



Save the Children

# HUMANITARIAN PLAN 2024



**ACTING NOW TO PROTECT  
CHILDREN'S FUTURES**

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\*Names have been changed to protect identities

Cover photo: Fabeha Monir/Save The Children  
Baby Taiyeba, 9 months, smiles at her mother Sultana as Jafrin Begum measures her with a MUAC band in a Community Clinic in Sylhet, Bangladesh.

## FOREWORD

### Children's lives, safety, well-being, and futures are under attack in an increasingly dangerous and unequal world.

In 2023 millions of children suffered the consequences of conflict, extreme climate events, deadly disease outbreaks, global economic shocks, and mass displacement, which threaten their safety, wellbeing and futures.

In 2024 these threats are only set to intensify. Nearly 300 million people – or **1 in 27 people** – will require humanitarian assistance this year. Conflict and climate disasters have also forced more people from their homes than at any other time since the beginning of the century, leaving millions in need of protection and support to access essential services.

Save the Children's 2024 Humanitarian Plan sets out our commitments for the year ahead to protect children in humanitarian settings from the profound immediate and long-term impacts on their survival, protection and learning. We will aim to assist approximately **27.4 million people, including 15.9 million children, across 46 countries** in response to what is undeniably the most significant threat to children's rights in recent memory. We will require **\$1.3 billion in funding** to do this.

The challenges that 2024 bring are daunting, but with collective action – collaborating with children, communities, partners, governments, international institutions, and our supporters – we can accelerate and amplify impact for children facing today's greatest threats.

**Together we will ensure no child is left behind.**



A handwritten signature in blue ink that reads "Inger".

**Inger Ashing**

Chief Executive Officer,  
Save the Children International





Omar\*, 2, looks out at a destroyed street in Gaza.

## GLOBAL HUMANITARIAN OUTLOOK FOR 2024

**In recent years, the world has become increasingly hostile to children and their rights. Large-scale drivers of needs – climate disruption, armed conflict and economic shocks – are accelerating at a time when the most vulnerable enjoy fewer protections.**

Unfortunately, 2024 will likely see a continuation of these trends, as global humanitarian needs persist at alarming levels, against the backdrop of significantly curtailed operational space, stagnant humanitarian funding, deteriorating rights norms, and a response sector overwhelmed by the scale, frequency, and complexity of crises.

More than 83% of people in need live in countries that have had an ongoing emergency response for at least five consecutive years. In these contexts, reliance on humanitarian funding has become the norm with less development assistance available. However, where the underlying causes are political, humanitarian aid alone cannot be a solution. The reality is that the multiple drivers of need create a context where development and humanitarian response must overlap.

New research in 2023, revealed that the number of children living in conflict zones has reached 468 million – a doubling since 1990. As an increasing number of countries fight within and across their borders, state actors are now responsible for more than half of all grave violations against children.

In 2023 the climate emergency continued to accelerate, and in many places its impacts collided with the effects of state fragility, armed conflict, and poverty. This is expected to continue in 2024, exacerbating and creating new drivers of need. For example, children who are displaced by climate change often end up in areas where there are limited services, such as health or education.

Meeting these rising challenges requires a reckoning with the sector's current limitations. By the middle of 2023, the gap between humanitarian resources and requirements was the highest ever. The absence of funding requires us to become more efficient, including by placing an emphasis on anticipatory action. But this comes at a time when funding earmarked for risk reduction is falling.





Delmy, 10, Maria Elena, 12, and Anabely, 11, in their school playground in Quiche District, Guatemala.

# SAVE THE CHILDREN'S APPROACH TO HUMANITARIAN ACTION

We are committed to upholding the rights of every child in all our work, regardless of their circumstances. We do this by ensuring our humanitarian responses are:

- based on the humanitarian principles of humanity, neutrality, impartiality and independence
- align with the UN Convention on the Rights of the Child
- incorporate the Core Humanitarian Standards
- adhere to our own approaches, which are summarised below.

As a dual-mandate organisation, we are well-placed to strengthen the links between our humanitarian work and development programming, whether we or our partners deliver it. In 2024, we will expand these links, ensuring a stronger nexus focus.

## 1. ANTICIPATORY ACTION AND EMERGENCY PREPAREDNESS



Anticipatory action has the potential to reduce the impact of disasters on vulnerable populations, allowing for more effective and timely interventions to protect children and communities. In the last year, we have developed good practice, guidance and tools, established new partnerships and, in many of our country offices, developed context-specific early action plans. Many of these plans address the anticipated impact of El Niño in the first part of 2024.

