



Save the Children

HUMANITARIAN PLAN 2022

Photo: Save the Children



BEFORE IT'S TOO LATE:

**RESPONDING TO A PERFECT
STORM FOR CHILDREN**

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FOREWORD

The humanitarian outlook for 2022 is stark. According to the United Nations Office for the Coordination of Humanitarian Affairs, 274 million people will require humanitarian assistance over the next year.



Around the world, children are on the frontline of an unprecedented global humanitarian crisis and their right to survival, protection and education is under immediate threat. A deadly combination of COVID-19, conflict and climate change has pushed hunger and malnutrition levels to a record global high.

Decades of hard-won progress to save children's lives from entirely preventable diseases and malnutrition now hangs in the balance. One in six children are now living in an active conflict zone, at risk of grave violations. Millions of children are missing out on a quality education, with potentially devastating consequences for their future.

We know that we must act now to protect children from immediate risks to their survival and to support their recovery. We must also drive greater accountability from global and national institutions to uphold children's rights, now and for the future.

In 2022, Save the Children will require almost US\$1 billion to implement our global humanitarian response plan. This will enable us to reach close to 30 million people in need, including approximately 15 million children in 37 countries, in direct response to the biggest threats to children's rights in living memory.

We will work in partnership and in solidarity with crisis-affected children, their communities, civil society organisations and UN agencies and governments to uphold and protect the rights of children in humanitarian crisis.

Inger Ashing

Chief Executive Officer,
Save the Children International

GLOBAL HUMANITARIAN OUTLOOK FOR 2022

COVID-19, conflict and climate change have created a perfect storm of risk and vulnerability for children’s rights around the world and an unparalleled food security and nutrition crisis that puts children at immediate risk. Already, 162 million people are experiencing crisis levels of food insecurity or worse.

Conflicts are increasing in intensity and duration, and in many places the likelihood of a lasting peace is decreasing. One in six children worldwide now live in a conflict zone and over 34 million children have been displaced from their home because of conflict. Children living in areas of conflict are among the most vulnerable in the world. They face direct protection risks and reduced access to essential services including health and nutrition, education and mental health and psychosocial support.

The deliberate targeting of civilians, civilian infrastructure including schools and health facilities, and aid workers, will continue to rise in the context of growing impunity for violations of international humanitarian law by state and non-state actors. Girls and women in conflict-affected areas face risk of gender-based violence, including sexual violence.

Severe climate events and natural disasters are becoming increasingly commonplace. As many as 1.2 billion children are living in areas that are at high-risk of experiencing a climate-related incident. This includes half a billion children who are living in flood-prone areas and 920 million children who are exposed to water scarcity, including drought.

Climate change and other environmental-related threats are having a severe impact on access to education, as well as on children’s health and protection. Of the 75 million children whose education is disrupted as a result of an emergency or crisis each year, almost half have their education interrupted due to climate change and other environmental-related threats.

Increased population displacement in 2022 will be triggered by a combination of complex crises, armed violence and extreme weather events. Globally, around 80 million people are currently displaced by conflict and violence, of which more than 40% are children. The average conflict-linked displacement now lasts over ten years and an increasing number of children are spending their entire childhood in displacement.

The impact of COVID-19 on existing vulnerabilities and inequalities is likely to multiply due to the slow rollout of vaccines in many countries that are already experiencing humanitarian crisis. In some countries, children have experienced difficulties accessing basic services and receiving humanitarian support because of movement restrictions.

In 2022, humanitarian responses are likely to be constrained by the substantial gaps that exist between need and available funding, and humanitarian access and bureaucratic impediments. Despite an increasing number of actors in the humanitarian sector, need will continue to outstrip the capacity of the sector to respond unless there is a substantial investment in local and national response capacity and a system-wide pivot towards anticipatory action, to reduce the impact of forecasted crises on communities.

Child and youth activism is thriving in a number of countries on topics ranging from climate change to LGBTQI rights, protection from violence and attacks on education, and civil and political rights. It is essential to consult children on their needs, priorities and recommendations to improve the quality and relevance of humanitarian responses.



Photo: Sacha Myers / Save the Children

Salma* (2) attends her regular check-up at a Save the Children clinic in Somalia where she is being treated for malnutrition.

