



Thematic Report 2013

# HUMANITARIAN ACTION AND POST-CRISIS RECOVERY

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8, survivor of Typhoon Haiyan, fetches water from a tapstand provided by UNICEF for residents in Rawis Anibong village in Tacloban, Leyte, in the Philippines.

## Executive summary

In partnership with national Governments, civil society partners, private sector partners and other United Nations agencies, UNICEF continued to work in some of the most challenging environments in the world in 2013 to deliver results for millions of children and women. The year saw a range of sociopolitical crises, armed conflicts and disasters, which continued to impact children's well-being in many countries. UNICEF responded to an unprecedented three Level 3 emergencies in Syrian Arab Republic, the Philippines and the Central African Republic. The number of children affected by the **Syrian** crisis doubled to 5.5 million in less than a year. The devastating impact of Typhoon Haiyan, which struck the **Philippines** in November, affected 14 million people including 5.9 million children. In **Central African Republic**, the entire population of 4.6 million – half of them children – was affected directly or indirectly by the worsening humanitarian and protection crisis. In **Mali**, the complex emergency and nutritional crisis that began in 2012 spilled over into 2013, with an estimated 450,000 people still displaced in and outside of the country and 210,000 children under the age of five years affected by severe acute malnutrition (SAM) at the end of the year. As 2013 came to a close, violence in **South Sudan** displaced more than 400,000 children and their families, and undermined the survival and well-being of children and their families.

These were among the **289 humanitarian situations of varying scales that UNICEF and partners responded to in 83 countries** in 2013. The humanitarian response concentrated on delivering lifesaving assistance and protection to the most vulnerable children while also addressing recovery and resilience. The response was a combination of support to programme delivery in nutrition; health; water, sanitation and hygiene (WASH); child protection; education; HIV and AIDS; as well as support to inter-agency and national coordination structures. In many countries, UNICEF led or co-led clusters and areas of responsibility for nutrition; WASH; education; child protection; and gender-based violence (GBV).

The **results** of these responses included the following. Therapeutic feeding programmes benefited 2.4 million severely malnourished children (86 per cent of target), and 35.9 million children were vaccinated against measles (81 per cent of target). Some 24.3 million people (91 per cent of target) had safe water for drinking, cooking and bathing, and 3.6 million children, including adolescents, accessed formal and non-formal basic education, including temporary learning spaces, play and early learning for young children (73 per cent of target). UNICEF support enabled 1.6 million pregnant women (61 per cent of target) to access prevention, care and treatment through programmes for the prevention of mother-to-child transmission of HIV (PMTCT). About 13,500 separated children were reunified with families, caregivers or communities.<sup>1</sup>

These responses included interventions in a variety of contexts. For example, in the **Sahel**, the work of UNICEF and its partners for treatment of SAM reached more than 1 million affected children under five years of age (89 per cent of aggregated targets), surpassing 2012 admissions by nearly 100,000 children. To prevent disease outbreaks, UNICEF vaccinated more than 4.5 million children against measles in the **Democratic Republic of the Congo** (76 per cent of target), and more than 595,000 children in the **Central African Republic** (81 per cent of target). In the **Philippines**, access to safe water was restored for more than 200,000 people in Tacloban within a week of Typhoon Haiyan's landfall. By the end of the year, UNICEF and partners had provided more than 930,000 people in the Philippines with safe water (74 per cent of target).<sup>2</sup> In response to the protracted conflict in **Syrian Arab Republic** and neighbouring countries, 550,000 children were enrolled in learning programmes (45 per cent of target), and more than 940,000 now have access to psychosocial support (75 per cent of target). UNICEF advocated halting and preventing grave violations of child rights in armed conflict, including in **Chad**, where the organization supported measures to remove children from armed forces and groups. UNICEF also supported the establishment of the United Nations

Monitoring and Reporting Mechanism (MRM) on grave child rights violations in situations of armed conflict for the **Syrian Arab Republic** to document violations against children and address them.

The new UNICEF Strategic Plan, 2014-2017, aims to build the **resilience** of the child, communities and systems to shocks and cumulative stresses, through risk-informed humanitarian and development programmes. This includes capacity development for preparedness, better aligning its work on climate change adaptation, disaster risk reduction (DRR) and peacebuilding, and linking its humanitarian and development work. UNICEF continued its global commitment to systematic **disaster and conflict risk reduction** through the development of risk-informed country programmes aimed at building resilience. In the Syrian Arab Republic the regional 'No Lost Generation' strategy proposes practical ways to address the long-term effects of the crisis on children through education, protection and social cohesion initiatives.



In 2013, UNICEF finalized the Level 2 emergency procedures and **applied the Level 2 and Level 3 procedures in five emergencies**: Central African Republic, Mali, the Philippines, South Sudan and the Syrian Arab Republic and neighbouring countries. UNICEF was able to mobilize a significant and timely response in the Philippines after Level 3 emergency procedures were activated. The organization also improved its planning and monitoring systems to deliver results for children against targets during emergencies. UNICEF internal reforms contributed to the Inter-Agency Standing Committee (IASC), particularly on preparedness and resilience, and to its Transformative Agenda. This included influencing system-wide guidance in response to Level 3 emergencies, the humanitarian programme cycle and performance monitoring. Partnerships also advanced at the inter-agency level to better operationalize the **IASC Transformative Agenda**, including through testing response protocols and supporting applications in contexts like Afghanistan, Myanmar and Pakistan.



The UNICEF culture of **innovation in humanitarian responses** continued to grow, even in complex and highly insecure environments. Initiatives included third-party monitoring to maintain critical delivery of services in northern Mali, as well as mobile team deployments to provide assessments, re-establish services and document rights violations in the Central African Republic. To strengthen its approach to humanitarian innovation, the organization held its first-ever Humanitarian Innovators' Network Lab, bringing together UNICEF staff from field offices with counterparts from the private sector, United Nations agencies and non-governmental organization (NGO) partners. The **roll-out of the United Nations Programme Criticality Framework**, which is a tool to determine the criticality of activities carried out by United Nations personnel in line with acceptable risk levels, was supported by inter-agency teams coordinated by UNICEF in nine countries in complex and high-threat environments during 2013.

As part of the ongoing organizational focus on **improving effectiveness and efficiency**, UNICEF is also critically reviewing its role in humanitarian action to meet emerging challenges amid changing country contexts and an evolving environment of humanitarian needs and capacities. The organization in 2013 embarked on a **Strengthening Humanitarian Action** initiative, to adapt humanitarian action to diverse operational contexts and make UNICEF more fit for purpose.

UNICEF also continued to **strengthen partnerships** with other actors to achieve strong results for children in humanitarian action. UNICEF and the Office of the United Nations High Commissioner for Refugees (UNHCR) issued joint guidance on field-level collaboration including standardized letters of understanding for cooperation and joint work planning at the sector level. In 2013, UNICEF collaborated with a total of 1,362 civil society partners in the field for its humanitarian programming. In continuing to strengthen its contribution to **humanitarian coordination**, the Rapid Response Teams (RRTs) for all UNICEF-led clusters and areas of responsibility were made fully functional, improving cluster coordination and surge support, with 64 deployments to all major emergencies in 2013.

In 2013, UNICEF led or co-led sectors, clusters or areas of responsibility in **nutrition** (57, with nine countries having a dedicated coordinator); **WASH** (65 with 15 dedicated coordinators); **education** (57 with nine dedicated coordinators); **child protection** (46 with nine dedicated coordinators) and **GBV** (18 with one dedicated coordinator). The evaluation of the UNICEF role as Cluster Lead Agency (CLA) found that UNICEF has continually and significantly invested in implementing its CLA role since the beginning of the IASC cluster system and is increasingly implementing its CLA roles well. UNICEF also continued strong relationships through standby arrangements with 21 key organizations to deploy personnel to humanitarian and emergency situations. Standby partners provided a record 207 personnel to 36 UNICEF country offices – the highest ever in absolute numbers.

UNICEF humanitarian action remained bolstered by its **operations**. UNICEF was able to respond to emergencies more rapidly, through 755 total deployments, including 313 internal ones. In 2013, it took 16 days on average for an internal deployment, almost twice as fast as the 29 days needed in 2012. The supply function was again critical to supporting emergency responses, with a continued shift and emphasis on local and regional procurement, which in 2013 stood at 41 per cent of the supplies provided by UNICEF. In the Philippines, the first UNICEF supplies arrived within 72 hours of Typhoon Haiyan making landfall to complement the supplies UNICEF had prepositioned in the country. This was followed by one month of weekly flights containing more than 1,000 metric tonnes of emergency kits for various survival interventions.

This work comes as UNICEF and its partners continue to operate in a **challenging environment**. The constraints faced included humanitarian access, staff security, tight financial resources and persistent threats to such specific interventions as polio vaccinations and education that posed significant barriers to fulfilling children's rights.

UNICEF humanitarian action continues to build on its long-standing **comparative advantage** of having a field presence before, during and after emergencies; the added value of delivering a multisectoral approach; and a vast network of partners, all of which position it to integrate humanitarian action and development. Its work supports national efforts, amid diverse contexts and capacities, and with respect for humanitarian principles in situations of armed conflict. This enables UNICEF to scale up and respond in a variety of contexts, be it the humanitarian situation inside and around the Syrian Arab Republic, the disaster response in a middle-income country such as the Philippines, or hundreds of other responses to new and chronic crises.

UNICEF humanitarian action aims to link humanitarian responses with its ongoing development programmes. It encompasses interventions focused on preparedness, response and early recovery, to **save lives and protect rights** as defined in its **Core Commitments for Children in Humanitarian Action (CCCs)** and in line with international standards. It also includes contributions that address underlying causes of vulnerability to disasters, fragility and conflict, through its response to humanitarian crises and through its regular programmes.

Humanitarian action continues to represent a significant proportion of UNICEF global work. Utilizing 2013 income and limited resources from prior years, organizational **humanitarian spending** totalled \$1.009 billion in 2013, of which 49 per cent was spent in sub-Saharan Africa and 29 per cent in the Middle East and North Africa region. Overall, UNICEF country-level expenditure remained concentrated in countries in humanitarian and fragile contexts, with those having humanitarian appeals being among the organization's largest programmes. Twelve of the 15 country offices that represented the organization's top overall expenditure (all resources) were part of the UNICEF *Humanitarian Action for Children* 2013 appeal, and these countries used 76 per cent of overall country-level expenditures. In 2013, the top four in order of humanitarian spending were Somalia, Jordan, Democratic Republic of the Congo and South Sudan: They accounted for 32 per cent of overall UNICEF humanitarian expenditure. Humanitarian funding also contributed to the strong headway made towards building the resilience of children, communities and systems to shocks and cumulative stresses.

This year's results were made possible by the **generous contributions** of donors who continued to support the UNICEF humanitarian response even in times of continued fiscal austerity. Humanitarian funding from Governments, National Committees and corporate partners for UNICEF totalled \$1.332 billion, marking a 62-per-cent increase from the previous year (\$823 million). Although this approached record levels of humanitarian income, funding was concentrated in a few large emergencies, and other humanitarian situations remained underfunded. UNICEF would like to recognize, in particular, donors who contributed thematic funding, which allows the organization to invest in critical but underfunded emergencies and sectors and provides the flexibility needed to meet needs where they are greatest. Thematic funding constituted \$148 million (or 11 per cent) of the total humanitarian contributions, with National Committee contributions comprising 81 per cent of the overall thematic funding. The Japan Committee for UNICEF, the United States Fund for UNICEF, the German Committee for UNICEF and the United Kingdom Committee for UNICEF were the top four contributors of humanitarian thematic funding in 2013, followed by the Governments of Finland and Norway which continued to be key partners for providing flexible humanitarian funding.

This report presents the threats to children and women in humanitarian situations and challenges to responding; the scope of the UNICEF response in 2013; the evolving internal and inter-agency systems to respond to this changing context; results against the programme and operational commitments of the CCCs; and an analysis of income and expenditure.

# UNICEF in humanitarian action and post-crisis recovery

## The humanitarian situation

A range of sociopolitical crises, armed conflicts and natural disasters impacted children's well-being in 2013. Many have described the year as 'horrible' for humanitarian crises, as needs spiked and response capacities were tested within UNICEF globally, in multiple and simultaneous major crises. These included the complex emergency in the Syrian Arab Republic and its regional impacts; the exacerbation of internal conflicts in the Central African Republic and South Sudan and related 'spillover' effects; the nutrition crises in Africa; the devastating typhoon in the Philippines; and persistent chronic humanitarian situations around the world.

Now in its fourth year, the crisis in the Syrian Arab Republic, which has affected 9.3 million people, including 5.5 million children in the country and the subregion, remained the 'biggest humanitarian and peace and security crisis facing the world'.<sup>3</sup> In 2013, the escalation of violence within the Syrian Arab Republic had regional reverberations, including for those countries facing an influx of refugees. An entire generation of Syrian children is being threatened by appalling destruction, intolerable living conditions, severe interruptions in health, water and education services and grave rights violations.

Although widespread violence in such diverse countries as Central African Republic, South Sudan, Iraq and Yemen received less attention internationally, these situations exposed children to grave violations in the short and long term. In Central African Republic, the entire population of 4.6 million – half of whom are children – was affected directly or indirectly by the worsening humanitarian and protection crisis.<sup>4</sup> At the end of the year, violence in South Sudan displaced more than 400,000 children and their families, and undermined children's well-being.

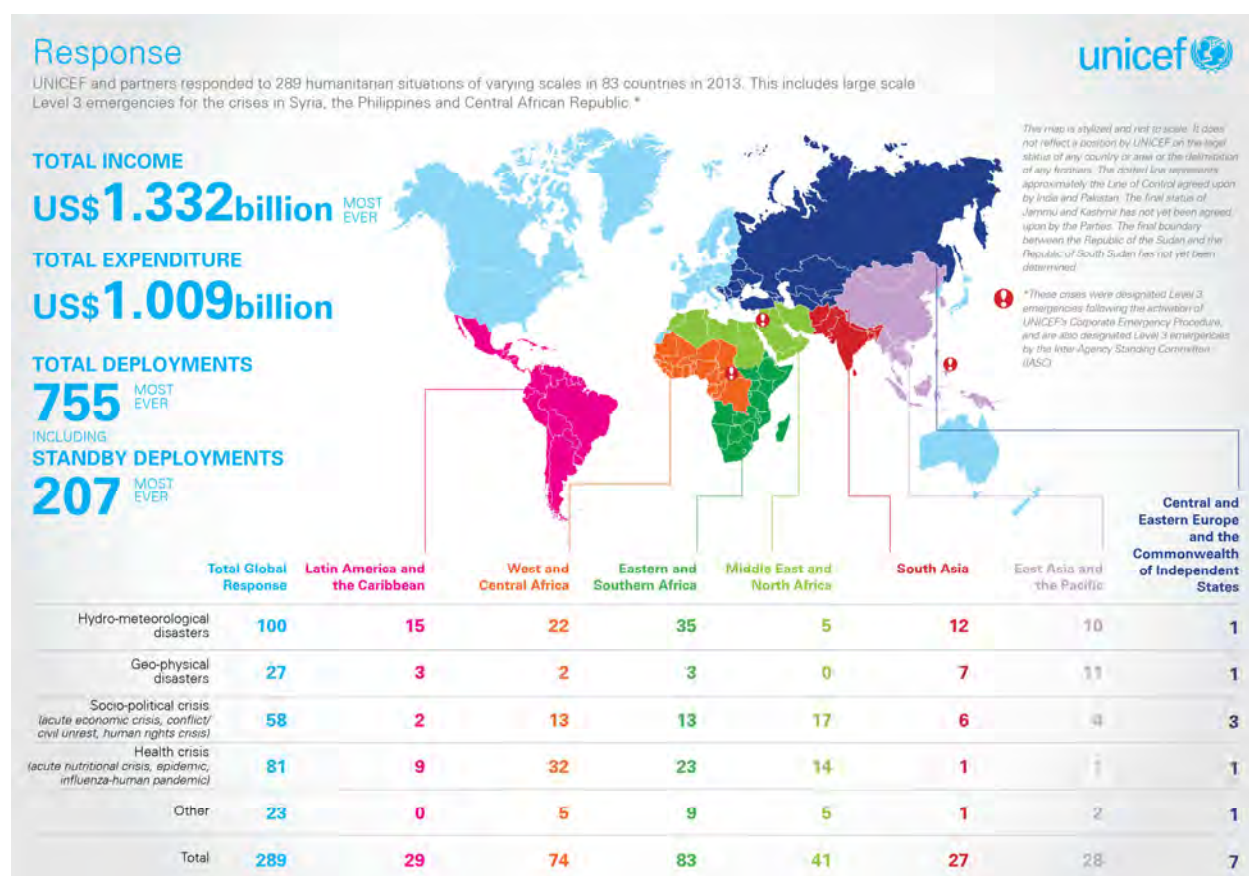
The complex emergency and nutritional crisis in Mali continued into 2013, with an estimated 450,000 people still displaced in and outside of the country and 210,000 children under the age of five affected by SAM at the end of the year. In the Horn of Africa, the year ended with over 435,000 children under age five years with SAM admitted for treatment.<sup>5</sup> In 2013, a range of crises impacted the Philippines, one of the world's most disaster-prone countries. While recovering from Typhoon Bopha, which struck the country in late 2012, the population faced extensive flooding in Manila; the re-intensification of conflict in the Zamboanga City in Mindanao; an earthquake in Bohol; and in November, Typhoon Haiyan, which affected 14 million people, including 5.9 million children.<sup>6</sup>

Overall, there was a higher number of disasters in 2013 (315) compared to 2012 (310), according to the Centre for Research on the Epidemiology of Disasters. While fewer people were affected in 2013 (95 million) compared to 2012 (106 million), overall mortality was higher (over 22,000 casualties in 2013 versus 9,330 in 2012). Particularly striking was the magnitude of the impacts of meteorological and hydrological disasters. Some 48.6 million people were impacted by storms, while floods affected 31.3 million. Some 18 million more people were affected by storms in 2013, compared with the average number affected over the last 10 years. Asia was the hardest hit across the board, recording over half of the global casualties. Almost half of the disasters recorded in the continent (154) struck three countries – China (39), Indonesia (16) and the Philippines (14).

In addition, dozens of chronic humanitarian situations continued to affect millions in Afghanistan, Colombia, the Democratic Republic of the Congo, Mali, Myanmar, State of Palestine, Somalia,

the Darfur, South Kordofan and Blue Nile regions of Sudan and Yemen. It is anticipated that in the years to come, fragile and conflict-affected States<sup>7</sup> are not only less likely to reach the Millennium Development Goals in 2015, but will also continue to represent the bulk of the humanitarian caseload due to recurrent cycles of conflict and poverty.

## Scope of 2013 response

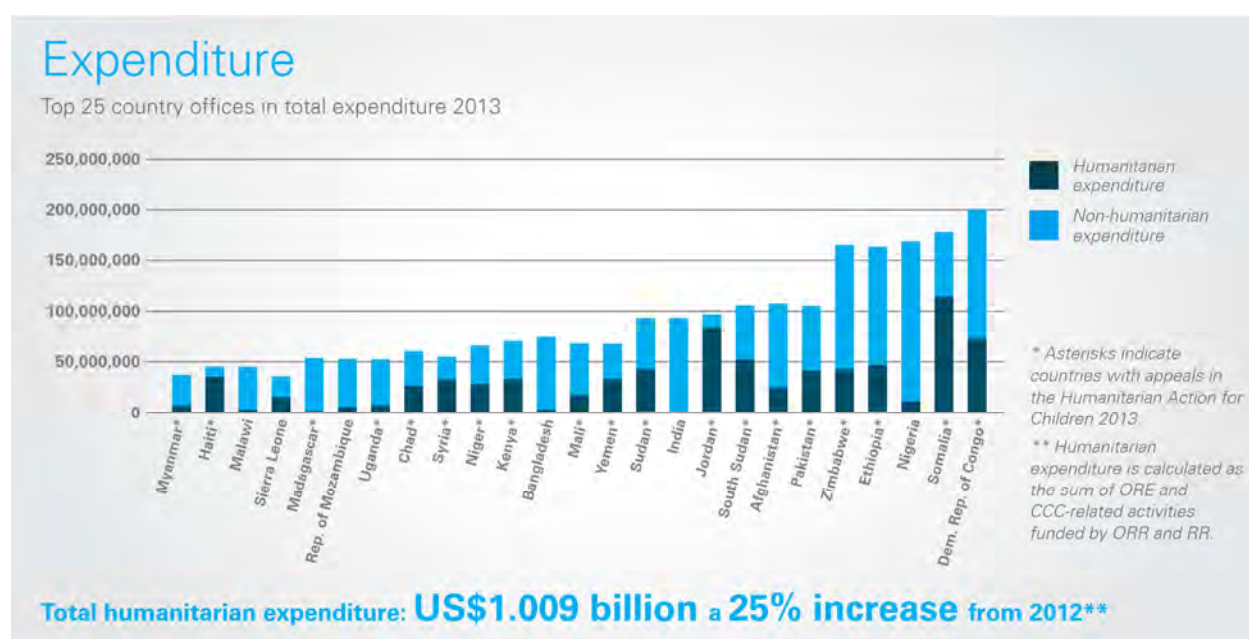


UNICEF responded to 289 humanitarian situations of varying scales in 83 countries in 2013, continuing trends observed in 2012 (286 situations in 79 countries) and since 2010.<sup>8</sup> Yet 2013 stood out in terms of the UNICEF response to a large number of successive and simultaneous crises in Central African Republic, Mali, the Philippines, South Sudan and Syrian Arab Republic. Meanwhile, UNICEF continued to respond to chronic humanitarian situations in Afghanistan, Colombia, Democratic Republic of the Congo, Mali, Myanmar, State of Palestine, Somalia, the Darfur, South Kordofan and Blue Nile regions of Sudan and Yemen. The responses in Central African Republic, the Philippines and Syrian Arab Republic alone mobilized two thirds of UNICEF surge staff deployments for the year. With the activation of the UNICEF corporate emergency procedure for these three crises, surge deployments stood at 755, the most ever, representing a 57 per cent increase from 2012 (482) and surpassing the surge record set in 2011 (618). The number of standby partners deployed (207) also hit a record high in 2013. UNICEF relied on its own internal surge capacity 42 per cent of the time in 2013, with 313 deployments.

Expenditure data show that humanitarian action remained a core part of UNICEF work in the field. Of the organization's total expenditures in 2013 (\$4.042 billion), total other resources—emergency (OR—E) expenditure amounted to \$1.009 billion (25 per cent), although resources



from UNICEF regular programmes were also used to support humanitarian action. OR-E expenditure recorded a 25 per-cent increase from the previous year, reflecting the large-scale responses in 2013. Of this total, 49 per cent was spent in sub-Saharan Africa and 29 per cent in the Middle East and North Africa region. Country-level expenditure remained concentrated in countries in humanitarian and fragile contexts. Twelve of the top 15 UNICEF country offices in overall expenditure (all resources) were part of the UNICEF Humanitarian Action for Children (HAC) appeal, and these countries used 76 per cent of overall country-level expenditure. In 2013 the top four in order of humanitarian expenditure were Somalia, Jordan, Democratic Republic of the Congo and South Sudan, closely followed by Ethiopia, Yemen, Pakistan and Syrian Arab Republic.



## UNICEF humanitarian action

In partnership with national Governments, civil society partners and other United Nations agencies, UNICEF continued to work in some of the most challenging environments in the world to deliver results for millions of children and women. UNICEF humanitarian action continued to focus on **preparedness for response to save lives and protect rights**, as defined in the CCCs and in line with international standards and guided by humanitarian principles, as well as on initiatives aimed at **addressing the underlying causes of vulnerability to disasters, fragility and conflict**. Given that the scale, severity and frequency of humanitarian crises may increase in the future, UNICEF reaffirmed the centrality of humanitarian action in its Strategic Plan, 2014-2017, which underlines the importance of integrating humanitarian and development programmes and sets specific measurable targets for humanitarian action.

In 2013, UNICEF and its partners provided therapeutic feeding to 2.4 million children under five years of age with SAM (86 per cent of target). This included more than 1 million children in nine Sahelian countries and more than 400,000 children in the Horn of Africa. To prevent disease outbreaks, UNICEF and partners reached nearly 36 million children with measles vaccination (81 per cent of target) and over 24 million people with access to safe water to agreed standards (91 per cent of target). Some 3.6 million school-aged children, including adolescents, gained access to formal and non-formal basic education, including through access to temporary

learning spaces, play centres and early learning spaces for young children (73 per cent of target). UNICEF also supported 1.6 million pregnant women with access to HIV prevention, care and treatment including PMTCT (61 per cent of target). About 13,500 separated children were reunified with families, caregivers or communities.<sup>9</sup> Throughout the year, UNICEF continued to improve its monitoring systems to deliver results for children against targets during emergencies.<sup>10</sup>

Building on the work accomplished in 2012, UNICEF also continued to enhance its internal response mechanisms for large-scale crises, including procedures for simplification and fast-tracking of human resources and partnership agreements. In 2013, strengthened procedures for major emergencies were activated in the Central African Republic, Mali, the Philippines and the Syrian Arab Republic.

## **Conflict in Syrian Arab Republic**

### **Humanitarian situation**

In 2013, the number of children affected by the crisis in the Syrian Arab Republic doubled to 5.5 million, and the number of internally displaced children tripled to almost 3 million. Some 4.3 million children inside the country survived under increasing hardship and appalling conditions in what is one of the most dangerous places on earth to be a child. The United Nations estimates that at least 10,000 children have been killed to date; tens of thousands could be living with life-altering body injuries; and thousands are direct targets of violence. Some 1 million children, including at least 323,000 under five years of age and thousands of pregnant women in besieged areas, lacked access to basic medical care. Limited freedom of movement and livelihood options have resulted in growing malnutrition both within the Syrian Arab Republic and in informal tented settlements in neighbouring countries. Many of the 1.2 million child refugees were malnourished; more than 8,000 arrived without parents; and all have had to grow up too soon – one in ten refugee children is thought to be working. To date, 2.8 million children have lost access to education (40 per cent of all school-age Syrian children). Thousands of younger children show symptoms of deep distress as a result of unrelenting anxiety and exposure to violence.<sup>11</sup> Displacement, collapsing health services, destruction of water and sanitation networks and falling immunization rates (at a low 52 per cent in 2012) all contributed to increasing children's vulnerability to potentially fatal and re-emerging diseases such as polio, with the report of the first cases in 14 years. The overwhelming influx of refugees into neighbouring countries stressed already fragile services and infrastructures, pushed host communities (often very poor themselves) to a tipping point and fed emerging social tensions.

