



Save the Children

# HUMANITARIAN PLAN 2021



Photo: Hugh Kinsella Cunningham / Save the Children

**CHILDREN CANNOT WAIT**

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## FOREWORD

At the start of 2020, nobody could have foreseen that we would experience a global pandemic, which has fundamentally changed the world at a ferocious pace. Some 30 years after the Convention on the Rights of the Child was endorsed by almost all states, COVID-19 has put decades of progress for the world's most vulnerable children at risk. We must now move quickly in 2021 to ensure these setbacks are not permanent for a generation of the world's children.

The UN estimates that at the beginning of 2020, nearly 170 million people needed humanitarian assistance globally. In 2021, this is expected to increase to 235 million. A 40% increase in the number of people in need for humanitarian assistance is truly shocking, and it demands urgent action. Half the disaster-affected population will be children. This will have a dramatic impact on a whole generation of children, with profound immediate and long-term implications for children's rights, which is why I am proud to release this humanitarian plan for 2021, outlining Save the Children's four-pillar approach to upholding children's rights in our response to humanitarian crises.

In the midst of a real and severe public health crisis, we must not forget that for the first time in recent history, children around the globe are also facing an education emergency. Despite huge efforts to launch distance learning, we know that the most vulnerable children are being left behind.

Meanwhile, decades of hard-won progress to save children's lives from entirely preventable diseases and malnutrition, now hangs in the balance. With potentially catastrophic impacts on child mortality in the years ahead, we must act to meet children's survival needs at a global scale, with the utmost urgency.

In food crises and in conflict zones, children are always the most vulnerable – without enough nutritious food, they run a high risk of becoming malnourished. One of our biggest concerns for

2021 is acute food insecurity in many countries, and the deep impact this will have on children's lives. Children under the age of five, in particular, will die if we fail to mobilise expertise, resources and a collective will to act now. We have seen first-hand what happens when we delay our collective response to clear warning signs of food shortages and the risk of famine.

Beyond the health, nutrition and education impacts, the COVID-19 pandemic has pushed millions of children and their communities into deep poverty. Parents tell us they are cutting back on their own meals to make sure that their children eat, and many children are having to work to support their families.

We know that if we act now, we can protect children from immediate risks to their survival and support their recovery from this crisis. That is why we are launching a US\$ 769 million plan to reach 15.7 million people including 9.4 million children in 37 countries, in response to the biggest threat to children's rights in living memory. We need to act now to uphold and protect children's rights in humanitarian crises, and we will do so in partnership and solidarity with civil society organisations, NGOs and UN agencies.

**Children cannot wait.**

**Inger Ashing**

Chief Executive Officer,  
Save the Children International



## EXECUTIVE SUMMARY

Conflict, food insecurity, climate change and the ongoing impact of COVID-19 on essential services, together represent an unprecedented threat to children's rights in the year ahead. In 2021, 235 million people will be in need of humanitarian assistance globally.<sup>1</sup> This is a 40% increase in the population in need of assistance, as a result of the wide-ranging impact of COVID-19 on education, health and nutrition, livelihoods and protection.<sup>2</sup>

Acute food insecurity, already at a record global high prior to the COVID-19 pandemic, is rising due to the impact of the pandemic on food production and distribution, as well as substantial reductions in household income and disruption in remittance flows. According to the United Nations Office for the Coordination of Humanitarian Affairs (OCHA), conflict will be the main driver of acute hunger for 77 million people in 22 countries and the number of acutely food insecure people could be 270 million by the end of 2020.<sup>3</sup> Unless the right combination of advanced preparedness, early action, and humanitarian and recovery assistance is implemented quickly and at scale, food insecurity will grow exponentially and children will be further exposed to increased risk of morbidity and mortality.

In October 2020, Save the Children initiated response planning in 37 countries to assess children's needs and prepare a global humanitarian response plan. At country level, Save the Children engaged in the cluster-led planning process and submitted projects that target children and communities in four sectors: child survival and health; access to education; child protection; and resilience and financial safety nets for children and families, including food security and livelihoods.

Needs analysis indicates an increase in gender-based violence and mental health and psychosocial needs, arising from prolonged disruption of education and increased pressure on family and communities. In line with this, Save the Children will mainstream mental health and psychosocial support (MHPSS) and gender equality interventions in all four sectoral response areas.

**In 2021, Save the Children aims to respond to the humanitarian needs of 15.7 million people including 9.4 million children. The total cost for Save the Children's multi-sectoral response to children's needs is US\$ 769 million.**

Save the Children is committed to applying a rights-based approach to humanitarian action, in line with international human rights and humanitarian law, including the UN Convention on the Rights of the Child. Our response is designed to directly support and advocate for children's right to survive, learn and be protected, and will be delivered through a multi-sectoral response to children's needs arising from the wide-ranging impacts of COVID-19 on children's rights.

At a global level, Save the Children's Humanitarian Plan for 2021 will direct technical expertise, surge capacity and flexible funding in response to identified needs and early warning information. Flexible and unrestricted funding will be managed by Save the Children's Humanitarian Fund, disbursed in line with needs and, where required, targeted to support emergency preparedness, early action, and under-prioritised sectors and crises.

REGION	FINANCIAL REQUIREMENTS				TARGET REACH		
	PILLAR 1 CHILD SURVIVAL	PILLAR 2 ACCESS TO EDUCATION	PILLAR 3 CHILD PROTECTION	PILLAR 4 AVOID NEGATIVE COPING MECHANISM	TOTAL	TARGET TOTAL REACH	TARGET CHILDREN REACH
Asia	\$21,190,153	\$17,746,634	\$12,814,661	\$19,475,000	\$71,226,448	2,048,250	1,433,037
East and Southern Africa	\$96,665,860	\$95,851,311	\$34,098,959	\$76,119,229	\$302,735,359	6,311,281	3,602,342
Latin America and Caribbean	\$15,225,582	\$10,767,111	\$12,588,122	\$39,066,254	\$101,044,069*	1,447,851	742,876
Middle East and Eastern Europe	\$55,014,420	\$39,907,621	\$42,803,195	\$57,132,708	\$194,857,944	2,311,589	1,394,194
West and Central Africa	\$36,477,458	\$24,099,311	\$12,889,826	\$25,873,462	\$99,340,057	3,583,800	2,211,719
<b>Total</b>	<b>\$224,573,473</b>	<b>\$188,371,988</b>	<b>\$115,194,763</b>	<b>\$217,666,653</b>	<b>\$769,203,877*</b>	<b>15,702,770</b>	<b>9,384,167</b>

\* Financial requirements for Guatemala, Honduras, Nicaragua and Latin America and Caribbean Regional Office have not been attributed to pillars, so the total is greater than the sum of the four pillars.

Please see Annex 1 for a detailed breakdown of financial requirements by country.



Dara\* and Asma\* inside the damaged house where their family took shelter

## COUNTRIES INCLUDED IN SAVE THE CHILDREN'S 2021 HUMANITARIAN RESPONSE PLAN

### GLOBAL HUMANITARIAN RESPONSE PRINCIPLES

1. **Prepare** and strengthen the capacity of country teams to respond.
2. **Uphold humanitarian principles** and respond in line with the Core Humanitarian Standard, Sphere standards and our global commitment to the Grand Bargain.
3. **Listen, learn, innovate and respond with agility** to deliver flexible programming, operations and advocacy.
4. **Safeguard children, adults and staff** from sexual exploitation, abuse and other risks and uphold our duty of care.
5. **Be accountable to affected populations** by building trusting and collaborative relationships with children and their communities through information sharing, participation, feedback and increased responsiveness.
6. **Partner with local and national actors** and, where requested, support them to access capacity-strengthening and appropriate financing.
7. **Promote participation of children, their families and communities** to ensure that our response is appropriate, timely and relevant to their needs. Support children to take action, advocate and influence decision-making at local, national and international levels.
8. **Coordinate our response** with national governments, local and international actors, including other Cluster Leads and partners in the Inter-Agency Standing Committee and the cluster system to maximise the coverage, quality and efficiency of our work.
9. **Place the protection of crisis-affected children** at the centre of our responses, ensuring that we are identifying and responding to grave and serious violations of children's rights through programmes and advocacy.
10. **Design and deliver integrated programmatic responses**, to respond to children's needs and vulnerabilities with particular attention to specific needs related to gender, age and disability.



## AT A GLANCE: CHILDREN'S NEEDS AND VULNERABILITIES IN HUMANITARIAN CONTEXTS

Half of the world's disaster-affected population are children.<sup>4</sup> Before the pandemic, conflict, climate change and acute food insecurity already posed a triple-threat to children's rights in countries that were experiencing protracted humanitarian crisis.

Since 2005, more than 250,000 grave violations against children have been verified in the UN's annual reports on the situation of children in armed conflict.<sup>5</sup> Of these, 106,000 (42%) related to the killing and maiming of children.<sup>6</sup>

Prior to COVID-19, 75 million children across the world's crisis and conflict-affected countries urgently required support to access a good quality education.<sup>7</sup> Girls' access to education is disproportionately affected by conflict. Worldwide, in countries affected by conflict, girls are 2.5 times more likely than boys to be out of school.<sup>8</sup> Adolescent girls in conflict zones are 90% more likely to be out of school than girls in non-conflict settings, making them more susceptible to early and forced marriage as families struggle to address protection concerns, food insecurity, and the pressures of displacement.<sup>9</sup> According to analysis conducted by the Global Coalition to Prevent Education from Attack (GCPEA), two-thirds of the attacks on education between 2015 and 2019 were direct attacks on schools. The direct attacks on schools – numbering some 7,300 incidents – included intended or actual use of force by armed forces, law enforcement, other state security entities and non-state armed groups on school infrastructure. **These included arson**, use of improvised explosive devices (IEDs), airstrikes, ground strikes, raids and looting.<sup>10</sup>

Before the pandemic unfolded, child mortality studies indicate that the mortality rates following humanitarian crises may be elevated up to 20 times the pre-crisis baseline.<sup>11</sup> Vaccine-preventable and other epidemic-prone diseases including measles, polio, cholera, pneumonia, yellow fever and diphtheria are common causes of morbidity and mortality in populations affected by humanitarian emergencies.<sup>12</sup> Diarrheal infections, malaria and acute respiratory infections including pneumonia are among the main causes of morbidity and mortality in children under the age of five that we serve. More than 5 million children under 5 years of age face the threats of cholera and acute watery diarrhoea.<sup>13</sup>

Girls and women in humanitarian settings consistently face barriers to accessing, benefiting from, and influencing services and activities. Across all contexts, they are at heightened risk of gender-based violence (GBV) including child, early and forced marriage (CEFM), sexual violence, and sexual exploitation and abuse. Adolescent girls are also frequently deprived from accessing necessities such as healthcare; 425,000 girls aged 0–14 die each year in sub-Saharan Africa because they are denied the same healthcare as boys.<sup>14</sup> Six in 10 maternal deaths worldwide occur in fragile states<sup>15</sup>, many of them affected by conflict and recurrent natural disasters. Increased incidents of sexual violence and child marriage also increase risks of life-threatening adolescent pregnancy, at a time when sexual and reproductive health services and information are often under-prioritised or inaccessible.

