



Humanitarian action

Global Annual
Results Report 2024

unicef 
for every child

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Seraphin, 10, carries his new UNICEF schoolbag received at the Bulengo primary school for displaced people in Goma, North Kivu Province, Democratic Republic of the Congo, in February 2024. UNICEF supported construction and rehabilitation of 17 temporary classrooms and the distribution of 3,000 school kits at the school.

Expression of thanks: © UNICEF/UNI604915/Himu

Shaila shares a happy moment with her mother in January 2024. Her family resides in an urban slum in Rajshahi city, Bangladesh, where they have long endured living conditions contaminated by foul sewage. Climate change-related droughts, floods, or cyclones have made the situation worse, as low-quality latrine pits and septic tanks become inundated or severely damaged, increasing health and safety risks, especially for children. UNICEF is supporting construction of a drain near Shaila's house, part of a larger wastewater treatment project, and along with provision of clean water this will enable Shaila and her friends to safely play outside.



Expression of thanks

UNICEF expresses its gratitude to all resource partners whose overall contributions supported the organization's humanitarian action in 2024. The achievements described in this report were the result of these continued partnerships. In particular, UNICEF expresses its sincere appreciation to all resource partners that contributed thematically to the organization's work in humanitarian responses. Thanks to thematic funding and its flexibility, UNICEF has been able to provide timely and effective technical, operational and programming support to countries in all regions as part of its efforts to prepare and deliver life-saving protection and assistance to children and families. On behalf of children, their families and communities in urgent need, UNICEF is especially grateful for contributions of global, regional and country humanitarian thematic funds, which provide the most flexible resources for emergency response. The work of UNICEF is funded entirely through the voluntary support of millions of people around the world and our partners in government, civil society and the private sector. Voluntary contributions enable UNICEF to deliver on its mandate to protect children's rights, to help meet their basic needs and to expand their opportunities to reach their full potential. We take this opportunity to thank all our partners for their commitment and trust in UNICEF.

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Introduction

Dagem, 1, smiles during a visit to the Shumsheha health centre, in Amhara Region, Ethiopia, in December 2024. Besides providing him with a healthy, balanced diet, his mom, Fasica, makes sure he receives all the vaccines he needs. Through the CARE4Health project, UNICEF has supported systems strengthening of the primary health care system, including restoration of health facilities affected by conflict and natural disasters.

This report on humanitarian results in 2024 was prepared as the landscape for humanitarian assistance – and the prospects for children harmed and threatened by conflict, displacement, climate change and natural disasters – was rapidly changing.

The needs of children and families, however, endured and deepened.

The children living in the Gaza Strip, in the State of Palestine, continued to be under constant threat, suffering from malnutrition, lack of healthcare, displacement, and killed and injured at alarming rates. Children in the Sudan were still living in or fleeing a war that had engulfed their communities and left them hungry, and which had left nearly every child in the country out of school. In the Democratic Republic of the Congo, mpox posed a particular threat to pregnant women and children in 2024 – but, especially in the eastern part of the country, communities were also grappling with the harms and challenges of resurgent conflict, high levels of gender-based violence and large population displacements. A similar litany can be cited for Myanmar, where millions have been displaced due to conflict; and Ukraine, where children and families continue to be harmed by active conflict; and the Bolivarian Republic of Venezuela, where socioeconomic and political crises continue to exacerbate the chronic exclusion of rural marginalized populations, including Indigenous communities, leading to a rapid and severe deterioration in their health, nutrition and living conditions. And for Haiti, where displacement numbers skyrocketed and instances of grave violations against children surged; and in the multiple countries in Eastern and Southern Africa that declared food emergencies due to El Niño-related drought; and in Afghanistan, where girls and women continued to be denied their rights to education and participation in society and where the basic needs of millions of families were going unmet.

In this context, UNICEF delivered: on its mandate to uphold children's rights, on its commitment to empower a local response to children's needs, on its promise to never give up. This *Global Annual Results Report 2024: Humanitarian Action* provides details on this, showing how UNICEF and its many local, national and international partners supported positive outcomes for children and their families. These partners included civil society organizations, women-led groups, organizations of persons with disabilities, national governments and local authorities, international non-governmental organizations and other United Nations

agencies. These entities are the heartbeat of our work, and our support for and collaboration on *their* work is how we are investing in a better future for children.

The achievements described here were made possible through the support of our resource partners. In 2024, UNICEF received \$3.02 billion in humanitarian funding, resources that contributed to saving the lives and improving the prospects of many children and families. Resources that were provided as flexible funding – global humanitarian thematic funding, regional humanitarian thematic funding, or country thematic funding – provided UNICEF with maximum flexibility to respond to emerging and chronic needs of children in some of the worst places on earth to be a child.

This Global Annual Results Report 2024: Humanitarian Action fulfils the reporting requirement linked to thematic funding, part of a streamlined reporting process that simplifies reporting and helps UNICEF apply more resources directly to the needs of children and families. All the results described in this report are made possible, either directly or indirectly, by this flexible funding (see *SPOTLIGHT: Global Humanitarian Thematic Funding*). Annex 1 contains details on contributions to global humanitarian thematic funding (GHTF) and on how these funds were allocated in 2024.

Despite its critical achievements for children in 2024, a host of impediments prevented UNICEF from doing everything it set out to do. Obstacles to humanitarian access abounded, in the Gaza Strip, in Myanmar, in the Sudan, in Haiti, in Yemen and in so many other places. Belligerents continued to ignore humanitarian principles and international humanitarian law, making it more difficult if not impossible to assist children in some places. And there were financial constraints as well: Despite the generosity of our donors, only 31 per cent of our appeal requirement for 2024 was funded.

It is in this context that we present the following report, laid out chronologically. As the year unfolded for children, so it did for us. The contexts and results described here are indicative, not exhaustive. For more details on results linked to each 2024 Humanitarian Action for Children appeal, see the Consolidated Emergency Reports, publicly available at <<https://open.unicef.org/documents-and-resources>>.

Global humanitarian thematic funding

Flexible funding saves lives. To illustrate this, there is perhaps no better example than UNICEF's global humanitarian thematic fund (GHTF). GHTF is UNICEF's strategic, flexible, multi-year emergency fund that pools donor contributions at the global level – allowing UNICEF to allocate funding where it is needed most. For UNICEF's humanitarian response, GHTF provides unique critical flexibility.

In a volatile world, flexibility is everything. Thanks to GHTF, UNICEF can be **fast** in responding to the needs of children in emergencies, UNICEF can be **fair** because we can meet the needs of children in hard-to-reach areas and in underfunded emergencies, and UNICEF can be **prepared** for future shocks, enabling a faster and more cost-effective response when a disaster strikes. For example, UNICEF immediately allocated \$2 million in GHTF to scale up the response in Lebanon following the escalation of hostilities in September and provided more than \$1.2 million in GHTF for El Niño preparedness activities in Angola, Madagascar and Namibia. For more information on GHTF and numerous examples from around the world on the impact of these funds, see *Annex 1: Global Humanitarian Thematic Funding 2024*.

The 2024 results presented in the *Global Annual Results Report 2024: Humanitarian action* were directly or indirectly made possible by GHTF. The flexibility of the GHTF is an important component of everything UNICEF does in emergencies. GHTF is often used as catalytic funding that can kick-start a response and cover critical gaps, addressing children's needs and promoting equity, everywhere.

In 2024, UNICEF allocated a total of \$66 million in GHTF to more than 80 offices around the world, including 73 country offices and 7 regional offices and to headquarters offices, for emergency response, preparedness and support. Throughout the year, UNICEF made more than 150 individual GHTF allocations based on established criteria by analysing critical unmet needs for the most vulnerable children, critical funding gaps and/or preparedness gaps, implementation capacity of recipient offices and alignment with initiatives to strengthen efficiency and effectiveness of humanitarian action.

UNICEF extends its gratitude to all partners that support GHTF. By contributing high-quality funding like GHTF, partners show their firm trust in UNICEF's principled role in reaching every child, everywhere. The results achieved in 2024 would not have been possible without you.



Samira and her children shelter on the streets of Martyrs Square in Beirut, Lebanon, in October 2024, after fleeing bombardment. "I didn't wish this to happen for my children, I wanted them to have dreams, go to school, play, and spend their time laughing. I don't want them to live in fear and homeless."



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Strategic context

Maribel, 17, stands on the beach in Tumaco, on the Pacific coast in southern Colombia, in March 2024. At age 16, she stepped on a land mine and lost a part of her right leg. She dreams of becoming a lawyer to defend others against injustice. Colombia is one of the countries most contaminated by anti-personnel mines in the world, with more than 100 victims per year, 60 per cent of them civilians. Many mines have accumulated during years of armed conflict, and new ones appear every day due to the increase in confrontations and new hostilities between armed actors.

Calamity for children in so many places

Conflict, climate emergencies and natural disasters continued to be calamitous for the realization of children's rights in 2024. Children were killed and injured; suffered other grave violations of their rights; and were forcibly displaced. They were malnourished; they were left without healthcare; and their education was disrupted. For many of them, their prospects for a childhood free from fear were shattered. UNICEF estimated a total of 183.5 million children required humanitarian assistance during the year.

The United Nations verified 41,370 grave violations in 2024, the highest number of grave violations against children in armed conflict since the inception of the Children and Armed Conflict mandate almost 30 years ago¹. This marks a 25 per cent increase compared with 2023 and the third consecutive year with alarming² figures. Indiscriminate attacks, disregard for ceasefires and peace agreements, and deepening humanitarian crises – with a blatant disregard for international law and the rights and special protections of children by all parties to conflict – severely weakened the protection of children in hostilities.

Of the 41,370 grave violations verified in 2024, 36,221 were committed in 2024 and 5,149 were committed earlier but verified in 2024. Violations affected 22,495 children in 2024 (14,383 boys, 7,320 girls, 792 sex unknown).

While non-State armed groups were responsible for almost 50 per cent of grave violations, government forces were the main perpetrator of the killing and maiming of children, attacks on schools and hospitals and the denial of humanitarian access.³

Conflict and climate-related emergencies that devastated water, sanitation and health infrastructure drove disease outbreaks. The World Health Organization (WHO) declared the rapidly escalating mpox epidemic in the Democratic Republic of the Congo and other African countries a public health emergency of international concern in August 2024, and UNICEF subsequently declared a Level 3 corporate emergency. Cholera threatened around 1 billion people, with the disease's resurgence impacting families in 33 countries. More than 800,000 cases and 5,800 deaths were reported globally between 1 January and 29 December 2024.⁴ Other public health threats included measles, dengue and polio, among other disease outbreaks.

Natural hazards and climate-related emergencies often compounded existing vulnerabilities faced by children. These disasters included typhoons (the Lao People's Democratic Republic, Myanmar, Viet Nam, the Philippines and Thailand) and cyclones (Malawi and Mozambique); flooding (Chad, the Democratic Republic of the Congo, Ethiopia, Liberia, Mali, the Niger and Nigeria, and Afghanistan, Bangladesh, India, Nepal and Pakistan); drought (the Amazon regions of Brazil, Colombia and Peru, and Botswana, Ethiopia, Lesotho, Malawi, Namibia, Zambia and Zimbabwe); and heatwaves, with more than 2 billion people facing more than 30 days of extreme temperatures.⁵

Yet, despite the high needs of children for nutrition support, medical care, immunization against preventable diseases, mental health care, shock-responsive social policies, safe education spaces, clean water to drink, and their overwhelming needs for protection, the physical and fiscal space for assisting children was highly constrained throughout the year.

States and armed non-State actors hindered humanitarian access, often disregarding international humanitarian and human rights law in keeping people from the assistance they needed and humanitarian actors from providing relief. Conflict and violence against aid workers made 2024 the deadliest year for humanitarian actors ever recorded.⁶ Official development assistance (ODA), money given by Governments for humanitarian and development efforts, continued its downward trajectory. By early 2025, significant reductions in funding for humanitarian action threatened to further upend and even halt life-saving care for children.

In short: in 2024, millions of children remained in the crosshairs of harms and challenges not of their own making.

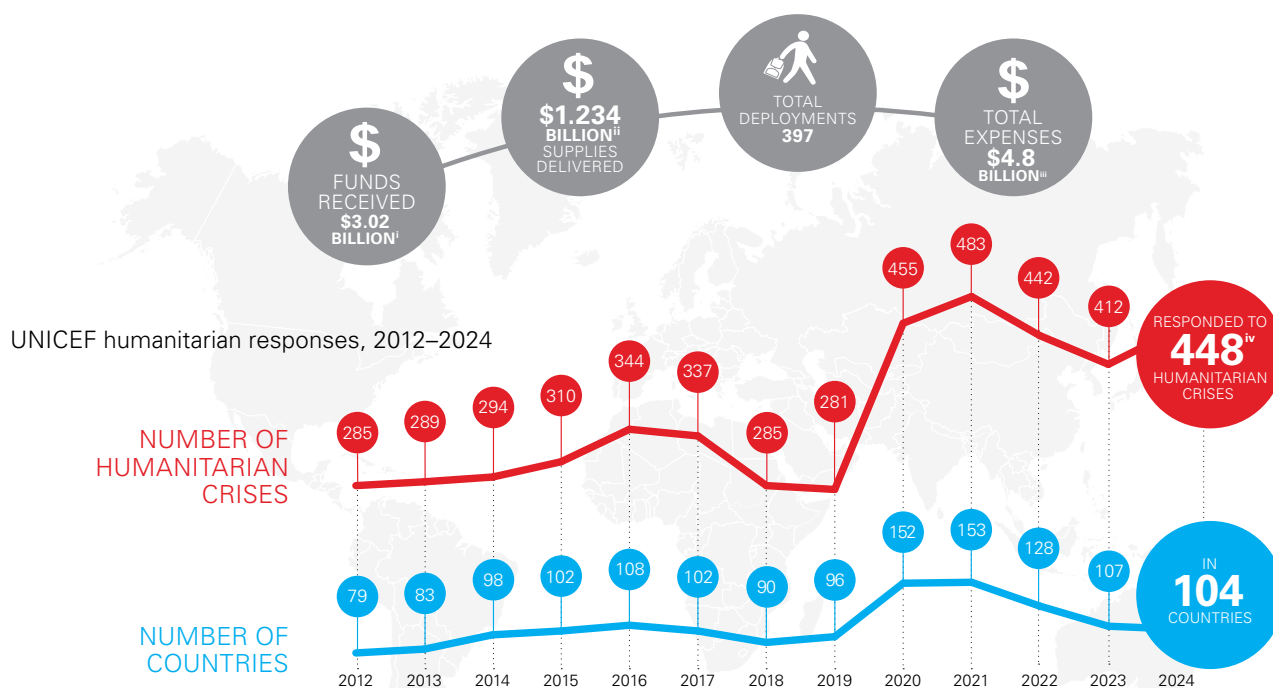
The global UNICEF response

In 2024, UNICEF responded to 448 emergencies in 108 countries in 2024. See *Figure 1 and Figure 2*. A Level 3 corporate emergency response – the highest level of UNICEF humanitarian response – was applied to eight crises, activating organization-wide mobilization to help scale up the response. Level 3 responses in 2024 included those in Haiti; Lebanon; the State of Palestine and related cross-border operations; the Sudan; the Syrian Arab Republic and related cross-border operations; specific countries where exceptional use was

made of UNICEF emergency polio procedures; and specific countries with mpox preparedness and response. The response in the Democratic Republic of the Congo (North Kivu, South Kivu and Ituri Provinces) was Level 3 until 14 June 2024. Level 2 responses – which mobilized additional supports for scaling up – were ongoing in Myanmar; and were deactivated during the year in eastern Chad, Ethiopia, Mali, Ukraine and Yemen. Details on contexts and results of these Level 2 and Level 3 responses are found throughout this report.

FIGURE 1: UNICEF global response in 2024.

In 2024, 104 country offices responded to 448 humanitarian crises, reaching millions of children with life-saving, gender-sensitive and disability-inclusive interventions.



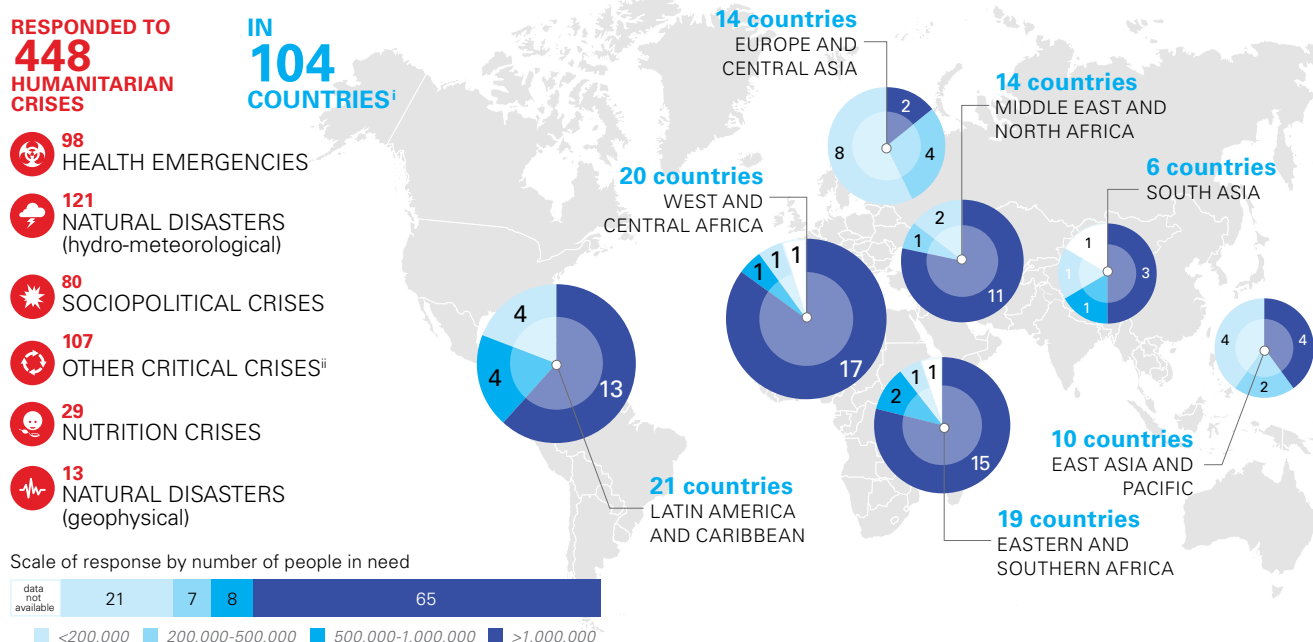
ⁱ The figure is based on contributions received in 2024. Humanitarian funding includes other resources – emergency and other types of funding that support UNICEF humanitarian response.

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

ⁱⁱⁱ The figure represents expenses of humanitarian funding received in 2024 and carried over from the previous year.

^{iv} This total includes 134 natural disasters, 80 sociopolitical crises, 98 health emergencies, 29 nutrition crises and 107 other critical crises.

FIGURE 2: Type and scale of humanitarian response in 2024.



This map is stylized and not to scale. It does not reflect a position by UNICEF on the legal status of any country or area or the delimitation of any frontiers.

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

ⁱ Out of the 104 countries where UNICEF responded in 2024, 101 countries reported the total number of people in need. The charts in this graphic reflect the

breakdowns by region and scale of response for those 101 countries.

ⁱⁱ Including but not limited to the response for refugees and migrants.

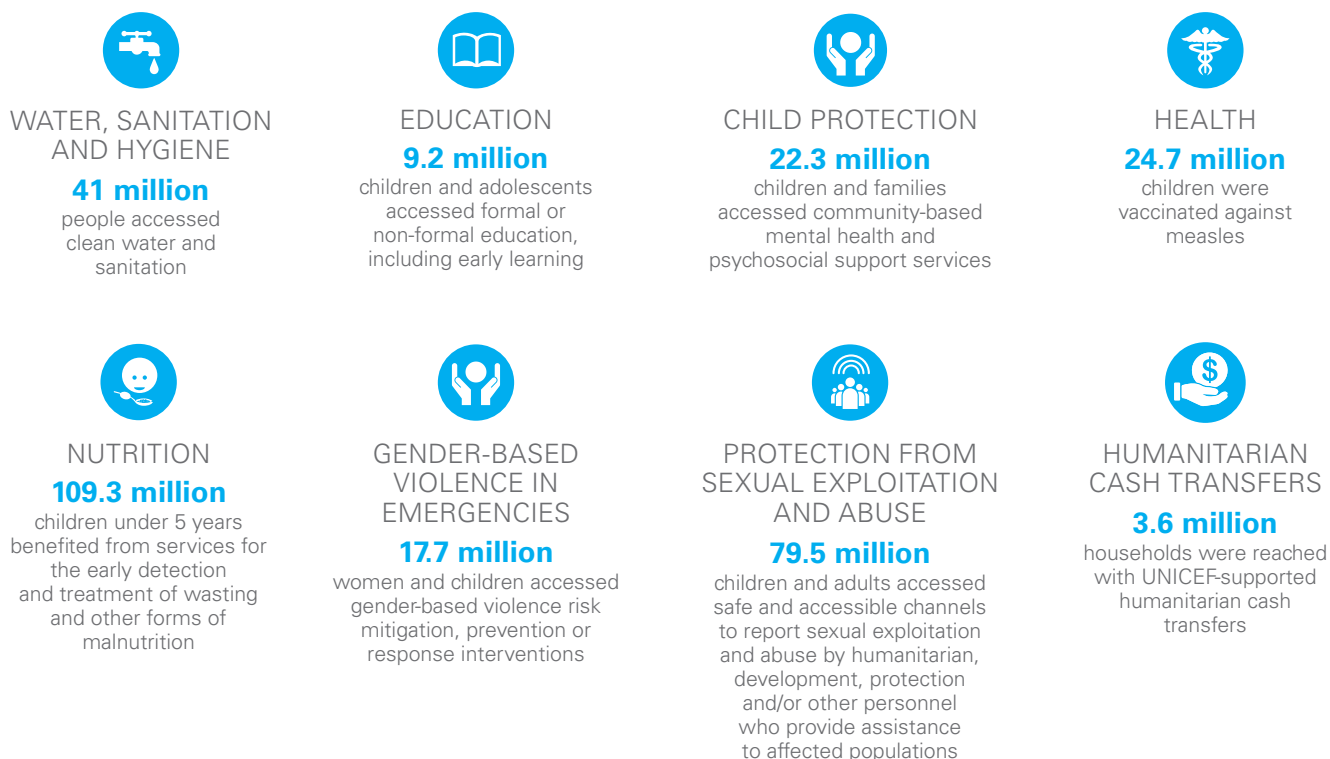
The life-saving actions of UNICEF and its partners had a positive impact on children and families in all regions. See Figure 3.



A child takes away a UNICEF-supplied hygiene kit in Bassin Bleu, Nord-Ouest Department, Haiti, in late May 2024, less than a week after a tornado struck the community, impacting thousands of people. Despite transport and humanitarian access constraints due to armed groups controlling key supply routes in Haiti, UNICEF is able to respond quickly to natural disasters due to pre-positioning of medical and hygiene supplies in strategic locations across the country.

FIGURE 3: Humanitarian results for children in 2024.

These are some of the key humanitarian results achieved by UNICEF and partners in 2024. In some contexts, achievements were constrained by limited resources, including across sectors; inadequate humanitarian access; insecurity; and challenging operating environments.

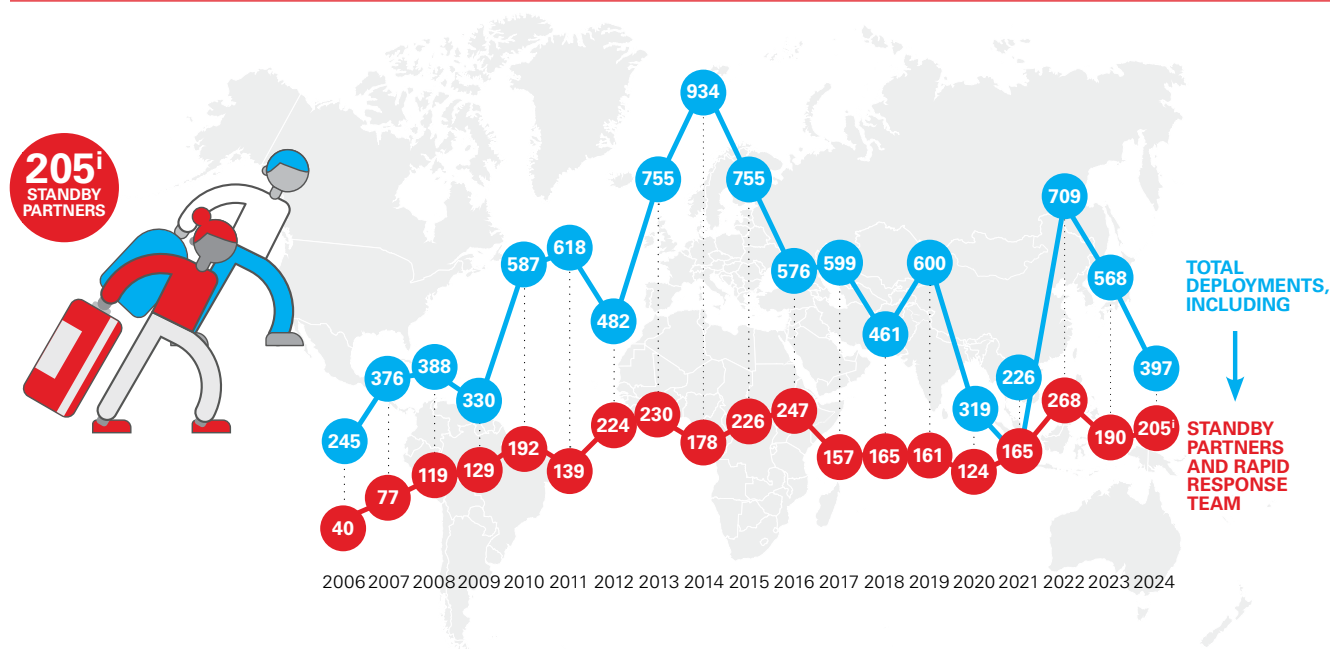


UNICEF staff

UNICEF has dedicated staff working in countries experiencing humanitarian crises, and in regional offices and headquarters to coordinate, support and build out and share evidence and learning to support the life-saving responses within countries. Internal staff surge mechanisms provided support to 33 countries: 23 Emergency Response Team members

on 49 deployments; and another 138 staff members via 144 deployments. Through external surge mechanisms, UNICEF deployed 199 people through the Standby Partner mechanism, 21 of which were Rapid Response Team deployments. UNICEF deployed dedicated gender capacity to every Level 2 and Level 3 response.

FIGURE 4: Emergency deployments.



ⁱ Includes 199 deployments through the Standby Partner Mechanism, 21 of which were Rapid Response Team deployments. An additional six deployments were supported by the Global Outbreak and Response Network

Staff training remained critical for achieving results for children in the most difficult settings. For example, UNICEF has significantly bolstered its local humanitarian access capacities in recent years, and in 2024 UNICEF specialists trained approximately 350 UNICEF personnel and partners on humanitarian access in Ethiopia, Mali and Mozambique and through regional workshops in Colombia and Senegal. The Access Emergency Response Team and specialist staff deployed to Ethiopia, Haiti, Lebanon and the Syrian Arab Republic to build capacity, create access strategies and map key actors.

The Humanitarian Leadership Workshop trained 42 managers in 2024, bringing to 299 the number of UNICEF personnel trained since the launch in 2020 of this intensive training for senior leaders. The Humanitarian Learning Channel, a platform for humanitarian learning for UNICEF and partner staff based on the Core Commitments for Children in Humanitarian Action, soft-launched in May 2024, with a total of 2,443 enrolments in the two pathways offered through this forum (Level 1 & Level 2) through the end of the year.

Training materials that can improve responses were increasingly available and promoted for low-frequency languages and other local settings, thanks to a machine-learning and translation tool that UNICEF developed in partnership with the education organization Humanitarian U. A model translation pilot was carried out in eastern Democratic Republic of the Congo in 2024, providing training for local first responders in Congolese Swahili and French. UNICEF expects low-frequency language translation to be a change strategy in support of an ever more local humanitarian response because

it makes certified humanitarian courses freely available, empowering local responders – especially younger local responders.

Engaging for humanitarian access

Strategic engagement with Governments, Member States and other stakeholders was instrumental to UNICEF humanitarian action in 2024. UNICEF briefed the Security Council seven times and issued 14 child-focused, country-specific messages to Security Council members. UNICEF also engaged in humanitarian diplomacy on behalf of children, improving access in the State of Palestine and the Sudan, promoting inclusive education programming in Lebanon and promoting the protection of children in Myanmar. UNICEF strengthened the children and armed conflict agenda as Co-Chair of the Country Task Forces on Monitoring and Reporting, and through the implementation of the monitoring and reporting mechanism, high-level advocacy and diplomatic engagement with listed parties and via programmatic responses. An important achievement was the launch of the Global Alliance to Spare Water from Armed Conflicts.

UNICEF tackled substantial obstacles to humanitarian access in 2024. A global assessment indicated that the most extreme access constraints occurred in Burkina Faso, Myanmar, Somalia, the State of Palestine, South Sudan, the Sudan, Ukraine and Yemen.⁷ UNICEF has significantly bolstered its local humanitarian access capacities in recent years, and in 2024 UNICEF specialists trained approximately 350 UNICEF

personnel and partners on humanitarian access in Ethiopia, Mali and Mozambique and through regional workshops in Colombia and Senegal. The Access Emergency Response Team and specialist staff deployed to Ethiopia, Haiti, Lebanon and the Syrian Arab Republic to build capacity, create access strategies and map key actors.

Gender equality and the response to gender-based violence

In 2024, UNICEF supported interventions to prevent gender-based violence and support survivors for 17.7 million women and children.

The UNICEF flagship initiative, Laaha: A virtual safe space for women and girls – currently available in 10 languages – reached more than 500,000 women and girls with life-saving

information on their health, their bodies and where to access support if they experience violence. UNICEF also released a revised version of the guidance *Caring for Child Survivors of Sexual Abuse*, the foundational technical resource for service providers supporting children who experience sexual violence in some of the world's toughest humanitarian contexts.

UNICEF also advanced gender-based violence and nutrition integration by developing a programming model enabling women and girls experiencing violence to access specialized gender-based violence response support discreetly and safely through nutrition services, which holds significant potential for reaching survivors in contexts where even speaking publicly about violence against women and girls can be dangerous.



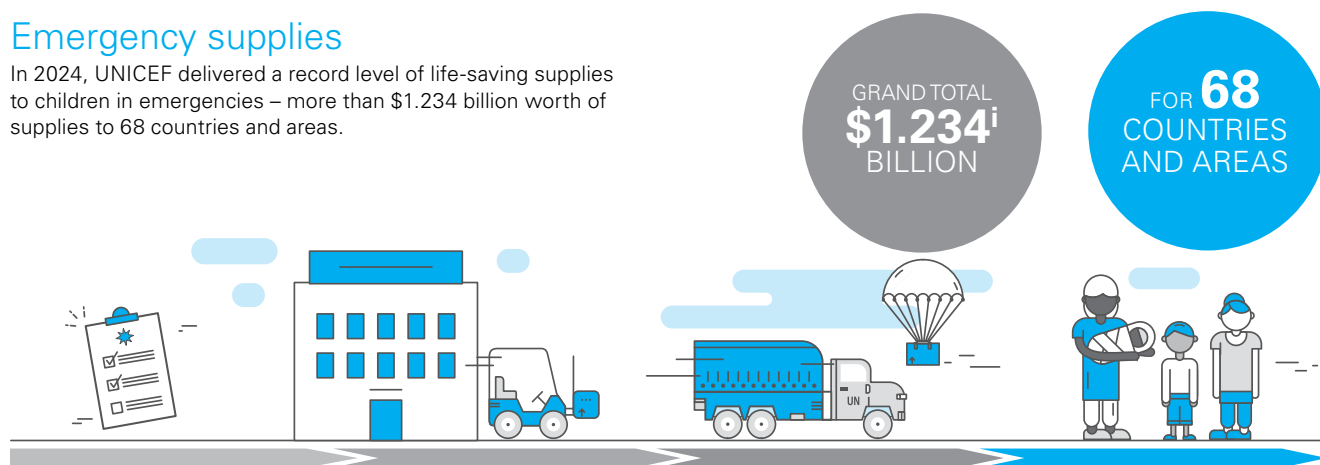
Nanvuma Angella, 12, stands in her classroom at Bugoma Primary School in Kikuube District, Uganda, in April 2024. She says that life skills education, offered by the Ministry of Education and Sports and supported by UNICEF, has enabled her to gain confidence, socialize and make friends both at school and outside school. The programme helps adolescent girls acquire twenty-first century skills to build their resilience to a range of vulnerabilities, including the risks of teenage pregnancy, gender-based violence and others.

The humanitarian supply response

FIGURE 5: Emergency supplies.

Emergency supplies

In 2024, UNICEF delivered a record level of life-saving supplies to children in emergencies – more than \$1.234 billion worth of supplies to 68 countries and areas.

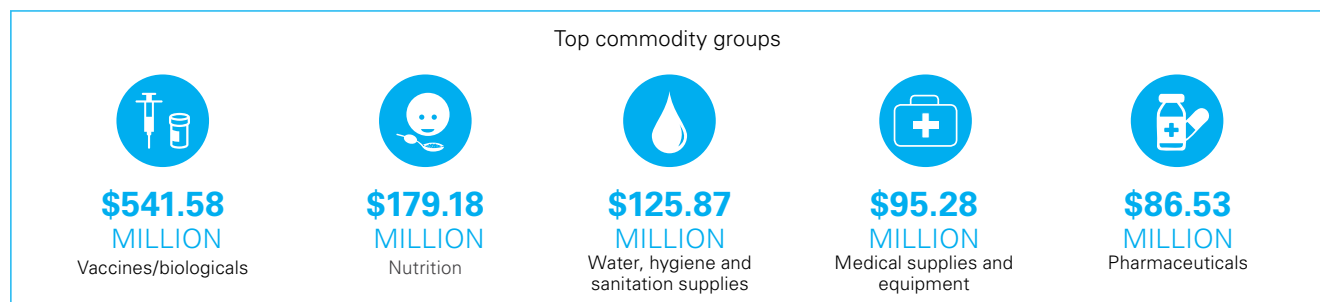


Latin America and Caribbeanⁱ

In 2024, UNICEF achieved record response times across the Latin America and Caribbean region. Supplies reached Cuba within 72 hours and Brazil within 24 hours of severe flooding. These rapid deliveries were made possible by pre-positioned supplies and the expansion of the Global Supply Hub in Panama City to include medical products, health kits and pharmaceuticals.

West and Central Africaⁱⁱ

In 2024, strategic pre-positioning of \$9 million worth of ready-to-use therapeutic food in Burkina Faso and Nigeria accelerated responses to nutrition emergencies, significantly reducing lead times and improving child nutrition outcomes during crises.



ⁱ This total includes all programme supplies going to Level 2 and Level 3 emergencies; all programme supplies for any new Level 2 or Level 3 emergencies, from the date they were declared; specific relevant orders for the countries in which only a region or part of the country is in an emergency; and specific supplies flagged as emergency supplies in countries facing Level 1 crises.

ⁱⁱ These are examples from two regions. More information on the humanitarian supply response in all regions is available in the UNICEF Supply Annual Report 2024.

UNICEF delivered more than \$1.234 billion worth of humanitarian supplies in 2024 to 68 countries and areas, with 50 per cent going to Level 2 and Level 3 emergencies, compared with \$893.07 million worth of supplies delivered to 81 countries in 2023. See Figure 5. Supply Division provided direct support through 31 deployments to 21 emergency locations. During the year, UNICEF coordinated closely with governments and other partners to deliver life-saving supplies

to address disease outbreaks that threatened children and their families (see *SPOTLIGHT*, below). Other examples of critical supply operations supporting results for children are included throughout this report. For details on UNICEF's global supply operations in 2024 for both humanitarian and development contexts, see [UNICEF Supply Division Annual Report 2024: For every child, access to essential supplies](#).

Supply and logistics response to disease outbreaks

Each year, UNICEF works in close coordination with Governments, United Nations agencies and other partners to ensure access to life-saving supplies in response to disease outbreaks. In 2024, UNICEF supported responses in 92 countries, delivering life-saving supplies to address outbreaks of cholera, Marburg virus disease, mpox, polio and other diseases.

Mpox

In response to the upsurge of mpox – an infectious disease caused by the monkeypox virus – in Burundi, the Central African Republic, the Democratic Republic of the Congo, Kenya, Rwanda and Uganda, UNICEF worked with the Africa Centres for Disease Control and Prevention (Africa CDC), and Gavi, the Vaccine Alliance to support governments to contain the outbreak and save lives.

The response prioritized vulnerable groups, including children and pregnant women, and focused on interrupting disease transmission by providing nearly \$11.7 million in life-saving supplies to 18 countries. Pre-positioned stockpiles and efficient supply chain management ensured the timely delivery of critical supplies, including Health Emergency Facility packages, diagnostics kits, water, sanitation and hygiene kits and vaccine auxiliary devices (syringes, safety boxes and other items).

Addressing the urgent need for vaccines, UNICEF issued an emergency tender in collaboration with the Gavi Secretariat, the World Health Organization (WHO) and Africa CDC to secure immediate access to available mpox vaccines and to expand production capacity. In record time, UNICEF signed an agreement to secure the supply of the MVA-BN mpox vaccine at the lowest market price, ensuring access for 77 low- and middle-income countries.

UNICEF and partners delivered more than 430,000 doses of mpox vaccines to the Central African Republic, the Democratic Republic of the Congo, Liberia, Nigeria and Rwanda in 2024, including donations from the European Union Health Emergency Preparedness and Response Authority (HERA) and member states Belgium, Germany, the Kingdom of the Netherlands and Portugal; the United Arab Emirates; and the United States of America. UNICEF provided guidance on vaccine packaging, logistics and transportation to European Union member states, and worked closely with HERA to facilitate donations with the European Civil Protection and Humanitarian Aid Operations (ECHO), particularly in the Democratic Republic of the Congo. In addition, UNICEF and the MasterCard Foundation supported supply chain readiness assessments and facilitated in-country logistics in 29 African countries by deploying supply and logistics staff through the MasterCard Saving Lives and Livelihoods project.

To facilitate distribution plans across the African continent, the Africa CDC, WHO and UNICEF developed a vaccine allocation mechanism that supported country readiness coordination and provided logistics solutions for the deployment of available vaccine doses, including facilitating importation clearance, in-country delivery and warehousing for mpox vaccines.

Supply monitoring tools, including the electronic Stock Management Tool developed by WHO and UNICEF, were also deployed to track daily vaccine store operations, ensure stock visibility, monitor supplies and cold chain equipment and support data-driven decisions for planning and budgeting.

UNICEF also provided early access to quality-assured mpox diagnostics, leveraging existing long-term arrangements to deliver mpox diagnostic supplies, including tests and swabs valued at more than \$382,500 to six countries. Enhancing visibility, monitoring and coordination of mpox diagnostic supplies across the continent, Africa CDC, WHO and UNICEF also developed the Mpox Africa Laboratory Coordination Dashboard, which provided access to key information on demand, allocation and procurement of diagnostic supplies.

Building on these efforts, UNICEF continues to support regional capacity to respond to future mpox outbreaks, enhancing preparedness through continued support for supply chain management.

Cholera

In recent years, cholera outbreaks have increased sharply around the globe due to the climate crisis, conflicts, rising population displacement, rapid urban growth and health systems that are under strain in part due to the lasting impacts of the COVID-19 pandemic. According to WHO, there were more than 800,000 cholera cases and 5,800 related deaths in 2024 – a nearly 50 per cent increase in deaths compared with 2023.

In 2024, UNICEF's supply community responded to cholera outbreaks in 86 countries, delivering \$99.2 million worth of supplies, including tents, medical kits and oral rehydration salts, and a record 37.2 million doses of cholera vaccines delivered to 14 countries, the most UNICEF has ever delivered in a single year.

The resurgence of cholera has led to unprecedented demand for cholera vaccines, putting a strain on the global stockpile. To help mitigate this, UNICEF collaborated with the Gavi Secretariat and WHO to ensure the availability and equitable distribution of cholera vaccines. In April 2024, UNICEF secured access to all available doses of a newly prequalified simplified oral cholera vaccine, increasing annual availability in the global stockpile to approximately 50 million doses.

Utilizing the Access to COVID-19 Tools Accelerator Supplies Financing Facility – a pooled funding mechanism to support equitable access to COVID-19 vaccines, diagnostics and therapeutics – UNICEF allocated \$4.2 million to 13 countries

Spotlight

for cholera Health Emergency Facility packages to strengthen preparedness efforts and to facilitate a rapid response at the onset of cholera outbreaks.

UNICEF helped enhance cholera preparedness by distributing more than 1.2 million cholera rapid diagnostic tests to 14 high-risk countries. In addition, UNICEF and WHO developed an inter-agency Cholera Supply Dashboard to increase supply chain visibility and enhance coordination for cholera preparedness and response.

UNICEF leveraged support from partners to strengthen cholera outbreak responses. Logistics partners, including Flexport.org and The UPS Foundation, provided in-kind freight to deliver life-saving supplies to the Democratic Republic of

the Congo, Haiti, Zambia and Zimbabwe. UNICEF also worked with other partners to develop innovative solutions to the shortage of beds in cholera treatment centres, designing a cholera bed that is durable, easy to assemble, suitable for children and adults and easy to disinfect. The design prioritizes patient dignity, ease of use and versatility in health-care settings and will support local manufacturing efforts.

UNICEF's proactive supply and logistics response to disease outbreaks, including mpox and cholera, continues to support the health and well-being of vulnerable children and reinforces the organization's commitment to rapid, efficient and equitable access to life-saving supplies and services.



A first shipment of oral cholera vaccine arrives at the airport in Harare, Zimbabwe, in January 2024, facilitated by UNICEF. The cholera vaccination campaign in Zimbabwe began on January 29 and targeted 2.2 million people aged 1 year old and above living in 24 high-risk districts in 7 provinces highly impacted by the outbreak.

Investing in critical partnerships and expanding support for local partners

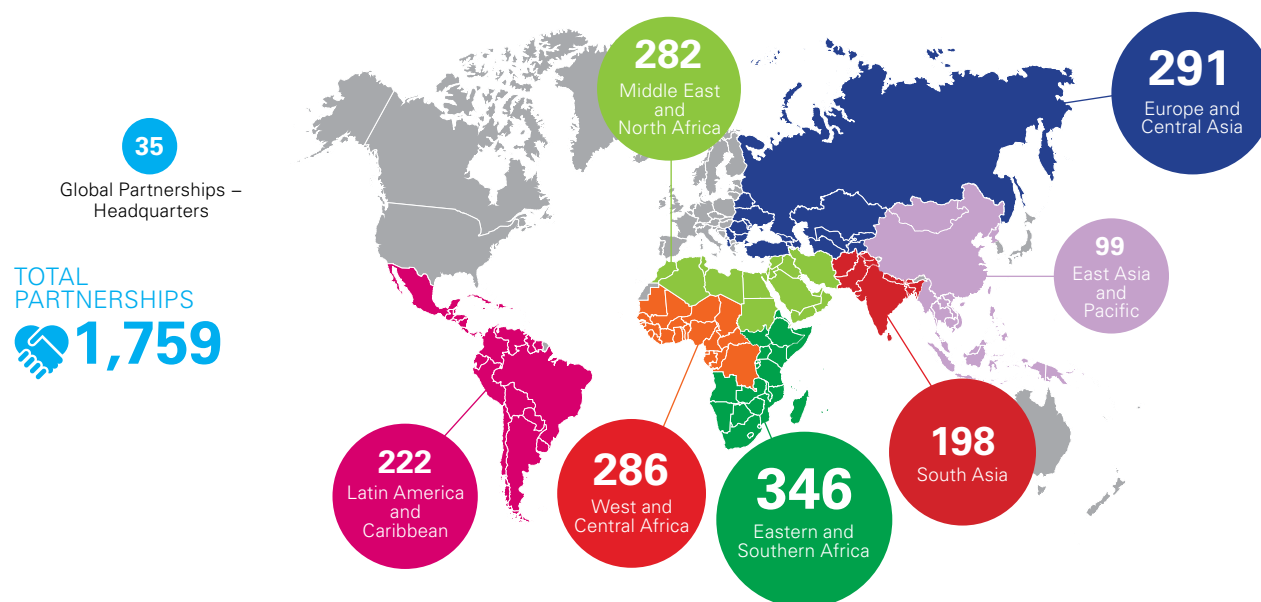
Partnerships at every level continued to be defining factor of results for children in humanitarian settings in 2024.

In 2024, UNICEF collaborated with 1,759 civil society partners, 1,296 of them local partners (see Figure 6). In 2024, \$847.9 million in cash was transferred to national governments and civil society organizations for humanitarian response. Of this, a total of \$246.9 million went to national government responders, and \$407.9 million (48 per cent) went to local civil society organizations, exceeding the Grand Bargain target of 25 per cent.⁸

Of the cash transferred to these local organizations, \$72.4 million (19 per cent) went to local women-led organizations and \$2.6 million (0.67 per cent) went to local organizations of persons with disabilities. Involvement with local and national partners extended well beyond cash transfers to include capacity building, joint assessments and decision making on critical interventions. With the International Council of Voluntary Agencies, UNICEF co-organized global consultations with non-governmental and civil society organizations in April 2024 to find ways to leverage partnerships for the highest impact on children.

FIGURE 6: Partnerships.

In 2024, UNICEF collaborated with 1,759 civil society partners, 1,296 of them local partners, and \$847.9 million in cash was transferred to national governments and civil society organizations for humanitarian response. Of this, a total of \$246.9 million went to national government responders, and \$407.9 million (48 per cent) went to local civil society organizations, exceeding the Grand Bargain target of 25 per cent.



This map is stylized and not to scale. It does not reflect a position by UNICEF on the legal status of any country or area or the delimitation of any frontiers. The dotted line represents approximately the Line of Control agreed by India and Pakistan. The final status of Jammu and Kashmir has not yet been agreed by the Parties. The final boundary between the Republic of the Sudan and the Republic of South Sudan has not yet been determined.

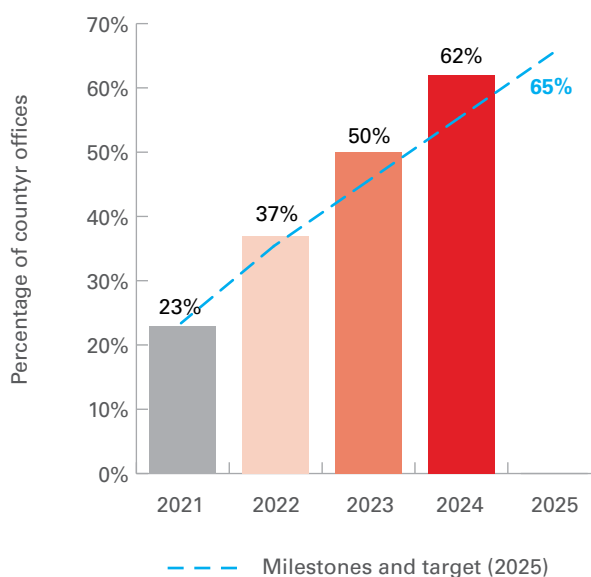
UNICEF worked to share knowledge and collaborate not only within countries with humanitarian responses but at the regional and global level, to ensure that the UNICEF mandate for children could be leveraged far beyond the power a single organization. UNICEF's steady partnership with the World Health Organization benefited children requiring health support and immunizations, whether routine or in the face of outbreaks. The World Food Programme (WFP) continued to partner with UNICEF to provide critical nutrition support to children. And the UNICEF-UNHCR (Office of the United Nations High Commissioner for Refugees) Strategic Collaboration Framework, expanded to encompass 19 countries home to 11 million refugees, or 37 per cent of the global caseload in 2024.