## 2. CENTRALITY OF PROTECTION



Our Centrality of Protection Policy outlines our individual and collective responsibility to protect children in humanitarian action. A total of 22 responses have incorporated the policy into their procedures, with results across operations, advocacy and programmes. We will use the lessons we have learned in 2023 to review and further strengthen the policy and procedures in 2024.

In an **independent review** of the Inter-Agency Standing Committee Protection Policy, the Overseas Development Institute found that Save the Children is the only organisation with its own Centrality of Protection Policy. In addition, Save the Children goes further than other organisations by including accountability for crimes against children.

## 3. LOCALLY-LED HUMANITARIAN ACTION AND COORDINATION



Local and national actors (L/NAs) are essential in supporting children's rights and humanitarian needs. Our role is complementary to and supportive of L/NAs, and we will reinforce and not replace existing capacities. In 2024 we intend to increase the number of equitable partnerships with a diversity of L/NAs, including with women's rights organisations and youth/child-led groups. We will ensure L/NAs are actively participating in the design of the response, increase the percentage of funding they receive, offer demand-driven capacity strengthening and support L/NAs' co-leadership in humanitarian coordination in line with our **Localisation Policy** and the ambition **Local to Global for Impact**.



## 4. ACCOUNTABILITY TO CHILDREN AND COMMUNITIES



At Save the Children, we are committed to hearing the voices of children and communities; respecting and valuing their rights, insights and preferences; and addressing their concerns. In all responses, we will provide access to timely and relevant information, and inclusive and child-friendly feedback and reporting channels. We will create opportunities for children and communities to meaningfully participate at all stages of programme implementation and advocacy.

Following the positive findings from pilots in Iraq and Ethiopia, the User Centred Community Engagement approach (UCCE) remains a top priority for Save the Children's water, sanitation and hygiene (WASH) programming. All too often, WASH facilities are designed without considering the specific needs of user groups, leading to poor uptake. UCCE helps rapidly assess the use of these services and facilitates the co-creation of child-friendly WASH infrastructure, such as latrines and handwashing stations. In 2023, in Bangladesh, under an ELRHA/HIF funded award, we partnered with Eclipse and the Institute for Drug Delivery and Biomedical Research of Dhaka to provide advisory support for this innovative approach to engaging with communities and children in designing child-friendly WASH infrastructure.

## 5. INCLUSION AND EQUALITY



We know that humanitarian crises exacerbate discrimination and inequality, so we will consciously address these through our response, no matter what form they take. We prioritise inclusive, quality, and equitable access and participation for all, emphasising gender equality through an intersectional approach, considering factors like age, gender identities, sexual orientation, race, ethnicity, disability, socio-economic status, displacement status, and nationality.

## 6. EVIDENCE-BASED ACTION



We are committed to providing high-quality humanitarian responses which are grounded in evidence. In cases where that is lacking or inadequate, we will invest in conducting practical research in 2024. Additionally, we will consistently collect and apply learning gleaned from our responses. Throughout this document, we spotlight some of the research projects recently conducted or planned. We will use the findings to not only improve our work and to form the basis of our advocacy, but also to contribute to global thought leadership.

## 7. ADDRESSING THE ENVIRONMENT IN HUMANITARIAN ACTION



In April 2023, we updated our policy on environmental sustainability and climate change, and we will continue to use this to guide our humanitarian work. We will also continue to actively look for ways to ensure that our humanitarian work is not only considerate of its potential environmental impact, but also that our responses seek to maximise potential environmental enhancements and benefits while achieving humanitarian goals for children.





A boy reads a Save the Children sign that shows a phone number for community feedback, in Herat province, Afghanistan, following devastating earthquakes.



Widad\*, 8, plays with a toy house during a psychosocial support session, Syria.

## HUMANITARIAN POLICY AND ADVOCACY

**The anticipated context will require Save the Children to engage in advocacy, alongside our humanitarian response, to bring meaningful change for children in crises.**

Save the Children will encourage governments to scale up humanitarian diplomacy efforts to ensure children and their families receive the assistance they need and ensure their rights are respected, even in the most difficult and protracted crises.

Constraints on humanitarian access, compounded by restrictions on civic space and the risk of humanitarian aid becoming more politicised, mean that organisations like Save the Children will face immense challenges to make sure aid reaches children who need it most. We will invest in navigating complex environments to ensure we remain impartial, independent, and principled.

