




CORE COMMITMENTS **FOR CHILDREN** IN HUMANITARIAN ACTION

POCKET VERSION

A close-up photograph of a woman wearing a blue surgical cap and gown, holding a young child. The woman is looking down at the child with a gentle expression. The child is looking up at the woman. The background is a solid blue color.

unicef 
for every child

This abridged version is printer friendly. Its compact format is designed for the use of UNICEF personnel and partners on the field. This abridged version of the Core Commitments for Children in Humanitarian Action (CCCs) includes all the Organizational and Managerial Commitments ( **Chapter 1**), Programme Commitments ( **Chapter 2**), Operational Commitments ( **Chapter 3**) and their benchmarks. The Key Considerations can be consulted in the complete version of the CCCs.

For the full version of the CCCs, including Glossary and References, kindly visit <https://www.corecommitments.unicef.org/>.

For the related monitoring and reporting tools, please refer to the [CCCs Indicator Guidance](#) and the [CCCs Operational Monitoring Framework](#), available on the internal [website](#) and [E-resources on the CCCs](#).

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October 2020

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1. POLICIES, PRINCIPLES AND ACCOUNTABILITY

1.1 Scope of CCCs

1.1.1 Definition

The CCCs form the core UNICEF policy and framework for humanitarian action and are mandatory for all UNICEF personnel. Grounded in global humanitarian norms and standards, the CCCs set **organizational, programmatic and operational commitments and benchmarks** against which UNICEF holds itself accountable for the coverage, quality and equity of its humanitarian action and advocacy. In addition, they guide every stakeholder, including governments and civil society organizations (CSOs), in designing their humanitarian action and in setting and meeting standards for respecting, protecting and fulfilling the rights of children.

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

The CCCs:

- Are guided by **international human rights law**, particularly the [Convention on the Rights of](#)

[the Child](#) (CRC) and its Optional Protocols, and **international humanitarian law**

- Apply in **all countries and territories, in all contexts, and to all children** affected by humanitarian crisis, based on rights and needs, regardless of their country's state of political, civil, economic and social development or the availability of UNICEF resources
- Provide a menu of **minimum commitments, activities, benchmarks and standards** that UNICEF commits to achieve in humanitarian crises, with its partners
- Are grounded in the [Sphere standards](#), including the [Core Humanitarian Standard on Quality and Accountability](#) (CHS), the [Inter-Agency Network for Education in Emergencies \(INEE\) Minimum Standards](#), [Minimum Standards for Child Protection in Humanitarian Action \(CPMS\)](#); and reflect UNICEF's Inter-Agency Standing Committee (IASC) commitments

 **See 1.3.3 Global humanitarian standards**
























- Are grounded in the [Principles of Partnership](#): equality, transparency, results-oriented approach, responsibility and complementarity to enable predictable and timely collective humanitarian action
- Contribute to the [Sustainable Development Goals \(SDGs\)](#) and include explicit strategies to **link humanitarian and development action**, strengthen local capacity and systems and build resilience at all stages of humanitarian action
- When relevant and feasible, without prejudice to the humanitarian principles of neutrality, impartiality and independence, contribute to the **UN system-wide agenda for Sustaining Peace**²

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






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

TARGETED AUDIENCE AND INTENDED USE

<p>The CCCs are UNICEF's core humanitarian policy and framework for humanitarian action. They are:</p>	<ul style="list-style-type: none"> • A mandatory policy for all UNICEF personnel. • A communication and advocacy instrument. • A programming reference for UNICEF and its partners to design programmes and partnership agreements. • A reference framework for planning, monitoring and reporting for every UNICEF Country Office (CO). CCCs benchmarks are supported by existing accountability and reporting systems. • A partnership tool for UNICEF and its partners to discuss mutual accountabilities. • A one-stop shop on the most up-to-date humanitarian policies and guidance on programmes and operations.
<p>They are intended for both internal and external audiences:</p>	<ul style="list-style-type: none"> • All UNICEF personnel: to understand UNICEF's mandate and implement the CCCs. • Governments: to bear their primary responsibility for responding to a crisis and promoting the realization of children's rights; to understand how UNICEF and its partners can contribute to and support the response. • UNICEF partners (i.e. governments, the UN system, civil society organizations (CSOs) including international and national non-governmental organizations (NGOs) and community-based organizations, private sector, donors): to use as a programming reference, a partnership tool and a communication and advocacy instrument. • All stakeholders (i.e. governments, the UN system, civil society organizations (CSOs) including international and national non-governmental organizations (NGOs) and community-based organizations, private sector, donors, human rights institutions, academic and research institutions, media): to understand UNICEF's mandate and commitments in emergencies and to advocate for children's rights. • Affected populations: to hold UNICEF accountable for its programme and operational commitments.
<p>They are published with the following companions:</p>	<ul style="list-style-type: none"> • The References comprise links to the international legal framework, norms and standards (Chapter 1) and to UNICEF and interagency guidance and handbooks on Programmes (Chapter 2) and Operations (Chapter 3). • The CCCs Indicator Guidance aligns UNICEF Programme Commitments (Chapter 2) with UNICEF planning, monitoring, evaluation and reporting systems through a compendium of indicators. • The CCCs Monitoring Framework for Operational Commitments provides the means and accountabilities for monitoring all UNICEF Operational Commitments (Chapter 3).

INTENDED USE	TARGETED AUDIENCE
 Mandatory policy	
 Reference framework for planning,	
 One-stop shop on the most up-to-date	   
 Programming reference to design	  
 Partnership tool for UNICEF and its partners	  
 Communication and advocacy instrument	    

Key: Targeted audience

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

1.1.2 The role of states

States remain the primary duty bearers for the respect, promotion and realization of children's rights. They bear the primary responsibility for responding to a crisis, providing assistance to the victims and facilitating the work of humanitarian actors, including through mobilization of domestic and international resources and use of national

systems and capacities. UNICEF contributes to these efforts by mobilizing national and international resources through its technical expertise, coordination and advocacy. States can use the CCCs to inform their humanitarian action and guide their efforts to meet the needs and protect the rights of affected populations.

1.1.3 Partnerships

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

private sector; and the media.

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

1.1.4 Application

The CCCs must be used by **every Country Office (CO) as a framework to monitor the situation of women and children and take appropriate**

preparedness and response measures, in order to deliver predictable, timely, principled and child-centred humanitarian response.

1.1.5 Implementation

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

While the CCCs apply in all contexts, UNICEF's **scope of action and programming will be adapted to the context**, based on the analysis of the situation, assessment of humanitarian needs and national capacities. UNICEF implementation modalities may include **systems strengthening**,

through technical assistance, policy development and capacity-building; support for **service delivery; direct programme implementation; intervention through operational partners; remote programming; coordination; and advocacy.**


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


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

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

1.1.6 Performance monitoring

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

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

Operational commitments and benchmarks ( **Chapter 3**) are supported by the CCCs

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

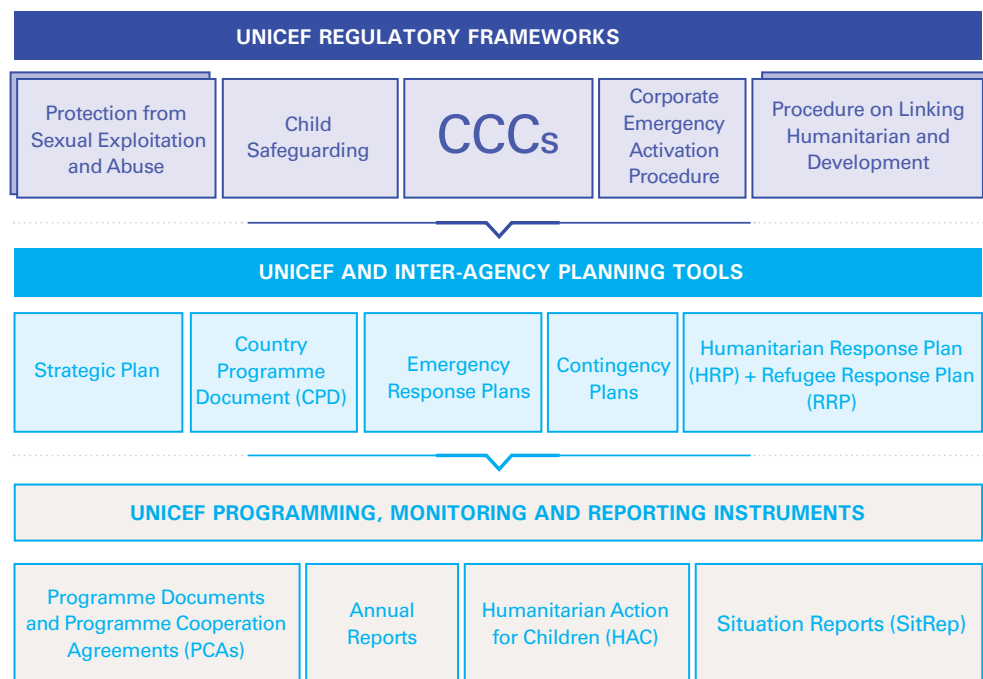
In the case of a sudden onset or rapid deterioration of a humanitarian crisis, **UNICEF prioritizes reaching those most at risk with critical activities such as life-saving interventions**.

[Monitoring Framework for Operational Commitments](#), using UNICEF's corporate systems to track performance.

Systematic reference to the CCCs in UNICEF planning and reporting documents supports their implementation and strengthens UNICEF accountability to deliver on the CCCs. UNICEF builds on its existing performance monitoring system³ to measure progress and report against the CCCs regularly.

■ ■ ■

³ Virtual Integrated System of Information (VISION).



1.2 International legal framework

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

📖 See **Annex 2 - References**

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

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

■ ■ ■

This legal framework is supplemented by:

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

1.3 Global standards and principles

1.3.1 Humanitarian principles

UNICEF is committed to the following humanitarian principles⁴ in its operations:

- **Humanity:** Human suffering must be addressed wherever it is found. The purpose of humanitarian action is to save lives, protect health and ensure respect for human beings. UNICEF upholds the principle that all girls, boys, women and men of every age shall be treated humanely and seeks to assist and protect any and every vulnerable child, treating them with dignity and respect.
- **Impartiality:** UNICEF allocates and delivers assistance based on needs and without discrimination based on nationality, ethnicity, race, sex, language, disability, religious belief, class, sexual orientation, gender identity, political or other opinions.
- **Neutrality:** UNICEF refrains from engaging in controversies of a political, racial, religious or ideological nature, and does not take sides in hostilities.

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

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

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





■ ■ ■

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

Application of Humanitarian Principles in UNICEF operations

AREA	KEY CONSIDERATIONS
<p>Capacity Building of UNICEF Personnel</p> <p> See 1.4.3 Roles and responsibilities</p>	<ul style="list-style-type: none"> • Build the humanitarian leadership capacity of UNICEF personnel at all levels (FO/CO/RO/HQ) and their ability to apply humanitarian principles in decision-making. • Build the capacity of UNICEF personnel to apply humanitarian principles effectively in the conduct of operations, especially in a complex and high-threat environment. This includes capacity building on civil-military coordination, access negotiations and humanitarian advocacy.
<p>UNICEF Field Presence and Operations</p> <p> See 3.1 Administration and finances</p>	<ul style="list-style-type: none"> • Ensure that UNICEF field presence and operations allow for adequate identification and response to the needs of affected populations, including those in hard-to-reach areas. • Strive to stay and deliver in complex and high threat environments and refer to humanitarian principles to guide UNICEF actions and decisions.
<p>Access</p> <p> See 2.1.4 Humanitarian access</p>	<ul style="list-style-type: none"> • Seek to establish and maintain humanitarian access, ensuring all affected populations can safely and consistently reach assistance and services. • Seek engagement with all parties to conflict, and other stakeholders as necessary and feasible, to gain access to the populations in need. • Design context-specific access strategies grounded in humanitarian principles. • Proactively pursue acceptance among communities and stakeholders for a sustainable access to all populations in need.
<p>Advocacy</p> <p> See 1.3.2 Humanitarian advocacy</p>	<ul style="list-style-type: none"> • Conduct advocacy for sustained and unimpeded access to all populations in need. • Conduct advocacy on child rights, including on grave violations of child rights, in line with the principles of humanity, neutrality, impartiality and independence. • Promote the application of humanitarian principles, in coordination with partners and in line with interagency guidelines.
<p>Coordination</p> <p> See 2.1.2 Coordination</p>	<ul style="list-style-type: none"> • Promote compliance with humanitarian principles when supporting the leadership and coordination of humanitarian response along with national and local authorities. • Engage in coordination mechanisms to establish and maintain principled humanitarian access, in collaboration with UN Agencies, national and local authorities and CSOs, within existing coordination mechanisms such as the Humanitarian Country Team (HCT), the United Nations Country Team (UNCT), the Security Management Team (SMT), and the intersector/intercluster coordination mechanisms.
<p>Needs Assessment</p> <p> See 2.3.1 Needs assessments, planning, monitoring and evaluation</p>	<ul style="list-style-type: none"> • Provide neutral and impartial humanitarian assistance based on impartial needs assessments. • Ensure respect for humanitarian principles throughout the targeting and prioritization processes, especially in determining service locations and targeting methods. • Avoid only seeking out and assessing populations under the control of a single party to conflict.