## THE IMPACT OF COVID-19 ON CHILDREN'S RIGHTS

The knock-on effects of the COVID-19 pandemic threaten to undermine decades of progress on children's rights and the root causes of child poverty. Analysis by Save the Children and UNICEF projects that the number of children living in monetarily poor households across low – and middle-income countries could increase globally by 11 – 15%, or by 63 – 86 million children, by the end of 2020.<sup>16</sup> This unprecedented socio-economic crisis has already rapidly exacerbated the root causes of some of the biggest threats to child survival and wellbeing – such as hunger and reduced access to health, education and protection services.

### PARTICIPATORY RESEARCH ON THE IMPACT OF COVID-19 ON CHILDREN'S RIGHTS

In June 2020, Save the Children launched a [global research study](#) to generate rigorous evidence on how the COVID-19 pandemic and the measures to mitigate it are affecting children's health, nutrition, learning, wellbeing, protection, family finances and poverty; and to identify children's and their families' needs during these times.

The research captured [children's and their caregiver's views](#) on the pandemic and recommendations for leaders.<sup>17</sup> It was conducted in 46 countries and has resulted in the largest and most comprehensive survey of children and families during the COVID-19 crisis to date, with 31,683 parents and caregivers and 13,477 children aged between 11 – 17 participating. The research sampled three distinct population groups including Save the Children programme participants, specific population groups of concern to Save the Children, and the general public.<sup>18</sup> A representative sample of Save the Children programme participants with telephone numbers or email addresses was obtained in 37 countries.<sup>19</sup> Purposive samples of specific population groups that Save the Children work with, for example people living in camps for displaced persons or urban slums, were obtained in some countries. Additionally, a convenience sample of the general public was obtained.

The research explored differences in the impacts of the pandemic and the needs of children by region, age, gender, disability, minority group, indicators of poverty and more.

## Children's right to health and nutrition

Access to quality health, nutrition and WASH services are essential to prevent high levels of both child morbidity and mortality in humanitarian contexts. COVID-19 has disrupted the ability of health systems to administer both routine and life-saving services, including child immunisation; prevention and management of childhood disease; maternal, newborn and reproductive health services; and infant and young child feeding services. In April 2020, initial forecasts estimated that the coverage of essential medical services could be reduced by between 15 – 45% over a six-month period, resulting in a 10 – 45% increase in child mortality rates.<sup>20</sup>

In research conducted by Save the Children, 89% of parents and caregivers reported that their household's access to healthcare, medicine, medical supplies or items that are needed to stay healthy, had been affected due to disruption attributed to the pandemic.<sup>21</sup> Disruption of maternal and reproductive health services results in dire impacts for women and girls.<sup>22</sup> Reduced access to antenatal care services, delivery and postnatal care services for pregnant women, as well as changes in care-seeking patterns, have led to an increase in the number of stillbirths in some countries during COVID-19 lockdowns. This may also affect access to postnatal care counselling, including breastfeeding support and counselling.<sup>23</sup>

Furthermore, the COVID-19 pandemic has had a profound effect on global immunisation and control of vaccine-preventable diseases. In 2020, we have observed disruption to both routine immunisation services and immunisation campaigns, attributable to supply and demand issues linked to the pandemic. A top-level longitudinal survey from Save the Children's country offices highlighted that 65% of countries reported the cessation of immunisation campaign activities in June 2020. By October 2020, the situation had improved with country-level reports indicating that only 8% of campaigns had ceased. However, disruption continues, with 65% of country-based respondents still reporting a reduction in immunisation campaign services.

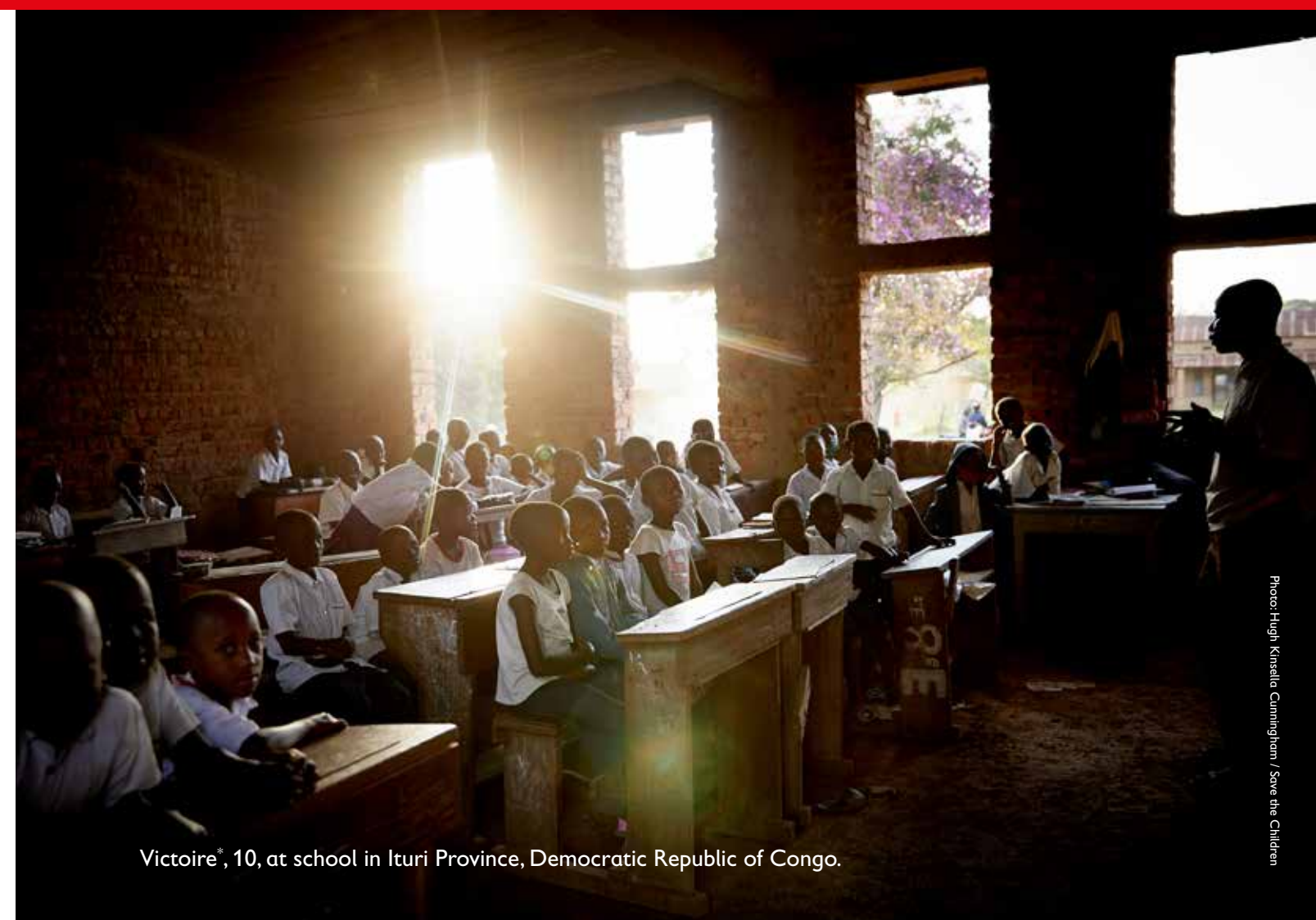
Health products are, in some cases, unavailable due to stock-outs and disruptions to supply chains and this has created further challenges to the control of vaccine-preventable and other epidemic-prone diseases. Fear and mistrust of healthcare workers, services and vaccination remain underlining issues that affect uptake of vaccines among some communities. In addition, the reduction in existing epidemiological capability – including compromised surveillance and reporting, reductions in clinical capacity due to staff being re-deployed for COVID-19 response, and disruption to WASH programming – threatens to undermine the progress made to reduce vaccine-preventable and other epidemic-prone diseases.



Photo: Sonali Chakma / Save the Children

*"I did not go out of the house as I was afraid of coronavirus. And because of that [my daughter] became more malnourished day by day. I became afraid as she was becoming sicker. Then I realised how important the vaccinations are. The children will be safe from diseases like measles, and many others."*<sup>24</sup>

**Modina,\* Cox's Bazar, Bangladesh**



Victoire\*, 10, at school in Ituri Province, Democratic Republic of Congo.

Photo: Hugh Kinsella Cunningham / Save the Children

As a result of technical guidance that advised the suspension of nutrition surveys, to support wider efforts to mitigate the risk of COVID-19 transmission, there is limited data on nutrition from the majority of country operations. To address the data gap and inform programme adaptation, Save the Children included targeted questions in our Global Research Study to assess the impact of the pandemic on households' access to nutritious food.<sup>25</sup> Almost two-thirds of parents and caregivers (63%) reported barriers to accessing meat, dairy products, grains, fruit and vegetables for reasons ranging from cost (52%) to availability at market (15%). Furthermore, barriers to accessing meat, dairy products, grains, fruit and vegetables were reported at higher rates for: parents with disability (77%) compared to those without disability (62%); urban households (75%) compared to rural households (57%); households that reported losing more than half of their income during the

COVID-19 pandemic (70%) compared to those that did not (54%).<sup>26</sup> Many children also rely on school meal programmes that were suspended due to widespread school closures.

## Children's right to education

Children in humanitarian contexts are experiencing a direct threat to their right to education due to widespread school closures and disruption to education services that are essential for quality learning. At the height of the lockdowns, nearly 1.6 billion learners had their education disrupted.<sup>27</sup> Almost 24 million children, adolescents and young people are at risk of not returning to school in 2020.<sup>28</sup>

Between April and May 2020, Save the Children conducted needs assessments in 16 countries with more than 3,700 children and 20,000 caregivers, and a sample size of between 100





Photo: Sophie Hamandishe / Save the Children

*“Coronavirus changed my life because I can’t go to school anymore or play with my friends like I used to. I really wish coronavirus would end because I want to learn and see the friends I play with at break time.”*

**Bradley\* (10) from Zimbabwe**

and 400 respondents in each country. Most of the education-related findings highlighted the impact of school closures; how children spend their time outside of the formal school environment; and their experience of distance learning.<sup>29</sup> Access to distance learning ranged from just 6% to 81%. In the majority of countries, 40 – 50% of young people covered by these assessments were not accessing any kind of education whilst schools were closed.<sup>30</sup> Access to the internet and hardware varied according to contexts, communities and households.<sup>31</sup>

Many governments had introduced distance learning via television and online platforms. However, in every country this had excluded some children – particularly marginalised children and those living in crisis-affected areas – who lacked access to the required technology. As a result, learning losses will already be substantial. It is estimated that the equivalent of 60% of a school year’s learning was lost as a result of four months of school closures.<sup>32</sup> Furthermore, the lack of support provided to teachers on how to adapt their lessons for distance learning resulted in many children being unclear about expectations and unable to complete their assignments.