### **The UNICEF response**

In response to the worsening situation in the Syrian Arab Republic, resources from across the organization were made available with the activation of Level 3 emergency procedures. UNICEF provided humanitarian assistance based on needs in all 14 governorates of the Syrian Arab Republic, including across conflict lines; as well as in neighbouring countries in support to host communities, refugee populations and other most vulnerable groups. Lifesaving and longer term multisector programmatic approaches were strengthened to support host Governments coping with the increasing level of need and to avoid a possible collapse of social service delivery systems particularly for education, health and water services. In the region, UNICEF upholds sector coordination and information management functions in collaboration with UNHCR, line ministries and

other partners in education, nutrition, WASH and the child protection area of responsibility, which may vary from country to country in order to support the most effective and efficient response within the complexity of the context. As three years of relentless violence have worn down the Syrian Arab Republic's pre-war social gains, adding to the war's lasting impact on an entire generation of children, UNICEF, UNHCR, Save the Children, World Vision and donors launched in 2013 a strategy to prevent a 'lost generation' of Syrian children by expanding access to learning and psychosocial support, strengthening social cohesion and peacebuilding efforts and restoring hope for the future to millions of children.<sup>12</sup>

### **Challenges to the response**

The lack of unimpeded access provided by parties to the conflict for staff and some emergency supplies (e.g., medical supplies) to opposition controlled areas continues despite advocacy efforts. The intensification of the conflict, shifting of conflict lines and the proliferation of armed opposition groups makes it more difficult to negotiate access and agree with authorities on assistance to be provided when and where needed. In this respect, field presences (United Nations hubs) in place in Homs, Tartous and Qamishli are essential, while their further expansion in Aleppo and Dar'a is challenged by insecurity and cumbersome administrative procedures. Moreover, the limited number and capacity of implementing partners inside the country hampers the UNICEF capacity to further scale up response.

### **Key 2013 results inside the Syrian Arab Republic**

- 10 million people provided with access to drinking and domestic water (100 per cent of target).
- Over 1.5 million children received essential educational materials (exceeding target).
- 2 million children vaccinated against measles (91 per cent target) and 2.2 million<sup>13</sup> children under age five years vaccinated against polio (100 per cent of target).
- Over 159,000 children benefiting from psychosocial support through community-based child- and adolescent-friendly spaces (53 per cent of target).

### **Key 2013 results for Syrian refugees<sup>14</sup>**

- At least 333,000 people provided with access to drinking and domestic water (64 per cent of target).
- Over 270,000 children provided access to education and learning programmes (42 per cent of target).
- 365,000 children benefiting from psychosocial support through community-based child- and adolescent-friendly spaces (exceeding target).
- 25 million children vaccinated against polio<sup>15</sup> and over 4.7 million vaccinated against measles (exceeding targets).

*Source: UNICEF, Syrian Arab Republic Crisis Consolidated Emergency Report 2013.*

## The Philippines

### Humanitarian situation

Typhoon Haiyan (locally known as Yolanda) – one of the most powerful and destructive typhoons ever – affected 14 million people, including 5.9 million children, in the Visayas Islands, already one of the most impoverished areas in the Philippines. Of the 4.1 million people internally displaced by the disaster, 1.7 million were children. When Haiyan hit, the Philippines was still recovering from two other recent emergencies – the escalation of conflict in Zamboanga, Mindanao in September, which displaced 120,000 people; and a 7.2 magnitude earthquake that struck Bohol province of the Visayas Islands in October, affecting more than 2 million people and internally displacing 350,000. In its response to Typhoon Haiyan, UNICEF prioritized 40 of the most severely affected municipalities,<sup>16</sup> where 1.34 million people, including 558,000 children, were affected.<sup>17</sup>

### The UNICEF response

Following Typhoon Haiyan, resources from across the organization were made available with the activation of Level 3 emergency procedures, which allowed for the rapid scale up of human resources and operational capacity. Two field offices were established in Tacloban and Roxas and a logistics hub was set up in Cebu. Delivering on its CLA mandates in WASH, nutrition and education (co-lead with Save the Children) and its role in the child protection area of responsibility, UNICEF also scaled up coordination and information management capacity in the most affected areas, in close collaboration with national and local level government partners. Within a week, close to 30 staff were on the ground in the area, including to cover cluster coordination needs.

### Challenges to the response

The number, diversity and intensity of the humanitarian crises that impacted the Philippines in 2013 posed enormous challenges. At the end of the year, the overwhelming devastation caused by Typhoon Haiyan required the launch of a massive logistical operation to rapidly reach children and women most in need. Scaling up the response was challenging due to the geographic spread of the affected areas, and strong concerted efforts with the Government and other partners were needed to restore critical access to safe water and promote sanitation and hygiene in the hinterland. To address limitations related to tracking and analysing of reasons for children's absenteeism from school after the disaster, UNICEF worked with authorities to build capacities for emergency preparedness, response and recovery, which were identified as pre-existing gaps in all sectors. For example, pre-existing gaps in community-led child protection systems were exacerbated by the crisis and the inadequate number of trained health workers in affected areas hindered the response.

### Key results following Haiyan

- Over 930,000 people provided with safe water (74 per cent of target).
- Over 231,000 children provided with school hygiene kits<sup>18</sup> (46 per cent of target).
- Over 83,000 children vaccinated against measles (8 per cent of target) and over 82,000 vaccinated against polio (no target noted).
- Over 470,000 children benefited from delivery of educational supplies (94 per cent of target).
- Over 24,000 children received psychosocial support and 89 child-friendly spaces were established (32 per cent of target).

Source: UNICEF, *Philippines Consolidated Emergency Report 2013*, March 2014.



## **Central African Republic**

### **Humanitarian situation**

The situation in Central African Republic evolved from a 'silent' emergency to a complex humanitarian crisis in 2013 when the collapse of the State triggered one of the most serious humanitarian crises of the year. Escalating fighting among armed groups and violence against civilians directly or indirectly affected the entire population of 4.6 million people, including 2.3 million children. By the end of the year, some 70,000 persons had sought refuge in neighbouring countries and nearly 785,000 people were internally displaced and in urgent need of protection and basic services (both refugees and internally displaced persons (IDPs) are mostly women and children). Routine vaccinations and drug supplies were partly interrupted, including for patients living with HIV/AIDS. A total of 347 grave child rights violations were reported through the MRM – likely only a fraction of the violations happening every day – including summary executions, torture, maiming, recruitment of children into armed groups and widespread GBV. More than 650,000 children lost access to education due to the closure, destruction and occupation of schools. Throughout the year, access to affected families and children was severely limited with no guarantee of security for humanitarian groups.<sup>19</sup>

### **The UNICEF response**

In response to the worsening situation in Central African Republic, resources from across the organization were made available with the activation of the Level 3 emergency procedures. To strengthen its humanitarian response throughout the country, UNICEF established field offices in Bossangoa, Kaga Bandoro and Bambari and a mobile team in Bouar. UNICEF also expanded capacity through surge deployments and additional staff recruitment. In parallel, as the cluster lead for WASH, nutrition, and education, and for the child protection area of responsibility, UNICEF also strengthened its dedicated cluster capacities. In addition to coordination with United Nations agencies and NGOs, UNICEF continued to engage, where feasible, with the Transitional National Authority for optimal response planning and accountability in particular in areas of health and urban water supply. Emergency programme emphasis was on lifesaving interventions to address vaccine-preventable and water-borne diseases, malaria and malnutrition, as well as reducing the risks faced by displaced populations.

### **Challenges to the response**

Although rapid assessments and responses under the Rapid Response Mechanism were vital to reducing vulnerability and reinforcing the humanitarian imperative, the full effectiveness of interventions was seriously challenged by insecurity and limited funding. The amount of the UNICEF emergency appeal has tripled since March, leaving a funding gap of \$14.8 million (48 per cent) through the end of December. Limited humanitarian access remained the single most important factor blocking essential lifesaving services through the year.

## Key results

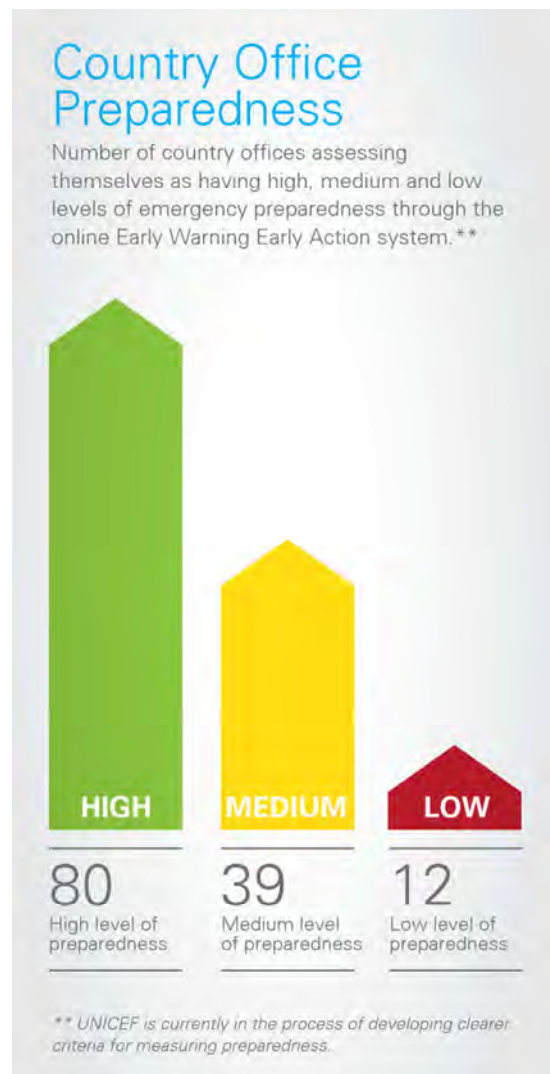
- More than 595,700 children vaccinated against measles (81 per cent of target) and over 671,000 children vaccinated against polio (no target noted).
- Nearly 15,000 severely malnourished children treated, with a 77 per cent recovery rate (exceeding target).
- 55,000 people provided with access to safe water (56 per cent of target) and 35,000 received messages on improved hygiene (14 per cent of target).
- 672 separated and unaccompanied children were reunited with their families and communities (56 per cent of target) and 188 children associated with armed groups were released (38 per cent of target).
- Over 76,000 primary school students benefited from education supplies (44 per cent of target).

Source: UNICEF Central African Republic, Central African Republic 2013 Consolidated Emergency Report, March 2014.

The UNICEF Strategic Plan, 2014-2017, prioritizes strengthening the resilience of the child, communities and systems to shocks and cumulative stresses, through risk-informed humanitarian and development programmes. This includes capacity development for preparedness, better aligning its work on climate change adaptation, DRR and peacebuilding, and by linking its humanitarian and development work.

Through the UNICEF online Early Warning Early Action system, 80 country offices assessed themselves as having a high level of preparedness in 2013 (102 in 2012), 39 a medium level of emergency preparedness and 12 a low level of emergency preparedness. The decrease in the number of country offices with high levels of preparedness in part can be accounted for by the fact that the assessment was made more rigorous between 2012 and 2013

UNICEF continued its global commitment to the systematic reduction of risk to disaster and conflict through the development of risk-informed country programmes aimed at building resilience. For example, in the Syrian Arab Republic the regional 'No Lost Generation' strategy proposed practical ways to address the long-term effects of the crisis on children through education, protection and social cohesion initiatives. In addition, 71 per cent of UNICEF offices reported having DRR activities included and implemented as part of their work



plans, with 53 per cent reported having identified and analyzed emergency risks, vulnerabilities and capacities in their situation analyses. For example, country offices in India, Nepal and Pakistan supported capacity development for spatial mapping of disaster risk. Kyrgyzstan completed a nationwide assessment of school safety.

During 2013, UNICEF peacebuilding work progressed well, with 18 country offices implementing specific peacebuilding projects.<sup>20</sup> This included implementation of a major, multi-year peacebuilding and education program in 14 of these countries. Capacity for conflict analysis, design and implementation of peacebuilding programmes also increased significantly. New UNICEF guidance and training on conflict sensitivity and peacebuilding, including detailed components on conflict analysis, reached over 20 country offices. UNICEF contributed in the policy forums on post-crisis States, including by providing field support in Somalia for the first 'New Deal Compact', which defines specific goals around peacebuilding.

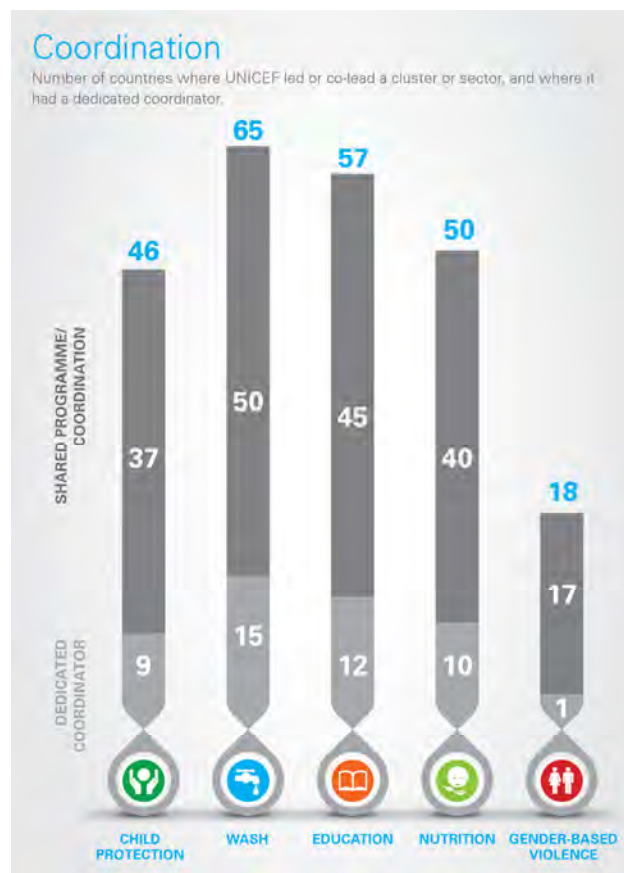
The UNICEF culture of innovation in humanitarian responses continued to grow, even in complex and highly sensitive environments. Staff members were trained on international humanitarian law and methods for securing humanitarian access. In situations where insecurity did not allow for the full-time presence of UNICEF staff members, the organization implemented responses remotely and managed risks by carrying out cross-line field missions spanning conflict-affected zones within a country and complementing this with third-party monitoring. For example, in 2013, initiatives included third-party monitoring to maintain critical delivery of services, including education and WASH, in northern Mali, and deployments of mobile teams to provide assessments, re-establish services and document rights violations in Central African Republic. UNICEF engagement with Governments continued to strengthen national health systems, including through support for integrated community-based management programmes for treating pneumonia and SAM. In Syrian Arab Republic, UNICEF and actors working at a decentralized level have gradually enabled access to increase the coverage of the polio vaccination campaign in hard-to-reach areas through micro-planning, and prepared response plans with governors that led, for example, to the delivery of life-saving supplies across lines to Al-Waer, Alzafarni, Ein Alnesr and Deir Foul that benefitted 60,000 people.

To strengthen its approach to humanitarian innovation, the organization held its first-ever Humanitarian Innovators' Network Lab, bringing together UNICEF staff from field offices with counterparts from the private sector, United Nations agencies and NGO partners. UNICEF also partnered with academic and private sector partners on the use of smartphones and laptops for Rapid Family Tracing and Reunification ('RapidFTR') to support real-time registration of children who were separated and unaccompanied. The organization also continued to provide support to country offices to enable more widespread use of unconditional cash transfers as a tool to achieve results for children, even in humanitarian crisis.

The roll-out of the United Nations Programme Criticality Framework, which is a tool to determine the criticality of activities carried out by United Nations personnel in line with acceptable risk levels, was supported by inter-agency teams coordinated by UNICEF in nine countries in complex and high-threat environments during 2013. It allowed for stronger inclusion of programmatic considerations in security management and improvements in risk management, with the overall aim to maximize the United Nations ability to deliver results. For example, in Central African Republic and Mali, the programme criticality exercise triggered meaningful dialogue between programme and security staff around security risk mitigation and programme delivery strategies. In Niger, joint logistics convoys made it possible to deliver assistance to most of the country, despite security risks, and encouraged joint monitoring missions.

UNICEF continued to advocate for the prevention and halting of grave violations of child rights in armed conflict and to strengthen mechanisms for accountability to affected populations (AAP). Fourteen action plans are being implemented as part of the MRM in nine countries. For example, in Chad, UNICEF supported measures to remove children from armed forces and groups. UNICEF supported the establishment of the MRM for the Syrian Arab Republic to document and address violations against children. UNICEF also contributed to the elaboration and implementation of the 'Rights Up Front' Action Plan, which has the potential to change how the United Nations approaches human rights crises such as in the Central African Republic, South Sudan and the Syrian Arab Republic.

To strengthen AAP, UNICEF contributed to inter-agency 'AAP Action Plans' for Central African Republic and the Philippines. The organization also continued to support UNICEF-led global clusters and areas of responsibility to integrate gender equality



programming into all aspects of their work, while producing CCC- and sector-specific guidance on gender. Countries were also supported to incorporate gender in their appeals and increase attention to inclusion of special groups (i.e., children with disabilities<sup>21</sup> and adolescent girls) in ongoing responses.

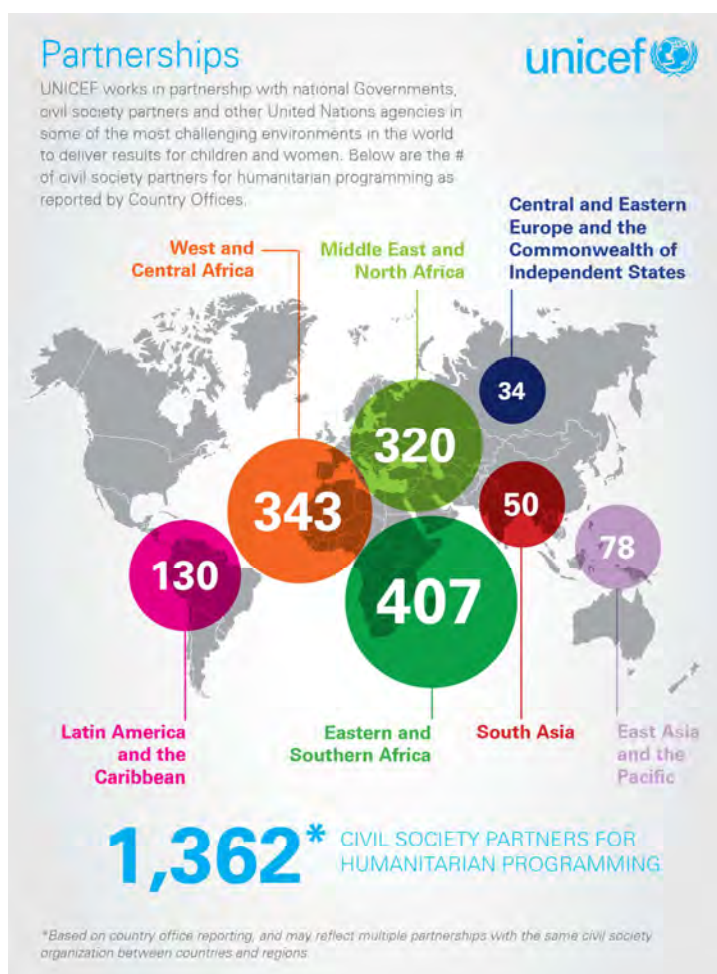
UNICEF internal reforms contributed to the work of the IASC, particularly on preparedness and resilience, and to the IASC Transformative Agenda. This included influencing system-wide guidance in response to Level 3 emergencies, the Humanitarian Programme Cycle and performance monitoring. Partnerships also advanced to better operationalize the Transformative Agenda,



including through testing response protocols and supporting its application in contexts like Afghanistan, Myanmar, Pakistan and the Philippines. The organization also continued to strengthen partnerships to leverage diverse approaches to achieving strong results for children in humanitarian action. UNICEF and UNHCR issued joint guidance on field-level collaboration, including standardized letters of understanding for cooperation and joint work planning at the sector level.<sup>22</sup>

UNICEF remained committed to delivering on its responsibility for inter-agency coordination, including in fulfilling its accountability in large-scale, Level 3 emergencies. UNICEF also put dedicated coordinators in place for WASH in the Syrian Arab Republic within 39 days and education for Central African Republic within 36 days. As global cluster lead for nutrition, WASH, education (with Save the Children) and the child protection and GBV areas of responsibility (with the United Nations Population Fund (UNFPA)), UNICEF provided support through a consolidated unit of global cluster coordinators and information management specialists in Geneva. To ensure competent coordination, steady efforts were maintained throughout the year to deliver training both to UNICEF staff and standby partners to meet this need; this included both multi-cluster coordination training sessions and emergency sectoral training sessions. Development of a comprehensive capacity-building strategy was initiated in 2013 – for completion in 2014 – to look at all the core competencies required, of UNICEF staff and partners, to achieve fully functioning clusters. UNICEF country offices led or co-led clusters or sectors in 50 countries for nutrition, 65 for WASH, 57 for education, 46 for child protection and 18 for GBV.<sup>23</sup> Nineteen per cent of the record-high 755 UNICEF surge deployments in 2013 were for cluster coordination. The RRTs for all UNICEF-led clusters and areas of responsibility were made fully functional, improving cluster coordination and surge support.<sup>24</sup> In 2013, there were 64 RRT deployments to major emergencies, including 55 standby partner personnel. UNICEF also supported the development of cluster transition strategies in Haiti and Mali to facilitate a smooth handover to national authorities, strengthen national coordination mechanisms, and assist in the establishment of minimum preparedness action to facilitate future response.

In 2013, partners remained crucial to UNICEF programme delivery and response coordination, and the organization continued to work closely with Governments, civil society actors, first responders, local service providers and affected populations. Country offices reported working with a total of 1,362 civil society partners for humanitarian programming,<sup>25</sup> with more than half (750) in Africa and 320 in the Middle East and North Africa, mostly related to the response in the Syrian Arab Republic and neighbouring countries.



With multiple, major and often simultaneous complex emergencies and crises stretching humanitarian response capacities throughout the year, UNICEF **standby arrangements** proved more critical than ever. In 2013, 21 standby partners provided 207 personnel to 36 UNICEF country offices (the highest ever in absolute numbers; and 27 per cent of all UNICEF deployments). Seventy-eight standby partners were deployed to the response in Syrian Arab Republic and neighbouring countries, and 31 were deployed to the Philippines during the first five weeks after Typhoon Haiyan struck.<sup>26</sup>

## Challenges to the response

Key lessons learned in 2013 included that UNICEF humanitarian leadership remains fundamental on the ground, and a key factor in determining the success of humanitarian response and delivery of assistance. The UNICEF emergency response to the devastation of Typhoon Haiyan in the Philippines highlighted that existing IASC and UNICEF guidelines need to be adaptable in middle-income countries where government capacities are strong. In addition, in order to strengthen the ability of UNICEF to reduce vulnerability, there must be greater investment in national systems and country programmes of cooperation must address preparedness and resilience more systematically. Internally, additional guidance is required on practical resilience-building interventions, including criteria for measuring resilience. In terms of staff well-being, support mechanisms (e.g., basic supplies, office space, telecommunications supplies, accommodations, care and stress management) must be strengthened. Security access to children in conflicts and highly insecure environments remains extremely difficult, which poses challenges related to the ability of UNICEF to provide effective assistance and maintain staff security. Overall, AAP needs to be enhanced through more effective and meaningful engagement with communities from the onset of a humanitarian response. At the inter-agency level, persistent difficulties with cluster coordination and information-sharing highlighted the lesson that improved internal understanding is needed on the accountabilities of UNICEF as CLA. This was especially the case with regard to the separation between cluster coordination and UNICEF programme functions and on reporting lines between cluster coordination staff and the country programme staff. Finally, the fact that emergencies are occurring in more diverse environments has indicated the need for UNICEF to develop a range of strategies and partnerships for operating in diverse environments, including urban settings and situations where UNICEF needs to provide specialized support.

### The 'Strengthening Humanitarian Action' initiative

As part of the ongoing organizational focus on improving effectiveness and efficiency, and to respond to the growing caseload for humanitarian action in increasingly diverse contexts, UNICEF in 2013 embarked on the Strengthening Humanitarian Action initiative. The initiative builds on the improvements UNICEF has already made to its tools, systems and capacities for more effective humanitarian action with three objectives: (a) to adapt humanitarian action to emerging operational contexts; (b) to strengthen and expand humanitarian partnerships; and (c) to decide which structural and investment steps are needed for UNICEF to be an even more predictable and effective humanitarian partner.

To meet these objectives, UNICEF will develop new methods, procedures and tools, including:

1. A **resilience strategy** to systematically integrate resilience into its planning, programming, operations and communications;
2. Mechanisms to foster **innovation**, especially investing in innovative tools for data collection and analysis;
3. **Improved solutions for human resources** (including surge deployments) in crises, while lessening the strain on ongoing operations;
4. A **'how to' guide for the CCCs** that will explain more specifically how the organization will work to achieve results for children in various diverse humanitarian contexts;
5. An updated corporate position on UNICEF work related to **children affected by armed conflict**;
6. Strengthened mechanisms for **accountability to affected populations**;
7. Investments in **knowledge management**, including enhanced **performance monitoring** and learning from evaluation;
8. Further **simplification of procedures** related to cash management, contracts and other business practices;
9. A revised **humanitarian partnership strategy** that builds on South-South cooperation.

The initiative is taking place in the context of the IASC Transformative Agenda and the lead-up to the World Humanitarian Summit in 2016. Accordingly, UNICEF is taking concrete steps to further internalize the Transformative Agenda protocols throughout the organization by adjusting internal procedures.

## Results by programme commitment

*The following are in line with the CCCs and represent the contributions made by UNICEF, with partners, to each programme and operational commitment. All figures come from country office annual reports or consolidated emergency reports unless otherwise stated. Further information on country-level results can be found in individual consolidated emergency reports.*

### Rapid assessment, monitoring and evaluation

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

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

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

UNICEF conducts regular assessments as part of its response to all crises. The UNICEF situation analysis has been revised to have a specific focus on natural disaster and conflict risk, which will bring emergency risk analysis into the UNICEF regular country programme cycle and support the broader integration of 'humanitarian' as part of the Strategic Plan, 2014-2017. UNICEF has developed sector-specific approaches to post-crisis needs assessment, which will enable humanitarian intervention planning. UNICEF is committed to supporting the inter-agency approach to rapid assessments and is working to refine methods and approaches at the country and global levels.