<div>■ ■ ■</div> <div>Programmes</div> <div> See 2.2.4</div> <div>Linking humanitarian and development</div>	<ul style="list-style-type: none"> • Safeguard operational independence and principled humanitarian action when linking humanitarian and development programmes, especially in situations where the government is party to the conflict. In some contexts, it may neither be possible nor appropriate to engage in development action.
<div>Partnerships</div> <div> See 3.5 Partnerships</div>	<ul style="list-style-type: none"> • Partner with organizations and entities committed to the core values of UNICEF and the UN, as well as to humanitarian principles. • Ensure UNICEF partners properly understand the operational application of humanitarian principles. Maintain engagement with partners and communities to ensure the understanding and application of humanitarian principles.
<div>Resource Mobilization</div> <div> See 3.6 Resource mobilization</div>	<ul style="list-style-type: none"> • Ensure that resources are allocated impartially, based on the needs of affected populations, and that the humanitarian imperative comes first when allocating aid, even in the most complex environments. • Mitigate the risks of donors' conditions and funding associated with objectives that could jeopardize the neutrality, impartiality and independence of humanitarian response, and refrain from funding arrangements that undermine child rights or the best interest of children, or that put the safety and security of humanitarian workers at risk. Maintain operational independence and seek to avoid dependency upon a single funding source.
<div>Security Management</div> <div> See 3.7 Security management</div>	<ul style="list-style-type: none"> • Utilize acceptance as a security risk management approach that can support humanitarian access. Acceptance by communities and/or threat actors can reduce the likelihood of harmful events occurring and increases the chances of an effective response if a harmful event does occur. Humanitarian principles underpin acceptance – cultivating good relations and consent for humanitarian activities among local populations and key actors⁵. • Build the capacity of security professionals and managers with security responsibilities on generating acceptance, assessing the degree of acceptance and integrating acceptance in the Security Risk Management process. • Make use of armed escorts only after a thorough analysis in the Security Risk Management (SRM) process that determines no other SRM measure is available to bring security risks to acceptable levels, as per the IASC Non-Binding Guidelines on the Use of Armed Escorts for Humanitarian Convoys. • Refer to the IASC Non-Binding Guidelines on the Use of Armed Escorts for Humanitarian Convoys when contributing to the SMT's evaluation of the potential impacts of using armed escorts. This evaluation should be context and location-specific and should also be informed by humanitarian principles.

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

ENGAGEMENT IN UN INTEGRATED MISSION SETTINGS

In contexts where the UN has a presence involving political and/or multidimensional peace operations alongside humanitarian and development actors, UN Integration policy devises how the different dimensions of the UN engagement (political, development, humanitarian, human rights, rule of law and security) work together to achieve peace consolidation aims⁶.

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

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

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

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

ENGAGEMENT WITH NON-STATE ACTORS (NSAs)

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

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

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

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

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

1.3.2 Humanitarian advocacy

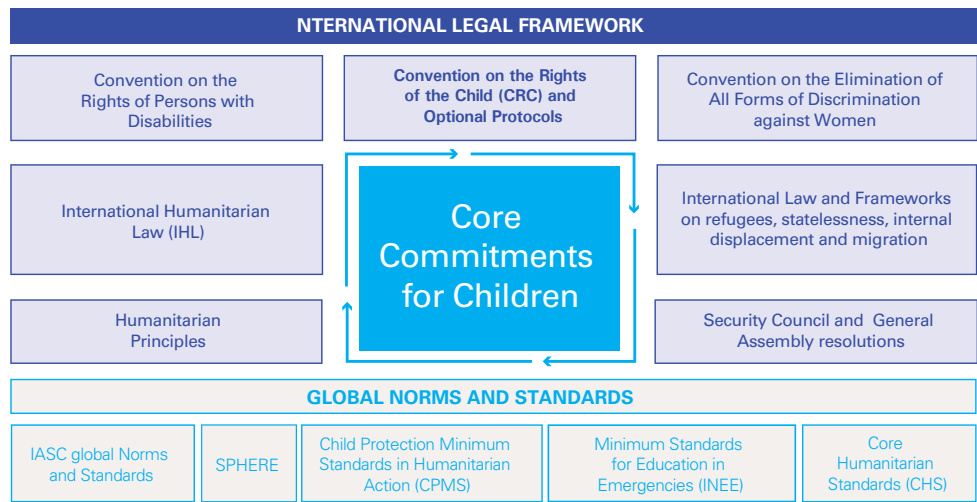
UNICEF is mandated to **promote and protect the rights of all children**, guided primarily by the CRC and its Optional Protocols, as well as IHL. UNICEF conducts humanitarian advocacy to:

- Facilitate the delivery of humanitarian assistance
- Secure **unimpeded and principled humanitarian access** to populations in need
- Promote adherence to international and regional **legal norms, standards and principles**
- Promote **accountability** of perpetrators of child rights violations

- **Raise international and national awareness** of the situation of children and of humanitarian and protection needs, particularly of the most vulnerable
- Trigger **rights-based and equitable development** and strengthening of national policies, budgets, decisions and legislation, to contribute to positive social transformation and enable affected populations to claim their rights
- **Advocate for the rights and voices of children and women** as an integral component of humanitarian action

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

1.3.3 Global humanitarian standards



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

- The Sphere Handbook: Humanitarian Charter and Minimum Standards in Humanitarian Response ([Sphere Standards](#)), including the

[Core Humanitarian Standard on Quality and Accountability \(CHS\)](#)

- Inter-Agency Network for [Education in Emergencies Minimum Standards \(INEE\)](#)
- [Minimum Standards for Child Protection in Humanitarian Action \(CPMS\)](#).

📖 See **Annex 2** References

1.3.4 Guiding principles

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

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

1.3.4.3 Non-discrimination: Humanitarian crises often magnify existing inequalities and further marginalize those already at risk of discrimination. UNICEF works

to identify, monitor and address existing and new patterns of discrimination and power dynamics.

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

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

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

1.3.5 Centrality of protection

Protection is the purpose and intended outcome of humanitarian action and must be **central** to preparedness efforts, as part of immediate and life-saving activities, and throughout the duration of humanitarian response and beyond. UNICEF commits to design and implement a humanitarian response that helps **keep people with vulnerabilities**

from harm, protect them from violence, coercion and abuse, reduce the threats they face, minimize their exposure to these and increase their capacity to cope. The protection of all persons affected and at-risk is **central to UNICEF decision-making** and response, including UNICEF engagement with states and non-state parties to conflict.

1.3.6 Accountability to Affected Populations (AAP)

UNICEF, in accordance with the IASC and the CHS definition of AAP, aims to ensure that all vulnerable, at-risk and crisis-affected populations supported through its humanitarian action **are able to hold UNICEF to account** for promoting and protecting their rights and generating

effective results for them, taking into account their needs, concerns and preferences, and working in ways that enhance their dignity, capacities and resilience.

 **See 2.1.6 AAP**

1.3.7 Child safeguarding

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

- Share the organization's commitment to the protection and safeguarding of children
- Conduct themselves in a way that demonstrates

their commitment to the protection and safeguarding of children, the Universal Declaration of Human Rights and the CRC

- Conduct themselves in a way that demonstrates their commitment to provide assistance on the basis of rights and need alone and without discrimination against any person, in accordance with the principles of humanity, impartiality, neutrality and independence

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

1.3.8 Protection from Sexual Exploitation and Abuse (PSEA)

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

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

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

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

 **See 2.1.5 PSEA**


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

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

1.3.9 Ethical evidence generation and data protection

UNICEF commits to **strict standards of ethical evidence generation** to ensure that children and their communities are respected and protected throughout the data cycle, by paying specific attention to data collection, analysis, transfer, storage, access, dissemination and destruction. UNICEF requires clear **safeguards when processing personal data**,

particularly when children or vulnerable people are concerned, to safeguard their best interests. All personal data processing by UNICEF is governed by internal and interagency rules.

 **See 3.3 Information and communication technology**

1.4 Institutional responsibilities

1.4.1 Commitment to deliver on the CCCs

The CCCs state the organization’s – and each Country Office’s - **commitment to respond**, regardless of the kind of crisis (sudden-onset or protracted emergencies, natural disasters, public health emergencies, complex emergencies, international or internal armed conflicts, etc.⁹), irrespective of the Gross National Income level of a country (low, middle or high), or legal status of the affected populations.

See 1.1.4 Application and 1.1.5 Implementation

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

1.4.2 Emergency procedures

All UNICEF personnel are expected to know and apply the emergency procedures⁹. UNICEF’s emergency procedures set out a streamlined mechanism for organization-wide mobilization to support the timely delivery of humanitarian response.

This includes the immediate deployment of financial, human and material resources and a set of fast-track procedures and mechanisms to enable the **rapid delivery** of humanitarian response, **timely decision-making** and **effective partnerships**.

1.4.3 Roles and responsibilities

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

UNICEF PERSONNEL

All UNICEF personnel, whether operating in a humanitarian or development context:

- Are expected to **know the CCCs, promote their implementation and contribute to their fulfilment**, according to the context
- Are expected to know and **apply the emergency procedures**, according to the context
- Must observe the standards of conduct** of the International Civil Service¹⁰, and UNICEF’s core values

⁹ A **humanitarian** crisis is defined as any circumstance where humanitarian needs are sufficiently large and complex to require significant external assistance and resources, and where a multisectoral response is needed, with the engagement of a wide range of international humanitarian actors. This may include smaller-scale emergencies; in countries with limited capacities, the threshold will be lower than in countries with strong capacities. An **emergency** is a situation that threatens the lives and well-being of large numbers of a population and requires extraordinary action to ensure their survival, care and protection.

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

¹⁰ ICSC Standards of Conduct for the International Civil Service, UN Code of Ethics.

All UNICEF senior managers at Headquarters (HQ), Regional Office (RO), Country Office (CO) and Field Office (FO) are responsible and held accountable for:

- **Implementing and enforcing the CCCs** as the framework for preparedness and humanitarian response
- **Practising and promoting standards of behaviour** based on the core values of care, respect, integrity, trust and accountability as per [UNICEF Competency Framework](#), and as a foundation of their **humanitarian leadership**
- **Empowering staff** to deliver results for children, holding them accountable for those results, and creating a climate that encourages quality organizational performance and efficient partnerships
- Developing and maintaining a **positive working environment** that is free from misconduct, including discrimination, abuse of authority and harassment

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

COUNTRY OFFICES

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

- Providing **overall strategic direction**, leadership and guidance to the CO team in the design and delivery of humanitarian programmes as well as on prioritisation and resource allocation
- Establishing dialogue and fostering **strategic and principled collaboration** and/or partnerships with the host government (and in conflict-affected contexts, with parties to conflict), with UN agencies, international financial institutions, media, civil society, private sector and academia
- **Advocating with the national/local** authorities, and in conflict-affected contexts, with parties to the conflict, to respect, promote and fulfil women's and children's rights, and to improve policies and programmes for children, women and communities
- Establishing dialogue and fostering **strategic and principled collaboration** and/or partnerships with the local authorities and, in conflict-affected contexts, with parties to the conflict for **unimpeded principled access and delivery of humanitarian assistance to the populations in need**
- **Representing UNICEF** in humanitarian and development for a and advocating for the fulfilment of the CCCs in interagency coordination fora, such as UN Country Team (UNCT), Security Management Team (SMT), and Humanitarian Country Team (HCT)
- **Monitoring the situation** of children, women and communities with a view to detecting imminent crises; identifying major unmet humanitarian needs of children and taking appropriate measures in line with the CCCs to address them
- Ensuring UNICEF delivers on its **IASC commitments** at country level, including on coordination

	<ul style="list-style-type: none"> Ensuring the delivery of quality humanitarian programmes and their effective monitoring for corrective action See 2.2.1 Quality of programmes Ensuring that UNICEF is a responsive and reliable partner See 3.5 Partnerships with governments and civil society organizations for programme implementation Providing support to national and local partners See 2.2.6 Localization Establishing alliances with donors and mobilizing multi-year and flexible resources Ensuring the optimum management of programme resources (financial, human, administrative and other assets), including through the design and adjustment of an office structure fit for purpose for emergency programmes and operations See 3.1 Administration and finance Ensuring that activities are conducted in a way that manages the risks to personnel, premises and assets, and ensures the protection and security of staff members and UNICEF See 3.7 Security management Ensuring that UNICEF's zero tolerance to SEA is upheld, including mandatory PSEA training of all UNICEF personnel and partners, prompt reporting of SEA allegations and referral of survivors for support
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Chiefs of Field Office, with the support of their team and the guidance of the Representative, are responsible for effective and principled delivery of UNICEF humanitarian action at local level.