Many respondents identified an increase in domestic responsibilities for children because of school closures, which disproportionately impacted girls, with some countries also highlighting that the burden of supporting children’s home-based learning often falls on women.<sup>33</sup> There was also evidence of boys spending more time outside of the house than girls, in order to find work. Finally, the lack of learning and recreational material at household level – including textbooks, workbooks and stationery – emerged as a common theme and one of the top requests from children and families.<sup>34</sup>

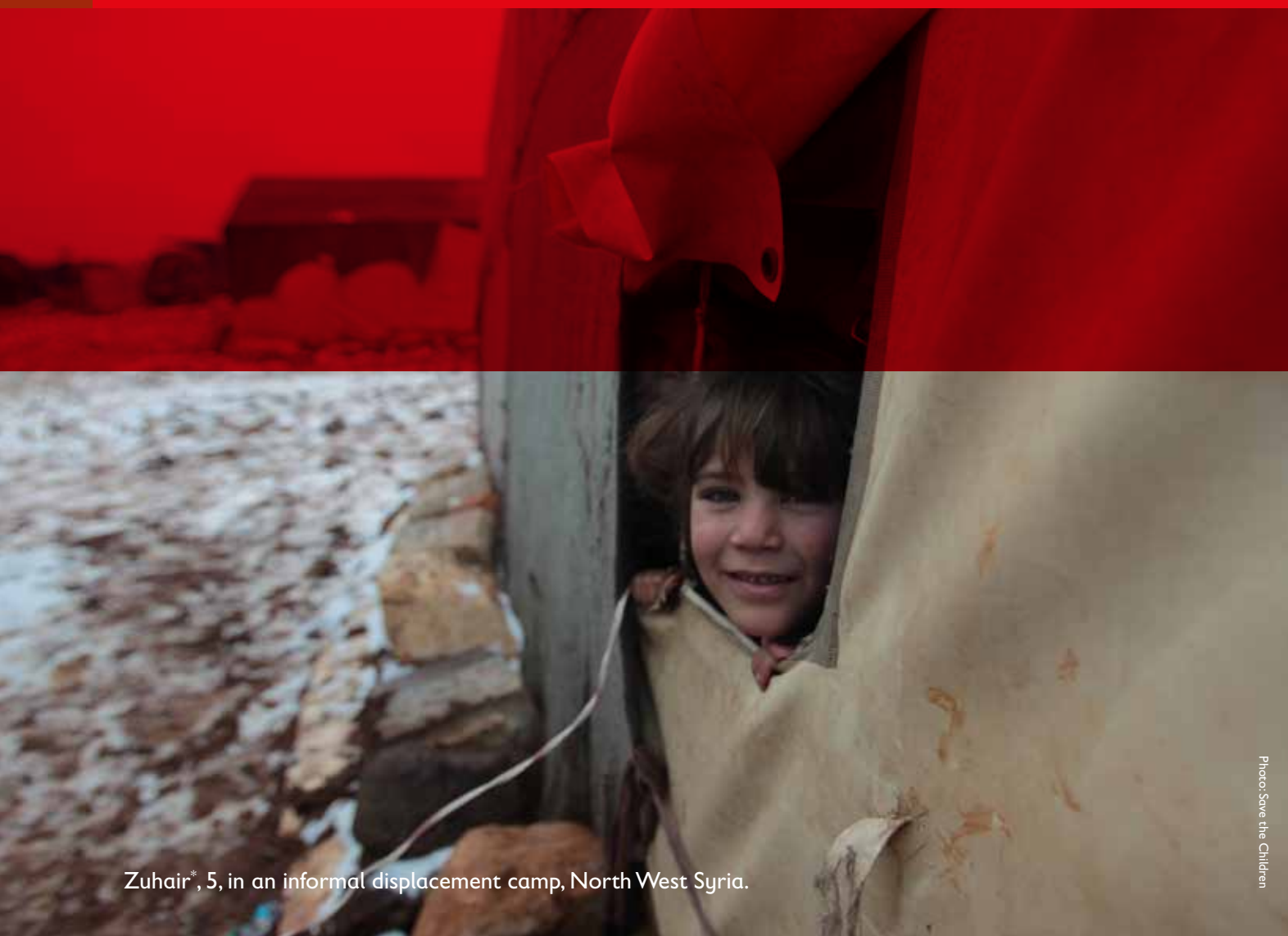
While school systems have partially or fully re-opened in many countries, new and future closures – on top of the closure of almost all learning spaces – mean that children have also been unable to access the support and services that are delivered through education programming. Reduced or complete loss of access to education profoundly undermines the protective environment for children and exposes some children to an increased risk of child labour, violence in the home and psychosocial stress. It also makes it harder to identify and refer children to targeted or specialised support services. These inter-connected needs require an integrated analysis and response approach, coupled with inter-sector coordination to address the impacts of school closures on children.



### Syria

At least one girl and nine other civilians were killed on the 25th February during the shelling of ten schools, as the latest escalation in conflict continues.





Zuhair\*, 5, in an informal displacement camp, North West Syria.

Photo: Save the Children

## Children's right to protection

The impact of COVID-19 on social cohesion, stigmatisation of vulnerable groups, deterioration of household finances, and lack of access to education has increased children's vulnerability to violence, abuse, exploitation and neglect.

As a result of social distancing measures including school closures, children have reduced contact with trusted adults outside the home and are less likely to be able to seek the support that they may need to keep themselves safe. The impact of loss of livelihoods exacerbates pre-existing mental health issues and disrupts social supports, fuelling the drivers of intimate partner violence and child abuse within the home.<sup>35</sup> It is estimated that child labour will increase by 14% by the end of 2020. Several operations have already reported that child labour is increasing and in August 2020<sup>36</sup>, 17 Protection Clusters<sup>37</sup> reported an increase in forced labour.<sup>38</sup>

By August 2020, 21 out of 26 Protection Clusters reported escalating conflict or political instability since the outbreak of COVID-19.<sup>39</sup> This included a 30% increase in the targeting of civilians by state forces and a marked rise in violent activity from non-state armed actors, with a 70% increase in East and West Africa, particularly in the Democratic Republic of Congo, Burkina Faso and South Sudan. Protection Clusters also reported an 11% increase in gang and mob violence in several countries since the start of the pandemic.<sup>40</sup> Children in particular are victims of increasing violence and instability, and these trends are of continuing concern. By November 2020, 25 out of 28 operations reported an increase in violence against children.<sup>41</sup>

Children who are living outside of family care continue to face multiple protection risks. Nineteen out of 29 Protection Clusters have identified an



Photo: GCCU / Save the Children

*“My siblings are young and my father was killed by an airstrike, so I decided to work, so I can at least afford to buy them a bag of bread. They tell me to get the hammer and make them tea”*

**Imran\* (7) from Idlib**

increase in family separation. In South Sudan, family tracing and reunification for unaccompanied and separated children has been halted because of movement restrictions and loss of funding, leaving multiple children in interim care, including 99 children recently released from armed groups into care in Juba.<sup>42</sup> As children lose caregivers to illness and death, and extended family and community members become less willing to provide care for children who may be perceived as spreading infection, increasing numbers of children are moving onto the streets or into overcrowded care centres.

Children who have parents with disabilities or have disabilities themselves also face increased barriers to protection. In some care centres children are not being allowed to leave, while others are rapidly closing down, leaving many children at risk with no safe place to go.<sup>43</sup> Similarly, children deprived of their liberty are at greater risk of transmission of COVID-19 and are likely to experience deteriorating standards of care, further undermined by a reduction in humanitarian access and support.<sup>44</sup>

## Increased risk of sexual and gender-based violence and child marriage

Children, especially girls, are increasingly exposed to the risk of sexual- and gender-based violence (SGBV). In April 2020, the United Nations Population Fund (UNFPA) predicted that every three months of lockdown would lead to an additional 15 million cases of GBV worldwide.<sup>45</sup> The ‘shadow pandemic’ of increased GBV against girls and women is unfolding in multiple humanitarian crises. By November 2020, 27 operations reported an increase in GBV with 89% describing the risk as severe or extreme and the majority classed the risk as high impact.<sup>46</sup> Twenty out of 26 countries reported the sale or exchange of sex as a coping mechanism.<sup>47</sup> Save the Children's analysis indicates that 2.5 million girls are at risk of child marriage over the next five years, with the greatest number anticipated in South Asia followed by West and Central Africa.<sup>48</sup> Fifteen Protection Clusters have already reported an increase in early marriage and as at November 2020, 75% of Protection Clusters reported child marriage as a moderate to extreme risk.<sup>49</sup>



## HUMANITARIAN RESPONSE OVERVIEW

**IN 2021, SAVE THE CHILDREN PLANS TO RESPOND TO THE NEEDS OF 15.7 MILLION PEOPLE, INCLUDING 9.4 MILLION CHILDREN, IN 37 COUNTRIES.**

Our **global response principles** direct our response, spanning operations, programmes and advocacy in all countries of operation. The global response principles reflect our commitment to applying a rights-based approach to humanitarian action, in line with international human rights and humanitarian law, including the UN Convention on the Rights of the Child; and our global commitment to sector-wide standards for quality and accountability, including the Core Humanitarian Standard (CHS); Sphere standards and the Grand Bargain.

As set out in our response principles and in line with a rights-based approach to humanitarian action, Save the Children is committed to promoting accountability to affected populations, and child participation. Our responses will be informed by context analysis, including power mapping and analysis of conflict drivers, and this will be used to promote conflict sensitivity. Our programmes and advocacy will be informed by analysis of power dynamics, inequality and discrimination and the impacts that these have on children. We will seek to promote equity, social justice and the right to non-discrimination throughout our work. Monitoring and demanding that child rights are upheld are vital. We will continue to engage with and strengthen national, regional and global accountability mechanisms in order to achieve this.

Our **response** is multi-sectoral in scope, targeting children's intersecting vulnerabilities and needs, and mitigating risks to their right to survive, learn and be protected. Our response strategy will be informed by participatory needs analysis and focused on strengthening referral pathways between services, to increase the coverage and quality of interventions to respond to children's needs. In line with needs and specific vulnerabilities

of children in 2021, our over-arching response goals are to:

1. Ensure children and their families have access to essential health, nutrition and WASH services in conflict, crisis and disaster affected countries.
2. Ensure the education, protection and wellbeing of crisis-affected children by ensuring a safe return to learning (either remote or in person).
3. Ensure children, including girls, adolescents, those living outside of family care, and those in conflict, are protected from violence, abuse, exploitation and neglect, by strengthening child protection systems and integrating child protection in all sectoral response interventions.
4. Enable families to meet their basic needs and reduce their use of negative coping strategies, especially those that affect children, through increased access to income opportunities, cash and voucher assistance (CVA) for basic needs (including food), in-kind food when CVA is not appropriate, and government social protection schemes.

