Use **innovative technologies** where appropriate and feasible, including geospatial technologies and digital data collection.

See 1.4.9 Ethical evidence generation and data protection

[118] In line with UNICEF's data retention policy.
[119] In line with the UNDG recommendation on Data Protection, Security and Governance (link to be updated), the UN Evaluation Group's Ethical Guidelines, the Handbook on Data Protection in Humanitarian Action and the UNICEF Policy on Personal Data Protection.

3.4. Communication and advocacy

COMMITMENTS	BENCHMARKS
1: Communication Accurate information on the situation and needs of children, women and their communities and UNICEF's response are shared in a timely manner	In line with UNICEF's child safeguarding policy and ethical and safety standards: • Communication strategies are implemented in a coherent manner at country, regional and global levels • Information is released rapidly and regularly in anticipation of, and during the immediate aftermath (within 24 hours) of new emergencies or new developments in protracted crises • Key messages and updated facts are regularly shared with external audiences through media, digital channels and multi-media assets supporting audience engagement and resource mobilization
2: Advocacy 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 **See 1.4.2** Humanitarian advocacy	• Advocacy strategies are actioned in a coherent manner at country, regional and global levels to address priority child rights issues and critical programming or policy gaps • Reliable data and child-specific information are regularly collected and used safely and ethically to influence decision-makers

KEY CONSIDERATIONS

- By mobilizing external stakeholders, **advocate for the protection of children** through greater political, human and financial support; improved humanitarian access; adherence to international laws and standards; and accountability for perpetrators of child rights violations.
- Advocate for the respect, promotion and fulfilment of the rights of children, women and their communities even in the absence of an ongoing programmatic response, especially when there is evidence of child rights violations. The decision on **how and when to speak out or otherwise advocate shall always consider the best interest of children** and be informed by a thorough risk assessment.
- **Demonstrate the impact of staying and delivering** for children and their communities in challenging humanitarian situations.
- **Ground advocacy strategies in evidence, policy analysis,** political intelligence, power analysis, protection and gender analysis, partnerships and audience insight.
- Engage and **meaningfully empower children and adolescents in emergencies as advocates and agents of change,** helping them to raise their own voices to advocate their views, concerns and solutions.
- **Maintain ethical standards in the best interest of the child,** to protect them when engaging children and young people as advocates, and when creating stories and reporting on children. Advocate for ethical reporting on children by media in line with UNICEF's Guidelines for Journalists Reporting on Children and UNICEF's child safeguarding policy.
- **Support and promote research** that generates high quality and relevant evidence to inform and guide advocacy for children in humanitarian settings, in accordance with guidance on ethical evidence generation and data protection.

  See 1.4.9 Ethical evidence generation and data protection

- Implement **joint advocacy** with the UN, international and local civil society, governments or others, where feasible, at country, regional and global levels.

3.5 Partnerships with governments and civil society organizations for programme implementation

COMMITMENTS	BENCHMARKS
1: Preparedness Humanitarian programmes and partnerships are identified in advance through contingency planning and preparedness measures	• An up-to-date mapping of current and prospective government and civil society partners is maintained at country, regional and global levels • Contingency planning and partnerships are established with governments and CSOs in higher-risk countries, with simple activation protocols for rapid operationalization[120]
2: Simplified procedures Simplified procedures are used to establish timely partnership agreements	• Humanitarian partnerships undergo fast-track review and approval procedures • Humanitarian partnerships with CSOs are signed no more than 15 working days after submission of required documents
3: Timely disbursement of funds Disbursement of funds to partners is timely	• Funds are disbursed to governments and CSOs no more than 10 working days after request of funds
4: Technical assistance for quality and results-based programming Technical assistance and capacity-building are provided to partners to foster quality programming	• Appropriate capacity-building, tools and training are provided to partners to ensure results-based and quality programming **See Chapter 2** Programme commitments • Opportunities for knowledge exchange are established to leverage the expertise and capacity of partners
5: Monitoring Continuous improvement in programme quality, coverage and equity is driven by partner dialogue, feedback mechanisms, field monitoring and corrective actions	• Humanitarian partnerships include a monitoring framework, with a special focus on quality programming **See 2.2.1** Quality of programmes • Field monitoring missions are conducted to support programme implementation quality and identify areas for programme and partnership improvement in line with the UNICEF Field Monitoring Guidance **See 2.3.1** Needs assessment, planning, monitoring and evaluation

[120] See Guidance for CSOs on Partnership with UNICEF.

KEY CONSIDERATIONS

- **Use all available simplifications to reduce bottlenecks** in the discussion and signature of partnership agreements and disbursement of funds.
- Use the CCCs-aligned activities, standards and indicators to **co-design programmes and partnership agreements with partners**.
- **Maintain an open dialogue throughout programme design and implementation**, in the spirit of partnership and mutual accountability for the operationalization of the CCCs.
- **Ensure that UNICEF fulfils its partnership responsibilities** as described in the Programme Cooperation Agreement (see box below). Ensure that appropriate feedback mechanisms, including pathways for redress, are available to partners locally, at CO and field office level.
- **Partner with organizations and entities committed to the core values** of UNICEF and the UN, as well as humanitarian principles, the Principles of Partnership, and the principles of good governance, including transparency, accountability and sound financial management. Only partner with organizations and entities that actively prevent and address SEA, child safeguarding violations, other violations of children's rights, and fraud.
- Ensure UNICEF partners properly understand the operational application of humanitarian principles and **maintain engagement with partners and communities** to ensure the understanding and application of humanitarian principles.
- **Localize UNICEF's humanitarian response through collaboration with local actors (authorities, CSOs, communities, private sector)** and build their capacity. Leverage their access to local populations and critical knowledge of the local context and people. Actively seek out and **partner with local women's, adolescent and children's organizations/groups.**

PARTNERSHIPS AND MUTUAL ACCOUNTABILITIES FOR THE FULFILMENT OF THE CCCs

The Programme Cooperation Agreement (PCA) and associated Programme Documents signed at country level **contribute to the achievement of the programmatic commitments described in the CCCs.**

When signing a PCA and Programme Documents with UNICEF, **partners commit to:**	• **Undertake the activities** described in the document, **according to the expected results, activities, timeframes and budget** • **Display the highest standards of conduct** in accordance with the CRC • **Provide the reports** required under the PCA in a timely manner and satisfactory to UNICEF • Establish and maintain a system for **monitoring implementation progress and results** achieved, using the outputs, indicators and targets in the Programme Document • Take all appropriate measures to **prevent SEA and other child safeguarding violations**, by employees, personnel or subcontractors; and promptly and confidentially, in a manner that assures the safety of all involved, report allegations of SEA or any reasonable suspicion (or allegations) of child safeguarding violations
When signing a PCA and Programme Documents with a partner, UNICEF commits to:	• Commence and **complete the responsibilities allocated to it** in a timely manner, provided that all necessary reports and other documents are available • Make **transfers of cash, supplies and equipment** in accordance with the agreement • Undertake and complete **monitoring, assessment, assurance, evaluation and** oversight of the Programme Document • **Liaise as needed with the government,** members of the UNCT, donors and other stakeholders • **Provide overall guidance, oversight, technical assistance and leadership,** as appropriate, for the implementation of the Programme Document • **Conduct joint monitoring**

3.6 Resource mobilization

COMMITMENTS	BENCHMARKS
1: Mobilization of adequate and quality resources 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	• Multi-year, predictable and flexible[121] funding is mobilized from private and public sectors to reduce the gap between humanitarian needs and the resources available to meet them • Funding is secured to support preparedness for faster, timely and more cost-effective responses • Internal funding mechanisms (Emergency Programme Fund and Thematic Funding) are used to rapidly respond and scale up programmes
2: Linking humanitarian and development resources Integration of humanitarian and development resources is enhanced	• Strategic investments are made from UNICEF thematic pools to support preparedness, humanitarian response and activities related to system-strengthening and resilience-building • Localization of humanitarian and development programming is supported through multi-year, predictable and flexible funding. Systems are in place to track, monitor and report on these investments
3: Impartiality and risk-sharing Resources are allocated impartially, based on the needs of affected populations	• Available resources are allocated based on needs assessment **See 2.2.3** Equity • Procedures are in place to manage donor conditions at CO level • Donors are aware of and understand UNICEF risk management policies

[121] Flexible funds include regular resources (funds contributed without restrictions on their use) and thematic resources (funding allocated against thematic pools; donors contribute thematic funding against the humanitarian appeal, at global, regional or country level).

KEY CONSIDERATIONS

- Respond to the increasingly protracted nature of humanitarian crises by mobilizing **predictable, flexible and longer-term funding** that is passed down to partners, when relevant and feasible.
- **Leverage resources and partnerships** for children, including by influencing domestic planning, financing and the delivery of services for children.
- Partner with UN agencies to ensure a **coordinated and collaborative approach towards resource mobilization** to reduce funding gaps.
- Deepen **partnership and collaboration with public and private sector partners,** including international financial institutions, and contribute to developing new and more predictable financing solutions for a longer-term response. Cooperation and collaboration go beyond financing to bring together diverse resources in ways that can achieve greater collective impact, sustainability and value.
- Ensure that **resources are allocated impartially based on need,** and that the humanitarian imperative comes first when allocating aid, even in the most complex environments.