FIELD OFFICES	
<p>This includes:</p>	<ul style="list-style-type: none"> Representing UNICEF in the area of responsibility, providing leadership in the provision of technical advice, negotiation and advocacy with every stakeholder Advocating with the local authorities, and in conflict-affected contexts with all parties to the conflict, to respect, promote and fulfil women's and children's rights Establishing dialogue and fostering strategic and principled collaboration and/or partnerships with the local authorities and, in conflict-affected contexts, with all parties to the conflict for unimpeded principled access and delivery of humanitarian assistance to the populations in need Ensuring effective management of UNICEF presence, staff and assets; providing direction, leadership and guidance to the field office team; and managing their performance to deliver results for children and conduct effective partnerships Sustaining dialogue and regular engagement with local communities and authorities Undertaking field visits, ensuring that field office staff conduct field visits to monitor and assess programme implementation for corrective action Identifying major unmet humanitarian needs of children and taking appropriate measures in line with the CCCs to address them Providing local authorities and service providers with technical support and guidance, building and reinforcing the capacities of national and local partners Maintaining effective partnerships and collaboration for advocacy, technical cooperation, programme development/management/coordination, information-sharing and networking Ensuring the optimum use of programme resources (financial, human, administrative and other assets) through systematic assessments and monitoring of operations, including through monitoring the allocation, disbursement and liquidation of programme funds

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

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

REGIONAL OFFICES	
This includes:	<ul style="list-style-type: none">• Representing UNICEF in the region; establishing and maintaining the highest level of contacts and effective relationships with regional partners, including UN and national partners, intergovernmental organizations, international financial institutions, NGOs and civil society; and leveraging strategic partnerships for humanitarian action• Conducting regional advocacy and supporting country level advocacy to protect the rights of children, promote adherence to international laws and standards, facilitate principled humanitarian access and the delivery of programmes, and promote child-friendly policies and practices• Monitoring regional risks and defining regional strategies and plans for preparedness and emergency response; reviewing and guiding COs on their risk assessment and management• Providing guidance and direct support to COs on their preparedness and emergency response, resources, budget, fundraising and use of emergency procedures• Leveraging regional partnerships for emergency preparedness and response; establishing alliances with donors and mobilizing multi-year and flexible resources on behalf of COs• Monitoring the effectiveness of UNICEF country emergency response and the efficient use of country programme resources with a view to improving country programme performance• Monitoring effective human resources management within the region; ensuring the availability of technical staff within the RO, facilitating the short-term deployment of staff as needed and assisting in staff redeployment in emergency situations• Developing and implementing regional communication, information and advocacy strategies• Establishing logistics and supply operations and hubs• Providing support to COs on staff safety, security and counselling• Informing the development of global norms and policies based on regional experience• Facilitating cross-learning between COs within the region and across regions

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

HEADQUARTERS	
All UNICEF Division Directors are responsible in their respective areas for:	<ul style="list-style-type: none">• Ensuring oversight of the organization's performance in humanitarian response, and ensuring coordination of institutional and cross-divisional support to ROs and COs• Mobilizing technical expertise and resources (human, material, financial) to support ROs and COs in their preparedness and response efforts• Conducting global advocacy and supporting regional and country advocacy to protect the rights of children, promote adherence to international laws and standards, facilitate principled humanitarian access and the delivery of programmes, and promote child-friendly policies and practices• Advocating with states, and in conflict-affected contexts with all parties to the conflict, to respect, promote and protect women's and children's rights, and for unimpeded principled access and delivery of humanitarian assistance to the populations in need• Providing strategic leadership and overall direction to ROs and COs for the implementation of humanitarian response and the fulfilment of the CCCs• Providing strategic and technical guidance to ROs and COs in their preparedness and emergency efforts, monitoring and evaluating the quality of emergency response• Developing and maintaining strategic partnerships for humanitarian action with counterparts in institutions/foundations, development agencies, UN agencies and NGOs for the purposes of programme co-operation, knowledge sharing, policy development and resource mobilization• Developing policies, guidance, tools and systems to enable the delivery of humanitarian response• Facilitating knowledge management, knowledge transfer and learning across the organization• Establishing security policy and managing security activities for UNICEF, in coordination with other UN agencies

NATIONAL COMMITTEES
<p>National Committees, in close coordination with HQ, ROs and COs, contribute to delivering on the CCCs through fundraising, advocating for child rights and raising public awareness of children's rights and needs, as well as through their partnerships with governments, national and local authorities, civil society organizations, human rights institutions, the private sector, academic and research institutions, and local media.</p> <p>In countries and territories where there is a National Committee Office, and no UNICEF office, and where Governments are requesting UNICEF's support, National Committees and UNICEF may work together to establish a formal agreement defining their respective roles, responsibilities, and the modalities of their collaboration, in order to provide a coordinated response meeting the standards defined in the CCCs.</p> <p>In countries and territories without any UNICEF presence, UNICEF activates and fast-tracks procedures and mechanisms to enable the rapid delivery of humanitarian response, through the timely deployment of financial, human and material resources from HQ, RO, as well as from neighbouring COs, and National Committees when applicable, for a coordinated response meeting the standards defined in the CCCs.</p> <p>In all contexts, with or without UNICEF presence/intervention, Governments, civil society organizations (CSOs) and other stakeholders can use the CCCs as a reference to design their humanitarian action and guide their efforts in setting and meeting standards for respecting, protecting and fulfilling the rights of children and affected populations.</p>

2. PROGRAMME COMMITMENTS

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

 See 1.1 Scope of CCCs

Benchmarks describe the performance levels expected against the commitments. They set expected standards of programme coverage, quality

and equity. They are drawn from global humanitarian standards, including [Sphere Standards](#), the [Core Humanitarian Standard on Quality and Accountability](#) (CHS), the Inter-Agency Network for Education in Emergencies (INEE) [Minimum Standards](#) and the [Minimum Standards for Child Protection in Humanitarian Action](#) (CPMS).

They are supported by the [CCCs Indicator Guidance](#) to help align UNICEF’s humanitarian and development planning, monitoring and reporting.

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

2.1. Overarching commitments

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

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

2.1.1 Preparedness

COMMITMENT
Improve humanitarian response through investing in preparedness with a focus on enabling effective and timely response, reducing costs and reaching the most vulnerable
BENCHMARK
All COs, ROs and HQ meet the Minimum Preparedness Standards (MPS) as per the UNICEF Procedure on Preparedness for Emergency Response and the Guidance Note on Preparedness for Emergency Response in UNICEF

2.1.2 Coordination

COMMITMENT

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

BENCHMARK

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

 See 2.3 Sectoral commitments

2.1.3 Supply and logistics

COMMITMENT

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

BENCHMARK

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

2.1.4 Humanitarian access

COMMITMENT

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

BENCHMARK

All COs, with the support of ROs/HQ:

- Establish internal coordination mechanisms which define roles, responsibilities, processes, and tasks related to humanitarian access
 - Identify and equip relevant staff with requisite knowledge, skills, materials, and tools on principled humanitarian action and operating in complex and high threat environments (including civil-military coordination, negotiations for access and humanitarian advocacy)
 - Seek engagement with all parties to conflict, and other stakeholders, as necessary and feasible to earn and maintain access to and for the populations in need
 - Proactively pursue acceptance among communities and stakeholders
 - Engage in coordination mechanisms to establish and maintain principled humanitarian access, in collaboration with UN Agencies, national and local authorities and CSOs, within existing coordination mechanisms such as the Humanitarian Country Team (HCT), the United Nations Country Team (UNCT), the Security Management Team (SMT), and the cluster/sector coordination mechanisms
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2.1.5 Protection from Sexual Exploitation and Abuse (PSEA)¹¹

COMMITMENT

Deliver on UNICEF's commitment to protection from sexual exploitation and abuse

 See 1.3.8 PSEA

BENCHMARK

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

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


2.1.6 Accountability to Affected Populations (AAP)¹²

COMMITMENT

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

BENCHMARK

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

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

¹¹ In accordance with the IASC Commitments on Accountability to Affected People and Protection from Sexual exploitation and Abuse, 2017.

¹² Ibid.

2.2 Programme approaches

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

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

2.2.1 Quality of programmes

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

2.2.2 Multisectoral and integrated programming

COMMITMENT
Foster multisectoral/integrated programming and geographic convergence at all phases of the programme cycle
BENCHMARK
All COs promote multisectoral and integrated programming, as well as geographic convergence, when designing and implementing programmes and partnerships

2.2.3 Equity

COMMITMENT
Target and reach the most disadvantaged children and their communities with humanitarian assistance, protection and services
BENCHMARK
All COs develop context-specific approaches for reaching the most vulnerable groups and balance coverage, quality and equity in their humanitarian response planning

2.2.4 Linking humanitarian and development

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

2.2.5 Environmental sustainability and climate change

COMMITMENT
Incorporate environmental sustainability into the design and delivery of UNICEF’s humanitarian action and strengthen communities’ resilience to climate change
BENCHMARK
All COs, with the support of ROs/HQ, design humanitarian programmes that integrate environmental and climate risk, prioritise approaches that minimize harm to the environment and contribute to building resilience, whenever relevant and feasible

2.2.6 Localization

COMMITMENT
Invest in strengthening the capacities of local actors (national and local authorities, CSOs and communities) in humanitarian action
BENCHMARK
All COs, with the support of ROs/HQ, invest in strengthening institutional and technical capacity of local actors to deliver principled humanitarian response

2.2.7 Community engagement for behaviour and social change¹³

COMMITMENT
Implement community engagement for behaviour and social change in collaboration with national and local actors
BENCHMARK
All COs, with the support of ROs/HQ, design and implement humanitarian programmes with a planned and resourced component on community engagement for behaviour and social change

2.2.8 Humanitarian cash transfers

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

■ ■ ■
¹³ Also known as Communication for Development (C4D).

2.3. Sectoral commitments

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

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

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

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

2.3.1 Needs assessments, planning, monitoring and evaluation

STRATEGIC RESULT	
Children and their communities benefit from appropriate and timely humanitarian action through needs-based planning and results-based management of programmes	
COMMITMENTS	BENCHMARKS
<p>1. Equity-focused data</p> <p>Disaggregated data is collected, analysed and disseminated to understand and address the diverse needs, risks and vulnerabilities¹⁴ of children and their communities</p>	<ul style="list-style-type: none">Disaggregated data (by age, gender, disability, location and other context-specific considerations) is collected, analysed and disseminated in all assessment, planning, monitoring and evaluation activities
<p>2. Needs assessment</p> <p>Coordinated, timely and impartial assessments of the situation, humanitarian assistance and protection needs, vulnerabilities and risks are undertaken</p>	<ul style="list-style-type: none">Needs assessments and analysis are, whenever possible, conducted as joint interagency exercises, and start within 72 hours of a sudden onset crisis, and at least annually for protracted humanitarian situations¹⁵Needs assessments and analysis are child- and gender-sensitive, meet interagency standards and use pre-crisis data and feedback from affected populations

¹⁴ **Vulnerability** is the extent to which some people may be disproportionately affected by the disruption of their physical environment and social support mechanisms following disaster or conflict. Vulnerability is specific to each person and each situation. Vulnerable groups are those most exposed to risk, and particularly susceptible to the effects of environmental, economic, social and political shocks and hazards. They may include: children, adolescents, women, older people, pregnant adolescents and women, child and female-headed households, people with disabilities, unaccompanied minors, people from marginalized groups and the poorest of the poor, people marginalized by their society due to their ethnicity, age, gender, sexual identity, disability status, class or caste, political affiliations or religion. The typology of vulnerable groups may evolve depending on contexts and risks.

¹⁵ Initial rapid assessments within 72 hours; sectoral needs assessments within two weeks; Multi-cluster Initial Rapid Assessment (MIRA) or similar multi-sector needs assessments within four weeks.