In line with needs analysis highlighting the impact of COVID-19 on children's mental health and psychosocial health, and specific risks to girls in humanitarian contexts, we will mainstream the following goals in all four pillars of our response:

1. Protect the mental health and psychosocial wellbeing of children, adolescents and caregivers through the provision of quality mental health and psychosocial support (MHPSS) interventions by Save the Children, as well as national and community-based partners.
2. Empower crisis affected girls and women, ensure they are safe from harm and that they have equal access to, benefit from, and influence over Save the Children's humanitarian responses.



Save the Children staff member at one of the centers where basic food and cleaning supplies were delivered to vulnerable families as part of Mexico's humanitarian response strategy.



## PILLAR 1: CHILD SURVIVAL

**Goal:** Ensure children and their families have access to essential health, nutrition and WASH services in conflict, crisis and disaster affected countries.

**Financial requirement:**  
**US\$ 225 million**

### Response overview

In 2021, we will set up or continue to deliver high-quality, essential public health services that address the primary causes of excess morbidity and child mortality.

Save the Children will deliver integrated public health interventions including maternal, newborn and reproductive health (MNRH) and child health services, such as case management and routine immunisation services – both preventive and reactive – along with nutrition services and maternal, infant and young child nutrition (MIYCN). We will continue to protect, promote and support infant, and young child feeding (IYCF) and maternal and adolescent nutrition, working with communities' health and nutrition systems at a national level and continuing our advocacy at the national and subnational level.

We will design and provide integrated responses to malnutrition in fragile and conflict-affected states based on nutrition surveillance, early action, integrated and community-based interventions (such as MIYCN and management of wasting), and building resilience. We aim to strengthen the resilience of both national and local government systems, to support them to respond to changing context and demand, and to provide quality health and nutrition services during crises. Save the Children will partner with ministries of health where they are willing and able, and as such, we aim to support and strengthen the existing health and nutrition services. We will advocate to ensure essential routine health and nutrition services are prioritised and strengthened during the pandemic and beyond, and for increased investment and support to strengthen health and nutrition systems.

In light of the ongoing risk posed by endemic cholera in more than 60 countries, continuation of Ebola virus outbreaks in the DRC (Democratic Republic of Congo) and the ongoing COVID-19 pandemic, we will integrate WASH (water, sanitation, and hygiene) in public health interventions. MHPSS, gender sensitivity and adolescent-friendly approaches will be mainstreamed in public health programming with a particular focus on GBV and MHPSS in six countries each.

Save the Children will continue to work with communities, health authorities, healthcare workers and partners to prevent and reduce the spread of COVID-19, and where feasible we will support case management needs for COVID-19 patients. We will work in multiple areas to support the imminent introduction of COVID-19 vaccines (pending regulation), including risk communication and community engagement (RCCE) for vaccine acceptance and uptake. Response gaps may arise in relation to the training of healthcare staff, supporting cold chain, microplanning, delivery of vaccines through frontline healthcare workers, and monitoring of vaccine delivery and coverage. We will influence global policy – such as the Gavi Alliance's Fragility, emergencies and refugees policy – and will advocate with Humanitarian Mechanism partners for further commitments to drive more affordable and timely access to vaccines in humanitarian contexts. We will advocate for sufficient allocations of the COVID-19 vaccine to a 'humanitarian buffer' and for equitable access.



Tala\* and Karma, 9, live in a camp in northern Idlib in Syria where they attend a school supported by Save the Children's partner. Because of the coronavirus pandemic, our partners have had to adapt their programming and now do virtual classes to support remote learning. Tala and Karma now watch these classes at home and continue their studies.



## Areas of intervention

- Support the timely establishment or continuation of preventive and curative care to address common childhood illnesses and malnutrition at existing community and facility levels.
- Scale up community case management and facility-based services with direct provision or support through training, incentives, supplies and human resources for health, nutrition and WASH services.
- Prevent, diagnose and treat pneumonia through integrated public health programmes, ensuring uninterrupted supply of quality pneumonia treatments (including oxygen), provision of life-saving services through adapted integrated community case management (ICCM) programmes, and strengthening of critical immunisation programmes.
- Ensure that maternal, newborn and reproductive health (MNRH) services are standard components of Save the Children's health responses, including incorporating Protecting Life in Global Health Assistance Policy (PLGHA) compliant Minimum Initial Service Packages (MISPs) for sexual and reproductive health.
- Support and strengthen nutrition interventions to include acute malnutrition, infant and young child feeding (IYCF) and maternal nutrition counselling as part of MNRH services; and micronutrient supplementation.
- Actively engage with health authorities and activated Health Clusters at national and subnational level for readiness and planning for the introduction of COVID-19 vaccine, with the option of vaccine access through a humanitarian buffer.
- Advocate for effective risk communication and community engagement (RCCE) planning, including rapid assessments to identify barriers and enablers, and evidence-based design of campaigns and community engagement efforts.
- Support ministries of health and Health Cluster partners to establish or scale up disease surveillance and response systems to COVID-19, Ebola and/or other communicable disease outbreaks. Support may include data monitoring, training of staff, supporting or leading on contact tracing, and active case finding.
- Support families, communities, and health authorities to promote and enable handwashing and other non-pharmaceutical interventions through social behaviour change approaches. This includes locally and culturally appropriate RCCE efforts designed to detect and rapidly respond to public perceptions and to counter any misinformation and rumour, based on WHO (World Health Organisation)/UNICEF RCCE guidelines.
- Establish or strengthen routine identification and management of nutritionally at-risk infants under six months old, through integration of the Management of at-risk Mothers and Infants (MAMI) Care Pathway with existing health and nutrition services.
- Strengthen and protect routine nutrition services for the management of wasting.
- Promote, protect and support IYCF-E and care for children and their caregivers in line with the International Code of Marketing of Breast Milk Substitutes, the Sphere standards and the Operational Guidance for Infant Feeding in Emergencies.
- Deliver WASH services and supplies to prevent and control COVID-19 and other disease outbreaks or epidemics, including strengthening infection prevention control (IPC) measures in supported facilities and community-based response.



Hamida\* (40) and Runa\* (3) live in the Rohingya Refugee camps in Bangladesh and attend Save the Children's clinic



## PILLAR 2: ACCESS TO EDUCATION

**Goal:** Ensure the education, protection and wellbeing of crisis-affected children by ensuring a safe return to learning (either remote or in person).

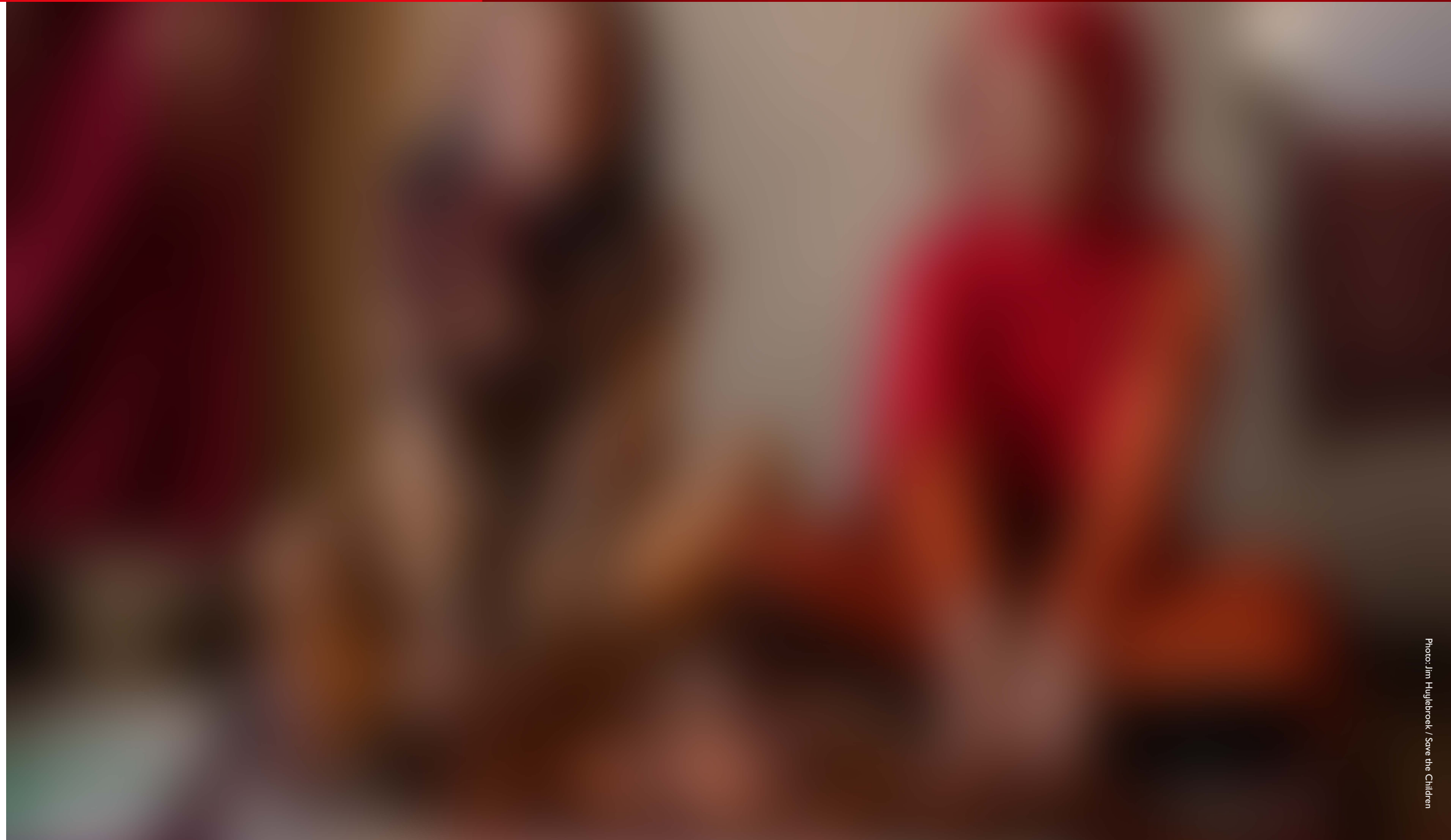
**Financial requirement:**  
**US\$ 188 million**

### Response overview

Safe school re-opening, and interim continuity of learning via remote learning, requires a multi-sectoral approach including coordination with WASH, nutrition, health, cash and voucher assistance (CVA), child protection and mental health and psychosocial support (MHPSS) services, to ensure children can safely return to learning.

Specialised support from child protection actors will be critical for the most marginalised and crisis-affected children and those with disabilities, to ensure that they are not excluded as formal schools reopen. Save the Children will build on what we learnt in the early phase of the COVID-19 response in relation to most effective approaches to remote learning and wellbeing, to improve how we support teachers, parents, caregivers and learners engaged in distance education. Lessons learned from school closures that took place during COVID-19 lockdowns must inform disaster and emergency preparedness for any new outbreaks of COVID-19 and future hazards.