Save the Children will advocate to ensure the humanitarian sector is as effective as possible in

responding to crises. We will make sure the impact of predictable crises – which make up half of all crises – is reduced by advocating for the resources to scale up anticipatory action. We will also champion the centrality of protection in humanitarian crises by demanding adherence to international humanitarian and human rights law, ensuring the protection and rights of children are a central component of all humanitarian response plans, and promoting accountability to children. With more crises around the world impacted by severe climate shocks, we will advocate for response, risk reduction and adaptation plans to be fit for purpose and that efforts are coordinated across humanitarian and development partners to maximise effectiveness.



# RESPONSES PLANNED FOR 2024

## COUNTRIES INCLUDED IN THE 2024 HUMANITARIAN RESPONSE PLAN



### REGIONAL OFFICE REACH AND FUNDING TARGETS

REGION	HEALTHY START IN LIFE	SAFE BACK TO SCHOOL AND LEARNING	PROTECT CHILDREN FROM VIOLENCE	SAFETY NETS AND RESILIENT FAMILIES	TOTAL FUNDING TARGET	TOTAL TARGET REACH	TOTAL TARGET CHILDREN REACH
ASIA	\$63,807,644	\$69,087,198	\$22,184,269	\$95,174,015	\$250,253,126	4,094,184	2,013,443
EAST AND SOUTHERN AFRICA	\$153,058,104	\$59,752,850	\$45,683,589	\$132,053,931	\$390,548,474	10,762,208	6,285,558
LATIN AMERICAN AND CARIBBEAN	\$38,432,846	\$14,613,660	\$23,484,432	\$37,517,119	\$114,048,058	2,230,626	1,139,216
MIDDLE EAST AND EASTERN EUROPE	\$88,789,097	\$97,276,079	\$95,498,046	\$103,201,584	\$384,764,805	4,542,883	2,978,549
WEST AND CENTRAL AFRICA	\$70,456,555	\$30,100,030	\$32,032,016	\$46,001,933	\$178,590,534	5,793,514	3,554,630
<b>TOTAL</b>	<b>\$414,544,246</b>	<b>\$270,829,817</b>	<b>\$218,882,352</b>	<b>\$413,948,582</b>	<b>\$1,318,204,997</b>	<b>27,423,415</b>	<b>15,971,396</b>

See appendix for country office breakdown.



## RESPONSE GOAL 1

### SUPPORT CHILDREN TO HAVE A HEALTHY START IN LIFE

**Save the Children has articulated a global goal of ensuring every child has a healthy start in life.**

To achieve this goal, we will reach the world's most vulnerable children with critically important integrated public health interventions. This includes increasing access to high-quality essential health and nutrition services in humanitarian contexts, where a disproportionate number of women and children die each year from preventable causes. It also includes the timely establishment or continuation of direct services where needed, and providing support for services led by local and national health authorities wherever possible. We will also develop, document, and diffuse innovative public health interventions and delivery approaches, and strengthen capacities within Save the Children, partner organisations, communities and the wider humanitarian sector. The focus will be on **shifting power to better support locally-led humanitarian programming**. We will leverage humanitarian public health strengths across the organisation to deliver on these commitments. These resources include technical and operational teams at country, region and global levels.

Specific to humanitarian health, Save the Children will work to increase the quality and scale of our humanitarian health interventions by improving access to community and primary health care services with a comprehensive package. Essential services will continue to include maternal, newborn, and reproductive health care, recognising the need to renew our focus on sexual reproductive health.

We will provide our staff and partners with the necessary knowledge, tools, and skills to provide quality services for the clinical management of rape and intimate partner violence. We will deliver routine and mass vaccination programmes, focusing on prevention and response to communicable disease outbreaks, including surveillance at community and facility levels. We will also support the management of common childhood illnesses through integrated management of newborn and childhood illness (IMNCI) at primary health care facilities and integrated community case management (ICCM) at community level. All our health interventions will continue to be **driven by data**, through investment in data applications, and by both **anticipatory action and consideration of climate impacts**.

Save the Children's **Emergency Health Unit** will continue to respond to disease outbreaks, conflict, and climate-based emergencies, all of which impact on children's health and wellbeing. The unit will adapt to meet changing demands in the current humanitarian landscape. This will include the development of a training module to include remote management. We will also implement a mentorship pilot programme **to increase local capacity to respond** to humanitarian crises. In addition, we will focus on finalising our accreditation as a World Health Organisation (WHO) Emergency Medical Team and continue to explore diverse funding opportunities.