- Maintain **operational independence** and seek to avoid dependency upon a single funding source.
- **Mitigate the risks of donors' conditions and funding associated with objectives that could jeopardize the neutrality, impartiality and independence of humanitarian response.** Refrain from funding arrangements that undermine children and women's rights or the best interest of children, or that put the safety and security of humanitarian workers at risk.
- **Promote transparency by publishing timely, transparent and quality data** on humanitarian funding with the International Aid Transparency Initiative and the Financial Tracking System, enhancing traceability from source to recipient.
- Draw on **funding arrangements designed to deliver collective humanitarian results**, such as the Central Emergency Response Fund and the humanitarian country-based pooled funds.
- Enhance **results-based reporting and results-based budgeting**, demonstrate value for money and work towards collective results within the UN and with other actors.
- Enhance **recognition and visibility of donors**, particularly those who contribute flexible resources.
- Explore and pursue new opportunities through **innovative financing,** including blended financing instruments and public-private partnerships, as well as south-south and horizontal cooperation.

3.7 Security management

COMMITMENTS	BENCHMARKS
1: Security Risk Management (SRM) Security risks that could affect personnel, premises, assets or the ability to deliver emergency programmes are identified, assessed and managed, in compliance with the SRM policy	• SRM process is developed and supports valid, context-specific and timely risk management decisions • SRM decisions balance security risks with Programme Criticality
2: Adequate resources SRM capacity is adequate to manage risks to personnel, assets and premises and enable the delivery of programmes	• Sufficient human, material and financial resources are allocated, in a timely fashion, to support the assessment of security risks and implementation of management measures
3: Coordination Active participation in interagency security fora at global and national levels ensures that SRM measures, policies and guidelines enable programme delivery by UNICEF and partners	• Collaboration with and support to partners on security matters is effective and is guided by the UN Security Management System (UNSMS) and the Saving Lives Together (SLT) framework • Active participation to the following fora is ensured: Security Cell and Security Management Team at national level, Inter-Agency Security Management Network (IASMN) at global level, and Saving Lives Together (SLT) at global and national level

KEY CONSIDERATIONS

- **Collaborate with host country authorities, UNSMS members and partners** to assess specific threats and determine associated risk levels, SRM measures and levels of acceptable risk to enable maximum programme delivery.
- **Support UNICEF partners to put in place or reinforce their security risk management framework**. When entering a PCA, UNICEF checks that partners have demonstrated capacities to manage security risks for their staff and operations and to fulfil their duty of care (legal responsibilities) for their employees. Upon request, UNICEF may provide technical support and/or resources to support partners in strengthening their security risk management framework.
- **Ensure close collaboration between security and programme personnel** as required in the SRM and Programme Criticality development and implementation processes.
- **UNICEF commits to provide timely responses to SLT**-related queries; collect and cross-check information for regular security reports and coordinate mutual assistance in maintaining security incident databases; support the resolution of security coordination problems, and the coordination of security incident response, in the field; make training available to security managers of SLT partners; organize workshops to enhance mutual knowledge of UN, INGO and IO security collaboration; explore further areas of security cooperation between the UN, INGOs and IOs; and seek innovation and efficiencies in security management.
- Utilize **acceptance as a security risk management approach** that can support humanitarian access. Acceptance by communities and/or threat actors can reduce the likelihood of harmful events occurring and increases the chances of an effective response if a harmful event does occur. **Humanitarian principles underpin acceptance** – cultivating good relations and consent for humanitarian activities among local populations and key actors[122].
- **Build the capacity** of security professionals and managers with security responsibilities on generating acceptance, assessing the degree of acceptance and integrating acceptance in the Security Risk Management process.
- Make use of armed escorts only after a thorough analysis in the Security Risk Management (SRM) process that determines no other SRM measure is available to bring security risks to acceptable levels, as per the IASC Non-Binding Guidelines on the Use of Armed Escorts for Humanitarian Convoys.
- Refer to the IASC Non-Binding Guidelines on the Use of Armed Escorts for Humanitarian Convoys when contributing to the SMT's evaluation of the potential impacts of using armed escorts. This evaluation should be context and location-specific and should also be informed by humanitarian principles.
- **Refer to and comply with the** UNSMS Framework of Accountability and the UNICEF Security Framework of Accountability which outline all UNICEF personnel's security roles, responsibilities and accountabilities.
- The **Country Representative is responsible** and accountable to the Secretary-General through the Executive Director for the safety and security of UNICEF personnel and eligible family members, premises and assets in their assigned country[123]. As a member of the Security Management Team (SMT), the CO Representative is expected to apply the Security Risk Management approach to all UNICEF activities and operations, ensure that activities of UNICEF are conducted in a way that manages security risks to personnel and eligible family members, premises and assets to an acceptable level, and ensure that security collaboration with UNICEF partners using the Saving Lives Together (SLT) Framework.

[122] Security Risk Management (SRM) Manual, Annex E: Reflecting Acceptance in the SRM, p. 106-110.
[123] Refer to the UNICEF Security Framework of Accountability for the full list of responsibilities and accountabilities.

3.8 Supply and logistics

COMMITMENTS	BENCHMARKS
1: Preparedness Supply and logistics preparedness measures are in place at global, regional and country levels, including prepositioning of supplies and contractual arrangements for logistics services and more commonly requested goods	• Emergency supplies are kept available in Supply Division hubs and/or suppliers' premises, and/or at RO/CO level, including in some cases in governments' or partners' warehouses • Long-term or contractual arrangements for procurement of emergency supplies and logistics services are in place at global, regional and country levels • National and local capacity to segment and out-source supply chain services to the private sector is improved.
2: Timely procurement, transport and delivery of supplies Life-saving supplies for children and communities are delivered to partners and/or point-of-use in a timely fashion	• Financial, material and human resources are deployed to support timely delivery of supplies • Supplies are delivered to country entry points within 72 hours for Rapid Response, and within 14 days by air or 60 days by sea for humanitarian responses • Supplies are distributed to partners and/or point-of-use in a timely fashion and the end-user monitoring protocols are in place
3: Sustainable procurement, supply and logistics arrangements Sustainable procurement, supply and logistics arrangements (contracts, agreements and/or plans) are made available at the onset or deterioration of a humanitarian crisis	• Local/regional sourcing is identified and prioritised • Sea/road shipments are prioritised for offshore procurement following the first wave of deliveries • In-country logistics service arrangements (customs clearance, warehousing, transport) are identified and established, including collaboration with partners

KEY CONSIDERATIONS

Coordination and Partnerships

- **Develop supply and logistics strategies** based on needs assessments, preparedness and response plans. **Preposition** essential supplies, including through partners, and strengthening of national supply chain capacity.
- Where appropriate, **establish storage and warehousing options** (local, district/provincial, national), Long Term Agreements and/or contracts/partnerships **for in-country storage/warehousing.**
- Ensure **close collaboration between supplies and programme teams** at all stages with a focus on alleviating any barriers to availability (i.e. product selection, quantification, appropriate use, end-user monitoring).
- Liaise with national and local authorities (and with all parties to conflict in conflict-affected contexts), as well as with donors, other agencies, CSOs and private sector to **maximize principled collaboration** and coordinate the response with all logistics partners.
- Contribute as an **active member to the Non-Food Item Cluster and Logistics Cluster.**

Quality Programming and Standards

- Ensure the timely supply and distribution of **gender-sensitive, culturally, socio-economically and environmentally appropriate essential household items** to affected populations.
- Ensure **timely access** to supplies through **multiple formats**: distribution, vouchers, cash or a combination of the above.
- Where appropriate, consider the **procurement of goods and services by partners.**
- **Build capacities** of national and local partners, including governments and CSOs, to ensure timely supply interventions.
- Support partners to ensure supplies are distributed with consideration of **gender sensitivities**, including protection of girls and women.
- Establish a **monitoring system** of the delivery and use of supplies by end-users.
- Ensure **suppliers and contractors are bound to UNICEF's ethical principles and code of conduct,** especially with regards to PSEA and child safeguarding.
- Explore and use **innovative technology** to maximise effectiveness and efficiency and to ensure delivery to hard-to-reach places.

Linking Humanitarian and Development

- **Prioritise local/regional sourcing** through local logistics agreements for procurement of essential supplies.
- Promote low-carbon and **environmentally sustainable** procurement modalities. **Prioritise suppliers who manufacture green** (environmentally friendly) products, packaging and services. Apply eco-responsible procurement considerations whenever possible to minimize impact on local environment.
- Build national capacities to source, tender, monitor and finance supply chain service providers. **Strengthen national supply chains** to ensure access to required medicines, equipment and supplies at point of care, based on an analysis of supply chain operational capacity as part of a sustainability and reliance strategy.
- **Strengthen the capacities of national authorities** to develop, manage and run **public supply chains** that are robust enough to absorb the emergency shocks and stimulate faster development.
- **Invest in systems, capacities, monitoring, waste management and quality control systems of national and local authorities and CSO partner supply chains**, to prevent leakage, diversion, misuse or stockout of necessary supplies throughout the supply chain.
- UNICEF is committed to influence private sector, business and markets to benefit the most deprived children, including by:
  - **Deepening its partnerships across the private sector** – leveraging their core business, products, research and development and innovation to better serve the needs of hard-to-reach children
  - **Influencing global and local markets for children** – breaking down market barriers that inhibit children's access to essential supplies, and pursuing a research and development pipeline of vaccines, medicines and technologies to drive towards the achievement of the SDGs.