Save the Children will advocate for schools to reopen where it safe to do so, in line with the UNICEF framework for reopening schools<sup>50</sup> and WHO considerations for school-related public health measures in the context of COVID-19.<sup>51</sup> In addition, we will advocate for measures and resources to be put in place to ensure that girls, children affected by conflict and other marginalised and deprived groups can access quality education in emergencies.



Two children in Afghanistan.



## Areas of intervention

In countries or local areas where a return to physical learning spaces is possible, Save the Children, in line with the inter-agency Safe Back to School Practitioner Guide will:

- Provide additional learning spaces to allow for physical distancing, cleaning supplies and personal protective equipment (PPE) materials, in line with national and inter-agency guidelines.
- Provide individualised teaching and learning supplies, WASH items and menstrual hygiene management kits.
- Provide cash and voucher assistance (CVA) to income-poor families, to offset the opportunity cost of sending children to work, and to pay for all expenses associated with schooling.
- Construct or restore handwashing facilities and adequate latrines for girls and boys.
- Train and support teachers and other education staff to identify and address learning inequities, protection and wellbeing concerns that have been exacerbated by school closures, including the use of referral pathways.
- Train teachers on self-care to support their own wellbeing and promote student wellbeing, with an increased focus on strengthening students' and teachers' social and emotional skills and coping strategies.
- Prepare for essential school health services and referral protocols (e.g. isolation areas for suspect cases, surveillance measures, training of all staff on case definition, non-pharmaceutical interventions).
- Undertake situation analysis to find out which children are out of school and why, to enable access barriers to be addressed through integrated, community-level programming.

In countries or local areas where a physical return to learning spaces is not possible, or where school closures are prolonged or re-instated as part of wider national measures to mitigate the spread of COVID-19, conflict or other emergencies, Save the Children will:

- Continue to support learning and children's wellbeing in the home and community through remote learning provision, with a focus on low or no-tech approaches.
- Train and support teachers and other education staff to adapt their teaching to remote modalities; identify and address learning inequities; and identify and support children's protection and wellbeing through linkages to specialised services, despite school closures.
- Disseminate key messages and tips, and provide ongoing support for parents and caregivers, to increase their ability to support children's learning and wellbeing at home.

In all countries, Save the Children will support and contribute to increased inter-agency coordination and local preparedness to respond to disruptions to learning. We will:

- Continue to (co-)lead and resource at least 20 education clusters and working groups; where required, we will deploy Education in Emergencies and education coordination experts to support nationally and locally-led responses to deliver learning activities, either remotely or in physical safe spaces, from day one of an acute crisis.
- Implement key preparedness actions to equip local partners and education actors with the knowledge, skills and resources to take early action in response to a deteriorating situation, ensuring that education, protection and wellbeing continuity plans are in place for at-risk hotspots.
- Support national efforts to collect education sector disaggregated data on school re-opening and carry out participatory monitoring to capture crisis-affected children's own perceptions and priorities in relation to returning to school, to supplement this quantitative analysis.



A damaged college in a village in Donetsk region, Ukraine.



## PILLAR 3: CHILD PROTECTION

**Goal:** Ensure children, including girls, adolescents, those living outside of family care, and those in conflict, are protected from violence, abuse, exploitation and neglect, by strengthening child protection systems and integrating child protection in all sectoral response interventions.

**Financial requirement:**  
**US\$ 115 million**

### Response overview

In all countries with child protection capacity, we will continue to strengthen our approach to building child protection systems through targeted support to case management and community-level child protection. We will focus on multi-faceted protection risks and vulnerabilities, including family separation; prevention and response to sexual- and gender-based violence (SGBV); recruitment and use of children by armed actors; and detention of children. In light of the multi-dimensional impact of COVID-19 on children's rights, we will prioritise the strengthening of multi-sectoral referral pathways – including education, social protection, mental health and psychosocial support (MHPSS), essential health services and cash and voucher assistance (CVA). Where appropriate, we will support the uptake of the child protection information management system, CPIMS+, to support safe data management and protection, and promote the analysis of risks to child protection.

In 2021, we will roll-out the Centrality of Protection Policy and procedure at country and global levels to strengthen the integration of child protection outcomes across all sectoral interventions and inform decision-making on strategy and advocacy at leadership level.

At the international level, we will continue to advocate for the protection of children in armed conflict, with a focus on accountability for violations committed against children; protecting education from attack; and increasing the level – and effectiveness – of funding for child protection.



Fares\*, 12, Nacem\*, 10, in Al Hol displacement camp in North East Syria.

### Areas of intervention

- Work with communities to understand, prevent and respond to child protection risks, and connect to a strengthened social service workforce.
- Strengthen the identification of, and response to, grave and serious violations of children's rights, in line with Save the Children's centrality of protection policy.
- Take steps to prevent family separation and provide family tracing, reunification and alternative family-based care for unaccompanied and separated children.
- Provide appropriate prevention, mitigation and response support for children who are at risk of, or experiencing, sexual- and gender-based violence (SGBV), especially adolescent girls,, including safe and ethical referral to multi-sector services.
- Address the recruitment and use of children by armed actors, and their reintegration to their communities, through interim care, case management, family tracing and reunification, and community-level support for reintegration across health, education, livelihoods and MHPSS services.
- Provide legal and psychosocial support for children deprived of their liberty and advocate for their release or appropriate alternatives to detention.
- Address the protection risks that prevent children from accessing education and ensure their safety and wellbeing in school. This includes addressing barriers to education for the hardest to reach children.
- Where possible, target the delivery of CVA to income-poor, at-risk households to prevent negative coping strategies, including family separation, child labour and child marriage.



## PILLAR 4: STRENGTHEN RESILIENCE AND FINANCIAL SAFETY NETS FOR CHILDREN AND FAMILIES

**Goal:** Enable families to meet their basic needs and reduce their use of negative coping strategies, especially those that affect children, through increased access to income opportunities, cash and voucher assistance (CVA) for basic needs (including food), in-kind food when CVA is not appropriate, and government social protection schemes.

**Financial requirement:**  
**US\$ 218 million**

### Response overview

In line with Grand Bargain commitments, Save the Children will strive to deliver and advocate for cash and voucher assistance as the preferred means for families to meet their immediate needs, with complementary technical assistance and service delivery. Scaling up the use and efficiency of multi-purpose cash assistance programmes alongside sector-specific interventions ('cash plus'), will reduce food insecurity, decrease malnutrition, and meet shelter, health, water, sanitation, personal hygiene and other needs, which reduces the risk and impact of negative coping mechanisms on children in crisis contexts.

To achieve these outcomes, Save the Children will identify and address the socio-economic drivers, availability, access and utilisation constraints that limit access to food, education and healthcare, drive child protection concerns, and lead to malnutrition (including water, hygiene and sanitation) and poor housing conditions. Our approach will always integrate multi-purpose cash and sector-specific interventions ('cash plus'). We will advocate for categorical targeting of households that include pregnant and nursing mothers and targeting of households with school-aged children, with CVA to support access to learning (school fees, learning equipment, uniforms etc.).

Social protection policies and programmes that are led by governments have a key role to play in reducing humanitarian needs and enabling populations to better respond to future shocks. Wherever possible, our humanitarian responses will seek to support and build more inclusive national systems for the long term. Our vision is that more countries have in place comprehensive and shock-responsive child- and gender-sensitive social protection systems, such as universal child benefits, which can be used to provide additional support before, during or after disasters, ideally through electronic payment systems. We will advocate for investing in permanent social protection systems while responding to acute humanitarian crisis and where possible, we will advocate for inclusion of refugees and internally displaced people (IDPs) in national safety net programmes.



Fresh Food Voucher Distribution in Areesha Camp in North East Syria.



## Areas of intervention

- Strengthen child-sensitive and participatory emergency preparedness, analytical and early warning/forecast-based action capacity, and operational preparedness to deliver assistance in a timely and effective manner that meets the needs of affected populations.
- Scale-up both horizontally (to more families) and vertically (through higher transfer amounts) while adapting delivery mechanisms for cash transfers and vouchers – either electronically or physically.
- Ensure families are able to meet basic food needs (in terms of availability, access and utilisation), with special focus on children and pregnant and lactating women.
- Support food and market systems to ensure availability of nutritious food and essential goods.
- Replace assets and protect and support the restarting of livelihoods, to contribute to the economic resilience of families and ensure households' access to income, so that they can provide essential goods and services for their children.
- Engage adolescents and youth in monitoring the risks and availability of decent and age-appropriate economic opportunities for recovery and engage them in training for recovery.
- Encourage the development of innovative solutions for supply chain and food system continuity.
- Contextualise evidence-based interventions to meet the food, nutrition, and income needs of households relevant to existing livelihood strategies, using household economic analysis and cost of the diet data, as well as Integrated Food Security Phase Classification analysis, where available.
- Build on Save the Children's experience of integrating cash transfers and food security work with other service provision to maximise the impact on child outcomes, especially nutrition, education, and child protection (e.g. cash plus nutrition interventions, or cash plus access to child protection and gender-based violence services).
- Pilot integrated CVA programming that can enable children to return to or remain in school, and prevent and mitigate the risk of negative coping strategies such as family separation, early marriage, child labour and sexual exploitation, and develop evidence of impact and best practices.



Victoire\* is now part of a Save the Children programme which helps displaced children to return to school, providing them special lessons to catch up with the schooling they have missed.

Victoire\* dreams of one day becoming a teacher, but most of all she wishes for the war to end so that she and her family can return home.



## CROSS-CUTTING: MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT

**Goal:** Protect the mental health and psychosocial wellbeing of children, adolescents and caregivers through the provision of quality mental health and psychosocial support (MHPSS) interventions by Save the Children, as well as national and community-based partners.

### Response overview

In 2021, we will roll out Save the Children's MHPSS cross-sectoral strategic framework in humanitarian settings to provide services and support to vulnerable children and caregivers, which aims to reduce their suffering, improve their wellbeing and resilience, enhance their ability to cope, and accelerate their recovery. We will work with local responders and national systems to operationalise a cross-sectoral approach to mainstreaming MHPSS services across different phases of the response, with particular attention to coordination of MHPSS between education, child protection and health programming and in line with the Global Education Cluster/ Child Protection Area of Responsibility Coordination Framework.<sup>52</sup>

### Areas of intervention

- Build foundational MHPSS competencies across sectors and partners, with a focus on understanding children's development and wellbeing, providing psychological first aid (PFA) for children, and safe identification and referral of children needing additional support.
- Mainstream MHPSS into preparedness, humanitarian response and recovery planning, across sectors, to improve the way in which basic services are delivered in support of children and families who have experienced distressing and traumatic events. This will enhance the protective qualities of humanitarian interventions, reducing potential risks and increasing the resilience of individuals, families and systems.
- Increase access to MHPSS services across the continuum of care (multi-layered interventions), through supporting service providers and local actors to increase MHPSS capacity across the health, child protection and education sectors, and by strengthening interlinking, multi-sector referral mechanisms.
- Ensure programmatic interventions and advocacy are informed by existing evidence-based practice and contribute to further learning and gathering of evidence on the benefits of MHPSS integration across sector outcomes.
- Increase sector-specific MHPSS expertise at country and regional level, as well as deployable surge capacity, in order to scale up multi-layered MHPSS interventions and ensure appropriate supervision structures are established.
- Strengthen cross-sectoral coordination on MHPSS, within Save the Children and inter-agency, including support and mentoring to enable local MHPSS actors to participate in national MHPSS coordination mechanisms and/or take the lead themselves.