Sifa\*, 33, with her newborn child and a Save the Children health worker in a displacement camp in the Democratic Republic of Congo.

## IDENTIFYING MARKERS OF QUALITY FOR MOBILE CLINIC INTERVENTIONS IN HUMANITARIAN CONTEXTS:

Mobile health and nutrition clinics are used across many humanitarian contexts. However, evidence on the quality of care that mobile clinics can provide is very limited. Over the last few years, Save the Children has been leading research aimed at addressing these evidence gaps through USAID Bureau for Humanitarian Assistance (BHA)-funded qualitative research, which included data from global experts, service providers, and users and non-users of mobile health and nutrition services in Afghanistan, Ethiopia, and Syria. In all, 28 agencies participated, contributing data and working with key informant interviews, focus-group discussions, client exit interviews and direct observations conducted at mobile clinic sites.

The research confirmed that multiple modalities of mobile clinics exist, and there is no agreed definition used across humanitarian partners. There is also no agreement on definitions of quality of care, and an absence of a systematic

process to decide when mobile clinics should be used. Several themes emerged that affect the quality of care provided, including human resources, supplies, logistics, availability of technical support, infrastructure, service package, patient privacy and infection prevention and control.

Based on the findings, the research team recommended 23 markers of quality for mobile health and nutrition clinics. The findings were validated in workshops in Afghanistan, Ethiopia, and Syria and with Global Health Cluster partners. Two papers have been written for peer reviewed journal publication. Now, with additional funding from BHA and the Bill and Melinda Gates Foundation, the next phase of this project will develop a guide for service providers to apply and operationalise the identified markers of quality alongside a decision-making framework for the appropriate use of mobile clinics.

## RESPONSE GOAL 1

In humanitarian nutrition, Save the Children leverages strengths in three primary focus areas: the prevention and treatment of wasting; infant and young child feeding in emergencies (IYCF-E); and the management of small and nutritionally at-risk infants (<6m) and their mothers (MAMI).

In support of these primary focus areas, we are also strengthening social protection safety nets. This includes growing and refining the use of cash and vouchers assistance (CVA) for nutritional outcomes; improving services for non-breastfed infants and young children; and strengthening mental health and responsive feeding and care interventions in nutrition programmes. We will take a child-centric approach to support children and their caregivers **to access integrated, high-quality services** in the prevention, identification, and treatment of malnutrition. Our strategies focus on the caregiver-child dyad, putting the child's health, growth, and development at the forefront, while recognising the critical

impact a parent's mental and physical health can have on the health of their youngest children. We will also continue to improve our programmatic response to the unique needs of people with disabilities.

Save the Children will maintain its leadership roles in humanitarian nutrition technical fora, with the strategic intention of representing operational agencies in thought leadership and advocacy. We will endeavour to leverage programme learning and represent the lived experiences of mothers, health workers, and programmers to inform regional and global platforms. From 2023-2025, Save the Children will co-chair the Global Nutrition Cluster Technical Alliance, designing, leading, and supporting approaches to improve the quality of responses and services. We deploy technical staff in IYCF-E, MAMI, and CVA for nutrition, and plan to apply this technical expertise in 2024 to support governments to update their national policies, following the recent adaptation of WHO wasting guidance.

### UNDERSTANDING THE SEXUAL AND REPRODUCTIVE HEALTH EXPERIENCES OF REFUGEE AND HOST COMMUNITY ADOLESCENTS AND YOUNG PEOPLE IN RWANDA DURING COVID-19:

Save the Children Rwanda conducted research using an innovative approach to gather data from 745 adolescents and young people in Mahama refugee camp and the surrounding host community. Many adolescents and young people reported significant difficulties accessing sexual and reproductive health (SRH) information and services, including stigmatisation among service providers. Provider biases and negative attitudes were repeatedly cited as barriers. Stories collected during COVID-19 show how

these biases and judgmental attitudes continue to adversely affect access to and use of SRH services for young people. Coercive, non-consensual, and transactional sexual incidents were reported by adolescents and young people. This study adds to the evidence, making the case for increased SRH prioritisation for adolescents and young people in humanitarian settings, particularly when facing overlapping crises, like during the COVID-19 pandemic. The full report can be found [here](#).