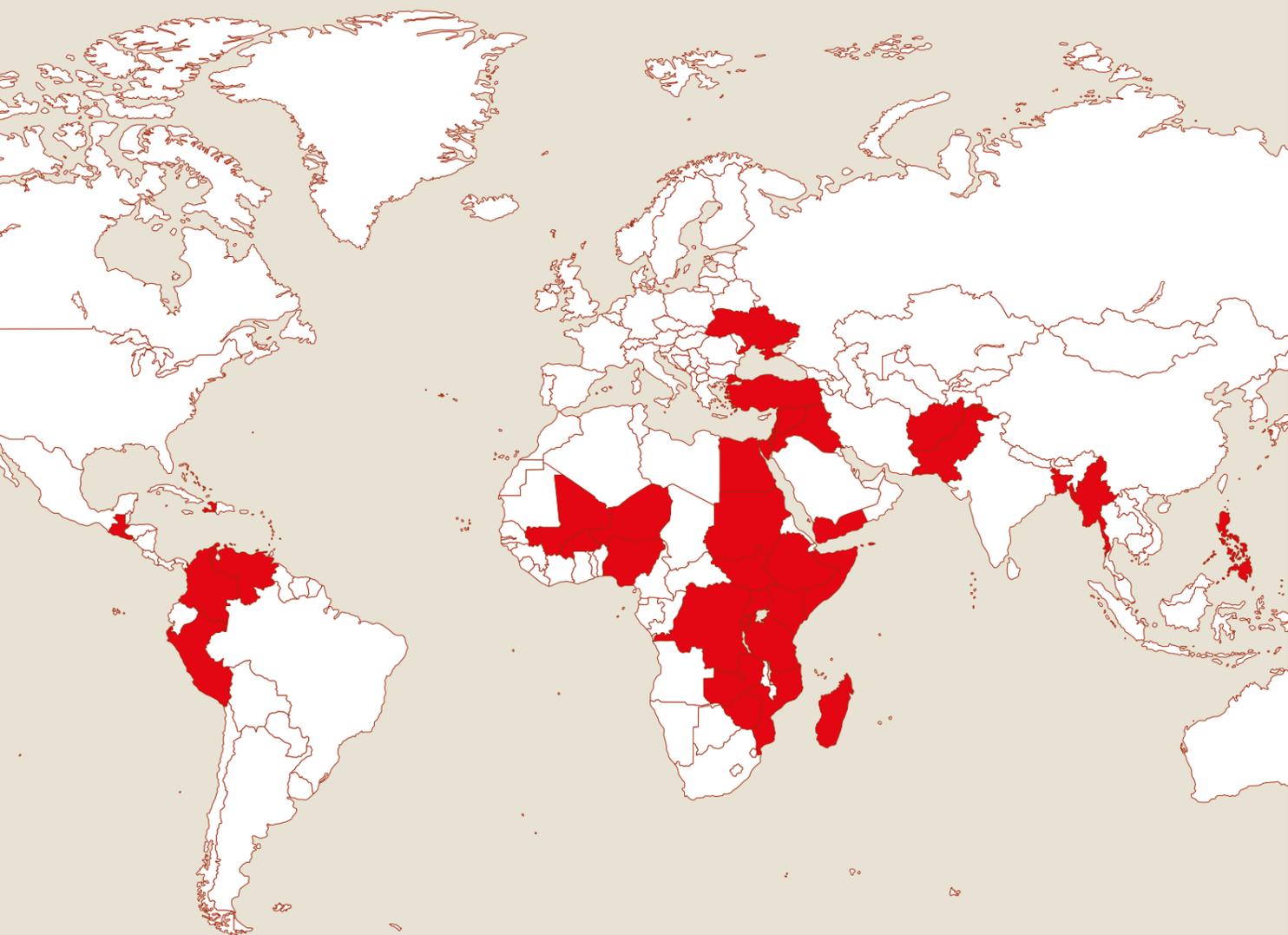
Canab*, 37, and her nine children – including her two-year-old twins Sayjid* and Salma* – have faced successive droughts in Somalia. Earlier droughts killed all their camels and livestock – their only source of income and food – and the current water shortages have forced them to leave their home in search of food and water.

They now live on the outskirts of a town in a temporary camp with no services. Although Canab* can now access water for her family – a two-hour return trip from their camp – the water is unsafe,

and it often makes them sick with diarrhoea. They also struggle to find food for their children.

Sayjid* and Salma* have been severely impacted by their family’s circumstances and are suffering from malnutrition, which can lead to illness, infections, stunting and death. Sayjid* and Salam* are currently receiving treatment at a Save the Children Maternal and Child Health (MCH) clinic. Salma* was diagnosed with moderate acute malnutrition and Sayjid* with severe acute malnutrition. They are on a three-month therapeutic food programme and are showing signs of improvement.

Photo: Socha Myers / Save the Children



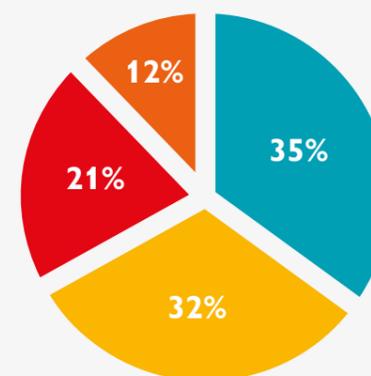
Countries included in the 2022 Humanitarian Response Plan

RESPONSE PLAN OVERVIEW

Save the Children requires \$983,964,333 to implement our global humanitarian response plan in 2022. This will enable us to reach 29,369,888 people, including 14,681,637 children in need of humanitarian and protection assistance. This humanitarian response plan is informed by response planning undertaken during October and November 2021 at country level, in line with the timeframe for the inter-agency Humanitarian Response Plan.