## CROSS-CUTTING: GENDER EQUALITY AND GENDER-BASED VIOLENCE

**Goal:** Empower crisis affected girls, women and other marginalised children, ensure they are safe from harm and that they have equal access to, benefit from, and influence over Save the Children's humanitarian responses.

### Response overview

In 2021, we will roll out the Humanitarian Gender and GBV Framework, which includes investment to increase girls' and women's meaningful participation and leadership; prevent and respond to gender-based violence (GBV); and ensure that programming does not create or exacerbate the risks of GBV. Internally, we will increase staffing and continue training for all staff on gender equality and continue to mainstream a gender equality lens across our advocacy efforts.

### Areas of intervention

- Implement the Humanitarian Gender and GBV Minimum Standards in all responses.
- Implement strategies to empower girls, including the provision of girl-friendly spaces in all locations with access to a tailored curriculum for girls' empowerment and proactive outreach to a diverse range of girls, including married girls and girls with children.
- Systematically distribute dignity kits to adolescent girls, which contain menstrual hygiene materials and relevant information including, where possible, information on sexual and reproductive rights, informed by consultation with adolescent girls.
- Engage in partnerships with, and provide funding for, women's rights organisations and women- and girl-led initiatives.
- Engage men and boys in dialogue to change discriminatory gender norms.
- Advocate for humanitarian response plans to prioritise adolescent girls' safety from gender-based violence, through increased equitable

funding for GBV; concrete policy commitments at all levels, including a commitment to ensure accountability through meaningful participation in decision-making processes; and holistic, integrated programmatic action to address the needs of adolescent girls.

- Advocate for time-bound commitments and action to address data gaps on child marriage in humanitarian settings.



## RESPONSE ENABLERS

### Advocacy and campaigning

Advocacy and campaigning are central to our child-rights approach to humanitarian action. In 2021, we will advocate for policy changes by national duty-bearers and the international community to protect and uphold children's rights in humanitarian crises. This includes securing policy and normative changes to protect children's rights in conflict settings; advocating for coordinated public investment in children; and working to improve public revenue and the allocation of funding by institutional donors to benefit children.

In response to the unprecedented threat to children's learning arising from COVID-19, we will advocate for children to safely return to school and, where that is not possible, advocate for distance learning programmes to target the most vulnerable children. Where it is safe to do so, we will directly engage with children and support child-led advocacy that targets duty-bearers at national and international level. In 2021, we will continue to engage in coordinated advocacy and normative policy development through our membership of the Inter-Agency Standing Committee (IASC) and NGO fora at country and global level.

### Anticipatory action

Anticipatory action can help save lives; reduce human suffering; offset some of the economic impacts of disasters; improve the effectiveness of emergency preparedness, response and recovery efforts; and reduce reliance on ad hoc, slow and costly humanitarian aid after a disaster. Save the Children will continue to invest in data compilation and analysis at regional and global levels and roll out revised early action protocols and implementation mechanisms. In 2021, we will invest in research and evidence to assess which specific early actions have the most impact at community level according to the hazard and thematic area of intervention.

Save the Children's internal Humanitarian Fund will include an early action window to enable country offices to access seed funding for early action interventions in line with triggers and risk forecasts. We are also advocating for more shock-responsive, inclusive and child-sensitive social protection systems to be put in place. These could be used to provide cash for early action, for example in response to slow-onset climate-related disasters. Meanwhile we will also include crisis modifiers in our own programmes where possible.

### Coordination and collaboration

As a member of the IASC and the Global Cluster Lead Agency for Education alongside UNICEF, Save the Children will support nationally-led responses and continue to engage and lead coordination structures at local, national, regional and global levels. Save the Children's humanitarian response strategy is informed and aligned to the strategic pillars in country-level humanitarian response plans. We will continue to coordinate and collaborate with national and local actors, UN agencies, other international non-governmental organisations (INGOs) and the International Committee of the Red Cross (ICRC)/ International Federation of Red Cross and Red Crescent Societies (IFRC) to identify under-served geographical areas and populations, and ensure the complementarity and coverage of our response.

### Flexible funding

In 2021, Save the Children will roll out an improved mechanism for managing and monitoring the allocation of flexible, unrestricted funding to response teams. The Humanitarian Fund will disburse unrestricted funding from all sources (including institutional) to initiate scale-up for large-scale emergencies and to fund critical preparedness and early actions. In addition, the Humanitarian Fund will enable us to direct flexible funding to cover critical gaps in under-funded



Aziz\* is seen outside his shelter. Aziz\* is a Rohingya refugee boy who lives with his family in the Rohingya refugee camps in Cox's Bazar, Bangladesh.

Photo: Allison Joyce / Save the Children

sectors, such as protection and gender, and under-funded crises. The Humanitarian Fund has an initial target of US\$ 40 million for 2021.

### Partnership with local and national actors

Supporting local leadership is key to reaching the most affected children quickly and providing them with quality services that meet their needs. Save the Children's global humanitarian response plan is aligned with our partnership principles: value driven and empowering relationships, transparency and accountability, mutual benefit

and complementarity. In line with our Grand Bargain commitments, Save the Children will allocate up to 10% additional costs to local and national actors to support their indirect costs and capacity strengthening initiatives. Save the Children also commits to transfer any additional budget flexibility from donors and UN Agencies to local and national actors. In addition, Save the Children and the Humanitarian Leadership Academy will continue to expand access to online learning and capacity strengthening modules in response to feedback from users including staff from partner organisations.



## HUMANITARIAN COORDINATION

With nearly 1.6 billion learners affected by school closures in 2020,<sup>53</sup> increasing rates of domestic violence, child abuse, and exploitation and rapidly overwhelmed public health systems, children around the world are facing unprecedented challenges in accessing their rights to health, education, protection and the essentials for living, especially food. Effective and timely humanitarian coordination, within and across sectors, has never been more critical.

At the global level, Save the Children has an official IASC coordination mandate as the Global Cluster Co-Lead Agency for education; is a member of the Global Strategic Advisory Group of the Child Protection Area of Responsibility and Health Cluster; and is active across other sectoral mechanisms. At country level, Save the Children co-leads the education cluster in 20 countries, co-leads the Child Protection Area of Responsibility in nine countries, and co-leads or supports subnational health coordination in three countries.

As a child rights organisation, through our coordination leadership, Save the Children advances the inclusion of specific age, gender and other vulnerability considerations in coordination processes. Inter-sectoral approaches reflect the interconnected needs of children, emphasise our collective responsibility to protect children, and can maximise coverage and quality of the humanitarian response. To this end, Save the Children supported the Global Education Cluster to develop a Child Protection – Education in Emergencies Collaboration in Coordination Framework<sup>54</sup> jointly with the Child Protection Area of Responsibility.

In line with the Principles of Partnership,<sup>55</sup> Save the Children aims to complement contributions of other co-leads through leadership in the following areas:

- **Child safeguarding:** Coordination groups should discuss and promote risk management strategies and ensure that safeguarding, prevention of sexual exploitation and abuse (PSEA), data protection and privacy are built into programme design and monitoring by all partners. This should include safe, child-friendly reporting mechanisms.
- **Localisation:** Ensure local and national actors are participating equally in the coordination group and that their experiences are reflected in key decisions, policies and procedures. Wherever possible, support local partners to assume leadership roles, including through provision of financial support and technical and institutional capacity building, including seconding or deploying our staff into a local partner organisation, coaching and mentoring support and formal training. To this end, Save the Children leads a localisation project within the Child Protection Area of Responsibility.
- **Child-led response monitoring and accountability to children:** Feedback from children on both the situation and our response should be reflected in needs assessments, analysis and strategic planning and monitoring.



**Rami\* 15, throws a ball to his younger relatives, Yemen**

Cousins Rami\*, 15, and Waleed\*, 10, suffered life-changing injuries during two successive airstrikes near their home in Yemen. Their relative, Bakeel\*, 18, lost his father and two nephews.

## RESPONSE MONITORING, ACCOUNTABILITY AND LEARNING

Save the Children is committed to producing and using evidence and learning to improve our impact for children and communities. This includes:

- Secondary data analysis and child-focused needs assessments for evidence-based programme design.
- Regular analysis of monitoring and accountability data to inform decision-making at response level based on child and community feedback and to review progress towards response objectives. In recognition that crises affect people differently – and in line with the IASC Gender with Age Marker<sup>56</sup> and Washington Group Questions – indicators will be disaggregated by gender, age and disability.
- Real-time learning exercises including real time reviews, after action reviews, lessons learnt and management reflection exercises, for course corrective, adaptive and future programme design.

- Piloting child-led response monitoring in three education clusters – building sector wide, systematic child-led response monitoring in these contexts for the first time.
- Research and evaluation in key areas to document innovations and what works for children in different humanitarian settings, to better inform management and influence wider response, policy and programming solutions.<sup>57</sup>

In 2021, Save the Children will monitor the following indicators – disaggregated by age, gender and disability where feasible – to ensure routine monitoring of our response at country level and, where required, to guide course correction. Data collected through Save the Children's response monitoring framework will be shared with Cluster Lead Agencies to support wider response monitoring at sector level. Additional data for project-level monitoring will be collected as appropriate at country level.