3. Response planning

Response plans are evidence-based and consistent with interagency planning. They address coverage, quality and equity¹⁶, adapt to evolving needs, ensure conflict sensitivity and link humanitarian and development programming

4. Monitoring

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


5. Evaluation

UNICEF's contribution

to humanitarian action is systematically and independently assessed¹⁸ through credible and utilisation-focused evaluations, interagency evaluations and other evaluative exercises¹⁹, in line with the [UNICEF evaluation policy](#) and [procedures](#)

- Planning is informed by evidence, including needs assessments, vulnerability analysis, pre-crisis data, learning from evaluations/reviews, partner dialogue and feedback from affected populations
- Indicators and targets are identified, including high frequency indicators
- Ongoing needs assessment and monitoring plans are in place and reviewed twice a year, addressing coverage, quality, equity and “do no harm”
- Humanitarian and development programming are linked through preparedness, system strengthening, resilience and transition planning

- Progress against targets is regularly reported, including through high frequency indicators
- Structured field monitoring, including partner dialogue and feedback from affected populations, is undertaken in line with the [UNICEF Field Monitoring Guidance](#)

 **See 3.5 Partnerships with governments and civil society organizations for programme implementation and 2.1.6 AAP**

- Situation Monitoring tracks evolving humanitarian needs at a frequency appropriate to the context
- Intended and unintended consequences¹⁷ are monitored, with a focus on equity and conflict sensitivity


- Evaluations of humanitarian responses are used for organizational learning, accountability and performance improvements to enhance the systems, policies and programmes of UNICEF and its partners
- Evaluative exercises, such as after-action reviews, lessons learned exercises and operational peer reviews, are undertaken early for rapid-onset emergencies, or incorporated into regular strategic planning for protracted responses, to inform corrective action

¹⁶ **Balance coverage, quality and equity:** Process which consists in balancing the objective to reach the greatest number of people (coverage) with the objective to reach the people in greatest need (equity), while maintaining quality of programmes. This balancing is particularly critical in contexts with limited funding. Coverage is guided by estimates of people in need. Quality is measured against UNICEF and interagency and IASC standards. Equity is judged by appropriate prioritisation of the people most in need, informed by assessment and analysis of vulnerability and deprivation, and the principle of leaving no child behind.

¹⁷ An **intended consequence** can refer to a planned programme outcome e.g. increased community participation in humanitarian response planning processes. An unintended consequence can refer to any unforeseen effects e.g. community participation programming that exacerbates existing inequalities by favouring community members with the ability and status to engage in processes and/or increasing women's time burden. Unintended consequences can be positive or negative.

¹⁸ Against the CCCs, policies, guidelines, UNICEF quality and accountability standards, and stated objectives of humanitarian action.

¹⁹ Evaluative exercises such as after-action reviews and lessons learned exercises may be undertaken internally.

STRATEGIC RESULT	
Children, adolescents and women have access to life-saving, high-impact and quality health services	
COMMITMENTS	BENCHMARKS
1. Leadership and coordination Effective leadership and coordination are established and functional  See 2.1.2 Coordination	<ul style="list-style-type: none">UNICEF actively contributes to the interagency and intersectoral coordination mechanisms
2. Maternal and neonatal health Women, adolescent girls and newborns safely and equitably access quality life-saving and high-impact ^{20, 21} maternal and neonatal health services	<ul style="list-style-type: none">At least 90% of pregnant women and adolescent girls receive scheduled antenatal care²² (ANC) in line with coverage of 4+ ANC visitsAt least 90% of pregnant women and adolescent girls receive skilled attendance at birth including essential newborn care, with desired quality^{23,24}At least 80% of mothers and newborns receive early routine postnatal care within two days following birthAt least 80% of small and sick newborns have access to inpatient level 2²⁵ special newborn care within two hours of travel time
3. Immunization Children and women receive routine and supplemental vaccinations	<ul style="list-style-type: none">At least 80% of the targeted children and women receive routine vaccinations, including in hard-to-reach areas²⁶At least 95% of the targeted population are reached during vaccination campaigns conducted to reduce risk of epidemic-prone outbreaks²⁷

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

²¹ **Preconception:** (1) Folic acid supplementation; **Antenatal** (2) Tetanus toxoid immunization, (3) Syphilis screening and treatment, (4) Pre-eclampsia and eclampsia: prevention (calcium supplementation), (5) Intermittent presumptive treatment for malaria, (6) Detection and treatment of asymptomatic bacteriuria; **Intrapartum** (7) Antibiotics for preterm premature rupture of membranes, (8) Corticosteroids for preterm labour, (9) Detection and management of breech (caesarian section), (10) Labour surveillance (including partograph) for early diagnosis of complications, (11) Clean delivery practices; **Postnatal:** (12) Resuscitation of newborn baby, (13) Breastfeeding, (14) Prevention and management of hypothermia, (15) Kangaroo mother care (low birthweight infants in health facilities), and (16) Community-based pneumonia case management.

²² **Antenatal care (ANC)** is provided by skilled health-care professionals to pregnant women and adolescent girls in order to ensure the best health conditions for both mother and baby during pregnancy. The components of ANC include risk identification; prevention and management of pregnancy-related or concurrent diseases; health education and health promotion. For details see [WHO recommendations on Antenatal care for a positive pregnancy experience](#).

²³ Operational definitions for the characteristics of **Quality of Care for maternal and newborn health:** (1) **Safe**—delivering health care which minimises risks and harm to service users, including avoiding preventable injuries and reducing medical errors, (2) **Effective**—providing services based on scientific knowledge and evidence-based guidelines, (3) **Timely**—reducing delays in providing/receiving health care, (4) **Efficient**—delivering health care in a manner which maximises resource use and avoids wastage, (5) **Equitable**—delivering health care which does not vary in quality because of personal characteristics such as gender, race, ethnicity, geographical location or socioeconomic status, and (6) **People-centered**—providing care which takes into account the preferences and aspirations of individual service users and the cultures of their communities.

²⁴ For details of quality of care standards, result statements and measures, refer to WHO [Standards for improving quality of maternal and newborn care in health facilities](#), 2016.

²⁵ Key inpatient care (24/7) practices for small and sick newborns, including (but not exclusively): provision of warmth; support for feeding and breathing; treatment of jaundice; prevention and treatment of infection. Special newborn care does not include the provision of intermittent positive-pressure therapy. Special newborn care can only be provided in a health facility. See WHO and UNICEF, [Survive and Thrive: Transforming care for every small and sick newborn](#), 2019. p.60 and 130.

²⁶ **Routine vaccination** schedules are determined by national standards. Coverage levels should be scrutinised at sub-national level (3rd administrative level) to ensure equitable coverage. Refer to targets in [Global Vaccine Action Plan 2011-2020](#) and the soon to be released Global Vaccine Action Plan 2021-2030.

²⁷ As defined in the [Global Vaccine Action Plan 2011-2020](#) and the soon to be released Global Vaccine Action Plan 2021-2030 and based on decision- making framework for vaccination in acute humanitarian emergencies.

4. Child and adolescent health

Children and adolescents safely and equitably access quality life-saving and high-impact child health services

- Children and adolescents have safe and uninterrupted access to health services through functional health facilities, school and community-based activities and at the household level
- Children and adolescents receive quality, age- and gender-appropriate prevention, diagnosis and treatment for common causes of illness and death
- Children, adolescents and caregivers have access to psychosocial support

5. Strengthening of health systems and services

Primary health care continues to be provided through health facilities and community-based service delivery mechanisms


 See 2.2.4

Linking humanitarian and development

- At least 70% of UNICEF supported facilities have adequate cohort of staff appropriately trained for providing basic health services²⁸
- At least 70% of UNICEF supported facilities apply Quality of Care (QoC)²⁹ or clinical audit standards for reproductive, maternal, newborn, child and adolescent health and nutrition care (RMNCAHN)³⁰
- At least 70% of UNICEF supported facilities and/or frontline workers submit data in real time for the health management information system (HMIS), reproductive, maternal, newborn, child and adolescent health and nutrition care (RMNCAHN) service mapping and for meeting the International Health Regulations (IHR) guidelines³¹
- All subnational storage points report no stock outs of the key health products³²

6. Community engagement for behaviour and social change

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

 See 2.2.7 Community engagement for behaviour and social change

- Children, their caregivers and communities are aware of available health services and how and where to access them
- Children, their caregivers and communities are engaged through participatory behaviour change interventions
- Adolescents have access to information on health, including sexual, reproductive and mental health

²⁸ This benchmark is specific to health facilities; however, an equivalent benchmark will be used for community-based service delivery through a community-based cadre of health workers, for countries/ contexts with community health systems in place.

²⁹ Quality of care (QoC) is defined as “the extent to which health care services provided to individuals and patient populations improve desired health outcomes. In order to achieve this, health care must be safe, effective, timely, efficient, equitable and people-centred.” See WHO, *What is the Quality of Care Network?*

³⁰ See UNICEF, *The UNICEF Health Systems Strengthening Approach*, 2016.


³¹ See WHO, *About IHR*.

³² The United Nations Commission on Life-Saving Commodities for Women and Children aims to increase access to life-saving medicines and health supplies for the world's most vulnerable people by championing efforts to reduce barriers that block access to essential health commodities. These 13 commodities are Oxytocin, Misoprostol, Magnesium sulphate, Injectable antibiotics, Antenatal corticosteroids, Chlorhexidine, Resuscitation devices, Amoxicillin, Oral rehydration salts, Zinc, Female condoms, Contraceptive implants and emergency contraceptives.

2.3.3 HIV/AIDS

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

COMMITMENTS	BENCHMARKS
<p>1. Prevention and testing</p> <p>Children, adolescents and women have access to information and services for HIV prevention, including HIV testing</p>	<ul style="list-style-type: none">• HIV prevention services are available and used, including information on post-rape care, HIV post-exposure prophylaxis and sexually transmitted infection (STI) treatment• Confidential and voluntary HIV testing is available and used
<p>2. Access to HIV treatment</p> <p>Children, adolescents and women living with HIV access sustained care and treatment services</p>	<ul style="list-style-type: none">• HIV and AIDS care and treatment services, including antiretroviral treatment, are available and accessed by 90% of children, adolescents and women living with HIV, both newly identified and those previously known to be living with HIV• Services for prevention of mother-to-child transmission of HIV (PMTCT) are available and used by pregnant and lactating women, including 90% accessing HIV testing and 90% of those found to be positive accessing lifelong antiretroviral treatment• At least 90% of children, adolescents and women who start treatment access continuous treatment and are retained in care
<p>3. Community engagement for behaviour and social change</p> <p>At-risk and affected populations have timely access to culturally appropriate, gender- and age-sensitive information and interventions, to improve prevention practices, care and treatment</p>	<ul style="list-style-type: none">• Children, their caregivers and communities are aware of how and where to access services for HIV prevention, care and treatment• Children, their caregivers and communities are engaged through participatory behaviour change interventions on HIV prevention, care and treatment

STRATEGIC RESULT	
Children, adolescents and women have access to diets, services and practices that improve their nutritional status ³³	
COMMITMENTS	BENCHMARKS
<p>1. Leadership and coordination</p> <p>Effective leadership and coordination are established and functional</p> <p> See 2.1.2 Coordination</p>	<ul style="list-style-type: none">• Nutrition cluster/sector coordination and leadership functions are adequately staffed and skilled at national and sub-national levels• Core leadership and coordination accountabilities are delivered
<p>2. Information systems and nutrition assessments</p> <p>Monitoring and information systems for nutrition, including nutrition assessments, provide timely and quality data and evidence to guide policies, strategies, programmes and advocacy</p>	<ul style="list-style-type: none">• Relevant data and evidence on the type, degree, extent, determinants and drivers of maternal and child malnutrition and of the groups most at risk are available• Multisectoral data and evidence guide timely decision-making, support monitoring, and enable course correction of preparedness and response
<p>3. Prevention of stunting³⁴ wasting³⁵ micronutrient deficiencies and overweight³⁶ in children aged under five years</p> <p>Children aged under five years benefit from diets, practices and services that prevent stunting, wasting, micronutrient deficiencies and overweight</p>	<ul style="list-style-type: none">• Caregivers of children aged 0-23 months are supported to adopt recommended infant and young child feeding (IYCF) practices, including both breastfeeding and complementary feeding³⁷• Children aged 0-59 months have improved nutritional intake and status through age-appropriate nutrient-rich diets, micronutrient supplementation, home-fortification of foods and deworming prophylaxis, according to context
<p>4. Prevention of undernutrition, micronutrient deficiencies, and anaemia in middle childhood and adolescence³⁸</p> <p>Children in middle childhood (5-9 years) and adolescent girls and boys (10-19 years) benefit from diets, practices and services that protect them from undernutrition, micronutrient deficiencies and anaemia³⁹</p>	<ul style="list-style-type: none">• Children in middle childhood have access to community- and school-based package of interventions that includes at a minimum: iron supplementation, deworming prophylaxis⁴⁰ nutrition education, counselling and support, according to context• Adolescent girls and boys have access to community- and school-based package of interventions that includes at a minimum: iron and folic acid supplementation, deworming prophylaxis, nutrition education, counselling and support, according to context

³³ The **nutrition situation** of children, adolescents and women is **determined by their diets** (e.g. breastfeeding and age-appropriate nutrient-rich foods, with safe drinking water and household food security at all times), the quality of the **nutrition services** they benefit from (e.g. services that protect, promote and support good nutrition) and their **nutrition practices** (e.g. age-appropriate feeding, dietary and hygiene practices).