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ANNEX 1 **GLOSSARY**

Access (humanitarian)	Humanitarian access entails the ability of humanitarian actors to reach populations affected by crisis, as well as an affected population's ability to access humanitarian assistance and services. Practically, this means UNICEF and its partners are able to deliver, and/or have vulnerable children receive, humanitarian assistance and protection in a manner that is rapid, unimpeded and consistent; is in line with international law and UNICEF's humanitarian and CRC principles, and CCCs standards; reaches all targeted populations with the required assistance and protection services; and enables assessments, assistance/service delivery as well as monitoring and evaluation. *(UNICEF, Access Field Manual, 2020)*
Accessible (for services)	Means that there are no practical, financial, physical, security-related, structural, institutional or cultural barriers to accessing services or facilities. This can refer to the general population (universal access), or to equitable access of people with specific needs. *(Sphere, Sphere Glossary, 2019, p. 1.)*
Accountability to affected populations (AAP)	Commitment to use power responsibly by taking account of, giving account to, and being held to account by the people humanitarian organizations seek to assist by putting communities and people at the centre of humanitarian action and promoting respect for their fundamental human rights underpinned by the right to life with dignity, and the right to protection and security as set forth in international law. *(UNICEF, Accountability to Affected Populations Handbook (draft), 2019, p. 5.)* This results in the ability of all vulnerable, at-risk and crisis-affected girls, women and men supported through UNICEF humanitarian actions to hold UNICEF as an organization to account for promoting and protecting their rights and generating effective results for them, taking into account their needs, concerns and preferences, and working in ways that enhance their dignity, capacities and resilience. *(UNICEF, Putting People at the Centre of Humanitarian Action: Integrating accountability to affected people, March 2017)*
Advocacy (for UNICEF)	Process, based on demonstrated evidence, to directly and indirectly influence decision makers, stakeholders and relevant audiences to support and implement actions that contribute to the fulfilment of children's and women's rights. *(UNICEF 2010 Advocacy Toolkit, 2010, p. 3.)*
Asylum seekers	Individuals who seek safety from persecution or serious harm in a country other than their own and await a decision on their application for refugee status. *(International Organization for Migration, Glossary on Migration, International Migration Law Series no. 25, IOM, 2011, p. 12.)*
Balance coverage, quality and equity	Process which consists in 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 programmes. 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 interagency and IASC standards. Equity is judged by appropriate prioritisation of the people most in need, informed by assessment and analysis of vulnerability and deprivation, and the principle of leaving no child behind. Balancing coverage with equity requires access to, and use of, disaggregated data about the different needs of different groups of affected populations, in order to target and reach the most disadvantaged groups. *(Evaluation of the Coverage and Quality of the UNICEF Humanitarian Response in Complex Humanitarian Emergencies, January 2019)*

Barrier(s) (for persons with disabilities)	Factors that prevent a person from having full and equal access and participation in society. These can be environmental, including physical barriers (such as the presence of stairs and the absence of a ramp or an elevator) and communication barriers (such as only one format being used to provide information), attitudinal barriers (such as negative perceptions of older people or people with disabilities) and institutional barriers (such as policies that can lead to discrimination against certain groups). Some barriers exist prior to the conflict or natural disaster; others may be created as an unintended consequence of the humanitarian response.
Best interests of the child	The right of the child to have his or her best interests assessed and taken as a primary consideration in reaching a decision. It refers to the well-being of a child and is determined by a variety of individual circumstances (age, level of maturity, the presence or absence of parents, the child's environment and experiences). *(Minimum Standards for Child Protection in Humanitarian Action, 2019)*
Best Interests Determination (BID)	Formal process with strict procedural safeguards designed to determine the child's best interests for particularly important decisions affecting the child. It should facilitate adequate child participation without discrimination, involve decision-makers with relevant areas of expertise and balance all relevant factors in order to identify and recommend the best option. *(UNHCR Best Interests Determination Handbook 2011, p. 110)*
Best interests' procedure	UNHCR's individual case management procedure to ensure that the best interest's principle (set out in Article 3 of the UN Convention on the Rights of the Child) is respected in work with individual children of concern. It is a multi-step process that goes through identification, assessment, case action planning, implementation, follow-up and case closure. It includes two important procedural elements: the Best Interests Assessment (BIA) and the Best Interests Determination (BID). States and other actors are also obliged to establish formal procedures for assessing and determining the best interests of an individual child or a group of children where decisions would have a major impact on the child or group of children. *(Minimum Standards for Child Protection in Humanitarian Action,2019)*
Business continuity	Business continuity is the capability of the organization to continue delivery of products or services at acceptable predefined levels in a timely manner following a disruptive event. It means that UNICEF offices at all levels (HQ, Regional, and Country) must be able to maintain continuity of critical functions during and following a disaster and/or crisis event.
Business continuity plan (BCP)	A plan which documents the necessary measures and procedures, in advance of a disruptive event, to ensure continuation of critical business services, allowing UNICEF to better respond to disruptive events and take necessary actions to mitigate the impact on its assets and operations.
Caregiver	A person who provides daily care, protection and supervision of a child. This does not necessarily imply legal responsibility. Where possible, the child should have continuity in who provides their day-to-day care. A customary caregiver is someone that the community has accepted, either by tradition or common practice, to provide the daily care, protection and supervision of a child. *(Minimum Standards for Child Protection in Humanitarian Action,2019)*

Case management	An approach to address the needs of an individual child and their family in an appropriate, systematic and timely manner, through direct support and/or referrals. For children this is done in accordance with the child's best interest. Case management services can be provided to address the needs of children and women who have already been harmed (such as separated children) or to prevent harm for women and children with heightened vulnerabilities or risks. *(Minimum Standards for Child Protection in Humanitarian Action,2019)*
Child	A person below the age of 18 years. • Infant: below 12 months • Young child: 0-8 years • Preschool children: 2-5 years • Middle childhood: 5-9 years • Adolescent: 10-19 years (early adolescence: 10-14 years, late adolescence: 15-19 years) • Youth: 15-24 years • Young people: 10-24 years
Child-friendly	Working methods that do not discriminate against children and that take into account their age, evolving capacities, diversity and capabilities. These methods promote children's confidence and ability to learn, speak out, share and express their views. Sufficient time and appropriate information and materials are provided and communicated effectively to children. Staff and adults are approachable, respectful and responsive. *(Minimum Standards for Child Protection in Humanitarian Action,2019)*
Child-friendly spaces (CFS)	Safe spaces where communities (and humanitarian actors) create nurturing environments in which children can access free and structured play, recreation, leisure and learning activities. *(Minimum Standards for Child Protection in Humanitarian Action,2019)*
Child participation	The manifestation of the right of every child to express his or her view, to have that view given all due consideration, to influence decision-making and to achieve change. It is the informed and willing involvement of all children, including the most marginalized and those of different ages, genders and disabilities, in any matter concerning them. *(Minimum Standards for Child Protection in Humanitarian Action,2019)*
Child safeguarding	The responsibility that organizations have to make sure their staff, operations, and programmes do no harm to children. It includes policy, procedures and practices to prevent children from being harmed by humanitarian organizations as well as steps to respond and investigate when harm occurs. *(Minimum Standards for Child Protection in Humanitarian Action,2019)*
Children Associated with an Armed Force or Armed Group	Refers to any person below 18 years of age who is, or who has been, recruited or used by an armed force or armed group in any capacity, including but not limited to children, boys and girls, used as fighters, cooks, porters, spies or for sexual purposes. It does not only refer to a child who is taking, or has taken, a direct part in hostilities. *("Paris Principles and Guidelines on Children Associated with Armed Forces or Armed Groups" (2007)*
Civil-military coordination	Entails the essential dialogue and interaction between civilian and military actors in humanitarian emergencies that is necessary to protect and promote humanitarian principles, avoid competition, minimize inconsistency, and when appropriate, pursue common goals *(OCHA, Humanitarian Civil-Military Coordination)*

Civil society organizations (CSOs)	Includes community-based (CBOs) and non-governmental organizations (NGOs), trade unions, religious groups, women's organizations, academic institutions and other private, voluntary groups.
Community-based organizations (CBOs)	Small and often informal groups serving communities.
Cluster	Established by the Inter-Agency Standing Committee (IASC) in 2005, the cluster system provides a framework for effective partnership among international humanitarian actors, host governments, local authorities, local civil society agencies, affected populations, and other relevant stakeholders (such as the private sector) in 10 sectors: Health, Nutrition, WASH, Food security, Logistics, Shelter, Telecoms, Protection, Education, Early Recovery. At country level, it aims to strengthen partnerships, and the predictability and accountability of international humanitarian action, by improving prioritization and clearly defining the roles and responsibilities of humanitarian organizations. • Supporting service delivery by providing a platform for agreement on approaches and elimination of duplication • Informing strategic decision-making of the HC/HCT for the humanitarian response through coordination of needs assessment, gap analysis and prioritization • Planning and strategy development including sectoral plans, adherence to standards and funding needs • Advocacy to address identified concerns on behalf of cluster participants and the affected population • Monitoring and reporting on the cluster strategy and results; recommending corrective action where necessary • Contingency planning/preparedness/national capacity building where needed and where capacity exists within the cluster. Globally, UNICEF is responsible for leading/co-leading three clusters: Water, hygiene and sanitation (WASH), Nutrition, Education (co-led with Save the Children) – as well as one area of responsibility (AOR), Child Protection under the Protection Cluster.
Collective outcome	A concrete and measurable result that humanitarian, development and other relevant actors want to achieve jointly over a period of 3-5 years to reduce people's needs, risks and vulnerabilities and increase their resilience.
Community engagement	A dynamic process connecting the community and other stakeholders so that crisis-affected people have more control over the response and its impact on them. It is a means of ensuring the accountability of humanitarian actors by facilitating and structuring ongoing communication on the appropriateness and effectiveness of initiatives and engaging communities directly in the planning, design, implementation and evaluation of activities. *(Sphere, Sphere Glossary, 2019 and UNICEF, Minimum Quality Standards and Indicators in Community Engagement, 2020.)*
Complex and high-threat environment	Humanitarian contexts where multiple and complex factors impact the operating environment, including but not limited to armed conflict, restricted access to affected populations, civil or political upheaval, large-scale violations of international humanitarian and human rights law. Humanitarian response in these contexts is conducted in a difficult political and highly insecure environment. *(Evaluation of the Coverage and Quality of the UNICEF Humanitarian Response in Complex Humanitarian Emergencies, January 2019)*