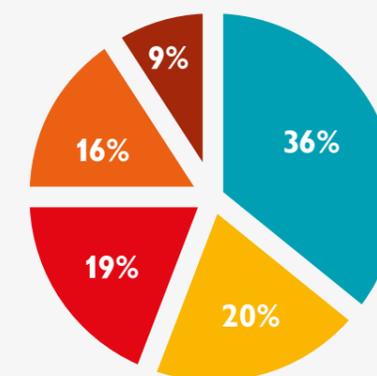
Region	Healthy start in life	Safe back to school and learning	Protect children from violence	Safety nets and support resilient families	Total	Total Target Reach	Total Target Children Reach
Asia	\$53,426,056	\$37,229,200	\$20,686,376	\$78,004,970	\$189,346,602	9,260,104	2,893,889
East and Southern Africa	\$149,298,194	\$79,316,650	\$40,443,029	\$82,715,200	\$351,773,073	11,107,089	6,187,294
Latin America and Caribbean	\$18,255,833	\$17,062,909	\$14,391,836	\$34,237,901	\$83,948,479	1,471,305	658,822
Middle East and Eastern Europe	\$74,843,022	\$38,054,532	\$27,288,910	\$55,184,377	\$195,370,841	2,589,053	1,541,232
West and Central Africa	\$51,860,750	\$33,688,400	\$19,593,238	\$58,382,950	\$163,525,338	4,942,337	3,400,400
Total	\$347,683,855	\$205,351,691	\$122,403,389	\$308,525,399	\$983,964,333	29,369,888	14,681,637

Funding required by strategic objective



- Healthy start in life
- Safe back to school and learning
- Protect children from violence
- Safety nets and resilient families

Funding required by region



- East and Southern Africa
- Middle East and Eastern Europe
- Asia
- West and Central Africa
- Latin America and Caribbean

HUMANITARIAN PROGRAMMING PRINCIPLES

Our humanitarian programming principles direct our response and apply to operations, programmes and advocacy everywhere that we operate. They 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. They also reflect our global commitment to sector-wide standards for quality and accountability, including the Core Humanitarian Standard (CHS), Sphere standards (including CPMS and INEE) and the Grand Bargain.

PARTNERSHIPS AND COORDINATION

We will strengthen partnerships with local actors including youth-led and women-led organisations in line with our partnership principles and localisation commitments under the Grand Bargain. We will transition from a default-operating model of direct delivery to complementarity and solidarity with local and national responders. We will increase financial support to local partners – including support for indirect costs and access to flexible funding to support anticipatory action – and will support local actors to increase their participation and leadership of national and sub-national coordination mechanisms.



GENDER EQUALITY AND PREVENTION OF GENDER-BASED VIOLENCE

We will implement the Humanitarian Gender and Gender Based Violence Minimum Actions in all responses and work across sectors to ensure that the unique needs, risks, capacities and priorities of women, girls, men and boys are identified and that assistance targets the persons and groups most in need. We will empower crisis-affected women and girls through initiatives including funding for women's rights organisations and girls' empowerment curriculum, ensuring they are safe from gender-based violence and identifying and dismantling barriers. We will also aim to influence more systemic changes in global, national and local structures and behaviours to protect the rights of women and girls and partner with girl-led and women-led initiatives.



Hasina (3, left) and Safika (2) are impacted by the drought in Somalia and receive support from Save the Children's water trucking project.

Photo: Sacha Mjers / Save the Children



ACCOUNTABILITY TO CHILDREN AND COMMUNITIES

We will be accountable to children and communities affected by crisis and ensure that children's voices, demands and expertise shape every humanitarian response in line with their needs and priorities. We will translate this commitment into action by consulting directly with children; strengthening inclusive child-friendly feedback and reporting mechanisms; and establishing meaningful opportunities for children and communities to participate in needs assessments, programme design, implementation, monitoring and evaluation.

Lando* 16, a tailoring student at Save the Children's activity centre for children affected by conflict in South Sudan

CONSULTING CHILDREN ON THEIR PRIORITIES

"We need to be involved in humanitarian decisions because we are the most vulnerable people who are being affected by the situation."

spoken by an adolescent girl in South Sudan

In South Sudan, Save the Children organised 28 focus group discussions with over 200 children aged 9 to 17, to discuss the impact that hunger, flooding and the COVID-19 pandemic have had on their lives. Consulting children is essential so that we can ensure that their needs are being addressed and that our humanitarian response is informed by their views, priorities and recommendations.

The key findings of the consultation are summarised in Save the Children's report, *"Consult us on what concerns us": Children's recommendations for the hunger response in South Sudan*. Children detail how they are dealing with hunger and how it impacts their day-to-day lives and that of their

peers, families and communities. In order to cope, children reported begging for food, sharing meals, reducing their daily food intake, eating from trees in the wild and seeking to distract themselves from the gnawing feeling of hunger by playing games with other children or reading.

Nearly all the children that were consulted spoke about the physical symptoms they experienced from constant hunger and malnutrition including dizziness, weakness, nausea and lethargy. In addition, the children noted the impact on their mental health and remarked on their inability to concentrate and learn.

The impact of the ongoing hunger crisis on children's education was stark. Children reported that they had lost interest in their education and observed increased absenteeism and rates of school dropout among their friends because of hunger. Children also discussed how hunger has made them more vulnerable and increased their risk of early and forced marriage, sexual abuse and exploitation, and engagement in child labour in order to keep hunger at bay and survive.