## MANAGEMENT OF SMALL AND NUTRITIONALLY AT-RISK INFANTS UNDER SIX MONTHS AND THEIR MOTHERS (MAMI):

Globally, approximately one in five infants under six months are malnourished. Yet strategies for preventing and managing infant growth failure have been largely overlooked as an area for action, with malnourished **infants left neglected**. Over the last 10 years, Save the Children has joined the MAMI Global Network to develop and refine **the MAMI Care Pathway**, guiding programme implementation to address this unmet need. By leveraging our strengths and learning, MAMI implementation is progressively improving. Save the Children has established the MAMI Care Pathway in Somalia, Nigeria, Kenya, Mozambique, Bangladesh, Afghanistan, Yemen, Syria, and Colombia. We've developed and refined key implementation tools, such as an implementation training package and MEAL guidance, published in October 2023.

In 2023 we have created and piloted low-literacy MAMI tools to aid the early identification and support of at-risk infants in the community. The tools focus on identifying solutions for strengthening services for 'Mothers in MAMI'. This includes understanding and responding to the specific needs of adolescent mothers. We are strengthening the nutritional, mental health and psychosocial support that mothers in MAMI receive, by using evidence-based interventions and building the capacity of frontline health workers. We are also exploring ways to strengthen links between reproductive health, newborn health and nutrition teams to help prevent low birthweight and premature births – key risk factors for malnutrition in infants.

[Link to resources](#)

10-month-old girl Marium\* eating Ready to Use Therapeutic Food (RUTF), provided through Save the Children's Mobile Health Team, Afghanistan.



## RESPONSE GOAL 1

Underpinning our critical humanitarian public health work, and contributing to food security and nutrition outcomes, we will increase children's access to safe water and adequate sanitation facilities, and ensure they can carry out basic hygiene practices. This entails working beyond first-phase responses, adopting early recovery, disaster risk reduction, and nexus approaches and providing climate-resilient and sustainable water sanitation and hygiene (WASH) services. Our focus will be at household and community level, at health care facilities, inside child-friendly spaces, and in schools to mitigate climate-change-related shocks. Working alongside Save the Children's Emergency Health Unit we will provide for infection prevention and control, and for early response in health care facilities. Quality will be sustained with an innovative capacity-strengthening approach, where we will work with local training institutes to increase their capacity to deliver high-quality public health courses. Working with other

international NGOs and clusters, this will target both the capacity-building entities and humanitarian workers who cannot access master's degree level training.

We will also continue to provide leadership, advocacy and technical excellence within the broader humanitarian sector to ensure national and international NGOs have the tools, knowledge, and skills to support communities and local authorities effectively respond to major epidemics and pandemics. The Save the Children-led **READY initiative** is supporting national and international NGOs to more effectively respond to major disease outbreaks in humanitarian settings by providing a diverse capacity-strengthening portfolio, knowledge and best-practice sharing, and engagement with key coordination groups to identify and respond to real-time needs. Save the Children and the READY consortium will continue **to provide this support through integrated and community-centred approaches.**

### OUTBREAK READINESS DIGITAL SIMULATION:

Save the Children (and consortium partners engaged in the BHA-funded **READY initiative**) are using innovative technology to strengthen the readiness of NGOs to respond to large-scale infectious disease outbreaks in humanitarian contexts. Through a unique, digital interpretation of an outbreak simulation, the **Outbreak READY! series** brings the complex nature of a humanitarian outbreak response to life, using serious computer games that allow participants to test and refine their readiness, skills and knowledge. In our newest simulation, **Outbreak READY 2!: Thisland in Crisis**, the learner takes the role of a Health Programme Manager leading the health response for a

medium-sized, international NGO operating in a fictitious, low-income country that has experienced recent civil conflict, mass displacement, and an influenza epidemic. *Outbreak READY 2! Thisland in Crisis*, builds on, but is independent from, *Outbreak READY!* in which the learner takes the role of a Team Leader during an influenza epidemic. In 2023, Save the Children was named among FastCompany's Most Innovative Companies of 2023, with *Outbreak READY!* highlighted as one of our core innovations. In 2024, Save the Children will focus on further translation, dissemination, and uptake of these exciting new tools.





People queuing to get clean water provided by Save the Children after floods destroyed infrastructure in southern Somalia.