Conflict sensitivity	The capacity of an organization to understand its operating context, the interaction between its interventions and the context, and act upon this understanding to avoid negative impacts ("do no harm") and maximise positive impacts on conflict factors.
Coverage	The extent to which major population groups facing life-threatening suffering are being (or were) reached by humanitarian action. *(UNICEF, Evaluation of the Coverage and Quality of the UNICEF Humanitarian Response in Complex Humanitarian Emergencies, 2019.)*
Disability	Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.
Do no harm	An approach to avoid unintended negative consequences in any situation in which humanitarian agencies operate in order that the humanitarian response might not further endanger affected persons and might not undermine communities' capacities for peacebuilding and reconstruction.
Duty of care	A non-waivable duty on the part of UNICEF to mitigate or otherwise address foreseeable risks that may harm or injure its personnel and eligible family members.
Early childhood development (ECD)	Comprehensive approach to policies and programs for children from the prenatal period to eight years of age. Early childhood refers to the period of life from 0-8 or age of school entry (three distinct phases include: from conception to birth, from birth to 3 years, with emphasis on the first 1000 days, and preschool or pre-primary years (age of school entry). Development is defined as an outcome, it is the continuous process of acquiring skills and abilities during this age period across the domains of cognition, language, motor, social and emotional development. This development is a result of the interaction between the environment and the child (the key aspects of the environment is "nurturing care").
Emergency	A situation that threatens the lives and well-being of large numbers of a population and requires extraordinary action to ensure their survival, care and protection (IASC). • **Complex emergency:** a humanitarian crisis in a country, region or society where there is a significant or total breakdown of authority resulting from internal or external conflict and which requires an international response that extends beyond the mandate or capacity of any single agency. • **Protracted emergency:** major humanitarian crisis in which a large proportion of a population in a country is vulnerable to death, disease or disruption of their livelihood over a significant period of time. • **Sudden-onset emergency:** humanitarian crisis for which there is little or no warning.
Enterprise Risk Management (ERM)	Process of identifying and assessing risk and establishing measures or controls to bring risks within the organizational risk tolerance. This includes activities to realize opportunities while mitigating the negative consequences of potential events. ERM enables a systematic and proactive identification, assessment and management of risks and opportunities using a common language, structure and tool (eGRC), that provides UNICEF with insight and context to manage risks with effectiveness, efficiency and agility, make risk-informed decisions, understand performance and achieve better results for children and youth.

Equity (for UNICEF)	UNICEF's equity-based approach in humanitarian action means that's UNICEF's humanitarian response strives to focus on the most disadvantaged communities to realize the rights of every child, starting with the most deprived. UNICEF seeks to understand and address the root causes of discrimination and inequity, often exacerbated by emergencies, so that all children and women, particularly those most vulnerable, have an opportunity to survive, develop and reach their full potential, without discrimination, bias or favouritism. Equity also means identifying risks and underlying vulnerabilities, targeting humanitarian action to and prioritizing the needs of those most vulnerable and disadvantaged.
Essential Services	Range of public services provided by the government, private, profit and non-profit organizations related to health care, education, access to water and sanitation, housing, electricity and other services whereby the interruption of which would endanger the life, health or personal safety of the whole or part of the population *(ILO, Report of the Committee of Experts on the Application of Conventions and Recommendations, 2001, p. 293.)*. For UNICEF, it includes services related to primary health care, nutrition, HIV, water hygiene and sanitation, education, social protection, and child protection. Continuity of essential services means to ensure the continued provision of primary health care (including immunizations, maternal, newborn, child and adolescent health (MNCAH), sexual and reproductive health (SRH), HIV/AIDS, GBV response care), nutrition, continued access to safe water and sanitation, continued provision of child protection services, mental health and psychosocial support (MHPSS), continuity of learning through maintained access to education, continuity of social protection systems, and other services depending on the situation.
Exploitation	When an individual in a position of power and/or trust takes or attempts to take advantage of a child for their own personal benefit, advantage, gratification, or profit. This personal benefit may take different forms: physical, sexual, financial, material, social, military, or political. *(Minimum Standards for Child Protection in Humanitarian Action, 2019)*
Evaluation	Assessment, conducted as systematically and impartially as possible, of an activity, project, programme, strategy, policy, topic, theme, sector, operational area or institutional performance. It analyses the level of achievement of both expected and unexpected results by examining the results chain, processes, contextual factors and causality using such appropriate criteria as relevance, effectiveness, efficiency, impact and sustainability. *(United Nations Evaluation Group (UNEG), Norms and Standards for Evaluation, 2016.)*
Feedback and reporting mechanism	Formal system established and used to allow recipients of humanitarian action (and in some cases, other crisis-affected populations) to provide information on their experience with a humanitarian agency or the wider humanitarian system. Such information is then used for different purposes, including taking corrective action to improve some element of the response. *(Minimum Standards for Child Protection in Humanitarian Action, 2019)*

Gender	Social attributes and opportunities associated with being male and female and the relationships between women and men and girls and boys. It differs from sex which is defined most often at birth based on biological anatomy. Non-binary gender identity refers to any gender identity or expression which does not fit the male/female or boy/girl binary. *(Minimum Standards for Child Protection in Humanitarian Action, 2019)* • **Gender equality:** when women and men, girls and boys, enjoy the same rights, resources, opportunities, and protections. Gender equality requires addressing the power imbalances in economic, political, and social systems that generally bias these rights, resources and opportunities against women and girls. It also means that girls and women have the ability to use their rights and capabilities to make choices and decisions about their own lives without the fear of coercion or violence. Gender equality does not require that girls and boys or women and men be the same, or that they be treated exactly alike, but rather implies an absence of bias or discrimination. • **Gender mainstreaming:** a strategy for making women's as well as men's concerns an integral dimension of the design, implementation, monitoring and evaluation of policies, plans and programmes in all spheres - political, economic, social, environmental - so that women and men equally enjoy the same rights, resources, opportunities, and protections.
Gender-based violence	Umbrella term for any harmful act that is perpetrated against a person's will and that is based on socially ascribed (i.e. gender) differences between males and females. It includes acts that inflict physical, sexual, mental and economic harm or suffering; threats of such acts; coercion; and deprivations of liberty, whether occurring in public or private life. The term is primarily used to describe violence caused by an expression of power inequalities between women and men that gives women and girls lesser social, economic and political power in relation to men and boys. *(Inter-Agency Standing Committee's Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action, 2015.)*
Governance	(i) the exercise of political, economic and administrative authority in the management of a country's affairs at all levels, comprising the complex mechanisms, processes, relationships and institutions through which citizens and groups articulate their interests, exercise their rights and obligations and mediate their differences. (ii) the traditions and institutions by which authority in a country is exercised for the common good, including the processes by which those in authority are selected, monitored and replaced; the capacity of the government to effectively manage its resources and implement sound policies; and the respect of citizens and the state for the institutions that govern economic and social interactions among them; (iii) the process of creating an organizational vision and mission - what it will be and what it will do - in addition to defining the goals and objectives that should be met to achieve the vision and mission; of articulating the organization, its owners and the policies that derive from these values - policies concerning the options that its members should have in order to achieve the desired outcomes; and adopting the management necessary for achieving those results and a performance evaluation of the managers and the organization as a whole *(WHO Glossary).*

[124] A *humanitarian crisis* is defined as any circumstance where humanitarian needs are sufficiently large and complex to require significant external assistance and resources, and where a multisectoral response is needed, with the engagement of a wide range of international humanitarian actors. This may include smaller-scale emergencies; in countries with limited capacities, the threshold will be lower than in countries with strong capacities. An *emergency* is a situation that threatens the lives and well-being of large numbers of a population and requires extraordinary action to ensure their survival, care and protection.