³⁴ **Stunting** in children 0-59 months is defined as a height-for-age below -2 SD (standard deviation) from the WHO Child Growth Standards median for a child of the same age and sex. **Moderate stunting** is defined as below -2 SD and greater than or equal to -3 SD. **Severe stunting** is defined as below -3 SD.

³⁵ **Wasting** in children 0-59 months is defined as a weight-for-height below -2 SD from the WHO Child Growth Standards median for a child of the same height and sex. **Moderate acute malnutrition (MAM)** is defined by moderate wasting (weight-for-height below -2 and above or equal to -3 SD) and/or (in the case of children 6-59 months) mid-upper-arm-circumference (MUAC) of less than 125mm and above or equal to 115mm. **Severe acute malnutrition (SAM)** is defined by the presence of severe wasting (weight-for-height below -3 SD) bilateral pitting oedema (kwashiorkor) and/or (in the case of children 6-59 months) a MUAC of less than 115mm.

³⁶ **Overweight** in children aged 0-59 months is defined as a weight-for-height above +2 SD from the WHO Child Growth Standards median for a child of the same height and sex. Severe overweight (above +3 SD) is referred to as obesity.

³⁷ **Infant and Young Child Feeding (IYCF)** refers to the feeding of infants and young children aged 0-23 months. IYCF programmes focus on the protection, promotion and support of early initiation of breastfeeding within one hour of birth, exclusive breastfeeding for the first six months of life, timely introduction of diverse complementary foods and age-appropriate complementary feeding practices along with continued breastfeeding for two years or beyond.

³⁸ **Undernutrition among adolescents** includes stunting and underweight or thinness. In **adolescence, underweight or thinness** is defined as Body Mass Index (BMI)-for-age Z-score below -2 SD from the 2007 WHO Growth Reference Standard for Children and Adolescents (5-19 years). Severe thinness is defined as BMI-for-age Z-score below -3 SD. **Stunting** is defined as height-for-age below -2 SD. **Severe acute malnutrition** in adolescents aged 10-14 years is defined by a MUAC of less than 160 mm and signs of severe visible wasting or bilateral pitting oedema.

³⁹ **Anaemia** classified on the basis of the WHO recommended cut-offs for haemoglobin concentrations as follows: haemoglobin levels g/l: children 5-11 years ≥ 115 (no anaemia) 110-114 (mild) 80-109 (moderate) <80 (severe); children 12-14 years ≥ 120 (no anaemia), 110-119 (mild) 80-109 (moderate), <80 (severe); non-pregnant women 15 years and above ≥ 120 (no anaemia), 110-119 (mild) 80-109 (moderate), <80 (severe). In settings where anaemia prevalence among children 5-12 years is 20% or higher, iron supplementation should be provided. Similarly, in settings where anaemia prevalence among menstruating adolescent girls 10-19 years is 20% or higher, iron and folic acid supplementation should be provided to adolescents.

⁴⁰ In areas where the baseline prevalence of any soil-transmitted helminth infection is 20% or higher among children 5-12 years and non-pregnant adolescent girls 10-19 years.

5. Prevention of undernutrition⁴¹ micronutrient deficiencies, and anaemia in pregnant women and breastfeeding mothers


Pregnant women and breastfeeding mothers benefit from diets, practices and services that protect them from undernutrition, micronutrient deficiencies and anaemia

6. Nutrition care for wasted children

Children aged under five years benefit from services for the early detection and treatment of severe wasting and other forms of life-threatening acute malnutrition in early childhood


7. System strengthening for maternal and child nutrition

Services to prevent and treat malnutrition in children, adolescents and women are provided through facility- and community-based delivery mechanisms in ways that strengthen national and sub-national systems

 **See 2.2.4 Linking humanitarian and development**

8. Community engagement for behaviour and social change

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

 **See 2.2.7 Community engagement for behaviour and social change**

- Pregnant women and breastfeeding mothers - with special attention to pregnant adolescent girls and other nutritionally at-risk mothers – have access to a package of interventions that includes at a minimum: iron and folic acid/multiple micronutrient supplementation, deworming prophylaxis, weight monitoring, nutrition counselling, and nutrition support through balanced energy protein supplementation, according to context


- All children aged under five years in affected areas are screened regularly for the early detection of severe wasting and other forms of life-threatening acute malnutrition and are referred as appropriate for treatment services
- All children aged under five years suffering from severe wasting and other forms of life-threatening acute malnutrition in affected areas benefit from facility- and community-based services that provide effective treatment assuring survival rates >90%, recovery rates >75% and default rates <15%⁴²
- National and sub-national systems delivering health, water and sanitation, education, child and social protection are supported to:
 - Align their policies, programmes and practices with internationally agreed standards and guidance on nutrition
 - Deliver evidence-based interventions with a workforce supported in their knowledge, skills and capacity in nutrition
 - Procure and deliver essential nutrition supplies in a timely manner through facility- and community-based platforms

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

⁴¹ For the purpose of this document, **undernutrition in non-pregnant women of reproductive age** is referred to as “thinness” and defined as having a BMI below 18.5 kg/m². For girls (15-19 years), refer to footnote 56 on adolescents.

⁴² Sphere standards state that the population of discharged individuals from treatment of severe acute malnutrition is made up of those who have recovered, died, defaulted or not recovered. The **survival rate** in this document refers to the total number of individuals who recover, default or do not recover divided by the total number discharged x 100. **Recovery rate** is calculated using the total number of individuals recovered divided by the total number discharged x 100. The **default rate** is calculated using the total number of individuals who defaulted divided by the total number discharged x 100.

2.3.5 Child protection

STRATEGIC RESULT	
Children and adolescents are protected from violence, exploitation, abuse, neglect and harmful practices	
COMMITMENTS	BENCHMARKS
<p>1. Leadership and coordination</p> <p>Effective leadership and coordination are established and functional</p> <p> See 2.1.2 Coordination</p>	<ul style="list-style-type: none">• Child Protection Sector/Area of Responsibility (AoR) coordination and leadership functions are adequately staffed and skilled at national and sub-national levels• Core leadership and coordination accountabilities are delivered
<p>2. Strengthening of child protection systems</p> <p>Child protection systems are functional and strengthened to prevent and respond to all forms of violence, exploitation, abuse, neglect and harmful practices</p> <p> See 2.2.4 Linking humanitarian and development</p>	<ul style="list-style-type: none">• Mechanisms to assess, analyse, monitor and report child protection concerns and their root causes are established and functional at national and local levels• Mapping of the social service workforce is conducted, and capacity-building plans are developed accordingly• Integrated case management system, including referral pathways for services and a safe information management system, is functional• Families and communities are supported in their protective functions, with measures in place to mitigate and prevent abuse, neglect, exploitation and violence against children• Civil registration systems provide accessible and safe birth registration and certification for children and their families
<p>3. Mental health and psychosocial support (MHPSS)</p> <p>MHPSS needs of children, adolescents, and caregivers are identified and addressed through coordinated multisectoral and community-based MHPSS services</p>	<ul style="list-style-type: none">• Family and community support systems are identified and strengthened to provide MHPSS activities and protection with meaningful participation of children, adolescents, and caregivers• MHPSS interventions and referral mechanisms ensure access to support across the IASC MHPSS pyramid of interventions for children, adolescents, caregivers, and communities, as per the Operational Guidelines on Community-based Mental Health and Psychosocial Support in Humanitarian Settings• All children, adolescents, and caregivers identified through MHPSS service entry points (including child protection, education and health) as needing specialised mental health services, are provided or referred to appropriate services
<p>4. Unaccompanied and separated children (UASC)</p> <p>Separation of children from families is prevented and responded to, and family-based care is promoted in the child's best interest</p>	<ul style="list-style-type: none">• Causes of child separation are identified in a timely manner and actions to prevent separation, including use of behavioural change strategies, are promoted• All UASC are identified, are in family-based care or in a suitable, safe, alternative care arrangement; and are provided with an individual case management/care plan• In close coordination with mandated agencies⁴³, UASC are registered, safely reunified and reintegrated with primary caregivers or other family members



5. Monitoring and reporting on grave violations⁴⁴

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

6. Children associated with armed forces and groups and detention of children in the context of armed conflict

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

7. Mine action and weapons

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

8. Gender-based Violence

Survivors of GBV and their children can access timely, quality, multisectoral response services and GBV is prevented

9. Protection from sexual exploitation and abuse

Children and affected populations are protected from SEA by humanitarian workers

 See 2.1.5 PSEA

- A mechanism is in place that monitors grave violations against children and informs advocacy and programmes
- Where the [Monitoring and Reporting Mechanism \(MRM\)](#)⁴⁵ is activated, UNICEF co-chairs the Country Task Force on Monitoring and Reporting or equivalent working group and reports to the Security Council Working Group on Children and Armed Conflict

- Drivers and causes of child recruitment and use are identified, prevented and addressed
- Children who have exited armed forces or groups are identified and provided with safe, community-based reintegration services in accordance with the [Paris Principles](#)
- Coordinated advocacy against illegal and arbitrary detention and for adherence to international standards of juvenile justice⁴⁶ for conflict-affected children is undertaken, including for their immediate release to child protection actors

- At-risk children and communities have access to age-appropriate education about the risks of explosive weapons
- Formal/informal injury surveillance systems and priority-setting mechanisms for mine action intervention, and child-focused victim assistance, are in place
- Advocacy activities are implemented to promote humanitarian mine action and compliance with international instruments related to explosive weapons

- Quality, coordinated, survivor-centred and age-appropriate response services are timely, available and used by survivors of GBV
- GBV prevention programmes are implemented
- Child protection programmes implement actions that address and reduce risks of GBV

- All children have access to safe, accessible, child and gender-sensitive reporting channels
- Child survivors of SEA are promptly referred to and access quality, integrated GBV/child protection response services and assistance based on their needs and wishes

⁴³ Including the specific mandate of the ICRC and the National Societies, as well as that of UNHCR (for refugees). See [Field Handbook on UASC](#).

⁴⁴ Grave violations include killing and maiming of children; recruitment or use of children as soldiers; sexual violence against children; abduction of children; attacks against schools or hospitals; denial of humanitarian access for children.

⁴⁵ The Monitoring and Reporting Mechanism (MRM) is a mechanism established by Security Council Resolution 1612. Through this and subsequent related resolutions, UNICEF is mandated to support monitoring and reporting on grave child rights violations to the Security Council. See above for the list of grave violations.

⁴⁶ CRC; International Covenant on Civil and Political Rights; UN Standard Minimum Rules for the Administration of Juvenile Justice (Beijing Rules); UN Rules for the Protection of Juveniles Deprived of their Liberty (Havana Rules); UN Guidelines for the Prevention of Juvenile Delinquency (Riyadh Rules); UN Minimum Rules for Non-Custodial Measures (Tokyo Rules); UN Guidelines for Action on Children in the Criminal Justice System (Vienna Guidelines).

10. Community engagement for behaviour and social change

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

See 2.2.7 Community engagement for behaviour and social change

- Children, their caregivers and communities are aware of available protection services and how and where to access them
- Children, their caregivers and communities are engaged in community-led processes designed to support positive social norms and practices; promote gender equality; address the causes of child protection risks; and increase the focus on participation of children, adolescents and marginalized groups in their communities

2.3.6 Education

STRATEGIC RESULT	
Children and adolescents have access to inclusive, quality education and learning in safe and protective environments	
COMMITMENTS	BENCHMARKS
<p>1. Leadership and coordination</p> <p>Effective leadership and coordination are established and functional</p> <p>See 2.1.2 Coordination</p>	<ul style="list-style-type: none">• Education sector/cluster coordination and leadership⁴⁷ functions are adequately staffed and skilled at national and sub-national levels• Core leadership and coordination accountabilities are delivered
<p>2. Equitable access to learning</p> <p>Children and adolescents have equitable access to inclusive and quality learning opportunities</p>	<ul style="list-style-type: none">• Formal and non-formal education programmes, including early learning and skills⁴⁸, are available and used• Inclusive access to education opportunities is ensured with a specific attention to girls, children with disabilities, refugees, displaced children and other marginalized or vulnerable children⁴⁹• Teachers and other education personnel are trained to provide quality learning• Learning is measured to monitor the quality of education
<p>3. Safe learning environments</p> <p>Children and adolescents have equitable access to safe and secure learning environments</p>	<ul style="list-style-type: none">• Preventive measures are taken to make learning environments safe and accessible• Learning environments are free from sexual harassment, abuse and violence• Preventive measures are taken to make learning environments healthy and free from disease outbreaks

⁴⁷ UNICEF co-leads the Education Cluster at global level, through a MoU with Save the Children.