UNICEF continued to lead the nutrition and water, sanitation and hygiene (WASH) clusters, co-lead the education cluster with Save the Children, and lead the Child Protection Area of Responsibility. By the end of 2024, UNICEF had implemented all policy recommendations of the second evaluation of the role of UNICEF as a cluster lead/co-lead agency (CLARE II). The Inter-Agency Standing Committee (IASC) Guidance on Cluster Transition and Deactivation – initially developed by UNICEF – was approved by the Global Cluster Coordination Group and the IASC Operational Policy and Advocacy Group.

Remaining accountable to the children and families we serve

Dedicated accountability specialists supported work in six regions, contributing to significant progress on UNICEF AAP benchmarks. In 2024, 62 per cent of reporting country offices (80 of 129) met the benchmarks, up from 50 per cent (64 country offices) in 2023. There was a 30 per cent increase in offices with an AAP strategy, alongside gains in community participation and information-sharing. Seventy-seven per cent of offices used community feedback to inform decisions, though only 55 per cent reported back on actions taken. UNICEF successfully piloted the UNICEF Community-driven Accountability Response Ecosystem (UNICARE), a complaints and feedback mechanism, in Bosnia and Herzegovina and Türkiye. Furthermore, the Kits that Fit initiative – which uses QR codes, SMS and analogue tools to gather feedback and improve supply relevance to populations – won a Gold Anthem Award for social impact.

FIGURE 7: Percentage of country offices that meet organizational benchmarks on accountability to affected populations.



Fatima, 12, holds up one of her drawings at her home in Arbin, Rural Damascus, Syrian Arab Republic, in December 2024. "I used to feel overwhelmed speaking to anyone outside my family. I had never spoken to a large group of people," says Fatima, who was born with limb deformities, reflecting on her feelings of isolation and social anxiety. Connection with a UNICEF-supported mobile child protection team led her to receive a range of mental health and psychosocial support activities, including drawing lessons. "I've always dreamed of becoming a painter, and now I feel like I'm taking real steps toward making that dream a reality," Fatima shares.



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Looking ahead

Children play outside the UNICEF-supported community-based education centre in the village of Larasi, in Bamiyan Province, central Afghanistan, in October 2024. They are unable to attend formal education because the nearest public school is more than 90 minutes away, and therefore inaccessible to them.

The resource constraints for humanitarian action that intensified in 2024 and became even more profound in early 2025 have underlined the need to accelerate humanitarian system-wide reforms and have altered UNICEF strategic priorities for 2025 and beyond.

First, the humanitarian system: In the first quarter of 2025, the United Nations Under-Secretary-General for Humanitarian Affairs and Emergency Relief Coordinator called on the system to urgently regroup and renew. This involves reprioritizing core life-saving humanitarian programmes – “saving as many lives as we can with the resources we have”⁹ – and responsibly transitioning out of areas of work that can no longer be sustained, shifting power to humanitarian leaders in-country, to local and national actors and to the people UNICEF serves, and making coordination lighter and more efficient. These changes are to shape the reform and reimagining of future humanitarian work.

UNICEF is committed to this “humanitarian reset” and to leveraging its role at the inter-agency level. UNICEF is Co-Chair, with Save the Children, of the IASC Operational Policy and Advocacy Group that has been tasked with reviewing the cluster architecture, looking for ways to simplify the humanitarian coordination system. Given the role of UNICEF in humanitarian action, and its engagement with the IASC and in humanitarian country teams, it is well placed to advocate that children’s needs stay top of mind as this system undergoes a rapid reconfiguration.

In light of current uncertainty and volatility in the funding landscape, and due to projected reductions in ODA globally, humanitarian funding is projected to contract by at least 20 per cent. There is growing concern around geopolitical dynamics and conditionalities driving unequal attention and support given to crises. By mid-March 2025, numerous programmes had been halted due to stop work orders linked to specific funding streams. The greatest impact was, and will be, felt by children and their families. For example, in conflict- and disaster-affected Mozambique, nutrition services for 55,200 children under 5 years of age came to an immediate halt, and clean water and sanitation programmes for 22,500 people, including construction of toilets and solarization of community water systems, ended.

To address this new reality, UNICEF is simplifying and further prioritizing its humanitarian action, focusing on responding to the most acute humanitarian needs and prioritizing capacities to continue to deliver results for children. Within these changes, UNICEF has the following priorities:

- a. The focus will remain on country-level work to save children’s lives. Country programmes and the support required to make them successful will be at the centre of UNICEF humanitarian action, with a focus on addressing the most acute needs, ensuring quality of programming at scale and systems strengthening to keep essential services afloat.

UNICEF has a comparative advantage as a thought leader for promoting effective, efficient humanitarian action that puts children first, and will find new ways to deepen and extend this thought leadership to expand the impact of its mandate.

- b. As part of the UN80 Humanitarian Cluster, UNICEF is coordinating two of the six agreed tracks with the support of the other members of the taskforce – WFP, UNHCR, the International Organization for Migration (IOM) and the Office for the Coordination of Humanitarian Affairs (OCHA). These include a proposal to enhance United Nations humanitarian supply chain operations through improved global and in-country collaboration; and to develop common services and pool resources to strengthen humanitarian diplomacy and ensure sustained and coordinated political engagement in crises.
- c. UNICEF intends to use its position as a partner of choice for children to leverage financing and national capacities, and to influence how others are using their resources to save children’s lives and improve their well-being. UNICEF is a leader in efforts to simplify and streamline cluster coordination. The humanitarian reset currently under way emphasizes greater support for local and national partners. The localization agenda is advancing within UNICEF. However, UNICEF will promote a greater role for local actors in defining priorities and shaping programme approaches and focus on sharing risks more equitably.
- d. It is essential that UNICEF remain an independent voice for children, engaging in humanitarian diplomacy and speaking out when needed. Humanitarian advocacy and engagement will become even more crucial. UNICEF will continue to advocate for life-saving assistance for all children who require it, regardless of their gender; ethnicity, linguistic background or minority/majority status within a country; disabilities (or lack thereof); and political or social status.

The current crisis for children is not a “result” of funding cuts. It is the result of the proliferation of conflict; belligerents disregarding international humanitarian law and human rights law; climate shifts impacting the poorest and most marginalized communities; and deepening economic disparities. With its expertise and the resources at its disposal, UNICEF will always call for a halt to grave violations against children, for ceasefires amid conflict and for the prioritization of children’s needs. UNICEF will do everything in its power to save lives and build resilient communities, where children grow up and learn the lessons the world has to teach them.



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UNICEF results for children: 2024 in review

Children share a light moment with a UNICEF staff member at a site for internally displaced persons in Diaba, in the Mopti region, Mali, in April 2024. An increasing number of internally displaced persons, mainly children, are fleeing insecurity and grave violations in northern and central Mali.

The narrative of the year contained in this report imperfectly captures the extreme hardships of children all around the world in 2024, and the results – the lives saved, the children educated, the adolescents protected, the caregivers supported – are also imperfect, because for

every target achieved, there were others that could not be realized, due to access impediments, funding shortages, and for other reasons. Results highlighted in this report are indicative, not exhaustive.



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Children displaced by armed violence are screened for malnutrition at a UNICEF-supported nutrition site in Delmas, in Port-au-Prince Arrondissement, Haiti, in January 2024. Escalating violence in the capital has become a grim reality, and in two weeks in early January 2024 it led to the displacement of 2,500 people, primarily women and children. By the end of 2024, 1 million people, including 550,000 children, had fled armed violence in their neighbourhoods.



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January

Community members participate in the Global Handwashing Day Campaign 2024 event in Myanmar in October 2024, which highlights the importance of hygiene and health.

The year 2024 opened with numerous violations of children's rights: attacks on schools and hospitals in multiple locations in Ukraine; severe violence in the streets of Port-au-Prince, Haiti displacing thousands of women and children; constant threats of violence experienced by children amid war in the Gaza Strip, State of Palestine; risk of famine in the Sudan brought about by intense conflict; cholera making children sick in southern Africa.

These specific instances of children's humanitarian distress – all from January 2024 – were only a fraction of the threats to children and the violations of their rights that occurred during the entire year.

Conflict and violence continued to drive the high level of humanitarian need children experienced during the year. Seventy-six per cent of the world's children¹⁰ – 1.9 billion children – live in a conflict-affected country, and 18.9 per cent – 473 million children – live in a conflict zone. The pervasiveness of both conflict and the disregard for human rights law and international humanitarian law on the part of belligerents therefore impacted children on a massive scale in 2024. Protection threats to children's lives and well-being were a grim reality in every region.

State of Palestine

In the **State of Palestine**, 2024 brought ongoing conflict, worsening widespread displacement, intensifying severe shortages of food, water, healthcare and education, and continued destruction of critical infrastructure in the Gaza Strip and the West Bank. Children's need for safety and protection was paramount: At least 15,600 children were reportedly killed in the Gaza Strip between 7 October 2023 and 31 March 2025, an average of 32 every day; many more were injured, and thousands are likely buried under the rubble. At the end of the year, an estimated 17,000 children were unaccompanied and/or separated. Many children were at risk of famine or dying of exposure, with humanitarian access severely restricted. In the West Bank, since 7 October 2023, 201 Palestinian children and 3 Israeli children have been killed; and attacks have

significantly increased children's exposure to conflict-related violence, grave violations and displacement, and impeded access to basic services. On 7 October 2023, 37 children were killed in Israel and 36 children were abducted into the Gaza Strip, with 34 subsequently released; the bodies of the two remaining children were returned to Israel in February 2025.

UNICEF's child protection response impacted hundreds of thousands of children and caregivers, focusing on safety, well-being and family unity. The devastation took a profound toll on the mental health and psychosocial well-being of children, caregivers and front-line workers. In the Gaza Strip, through UNICEF support, 223,395 children and 129,389 caregivers accessed mental health and psychosocial support, or MHPSS (exceeding the combined target of 291,000). UNICEF distributed 3,683 MHPSS kits to UNICEF and Child Protection Area of Responsibility partners and trained 1,493 front-line workers on MHPSS approaches and 99 teachers and facilitators on psychological first aid and MHPSS. Additionally, 3,479 children received education-related MHPSS activities and recreational activities.

Specialized care reached 548 injured children, while 6,905 children received case management services. Explosive ordnance risk education reached 398,644 children (83 per cent of the target of 480,000). UNICEF reunited 63 unaccompanied children with their families and provided alternative care for 82. UNICEF also distributed more than 400,000 child identity bracelets to prevent separation. Legal support benefited 836 children, with 105 birth certificates issued, reinforcing children's rights and protection. Additionally, 820,000 individuals received child protection messages.

Other key results for children in the State of Palestine are included throughout this report for WASH (see Case Study, page 24); nutrition (see page 33) and education (see Case Study, page 25).

UNICEF continuously called for a ceasefire in the Gaza Strip and for improved humanitarian access to children and families, along with the release of all hostages.

CASE STUDY 1: UNICEF's committed response to critical sanitation needs in the Gaza Strip, State of Palestine

The humanitarian situation remained catastrophic in the Gaza Strip throughout 2024. Most children had lost access to quality healthcare, education, water and other vital services.

UNICEF continued to collaborate with the water, sanitation and hygiene (WASH) cluster partners and actors, including the Palestinian Water Authority and the Coastal Municipalities Water Utility, to address WASH-related needs in the Gaza Strip. UNICEF, as WASH cluster lead agency – and because of its enormous programmatic footprint – made a significant positive impact on the WASH conditions in the Gaza Strip.

Nearly 2 million people in the Gaza Strip, almost the entire population, benefited from the UNICEF WASH response in some way. UNICEF provided more than 6 million litres of fuel to operate water facilities, treatment plants, water trucking operations and sewage pumping stations. Nearly 2 million people had access to drinking water for drinking and domestic needs; nearly 651,000 received critical WASH supplies; and just under 1 million people benefited from access to sanitation and hygiene services.

At the onset of the conflict, in 2023, the sanitation response was limited to emergency support for temporary solutions, including sanitation buckets and toilets. In 2024, with the ongoing conflict in the Gaza Strip resulting in broken sewer systems, it was necessary to install a decentralized septic system (*see photo*) and repair damaged sewer networks and a pumping station. Through the fuel provided to the pumping station, along with sewerage repairs, UNICEF improved the access of an estimated 994,500 people to hygiene and sanitation services, including the installation of 9,000 family latrines in Deir al-Balah, Gaza City, Khan Yunis and Rafah. At the same time, 651,000 people received critical WASH supplies, including hygiene kits, water treatment products and cleaning materials.

UNICEF repaired wash facilities and provided cleaning services in shelters, among them 49 temporary learning spaces, and six hospitals. UNICEF also rehabilitated two solid waste dumping sites to reduce the risk of vector-borne diseases and other public health risks, benefiting more than 400,000 people in Khan Yunis and Zawaideh municipalities.



A septic tank is installed at Nasser Hospital in Khan Yunis in the southern Gaza Strip, State of Palestine, in June 2024.

CASE STUDY 2: Overcoming extraordinary challenges to provide meaningful education opportunities in the Gaza Strip, State of Palestine

The State of Palestine is facing an education emergency of unprecedented scale. Since October 2023, amid the relentless conflict nearly 659,000 school-aged children in the Gaza Strip have been out of formal school. Nearly 95 per cent of educational facilities have been damaged and many schools repurposed as shelters for displaced families. Children have lost more than a year of learning, with experts projecting a catastrophic educational setback of up to five years.¹ The crisis is compounded by trauma, severe supply shortages and overcrowded shelters that, collectively, eliminate nearly all learning opportunities. Although a ceasefire was declared in early 2025, it has proved fragile, with renewed violence in mid-March 2025 further hindering education efforts and deepening children's exposure to trauma. In the West Bank, including East Jerusalem, the education of 806,300 school-aged children is being disrupted by rising violence, restricted movement and military operations, with children in hotspot areas experiencing more frequent interruptions of their school days.

Despite the extraordinary challenges of providing meaningful education opportunities in this environment, UNICEF, in partnership with the Ministry of Education and Higher Education, reached 143,784 children in 2024 (out of 60,000 targeted), including 85,471 children in the Gaza Strip (39,059 girls), through temporary learning spaces, community-led initiatives and schools. UNICEF exceeded its initial target by using civil society partnerships, supporting community and government initiatives to reach more children with learning opportunities.

Children had an average of 7.5 hours of in-person teacher-led learning at temporary learning spaces each week. Recreational activities, including sports and art, supported psychosocial well-being. Among those supported were 58,579 Tawjihi students in the Gaza Strip (32,551 girls and 26,028 boys) who resumed their education and preparation for the June 2025 Tawjihi (secondary school completion) exam through digital learning provided by the Ministry of Education and Higher Education and supported by 550 volunteer Ministry teachers from the West Bank and East Jerusalem. This rigorous standardized test plays a critical role in shaping students' academic and professional futures.

To ensure teaching and learning amid supply constraints, UNICEF, through its implementing partners, promoted the '3R' approach – reduce, reuse, recycle – by refashioning locally available materials such as wooden pallets, tent boxes and recycled packaging into seats for students. Nationally, UNICEF contributed to the emergency response plan of the Ministry of Education and Higher Education, and to the Gaza and West Bank Interim Rapid Damage and Needs Assessment covering October 2023 – October 2024. UNICEF provided critical data and technical expertise to strengthen strategies to rebuild infrastructure and address learning loss. UNICEF's advocacy also led to significant progress in reviewing the Ministry's inclusive education policy.

UNICEF will continue expanding safe learning spaces, providing essential teaching and learning materials and delivering mental health and psychosocial support to children and their teachers. UNICEF will support scale-up of digital learning support where possible. A combination of protection, education and hygiene interventions will provide specific support to adolescent girls. And UNICEF will continue to advocate for upholding the right of all children in the State of Palestine to an education.



Children participate in activities at a UNICEF-supported temporary learning space at Al Nuseirat Camp in the Gaza Strip, State of Palestine, in May 2025. After renewed hostilities forced all such spaces to close, UNICEF is re-establishing temporary learning spaces at some locations to help children continue their learning despite disruptions.

Child protection

The child protection work in the State of Palestine reflected the comprehensive nature of UNICEF's work to respond to the many protection threats to children globally. Globally, UNICEF and partners disseminated information to mitigate such risks as explosive weapons; engaged with communities and governments to build resilient systems and communities; promoted and supported people's access to channels for reporting abuse and protection violations; and supported tailored services providing care, safety, reunification and reintegration of children as well as mental health and psychosocial support. In 2024, child protection efforts reached 58.4 million children, adolescents and caregivers in countries with a humanitarian response.

UNICEF co-chairs the Monitoring and Reporting Mechanism on Grave Violations against Children, and continued to do so in 2024, for all situations of concern, implementing its mandate together with the Resident Coordinator and Country Task Force on Monitoring and Reporting in relevant countries.

A critical UNICEF role within the children and armed conflict agenda is protection and reintegration of children exiting armed groups and forces. Globally, in 2024 UNICEF supported protection and reunification of 16,482 children who had exited armed forces and groups – a significant 51 per cent increase compared with 2023, the result of sustained engagement with national authorities; UNICEF presence in communities; and availability of resources to support affected children. Several context-specific accomplishments or milestones were key to this result. For example, after six years of sustained efforts, on 3 June, 2024, in the **Syrian Arab Republic**, the 'opposition Syrian National Army' signed an Action Plan with the United Nations to end and prevent the recruitment and use of children, enabling the release and reintegration of children. In the **Democratic Republic of the Congo**, systematic UNICEF advocacy at all levels – globally, regionally and within countries – secured child protection priorities in Security Council resolutions related to the withdrawal of United Nations Organization Stabilization Mission in the Democratic Republic of the Congo (MONUSCO), which was partly completed in 2024. Collaboration led to the release of 7,327 children from armed groups in 2024, a 135 per cent increase compared with 2023. Another agreement, between UNICEF and the International Committee of the Red Cross, focused on South Kivu Province, where MONUSCO withdrawal was completed around mid-year; it called for providing alternate care, family tracing and reunification for conflict-affected children, especially unaccompanied and separated children, and children exiting armed groups. Global humanitarian thematic funding supported these programmes to achieve significant results (see the *Case Study on page XX, Annex 1, for details*). In **Nigeria**, working closely with the Ministry of Women Affairs and Social Development and the Nigerian Army, UNICEF and its partners supported the release and reintegration of 3,118 children, including 743 children formerly in military custody and associated with armed groups, under the 2022 Handover Protocol, which

was designed to prevent or reduce detention of children encountered by military and security forces during armed conflict.¹¹ Three transit centres in Maiduguri, the capital of Borno State, offered children accommodation, nutrition and WASH services, family tracing and reunification, medical screening, psychosocial support, literacy and numeracy lessons and vocational skills development.

FIGURE 8: Percentage of UNICEF-targeted girls and boys who have exited an armed force or group and who have been provided with protection or reintegration support.

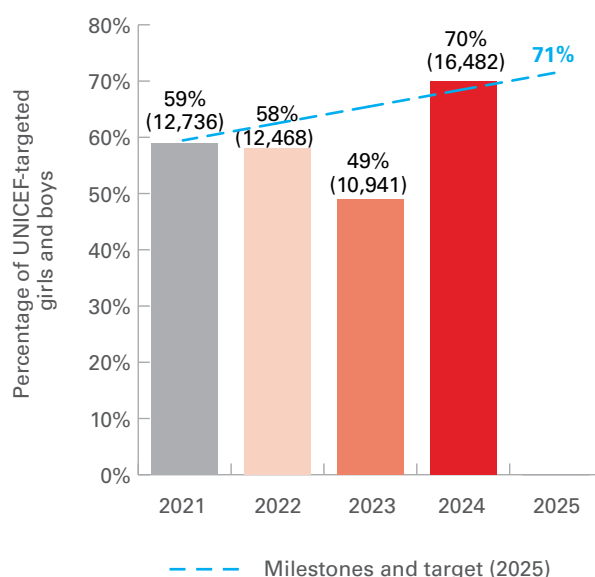
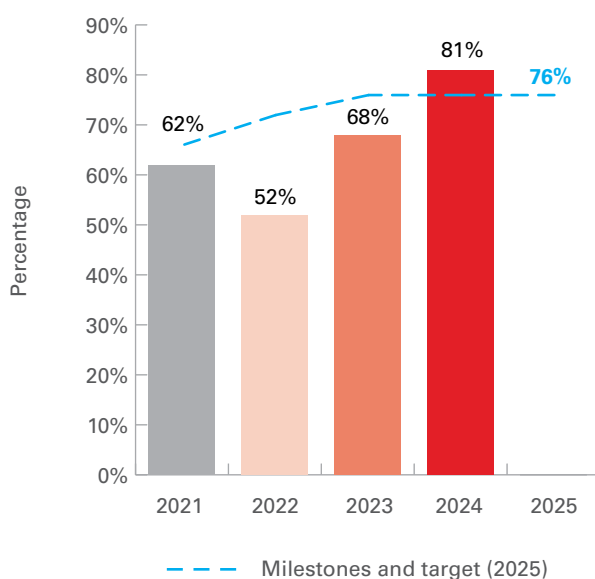


FIGURE 9: Percentage of countries experiencing conflict having a system in place to document, analyse and use data about grave child rights violations/other serious rights violations for prevention and response.



UNICEF, as the lead agency, coordinated the inter-agency Child Protection Area of Responsibility global help desk. In 2024, the Help Desks (several desks cover multiple languages) received and responded to 610 requests from 44 countries.¹² The top five support topics requested were child protection coordination, working across sectors, case management, assessment, measurement and evidence and information management for coordination. The highest number of requests came from countries in the Middle East and North Africa, and the second-highest number of requests came from West and Central Africa.

Myanmar

Intensifying conflict and indiscriminate attacks also impacted millions of children in **Myanmar** and led UNICEF to declare a Level 2 corporate emergency response for the country in January 2024.

Conflict pushed the number of internally displaced people in the country to 3.5 million by the end of the year, up nearly 1 million from December 2023. Children and families also faced threats due to climate shocks, public health emergencies, explosive ordnance contamination and diminishing access to life-saving services. Soaring prices and infrastructure damage placed significant additional burdens on the population. Flooding in June impacted 230,000 people; and Typhoon Yagi in September caused severe flooding, impacting 1 million people in 70 townships with loss of livelihoods, household assets, infrastructure and essential services, and opening the way for the spread of communicable diseases. Access constraints, bureaucratic impediments and funding shortages continued to impede humanitarian assistance.

Recognizing the protracted nature of the crisis, in 2024 donors and partners increased their commitments to invest in resilience-building and community-based systems in Myanmar, although the overall Humanitarian Action for Children appeal was only 24 per cent funded. Despite these funding shortages and severe access constraints, UNICEF achieved or exceeded some targets due to greater reliance on digital means of intervention (for many psychosocial support activities, tele-consultations for primary healthcare, and infant and young child feeding, or IYCF, campaigns). For example, the use of digital platforms for delivering key IYCF messages and providing counselling support to caregivers was introduced in 2024, yielding almost immediate positive impact and helping UNICEF achieve 98 per cent of its target of reaching 316,000 primary caregivers of young children with this critical preventive nutrition service. UNICEF was able to achieve significant results in the provision of MHPSS through a multisectoral response. Notably, UNICEF and partners integrated mental health and psychosocial support into the primary health care package, developed a perinatal mental health package for pregnancy care, and strengthened community-based child

protection systems, including through targeted MHPSS storytelling and key messages through digital media and on-site mechanisms to offer coping strategies and promote self-care for child and caregiver well-being. These efforts reached 11.2 million children, adolescents and caregivers with multisectoral mental health and psychosocial support, well beyond the initial target of 3.4 million. And, led by UNICEF, the Mine Action Area of Responsibility in Myanmar enhanced coordination at national and subnational levels, improving efficiency and reaching around 490,000 beneficiaries (out of a target of 940,000) with explosive ordnance risk education despite challenging conditions. UNICEF introduced innovative tools including a mobile app in six languages¹³ to enhance accessibility, and field-tested materials to adapt them to evolving community needs. Advocacy efforts included responding to Typhoon Yagi by alerting communities about landmine migration risks. UNICEF also strengthened information management and resource mobilization to support sustainable mine action initiatives, improving protection and reducing risks for vulnerable populations.

In some areas UNICEF fell short of its targets. This was especially true of interventions that required significant levels of supplies, for example distribution of multiple micronutrient supplements for children and pregnant and lactating women. Restrictions on movement of personnel and supplies also negatively impacted treatment for severe wasting, especially in conflict-affected Rakhine State, where 80 per cent of cases of severe wasting were identified. Ultimately, UNICEF admitted 3,024 severely wasted children aged 6–59 months for treatment, under one third of the targeted 10,900 children. To try and overcome the difficulties providing this life-saving intervention, UNICEF, in collaboration with the WFP, advocated for and received a one-time exception to employ ready-to-use supplementary food (RUSF) as an alternative to ready-to-use therapeutic food (RUTF) to treat children with severe wasting, because it was impossible to get stocks of RUTF into conflict-affected areas. With the support of the regional office and the global nutrition cluster, UNICEF also developed specific guidelines for the management of severe wasting in the context of these supply challenges.

The highly insecure environment in Myanmar not only worsened conditions for children but also hampered UNICEF's ability to respond with life-saving assistance. Security risks resulted in personnel restrictions and relocations from Lashio, Maungdaw and Buthidaung. Allocations of global humanitarian thematic funding (GHTF), however, enabled enhanced security management within the UNICEF country office, and the organization also worked with the larger United Nations presence in the country to find ways to deliver in highly insecure areas, and to use community acceptance as a risk management measure.

Yemen

The Level 2 corporate response for **Yemen** was deactivated in January 2024, more than eight years after the declaration of a Level 3 response in July 2015 due to an escalation of conflict. More than 18.2 million people, however, still required humanitarian assistance and protection, including 11.2 million children.¹⁴ Around 4.5 million people (2.3 million children) remained displaced,¹⁵ with more than 544,000 people being newly displaced in 2024 largely due to monsoon floods. UNICEF continued to meet the many needs of children and families in Yemen through life-saving programmes and by building the capacity of national systems children relied on. The UNICEF presence in Yemen is a testament to the organization's enduring commitment to children.

At-scale, whole-of-country primary health care support took several forms in Yemen in 2024. Recognizing the need for system strengthening, in collaboration with partners UNICEF focused on enhancing the policy landscape for child and maternal health in the country. This included, among other things, active involvement in developing and updating crucial national health strategies to improve outcomes for children, newborns, adolescents and women. To foster sustainability of the system, UNICEF also collaborated with the government and private analytic capacity to develop a primary health care financing strategy. The strategy will guide the operationalization of a humanitarian-development nexus, building the resilience and sustainability of public health results by progressively reducing dependence on donor funding. UNICEF also supported the Ministry of Public Health and Population in Aden to develop and cost a five-year (2025–2029) National Immunization Strategy with clear objectives and priority interventions. Setting up strong mentorship capacities within the primary care system was also critical: support for expanding the number of skilled mentor doctors in strategic primary health centres benefited 2,034 health care workers in 1,046 primary health centres and ultimately improved health care workers competencies by 17–28 per cent and enhanced patient outcomes. As a result of all UNICEF efforts, in 2024 more than 3.6 million children and women received essential services, including antenatal care, delivery, postnatal care and integrated management of childhood illness, through 3,117 UNICEF-supported primary health care facilities (60 per cent of all such facilities in Yemen). A network of more than 9,000 community midwives and 3,600 community health workers reinforced these efforts, primarily through their deployment in hard-to-reach areas where people would otherwise have no

access to care. Nutrition vouchers supported 7,500 severely wasted children receiving treatment in 164 therapeutic feeding centres (38 supported by UNICEF), to address the economic and access barriers to inpatient services for children suffering from severe and acute malnutrition. The vouchers covered transport, accommodation and meals for the caregiver during admission to comply with the treatment protocol.

Infrastructure damage and destruction over 10 years of conflict and the overall humanitarian situation in Yemen rendered the country vulnerable to the scourge of cholera. A primary objective of UNICEF's WASH interventions in Yemen was rehabilitation and maintenance of water and sanitation networks to reduce the incidence of cholera and enhance overall health outcomes. During the year, 382,668 people (88,014 men, 84,187 women, 107,147 boys, 103,320 girls) at risk of cholera/acute watery diarrhoea benefited from maintenance of water and sanitation networks, installation of small-scale solar pumping units, installation of communal water distribution points, provision of spare parts, desludging of overflowed sewer networks and provision of equipment to wastewater treatment plants. UNICEF reached an additional 221,376 people (50,986 men, 48,683 women, 61,960 boys, 59,747 girls) with hygiene promotion messages along with distribution of WASH emergency supplies, including basic hygiene kits, consumable hygiene kits and household Aquatabs. Eight health care facilities that were main treatment centres for cholera benefited from the maintenance of water and sanitation networks and disinfections of the water sources.

ALSO IN JANUARY: A fire tore through a camp for Rohingya refugees in Cox's Bazar, Bangladesh, rendering child refugees and their families homeless. To respond to this and other shocks during the year, including floods, landslides and droughts, UNICEF supported psychological first aid to 2,222 children, psychosocial support to 4,097 children and case management for 85 children; and referred 110 children to essential services. In addition, 295 dignity kits were distributed to adolescent girls. UNICEF continues critical interventions in the camps and in host communities.



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February

Boys hug in a preschool class in Bortnyky, Lvivska Oblast, Ukraine, in April 2024. The Library Nanny project, supported by UNICEF, is using the transformative power of libraries to help children learn and play in western Ukraine, amid an ongoing war that has left many children struggling to access education.

Ukraine

February 2024 marked two years of the escalation of the war in **Ukraine**. The war had intensified in 2024, impacting 1.5 million children in regions on both sides of the front line. Access to children in affected areas, including occupied areas, remained constrained. By the end of 2024, 3.6 million people were internally displaced, with more than 100,000 people displaced between August and September alone. UNICEF reached 9.8 million people, including 2.5 million children, with humanitarian assistance. More than 1.1 million children and caregivers accessed UNICEF-supported health services, exceeding the target of 920,000 because stock was distributed beyond the targeted areas; and 5.8 million people accessed safe drinking water, exceeding the target as UNICEF prioritized needs in densely populated urban areas through cost-effective infrastructure repair and supply of equipment and water treatment materials to utilities. Child protection case management supported 63,177 children, including 3,069 unaccompanied or separated children. UNICEF's winter case management and cash programme provided cash assistance to 10,652 households supporting children in alternative care and households with other vulnerable children (children with disabilities, children who had survived grave violations, and families that had lost the breadwinner due to the war). Cash for winterization assistance also reached 39,358 other households in front-line areas.

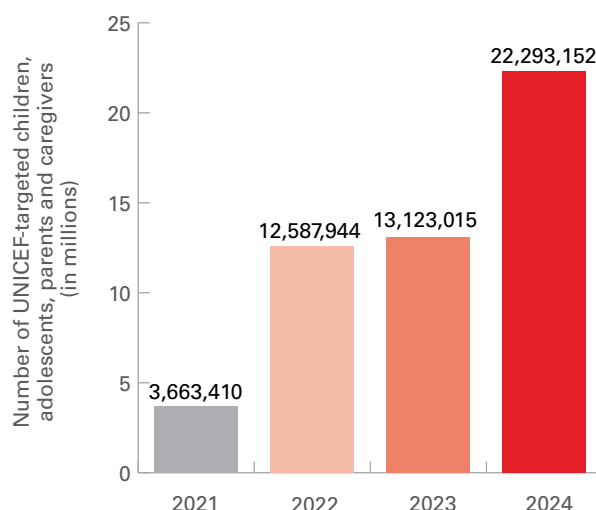
In Ukraine, UNICEF's integrated approach to providing mental health and psychosocial support (MHPSS) across digital platforms, via institutional capacity building and through direct service delivery through youth centres reached nearly 760,000 people 85 per cent of the target, across health, education and child protection systems.

Mental health and psychosocial support

Integration of mental health and psychosocial support services into multiple entry points in humanitarian settings (e.g., health, education, child protection and such cross-cutting areas as peacebuilding and climate and disaster risk reduction) helped UNICEF-supported services reach an estimated 58.4 million children, adolescents and caregivers in more than 76 countries. In one example of such integration, UNICEF supported student and educator well-being in 28 countries with Humanitarian Action for Children appeals, integrating MHPSS into teacher professional development initiatives and ensuring educators' ability to recognize and respond to learners' mental health needs. Countries including **Ethiopia, Haiti, Lebanon, Mali, the Sudan, the Syrian Arab Republic and Türkiye** prioritized psychosocially responsive teaching practices to help children recover from the impact of adversity and continue learning. This approach trained more than 41,000 school counsellors in **Türkiye** to support 1.5 million students in schools, including 384,000 refugees. Altogether, in the

Europe and Central Asia region, UNICEF-supported MHPSS services reached 6.9 million people, with the highest numbers reached in Türkiye and Ukraine. UNICEF-supported services reached 24.8 million individuals in South Asia, largely in **Afghanistan** and **Bangladesh**, and 11.2 million in East Asia and the Pacific, primarily in Myanmar.

FIGURE 10: Number of UNICEF-targeted children, adolescents, parents and caregivers provided with community-based mental health and psychosocial support services.



Advocacy and leadership were central to UNICEF's MHPSS efforts. A landmark resolution adopted at the World Health Assembly in May 2024 committed countries to prioritize MHPSS before, during and after armed conflicts, natural and human-caused disasters and health and other emergencies, a testament to the collective advocacy efforts of UNICEF and other agencies. Later in the year, the high-level Greentree Retreat – convened by the United Nations Deputy Secretary-General Amina J. Mohammed and co-hosted by Wellcome Trust, WHO, UNICEF and OCHA – brought together more than 60 global leaders to launch a three-track acceleration plan for MHPSS in emergency settings to scale up proven tools, pioneer innovations and strengthen platforms for understanding MHPSS needs in emergency settings. The IASC MHPSS Minimum Service Package for Emergency Settings, co-led by UNICEF and WHO in collaboration with UNHCR and UNFPA, gained 58,000 unique online users in 2024, bringing the total number of unique users to more than 118,000. The launch of key resources, including the MHPSS M&E Indicator Bank, the Multisectoral MHPSS Assessment Toolkit and the MSP Sector-Specific Quick Start Guides is expected to enhance the responsiveness and intersectoral integration of MHPSS in humanitarian settings globally.

Insecurity and access constraints often made MHPSS difficult or even impossible to deliver in person. In the face of this reality, UNICEF invested in digital and remote

solutions to reach those in need. One such example of this is the “My Hero Is You” storybook, adapted for use in the **State of Palestine** and the **Democratic Republic of the Congo**. Another example is the adaptation of the “Helping Adolescents Thrive” toolkit to reach children on the move. Through innovative programmes, including Tammenni

Annak (‘Talk to Me’) in **Lebanon, Libya, the Syrian Arab Republic and the State of Palestine (West Bank)**, UNICEF also supported front-line workers’ mental health during and after emergencies, recognizing the crucial role they play in assisting children and their caregivers living through emergencies.

CASE STUDY 3: Scaled national programmes support child and caregiver mental health in the Syrian Arab Republic

UNICEF is implementing a whole-of-society approach to mental health and psychosocial support (MHPSS), recognizing that the well-being of children is deeply interconnected with that of their caregivers, communities and broader social systems. Using a socioecological model, UNICEF’s strategy engages children, families, front-line workers, and national authorities to strengthen mental health outcomes across interpersonal, intrapersonal and community levels. This approach is operationalized through two nationally scaled, multisectoral programmes: *Sawa* (‘Together’) for children, and *Sanadi* (‘My Rock’) for caregivers.

Sawa: Scaled, child-centred MHPSS

The Sawa programme is designed to reach the most vulnerable children, those affected by displacement, poverty and ongoing crisis. It delivers age-specific group interventions for children aged 6–9, 10–12 and 13–17, with a focus on emotional literacy, self-regulation, empathy, social skills and agency. Sessions are delivered in both fixed centres and through mobile outreach teams, improving access for hard-to-reach populations.

In 2024, Sawa reached more than 134,000 children in 553 communities in 14 governorates. More than 74,000 children participated in structured pre- and post-assessments conducted by trained front-line workers. Results showed:

- 63 per cent increase in MHPSS knowledge
- 41 per cent improvement in attitudes
- 42 per cent improvement in positive practices

Reported outcomes included greater self-confidence, reduced peer violence, improved parent-child relationships and enhanced school engagement.

Sanadi: Strengthening caregiver well-being and parenting

To reinforce child well-being through strengthened family environments, UNICEF simultaneously delivered the Sanadi programme to parents and caregivers of children enrolled in Sawa. The 12-session programme, which reached more than 39,000 caregivers in 2024, builds knowledge and skills to improve emotional connection, reduce stress and foster nurturing home environments. Sanadi focuses on:

- Enhancing caregivers’ understanding of children’s developmental and emotional needs
- Improving family communication
- Teaching practical tools for managing caregiver stress and trauma
- Supporting responsive and empathetic parenting practices

This dual-generational model ensures that as children build resilience and emotional literacy, their caregivers are also better equipped to support their healing and development.

Together, Sawa and Sanadi represent a comprehensive, scalable and community-rooted approach to addressing MHPSS needs in humanitarian settings. By strengthening both child and caregiver capacities, these programmes are helping to rebuild the social fabric of communities across the Syrian Arab Republic, contributing to long-term resilience in the face of protracted crisis.



Sham, 9, participates in a UNICEF-supported mental health and psychosocial support session on feelings and manners, at Mohammed Daoud school, in Al Bahloliah village, rural Lattakia, Syrian Arab Republic, in February 2024. Children and families in Lattakia were heavily impacted by the February 2023 earthquakes, and have also experienced years of conflict and economic hardship.

Chad

The Government of **Chad** declared a nutrition emergency in February 2024 due to a nutrition crisis affecting 41 of the country's 95 districts. Long a recipient of refugees, Chad had received an influx of Sudanese refugees starting in mid-2023 following the outbreak of conflict in the Sudan, and in July 2023 UNICEF activated a Level 2 corporate response for eastern Chad to support refugee and host communities, a designation that endured until June 2024. The pressure on the food supply, and in particular shortages of food in some places due to the needs of additional displaced populations, meant that nearly 2 million children were at risk for wasting by March 2024, with 523,000 facing severe wasting. In Chad, UNICEF is the sole provider of ready-to-use therapeutic food (RUTF), which is used to treat severe wasting, and manages the entire supply chain of this life-saving commodity. UNICEF also strives to reach 100 per cent of severely wasted children. UNICEF increased its funding request for the humanitarian response in Chad, primarily due to a 26 per cent increase in needs related to nutrition. In 2024, Chad experienced a stock-out of RUTF, and UNICEF was required to adapt by using a reduced dosage of RUTF and by tightening its prioritization of children for treatment for severe wasting to the most vulnerable age groups.

UNICEF worked with the nutrition department of the Ministry of Public Health, and in partnerships with the Red Cross of Chad, ALIMA, a medical humanitarian organization based in Senegal, Action Contre la Faim, Concern Worldwide, World Vision and International Rescue Committee to treat 459,022 severely wasted children aged 6–59 months (244,759 girls and 214,263 boys) in 918 treatment centres nationwide. Eighty-eight per cent of targeted children were admitted for treatment, and the treatment success rate reached 95.8 per cent. Among those treated, 63,863 children (36,317 girls and 27,546 boys) were refugees, returnees or from communities hosting refugees in eastern Chad. UNICEF also supported infant and young child feeding counselling for 382,680 primary caregivers of children aged 0–23 months, 54 per cent of the target. This included 192,080 parents who accessed these services at breastfeeding corners established in refugee camps and returnee sites in eastern Chad. These dedicated spaces provided nursing mothers with safe breastfeeding environments and offered essential health and nutrition guidance. Beyond its efforts to combat the deteriorating nutrition situation in Chad, UNICEF also supported measles vaccination for 274,099 children (73 per cent of the target), provided mental health and psychosocial support to 116,672 children (57 per cent of the target), provided emergency education materials to 98,579 children (34 per cent of the target), and helped 329,529 crisis-affected people (97 per cent of the target) gain access to

safe drinking water. Interventions were carried out amid difficult physical access to some regions due to security concerns (kidnappings, break-ins, curfews) and flooding, with UNICEF and other organizations adapting by using escorts, pre-positioning supplies and establishing outposts closer to affected populations. UNICEF worked closely with 23 local non-governmental organizations in Chad in 2024.

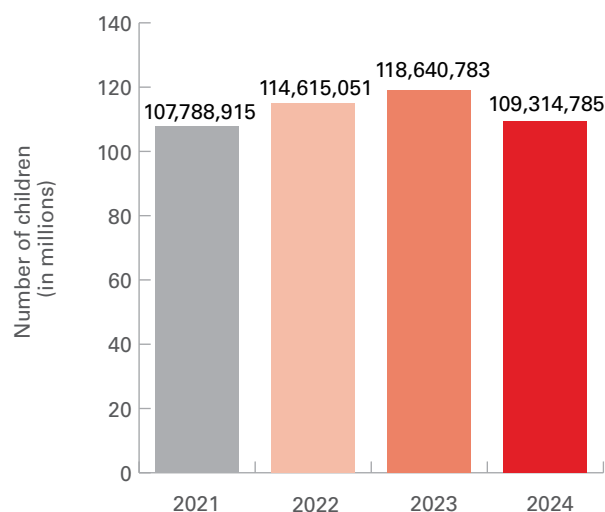
Nutrition

The pressing nutrition needs in Chad and the challenges securing adequate levels of commodities were not unique to that country. The number of children and women who were nutritionally vulnerable globally remained unacceptably high, and the combined effects of conflict, climate-induced droughts, floods and environmental degradation – along with the impacts of disease outbreaks – drove unprecedented levels of nutrition vulnerability. Around 282 million people globally (21.5 per cent of the analysed population in 59 countries/territories) faced high levels of acute food insecurity.¹⁶ Disease outbreaks often required a specific nutrition component, as was the case with the outbreak of mpox that affected multiple countries during the year (See Case Study 8, page 58).

This increased demands on UNICEF to scale up its nutrition response in support of national governments. Yet mobilizing adequate resources for the nutrition programme, particularly essential nutrition commodities, was difficult in 2024, leading to critical breaks in pipelines for RUTF. Given limited resources, which are likely to become even more constrained, one of the complex challenges in 2024 and into the future will be to strike the right balance between treating severe wasting and investing in preventive approaches for children and women. To address this, UNICEF is 1) advocating for increased global nutrition financing; 2) driving down the cost of treating wasting and severe wasting; and 3) improving targeting to reach the most vulnerable children first.

Despite funding shortages for nutrition programming and key challenges including access and supplies, UNICEF provided support that enabled 109 million children under 5 years of age in humanitarian settings to benefit from services for the early detection and treatment of child wasting. A total of 7.1 million children were admitted for treatment of severe wasting globally. Vitamin A supplementation reached 170 million children and multiple micronutrient supplementation benefited 11 million children under age 5. Seventy million caregivers received infant and young child feeding counselling in 26 countries experiencing emergencies.

FIGURE 11: Number of children under 5 years of age who benefit from services for the early detection and treatment of severe wasting and other forms of malnutrition.



Many of these results were achieved amid extremely difficult operational conditions, often in the places where children were at greatest risk. For example, the risk of starvation persisted across the entirety of the **Gaza Strip, State of Palestine**, where war continued unabated throughout the entire year. The whole territory was classified as Integrated Food Security Phase Classification (IPC) Phase 4 (emergency).¹⁷ UNICEF reached more than 1.4 million women and children in the State of Palestine with different types of nutrition commodities¹⁸ and supported treatment of 36,254 children suffering from wasting – including treatment of 6,872 children (out of a target of 12,487) with severe wasting (including 2,400 in the West Bank) and supplementation of 29,382 children with moderate wasting (out of a target of 43,163) using one single product (RUTF) (3,325 in the West Bank). To support the needs of non-breastfed infants, UNICEF delivered 642,044 bottles of ready-to-use infant formula. Additionally, 312,834 jars of complementary foods were distributed to support the diets of young children to prevent food poverty. Results were achieved through capacity building of 150 health workers on management of severe wasting with medical complications, and training for 500 service providers on infant and young child feeding counselling and 200 on community management of wasting. Local partners were central to the reach of UNICEF's life-saving nutrition programming amid open conflict and a devastated infrastructure. UNICEF developed partnerships with eight civil society organizations and supported them in establishing 400 treatment sites to provide access to nutrition services. Four mobile health and nutrition teams, including two in the northern Gaza Strip, helped meet the needs of children living in hard-to-reach areas.

UNICEF supported the implementation of integrated nutrition campaigns in the **Sudan** through partners, state ministries of health and local health authorities in most states. The war in the country has disrupted markets, destroyed infrastructure and devastated agricultural production, making food unaffordable for most households and throwing 24.6 million people into acute food insecurity. The country is on the brink of famine. The integrated campaigns tried to take advantage of any available opportunities to reach young children, particularly in hard-to-reach areas, and they encompassed several interventions. UNICEF and partners were able to screen close to 7.4 million children under age 5 for wasting; provide vitamin A supplements to 3.4 million children under age 5; administer deworming prophylaxis to more than 630,000 children aged 12–59 months to combat micronutrient deficiencies; and convey infant and young child feeding messages and information to 895,800 caregivers of children under age 2 (53 per cent of the target). Health services including vaccination and key health and WASH messages were integrated into the nutrition campaigns when possible, leveraging available resources and ensuring the extended reach of a broader package of life-saving interventions. Around 650,000 pregnant women received iron and folic acid supplements as part of antenatal care services and through campaigns. And a total of 471,010 children with severe wasting were admitted to treatment – the highest annual caseload UNICEF has recorded in the country and 84 per cent of the target for the year.

Integration of multiple nutrition interventions was also critical to identifying children suffering from wasting in **South Sudan**, where conditions have been under pressure from a growing refugee population fleeing conflict in the Sudan and also due to widespread infrastructure damage caused by extreme flooding that began in August, 2024. Mass use of mid-upper-arm circumference screening for wasting during a biannual vitamin A supplementation campaign allowed screening of nearly 2.5 million children for malnutrition. Teams identified and admitted for treatment 338,054 children aged 6–59 months with severe wasting, 85 per cent of the target. Peaks in admissions of children with wasting were recorded in May, when the mass campaign occurred, and also in August, when the flooding began to worsen children's nutrition status. Pre-positioning supplies helped mitigate access constraints to reaching people with support. At the same time, integration of nutrition services into primary health care programmes enabled a more holistic approach to tackling malnutrition, contributing to the 96 per cent recovery rate of children aged 6–59 month admitted to therapeutic care – well beyond UNICEF's initial target of a 75 per cent recovery rate. To support local solutions and capacities, local initiatives to improve dietary diversity for children aged 6–23 months old were implemented in eight counties. As one of the five frontrunner countries of the UNICEF-WFP Joint Action to Stop Wasting global initiative, South Sudan designed a joint programme for the prevention and management of wasting in children and women, which resulted in the mobilization of additional funding (\$19 million – including in-kind commodities) to support the humanitarian response.

ALSO IN FEBRUARY: Around 200,000 people in Nepal, including 68,000 children, still required humanitarian assistance 100 days after a 6.4 magnitude earthquake struck western Nepal on 3 November 2023. As part of the United Nations Joint Recovery Action Plan Western Nepal Earthquake, UNICEF continued to collaborate with WFP, UNFPA, and IOM to support communities affected by the disaster, implementing a multi-sectoral recovery programme in 13 municipalities, and to advocate for the needs of the most vulnerable children and families.