Human rights / child rights	Rights that every human being is entitled to enjoy simply by virtue of being human. They identify the minimum conditions for living with dignity that apply to all of us. They are universal and inalienable: they cannot be taken away. As human beings, children are human rights holders. Additionally, they have a specific set of human rights – often referred to as child rights – pertaining to persons under the age of 18 and enshrined in the Convention on the Rights of the Child (CRC), 1989. *(Minimum Standards for Child Protection in Humanitarian Action, 2019)*
Humanitarian action (for UNICEF)	Encompasses interventions aimed at saving lives, alleviating suffering, maintaining human dignity and protecting rights of affected populations, wherever there are humanitarian needs, regardless of the kind of crisis (sudden-onset or protracted emergencies, natural disasters, public health emergencies, or complex emergencies such as international or internal armed conflicts, etc.[124]), irrespective of the Gross National Income level of a country (low, middle or high), or legal status of the affected populations. Humanitarian action also encompasses interventions addressing underlying risks and causes of vulnerability to disasters, fragility and conflict, such as system strengthening and resilience-building, which contribute to reducing humanitarian needs, risks and vulnerabilities of affected populations.
Humanitarian cash transfer	Provision of assistance in the form of money (either physical currency/cash or e-cash) to individuals, households or communities as part of a humanitarian response. Cash transfers as a modality are distinct from both vouchers and in-kind assistance.
Humanitarian crisis	Serious disruption of the functioning of a community or a society involving widespread human, material, economic or environmental losses and impacts that exceeds the ability of the affected community or society to cope using its own resources and therefore requires urgent action. Any circumstance where humanitarian needs are sufficiently large and complex to require significant external assistance and resources, and where a multi-sectoral response is needed, with the engagement of a wide range of international humanitarian actors (IASC).
Humanitarian principles	Underlining all humanitarian action are the principles of humanity, impartiality, neutrality and independence. These principles, derived from IHL, have been taken up by the United Nations in General Assembly resolutions 46/182 and 58/114. The CCCs are grounded in humanitarian principles and UNICEF is committed to applying humanitarian principles in its humanitarian action.
Humanitarian response	Provision of services and assistance during or immediately after a specific emergency in order to save lives, reduce health impacts, ensure public safety, maintain human dignity and meet the basic subsistence needs of the people affected. It should be governed by the key humanitarian principles. *(UNICEF, Guidance on Risk-Informed Programming, 2018, p. 9.).* **See** Humanitarian Action.
Human smuggling	Procuring the undocumented entry of a person into a State of which the person is not a national or permanent resident, in exchange for a direct or indirect financial or other material benefit. *(United Nations Protocol Against the Smuggling of Migrants by Land, Sea and Air, Supplementing the United Nations Convention Against Transnational Organized Crime, art. 3(a), 2000.)*
Impact	Positive and/or negative long-term effects on population groups produced by an intervention, directly or indirectly, intended or unintended. These effects can be economic, socio-cultural, institutional, environmental, technological or of other types. *(OECD, Glossary of Key Terms in Evaluation and Results Based Management, 2010, p. 24.).*

Inclusive	In humanitarian action refers to actions taken to ensure the right to information, protection and assistance for all persons affected by crisis, irrespective of age, sexual and gender identity, disability status, nationality, or ethnic, religious or social origin or identity. Inclusive action focuses on identifying and removing barriers so that those individuals and groups who are more vulnerable, marginalized and/or excluded can participate in decision-making and benefit from humanitarian action on an equal basis with others.
Infection and prevention control (IPC)	Scientific approach and practical solution designed to prevent harm caused by infection to patients and health workers. It is grounded in infectious diseases, epidemiology, social science and health system strengthening. *(UNICEF, COVID-19 Emergency Preparedness and Response, WASH and Infection Prevention and Control in Health Facilities, Guidance Note, 2020; and WHO, Clean Care is Safer Care: Infection Prevention and Control).*
Multi-sectoral and Integrated approach (for UNICEF)	Intentional combining of two or more sector interventions in the design and implementation of programmes to achieve humanitarian outcomes. This includes the application of geographic convergence. Sector are encouraged to operate in the same geographic locations, coordinate the planning, financing and implementation of programmes, contribute to each other's goals and results, in order to deliver more sustainable, cost-effective and at-scale outcomes. Examples of multi-sectoral and integrated programming include the combining of Health, Nutrition, WASH, Child Protection, ECD and HIV for SAM treatment; the combining of Health, WASH and Community engagement for behaviour and social change for the response to disease outbreaks; the combining of Education and WASH for menstrual health and hygiene in schools; and of Education and Child Protection for mental health and psychosocial support (MHPSS).
Internally displaced persons (IDPs)	Persons or groups of persons who have been forced or obliged to flee or leave their homes, or places of habitual residence, in particular as a result of armed conflict, situations of generalized violence, violations of human rights or natural or human-made disasters, and who have not crossed an internationally recognized state border. *(Guiding Principles on Internal Displacement, 1998)*
International Humanitarian Law (IHL)	Body of rules, that protects persons who are not or are no longer participating in the hostilities and regulates how wars can be fought. The rules apply to governments and their armed forces, and to non-state actors (NSAs). IHL is made up of the four Geneva Conventions of 1949 and their two Additional Protocols of 1977 as well as subsequent treaties, case law, and customary international humanitarian law. *(OCHA Glossary)*
Large movements	"Large movements" may involve mixed flows of people, whether refugees or migrants, who move for different reasons but who may use similar routes. This reflects a number of considerations, including: the number of people arriving, the economic, social and geographical context, the capacity of a receiving State to respond and the impact of a movement that is sudden or prolonged. *(New York Declaration for Refugees and Migrants, 2016)*
Levels of emergency response (for UNICEF)	Level 1: The scale of an emergency is such that a country office can respond using its own staff, funding, supplies and other resources, and the usual regional office/ headquarters support. Level 2: The scale of an emergency is such that a country office needs additional support from other parts of the organization (headquarters, regional office and country offices) to respond and that the regional office must provide leadership and support. Level 3: The scale of the emergency requires organization-wide mobilization.

Life-course approach	Approach which aims at increasing the effectiveness of interventions throughout a person's life. It focuses on a healthy start to life and targets the needs of people at critical periods throughout their lifetime. A life-course approach builds on the interaction of multiple promotive, protective and risk factors throughout people's lives. It adopts a temporal and societal perspective on the health of individuals and generations, including intergenerational determinants of health.
Life skills	Skills and abilities that enable individuals to adapt to and deal effectively with the demands and challenges of everyday life. They help people think, feel, act and interact as individuals and as participating members of society. *(Minimum Standards for Child Protection in Humanitarian Action, 2019)*
Linking humanitarian and development (for UNICEF)	Fostering the coherence and complementarity between humanitarian and development actions to strengthen systems that deliver essential services to the most vulnerable and marginalized populations. UNICEF humanitarian programmes address the urgent needs of children affected by crises in the short- and medium-term, while its development programmes contribute to reducing their needs, vulnerabilities and risks in a sustainable and longer-term manner. Both therefore contribute to delivering the Sustainable Development Goals for the world's most disadvantaged children and are designed to strengthen policies and programmes related to climate change, disaster risk reduction and peacebuilding, with the aim to mitigate risks and build resilience for children and their communities. *(Update on UNICEF humanitarian action with a focus on linking humanitarian and development programming, February 2019)*
Localization	Localizing humanitarian response is a process of recognizing, respecting and strengthening the leadership and capacity of local communities, civil society organizations, and authorities in humanitarian action, to better address the needs of children affected by humanitarian crisis and to prepare national and sub-national actors for future humanitarian responses. *(UNICEF, A Review of UNICEF's Approach to Localization in Humanitarian Action, 2019, p. 1.)*
Migrants	Individuals who move or have moved across an international border or away from their habitual place of residence within a state – regardless of their legal status, whether they move voluntary or involuntary, why they move, or how long they stay. *(International Organization for Migration, Glossary on Migration, International Migration Law Series no. 25, IOM, 2011, p. 61.)*
Minorities	Groups with shared ethnic, cultural, religious and/or linguistic characteristics, typically non-dominant vis-à-vis the majority, in the spheres of economic, political, social and/or cultural life.
Mental health and psychosocial support (MHPSS)	Any type of local or outside support that aims to protect or promote psychosocial well-being and prevent or treat mental health conditions. MHPSS programmes aim to (1) reduce and prevent harm, (2) strengthen resilience to recover from adversity, and (3) improve the care conditions that enable children and families to survive and thrive. *(Minimum Standards for Child Protection in Humanitarian Action, 2019)*
Monitoring and Reporting Mechanism (MRM)	Established in 2005 under the request of the UN Security Council in its Resolution 1612 the monitoring and reporting mechanism (MRM), to provide timely and reliable information on six grave children's rights violations: the killing and maiming of children; recruitment and the use of children by parties to conflict; rape or other grave sexual violence against children; abduction of children; attacks against schools or hospitals; and the denial of humanitarian access for children. MRM is managed by country-based task forces co-led by UNICEF and the highest UN representative in the country.