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

The UNICEF approach to strengthening humanitarian results-based monitoring (called MoRES (Monitoring Results for Equity System) in Humanitarian Action or Humanitarian Performance Monitoring (HPM)) was introduced in Central African Republic, the Philippines and South Sudan as part of the activation of the Level 3 corporate emergency procedures. Another 30+ UNICEF country offices strengthened their humanitarian results-based monitoring as part of their HAC appeal. This has been integrated into wider UNICEF systems through the development of global standards to guide UNICEF country offices on when to strengthen their HPM. The monitoring and reporting frequency is based on the scale and urgency of the humanitarian intervention, and country offices' preparedness for strengthening HPM has been integrated into the Early Warning Early Action platform. The preparedness roll-out is based on the country's natural disaster/conflict risk category defined by the Office for the Coordination of Humanitarian Affairs (OCHA)/UNICEF Global Focus Model.

The UNICEF Strategic Plan, 2014-2017 has an explicit humanitarian component integrated throughout the plan. This will further strengthen the organization's humanitarian-results based monitoring, as explicit humanitarian indicators (in line with the CCCs) will be built into the UNICEF Performance Management System.

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

At the global level, evaluations were completed of UNICEF emergency preparedness systems, the UNICEF role as CLA in humanitarian action<sup>27</sup> and UNICEF programmes to protect children in emergencies,<sup>28</sup> in addition to the thematic synthesis report on evaluation of humanitarian action.

The evaluation of UNICEF emergency preparedness systems found that UNICEF humanitarian activities are orientated more towards emergency response than preparation or mitigation. This risked hindering strengthened humanitarian performance through difficulties in articulating a vision and a coherent resource mobilization strategy.

The evaluation of the UNICEF CLA role in humanitarian action found that UNICEF has continually and significantly invested in implementing its CLA role since the beginning of the IASC cluster system and is increasingly implementing its CLA roles well. Some weaknesses were identified, however, including the need for the organization to address any persistent lack



of clarity on roles and responsibilities with partners and the variety of their expectations. Internally, UNICEF has to strengthen its management systems to support the CLA role including clarifying roles and responsibilities across internal units and enabling a chain of accountability to enhance consistency across offices. Overall, to adhere to the scope and boundaries of the cluster system under the Transformative Agenda, UNICEF needs to increase coherence (interpretation and articulation of clusters/areas of responsibility at the country level) and dependability (understanding and consistent application) among offices.

The key recommendations of the evaluation of UNICEF programmes to protect children in emergencies included the need for better alignment between the recently finalized standards for child protection in emergencies and the CCCs. The evaluation also highlighted the need to invest additional funding in child protection in emergencies.

Also undertaken in 2013 were the review of the fast-track recruitment policy to determine the overall effectiveness of UNICEF in meeting surge deployment; and the first global inter-agency evaluation of the Emergency Response Fund (ERF) mechanism, of particular relevance to UNICEF, which has been the largest single recipient of ERF support since its inception. The evaluation observed that the ERF mechanism makes a valuable contribution to humanitarian response but its functioning is affected by the quality of the office managing it at the country level.

## **Challenges**

System-wide challenges around rapid assessment include accountability for preparedness, sufficient engagement with the Government and adequate assessment capacity when implementing the Multi-Cluster Rapid Assessment. UNICEF is supporting inter-agency partners to address these issues at the global level. At the country level, some UNICEF offices are exploring options for developing their own rapid assessment approaches and methodologies to mitigate these challenges.

Changes in 2013 to the Inter-Agency Consolidated Appeal Process (CAP) and its reframing as a planning process (Strategic Response Plan (SRP)) presented challenges in the system-wide Level 3 emergencies in Central African Republic, the Philippines and South Sudan as it was not well known at the country level. UNICEF supported the SRP process in its role both as CLA and cluster member.

Key challenges around strengthening UNICEF humanitarian results-based monitoring concern the identification and deployment of appropriate humanitarian monitoring staff (both medium- or long-term). At the global level, UNICEF will explore methods for expanding the current roster of humanitarian monitoring candidates, and consider innovative ways of building the capacities of these staff to operate in humanitarian situations.

The thematic synthesis report on evaluation of humanitarian action presented to the Executive Board in 2013<sup>29</sup> found that UNICEF is generating a number of significant evaluative exercises of its own humanitarian work and, together with partners, at inter-agency level. These evaluations have largely been of sufficient quality to warrant action, with UNICEF management using them for positive change. However, key gaps remained in coverage and quality and few evaluations have taken place at a decentralized level, and when they have, their quality has been uneven, suggesting low capacity at this level. UNICEF has recognized the importance of responding to these points, which are being addressed. An action plan has been developed that sets out the steps to improve evaluation coverage of UNICEF humanitarian activities and strengthen the evidence base informing humanitarian action. Overall, the implementation of the revised evaluation policy, adopted in September 2013, will further strengthen the UNICEF evaluation system.

## Nutrition

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

Emergency situations or crises are often characterized by limited access to adequate safe food, disruption in health and nutrition services and constraints to protecting optimal infant and young child feeding. Emergency nutrition interventions to protect the nutritional status of children, pregnant and lactating women, and other vulnerable groups are a priority to prevent undernutrition. UNICEF works to address nutritional needs in multiple contexts in both fragile and recovery situations by addressing the multiple causes of malnutrition, strengthening national capacities and working with partners to ensure that vulnerable groups receive adequate assistance in a timely and effective manner.

### Global response

Globally, UNICEF supported 2.4 million severely malnourished children aged 6–59 months through therapeutic feeding programmes (86 per cent of the global target). This demonstrates an increasing trend, up from 2.1 million reached in 2012 and 1.8 million reached in 2011. More than 1 million children under five years of age with SAM were reached for treatment in the nine Sahelian countries, and more than 457,000 children were reached in the Horn of Africa.<sup>30</sup> Within the framework of the inter-agency strategy on community-based management of acute malnutrition (CMAM), UNICEF, World Food Programme (WFP), World Health Organization (WHO), the United Nations Standing Committee on Nutrition and other partners continued work to secure a common understanding on the most effective means of addressing moderate acute malnutrition to strengthen community-based preventive measures and importantly to prevent SAM and relapses into SAM. In this regard, UNICEF and WHO continued joint efforts for the integration of the management of SAM into national health systems. At the global level in 2013, to support scaled-up, quality programming, there was a focus on improving information and knowledge for better evidence-based programming. UNICEF worked with Action Against Hunger-UK on a technical paper comparing direct estimates (through surveys) and indirect estimates (through calculation using admissions and SAM burden figures) of SAM treatment coverage to better understand coverage data – a critical element for improving programming and meeting needs. To strengthen information and knowledge management, UNICEF supported the CMAM Forum – a platform for sharing and disseminating information on acute malnutrition to support practitioners and policymakers. UNICEF also continued the annual online gathering of key information on country SAM programmes (expanded to include micronutrient and infant and young child feeding interventions) to guide programme support, resource mobilization and advocacy in 2014. Headquarters staff provided support to country offices in Angola, Central African Republic, Democratic Republic of the Congo, Guatemala, Honduras, Mauritania, Nigeria and Viet Nam, as well as to the regional offices for Eastern and Southern Africa, West and Central Africa and East Asia and the Pacific.

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

At the country level, UNICEF strengthened coordination mechanisms to ensure predictable and effective response, leading or co-leading sectors or clusters in 50 countries, including 10 with dedicated coordinators. The **Global Nutrition Cluster** provided strong support missions to the field, conducting three field missions in 2013 to Afghanistan (to support the cluster performance monitoring); Kenya (to provide support to the Kenya and Somalia country clusters); and to the Philippines (to reactivate the national nutrition cluster in response to the Level 3 emergency). Programme cooperation agreements were developed and signed with the International Medical Corps, Save the Children-UK, Action Against Hunger and World Vision International to recruit and deploy staff for RRTs. In 2013, RRTs were deployed to the three Level 3 emergencies, as well as to Chad, Pakistan and Somalia, with a total of 10 staff deployed. Leading coordination efforts at country level, UNICEF strengthened coordination mechanisms and capacities, for example in **Pakistan**, conducting two trainings on nutrition in emergencies for cluster members, including 52 district managers of the Department of Health and programme coordinators and managers from international NGOs. In **Mali**, training for cluster partners on the cluster approach reached 60 partners, including government counterparts. Regional trainings for cluster coordinators conducted in Bangkok and in Dakar were attended by about 50 participants from countries in those regions. Finally, the Nutrition Cluster Handbook was finalized and distributed widely both internally and among country and global-level Nutrition Cluster partners.

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In 2013, UNICEF  
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sectors/ clusters in  
50 countries.

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

Monitoring and assessing malnutrition rates is a critical part of UNICEF work to better identify and respond to the nutritional needs of children and women. In **Yemen**, undertaking targeted Standardized Monitoring and Assessment of Relief and Transitions ('SMART') surveys informed multisector programming in addressing malnutrition, with information used to identify the drivers of malnutrition and inform more specific targeting of interventions unique to each zone. In **Sudan** in 2013, the sector conducted national-level simple spatial methodology survey ('S3M') on programme coverage, which provided baselines for evidence-based planning, monitoring and evaluation. The lesson learned – that nutrition programmes should focus on geographic scale-up – is being used to guide the CMAM expansion plan in 2014.

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

The promotion of adequate IYCF practices is an important measure to strengthen nutritional behaviour and increase child survival. In the **Syrian Arab Republic** and bordering countries, UNICEF supported a roving nutrition specialist to strengthen strategic planning, assessment and monitoring, coordination, technical support and advocacy for refugee populations. In the **Philippines**, UNICEF and partners set-up 52 mother- and child-friendly spaces that served more than 16,000 pregnant and lactating women. In **Yemen**, 178,000 (of a target of 199,000) mothers of children aged 6–24 months received counselling and support for IYCF. In **Pakistan** 93,000 (of a target of 123,000) children and women accessed support for appropriate IYCF

through community outreach services. Several countries also undertook specific capacity development initiatives. In **Democratic People's Republic of Korea**, UNICEF supported 255 doctors and managers of maternity hospitals with training on breastfeeding counselling, to promote early initiation, exclusive breastfeeding and timely introduction of complementary feeding. In **Haiti**, with UNICEF technical support, the Government designed a communications strategy on IYCF with a special emphasis on breastfeeding.

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

Management of acute malnutrition continued to be scaled up worldwide in many areas simultaneously, while the total burden also seemed to fall in other areas. Globally, UNICEF supported 2.4 million severely malnourished children aged 6–59 months. In the **Sahel**, for the third consecutive year, treatment was expanded reaching 1.01 million children in eight countries (up from 594,000 in 2011 and 927,000 in 2012).

**Niger** reached the most children with SAM in 2013, supporting over 406,000 children (including 62,000 with inpatient treatment), surpassing the target of 376,000. The high numbers were the result of the multiple crises the country faced throughout the year (i.e., the Sahel food crisis, the influx of Malian and Nigerian refugees and returnees, flooding and outbreaks of cholera, measles and meningitis). In the **Democratic Republic of the Congo**, around 254,000 children under five years of age were treated for SAM out of a target of 300,000 (85 per cent). The recovery rate was 83 per cent, the death rate was 2 per cent and the defaulter rate was 14 per cent. While UNICEF supports a vast network of over 2,400 treatment centres for the management of SAM, including 365 inpatient facilities, programme coverage against the national burden is still estimated at only 17 per cent, leaving room for significant expansion, which will require increased funding. In **Mali**, almost 120,000 malnourished children were treated (96 per cent of the target), mostly in the southern regions, where UNICEF set up sub-offices to better respond to their needs.

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Responding to the conflict in **Central African Republic** in 2013, UNICEF provided technical assistance to the Government and partners to scale up programming. Almost 15,000 cases of SAM in children under five years of age (100 per cent of the target) were admitted into nutrition programmes. However, coverage remains a concern in areas lacking or with an insufficient number of nutrition facilities and the scale-up process has been impeded by the crisis. In **Myanmar**, UNICEF and partners screened 177,000 children for malnutrition and treated almost 4,000 cases of SAM in children in Rakhine state, reaching both displaced and malnourished children in host communities affected by the conflict. In **Sudan** and **South Sudan**, almost 123,000 and 80,000 children with SAM were treated, respectively. For the nutrition crisis in **Angola**, a massive and unprecedented scale-up of SAM treatment took place in 2013, through UNICEF and government efforts. This was accomplished by opening 37 new inpatient and 606 new outpatient therapeutic programme centres, which facilitated expanded community outreach for the first time. As of December 2013, almost 2 million children had been screened for malnutrition, with 74,000 treated for SAM (of a target of 106,000). In **Somalia**, in the absence of



other actors, UNICEF supported an enhanced blanket supplementary feeding programme to increase access to food by vulnerable groups and to alleviate pressure on treatment programmes by lowering children's risk of becoming acutely malnourished. The blanket programme reached 22,000 families (including 33,000 children under age five years) with at least one ration of corn-soya blend+ and oil, with a total of 77,000 household rations distributed since January 2013.

### **Nutrition in Ethiopia**

For the first time in a number of years, the total number of children with SAM treated in Ethiopia declined to 267,000 (of a target of 284,000) in 2013. This is a 22-per-cent reduction compared to the 2012 admission figures (328,000) across the country. It is arguably the result of years of investment from UNICEF and partners to build national systems for both SAM treatment and prevention activities that have built the resilience of families and communities through the decentralized health post model, allowing more children to receive earlier treatment and preventing their situation from deteriorating. High-quality outcomes were achieved, including an 86-per-cent cure rate, 0.4-per-cent mortality rate and 3-per-cent default rate. UNICEF provided supplies and technical assistance to the Government as well as monitoring and quality assurance.

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

In 2013, UNICEF supported 47.4 million children (70 per cent of the target) with vitamin A supplementation to prevent undernutrition. In **Kenya**, vitamin A supplementation reached 1.59 million children (26.5 per cent of the target) in the first semester (January–June 2013), and the July–December 2013 coverage was 18 per cent (1.01 million children 6–59 months). Coverage is still low due to limited documentation capacity at the health facility level and lack of clarity over the denominator population – both issues are being addressed by UNICEF, the Government and other partners. In **Liberia**, about 98 per cent of the 186,000 children (6–59 months), including refugee children in the four affected counties, received vitamin A supplements and over 163,000 children (12–59 months) received deworming tablets. In **Chad**, 2 million children (100 per cent of the target) received micronutrient supplementation.

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

UNICEF strives to disseminate information about nutrition services in emergencies. In **Yemen**, innovative ways of reaching all children with information and services such as mother and child campaigns implemented in five governorates (39 districts) helped to ensure that almost 400,000 children were screened for malnutrition and diseases (two thirds of children screened were through the campaigns) and informed about and referred to services, if needed. The campaigns were preceded by detailed micro-planning and census of all children under age five years and pregnant women in the catchment areas of the health facilities.

## Challenges

In 2014, a challenge will be to continue to support countries to strengthen their nutrition information and reporting mechanisms, including through surveys and use of innovative technology such as Rapid SMS (text messaging). Another challenge is to match the scaling-up of SAM treatment with preventive activities that reduce the overall burden of SAM cases – namely micronutrient supplementation activities, infant and young child and food security interventions, and strengthening of existing systems (e.g., health) to ensure sustainable delivery of services both prior to and after emergencies. The integration of management of SAM into health systems is a key challenge and requires further definition in terms of the process and how to manage the steps – but remains critical to the sustainability of ensuring access to lifesaving treatment. UNICEF is addressing this issue through the establishment of a multi-actor task force on integration. Difficulty in gaining access to remote regions affected by conflict or disaster also remains a key challenge to nutritional programming.

## Health

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

Mortality and morbidity are critical risks in emergencies. UNICEF plays a vital role in strengthening the capacity of countries and partners to reduce excess mortality from disasters from all types of hazards and target the most vulnerable population with appropriate interventions. The CCCs for health address the major causes of maternal, neonatal and child mortality. Injuries or violence may account for a substantial number of immediate deaths, but in protracted humanitarian situations, most deaths are attributable to common health conditions prevalent in the community such as malnutrition, pneumonia, diarrhoea, measles, malaria (in endemic areas) and neonatal causes. UNICEF is committed to supporting the continuum of care across the maternal, newborn and early childhood periods at the household, community and health-facility levels, with an increasing emphasis on community health approaches.

## Global response

UNICEF globally sustained its humanitarian response efforts and supported vaccinations for measles for 35.9 million children in humanitarian settings. Two insecticide-treated bednets were distributed to over 2 million families globally. The health response focused on providing services to address the most common causes of illness and death in children globally, including pneumonia, diarrhoea, newborn causes and malaria in endemic areas. The UNICEF response also included preventing disease outbreaks by scaling up contributions to polio eradication programmes and measles immunization campaigns in emergencies.

At a policy level, UNICEF and WHO established a partnership of more than 30 organizations to support the development of the global 'Every Newborn' Action Plan, encouraging actions to reduce preventable mortality among newborns. A draft package for newborn care in

humanitarian emergencies has been developed with partners, including a newborn kit. Collaboration with the Global Fund to Fight AIDS, Tuberculosis and Malaria has provided an opportunity to apply the district health system strengthening approach to support integrated community case management; by December 2013, more than 8.7 million children under five years of age had been treated by community health workers. UNICEF has started the work on community case management (CCM) in emergencies to collect the evidence base and to influence guidance on CCM in fragile and crisis settings as a strategy to increase access to health care. UNICEF also provided significant technical support to the global cholera control efforts with WHO and partners, including a cholera toolkit, and monitoring and evaluation and information tools to introduce the oral cholera vaccine in epidemic and humanitarian settings.

Polio was an important focus in 2013. In **Syrian Arab Republic**, approximately 2.2 million children under age five years were reached with polio vaccinations. UNICEF-led social mobilization networks, which engage with communities and families to generate demand for and increase acceptance of oral polio vaccine (OPV), led to a 40-per-cent global reduction in vaccine refusals in 2013 and contributed to a 70-per-cent reduction in polio cases in **Afghanistan** and a 60-per-cent decline in **Nigeria**. In **West and Central Africa**, the total number of reported polio cases dropped from 128 in 2012 to 57 in 2013. The polio outbreak in the **Horn of Africa** was followed by supplementary immunization activities which targeted over 34 million children and adults.

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

UNICEF plays a critical role at the global and national levels, particularly within the health cluster, in facilitating coordination of the health sector to be rapid and predictable by providing technical assistance, supporting capacity-building and training, developing inter-agency guidance and tools and providing support to countries. WHO is the cluster lead at the global and country levels. UNICEF is an active cluster member at global and country levels and works towards ensuring a coherent and effective health response in emergencies. In some emergency situations where more than one country is involved, subregional coordination and information-sharing groups are established. During the **Horn of Africa** crisis, UNICEF and WHO co-chaired an informal inter-agency group for coordination of the emergency response, which was effective in bringing key players and in ensuring cross-country coordination and information sharing. UNICEF led the mobilization and coordination of partners during the polio outbreak in Somalia and Kenya last year – which placed all countries in the Horn of Africa at substantial risk – to strengthen communication and data generation and to develop a joint appeal under the umbrella of the Global Polio Eradication Initiative.<sup>31</sup> As a result, sufficient quantities of OPV were available for repeated and staggered campaigns and overall awareness of the campaign was maintained at around 87 per cent across the affected countries.

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

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Two insecticide-treated nets were provided to over **2 million** families globally with UNICEF support, in 2013.

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Large-scale, lifesaving health interventions are a crucial part of UNICEF work in this sector, including extensive vaccination campaigns. Globally in 2013, UNICEF supported measles vaccination for 35.9 million children in humanitarian settings. Two insecticide-treated nets were provided to over 2 million families globally with UNICEF support. Due to the conflict in **Myanmar** and a lapse in routine immunizations for children in 2012, UNICEF as part of the health cluster launched a catch-up polio immunization campaign and vaccinated 300,000 children with over 90-per-cent coverage across Rakhine State. After a polio virus outbreak in **Kenya**, UNICEF, with UNHCR and WHO, supported the coordination and

procurement of vaccines for the polio vaccination campaign targeting 5.5 million people in 127 districts, including refugee camps in Dadaab and Kakuma, which led to no polio cases being reported since August 2013. In **Pakistan**, 153.8 per cent (149,329) of targeted children under age five years were immunized against measles, and vaccination targets in flood-affected areas were exceeded as immunizations expanded to cover people who were not displaced. An immunization rate of over 95 per cent was sustained in **Democratic People's Republic of Korea** and during the biannual Child Health Days, around 1 million children aged 24–59 months were de-wormed, and 1.5 million children aged 6–59 months received vitamin A. Deworming and vitamin A coverage remained high at 99 and 98 per cent, respectively. In **South Sudan**, significant progress was made and an estimated 3.4 million children 0–59 months received three rounds of polio during National Immunization Days in all states (95 per cent coverage). The number of outbreaks of measles cases was reduced to 571, compared to 1,892 cases in 2012.

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In 2013, UNICEF globally supported vaccinations for measles for **35.9 million** children in humanitarian settings.

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### Health in Syrian Arab Republic

In 2013, polio re-emerged in Syrian Arab Republic for the first time since 1999. Access to affected populations remains a critical issue: at least 3.5 million Syrians are in areas that are hard to reach with humanitarian assistance due to insecurity.

The national polio immunization campaign held 8–16 December 2013 reached around 2.2 million children under five years of age in all 14 governorates, representing 100-per-cent coverage of the planned target. This included 294,360 children under age five years in Deir Ez Zour governorate, where the first polio cases were reported. By December 2013, 76 per cent of families had heard about the campaign. In support of the polio immunization campaign, UNICEF has provided 7 million doses of vaccine to date and a further 7 million doses are currently in the pipeline. To continue responding to the polio outbreak and to prevent transmission of the wild polio virus, the Ministry of Health, in collaboration with UNICEF and WHO, will conduct rounds every month through May 2014.



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

In 2013, as part of efforts to strengthen health services, 47.4 million children aged 6–59 months received vitamin A supplements worldwide through UNICEF support. To strengthen health services after the typhoon in **Philippines**, UNICEF undertook efforts to restore the cold chain – a critical process that keeps vaccines at the correct temperature and guarantees their effectiveness – including contributing to a joint assessment. UNICEF mainstreamed DRR and resilience principles in its efforts to rebuild the cold chain by procuring the newest and most resilient equipment available on the global market, setting a new standard in the Philippines and investing so that the cold chain is less likely to be disrupted by future disasters. In **Kyrgyzstan**, 20,000 emergency supply stocks of vitamin A and measles-mumps-rubella vaccine were prepositioned along with obstetric and diarrhoeal kits for children and women, reaching four times the target figure. Over 2,000 medical workers were trained on evidence-based diarrhoea management and six diarrhoea kits were procured to reach up to 3,000 children under five years of age. In **Somalia**, UNICEF provided women with basic and comprehensive emergency obstetric and neonatal care services in Somaliland and Puntland. Results show an increase in the number of women seeking skilled labour for delivery, increased referrals for complications and an increase in birth deliveries supported by skilled birth attendants, from 72 per cent in 2012 to 103 per cent in 2013. In **Sudan**, capacity-building support resulted in an increased number of health facilities providing integrated management of childhood illnesses services (2,198 to 2,556), and UNICEF procured vaccines and supported social mobilization for routine and supplementary immunization targeting over 1.3 million infants and 7 million children under five years of age.

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

UNICEF worked to improve healthy behaviour in some of the year's major humanitarian situations. In **Afghanistan**, health education and key messages were provided to 55,200 persons from affected populations, equalling 225 per cent of the target figure. In **Haiti**, sports videos with cholera messaging were broadcast on community and commercial radio stations, and SMS and voice messages reached approximately 3 million people. Further, 40,000 young girls, women of childbearing ages and young men were educated on reproductive health issues in an effort to decrease maternal mortality. The intervention 'Together Against Malnutrition' in **Angola** created a unique advocacy momentum and opened strategic room for the gradual introduction of other key best practices, such as salt iodization and the use of micronutrients, and to reinforce other key healthy behaviours such as exclusive breastfeeding. Continued advocacy resulted in the procurement of therapeutic products by the Government of Angola.

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

In 2013, UNICEF continued to ensure the supply of household items and the coordination of non-food items (NFI) and family kit provision. In **Democratic Republic of the Congo**, the primary response to the population movement resulted in 713,000 people (98 per cent) acquiring essential household NFIs and emergency shelter materials through multisector voucher fairs and unconditional cash grants. In **Afghanistan**, 2.6 million people (93 per cent of target) with acute needs affected by the harsh winter, conflict, epidemic, earthquake, flood and drought were supported through lifesaving support such as provision of NFIs. Following the conflict in **Central African Republic**, over 3,400 displaced and host families received NFIs such as plastic sheeting, blankets and kitchen and hygiene kits. In **Niger**, through a coordinated and timely response organized in collaboration with the Humanitarian Coordination Cell, Civil Protection, local authorities and other humanitarian partners, UNICEF provided NFI kits to 10,000 households.

## Challenges

A common challenge at the country level is the limited capacity to identify and integrate risks into routine development strategies in order to reduce the impact of the crisis and decrease recovery time, thus enhancing resilience. UNICEF will continue to focus on building capacities to address this particular challenge. Other major challenges include gaining access to remote regions affected by conflict or disaster. Inadequate numbers of available health workers in affected areas was a challenge during the Typhoon Haiyan response in the **Philippines**. Most social service sector workers were themselves victims of the disaster, and required support to return to work and again serve their communities. The inadequate preparedness and equipment of first responders therefore hindered the health response. UNICEF will continue to build on the results achieved on integrated community case management, promoting and supporting community health workers as valuable resources to reduce vulnerabilities and increase resilience.

## Water, sanitation and hygiene

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

WASH services are critical for survival in the initial stages of an emergency. People in emergencies – especially children – are generally much more susceptible to illness and death from disease, often caused by a lack of sanitation, inadequate safe water supplies and poor hygiene. UNICEF works to protect and restore children's rights to safe supplies of water, improved sanitary facilities and safe hygiene practices. The role of UNICEF in emergency programming encompasses direct response, support to capacity-building and preparedness and response coordination at the global and country levels. In recovery contexts, UNICEF supports the development of national policies on water and sanitation.

## Global response

In 2013, with UNICEF support, 24.3 million people were provided with access to safe water to agreed standards (91 per cent of target) and 7.4 million people were provided with access to appropriately designed toilets (51 per cent of target). The increase in water provision occurred most significantly as a result of efforts to improve water systems in response to the Syrian crisis and in the Philippines. To support these efforts, UNICEF continued to strengthen the capacity of country offices in WASH in emergencies. In East Asia and the Pacific, over 90 per cent of WASH staff received WASH in Emergencies training in seven countries, as did six personnel from standby partners (Danish Refugee Council and RedR Australia). Building on this internal course, UNICEF and UNHCR began to develop a WASH in Emergency training module for United Nations agencies and standby partners, with the first joint training planned for late March 2014.