A child is screened for malnutrition by a doctor at Al-Dabab health centre, Taiz, Yemen, in September 2024.



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March

Claudina holds her daughter, Isoura, 11 months, as they receive ready-to-use therapeutic food from a mobile health clinic in Impire, a rural community in Cabo Delgado Province, Mozambique that was impacted by Cyclone Chido in December 2024. In Mozambique, mobile clinics reach the most remote communities with essential services: vaccinations, nutrition screening, treatment for child wasting, prenatal care and HIV testing. In places such as Impire, these clinics are often the only connection to the formal health system. In 2024, UNICEF supported 1,860 integrated mobile brigades across Mozambique reaching 92,545 children under age 5 and 21,201 pregnant women with essential health services.

Mozambique

By 8 March 2024, attacks and fear of attacks in Cabo Delgado Province, **Mozambique**, had displaced nearly 100,000 people, including more than 60,000 children, in a month. More than 100 schools in Cabo Delgado and Nampula provinces had to close due to insecurity, affecting the learning of over 50,000 children. Children and families were cut off from essential services, including health, nutrition, water, sanitation and hygiene and child protection services. Many of those forced to flee – more than 45,000 people – fled to Erati district, in Nampula, the province immediately south of Cabo Delgado, an area that was experiencing a cholera outbreak. All told, between January and December 2024, more than 257,000 people, including more than 152,000 children, were displaced, with more than 90 per cent of these movements forced, driven by fear of attacks.¹⁹ Tropical Storm Filipo impacted Inhambane Province on 12 March. Months later, in December, Cyclone Chido hit Cabo Delgado Province, the first time on record that a cyclone hit the country in December. These storms impacted nearly 625,000 people and caused 129 deaths.

In areas severely affected by the ongoing El Niño-induced drought, Tropical Storm Filipo and the persistent conflict, approximately 1.5 million people faced crisis-level or higher food insecurity. The situation was expected to worsen until the March/April 2025 harvest, with an estimated 1.9 million people projected to face food insecurity.

These crises are emblematic of the overlapping emergencies that are enveloping communities in many countries. In Mozambique, UNICEF undertook a range of interventions, working closely with partners. Screening for malnutrition reached 1.2 million children (out of a target of 210,258) affected by conflict, drought, the tropical storm and the cyclone as well as the cholera outbreak. UNICEF-supported programmes admitted 18,709 children for treatment of severe wasting, out of a target of 21,647. Measles vaccination campaigns reached nearly 4.1 million children in humanitarian situations, well beyond the target of 833,649 children because needs were much greater than first anticipated; and the organization also contributed to the response to a polio outbreak, which reached 9.6 million children with two doses of polio vaccine in Cabo Delgado, Inhambane, Nampula and Niassa.

Global humanitarian thematic funding

Also in March 2024, UNICEF allocated \$700,000 in global humanitarian thematic funding to support effective responses to measles outbreaks in multiple countries in Europe and Central Asia. The surges in measles cases in those countries would endure throughout the year due to vaccine hesitancy, inadequate health personnel capacities, COVID-19-related disruptions in routine vaccination and health system-level issues that have caused declining coverage rates of measles, mumps and rubella (MMR)

vaccine. UNICEF supported country offices with measles outbreak prevention and response and recovery efforts. UNICEF strengthened immunization programmes, enhanced public awareness and built local capacity to address outbreaks in Albania, Armenia, Azerbaijan, Georgia, Kazakhstan, Kyrgyzstan and Uzbekistan. (See *Case Study in Annex 1, page 99, for an in-depth look at how global humanitarian thematic funds were used in Albania to strengthen the country's response to the measles outbreak.*)

The allocations to Europe and Central Asia for measles response were only a small part of the total of \$30.1 million in global humanitarian thematic funding allocated in March.

Cluster coordination

Among the many other allocations of GHTF during this month, it was used to bolster cluster coordination capacities for the Child Protection Area of Responsibility in Afghanistan, Honduras, Mozambique, the Niger and Somalia (in Somalia, GHTF also supported education cluster coordination). UNICEF's role as cluster lead agency for the Child Protection Area of Responsibility, the global WASH cluster, the global nutrition cluster and as co-lead (with Save the Children) of the global education cluster provided an opportunity to extend the impact of the UNICEF mandate for children. Critical accomplishments in cluster coordination in 2024 included bringing an increasingly joined-up approach to inclusion in humanitarian coordination, with a 'people-centred' approach coming into focus as a way to link efforts on accountability to affected populations, localization, gender-based violence risk mitigation and disability inclusion within humanitarian response coordination. And, in recognition of its global leadership and commitment to advance the global MHPSS agenda in humanitarian settings, UNICEF was endorsed to co-chair the IASC MHPSS Reference Group for 2025.

By the end of 2024, UNICEF had implemented all policy recommendations of the second evaluation of the role of UNICEF as a cluster lead/co-lead agency (CLARE II), a significant accomplishment.

ALSO IN MARCH: After the abduction of students in Kaduna State, Nigeria, UNICEF urged immediate action to ensure the safe return of the abducted children and staff and called on authorities to implement comprehensive measures to secure schools across Nigeria. UNICEF also coordinated with local officials, providing psychological support services to affected parents and families.



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April

A girl smiles at the Jean Marie César site for internally displaced persons in Haiti, in December 2024. In November 2024, the situation in Port-au-Prince sharply deteriorated following attacks by armed groups, including attempted sieges of established residential areas, triggering the largest single displacement event since January 2023. UNICEF and its partners provide vital psychosocial support to children displaced by this escalating violence.

Haiti

UNICEF Executive Director Catherine Russell briefed the Security Council on 22 April on the catastrophic situation of children in **Haiti**. Russell spoke both as the head of UNICEF and in her capacity as the Principal Advocate on the Humanitarian Situation in Haiti for the Inter Agency Standing Committee. The crisis in Haiti is a protection crisis, and 2 out of 3 children in the country required humanitarian assistance in 2024. The country's fragile political transition has not stopped the proliferation of violence perpetrated by armed gangs, violence that directly threatens children's lives and negatively impacts their well-being in countless other ways. The Multinational Security Support Mission, intended to restore security, was only at half capacity by the end of 2024. In Port-au-Prince, 1 million people, including 550,000 children, had fled armed violence in their neighbourhoods by the end of the year. Displacement in the country jumped by 187 per cent between March and December. Nearly half the country's population experienced acute food insecurity (Integrated Food Security Phase Classification Phase 3 or higher). Instances of grave violations against children in the country surged in 2024. Among the grave violations, the number of children in Haiti recruited into armed groups increased by 70 per cent between November 2023 and November 2024. Children are estimated to comprise up to 50 per cent of all armed group members.

In 2024, UNICEF's multisectoral humanitarian response in Haiti reached more than 970,000 people, including 470,000 children. More than 103,000 children, parents and caregivers received mental health and psychosocial support (31 per cent of the target). UNICEF provided 401,000 people with hygiene supplies, cholera kits and services (45 per cent of the target); and screened 459,000 children for wasting (76 per cent of the target), of whom 48,000 were admitted for treatment of severe wasting (46 per cent of the target). Additionally, 58,639 children under 5 years of age received treatment for moderate wasting. Wasting treatment results were far short of their targets due to persistent insecurity, health facility closures and the remoteness of some locations – and because only 462 of the 888 health facilities providing treatment reported data for most of the year. In Haiti, UNICEF's cash-based assistance has been an essential component of its humanitarian response. UNICEF has worked jointly with the WFP and Ministries of Social Affairs and Labour, Humanitarian Affairs and Education to provide a total of \$3,268,727 to 11,536 vulnerable families covering 20,059 children, to support them in meeting their basic needs and accessing education and health services. With civil unrest and gang violence in Haiti leaving 1.4 million children in need of educational assistance, UNICEF supported children's return for the new school year that began 1 October. Interventions included training 1,019 teachers/facilitators (352 women) in basic pedagogy and mental health and psychosocial support, exceeding the target of 500. This overachievement reflects an increased demand for teacher-training support due to widespread school closures and population displacement.

One critical aspect of UNICEF programming in Haiti was community engagement, including interventions for social and behavioural change. In 2024, UNICEF engaged 6.2 million individuals with life-saving messaging and support for health actions for cholera prevention, immunization, nutrition, child protection and education. Social and behaviour change interventions have helped foster dialogue with communities, particularly for access, acceptance and trust for programme delivery in this complex environment.

Social and behaviour change and community engagement

Such community engagement is at work in every context where UNICEF operates. In fact, 43 UNICEF country offices implemented advanced standards²⁰ for social and behaviour change and community engagement in 2024, up from 32 in 2023 – progress that will ultimately benefit children and families.

UNICEF played a crucial role in risk communication and community engagement (RCCE) during public health emergencies, ensuring coordinated and data-driven responses. As a co-lead of multiple RCCE Technical Working Groups, UNICEF provided essential support during outbreaks of mpox, Marburg virus disease and cholera, working closely with governments and implementing partners to develop response strategies, tools and evidence-based interventions. In **Equatorial Guinea**, for example, UNICEF collaborated with the Ministry of Health and Social Welfare to develop an RCCE strategy for emergency preparedness and supported the World Health Organization in reactivating community surveillance, training 526 key stakeholders, including health teams, volunteers and community leaders. UNICEF also worked to promote the sustainability of community engagement and social and behaviour change capacities within humanitarian and long-term development programmes. In **Yemen**, more than 9,000 front-line workers and volunteers were trained to engage communities effectively, supported by robust financial planning and technical assistance. UNICEF reached 12 million people in Yemen via diverse communication channels, including community volunteers, house-to-house visits by health workers, social gatherings, mosque sessions and mass media campaigns. An expanded complaints and feedback mechanism received 47,092 calls (grievances, inquiries and feedback), 95 per cent of which were ultimately closed.

UNICEF continued to improve its structured monitoring and feedback-driven decision-making. In **Ukraine**, the 'Tell Us As It Is' hotline processed more than 34,000 beneficiary appeals, supporting the development of child-friendly interventions based on social listening data. In **Cameroon**, UNICEF supported training of 128 focal points for accountability to affected populations, and these focal points helped resolve 200 community complaints, leading to improved cash transfer interventions. In the **Niger**, grievance mechanisms reached 1.58 million people, and

UNICEF provided support to 344 village-level complaint management committees, 17 commune-level committees and 5 regional steering committees to record and address the complaints, concerns, suggestions and expressions of satisfaction of 137,263 people who shared their opinions, well above the target of 100,000. In Chad, 40 feedback mechanisms paved the way for 468,341 people – mostly Sudanese refugees and returnees in eastern Chad – to share their concerns and feedback, out of a target of 596,650.

Some critical challenges continue to hamper community engagement efforts. Marginalized communities/populations are often hard to reach. Emergency responses tend to prioritize quick dissemination of information, and this can exclude certain pockets of the population. Targeting mobile populations is also difficult. What's more, deeply embedded cultural and social norms can make communities hesitant to adopt new behaviours, which impacts the effectiveness of social and behaviour change efforts during emergency responses. It is equally important that the UNICEF culture

embrace feedback and response mechanisms throughout every aspect of humanitarian response (*see Case Study 4 for details on how this occurred in the UNICEF response to the Morocco earthquake*).

ALSO IN APRIL: The third edition of the UNICEF-NGO consultations took place 16-17 April in Geneva. Co-organized by the International Council for Voluntary Agencies (ICVA) and UNICEF, the event brought together 145 participants representing 21 national NGOs, 36 international NGOs, 4 NGO networks, colleagues and UNICEF and other UN agencies. This type of behind-the-scenes work is critical to impactful partnerships that bring benefits for children.

PARTNER TESTIMONIAL



"We partner with UNICEF because we believe children's rights should be woven into business practices and processes across industries globally. We also support UNICEF's humanitarian efforts – as every child deserves safety and hope, especially in times of conflict and disaster. UNICEF's dedication to reaching the most vulnerable children and providing essential care inspires us. We trust their mission to help communities and make lasting, positive impacts on children's lives. Together, we can create a better future for all children."

Malin Pettersson-Beckeman, Head of Sustainability Partnerships and Engagements, Inter IKEA Group

CASE STUDY 4: Social and behaviour change is a backbone of the UNICEF response to the Morocco earthquake

On 8 September 2023, a 6.9 magnitude earthquake struck Morocco, impacting remote mountainous areas. UNICEF deployed social and behaviour change expertise to support local authorities, civil society organizations and local communities in implementing campaigns to promote social services, positive parenting, gender-based violence prevention and nutrition and WASH services.

Communities continued to require support to recover into 2024. UNICEF facilitated 15 safe spaces for children in the affected provinces of Al Haouz and Taroudant, where 6,299 people, including 3,677 children, received community-based mental health and psychosocial support services (including services provided through mobile clinics). These child-friendly spaces evolved over the course of the response into multifunctional community hubs promoting child rights, participatory dialogue, positive gender norms and local capacity-building. Additionally, a mobile child-friendly space reached populations in underserved areas. UNICEF facilitated training sessions for professionals, including doctors and social workers, and developed a psychosocial support manual in collaboration with university partners. A total of 777 vulnerable children and women, identified by the Amane Foundation and the Orient-Occident Foundation, were referred to support services.



At a mobile child-friendly space, children engage with a feedback box designed to collect their voices and suggestions. Supported by UNICEF and Association TADAMON, these spaces are part of a broader approach to social and behaviour change and accountability to affected populations, ensuring that recovery efforts after the 2023 Morocco earthquake are community-driven, inclusive and responsive to the needs of children and families.

UNICEF supported the strategy of the Ministry of National Education, Primary Education and Sports in Marrakesh Tansift al Haouz and Souss Massa regions, two of the regions affected by the earthquake. This support linked to three areas of intervention: 1) rehabilitation of schools to ensure a safe and protective learning environment for children; 2) educational support to maintain educational continuity; and 3) psychosocial support to help students and education staff overcome the trauma related to the earthquake. Forty primary schools and 18 middle schools benefited from the rehabilitation of modular units, enabling more than 19,500 children to start the school year in a protective environment. Moreover, UNICEF supported appropriate sanitation services for 17,395 children and adolescents (8,350 girls and 9,045 boys) through WASH-in-schools interventions.

In the provinces of Chichaoua, Al Haouz and Taroudant, UNICEF focused on the continuity of primary health care services via mobile health units. More than 22,000 people in remote and underserved communities benefited from basic services, with free distribution of essential drugs; and 3,600 children, adolescents and caregivers received mental health and psychosocial support.

A key aspect of social and behaviour change contributions to the overall UNICEF earthquake response was mainstreaming a culture of community feedback collection and analysis throughout UNICEF interventions, ensuring that voices from the community informed activity design and project deployment. Beyond the feedback mechanisms integrated into the child-friendly spaces, UNICEF also supported two practical pilots (one within a secondary school and one in a child protection unit) on feedback mechanisms.

By integrating human-centred design and accountability to affected populations into response efforts, social and behaviour change teams supported sustainable, community-led recovery while reinforcing local decision-making and service accessibility. More than 70 key actors, including decision-makers from public entities and nongovernmental organizations, were involved in local and national training sessions and workshops. The programme governance mechanism, led by local authorities, monitored and coordinated all programmatic interventions in the context of the earthquake response. This ensured mainstreaming of social and behaviour change approaches, demonstrated their effectiveness and strengthened advocacy with local decision makers – enhancing integration of social and behaviour change principles into humanitarian action.



May

Oumar, 11, points to the blackboard in a temporary learning space in Horoguende, Mopti region, Mali, in February 2024. Violence in the region has forced hundreds of schools to close, but temporary learning spaces at displacement sites, supported by UNICEF and its partners, help children continue their studies.

Mali

In May 2024, UNICEF allocated \$500,000 in global humanitarian thematic funding to bolster its humanitarian response in **Mali**. Insecurity, ongoing military clashes, armed group activities and restricted access – combined with the departure of the United Nations Multidimensional Integrated Stabilization Mission in Mali (MINUSMA) in December 2023 – posed significant challenges to UNICEF and its partners throughout the year, and another allocation of \$500,000 in GHF was provided in October. The Mali appeal was only 23 per cent funded at the end of 2024, so these additional flexible funds, and another allocation from March 2024, were critical to sustaining life-saving support for children.

To better meet the needs of Mali's children, UNICEF strengthened its field presence and opened a new field office in 2024 in Ménaka, an epicentre of the country's humanitarian crisis. This has facilitated improved coordination, faster response and enhanced engagement with local partners. Prioritizing emergency preparedness, UNICEF pre-positioned contingency stocks in strategic locations. To overcome increasing access challenges due to high insecurity, including active conflict, UNICEF accelerated a humanitarian access strategy built around localization. One element of this strategy was the launch of a child-sensitive rapid response mechanism, along with delivery of assistance in hard-to-reach areas via partnerships with 410 community-based organizations and 412 community leaders along with four Malian national non-governmental organizations. This effort targets 100,000 children, along with 80,600 displaced persons, including children, in 489 remote villages in five regions. These strategies helped UNICEF far exceed its initial targets in some programme areas. Measles vaccination campaigns, for example, reached more than 10.4 million children – 478 per cent of the initial target. Polio campaigns reached 7.9 million children under five (109 per cent of the target). Nutrition interventions were also a priority, with malnutrition on the rise and affecting more than 1.5 million children under age 5, particularly in conflict-affected regions. UNICEF supported the treatment of 207,095 children with severe wasting out of 201,250 children targeted in 2024, with a 95 per cent recovery rate – well above the Sphere minimum standards of 75 per cent.

Democratic Republic of the Congo

Children and families in the Democratic Republic of the Congo also experienced worsening conditions in 2024. Deepening conflict, spread of infectious diseases, climate-related emergencies and mass displacement left 14.9 million children in need of humanitarian assistance.

Escalating conflict in the country's east, and particularly in North Kivu Province due to the expanding zone of influence of the 23 March Movement (M23) armed group and conflict with other armed groups in and around the city of Goma,²¹ brought record levels of gender-based

violence, displacement and hunger.²² UNICEF had activated a Level 3 corporate emergency response for the country in June 2023, and this designation was deactivated in June 2024. However, the Africa CDC declared mpox a health emergency of continental security on 13 August, and WHO declared it a public health emergency of international concern on 14 August. UNICEF therefore activated another Level 3 Corporate Emergency scale-up in the country on 21 August 2024. (See page 58 for details on the impact of the mpox epidemic on children and how UNICEF and partners responded). At the same time, conflict continued to cause waves of displacement: Between January and November 2024, more than 3 million people were newly displaced in the country, with the provinces of North Kivu, Ituri, South Kivu and Tanganyika accounting for 96 per cent of the displaced persons. The M23 crisis alone led to a 57 per cent increase in displaced persons in North and South Kivu provinces between December 2023 and November 2024, and the number of displaced reach 1.95 million people, 18 per cent of whom were children under age 5.²³

UNICEF prioritized life-saving interventions, working closely with cluster partners to cover the critical needs of vulnerable populations, while paving the way for recovery. Localization through community engagement and the empowerment of local organizations were at the forefront of response efforts.

The UNICEF Rapid Response (UniRR) mechanism remained a key avenue of response in the country. Through 60 interventions and with an average response time of seven days from evaluation to assistance, UniRR ensured the rapid provision of 131,139 kits for non-food items, WASH, shelter and hygiene. Of the 60 interventions, 16 were integrated with food assistance through established partnerships with the WFP, ACTED (a French NGO) and the International Federation of Red Cross and Red Crescent Societies. This mechanism was one of the country's fastest in-kind response mechanisms and in 2024 ensured timely delivery of kits to meet the needs of 791,038 internally displaced persons, including 515,802 children, resulting in an improvement to the overall living conditions and greater protection of displaced people. Post-intervention monitoring indicated a high satisfaction rate, with 95 per cent of beneficiaries expressing satisfaction with the assistance received.

UNICEF continued to use cash-based assistance across its programmatic sectors in the Democratic Republic of the Congo, reaching 29,980 families (just under a third of the 110,000 families targeted) with around \$4.7 million in 2024. The overall transaction success rate for the cash programme was 98.5 per cent. Innovative pilot cash programmes included a shock-responsive social protection humanitarian cash transfers programme to prevent malnutrition. Another large-scale cash assistance project aimed to prevent, mitigate and respond to gender-based violence in the eastern provinces. In Minova health zone in South Kivu Province, such a project reached 13,923 households in 2024: cash transfers were combined with comprehensive, women- and girl-centred gender-based

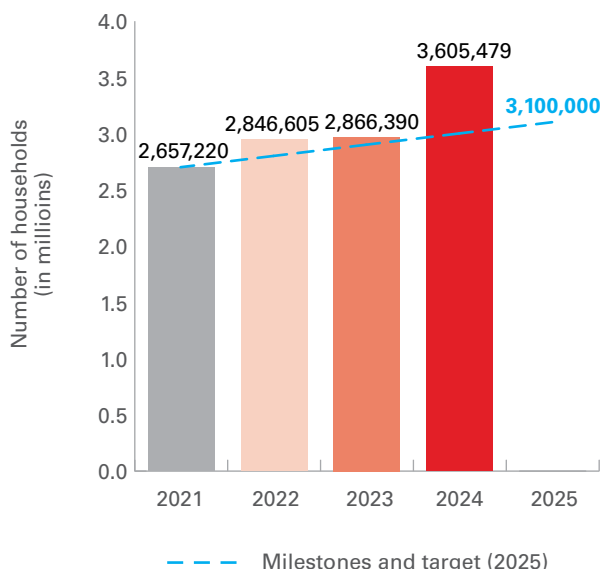
violence programming to address immediate and long-term needs. Challenges in carrying out cash-based assistance in the country's volatile east included ongoing armed conflicts that posed additional security risks; restricted access to some cash distribution sites; and poor Vodacom network coverage that forced beneficiaries to travel long distances to access mobile services before withdrawing cash. In collaboration with the international civil society organization AVSI, UNICEF adopted a community-based approach to reduce protection risks during cash-outs.

Humanitarian cash transfers

Beyond providing immediate life-saving and dignity-affirming benefits to people throughout 2024, the most significant long-term development in UNICEF's humanitarian cash programming during the year was the designation in May 2024 of the code underpinning the Humanitarian cash Operation and Programme Ecosystem (HOPE) – the system used to manage cash beneficiaries in humanitarian and fragile contexts – as an open-source product. This meant the code libraries could be used free of charge, enabling the broader humanitarian community to develop tailored software libraries, as needed, for their own cash distribution projects. Becoming an open-source product paved the way for HOPE to become a digital public good in April 2025. This is an example of UNICEF's work and investments paying long-term dividends for children and families. UNICEF's own use of HOPE expanded in 2024, adding Belarus, Madagascar, Mali, the Niger, South Sudan, Bangladesh, the Syrian Arab Republic and Viet Nam and bringing to 24 the number of countries where the system is used.

Altogether, UNICEF delivered \$689 million in humanitarian cash in 2024 to 3.6 million households (with 15.5 million children) in 48 countries; \$8 million of this was provided as vouchers in seven countries. A total of 15.5 million children benefited from this life-saving cash, which was either delivered through existing social protection systems or via direct delivery and which primarily addressed humanitarian basic needs, including through rapid response mechanisms. Cash assistance in various 'plus' programmes also contributed to enhanced child protection, education and nutrition results for children.

FIGURE 12: Number of households reached with UNICEF-supported humanitarian cash transfers.



UNICEF has continuously sustained cash assistance in the **State of Palestine**, delivering \$42.6 million to 172,000 families in the Gaza Strip, covering nearly 1 million people, including 5,700 families with at least one child or adult with disability and 23,203 families with pregnant women and breastfeeding mothers. UNICEF is the largest provider of cash services in the current war, with cash also helping sustain front-line workers working on polio vaccination campaigns and solid waste management. With a cash liquidity crisis taking hold in the Gaza Strip beginning in April 2024, UNICEF partnered with the Palestinian Monetary Authority, financial service providers and chambers of commerce to accelerate promotion of digital wallets. This created conditions for cash transfers at scale and the formation of a digital ecosystem in the Gaza Strip, and UNICEF made the first payments via e-wallets in May 2024. By the end of 2024, a survey showed that almost 50 per cent of respondents used digital transfers/e-wallets. The Mother and Child Cash Transfer Plus (MCCT+) programme in **the Sudan** provided \$32.9 million in cash to 96,516 families, reaching approximately 290,000 children.

The programme enabled pregnant and lactating women and their children to meet their basic needs and access an integrated package of essential services, including antenatal and postnatal care, nutrition support and birth registration.

UNICEF has continued to grow its in-house capacity to implement humanitarian cash transfers, providing training to more than 238 UNICEF staff from 34 country offices, including regional offices in Europe and Central Asia, Eastern and Southern Africa and West and Central Africa. Humanitarian focal points in headquarters also developed greater understanding and technical skills for using cash-based assistance for sector-specific objectives. A global review of UNICEF's direct cash delivery, finalized in early 2024, provided an in-depth look at cash programmes in Afghanistan, Jordan, Lebanon, the Sudan, Ukraine and Yemen and gave high-level recommendations for further scaling up the use of cash-based assistance.

Operational preparedness remains one of the key enablers for using cash-based assistance at scale. UNICEF has effectively piloted a flood-based triggering mechanism in the Terai region of **Nepal** to provide cash assistance as an early intervention response. Use of the Global Flood Awareness System (GLOFAS), the flood warning bulletins issued by Nepal's Department of Hydrology and Meteorology, and UNICEF's HOPE system enabled the use of the mechanism, which provided a way for families residing in the flood-prone area to be pre-registered ahead of the monsoon season. Cash was pre-positioned, which allowed families to receive cash assistance within a week of the trigger activation. Cash was deposited directly into families' bank accounts, and they were notified via text messages. A total of 3,601 families received \$277,589.

Out of the \$689 million in cash delivered by UNICEF in 2024, 80 per cent of the volume was delivered thanks to agreements with private sector service providers. To further strengthen UNICEF's cash preparedness, a new global agreement was established with the financial service provider MoneyGram to facilitate the digital delivery of cash-based assistance.



Lu Ngoc Anh, 8, stands with her dad on the debris left by a landslide triggered by Typhoon Yagi, which destroyed a wall in her family home in Muc village, Lao Cai Province, Viet Nam, in October 2024. To help the family rebuild and recover, UNICEF provided unconditional cash transfers.

ALSO IN MAY: UNICEF's humanitarian learning channel launched in May 2024 and enrolled 2,400 staff on new courses during the year. And 42 managers trained through the Humanitarian Leadership Workshop in 2024, bringing to 299 the number trained since 2020. Learning activities extended well beyond UNICEF staff: The Child Protection Area of Responsibility launched a learning platform in May for cluster partners at all levels. And the UNICEF Office of Security Coordination supported learning events throughout the year for 1,644 UNICEF personnel and 232 personnels from other United Nations organizations.



June

Tagwa, 1, is screened for malnutrition by volunteers in a site for internally displaced persons in Gedaref State, Sudan, in November 2024, during a UNICEF-supported house-to-house integrated nutrition campaign.

Sudan

By June 2024, the people of the **Sudan** were facing catastrophic levels of food insecurity. UNICEF, WFP and the Food and Agriculture Organization of the United Nations highlighted data that month showing that more than 750,000 people were experiencing catastrophic levels of food insecurity (IPC Phase 5) and 25.6 million people were in crisis levels of hunger (IPC Phase 3 or greater).²⁴

The conflict that had engulfed the country in April 2023 deepened in 2024. The number of internally displaced persons reached 11.5 million by December 2024 and included 6 million children. This was nearly 2.5 million more than in December 2023, and the highest number of any country. Another 3.3 million people had fled the Sudan for neighbouring countries. Children faced hunger, malnutrition and famine; cholera, dengue and measles outbreaks; violence and protection risks; increasing poverty; and lost education opportunities as 17 million children remained out of school. The harsh conditions led to high levels of global acute malnutrition, with famine in five hotspot areas by the end of the year and expected in additional locations in 2025.

Through UNICEF support, safe drinking water was available for 9.8 million people in the Sudan in 2024 (110 per cent of the target), and targets for access to appropriate sanitation services and handwashing behaviour change programmes were met or exceeded. The WASH approach was a hybrid one, encompassing urgent relief work coupled with elements of system strengthening and building community resilience (a similar hybrid WASH approach was used in Bangladesh, Haiti, the State of Palestine and the Syrian Arab Republic). Critical protection services benefited 2.8 million people, including 2.7 million children and 168,792 caregivers, with most protection interventions achieving around 80 per cent or more of their targets. (See page 47 for a case study highlighting the many streams of UNICEF child protection work in the Sudan.) UNICEF scaled up nutrition interventions as part of the humanitarian

country team's comprehensive famine prevention plan, expanding humanitarian support to 144 localities through 1,925 health facilities and 83 mobile teams.

Throughout the year, the health of children and their families in the Sudan remained under constant threat. UNICEF provided technical guidance, at-scale programming and Emergency Response Team/surge support to deliver national projects, along with the World Bank, the Global Fund to Fight AIDS, Tuberculosis and Malaria, Gavi, the Vaccine Alliance and other partners to sustain adequate health service coverage for a population forcibly displaced both internally and beyond the country's borders. (Similar efforts have started in Haiti to secure the continuity of mother and child health services and commodities.) In the Sudan, UNICEF-supported health facilities provided life-saving primary healthcare services to 2.8 million children and women, achieving 95 per cent per cent of the 2024 target. Of those reached, 1.8 million people were in relatively safe states and 1 million people were in hard-to-access and conflict-affected areas. UNICEF established and supported operation of fixed and mobile clinics in Kassala, River Nile, Gedaref and Northern states, with an emphasis on hot spots for internally displaced people, covering more than 1 million people. UNICEF also supported delivery of health supplies to cut-off communities such as Jebel Aulia in Khartoum, reaching 200,000 children and families during six months of access challenges. Other health efforts during the year included vaccination campaigns for measles and cholera and support for maternal and child health via assistance to 17 hospitals and 517 primary health care facilities.

Despite these life-saving results, disruptions at key border crossings (which forced convoys to take longer and more dangerous routes), bureaucratic delays, deepening insecurity (particularly in Darfur and Kordofan) and a greater number of communities cut off by military action continued to harm Sudanese children and hinder efforts to assist them.

CASE STUDY 5: A broad range of protection interventions is required to protect Sudan's children amid ongoing conflict

The escalating conflict in the Sudan, and the mass displacement, economic collapse and breakdown of essential services that have accompanied it, have exposed children to widespread violence and severe protection risks, including killing, maiming, forced recruitment, sexual violence and trafficking. Reports indicate that armed groups are increasingly targeting children, while women and girls face heightened risks of gender-based violence, abduction and enslavement.²⁵

In the face of this protection calamity, UNICEF has worked closely with local, national and international partners to try and prevent harm to children, and to support children and their families who have been impacted by protection violations.

UNICEF provided critical leadership on the children and armed conflict agenda through the UN Country Task Force on Monitoring and Reporting. In 2024, the Task Force verified more than 1,500 cases of grave child rights violations in the Sudan and submitted four confidential updates to the Security Council. Despite the challenging situation on the ground, there is ongoing engagement with parties to the conflict to end and prevent grave violations against children, in line with the children and armed conflict mandate.

Explosive ordnance risk education (EORE) is key to protecting children from the byproducts of the ongoing conflict. UNICEF-supported EORE equipped 83,729 individuals (35,128 girls, 27,570 boys, 12,405 women, 8,626 men) with life-saving knowledge to navigate the dangers posed by **explosive remnants of war**. Education sessions emphasized safe behaviour in contaminated areas, how to recognize hazardous objects and how to report unexploded ordnance to authorities. The education programme was implemented through schools, community centres and child-friendly spaces. UNICEF maintained its close partnership with the National Mine Action Center as the main government entity responsible for coordinating mine action interventions.

Within the conflict in the Sudan, sexual violence against children is a critical concern. Among other activities that make up the **comprehensive gender-based violence prevention and response programme** in the country, UNICEF is supporting capacity building of front-line workers to provide appropriate care for survivors of sexual violence, in alignment with the UNICEF Caring for Child Survivors of Sexual Abuse guidance. In collaboration with the World Bank, important work is under way to more systematically integrate gender-based violence response services into the health system.

UNICEF has also played a key role in strengthening inter-agency reporting mechanisms and significantly expanding access to safe reporting channels to **protect communities from sexual exploitation and abuse**, reaching more than 2 million people – a giant leap up from 68,153 people in 2023. To increase community awareness, UNICEF conducted campaigns using drama, mobile cinema, radio talk shows and television programmes and engaged local government to amplify outreach. These initiatives ensured that communities, particularly women and children, were informed about risks of sexual exploitation and abuse, prevention measures and available reporting channels. Recognizing the importance of community ownership, UNICEF facilitated the engagement of community-based child protection committees, women-led organizations and local leaders to cascade messages around protection from sexual exploitation and abuse and strengthen women and girls' trust in reporting mechanisms.

Large-scale population displacement, both internally and cross-border, has exacerbated the risk of family separation in the Sudan. Considering the needs identified in 2024, UNICEF had planned to reach nearly 22,000 **unaccompanied and separated children** with family tracing and reunification services and/or alternative care with implementing partners. By the end of the year, however, UNICEF had reached just 6,400 children. The programme only partially met its original target due to the significant challenges: extremely constrained access to populations; the near-collapse of the government-led welfare system primarily responsible for unaccompanied and separated children; a lack of skilled front-line social and parasocial workers due to high turnover rates related to insecurity; and gaps in geographical coverage by skilled civil society organizations. UNICEF used targeted social and behaviour change interventions on care practices in the most affected communities, with the goal of improving identification of unaccompanied and separated children and promoting family-based care practices. This complemented investments in a front-line workforce by equipping staff with the necessary case management, family tracing and reunification and alternative care programming skills and knowledge to operate

at scale through trainings of trainers and cascade trainings in selected regions. In parallel, UNICEF strengthened monitoring and reporting along with coordination among service providers, including through the gradual roll-out by agencies offering individual case management of the child protection information management system.

Living through conflict and displacement can have a devastating impact on children's well-being and compromise their social, emotional and cognitive development. Many affected children in the Sudan have endured the sudden deaths of loved ones, separation from family members, homelessness, poverty, hunger and injuries. War has severely disrupted their daily routines, education and friendship networks. At the same time, parents and caregivers are often in severe distress, compromising their ability to recover, care for their children and rebuild their lives. Between April 2023 and December 2024, UNICEF and partners provided **mental health and psychosocial support** to 2,670,055 children and 168,792 caregivers in the country. UNICEF and its partners delivered these services using community mechanisms, and through child-friendly spaces and learning environments. These activities provided a secure environment to strengthen mental health, emotional resilience and learning capacities. They also empowered children, especially girls, to report cases of gender-based violence, including female genital mutilation and child marriage.



A young girl plays a violin at a refuge for displaced persons at a primary school in Kassala State, Sudan, in April 2024.

Burkina Faso

Around 1.1 million people remained cut off in **Burkina Faso** in 2024, under a de facto blockage by armed groups. This was one of the multiple crises – including conflict, flooding, drought, epidemics and widespread displacement – impacting children and families in the country in 2024. Armed conflict increased, with reports of improvised explosive devices. The children of Burkina Faso experienced violations of their rights to healthcare, education, safety and a clean environment. In 2024, around 6.3 million people (3.4 million children) required assistance, including 2.7 million people (12 per cent of the population, among them 442,940 children under age 5) whose food security, livelihoods and socioeconomic situation were severely impacted by rainfall shortages between June and August.

UNICEF and its partners provided 2.3 million people, including 301,471 people in hard-to-reach areas and 39,809 displaced persons, with emergency WASH, education, nutrition, health and child protection assistance. UNICEF screened more than 2 million children under 5 years of age for malnutrition (172 per cent of the target) and provided 146,103 children with severe wasting with life-saving commodities and packages of multisectoral services (82 per cent of the target). While results exceeded targets in some areas (e.g., access to gender-based violence prevention and response, reporting channels for protection from sexual exploitation and abuse, and measles vaccination), in others (e.g., ensuring people's access to appropriate sanitation services) results fell short due to the constrained operating environment and lack of funding.

Local partners give life to UNICEF humanitarian action in Burkina Faso, as in so many places. In blockaded areas of Burkina Faso, often only reachable with supplies via United Nations humanitarian air support due to conflict and/or high insecurity, local partners maintained UNICEF's connection with communities, as in Arbinda, where the local NGO SERECOM carried out multisectoral analyses covering people newly displaced.

WASH

The WASH support UNICEF provided on a massive scale in the Sudan (see page 46) echoed other large-scale WASH interventions throughout the year, and was emblematic of the high level of WASH needs globally as well as the collective nature of WASH solutions.

The outbreak of cholera in **Zambia** beginning in October 2023 endured until June 2024. WASH services were a critical part of the response to this outbreak (and to every cholera outbreak) and one of the lynchpins to bringing it to an end. UNICEF supported provision of safe drinking water for 3.6 million people and provided other WASH services and supplies to 2.8 million people. Cholera disproportionately affects vulnerable populations lacking

access to clean water and adequate sanitation, exacerbated by factors like mass displacement, climate change, natural disasters and underfunded WASH infrastructure. Cholera outbreaks continued to increase globally in 2024 with 907,088 cases and 7,161 deaths reported in 35 countries, affecting five more countries compared with 2023.²⁶ See page 28 for details on the UNICEF cholera response in **Yemen**, where a 10-year-long conflict was one key contributor to the country's largest-ever reported cholera outbreak. WASH efforts were also key to the response to the outbreaks of mpox during the year (see page 58).

Globally, UNICEF provided safe drinking water to nearly 41 million people in humanitarian contexts in 77 countries in 2024, exceeding the Strategic Plan target of 35 million people. Thirty-nine per cent of these results were achieved through durable services such as rehabilitation and repairs of existing water supply systems, supporting operation and maintenance, and providing critical consumables, compared with 28 per cent in 2023. More than 9.4 million people were provided with emergency sanitation services in 65 countries, nearly 15 per cent lower than in 2023 and below the Strategic Plan target of 15 million people. However, more results were attributed to durable sanitation solutions – 39 per cent – than in 2023 (30 per cent). Repeated damage/destruction to water and sanitation facilities in active conflicts such as that in the Gaza Strip meant that some work had to be repeated over again to ensure services for the same beneficiaries.

FIGURE 13: Number of people in humanitarian contexts reached with appropriate drinking water services, through UNICEF-supported programmes.

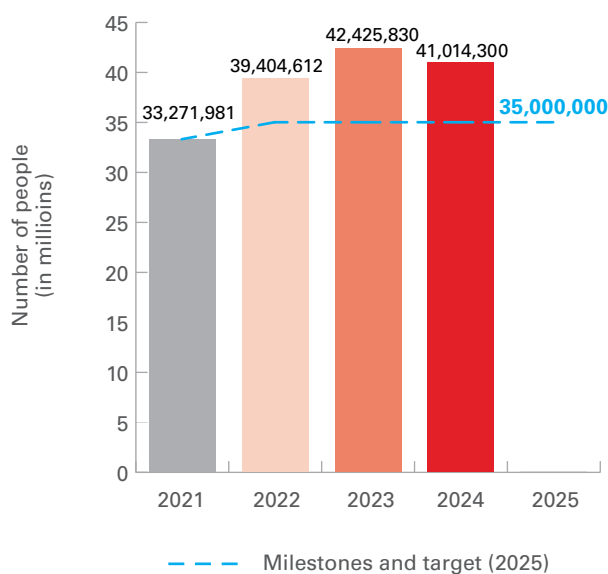
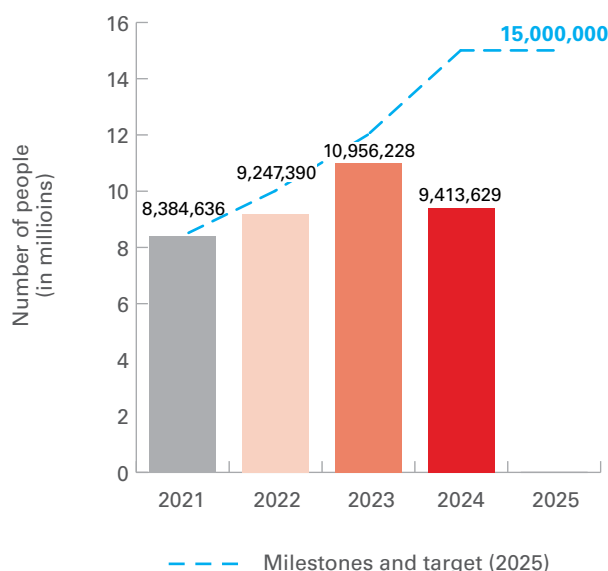


FIGURE 14: Number of people in humanitarian contexts reached with appropriate sanitation services, through UNICEF-supported programmes.



UNICEF also provided menstrual health and hygiene services in humanitarian contexts to 3.7 million girls and women in 63 countries, compared with 2.8 million in 60 countries in 2023. The increased number of beneficiaries was mostly due to the State of Palestine's effort to provide hygiene kits with sanitary pads to affected populations, as well as needs in other countries.

A lack of flexible funding, particularly for longer duration initiatives (i.e., durable solutions), hampered progress on repairs and rehabilitation of systems and thus inevitably increased reliance on quick fixes or temporary solutions (e.g., water trucking, pit toilets, household water disinfectants). Despite these impediments, UNICEF was able to gear its response towards durable solutions, at times with internal resources which in turn also attracted external donors, including international development banks. In many places, UNICEF supported scaling up solutions improvised by affected people themselves, including sanitation in very congested environments, and operation and maintenance of water supply systems where public sector capacity was limited.

Education

June marked 1,000 days of lost learning in **Afghanistan** as the ban on girls' secondary education continued – for schoolgirls, the equivalent of 3 billion hours of learning. UNICEF continued advocating for secondary schools to reopen for girls and supported 564,314 children (64 per cent girls) – 94 per cent of the UNICEF target – to access learning in approximately 18,000 community-based education classes in 32 provinces. These classes helped to provide a continuous learning environment despite restrictions and sudden-onset disasters. Compared with 2023, the number of community-based education classes was down 20 per cent because 3,400 classes were transitioned to public schools in 2024.

Education needs were also extreme in the **Sudan**. With nearly 90 per cent of the country's 19 million school-age children out of school by the end of 2024, UNICEF supported more than 2.3 million children (79 per cent of the target) to access formal or non-formal education, including early learning. This included more than 690,000 children who benefited from structured learning and psychosocial support in 1,600 UNICEF-established safe learning spaces. While funding for humanitarian education interventions in the Sudan increased compared with 2023, it remained insufficient to address children's extensive needs in conflict-affected areas of western and southern Sudan. And in **Myanmar**, by the end of 2024, 4.7 million children needed educational support due to disruption to safe learning opportunities, which had increased risks of child marriage, exploitation and trafficking. UNICEF supported access to formal and non-formal education, including early learning, for 523,735 children (266,850 girls), 58.8 per cent of the target. This support was particularly vital for internally displaced children because it included basic literacy and numeracy, socioemotional learning and life-skills based sessions tailored for out-of-school children.

The children in these countries were only some of the 234 million children²⁷ who required urgent education support in 2024, up 35 million compared with 2021. Globally, UNICEF was able to help 9.2 million children – including 3.7 million displaced children – access education in emergencies and fragile settings. And 4.8 million children received vital learning materials. Forty per cent of UNICEF programme countries reported crisis-resistant education systems in 2024, up from 32 per cent in 2023 – a positive development in education system resilience. This improvement reflects UNICEF's successful integration of risk-informed programming, peacebuilding and mental health support.

FIGURE 15: Number of out-of-school children and adolescents who accessed education through UNICEF-supported programmes.

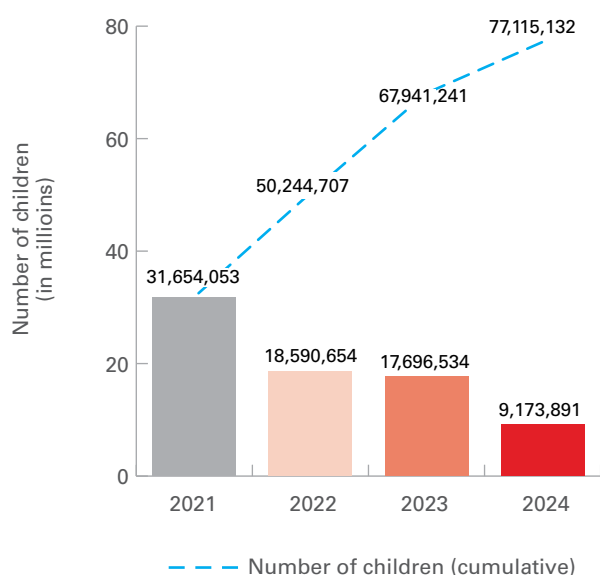
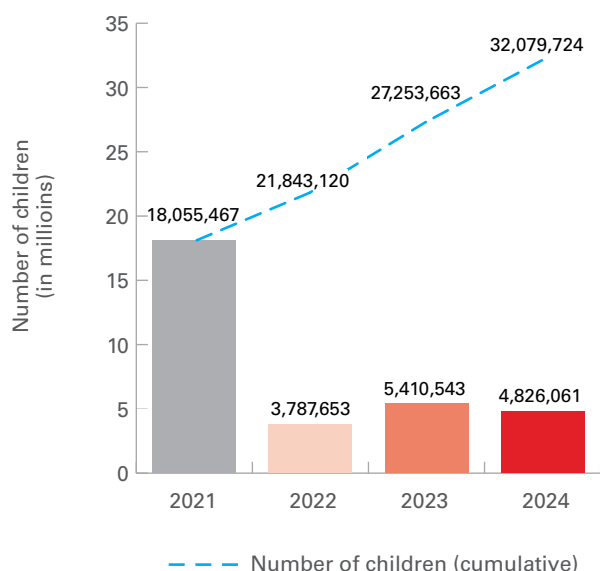


FIGURE 16: Number of children provided with individual learning materials through UNICEF-supported programmes.



UNICEF continued to advocate on a regional and global level for countries to prioritize education as critical to a child-centred humanitarian response. In May, UNICEF had a leadership role in the [African Dialogue Series 2024](#), which was focused on education. One subtheme was education and learning in crisis-affected areas, and UNICEF's engagement led to the publication of a joint [policy brief](#) with UNHCR, expert-led webinars and youth-led sessions, reinforcing global commitment. Later in the year, in December, the African Union convened its Continental Education Conference in Nouakchott, Mauritania. The conference was hosted by the Government of Mauritania, with the support of UNICEF, and concluded with the Nouakchott Declaration, a bold vision to turn the African Union Year of Education into a Decade of Acceleration. The Declaration set out priorities to ensure every child and young person can access inclusive, quality education including, and especially, in emergencies; compulsory public education for every child; foundational learning, including early childhood education; and financing for and governance of education.

A key lesson from 2024 is the power of multisectoral approaches. Integrated responses – leveraging internal capacities and partnerships with the World Health Organization and the Global Education Cluster – proved effective in addressing challenges such as disease outbreaks and continuity of learning.

Despite the importance of education for children living through crises, humanitarian funding for education in emergencies remains critically. This threatens UNICEF's ability to deliver on its core mandate.

Education must remain a priority. UNICEF's Humanitarian Action for Children 2025 appeal includes \$1.64 billion for education, targeting 24 million children with formal and non-formal education, including early learning. Going forward, UNICEF will prioritize mainstreaming education in emergencies into national education sector plans and will expand technical guidance and capacity development to institutionalize crisis preparedness to ensure quality education access for children in emergencies. UNICEF will also deepen collaboration across the humanitarian–development–peace nexus to unlock sustainable financing and strengthen joint planning.