Negotiations	Process of influencing individuals or groups through joint decision-making. It requires the consent of all parties to participate in the process and to accept and respect the agreed outcome. *(OCHA, Humanitarian Negotiations with Armed Groups: A Manual for Practitioners, 2006, p. 5.)*
Non-discrimination	Principle that unfair distinctions should not be made between children, people or communities on any grounds, including age, sex, gender, race, colour, ethnicity, national or social origin, sexual orientation, HIV status, language, civil documentation, religion, disability, health status, political or other opinion, or other status. *(Minimum Standards for Child Protection in Humanitarian Action, 2019)*
Non-state actors (NSAs)	Non-state actors include armed or unarmed groups and, depending on the context, could include militias, armed opposition groups, guerrillas, pandillas (e.g., gangs) and paramilitary groups; or state-like groups (e.g., a self-declared state that is not recognized, or only partially recognized, by the international community); or 'de facto authorities', which have effective control of territory and self-governing administration but do not seek independence or secession.
Nurturing care	Conditions created by public policies, programmes, and services, which enable communities and caregivers to ensure children's developmental needs through good health, hygiene and nutrition practices, early learning, protecting them from threats and responsive caregiving.
Participation	Processes and activities that allow crisis-affected people to play an active role in all decision-making processes that affect them. Participation is a right and is voluntary. *(Minimum Standards for Child Protection in Humanitarian Action, 2019)*
Peacebuilding	Long-term process of creating the necessary conditions for sustainable peace and development by reducing the risk of lapsing or relapsing into conflict and by strengthening national capacities at all levels for conflict management. It includes a multidimensional range of measures and interventions that seek to reduce the risk of lapse or relapse into violent conflict, by addressing the dynamics and underlying causes and consequences of conflict, and by strengthening national capacities to lay the foundations for sustainable peace and resilient development. Peacebuilding is multidimensional (political, security, social and economic dimensions), occurs at all levels in a society (national to community levels), and includes multiple stakeholders including governments, civil society, the UN system, as well as an array of international and national partners. (UNDPKO terminology)
Protection of civilians in armed conflict	Structures and policies developed by the UN, states and other humanitarian actors, and based in international humanitarian law, human rights and refugee law, to protect vulnerable populations from the effects of armed conflict, ranging from the most immediate priorities of minimizing civilian casualties, including killing, maiming and sexual violence, to more long-term priorities of promoting the rule of law and security, law and order within a state. *(OCHA Glossary)*
Personal Protective Equipment (PPE)	Consists of garments placed to protect the health care workers or any other persons from potential infection. These usually consist of gloves, mask, gown. In case of blood or airborne high infections, it will include face protection, goggles and mask or face shield, gloves, gown or coverall, head cover, rubber boots *(WHO, Medical devices: Personal protective equipment).*

(Emergency) Preparedness	Mechanisms and systems put in place in advance to enable an effective and timely emergency response to humanitarian crisis, based on analysis of the risks in a particular context, taking into account national and regional capacities. *(UNICEF, Preparedness for Emergency Response in UNICEF: Guidance Note, 2016, p. 44.)*
Programme criticality	Component of the United Nations Security Management System's (UNSMS) Guidelines for Acceptable Risk. Approach that involves determining which programmes are the most critical in a given part of a country (in terms of saving lives or requiring immediate delivery) and therefore warrant accepting a greater level of risk or a greater allocation of resources to mitigate these risks. *(United Nations System Programme Criticality Framework,2013)*
Programme Criticality Assessment (PCA)	Assessment of the criticality levels of all UN tasks and programme activities, which takes place at regular intervals at country level and is required for ensuring that critical programmes are implemented within levels of acceptable risk. *(United Nations System Programme Criticality Framework,2013)*
Protection from sexual exploitation and abuse (PSEA)	The term "sexual exploitation" means any actual or attempted abuse of a position of vulnerability, differential power, or trust, for sexual purposes, including, but not limited to, profiting monetarily, socially or politically from the sexual exploitation of another. The term "sexual abuse" means the actual or threatened physical intrusion of a sexual nature, whether by force or under unequal or coercive conditions." *(UN Secretary-General's Bulletin on protection from sexual exploitation and abuse (PSEA) (ST/SGB/2003/13).* The Term PSEA is used by the UN and NGO community to refer to measures taken to prevent, mitigate and respond to acts of sexual exploitation and abuse by their own staff and associated persons, including community volunteers, military and government officials engaged in the provision of humanitarian assistance
Protection mainstreaming	Process of incorporating protection principles and promoting meaningful access, safety and dignity in humanitarian aid. *(Minimum Standards for Child Protection in Humanitarian Action, 2019)*
Provider of Last Resort (POLR)	Where necessary, and depending on access, security and availability of funding, the cluster lead, as POLR, must be ready to ensure the provision of services required to fulfil critical gaps identified by the cluster and reflected in the Humanitarian Response Plan. And where this is not possible due to lack of access or resources, the POLR must continue advocating for adequate access and resources to be granted in order to fulfil the identified needs.
Quality	In the humanitarian sector, quality means effectiveness (impact), efficiency (timeliness and costs), appropriateness (taking account of rights, needs, culture, age, gender, disabilities and context), and equity (non-discrimination and equal access) of elements of a humanitarian response. *(Minimum Standards for Child Protection in Humanitarian Action, 2019)*
Recovery	Restoration, and improvement where appropriate, of facilities, livelihoods and living conditions of disaster-affected communities, including efforts to reduce disaster risk factors.

Refugees	All persons who are outside their country of origin who have been granted protection in another country for reasons of a well-founded fear of persecution on one of the grounds listed in the 1951 Convention (on account of race, religion, nationality, membership in a particular social group, or political opinions), or because a conflict, generalised violence or other circumstances that have seriously disturbed public order, and who, as a result, require international protection. *(Convention relating to the Status of Refugees, art. 1A(2), 1951, as modified by the 1967 Protocol.)*
Remote programming	Programming without the presence of staff due to unacceptable security risks or denial of access by authorities. *(UNICEF, Remote Programming in Humanitarian Action: Programme guidance, 2012.)*
Resilience	Ability of a system, community , society or individual exposed to hazards, to overcome the damaging effects of adversities, to resist, absorb, adapt to and recover from the effects of a hazard in a timely and efficient manner, including through the preservation and restoration of its essential structures and functions. *(Minimum Standards for Child Protection in Humanitarian Action, 2019)*. UNICEF defines resilience as the ability of children, communities and systems to anticipate, prevent, withstand, adapt to and recover from stresses and shocks advancing the rights of every child, especially the most disadvantaged. *(UNICEF Position Paper on Resilience)*
Risk	In humanitarian action, risk is the likelihood of harm occurring from a hazard and the potential losses to lives, livelihoods, assets and services. It is the probability of external and internal threats occurring in combination with the existence of individual vulnerabilities. For child protection, risk refers to the likelihood that violations of and threats to children's rights will manifest and cause harm to children. *(Minimum Standards for Child Protection in Humanitarian Action, 2019)*
Risk management	Risk management is the process of identifying and assessing risk and establishing measures or controls to bring risks within the organizational risk tolerance. Risk management includes activities to realize opportunities while mitigating the negative consequences of events. In the UN Security Management System (UNSMS), risk management is a structured approach to identifying and assessing threats to the UN, enabling identification of Security Risk Management measures to reduce the level of assessed risk and enhancing the decision-making process in line with the Framework of Accountability, UNSMS policies and guidelines. *(UN Security Management System Policy Manual, Policy on Security Risk Management (SRM), Chapter IV, Section A, page 53)*
Risk Communication and Community Engagement (RCCE)	Range of communication, behaviour change, social and community mobilization strategies used in containing outbreaks *(UNICEF, Risk Communication and Community Engagement for Zika Virus Prevention and Control A Guidance and Resource Package for Country Offices for Coordination, Planning, Key Messages and Actions, 2016, p.1).*
Risk-informed programming	Approach to programming that aims to reduce the risk of shocks and stresses on children's well-being, their communities and systems, contributing to resilient development. It is based on a robust analysis of shocks (sudden and potentially damaging phenomenon or hazard) and stresses (chronic in nature and can occur over a longer period of time) as well as the underlying vulnerabilities and capacities in a given risk-prone, conflict-affected or fragile context. *(UNICEF, Preparedness for Emergency Response in UNICEF: Guidance Note, 2016, p. 6.)*

Saving Lives Together (SLT)	Is a series of recommendations aimed at enhancing security collaboration between the United Nations, International Non-Governmental Organizations (INGOs) and International Organizations (IOs). It recognizes the collectively experienced security threats and the importance of collaboration to ensure the safe delivery of humanitarian and development assistance. The objective of SLT is to enhance the ability of partner organizations to make informed decisions and implement effective security arrangements to improve the safety and security of personnel and operations. *(UN Security Management System Policy Manual, Chapter II, Section G, Saving Lives Together, page 49)*
Security Risk Management (SRM)	Is a United Nations Security Management System (UNSMS) analytical process for assessing the operation context of the UN in order to identify the risk level of threats that may affect UN personnel, assets, premises, and operations on the basis of which, security management decisions are made. *(Security Risk Management Manual, page. 1)*
Sexual and gender-based violence (SGBV)	Any act that is perpetrated against a person's will that is based on gender norms and unequal power relationships. It encompasses threats of violence and coercion. It can be physical, emotional, psychological, or sexual in nature, and can take the form of a denial of resources or access to services. It inflicts harm on women, girls, men and boys. *(Minimum Standards for Child Protection in Humanitarian Action, 2019)*
Social cohesion	The quality of bonds and dynamics that exist between different groups within a society. Groups can be distinguished in terms of regional, ethnic or socio-cultural identities, religious and political beliefs, social class or economic sector, or on the basis of characteristics such as gender and age. *(Conflict Sensitivity and Peacebuilding: Programming Guide, 2016, p. 12.)*
Social mobilization	Process to engage wide networks of stakeholders (e.g. traditional, faith-based, community and opinion leaders, civil society and the private sector) around a common cause or issue. Social mobilization catalyses different groups to take action and/or support change for a common cause. Through alliance-building and partnerships often combined with media campaigns, social mobilization also engages and motivates various partners at national and local levels to raise awareness of, and demand for, a particular objective and to provide sustainable, multi-faceted solutions to broad social issues.
Stateless person	Person not considered a national by any state, who as such lacks the rights that come from national diplomatic protection of a State and may not be entitled to return in case he or she leaves. *(United Nations Convention relating to the Status of Stateless Persons, art. 1, 1954; International Organization for Migration, 'Key Migration Terms', https://www.iom.int/key-migration-terms)*
Sustaining Peace	Approach to peacebuilding outlined in the twin UN sustaining peace resolutions (A/RES/70/262 and S/RES/2282), which calls on actors to proactively supporting peace capacities wherever they already exist. While the starting point for peacebuilding is conflict, the sustaining peace approach seeks to understand and reinforce what's already underpinning social cohesion, sustainable development, the rule of law and human security.
Systems strengthening (for UNICEF)	A system is defined as consisting of all people, institutions, policies, resources, and activities whose primary purpose is to deliver a public essential service to populations. **See** Essential Services. For UNICEF aims at supporting health, education, water, hygiene and sanitation, social protection and child protection systems, by supporting one or all of the following functions: human resources; finance; policies; governance; information management and data collection; supply of products, equipment, technologies; service delivery, in order to improve access, coverage, quality, and efficiency of the system.