PILLAR	INDICATOR
Child Survival (health, nutrition and WASH)	Number of consultations at Save the Children supported health facilities (disaggregated by age and gender)
Child Survival (health, nutrition and WASH)	Number and % of Save the Children supported health facilities which integrate PLGHA compliant Minimum Initial Service Packages (MISPs) for sexual and reproductive health, in coordination with other agencies operating in the same geographical areas
Child Survival (health, nutrition and WASH)	Number of healthcare providers including community health workers (CHWs) trained
Child Survival (health, nutrition and WASH)	Number and % of healthcare facilities with basic hygiene service (handwashing facility with water and soap)
Child Survival (health, nutrition and WASH)	Number of households supported by Save the Children to access safe water, facilities for handwashing with soap, and environmental sanitation practices
Child Survival (health, nutrition and WASH)	Number of individuals admitted to services for management of acute malnutrition
Child Survival (health, nutrition and WASH)	Proportion of children aged between 6 – 59 months successfully discharged following recovery from acute malnutrition
Child Survival (health, nutrition and WASH)	Number of caregivers with children under two years old enrolled for IYCF support and % of Save the Children health facilities providing routine IYCF counselling to pregnant women and caregivers of children under two years old
Risk communication and community engagement (RCCE)	Number of community mobilisers trained on RCCE

PILLAR	INDICATOR
Education	Number of children reached directly by education programming in humanitarian contexts by Save the Children and partners
Education	Number of children in humanitarian contexts affected by school closures who are supported by Save the Children to access distance learning and/or blended learning and/or accelerated learning, disaggregated by sex
Education	% of Save the Children-led education clusters or working groups operating with a strategic response plan
Education	Number of acute humanitarian responses where Education in Emergencies (EiE) Day One is operationalised to ensure children return to learning and wellbeing activities within one month
Education	% of schools with safe and gender-segregated access to basic WASH services
Child protection	Number of children and their caregivers receiving MHPSS support
Child protection	Number of children receiving case management for a child protection concern
Child protection	% of unaccompanied and separated children who were reunified with families or caregivers or received appropriate alternative care services (annual)
Strengthen resilience and financial safety nets for children and families	Number and % of households supported by Save the Children to receive CVA
Strengthen resilience and financial safety nets for children and families	Target US\$ delivered directly to beneficiaries
Gender and gender-based violence (GBV)	Number of implemented actions from the Humanitarian Gender and GBV Minimum Standards.



# ANNEX 1:

## Save the Children’s Financial Requirements and Target Reach 2021 by Region

REGION	FINANCIAL REQUIREMENTS					TARGET REACH	
	PILLAR 1 CHILD SURVIVAL	PILLAR 2 ACCESS TO EDUCATION	PILLAR 3 CHILD PROTECTION	PILLAR 4 STRENGTHEN RESILIENCE AND FINANCIAL SAFETY NETS FOR CHILDREN AND FAMILIES	TOTAL	TARGET TOTAL REACH	TARGET CHILDREN REACH
Asia	\$21,190,153	\$17,746,634	\$12,814,661	\$19,475,000	\$71,226,448	2,048,250	1,433,037
East and Southern Africa	\$96,665,860	\$95,851,311	\$34,098,959	\$76,119,229	\$302,735,359	6,311,281	3,602,342
Latin America and Caribbean	\$15,225,582	\$10,767,111	\$12,588,122	\$39,066,254	\$101,044,069	1,447,851	742,876
Middle East and Eastern Europe	\$55,014,420	\$39,907,621	\$42,803,195	\$57,132,708	\$194,857,944	2,311,589	1,394,194
West and Central Africa	\$36,477,458	\$24,099,311	\$12,889,826	\$25,873,462	\$99,340,057	3,583,800	2,211,719
Total	\$224,573,473	\$188,371,988	\$115,194,763	\$217,666,653	\$769,203,877	15,702,770	9,384,167

### Asia

REGION	FINANCIAL REQUIREMENTS					TARGET REACH	
	PILLAR 1 CHILD SURVIVAL	PILLAR 2 ACCESS TO EDUCATION	PILLAR 3 CHILD PROTECTION	PILLAR 4 STRENGTHEN RESILIENCE AND FINANCIAL SAFETY NETS FOR CHILDREN AND FAMILIES	TOTAL	TARGET TOTAL REACH	TARGET CHILDREN REACH
Afghanistan	\$7,500,000	\$10,000,000	\$5,000,000	\$2,200,000	\$24,700,000	1,147,845	914,946
Bangladesh	\$7,720,000	\$2,500,000	\$3,620,000	\$5,865,000	\$19,705,000	575,371	392,288
Myanmar	\$2,685,153	\$2,296,634	\$3,524,661	\$7,560,000	\$16,066,448	130,534	37,203
Pakistan	\$2,685,000	\$2,500,000	\$500,000	\$3,000,000	\$8,685,000	180,000	82,800
Philippines	\$600,000	\$450,000	\$170,000	\$850,000	\$2,070,000	14,500	5,800
TOTAL	\$21,190,153	\$17,746,634	\$12,814,661	\$19,475,000	\$71,226,448	2,048,250	1,433,037

### East and Southern Africa

REGION	FINANCIAL REQUIREMENTS					TARGET REACH	
	PILLAR 1 CHILD SURVIVAL	PILLAR 2 ACCESS TO EDUCATION	PILLAR 3 CHILD PROTECTION	PILLAR 4 STRENGTHEN RESILIENCE AND FINANCIAL SAFETY NETS FOR CHILDREN AND FAMILIES	TOTAL	TARGET TOTAL REACH	TARGET CHILDREN REACH
Burundi	\$0	\$75,000	\$750,000	\$0	\$825,000	75,071	36,725
Ethiopia	\$37,696,791	\$27,773,188	\$4,500,000	\$26,850,000	\$96,819,979	1,720,385	628,525
Kenya	\$1,950,000	\$1,515,000	\$1,252,500	\$1,350,000	\$6,067,500	211,114	98,163
Mozambique	\$2,350,000	\$2,600,000	\$1,650,000	\$2,825,000	\$9,425,000	155,625	67,500
Rwanda	\$1,468,622	\$0	\$483,001	\$100,000	\$2,051,622	85,397	45,960
Somalia	\$17,977,772	\$2,609,161	\$4,237,500	\$11,763,743	\$36,588,175	700,236	240,117
South Sudan	\$10,981,250	\$18,000,000	\$3,825,000	\$8,437,500	\$41,243,750	862,394	723,713
Sudan	\$12,944,421	\$8,436,349	\$7,074,916	\$10,145,625	\$38,601,311	864,702	695,618
Tanzania	\$0	\$1,267,614	\$1,138,259	\$0	\$2,405,873	14,069	13,137
Uganda	\$5,250,000	\$25,000,000	\$8,000,000	\$5,250,000	\$43,500,000	395,692	301,385
Zambia	\$1,575,000	\$3,075,000	\$477,000	\$5,925,000	\$11,052,000	635,250	392,578
Zimbabwe	\$4,472,005	\$5,500,000	\$710,784	\$3,472,361	\$14,155,150	591,347	358,922
TOTAL	\$96,665,860	\$95,851,311	\$34,098,959	\$76,119,229	\$302,735,359	6,311,281	3,602,342

### Latin America and the Caribbean

REGION	FINANCIAL REQUIREMENTS					TARGET REACH	
	PILLAR 1 CHILD SURVIVAL	PILLAR 2 ACCESS TO EDUCATION	PILLAR 3 CHILD PROTECTION	PILLAR 4 STRENGTHEN RESILIENCE AND FINANCIAL SAFETY NETS FOR CHILDREN AND FAMILIES	TOTAL	TARGET TOTAL REACH	TARGET CHILDREN REACH
Colombia	\$3,161,038	\$2,475,263	\$6,907,100	\$6,593,991	\$19,137,392	148,262	70,678
Guatemala	-	-	-	\$0-	\$10,000,000	165,710	102,595
Honduras	-	-	-	-	\$5,000,000	177,337	67,691
Haiti	\$1,860,000	\$2,250,030	\$373,750	\$585,900	\$5,069,680	58,840	29,925
LAC RO (RMRP)	-	-	-	-	\$397,000	0	0
Nicaragua	-	-	-	-	\$8,000,000	276,564	101,259
Peru	\$190,000	\$200,000	\$300,000	\$6,850,000	\$7,540,000	62,738	24,988
Venezuela	\$10,014,544	\$5,841,818	\$5,007,272	\$25,036,363	\$45,899,997	558,400	345,740
TOTAL	\$15,225,582	\$10,767,111	\$12,588,122	\$39,066,254	\$101,044,069*	1,447,851	742,876

\*\* Financial requirements for Guatemala, Honduras, Nicaragua and Latin America and Caribbean Regional Office have not been attributed to pillars, so the total is greater than the sum of the four pillars.



Middle East and Eastern Europe

REGION	FINANCIAL REQUIREMENTS					TARGET REACH	
	PILLAR 1 CHILD SURVIVAL	PILLAR 2 ACCESS TO EDUCATION	PILLAR 3 CHILD PROTECTION	PILLAR 4 STRENGTHEN RESILIENCE AND FINANCIAL SAFETY NETS FOR CHILDREN AND FAMILIES	TOTAL	TARGET TOTAL REACH	TARGET CHILDREN REACH
Egypt	\$2,807,868	\$3,222,486	\$10,102,978	\$0	\$16,133,332	23,066	18,452
Iraq	\$6,401,356	\$5,232,785	\$4,941,475	\$1,387,592	\$17,963,208	360,592	191,104
Lebanon	\$7,240,000	\$9,850,000	\$6,000,000	\$10,280,000	\$33,370,000	101,400	87,600
oPt	\$2,932,430	\$815,250	\$901,553	\$4,697,334	\$9,346,567	125,073	70,856
Syria	\$10,500,000	\$10,750,000	\$11,750,000	\$7,000,000	\$40,000,000	350,000	194,040
Turkey	\$0	\$37,100	\$1,727,189	\$583,400	\$2,347,689	6,510	2,783
Ukraine	\$146,148	\$1,500,000	\$1,500,000	\$2,353,852	\$5,500,000	72,777	63,267
Yemen	\$24,986,618	\$8,500,000	\$5,880,000	\$30,830,530	\$70,197,148	1,272,171	766,092
TOTAL	\$55,014,420	\$39,907,621	\$42,803,195	\$57,132,708	\$194,857,944	2,311,589	1,394,194

West and Central Africa

REGION	FINANCIAL REQUIREMENTS					TARGET REACH	
	PILLAR 1 CHILD SURVIVAL	PILLAR 2 ACCESS TO EDUCATION	PILLAR 3 CHILD PROTECTION	PILLAR 4 STRENGTHEN RESILIENCE AND FINANCIAL SAFETY NETS FOR CHILDREN AND FAMILIES	TOTAL	TARGET TOTAL REACH	TARGET CHILDREN REACH
Burkina Faso	\$1,868,400	\$2,796,007	\$1,493,333	\$924,632	\$7,082,372	311,460	178,888
DRC	\$20,000,000	\$8,000,000	\$5,000,000	\$0	\$33,000,000	1,390,000	920,000
Mali	\$5,700,000	\$3,937,500	\$1,312,500	\$4,050,000	\$15,000,000	607,200	400,000
Niger	\$5,166,635	\$4,822,200	\$4,346,525	\$1,643,921	\$15,979,281	538,481	420,026
Nigeria	\$3,742,423	\$4,543,604	\$737,468	\$19,254,909	\$28,278,404	736,658	292,804
TOTAL	\$36,477,458	\$24,099,311	\$12,889,826	\$25,873,462	\$99,340,057	3,583,800	2,211,719

ANNEX 2:  
Research agenda for 2021

Child Survival  
(health, nutrition and WASH)

- The secondary impact of COVID-19 on outbreaks of vaccine preventable diseases
- How evidence-based interventions and best practices on maternal, newborn and reproductive health (MNRH) can be adapted, tested, scaled and sustained to improve quality and use of MNRH services in humanitarian contexts
- The impact of COVID-19 on unintended pregnancy and rates of unsafe abortion in adolescent girls
- How a simplified integrated approach (including simplified treatment protocols and family MUAC assessments) can be used by community health workers for treatment of acute malnutrition, to improve access to care
- The feasibility of and most effective approach for the management of at-risk mothers and infants under six months old (MAMI) care pathway integration with existing health and nutrition programming
- Whether providing safe spaces for mothers to access Infant and Young Child Feeding (IYCF) counselling with mental health and psycho-social services (MHPSS) improves infant and young child feeding practices.
- The impact of using innovative child participatory approaches (such as user-centred community engagement) on the acceptance and use of WASH infrastructure and services in humanitarian contexts.