ALSO IN JUNE: UNICEF participated in the establishment of the *Global Alliance to Spare Water from Armed Conflicts*, a milestone policy achievement for UNICEF that followed up on the landmark UNICEF report series 'Water under Attack' (June 2021). As an observer to the Alliance, UNICEF will shape the protection of water and sanitation for a positive impact on children.



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July

A woman sifts dried earth through her fingers in a farm field in Maambo village, Southern Province, Zambia, in June 2024. Prolonged drought brought failure of most crops, and communities have suffered major losses. A SMART survey commissioned by the National Food and Nutrition Commission and supported by UNICEF has shown that children in 4 out of 10 provinces, including Southern Province, are at particularly high risk of becoming malnourished, as many families already face hunger and are unable to put nutritious food on the table.

Natural disasters and climate-related emergencies

The month of July 2024 opened with Hurricane Beryl making landfall in the **Caribbean** on 1 July, putting 3 million children in multiple countries at immediate risk because many safe spaces, including homes and schools, suffered extensive damage from the storm. In the affected countries – Jamaica, Grenada, Saint Vincent and the Grenadines, Barbados and Saint Lucia – UNICEF worked with local partners to deploy pre-positioned emergency supplies (medical kits, educational kits, essential water supplies, sanitation and hygiene materials including water tanks, large bottles and water purification tablets, and high-quality tents) and support critical services to address children's many needs in the wake of the disaster. In **Jamaica**, for example, among other interventions UNICEF provided psychosocial support and referral services to 2,000 children in the most affected parishes. Life skills training and counselling sessions, led by the Jamaican organization Eve for Life, reached children and families in Clarendon and St Elizabeth parishes. At least 10 community leaders in each location received training on providing referral support. Interventions also reached three schools. And UNICEF's Return to Happiness Programme trained 530 teachers in MHPSS and psychological first aid, strengthening the school system's response to trauma. In **Grenada**, humanitarian thematic funds enabled UNICEF to provide life-saving assistance to 400 households (1,600 individuals). Thematic funds also supported capacity-building for 159 emergency responders in child protection across Grenada and Saint Vincent and the Grenadines, and UNICEF supported distribution of 800 mental health workbooks, 1,000 service directories and 100 each of psychological first aid guides and Return to Happiness manuals. In its first use Grenada, UNICEF deployed RapidPro, an open-source platform for managing interactive communication systems in humanitarian settings. Prior to this use of RapidPro, Grenada had lacked a structured system for post-distribution monitoring and a comprehensive monitoring and evaluation framework for emergency support. RapidPro enabled the Government to collect real-time feedback, assess the reach and effectiveness of humanitarian assistance and improve overall programme accountability. It also contributed to a sustainable foundation for future monitoring systems. However, while RapidPro significantly improved monitoring capacity, in-person surveys at distribution sites yielded more than double the engagement of the digital platform – a clear lesson that community-based and grassroots approaches remained preferred, and more effective, in reaching people in this context.

Lesotho declared a state of national food emergency due to drought on 12 July, joining **Botswana**, **Malawi**, **Namibia**, **Zambia** and **Zimbabwe**. El Niño-related weather conditions, including extremely low rainfall, meant increasing food insecurity and malnutrition, difficulties accessing safe water and sanitation, and higher risk of disease outbreaks, including cholera. In five of the countries – Lesotho, Malawi, Namibia, Zambia, and

Zimbabwe – 7.4 million children were living in child food poverty, with more than 2 million surviving on extremely poor diets of at most two food groups. The drought in southern Africa exacerbated this, with communities losing crops and livestock due to lack of pasture and water. A total of 270,000 children were expected to suffer severe wasting in these countries due to the drought. With difficulties securing targeted local funding for the humanitarian response to El Niño, UNICEF's Eastern Southern Africa regional office worked with UNICEF National Committees to secure more than \$1.5 million in fully flexible funding – GHTF – to help meet children's needs in El Niño-affected countries. In **Malawi**, among other things these funds guaranteed a steady supply of lifesaving nutrition supplies through the procurement and distribution of 200 cartons of F100 and 600 cartons of F75 for treating severe wasting in all 28 districts of Malawi. In **Zimbabwe**, global humanitarian thematic funding enabled UNICEF to better understand the behavioural and practical barriers to prevention and access to services in the context of the El Niño-induced drought and the country's ongoing cholera outbreak. Ultimately, UNICEF screened 3,163,611 children in Zimbabwe for malnutrition (far exceeding the target of 848,093) and supported treatment of 15,155 children aged 6–59 months for severe wasting, 82 per cent of the target.

Three consecutive landslides in July in Geze Gofa woreda in South Ethiopia Region, **Ethiopia**, killed 260 people, displaced nearly 600 and affected to some degree a total of 15,000 people. The landslides, caused by severe rain, severely damaged schools, causing children to drop out in affected areas. UNICEF provided life-saving WASH and nutrition supplies and supported child protection interventions for children affected and/or displaced by the landslides.

These were among the numerous natural disasters and climate-related emergencies UNICEF responded to in 2024. Details of the UNICEF response to each of these crises are available in the consolidated emergency reports for the relevant Humanitarian Action for Children appeals.

Guided by its Sustainability and Climate Change Action Plan, 2023–2030, UNICEF supported governments working to strengthen children's resilience to climate change and disasters in 119 countries in 2024, up from 68 countries in 2023. UNICEF integrated sustainability and climate action into programming, research, data and analytics, policy development, advocacy and government budgeting support across sectors. Through UNICEF support, 6.9 million people in 56 countries gained access to climate-resilient water services in 2024, and 6.2 million people in 44 countries have benefited from climate-resilient sanitation services, in development and humanitarian contexts. In 91 countries, UNICEF promoted energy efficiency and sustainable solutions in health, WASH or education, with 44 countries implementing these solutions across multiple sectors.

UNICEF also remained a strong voice for children in global and regional forums around climate change and its impacts. At the 2024 United Nations Climate Change Conference (COP29) in November 2024, UNICEF advocacy achieved key

policy commitments, integrated child-specific indicators into global goals for adaptation and climate finance and established a “Group of Friends” to promote children’s rights in climate negotiations.

UNICEF continued to call for investment and innovation in building family and societal resilience so that children and their communities could better withstand future climate-related shocks.

CASE STUDY 6: Scaling up cash assistance to protect vulnerable women and children from climate-related shocks in Bangladesh

Bangladesh endured climate-related disasters throughout 2024, including Cyclone Remal in May and multiple severe flash floods first in June and then again in July. Millions of people were displaced. Vulnerable groups, particularly pregnant and lactating women, faced higher risks due to maternal malnutrition and disrupted health-care services. The Government of Bangladesh has provided cash assistance to pregnant and lactating mothers through its national flagship social protection programme since 2019, but recurring climate shocks have created an urgent need for additional targeted support.

The predictable, cyclical and recurrent nature of the disasters that befell Bangladesh in 2024 made pre-planning for them feasible. UNICEF and its partners pre-positioned contracts for data collection and financial service (cash delivery) providers. Leveraging its digital platform Humanitarian cash Operations and Programme Ecosystem (HOPE), UNICEF piloted a targeted cash assistance programme to support women and young children in 14 districts severely impacted by the cyclone and the flooding. The most at-risk households were a priority, including those with persons with disabilities, female-headed families and children under age 5. Eligible pregnant and lactating women received a one-time cash transfer of \$51 – equivalent to 60 per cent of the national Minimum Expenditure Basket – disbursed via mobile money for immediate use at local markets. Altogether, UNICEF successfully reached 16,685 women, disbursing more than \$1.2 million, within 84 hours of the various emergency declarations. The programme covered responses to Cyclone Remal (reaching 6,048 families with a total of 26,318 individuals, including 284 persons with disabilities) and to flash floods (reaching 10,637 households with a total of 39,384 individuals, including 444 persons with disabilities). Post-distribution monitoring revealed that 43 per cent of funds were used for health-related needs, 21 per cent for food and 15 per cent for health facility visits, with the remainder used for such essentials as transportation and shelter repairs. The resilience of local markets – 77 per cent were fully functional shortly after floodwaters receded – enabled effective use of cash aid. The HOPE platform also facilitated swift beneficiary registration and verification, enhancing transparency and impact while reducing negative coping mechanisms, including child labour and child marriage.

Beyond emergency relief, this humanitarian cash response informed the government’s Mother and Child Benefit Programme and identified gaps in coverage for adolescent mothers – showing the power of adaptive cash assistance in strengthening climate-resilient, inclusive social protection systems.



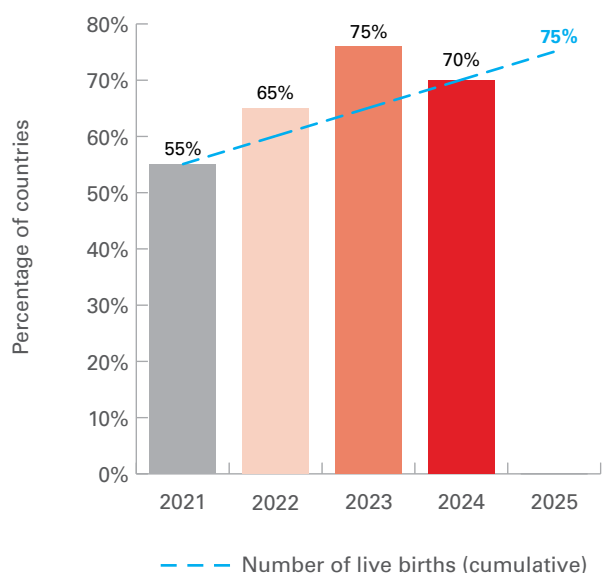
Pramita Mondol, 18, an expectant mother in Jelekhali, Munshiganj, Shamnagar, Bangladesh, endured significant challenges when Cyclone Remal hit the country in late May 2024. With her home surrounded by floodwaters and roads damaged, she was unable to seek medical attention despite her deteriorating condition. She and her husband received cash aid to support medical costs through UNICEF’s Cyclone Remal response programme. This crucial assistance enabled Pramita to receive the necessary care for her diagnosis of low haemoglobin levels, easing the couple’s financial burden and helping them regain stability in the aftermath of the disaster.

Disability inclusion

In 2024, UNICEF's strong partnership with the Government of Norway continued to be a driving force for progress in including children with disabilities in all aspects of humanitarian response. This partnership enabled UNICEF to carry out costed initiatives in 14 country offices and 7 regional offices. For example, in **Bangladesh**, which experienced multiple emergencies, including climate-related emergencies, 9,282 children and women with disabilities accessed primary healthcare in UNICEF-supported facilities thanks to this generous partnership. Additionally, 13,632 persons with disabilities were provided with community-based mental health and psychosocial support as part of the Cyclone Remal response. Other direct impacts on children and families included meeting the needs of children with disabilities on the move in **Romania** by supporting national systems and community-based approaches; enhancing disability-inclusive accountability to affected populations (AAP) mechanisms in **Somalia**; and supporting engagement of local organizations of persons with disabilities and deployment of advisers in Ethiopia, the State of Palestine and Yemen, and in two regional offices.

Altogether, 70 per cent of UNICEF country offices with a Humanitarian Action for Children appeal (28 country offices), and 25 country offices without appeals, systematically included children with disabilities in response efforts during the year. Eighty-eight UNICEF country offices implemented large-scale disability inclusion capacity development programmes for front-line workers, up from 45 in 2021. UNICEF leadership also resulted in the inclusion of folding active dual terrain wheelchairs, transport wheelchairs, and axillary and elbow crutches on the Emergency Supply List.

FIGURE 17: Percentage of countries providing disability-inclusive humanitarian programmes and services.



ALSO IN JULY: UNICEF supported the appointment of a national child protection focal point within the armed forces of the Niger, building on the 2017 Handover Protocol.

UNICEF's 2024 efforts in disability-inclusive disaster risk reduction are transforming the way communities prepare for and respond to emergencies, ensuring that no child is left behind. By integrating all-of-society approaches into disaster risk reduction programming, UNICEF is multiplying results for children, particularly those with disabilities, in diverse regions. (See Case Study 7).

UNICEF continued to lead the Disability Reference Group, which grew to 550 members in 2024, and continued its leadership in inter-agency efforts to strengthen disability inclusion in Humanitarian Needs Overviews and Humanitarian Response Plans, with a particular focus in 2024 on understanding how disability inclusion can be best reflected in lightened processes and output documents. In 2024, UNICEF also took on the co-chair role in the Anticipation Hub's working group on Protection, Gender and Inclusion in Anticipatory Action.

Yet challenges in inclusive humanitarian action remain. A focus on reaching the highest number of people, rather than on quality of the response and reaching the most impacted, risks leaving children with disabilities further behind. At the same time, pressure on humanitarian resources limits the availability of required technical expertise on disability inclusion and concrete measures to ensure inclusiveness of both preparedness and response.

UNICEF is addressing these challenges by working to embed disability inclusion as a core element of humanitarian action, ensuring that disability inclusion considerations are reflected routinely and systematically in all emergency preparedness and response processes. UNICEF is also leveraging its unique positioning as a dual-mandate agency and a global lead on disability inclusion to strengthen a humanitarian–development nexus approach to disability inclusion in global systems and frameworks.

CASE STUDY 7: Resilience for All – Multiplying results for children using disability-inclusive disaster risk reduction

Children with disabilities face unique vulnerabilities during disasters – ranging from their exclusion in disaster preparedness, to challenges in accessing emergency information, to difficulties accessing safe spaces. This risks marginalizing a significant group unless deliberate, inclusive strategies are implemented to make disaster risk reduction (DRR) initiatives accessible and responsive.

UNICEF's 2024 efforts in disability-inclusive disaster risk reduction (DiDRR) are transforming the way communities prepare for and respond to emergencies, ensuring that no child is left behind. By integrating all-of-society approaches into DRR programming in numerous countries, UNICEF is multiplying results for children, particularly those with disabilities.

In the **Islamic Republic of Iran**, UNICEF collaborated with UNESCO Iran and the International Institute of Earthquake Engineering and Seismology to develop DRR guidelines for children with disabilities. These guidelines addressed the disaster management cycle and tailored preparedness efforts for children with hearing impairments and physical disabilities, and for those on the autism spectrum. This initiative marked a critical step in ensuring that emergency planning is inclusive and responsive to diverse needs.

In **Tajikistan**, UNICEF focused on creating accessible disaster preparedness materials, building capacity and generating evidence. DRR resources in Braille and sign language and in other formats were developed to ensure children with disabilities could access vital information. Training sessions for national stakeholders and organizations of persons with disabilities strengthened their ability to support children during emergencies. These efforts enhanced preparedness – and informed future policies through evidence-based approaches.

In **Turkmenistan**, UNICEF prioritized inclusive school safety by conducting risk-informed assessments in educational facilities, developing disability-specific emergency guidelines and building the capacity of administrative and teaching personnel, with the involvement of organizations of persons with disabilities. These efforts addressed the environmental barriers faced by children with disabilities, while increasing the number of children benefiting from improved safety measures in schools and rehabilitation centres.

In **India**, UNICEF supported the National Disaster Management Authority in revising emergency handbooks to integrate disability inclusion, gender-responsive principles and child protection. Workshops involving organizations of persons with disabilities ensured accessibility in emergency planning, while new guidelines for mainstreaming DiDRR in six core life-saving sectors²⁸ facilitated the inclusion of marginalized groups. This intersectional approach strengthened partnerships and empowered communities to build resilience.

All these actions have enhanced preparedness and created a resilient framework for children with disabilities to participate actively. Despite ongoing challenges – e.g., slow policy implementation and funding gaps – UNICEF's strategic interventions serve as models for inclusive disaster risk reduction. To move forward, UNICEF must scale up these successes; close capacity gaps through targeted training; and promote unified data systems for tracking progress.

By empowering children with disabilities along with their communities, UNICEF is setting new standards for humanitarian action, ensuring every child's voice is heard and every life is protected.



Umarjon, 7, stands at the chalkboard at his school in Somoniyon, Gharm, Tajikistan, in April 2024. With support from UNICEF, students with visual impairments, including Umarjon, receive inclusive education and disaster risk reduction services in Tajikistan.



August

Mamy Ombeni carries her malnourished daughter, Furaha, to a distribution site for ready-to-use therapeutic food (RUTF) in the Lwashi site for internally displaced persons near Goma, Democratic Republic of the Congo, in March 2024. A community relay member screened the family for malnutrition, then referred them to the RUTF distribution site.

Mpox

On 13 August 2024, the Africa CDC declared mpox a health emergency of continental security, and one day later WHO declared it a public health emergency of international concern. UNICEF activated a Level 3 Corporate Emergency scale-up for the Democratic Republic of the Congo, the country at the epicentre of the outbreak, on 21 August, and also covering five other countries impacted by this public health emergency.²⁹ Ultimately the Democratic Republic of the Congo would record 64,173 suspected mpox cases and 14,053 people with positive tests in 2024.³⁰ Children and pregnant women were affected, and one of UNICEF's aims was to contribute to a reduction in morbidity and mortality among children under age 15, who accounted for 60 per cent of cases and 80 per cent of deaths.³¹ (See *Case Study 8 on preventing maternal and newborn death from mpox through integrated nutrition support*.) UNICEF supported risk communication and community engagement with information on mpox prevention, symptoms and health services, reaching more than 52 million people in the country through SMS, digital platforms, media, influencers and face-to-face engagement. UNICEF supported 81 mpox treatment centres with nutrition interventions and, with the Government, implemented an mpox vaccination campaign beginning in October, vaccinating more than 100,000 adults (see *Case Study 8*). Expanding on models developed during responses to the Ebola virus disease and the COVID-19 pandemic, UNICEF built child protection, including mental health and psychosocial support, into the response to the outbreak. For example, through UNICEF support, more

than 900 professionals supported nearly 65,000 children, caregivers, front-line workers and community members with individual counseling, listening sessions, dignity kits and referrals. Twenty-one temporary care spaces, or 'crèches', were established in all provinces. These spaces, staffed with specialized carers, ensured temporary care, age-appropriate support and psychological support for infants and young children whose parents or mothers were undergoing mpox treatment, caring for these children and helping them cope with separation from their parents. (See page 42 for information on the broader humanitarian context in the Democratic Republic of the Congo, and UNICEF's humanitarian response for children there).

In all affected countries, risk communication and community engagement was central to the mpox response, as was UNICEF's leadership role with partners. In **Burundi**, UNICEF used mass communication and community engagement to educate more than 9.6 million people on mpox prevention and supported the national Public Health Emergency Operations Centre to plan, implement and evaluate the mpox response. In **Uganda**, UNICEF mobilized support for community-based services and child protection, providing mental health support to 4,000 children and placing 202 unaccompanied and separated children in alternative care.

UNICEF's MHPSS, education, health and WASH teams, in collaboration with the World Health Organization, developed resources for schools in affected countries to ensure integration of preventive measures into school protocols.

CASE STUDY 8: Preventing maternal and newborn deaths from mpox through integrated nutrition support

Pregnant women and newborns emerged as particularly vulnerable groups in the face of the mpox outbreak in the Democratic Republic of the Congo that began in 2024. Nutrition support integrated into mpox treatment has been a critical component of UNICEF's response. Just how critical is captured in the story of Alomba, a pregnant woman infected with mpox in Sankuru Province.

After testing positive for mpox in early January 2025, Alomba, facing significant risks to her health and that of her unborn child, was admitted to a UNICEF-supported mpox treatment centre in Kole, a remote town in the heart of the province. Alomba received comprehensive medical care and targeted nutritional support, including balanced meals to stabilize her condition. All mpox patients should receive appropriate nutritional support as part of their diagnosis, treatment, and care, according to WHO guidelines and international standards. After recovery, she delivered a baby boy who showed signs of infection at birth. The infant was diagnosed with mpox and treated for 20 days with medical care and exclusive breastfeeding, accompanied by counselling and nutrition assistance to the mother provided by UNICEF.

Alomba fully recovered and safely returned home. Her newborn, born at 2.5 kg, with visible lesions, gained 0.5 kg and recovered completely after exclusive breastfeeding and medical care. Both mother and child are now healthy, with no signs of malnutrition or further mpox symptoms.

UNICEF will continue to scale up integrated nutrition and medical interventions in its mpox response, particularly for high-risk groups, including pregnant women and newborns. Promoting exclusive breastfeeding and early nutritional support will remain central to reducing child mortality in mpox-affected areas.

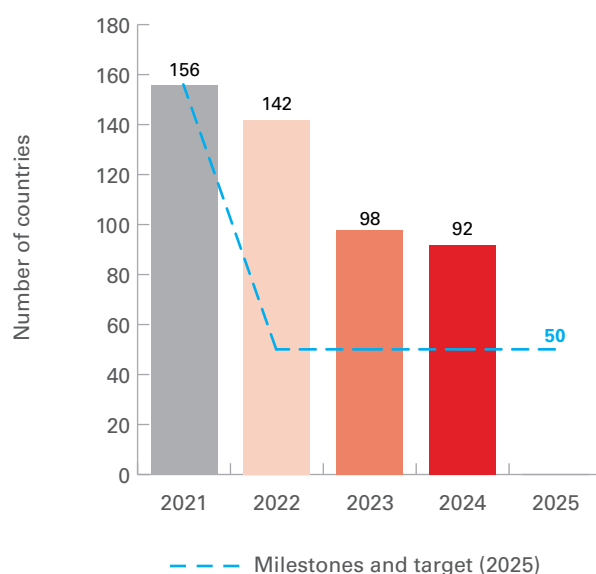


Ishara, 6 months, receives treatment for severe wasting at a UNICEF-supported mpox treatment centre in Bisengimana, Goma, North Kivu Province, Democratic Republic of the Congo, in December 2024.

Health emergencies preparedness and response

Mpox was just one of many disease outbreaks UNICEF responded to in 2024, in 92 countries globally, with some countries experiencing multiple, often simultaneous health threats. In **Bangladesh**, 34,143 children and adults (16,412 women and girls) received treatment for dengue in UNICEF-supported health facilities; training enhanced the capacity of 884 healthcare providers (491 women) on dengue response. UNICEF also supported the Government to develop and implement a national strategy for dengue prevention and control (2024–2030). **Zambia** faced a cholera outbreak that endured from October 2023 through June 2024, one of the worst in the country's history. UNICEF provided support to the Government to strengthen its cholera preparedness and response capacities. In addition, 3.6 million people had access to safe drinking water with UNICEF's support, and 2.8 million people benefited from WASH services and supplies.

FIGURE 18: Number of countries in which UNICEF supported a timely response to outbreaks or other public health emergencies.



In Eastern and Southern Africa, UNICEF has integrated protection from sexual exploitation and abuse (PSEA) into preparedness and responses to public health emergencies, including outbreaks of cholera, mpox and Marburg virus disease. This included collaboration with the health sector on SEA risk assessments, joint mitigation plans and engaging community health workers and volunteers in SEA prevention initiatives.

In **Rwanda**, for example, during responses to outbreaks of Marburg virus disease and mpox, UNICEF's support was instrumental in ensuring that, for the first time, PSEA activities were integrated into the government-led national public health emergency response. This included including SEA risk assessments, capacity-building for first responders and implementing partners, and risk communication and community engagement activities to ensure that communities in high-risk districts were informed about reporting channels and available services for survivors.

UNICEF supported a robust engagement to improve the health outcomes and prospects for children and women living through emergencies. Within humanitarian contexts – in Haiti, Lebanon, Myanmar, the State of Palestine, the Sudan and many others – 2 million newborns were delivered in UNICEF-supported health facilities, 8.7 million children benefited from UNICEF-supported curative services to provide integrated management of childhood illnesses and UNICEF-supported efforts vaccinated 24.7 million children against measles. The largest examples of this support at scale include comprehensive, whole-of-country, primary health care projects in **Afghanistan, Yemen**, and the Sudan where UNICEF channeled critical resources to maintain functioning health services by bolstering the capacity and reach of national and local authorities. This type of broad support to the entire health sector also occurred in the **Bolivarian Republic of Venezuela**, where the health sector was in severe crisis (see *Case Study 9*).

FIGURE 19: Number of live births delivered in health facilities through UNICEF-supported programmes.

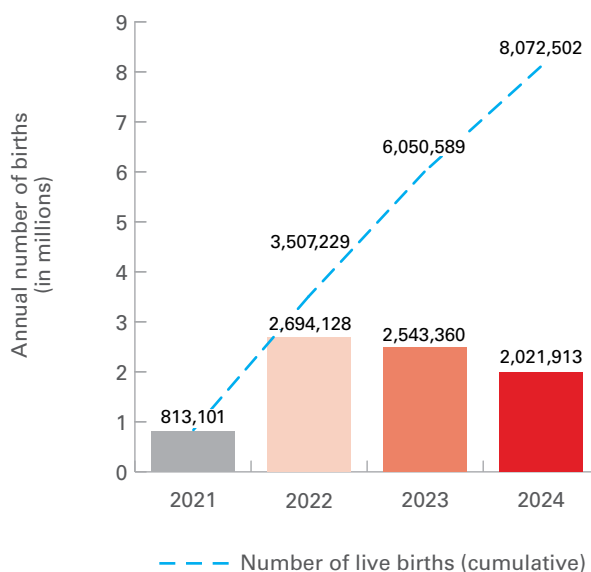
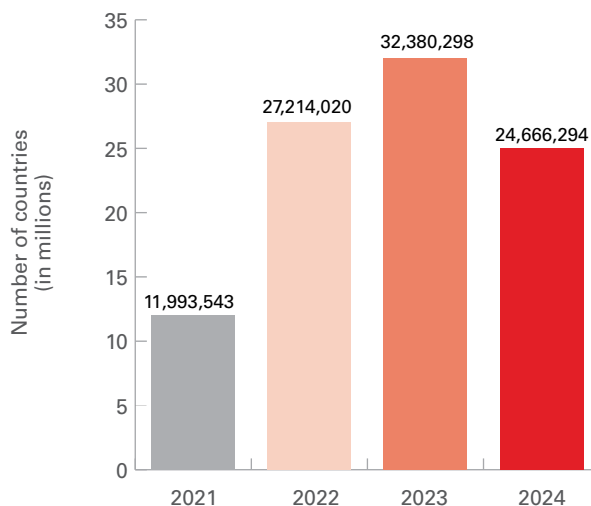


FIGURE 20: Number of children vaccinated against measles through UNICEF-supported programmes.



Newborns, children and mothers in the **State of Palestine** – in the Gaza Strip and the West Bank, including East Jerusalem – faced extreme challenges in accessing quality health services. In the Gaza Strip, with hospital equipment destroyed and key supplies limited, there was a 64 per cent reduction in neonatal care beds in Ministry of Health hospitals. By the end of the year, only 18 out of 36 hospitals were even partially functional.

Ensuring access to life-saving vaccinations as the country neared the one-year mark of the devastating hostilities was no easy task. The upheaval of war caused the Expanded Programme on Immunization coverage to drop from nearly 100 per cent to below 90 per cent in a year, coinciding with the emergence of circulating vaccine-derived poliovirus type 2 (cVDPV2) – after the area had been polio-free for 25 years. In the context of the ongoing war, in an environment where most hospitals were non-functional and other health services extremely compromised, a two-round polio vaccination campaign that began in September 2024 was considered highly successful and helped protect children from a preventable and debilitating disease.

In response to the polio outbreak, through persistent negotiation, UNICEF and WHO vaccinated 560,000 children under 10 years of age with a first dose of novel oral polio vaccine type 2 in September 2024. Following delays, most children received their second doses in November, reaching 94 per cent of targeted children in both rounds. UNICEF also facilitated routine vaccination, delivering 966,300 doses expected to protect around 134,283 children under 18 months of age from vaccine-preventable diseases. To ensure proper vaccine storage and transportation, UNICEF led a cold chain assessment in the Gaza Strip to identify gaps and enhance cold chain capacities.

UNICEF also implemented extensive emergency healthcare initiatives targeting mothers, newborns and children under age 5, who are particularly vulnerable to contagious diseases and malnutrition. UNICEF supplied 44 medical

facilities with essential supplies and equipment, benefiting more than 585,300 people (around 40 per cent of the target) and supported 40 primary healthcare facilities operated by the Ministry of Health and other partners. These facilities offered comprehensive services including antenatal care, postnatal care, integrated management of childhood illnesses and treatment for acute and chronic illnesses. Seven mobile teams served difficult-to-reach communities, offering antenatal care, integrated management of childhood illnesses, vaccinations and referrals. UNICEF supported training for approximately 4,450 health workers on maternal and newborn health alongside the distribution of 70,000 maternal and child health handbooks to improve record-keeping. In the West Bank, UNICEF focused on capacity building for 527 healthcare providers on emergency care protocols and basic life support. UNICEF also provided essential medical supplies and vaccine procurement services to the Ministry of Health and the United Nations Relief and Works Agency for Palestinian Refugees in the Near East, serving more than 129,200 children under age 5.

At a global level, UNICEF continued to elevate child-focused health priorities within the organization and in key forums. In March 2024, UNICEF published its *Operational Response Framework for Public Health Emergencies*, which outlines priorities and actions needed for a comprehensive multisectoral response during an evolving public health threat. Critical advocacy continued on the Pandemic Agreement to ensure during future pandemics the best interests of the child are given primary consideration – as called for in article 3 of the Convention on the Rights of the Child and highlighted in a UNICEF editorial in *BMJ Global Health*.³² UNICEF strengthened its partnership with WHO through a joint workplan on health emergency preparedness and response and mobilized political commitment and resources to address infectious disease outbreaks.

PARTNER TESTIMONIAL



Inter IKEA Group has partnered with UNICEF in the aftermath of Typhoon Yagi in Viet Nam as part of our constant commitment to support countries where we operate during sudden-onset emergencies, when timely action is critical. This contribution supports disaster recovery, emergency response and healthcare to protect the impacted children and families in Viet Nam. We hope the support through UNICEF will help communities recover and build resilience for the future.

Giafar Safaverdi, Supply Area Manager of South East Asia, Inter IKEA Group

CASE STUDY 9: Strengthening maternal, newborn, child and adolescent health in the Bolivarian Republic of Venezuela

In 2024, the health sector in the Bolivarian Republic of Venezuela was in severe crisis, with significant gaps in essential maternal, newborn, child and adolescent health services. Approximately 406,000 children required paediatric consultations; there were 262,000 children who were 'zero dose' children, without any doses of essential vaccines; and 165,000 women required antenatal care. The country's health system struggled with chronic shortages of skilled health workers, particularly in rural and Indigenous communities. Ongoing emigration and economic instability exacerbated these problems.

UNICEF, working closely with the Ministry of Popular Power for Health and other partners, carried out targeted interventions to fill these critical gaps, reaching more than 702,150 children and women with primary healthcare in UNICEF-supported facilities. By prioritizing skilled birth attendance, UNICEF supported the delivery of 78,209 births with qualified personnel and conducted more than 201,000 antenatal care visits, ensuring pregnant women (including adolescents) received the care they need.



Yennis, a maternity nurse, attends a newborn at the Ana Teresa de Jesús Ponce Maternal and Child Hospital in Macuto, Bolivarian Republic of Venezuela, in February 2024. Since 2019, UNICEF has supported more than 280 health facilities across the country to improve their access to water, sanitation and hygiene services, thereby reducing maternal and child morbidity.

UNICEF adapted its programming throughout the year as the emigration crisis and disasters shifted healthcare priorities. For example, mobile health units and expanded community health campaigns helped reach underserved populations in remote and flood-affected areas. UNICEF conducted more than 380,000 paediatric consultations (nearly half for girls) and organized 209 community health care days in underserved and hard-to-reach areas; these included training for community health workers, provision of such essential services such as HIV and syphilis testing, immunization services and comprehensive health checks.

UNICEF's support to 171 health care facilities, including renovations of facilities and provision of such essential equipment as incubators and ultrasound machines, helped improve capacity to handle complex maternal and paediatric cases. This infrastructure upgrade facilitated the treatment of more than 3,800 mothers and babies.

"We have managed to reduce the incidence of diseases, which were previously fatal in children, especially children under 5 years of age, such as diarrhoea and pneumonia," says Dr. Julio César Romero, a UNICEF partner who travels to deliver primary healthcare services in the most remote communities of the country.

Additionally, UNICEF implemented targeted immunization campaigns that reached more than 2,300 children in high-risk areas. Support for strengthening the cold chain system ensured the safe storage and delivery of vaccines for more than 1.6 million children. In total, 31,608 healthcare workers received training in essential care practices, including emergency obstetrics and mental health support.

By aligning efforts with national health priorities and fostering effective partnerships, UNICEF made significant strides in enhancing the quality of care available to vulnerable populations in the country, helping to improve maternal and child health outcomes.

HIV

UNICEF continued to leverage synergies across disease response efforts and nowhere was this more evident than in the organization's work on HIV. For example, given that individuals with advanced or untreated HIV are at greater risk of severe disease from mpox, in select countries affected by mpox (the **Democratic Republic of the Congo** and **Nigeria**) UNICEF collaborated with WHO and UNAIDS to link the response to mpox outbreaks with existing HIV programming, prioritizing HIV testing for suspected and confirmed mpox cases and ensuring HIV messages were included in community engagement. The UNICEF Eastern and Southern Africa regional office generated guidance on the integration of HIV and mpox services in the region.

UNICEF also supported the integration of HIV into broader emergency response mechanisms. In Eastern and Southern Africa, guidance was developed to support the inclusion of HIV within Humanitarian Action for Children appeals, which will help such countries as **South Sudan** and **Zimbabwe** plan and advocate for HIV-related interventions as essential components of emergency health, protection and nutrition programmes. In **South Sudan**, the 2gether4SRHR partnership supported expanded collaboration between United Nations agencies and humanitarian actors, including IOM and WFP, to better reach adolescents and women with essential HIV and sexual and reproductive health (SRH) services in long-term humanitarian settings.

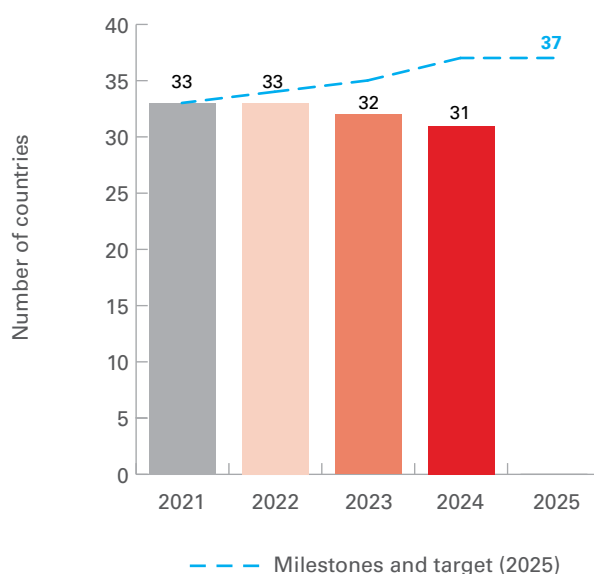
In **Namibia**, UNICEF focused on strengthening HIV programming in communities most affected by drought. In five priority regions, early infant diagnosis services were integrated with routine immunization, supported by strengthened data collection systems and local review meetings. A national media campaign promoted the elimination of vertical transmission of HIV, with messages on male partner engagement, early infant testing and retesting during pregnancy and breastfeeding. In parallel, in Nsanje district, **Malawi**, UNICEF worked through outreach clinics to provide elimination of vertical transmission services to 467 pregnant and lactating women in flood-affected areas. More than 1,000 adolescent girls and young women received messages on sexual and reproductive health, mental health and psychosocial first aid.

Supporting community systems and improving access to quality HIV treatment and prevention for pregnant women, children and adolescents, and sexual and reproductive health services for adolescent girls continued to be the cornerstone of UNICEF work on HIV. In 2024, amid intensifying climate-related emergencies, protracted displacement, and rising food insecurity, UNICEF worked alongside governments and communities to sustain and adapt HIV responses for children, adolescents and women in humanitarian settings. And, during three years of war in Ukraine, collaboration with health authorities and a host of civil society and other organizations has enabled

continuation of HIV services (see *Case Study 10*). In countries with high HIV burdens, UNICEF tried to ensure that services remained accessible and responsive.

However, despite these advances, increasing inflation and reduced fiscal space have impacted the ability of governments to sustain HIV programming. In some countries – for example, **Mozambique** and the **Sudan** – conflict and insecurity disrupted access to antenatal care and antiretroviral therapy, which increased the risk of vertical transmission and interrupted care for women and children on treatment. The risk of new HIV infection for adolescent girls and young women in food-insecure households or those pushed out of school remained high.

FIGURE 21: Number of countries in which UNICEF is supporting combination HIV-prevention interventions, including pre-exposure prophylaxis, targeting adolescent girls and young women and/or adolescent and young key populations*.



*This indicator covers both development and humanitarian settings

CASE STUDY 10: UNICEF partners with the Ministry of Health and other organizations to sustain life-saving HIV services amid war in Ukraine

Thanks to the tireless work of the Ministry of Health, other national public health institutions, civil society organizations and various agencies, including UNICEF, HIV prevention, treatment and care services and prevention have been maintained in Ukraine over the three years of grueling conflict. The HIV prevalence in Ukraine among people aged 15–49 is 0.94 per cent, one of the highest in Europe, and the ongoing war has severely disrupted health care infrastructure, displaced populations and threatened access to life-saving antiretroviral therapy. Maintaining HIV services has also been essential for reaching vulnerable groups with heightened barriers to care.

UNICEF has maintained its upstream, technical and advocacy support for prevention of vertical transmission of HIV with continued services in the difficult context of armed conflict. Antiretroviral

therapy coverage of pregnant women was 97.4 per cent during the first nine months of 2024. In the city of Dnipro and in Dnipropetrovsk Oblast, 136 women with newborns (including 30 internally displaced women living with HIV), 29 pregnant women living with HIV and 77 women from vulnerable groups living with HIV were supported with social services, including additional counselling on ART adherence, diagnostics, transportation and group sessions on how to manage living with HIV and living in conflict.

Additionally, in partnership with 100% Life, the local network of people living with HIV, UNICEF supported 833 HIV-positive pregnant or lactating women and adolescents, including internally displaced persons and key populations living with HIV in Chernihiv, Dnipro, Donetsk, Kharkiv, Kherson, Mykolaiv, Odesa, Sumy and Zaporizhzhya oblasts. These oblasts are close to the front line and continuously affected by the ongoing armed conflict. Families in these regions also benefited from UNICEF's procurement of tens of thousands of high-energy biscuit packs, which provide a minimum number of calories and macronutrients to all children in regions affected by armed conflict and help improve children's nutrition status. For families with HIV-exposed and HIV-positive children, UNICEF distributed 1,542 packs of diapers to healthcare facilities that provide HIV services in the city of Kyiv and in Chernihiv, Kharkiv, Khmelnytsky, Kyiv, Odesa and Rivne oblasts.



The “Progress” UPSHIFT team stands in front of a tent set up for free, confidential tests for infectious diseases, including HIV, in Poltavaska Oblast, Ukraine in May 2024.

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ALSO IN AUGUST: UNICEF spoke out on the execution of four youths in the Somali State of Puntland, for offenses committed when they were under the age of 18 while allegedly associated with an armed group. Children associated with armed groups and forces should be treated as victims and should not be tried in military courts.



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September

Children play during a psychosocial support session at a shelter for displaced families in Beirut, Lebanon, in October 2024. The shelter hosts 76 families, including 101 children. With help from partners, UNICEF provides mental health and psychosocial support activities to help children overcome psychological distress, improve their social skills and build resilience.

Lebanon

In late September 2024, hostilities escalated near Lebanon's border with Israel, and in October and November an average of three children were reportedly killed in Lebanon daily. As a result of the escalation, in Israel, dozens of casualties were reported from the use of explosive weapons in populated areas, and around 60,000 people were reportedly displaced. In July 2024, 12 children were killed in Majdal Shams in the occupied Syrian Golan.

The conflict endured through a ceasefire on 27 November 2024. Prior to the ceasefire, more than 620,000 people had left Lebanon for the Syrian Arab Republic, including 234,242 Lebanese and 390,656 Syrians, and more than 1 million people were reportedly displaced at the peak of the conflict. UNICEF met the needs of affected people in collective shelters, host communities and border areas, and on their return home. UNICEF provided critical water services to more than 557,300 people (56 per cent of the target); and healthcare in UNICEF-supported health facilities to 156,258 people (78 per cent of the target) and via mobile teams to 235,959 people (59 per cent of the target). UNICEF provided education, child protection, mental health and psychosocial support and other critical services to children and families; and delivered relief items and emergency services to 695 collective shelters hosting 121,602 people.

Humanitarian cash assistance provided by UNICEF through an existing nationally led social grant programme helped families with a member with a disability cope with conflict-caused needs (*see Case Study 12*).

UNICEF provided full packages of WASH services at collective shelters during the active conflict. This included trucking 43 million litres of potable water, distributing 1.4 million litres of bottled water, desludging 2.6 million litres of waste from sanitation facilities, distributing hygiene kits, and installing 713 temporary showers and 431 toilets at internal displacement sites. This urgent relief effort was coupled with support to national recovery and reconstruction efforts after the ceasefire. UNICEF conducted WASH infrastructure assessments and, based on the results, focused on communities hosting internally displaced persons and areas directly affected by shelling. UNICEF supported the continuity of water supply for more than 557,300 people by repairing water facilities and the providing 509,100 litres of fuel, 95 pumps, 18 tons of chlorine, two generators and 24 km of pipes to Water Establishments in Lebanon.

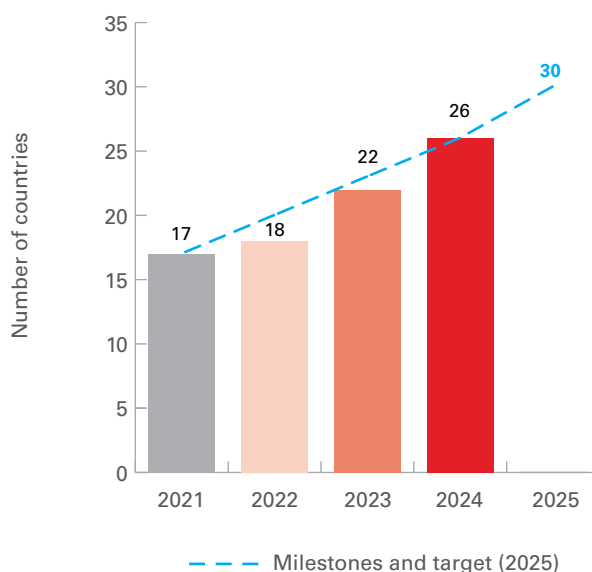
In response to the new population movements from the Syrian Arab Republic into Lebanon following the changes in the Syrian government in December 2024, UNICEF implemented gender-based violence risk mitigation activities in 15 collective shelters in central Bekaa and distributed dignity kits and other relief items, along with key messages on gender-based violence, protection from sexual exploitation and abuse, mental health and on identifying vulnerable children, including unaccompanied minors or those needing medical assistance.

Amid the large population flows and upheaval of conflict, the involvement of adolescents and youth as responders had a positive impact on the speed, relevance and sustainability of UNICEF's response in Lebanon (*see Case Study 11*).

Social policy

The social policy results in Lebanon during a time of acute crisis (*see Case Study 12*) show how system-strengthening is a critical element of humanitarian response, and how investments in systems pay dividends for children when crisis hits. In 2024, UNICEF supported 107 countries in strengthening the emergency preparedness of their social protection systems – up from 103 in 2023 – with 26 reporting high capacity to respond to crises. This reflects steady investment since 2017 and a maturing global consensus on the value of building resilience through systems. In all regions, UNICEF worked to ensure that no child is left behind due to where they live by improving the coverage, timeliness and comprehensiveness of social protection in humanitarian and fragile settings.

FIGURE 22: Number of countries with social protection systems, including cash transfer capacities, that are able to effectively and rapidly respond to humanitarian crises.



One way UNICEF carried out its mandate in the social protection sphere was by supporting countries to leverage and enhance national registries and information systems to rapidly scale up support during crises. In **Chad**, UNICEF, WFP, and the World Bank enrolled 25,000 vulnerable households into the Unified Social Registry, improving its ability to respond to shocks. In the **Dominican Republic**, the national registry Sistema Único de Beneficiarios (SIUBEN) was used to identify flood-affected households

and deliver temporary cash transfers. And **Madagascar** expanded its registry with climate indicators, strengthening its ability to anticipate and respond to climate shocks. UNICEF also focused on combining cash with services to address multi-dimensional risks and improve child outcomes. In **Ethiopia**, 31,249 households affected by conflict and climate change received cash transfers. In Oromia Region, support to 2,214 households included financial literacy and life skills training – enabling families to build resilience and transition beyond immediate relief.

Linking early warning systems to social protection mechanisms has been crucial for timely response. In **Cambodia**, a shock-responsive pillar in the national Identification of Poor Households Programme now covers 639,000 households, enabling response to climate and economic shocks. In many countries, UNICEF supported crisis planning, humanitarian–development coordination and reinforced public finance systems to ensure faster, more predictable assistance. UNICEF also facilitated access to national social protection benefits through innovation and social services. In **Armenia**, for example, digital tools improved refugee access to social protection: a chatbot on Telegram simplified navigation of benefits and drastically

reduced hotline wait times, while an e-wallet system ensured safe and efficient cash transfers. Strengthening the social service workforce and communication systems has been key to reducing access barriers for vulnerable groups. Use of digital tools in Armenia underscored how adaptive systems that combine early warning, digital delivery and dynamic registries can enable faster, more effective social protection responses.

Results for children include changing the mindsets on what is possible for those entrusted to protect them and promote their well-being. In June 2024 at the Forum on Social Protection in Fragility and Conflict in Rome, more than 150 practitioners from 40+ countries adopted a Charter for Action that marked a significant shift in perceptions around social protection: that social protection is not only possible in fragile settings, but essential. UNICEF's role in global forums has been catalytic. UNICEF co-hosted the Forum along with the United Kingdom's Foreign, Commonwealth & Development Office, Germany's Federal Ministry for Economic Cooperation and Development (BMZ), the United States Agency for International Development, the World Bank and the World Food Programme.

Spotlight

Core resources save lives

In a sudden-onset emergency, Core Resources have an exceptional importance – they fund UNICEF's immediate response within the first 48 hours. Through a revolving loan called the Emergency Programme Fund (EPF), UNICEF's country offices access financing prior to receiving other donor support. In 2024, the EPF provided \$97.4 million in Core Resources to 26 UNICEF global, regional and country offices. Over 40 per cent of these funds went to the Middle East and North Africa region to respond to the escalation of conflict in Lebanon and the Syrian Arab Republic, as well as to meet urgent needs in the Sudan and Yemen. More than 20 per cent of EPF funds were disbursed to Eastern and Southern Africa to respond to the Sudanese refugee crisis, El Niño-related impacts and disease outbreaks in the Comoros, Rwanda and Zimbabwe. The EPF also supported vulnerable children and families suffering from the effects of armed conflict in the Sahel region, the Democratic Republic of the Congo, Haiti and Myanmar, and natural disasters in Bangladesh, Cuba and Viet Nam. For details on the use of EPF funds in 2024, see www.unicef.org/partnerships/funding/core-resources-for-results.



Samira sits with her five children in a tent in the streets of Martyrs Square, in Beirut, Lebanon, in October 2024. Bombardments drove them from their home.

CASE STUDY 11 Empowering and equipping youth to take a leadership role in the humanitarian response in Lebanon

The escalation of hostilities between Lebanon and Israel that began in September 2024 displaced more than 1 million people in Lebanon, significantly impacting adolescents and youth by disrupting their education, livelihoods and access to essential services. Amid these challenges, young people emerged as crucial actors in the humanitarian response. UNICEF's strategic engagement of young people's networks as both active responders and beneficiaries was not only appropriate, but essential.