Trafficking of human beings	Recruiting, transporting, transferring, harbouring or receiving people for the purpose of exploitation, by means such as coercion, deception, abuse of vulnerability, or payment to someone who has control of the intended victim. For children, the means do not matter, as long as the purpose is exploitation. Trafficking can take place within the borders of a State or across borders. *(United Nations Protocol to Prevent, Suppress and Punish Trafficking in Persons, especially Women and Children, Supplementing the United Nations Convention against Transnational Organized Crime, art. 3(a), 2000; International Organization for Migration, 'Key Migration Terms', https://www.iom.int/key-migration-terms)*
Unaccompanied and separated children (UASC)	'Unaccompanied' children have been separated from both parents and other relatives and are not being cared for by an adult who, by law or custom, is responsible for doing so. 'Separated' children are separated from both parents or from their previous legal or customary primary caregiver, but not necessarily from other relatives. These may, therefore, include children accompanied by other adult family members. *(Minimum Standards for Child Protection in Humanitarian Action, 2019)*
UNICEF personnel	All individuals holding a letter of appointment issued under UN Staff Rule 4.1., as well as those working with UNICEF under an individual agreement with UNICEF, including but not limited to: volunteers, interns, consultants, individual contractors, gratis personnel and stand-by personnel.
UNICEF staff	All individuals holding a letter of appointment issued under UN Staff Rule 4.1., including both international and locally recruited staff, regardless of their types of appointment (fixed-term, continuing/permanent, temporary appointment).
Urban contexts	The definition of 'urban' varies from country to country. An urban area can be defined by one or more of the following: administrative criteria or political boundaries (e.g., area within the jurisdiction of a municipality or town committee), a threshold population size, population density, economic function or the presence of urban characteristics (e.g., paved streets, electric lighting, sewerage). *(Minimum Standards for Child Protection in Humanitarian Action, 2019)*
Vulnerability	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. This may be determined by physical, social, economic and environmental factors. For child protection, vulnerability refers to individual, family, community and societal characteristics that reduce children's ability to withstand adverse impact from violations of and threats to their rights. *(Minimum Standards for Child Protection in Humanitarian Action, 2019)*
Vulnerable group	Vulnerable groups are those most exposed to risk, and particularly susceptible to the effects of environmental, economic, social and political shocks and hazards. Vulnerable groups 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.

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Administration and Finance	• UNICEF, Enterprise Risk Management
Human Resources	• UNICEF, Cross-functional Task Force on Duty of Care for personnel in high risk environment Report, 2018
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Resource Mobilization	• UNICEF, Resource Mobilization Strategy 2018 - 2021 • UNICEF, Private Sector Emergency Fundraising Guidelines • UNICEF, Resource Mobilization e-Course • UNICEF, Resource Mobilization in Humanitarian Action • UNICEF, UNICEF Public Partnerships: Thematic Funding • UNICEF, UNICEF Public Partnerships: Humanitarian Funding • High-Level Panel on Humanitarian Financing Report to the Secretary-General, Too Important to Fail—Addressing the Humanitarian Financing Gap, 2016
Security Management	• United Nations System Programme Criticality Framework, 2013 • United Nations Security Management System, Security Policy Manual, 2017 • United Nations Security Management System, Security Risk Management Manual, 2019 • United Nations Security Management System, Security Risk Management Manual, Annex E: Reflecting Acceptance in the SRM, 2019 • IASC, Guidelines on the Use of Armed Escorts for Humanitarian Convoys, 2013 • IASC, Saving Lives Together: A Framework for Improving Security Arrangements among IGOs, NGOs and UN in the Field, 2015 • Guidelines for the Implementation of the "Saving Lives Together" Framework, 2016 • UNICEF, Security Framework of Accountability, 2018
Supply & Logistics	• Supply Division

ANNEX 3 **ACRONYMS**

AAP	Accountability to affected populations
ADAP	Adolescent development and participation
ANC	Antenatal care
AoR	Area of Responsibility
BMI	Body Mass Index
CCCs	Core Commitments for Children in Humanitarian Action
CEDAW	Convention on the Elimination of all Forms of Discrimination Against Women
CFS	Child-Friendly Spaces
CHS	Core Humanitarian Standard on Quality and Accountability
CLA	Cluster Lead Agency
CMT	Country Management Team
CO	Country office
CPMS	Child Protection Minimum Standards
CRVS	Civil Registration and Vital Statistics
CRC	United Nations Convention on the Rights of the Child
CSO	Civil society organisation
ECD	Early Childhood Development
FO	Field Office
GBV	Gender-based violence
GBViE	Gender-based violence in emergencies
HC	Humanitarian Coordinator
HCT	Humanitarian Country Team
HQ	Headquarters
IASC	Inter-Agency Standing Committee
IASMN	Inter-Agency Security Management Network
ICT	Information and communication technology
INEE	Inter-Agency Network for Education in Emergencies
IPC	Infection and prevention control
IYCF	Infant and young child feeding
JMP	Joint Monitoring Programme
MAM	Moderate acute malnutrition
MHPSS	Mental health and psychosocial support
MPAs	Minimum Preparedness Actions
MPS	Minimum Preparedness Standards
MRM	Monitoring and Reporting Mechanism
MUAC	Mid-upper-arm-circumference
NGO	Non-governmental organization

NSA	Non-state actors
PCA	Programme Cooperation Agreement
PHE	Public health emergencies
PMTCT	Prevention of mother-to-child transmission of HIV
PPE	Personal Protective Equipment
PSEA	Protection from sexual exploitation and abuse
RCCE	Risk Communication and Community Engagement
RO	Regional office
RUTF	Ready-to-Use Therapeutic Food
SAM	Severe acute malnutrition
SEA	Sexual exploitation and abuse
SDGs	Sustainable Development Goals
SLT	Saving Lives Together
SMT	Security Management Team
SRM	Security Risk Management
STI	Sexually transmitted infection
TPMs	Third party monitors
UASC	Unaccompanied and separated children
UNCT	United Nations Country Team
VISION	Virtual Integrated System of Information
UNSMS	UN Security Management System
UNSMT	UN Security Management Team
WASH	Water, sanitation and hygiene
WGSS	Women and Girls' Safe Spaces
WHO	World Health Organization

ANNEX 4 **CCCs INDICATOR GUIDANCE ON PROGRAMME COMMITMENTS**

Accessible on the following link: website and E-resources on the CCCs.

ANNEX 5 **CCCs MONITORING FRAMEWORK FOR OPERATIONAL COMMITMENTS**

Accessible on the following link: website and E-resources on the CCCs.

PHOTOS

Front cover
© UNI231370/Rose
DRC, 2019

Cecil is an Ebola survivor who is looking after Sophie while her mother recovers at the Ebola Treatment Centre nearby. Round the clock, one on one care is provided to every child to help reduce the stress of separation from their parents while they are in isolation.

Page iv and 1
© UNICEF/UN0241705/Herwig
Jordan, 2018

Rima, 5 (left) was born in Za'atari Refugee Camp and belongs to the first generation of children starting school who were almost exclusively born in the camp. The camp that is home to over 44,000 children turned six years old on 29 July 2018.

Page iv and 21
© UNICEF/UN0316287/
Knowles-Coursin
Somalia, 2018

A displaced girl washes her face at a UNICEF supported borehole in Doonyaale IDP camp, Galkayo, Puntland, Somalia. The lack of clean water remains an underlying driver of Somalia's displacement and malnutrition crisis.

Page iv and 83
© UNICEF/UNI169308/Khuzaie
Iraq, 2014

A UNICEF staff member and two young girls play with hand puppets from a recreation kit, inside a UNICEF child-friendly tent in the town of Peshkhabour, near the border with the Syrian Arab Republic, in Dohuk Governorate.

Page 2 and Back Cover
© UNICEF/UN0322355/Kokic
Nigeria, 2019

Rukaiya Abbas, a UNICEF Nigeria Education Officer, sits with students at Kulmsulum School in Maiduguri, the capital of Borno state in northeast Nigeria. "I get motivated when I see children go to school," says Rukaiya.

Page 10
© UNICEF/UN068645/Oatway
Uganda, 2017

South Sudanese refugee children at a transit camp near the Busia border. Conflict and famine in South Sudan have led to an exodus of refugees into Uganda.