Photo: Thomas Japson Lay / Save the Children

The first airlift of emergency nutrition supplies arrives in Walgak, Akobo County in South Sudan.

FUNDING THE FRONTLINE

In early 2021, Save the Children launched the Humanitarian Fund to enable fast, efficient distribution of flexible resources to prepare and respond to evolving and complex needs around the globe. To date, the Humanitarian Fund has allocated US\$45 million to humanitarian responses in 47 countries to support the needs of 9.5 million people.

In mid-2021, the Humanitarian Fund released US\$8 million for response to acute and severe food insecurity in 20 countries. In line with our commitment to acting before crisis hits, country offices have accessed flexible support advanced preparedness and anticipatory action and we

have set a minimum threshold of 15% of funding for this purpose.

To support our Grand Bargain commitments to localisation, participation and gender equality, we will launch a new window to channel flexible funding to interventions that promote gender equality, prevent gender-based violence and ensure greater accountability to affected populations through child-focused consultations and adapted feedback and monitoring mechanisms. In line with our commitment to partnership and complementarity, local and national actors can access flexible funding directly from Save the Children's Humanitarian Fund.

CENTRALITY OF PROTECTION

We will protect children from harm caused by violations of their rights and the disproportionate impact of human rights violations on children. We will strengthen the centrality of protection in our responses by including conflict and child protection analysis; strengthening identification and response tracking of grave and other serious violations against children and engaging in clusters and Humanitarian Country Teams to support the specific protection needs of children.

ANTICIPATORY ACTION

We will reduce the impact of crises by acting earlier and will continue to adapt our decision-making and financial systems to support country offices to respond in line with early warning systems. We will allocate a minimum of 15% of unrestricted funding to pre-crisis response including emergency preparedness and anticipatory action. In addition, we will draw on evidence and learning from ongoing programmes to inform an Early Action Framework, which will include working in partnership with local and national actors to reduce the impact of forecasted shocks on children and communities.

EVIDENCE-BASED ACTION

We will deliver integrated programmes and advocacy informed by evidence of proven impact, expanding the use of evidence-based programming approaches. Where evidence is weak or insufficient, we will aim to strengthen it through standardised programme monitoring, high quality humanitarian evaluations and practical research, working in closer partnership with actors in the humanitarian system. We will systematically capture, disseminate and act on learnings from our responses through real time reviews aligned to the Core Humanitarian Standard.



Issa, aged 13, at school in Tillaberi region, Niger.

Photo: Apollon Bogaquer / Save the Children

REDUCING OUR ENVIRONMENTAL IMPACT

In line with the principle of “do no harm” and the United Nations Human Rights Council resolution on the right of children to a healthy environment and to be protected from the effects of environmental harm, we will avoid, minimise and manage the damage we cause to the environment, while maintaining our ability to provide timely and principled humanitarian assistance. We will implement sound environmental policies and systematically assess the immediate and longer-term environmental impact of all our work, including our programmes, procurement, logistics and premises. We will responsibly manage and use natural resources, including water, and reduce and properly manage the waste generated in our premises and by our programmes during humanitarian operations.

INFLUENCING AND ENGAGING WITH THE HUMANITARIAN SYSTEM

We will influence duty bearers at national, regional and international level to uphold children's rights in humanitarian contexts. We will advocate for principled humanitarian action and the expansion of services and protection to meet children's needs. Through global campaigning, we will aim to mobilise and expand a global movement to protect the rights of children most affected by COVID-19, conflict and climate change.

RESPONSE GOAL 1

Support children to have a healthy start in life

In 2022, Save the Children will continue to support high-quality essential public health services in humanitarian settings, which address the primary causes of excess child morbidity and mortality. Our public health response includes health, nutrition and WASH services for an integrated response to children's needs.

We will strengthen existing community and facility-based public health systems by working in support of partners or as a last resort, though direct service delivery – including through deployment of our Emergency Health Unit. This will include support to existing health centres and/or establishment of mobile primary healthcare and temporary facilities to reach displaced or under-served populations, when needed.

Save the Children will support the management of common childhood illnesses through Integrated Management of Newborn and Childhood Illness (IMNCI) at health facilities and Integrated Community Case Management (ICCM) at the community level. We will work with partners to reach children with essential preventative and curative services. We will prioritise the needs of women and girls by continuing to ensure the routine inclusion of critical maternal, newborn and reproductive health services.

Save the Children will provide an integrated response to malnutrition in humanitarian contexts based on nutrition surveillance, early action, integrated and community-based interventions. We will protect, promote and support appropriate Infant and Young Child Feeding (IYCF) and care practices through direct and indirect Infant and Young Child Feeding in Emergencies (IYCF-E) interventions, technical leadership, capacity strengthening, and advocating for all sectors to create an IYCF-friendly environment for emergency-affected caregivers and their children.



Aida* (19) and her daughter Zala* (2) live in an informal camp in Ethiopia, and access healthcare from the Emergency Health Unit

Save the Children will strengthen and protect routine nutrition services for the prevention and management of acute malnutrition and promote and support the scale-up of simplified approaches in the identification and treatment of acute malnutrition, through increased evidence and uptake of community approaches and through the management of at-risk mothers and infants under six months.