UNICEF operationalized the IASC Guidelines on Working with and for Young People in Humanitarian and Protracted Crises by leveraging a pre-existing ecosystem of trained young people and strategic partners to assist with the emergency response. UNICEF mobilized more than 5,500 young people through two pathways: 1) platforms such as the Nahno Volunteers platform, which provided a structured framework for youth engagement; and 2) the accelerated competency-based training model and cash for work, which equipped youth with the necessary skills and knowledge and provided

them with income-generation opportunities within the emergency response. Young people took on leadership roles in shelter rehabilitation, production of winter kits, sleeping bags and hot meals, mobile barber services for internally displaced persons in shelters, WASH interventions, public health campaigns, digital learning support and civic engagement in more than 800 shelters and communities.

Young people contributed more than 36,000 hours of volunteer work during the emergency response. From the start of the crisis until April 2025, 545 trained young humanitarians rehabilitated 50 shelters and produced 16,508 winter kits and sleeping bags; another 400 youth cooked and distributed 170,000 hot meals for displaced families and front-line workers. With a gender-responsive lens in mind, 1,400 adolescent girls received emergency leadership training, equipping them with life-saving knowledge and enabling them to lead community-based initiatives. Lastly, more than 6,000 adolescents and youth received life skills and mental health awareness sessions in shelters and host communities.

Altogether, thousands of youth volunteers, including the adolescent girls who had taken part in the specialized emergency leadership training, led services that reached around 101,000 individuals.

The experience of youth engagement during the Lebanon response demonstrates how investing in youth leadership, skill-building and structured participation – making good on UNICEF's global commitment to working with and for young people – can dramatically impact the speed, relevance and sustainability of humanitarian response. Ensuring recognition of adolescents and youth not only as beneficiaries but as central partners in crisis preparedness, response and recovery reflects UNICEF's mission to build more inclusive, equitable and resilient humanitarian systems in Lebanon and beyond.



At a school-turned-shelter, in partnership with the Lebanese Red Cross, in October 2024 UNICEF distributes essential goods, hygiene kits and water for families in Beirut and Bikfaya who were displaced from their homes and villages due to the conflict in different areas in Lebanon. Youth play a vital role in the emergency response.

CASE STUDY 12: Leveraging national systems to deliver emergency cash for individuals with disabilities after hostilities escalated in Lebanon

In 2024, Lebanon experienced its most violent escalation of conflict in decades. More than 1 million people, including refugee and host community families, were displaced after hostilities erupted near the country's border with Israel, while critical infrastructure collapsed under intense bombardment. The toll on children was devastating – and the complexity of the crisis required a fast, coordinated and inclusive response.

Thanks to years of investment in Lebanon's national social protection systems, UNICEF was able to act swiftly within 10 days of the escalation of the conflict. In partnership with the Ministry of Social Affairs and the International Labour Organization (ILO), UNICEF and ILO scaled up the the National Disability Allowance (NDA) – the country's first nationally led social grant – to deliver \$100 emergency top-ups to reach 9,000 NDA beneficiaries and their families (approximately 40,000 individuals), including refugees, in areas highly affected by the conflict. This marked a major achievement: the government programme, co-designed by UNICEF and ILO, was rapidly adapted to respond to a humanitarian emergency, reinforcing national systems rather than bypassing them.

Importantly, the Government of Lebanon allocated \$5 million in national funding to expand the reach of the NDA – underscoring a strong commitment to inclusive and shock-responsive social protection.

Building on the successes of the NDA top-ups and working with the key institutions at the core of the national social protection system (the Rights and Access Centres), UNICEF and ILO also advocated for allocating national resources for each of the three social grants in the 2024 Budget Law to support the emergency response for *all* families across the country with a person with disability, not only those who received the emergency NDA top-ups. UNICEF and ILO worked closely with the Ministry of Social Affairs to launch an Emergency Disability Benefit and, as of January 2025, this benefit had provided support to around 44,000 families (approximately 200,000 individuals) with a person with disability, representing a significant milestone in strengthening the government's leadership of shock-responsive social assistance programmes.

Key to this response was the digital infrastructure built in advance. UNICEF's Cash Management Information System and the Ministry of Social Affairs Rights and Access database allowed for real-time identification and targeting, enabling fast horizontal and vertical expansion, providing more people with more money. Coordination through the inter-agency basic assistance working group ensured alignment across actors.

In a resource-constrained environment that requires more from less, this approach shows what's possible when humanitarian action builds on system investments. It delivered rapid results for children and families – and strengthened the resilience of Lebanon's national safety nets.



Sara, 20, has an intellectual disability and is a recipient of the National Disability Allowance. In December 2024, amid the escalation of the war in Lebanon, she received one-time emergency cash assistance through the Ministry of Social Affairs Emergency Disability Benefit. With the support of UNICEF and the International Labour Organization, the Ministry transferred this assistance from the Government of Lebanon's national budget to help people with disabilities, who faced increasing challenges during the war, meet urgent needs and expenses.

ALSO IN SEPTEMBER: UNICEF teams conducted rapid needs assessments and coordinated closely with government and local partners in Sindh Province, Pakistan, after flooding damaged more than 1,300 schools, fully destroying 228.



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October

Rana, 10, stands with her mother and other women to receive emergency cash assistance distributed by UNICEF following flash floods in Baghlan Province, Afghanistan, in May 2024. These families receive a one-time cash distribution of \$312 to help provide for their basic needs in the wake of the emergency.

"The flood has brought loss to my family because we have lost all our possessions," says Rana. "I also lost my favourite books, notebooks and my toys. Some of my friends did not survive."

Afghanistan

The difficult conditions experienced by millions of people of Afghans were exacerbated in 2024 by new policies that further limited girls' and women's mobility, employment and access to essential services. Natural disasters and climate shocks, including widespread flooding, also continued to strain the country's fragile social services systems. Around 23.7 million people, including 12.6 million children, needed humanitarian and basic human needs assistance during the year. UNICEF reached more than 19 million people, including more than 10 million children, with gender-sensitive, life-saving and life-sustaining services, including health, WASH, nutrition, education, child protection and social protection interventions. Sixty per cent of the people reached were girls and women, underlining UNICEF's commitment to deliver by women for girls and women.

Political developments in the Islamic Republic of Iran and in Pakistan exacerbated the displacement crisis in Afghanistan: Between September 2023 and April 2025, more than 2.43 million undocumented Afghans returned to Afghanistan from these two countries, and 54 per cent of these returns were forced returns.³³ These returns placed additional strain on overstretched services and local resources, underscoring the urgent need for durable solutions. In response to the large-scale return of Afghans from Pakistan, UNICEF rapidly scaled up essential services at border entry points to complement ongoing programming in areas of return. In 2024, UNICEF screened more than 36,000 children on the move (51 per cent girls) for wasting at border crossings. Of these, nearly 2,000 children with severe wasting (52 per cent girls) were admitted into UNICEF-supported treatment programmes for treatment. And more than 20,000 returning Afghans had primary health care consultations in UNICEF-supported health facilities in the eastern and southern regions.

To address the immediate WASH needs of returnees, UNICEF supported provision of safe drinking water to Afghans returning through emergency measures (water trucking) and durable solutions, including the habilitation and set-up of solar-powered water supply systems. UNICEF improved WASH facilities at the border with Pakistan so that returnees would have access to safe sanitation and personal hygiene facilities at border points. Child protection interventions were a key component of the response: more than 43,000 children (51 per cent girls) received psychosocial support and integrated awareness services at reception centres while nearly 27,000 children (43 per cent girls) benefited from child-friendly spaces. Additionally, 287 unaccompanied and separated children (2 girls, 285 boys) received family tracing, interim care and

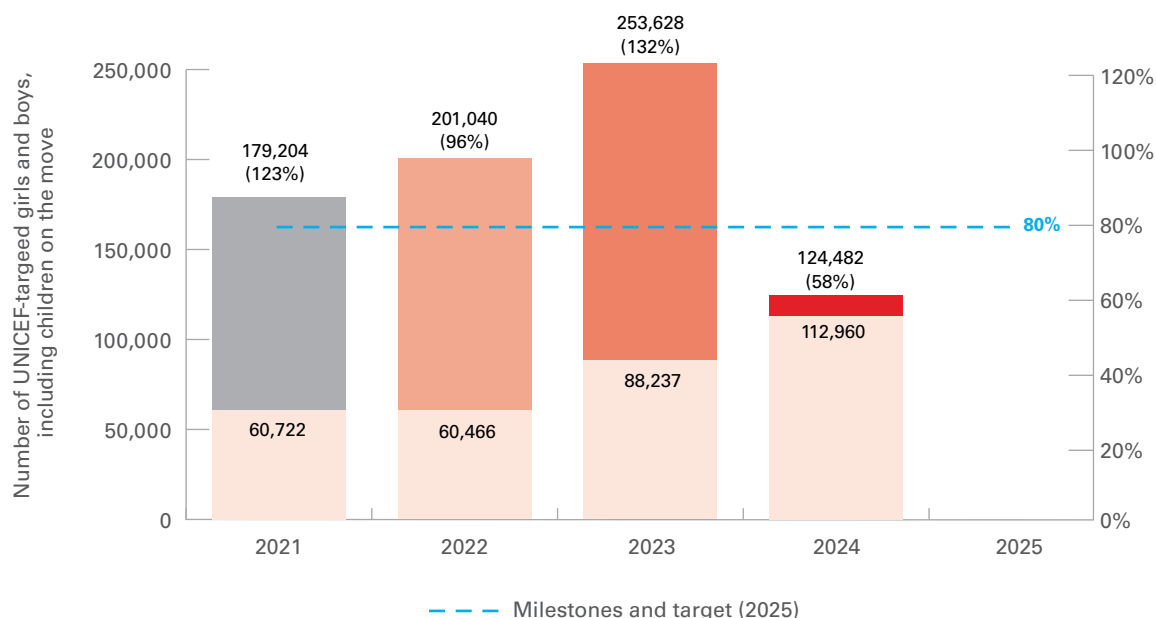
reunification services. In response to an expected influx of Afghans returning from the Islamic Republic of Iran, UNICEF scaled up emergency preparedness and response efforts at border points. These encompassed identification and reunification of unaccompanied and separated children, provision of WASH non-food items (soap, water treatment tablets and jerrycans), hygiene promotion, water trucking and the construction of water and sanitation facilities. To support returnees from both the Islamic Republic of Iran and Pakistan, UNICEF cooperated with UNHCR and IOM along border areas to improve reception, identification and referrals of unaccompanied and separated children.

Displacement and return-related needs were only a small portion of the humanitarian and basic human needs experienced by children and families in Afghanistan in 2024. UNICEF-supported services saved lives and brought relief after severe flooding (eastern, western and northern regions) and disease outbreaks (cholera/acute watery diarrhoea and others). And, in response to the country's malnutrition crisis, with partners UNICEF treated more than 620,000 children under 5 years of age (53 per cent girls) for severe wasting, reaching 77 per cent of the estimated caseload. Under the prevention component of UNICEF's nutrition programme, more than 2.5 million adolescent girls received weekly iron and folic acid supplements, 1.4 million pregnant and breastfeeding women received multiple micronutrient supplementation, and 9.4 million children (52 per cent girls) received vitamin A supplements. More than 54,500 highly vulnerable children (29 per cent girls) received case management services, including 18,914 unaccompanied and separated children who benefited from family tracing, reunification and interim care when on the move (mostly boys) or in emergency situations.

Children on the move

UNICEF's multisectoral support to returnees in Afghanistan echoes the comprehensive nature of the organization's work with refugee, returnee and internally displaced populations globally: UNICEF delivered life-saving interventions to more than 8 million children on the move in humanitarian settings and/or in refugee-hosting countries through 40 UNICEF country offices spanning all UNICEF operating regions. Whether in refugee camps, crowded urban settlements or at borders, interventions included WASH services; meals; child protection, health, social protection, and education services; and mental health and psychosocial support. At the same time, UNICEF prioritized displacement-sensitive preparedness and risk reduction efforts to mitigate risks to children before, during and after disaster strikes.

FIGURE 23: Percentage of UNICEF-targeted unaccompanied and separated girls and boys in humanitarian contexts who were provided with alternative care and/or reunified.



To strengthen its assistance to children and families who are displaced, refugees, returnees, or in situations of unsafe migration, UNICEF is rolling out a new Global Programme Framework for children on the move and a new global advocacy strategy to guide country offices in protecting, including and empowering children on the move in an increasingly complex environment. In line with the principle of ‘leave no child behind’, UNICEF is aiming to disaggregate all results by migration status. Data limitations hinder effective programming, and UNICEF is working on various strategies to close migration data gaps and allow for this disaggregation. Various approaches to enhancing results for children on the move include bolstering localization and creating efficiencies through formalized collaboration with other organizations, and in particular local organizations; tailoring policy matrices (e.g., in countries where the PROSPECTS initiative is in place); using a route-based approach to programming; and supporting the Youth on the Move United Nations Volunteer programme. Migration programmes including PROSPECTS and the Secretary-General’s Action Agenda on Internal Displacement emphasize government-led solutions and ownership of programming, and UNICEF has a comparative advantage in this area because of its longstanding work with line ministries in strengthening inclusive systems.

Meeting the comprehensive needs of children on the move must necessarily be done in close collaboration and in concert with multiple types of partners operating at multiple levels. UNICEF worked closely with partners on the Executive Committee of the United Nations Network on Migration (UNMN) and on the Steering Committee of the

UNMN’s Migration Multi-Partner Trust Fund, the only United Nations financing mechanism dedicated to supporting joint initiatives of Member States, the United Nations system and other stakeholders in the national implementation of the Global Compact on refugees. As co-lead of the UNMN workstreams on alternatives to immigration detention, safe and dignified returns and readmission, and sustainable reintegration (with IOM, UNHCR, and Migration Policy Institute, respectively), UNICEF worked with partners to encourage States to make child-sensitive pledges, gather promising practices, and organize a peer learning exchange between States, including one event on ending immigration detention that reached 14 governments. With the UNMN, UNICEF co-developed joint communications and messaging that reached a global audience. UNICEF worked closely with the Migration Youth and Children Platform to promote youth participation in global forums. Also in partnership with that Platform, UNICEF successfully transitioned the [Youth on the Move Fellowship pilot](#) to an ongoing [United Nations Volunteer programme](#), bringing an initial cadre of 14 youth on the move into UNICEF’s staffing worldwide.

Some of the major challenges to assisting children on the move, however, are beyond UNICEF’s immediate power to impact: the growing drivers of forced displacement and unsafe migration, from armed conflict to sudden-onset disasters to economic crises – that is, the root causes of human mobility, raising children’s vulnerability to violence and exploitation, often depriving them of education and essential services.

ALSO IN OCTOBER: UNICEF began to roll out a unified approach to community feedback management called UNICARE, via pilots in Türkiye and Bosnia and Herzegovina.

CASE STUDY 13: The FairChance Tongorara programme for youth on the move in Zimbabwe boosts confidence and skills of refugee youth

Youth in Zimbabwe face significant challenges accessing education and training opportunities and entering the workforce, with those aged 15–24 facing high unemployment levels, and a high percentage (in some reports up to 77 per cent¹) engaged in precarious work within the informal sector. Thirty per cent² are not in education, employment or training. This phenomenon is even more pronounced in refugee settlements like Tongogara Refugee camp in Chipenge District, where young people on the move lack the resources and opportunities to create stable, self-reliant futures. The camp is home to around 16,000 refugees, most of whom have come from the Democratic Republic of the Congo, along with Mozambique and Rwanda, among other places. Many youth have lived in the camp for years.

In response to the challenges facing these youth, UNICEF, in collaboration with [Goodwall](#), [Yoma](#), [Boost Fellowship](#) and [Transforming Innovation Hub](#), launched the [FairChance Tongogara](#) programme in November 2024. This initiative aimed to empower youth through a combination of entrepreneurship, digital skills training and climate action, equipping them to tackle the barriers they face. The programme offered a blend of online and offline engagement, with six virtual challenges designed to enhance critical skills including leadership, problem-solving and self-presentation. FairChance Tongorara also created tangible opportunities for participants to gain recognition and cash prizes and take part in youth-led initiatives. Despite limited internet access, language barriers and the 1-month duration of the programme, FairChance Tongogara successfully reached 1,492 young people on the move (836 girls); facilitated the collection of more than 30,000 plastic bottles for the construction of a shelter within the camp; and engaged youth in meaningful leadership roles, including through the recruitment of five interns and 50 youth ambassadors to support the programme.

The positive impact of FairChance Tongorara was evident, with 100 per cent of respondents reporting boosts in confidence, creativity and resilience and improvement in such transferable skills as entrepreneurship and critical thinking. The programme pointed the way towards a long-term, sustainable model that provides youth with relevant skills to compete in globalized setting – an approach that is essential for UNICEF’s goal of fostering inclusive opportunities for displaced youth to ensure their skills are developed, recognized and valued.

Looking ahead, UNICEF hopes to expand the FairChance model to other refugee communities and other vulnerable youth populations.



Jemima, 24, participates in the launch of the FairChance Youth on the Move initiative in Tongogara Refugee camp in Chipenge District, Zimbabwe, in November 2024. The initiative aims to empower displaced youth through a combination of entrepreneurship, digital skills training and climate action, equipping them to tackle the barriers they face.

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November

Mareya, 8, participates in a UNICEF-supported awareness-raising activity at Al-Hol camp, Al-Hasakeh, Syrian Arab Republic, in November 2024. The camp, home to nearly 43,500 displaced individuals (as of February 2024) living in difficult conditions was experiencing a rising incidence of acute watery diarrhoea. Activities aimed to raise awareness about hygiene and were accompanied by soap distribution to promote healthier practices.

Syrian Arab Republic

Beginning on 27 November 2024, hostilities escalated in the Syrian Arab Republic, ushering in rapid and significant changes that culminated in the collapse on 8 December of the former Syrian Government. This brought about a mix of optimism and uncertainty. Large movements of people intensified humanitarian needs. The hostilities in Lebanon beginning in September, and the collapse of the Syrian Government, led to the influx of more than 473,000 Syrians (58 per cent of them children) displaced from Lebanon, alongside Lebanese refugees. Internal displacement within the Syrian Arab Republic peaked at 1.1 million newly displaced people following the November escalation of hostilities, and near the end of December, more than 627,500 people remained displaced, including 275,000 children. A total of 7.24 million people were internally displaced in the country in 2024, including 2.4 million children, and a total of 16.7 million people required humanitarian assistance.

UNICEF and its partners reached more than 12.5 million people in the country, including 7.3 million children (51 per cent girls); 225,792 were persons with disabilities. Nutrition sector results underscore how contextual changes impacted children's access to services: UNICEF substantially exceeded its targets for access to healthcare and screening of children for wasting due to the influx of people from Lebanon, higher demand for healthcare due to a contracting economy and the fall of the Government in December. However, UNICEF met only 69 per cent of its target for admission to treatment for severe wasting, primarily because of access constraints and temporary suspension of programmes due to the collapse of the Government.

More than 2.4 million children were out of school and more than 1 million children were at risk of dropping out. UNICEF supported 1,802,974 children with education and supplies in formal settings (target: 2,612,570; 69 per cent of the target). However, a funding gap of 47 per cent limited the scale and reach of UNICEF's response.

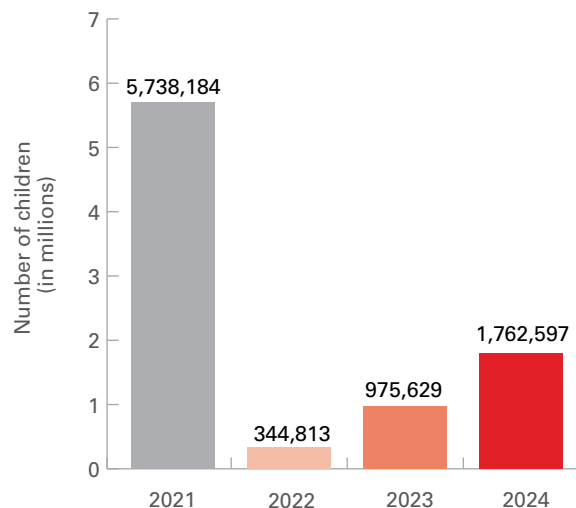
More than 1,200 trained youth volunteers were mobilized to lead social cohesion and peer-support initiatives in the wake of the political transition in December. This effort built on sustained programming in the country for adolescent engagement and participation, which had reached nearly 612,000 adolescents with psychosocial care, sports, civic engagement, and technical skills training. This experience showcased how long-term investment in adolescent systems could rapidly scale up to support resilience and mental well-being during periods of acute disruption.

Adolescent development and participation

UNICEF, in collaboration with governments, reached 22.7 million adolescents (58 per cent girls) across 101 countries, supporting their engagement in shaping solutions to the challenges affecting their lives. This included 1.8 million

adolescents in humanitarian settings. UNICEF worked to deliver life-saving support, sustain essential services and strengthen youth participation in emergency preparedness, climate resilience and recovery. These efforts reflected the broader UNICEF commitment to empower young people as agents of change, including within crisis response, and the commitment to amplifying young people's voices, supporting their leadership and ensuring they are active partners in building stronger, more resilient communities. In **Ukraine**, for example, 45 youth councils and 11 youth centres were launched in conflict-affected oblasts to enable young people's meaningful participation in civic life and recovery efforts, and to promote their contribution to social accountability frameworks.

FIGURE 24: Number of adolescents and young people who participate in or lead civic engagement initiatives through UNICEF-supported programmes.



The UNICEF flagship tool in humanitarian response, the Adolescent Kit for Expression and Innovation, reached more than 340,000 adolescents in 15 countries in 2024, supported by 4,000 trained facilitators. These initiatives are translating into stronger adolescent and youth participation, resilience and psychosocial well-being in some of the world's most complex emergencies.

Advocacy and youth-led efforts were an important part of UNICEF's engagement with adolescents in 2024, in line with the organization's engagement with the Compact for Young People in Humanitarian Action, which aims to guarantee that the priorities of young people are addressed by the humanitarian system and their participation in humanitarian action is supported and facilitated. To create more localized, more youth-inclusive responses, UNICEF facilitated translation of the IASC Guidelines on Working with and for Young People in Humanitarian and Protracted Crises into French during the year, with an Arabic version under way. UNICEF also supported the piloting and

subsequent finalization of the Young Humanitarians Handbook, which aims to equip young humanitarians to meaningfully engage within relief systems.

The underutilization of youth in humanitarian settings remains a significant challenge because structured engagement opportunities are lacking. Establishing dedicated spaces for youth participation in humanitarian systems can address this. At the same time, targeted investments are needed to equip humanitarian practitioners to engage adolescents and youth safely and inclusively. Lessons from youth-led models, like those within the Adolescent Kit and the Young Humanitarians networks, have consistently shown that when young people are empowered, they drive high-impact and humanitarian solutions.

ALSO IN NOVEMBER: *The Disability Reference Group, led by UNICEF and with 550 members including organizations of persons with disabilities, other NGOs and United Nations entities, became an associated entity of the Inter-Agency Standing Committee. This is a significant milestone that will strengthen the implementation of humanitarian action for 'every child' well beyond the specific actions of the organization.*



Two girls ride to school in the remote village of Gadiaba Kadiel, in the Nioro region of Mali, in October 2024. Through an initiative to empower adolescent girls, they received bicycles and school kits donated by UNICEF, some of the nearly 300 bicycles distributed to girls, including 36 students in the Gadiaba Kadiel commune. The aim was to ease their daily journey and provide them with a safer, more accessible education despite the long distances between their homes and the nearest school. These bicycles have significantly reduced dropout rates and improved school retention, particularly for girls in rural areas, and the overall programme has reintegrated 13,000 girls into lower secondary schools, surpassing the initial target of 11,000.



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December

Health workers and volunteers administer the oral polio vaccine to children under age 5 in Kadaghari, Bhaktapur district, Nepal, in July 2024.

The year closed with a stark reminder that the work to save children's lives and improve their prospects for the future is a dynamic process that can never rest. Decades of efforts brought significant progress in eliminating wild polio from five of six WHO regions.³⁴ Yet, despite a 99.9 per cent reduction³⁵ in polio cases worldwide since 1988, cases of wild poliovirus type 1 and circulating vaccine-derived polioviruses continued to harm children in certain geographies in 2024.³⁶

Polio

Continued circulation of polio was the result of delays in detection and response campaigns, against the backdrop of persisting low routine immunization rates in some settings. What's more, all the kinds of emergencies children faced throughout 2024 and the years preceding it – conflict, displacement, climate-related disasters, pandemic disruptions, poverty – and all the struggles in gathering the resources and political will to see polio eradication over the finish line, meant the disease constantly had fresh openings to flourish in places where it was thought to be eliminated (for example, in the State of Palestine).

With more than 240 cases of circulating vaccine-derived poliovirus reported in 2024 in 47 countries,³⁷ on 23 December, UNICEF issued instructions for the use of exceptional Level 3 emergency procedures for polio eradication activities in 19 countries.³⁸ UNICEF is a leading partner in the Global Polio Eradication Initiative, a public-private partnership led by national governments and six core partners: WHO, Rotary International, the United States Centers for Disease Control and Prevention, UNICEF, the Bill & Melinda Gates Foundation and Gavi, the Vaccine Alliance. In 2024, UNICEF delivered more than 1.5 billion polio vaccine doses to 87 countries, contributing to the reduction of global polio cases by nearly 25 per cent between 2023 and 2024. UNICEF also contributed to critical polio vaccination campaigns in multiple emergency and fragile settings.

That children continued to be highly exposed to the scourge of polio, an incurable disease, 70 years after the first deployment of effective vaccines to prevent it, shows how realizing the life, safety and well-being – the rights – of all children is a 'long game'. It is an endeavour of inches in some places, miles in others. And yet UNICEF will remain steadfast, walking, with our partners, alongside children and families. This dedication is seen in the results described in this narrative. We will continue to do everything in our power to save lives; leverage our mandate for improvement in children's well-being; and bear witness to the threats and harms endured by children.

ALSO IN DECEMBER: UNICEF completed and made public a multi-year initiative to make programming for gender-based violence prevention and response more institutionalized throughout the humanitarian community. This is an example of how the UNICEF mandate has an impact far beyond any one set of actions and results, in any one place.

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Annex 1: Global Humanitarian Thematic Funding 2024



Children sit in their home in Kassala State, Sudan, in February 2024. Their mother, Medina, takes part in a Mother Support Group initiative to help combat malnutrition, part of the No Time to Waste nutrition programme. By June 2024, 25.6 million people in the country were in crisis levels of hunger (IPC Phase 3 or greater).

ABOUT GLOBAL HUMANITARIAN THEMATIC FUNDING

To fulfil its mission of reaching every child, UNICEF relies on [voluntary contributions](#), using these resources to achieve the greatest impact for children. Sufficient levels of quality funding enable UNICEF to do three critical things: be **fast**, because we can release funds in a timely manner and respond quickly to the needs of children; be **fair**, because we can meet the needs of children in hard-to-reach areas and in underfunded emergencies, whether a crisis is in the spotlight or not; and be **prepared**, because we can invest in preparedness that enables early action for an initial life-saving response.

Thematic funding is flexible funding for a cause. After [core resources for results](#) (regular resources), [global humanitarian thematic funding \(GHTF\)](#) is the most flexible form of funding for UNICEF's humanitarian action. Designed to save lives and alleviate suffering before, during and after emergencies, GHTF is a highly effective way to contribute to maximum positive impact for children, not just in one emergency, but all over the world.

WHY INVEST IN GLOBAL HUMANITARIAN THEMATIC FUNDING?

The secret to the effectiveness of GHTF is the flexibility it provides to UNICEF, because, when responding to emergencies, flexibility is everything. Partners can be assured that their funds are put to work quickly, reaching children when their needs are most urgent. Global humanitarian thematic funding is one of the best mechanisms to save children's lives, protect children's rights and secure a better, healthier and safer future for children and their communities, because it allows UNICEF and its partners to:



Prepare for future shocks through risk analysis and high-impact actions, enabling a fast and more cost-effective response



Respond quickly to new shocks with life-saving assistance to children most in need through speedy release of funds



Provide unique critical flexibility to offices in emergencies to address needs



Ensure an equitable needs-based response, including to forgotten crises or underfunded sectors



Support key child-focused interventions throughout the humanitarian programme cycle, including anticipatory action and preparedness, response and recovery



Enable strategic and high-quality response actions while reducing transaction costs associated with managing individual and earmarked contribution agreements

Contributions to GHTF are an investment in UNICEF's humanitarian mandate through an equity lens. Because it uses harmonized and strategic reporting, GHTF reduces transaction costs, resulting in a lower cost recovery rate, so that more funding is programmed. Through quality assurance processes along with robust technical assistance, UNICEF can ensure timely and high-quality results for the most vulnerable children.

GLOBAL HUMANITARIAN THEMATIC FUNDING ALLOCATIONS

Allocations of global humanitarian thematic funding reached \$66 million in 2024, bringing the total of global humanitarian thematic funding allocations under the UNICEF Strategic Plan, 2022–2025 to \$248.9 million by the end of 2024. Of the amount allocated in 2024, 82 per cent supported humanitarian response led by country or regional offices, while 18 per cent enhanced global coordination and technical support efforts.

Global humanitarian thematic funding enables UNICEF to react quickly – so crucial for saving children’s lives and meeting their urgent needs in times of crisis. The flexibility of GHTF can make all the difference for children in the first days and weeks of an emergency. For protracted emergencies or chronically underfunded responses, when international attention and resources are difficult to attract, GHTF allocations are often a last resort to provide life-saving assistance to the children who are most in need. Because of this, GHTF allocations are a tool for a more equitable humanitarian response.

Through better risk analysis and by identifying high-return actions, preparedness saves lives and makes the humanitarian response faster and more efficient. Thanks to GHTF, UNICEF can invest in preparedness for early response (10 per cent of all GHTF allocations in 2024 were for preparedness activities). And the flexibility of GHTF allows UNICEF to ensure a principled and equitable response that can be adapted based on emerging needs. In 2024, 73 country offices and seven regional offices received GHTF allocations. The top 10 country office recipients of GHTF received 34 per cent of all GHTF that was allocated: these were, starting with highest allocation amount, country offices in Lebanon, the Democratic Republic of the Congo, Bangladesh, the Sudan, Afghanistan, South Sudan, Haiti, Mali, Ethiopia and Myanmar.

The region that received the largest share of total allocations in 2024 was the Middle East and North Africa (22 per cent), followed by West and Central Africa (16 per cent) and Eastern and Southern Africa (12 per cent). This mirrors the regional shares in the Humanitarian Action for Children requirement in 2024, where the Middle East and North Africa accounted for 27 per cent of the overall funding requirement when the appeal was launched. The region that received the smallest share of overall GHTF allocations in 2024 was East Asia and Pacific, with 5 per cent of all allocations. Myanmar, the only country in the region with a standalone Humanitarian Action for Children appeal in 2024, was the largest recipient in this region.

Twenty per cent of GHTF allocations in 2024 were for humanitarian capacity, strategic coordination and operational support to meet organizational priorities and strengthen UNICEF emergency capacity globally, and to support the Emergency Response Team. The global support function is critical for coordination of UNICEF’s humanitarian action, including through a security team and the 24/7 Operations Centre. Global humanitarian thematic funding enables UNICEF to meet cross-divisional needs and requirements at the global level that directly sustain emergency programmes and operations at the field level because it ensures a rapid, effective and coordinated response to emergencies affecting children and their families worldwide.

Figure A1-1a: Global humanitarian thematic funding allocations, country offices, 2024
(in United States dollars)

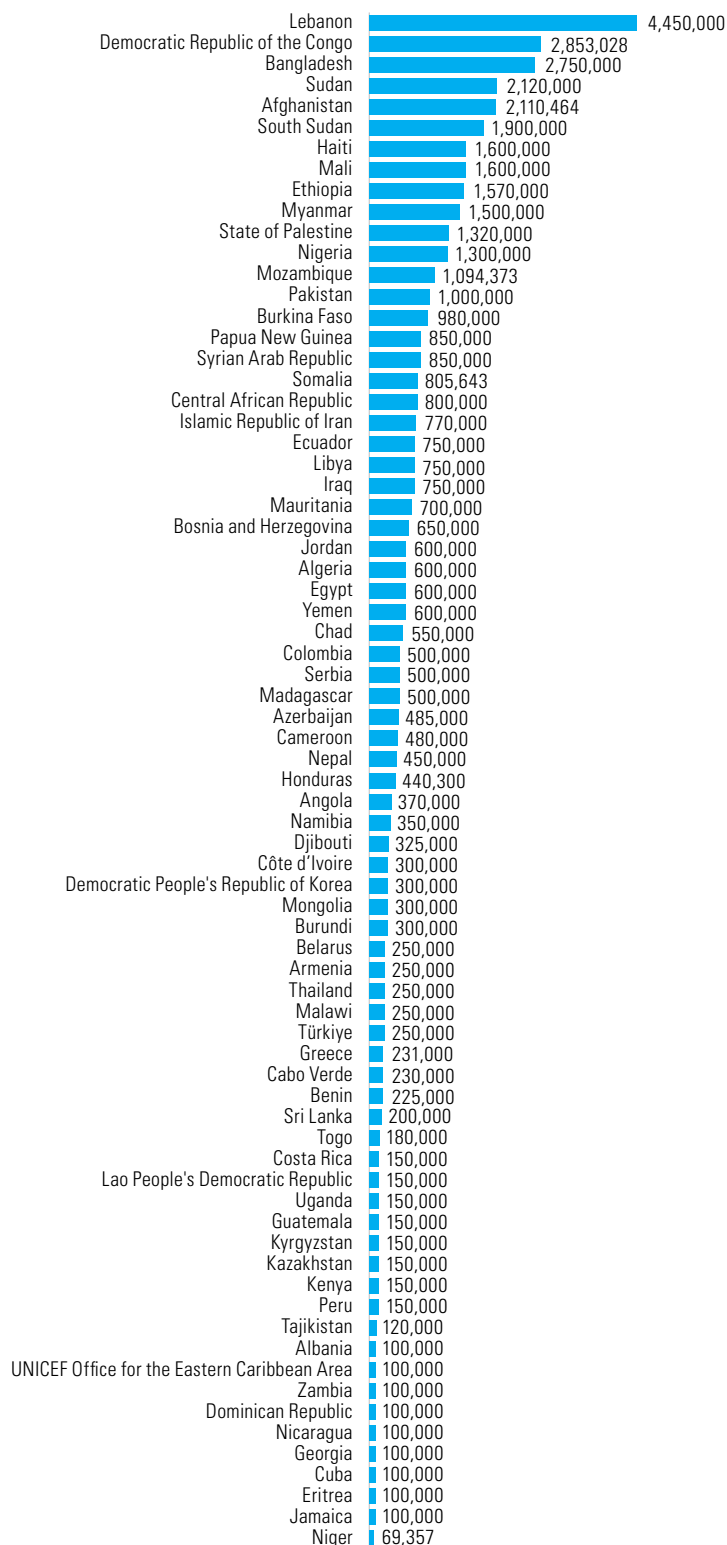


Figure A1-1b: Global humanitarian thematic funding allocations, regional offices, 2024
(in United States dollars)

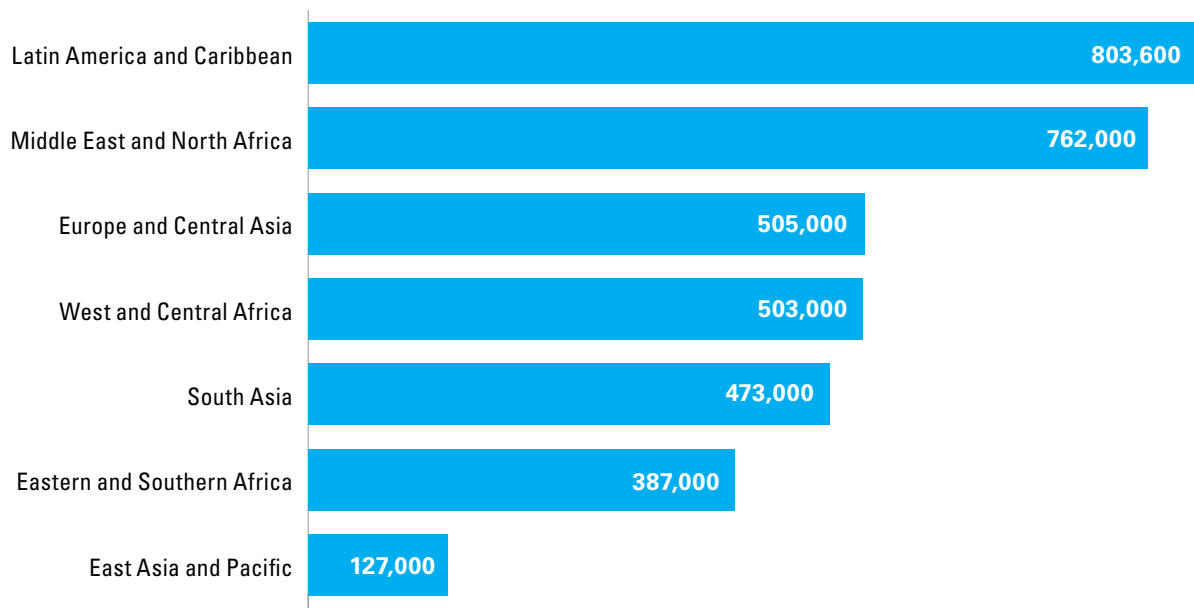


Figure A1-1c: Global humanitarian thematic funding allocations, headquarters, 2024
(in United States dollars)

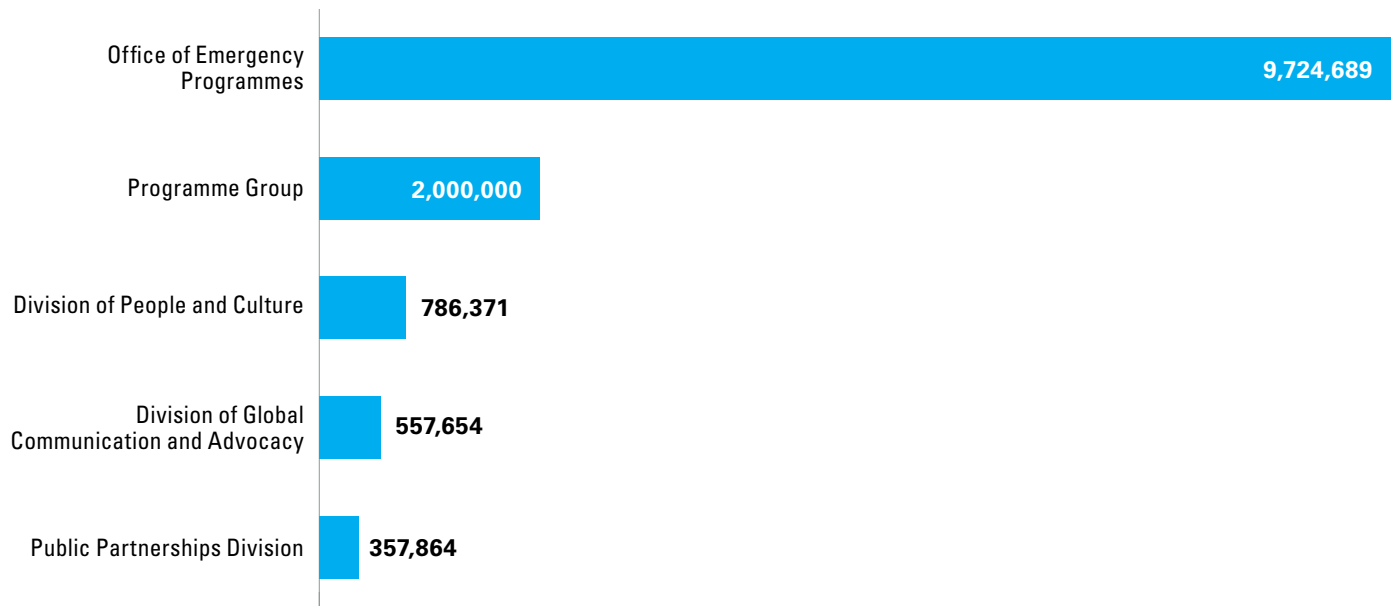


Figure A1-2: Breakdown of programmable global humanitarian thematic funding allocations, 2024 (in United States dollars)

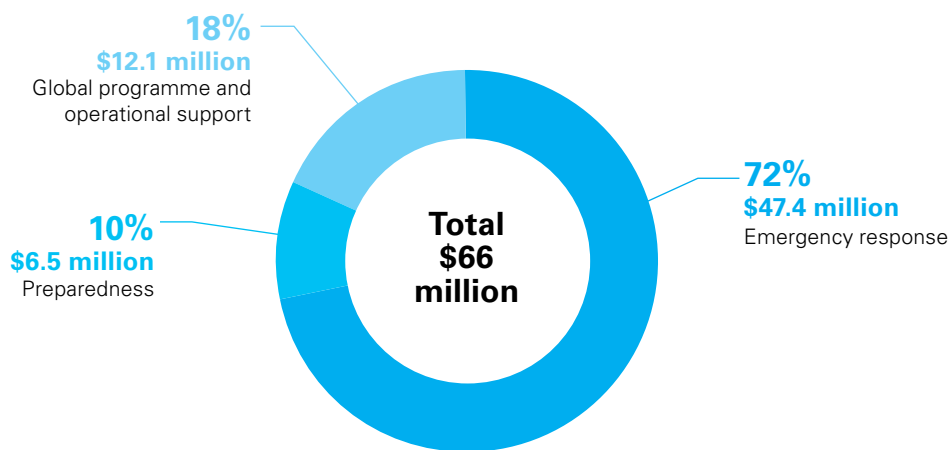
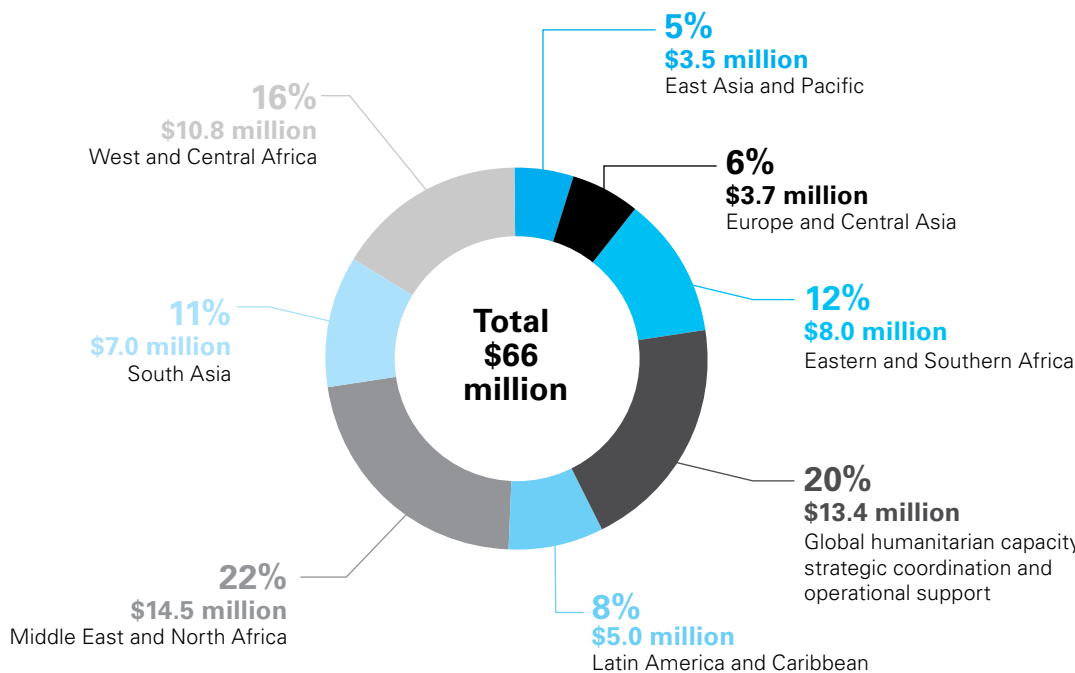


Figure A1-3: Global humanitarian thematic funding allocations by region, 2024 (in United States dollars)



“When hostilities escalated in Lebanon in September 2024, hundreds of children were killed or injured and tens of thousands displaced. Global humanitarian thematic funding (GHTF) enabled UNICEF to immediately provide urgently needed emergency supplies, including more than 37 thousand dignity kits – essential for women and girls.




Germany is convinced: With escalating conflicts still on the rise, flexible humanitarian financing remains a fundamental prerequisite for effective and efficient assistance. UNICEF’s GHTF is one of our preferred instruments in this regard as it enables swift action to help children and vulnerable communities – those usually most in need. Germany therefore provided \$17 million in 2024, making it the largest donor overall by providing \$73 million between 2022 and 2025.



We gladly support UNICEF’s vital work around the world and will continue to support the GHTF and invite others to do the same.”

H. E. MS. DEIKE POTZEL, DIRECTOR-GENERAL FOR CRISIS PREVENTION, STABILISATION, PEACEBUILDING AND HUMANITARIAN ASSISTANCE AT THE GERMAN FEDERAL FOREIGN OFFICE

ALLOCATION CRITERIA

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

-  Critical unmet needs for the most vulnerable children;
-  Critical funding gaps based on available and projected contributions;
-  Estimated risk level and significant preparedness gaps;

-  Strong implementation capacity based on the delivery track record of regular country programmes; and
-  Alignment with organization-wide initiatives to strengthen the efficiency and effectiveness of UNICEF humanitarian action (e.g., the Humanitarian Review recommendations and the Core Commitments for Children in Humanitarian Action). Other examples of this include gender-transformative programming; establishment of effective mechanisms for protection from sexual exploitation and abuse; accountability to affected populations; and localization strategies that emphasize anti-racism and anti-discrimination.

GHTF ALLOCATION CRITERIA EXAMPLES

Democratic Republic of the Congo

GHTF allocation:
\$2,053,028



Chance, 6, carries water drawn from the Bilobilo 1 village spring in Walikale, North Kivu Province, Democratic Republic of the Congo, in March 2024. UNICEF-supported community outreach units helped inhabitants of the Bilobilo 1 and Bilobilo 2 villages overcome differences and reconcile. "Before, no-one from my village could come to this spring," says Chance, who lives in Bilobilo 2. "Our parents said that the people from this village were our enemies. I couldn't play with a child from Bilobilo 1, not even at school. Now we can come to them and they can come to us and play together safely."

- The conflict in the eastern provinces of the Democratic Republic of the Congo continued to escalate in early 2024, with intense combat causing ongoing widespread displacement and re-displacement of people within and between provinces.
- Facing rising needs and operational costs and in anticipation of the withdrawal of the United Nations Organization Stabilization Mission in the Democratic Republic of the Congo (MONUSCO), a total of \$2,053,028 in global humanitarian thematic funding was allocated to the UNICEF country office in the Democratic Republic of the Congo in March 2024. This allocation supported the response in the eastern provinces, including by addressing urgent funding gaps in the nutrition and WASH sectors.

Afghanistan

GHTF allocation:
\$2,000,000



Marzia, 9, stands at Afghanistan's Torkham border crossing with Pakistan, in Nangarhar Province, Afghanistan in May 2024. She and her family are among 250,000 Afghans who have returned to Afghanistan from Pakistan through the Torkham border crossing since early 2023, many of them receiving UNICEF support.