In terms of strengthening its response to emerging issues, in partnership with UNHCR and the United Nations Human Settlement Programme, in 2013 UNICEF launched a scoping study on humanitarian WASH in urban contexts. The aim of the study was to improve the engagement in and contribution of all stakeholders in the WASH sector – government, service providers, private sector actors and international finance institutions – to urban issues. The study will be finalized in 2014 and provide a prioritized set of recommendations.

### **WASH in the Philippines**

In response to Typhoon Haiyan, UNICEF reached 930,000 people (of a target of 1.25 million) with access to safe water through provision of water kits, bladders and home storage containers. Within a week of the typhoon, repairs to the Leyte Metropolitan Water System enabled 200,000 people to regain access to clean water through a joint effort between the Leyte Metropolitan Water District, the City Department of Social Welfare and Development in Tacloban, the United States Agency for International Development, UNICEF and the Armed Forces of the Philippines. UNICEF and the Veolia Environnement Foundation jointly conducted a detailed damage assessment of urban water systems in 21 municipalities. Results from this assessment guided repairs and rehabilitation of communal tap stands and household water connections, with UNICEF contributing spare parts, chlorine to treat water and generators to restore power through the water supply system. UNICEF also supported the replacement of the destroyed desalination water plant at the Tacloban Provincial Hospital, which serves an average of 320 patients per day.

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

The WASH Cluster RRT (established in 2008) continues to be the primary first response mechanism to establish WASH coordination and information management in emergency settings. With staff contributed entirely by cluster partners and UNICEF, this team of five cluster coordinators and four information management specialists delivered 941 days of on-site support in nine countries during 2013.

Non-deployment time is used to provide remote support to national coordination platforms and to develop procedures to increase the effectiveness of the team. At the country level, 65 UNICEF offices reported leading or co-leading the WASH cluster or sector in 2013, with 15 having dedicated coordinators. At the global level, aligned with the IASC Transformative Agenda, UNICEF and the Global WASH Cluster have begun an initiative to assist countries to transition WASH clusters into existing government-led national WASH sector coordination platforms. For example in **Kenya**, the devolution of power to the subnational level has provided UNICEF with an opportunity to strengthen the WASH emergency coordination platform. These platforms play a key role in advocacy and resource mobilization and also in developing the capacities of county-level governments to plan and implement coordinated WASH activities. UNICEF also supported the

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**In 2013, UNICEF led or co-led WASH sectors/ clusters in 65 countries.**

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development of cluster transition strategies in **Haiti** and **Mali** to facilitate a smooth handover to national authorities and assist in the establishment of minimum preparedness actions that will facilitate future response. UNICEF is supporting these countries and guiding others that are interested, including through the articulation of realistic strategic plans to strengthen processes and systems. Bringing humanitarian coordination into the development forum will offer an opportunity for synergy and greater resilience within the sector. In terms of continuing to play a prominent role at the country level, in **Democratic Republic of the Congo** in 2013, UNICEF established a Strategic Advisory Committee to support cluster efforts in 2014, including estimating the cost per beneficiary to guide the cluster response plan for 2014. In **Yemen**, UNICEF maintained its cluster lead role in WASH with a dedicated cluster coordinator at the central level and designated WASH subcluster focal points in three zones.

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

Provision of clean drinking water is a crucial lifesaving intervention in emergencies. In 2013, UNICEF supported 24.3 million people with access to safe water – over a third of these in countries affected by the Syrian crisis. In **Syrian Arab Republic**, UNICEF and the International Committee of the Red Cross provided chlorination to treat enough water on a daily basis for more than 10 million people in all governorates through 2013 (100 per cent of the target). UNICEF worked in areas affected by conflict and with populations of refugees and IDPs. In **Mali**, around 878,000 people (of a target of 1.5 million) received temporary access to potable chlorinated water of sufficient quantity. In Timbuktu, Gao and Kidal towns, UNICEF and partners supported the Malian Drinking Water Management agency to restore drinking water production and distribution. Responding to political and ethnic tensions and instability in **Kyrgyzstan**, almost 9,000 people in the south (of a target of 10,000) were provided with access to safe water.

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In 2013, UNICEF supported **24.3 million** people (91 per cent of the target) with access to safe water to agreed standards.

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UNICEF also continued to work in contexts of natural disaster and climate change. In response to the malnutrition crisis in **Mauritania**, UNICEF supported 12,000 people (100 per cent of the target) with access to sufficient safe water. In **Ethiopia**, UNICEF provided safe water to around 530,000 people (53 per cent of the target) through water trucking, distribution of household water treatment chemicals, rehabilitation/maintenance of non-functional water schemes and construction of new water supply schemes. In **Sudan**, UNICEF reached over 1.66 million affected people (of a target of 1.2 million) with sustained access to water source supply, achieved through supporting the development of mechanisms for community-based management, and established systems for sustainable delivery of services to hubs of urban/IDP camps.

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



Particularly during emergencies, sanitation and hygiene are critical interventions for disease prevention, as well as for human dignity, especially for women and girls. In 2013, UNICEF supported 13.1 million people with access to soap or alternative and functional hand-washing facilities and 7.4 million people with access to appropriately designed toilets. In **Myanmar**, to address the IDP crisis, almost 76,000 people (around 48 per cent of the cluster total) were provided with sanitation (of a target of 110,000). Sanitation facilities were provided mostly through semi-permanent construction and some emergency latrines. In **Pakistan**, in response to the 2012 flood crisis, the sanitation response largely took place within the framework of the Pakistan Approach to Total Sanitation, a community-based approach to eliminating open defecation. UNICEF reached nearly 550,000 people (84 per cent of the target) as part of the response for IDPs, providing culturally appropriate latrines, washrooms and solid waste collection points, as well as messaging. In **Somalia**, approximately 244,000 people benefited from the construction and/or rehabilitation of sanitation facilities (of a target of 1.1 million). Lack of access and underfunding hampered progress against targets. As part of community-led approaches towards 'open defecation-free communities', almost 9,000 families were inspired to construct their own latrines with hand-washing facilities following demonstrations depicting harmful sanitation and hygiene practices.

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In 2013, UNICEF supported **13.1 million** people (89 per cent of the target) with access to soap or alternative and functional hand washing facilities.

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In 2013, UNICEF supported **7.4 million** people (51 per cent of target) with access to appropriately designed toilets.

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

WASH interventions are about sustaining life, not only with drinking water or sanitation, but also through the prevention of hygiene-related diseases and infections. In **Yemen**, 650,000 children and women (of a target of 1.5 million) received critical WASH-related information to prevent child illness (hygiene promotion). In **Kenya**, UNICEF supported the training of over 2,000 community health workers on household-level hygiene promotion. This intervention resulted in over 650,000 people (92 per cent of the target) receiving critical WASH related information and training on preventing illness, especially diarrhoea. One of the major successes in **Democratic Republic of the Congo** in 2013 was the joint health/WASH response to cholera. UNICEF partners assisted people affected by cholera in four provinces with an integrated WASH package (access to safe drinking water and hygiene promotion) for 206,000 people. Awareness-raising activities on prevention of cholera and other diarrhoeal diseases reached a total of 2.49 million people.

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

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**In 2013, UNICEF supported 2.7 million children (69 per cent) with access to safe water, sanitation and hygiene facilities in their learning environments.**

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In 2013, UNICEF efforts to promote WASH in schools, temporary learning and child-friendly spaces and health facilities benefited 2.7 million children in their learning environments. As part of the earthquake recovery programme in **Haiti**, UNICEF supported NGO partners to reach over 8,000 students in 25 schools in the South department with hygiene promotion activities, and with sanitation facilities built in three schools. In **South Sudan**, 50 schools were provided with toilet facilities benefiting 17,500 schoolchildren (130 per cent of the target). In

**Liberia**, as part of the refugee/host community response, more than 28,000 schoolchildren (100 per cent of the target) in 114 schools and 5,700 patients in 23 health centres gained access to safe drinking water and sanitation facilities with the construction and upgrading of water points, handwashing facilities and latrine cubicles. In **Niger**, considerable efforts were made to promote 'WASH in Nutrition', including ensuring availability of hygiene kits and improved access to hygiene and safe water in 126 nutritional centres, reaching 81,000 mothers and children.

## **Challenges**

Challenges remain around the financial and political commitments of national Governments to WASH in emergencies, as well as the need to build national capacities for response and sectoral coordination, address disabilities and urban humanitarian WASH, respond to cholera, and implement integrated multisectoral programming. In some countries and contexts, achievements are hindered by lack of access, largely due to volatile security environments. In **Pakistan**, insecurity limited social mobilization activities to enhance improved sanitation. In the **Democratic People's Republic of Korea** and **Sudan**, the need to focus more on social norms and address behavioural, social, cultural practices and beliefs was a key issue. In **Liberia** and the **Philippines**, maintenance of water and sanitation facilities was one of the biggest challenges in the WASH sector, and better mobilization of communities to manage and maintain facilities is needed for the longer term.

## **Child protection**

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

Emergencies can cause displacement, breakdown of family and social structures, erosion of traditional value systems and violence, all of which seriously degrade the protective environment for children. Child protection in humanitarian action is the prevention of and response to abuse, neglect, exploitation of and violence against children in emergencies – in practice, encompassing child protection programmes and systems building, as well as integrating child protection actions into all other humanitarian sectors.

## Global response

Globally in 2013, UNICEF supported 2.5 million children with safe access to community spaces for socializing, playing and learning, representing a significant increase from the 1.4 million children reached in 2012, largely due to significant efforts to respond to the Syrian crisis. UNICEF also supported the release of over 7,300 children associated with armed forces or groups and the reintegration of these children into their families and communities (up from 5,300 the previous year). In addition, some 13,500 unaccompanied and separated children were reunified with family members.

Building capacities and partnerships, UNICEF continued to enhance its strategic engagement and field collaboration with Governments, as well as with UNHCR, at the global, regional and national levels. This resulted in improved service delivery for women and children in refugee camps and for displaced populations in host communities. In addition, a jointly convened meeting in Senegal developed recommendations for improving the inter-agency and cross-border response to the crisis in Mali and neighbouring countries. On behalf of the Child Protection Working Group (CPWG), UNICEF supported the development of a training and resource package on child-friendly spaces that includes attention to disability, and was used extensively in recent emergencies in the Philippines and Syrian Arab Republic. In the **Syrian Arab Republic and neighbouring countries**, in the face of overwhelming evidence that a generation of Syrian children is at risk of losing hope for a better future, a group of partners came together in 2013 to develop a strategy to protect them, safeguard their futures and prevent a 'lost generation'. The aim of the 'No Lost Generation' initiative was to accelerate strategic investment in education, protection and opportunities to engage adolescents as agents of social cohesion and change. In 2013, stronger emphasis and support were invested in these countries to provide psychosocial support, including teacher training; promote birth registration; provide mine-risk education (MRE); monitor the child protection situation and assess children's vulnerability; strengthen institutional and community-based protection mechanisms and referral systems; and address GBV and specific needs of adolescent girls. Such investments contributed to reaching close to 800,000 children with psychosocial support – 460,000 children inside Syrian Arab Republic and some 340,000 children in the region. In **West and Central Africa**, the MRM was strengthened through the deployment of a new MRM specialist to provide direct technical support to the four country offices on MRM reporting. In 2013, Mali became the fourth country in this region to implement the MRM, along with Central African Republic, Chad and Democratic Republic of the Congo.

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

In 2013, UNICEF led or co-led areas of responsibility or sectors for child protection in 46 countries and GBV in 18 countries. UNICEF provided global leadership by coordinating the CPWG and in collaboration with UNFPA, the GBV area of responsibility – both under the Global Protection Cluster. UNICEF also provided support and leadership to the mental health and psychosocial support (MHPSS) reference group and regional capacity building on MHPSS for UNICEF and partners in South Asia and the Middle East and North Africa. The CPWG established leadership for setting standards and implementation, building response capacity, assessment and measurement, operational support and advocacy. At the country level, UNICEF supported coordination in the responses to the crises in Central African Republic, the Philippines and Syrian Arab Republic. In addition, in **Myanmar**, UNICEF supported groundwork for the early 2014 launch of the Child Protection in Emergency Working Group at the national level as well as in Rakhine and Kachin states, which have been affected by ongoing internal conflict since 2011 and 2012, respectively. The Minimum Standards for Humanitarian Action in Child Protection continued to be disseminated, with launches in Democratic Republic of the Congo, Jordan, Kenya, Somalia, South Sudan and Sudan, and trainings in Burkina Faso, Democratic Republic of the Congo and Ethiopia. In **Kenya**, for example, this included the development of a costed workplan and the establishment of a framework for information management through the introduction of humanitarian ranking. The CPWG also continued to strengthen response capacity through 14 RRT deployments to eight countries, including multiple deployments to Central African Republic, Jordan and the Philippines.

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In 2013, UNICEF led or co-led  
Areas of Responsibility or  
sectors for Child Protection in  
**46 countries** and Gender-  
based Violence in **18 countries**.

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**Commitment 2:** Monitoring and reporting of grave violations and other serious protection concerns regarding children and women are undertaken and systematically trigger response (including advocacy).

The MRM currently operates in 13 countries. UNICEF continues to co-chair the Country Task Force on Monitoring and Reporting in all 13 countries. In 2013, support was provided to strengthen the regional MRM for **Syrian Arab Republic**, with the UNICEF Middle East and North Africa Regional Office serving as the hub and secretariat to support the Task Force. An important trend in conflict-affected countries is the increasing use of the MRM as an evidence base for programme response, advocacy and prevention strategies. UNICEF worked to accelerate the implementation of signed action plans and to advocate for measures to protect children in countries where there is no action plan with parties to conflict within the framework of the MRM. In 2013, eight action plans were being implemented by parties to conflict in seven countries: Afghanistan; Chad; Democratic Republic of the Congo; Myanmar; the Philippines (the one country with an action with an armed group); Somalia (with one action plan on recruitment and one on killing and maiming); and South Sudan. Technical support and strategic guidance were provided in particular for advocacy with parties to conflict to adopt action plans to end the recruitment and use of children in Yemen and for the implementation of previously signed action plans. An action plan is nearly finalized in Yemen and discussions with the Government are underway in Sudan.



In addition, MRM knowledge-sharing and capacity-building documents and tools were developed, including the MRM guidelines, field manual, training kit and good practices studies. In **Myanmar**, the country task force on monitoring and reporting on grave violations against children expanded its monitoring activities from military training schools and recruitment units to operational battalions. In **Yemen**, the establishment of almost 100 community-based child protection committees enabled the development of locally driven mechanisms to monitor violations affecting children and ensure the referral of victims to appropriate care services in accordance with international standards. In **Chad**, the process of 're-hatting' of Chadian soldiers into the United Nations peacekeeping mission in Mali raised concerns because the Chadian army was listed in the annexes of the Secretary-General's Annual Report on Children and Armed Conflict. To address these concerns, UNICEF provided technical support for the accelerated implementation of the action plan for Chad to end recruitment and use of children, achieving compliance with all identified short-term measures and most long-term measures. This established a new precedent on action plan implementation that will inform the joint campaign by UNICEF and the Special Representative of the Secretary-General on Children and Armed Conflict, 'Children, Not Soldiers', to end recruitment and use of children by government security forces by 2016.

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

UNICEF focuses on building protective systems for women and children in emergency response. In 2013, UNICEF supported 2.5 million children with safe access to community spaces for socializing, play, learning, etc. (80 per cent of target). In **Pakistan**, 79,000 children and caregivers benefited from access to various types of support through protective learning and community emergency services. As part of the IDP response alone, UNICEF established 117 Protective Learning and Community Emergency Services ('PLaCES') and outreach mobile services (against a planned 121), reaching more than 35,000 children and women (of a target of 59,000) in the three IDP camps and in host communities. The coverage of child protection services was limited by funding gaps. In the **State of Palestine**, through child- and adolescent-friendly spaces in Gaza, approximately 50,000 children (100 per cent of target) were provided with play and recreational activities as a result of UNICEF support.

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learning, etc. (80 per cent).

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

Globally in 2013, 13,500 unaccompanied and separated children were reunified with family members. In the **Philippines**, in the aftermath of Typhoon Haiyan, UNICEF deployed its innovative RapidFTR technology, using an open-source mobile-phone application and data storage system, to document and share information on unaccompanied and separated children. The real-time transfer of data with RapidFTR reduces the time and cost associated with the standard paper system, improves the security of case records and allows for faster follow up during the case management process. In the Philippines, this reduced a three week process to a one week process, and staff take just 48-72 hours to follow up on registrations. In 2013, 130 children were identified as unaccompanied or separated and were followed up on by trained social workers. As part of the Horn of Africa response to Somali refugees in **Ethiopia**, over 5,000 separated and unaccompanied children documented in the Dollo Ado refugee camps were reunified with their families and relatives and connected to community-based care using local refugee structures and traditional networks. This was achieved through strengthening community capacities and reinforcing positive traditional care systems.

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

Emergencies often increase threats and heighten risks of violence, abuse and exploitation. In 2013, UNICEF, together with the CPWG, supported roll-out of the Minimum Standards for Child Protection in Humanitarian Action globally and at country level. The standards address the key areas of violence, exploitation and abuse of children and women in emergency response. As part of the 2013 flood response in **Mozambique**, measures to prevent violence, including GBV, in the transition centres were implemented with material support to the local police, training of local leaders on GBV, general public awareness-raising on GBV and distribution of nearly 3,000 dignity kits with flashlights to vulnerable families. As part of the conflict response in **Somalia**, UNICEF supported programmes assisting 5,000 survivors of GBV in 2013. Rape survivors made up 44 per cent of the total caseload with 3,000 survivors receiving post-exposure prophylaxis to prevent HIV transmission, and many being referred to higher levels of medical care. As part of the conflict response in **Democratic Republic of the Congo**, UNICEF continued to manage the coordination of the multisectoral assistance pillar of the national strategy to combat sexual and gender-based violence. In 2013, UNICEF and partners identified over 12,000 survivors of sexual and gender-based violence (including 4,000 children) and delivered multisectoral assistance to over 8,000 survivors of sexual violence (including 3,000 children) in eastern Democratic Republic of the Congo. For GBV, the progressive integration of care for survivors into the existing health system is an innovative approach that aims to give people access to services from a 'single window'.

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

The provision of psychosocial support is a critical aspect of emergency response, both in conflict and disaster contexts. Responding to insecurity and crisis in **Yemen**, over 636,000 people were provided with protection assistance, including psychosocial services by sector partners, with over 567,000 of these people assisted by UNICEF (almost double the target). Psychosocial support as part of the response to nutrition crises continued in 2013. In **Niger**, UNICEF and partners provided psychosocial care for 27,000 malnourished children (of a target of 18,000) through child-friendly spaces. Responding to the Syrian conflict, in **Lebanon**, UNICEF provided emergency psychosocial support to 297,000 children (approximately 89,000 Lebanese), surpassing the target of 82,000, including 59,000 children in education programmes and 48,000 caregivers living in informal tented settlements, collective shelters and host communities. In the **Syrian Arab Republic**, some 160,000 children and adolescents were reached with psychosocial support activities via fixed and mobile child- and adolescent-friendly spaces. Psychosocial support was also provided through the school system.

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

In 2013, UNICEF supported over 7,300 children associated with armed forces or groups to be released and reintegrated into their families and communities. Responding in conflict settings, in **Myanmar**, a nationwide public awareness campaign on the prevention of the recruitment of children, conducted with more than 9,800 Township Child Rights Committee members, was launched by the Government in November 2013. Through this campaign, UNICEF has established a 24/7 hotline, managed by

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World Vision, for reporting cases of children recruited by the armed forces. UNICEF successfully advocated for the release of 134 children and young persons (all boys), all of whom received longer-term psychosocial and medical support, support for returning to school or vocational training. In **Afghanistan**, the community-based reintegration programme continues to support children (formerly) associated with armed forces/groups by providing them with reintegration services. Currently 1,150 children (913 boys/237 girls) are benefiting from UNICEF support, which involves working with local partners to offer reintegration services, including apprenticeships with local businesses. UNICEF continued advocating for the release of children detained for security-related charges, and for ensuring the right to access to legal counseling and fair treatment of children detained. In the Syrian Arab Republic, the arrest and detention of children by government forces and military intelligence services was reported in 2013 and efforts are underway to advocate for the release of children detained and for the protection of children at risk of detention for political reasons. There are numerous reports of ill treatment of children in detention facilities in Syrian Arab Republic that are tantamount to torture. In Israel and the State of Palestine, 1,004 Palestinian children were arrested and placed in detention in 2013, including 154 boys for alleged security violations. In the same year, the United Nations documented 107 cases of ill treatment during arrest. UNICEF has been engaged in dialogue with the Israeli Military Prosecutor for the West Bank, recommending practical measures to improve the treatment of Palestinian children. As a result, the Israel Defense Force agreed to pilot the use of summonses in lieu of night arrests, and issued two military orders reducing the time a Palestinian child can be detained prior to appearing before a military court judge.

## Child protection in the Central African Republic

The deepening humanitarian crisis in 2013 has made children in the Central African Republic, who have been denied protection and basic services, some of the most vulnerable in the world. It was estimated that armed groups and local militias recruited and used up to 6,000 boys and girls under 18 years of age in 2013. UNICEF and partners engaged in advocacy to ensure the release of 188 children from armed groups (against a target of 500), including Ex-Seleka and the Lord's Resistance Army); 109 of these children were successfully reunited with their families and communities, while others were still under interim care as of 31 December 2013. More children were not released because, despite sustained advocacy by UNICEF to secure access to military barracks to facilitate the release of children, this access was only granted at the end of November 2013. The conflict in Bangui and in the rest of the country also constrained progress.

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

Increasingly, children rank the highest among casualties due to armed violence and explosive remnants of war – for example 57 per cent in Mali; 61 per cent in Afghanistan and 77 per cent in Eritrea – and the injury burden is among the top 10 causes of child deaths and disabilities. UNICEF remains a strong advocate against the indiscriminate use of lethal weapons and small arms and continues its support to State parties for compliance with international obligations to the Mine Ban Treaty, Convention on Cluster Munitions and the Geneva Declarations. For example, in the aftermath of the conflict in **Mali**, the organization's performance in MRE exceeded the planned number of beneficiaries thanks to improved access in the northern areas where the conflict arose. A total of 1,188 persons were trained on MRE, to strengthen communities' capabilities to build awareness; and 213,000 children and adults were informed of the dangers associated with unexploded ordnance and mines. Responding to insecurity in **Sudan**, MRE interventions by UNICEF and its operational partners reached 165,000 people (over double the target of 80,000) with information on the dangers of landmines and the explosive remnants of war. The number of children reached exceeded the target due to increased capacities of partners and increased access to areas previously unreachable due to insecurity. Republic of Congo, Eritrea, Mali and Nepal are setting up national information management systems to assess the existing risk to children and build stronger evidence for action.

## Challenges

Child protection continued to face a number of challenges. Progress in some areas of child protection work is not easily quantified, especially in areas that are preventative in nature. Child protection, especially the work around grave violations of child rights, is sensitive because it involves the documentation of the behaviour of parties to conflict, which can lead to repercussions for those parties. Monitoring and reporting includes particular risks and challenges that need to be managed and mitigated, including the need to collect information safely and ethically in politically complex environments. As in other areas of humanitarian action, child protection faces challenges of access to affected populations. Assistance to those who have faced sexual violence is particularly difficult because of survivors' fear of retribution for coming forward, fear of social stigmatization and lack of services. Many acute child protection



concerns during crises may also require longer-term systems building and changes in social norms to address these concerns in a sustainable way. Finally, child protection continues to be an underfunded area of work in many countries.

## Education

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

Of the 57 million primary-school aged children who are out of school globally, 28.5 million, or 50 per cent, are living in countries affected by conflict.<sup>32</sup> Conflicts and natural disasters often cause extensive damage to communities. Emergencies can disrupt schooling and learning for a considerable period of time. In situations of emergency, chronic crisis and early reconstruction, education provides physical, psychosocial and cognitive protection that can be both lifesaving and life-sustaining for children and adolescents. Education offers safe spaces for learning and provides a sense of normalcy, stability and hope for the future; helps to protect children against exploitation and harm; and provides lifesaving knowledge and skills during emergencies. Education is an integral part of emergency response that is critical to strengthening the resilience of education systems, and contributes to the longer-term recovery and economic stability of affected communities.

### Global response

The need to respond to both natural disasters and conflicts is becoming ever more common and increasingly more complex as emergencies span national borders and endure for years. UNICEF continues to support humanitarian efforts in education and in 2013, a total of 3.6 million children accessed formal or non-formal basic education in emergencies worldwide, including more than 550,000 in Egypt, Iraq, Jordan, Lebanon, Syrian Arab Republic and Turkey in response to the Syria crisis. Under the 'No Lost Generation' initiative, in 2013, stronger emphasis and support were invested in these countries to: increase learning and skills, including by increasing school enrolment and keeping children learning; improve the quality of education; expand vocational and remedial secondary education and alternative ways of delivering education; and address governance-related issues affecting access and learning. In 2013, 2.1 million children in the region received educational assistance; and partners in Syrian Arab Republic provided school supplies to 1.5 million children affected by conflict, and supported 310,000 children with remedial education and catch-up classes. In neighbouring countries, 668,000 children also received educational assistance and 612 schools have been assisted with infrastructure, renovations and refurbishments. In addition, 124,000 children were reached in the Philippines and 113,000 in Mali.

At a policy level, UNICEF continued global efforts to ensure that children are able to realize their right to education. By advancing integrated (inter- or multisector) programming and the resilience agenda, UNICEF has been able to better support and strengthen responses in the field. Through its engagement in peacebuilding education and advocacy, UNICEF programming in 2013 saw an increased emphasis on conflict-sensitive education and peacebuilding efforts in crisis and post-crisis contexts, with a particular emphasis on strengthening the engagement of adolescents and youth as a way to build community resilience. Jointly with the United Nations Educational, Scientific and Cultural Organization, UNICEF undertook a study mapping the integration of DRR into school curricula and the lessons learned to better inform the future development of integrated programmes. UNICEF and partners organized the 'Education Cannot Wait' event during the opening of the General Assembly session in New York to increase awareness of the importance of: including prevention, preparedness and response in education sector plans and budgets; protecting children, teachers and education facilities from attacks; and advocating for increasing the education share of humanitarian funding from 2 to 4 per cent.

Early childhood development (ECD) continues to be an important component of the UNICEF emergency and post-conflict response. Since the ECD kit for emergencies was launched in 2009, more than 65,000 have been distributed by UNICEF country offices. UNICEF supported the distribution of over 15,000 kits in 2013, most of them in the Syrian Arab Republic and neighbouring countries, to reach more than 700,000 children affected by the conflict. The provision of ECD kits in such large quantities indicates the high level of demand within the crisis context. In response to a compelling need in **South Sudan**, an ECD programme was initiated in four refugee camps targeting 8,800 children aged 3–5 years, all of whom had been affected by violent conflicts. By the end of 2013, 18,471 refugee children living in refugee camps were enrolled in ECD classes.