Underpinning our critical health and nutrition work, Save the Children will support children to access safe water and adequate sanitation facilities and perform basic hygiene practices. This entails providing sustainable WASH services at household, community, health care facilities and school level. Close coordination with our Emergency Health Unit will enable WASH to be effective in mainstreaming infection prevention and control (IPC) and WASH services in healthcare facilities and hospitals.

Photo: Sacha Myers / Save the Children



Photo: Ibrahim Saleh / Save the Children

Afrah* sits on her grandmother's knee as she has her MUAC measured outside her home in Yemen

Save the Children's trained health and nutrition volunteer takes the mid-upper arm circumference (MUAC) for Afrah* at one of their regular visits to her home. Afrah*, 15 months, lives in Lahj governorate, Yemen. She is the only child of her parents, and Afrah*'s father is the only breadwinner for the family, but his income is very low. Like most families in Yemen these days, the family is trying to survive with the bare minimum each day. When Afrah* was six months old, Save the Children's health volunteers conducted door-to-door visits and met Afrah* and her family. When they measured Afrah*'s mid-upper arm circumference (MUAC), it showed that she was suffering from malnutrition and so she was referred to Save the Children's health centre which was 30 minutes

away from her home. In the health centre Afrah* was diagnosed with Severe Acute Malnutrition (SAM) and received specialized treatment and nutritious supplies for a few months until the COVID-19 pandemic emerged. The pandemic limited the movements of the mobile team within the region and the family started to visit the health centre once a month instead of once every two weeks in order to receive plumpy'nut supplements. The visits to Afrah*'s home by the health volunteers continued. When Afrah*'s mother was ill or the weather was too hot, the volunteers helped them by bringing the plumpy'nut supplement to their home. Now, nine months later, Afrah* is fully recovered from malnutrition.

RESPONSE GOAL 2

Provide education and support children to return safely back to school and learning

Education is life-saving for children in crisis. It provides children with immediate physical, psychological and cognitive protection and serves as an entry point to other life-saving interventions. Children and communities consistently prioritise access to education during times of crisis and it is an essential component of quality and accountable humanitarian action.

Save the Children will work to increase the reach and quality of rapid and adaptive education responses to the impact of COVID-19, conflict and climate change on education systems. We will ensure that appropriate in person and remote learning approaches are used to ensure the learning and wellbeing needs of crisis-affected children are met. In addition, we will tackle the barriers that can reduce children's access to education. This includes providing cash and voucher assistance to families to help them overcome the financial barriers that keep children out of school, and coordination with child protection case management systems so that highly vulnerable children are supported to return to education.

Investment in local and rapid education response from day one of a crisis is an essential component of our approach to education in emergencies. This enables us to prepare and respond to risks to education including direct attacks on schools, climate-induced disasters and school closures due to the ongoing pandemic. We will train our staff and work with partners and local service providers to ensure operational and technical preparedness so that education can continue during a crisis. This will enable local responders to implement quality, risk-informed programming so that education can continue during a crisis and minimise loss of learning.

In addition to partnership with local and national responders and direct programme implementation, Save the Children will continue to support and lead effective and accountable coordination at both country and global levels. We will provide effective and inclusive co-leadership of the Global Education Cluster through direct staffing of cluster roles, and we will support technical and operational improvements in the areas of localisation, accountability to children and safeguarding.



Anwar*, 7, on his way to school in a camp in Idlib, NWS.

Photo: Save the Children's partner organisation – Ihsan for Relief and Development



Photo: Zuber Mohammed Sharzay/Save the Children

Children attending a Community Based Education class in Afghanistan.

Children like 10-year-old Damsa* (pictured, wearing white) have missed out on their education during the COVID pandemic and recent escalation in conflict in Afghanistan, but they are back attending classes thanks to Save the Children's community Based Education (CBE) programme

Damsa* told us:

"I love my class and classmates. A month ago, while I was at home due to security, our class was closed. I cried all day because I wanted to go to the class, but my parents helped me and taught me at home. I was not feeling good, but after a while, our CBE classes reopened. I

was happy and couldn't sleep the whole night because I couldn't wait to meet my teacher and classmates. I want to be a doctor in the future to help my people."

With the recent escalation in conflict, children's lack of access to education has worsened. Even before this time, education was at risk. The COVID-19 pandemic robbed girls of more than 20% of their expected lifetime education and boys of more than 10% of theirs. Save the Children is working across a number of programmes and areas to enable girls' and boys' access to learning in the short to medium term, while more sustainable support to the public education system is developed to eventually re-absorb a percentage of out-of-school children.

RESPONSE GOAL 3

Protect children from violence

In 2022, we will work with partners to ensure that children are protected from violence in humanitarian contexts. Save the Children will ensure that protection remains central to our humanitarian action by strengthening child protection analysis across sectors and further developing mainstreamed and integrated approaches to child protection, for example within cash and voucher assistance, in line with the Minimum Standards for Child Protection in Humanitarian Action. We will generate a body of evidence on the drivers of violations against children to inform effective prevention and response interventions. This will complement ongoing assessments on the drivers of recruitment and use of children by armed actors.