- More than 1.2 million undocumented Afghans in Pakistan and the Islamic Republic of Iran returned to Afghanistan between January and December 2024. This massive returnee flow strained border points and posed additional demands on limited resources in host communities.
- UNICEF allocated \$2,000,000 to the Afghanistan country office in March 2024 to scale up assistance at border transit areas and respond to the food security and nutrition situation.

Burundi

GHTF allocation:
\$200,000



Children hold their cups at a site for internally displaced persons in Mubimbi, Burundi, in September 2024. UNICEF collaborated with the Ministry of Public Health and the Fight Against AIDS to establish two health posts and a water point in Mubimbi. Access to safe water is critical for responding to the outbreak of mpox in Burundi and other countries.

- Due to the El Niño weather pattern, Burundi experienced heavy rains, floods and landslides beginning in November 2023 and continuing into 2024. These damaged shelters and public infrastructure and resulted in displacement, children out of school, limited access to WASH services and increased risks of disease and malnutrition, while putting children at risk for protection violations.
- As part of the Co-Funding Initiative, UNICEF allocated \$200,000 to the Burundi country office to scale up its preparedness capacity; prepare for more intense flooding scenarios; pre-position essential emergency supplies; and position UNICEF to deliver on its mandate for children.

Mauritania

GHTF allocation:
\$400,000



© UNICEF/UNI66127/Sanna

Children are all smiles in Dahara, Mauritania, near a basic health unit that provides access to essential medical care. Dahara is 10 km from Timbédra, in the Hodh Ech Chargui Region, which has seen increased refugee flows due to the conflict in Mali.

- The deteriorating conflict situation in Mali caused increased refugee flows in Hodh Ech Chargui Region in eastern Mauritania in 2024. In addition to the refugee flows, drought, floods and landslides continued to compound the risks in the country.
- With projections in September 2024 indicating that the total number of refugees could reach more than 240,000 by the end of the year, as a preparedness investment UNICEF allocated \$400,000 in global humanitarian thematic funding through the Co-Funding Initiative to the Mauritania country office. UNICEF worked with government authorities in close collaboration with the Office of the United Nations High Commissioner for Refugees, World Food Programme and other humanitarian partners to deliver high-priority life-saving interventions.

Tajikistan

GHTF allocation:
\$120,000



© UNICEF/UNI63440/Nazarova

Khurshed, 13, drinks from a fountain in Spartak park, in Dushanbe, Tajikistan to stay cool as temperatures soar to 35°C (95°F), in early July 2024.

- Heavy rainfall from 4 to 11 May 2024 triggered mudflows, floods, landslides and rockfalls in several districts of Tajikistan. These catastrophic events affected 1,174 households with 6,167 people, including approximately 4,000 children, and led to three casualties. The situations of affected populations, many of them economically disadvantaged prior to the disaster, worsened significantly.
- On 20 May, UNICEF allocated \$120,000 in global humanitarian thematic funding to respond to people's immediate needs. The Tajikistan country office was able to reach more than 6,000 people with 1,233 extended versions of family hygiene and dignity kits and more than 11,000 packs of water purification tablets, and also supplied social and behaviour change materials as well as five sets of 'school-in-a-box' materials to one affected school in Varzob District.

Lebanon

GHTF allocation:
\$2,000,000



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Hawraa, 3, and her sister Zeinab, 11, play in the hallways of a school-turned-shelter in Beirut, Lebanon, in November 2024, finding brief moments of normalcy despite the war. UNICEF psychosocial support activities help children cope and regain a sense of stability.

- The week of 23 September 2024 marked a significant escalation in hostilities along the Lebanon-Israel border, causing the largest wave of displacement Lebanon had seen in decades.
- UNICEF allocated \$2,000,000 in global humanitarian thematic funding to support critical interventions in WASH, health, nutrition and risk communication and community engagement, and to respond to the internal displacement crisis through a multisectoral Rapid Response Mechanism. The funding was crucial in providing access to life-saving services to displaced populations and to people remaining in unsafe areas.

Europe and Central Asia Region

GHTF allocation:
\$250,000



© UNICEF/UNI61913/Buga

David, 4 months, watches his mother, Tatiana, in Drochia, Moldova in May 2024. Tatiana is originally from Donetsk, Ukraine, and is one of the many refugee mothers from Ukraine receiving UNICEF-supported financial assistance in Moldova.

- UNICEF allocated \$250,000 in global humanitarian thematic funding as part of the Co-Funding Initiative to strengthen emergency preparedness capabilities in Belarus, Bulgaria, Georgia, Greece and Moldova.
- These five countries are prone to natural hazards (earthquakes and floods), with climate projections indicating increased risks of floods and landslides. At the same time, these countries are key routes for migrants heading to Europe, and they have also been hosting Ukrainian refugees. With the GHTF allocation, these five country offices participated in multi-country emergency preparedness and response training and simulation exercises and developed preparedness action plans.

Division of Global Communication and Advocacy

GHTF allocation:
\$557,654



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UNICEF-supported mobilizer Selemani Batukwa uses a megaphone in March 2024 to inform parents on the islet of Kitingi, in the Democratic Republic of the Congo, about the polio vaccination campaign underway in Maniema Province. He travels with other members of the vaccination team in a pirogue to reach the most remote children.

- In alignment with the Humanitarian Review recommendations, UNICEF allocated \$557,654 to the Division of Global Communication and Advocacy to strengthen advocacy capacity at the country, regional and global levels. In particular, the allocation supported critical humanitarian advocacy functions by enhancing capacity and leadership, with the goal of developing humanitarian advocacy and diplomacy strategies and workplans in all countries with Level 1, Level 2 and Level 3 humanitarian responses, as well as at the global level.
- The allocation also allowed UNICEF to deploy timely, targeted humanitarian advocacy capacity to country offices and to strengthen their leadership capacity for humanitarian advocacy and diplomacy.

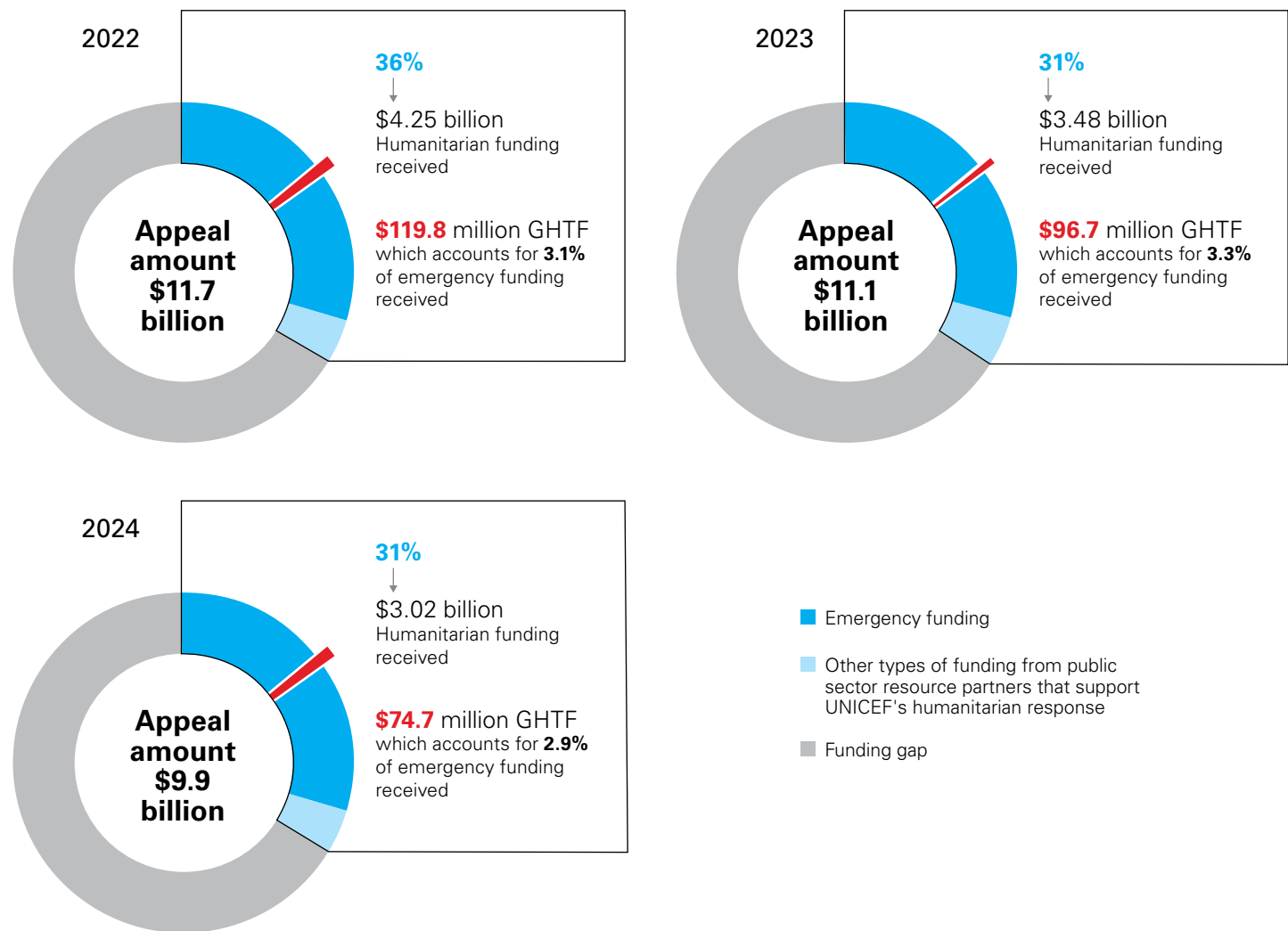
WHO SUPPORTS GLOBAL HUMANITARIAN THEMATIC FUNDING?

UNICEF extends its gratitude to committed partners for their flexible contributions, including global humanitarian thematic funding. These contributions enable timely and equitable humanitarian assistance to children and families who have critical unmet needs. By contributing high-quality funding like GHTF, partners show their firm trust in UNICEF's principled role in reaching every child, everywhere.

By the end of 2024, the third year of the UNICEF Strategic Plan, 2022–2025, UNICEF had received a total of \$291.3 million in global humanitarian thematic funding over the Strategic Plan

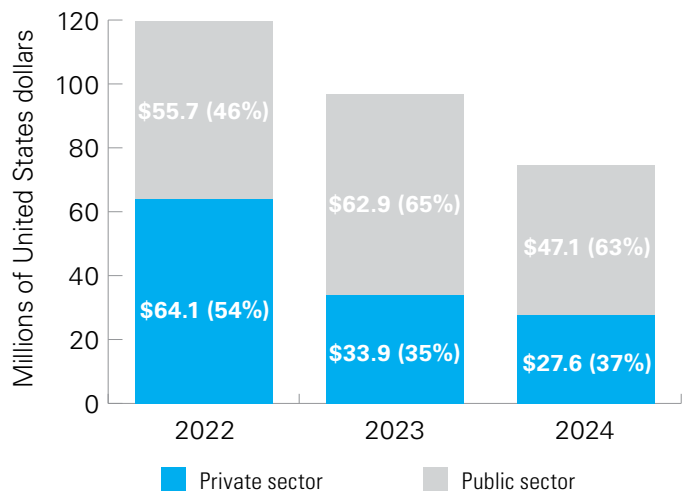
period: \$119.84 million in 2022, \$96.74 million in 2023 and \$74.72 million in 2024. Such high levels of GHTF contributions were due to the generosity of the public and private resource partners who recognized the added value of this type of quality funding in humanitarian response. UNICEF is working steadily to improve its reporting on GHTF and the visibility of GHTF contributions. The major contributors to GHTF for the combined period 2022–2024, starting with the highest total amount contributed, were Germany, the Kingdom of the Netherlands, Sweden, the United States Fund for UNICEF and private sector fundraising by UNICEF country offices.

Figure A1-4: UNICEF humanitarian contributions received, 2022–2024 (in United States dollars)



UNICEF is grateful to its GHTF resource partners for their trust in UNICEF and for their commitment to support children in humanitarian contexts. This means UNICEF can save more lives; help communities and businesses become more resilient and bounce back faster; and deliver exceptional value for money. UNICEF welcomes new partners who joined in contributing GHTF in 2024: public sector partners Belgium and New Zealand and the UNICEF National Committees in Italy, the Republic of Korea, Slovenia and Spain. We look forward to further collaboration in 2025. UNICEF continues to strengthen engagement with donors to expand the GHTF resource partner base. This includes showcasing GHTF as a way for resource partners to fulfil their Grand Bargain commitment to flexible funding. It also involves demonstrating how flexible allocations can make a difference for children in emergencies and make humanitarian response more equitable.

Figure A1-5: Global humanitarian thematic contributions by type of resource partner, 2022–2024 (in United States dollars)



“Sweden is proud to contribute to UNICEF’s important humanitarian work to save lives and alleviate suffering. In a world where humanitarian emergencies are affecting a greater number of children than ever before, UNICEF’s commitment to upholding the humanitarian principles and delivering aid to every child in need is crucial. I salute the dedication of UNICEF staff in reaching children in the most challenging circumstances, be it in Gaza, Sudan, DRC or other difficult contexts where UNICEF is making a crucial difference. Swedish flexible multi-year funding enables UNICEF to rapidly address emerging and worsening crises. We would welcome more donors, including in the private sector, to increase their support in light of the growing humanitarian needs.”

H.E. MR. BENJAMIN DOUSA, MINISTER FOR INTERNATIONAL DEVELOPMENT COOPERATION AND FOREIGN TRADE, SWEDEN

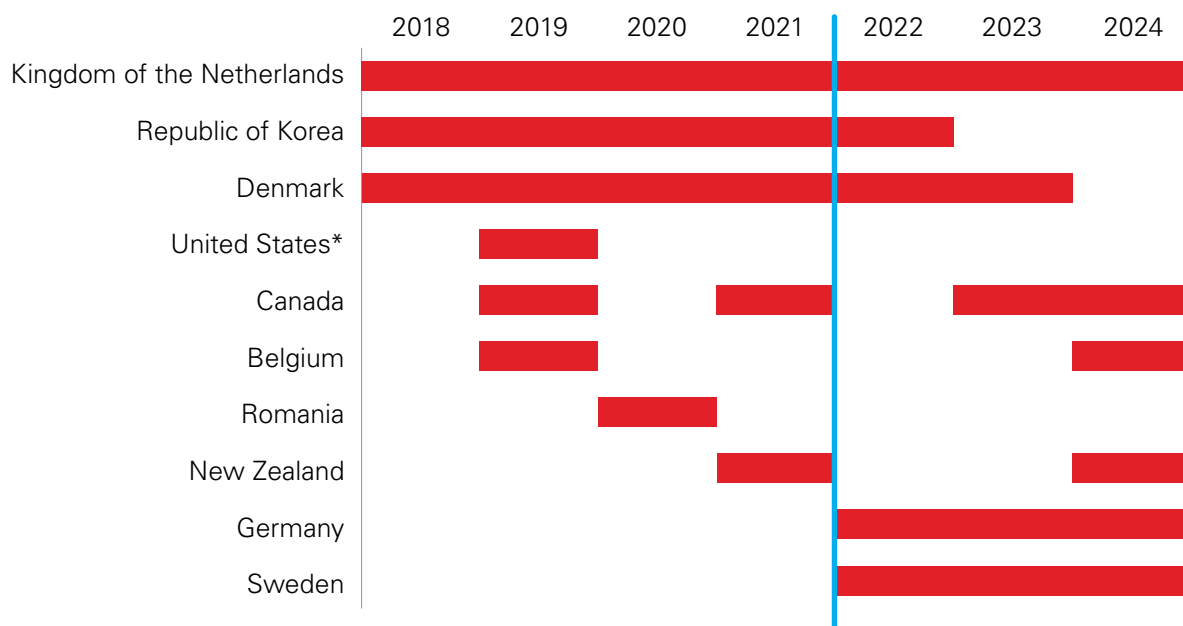
Table A1-1: Contributions received to global humanitarian thematic funding, 2022–2024 (in United States dollars)In bold: *Top five resource partners in a given year.*

Resource Partner	2022	2023	2024	Total
Germany	20,682,523	31,996,394	17,895,879	70,574,796
Kingdom of the Netherlands	21,716,649	18,619,934	18,619,934	58,956,518
Private sector fundraising by UNICEF country offices	16,654,458	11,878,506	11,758,217	40,291,181
Sweden	11,717,546	11,050,795	10,523,401	33,291,741
United States Fund for UNICEF	21,567,098	3,348,887	3,230,687	28,146,672
United Kingdom Committee for UNICEF	4,796,483	9,007,964	3,576,985	17,381,431
Committee for UNICEF Switzerland and Liechtenstein	12,232,416		29,661	12,262,077
Dutch Committee for UNICEF	2,868,301	3,624,667	2,081,797	8,574,765
Swedish Committee for UNICEF	3,538,013	1,174,380	2,008,194	6,720,587
Hong Kong Committee for UNICEF		1,198,557	944,888	2,143,445
German Committee for UNICEF		1,257,008	256,815	1,513,823
Finnish Committee for UNICEF	435,645	686,359	274,837	1,396,841
Danish Foundation for UNICEF	226,812	339,993	650,816	1,217,621
Denmark	589,188	587,199		1,176,387
The Republic of Korea	1,000,000			1,000,000
Korean Committee for UNICEF			974,966	974,966
UNICEF Ireland	518,486		216,207	734,693
Canadian UNICEF Committee	143,830	61,505	517,491	722,826
Norwegian Committee for UNICEF		474,219		474,219
Portuguese Committee for UNICEF	36,654	298,959	113,861	449,473
French Committee for UNICEF	218,585	21,386	169,935	409,906
Australian Committee for UNICEF Limited	31,189	370,358		401,547
Canada		364,751	27,206	391,957
Italian Committee for UNICEF – Foundation Onlus			332,151	332,151
Slovenia Foundation for UNICEF			154,917	154,917
Spanish Committee for UNICEF			141,082	141,082
Belgian Committee for UNICEF	34,148	38,680	37,134	109,962
Polish National Committee for UNICEF		60,168	31,638	91,806
Austrian Committee for UNICEF			70,815	70,815
Belgium			64,647	64,647
UNICEF Hungarian Foundation	24,031	24,210		48,241
The New Zealand National Committee for UNICEF		11,534		11,534
Icelandic National Committee for UNICEF			11,057	11,057
Slovak Foundation for UNICEF	8,272			8,272
New Zealand			174	174
Balance from previous years	803,709	244,812		1,048,521
Grand Total	119,844,035	96,741,225	74,715,391	291,300,651

UNICEF analyses private sector and public resource partners who contribute to GHTF throughout the Strategic Plan cycles. This allows UNICEF to monitor patterns and changes in funding decisions and identify potential longer-term GHTF resource

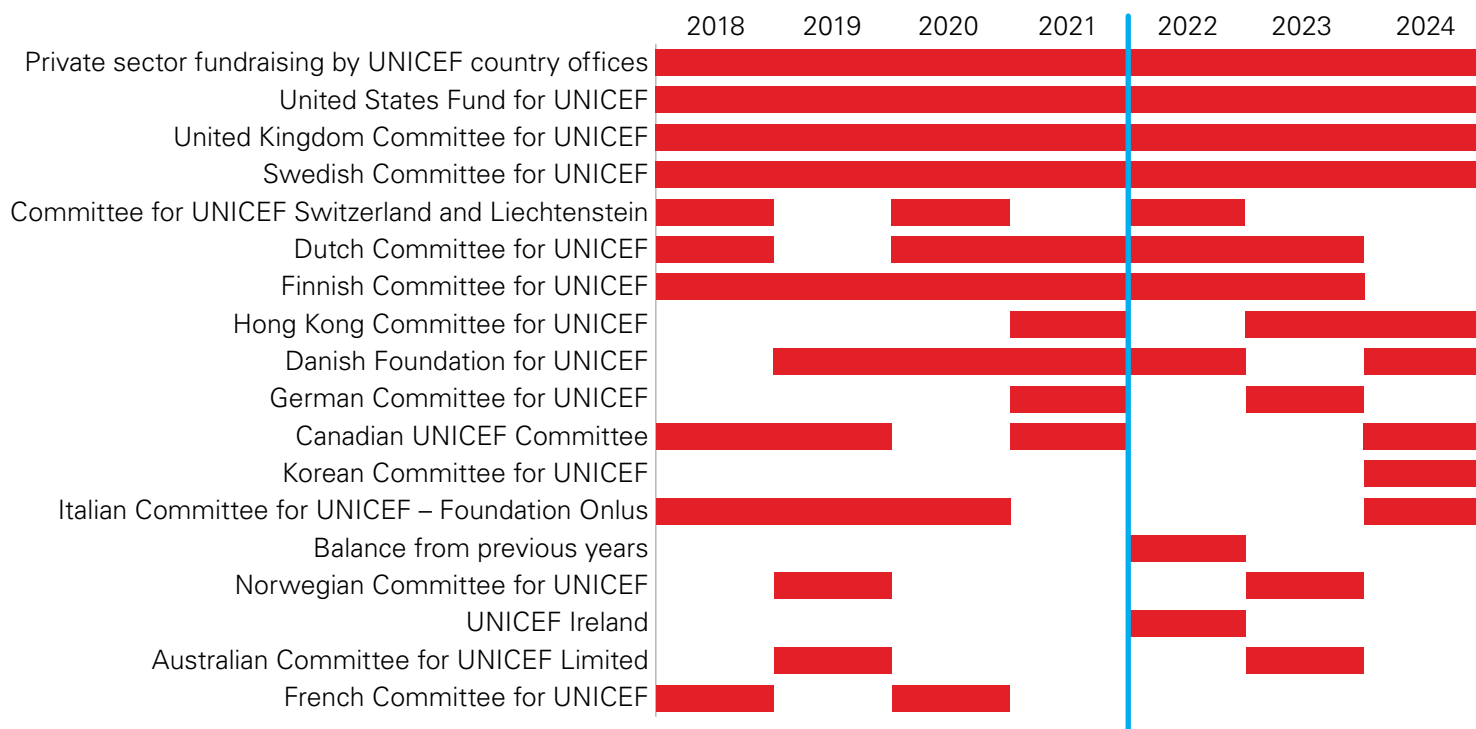
partners. The pool of resource partners is dynamic, and UNICEF continues to engage with all its resource partners and encourage flexible, unearmarked humanitarian funding for children in emergencies.

Figure A1-6: Changes to the GHTF public resource partner pool: Strategic Plan, 2018–2021 and Strategic Plan, 2022–2025



*One-off contribution.

Figure A1-7: Changes to the GHTF private resource partner pool: Strategic Plan, 2018–2021 and Strategic Plan, 2022–2025*



* Listed resource partners represent 98 per cent of the humanitarian resources received as GHTF from the private sector.

Following the overall decrease in humanitarian contributions received in 2024, the portion of GHTF as part of emergency (other resources – emergency) funding decreased to 2.9 per cent in 2024, compared with 3.3 per cent in 2023. In 2024, the amount of humanitarian thematic contributions received as GHTF declined to \$74.7 million. Private sector resource partners contributed \$27.6 million, 19 per cent less than in 2023, while public sector resource partners contributed \$47.1 million, 25 per cent less than in 2023.

In 2024, the overall decrease in humanitarian contributions, along with increased earmarking of funding, left many emergency responses with less flexible funding to address critical needs (see Annex 2: Financial Report for comprehensive details). The value of humanitarian thematic funding is its timeliness and flexibility, and GHTF is the most flexible type of humanitarian thematic funding for UNICEF and is therefore in high demand. It is catalytic funding that can kick-start a response and cover critical gaps to address children’s needs and promote equity. Because of this, GHTF is a vital component in humanitarian responses supporting children living through protracted crises with underfunded responses, and it is also crucial in responding to sudden-onset emergencies. UNICEF is grateful for all flexible contributions, large or small, and recognizes their clear impact on children’s lives. UNICEF looks forward to continuing solid and principled partnerships to enable high-quality funding such as GHTF to reach the most vulnerable children in the most challenging places where we work.

Given the uncertainty and volatility in the funding landscape, and due to projected reductions in official development assistance (ODA) globally, UNICEF expects that humanitarian funding will contract by at least 20 per cent in 2025. Along with shrinking funding, there is growing concern around political interests and conditionalities continuing to drive unequal attention and support to crises.

UNICEF is calling on its humanitarian resource partners to continue their generous support to GHTF – fully flexible humanitarian funding that is effective during emergency preparedness, in sudden-onset emergencies, in protracted crises and in complex emergencies where political interests contribute to gaps in funding to meet children’s needs.

GHTF is most effective when contributions are predictable during the year and throughout the Strategic Plan cycle. GHTF enables rapid action that ensures equity in humanitarian response for every child, everywhere.

UNICEF encourages new resource partners, private and public, to give GHTF in 2025 and through UNICEF’s next Strategic Plan cycle (2026–2029).

Table A1-2: Key donors supporting global humanitarian thematic funding through UNICEF National Committees, 2024

National committee	Key donors
Canada	DECIEM
Kingdom of the Netherlands	Adyen
United Kingdom	Clyde & Co
	easyJet
Sweden	Inter IKEA Group
United States	The Walt Disney Company



Afghanistan

Farzan, 9, at right, walks through the ruins of his house in Chaghcharan District, in Ghor Province in western Afghanistan, following flooding in May 2024. His home was one of more than 400 homes destroyed by the floods, which affected 10 districts.

GHTF CASE STUDIES

The following case studies show how UNICEF used global humanitarian thematic funding in specific critical contexts in 2024. These are only a few of the places where UNICEF used these flexible emergency funds to save lives and protect the childhoods of the most vulnerable children. For comprehensive information on UNICEF humanitarian responses in 2024, including the role of global humanitarian thematic funding, see the publicly available consolidated emergency reports for 2024 at <https://open.unicef.org/documents-and-resources>. Most of these reports contain case studies on the use of humanitarian thematic funding, including global humanitarian thematic funding.



"In the face of emergencies, UNICEF doesn't just respond – they bring hope and solutions when they're needed most. We're committed to supporting UNICEF's work to reach children who are innocent victims of armed conflicts."

ANTOINE CHAGNON,
PRESIDENT AND CHIEF EXECUTIVE OFFICER,
LALLEMAND INC.



Democratic Republic of the Congo

Cikuru holds her daughter Ozana, 8 months, in front of a UNICEF-supported mpox treatment unit at Walungu General Hospital in South Kivu Province, Democratic Republic of the Congo, in November 2024. Ozana was admitted to the treatment unit, accompanied by her mother.

SOUTH SUDAN

Global humanitarian thematic funding allowed a swift, flexible cholera response to prevent mass fatalities in high-risk areas, particularly in overcrowded transit centres in South Sudan.

Following confirmation of cholera in Renk County, Upper Nile State, South Sudan's Ministry of Health declared an outbreak on 28 October 2024. The outbreak spread rapidly across 28 of the country's 79 counties due to overcrowding, poor sanitation and limited access to clean water, especially in transit centres for returnees fleeing conflict in the Sudan. Children under 14 accounted for 54 per cent of cases, highlighting the urgent need for child-focused interventions. South Sudan's fragile health system, already grappling with yellow fever, measles and malaria, was overwhelmed with 10,765 suspected cholera cases and 169 deaths between 28 September (when the first suspected case was reported) and 28 December 2024. High-risk counties included Renk (Upper Nile), Rubkona (Unity), Fangak and Ayod (Jonglei), Juba (Central Equatoria), Jur River (Western Bahr el Ghazal) and Aweil West, Aweil East, and Aweil North (Northern Bahr el Ghazal). UNICEF activated a coordinated multisectoral cholera emergency response in collaboration with government bodies and humanitarian partners.

With support from global humanitarian thematic funding and other donor contributions, UNICEF provided integrated water, sanitation and hygiene (WASH), health and risk communication and community engagement interventions. More than 50,000 people accessed safe water and sanitation. By the end of December, 1.3 million oral cholera vaccines had been received in the country, and 147,392 individuals had received oral cholera vaccine in Renk and Juba counties, with plans for vaccinations in Malakal and Rubkona counties in early 2025. Additionally, 2.7 million people had been reached with life-saving hygiene messages. Flexible and timely funding enabled UNICEF to curb cholera transmission, raise awareness and reinforce public health infrastructure in high-risk locations.

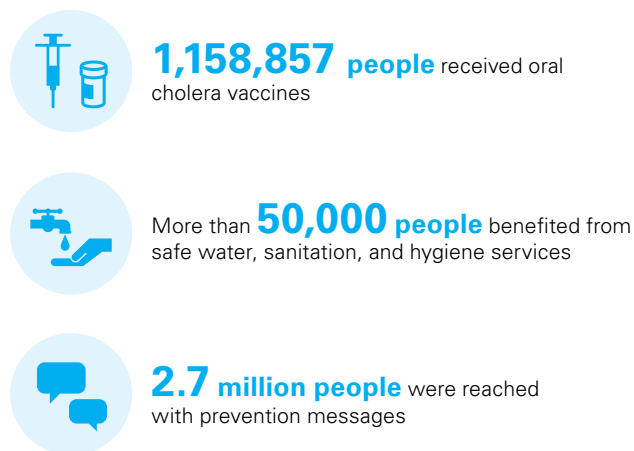
Global humanitarian thematic funding was instrumental in launching the initial response and funding deployment of critical staff. It supported risk communication and community engagement campaigns, vaccine procurement and emergency WASH supplies, including cholera treatment kits, hygiene kits, water purification chemicals and cholera educational materials. The funds supported work in partnership with the World Health Organization, the Ministry of Health, urban water boards and community-based organizations. Capacity building of 50 social and behaviour change personnel and 300 social mobilizers enhanced outreach to the community, while strategic partnerships with women-led groups strengthened inclusive, gender-responsive engagement.



South Sudan

Children carry water home in Renk town, South Sudan, in July 2024. With fighting in the Sudan causing many people to flee to or return to South Sudan, UNICEF rehabilitated the Renk town water system and laid new pipelines and access points, including in places where South Sudanese returnees and Sudanese refugees live.

Humanitarian thematic funding, including global humanitarian thematic funding, contributed to the following results in 2024



Added value of global humanitarian thematic funding as a critical resource for response in 2024



DEMOCRATIC REPUBLIC OF THE CONGO

Global humanitarian thematic funding was fundamental in strengthening UNICEF's capacity to prepare for and respond to the impacts of the withdrawal of the United Nations Organization Stabilization Mission in the Democratic Republic of the Congo from the eastern part of the country.

The Democratic Republic of the Congo has been navigating a complex period marked by political transitions, economic uncertainties and an escalating humanitarian crisis, primarily in its eastern provinces of South Kivu, North Kivu and Ituri. Against a backdrop of violence and instability, and with more than 100 non-State armed groups active in the eastern part of the country, the Congolese government asked the United Nations Organization Stabilization Mission in the Democratic Republic of the Congo (MONUSCO) to escalate its withdrawal from the country. With the departure of MONUSCO potentially leading to a security vacuum – which could result in increased armed group activity, prompt new population displacements or likely change the pattern of population movements – UNICEF was particularly concerned about a potential increase in protection needs. The mission was able to withdraw from South Kivu as planned by July 2024, but security conditions in North Kivu were reportedly not conducive to a withdrawal at the time, and MONUSCO's complete withdrawal was put on hold.

To prepare for the transition, and in the context of MONUSCO's withdrawal from South Kivu, UNICEF signed a Memorandum of Understanding with the International Committee of the Red Cross to plan and operationalize collaboration to provide alternative care and family tracing and reunification for conflict-affected children, especially unaccompanied and separated children, as well as children exiting armed groups. UNICEF allocated \$122,008 in global humanitarian thematic funding to support these efforts.

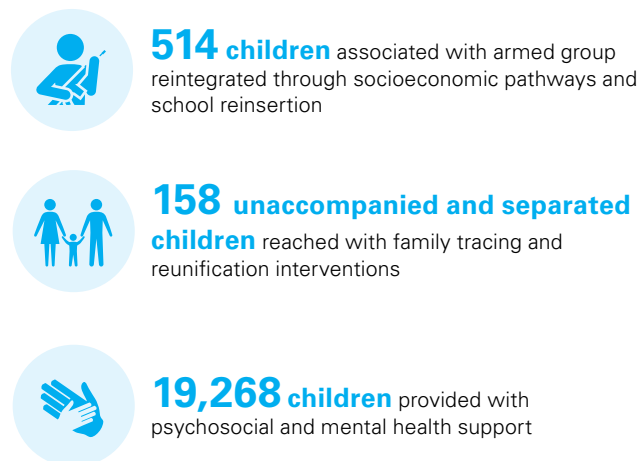
Between October and December 2024, UNICEF, through its implementing partners, delivered critical life-saving protection services to affected children. UNICEF supported the reintegration of 514 children associated with armed groups either through socioeconomic pathways (240 children) or school reinsertion (274 children). UNICEF facilitated family tracing and family reunification for 158 children, including 56 unaccompanied and separated children (26 girls) and 102 children associated with armed groups (62 girls). A total of 19,268 children affected by conflict (9,603 girls) received psychosocial support (19,016 children) and mental health (252 children) services to enhance their well-being and resilience – critical because the fear and trauma associated with the protracted conflict has deeply impacted children's mental health. Additionally, 3,094 people (1,343 girls, 1,102 women and 649 boys) benefited from gender-based violence risk mitigation measures.



Democratic Republic of the Congo

Maliamu, 9, skips rope at the UNICEF-supported child-friendly space in the Bushagara site for displaced people in North Kivu Province, Democratic Republic of the Congo, in August 2024. Maliamu and her family were forced to flee their home village due to conflict. UNICEF supports educational and recreational activities for more than 1,700 children at the Bushagara child-friendly space.

Humanitarian thematic funding, including global humanitarian thematic funding, contributed to the following results in 2024



Added value of global humanitarian thematic funding as a critical resource for response in 2024



LIBYA

Global humanitarian thematic funding was critical in addressing urgent WASH needs in Alassa and in flood-affected areas in southwest Libya, where no other immediate funding was available to support emergency water, sanitation and hygiene services.

In 2024, two major humanitarian crises unfolded in Libya, severely impacting vulnerable populations. At the Libya-Tunisia border, thousands of stranded migrants in Alassa faced dire conditions, with no access to safe water, sanitation or hygiene facilities. This heightened health risks, particularly for women and children. Simultaneously, in southwest Libya, severe flash floods devastated the towns of Tahala and Ghat, displacing families, destroying homes and disrupting essential services including electricity, communications and access to clean water.

UNICEF allocated a total of \$199,433 in global humanitarian thematic funding to support UNICEF's WASH response in both the migrant crisis in Alassa and the flash floods in southwest Libya. The response directly benefited 28,300 people through water trucking in flood-affected areas, installation of a solar-powered water system and provision of hygiene supplies. To address immediate water shortages, water trucking services provided safe water for 1,500 internally displaced persons in flood-affected areas. UNICEF supported installation of a solar-powered water system to ensure a sustainable water supply for 15,000 people in flooded areas where infrastructure had been damaged. Additionally, UNICEF-supported partners, including the Libyan Red Crescent Society, distributed hygiene supplies to 12,000 people in Alassa, reducing the risk of waterborne diseases among the most vulnerable populations, including women and children.

The intervention significantly improved access to safe drinking water and sanitation, mitigating the risk of public health crises in both emergency settings. The introduction of solar-powered water infrastructure provided a sustainable, long-term solution that will enhance resilience against future water supply disruptions. This rapid response was also made possible through pre-positioned UNICEF stocks and strong coordination with partners.



Libya

A girl smiles for the camera in Libya in February 2024.

Humanitarian thematic funding, including global humanitarian thematic funding, contributed to the following results in 2024



15,000 people were reached with a sustainable water supply through installation of a solar-powered water system



1,500 internally displaced persons in flood-affected areas benefited from water trucking services



12,000 people reached with hygiene supplies

Added value of global humanitarian thematic funding as a critical resource for response in 2024



COSTA RICA

In Costa Rica, global humanitarian thematic funding supported integration of migrant children at the Lloverá Foundation shelter, and those identified through UNICEF's Safe Space, into Costa Rica's education system.

In collaboration with the Lloverá Foundation, UNICEF is enhancing educational outcomes in literacy, mathematics and life skills in the San José Metropolitan area for migrant children and their families who are seeking to stay in Costa Rica. This initiative integrates family engagement into the educational framework, promoting a holistic approach that supports both academic and life skills.

Through this initiative, UNICEF made significant progress in integrating into Costa Rica's education system children living at a shelter run by the Lloverá Foundation along with children identified through UNICEF's Safe Space. Thirty-two workshops addressing both academic and life skills were conducted, benefiting 240 children by addressing their individual and group needs. Additionally, 47 children received targeted learning support, enhancing their proficiency in reading, writing, mathematics, social sciences and civics and strengthening their life skills, helping them be better prepared for academic success. The initiative also provided dedicated support to 11 children and their families seeking asylum, facilitating their enrolment in Costa Rica's public education system. Support for these families included proficiency assessments, legal rights information, health access referrals and case referrals. Global humanitarian thematic funds were instrumental in reaching these children and providing them with comprehensive support tailored to their specific needs. This initiative has had a positive impact on the children's educational journey by fostering a supportive community and promoting their overall development. The model is scalable, and UNICEF is capturing lessons learned in this work for potential replication elsewhere.

Humanitarian thematic funding, including global humanitarian thematic funding, contributed to the following results in 2024



240 children benefited from 32 socio-educational workshops, addressing their individual and group needs



47 children received targeted learning support, enhancing their proficiency in reading, writing, mathematics, social sciences and civics, while also strengthening their life skills



11 children and their families received dedicated support to facilitate their enrolment in Costa Rica's public education system

Added value of global humanitarian thematic funding as a critical resource for response in 2024



Costa Rica

A child reads in a child-friendly safe space located in the Centre for Temporary Attention to Migrants (CATEM) facilities in Ciudad Neily, southeastern Costa Rica, in April 2024. This space aims to create a safe, engaging and nurturing environment for all migrant children.

CENTRAL AFRICAN REPUBLIC

Global humanitarian thematic funding enabled UNICEF to ensure water access and dignified sanitation for Sudanese refugees.

The Central African Republic has received thousands of refugees from the Sudan since the crisis between the Sudanese Armed Forces and the Rapid Support Forces erupted in mid-April 2023. With most of the refugees arriving via the border crossing of Am Dafock in the Vakaga prefecture, the Government of the Central African Republic identified Korsi, 65 km from Am Dafock, as a site to host the arrivals. By the end of 2024, 17,000 people were residing in the Korsi Refugee Camp, near the town of Birao, and another 1,500 were staying in the host community. Throughout the year, the humanitarian community provided these refugees with vital assistance, including protection services, food, essential relief items, emergency shelters, healthcare and education.

At first, the Korsi site had only two functional water points and not enough latrines to meet the water, sanitation and hygiene needs of those who were settling there. With an allocation of global humanitarian thematic funding and by matching this with other available (but alone insufficient) funding, UNICEF was able to ensure that all refugees in the Korsi camp had access to safe water and dignified sanitation by the end of 2024.

UNICEF partnered with the international humanitarian organization Triangle Génération to implement effective and sustainable solutions for the water supply. As a result, individuals – particularly women and children – spent considerably less time in long queues to obtain water. Key to this intervention were solar-powered pumps installed to ensure continuous and reliable water supplies even where conventional power sources were limited. By December 2024, 17,000 people had access to safe drinking water, significantly improving their health and well-being.

With global humanitarian thematic funding, together with additional available funding, UNICEF built 50 new latrine blocks and showers, with handwashing facilities near each block. These supported good hygiene practices and were essential to preventing the spread of disease. UNICEF also installed 150 garbage bins for hygienic waste disposal.

UNICEF'S rehabilitation of 15 boreholes eased pressure on the host community, allowing both refugees and host community members access to safe water. Fifteen newly formed management committees and 10 repair artisans trained to maintain the water points ensure that these water points are sustainable. Within the host communities, UNICEF also constructed eight latrines and eight showers in two health facilities, 18 durable latrines in three schools and 12 latrines in three child-friendly spaces.



Central African Republic

A girl washes her hands at a water point in the Central African Republic.

Humanitarian thematic funding, including global humanitarian thematic funding, contributed to the following results in 2024



17,000 people accessing safe drinking water, significantly improving their health and well-being.

Added value of global humanitarian thematic funding as a critical resource for response in 2024



ALBANIA

The flexibility of global humanitarian thematic funding contributed to UNICEF's response to the 2024 measles outbreak in Albania and helped to strengthen the country's overall immunization programme.

In January 2024, Albania experienced a surge in measles cases, mainly concentrated in three counties (Durrës, Fier and Tirana). In recent years, the country has experienced a decline in measles vaccine coverage, with the most recent data indicating vaccine coverage ranges from 73 per cent to 86 per cent for MMR 1 and 87 per cent to 94 per cent for MMR 2.

UNICEF is a longstanding partner of the Albanian government and has supported the national immunization programme to build the capacities of health professionals, increase demand for immunization and maintain public trust in childhood vaccines.

UNICEF allocated \$100,000 in global humanitarian thematic funding in 2024 to support capacity development of 125 health professionals in the three target counties on measles vaccine administration and communication with caregivers and communities to address concerns around vaccination. This included accredited capacity development activities, the provision of standardized tools (job aids on administration of vaccine, checklists on infection prevention and control for measles vaccination, microplanning) and support and coaching of health personnel, all of which contributed to improved quality and coverage of immunization service delivery.

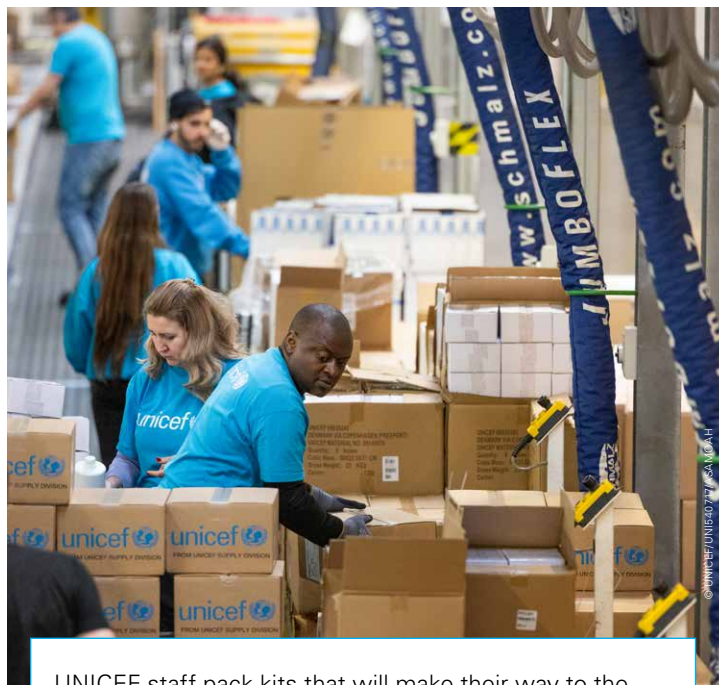
A national communication campaign called Vaccinate with Trust focused on the importance and safety of the MMR vaccine while dispelling myths about it. Well-known paediatricians and public health experts delivered key messages through traditional media as well as social media channels. Social media channels of UNICEF and the Institute of Public Health reached around 11,269 people in 2024, with another 177,177 people reached through paid promotion.

Awareness raising activities during European Immunization Week (21–27 April 2024) reached around 8,000 parents and community members with information about the importance of childhood vaccination, and also addressed myths and concerns around measles vaccine. UNICEF organized community-level consultations to discuss the reasons for vaccine hesitancy, including meetings with health professionals and women representatives of various religious groups. UNICEF supported these multisectoral discussions encompassing health, education, local government, media and religious communities, reaching 80 professionals in two counties (Tirana and Durrës) on ways to build trust in vaccines and increase measles vaccine uptake.

Global humanitarian thematic funding also contributed to strengthening the response and control of the ongoing measles outbreak and helped increase immunization coverage for routine vaccines by implementing targeted activities both nationally and locally. UNICEF coordinated with the Institute of Public Health, the national Health Care Services Operator, paediatric and infectious disease professional associations and the World Health Organization.

What's more, thanks to the timely allocation of global humanitarian thematic funding, UNICEF was able to reach 3,080 children who were behind their vaccination schedule, including zero-dose children.

In addition to Albania, five other countries (Armenia, Azerbaijan, Georgia, Kazakhstan and Kyrgyzstan) also received UNICEF global humanitarian thematic funding in 2024 to combat measles outbreaks.



UNICEF staff pack kits that will make their way to the end of the packing line to be arranged onto pallets for immediate dispatch or storage.

Humanitarian thematic funding, including global humanitarian thematic funding, contributed to the following results in 2024

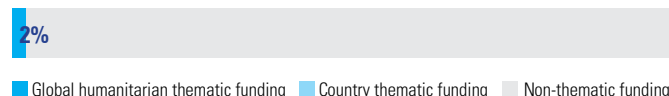


3,080 children who were behind their vaccination schedule reached



8,000 parents and community members reached with information about the importance of childhood vaccination and addressing myths and concerns around measles vaccine

Added value of global humanitarian thematic funding as a critical resource for response in 2024



THAILAND

In 2024, global humanitarian thematic funding was the main source of UNICEF's emergency response funding in Thailand, and these funds enabled critical humanitarian assistance while strengthening preparedness and local capacities.

In September 2024, Typhoon Yagi impacted 51,954 households in northern Thailand, affecting nearly 25,000 children. The resulting floods damaged 108 healthcare facilities and 555 schools, disproportionately impacting rural areas home to large migrant and vulnerable populations. In December, seasonal floods also hit the southern border provinces.

Global humanitarian thematic funding enabled UNICEF to provide relief to more than 25,000 people affected by severe flooding, including more than 15,000 children. UNICEF allocated \$334,496 to complement the government response, prioritizing migrant and underserved communities. Support included emergency relief to enable affected families to meet their immediate needs, along with psychosocial support, learning and recreation kits and child protection interventions, including to prevent and respond to violence. Needs assessments with 128 young people and seven monitoring visits carried out by implementing partners informed response efforts.

In Chiang Rai, where more than 3,000 households experienced severe impacts from Typhoon Yagi, UNICEF supported the government's efforts by distributing education and recreational materials to 1,000 vulnerable children. Outreach in 11 flood-affected communities promoted school re-enrolment, ensuring marginalized children continued their education. And additional school kits with supplies and uniforms (enough for nearly 1,800 children) were distributed in early 2025.

Nearly 6,000 people (1,950 girls, 1,957 boys, 1,000 women, 1,000 men) received hygiene supplies and baby kits, including behaviour-change messaging on flood recovery, infant and young child feeding and positive parenting. At least 1,000 children received 'magic' bags containing learning and recreation materials to help them stay engaged during school closures.



Thailand

A mother carries her daughter, 2, near a sandbag barrier built to protect homes from overflowing Yom River waters in northern Thailand, in August 2024. Severe flooding in late August and early September closed schools, devastated local communities and led to significant loss of income, in particular in rural areas where people depend on daily wages.

Humanitarian thematic funding, including global humanitarian thematic funding, contributed to the following results in 2024



25,000 people provided with emergency relief to enable affected families to meet their immediate needs, child protection, psychosocial support, learning and recreation kits and interventions to prevent and respond to violence



1,000 children provided with education and recreational materials



6,000 people provided with hygiene supplies and baby kits

Added value of global humanitarian thematic funding as a critical resource for response in 2024

91%

■ Global humanitarian thematic funding ■ Country thematic funding ■ Non-thematic funding

MONGOLIA

In 2024, Mongolia endured the harshest *dzud* – an extreme weather event characterized by temperatures of -30°C or lower, strong winds, heavy snow and ice – in the last 50 years, affecting more than 188,300 people, including 80,215 children. Global humanitarian thematic funding was critical to a rapid multisectoral response to the *dzud*, restoring life-saving services for children and families in remote herder communities.