Page 15
© UNICEF/UNI217301/Kokic
Philippines, 2019

Janna, 9, attends her Grade 1 class at Sultan Disomimba Elementary School, close to the city of Marawi part of the Bangsamoro Autonomous Region in Muslim Mindanao (BARMM), Philippines. The city was taken over by non-state armed groups before being retaken by the Philippine Armed Forces. Janna was displaced, her home destroyed.

Page 17
© UNICEF/UNI240388/
Frank Dejongh
Ivory Coast, 2019

Preschool children are happy with their rehabilitated primary school, in the village of Kerebadougou, in the Northwest of Côte d'Ivoire.

Page 20
© UNICEF/UN0251797/Wilander
Indonesia, 2018

In Talise village, Palu, Indonesia, elementary school students take part in a trauma healing program after their village was destroyed by the 28 September earthquake and tsunami.

Page 26
© UNICEF/UN0154738/
Iraq, 2018

Over 20,000 students from 37 schools in the host community in the greater Qayyara area (south of Mosul) have received winter clothing funded through the government of Germany.

	Page 29 © UNICEF/UNI302591/Ralaivita **Madagascar, 2020**	A child smiling two weeks after the flood torrential rains in Madagascar affected 120,000 people. National stakeholders, government and relief agencies in Madagascar, did their utmost to meet emergency needs.
	Page 32 © UNICEF/UNI236382/Noorani **Sudan, 2019**	During a household visit. a community health worker speaks to a group of women about the importance of hygiene and nutrition for pregnant and lactating women as well as for young children in a village in Gennis in Roseires locality of Blue Nile State in Sudan.
	Page 35 © UNICEF/UNI279287/Suarez Argueta **Somalia, 2013**	Two UNICEF staff conduct a needs assessment in an IDP site in Somalia.
	Page 37 © UNICEF/UNI272846/Al-Issa **Syria, 2017**	Syria Immunization Campaign 18-27 April 2017, East Aleppo As part of World Immunization Week, UNICEF and national health partners have launched a routine immunization campaign in Syria. The campaign aims to vaccinate children under five, including those who aren't fully immunized and the most vulnerable children living in shelters, hard –toreach and besieged areas.
	Page 41 © UNICEF/UNI240296/Abdul **Uganda, 2019**	Young boys display their immunization cards. This was during the documentation of measles, rubella and polio vaccination at Aguket primary School in Aguket Village, Busia District. This was part of the nationwide MMR immunization campaign by the Government with support from UNICEF and WHO.
	Page 46 © UNICEF/UNI122674/Asselin **Niger, 2012**	A woman feeds ready-to-use therapeutic food to her malnourished daughter, at the UNICEF-supported Routgouna Health Centre, in the town of Mirriah, Mirriah Department, Zinder Region.
	Page 48 © UNICEF/ UN0253257/ Gonzalez **Ecuador, 2018**	The girl plays in a UNICEF-supported Child Friendly Space in Rumichaca, on the Ecuadorian side of the border with Colombia, while her mother waits for one of her relatives to send her money to continue their trip.
	Page 54 © UNICEF/UNI9425/Pirozzi **Occupied Palestinian Territory, 2009**	Three girls smile while playing with a hula hoop at an adolescent-friendly space at Beitfourik Village, east of the city of Nablus. The UNICEFsupported adolescent-friendly space offers activities to 70 adolescent girls, including Arabic language and math classes, life skills training, sports, and fine arts and music classes.
	Page 56 © UNICEF/UNI217274/Kokic **Philippines, 2019**	At Sultan Disomimba Elementary School, close to the city of Marawi in the Province of Lanao Del Sur, part of the Bangsamoro Autonomous Region in Muslim Mindanao (BARMM), Philippines, teacher Hayamerah leads an interactive kindergarten class session.
	Page 60 © UNICEF/UN0304111/Arcos **Colombia, 2019**	Judith Qiñonez drinks water from a UNICEF-supported water tap in Cucuta's CEBAN, where thousands of Venezuelans pass by daily seeking medical attention or are on their way to start their migration journey.
	Page 66 © UNICEF/UN0309028/Kokic **Afghanistan, 2019**	Kayenat, 12, feels happy to be sitting in a fourth-grade classroom at the UNICEF-supported Zangora Community Based Education (CBE) cluster, Surkhrod District, Nangarhar Province, Afghanistan.

	Page 68 © UNICEF/UN055882/Al-Issa **Syrian Arab Republic, 2017**	Saja, 13, "When I play football, I don't feel like I've lost anything at all," she says. Saja lost her four best friends and her leg in a bomb attack in the Bab Al-Nairab neighbourhood in eastern Aleppo more than two years ago. She still dreams of being a gymnast in the special Olympics.
	Page 69 © UNICEF/UN0232097/Nazer **Lao, 2018**	Children enjoy a singing activity in a UNICEF-supported Child Friendly Space in Ban Bok camp, Attapeu, Lao PDR after a huge amount of water overflowed a construction site in the country.
	Page 71 © UNICEF/UNI371179/Dejongh **Côte d'Ivoire, 2020**	Young girls during a training at the development action center of Guingreni. The center is supported by UNICEF and provides civic and professional training for vulnerable adolescent girls, to offer them opportunities for professional integration.
	Page 73 © UNICEF/UNI368182/ Lychheang **Cambodia, 2020**	Students at Preah Norodom Primary School, Phnom Penh, Cambodia during their second day of school reopening. All the students, teachers and the school director wear masks in the school compound, maintain physical distancing and follow other best practices and the Ministry of Education, Youth and Sport's (MoEYS) guidelines to stay safe from COVID-19.
	Page 78 © UNICEF/UN012792/Georgiev **Greece, 2016**	A boy is carried by a family member between makeshift tents in Idomeni. 14,000 people are waiting to cross the border from Greece to the Macedonia. Children have been forced to sleep outside in the open in squalid conditions, lacking access to basic services, such as showers and food.
	Page 86 © UNICEF/UNI338492/ **South Sudan, 2020**	Jesca works as a nutrition specialist for UNICEF in South Sudan. She shows us how she experiences in her daily work with parents and children what the support of donors can achieve on site.
	Page 88 © UNICEF/UNI327234/Herwig **Jordan, 2018**	Little girl in Azraq Refugee Camp.
	Page 91 © UNICEF/UN0309009/Kokic **Afghanistan, 2019**	Third grade students sitting outdoors during their classes at the Bodyalai girls' school, Bodyalai village, Kuz Kunar district, Nangarhar province, Afghanistan, 9 April 2019. Happy to be at school, these students enrolled in first grade in 2016 — the first students to come back after a bomb destroyed the school a year prior.
	Page 93 © UNICEF/UN0232094/Nazer **Lao, 2018**	A boy laughs while taking part in activities in a UNICEF-supported Child Friendly Space in Ban Bok camp, Attapeu, Lao PDR.
	Page 95 © UNICEF/UN0287091/ Grove Hermansen **Syria, 2019**	In schools in Aleppo, students are taught how to move around safely in the city. They are told, among other things, that they must avoid the alleys and stay in the middle of the road to avoid stepping on something, which can cost them life.
	Page 99 © UNICEF/UN0313115/ FrankDejongh **Côte d'Ivoire, 2019**	Children having fun in the streets of Adjamé, a suburb of the capital.

	Back Cover © UNICEF/UN0291244/ Frank Dejongh **Chad, 2019**	Students attending class in a school in Habbenna, a suburban of Ndjamena, the capital of Chad.
	Back Cover © UNICEF/UN0268485/Dicko **Mali 2018**	Host Anta Tembine plays with Yatè Seyba (center) and other children at the Early Childhood Development Center (CDPE) in the village of Kendie.
	Back Cover © UNICEF/UNI177578/Richter **Mexico, 2014**	UNICEF field trip to visit the Wixarica, Nueva Colonia, Santa Catarina, Jalisco, Mexico, October 16, 2014.
	Back Cover © UNICEF/UN074446/Pflanz **Rwanda, 2015**	A child receives a dose of oral polio vaccine from a community health worker, inside a tent in the Mahama camp for Burundian refugees, in Kirehe District in Eastern Province, during the mass immunization campaign.
	Back Cover © UNICEF/UNI235471/Willocq **Guatemala, 2019**	"We love school but we also love holiday because we can play all day long!" said one of the children on their last day of school. The children are from an indigenous community of Chicoy of Todos Santos Cuchumatánin in the province of Huehuetenango, Guatemala.
	Back Cover © UNICEF/UNI342569/Panjwani **India, 2020**	Children are encouraged and show right hand washing skills during home visits by AWW and ASHA workers during COVID-19 lockdown. Location: Dudhiya Dhara, Limkhdea, Gujarat.
	Back Cover © UNICEF/UNI303892/Ralaivita **Madagascar, 2019**	Soanafiny Fille de Jesus Clarta (second from the left), 14, studies in the secondary school of Berano (Anosy region). Thanks to the catch-up class UNICEF supported program she is now studying in third grade after stopping the school for a year.
	Back Cover © UNICEF/UN0342204/Keïta **Mali, 2019**	Alimatou Goïta, 23 months, who suffers from stunting, during a follow-up with her mother. Alimatou benefits from home fortification food supplements with micronutrient powder.
	Back Cover © UNICEF/UN057347/Almang **Yemen, 2017**	A medical practitioner uses a Mid Upper-Arm Circumference (MUAC) measuring tape on a child suffering from Severe Acute Malnutrition (SAM) in Bani Al-Harith, Sana'a, Yemen, Tuesday 14 February 2017.

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