Save the Children will pilot a community-led child protection approach in different contexts and explore when and how to cede power to communities, to ensure that we support communities to prepare and respond to protection threats. In 2022, we will link our community-led child protection approach with community-led negotiations with armed actors, to expand the protection environment and access to services.

In addition, we will continue to strengthen our child protection case management work through implementation of our case management approach, Steps to Protect. This will enable us to address the needs of children with complex needs and their families in an appropriate, systematic and timely manner, using our child protection information management system, CPIMS+ and increasing accountability and resources for quality case management.

We will increase our focus on case management with children associated with armed forces and armed groups, and with migrant and displaced



Children attending a Child Friendly Space in Caracas, Venezuela

children. In response to an increased risk of sexual and gender-based violence for women and girls, we will increase our focus on prevention and response to sexual and gender-based violence including strengthening our child survivors mentoring programme and working at the community level to tackle the negative attitudes and behaviour that drive sexual and gender-based violence.

We will continue to strengthen our work to ensure that children are safe in and around schools and work with communities to address barriers to education, as we know that out-of-school children face increased protection risks. We will roll out new guidance on multi-sectoral approaches to mental health and psychosocial support, and strengthen our support for children with specific needs, such as children associated with armed forces and armed groups, survivors of sexual and gender-based violence (including early marriage) and unaccompanied and separated children.

Photo: Daniela A. Gómez / Save the Children



Photo: Hurras Network / Save the Children

Lara*, 7, looking outside the tent where she lives in a displacement camp in rural Idlib, North West Syria

Lara*, 7, lives in a displacement camp in rural Idlib, North West Syria. Lara* has eight siblings; six sisters and two brothers.

Three years ago, due to the escalation of violence and shelling, Lara* and her family were forced to leave their home in Maarat al-Numan in Idlib. The family moved to several areas. First to a town on the Syrian-Turkish border and then to other towns near their village, hoping that they could return home. However, due to continuing fighting, they were forced to settle in a displacement camp in northern rural Idlib. When Lara* was told that she was leaving their home, she put her toys in a bag and carried them with her during their

displacement journey. She decided to never open the bag of toys until the family would be back home. Lara* and her family now live in a tent that doesn't protect them from the cold in the winter nor from the heat in the summer. Lara's mother says that displacement affected her daughter's relationship with other children and that she's finding it hard to accept displacement and poverty.

Lara's parents feared that staying out of school could impact her psychological wellbeing and they worried she could end up illiterate, but she has now started attending a learning centre in the camp. Lara* says that one day she hopes to become a teacher and help out other school children.

RESPONSE GOAL 4

Provide safety nets and support resilient families

Save the Children will continue to promote the uptake of cash and voucher assistance wherever appropriate, to promote dignity and choice for crisis-affected communities. We will combine cash with a range of multi-sectoral interventions to target children's specific needs including health and nutrition, child protection and education.

We will continue to strengthen operational systems, simplify procedures without jeopardising quality or safeguarding, and work with partners to increase the overall volume of cash and voucher assistance that goes directly to families. Where cash and voucher assistance is not possible or appropriate to meet families' needs, we will provide in-kind food and non-food assistance to children and communities. In contexts where social protection systems are in place, we will actively establish linkages with humanitarian cash and voucher assistance to support safety nets to meet immediate needs and strengthen communities' and children's resilience during crisis.

Our humanitarian food security and livelihoods programmes support and protect household food and economic security and reduce reliance on negative coping strategies such as child labour, child marriage and withdrawing children from school. We will draw on market analyses to support local market actors to respond, recover - and where feasible - conduct analyses to anticipate market disruptions for specific commodities to prepare for and anticipate shocks, ensuring the availability of nutritious foods for children.

Save the Children will prioritise interventions that strengthen anticipatory action using food security analytical tools such as the Household Economic Analysis, Emergency Market Mapping and Analysis (EMMA) and Rapid Assessment of Markets (RAM) to model interventions against a forecasted shock, to protect and restore families' livelihood activities. We will also seek to restart or recover livelihood activities, by providing productive assets or inputs, with a focus on diversifying livelihood activities where feasible and appropriate.

Photo: Beatriz Bejarano / Save the Children



Paula, 9, a Mayan girl from Cunén, Quiché, in Guatemala. Save the Children assisted her and her family with cash transfers, hygiene and food kits.

"The COVID-19 pandemic had already affected us a lot," says Jenny, 33, "in terms of the economy." In her community, in Nicaragua's Nueva Segovia Department, the pandemic caused many people to lose their income and basic goods and services to go up in price. "It affected us a lot, because we could not eat like before because everything was more expensive. The children are underweight."

As if dealing with the effects of the COVID-19 pandemic was not difficult enough, the family was dealt another blow in November 2020: Hurricanes Eta and Iota. The area where she and her family live was hard-hit by both back-to-back storms, which brought strong winds and torrential rains that decimated the family's crops. "The hurricanes also affected us because the crops were destroyed," explains Jenny. "There was no corn, there were few beans...my husband had planted two plots of beans, and almost all of them were lost."

Save the Children is providing vulnerable families like Jenny's who lost everything in the storms with vouchers to help them purchase food and basic items. "This is a big help for the family. Today from the supermarket I brought the children cereals, rice, sugar, oil, pasta, and milk, which is the most important thing."