By May 2024, livestock losses due to the *dzud* had reached 7.2 million, severely impacting livelihoods, food security and the national economy. Many households resorted to extreme coping strategies, e.g., prolonged outdoor labour to keep livestock alive, and reduced spending on education, health, hygiene and food, which heightened malnutrition risks for children and women.

An allocation of \$350,000 in global humanitarian thematic funding was critical to enabling UNICEF to address urgent needs in the hardest-hit provinces. The flexibility of the funding allowed UNICEF to deliver a holistic response and bridge gaps in funding in key programmatic areas. As the cluster lead agency for WASH and nutrition and co-lead for education and protection, UNICEF ensured coordinated action in 17 of Mongolia's 21 provinces.

UNICEF's response directly reached 27,840 people, including 21,705 children (3,025 women, 11,725 girls, 3,110 men, 9,980 boys). The funding also provided 94 inter-agency emergency health kits, which supported primary health services for 134,099 people (25,304 girls, 24,312 boys, 41,397 women, 43,086 men), including 7,774 persons with disabilities.

Education interventions ensured continued learning for *dzud*-affected children. Portable digital learning devices reached 250 herder households, while pre-positioned learning materials and school supplies supported 560 children in six provinces. UNICEF distributed 1,480 hygiene kits to affected households with children and pregnant or lactating women. Mental health and psychosocial support services reached 4,240 people (1,672 girls, 1,635 boys, 456 women, 477 men, including 482 persons with disabilities).

The flexible funds also facilitated cash support for fuel, which allowed rescue teams in 78 *soums* (districts) in 11 provinces to clear snow-blocked roads, restoring access to life-saving health and social services for vulnerable herder families in remote areas.

Beyond emergency response, global humanitarian thematic funding supported local capacity building and preparedness. UNICEF trained 125 community emergency responders from the National Emergency Management Agency on child-centred disaster risk reduction (DRR). A nationwide assessment, in partnership with national research institutes, assessed the *dzud*'s impact on education and identified preparedness gaps to guide planning and early action by the Ministry of Education and Science.

The timeliness of the global humanitarian thematic funding allocation enabled UNICEF to act swiftly, which reinforced its position as a dependable humanitarian partner. This led to a

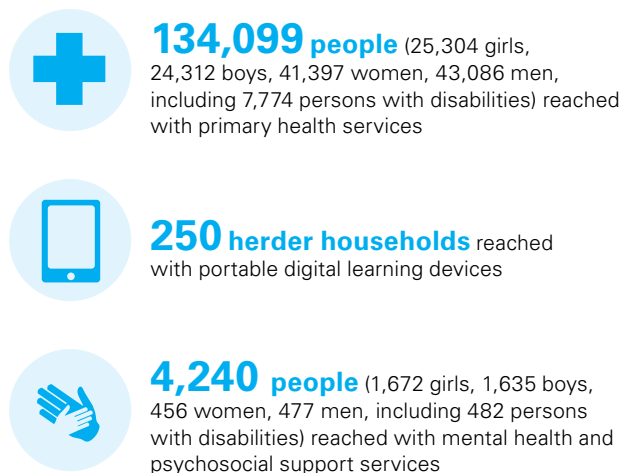
new working agreement with the Deputy Prime Minister on child-centred DRR and emergency response for 2025–2026, embedding resilience into national policy.



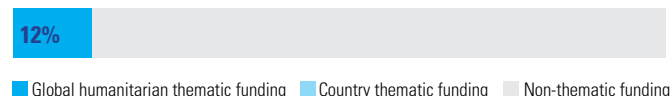
Mongolia

Bayan Erdene Munkh Ochir, 8, holds his hand to the heat inside his grandmother's ger (traditional round-shaped dwelling) in Ulaanbaatar's Bayanzurkh district, in Mongolia, in December 2024. His family heats the ger using a UNICEF-provided electric CHIP (cooking, heating and insulation package) device, significantly improving indoor air quality.

Humanitarian thematic funding, including global humanitarian thematic funding, contributed to the following results in 2024



Added value of global humanitarian thematic funding as a critical resource for response in 2024



MALAWI

Global humanitarian thematic funding empowered recovery by supporting cash transfers to revitalize flood-hit Nkhotakota, Malawi.

In February 2024, persistent heavy rains in the northern and central regions of Malawi raised water levels and caused floods in Nkhotakota District, damaging infrastructure and agricultural assets and displacing of 10,500 households. The highest reported impact was in the agriculture sector, with 39,894 farming households affected. The flooding also rendered 33,980 households food-insecure after household food stocks – maize grain, flour, different types of pulses and fish – were soaked by flood waters or washed away, leaving people without food.

UNICEF required more than \$1,030,000 to reach 8,444 households – who were already enrolled in the government’s social cash transfer programme (SCTP) for extremely poor or labour-constrained households – with cash transfers to mitigate the impacts of the flooding. A global humanitarian thematic funding allocation of \$134,339 (13 per cent of the total required) helped support verification of affected households by the district councils; fund the cash transfers and related administrative fees for the e-payment mechanism; and support the roll-out of pre- and post-distribution monitoring surveys.

With the funds, the Nkhotakota District Council assessed the flood impact on SCTP households, revealing that 945 households (around 11 per cent of the district caseload) suffered crop losses and damage to homes and assets. In response, UNICEF and the Ministry of Gender, Community Development and Social Welfare proposed cash transfers to help families recover. Guided by the Cash Working Group, UNICEF and the Ministry determined a one-time cash transfer of MK148,000 (around \$85 today) based on the value of essential relief items. The digital disbursement occurred in June 2024, with both the cash transfers and administrative fees covered by thematic funding. Without global humanitarian thematic funds, this support would not have been possible. In fact, all available funds for this intervention came from thematic sources.

These cash transfers complemented other support provided by UNICEF and its partners, such as WASH supplies, learning materials and nutrition screening.

Surveys conducted before and after the cash transfers highlighted the dire conditions households faced: 27 per cent were displaced for more than a week, a quarter of affected households included lactating mothers and 67 per cent experienced moderate food insecurity, with 12.5 per cent facing severe food insecurity. Beneficiaries primarily used the cash they received for food, home repairs and replanting crops, with some investing in businesses, livestock and farming inputs.

The experience of implementing the Nkhotakota flood response cash transfers informed the SCTP’s development of vertical expansion guidelines, emphasizing areas for improvement in cash-based responses to future climate events. The insights gained from this flood response underscore the importance of coordinated efforts and financial assistance in enhancing the resilience and recovery of disaster-affected households.



Malawi

Shakira Mashiri, 4, sits with her grandfather, Wyson Binali in Malawi, in February 2024. They lost everything to severe flooding that displaced thousands of people.

Humanitarian thematic funding, including global humanitarian thematic funding, contributed to the following results in 2024



945 affected households received cash transfers to aid recovery efforts, and post-distribution monitoring showed that families used this cash to purchase food, replant crops, repair homes and invest in farming inputs, among other things

Added value of global humanitarian thematic funding as a critical resource for response in 2024

2%

■ Global humanitarian thematic funding ■ Country thematic funding ■ Non-thematic funding

ECUADOR

In 2024, global humanitarian thematic funding supported UNICEF in designing and implementing a comprehensive preparedness plan for Ecuador to respond to worsening armed violence due to the increased presence of non-State armed groups in the country.

Children and families in Ecuador are exposed to multiple hazards: climate-related risks, a protracted migration crisis and worsening armed violence in coastal provinces. The increased presence of armed groups in border provinces in the north and in coastal provinces is heightening protection risks for children and adolescents, exposing them to forced recruitment, sexual exploitation and violence and threatening their safety, well-being and development. The escalation of violence in 2024, compared with 2023, posed an immediate risk to children and adolescents in the most affected communities. The increased likelihood of internal displacement triggered by armed violence could lead to separation from families, disrupting the social environment essential for children's emotional and psychological stability.

In Ecuador, UNICEF used global humanitarian thematic funding to enhance preparedness in the context of the current crisis of armed violence that has been heightened by the presence of non-State armed groups in the country. GHTF enabled key preparedness interventions to provide a rapid and effective response. The main actions were a) providing technical support for child protection to national and local authorities for the development of specialized materials, messages and campaigns on child violence; b) developing humanitarian needs assessments tools for this context; and c) conducting internal security assessments and procuring security-related equipment and training for staff members.

The use of global humanitarian thematic funding allowed UNICEF to forge strategic partnerships with local and national authorities to create targeted materials, messages and campaigns addressing child protection amid the ongoing armed violence crisis. Communication products were designed and developed using a community participation approach and expert consultations that ensured adaptability and effectiveness of the materials. The messages reached affected communities and key stakeholders, one step in safeguarding the rights of children and adolescents in the most at-risk provinces. UNICEF disseminated the materials through implementing partners and via media and awareness campaigns, and the communication materials can also be found in public institutions including hospitals, schools and youth detention centres. The programme included comprehensive training for local authorities, partners and communities on how to disseminate information related to child protection, education and gender-based violence, and on activating and applying relevant child protection protocols. This action created a solid network of strengthened partnerships able to safeguard children's and adolescents' rights and promote violence prevention.



Ecuador

Baby Susej smiles as her mother Arianna plays with her in the early childhood stimulation area in the Espacio de Apoyo Integral in Manta, Ecuador, in February 2024. The EAI provides comprehensive care and services to children, adolescents and their families regardless of nationality, gender, or any other difference.

Humanitarian thematic funding, including global humanitarian thematic funding, contributed to the following results in 2024



Technical support to national and local authorities for the development of specialized child protection materials, messages and campaigns on child violence



Development of innovative humanitarian needs assessments tools



Internal security assessments and procuring of equipment and training for staff members

Added value of global humanitarian thematic funding as a critical resource for response in 2024



CABO VERDE

Given Cabo Verde's vulnerability to mosquito-borne diseases, the flexibility of GHTF was crucial for UNICEF to support mitigating dengue transmission in the country.

Cabo Verde registered its first cases of dengue in November 2023, and the infectious disease later spread to all nine inhabited islands, with cases continuing to rise sharply. As of December 2024, the outbreak had resulted in 26,444 suspected cases, 17,938 confirmed laboratory cases and eight deaths. While the outbreak affected the entire population, individuals under age 40, particularly children and adolescents aged 5–19, have been the most impacted. The UNICEF dengue preparedness and response plan addressed the growing public health threat posed by dengue in Cabo Verde. The intervention in 22 municipalities, in collaboration with the World Health Organization, the World Bank and national partners from the public, private and civil society sectors, focused on strengthening in-country preparedness, response coordination and public awareness.

Through a global humanitarian thematic funding allocation of \$230,000, the project Cabo Verde – Dengue Preparedness and Response, by supporting national preparedness and response efforts, helped reduce the monthly number of suspected and confirmed dengue cases by December 2024. Risk communication and community engagement activities targeted the general population, with a particular focus on children. UNICEF reached approximately 417,548 people with information and communication interventions. Among them, an estimated 93,199 children aged 10–14 (45,712 girls and 43,122 boys) and 80,854 youths aged 15–24 (42,294 girls and 38,560 boys) benefited from awareness initiatives. Additionally, UNICEF supported the training of 687 community leaders and young activists. Nationwide indoor

spraying campaigns covered more than 80 per cent of households in the most affected municipalities. Carried out in collaboration with the Ministry of Education, UNICEF-supported dengue prevention activities provided approximately 90,000 students aged 6–18 access to crucial health information.

Humanitarian thematic funding, including global humanitarian thematic funding, contributed to the following results in 2024



Added value of global humanitarian thematic funding as a critical resource for response in 2024



Cabo Verde

Children at the Pedro Gomes School hold up child-friendly materials provided as part of a dengue prevention campaign in Cabo Verde, in December 2024. UNICEF partnered with the Ministry of Education of Cabo Verde and the National Institute of Public Health to carry out the campaign.

BOSNIA AND HERZEGOVINA

Global humanitarian thematic funding enabled UNICEF to respond effectively to the floods in central and southern Bosnia and Herzegovina in 2024.

In the aftermath of severe flooding in central and southern Bosnia and Herzegovina in 2024, UNICEF responded to the humanitarian crisis by providing emergency cash assistance to vulnerable families. The floods caused significant damage, displacing thousands and disrupting daily life. Through collaboration with the Red Cross Society of Bosnia and Herzegovina, UNICEF implemented a voucher programme targeting families of school-age children or three or more children in affected areas. The intervention aimed to address urgent needs by providing flexible financial assistance to 93 households. The Federal Ministry of Labour and Social Policy also contributed to expanding the assistance to a broader group of vulnerable families.

UNICEF mobilized humanitarian thematic funds, totalling KM100,000 (approximately \$54,800) for initial assistance to 93 households. The Federal Ministry of Labour and Social Policy then allocated an additional KM500,000 (approximately \$276,000) to extend support to 600 additional households, bringing the total to KM600,000 (\$330,319) to support 66 per cent of the 1,057 affected households.

Resources were also dedicated to technical support and collaboration with the Red Cross Society of Bosnia and Herzegovina and other implementing partners to ensure proper targeting and monitoring.

This intervention helped families meet urgent needs. Using cash as the response modality helped to restore dignity to families experiencing crisis because it empowered them to make their own decisions on how to best utilize the funds.

The programme's success was further bolstered by the involvement of multisectoral local commissions, ensuring an evidence-based approach to targeting and verification. These commissions, comprised of representatives from local government, social welfare services and the Red Cross Society, worked to map needs and ensure transparency. As a result, households facing the most significant hardships, including those with damaged homes and income loss, received targeted assistance.



Bosnia and Herzegovina

Children play at the Čika Jova Zmaj kindergarten in Foča, Bosnia and Herzegovina, in April 2024.

Humanitarian thematic funding, including global humanitarian thematic funding, contributed to the following results in 2024



93 vulnerable families, including those with school-age children, received cash transfers to meet their urgent needs

Added value of global humanitarian thematic funding as a critical resource for response in 2024

75%

■ Global humanitarian thematic funding ■ Country thematic funding ■ Non-thematic funding

IRAQ

Global humanitarian thematic funds were essential to giving children in Iraq a second chance at education.

Approximately 9 per cent of boys and 15 per cent of girls aged 6–11 years are out of school in Iraq, and nearly 29 per cent of boys and 46 per cent of girls aged 12–17 years are also out of school. School dropout rates vary across urban and rural areas, disproportionately affecting marginalized and vulnerable communities. This issue is a significant challenge in communities impacted by humanitarian crises, with children from returnee families, particularly those returning from northeast Syria, facing barriers to enrolment due to a lack of civil documentation. Security concerns in conflict-affected areas further limit children's ability to attend school, as damaged infrastructure and safety risks hinder educational continuity. Critically, the looming threat of camp closures, and especially closures of schools for internally displaced persons, has become one of the largest risks to children's education, as enrolled children may be forced to relocate and drop out.

Additional factors contributing to school dropout or lack of enrolment include overcrowded classrooms, frequent curriculum changes that hinder both students and teachers and economic hardships that force children, particularly those from low-income families, to leave school and contribute to household income. Inadequate educational infrastructure, including a shortage of well-equipped schools and trained teachers, also restricts access to quality education. Cultural and social factors, including gender discrimination and low parental engagement, disproportionately affect girls – especially in rural and conservative communities, where boys' education is often prioritized.

In 2024, UNICEF faced a 58 per cent funding gap for its emergency education response to support the critical needs of internally displaced persons, host communities and returnees in Iraq. Global humanitarian thematic funds were essential in narrowing this gap and reaching vulnerable children with urgent services. Specifically, UNICEF utilized \$579,000 in flexible funding to prepare for the launch of the Back to Learning campaign in September 2024. Resources helped to train 435 team leaders of the campaign, who subsequently trained another 1,740 people; these individuals learned about the causes of school dropout, strategies for reintegrating out-of-school children and data collection methods critical to the campaign's success. The campaign itself spanned 45 days, with teams conducting comprehensive surveys to identify out-of-school and unregistered children and then organizing these data into a central database.

To ensure success, the Ministry of Education issued ministerial orders to raise public awareness. Media teams across all governorates intensified their outreach, sharing success stories of students returning to school via social media and official channels. A ministerial committee monitored progress through field visits to ensure the campaign remained on track. To support the campaign and ensure community cooperation with the teams, UNICEF assisted in the development and dissemination of Back to Learning messages through various channels, including SMS and banners and via religious leaders and community mobilizers, targeting the areas with the highest dropout rates.

The campaign far exceeded its initial target of identifying 180,600 students who had dropped out or weren't attending, ultimately tracking and identifying 290,338 cases of absenteeism and dropout, including 40,070 children in humanitarian situations. A total of 30,198 children were re-enrolled in formal education, while 36,576 were enrolled in non-formal education through accelerated learning schools and literacy centres, including 12,000 internally displaced persons and returnees. The campaign also identified 62,869 students either out of school or who did not complete final exams who were interested in registering for external exams, demonstrating their strong desire for education.

Among all 290,338 students identified in the Back to Learning campaign, 131,695 did not return to school, primarily due to socioeconomic challenges faced by their families, which often led to the children being engaged in child labour.



Iraq

Girls pose for the camera in a camp for displaced people in Debaga, Iraq, in March 2024. Around 1,250 families (6,558 individuals) live in the camp, where UNICEF supports educational programmes, including teacher training, school environment improvements and catch-up classes that benefit 1,200 girls and 900 boys.

Humanitarian thematic funding, including global humanitarian thematic funding, contributed to the following results in 2024



30,198 children re-enrolled in formal education



36,576 children enrolled in non-formal education through accelerated learning schools and literacy centres, including 12,000 internally displaced persons and returnees

Added value of global humanitarian thematic funding as a critical resource for response in 2024



REGIONAL SUPPORT

Global humanitarian thematic funding played a key role in capacity building at the regional level in 2024.

In 2024, UNICEF allocated more than \$3.5 million in global humanitarian thematic funding to regional offices, accounting for 5 per cent of overall GHTF allocations. This funding was used to support regional response, emergency preparedness, cluster coordination capabilities and humanitarian leadership and capacity strengthening.

For example, in the East Asia and Pacific region, global humanitarian thematic funding was crucial for maintaining technical expertise in emergency preparedness and disaster risk reduction (DRR) at the regional level. It enabled the regional office to guide and support country offices, deliver emergency preparedness and response training and provide mentorship to strengthen country office emergency preparedness plans. Technical support was instrumental in advancing child-centred DRR and strengthening integration of preparedness and DRR approaches throughout country programmes. The completion of a child-centred subnational risk assessment pilot in Cambodia and its expansion to four more countries in 2024 highlights the value of this technical support. The regional office also disbursed global humanitarian thematic funding to initiate or reinforce emergency operations in 11 countries, including the Democratic People's Republic of Korea, the Lao People's Democratic Republic, Mongolia, Myanmar, the Pacific Islands multi-country office, the Philippines, Papua New Guinea, Thailand and Viet Nam.

In Europe and Central Asia, global humanitarian thematic funding played a critical role in strengthening UNICEF's emergency response and preparedness throughout the region, enabling timely, flexible and effective assistance to vulnerable families and communities. With these flexible funds, UNICEF established

a regional Memorandum of Understanding with the Disaster Preparedness and Prevention Initiative for South-Eastern Europe. This will provide an opportunity to engage with Albania, Bosnia and Herzegovina, Bulgaria, Croatia, Montenegro, North Macedonia, Romania, Serbia, Slovenia and Türkiye to enhance subregional and national capacity on child-centred emergency preparedness, prevention and response.

In South Asia, the regional office utilized global humanitarian thematic funding to maintain the necessary staffing to provide technical support to country offices in humanitarian preparedness and response, including DRR, accountability to affected populations and disability and gender inclusion. This support facilitated field and remote missions to Afghanistan, Bangladesh, Maldives and Nepal, where emergency staff from the South Asia regional office assisted with contingency and response planning, technical guidance on flash appeals, training on emergency preparedness and response and support for funding proposals. The funding also allowed the regional office to strengthen country offices' preparedness measures to mitigate the impacts of natural disasters by enhancing contingency planning and risk analysis. Through capacity building and direct technical support, countries were better equipped to anticipate and respond to emergencies effectively.

GLOBAL SUPPORT

UNICEF allocates global humanitarian thematic funding to meet cross-divisional needs and requirements at the global level that directly sustain our emergency programmes and operations at the field level. A key part of this global support is the UNICEF Emergency Response Team (ERT). Through the ERT system, UNICEF provides coordinated field support, deploying highly experienced emergency staff with a diverse range of expertise to enhance the quality of emergency response in sudden-onset, protracted or complex emergencies.

In 2024, global humanitarian thematic funding played a critical role for UNICEF to deploy ERT staff to support crises globally.

The Humanitarian Field Support ERT spent 67 per cent of its time on deployment to country offices in Haiti, Lebanon, Mauritania, Rwanda, South Sudan, the State of Palestine and the Sudan. In the State of Palestine, the ERT provided critical emergency response coordination support for the Level 3 emergency response scale up through deployment of two Emergency Coordinator ERT staff for a total of six months.

A Senior Emergency Coordinator from the ERT deployed to Haiti as Officer-in-Charge, Deputy Representative, Programmes to support the emergency response for more than two months.

This included support to the country office to reset its response strategy, define programmatic approaches in and outside Port-au-Prince; fast-track partnership agreements; and engage with donors for resource mobilization.

The Access ERT deployed to Ethiopia, Lebanon and the Syrian Arab Republic. Activities ranged from capacity-building workshops to creating access strategies and mapping key actors. Regional access workshops in the Latin America and Caribbean and West and Central Africa regions and global workshops, like the first global access workshop in Istanbul, fostered peer learning and collaboration. In November 2024, UNICEF organized a new version of the Representative-level Complex and High-Threat Emergencies workshop that gathered senior leaders to facilitate peer exchange around key issues related to these complex contexts.

In 2024, five missions from the Humanitarian Evidence and Learning ERT worked in Haiti, Lebanon, the State of Palestine and the Sudan and as global support to mpox response. These deployments enabled response planning, partner reporting, field monitoring, information management and after-action reviews. This ERT also provided remote support to Chad, Haiti, the Islamic Republic of Iran, Mali and the Sudan and to the Middle East and North Africa regional office.

Annex 2: Financial Report

At the launch of the 2024 Humanitarian Action for Children appeal in December 2023, UNICEF appealed for \$9.33 billion to assist 94 million children impacted by humanitarian crises. By the end of 2024, humanitarian funding requirements had increased by \$570 million, to \$9.90 billion, due to threats to children stemming from new crises or the escalation of existing conflicts; deteriorating conditions in protracted emergencies; such public health emergencies as cholera and mpox; and humanitarian needs created by the 2023–2024 El Niño weather pattern, which contributed to a heat wave in Asia, cyclones and droughts in southern Africa and flooding in eastern Africa. During the year, a new appeal was issued for Lebanon and the ask for the appeal for the State of Palestine more than tripled to address the growing and urgent needs of children there.¹

Despite the high needs of children, as at 31 December 2024 UNICEF had received only \$3.02 billion in humanitarian funding² for the 2024 appeal, 31 per cent of requirements. This proportion is comparable to 2023. The humanitarian funding was composed of \$2.58 billion in contributions received as other resources – emergency and \$438.8 million as other resources – regular that was dedicated to humanitarian responses. **However, the decline in the absolute value of humanitarian contributions received – which fell by nearly \$463.4 million compared with 2023³ – and in the quality of funding (humanitarian thematic funding dropped by 27 per cent) is significant and concerning.** Private sector contributions decreased by 35 per cent, marking a return to pre-COVID and pre-Ukraine war levels; contributions from public sector partners decreased by 10 per cent, driven by a decline in official development assistance.

Terminology

Contributions received: Cash and contributions in kind received from resource partners within a calendar year

Humanitarian funding: Emergency funding (other resources – emergency) from private and public resource partners and other types of funding from public sector resource partners that support UNICEF’s humanitarian response

Multi-year funding: A contribution agreement with validity of two years or more, and an amended contribution agreement where validity changed to two years or more

Public sector resource partners include governments, inter-governmental organizations and inter-organizational arrangements.

Private sector resource partners include UNICEF National Committees, private sector fundraising by UNICEF country offices and donations by individuals.

¹ Funding needs increased during 2024 for appeals for humanitarian responses in Armenia, Cameroon, Chad, Mali, South Sudan, the State of Palestine, Ukraine and refugee response and Yemen, and for appeals for the East Asia and Pacific and the West and Central Africa regions. Funding needs decreased for appeals for the Central African Republic, the Central Sahel outflow and Somalia.

² Contributions received for 2024 Humanitarian Action for Children appeals encompass emergency (other resources – emergency) and development funds received for emergencies and recognized in fiscal year 2024. The \$3.02 billion in humanitarian contributions received in 2024 includes emergency funding as well as \$438.8 million in other resources – regular that was dedicated to humanitarian responses. Also included is \$1.93 million that was received in insurance payouts through the Today and Tomorrow Initiative for humanitarian responses to tropical cyclone-induced emergencies that occurred in Bangladesh, the Comoros, Fiji, Haiti, Madagascar and Mozambique.

³ In 2023, UNICEF received \$3.48 billion in humanitarian contributions for the 2023 appeal. The 2023 appeal at its launch was planning to assist 110.3 million children.

Alongside the decrease in humanitarian contributions received, contributions to the humanitarian thematic pool also decreased. After reaching \$119.8 million in 2022, global humanitarian thematic funding (GHTF), one element of the humanitarian thematic pool, decreased to \$96.7 million in 2023 and then to \$74.7 million in 2024. The decrease in GHTF has led to growing concern about the ability to cover critical gaps in humanitarian responses for children.

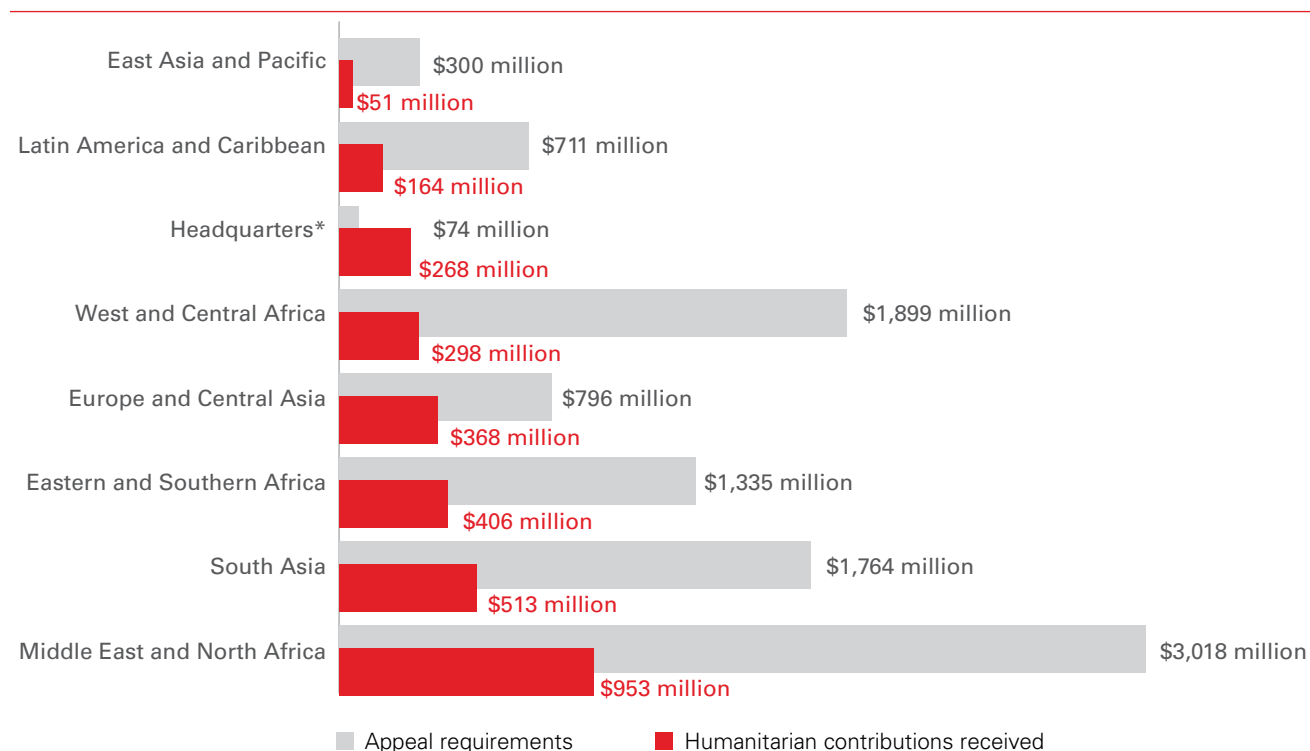
With current uncertainty and volatility in the funding landscape, and due to projected reductions in official development assistance globally, UNICEF expects that humanitarian funding will contract by at least 20 per cent in 2025. Along with shrinking funding, there is growing concern around political interests and conditionalities continuing to drive unequal attention and support to crises.

Concentration of funding in a smaller group of partners

In 2024, the top 10 emergency resource partners (other resources – emergency) provided \$2.04 billion (*see Table A2-1*). Of the top 10 resource partners, the United Kingdom of Great Britain and Northern Ireland, the European Commission, Germany and the Republic of Korea increased their contributions in 2024 compared with 2023. Norway, Sweden, the United States of America and the Central Emergency Response Fund decreased their contributions.

Overall, the top 10 emergency resources partners accounted for 79 per cent of the total other resources – emergency contributed in 2024. What's more, the top resource partner contributed nearly three times that of the second on the list. And the second-highest contributor provided seven times that of the tenth. Such a concentration of funding from a small group of resource partners – along with fewer private sector resource partners (*see below*) – is concerning.

FIGURE A2-1: Humanitarian contributions received in 2024, by region, compared with appeal requirements



*Humanitarian contributions received at the global level included pass-through grants.

Public sector resource partners

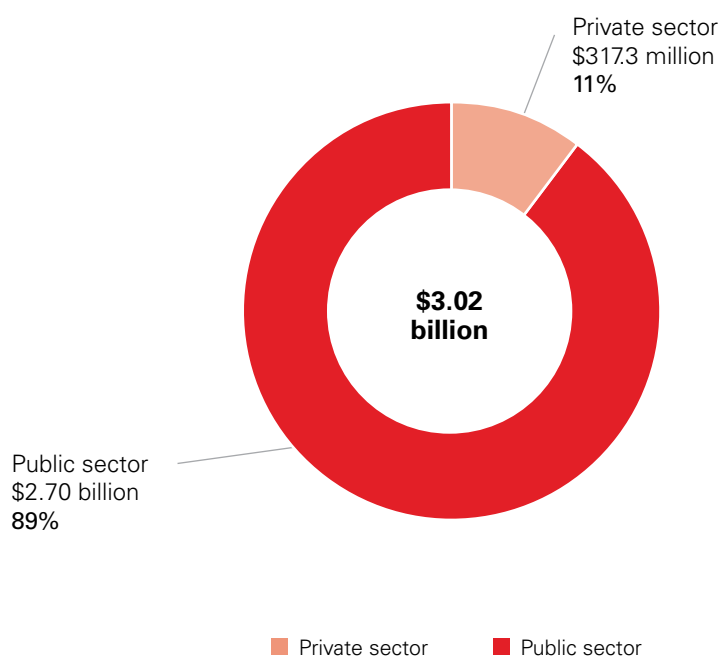
Public sector resource partners continued to provide most of UNICEF's humanitarian funding, contributing \$2.70 billion, 89 per cent of all humanitarian funding received in 2024.

It is important to recognize resource partners who significantly increased their contributions to UNICEF's humanitarian response. The Republic of Korea tripled its emergency (other resources – emergency) contributions to UNICEF in 2024. The United Kingdom prioritizes emergency contributions, and the 2024 increase in their contribution to other resources – emergency funding was a direct response to the escalating scale and growing complexity of global crises, ensuring support was aligned with the most pressing humanitarian needs. In 2024, overall, the European Commission committed to ensuring that a minimum of 15 per cent of its initial humanitarian budget was dedicated to crises not in the international spotlight. The European Commission also continued to commit 10 per cent of its humanitarian budget to education in emergencies. On top of its generous contribution to GHTF, the Kingdom of the Netherlands provided additional emergency contributions. And there was a notable increase in emergency funding from the Gulf States.⁴

Private sector resource partners

Humanitarian funding from private sector resource partners reached \$317.3 million (11 per cent of the 2024 humanitarian resources), 35 per cent less than in 2023. The top five private sector contributions were received from UNICEF National Committees in Canada, Germany, the United Kingdom and the United States, and a one-off donation from an anonymous partner. These five resource partners together provided \$168.5 million, or 53 per cent of all private sector humanitarian funding in 2024.

FIGURE A2-2: Humanitarian contributions received in 2024, by partner group



⁴ Saudi Arabia, United Arab Emirates, Oman.

Humanitarian funding equity

UNICEF concern around humanitarian funding inequities continued to grow in 2024. **Funding earmarking is tightening.** The share of all humanitarian contributions received of the 10 appeals⁵ receiving the most humanitarian contributions continued to be significant: 63 per cent in 2024, compared with 60 per cent in 2023. (The top six appeals⁶ accounted for 52 per cent of humanitarian contributions received in 2024.) In contrast, all the other appeals, including resources given towards GHF, received only 37 per cent (\$1.11 billion, a decrease of \$263.9 million from 2023).

Such tight earmarking of humanitarian aid created more profound inequalities for children and hindered an integrated humanitarian response. UNICEF analysed crises through the lens of their severity and their response funding needs and developed a list of crises that required additional attention and support.⁷ People affected by these emergencies accounted for around half of all people identified as in need

of humanitarian assistance in 2024 Humanitarian Action for Children appeals. And, while these crises represented 56 per cent of UNICEF's total 2024 requirements for the 2024 Humanitarian Action for Children appeal, the responses received only 45 per cent of all humanitarian contributions received.

In 2024, UNICEF continued a discussion series "Children in Crisis: Spotlight on underfunded humanitarian emergencies", co-organized with the Delegation of the European Union to the United Nations in New York.⁸ As part of UNICEF's equity agenda, and to support fundraising for chronically underfunded emergencies, the Private Fundraising and Partnerships Division, together with regional and country offices, continued to hone engagement strategies and tactics across fundraising, communication and advocacy to help unlock additional humanitarian funding to meet children's needs.

⁵ Afghanistan, the Democratic Republic of the Congo, Ethiopia, Somalia, the Sudan, the Syrian Arab Republic, Syrian refugees and other vulnerable populations, the State of Palestine, Ukraine and refugee response and Yemen. These appeals also represented 65 per cent of the 2024 funding requirements.

⁶ Afghanistan, Ethiopia, the State of Palestine, the Sudan, Syrian refugees and other vulnerable populations, Ukraine and refugee response. These appeals also represented 49 per cent of the 2024 funding requirements.

⁷ UNICEF, 13 emergencies that need more attention and support in 2024, online information, 19 December 2023, available at <www.unicef.org/emergencies/13-emergencies-need-more-attention-support-2024>.

⁸ In 2024, the discussion series spotlighted the Democratic Republic of the Congo, the Sudan and the central Sahel.

FIGURE A2-X1: Thirteen emergencies that needed more attention and support in 2024: Humanitarian funding requirements

The funding requirements for these 13 appeals totaled \$5.53 billion.

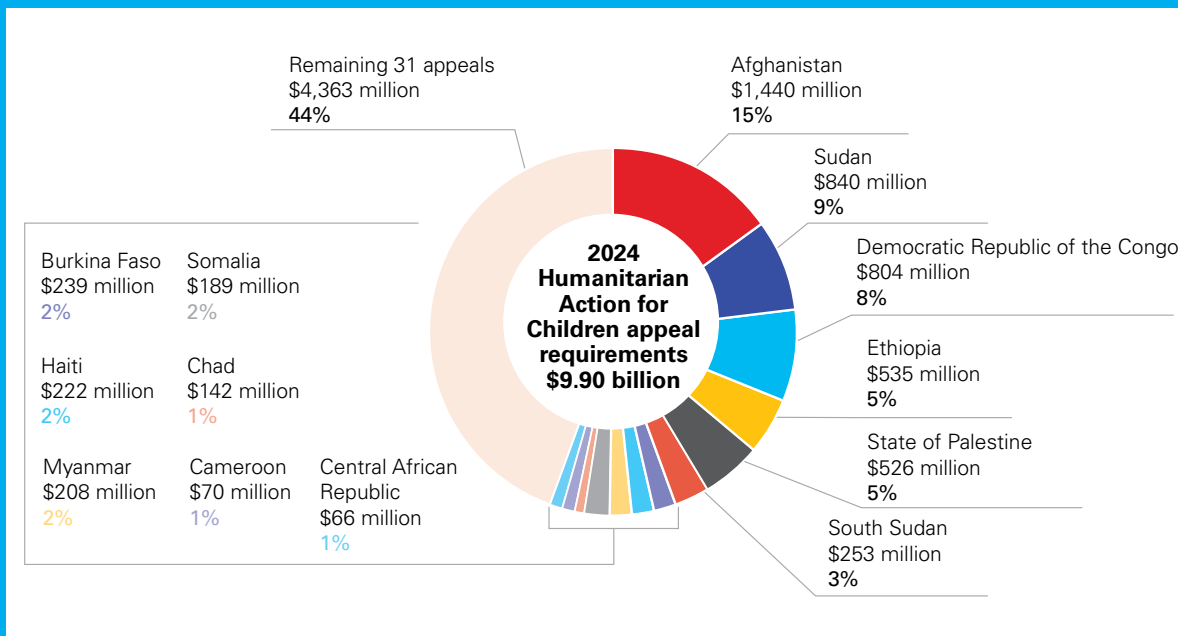
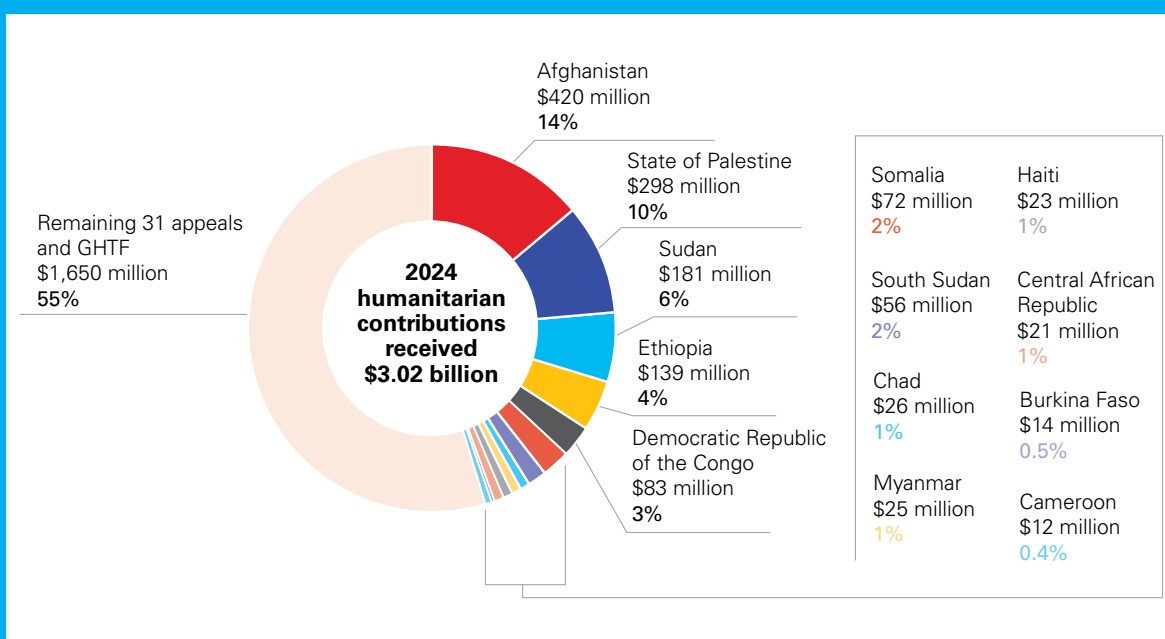


FIGURE A2-X2: Thirteen emergencies that needed more attention and support in 2024: Humanitarian contributions received

The humanitarian contributions received to these appeals totaled \$1.37 billion.



Flexible funding

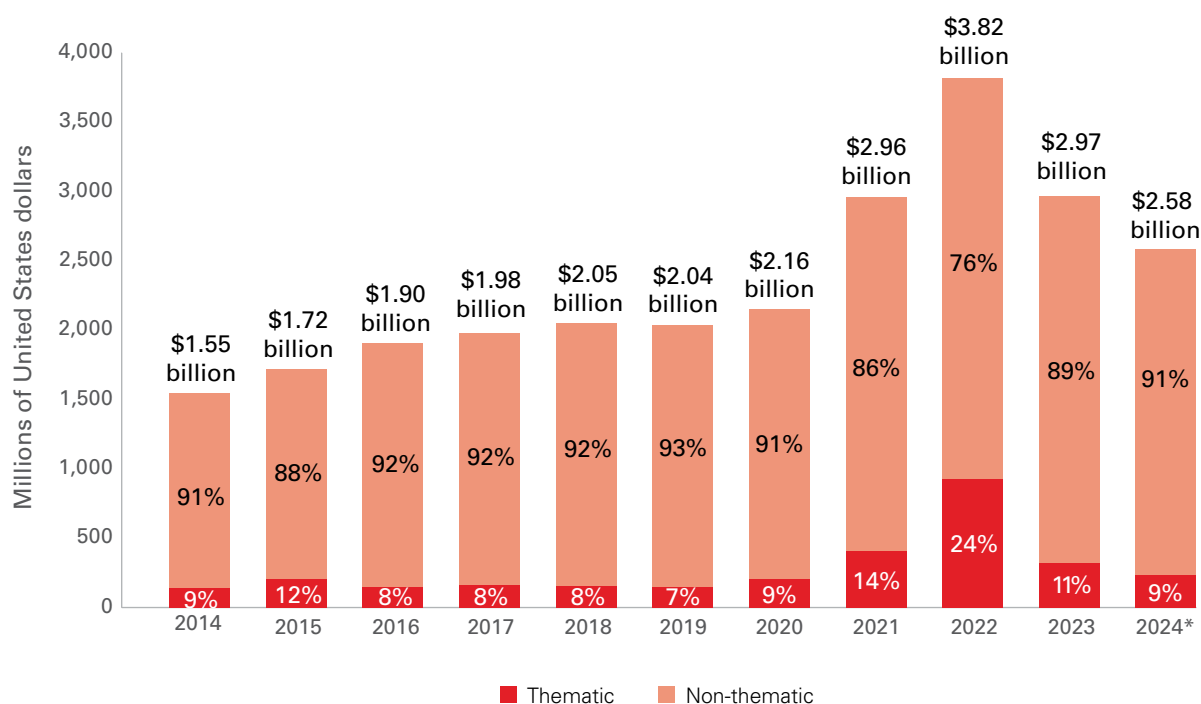
Quality funding for children is declining. Flexible humanitarian thematic contributions (country, regional and global) totaled \$231.5 million in 2024, down from \$319.3 million in 2023, a concerning decrease. Although 38 of 44 active appeals in 2024 received humanitarian thematic funding directly, the vast majority of humanitarian thematic contributions went to a small number of appeals: the appeal for the State of Palestine received 33 per cent of humanitarian thematic contributions, and global humanitarian thematic funding received 32 per cent. Twenty five per cent of all humanitarian thematic funding contributions was directed towards seven other appeals, and the remaining 10 per cent was shared by 30 appeals.

Flexible humanitarian thematic contributions received from **public sector partners** amounted to \$72.8 million in 2024. There was a 17 per cent decrease in humanitarian thematic contributions received from public sector partners

in 2024 compared with 2023, but an increase in the number of public sector resource partners who provided such contributions. The Republic of Korea increased its contributions to the humanitarian thematic pool compared with 2023. And Belgium, Lithuania and San Marino provided humanitarian thematic contributions for the first time.

Private sector partners' humanitarian thematic contributions reached only \$158.8 million in 2024, a 31 per cent decrease compared with 2023. The number of private sector resource partners increased compared with 2023, but their average humanitarian thematic contribution decreased. Contributions to humanitarian thematic funding increased from UNICEF National Committees in the following countries: Austria, Belgium, Canada, Czechia, Ireland, the Republic of Korea, Norway, Slovenia and Switzerland. There was also an increase in humanitarian thematic contributions received through fundraising by UNICEF country offices.

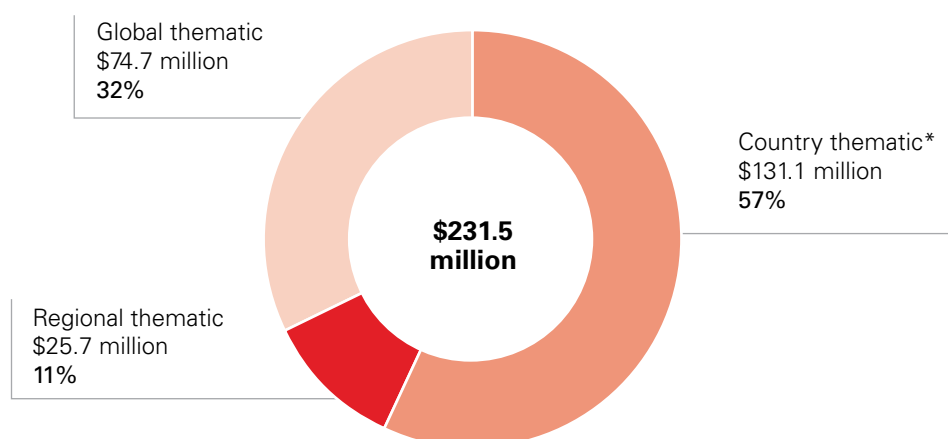
FIGURE A2-3: Contributions to other resources – emergency, 2014–2024, by thematic and non-thematic funding



*2024 thematic funding: Through the Today and Tomorrow Initiative, \$1.93 million was received in insurance payouts to respond to tropical cyclone-induced emergencies in Bangladesh, the Comoros, Fiji, Haiti, Madagascar and Mozambique. This funding was received through the UNICEF National Committees in France (\$226,180); Germany (\$695,046); Ireland (\$218,651); Luxembourg (\$34,710); and the United Kingdom (\$754,966).