**Commitment 1:** Effective leadership is established for education cluster/inter-agency coordination (with co-lead agency), with links to other cluster/sector coordination mechanisms on critical intersectoral issues.

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## In 2013, UNICEF led or co-led education sectors/ clusters in **57 countries**.

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At the country level, 57 UNICEF offices reported leading or co-leading the education cluster or sector, with 12 having dedicated coordinators. UNICEF and Save the Children co-led the Global Education Cluster and provided strong support to the field, including deployments and remote support to Central African Republic, Pakistan, the Philippines, Somalia and Syrian Arab Republic. Additional remote support was provided to efforts in Afghanistan, Ethiopia, Kenya,

Mali, Mongolia, Myanmar, Niger, State of Palestine South Sudan and Yemen. The capacity-building focus for 2013 was on improved information management and needs assessments through the completion of a training package and two regional training workshops, joint webinars on information management and needs assessment and the establishment of an online community of practice to facilitate communication and information-sharing. At the country level, the UNICEF-led cluster in **South Sudan** undertook an impact study which showed that education is a major priority for returnee, internally displaced and host populations, second only in importance to improved national security and freedom. To enhance the effectiveness of the response in the **Democratic Republic of the Congo**, the Education Cluster's annual work plan was aligned with the Humanitarian Action Plan (HAP) and the national Ministry of Education guidelines, helping to ensure access to quality education for 73 per cent of children targeted in the HAP. The cluster itself was deactivated and successfully mainstreamed into the wider education sector coordination structure under the leadership of the Ministry of Education.

## Education in Haiti

Capacity building in the aftermath of a disaster, particularly in the recovery phase, is a key focus of UNICEF work in education in humanitarian action. In 2013, UNICEF supported capacity building of the Haitian Ministry of Education at the departmental and local levels, including by strengthening the education management information system through microplanning and data collection interventions. UNICEF also completed the installation of DevInfo in all 10 education departments in the country and provided training to 75 staff from the Ministry to allow them easier access to education data in their respective areas.

In addition to strengthening information to inform programming, UNICEF supported the Ministry of Education to create a unit for education in emergencies. To date, 50 staff from the local government have been trained on the technical aspects of emergency response, preparedness and contingency planning and will cascade this training to 350 inspectors, 2,300 school teachers and directors and approximately 15,000 children. These efforts play a critical role in ensuring that adequate national capacities are in place to respond to future emergencies.

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

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### Around 3.6 million school-aged children, including adolescents, accessed formal and non-formal basic education

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Enabling school-age children, including pre-school pupils and adolescents, to access quality, formal and non-formal basic education is a UNICEF priority intervention in emergencies. In 2013, around 3.6 million school-aged children, including adolescents, accessed formal and non-formal basic education, including temporary learning spaces and play and early learning for young children. This includes more than 550,000 children affected by the Syrian crisis living in **Egypt, Iraq, Jordan, Lebanon, Syrian Arab Republic and Turkey** (around 46 per cent of the target). Through UNICEF support in the **Democratic People's Republic of Korea**, about 3,000 children

of pre-school age accessed quality education opportunities in a child-friendly school environment (against a target of 7,000 children). Through the rehabilitation of 386 damaged schools in **Yemen**, UNICEF and partners reached 440,000 girls and boys (against a target of 608,000). In a participatory process involving communities and other partners, UNICEF supported advocacy and sensitization campaigns in **Afghanistan** that led to the reopening of 93 schools, benefiting 32,000 children in the Southern Region. UNICEF supported quality education for 340,000 displaced children, refugees and host communities in eastern **Chad** and established preschools in refugee camps (100 per cent of the target). In **Niger**, 6,665 children living in camps (58 per cent of the planned target) were provided with access to formal and non-formal basic education. In **Somalia**, the UNICEF-supported schools under the Peacebuilding, Education and Advocacy Programme saw a marked increase in enrolment from the previous year, with 304,853 children accessing emergency education.

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

In 2013 UNICEF continued to support safe learning environments for children in conflict and disaster contexts. Following a storm that affected 500,000 people, UNICEF **El Salvador**, strengthened resilience through raising awareness and response to disaster risk. Interventions included training for nearly 6,000 persons – mostly students but also parents, teachers and community leaders (more than 3,800 women) through 124 schools – on education in

emergencies and disasters; first response in emergency situations; risk management; the International Network for Education in Emergencies (INEE) minimum standards; and gender-sensitive education. In **Libya**, the findings of the 2012 nationwide basic school assessment informed the drafting of a mid-term education sector investment plan to ensure adequate budget allocations for the required infrastructural upgrade in primary schools. In **Kyrgyzstan**, UNICEF supported the drafting of a state programme for retrofitting, rehabilitation and reconstruction of schools and preschools, based on findings that 89 per cent of all schools and preschool buildings were structurally unsafe. UNICEF provided over 167,000 conflict-affected children in eastern **Democratic Republic of the Congo**, including displaced children, returnees, and children belonging to host communities, with access to quality education, in a safe and protective environment.

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

In response to Typhoon Haiyan in the **Philippines**, teachers and day-care workers were trained on how to provide psychosocial support for children, as well as key principles of education in emergencies and DRR, such as school safety, child-centred risk assessments and preparedness activities. Eighty-nine child-friendly spaces were also established, and more than 24,000 children received psychosocial support. In the continued response to Typhoon Bopha, which struck in 2012 but had reverberations well into 2013, 45 mobile teachers and district coordinators were trained on education in emergencies and psychosocial support services in Mindanao. In **Kenya**, child-friendly spaces were converted into child education and welfare centres, thus expanding the spectrum of programmes on psychosocial and recreational activities and training available for children. As a result, more than 34,000 affected children were reached with psychosocial activities through child-friendly spaces, surpassing the UNICEF target of 9,000 and doubling the sector/cluster target of 15,000.

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

In **Ethiopia**, 42,000 boys and girls (of a target of 100,000) were reached with psychosocial support, life-skills and peace education and the INEE minimum standards, which significantly improved the quality of psychosocial support and life-skills education provided to children and youth. In **Central African Republic**, following the implementation of a 'Back to School Initiative' since June 2013, over 76,000 primary school children (against a planned target of 173,510) were enrolled in catch-up classes and received school supplies to improve their learning. In **Mali**, UNICEF worked with the Ministry of Education to facilitate dialogue with government counterparts in neighbouring Burkina Faso, Mauritania and Niger to promote a harmonized approach to learning certification, including validation and certification of exams for over 13,600 students. In **Democratic Republic of the Congo**, to achieve improved education results, UNICEF worked to build the knowledge of children, parent-teacher committees and community members on how to identify and respond to emergency risks (due to conflict or disaster) in their environments through the development of a school-based risk reduction plan in 277 schools.



## Challenges

Education continues to face significant challenges, including being recognized as an integral part of humanitarian response and an immediate lifesaving service. The humanitarian aid community needs to match the educational aspirations of conflict-affected communities by ensuring that funding reaches adequate levels, and is commensurate with children's education and related psychosocial needs, estimated at 4 per cent of the total amount of the overall humanitarian budget allocation. Humanitarian crises have disrupted education, delaying initial access and contributing to higher drop-out and lower completion rates. Issues of access and insecurity, including targeted attacks on schools, continue to impede successful programme implementation. In areas affected by conflict, schools are often occupied by security forces and armed groups for military purposes and even used as bases or barracks, severely affecting children's access to education, violating the humanitarian principle of distinction and putting children's lives at risk. Further challenges include the increasing complexity of emergencies and with this, the need to further strengthen national education sectors and the capacities of communities and partners for risk prevention, preparedness related to knowledge management and early warning, in order to deliver timely and effective education responses.

## HIV/AIDS

**Strategic result: Vulnerability to HIV infection in humanitarian crisis is not increased and HIV-related care needs arising from a humanitarian crisis are met.**

People living with HIV – especially children – are often more vulnerable to the consequences of emergencies, including losing access to essential services such as antiretroviral (ARV) treatment. UNICEF works in a range of contexts to support affected populations with PMTCT services; provision of paediatric antiretroviral therapy (ART) and related training; and post-rape care, including post-exposure prophylaxis for HIV. UNICEF programming in other sectors can help to prevent behaviours and situations that can increase the risk of HIV transmission. This often requires a specific focus on working with local authorities to better understand the risk of HIV infection among young children, adolescents and young people in the context of national and subnational humanitarian responses. All of these interventions in emergency situations are important for reaching the global targets, including universal access and virtual elimination of mother-to-child transmission.

### Global response

At the global level in 2013, UNICEF supported around 1.6 million pregnant women in emergencies with HIV and AIDS prevention, care and treatment services, including PMTCT. In **Central African Republic**, over 24,000 persons affected by the conflict received information on HIV and almost 11,000 children, young people and women accessed HIV and AIDS prevention, care and treatment. In **Haiti**, almost 95 per cent of targeted HIV-positive adolescents received quality support care and 82 per cent of HIV-positive pregnant women received ARVs for PMTCT. Ensuring continuity of ARVs and other commodities in humanitarian situations was of peak concern to UNICEF in 2013, as were efforts to sustain HIV prevention, including access to condoms and post-exposure prophylaxis.

UNICEF also continued its efforts to include HIV prevention, treatment and care for both younger children and adolescents in emergency risk assessments, preparedness and training. Following the flooding in **Mozambique**, UNICEF, the Joint United Nations Programme on HIV/AIDS and Save the Children conducted contingency planning workshops in two provinces with the highest risk of natural disasters and a high HIV burden, to prepare the Government and

partners to stage an adequate HIV response in future emergencies and to prevent future treatment disruptions. In **Kenya**, preparedness and contingency plans were made prior to national elections to ensure that HIV services would not be disrupted should violence reoccur.

### HIV/AIDS in Kenya

With 1.2 million people living with HIV in Kenya, HIV prevention and treatment remain critical during humanitarian response. In early 2013, UNICEF and the international NGO mothers2mothers (m2m) Kenya developed a proactive preparedness plan to support PMTCT and services to people living with HIV during the 2013 general election, in the event that violence might reoccur. Plans were put into place to provide contingency support throughout March and April at 30 sites where m2m has full-time 'mentor mothers' at the community level. Clients were sensitized, educated and prepared to ensure that drug supply, prophylaxis, care and communication were not disrupted during the elections. Nearly 2,000 new HIV-positive pregnant and post-natal clients across 30 health-care facilities were enrolled and 236 support group sessions for maternal and child health and PMTCT were provided to clients. Throughout the period, 'mentor mothers' acted as peace ambassadors by helping clients to put a contingency plan into place and by promoting peace and unity among clients and their neighbours. Through their consistent presence at the health facilities, the 'mentor mothers' were effective role models for peace, adherence to care and encouraging the ongoing uptake of services during the post-election period.

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

Given the lack of knowledge and cultural barriers around the prevention and treatment of HIV and AIDS, information dissemination is a crucial aspect of the UNICEF response in emergencies. As a result of the flooding in **Mozambique**, more than 12,000 people were at risk of losing access to treatment due to temporary shortage of commodities such as ARVs, etc. UNICEF-supported multimedia mobile units,<sup>33</sup> including mobile clinics, travelled to flood-affected communities to provide free voluntary HIV counselling and testing, distribute condoms and broadcast presentations and films on prevention and treatment. This was designed to reduce violence and behaviours that may lead to HIV infection. The mobile unit was already operating prior to the emergency, making it easy to quickly mobilize the unit following the floods. Over 3,600 people were supported with PMTCT (of a target of 1,000). In support of Malian refugees in **Mauritania**, 209 adolescents (37 per cent girls) were involved in community sensitization activities as peer educators on peacebuilding, HIV/AIDS and other basic themes.

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

Globally in 2013, UNICEF supported around 1.6 million pregnant women in emergencies with HIV and AIDS prevention, care and treatment services, including PMTCT. Scaling up HIV/AIDS services in emergencies, including PMTCT, is critical to ensuring that the needs of affected populations are met and lives are saved. In **Liberia**, 100 adolescents and young people had access to HIV and AIDS treatment. Post-exposure prophylaxis kits were distributed to all county health teams, and PMTCT sites in remote areas were integrated with paediatric AIDS care and HIV testing and counselling services. Almost 15,000 pregnant women (74 per cent of the targeted population) gained access to integrated services for PMTCT and 33,000 (out of 30,000 targeted persons) gained access to HIV services in camps and host communities. In **Somalia**, UNICEF supported survivors of GBV, resulting in 3,000 survivors of sexual violence receiving post-exposure prophylaxis. In **Sudan**, capacity-building support resulted in increased HIV testing for pregnant women, from 37,000 to 64,000 (of a target of 100,000).

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

In **Central African Republic**, nearly 8,000 children, young people and women accessed HIV and AIDS prevention, care and treatment. Over 74 per cent of the 17,000 targeted persons living with HIV who had been receiving care and treatment, continued to do so. The capacity of health workers to provide PMTCT services was strengthened and 75 per cent of supported PMTCT sites were re-established after the coup d'état in March. In **Haiti**, UNICEF provided technical assistance to the Direction de la Santé Familiale, the ministerial unit responsible for PMTCT, to design an operational plan for PMTCT, facilitate coordination among partners and review the health information system. UNICEF also collaborated with the NGO *Groupe Haitien d'Etude du Sarcome de Kaposi et des Infections Opportunistes* to conduct a vulnerability mapping exercise on HIV in adolescents. As a result, almost 95 per cent of HIV-positive adolescents received quality support and care, 82 per cent of the targeted HIV-positive pregnant women received ARVs for PMTCT and 77 per cent of targeted children (0-14 years) infected with HIV received ART.

### Cross-cutting issues

While HIV is a stand-alone CCC sector, it is also a critical cross-cutting issue within other sectors. The UNICEF West and Central African Regional Office worked to promote the effective integration of HIV in emergency and humanitarian responses, particularly in the context of the Sahel nutrition crisis. Efforts were made to ensure that children with SAM who are not responding to nutritional treatment are tested for HIV so that they have access to appropriate care, considering the deadly association between HIV and malnutrition in children. This resulted in increased numbers of children with SAM being tested for HIV. For example, in **Cameroon**, 1,500 malnourished children and 600 women have been tested for HIV. In **Mauritania**, HIV testing was implemented in stabilization centres, where severely malnourished children with medical complications were treated.

Support for survivors of sexual and gender-based violence in **Democratic Republic of the Congo** included 11,000 medical consultations, including 4,000 to children. The majority of survivors received medical care within 72 hours and had access to post-exposure prophylaxis treatment and received psychological support to enable children to overcome stigma and mental health problems related to HIV/AIDS.

## Challenges

Challenges arise since there is a need for both specific HIV/AIDS programmes and the integration of HIV/AIDS considerations into the programmes of other sectors in humanitarian action. One of the main challenges is the ongoing difficulty of mainstreaming HIV/AIDS across sectors and clusters, which also has implications for funding. It remains important to acknowledge that HIV/AIDS response is a lifesaving cross-cutting issue. Another issue is the weakness in monitoring and reporting systems for HIV programming. However, strides are being taken to insert indicators into global data collection systems to try and promote the gathering of this information, and countries are also being supported to collect HIV programme data. In 2013, country offices continued to struggle with the lack of funding for HIV/AIDS projects. In **Ethiopia**, UNICEF was not able to implement any of its planned HIV/AIDS interventions in 2013 due to lack of funding. A challenge during the emergency in **Central African Republic** was the transportation of ARVs and other commodities to the different sites in the country. Before the recent crisis, up to 15,000 people living with HIV were on ART and an estimated further 50,000 who were eligible for treatment could not be covered. The number of patients whose ARV therapy was interrupted by the crisis has been estimated in the thousands. A well-coordinated response by humanitarian and health actors is under way to retrace patients lost to ART and ensure the provision of the minimum package for HIV. Gaining access to remote regions affected by conflict or disaster also remains a significant challenge for HIV/AIDS programming.

## Supply and logistics

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

### Global response

In 2013, overall efforts by UNICEF to improve children's access to essential emergency supplies continued through optimizing both its own supply chains and the supply chain interfaces between Governments, partners and UNICEF; and developing the capacities of government supply chains to ensure effectiveness and efficiency in humanitarian responses. This included the new global warehouse in Copenhagen becoming fully operational in February. The UNICEF supply function remained critical to supporting its humanitarian responses. In 2013, 34 countries raised orders flagged as emergency response for a value of \$126 million, of which 59 per cent were procured offshore through Supply Division. The latter represents \$74.3 million in rapid emergency<sup>34</sup> offshore procurement delivered to 33 countries.<sup>35</sup> The major crises in 2013 in Central African Republic, Mali, the Philippines and the Syrian subregional crisis dominated UNICEF humanitarian response in terms of supply procurement and delivery. The offshore emergency supplies for responding to the lifesaving needs generated by these four humanitarian crises totalled \$65.98 million, over 88 per cent of global offshore emergency procurement.

## Supply: The first 72 hours

Total Offshore Emergency Supplies



# US\$74.3 million for 33 countries

was spent globally on emergency supplies through rapid emergency\* offshore procurement

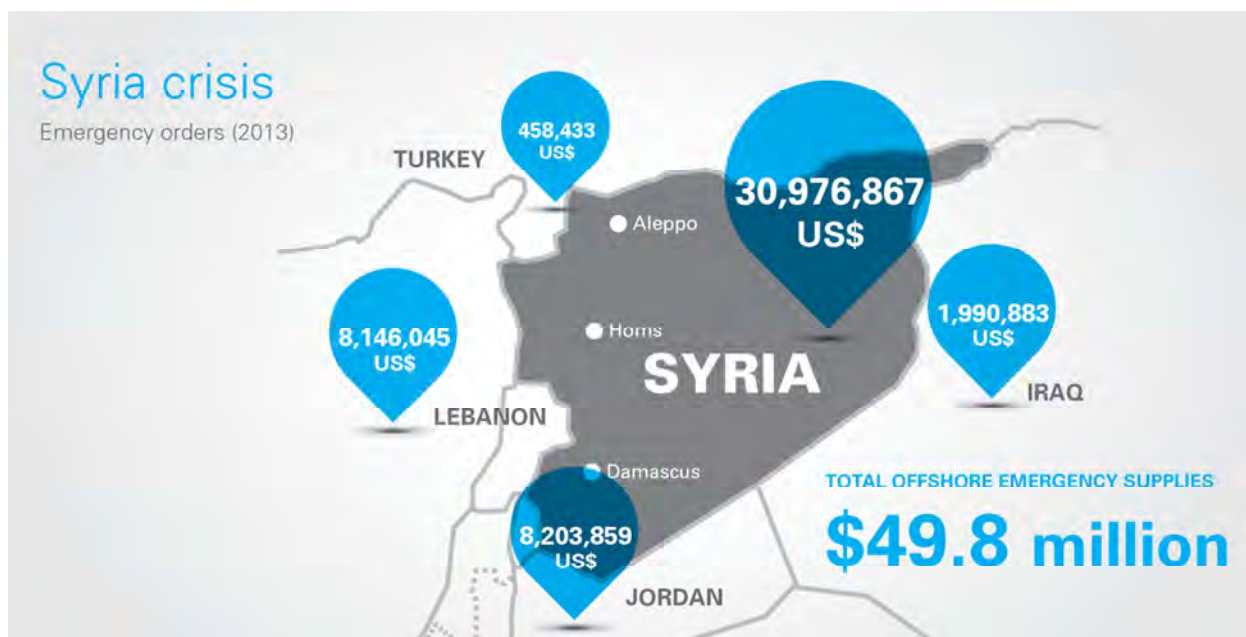
\*These constitute the first wave (within 72 hours) of emergency procurement ordered through UNICEF Supply Division (excluding freight and insurance). These amounts do not reflect the total emergency procurement UNICEF made for humanitarian response globally, such as those procured locally or procured after the first 72 hours.

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

In the Philippines, 1,000 metric tonnes of supplies were delivered, including health kits, family water kits, education kits, tents, office and accommodation structures for staff members, ECD kits, school-in-a-box kits, diarrhoeal kits, measles/rubella vaccines, recreation kits and therapeutic food. By the end the year, 89 child-friendly spaces had been established; 83,239 children were vaccinated against measles and 76,690 against polio; and 470,133 children benefited from educational supplies and 231,260 from school hygiene kits. The total value of offshore emergency supplies to the Philippines in 2013 reached \$7.9 million.

To meet critical needs in the Syrian Arab Republic, 10,113 metric tonnes of supplies were shipped to the region (total value of \$49.8 million).<sup>36</sup> Winter clothing kits remained one of the most important items, with over 251,000 kits procured to meet the survival needs of children aged 3 months to 14 years. Other key items were school bags, ready-to-use therapeutic foods, health kits, family water kits and hygiene kits. Following detection in October of the first polio case in the Syrian Arab Republic in 14 years, UNICEF delivered a first shipment of 2 million OPV doses in Damascus in late November, with an additional 8 million doses in the pipeline, as part of the largest-ever polio immunization campaign in the Middle East.





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

The UNICEF dedication to establishing and maintaining strong partnerships enabled the organization to strengthen and optimize supply chains and leverage resources (financial, material and human) for children in emergencies. Under the United Nations Coherence initiative, UNICEF collaborated with other United Nations agencies and partners – i.e., the United Nations Development Programme, UNHCR and WFP, and the International Federation of the Red Cross and International Rescue Committee – which facilitated information-sharing on common emergency items to improve both cost- and time-efficiency. UNICEF also contributed to several supply chain working groups and global forums to improve existing supply chain strategies and tools. A new course on real-time monitoring of the supply chain was delivered in Lebanon and Jordan for 30 participants from the Middle East and North Africa region who are supporting the Syrian humanitarian response. Finally, a supply function roster of short-term consultants, including deployments for emergencies, was launched.

As part of its continued effort to strengthen the supply chain, UNICEF deployed 75 supply and logistics specialists to emergency locations as part of support to 33 countries in emergencies. Some 23 supply and logistics staff were deployed to support the local emergency response in the aftermath of Typhoon Haiyan, supporting coordination, procurement, supply planning, receiving goods, warehousing and distribution. The response in the Philippines saw, for the first time, the deployment of UNICEF specialists with expertise in supply, human resources and data monitoring in the first wave, with positive results that are now being assessed for replication.

## Challenges

Improving and strengthening the management of supply chains to meet humanitarian needs associated both with rapidly evolving crises and slow-onset emergencies, remains an ongoing challenge. A key priority will remain enhancing the timely procurement and delivery of the correct items in the right quantity to meet identified humanitarian needs, as will ensuring the quality of supplies. For example, UNICEF will continue to collaborate with the Food and

Agricultural Organization of the United Nations, WFP, WHO, Doctors Without Borders and producing partners to adhere to new sampling and testing procedures for detecting bacteria that cause diarrhoeal diseases. UNICEF will continue to improve forecasting through monthly dialogue between Supply Division and country offices to facilitate more accurate decisions, carry out a feasibility study for using a barcode system for tracking supplies. In emergency operations, this would ensure the full visibility of the supply chain and that supplies reach targeted beneficiaries. Finally, in 2013 field offices continued to report problems with the UNICEF VISION system, which resulted in poor on-time delivery on some planned results. Work is ongoing to fix these deficiencies.

## Results by operational commitment

### Media and communication

**Commitment 1:** Accurate information about the impact of the situation on children and women is rapidly provided to National Committees and the general public through local and international media.

UNICEF communication and public advocacy continued to draw timely media and public attention to the situation of children and women in 2013, especially in Level 3 emergencies, notably in the Central African Republic, the Philippines and Syrian Arab Republic. The 'No Lost Generation' campaign for Syrian children, the concept of which was the result of successful cooperation with creative and design agencies, including the Miami Ad School and Ogilvie Dubai. In April, the heads of OCHA, UNHCR, UNICEF and WFP issued a passionate call to end the Syrian crisis via a video that was viewed thousands of times on YouTube. In countries hosting Syrian refugees, field visits by celebrities and National Committees for UNICEF, as well as continuous video, photo and feature story coverage highlighted the plight, needs and voices of Syrian children for a wider audience throughout the year. UNICEF generated diverse, consistent mainstream international media coverage for the humanitarian crises in the Philippines and Central African Republic with top-tier media including *The New York Times*, *Le Monde*, CNN, BBC, Agence France Presse, etc. UNICEF messages around emergencies were captured in these mainstream media through strategic development, pitching and placement. 'Donation clicks' to UNICEF after Typhoon Haiyan were 6.5 times higher than the average number of donation clicks in 2012. In addition, the redesigned UNICEF publications website <[www.unicef.org/publications](http://www.unicef.org/publications)> helps to make all publications, including those focusing on humanitarian issues, more accessible in the public domain. UNICEF worked closely with National Committee partners and the European Union (EU) to design a new communications campaign to raise awareness and understanding of the impact of EU/UNICEF collaboration on children in times of crisis, to be rolled out in 2014.

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

In terms of knowledge-sharing, UNICEF set up dedicated portals for the crisis affecting Syrian children and the Typhoon Haiyan emergency in the Philippines. The Division of Communication continued to ask celebrities to use their own digital platforms with calls to action for the work of UNICEF on behalf of children (from the #EndViolence initiative to urgent emergency assistance in Central African Republic, the Philippines and Syrian Arab Republic). UNICEF Goodwill Ambassador Katy Perry, for example, spoke about issues affecting children and called on her massive network of social media followers to support UNICEF emergency relief efforts for children, including those affected by Typhoon Haiyan.

## Challenges

Lack of access to some of the crisis-affected countries, whether because of ongoing conflict or in the aftermath of a natural disaster, slows down and at times hinders the UNICEF capacity to communicate on children's issues in a timely manner. In Syrian Arab Republic, for example, difficulties in reaching some of the worst-hit areas was and continues to be an issue of concern. Verifying information from some of these areas has sometimes also been a challenge. Obtaining professional quality video and photo materials was not always possible.

Lack of funding, especially in the area of digital investment, constrained the expansion of the UNICEF digital strategy at a critical time. Ongoing media training of UNICEF spokespersons, RRT members and other staff deployed during emergencies can further strengthen the organization's communication outreach.