Photo: Elvis Gonzalez / Save the Children



Jenny, 33, and children Aurora, 2, and Jeremy, 7, in their home, with cereals bought with food vouchers provided by Save the Children.

Response monitoring framework

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.

#	RESPONSE GOAL	INDICATOR
1	Healthy start in life	Number of children who received treatment for acute malnutrition
2	Healthy start in life	Number of primary caregivers of children under two years old (0 – 23 months) counselled on Infant and Young Child Feeding (IYCF) at least once
3	Healthy start in life	Number of pregnant women counselled on Infant and Young Child Feeding (IYCF) at least once
4	Healthy start in life	Number of patients who received inpatient or outpatient treatment at a supported health facility or mobile clinic
5	Healthy start in life	Percentage of supported health facilities implementing the Minimum Initial Service Packages (MISPs) for sexual and reproductive health
6	Healthy start in life	Number of children and pregnant women vaccinated by supported health facilities, mobile clinics or vaccination campaigns
7	Healthy start in life	Percentage of supported households using improved sources of drinking water
8	Healthy start in life	Percentage of supported households using improved sanitation facilities
9	Healthy start in life	Number of individuals directly reached through water, sanitation, or hygiene services
10	Safe back to school and learning	Number of children participating in learning opportunities in humanitarian contexts
11	Safe back to school and learning	Percentage of Save the Children supported education clusters or working groups operating with a strategic response plan which reference localization, child safeguarding, or child participation
12	Safe back to school and learning	Number of countries engaged in education preparedness activities to be able to respond to acute crises

#	RESPONSE GOAL	INDICATOR
13	Protect children from violence	Percentage of children who report an improved sense of safety and wellbeing
14	Protect children from violence	Number of grave and other serious child rights violations identified
15	Protect children from violence	Percentage of children, adolescents, family members, caregivers and service providers who demonstrate improved mental health and/or psychosocial wellbeing
16	Safety nets and resilient families	Total amount (in US dollars) disbursed in the form of cash or vouchers
17	Safety nets and resilient families	Number of children reached through cash or voucher assistance
18	Safety nets and resilient families	Number of households reached through cash or voucher assistance
19	Safety nets and resilient families	Percentage of households with acceptable Food Consumption Score (FCS)
20	Safety nets and resilient families	Average Reduced Coping Strategies Index (rCSI) Score
21	Safety nets and resilient families	Number of individuals participating in food security and livelihoods activities
22	Gender	Percentage of humanitarian responses implementing a gender action plan
23	Accountability to affected populations	Percentage of people surveyed who are satisfied with Save the Children services and support
24	Localisation	Percentage of Save the Children funding given to local and national actors

ANNEX: SAVE THE CHILDREN'S FINANCIAL REQUIREMENTS AND TARGET REACH IN 2022

Asia

COUNTRY	HEALTHY START IN LIFE	SAFE BACK TO SCHOOL AND LEARNING	PROTECT CHILDREN FROM VIOLENCE	SAFETY NETS AND RESILIENT FAMILIES	TOTAL	TOTAL TARGET REACH	TOTAL TARGET CHILDREN REACH
Afghanistan	\$25,385,120	\$23,100,000	\$8,754,000	\$30,119,360	\$87,358,480	1,923,672	983,546
Bangladesh	\$10,258,043	\$4,500,000	\$6,500,000	\$7,542,831	\$28,800,874	6,202,319	1,394,892
Myanmar	\$11,291,629	\$6,580,000	\$3,000,000	\$34,395,239	\$55,266,868	790,211	365,528
Pakistan	\$1,791,264	\$1,149,200	\$1,032,376	\$1,047,540	\$5,020,380	228,900	114,272
Philippines	\$4,700,000	\$1,900,000	\$1,400,000	\$4,900,000	\$12,900,000	115,002	35,651
Total	\$53,426,056	\$37,229,200	\$20,686,376	\$78,004,970	\$189,346,602	9,260,104	2,893,889

East and Southern Africa

COUNTRY	HEALTHY START IN LIFE	SAFE BACK TO SCHOOL AND LEARNING	PROTECT CHILDREN FROM VIOLENCE	SAFETY NETS AND RESILIENT FAMILIES	TOTAL	TOTAL TARGET REACH	TOTAL TARGET CHILDREN REACH
Burundi	\$765,500	\$3,963,452	\$1,600,000	\$0	\$6,328,952	234,054	216,983
Ethiopia	\$32,346,656	\$25,525,318	\$10,170,000	\$25,738,475	\$93,780,449	4,046,065	2,239,578
Kenya	\$7,500,000	\$500,000	\$1,000,000	\$5,200,000	\$14,200,000	175,980	133,125
Madagascar	\$700,000	\$500,000	\$500,000	\$800,000	\$2,500,000	65,625	36,525
Mozambique	\$2,600,000	\$3,300,000	\$2,600,000	\$2,400,000	\$10,900,000	216,750	127,500
Rwanda	\$2,872,272	\$0	\$1,326,848	\$0	\$4,199,120	2,168,555	1,168,809
Somalia	\$36,702,506	\$8,580,000	\$5,850,000	\$27,400,000	\$78,532,506	1,218,973	621,667
South Sudan	\$16,365,364	\$8,450,000	\$1,548,500	\$9,286,725	\$35,650,589	1,106,788	581,414
Sudan	\$41,861,896	\$9,147,880	\$6,481,114	\$7,290,000	\$64,780,890	296,321	194,184
Uganda	\$4,500,000	\$15,000,000	\$4,250,000	\$2,300,000	\$26,050,000	390,536	287,997
Tanzania	\$40,000	\$2,500,000	\$3,500,000	\$0	\$6,040,000	726,563	300,000
Zambia	\$700,000	\$250,000	\$195,000	\$750,000	\$1,895,000	460,879	279,512
Zimbabwe	\$2,344,000	\$1,600,000	\$1,421,567	\$1,550,000	\$6,915,567	95,067	47,405
Total	\$149,298,194	\$79,316,650	\$40,443,029	\$82,715,200	\$351,773,073	11,107,089	6,187,294