Education

- How effective Global Education Cluster resources are for improving EiE implementation, such as ‘safe back to school’ guidance. Research will focus on process evaluation and local and national cluster partners

- Which EiE distance learning programmes have improved children’s learning and wellbeing, disaggregated by area, with school closures compared with the numbers of out of school children, and by key indicators such as gender, age, sex and socio-economic status
- How EiE Day One implementation impacts children’s learning and wellbeing outcomes and their integration into longer-term educational programmes.

Child protection

- Which strategies strengthen the identification of and response to grave and serious violations of child rights and are able to respond to changes in the external environment. How this effectiveness varies according to violation type, as well as children’s age, sex and other characteristics
- Which child protection risks are most effectively addressed through community-led approaches to child protection.

Strengthen resilience and financial safety nets for children and families

- The direct and indirect impacts of cash and voucher (CVA) programming on child wellbeing outcomes
- The most impactful combinations of CVA and other interventions on child wellbeing outcomes, in particular child protection, nutrition, education, health, and WASH services
- How Save the Children can develop more effective exit strategies and provide humanitarian assistance that builds resilience of families
- How early action can reduce humanitarian needs, and which operational and preparedness systems need to be in place to enable this.



Mental health and psychosocial support (MHPSS) services

- Impact of MHPSS support on IYCF practices of caregivers.

Gender

- Prevention and response to child, early and forced marriage in humanitarian settings.

Child rights

- How children have been affected by humanitarian crises, their opinions of the response, and the extent to which they feel their priorities have been listened and responded to.

Risk communications and community engagement (RCCE)

- The barriers and enablers to community uptake of mitigation measures such as physical distancing, self-quarantining, wearing of masks and increased hygiene.



Photo: Gustavo Dorio / Save the Children

ENDNOTES

<sup>1</sup> UN Office for the Coordination of Humanitarian Affairs (2020), [‘Global Humanitarian Overview 2021’](#)

<sup>2</sup> Ibid.

<sup>3</sup> Ibid.

<sup>4</sup> Ibid.

<sup>5</sup> Save the Children (2020), [‘Killed and maimed: a generation of violations against children in conflict’](#)

<sup>6</sup> Ibid.

<sup>7</sup> Save the Children (2020), [‘Save Our Education: Protect every child’s right to learn in the COVID-19 response and recovery’](#)

<sup>8</sup> Education for All Global Monitoring Report (2015), [‘Humanitarian Aid for Education: Why It Matters and Why More is Needed’](#)

<sup>9</sup> Georgetown Institute for Women, Peace and Security (2016), [‘Closing the Gap: Adolescent Girls’ Access to Education in Conflict-Affected Settings’](#)

<sup>10</sup> Global Coalition to Protect Education from Attack (2020), [‘Education Under Attack: A Global Study of Attacks on Schools, Universities, their Students and Staff 2017-2019’](#)

<sup>11</sup> Connolly M.A. et al (2004), [‘Communicable disease in complex emergencies: impact and challenges’](#). The Lancet.

<sup>12</sup> Koepsell, J. and Zunong, N. (2019), [‘Community case management in humanitarian settings: guidelines for humanitarian workers’](#). Save the Children and USAID.

<sup>13</sup> UN Office for the Coordination of Humanitarian Affairs (2020).

<sup>14</sup> Anderson, S. and Ray, D. (2017), [‘Excess female mortality in Africa’](#). WIDER Working Paper 2017/116. United Nations University World Institute for Development Economics Research.

<sup>15</sup> Every Woman, Every Child (2015), [‘The global strategy for women’s, children’s and adolescents’ health \(2016 – 2030\)’](#).

<sup>16</sup> Save the Children and UNICEF (2020), [‘COVID-19: Number of children living in household poverty to soar by up to 86 million by end of year’](#)

<sup>17</sup> Edwards, J. (2020), [‘Protect a Generation: the impact of COVID-19 on children’s lives’](#). London, Save the Children International.

<sup>18</sup> Burgess, M., Qaiser, M.H., Thiagarajah, S., Arlini, S.M., Sulaiman, M. (2020), [‘The hidden impact of COVID-19 on children: Research and design methods’](#). London, Save the Children International.

<sup>19</sup> Burgess, M., Qaiser, M.H., Thiagarajah, S., Arlini, S.M., Sulaiman, M. (2020), [‘The hidden impact of COVID-19 on children: Study sample numbers and characteristics’](#). London, Save the Children International.

<sup>20</sup> Robertson, Carter, E., Chou, V., Stegmuller, A., Jackson, B., et. al. (2020), [‘Early estimates of the indirect effects of the COVID-19 pandemic on maternal and child mortality in low-income and middle-income countries: a modelling study’](#). The Lancet.

<sup>21</sup> Omoni, A., Rees-Thomas, P., Siddiqui, S., Arafat, Y. and Burgess, M. (2020), [‘The hidden impact of COVID-19 on children’s health and nutrition’](#). London, Save the Children International.

<sup>22</sup> WHO (2020), Adolescent Pregnancy, accessed 7 May 2020 and WHO (2020) Maternal and Reproductive Health Service Coverage, accessed 7 May 2020



- <sup>23</sup> Khalil, A., et al. (September 2020), '[Change in obstetric attendance and activities during the COVID-19 pandemic](#)'. The Lancet.
- <sup>24</sup> In Cox's Bazar, Bangladesh – where more than 700,000 Rohingya fled following deadly violence in Myanmar in 2017 – Modina's one-year-old daughter had been receiving routine immunisations at Save the Children's health centre since birth, but stopped when the news of coronavirus spread. \*Name changed to protect identity.
- <sup>25</sup> Loperfido, L. and Burgess, M. (2020), '[The hidden impact of COVID-19 on child poverty](#)'. London, Save the Children International.
- <sup>26</sup> Op. cit. Omoni, A., Rees-Thomas, P., Siddiqui, S., Arafat, Y. and Burgess, M. (2020)
- <sup>27</sup> UNESCO (October 2020) '[Why the world must urgently strengthen learning and protect finance for education](#)'.
- <sup>28</sup> Ibid.
- <sup>29</sup> Gordon, M. and Burgess, M. (2020), '[The hidden impact of COVID-19 on children's education and learning](#)'
- <sup>30</sup> Ibid.
- <sup>31</sup> Ibid.
- <sup>32</sup> Azevedo, J., Hasan, A., Geven, K., Goldemberg, D., Aroob Iqbal, S. (2020), 'Learning losses due to COVID19 could add up to \$10 trillion'
- <sup>33</sup> Op. cit. Gordon, M. and Burgess, M. (2020)
- <sup>34</sup> Op. cit. Gordon, M. and Burgess, M. (2020)
- <sup>35</sup> Rubenstein, B. et al (2017), '[Predictors of interpersonal violence in the household in humanitarian settings: a systematic review](#)'
- <sup>36</sup> The Alliance for Child Protection in Humanitarian Action (2020), '[Social protection and child protection: working together to protect children from the impact of COVID-19 and beyond](#)'
- <sup>37</sup> The Global Protection Cluster is a network of non-governmental organisations (NGOs), international organisations and United Nations agencies engaged in protection work in humanitarian crises, including armed conflict, climate change related and disaster. It is led by UNHCR, the UN Refugee Agency.
- <sup>38</sup> Global Protection Cluster (August 2020), '[COVID 19 Protection Risks and Responses Situation Report No. 7](#)'
- <sup>39</sup> Ibid.
- <sup>40</sup> Op. cit. Global Protection Cluster (August 2020)
- <sup>41</sup> Global Protection Cluster (November 2020), 'Global Protection Update: Aftershock – Abuse, exploitation and human trafficking in the wake of COVID-19'
- <sup>42</sup> The Alliance for Child Protection in Humanitarian Action (September 2020), '[Covid-19 and CAAFAG webinar](#)'
- <sup>43</sup> Goldman, P, Lizendoorn, M. and Sonuga-Barke, E. (April 2020), '[The implications of COVID-19 for the care of children living in residential care](#)'. The Lancet.
- <sup>44</sup> The Alliance for Child Protection in Humanitarian Action (2020), '[Technical note: COVID-19 and children deprived of their liberty](#)'
- <sup>45</sup> UNFPA (April 2020), '[New UNFPA projections predict calamitous impact on women's health as COVID-19 pandemic continues](#)'

<sup>46</sup> Op. cit. Global Protection Cluster (November 2020)

<sup>47</sup> Ibid.

<sup>48</sup> Szabo, G. and Edwards, J. (2020), '[The global girlhood report: how Covid-19 is putting progress in peril](#)'. London, Save the Children International.

<sup>49</sup> Op. Cit. Global Protection Cluster (November 2020)

<sup>50</sup> UNICEF, UNHCR, UNESCO, WFP, World Bank (2020), '[Framework for re-opening schools](#)'

<sup>51</sup> WHO (2020), '[Considerations for school related public health measures in the context of COVID-19](#)'

<sup>52</sup> Global Education Cluster, Child Protection Area of Responsibility (2020), '[Child Protection - Education in Emergencies Collaboration in Coordination Framework](#)'

<sup>53</sup> UNESCO (October 2020) '[Why the world must urgently strengthen learning and protect finance for education](#)'.

<sup>54</sup> Op. cit. Global Education Cluster, Child Protection Area of Responsibility (2020)

<sup>55</sup> The Global Humanitarian Platform (GHP) adopted the [Principles of Partnership](#) in 2007. The Principles of Partnership provide a framework for all actors in the humanitarian space – including Governments, academia, the private sector and affected populations – in order to engage on a more equal, constructive and transparent setting.

<sup>56</sup> The [IASC Gender with Age Marker](#) (GAM) looks at the extent to which essential programming actions address gender – and age-related differences in humanitarian response.

<sup>57</sup> Refer to Annex 2 for detailed information on Save the Children's research agenda for 2021.



### Cover photo

Prisca\*, 6, with her mother Beatrice outside their home in Ituri Province, Democratic Republic of Congo (DRC).



**Save the Children**