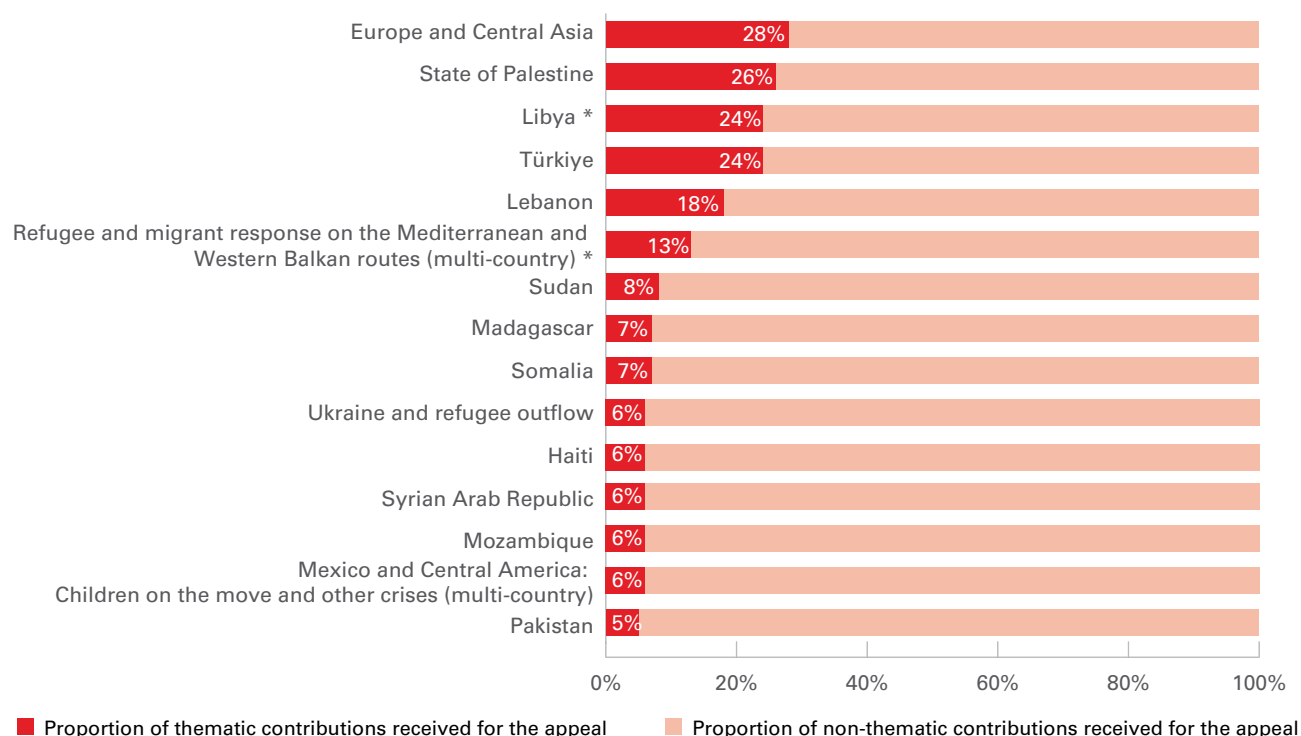
FIGURE A2-4: Humanitarian thematic funding contributions, by designated level (country, regional and global), 2024

Other resources – emergency



*2024 thematic funding: Through the Today and Tomorrow Initiative, \$1.93 million was received in insurance payouts to respond to tropical cyclone-induced emergencies in Bangladesh, the Comoros, Fiji, Haiti, Madagascar and Mozambique. This funding was received through the UNICEF National Committees in France (\$226,180); Germany (\$695,046); Ireland (\$218,651); Luxembourg (\$34,710); and the United Kingdom (\$754,966).

FIGURE A2-5: Appeals with the highest proportion of humanitarian thematic contributions received, 2024 Humanitarian funding, excluding GHTF allocations



*Absorbed into the corresponding regional appeals in 2024. The 2024 contributions received correspond to the cash received for the agreements signed in 2023.

Global humanitarian thematic funding is the most flexible type of humanitarian thematic contribution. This type of funding promotes equity in the humanitarian response by allowing UNICEF to allocate funds where they are most needed. In 2024, UNICEF received \$74.7 million in GHTF, a \$22 million decrease compared with \$96.7 million received in 2023.

Public sector partners provided \$47.1 million, 63 per cent of all GHTF received. This was \$15.7 million less than in 2023. Private sector resource partners contributed \$27.6 million (\$6.3 million less than in 2023) through UNICEF National Committees and private sector fundraising by UNICEF country offices. UNICEF is grateful to the resource partners who continued supporting GHTF in 2024.

Twenty-eight per cent of the GHTF allocations made in 2024 went to support children and families in the emergencies that required additional attention and support.⁹ GHTF allocations are critical for preparedness work led by the regional offices aimed at mitigating the shocks of deteriorating humanitarian situations, disease outbreaks like cholera and dengue and natural hazards (earthquakes, droughts and floods). UNICEF sincerely thanks resource partners that continued providing GHTF in 2024, including Canada, Germany, the Kingdom of the Netherlands and Sweden, and welcomes Belgium, which joined the GHTF donor pool in 2024.

As a Grand Bargain signatory, UNICEF continued to advocate for quality funding for humanitarian action for children – emphasizing the need for multi-year, flexible and unearmarked resources. Such types of funding should become the norm rather than the exception, because quality funding enables faster, more equitable and more effective responses for children in emergencies.

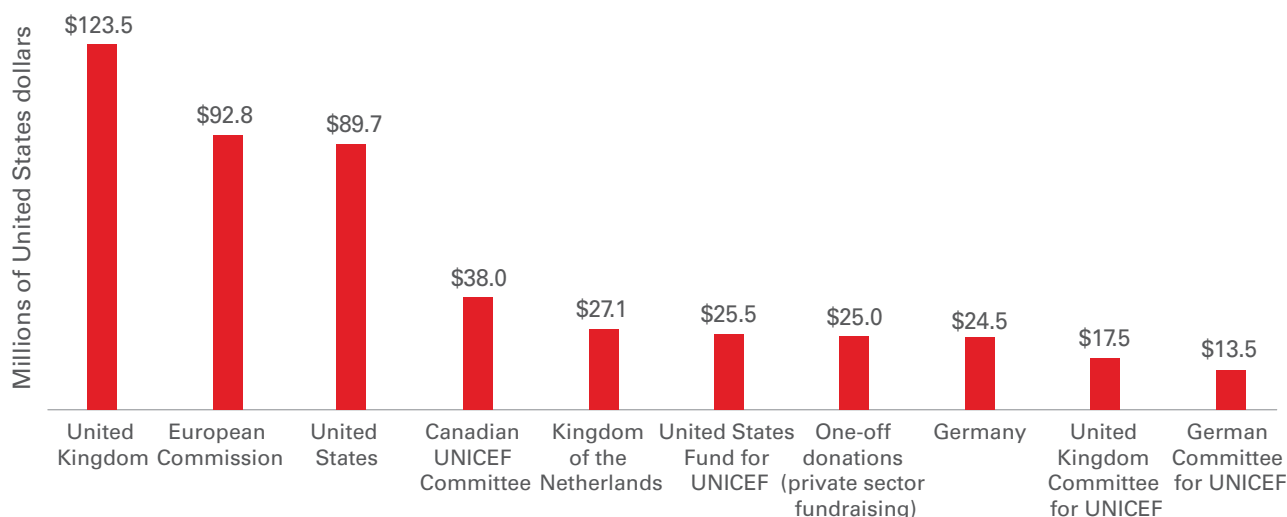
In 2024, UNICEF received **multi-year humanitarian contributions**¹⁰ of \$591.7 million, down from \$698.8 million in 2023. Multi-year contributions from public sector partners increased by 6 per cent compared with 2023, reaching \$415.2 million. Overall, 18 per cent of emergency funding from public sector partners was multi-year, continuing an upswing in the share of public sector funding provided as multi-year funding, thus helping these partners to fulfil their Grand Bargain commitments in this area. The top three resource partners for multi-year funding provided 52 per cent of the all multi-year emergency contributions received – and 74 per cent of multi-year emergency contributions received from public sector resource partners. The increase in multi-year emergency contributions from the United Kingdom and the European Commission is due to the increase in their humanitarian portfolios in 2024. The decrease in multi-year contributions from the private sector (from \$308.5 in 2023 to \$176.5 in 2024) echoes the overall decrease in humanitarian contributions received from private sector resource partners.

UNICEF continues to advocate vigorously for predictable, multi-year funding, and for donors to fulfil their Grand Bargain commitment in this area.

⁹ UNICEF, 13 emergencies that need more attention and support in 2024, online information, 19 December 2023, available at <www.unicef.org/emergencies/13-emergencies-need-more-attention-support-2024>.

¹⁰ In line with the definition of the Organisation for Economic Co-operation and Development, the term ‘multi-year humanitarian funding’ is defined here as funding with a duration of 24 months or more based on the start and end dates of the original formal funding agreement.

FIGURE A2-6: Top 10 resource partners for multi-year contributions, other resources – emergency, 2024



UNICEF and its resource partners share a commitment to localization. **Partnerships, including local partnerships,** have always been and will remain the gateway to fulfilling our mandate for children. Part of the humanitarian system ‘reset’ currently underway (*see main report*) involves even greater emphasis on support for local and national partners. This localization agenda, in line with Grand Bargain commitments made in 2016, is well advanced at UNICEF. In 2024, for example, 48 per cent of the cash the organization transferred to humanitarian partners went to local civil society organizations.

Partnership and coordination with other United Nations organizations is critical to the UNICEF humanitarian response. Through joint programmes and UN-to-UN Transfer Agreements, UNICEF received \$32.3 million in humanitarian contributions in 2024 to support children living through humanitarian crises in Egypt, Equatorial Guinea, Mozambique, Myanmar and Nepal. By joining efforts and mobilizing resources through these partnership modalities, United Nations organizations leverage each other’s expertise and unique reach to assist the most vulnerable children, especially at the sudden onset of emergencies and in crises where the response is underfunded.

Allocations from the **Central Emergency Response Fund** (CERF) to UNICEF totaled \$158.9 million in 2024, making UNICEF the top recipient of CERF funding for the year.¹¹ Allocations through the rapid response window helped kick-start humanitarian responses in, among other places, Bangladesh, the Democratic Republic of the Congo,

Ethiopia, South Sudan and the Sudan. CERF allocations through the underfunded emergencies window sustained responses in Chad, Haiti, Myanmar and the Syrian Arab Republic. Thirty-seven per cent of CERF allocations to UNICEF were earmarked for emergencies caused by drought, flood, storms and cold waves.

CERF projects coordinated at the United Nations Country Team level ensured thorough planning and coordination at the implementation stage to generate maximum results for affected populations, including children. Of UNICEF’s 2024 list of 13 emergencies that required additional attention and support, the CERF rapid response and underfunded emergencies windows provided support to responses in Burkina Faso, Cameroon, the Central African Republic, Chad, the Democratic Republic of the Congo, Ethiopia, Haiti, Myanmar, Somalia, South Sudan and the Sudan. In fact, CERF provided 13 per cent of all humanitarian contributions received by UNICEF for emergency responses in those countries. The CERF contributions were particularly critical for Cameroon (52 per cent of all contributions for the country), Chad (38 per cent), Burkina Faso (37 per cent), the Central African Republic (15 per cent) and Myanmar (15 per cent).

UNICEF’s strategic and operational partnerships with **international financial institutions** are essential to protect children’s rights, meet their basic needs and expand opportunities for them to reach their full potential. In 2024, UNICEF received \$359.7 million, including \$6.1 million in emergency funding, from international

¹¹ Central Emergency Response Fund, Allocations by Agency, online dashboard, available at <<https://cerf.un.org/what-we-do/allocation-by-agency>>.

financial institutions¹² to support continuation of basic social services in countries with Humanitarian Action for Children appeals (compared with \$425.7 million in 2023). These countries include Afghanistan, Bangladesh, Guinea, Haiti, Madagascar, Libya, Papua New Guinea, the State of Palestine and the Sudan. These funds in critical sectors (including education, health and water and sanitation) directly supported UNICEF's mission to deliver impactful, scalable solutions while fostering resilience in fragile contexts.

In 2024, \$270.0 million in core resources, the most flexible type of resource at UNICEF, supported humanitarian programmes. One way core resources contribute to the humanitarian response is via allocations from the UNICEF Emergency Programme Fund loan mechanism, which fast-tracks resources to affected countries within 48 hours of a crisis. In 2024, \$97.4 million in EPF loans was issued to 27 countries, a continuation of the upward trend in the total dollar amount of EPF loans issued to country offices to address the immediate needs of children while awaiting funding from humanitarian resource partners. In 2024, there was an 11 per cent increase in the value of EPF loans released compared with 2023.

Looking ahead: Uncertain funding landscape

With only 31 per cent of 2024 appeal requirements met, many critical responses were left underfunded. Coupled with this, funding earmarking and a drastic decrease in humanitarian thematic funding in 2024 left critical gaps and compounded difficulties in addressing the needs of children equitably.

The funding landscape remains volatile, and levels of risks remain high. By early 2025, significant reductions in funding for humanitarian action threatened to further upend – and even halt – the life-saving care millions of children required to survive emergencies and thrive in their aftermath.

UNICEF strongly urges resource partners to provide flexible, equitable and multi-year funding – quality funding – to enable a swift and principled humanitarian response and strengthen community resilience through preparedness and anticipatory action.

TABLE A2-1: Top 20 other resources – emergency resource partners by contributions received, 2024

Rank	Resource partners	Total (US\$)
1	United States	867,359,796
2	United Kingdom	310,006,605
3	European Commission	247,618,732
4	Central Emergency Response Fund	160,955,648
5	Germany	110,152,948
6	Republic of Korea	88,268,396
7	Japan	80,935,445
8	Sweden	76,109,658
9	Norway	52,014,469
10	United States Fund for UNICEF	43,683,960
11	Canadian UNICEF Committee	40,637,519
12	German Committee for UNICEF	34,700,053
13	Kingdom of the Netherlands	34,223,310
14	Denmark	29,814,209
15	Canada	27,219,074
16	One-off donations (private sector fundraising)	25,000,000

¹² The African Development Bank, the Asian Development Bank, the Inter-American Development Bank, the Islamic Development Bank and the World Bank.

Rank	Resource partners	Total (US\$)
17	United Kingdom Committee for UNICEF	24,472,052
18	Gavi, the Vaccine Alliance	23,162,396
19	France	15,480,767
20	UNICEF Ireland	14,739,647

TABLE A2-2: Top 20 contributions received for humanitarian response in 2024
(other resources - emergency)

Rank	Grant description	Resource partners	Total (US\$)
1	UN Children's Fund's (UNICEF) 2023 Humanitarian Action for Children (HAC) Appeal to address the humanitarian assistance needs for Syrian refugees and host communities in Lebanon	United States	57,296,669
2	Ethiopia crises 2 resilience with UNICEF	United Kingdom	53,613,641
3	Emergency assistance to conflict-affected populations in Ukraine	United States	45,519,396
4	Gaza child cash grants towards strengthening the shock responsiveness of the National Social Protection system (NCTP), Palestinian Territory, Occupied	European Commission	45,145,505
5	Multisectoral famine prevention interventions in Somalia	United States	38,296,602
6	Strengthen mental health and psychosocial support (MHPSS) activities for Ukrainian and vulnerable Moldovan children, adolescents and caregivers, through coordinated, multisectoral community-based services (Part 1) and promoting the psychosocial well-being of vulnerable girls, boys, women and families affected by the war in Ukraine (Part 2)	Germany	35,627,880
7	Response to the current outbreak of mpox in Africa that supports the needs of financially disadvantaged communities affected by this outbreak	Canadian UNICEF Committee	35,000,035
8	Multisectoral health, nutrition, WASH and child protection interventions to optimize health and nutrition outcomes for mothers and children in Yemen	United Kingdom	34,186,999
9	Enhanced delivery and access to basic health, nutrition, school feeding, child protection and WASH services for vulnerable girls and boys and their families, while reducing the spread of COVID-19, and building local capacities and resilience	United States	30,225,888
10	Maintain and strengthen essential health services through ACT-A investments	South Korea, Rep	30,000,000
11	Life-saving nutrition services for the most vulnerable children and mothers in the Sudan	United Kingdom	28,924,960

Rank	Grant description	Resource partners	Total (US\$)
12	Emergency funding for Ukraine crisis – winterization	One-off donations PSFR	25,000,000
13	Emergency nutrition and child protection response in South Sudan	United States	24,879,568
14	Accelerated scale-up of detection and treatment for child wasting in fragile contexts	United States	24,053,855
15	Support to United Nations Children’s Fund (UNICEF) Humanitarian Action for Children (HAC) in Northeast Syria	United Kingdom	23,618,202
16	UNICEF – emergency nutrition support – 2024	Canada	22,794,118
17	UN Children’s Fund’s (UNICEF) 2023 Humanitarian Action for Children (HAC) Appeal to address the humanitarian assistance needs for Syrian refugees and host communities in Jordan	United States	21,788,418
18	Providing in-kind therapeutic nutrition (RUTF) supplies to Yemeni children under 5 years of age to sustain life-saving treatment for severe acute malnutrition (SAM), excluding recovery rate	United States	21,331,998
19	Support the delivery of essential nutrition package of interventions to address the needs of the most vulnerable mothers and children in the Sudan	European Commission	20,674,095
20	UK humanitarian support in Occupied Palestine Territories	United Kingdom	19,894,913

TABLE A2-3: Humanitarian thematic contributions received* by resource partner to humanitarian action, 2024**

Resource partner type	Resource partner	Total (US\$)	Percentage of total
Private sector 68.58%	United States Fund for UNICEF	27,774,543	12.00%
	United Kingdom Committee for UNICEF	20,858,926	9.01%
	Fundraising by UNICEF country offices	18,983,064	8.20%
	UNICEF Ireland	14,199,110	6.13%
	German Committee for UNICEF	14,137,754	6.11%
	Japan Committee for UNICEF	11,677,988	5.04%
	Canadian UNICEF Committee	5,509,866	2.38%
	Committee for UNICEF Switzerland and Liechtenstein	5,485,072	2.37%
	Italian Committee for UNICEF – Foundation Onlus	5,352,606	2.31%
	French Committee for UNICEF	5,339,094	2.31%
	Swedish Committee for UNICEF	4,893,542	2.11%
	Korean Committee for UNICEF	4,545,497	1.96%

Resource partner type	Resource partner	Total (US\$)	Percentage of total
	Danish Foundation for UNICEF	3,257,244	1.41%
	Dutch Committee for UNICEF	2,985,400	1.29%
	Spanish Committee for UNICEF	2,068,229	0.89%
	Portuguese Committee for UNICEF	1,706,503	0.74%
	Finnish Committee for UNICEF	1,575,526	0.68%
	Norwegian Committee for UNICEF	1,373,511	0.59%
	Australian Committee for UNICEF Limited	1,280,961	0.55%
	Luxembourg Committee for UNICEF	1,276,765	0.55%
	Hong Kong Committee for UNICEF	1,212,800	0.52%
	Belgian Committee for UNICEF	871,655	0.38%
	Tetsuko Kuroyanagi	648,004	0.28%
	Polish National Committee for UNICEF	431,618	0.19%
	Austrian Committee for UNICEF	379,675	0.16%
	Slovenia Foundation for UNICEF	272,681	0.12%
	Icelandic National Committee for UNICEF	231,045	0.10%
	Turkish National Committee for UNICEF	221,351	0.10%
	Czech Committee for UNICEF	149,304	0.06%
	UNICEF Hungarian Committee Foundation	68,146	0.03%
	Slovak Foundation for UNICEF	17,544	0.01%
Public sector 31.42%	Denmark	24,006,582	10.37%
	Kingdom of the Netherlands	18,619,934	8.04%
	Germany	17,895,879	7.73%
	Sweden	10,523,401	4.54%
	Republic of Korea	1,500,000	0.65%
	Belgium	64,647	0.03%
	Estonia	53,591	0.02%
	Lithuania	53,476	0.02%
	Canada	27,206	0.01%
	San Marino	10,730	0.00%
	New Zealand	174	0.00%
Total		231,540,641	100.00%

* 2024 thematic funding – Through the Today and Tomorrow Initiative, \$1.93 million was received in insurance payouts to respond to tropical cyclone-induced emergencies in Bangladesh, the Comoros, Fiji, Haiti, Madagascar and Mozambique. This funding was received through the UNICEF National Committees in France (\$226,180); Germany (\$695,046); Ireland (\$218,651); Luxembourg (\$34,710); and the United Kingdom (\$754,966).

** Due to rounding, totals may differ slightly from the sum of the column.

TABLE A2-4: Humanitarian thematic donor pool – contributions received, 2022 – 2024
Public sector humanitarian thematic resource partners (other resources – emergency)

Resource partner	2024	2023	2022
Germany	17,895,879*	31,996,394*	20,682,523*
Denmark	24,006,582	25,124,232*	17,070,559*
Kingdom of the Netherlands	18,619,934*	18,619,934*	21,716,649*
Sweden	10,523,401*	11,050,795*	11,717,546*
Republic of Korea	1,500,000	500,000	1,000,000*
Serbia			1,554,404
Kuwait			1,250,000
Luxembourg			730,282
Iceland			529,581
Canada	27,206*	364,751*	
Liechtenstein			214,592
Estonia	53,591	124,114	36,765
Belgium	64,647*		
Lithuania	53,476		
San Marino	10,730		
New Zealand	174*		
Total	72,755,619	87,780,220	76,502,901

* The amount includes contributions received to GHTE.

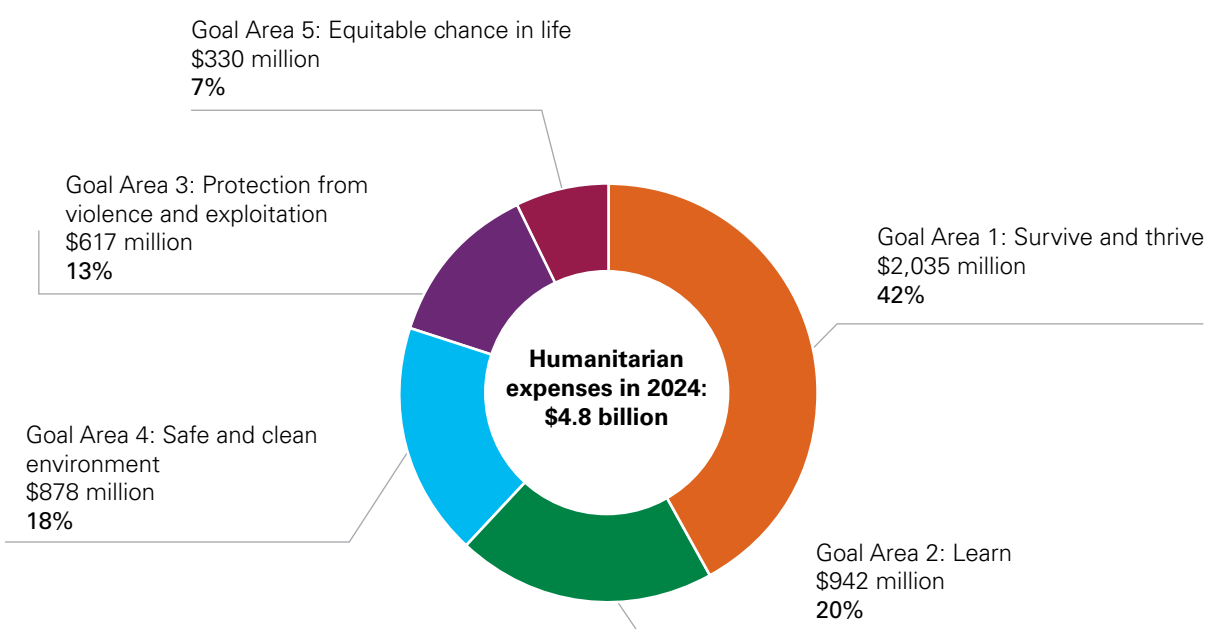
Humanitarian expenses

Humanitarian expenses make up a majority of UNICEF total programme expenses. Between 2019 and 2023, humanitarian expenses increased yearly, surpassing \$5 billion in 2022 and reaching \$5.5 billion (65 per cent of total programme expenses) in 2023. In 2024, however, humanitarian expenses decreased to \$4.8 billion (62 per cent of total programme expenses).

Goal Area 1 (Every child survives and thrives) continued to have the highest share of humanitarian expenses in 2024, 42 per cent of all humanitarian expenses (\$2.04 billion).

This was followed by 20 per cent (\$942 million) for Goal Area 2 (Every child learns), and 18 per cent (\$878 million) for Goal Area 4 (Safe and clean environment) (see Figure A2-7). In 2024, these expenses went towards life-saving vaccinations for children in emergencies (for example, measles vaccinations for 24.7 million children) and to support primary health care delivery in remote, conflict-affected locations. They ensured clean water and sanitation for 41 million people. And these are only a few examples. (See the main report for many additional examples.)

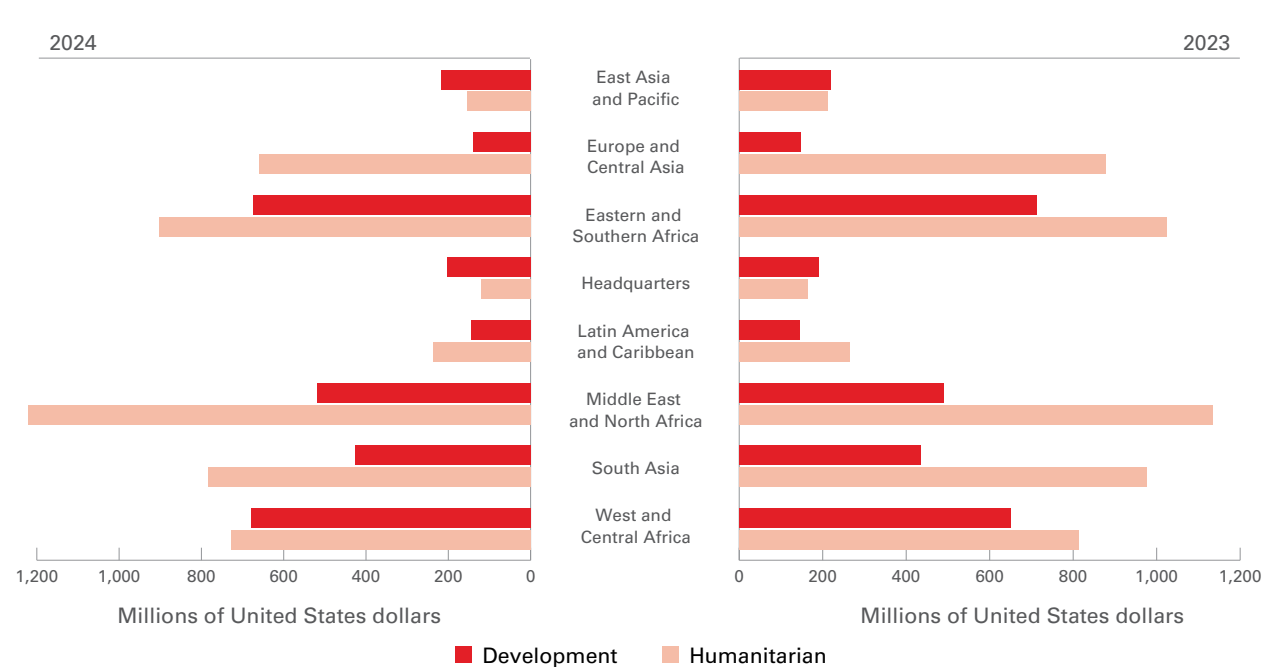
FIGURE A2-7: Humanitarian expenses by goal area, 2024.



For the eighth consecutive year, in 2024, the Middle East and North Africa region had the highest humanitarian expenses of any region (see Figure A2-8). In this region, these humanitarian expenses enabled swift, life-saving responses to a whole spectrum of urgent needs in the State of Palestine, in Lebanon, in the Sudan, in the Syrian Arab Republic, and in other places, with many crises interconnected. The escalation of ongoing conflicts,

along with sudden-onset emergencies, public health emergencies, extreme weather conditions – and the high levels of displacement intertwined with all these crises – meant that levels of humanitarian need remained high through 2024, driving humanitarian expenses in the Europe and Central Asia, Eastern and Southern Africa, South Asia and West and Central Africa regions.

FIGURE A2-8: Humanitarian expenses by region, 2024 and 2023
Millions of United States dollars



Fifteen country offices made up 66 per cent of the humanitarian expenses and 54 per cent of combined humanitarian and development expenses in 2024.¹³

Their humanitarian response requirements are captured in one multi-country appeal¹⁴ and 14 country appeals.¹⁵

¹³ Afghanistan, Bangladesh, the Democratic Republic of the Congo, Ethiopia, Lebanon, Nigeria, the State of Palestine, Mozambique, Somalia, South Sudan, the Sudan, the Syrian Arab Republic, Türkiye, Ukraine and Yemen.

¹⁴ Ukraine and refugee response.

¹⁵ Afghanistan, Bangladesh, the Democratic Republic of the Congo, Ethiopia, Lebanon, Nigeria, the State of Palestine, Mozambique, Somalia, South Sudan, the Sudan, the Syrian Arab Republic, Türkiye and Yemen.

Case studies in resource mobilization

UNICEF emphasized the importance of flexible funding in the humanitarian response to events unfolding in the crises profiled in these case studies. In these examples, and in all other contexts where children and families benefited from GHTF allocations, flexible funding enabled a swift and adaptive response to evolving needs, allowing UNICEF to

allocate resources efficiently and ensure rapid deployment of aid where it was most needed. This approach enhanced UNICEF's ability to respond to unforeseen challenges and shifting circumstances, ensuring that life-saving support helped uphold the rights of children and families.

Case study 1: Extreme weather conditions – UNICEF engaged with multiple funding streams for preparedness and response

Bangladesh: Children and their caregivers in Bangladesh suffered from an intense heat wave in April 2024. Then Cyclone Remal hit the country in May, followed by Typhoon Yagi in September, causing severe floods and landslides in various parts of the country, with the impacts of these disasters lasting through December. The humanitarian response in the wake of these crises was supported by, among other sources, a GHTF allocation to sustain a cross-sectoral response; resources that became available through the activation of the CERF anticipatory action framework; and timely contributions from Germany, Japan and New Zealand, along with contributions from private sector resource partners in Bangladesh and the United States. UNICEF's innovative financing modality, the Today and Tomorrow Initiative, also provided support.

Madagascar: UNICEF pools resources from various partners to use for preparedness and to enable humanitarian response through GHTF allocations focused on preparedness; through CERF anticipatory action contributions; and via innovative financing tools. For example, in Madagascar, funding received through the CERF anticipatory action project in that country was complemented by resources received through UNICEF's innovative financing modality, the Today and Tomorrow Initiative.

Climate-related crises in the Amazon region: The Amazon region is experiencing one of its worst droughts. This has impacted millions of people, especially Indigenous communities. Record-low water levels in many rivers are disrupting transportation and the supply of essential goods and services to remote communities. The drought has also fueled wildfires, increasing people's health risks and limiting their access to water, sanitation and healthcare, which particularly affects vulnerable children. UNICEF engaged with humanitarian resource partners to meet children's immediate and medium-term needs, and with regional branches of international financial institutions to develop a new strategy of intervention for the Amazon.

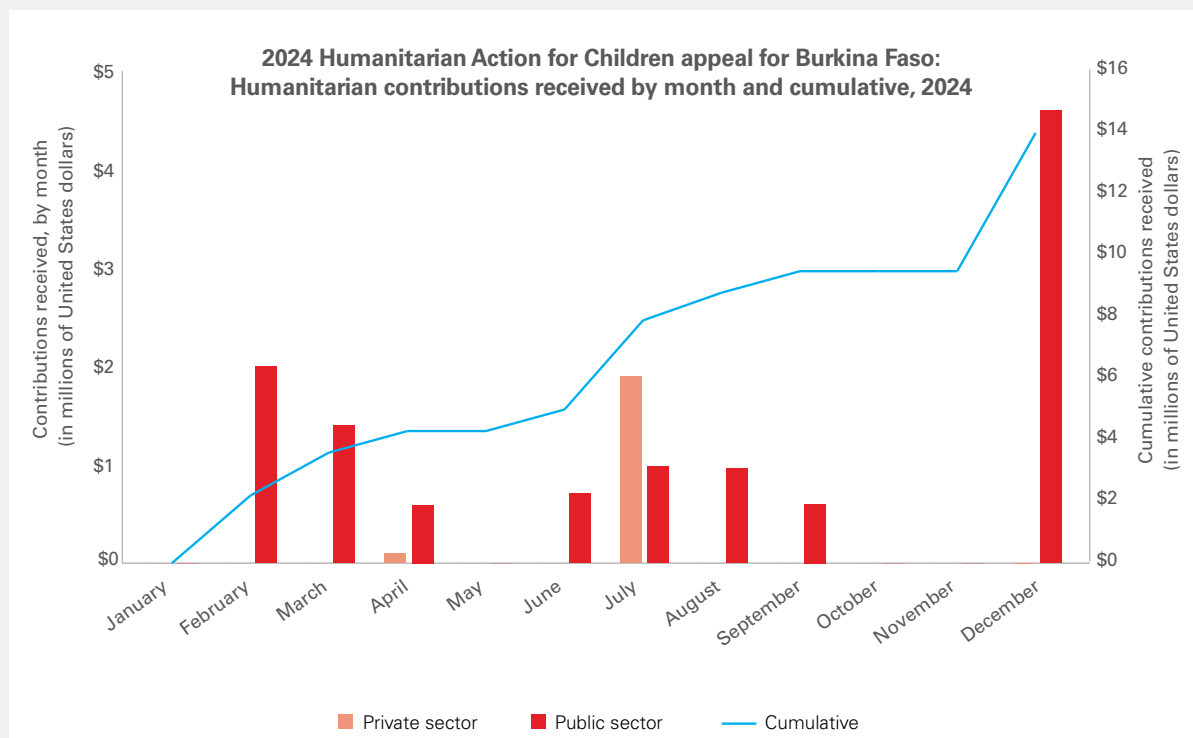
Case study 2: Burkina Faso

Burkina Faso, a landlocked country with an estimated population of 20 million, continues to be affected by a crisis whose hallmarks are armed conflict/insecurity, economic hardship, demographic pressure, political fragility and climate change-related shocks that have worsened since 2019. UNICEF required \$239 million in 2024 to meet the needs of 3 million vulnerable children, adolescents and women and to continue investing in innovative mechanisms that address the short- and long-term vulnerabilities of women and children, with a focus on water, sanitation and hygiene, child protection, education and nutrition interventions.

Burkina Faso is on UNICEF's 2024 list of the crises that required additional attention and support. High dependency on a handful of public sector resource partners for the UNICEF response in Burkina Faso, as well as a concentration of funding from one or two resource partners, poses a significant risk to achieving results for children. Most of the emergency funding received, including from private sector partners, is earmarked. Furthermore, the uneven pace of funding throughout the year made it challenging to secure a cross-sectoral humanitarian response. To mitigate that, UNICEF supported the country office through a GHTF allocation of \$980,000 to address critical gaps in the humanitarian response in the context of multidimensional humanitarian crises that were deeply affecting children.

To complement the country office's humanitarian advocacy and resource mobilization efforts, UNICEF, in partnership with the European Union mission to the United Nations in New York, included Burkina Faso in the discussion series "Children in Crisis: Spotlight on underfunded humanitarian emergencies," which in 2024 focused on central Sahel countries Burkina Faso, Mali and the Niger, along with several other countries and crises. During the High-level Ministerial Donor Conference in Jeddah, Saudi Arabia in October 2024, crises in the Sahel and in the Lake Chad Basin were put in front of global leaders. UNICEF leaders focused the discussion on the needs of children and women. These efforts were complemented by advocacy work with private sector resource partners focused on the underfunded responses and protracted emergencies, including a dedicated advocacy session for the West and Central Africa region designed to expand the private sector donor base.

In December 2024, during the launch of the 2025 Humanitarian Action for Children appeal, UNICEF featured the humanitarian response in Burkina Faso as part of a virtual donor experience, which helped raise attention to this complex crisis.

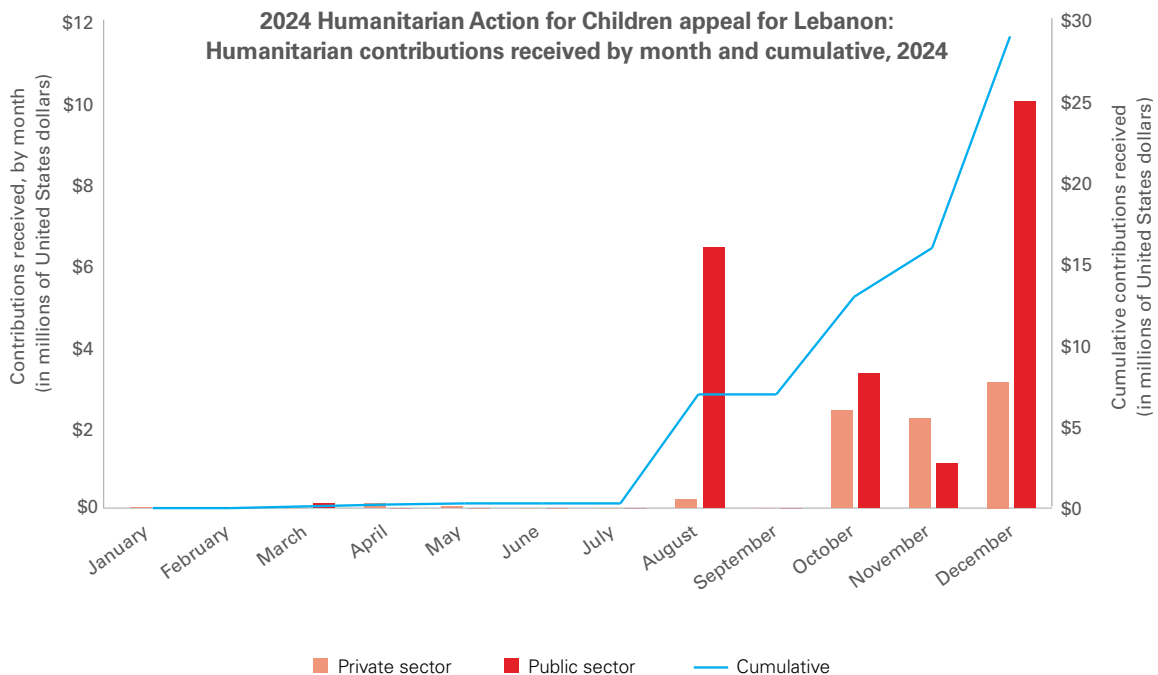


Case study 3: Lebanon

The escalation of the conflict in Lebanon beginning in September 2024 led to widespread displacement and immense suffering among civilians, with more than 1 million people reportedly displaced during the peak of the conflict. Lebanon was already hosting the second-largest population of Syrian refugees of any host country. UNICEF issued a new Humanitarian Action for Children appeal for Lebanon in October 2024 to address the urgent needs of affected children and families.

Pivotal role of private sector partners: With the escalation of the crisis, UNICEF scaled up resource mobilization and fundraising efforts. Private sector resource partner outreach included a series of virtual emergencies briefings organized to highlight the incalculable impact of the conflict on the lives of children across the region. UNICEF also engaged the Lebanese diaspora, particularly business leaders and members of Lebanese associations, to strengthen support for the organization's humanitarian efforts.

Private sector fundraising teams played a critical role by conducting face-to-face engagements during the emergency, successfully raising \$7.9 million in humanitarian contributions. Public sector funding, particularly non-thematic contributions, saw peaks in humanitarian contributions received for the response to this crisis in August and December. UNICEF National Committees secured an additional \$21.3 million.



Annex 3: Humanitarian Data Companion

A. OUTPUT INDICATORS					
Output indicators		Results ¹			
		2021 ² (Baseline)	2022	2023	2024
GOAL AREA 1					
1.1.1	Number of live births delivered in health facilities through UNICEF-supported programmes	813,101	3,507,229*	6,050,589*	8,072,502*
1.1.2	Number of children benefiting from UNICEF-supported integrated management of childhood illnesses services (integrated community case management and/or integrated management of neonatal and childhood illness)	11,524,502	6,980,679	12,520,100	8,677,483
1.1.3	Number of health workers receiving the skills and support for delivering essential maternal, newborn and child health services through UNICEF-supported programmes	55,630	123,156*	204,811*	296,764*
1.1.5	Number of countries in which UNICEF supported a timely response to outbreaks or other public health emergencies	156	142	98	92
1.2.1	Number of children vaccinated against measles through UNICEF-supported programmes	11,993,543	27,214,020	32,380,298	24,666,294
1.8.1	Number of children under 5 years of age who benefit from services for the early detection and treatment of severe wasting and other forms of malnutrition	107,788,915	114,615,051	118,640,783	109,314,785

¹ The 2021–2024 values presented in this Annex reflect results in humanitarian settings across Goal Areas, change strategies and enablers. For the complete set of data reported against the UNICEF 2022–2025 Strategic Plan Results Framework, please refer to the data companion and score card of the Annual report for 2024 of the Executive Director of UNICEF. Due to rounding, figures in this table may differ from those provided in the data companion and scorecard for the Annual report for 2024 of the Executive Director of UNICEF. See also the following note regarding 2021 data. This data companion table reflects humanitarian results only unless otherwise noted.

² With the start of the UNICEF Strategic Plan, 2022–2025, some indicators have changed compared with the previous Strategic Plan. In addition, the methodology for calculating some indicator values has changed. Therefore the 2021 baseline numbers included in this table may not match the 2021 results presented in the humanitarian data companion of the Global Annual Results Report 2021 – Humanitarian Action.

* These figures are cumulative for 2021, 2022, 2023 and 2024.

GOAL AREA 2					
2.1.2	Percentage of countries with a resilient education system that can respond to humanitarian crises	25%	23%	27%	37%
2.1.4	Number of out-of-school children and adolescents who accessed education through UNICEF-supported programmes	31,654,053	50,244,707*	67,941,241*	77,115,132*
2.2.7	Number of children provided with individual learning materials through UNICEF-supported programmes	18,055,467	21,843,120*	27,253,663*	32,079,724*
2.2.10	Number of adolescents and young people who participate in or lead civic engagement initiatives through UNICEF-supported programmes	5,738,184	344,813	975,629	1,762,597
GOAL AREA 3					
3.1.4	Percentage of countries experiencing conflict having a system in place to document, analyse and use data about grave child rights violations/other serious rights violations for prevention and response	62%	52%	68%	81%
3.1.5	Percentage of UNICEF-targeted girls and boys who have exited an armed force or group and who have been provided with protection or reintegration support	59% (12,736)	58% (12,468)	49% (10,941)	70% (16,482)
3.1.6	Percentage of UNICEF-targeted girls and boys in areas affected by landmines and other explosive weapons provided with relevant prevention and/or survivor-assistance interventions ³	4,536,292	4,975,154	3,861,150	3,511,840
3.1.7	Percentage of UNICEF-targeted women, girls and boys in humanitarian contexts provided with risk mitigation, prevention and/or response interventions to address gender-based violence through UNICEF-supported programmes	103% (13,853,928)	86% (8,827,379)	93% (23,061,493)	101% (17,660,654)
3.1.8	Number of children and adults who have access to a safe and accessible channel to report sexual exploitation and abuse by humanitarian, development, protection and/or other personnel who provide assistance to affected populations ⁴	61,214,229	49,242,950	70,329,403	79,527,154
	• In humanitarian settings only	18,885,124	5,903,113	8,760,214	11,442,420
3.2.6	Percentage of UNICEF-targeted unaccompanied and separated girls and boys in humanitarian contexts who were provided with alternative care and/or reunified	123% (179,204)	96% (201,040)	132% (253,628)	58% (124,482)
3.2.7	Number of UNICEF-targeted children, adolescents, parents and caregivers provided with community-based mental health and psychosocial support services	3,663,410	12,587,944	13,123,015	22,293,152

³ While this indicator is measured as a percentage, for the humanitarian value only an absolute number is available.

⁴ This figure covers development and humanitarian settings.

GOAL AREA 3					
3.2.8	Percentage of UNICEF-targeted girls and boys in humanitarian contexts who have received individual case management	79% (738,650)	67% (565,125)	80% (805,608)	79% (657,393)
3.3.1	Number of girls and women who receive prevention and protection services on female genital mutilation through UNICEF-supported programmes	N/A	25,602	135,192	63,970
3.3.2	Number of people engaged through community platforms in reflective dialogue towards eliminating discriminatory social and gender norms and harmful practices that affect girls and women through UNICEF-supported programmes	1,008,281	2,363,504	2,900,581	2,815,561
3.3.3	Number of adolescent girls receiving prevention and care interventions to address child marriage through UNICEF-supported programmes	473,823	232,499	365,128	245,227
GOAL AREA 4					
4.1.1	Number of people reached with at least basic sanitation services through UNICEF-supported programmes	-	4,043,404	8,197,746*	12,162,057*
4.1.2	Number of people reached with at least basic water that is safe and available when needed, through UNICEF-supported programmes	-	6,872,082	23,427,669*	38,542,920*
4.1.3	Number of people reached with at least basic hygiene services, through UNICEF-supported programmes	-	12,726,738	24,061,440*	33,032,866*
4.1.4	Number of schools reached with basic WASH services, through UNICEF-supported programmes	-	26,385	29,245*	33,707*
4.1.5	Number of health-care facilities reached with basic WASH services, through UNICEF-supported programmes	-	8,868	10,541*	12,564*
4.1.6	Number of women and adolescent girls reached whose menstrual health and hygiene needs are addressed through UNICEF-supported programmes	-	3,671,600	6,477,677	10,217,949
4.1.7	Number of people in humanitarian contexts reached with appropriate drinking water services, through UNICEF-supported programmes	33,271,891	39,404,612	42,452,830	41,014,300
4.1.8	Number of people in humanitarian contexts reached with appropriate sanitation services, through UNICEF-supported programmes	8,384,636	9,247,390	10,956,228	9,413,629
4.2.5	Number of countries integrating a humanitarian–development–peace nexus approach on WASH programming through the participation of affected populations	13	16	18	22

GOAL AREA 4					
4.3.1	Number of countries implementing child-sensitive programmes that enhance the climate and disaster resilience of children, reduce environmental degradation and promote low carbon development and environmental sustainability, with UNICEF support	37	69	68	119
4.3.2	Number of countries engaging children, adolescents and young people in action and advocacy to address climate change, unsustainable energy use and/or environmental degradation, with UNICEF support	50	68	78	102
4.3.3	Number of countries in which UNICEF supported the updating of government frameworks for preparedness and/or early/anticipatory action to be child-sensitive at the national and local levels ⁵	60			104
GOAL AREA 5					
5.2.4	Number of countries with social protection systems, including cash transfer capacities, that are able to effectively and rapidly respond to humanitarian crises	17	18	22	26
5.2.6	Number of households reached with UNICEF-supported humanitarian cash transfers	2,657,220	2,846,605	2,866,350	3,605,479

⁵ As part of the revised Integrated Results and Resources Framework of the UNICEF Strategic Plan, 2022–2025 (E/ICEF/2024/11/Add.1), this indicator was revised to reflect its cumulative nature and include questions relevant to measure the progress in the area of disaster risk reduction (DRR), as well as connected with the Sustainability and Climate Action Plan first area of acceleration (DRR and preparation).

B. KEY PERFORMANCE INDICATORS					
Indicator		2021	2022	2023	2024
HOWS ⁶					
	Percentage of country offices that meet organizational benchmarks on:				
H8.2	(a) Updated preparedness plan	(a) 85%	(a) 93%	(a) 95%	(a) 98%
	(b) Risk-informed programming	(b) 51%	(b) 58%	(b) 61%	(b) 69%
	(c) Conflict-sensitive programming	(c) 27%	(c) 23%	(c) 24%	(c) 35%
	(d) Contributions to social cohesion and peace	(d) 29%	(d) 29%	(d) 30%	(d) 36%
	(e) Accountability to affected populations	(e) 23%	(e) 37%	(e) 50%	(e) 62%
H8.3	Percentage of humanitarian funding provided to local and national actors	30%	39%	43%	48%
	Percentage of countries in which UNICEF-led cluster/sector coordination mechanisms meet satisfactory performance for established functions:				
H8.4	(a) Nutrition	(a) 90%	(a) 81%	(a) 85%	(a) 83%
	(b) Education	(b) 100%	(b) 93%	(b) 88%	(b) 96%
	(c) WASH	(c) 86%	(c) 85%	(c) 85%	(c) 83%
	(d) Child protection (area of responsibility)	(d) 87%	(d) 81%	(d) 77%	(d) 83%
H8.5	Percentage of countries providing disability-inclusive humanitarian programmes and services	55%	65%	75%	70%

⁶ A “how” indicator is defined as a change strategy necessary for the achievement of a result.

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