Latin America and Caribbean

COUNTRY	HEALTHY START IN LIFE	SAFE BACK TO SCHOOL AND LEARNING	PROTECT CHILDREN FROM VIOLENCE	SAFETY NETS AND RESILIENT FAMILIES	TOTAL	TOTAL TARGET REACH	TOTAL TARGET CHILDREN REACH
Colombia	\$6,462,025	\$5,422,808	\$6,246,765	\$9,013,936	\$27,145,534	299,908	171,061
El Salvador	\$0	\$6,500,000	\$985,000	\$3,300,000	\$10,785,000	558,967	162,274
Guatemala	\$2,445,591	\$605,000	\$628,123	\$6,125,533	\$9,804,247	90,070	48,484
Haiti	\$1,130,778	\$325,000	\$1,795,456	\$882,363	\$4,133,597	74,928	35,305
Peru	\$3,717,439	\$710,101	\$636,492	\$11,916,069	\$16,980,101	71,021	33,308
Venezuela	\$4,500,000	\$3,500,000	\$4,100,000	\$3,000,000	\$15,100,000	376,411	208,390
Total	\$18,255,833	\$17,062,909	\$14,391,836	\$34,237,901	\$83,948,479	1,471,305	658,822

Middle East and Eastern Europe*

COUNTRY	HEALTHY START IN LIFE	SAFE BACK TO SCHOOL AND LEARNING	PROTECT CHILDREN FROM VIOLENCE	SAFETY NETS AND RESILIENT FAMILIES	TOTAL	TOTAL TARGET REACH	TOTAL TARGET CHILDREN REACH
Egypt	\$3,125,000	\$1,460,000	\$3,050,000	\$1,310,000	\$8,945,000	40,035	11,990
Iraq	\$2,300,000	\$1,100,000	\$886,460	\$6,800,000	\$11,086,460	187,046	70,464
Lebanon	\$3,200,000	\$9,000,000	\$7,400,000	\$12,400,000	\$32,000,000	169,500	115,715
NAMI	\$0	\$5,000	\$15,000	\$0	\$20,000	8,000	5,000
oPt	\$1,365,049	\$1,066,000	\$1,757,450	\$1,867,133	\$6,055,632	78,190	64,174
Syria	\$8,000,000	\$12,000,000	\$7,000,000	\$5,000,000	\$32,000,000	436,200	231,400
Turkey	\$0	\$899,000	\$2,180,000	\$1,027,000	\$4,106,000	9,620	5,075
Ukraine	\$300,000	\$1,200,000	\$500,000	\$600,000	\$2,600,000	22,290	16,213
Yemen	\$56,552,973	\$11,324,532	\$4,500,000	\$26,180,244	\$98,557,749	1,638,172	1,021,201
Total	\$74,843,022	\$38,054,532	\$27,288,910	\$55,184,377	\$195,370,841	2,589,053	1,541,232

*NAMI is the North Africa Middle East Initiative.

West and Central Africa

COUNTRY	HEALTHY START IN LIFE	SAFE BACK TO SCHOOL AND LEARNING	PROTECT CHILDREN FROM VIOLENCE	SAFETY NETS AND RESILIENT FAMILIES	TOTAL	TOTAL TARGET REACH	TOTAL TARGET CHILDREN REACH
Burkina Faso	\$4,000,000	\$3,000,000	\$2,000,000	\$6,000,000	\$15,000,000	318,750	263,500
DRC	\$22,860,750	\$5,688,400	\$9,793,238	\$2,432,950	\$40,775,338	1,571,499	877,645
Mali	\$6,500,000	\$4,000,000	\$1,000,000	\$5,000,000	\$16,500,000	719,250	460,320
Niger	\$3,000,000	\$4,000,000	\$1,800,000	\$1,950,000	\$10,750,000	421,838	268,935
Nigeria	\$15,500,000	\$17,000,000	\$5,000,000	\$43,000,000	\$80,500,000	1,911,000	1,530,000
Total	\$51,860,750	\$33,688,400	\$19,593,238	\$58,382,950	\$163,525,338	4,942,337	3,400,400

Cover photo

Karma*, 11, in a displacement camp in North Western Aleppo, Syria.



Save the Children