⁴⁸ Including foundational skills, transferable skills, digital skills, and job-specific skills. See [UNICEF Education Strategy 2019-2030](#).

⁴⁹ **Vulnerability** is the extent to which some people may be disproportionately affected by the disruption of their physical environment and social support mechanisms following disaster or conflict. Vulnerability is specific to each person and each situation. **Vulnerable groups** are those most exposed to risk, and particularly susceptible to the effects of environmental, economic, social and political shocks and hazards. They may include: children, adolescents, women, older people, pregnant adolescents and women, child and female-headed households, people with disabilities, unaccompanied minors, people from marginalized groups and the poorest of the poor, **people marginalized** by their society due to their ethnicity, age, gender, sexual identity, disability status, class or caste, political affiliations or religion. The typology of vulnerable groups may evolve depending on contexts and risks.

4. Mental Health and Psychosocial support

Mental Health and Psychosocial support for students, teachers and other education personnel is available in learning environments

- Gender- and age-appropriate mental health and psychosocial support programmes are delivered in schools and learning environments

5. Strengthening of education systems


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

 **See 2.2.4 Linking humanitarian and development**

- Education plans, budgets and programmes are informed by risk and conflict analysis
- Continuity of education for all children is ensured, with a specific attention to girls, children with disabilities, refugees, displaced children and other marginalized or vulnerable children. Vulnerable groups⁵⁰ are factored into education plans, budgets and programmes

6. Community engagement for behaviour and social change


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

 **See 2.2.7 Community engagement for behaviour and social change**


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

⁵⁰ Ibid.

2.3.7 Water, sanitation and hygiene (WASH)

STRATEGIC RESULT	
Children and their communities have equitable access to, and use, safe water and sanitation services, and adopt hygiene practices	
COMMITMENTS	BENCHMARKS
<p>1. Leadership and coordination</p> <p>Effective leadership and coordination are established and functional</p> <p> See 2.1.2 Coordination</p>	<ul style="list-style-type: none">• WASH sector/cluster coordination and leadership functions are adequately staffed and skilled at national and sub-national levels• Core leadership and coordination accountabilities are delivered
<p>2. Water supply</p> <p>Affected populations have safe and equitable access to, and use a sufficient quantity and quality of water to meet their drinking and domestic needs</p>	<ul style="list-style-type: none">• Quantity of water meets an initial minimum survival level of 7.5 litres, to at least 15 litres per person per day (Sphere)⁵¹• Drinking water supply services meet at least “basic”⁵² level, as per Joint Monitoring Programme⁵³ (JMP) standards• Quality of water meets WHO or national standards
<p>3. Sanitation</p> <p>Affected populations have safe access to, and use appropriate sanitation facilities; and excreta is safely managed</p>	<ul style="list-style-type: none">• No-one is practicing open defecation• A maximum ratio of 20 people per functioning shared toilet, separated for men and women, with locks, child-friendly features and hand washing facilities, is ensured⁵⁴ and adapted to people with disabilities⁵⁵• Sanitation service meets at least “limited”⁵⁶ level, as per JMP standards• Excreta is safely contained, collected, transported, treated and disposed of in a way that safeguards public health



 ⁵¹ The quantity of water needed for drinking, hygiene and domestic use depends upon the context. It will be influenced by factors such as pre-crisis use and habits, excreta containment design and cultural habits. A minimum of 15 litres per person per day is established practice in humanitarian response. It is never a “maximum” and may not suit all contexts. In the acute phase of a drought, 7.5 litres per person per day may be appropriate for a short time. In an urban middle-income context, 50 litres per person per day may be the minimum acceptable amount to maintain health and dignity.

⁵² “Basic” drinking water supply service level as per the joint WHO/UNICEF Joint Monitoring Programme (JMP), refers to “Drinking water from an improved source, provided collection time is not more than 30 minutes for a roundtrip including queuing.”

⁵³ The joint WHO/UNICEF Joint Monitoring Programme (JMP) for Water Supply Sanitation and Hygiene provides regular global reports on drinking-water and sanitation coverage to facilitate sector planning and management, to support countries in their efforts to improve their monitoring systems, and to provide information for advocacy.

⁵⁴ During the first days and weeks of a rapid-onset crisis, target a minimum ratio of 1 per 50 people, which must be improved as soon as possible. A medium-term minimum ratio is 1 per 20 people, with a ratio of 3:1 for female to male toilets.

⁵⁵ At least 1 out of 10 toilet cubicles are accessible for children and persons with disabilities.

⁵⁶ “Limited” sanitation service level as per JMP refers to “Use of improved facilities shared between two or more households.”

4. WASH in health care facilities and learning environments

Affected populations have safe access to, and use, appropriate WASH services in health care and learning facilities for children


5. WASH system strengthening

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

 See 2.2.4 Linking humanitarian and development

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

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

 See 2.2.7 Community engagement for behaviour and social change



- Health care and nutrition treatment facilities meet at least “basic”⁵⁷ JMP service levels for water, sanitation and hygiene services
 - Learning facilities/schools for children, child-friendly spaces and protection-transit centres have at least “basic”⁵⁸ JMP service levels for water, sanitation and hygiene services
 - Affected populations benefit from hygiene awareness-raising activities and have access to hygiene and menstrual health information
-
- Periodic risk assessments are conducted and inform sector policies and preparedness plans
 - Capacity development and technical support are provided to all stakeholders at national and sub-national levels on linking humanitarian, development and peacebuilding⁵⁹
-
- Children, their caregivers and communities are aware of available WASH services and how and where to access them
 - Children, their caregivers and communities are engaged through participatory behaviour change interventions
 - Affected people receive key hygiene communication in a timely manner
 - At least 70% of target population is aware of key public health risks related to water, sanitation and hygiene and can adopt measures to reduce them
 - Handwashing facilities are available as per the SPHERE standards
 - Affected populations have access to necessary hygiene items to adequately undertake essential daily personal and household hygiene activities
 - Affected populations benefit from hygiene awareness-raising activities and have access to hygiene and menstrual health information. Women and girls have access to menstrual supplies and facilities in the community

⁵⁷ “Basic” WASH services in health care facilities as per JMP refer to 1) Water is available from an improved source on the premises; 2) Improved sanitation facilities are usable with at least one toilet dedicated for staff, at least one sex-separated toilet with menstrual hygiene facilities, and at least one toilet accessible for people with limited mobility; 3) Functional hand hygiene facilities (with water and soap and/or alcohol-based hand rub) are available at points of care, and within 5 metres of toilets.

⁵⁸ “Basic” WASH services in schools as per JMP refer to 1) Drinking water from an improved source is available at the school; 2) Improved sanitation facilities, which are single-sex and usable at the school are available; 3) Handwashing facilities, which have water and soap available.

⁵⁹ Capacity development and technical support aim to reinforce, among others, WASH institutional arrangements; coordination; risk-informed sector policies plans and strategies; and financing.

2.3.8 Social protection

STRATEGIC RESULT	
Vulnerable children, adolescents and their caregivers have access to financial support to meet their essential needs	
COMMITMENTS	BENCHMARKS
<p>1. Coordination</p> <p>Effective coordination is established and functional</p>	<ul style="list-style-type: none">• Coordination between the social protection and the humanitarian cash coordination systems is established and functional
<p>2. Support social protection systems⁶⁰</p> <p>Adequate support is provided for the effective functioning of social protection systems</p> <p> See 2.2.4 Linking humanitarian and development</p>	<ul style="list-style-type: none">• Technical assistance is provided to existing social protection systems to maintain regular social protection programmes, including social transfer payments• Where appropriate and feasible, multisector humanitarian cash transfers are designed to strengthen and/or build nascent social protection system• Where appropriate and feasible, technical and/or financial assistance is provided to adjust and/or scale up social transfers to respond to newly identified needs⁶¹
<p>3. Access to social transfers</p> <p>Support national systems to address financial barriers of the most disadvantaged and vulnerable families to meet their essential needs</p>	<ul style="list-style-type: none">• Scale-up of social transfer programmes includes groups at risk of social exclusion⁶² when relevant and feasible• Links between social transfers and social services are promoted• Risk assessments are undertaken to implement safest access modality for at-risk groups, including girls and women
<p>4. Community engagement and AAP</p> <p>Communities are consulted and informed on the planning, design and implementation of social protection programmes</p> <p> See 2.1.6 AAP</p>	<ul style="list-style-type: none">• Social protection system scale-up is informed by community consultation• Any changes to procedures and requirements for social transfers are communicated to the population• Mechanisms to seek feedback and redress grievances are functional

 See 2.2.8 Humanitarian cash transfers

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⁶⁰ **Social protection system** refers to a system comprising the following key components: (i) evidence; (ii) policy, legal framework, finance and coordination; (iii) programmes (including social transfers); and (iv) institutional arrangements.

⁶¹ **Scale-up** refers to a range of options including (but not only): introduction of new programmes by the government; expansion of existing programmes; use of some or all components of the programmes' operational system by other ministries (especially Disaster Risk Management) and/or other humanitarian actors such as UNICEF, to deliver humanitarian assistance.

⁶² The typology of **groups at risk of social exclusion** may evolve depending on contexts and risks. This may include pregnant women and child- and female-headed households, people with disabilities, people living with HIV, displaced people, refugees, migrants.

2.4 Cross-sectoral commitments

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



2.4.1 Gender equality and empowerment of girls and women

STRATEGIC RESULT	
Children, adolescents and their communities benefit from gender-responsive programmes and services	
COMMITMENTS	BENCHMARKS
<p>1. Ending Gender-Based Violence</p> <p>GBV prevention and risk mitigation⁶³ for all⁶⁴ is included in programmes, with a focus on the safety and resilience of girls and women</p> <p> See 2.3.1 Needs assessments, planning, monitoring and evaluation</p>	<ul style="list-style-type: none">• Programmes are designed to prevent and mitigate the risks of GBV• Coordination is established with GBV actors to ensure that GBV is mainstreamed in all sectors• All sectors’ frontline workers and personnel are trained and equipped with information on available GBV response services and referral procedures to support GBV survivors
<p>2. Community engagement and AAP with girls and women</p> <p>Adolescent girls, women and their respective organizations are actively engaged in the design and delivery of programmes</p> <p> See 2.2.7 Community engagement for behaviour and social change and 2.1.6 AAP</p>	<ul style="list-style-type: none">• Organizations representing adolescent girls, women’s rights and youth are engaged in programme design, delivery and monitoring• Women and adolescent girls are equitably represented in community feedback and complaints mechanisms• Men and boys are mobilized to support and promote gender equality and the rights and engagement of women and girls
<p>3. Gender-responsive programming, including a lens on adolescent girls</p> <p>Analyses, needs assessments, programming and enabling environments (e.g. partnerships, communications) respond to the distinct needs and experiences of girls, women, boys and men</p> <p> See 2.3.1 Needs assessments, planning, monitoring and evaluation</p>	<ul style="list-style-type: none">• Context-specific gender analysis informs the design and delivery of programmes in all sectors• Planning, monitoring and evaluation of programmes, as well as reporting, include sex- and age-disaggregated data and strategic gender indicators, in accordance with the UNICEF Gender Action Plan• Programmes intentionally promote positive behaviour and social change toward gender equality, especially by empowering adolescent girls• Programmes and enabling environment services provided and/or supported are gender-responsive and address the different needs of girls, boys, men and women

⁶³ Comprehensive GBV programming includes prevention, risk mitigation and response services for survivors. This commitment reinforces the need for quality multisectoral programming in the areas of prevention and risk mitigation, which has lagged behind response services. See GBV AoR, [The Interagency Minimum Standards for Gender-Based Violence in Emergencies Programming](#), 2019.

⁶⁴ GBV, including sexual violence, does not discriminate by sex or age. However, reported and unreported rates of GBV are significantly higher for girls and women. Therefore, as per UNICEF programming guidance, an intentional programming approach with and for girls and women must be prioritised, in addition to engaging boys and men.