## Security

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

The ability of UNICEF to deliver humanitarian assistance to affected populations is often hindered by high-threat security environments or restrictions imposed by authorities or other entities. In 2013, UNICEF responded to 392 Significant Incident Reports affecting 449 staff members (3.8 per cent of the global staff count of 11,680). Fifty-one staff members (0.44 per cent of global staff) were affected by 'severe' and 'critical' incidents (incidents causing death, serious injury, major loss of assets or major restrictions to programme delivery). Of the 392 security incidents, the majority were the result of petty crime (174, or 44 per cent) and vehicle accidents (92, or 23 per cent). The Eastern and Southern Africa region had the highest number of reported security incidents although the Middle East and North Africa had almost twice as many incidents per staff than any other region, indicative of the conflict in Syrian Arab Republic and surrounding area. Three UNICEF staff members died in 2013 as a result of vehicle accidents while travelling on duty.

The number of UNICEF security adviser positions increased throughout the year in response to new security threats or the worsening of the existing security situation in some countries. Four of the seven UNICEF regional offices now have dedicated regional security adviser posts that provide greater flexibility and response to sudden onset emergencies. The establishment of a security 'talent pool' at the start of the year also aided in the rapid recruitment and effective deployment of security personnel at the very start of emergencies. The effective roll-out of programme criticality allowed UNICEF to better include programmatic considerations in security

management and to improve risk management, with the overall aim to maximize humanitarian access and the ability to deliver. This had a positive impact on humanitarian access in eight priority countries: Central African Republic, Iraq, Mali, Niger, Nigeria, Pakistan, Somalia and Syrian Arab Republic.

Following the adoption of an innovative programmatic approach, the creation of dedicated security analyst posts in support of the Global Polio Eradication Initiative – in Nigeria and Pakistan and at headquarters – provided impetus to examine new modalities for security and programme delivery to enable greater access by UNICEF in high-risk environments. Eleven trainings on women's security awareness were conducted with approximately 220 participants from 12 other United Nations agencies.

The UNICEF Operations Centre ('OPSCEN') in New York headquarters remained fundamental to identifying, assessing and managing security and safety risks to staff and programmes. The role of OPSCEN in critical incident management planning is essential in providing the names and locations of staff throughout the world, allowing the organization to respond quickly to support staff and country offices. OPSCEN, one of only two situation centres in the United Nations system, is staffed on a 24/7 basis throughout the year, providing all UNICEF staff with a single point of contact in event of organizational or individual emergencies.

## Challenges

A crucial challenge in providing security to UNICEF staff and programmes is finding new ways to gain access to women and children in need when operating in high-risk environments, while also ensuring that human resource requirements and procedures are met quickly with high-quality security advisers. The methodology for gaining access in high-risk environments employed by the polio teams offers a possible way ahead, but also increases the challenge of identifying and recruiting security advisers with high-level analytical and strong interpersonal skills to deal with the complexity and nuances of insecure environments. The allocation of time and resources to refresh the security adviser 'talent pool' of quality candidates goes some way to resolving this issue. Regardless, securing access to affected children in highly insecure environments remained extremely difficult. The crises in the Syrian Arab Republic, Central African Republic and, more recently, South Sudan are just some examples of this challenge.

## Human resources

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

DEPLOYMENT BY FUNCTIONAL AREA:		
	UNICEF	COORDINATION
Child protection*	83	45
Education	46	13
Emergency coordination & specialists	70	
Health	34	
Planning, monitoring & evaluation	23	34
Nutrition	22	21
Supply & logistics	75	
WASH	77	34
Operations, management and Disaster Risk Reduction	178	

\* Child protection includes deployments for gender-based violence, 14 for coordination and 2 for UNICEF

In 2013, UNICEF had 755 emergency surge deployments including 313 internal deployments and 207 personnel from standby – the highest surge response UNICEF has ever recorded. The majority of the deployments (71 per cent) supported humanitarian response in Central African Republic, the Philippines and Syrian Arab Republic. Total deployment to emergencies was up 57 per cent from the 2012 figure of 481 personnel surged; it was also higher than the previous record of 618 personnel surged in 2011 largely to support the Horn of Africa response. Overall, UNICEF was able to respond to emergencies more rapidly. In 2013, it took an average 16 days for an internal deployment, which was almost twice as fast as 29 days in 2012. There was a substantial overall improvement in surge capacity support with 92 per cent of requests met within 56 days – the first eight critical weeks of humanitarian response as per the CCCs – compared to 67 per cent in 2012.<sup>37</sup> The bulk of deployments provided personnel for child protection<sup>38</sup> (128, including 45 in support of cluster/sector coordination) and WASH (111, including 34 for cluster/sector coordination),

but also for supply and logistics (75) and emergency coordination and specialists (70); the latter two are both very high, reflecting the complexity and size of the 2013 response.

## **Commitment 2:** Well-being of staff is assured.

For staff operating in emergency contexts, stress management training and counselling remained essential to staff well-being. Under the organization-wide Effectiveness and Efficiency initiative, in 2013, UNICEF began to explore various ways of strengthening the surge mechanism and promoting the well-being of staff serving in hardship duty stations. The measures being proposed include: streamlining the management of the organization's different surge schemes; expanding the Emergency Response Team; providing a special leave with full pay for those staff members completing their tour of duty in an emergency duty station; recruiting more staff counsellors; and revising the staff mobility and rotation policy to encourage more equitable rotation of all staff to/from emergency duty stations. These measures will be reviewed by senior management in 2014 for implementation. A career development portal was launched in 2013 that offered tools and information to help staff plan their careers, including tools to facilitate the move from emergency duty stations to family duty stations. OPSCEN – the information and communication hub monitoring security and emergency around the globe – continued to provide to provide immediate real-time alerts to inform of sudden onset emergencies, while also providing a vital 'lifeline' support to all UNICEF staff members, particularly those working in countries affected by humanitarian crises and insecurity.



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

The organization continued to uphold its commitment to the guidelines set forth by the Secretary-General's Bulletin on special measures for the protection of sexual exploitation and sexual abuse (ST/SGB/2003/13) by ensuring that all staff, consultants and individual contractors were informed of the UNICEF policy on this issue; that confidential, established channels for issuing complaints are maintained; and that timelines for disciplinary resolution of allegations were upheld. Within the framework of the Transformative Agenda, UNICEF continued work to streamline inter-agency guidelines with the aim of strengthening the implementation of mechanisms for the protection from sexual exploitation and sexual abuse (PSEA) as well as ensure the accountability to affected populations (AAP) during humanitarian response. Notably, this includes specific measures of implementing PSEA mechanisms during Level 3 emergencies.

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

New approaches to knowledge management were adopted including 'learning wikis', which empowered a staff to contribute their experience on specific emergencies. Such lessons learned were instrumental in adjusting the organization's response.

UNICEF contributed to building the capacity of standby partners and organized six training programmes for 90 standby personnel. UNICEF also facilitated the development of the Standby Partner Training Secretariat. AAP continued to be a priority area for UNICEF in 2013, with increased attention during the responses to the Level 2 and Level 3 emergencies. Notably, all Level 2 and Level 3 countries, new emergencies and most countries with appeals in the 2013 HAC received technical guidance on how to operationalize AAP and put in place the minimum standards for the prevention of sexual abuse and exploitation. Informational and advocacy materials were shared with emergency staff, partners and affected populations, and first-line actions during the early stages of humanitarian responses, including in Central African Republic, the Philippines and South Sudan.

## **Challenges**

Surge capacity still relied too heavily on the use of staff from other UNICEF offices. The organization still does not have standing arrangements to rapidly set-up accommodation and offices for staff when deployed to scale up a corporate response. Therefore, in terms of staff well-being, corporate efforts to strengthen support mechanisms (e.g., basic supplies, office space, telecommunications, accommodations, care and stress management) should continue. This will also better support the effectiveness of the response. Overall staff support items (i.e., food, flashlights, etc.) must be context-sensitive and meet a minimum quality standard.

## Resource mobilization

**Commitment 1:** Quality, flexible resources are mobilized in a timely manner to meet the rights and needs of children and women in humanitarian crises.

To support resource mobilization, UNICEF launched the HAC global appeal in January 2013 – conceived as an innovative online ‘rolling’ appeal,<sup>39</sup> providing country-specific updates and reporting on progress throughout the year. Through the 2013 HAC appeal, which included 34 country offices and all seven regional offices, UNICEF sought a total of \$1.823 billion for its humanitarian interventions to ensure the protection of vulnerable children and women. Sixteen updates to the HAC were produced and issued online throughout the year. UNICEF also managed the Emergency Programme Fund, disbursing \$53.8 million for 18 offices (\$27.8 million reimbursed); and processed Central Emergency Response Fund (CERF) grants for rapid response in 32 countries (\$72.2 million) and 20 underfunded countries (\$45.2 million). In addition, UNICEF provided input to 18 CAP mid-year reviews and 15 SRPs for 2014.

Despite a tight global economic situation, UNICEF OR–E increased by 62 per cent to \$1.332 billion in 2013, from \$823 million in 2012, thanks to the trust that resource partners place in UNICEF to deliver results for children and women. This trust is in particular the result of UNICEF and partners’ response following Typhoon Haiyan in the Philippines and the ongoing response to the crisis in the Syrian Arab Republic and neighbouring countries. To support the resource mobilization strategies of country programmes, the ‘Guide for Country Offices on Resource Mobilization with Public Sector Donors’ was developed and disseminated in 2013 with inputs from 14 country offices and two regional offices. In addition, resource mobilization strategies for Level 3 and Level 2 emergencies (Syrian Arab Republic, Mali+, Philippines and Central African Republic) were developed in collaboration with country offices, regional offices and headquarters divisions, informed by analysis of donor trends and country contexts. UNICEF also accelerated the process of confirming contributions from resource partners in humanitarian situations.

At the headquarters and country levels, UNICEF worked to advance humanitarian financing within the framework of the Transformative Agenda by advocating with the IASC Humanitarian Financing Group for appropriate and timely resource mobilization through a more strategic appeal process in the humanitarian programme cycle.

### Challenges

Constrained economic conditions in developed countries are resulting in increased conditionalities and requests from resource partners. Given the importance of addressing issues such as accountability, transparency, results-based management and value for money, it is critical that different parts of the organization work together to address findings from donor assessments and evaluations. Disbursement of CERF funds in an efficient and prompt manner has been a challenge, sometimes resulting in refunds.

## Finance and administration

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

UNICEF continued to strengthen and simplify procedures in 2013, while enabling transparent, efficient and effective financial and administrative support in emergency-affected countries. Simplified procedures for Level 2 emergencies, including administrative and financial ones, were adopted to complement the Simplified Standard Operating Procedures for response to Level 3 emergencies completed in 2012. This aimed to enhance the predictability of the management response based on standardized, streamlined and simplified procedures, while ensuring that appropriate risk management measures were undertaken. To support field operations, technical support missions were carried out in the Nigeria, the Philippines and Syrian Arab Republic.

UNICEF consolidated implementation of VISION,<sup>40</sup> the enterprise resource planning system introduced in 2012, in compliance with the International Public Sector Accounting Standards (IPSAS), and recorded improvements in the integrity of VISION financial data. The first UNICEF set of annual financial statements received a clean audit opinion from the United Nations Board of Auditors in 2013. Improvements focused on the accuracy and reliability of records related to inventory, equipment and premises, which contributed to improved management of financial resources. This also enabled more reliable reporting and analysis of the aging UNICEF vehicle fleet and, therefore, better management of risks associated with road travel. The specialized Finance and Administration Dashboard, developed in 2013 for implementation in 2014, is set to further strengthen corporate financial risk management as it will allow even closer monitoring of high financial and administrative risks. At the country level, during the response to Typhoon Haiyan in the Philippines, notwithstanding the quite risk adverse environment given the size of the response, UNICEF focused in particular on strengthening the adequacy and effectiveness of its risk management processes by identifying, evaluating and implementing risk management methodologies and controls to address those risks. These internal developments and experiences will further inform the discourse on programme criticality and remote humanitarian response through partners in highly insecure scenarios.

### Challenges

UNICEF finance and administrative policies and procedures need to be reviewed and updated so they are more risk informed. In addition, monitoring the timely utilization of multi-year grants currently requires manual effort, which is affecting credibility. This will be addressed in 2014 through the enhancement of the budget facility in VISION. Challenges related to the decentralized structure of UNICEF and the complexity of IPSAS were overcome through intensive monitoring of accounting information and support and guidance to country offices. Finally, staffing constraints delayed the UNICEF global agenda on business continuity, which will pick up again in 2014.

## Information and communication technology

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

The UNICEF information and communication technology (ICT) function provided support to all major humanitarian interventions in 2013, often in the most challenging environments, including in Central African Republic (communications systems reinforced); Mali (Wi-Fi networks); the Philippines (ICT disaster recovery plan); and Syrian Arab Republic (secure and stable connectivity). UNICEF ICT personnel based in complex emergency sites in, for example, Afghanistan, Democratic Republic of the Congo, Iraq or South Sudan, supported programme and operations personnel, indirectly enabling the organization to reach millions of children. As a global preparedness initiative, The UNICEF ICT response capacity was strengthened in 2013 as a result of regular emergency telecommunications training workshops, including on the deployment of the latest emergency equipment and services. When the emergency overwhelms local capacity, UNICEF can count on a solid internal roster of global responders (currently with 55 experienced staff). To enhance global Internet connectivity, ensure staff mobility and secure the Wi-Fi access to corporate applications (e.g. email, Intranet, VISION) regardless of location, UNICEF started a major 're-architecting' process of its global ICT network that will significantly improve emergency response and programme implementation. Finally, at the inter-agency level, coordination and collaboration in the Emergency Telecoms Cluster (ETC) showed substantial improvements, as exemplified by a solid and lauded ETC deployment to the Philippines emergency. UNICEF continued to play a critical role in United Nations inter-agency ICT groups and forums with a focus, among others, on advice on system-wide approaches to leveraging advanced technology to meet United Nations goals.

### Challenges

The preparedness strategy of annual emergency telecommunications training, with regular refresher courses, needs to be strengthened to ensure that all offices have trained emergency ICT staff. Shortfalls were also registered in the maintenance of communications hardware at the local, regional and global levels due both to low pre-stock turnover and lack of adequate telecommunication staffing at the regional level. This is being addressed, given the implication for the overall efficiency in emergency response and staff security.

# Funding

## What is thematic funding?

Thematic funding was created after the adoption of the UNICEF medium-term strategic plan (MTSP) 2001–2005 as an opportunity for resource partners to support the goals and objectives of the MTSP and to allow for longer-term planning and sustainability of programmes. While regular resources continue to be UNICEF's preferred type of funding, thematic contributions are the next best option because they have fewer restrictions on their use than traditional 'other resources'.

From 2006-2013, resource partners could allocate thematic funds to the five MTSP focus areas and humanitarian response as follows:

- **Focus area 1:** Young child survival and development
- **Focus area 2:** Basic education and gender equality
- **Focus area 3:** HIV/AIDS and children
- **Focus area 4:** Child protection from violence, exploitation and abuse
- **Focus area 5:** Policy advocacy and partnerships for children's rights
- **Humanitarian response**

Thematic contributions are provided at the global, regional or country level. Contributions from all resource partners to the same focus area are combined into one pooled-fund account with the same duration, which simplifies financial management and reporting for UNICEF offices. As funds are pooled, UNICEF cannot track individual resource partners' contributions. A single annual consolidated narrative and financial report is provided that is the same for all resource partners. Due to reduced administrative costs, thematic contributions are subject to a lower cost recovery rate: 5 per cent (compared with the standard 7 per cent) during the 2006-2013 MTSP period.



## Top 20 Donors

2013 Top 20 Donors and Funding Sources - ORE

	Donor	ORE (US\$)
1	European Commission	200,096,350
2	Japan	184,849,281
3	United Kingdom	174,649,000
4	OCHA - Central Emergency Response Fund	125,914,243
5	United States of America	113,284,090
6	Kuwait	55,000,000
7	Germany	40,854,324
8	UNDP - Multi-Donor Trust Funds	38,860,083
9	United States Fund for UNICEF	31,486,343
10	Sweden	30,838,467
11	Canada	26,321,820
12	German Committee for UNICEF	24,627,932
13	Australia	18,293,096
14	Japan Committee for UNICEF	17,280,060
15	UK Committee for UNICEF	16,910,882
16	Denmark	15,448,483
17	Dutch Committee for UNICEF	15,154,097
18	Spanish Committee for UNICEF	12,327,194
19	Norway	12,050,469
20	Finland	10,988,447

## Income

**Donor funding to UNICEF humanitarian programmes in 2013 amounted to \$1.332 billion, marking an increase of 62 per cent** from the previous year (\$823 million). A lack of funding for 'silent' emergencies continued to be a challenge for UNICEF, as 46 per cent of 2013 humanitarian funding went to the Syrian crisis, (\$325 million), the Philippines response (\$113 million), Democratic Republic of the Congo (\$79 million), Somalia (\$58 million) and Mali (\$43 million). Governments and intergovernmental organizations contributed the largest portion of funding for UNICEF humanitarian programmes. In 2013, the EU, the Government of Japan and the Government of the United Kingdom were the top three contributing partners of humanitarian funding for UNICEF, contributing \$200 million, \$184 million and \$174 million, respectively. OCHA followed with a total contribution of \$125 million, including \$117 million from CERF.

UNICEF launched the 2013 HAC global appeal in January 2013. The appeal included 34 country offices and all seven regional offices. Sixteen updates to the HAC were produced and issued online in 2013. At the end of 2013, UNICEF appeals were 66 per cent funded, with \$1.150 billion received against a need of \$1.823 billion. ORE revenue for 2013 (\$1.332 billion) also included funding received against prior years' appeals.

## Resource Mobilization

2013 Other Resources – Emergency (OR-E) humanitarian revenue by Type of Donor in United States dollars

**Inter-Organizational Arrangements\*\***

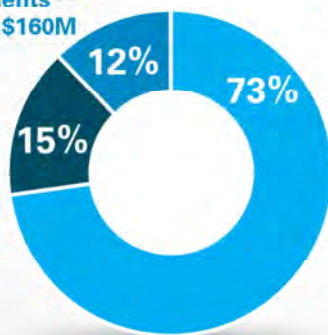
**\$160M**

**12%**

**Private Sector**  
**\$195M**

**15%**

**Governments and  
Inter-governmental  
organizations\*\*\***  
**\$977M**



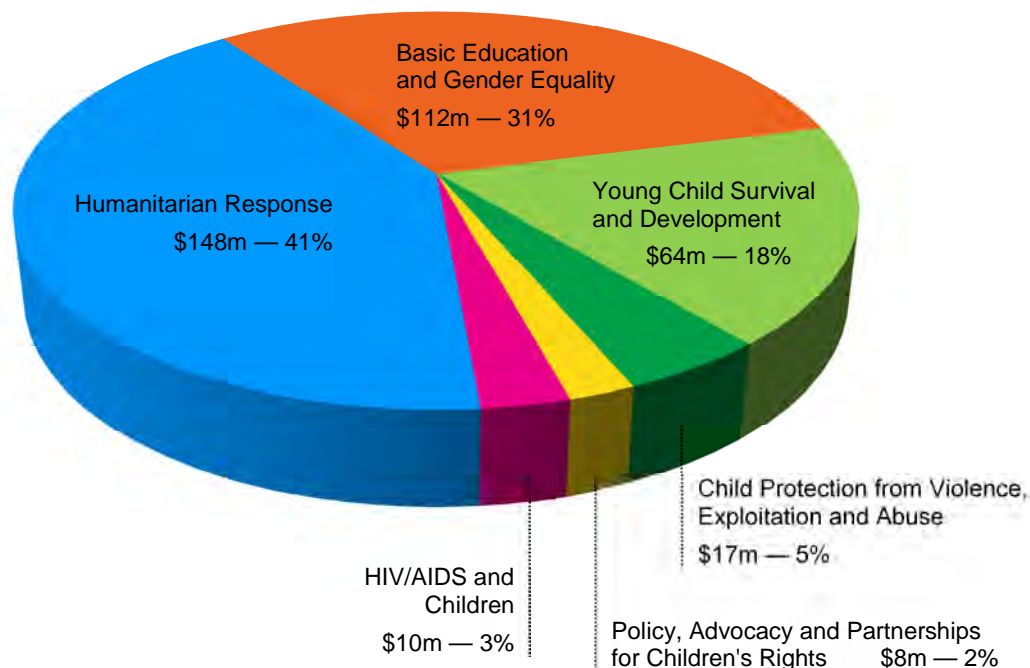
\* Change in accounting policy from UNSAS to IPSAS on 1 January 2012 does not allow comparisons between 2012 figures and prior years.

\*\* Inter-organizational arrangements include funds received through CERF, CHF, ERF and UNDP.

\*\*\* Intergovernmental organizations that provided ORE in 2013 include the European Commission.

**Total humanitarian income: US\$1.332 billion a 62% increase from 2012\***

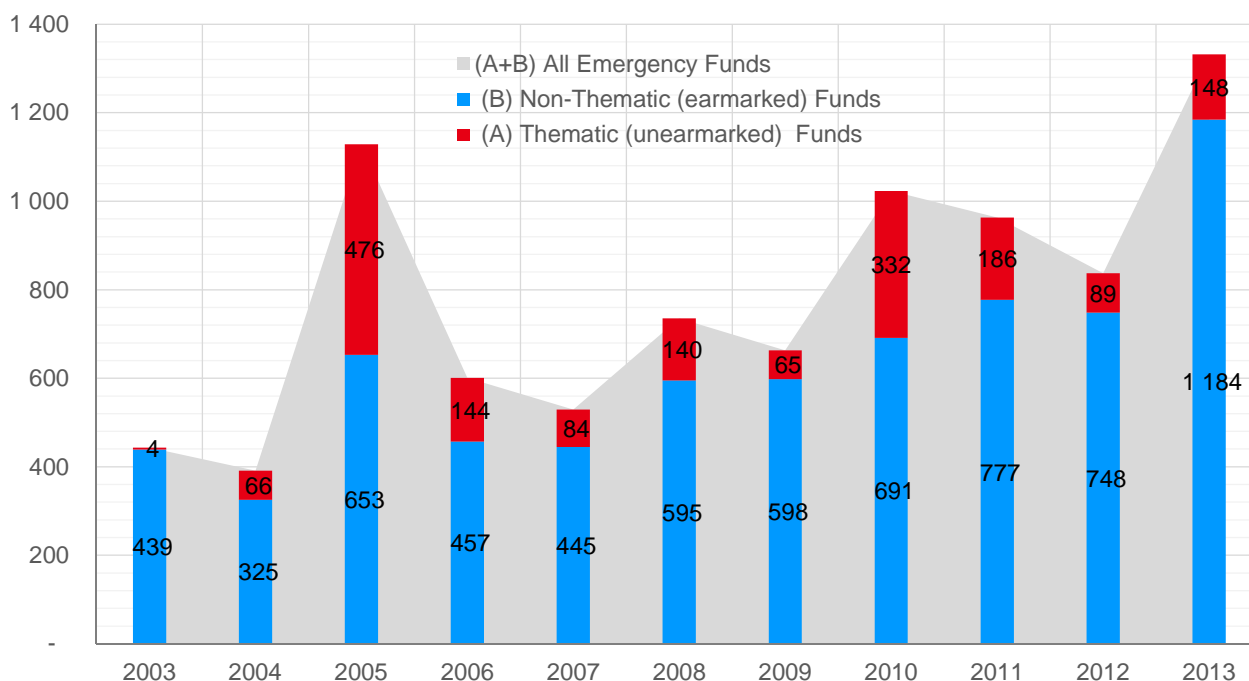
## Thematic contributions to MTSP focus areas and humanitarian response, 2013: \$359 million



The flexibility of the organization's humanitarian work is greatly dependent on thematic funding. In 2013, of the total \$1.332 billion in humanitarian income received by UNICEF, donors contributed \$148 million (or 11 per cent) in thematic funds. The large proportion of thematic funds in 2010 and 2011 were in response to sudden onset emergencies in Haiti, the Horn of Africa and Pakistan, showing the significant impact of media attention to large-scale emergencies – in particular sudden ones – has on raising funds in general and flexible funding in particular. In 2012, however, the trend reversed and only 16 per cent of funding for the Sahel

response was for thematic funds, with 17 per cent for the Horn of Africa response and 11 per cent for the Syrian response. In 2013, 78 per cent of the humanitarian thematic funding available for the year supported the Philippines response, while 26 per cent supported the Syrian response and 12 per cent supported humanitarian response in West and Central Africa, notably Central African Republic and Mali.

### Emergency Funding Trend\*, 2003-2013 (In millions of United States dollars)

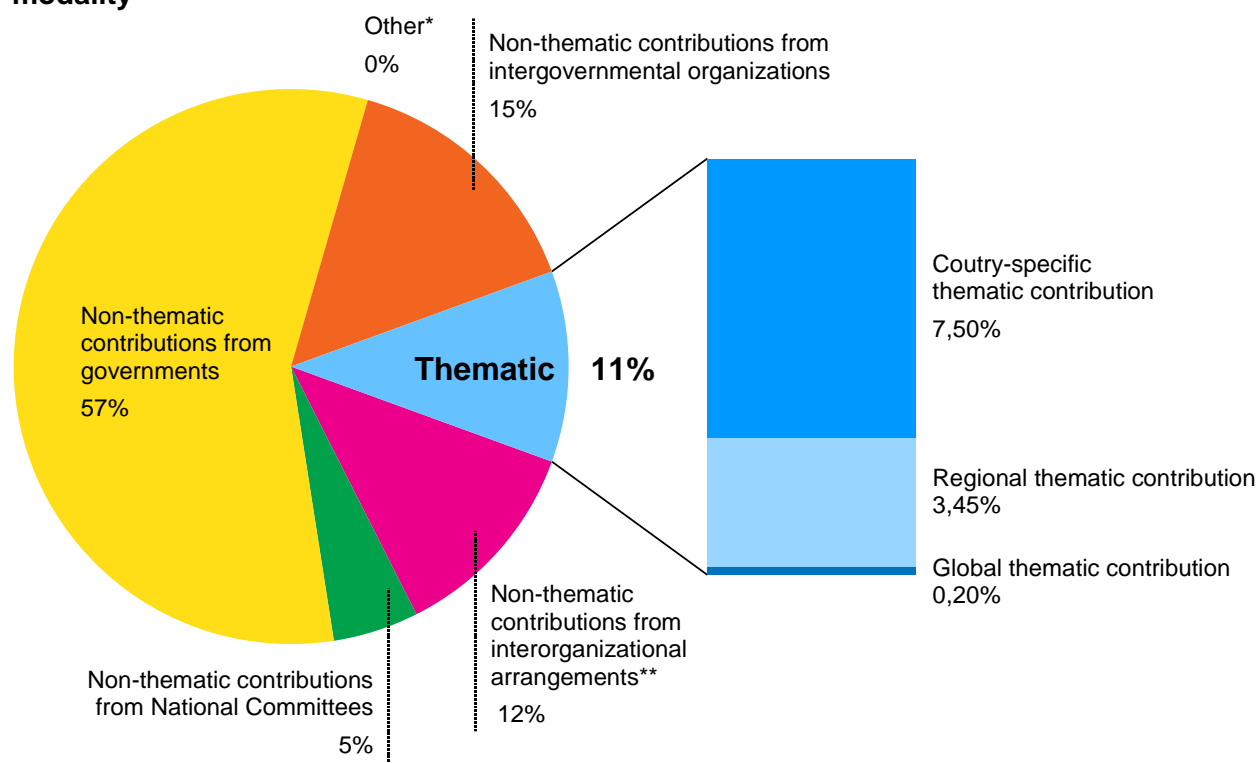


\*Change in accounting policy to IPSAS on 1 January 2012 does not allow comparisons between 2012 figures and prior years.