2.4.2 Disabilities

STRATEGIC RESULT	
Children and adolescents with disabilities and their caregivers have inclusive and safe access to humanitarian services and programmes	
COMMITMENTS	BENCHMARKS
<p>1. Inclusive needs assessments, planning and monitoring</p> <p>The needs of children with disabilities⁶⁵ and their caregivers are identified and reflected in planning and monitoring</p>	<ul style="list-style-type: none">• Identification of risks and barriers faced by children with disabilities is included in needs assessments and analysis, and incorporated in humanitarian programme planning and monitoring <p> See 2.3.1 Needs assessments, planning, monitoring and evaluation</p>
<p>2. Inclusive and safe access to information and services</p> <p>Children with disabilities and their caregivers have safe access to humanitarian programmes</p>	<ul style="list-style-type: none">• Physical accessibility for children with disabilities is included in planning and design of humanitarian services and facilities• Accessibility of communication and information for children with disabilities is incorporated in planning and design of humanitarian programmes
<p>3. Participation</p> <p>Children with disabilities participate in the design of programmes and in the decisions that affect their lives</p>	<ul style="list-style-type: none">• Community-based mechanisms/platforms exist for the systematic engagement of children with disabilities <p> See 2.2.7 Community engagement for behaviour and social change</p>

⁶⁵ The Convention on the Rights of Persons with Disabilities states that “persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.”

2.4.3 Early childhood development (ECD)⁶⁶


STRATEGIC RESULT	
Young children ⁶⁷ have equitable access to essential services and parents and caregivers are supported to engage in nurturing care ⁶⁸	
COMMITMENTS	BENCHMARKS
1. Access to services Young children have equitable and safe access to essential services to fulfil their developmental needs	<ul style="list-style-type: none">Targeted interventions for young children are integrated into health, nutrition, WASH, child protection, education, early learning and parenting programmes
2. Support to parents and caregivers Parents and caregivers are supported to practice nurturing care	<ul style="list-style-type: none">Support to practice nurturing care is available, inclusive and gender-sensitive and used by parents and caregivers with specific attention to adolescents and young parents
3. Capacity-building Capacity of frontline workers and partners in inclusive ECD and nurturing care is strengthened	<ul style="list-style-type: none">Training in ECD and nurturing care is conducted with health, nutrition, WASH, child protection and education frontline workers and partners

⁶⁶ **Early Childhood** refers to the period of life from conception to school entry. Development is an outcome, it is a continuous process of acquiring skills and abilities across the domains of cognition, language, motor, social and emotional development and occurs as a result of the interaction between the environment and the child.

⁶⁷ **Young children** include children between the age of 0-8 years or the age of school entry.

⁶⁸ **Nurturing care** refers to conditions created by public policies, programmes and services, which enable communities and caregivers to ensure children's developmental needs through good health, hygiene and nutrition practices, early learning, protecting them from threats and responsive caregiving.



2.4.4 Adolescent development and participation (ADAP)

STRATEGIC RESULT	
Adolescents have equitable access to services and programmes and are systematically and meaningfully engaged	
COMMITMENTS	BENCHMARKS
<p>1. Access to information and services</p> <p>Adolescent girls and boys have safe access to gender-responsive and inclusive services and programmes that promote their participation and respond to their rights and needs</p>	<ul style="list-style-type: none">• Age- and gender-responsive services and programmes addressing the priority needs of adolescent girls and boys are available, accessible and used
<p>2. Capacity development</p> <p>Adolescent girls and boys have equitable access to capacity-building opportunities, including skills development to make informed decisions on issues related to their lives, and be effective agents of change within their communities</p>	<ul style="list-style-type: none">• Training and capacity-building for adolescent girls and boys, including skills development, are available, accessible and undertaken across sectors• Adolescents are supported and promoted as agents of change
<p>3. Adolescent engagement and participation</p> <p>Adolescent girls and boys are engaged in the design and implementation of humanitarian programmes and peacebuilding initiatives</p> <p> See 2.2.7 Community engagement for behaviour and social change</p>	<ul style="list-style-type: none">• Community-based mechanisms/platforms are functional for the systematic engagement of adolescents in the design and implementation of programmes

2.5 Situation-specific commitments

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

2.5.1 Public health emergencies (PHE)

STRATEGIC RESULT	
Children and their communities are protected from exposure to and the impacts of PHEs	
COMMITMENTS	BENCHMARKS
<p>1. Coordination and leadership</p> <p>Effective coordination is established with governments and partners</p> <p> See 2.1.2 Coordination</p>	<ul style="list-style-type: none">• Interagency and intersectoral coordination mechanisms, including cross-border, are in place and allocate clear roles and responsibilities across sectors, without gaps nor duplications• UNICEF led sectors are adequately staffed and skilled at national and sub-national levels• UNICEF core leadership and coordination accountabilities are delivered⁶⁹• Surge deployments and emergency procedures are activated on a no-regrets basis• In case of the activation of the IASC Protocol for the Control of Infectious Disease Events, response modalities and capacities are adapted and scaled up accordingly
<p>2. Risk Communication and Community Engagement (RCCE)⁷⁰</p> <p>Communities are reached with targeted messages on prevention and services and are engaged to adopt behaviors and practices to reduce disease transmission and its impact. They participate in the design, implementation and monitoring of the response for ongoing corrective action</p> <p> See 2.2.7 Community engagement for behaviour and social change and 2.1.6 AAP</p>	<ul style="list-style-type: none">• Communities are reached with gender- and age-sensitive, socially, culturally, linguistically appropriate and accessible messages on disease prevention, and on promotion of continued and appropriate use of health services• Local actors are supported and empowered to raise awareness and promote healthy practices• Systems are in place to allow communities to guide the response and provide feedback for corrective action

⁶⁹ See section 2.1.2 above, [overarching commitment on coordination](#).

⁷⁰ Risk Communication and Community Engagement (RCCE) captures the range of communication, behaviour change, social and community mobilization strategies used in [containing health outbreaks](#).

3. Strengthened public health response: prevention, care and treatment for at-risk and affected populations

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

- The risk of geographical spread of the outbreak and its potential impact are monitored, to inform early response and preparedness in at-risk area
- Specific needs and vulnerabilities of children and women are considered in prevention and treatment protocols, including in the design of patient-centred treatment programmes
- Communities directly affected by the PHE are reached with Infection and prevention control (IPC)⁷¹ activities, including the provision of critical medical, WASH supplies and services at facility, community and households' levels and in public spaces
- Psychosocial support services contributing to reducing transmission and PHE-related morbidity are accessible to individuals and their families directly or indirectly affected by the PHE
- Children directly affected by the PHE receive an integrated package of medical, nutritional and psychosocial care
- Frontline workers at facility and community level are trained in IPC and provided with Personal Protective Equipment (PPE)⁷² as appropriate for each situation and role

4. Continuity of essential services⁷³ and humanitarian assistance

Essential services and humanitarian assistance are maintained and scaled-up as necessary, and communities can safely and equitably access them


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

⁷¹ Infection and prevention control (IPC) is a scientific approach and practical solution designed to prevent harm caused by infection to patients and health workers. It is grounded in infectious diseases, epidemiology, social science and health system strengthening.

⁷² Personal Protective Equipment (PPE) consists of specialized clothing or equipment worn by health and other workers for protection against infectious hazards.

⁷³ Continuity of essential services includes continued provision of primary health care (including MNCAH, immunizations, SRH, HIV/AIDS, "GBV response care", nutrition, continued access to safe water and sanitation, continued provision of child protection services, mental health and psychosocial support (MHPSS), continuity of learning through maintained access to education, and continuity of social protection systems, and other services depending on the situation.

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

STRATEGIC RESULT	
Children, their families and host communities are protected from violence, exploitation, neglect and abuse and have access to services and durable solutions	
COMMITMENTS	BENCHMARKS
<p>1. Coordination and leadership</p> <p>Effective coordination is established with UNICEF's participation</p> <p> See 2.1.2 Coordination</p>	<ul style="list-style-type: none">• Interagency and intersectoral coordination mechanisms, including cross-border, are in place and allocate clear roles and responsibilities across sectors, without gaps nor duplications⁷⁴• In situations where the Humanitarian Coordination System and Refugee Coordination Mechanism co-exist, response modalities are adapted accordingly⁷⁵• UNICEF led sectors are adequately staffed and skilled at national and sub-national levels• UNICEF core leadership and coordination accountabilities are delivered⁷⁶
<p>2. Best interest of the child</p> <p>The best interest of the child guides all actions concerning children, including status determination procedures and the identification of durable solutions</p>	<ul style="list-style-type: none">• Best interest procedures are in place, appropriately resourced and monitored• All service providers have mechanisms in place to identify vulnerable children and children at risk of violence, abuse and exploitation, and refer them to case management processes which include best interest procedures• Personnel in direct contact with children are appropriately trained and skilled• Child protection authorities/actors are involved in determining the best interest of the child as part of status determination procedures
<p>3. Reception, accommodation and care</p> <p>Children and their families have access to safe and age-, gender- and disability-appropriate reception, accommodation and care</p>	<ul style="list-style-type: none">• Child-friendly reception, accommodation and care arrangements⁷⁷ are available that provide an adequate standard of living, and support families/siblings to stay together• Child safeguarding and child protection policies and monitoring systems are integrated in all reception centres and locations hosting children and families• Unaccompanied and separated children have access to alternative care options that meet minimum standards⁷⁸



⁷⁴ Ensure complementarities between the cluster system and other coordination models, including the [Refugee Coordination Model](#) and the [Camp Coordination Camp Management](#), and when necessary refer to the [Joint UNHCR-OCHA note on coordination in mixed situation](#).

⁷⁵ Ibid.

⁷⁷ See section 2.1.2 above, overarching commitment on coordination.

4. Access to information and meaningful participation

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

- Children have timely access to information about their rights, feedback and complaints mechanisms, in a language and format that children of various ages and backgrounds can understand and use

📖 See 2.2.7 Community engagement for behaviour and social change and 2.1.6 AAP

- Children are enabled and supported to meaningfully participate in all decisions affecting their lives

5. Access to services

Children have access to essential services⁷⁹, without discrimination, regardless of their legal status

- In line with UNICEF's sectoral commitments, essential services are provided to all children through supporting national planning processes and budgets; strengthening systems for service provision; and, where needed, directly providing services across all sectors
- Referral pathways and plans to ensure continued access to services during a crisis are established

⁷⁷ Community and family-based care, rather than institutionalization such as shelters, should be prioritised.

⁷⁸ UN General Assembly Resolution (A/RES/64/142), *Guidelines for the Alternative Care of Children*.

⁷⁹ Including education, healthcare, nutrition, child protection, mental health and psychosocial support, water and sanitation, shelter, civil registration, leisure, legal aid, social protection, independent representation and guardianship for unaccompanied children.

3. OPERATIONAL COMMITMENTS

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

Benchmarks describe the performance levels expected against the commitments. They are drawn from global humanitarian

standards, including [Sphere Standards](#) and the [Core Humanitarian Standard on Quality and Accountability](#) (CHS).

They are aligned with [UNICEF's Emergency Procedures](#) and monitored through the [CCCs Operational Monitoring Framework](#).

OVERARCHING COMMITMENT:

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

3.1 Administration and finance

COMMITMENTS	BENCHMARKS
1. Efficient use of resources Programmes are delivered through transparent and efficient use of resources	<ul style="list-style-type: none">Financial accountability, internal governance, control mechanisms and risk management are in place and regularly updatedAppropriate levels of authority are delegated within the CO to facilitate rapid and flexible response at field level
2. Timely disbursement of funds Cash is disbursed to partners and vendors in a timely manner and in compliance with established procedures	<ul style="list-style-type: none">Cash replenishment processes are in place and alternative options identifiedCash and funds transfer mechanisms are in place and cash availability is regularly assessedFunds are disbursed in a timely manner, for intended purposes and in compliance with established procedures
3. UNICEF field presence Safe and conducive working environments and appropriate accommodation are in place to enable UNICEF field presence and programme delivery	<ul style="list-style-type: none">Staff are provided with adequate resources, office space, equipment, transportation, accommodation, security and logistics support which meet the duty of care principles and facilitate the delivery of programmesPractical business continuity plans are in place and tests are conducted on a regular basis


3.2 Human resources


COMMITMENTS	BENCHMARKS
<p>1. Timely deployment</p> <p>Timely deployment of personnel at the onset of emergencies enables rapid emergency response</p>	<ul style="list-style-type: none">Experienced and suitable personnel are identified within 48 hours after the sudden onset or deterioration of a humanitarian crisis and are deployed through surge mechanisms
<p>2. Planning</p> <p>ROs, COs and field offices are adequately staffed to enable ongoing humanitarian response</p>	<ul style="list-style-type: none">Human resource plans are established for immediate, medium- and longer-term needs, including scale-up, scale-down and exit strategies⁸⁰
<p>3. Well-being</p> <p>Duty of care for UNICEF personnel is assured</p>	<ul style="list-style-type: none">Duty of care measures are in placeUNICEF personnel receive information on available care/ support
<p>4. Capacity</p> <p>UNICEF personnel have appropriate knowledge of emergency preparedness and response</p>	<ul style="list-style-type: none">Personnel complete applicable mandatory training and have access to supplementary training/learning on emergency preparedness and response
<p>5. Standards of conduct</p> <p>UNICEF personnel observe organizational standards of conduct, both as an individual responsibility and an organizational commitment. These include standards on discrimination, harassment, sexual harassment and abuse of authority, child safeguarding and SEA</p>	<ul style="list-style-type: none">Standards of conduct are disseminated and UNICEF personnel complete applicable mandatory trainingAppropriate and timely action is taken in response to any breachesLeadership promotes a culture that aligns with the organization's standards of conductComplaint and feedback mechanisms are in place and accessible to affected populations and external stakeholders⁸¹

⁸⁰ Surge support is planned for three months, possibly six months.