The increase in humanitarian thematic funding in fact can be attributed to the extraordinary response to the funding appeals for the Syrian crisis and South Sudan in the latter half of the year. Two fifths of thematic funding in 2013 went to humanitarian response, with the majority of contributions made to the new 2014-2017 thematic funding pool, which opened on 1 October 2013

In 2013, 81 per cent of the humanitarian thematic contributions were from National Committees for UNICEF, with Governments accounting for 14 per cent and the private sector, field office fundraising and others accounting for 5 per cent, an increase from 2012. The overall largest donor to thematic funding for humanitarian response was the Japan Committee for UNICEF, followed closely by the United States Fund for UNICEF, the German Committee for UNICEF and the United Kingdom Committee for UNICEF. The Governments of Finland and Norway were the top public sector contributors of thematic humanitarian funding, providing 13 per cent of funding to the pool.

## 2013 Other resources—emergency (OR–E) revenue by resource partner type and funding modality



\* includes private sector fundraising by field offices, contributions from individuals and adjustments

\*\* of which pooled-fund CERF is \$117 million, Common Humanitarian Fund \$37 million, ERF \$8.4 million.

UNICEF continues to encourage its donors to provide flexible humanitarian funding for all countries, particularly at the global level. However, global thematic funding (thematic funding to the global pool) made up just 0.2 per cent of the organization's total annual humanitarian income in 2013, showing a decline from 2012 (0.64) and 2011 (0.5 per cent). Global thematic remains the most flexible of UNICEF thematic funding, allowing allocations to be made at a global level, based on needs. In 2013 the top six donors to thematic humanitarian funding overall were the National Committees for UNICEF in Japan, the United States, Germany and United Kingdom, followed by the Governments of Finland and Norway. Regional thematic funding (3.45 per cent of total emergency contributions) continued to decrease in 2013, 4.94 per cent in 2012 and from 10.16 per cent in 2011; it was just 0.07 per cent in 2010. This shift in 2013 can be attributed to the Level 3 emergency in the Philippines, for which 48 per cent of all thematic humanitarian contributions were provided as country-specific contributions, compared to the more regional needs of the Sahel crisis in 2012.

## Expenditure

Utilizing income from 2013 and limited resources from prior years, UNICEF humanitarian expenditure (OR-E) in 2013 totalled \$1.009 billion<sup>41</sup> (25 per cent of the organization's total expenditure of \$4.042 billion), recording an increase of 25 per cent from the previous year (\$809 million). As in previous years, the majority of this expenditure (56 per cent) went to young child survival and development, followed by basic education and gender equality (20 per cent). The bulk of the increase (\$168 million) in expenditure was related to the Syrian response, inside the Syrian Arab Republic and in the neighbouring countries.<sup>42</sup> As a result, the regional distribution of humanitarian expenditure in 2013 showed a difference from previous years. Humanitarian

expenditure recorded a sharp increase (227 per cent) in the Middle East and North Africa region, where it totalled \$295 million, up from \$62.3 million in 2012. The doubling of humanitarian expenditure in Yemen (\$44.6 million in 2013 versus \$20 million in 2012) and in Sudan (\$42.8 million in 2013 versus \$25 million in 2012) also contributed to the sharp regional increase.

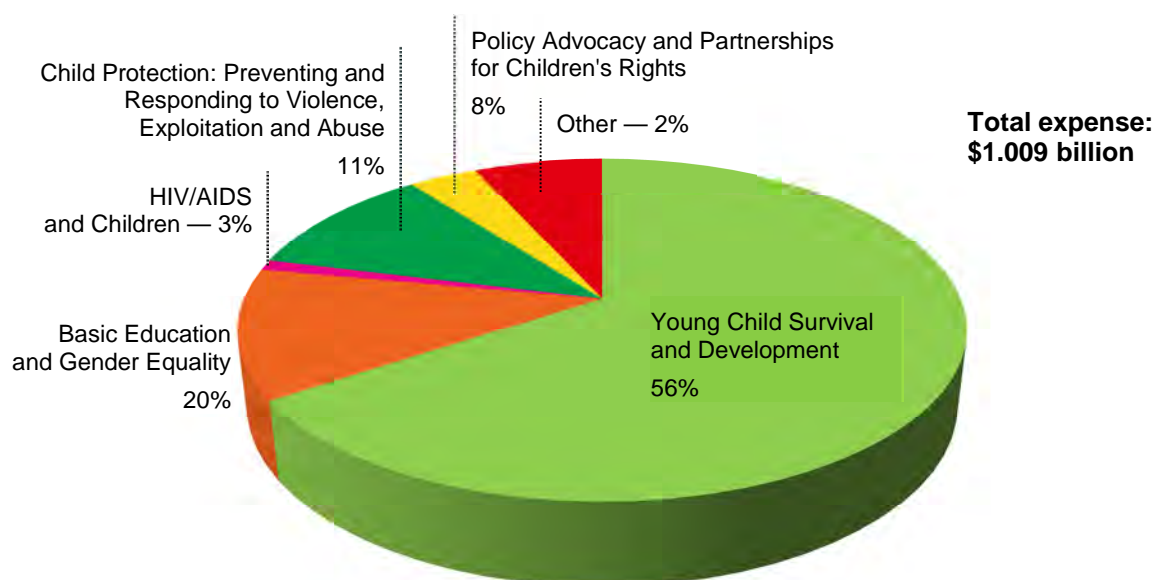
Sub-Saharan Africa continued to count for a sizable portion (\$532 million or 49 per cent) of the organization's global humanitarian expenditure, recording an 8 per cent increase from 2012 (\$493 million). At the subregional level, expenditure increased by 25 per cent in West and Central Africa region (\$251 million), due mostly to increased emergency expenditure in Central African Republic (\$11 million, up 89 per cent from 2012); Democratic Republic of the Congo (\$75 million, up 27 per cent from 2012); and Mali (\$28 million, up from \$9 million in 2012). In Eastern and Southern Africa region, there was a significant decline in humanitarian expenditure in Somalia (\$111 million, down from \$153 million in 2012); and a sharp increase in South Sudan (\$51 million, up from \$34 million in 2012).

Latin America and the Caribbean retained 4 per cent of the regional distribution although, similarly to 2012, it recorded a sharp decline from \$79 million in 2012 to \$42 million in 2013. This was again attributable to Haiti's decline in humanitarian expenditure (\$73 million in 2012 to \$37 million in 2013) as the country steadily progresses with its transition to a recovery and reconstruction phase. In Asia, while regional distribution confirmed trends from the previous year, the 36-per-cent decline in humanitarian expenditure in Pakistan is noteworthy (\$44 million in 2013 against \$69 million in 2012), as is the substantial increase in humanitarian expenditure recorded by the Philippines (\$16 million in 2013 against \$8 million in 2012) and Myanmar (\$1.6 million in 2013 against \$7.8 million in 2012).

At the country level, Somalia continued to lead country offices in emergency expenditure, despite the noted decline from 2012, with expenditures of \$111 million in OR-E for the year. The country offices in Jordan (mostly attributable to the Syrian response), Democratic Republic of the Congo and South Sudan also recorded high levels of emergency expenditure totalling \$85 million, \$74 million and \$51 million, respectively. These four countries accounted for 32 per cent of overall UNICEF emergency expenditure in 2013.

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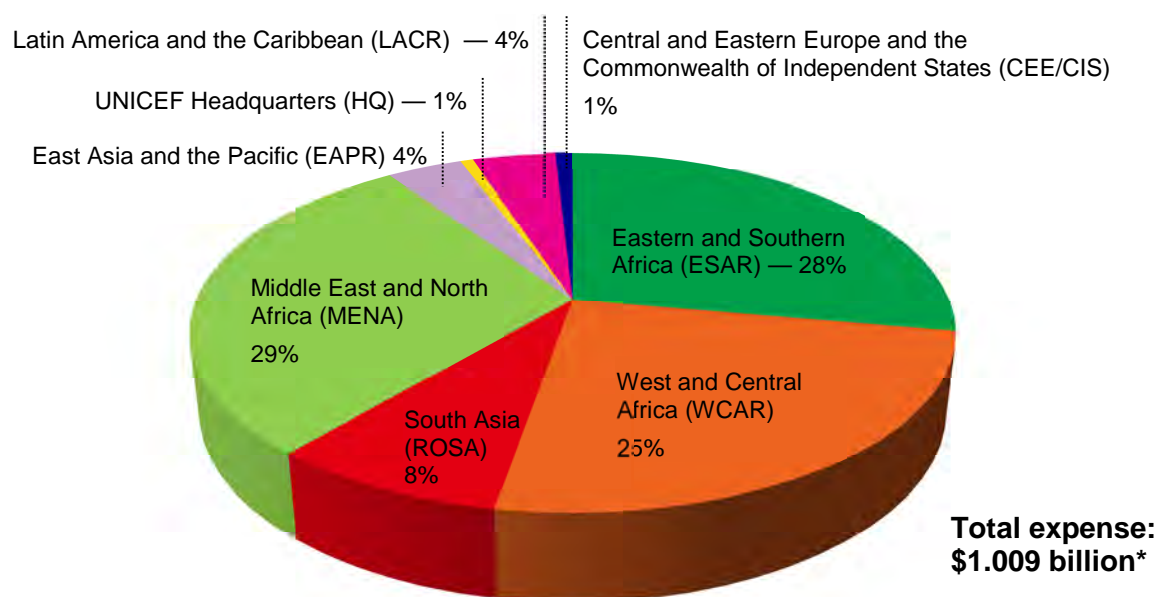
#### Emergency expenditure by focus area, 2013 (in millions of United States dollars)





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## Emergency expenditure by region, 2013 (in millions of United States dollars)



*\*Note: This captures OR-E humanitarian expenditure, it does not include expenditure related to humanitarian action from RR or OR-R.*

## Looking forward

Conflicts and disasters, exacerbated by climate change and urbanization, are expected to fuel an increase in the number of humanitarian crises and an intensification of their scale, severity and frequency.<sup>43</sup> The resulting increase in the humanitarian caseload will continue to stretch the capacities of the UNICEF and the entire humanitarian system to respond to the millions of people affected. As outlined in the Strategic Plan, 2014-2017, humanitarian action will remain central to the UNICEF mandate to save lives and protect children's rights in line with the CCCs and to address the underlying causes of vulnerability and strengthen capacity to build resilience.

Strong links between humanitarian interventions and development programmes are crucial to achieving a more effective response to humanitarian crisis, promoting rapid recovery and building resilience to shocks. For example, in the Philippines, resilience-building elements were integrated quickly into the response to Typhoon Haiyan, including through the introduction of cold-chain equipment that is more durable and resistant to shocks. In Afghanistan, efforts to explore resilience and the concept of a development programme implemented in a fragile environment have resulted in a close combination and integration of humanitarian and development programmes and a common approach to risk-informed programming. UNICEF will continue to pursue a systematic integration of preparedness and humanitarian response within its programmes to respond to national priorities and needs, and to strengthen national capacities for response to future emergencies. Internally, efforts will continue to more explicitly define strategies that support resilience and provide practical guidance for programming. An information booklet on the organization's preparedness approach will be finalized in 2014 to provide greater clarity on the links between the Early Warning/Early Action system, risk informed programming and DRR. Responsibilities for cluster and sector coordination will remain strong corporate priorities. UNICEF plans to strengthen its contribution to the wider

humanitarian system through the IASC Transformative Agenda and by further strengthening sector-specific partnerships with other United Nations agencies and partners.

Drawing on lessons learned from humanitarian response, and within the framework of the Strengthening Humanitarian Action initiative, UNICEF will continue to improve its systems to rapidly scale up responses to major emergencies. These improvements will involve identifying priorities and strategies; reviewing options to increase surge capacity and accelerate deployment of quality staff; outlining clear accountabilities; and enhancing reporting lines. Engagement with partners will remain essential to this process and to continuing to strengthen the ability of UNICEF to respond. Acknowledging that emergencies are occurring in more diverse environments and building on additional lessons learned in 2013, UNICEF is devising strategies to enhance its response in urban settings, and in middle-income countries where national capacities for emergency preparedness and response are stronger. Although the UNICEF role in service delivery is diminishing, experiences in 2013 illustrated that this role will remain critical to reaching children and women during humanitarian action. In a continued effort to strengthen results-based programming and programme monitoring, UNICEF has committed to specific and measurable targets for results both for humanitarian preparedness and response and for building resilience, for a stronger focus on addressing the causes of vulnerability, fragility and conflict. In conflict situations, UNICEF will continue to reinforce its co-leadership on the MRM.

## Expression of thanks

UNICEF expresses its gratitude to all resource partners whose overall contributions supported the organization's humanitarian action in 2013. The achievements described in this report were also the results of these continued partnerships.

In particular, UNICEF expresses its sincere appreciation to all resource partners which contributed thematically to the organization's work in humanitarian response. It is thanks to thematic funding and its flexibility that UNICEF has been able to provide timely and effective technical, operational and programming support to countries in all regions for upstream and downstream work that helps prepare and deliver lifesaving assistance to children and families. Thematic funding provides greater flexibility, longer-term planning and sustainability of programmes. It reflects the trust resource partners have in the capacity and ability of UNICEF to deliver quality support under all circumstances and has made possible the results described in this report.

Special thanks go to the Governments of Finland and Norway, the Japan Committee for UNICEF, the United States Fund for UNICEF and the German and United Kingdom Committees for UNICEF for having provided greater flexibility and longer-term planning and sustainability of programmes in order to achieve the results outlined in this report.

## ACRONYMS

<b>AAP</b>	Accountability to affected populations
<b>ARV</b>	Antiretroviral
<b>ART</b>	Antiretroviral therapy
<b>CAP</b>	Consolidated Appeal Process
<b>CCCs</b>	Core Commitments for Children in Humanitarian Action
<b>CCM</b>	Community case management
<b>CERF</b>	Central Emergency Response Fund
<b>CLA</b>	Cluster Lead Agency
<b>CMAM</b>	Community-based management of acute malnutrition
<b>CPWG</b>	Child Protection Working Group
<b>DRR</b>	Disaster risk reduction
<b>ECD</b>	Early childhood development
<b>ERF</b>	Emergency Response Fund
<b>ETC</b>	Emergency Telecoms Cluster
<b>EU</b>	European Union
<b>GBV</b>	Gender-based violence
<b>HAC</b>	Humanitarian Action for Children (appeal)
<b>HAP</b>	Humanitarian Action Plan
<b>HPM</b>	Humanitarian Performance Monitoring
<b>IASC</b>	Inter-Agency Standing Committee
<b>ICT</b>	Information and communication technology
<b>IDP</b>	Internally displaced person
<b>INEE</b>	International Network for Education in Emergencies
<b>IPSAS</b>	International Public Sector Accounting Standards
<b>IYCF</b>	Infant and Young Child Feeding
<b>MHPSS</b>	Mental health and psychosocial support
<b>MRE</b>	Mine-risk education
<b>MRM</b>	Monitoring and Reporting Mechanism
<b>MTSP</b>	Medium-term strategic plan
<b>NFI</b>	Non-food item
<b>NGO</b>	Non-governmental organization
<b>OCHA</b>	Office for the Coordination of Humanitarian Affairs (United Nations)
<b>OR</b>	Other resources
<b>OR-E</b>	Other resources-emergency
<b>PMTCT</b>	Prevention of mother-to-child transmission (of HIV)
<b>PSEA</b>	protection from sexual exploitation and sexual abuse
<b>RRT</b>	Rapid Response Team
<b>SAM</b>	Severe acute malnutrition
<b>SRP</b>	Strategic Response Plan
<b>UNFPA</b>	United Nations Population Fund
<b>UNHCR</b>	Office of the United Nations High Commissioner for Refugees
<b>WASH</b>	Water, sanitation and hygiene
<b>WFP</b>	World Food Programme
<b>WHO</b>	World Health Organization

# ANNEX A

## Thematic contributions by donors to humanitarian response, 2013

Resource Partner Type	Resource Partner	Amount (in US\$)
<b>Government</b>	Finland	10,988,447
	Norway	7,994,772
	Russian Federation	1,000,000
	Republic of Korea	300,000
	Luxembourg	130,890
	Iceland	90,000
	Canada	86,271
	Slovak Republic	67,843
	Malta	32,595
	Sweden	9,938
	Estonia	9,532
<b>National Committee</b>	Japan Committee for UNICEF	17,285,962
	United States Fund for UNICEF	16,053,406
	German Committee for UNICEF	13,646,021
	United Kingdom Committee for UNICEF	13,474,762
	Swedish Committee for UNICEF	7,652,039
	Canadian Committee for UNICEF	6,885,287
	Spanish Committee for UNICEF	6,514,221
	Belgian Committee for UNICEF	4,269,220
	Italian Committee for UNICEF	4,172,252
	French Committee for UNICEF	4,063,856
	Australian Committee for UNICEF Ltd	3,907,739
	Dutch Committee for UNICEF	3,845,799
	Norwegian Committee for UNICEF	2,761,719
	Hong Kong Committee for UNICEF	2,670,579
	Korean Committee for UNICEF	2,626,477
	Swiss Committee for UNICEF	2,097,420
	Irish Committee for UNICEF	1,935,457
	New Zealand Committee for UNICEF	1,552,184
	Finnish Committee for UNICEF	1,369,115
	Danish Committee for UNICEF	1,293,035
	Slovakian Committee for UNICEF	753,839
	Austrian Committee for UNICEF	529,729
	Luxembourg Committee for UNICEF	248,355



	Polish Committee for UNICEF	210,608
	Hellenic Committee for UNICEF	167,311
	Icelandic Committee for UNICEF	123,021
	Czech Committee for UNICEF	118,806
	Andorran National Comm. for UNICEF	25,855
	Hungarian Committee for UNICEF	24,786
	Turkish Committee for UNICEF	24,655
<b>Private Sector Field Office Fundraising</b>	UNICEF Thailand	2,523,097
	UNICEF Malaysia	1,124,245
	UNICEF Argentina	1,036,329
	UNICEF Saudi Arabia	715,189
	UNICEF Croatia	350,899
	UNICEF China	230,402
	UNICEF Indonesia	157,215
	UNICEF United Arab Emirates	143,890
	UNICEF Philippines	125,469
	UNICEF Brazil	99,964
	UNICEF Mexico	41,026
	UNICEF Jordan	29,657
	UNICEF Chile	27,628
	UNICEF Colombia	22,397
	UNICEF Peru	20,000
	UNICEF Uruguay	19,366
	UNICEF Romania	16,503
	UNICEF Panama	10,160
	UNICEF Venezuela	9,764
	UNICEF Morocco	4,411
	UNICEF Bulgaria	2,884
	UNICEF Oman	2,252
	UNICEF Serbia	1,755
	UNICEF South Africa	1,636
	UNICEF Lebanon	967
	UNICEF Costa Rica	620
	UNICEF India	354
<b>Other</b>	International online donations	639,456
	One-off donations foundations	83,967
	One-off donations individuals	10,945
<b>Grand Total</b>		<b>148,466,247</b>

# ANNEX B

MTSP Specific Monitoring Questions and Management Indicators Global Summary - 2005 (baseline) to 2013												
				Basic data - Number of countries								
No. (2013)	Focus Area	Specific Monitoring Question / Management Indicator	Year	Total responses	Net Total responses (not counting "n/a" or "Not Known")	Yes	No	Partially	Not Applicable	Not Known / No Data	Percentage 'yes' of Net Total responses	Totals
E.1	EMERG	Did CO respond to humanitarian situations (regardless of scale), including new and ongoing situations, in the reporting year? [Footnote 14]	2013	157	156	83	73	0	1	0	53%	
			2012	155	154	79	73	2	1	0	51%	
			2011	156	156	79	77	0	0	0	51%	
			2010	147	147	98	49	0	0	8	67%	
			2009									
			2008									
			2007									
			2006									
			2005									
E.1a	EMERG	If yes, how many humanitarian situations (regardless of scale) did the CO respond to in the reporting year? [Placeholder Field]	2013									
			2012									
			2011									
			2010									
			2009									
			2008									
			2007									
			2006									
			2005									
E.1b	EMERG	(a) How many natural disasters (hydro-meteorological) did the CO respond to in the reporting year?	2013	157	82				75	0		100
			2012	155	82				73	0		99
			2011	156	80				76	0		86
			2010									
			2009									
			2008									
			2007									

			2006								
			2005								
E.1c	EMERG	(b) How many natural disasters (geo-physical) did the CO respond to in the reporting year?	2013	157	82			75	0		27
			2012	155	80			75	0		24
			2011	156	80			76	0		22
			2010								
			2009								
			2008								
			2007								
			2006								
			2005								
			E.1d	EMERG	(c) How many socio-political crisis (acute economic crisis, conflict/civil unrest, human rights crisis) did the CO respond to in the reporting year?	2013	157	83			74
2012	155	80						75	0		59
2011	156	80						76	0		73
2010											
2009											
2008											
2007											
2006											
2005											
E.1e	EMERG	(d) How many health crisis (acute nutritional crisis, epidemic, influenza-human pandemic) did the CO respond to in the reporting year?				2013	157	82			75
			2012	155	80			75	0		76
			2011	156	80			76	0		83
			2010								
			2009								
			2008								
			2007								
			2006								
			2005								
			E.1f	EMERG	(e) How many other humanitarian situations did the CO respond to in the reporting year?	2013	157	82			75
2012	155	80						75	0		28
2011	156	80						76	0		27

			2010									
			2009									
			2008									
			2007									
			2006									
			2005									
E.2	EMERG	Was the CO engaged in recovery programming in the reporting year from a previous emergency?(If yes, please list the emergencies in the 'remarks' column)	2013	157	149	39	103	7	8	0	26%	
			2012	155	148	34	108	6	7	0	23%	
			2011	156	149	42	102	5	7	0	28%	
			2010	147	136	50	86	0	11	8	37%	
			2009									
			2008									
			2007									
			2006									
			2005									
E.3	EMERG	If no to E.1 to E.2, please do not respond to questions E.3 to E.16. For sudden-onset humanitarian situations, was an inter-agency multi-cluster/sector assessment conducted?	2013	157	73	41	27	5	83	1	56%	
			2012	155	81	52	25	4	74	0	64%	
			2011	156	72	41	28	3	84	0	57%	
			2010	95	79	45	24	10	16	60	57%	
			2009									
			2008									
			2007									
			2006									
			2005									
E.3a	EMERG	If yes to E3, how many weeks after the onset, was the assessment conducted?	2013	157	83				74	0		154
			2012	155	57				98	0		164
			2011	156	45				111	0		123
			2010	58	52				6	97		79
			2009									
			2008									
			2007									
			2006									

			2005									
E.3b	EMERG	If yes to E3, was a gender analysis included in the assessment?	2013	157	50	22	9	19	105	2	44%	
			2012	155	62	28	11	23	93	0	45%	
			2011	156	45	23	15	7	111	0	51%	
			2010	71	50	25	12	13	21	84	50%	
			2009									
			2008									
			2007									
			2006									
			2005									
E.4	EMERG	What was the estimated numbers of targeted populations reached in the above humanitarian situations in the reporting year through the following specific UNICEF-supported interventions in the following (not cluster or sector-wide results). [Placeholder Field]	2013									
			2012									
			2011									
			2010									
			2009									
			2008									
			2007									
			2006									
			2005									
E.4a	EMERG	Estimated number of targeted children 6-59 months with Severe Acute Malnutrition benefitting from Therapeutic Feeding programmes (cumulative total of newly registered children)	2013	157	50				107	0		2,397,380
			2012	155	48				107	0		2,109,205
			2011	156	42				114	0		1,827,129
			2010									
			2009									
			2008									
			2007									
			2006									
			2005									
E.4b	EMERG	Number of children 6-59 months with Severe Acute Malnutrition targeted with Therapeutic Feeding programmes (cumulative total of newly registered children)	2013	157	49				108	0		2,775,000
			2012									
			2011									
			2010									



			2009								
			2008								
			2007								
			2006								
			2005								
E.4c	EMERG	Estimated number of children 6-59 months in affected areas who received a high dose of vitamin A supplement in the past 6 months	2013	157	44			113	0		47,395,772
			2012	155	40			115	0		65,350,018
			2011	156	31			125	0		86,833,535
			2010								
			2009								
			2008								
			2007								
			2006								
			2005								
E.4d	EMERG	Number of children 6-59 months in affected areas targeted with a high dose of vitamin A supplement for the past 6 months	2013	157	44			113	0		67,714,532
			2012								
			2011								
			2010								
			2009								
			2008								
			2007								
			2006								
			2005								
E.4e	EMERG	Estimated number of targeted children 6-59 months or 6 month -15 years vaccinated for measles. Please specify range in comments.	2013	157	35			122	0		35,854,969
			2012	155	32			123	0		43,759,174
			2011	156	30			126	0		52,376,346
			2010								
			2009								
			2008								
			2007								
			2006								
			2005								

E.4f	EMERG	Number of children 6-59 months or 6 month -15 years targeted for vaccination for measles. Please specify range in comments	2013	157	35				122	0		44,261,568
			2012									
			2011									
			2010									
			2009									
			2008									
			2007									
			2006									
			2005									
E.4g	EMERG	Estimated number of targeted families receiving 2 ITNs	2013	157	25				132	0		2,003,743
			2012	155	24				131	0		2,132,094
			2011	156	19				137	0		2,578,683
			2010									
			2009									
			2008									
			2007									
			2006									
			2005									
E.4h	EMERG	Number of families targeted to receive 2 ITNs	2013	157	25				132	0		6,560,875
			2012									
			2011									
			2010									
			2009									
			2008									
			2007									
			2006									
			2005									
E.4i	EMERG	Estimated number of targeted population provided with access to safe water to agreed standards	2013	157	56				101	0		24,337,511
			2012	155	62				93	0		18,806,367
			2011	156	56				100	0		18,550,631
			2010									
			2009									