⁸¹ Every programme lead is responsible for the establishment of complaint and feedback mechanisms.

3.3 Information and communication technology (ICT)


COMMITMENTS	BENCHMARKS
<p>1. Timely deployment</p> <p>ICT infrastructure and solutions are deployed in a timely manner, supporting efficient programme implementation and staff security</p>	<ul style="list-style-type: none">• All high-risk COs preposition essential, ready-to-use emergency ICT kits• Core UNICEF information systems and associated infrastructure are in place, including secure corporate data connectivity• Platforms, tools and end-user devices are provided for data collection and analysis and for communication with the affected population• Shared telecommunications and data communications service delivery options are identified with partners
<p>2. Capacity</p> <p>ICT personnel have the capacity to respond to emergencies in line with Telecoms Security Standards and interagency standards</p>	<ul style="list-style-type: none">• Field ICT personnel are trained and involved in emergency simulation exercises at interagency, regional and country level
<p>3. Data protection</p> <p>Data privacy and adherence to protection principles and standards are ensured while processing personal and sensitive data about affected or at-risk populations</p>	<ul style="list-style-type: none">• Technical and organizational safeguards and procedures are implemented to ensure proper data management⁸², data protection and privacy⁸³ <p> See 1.3.9 Ethical evidence generation and data protection</p>



⁸² In line with UNICEF's data retention policy.

⁸³ In line with the undg recommendation on Data Protection, Security and Governance (link to be updated), the UN Evaluation Group's Ethical Guidelines, the Handbook on Data Protection in Humanitarian Action and the UNICEF Policy on Personal Data Protection.

3.4. Communication and advocacy

COMMITMENTS	BENCHMARKS
<p>1. Communication</p> <p>Accurate information on the situation and needs of children, women and their communities and UNICEF’s response are shared in a timely manner</p>	<p>In line with UNICEF’s child safeguarding policy and ethical and safety standards:</p> <ul style="list-style-type: none">• Communication strategies are implemented in a coherent manner at country, regional and global levels• Information is released rapidly and regularly in anticipation of, and during the immediate aftermath (within 24 hours) of new emergencies or new developments in protracted crises• Key messages and updated facts are regularly shared with external audiences through media, digital channels and multi-media assets supporting audience engagement and resource mobilization
<p>2. Advocacy</p> <p>Advocacy is conducted at country, regional and global levels to protect the rights of children, women and their communities, promote adherence to international laws and standards, facilitate principled humanitarian access and the delivery of programmes, and promote child-friendly policies and practices</p> <p> See 1.3.2 Humanitarian advocacy</p>	<ul style="list-style-type: none">• Advocacy strategies are actioned in a coherent manner at country, regional and global levels to address priority child rights issues and critical programming or policy gaps• Reliable data and child-specific information are regularly collected and used safely and ethically to influence decision-makers


3.5 Partnerships with governments and civil society organizations for programme implementation

COMMITMENTS	BENCHMARKS
1. Preparedness Humanitarian programmes and partnerships are identified in advance through contingency planning and preparedness measures	<ul style="list-style-type: none">• An up-to-date mapping of current and prospective government and civil society partners is maintained at country, regional and global levels• Contingency planning and partnerships are established with governments and CSOs in higher-risk countries, with simple activation protocols for rapid operationalization⁸⁴
2. Simplified procedures Simplified procedures are used to establish timely partnership agreements	<ul style="list-style-type: none">• Humanitarian partnerships undergo fast-track review and approval procedures• Humanitarian partnerships with CSOs are signed no more than 15 working days after submission of required documents
3. Timely disbursement of funds Disbursement of funds to partners is timely	<ul style="list-style-type: none">• Funds are disbursed to governments and CSOs no more than 10 working days after request of funds
4. Technical assistance for quality and results-based programming Technical assistance and capacity-building are provided to partners to foster quality programming	<ul style="list-style-type: none">• Appropriate capacity-building, tools and training are provided to partners to ensure results-based and quality programming  See Chapter 2 Programme commitments• Opportunities for knowledge exchange are established to leverage the expertise and capacity of partners
5. Monitoring Continuous improvement in programme quality, coverage and equity is driven by partner dialogue, feedback mechanisms, field monitoring and corrective actions	<ul style="list-style-type: none">• Humanitarian partnerships include a monitoring framework, with a special focus on quality programming  See 2.2.1 Quality of programmes• Field monitoring missions are conducted to support programme implementation quality and identify areas for programme and partnership improvement in line with the UNICEF Field Monitoring Guidance  See 2.3.1 Needs assessment, planning, monitoring and evaluation

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⁸⁴ See Guidance for CSOs on Partnership with UNICEF.

3.6 Resource mobilization

COMMITMENTS	BENCHMARKS
<p>1. Mobilization of adequate and quality resources</p> <p>Adequate and quality resources are mobilized in a timely and predictable manner to support preparedness and response to humanitarian and protection needs, particularly of the most vulnerable populations</p>	<ul style="list-style-type: none">• Multi-year, predictable and flexible⁸⁵ funding is mobilized from private and public sectors to reduce the gap between humanitarian needs and the resources available to meet them• Funding is secured to support preparedness for faster, timely and more cost-effective responses• Internal funding mechanisms (Emergency Programme Fund and Thematic Funding) are used to rapidly respond and scale up programmes
<p>2. Linking humanitarian and development resources</p> <p>Integration of humanitarian and development resources is enhanced</p>	<ul style="list-style-type: none">• Strategic investments are made from UNICEF thematic pools to support preparedness, humanitarian response and activities related to system-strengthening and resilience-building• Localization of humanitarian and development programming is supported through multi-year, predictable and flexible funding. Systems are in place to track, monitor and report on these investments
<p>3. Impartiality and risk-sharing</p> <p>Resources are allocated impartially, based on the needs of affected populations</p>	<ul style="list-style-type: none">• Available resources are allocated based on needs assessment <p> See 2.2.3 Equity</p> <ul style="list-style-type: none">• Procedures are in place to manage donor conditions at CO level• Donors are aware of and understand UNICEF risk management policies

⁸⁵ Flexible funds include regular resources (funds contributed without restrictions on their use) and thematic resources (funding allocated against thematic pools; donors contribute thematic funding against the humanitarian appeal, at global, regional or country level).

3.7 Security management

COMMITMENTS	BENCHMARKS
<p>1. Security Risk Management (SRM)</p> <p>Security risks that could affect personnel, premises, assets or the ability to deliver emergency programmes are identified, assessed and managed, in compliance with the SRM policy</p>	<ul style="list-style-type: none">• SRM process is developed and supports valid, context-specific and timely risk management decisions• SRM decisions balance security risks with Programme Criticality
<p>2. Adequate resources</p> <p>SRM capacity is adequate to manage risks to personnel, assets and premises and enable the delivery of programmes</p>	<ul style="list-style-type: none">• Sufficient human, material and financial resources are allocated, in a timely fashion, to support the assessment of security risks and implementation of management measures
<p>3. Coordination</p> <p>Active participation in interagency security fora at global and national levels ensures that SRM measures, policies and guidelines enable programme delivery by UNICEF and partners</p>	<ul style="list-style-type: none">• Collaboration with and support to partners on security matters is effective and is guided by the UN Security Management System (UNSMS) and the Saving Lives Together (SLT) framework• Active participation to the following fora is ensured: Security Cell and Security Management Team at national level, Inter-Agency Security Management Network (IASMN) at global level, and Saving Lives Together (SLT) at global and national level

3.8 Supply and logistics

COMMITMENTS	BENCHMARKS
<p>1. Preparedness</p> <p>Supply and logistics preparedness measures are in place at global, regional and country levels, including prepositioning of supplies and contractual arrangements for logistics services and more commonly requested goods</p>	<ul style="list-style-type: none">• Emergency supplies are kept available in Supply Division hubs and/or suppliers' premises, and/or at RO/CO level, including in some cases in governments' or partners' warehouses• Long-term or contractual arrangements for procurement of emergency supplies and logistics services are in place at global, regional and country levels• National and local capacity to segment and out-source supply chain services to the private sector is improved.
<p>2. Timely procurement, transport and delivery of supplies</p> <p>Life-saving supplies for children and communities are delivered to partners and/or point-of-use in a timely fashion</p>	<ul style="list-style-type: none">• Financial, material and human resources are deployed to support timely delivery of supplies• Supplies are delivered to country entry points within 72 hours for Rapid Response, and within 14 days by air or 60 days by sea for humanitarian responses• Supplies are distributed to partners and/or point-of-use in a timely fashion and the end-user monitoring protocols are in place
<p>3. Sustainable procurement, supply and logistics arrangements</p> <p>Sustainable procurement, supply and logistics arrangements (contracts, agreements and/or plans) are made available at the onset or deterioration of a humanitarian crisis</p>	<ul style="list-style-type: none">• Local/regional sourcing is identified and prioritised• Sea/road shipments are prioritised for offshore procurement following the first wave of deliveries• In-country logistics service arrangements (customs clearance, warehousing, transport) are identified and established, including collaboration with partners

ACRONYMS

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

RCCE	Risk Communication and Community Engagement
RO	Regional office
RUTF	Ready-to-Use Therapeutic Food
SAM	Severe acute malnutrition
SEA	Sexual exploitation and abuse
SDGs	Sustainable Development Goals
SLT	Saving Lives Together
SMT	Security Management Team
SRM	Security Risk Management
STI	Sexually transmitted infection
TPMs	Third party monitors
UASC	Unaccompanied and separated children
UNCT	United Nations Country Team
VISION	Virtual Integrated System of Information
UNSMS	UN Security Management System
UNSMT	UN Security Management Team
WASH	Water, sanitation and hygiene
WGSS	Women and Girls' Safe Spaces
WHO	World Health Organization

PHOTOS



Front cover

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



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Kokic

Nigeria, 2019

On 2 May 2019, (2nd from right) Rukaiya Abbas, a UNICEF Nigeria Education Officer, sits with students at Kulmsulum School in Maiduguri, the capital of Borno state in northeast Nigeria. "I get motivated when I see children go to school," says Rukaiya.



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Chad, 2019

Students attending class in a school in Habbenna, a suburban of Ndjamena, the capital of Chad.



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Dicko

Mali 2018

Host Anta Tembine plays with Yatè Seyba (center) and other children at the Early Childhood Development Center (CDPE) in the village of Kendie.



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Mexico, 2014

UNICEF field trip to visit the Wixarica, Nuevo Colonia, Santa Catarina, Jalisco, Mexico, October 16, 2014.



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Rwanda, 2015

A child receives a dose of oral polio vaccine from a community health worker, inside a tent in the Mahama camp for Burundian refugees, in Kirehe District in Eastern Province, during the mass immunization campaign.



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Guatemala, 2019

"We love school but we also love holiday because we can play all day long!" said one of the children on their last day of school. The children are from an indigenous community of Chicoy of Todos Santos Cuchumatán in the province of Huehuetenango, Guatemala.



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Panjwani

India, 2020

Children are encouraged and show right hand washing skills during home visits by AWW and Asha workers during covid lockdown. Location : Dudhiya Dhara, Limkhdea, Gujarat.



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Ralaivita

Madagascar, 2019



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Keïta

Mali, 2019



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Almang

Yemen, 2017

Soanafiny Fille de Jesus Clarta (second from the left), 14, studies in the secondary school of Berano (Anosy region). Thanks to the catch-up class UNICEF supported program she is now studying in third grade after stopping the school for a year.

Alimatou Goïta, 23 months, who suffers from stunting, during a follow-up with her mother. Alimatou benefits from home fortification food supplements with micronutrient powder.

A medical practitioner uses a Mid Upper-Arm Circumference (MUAC) measuring tape on a child suffering from Severe Acute Malnutrition (SAM) in Bani Al-Harith, Sana'a, Yemen, Tuesday 14 February 2017.



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October 2020