			2008									
			2007									
			2006									
			2005									
E.4j	EMERG	Number of population targeted for access to safe water to agreed standards	2013	157	56				101	0		26,648,176
			2012									
			2011									
			2010									
			2009									
			2008									
			2007									
			2006									
			2005									
E.4k	EMERG	Estimated number of target population with access to appropriately designed toilets	2013	157	39				118	0		7,429,288
			2012	155	48				107	0		7,779,879
			2011	156	43				113	0		4,867,778
			2010									
			2009									
			2008									
			2007									
			2006									
			2005									
E.4l	EMERG	Number of population targeted to access appropriately designed toilets	2013	157	39				118	0		14,604,020
			2012									
			2011									
			2010									
			2009									
			2008									
			2007									
			2006									
			2005									
E.4m	EMERG	Estimated number of target	2013	157	51				106	0		13,140,305

		population with access to soap or alternative and functional handwashing facilities	2012	155	56				99	0		16,427,418
			2011	156	47				109	0		12,549,826
			2010									
			2009									
			2008									
			2007									
			2006									
			2005									
E.4n	EMERG	Number of population targeted to access soap or alternative and functional handwashing facilities	2013	157	51				106	0		14,835,191
			2012									
			2011									
			2010									
			2009									
			2008									
			2007									
			2006									
E.4o	EMERG	Estimated number of targeted school- aged children including adolescents accessing formal and non-formal basic education (including temporary learning spaces and play and early learning for young children)	2013	157	52				105	0		3,584,769
			2012	155	49				106	0		3,557,788
			2011	156	46				110	0		8,769,231
			2010									
			2009									
			2008									
			2007									
			2006									
E.4p	EMERG	Number of school- aged children including adolescents targeted to access formal and non-formal basic education (including temporary learning spaces and play and early learning for young children)	2013	157	51				106	0		4,924,525
			2012									
			2011									
			2010									
			2009									
			2008									

			2007								
			2006								
			2005								
E.4q	EMERG	Estimated number of targeted children with access to safe water, sanitation and hygiene facilities in their learning environment	2013	157	43			114	0		2,677,616
			2012	155	47			108	0		2,806,817
			2011	156	38			118	0		10,254,877
			2010								
			2009								
			2008								
			2007								
			2006								
			2005								
E.4r	EMERG	Number of children targeted to access safe water, sanitation and hygiene facilities in their learning environment	2013	157	43			114	0		3,873,752
			2012								
			2011								
			2010								
			2009								
			2008								
			2007								
			2006								
			2005								
E.4s	EMERG	Estimated number of pregnant women with access to prevention, care and treatment including PMTCT.	2013	157	28			129	0		1,577,069
			2012	155	28			127	0		2,333,170
			2011	156	25			131	0		835,016
			2010								
			2009								
			2008								
			2007								
			2006								
			2005								
E.4t	EMERG	Number of pregnant women targeted to access to	2013	157	27			130	0		2,584,924
			2012								



		prevention, care and treatment including PMTCT	2011									
			2010									
			2009									
			2008									
			2007									
			2006									
			2005									
E.4u	EMERG	Estimated number of separated children reunified	2013	157	26			131	0		13,462	
			2012	155	24			131	0		19,818	
			2011	156	23			133	0		18,302	
			2010									
			2009									
			2008									
			2007									
			2006									
			2005									
E.4t	EMERG	Number of separated children targeted for reunification	2013	157	25			132	0		23,703	
			2012									
			2011									
			2010									
			2009									
			2008									
			2007									
			2006									
			2005									
E.4w	EMERG	Estimated number of children with safe access to community spaces for socializing, play, learning, etc.	2013	157	42			115	0		2,522,077	
			2012	155	42			113	0		1,403,214	
			2011	156	34			122	0		2,013,140	
			2010									
			2009									
			2008									
			2007									

			2006									
			2005									
E.4x	EMERG	Number of children targeted for safe access to community spaces for socializing, play, learning, etc.	2013	157	41				116	0		3,164,737
			2012									
			2011									
			2010									
			2009									
			2008									
			2007									
			2006									
			2005									
E.4y	EMERG	Estimated number of children associated with armed forces or groups reintegrated into their families and communities	2013	157	16				141	0		7,307
			2012	155	10				145	0		5,300
			2011	156	12				144	0		11,667
			2010									
			2009									
			2008									
			2007									
			2006									
			2005									
E.4z	EMERG	Number of children associated with armed forces or groups targeted for reintegration into their families and communities	2013	157	16				141	0		10,761
			2012									
			2011									
			2010									
			2009									
			2008									
			2007									
			2006									
			2005									
E.4aa	EMERG	Number of teachers trained as part of emergency education response (i.e. emergency education, life skills and	2013	157	36				121	0		35,198
			2012									
			2011									

		classroom management etc.)	2010									
			2009									
			2008									
			2007									
			2006									
			2005									
E.4ab	EMERG	Has the country established a monitoring system on protection concerns for children and women?	2013	157	73	25	22	26	83	1	34%	
			2012	155	71	22	26	23	83	1	31%	
			2011	156	72	24	23	25	84	0	33%	
			2010									
			2009									
			2008									
			2007									
			2006									
			2005									
E.4ac	EMERG	Is the country-level MRM task force co-chaired by UNICEF and does it have an active work plan	2013	157	50	18	30	2	105	2	36%	
			2012	155	52	18	30	4	103	0	35%	
			2011	156	52	14	33	5	103	1	27%	
			2010									
			2009									
			2008									
			2007									
			2006									
			2005									
E.4ad	EMERG	Other key programmatic interventions. Specify intervention and target population in comments.	2013	157	32	16	16	0	123	2	50%	
			2012	155	29	9	19	1	126	0	31%	
			2011	156	41	23	17	1	114	1	56%	
			2010									
			2009									
			2008									
			2007									
			2006									

			2005									
E.5	EMERG	Did the Country Office lead or co-lead the following sectors/clusters in the reporting year: [Placeholder Field]	2013									
			2012									
			2011									
			2010									
			2009									
			2008									
			2007									
			2006									
			2005									
E.5a	EMERG	Did the Country Office lead or co-lead Nutrition sectors/clusters in the reporting year?	2013	157	75	48	25	2	82	0	64%	
			2012	155	75	48	26	1	80	0	64%	
			2011	156	73	41	25	7	83	0	56%	
			2010	85	77	48	19	10	8	70	62%	
			2009									
			2008									
			2007									
			2006									
			2005									
E.5b	EMERG	Did the Country Office lead or co-lead Wash sectors/clusters in the reporting year?	2013	157	78	63	13	2	79	0	81%	
			2012	155	76	62	12	2	79	0	82%	
			2011	156	73	56	14	3	83	0	77%	
			2010	85	78	55	17	6	7	70	71%	
			2009									
			2008									
			2007									
			2006									
			2005									
E.5c	EMERG	Did the Country Office lead or co-lead Education sectors/clusters in the reporting year?	2013	157	76	54	19	3	81	0	71%	
			2012	155	75	56	16	3	80	0	75%	
			2011	156	72	52	18	2	84	0	72%	
			2010	86	78	59	15	4	8	69	76%	

			2009									
			2008									
			2007									
			2006									
			2005									
E.5d	EMERG	Did the Country Office lead or co-lead Child protection area of responsibility sectors/clusters in the reporting year?	2013	157	71	38	25	8	86	0	54%	
			2012	155	72	45	23	4	83	0	63%	
			2011	156	69	46	22	1	87	0	67%	
			2010	85	74	43	20	11	11	70	58%	
			2009									
			2008									
			2007									
			2006									
			2005									
E.5e	EMERG	Did the Country Office lead or co-lead Gender-based violence area of responsibility sectors/clusters in the reporting year?	2013	157	72	14	54	4	85	0	19%	
			2012	155	67	16	47	4	88	0	24%	
			2011	156	64	11	45	8	92	0	17%	
			2010	82	63	11	45	7	19	73	17%	
			2009									
			2008									
			2007									
			2006									
			2005									
E.5f	EMERG	Did the Country Office lead or co-lead Other sectors/clusters in the reporting year? (specify in 'remarks' column)	2013	157	70	12	56	2	87	0	17%	
			2012	155	67	13	52	2	88	0	19%	
			2011	156	60	9	50	1	96	0	15%	
			2010	55	28	6	20	2	27	100	21%	
			2009									
			2008									
			2007									
			2006									
			2005									



E.6	EMERG	Where UNICEF is leading/co-leading a cluster, does the office have a full-time dedicated Cluster Coordinator (without UNICEF programme responsibilities) in the following clusters/sectors? [Placeholder Field]	2013									
			2012									
			2011									
			2010									
			2009									
			2008									
			2007									
			2006									
			2005									
E.6a	EMERG	Where UNICEF is leading/co-leading a cluster, does the office have a full-time dedicated Cluster Coordinator (without UNICEF programme responsibilities) in Nutrition ?	2013	157	60	10	46	4	97	0	17%	
			2012	155	64	12	50	2	91	0	19%	
			2011	156	58	10	47	1	98	0	17%	
			2010	82	65	24	34	7	17	73	37%	
			2009									
			2008									
			2007									
			2006									
			2005									
E.6b	EMERG	Where UNICEF is leading/co-leading a cluster, does the office have a full-time dedicated Cluster Coordinator (without UNICEF programme responsibilities) in WASH ?	2013	157	67	15	45	7	90	0	22%	
			2012	155	71	16	49	6	84	0	23%	
			2011	156	64	13	47	4	92	0	20%	
			2010	87	71	27	36	8	16	68	38%	
			2009									
			2008									
			2007									
			2006									
			2005									
E.6c	EMERG	Where UNICEF is leading/co-leading a cluster, does the office have a full-time dedicated Cluster Coordinator (without UNICEF programme responsibilities) in Education ?	2013	157	62	12	45	5	95	0	19%	
			2012	155	68	13	51	4	87	0	19%	
			2011	156	62	8	51	3	94	0	13%	
			2010	86	72	27	37	8	14	69	38%	
			2009									

			2008									
			2007									
			2006									
			2005									
E.6d	EMERG	Where UNICEF is leading/co-leading a cluster, does the office have a full-time dedicated Cluster Coordinator (without UNICEF programme responsibilities) in Child protection area of responsibility ?	2013	157	59	9	45	5	97	1	15%	
			2012	155	62	9	47	6	93	0	15%	
			2011	156	58	6	49	3	98	0	10%	
			2010	86	65	22	38	5	21	69	34%	
			2009									
			2008									
			2007									
			2006									
			2005									
E.6e	EMERG	Where UNICEF is leading/co-leading a cluster, does the office have a full-time dedicated Cluster Coordinator (without UNICEF programme responsibilities) in Gender-based violence area of responsibility?	2013	157	46	1	41	4	111	0	2%	
			2012	155	49	2	44	3	105	1	4%	
			2011	156	47	0	45	2	109	0	0%	
			2010	83	50	6	40	4	33	72	12%	
			2009									
			2008									
			2007									
			2006									
			2005									
E.6f	EMERG	Where UNICEF is leading/co-leading a cluster, does the office have a full-time dedicated Cluster Coordinator (without UNICEF programme responsibilities) in Any Other ? (specify in 'remarks' column)	2013	157	45	2	40	3	112	0	4%	
			2012	155	44	0	42	2	111	0	0%	
			2011	156	42	3	39	0	114	0	7%	
			2010	55	23	3	18	2	32	100	13%	
			2009									
			2008									
			2007									
			2006									
			2005									
E.7	EMERG	If yes to E.6, and for newly	2013									

		activated or re-activated cluster/sector coordination mechanisms only, how many days (from the official activation date) did it take for a UNICEF cluster coordinator to be put in place? [Placeholder Field]	2012									
			2011									
			2010									
			2009									
			2008									
			2007									
			2006									
			2005									
E.7a	EMERG	If yes to E.6, and for newly activated or re-activated Nutrition cluster/sector coordination mechanisms only, how many days (from the official activation date) did it take for a UNICEF cluster coordinator to be put in place?	2013	157	1			156	0			
			2012	155	1			154	0			
			2011	156	0			156	0			
			2010	37	27			10	118			
			2009									
			2008									
			2007									
			2006									
E.7b	EMERG	If yes to E.6, and for newly activated or re-activated WASH cluster/sector coordination mechanisms only, how many days (from the official activation date) did it take for a UNICEF cluster coordinator to be put in place?	2013	157	2			155	0			
			2012	155	1			154	0			
			2011	156	2			154	0			
			2010	43	32			11	112			
			2009									
			2008									
			2007									
			2006									
E.7c	EMERG	If yes to E.6, and for newly activated or re-activated Education cluster/sector coordination mechanisms only, how many days (from the official activation date) did it take for a UNICEF cluster coordinator to be put in place?	2013	157	1			156	0			
			2012	155	1			154	0			
			2011	156	1			155	0			
			2010	38	27			11	117			
			2009									
			2008									

			2007									
			2006									
			2005									
E.7d	EMERG	If yes to E.6, and for newly activated or re-activated Child protection area of responsibility cluster/sector coordination mechanisms only, how many days (from the official activation date) did it take for a UNICEF cluster coordinator to be put in place?	2013	157	1			156	0			
			2012	155	1			154	0			
			2011	156	1			155	0			
			2010	36	24			12	119			
			2009									
			2008									
			2007									
			2006									
			2005									
E.7e	EMERG	If yes to E.6, and for newly activated or re-activated Gender-based violence area of responsibility cluster/sector coordination mechanisms only, how many days (from the official activation date) did it take for a UNICEF cluster coordinator to be put in place?	2013	157	0			157	0			
			2012	155	0			155	0			
			2011	156	0			156	0			
			2010	27	17			10	128			
			2009									
			2008									
			2007									
			2006									
			2005									
E.8	EMERG	If yes to E.6, and for ongoing/chronic crises, for how many months was the dedicated cluster coordinator position filled in the reporting year? [Placeholder Field]	2013									
			2012									
			2011									
			2010									
			2009									
			2008									
			2007									
			2006									
			2005									
E.8a	EMERG	If yes to E.6, and for ongoing/chronic crises, for	2013	157	82			75	0			
			2012	154	14			140	0			

		how many months was the Nutrition coordinator position filled in the reporting year?	2011	156	13				143	0		
			2010									
			2009									
			2008									
			2007									
			2006									
			2005									
E.8b	EMERG	If yes to E.6, and for ongoing/chronic crises, for how many months was the Wash coordinator position filled in the reporting year?	2013	157	82				75	0		
			2012	155	20				135	0		
			2011	156	19				137	0		
			2010									
			2009									
			2008									
			2007									
			2006									
			2005									
E.8c	EMERG	If yes to E.6, and for ongoing/chronic crises, for how many months was the Education coordinator position filled in the reporting year?	2013	157	82				75	0		
			2012	155	16				139	0		
			2011	156	12				144	0		
			2010									
			2009									
			2008									
			2007									
			2006									
			2005									
E.8d	EMERG	If yes to E.6, and for ongoing/chronic crises, for how many months was the Child protection area of responsibility coordinator position filled in the reporting year?	2013	157	82				75	0		
			2012	155	16				139	0		
			2011	156	11				145	0		
			2010									
			2009									
			2008									
			2007									

			2006									
			2005									
E.8e	EMERG	If yes to E.6, and for ongoing/chronic crises, for how many months was the Gender-based violence area of responsibility coordinator position filled in the reporting year?	2013	157	82				75	0		
			2012	155	4				151	0		
			2011	156	5				151	0		
			2010									
			2009									
			2008									
			2007									
			2006									
			2005									
E.9	EMERG	Where UNICEF is leading/co-leading, does it have a dedicated Information Manager in the following clusters/sectors? [Placeholder Field]	2013									
			2012									
			2011									
			2010									
			2009									
			2008									
			2007									
			2006									
			2005									
E.9a	EMERG	Where UNICEF is leading/co-leading, does it have a dedicated Information Manager in Nutrition?	2013	157	53	14	33	6	102	2	26%	
			2012	155	56	19	31	6	99	0	34%	
			2011	156	51	13	36	2	105	0	25%	
			2010	75	59	13	41	5	16	80	22%	
			2009									
			2008									
			2007									
			2006									
			2005									
E.9b	EMERG	Where UNICEF is leading/co-leading, does it have a dedicated Information Manager in WASH?	2013	157	62	18	40	4	95	0	29%	
			2012	155	64	19	37	8	90	1	30%	
			2011	156	59	14	41	4	97	0	24%	



			2010	77	62	17	39	6	15	78	27%	
			2009									
			2008									
			2007									
			2006									
			2005									
E.9c	EMERG	Where UNICEF is leading/co-leading, does it have a dedicated Information Manager in Education ?	2013	157	56	8	42	6	99	2	14%	
			2012	155	61	10	41	10	94	0	16%	
			2011	156	57	11	43	3	99	0	19%	
			2010	78	65	14	46	5	13	77	22%	
			2009									
			2008									
			2007									
			2006									
			2005									
E.9d	EMERG	Where UNICEF is leading/co-leading, does it have a dedicated Information Manager in Child protection area of responsibility ?	2013	157	48	6	36	6	109	0	13%	
			2012	155	55	5	43	7	99	1	9%	
			2011	156	51	7	41	3	105	0	14%	
			2010	76	55	10	42	3	21	79	18%	
			2009									
			2008									
			2007									
			2006									
			2005									
E.9e	EMERG	Where UNICEF is leading/co-leading, does it have a dedicated Information Manager in Gender-based violence area of responsibility ?	2013	157	33	1	28	4	124	0	3%	
			2012	155	36	2	31	3	118	1	6%	
			2011	156	33	1	31	1	123	0	3%	
			2010	71	35	2	32	1	36	84	6%	
			2009									
			2008									
			2007									
			2006									

			2005									
E.9f	EMERG	Where UNICEF is leading/co-leading, does it have a dedicated Information Manager in Other? (specify in 'remarks' column)	2013	157	34	3	30	1	123	0	9%	
			2012	155	35	2	32	1	119	1	6%	
			2011	156	33	1	31	1	123	0	3%	
			2010	52	20	3	15	2	32	103	15%	
			2009									
			2008									
			2007									
			2006									
			2005									
E.10	EMERG	Does CO management have in place mechanisms for the prevention of sexual exploitation and abuse by humanitarian workers, as per the Secretary-General's Bulletin, Executive Director memo (2005) and CCCs? If yes, please clarify in remarks column what has taken place. If no, explain why.	2013	157	69	39	19	11	88	0	57%	
			2012	155	64	36	17	11	90	1	56%	
			2011	156	70	38	20	12	86	0	54%	
			2010	88	78	43	22	13	10	67	55%	
			2009									
			2008									
			2007									
			2006									
			2005									
E.11	EMERG	For conflict-affected countries: Were programmes or activities informed by a recent conflict analysis? (If no or partially, please comment briefly on reasons in 'remarks' column)	2013	157	30	20	4	6	127	0	67%	
			2012	155	29	16	5	8	126	0	55%	
			2011	156	27	16	7	4	129	0	59%	
			2010	78	30	13	6	11	48	77	43%	
			2009									
			2008									
			2007									
			2006									
			2005									
E.12	EMERG	For conflict-affected countries: Were programmes or activities implemented with UNICEF support that contributed, directly or indirectly, to peacebuilding? (Please	2013	157	31	22	4	5	126	0	71%	
			2012	155	32	19	8	5	123	0	59%	
			2011	156	29	20	8	1	127	0	69%	
			2010	78	30	16	9	5	48	77	53%	

		provide a brief explanation in 'remarks' column)	2009									
			2008									
			2007									
			2006									
			2005									
E.13	EMERG	Is there a partnership monitoring/feedback mechanism in place for civil society and UN organizations working with UNICEF related to humanitarian programming?	2013	157	77	50	12	15	80	0	65%	
			2012	155	71	44	11	16	84	0	62%	
			2011	156	76	48	18	10	80	0	63%	
			2010	96	87	43	30	14	9	59	49%	
			2009									
			2008									
			2007									
			2006									
			2005									
E.14	EMERG	How many civil society partners does the office have for humanitarian programming?	2013	157	91				66	0		1,362
			2012	155	89				66	0		1,248
			2011	156	81				75	0		1,218
			2010	87	83				4	68		1,245
			2009									
			2008									
			2007									
			2006									
			2005									
E.15	EMERG	Is there an expedited procedure in place to enter into PCAs in the case of emergencies?	2013	157	82	57	19	6	74	1	70%	
			2012	155	71	47	14	10	84	0	66%	
			2011	156	79	48	22	9	77	0	61%	
			2010	96	85	50	27	8	11	59	59%	
			2009									
			2008									
			2007									
			2006									
			2005									

E.16	EMERG	What is the total amount (USD) of assets (cash plus value of/supplies) transferred to non-government/civil society partners through PCAs as Small Scale Funding specifically for humanitarian response?	2013	157	90				67	0		\$468,458,748
			2012	155	83				72	0		\$309,713,963
			2011	156	78				78	0		\$337,097,355
			2010*	73	68				5	82		\$226,746,671
			2009									
			2008									
			2007									
			2006									
			2005									

- 1 Targets for separated children are usually all children identified.
- 2 UNICEF, 'Philippines Consolidated Emergency Report 2013', March 2014.
- 3 Statement Attributable to the Spokesman for the Secretary-General -- on Syrian Arab Republic for the third anniversary, <http://www.un.org/sg/statements/index.asp?nid=7520>
- 4 UNICEF, Central African Republic Country Office Annual Report 2013.
- 5 UNICEF, Humanitarian Action for Children appeal 2014, <http://www.unicef.org/appeals/esaro.html>
- 6 UNICEF, Philippines Consolidated Emergency Report 2013, March 2014.
- 7 OECD and Fragile States, Resource Flows and Trends in a Shifting World, 2013, <http://www.oecd.org/dac/incaf/FragileStates2013.pdf>
- 8 Precisely, 292 situation in 80 countries in 2011, and 290 situations in 98 countries in 2010. UNICEF Emergency Thematic Report 2012.
- 9 Targets for separated children are usually all children identified.
- 10 Targets are based on aggregate results achieved as measured against aggregate targets set by country offices in the *Humanitarian Action for Children*.
- 11 UNICEF, 'Syrian Arab Republic Crisis Consolidated Emergency Report 2013'.
- 12 See [http://www.unicef.org/appeals/files/No\\_Lost\\_Generation\\_Strategic\\_Overview\\_January\\_2014.pdf](http://www.unicef.org/appeals/files/No_Lost_Generation_Strategic_Overview_January_2014.pdf)
- 13 By March, total 2.7 million children were immunized through four campaign rounds, overcoming security and access challenges and reaching children behind frontlines and temporary sheltered by host communities inside Syrian Arab Republic .
- 14 Countries of reference are Lebanon, Jordan, Iraq, Turkey and Egypt.
- 15 This figure also includes children immunized in Palestine.
- 16 The criteria used was those municipalities affected by a one metre or higher storm surge; located directly in the path of its strongest wind; and with a proportion of affected population of 95 per cent or above. In addition, consideration was given to highly urbanized cities with high number of displaced/transit population based on displacement and death data. However such priority focus did not inhibit – UNICEF from reaching out to additional municipalities based on vulnerability found in sectoral assessments.
- 17 UNICEF The Philippines, Consolidated Emergency Report 2013; and UNICEF The Philippines, Country Office Annual Report 2013.
- 18 The School Hygiene Kit – based on the essential health care package (EHCP kit) of the Department of Education in the Philippines – is box good for eight students for the whole school year and it contains toothpaste in a bottle dispenser, 8 toothbrushes and soap for hand washing.
- 19 UNICEF, Central African Republic, Consolidated Emergency Report 2013.
- 20 Bosnia and Herzegovina, Burundi, Chad, Cote d'Ivoire, Democratic Republic of the Congo, Ethiopia, Guinea, Guinea Bissau, Kyrgyzstan, Myanmar, Niger, Pakistan, Palestine, Philippines, Somalia, South Sudan, Uganda and Yemen.
- 21 In particular, to enhance the organization's inclusive humanitarian action, UNICEF is undertaking a best practices desk review to develop a How-To Guidelines.
- 22 The other countries include: Democratic Republic of the Congo, ESARO, Congo Brazzaville – in 2011; and Ethiopia, Kenya, South Sudan, Niger, and Iran – in 2012. Please note that to date the LOU in Jordan is finalized pending signatures.
- 23 As reported by country offices.
- 24 WASH, Nutrition, Education, Child Protection and Gender-based violence.
- 25 This figure may reflect multiple partnerships with the same civil society organization between countries and regions.
- 26 Inputs from HR and EMOPS.
- 27 [http://www.unicef.org/evaldatabase/index\\_CLARE.html](http://www.unicef.org/evaldatabase/index_CLARE.html)
- 28 [http://www.unicef.org/evaldatabase/index\\_73143.html](http://www.unicef.org/evaldatabase/index_73143.html)
- 29 [http://www.unicef.org/evaluation/files/E15\\_E\\_UNICEF\\_2013\\_Humanitarian\\_Action.pdf](http://www.unicef.org/evaluation/files/E15_E_UNICEF_2013_Humanitarian_Action.pdf)
- 30 The Horn of Africa region includes Eritrea, Ethiopia, Kenya and Somalia.
- 31 The Global Polio Eradication Initiative is a the public-private partnership spearheaded by WHO, Rotary International, CDC and UNICEF, founded in 1988, with the goal to eradicate polio worldwide. <http://www.polioeradication.org>
- 32 UNESCO <http://unesdoc.unesco.org/images/0022/002216/221668E.pdf>.
- 33 equipped with a video projector, giant screen, radio, tent, medical supplies (including HIV tests) and educational materials.
- 34 These constitute the first wave (within 72 hours) emergency procurement (excl. freight and insurance).
- 35 These amounts do not reflect the total (higher) emergency procurement UNICEF made for humanitarian response globally due to challenges on how emergency orders are tagged in the corporate accounting system. This issue is being addressed to enable reporting that reflects the organization's substantial investment on emergency supplies.
- 36 Iraq (US\$ 1,990,883), Jordan (US\$ 8,203,859), Lebanon (US\$ 8,146,045) and Turkey (US\$ 458,433). Source: UNICEF Supply Division, 2013 Annual Report.
- 37 2013 Annual Report, Division of Emergencies, UNICEF.
- 38 Child protection includes deployments for gender-based violence, 14 for coordination and 2 in support of UNICEF's direct implementation.
- 39 The 'rolling' HAC appeal adopted in 2013 consolidates three previous fundraising documents (HAC; Immediate Needs Documents; and Humanitarian Action Updates) into one resource mobilization tool which also strengthen the link with planning, monitoring and reporting.
- 40 Virtual Integrated System of Information – VISION.
- 41 This capture ORE humanitarian expenditure, it does not include expenditure related to humanitarian action from RR or ORR.
- 42 Turkey, Lebanon, Jordan and Iraq.
- 43 The UNICEF Strategic Plan, 2014-2017, Realizing the rights of every child, especially the most disadvantaged, 11 July 2013.



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