## RESPONSE GOAL 2

### PROVIDE EDUCATION AND SUPPORT LEARNING

**Education is life-saving for children in crisis. It provides them 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. And yet recent **research** indicates that the number of crisis-affected school-aged children and adolescents requiring educational support has grown from an estimated 75 million in 2016 to 222 million today. Of these, as many as 78.2 million are out of school, and close to 120 million of those in school are not achieving minimum proficiency in maths or reading.

To address the learning crisis and minimise the impact of learning disruptions resulting from conflict, displacement, and climate change, we will ensure learning continuity using quality, adaptive education responses and joint advocacy.

Acting on foresight, we will prepare for humanitarian crises in order to mitigate the impact on children's education. This is a crucial first step for ensuring education systems are adaptable and able to rapidly respond in times of crisis, minimising disruption to children's education. We will work in partnership with various stakeholders, including children, to develop school-level and community-based early warning systems and to put in place contingency plans. **Our Education in Emergencies (EiE) Day 1 preparedness approach** will continue to support country teams to assess their technical and operational preparedness and implement advanced preparedness activities to strengthen our ability to deliver quality learning and wellbeing for children at the very onset of a humanitarian crisis.

We will ensure that all humanitarian responses include holistic learning, protection and mental health and psychosocial support.

We will work collaboratively across sectors to provide alternative learning opportunities to minimise disruption. **Working with local partners, community stakeholders and government counterparts will be essential to achieve this.** In a bid to strengthen the resilience of education systems and enhance localised response capacity, we will continue to expand our flagship EiE capacity-building programme and the **Enabling Teachers common approach**. This will ensure continuous, blended professional teacher development and wellbeing, which will be linked to national teacher competency frameworks.

#### RAPID INTEGRATED RESPONSE (RIRE):

As part of a strategic partnership with the European Commission, Save the Children has developed RIRE, an approach that uses cross-sectoral and highly localised mobile teams to respond within 48-72 hours to children's immediate protection, wellbeing and learning needs. RIRE has been used to respond to acute emergency situations in Burkina Faso, Niger and Mali, with plans to scale up this work to other contexts in 2024.



Children take part in catch up lessons at a primary school in Kyangwali refugee settlement in Uganda.

## ANTICIPATORY ACTION IN EDUCATION:

Save the Children is leading at the sector-level to define what child-focused anticipatory action in education looks like in practice. We developed the first **Education and Anticipatory Action Guidance** globally and are leading the Global Education Cluster's Task Team on Preparedness and Anticipatory Action to bring this expertise to the sector. We are building on learning from contexts like Madagascar, where we took

anticipatory action to mitigate the impact of Cyclone Freddy on children in 2023. We were able to reduce the damage to school buildings, preserve teaching and learning materials, and share life-saving information in classrooms in the days before the cyclone made landfall. Children were able to return to learning quickly after the storm and the disruption to their education was minimised.

## RESPONSE GOAL 2

We will strengthen our engagement with the wider school communities, such as caregivers and local leaders, since they are the biggest enablers of quality learning outcomes. We will use tested approaches to continuously measure children's holistic learning outcomes, employing methods that are inclusive, flexible, and appropriate for the most vulnerable groups.

In addition, we will tackle the barriers that reduce children's safe access to learning. This will involve a regional mapping of the profiles of out-of-school children, which will enable us to provide targeted interventions to support their learning needs. We will make sure that learning pathways align with national policies or frameworks on the provision of non-formal education, ensuring that children and young people can track in various pathways, including formal education.

Save the Children will continue to support and lead effective coordination at country, regional and global levels. This will be through co-leadership of the Global Education Cluster (GEC), providing direct staffing of cluster roles and supporting technical and operational improvements in the areas of localisation; accountability to children; child safeguarding; and safe and protective learning, with emphasis on child protection, EiE, safeguarding and gender-based violence mitigation. In light of climate change and the learning crisis, the GEC has a renewed focus on driving quality learning and wellbeing, as well as preparedness and anticipatory action through cluster partners.

### APPLYING THE ENABLING TEACHERS COMMON APPROACH IN HUMANITARIAN SETTINGS:

Teaching is the most significant in-school factor when it comes to children's learning and development. The way in which we need to support teachers differs depending on the context and phase of a response. As a result, we've adapted our Enabling Teachers Common Approach for the different phases of a humanitarian response, including what to consider as part of anticipatory action. The adaptation includes how to support teachers in low-resource and complex settings; how to lay

the foundations allowing for full implementation later; and how to better integrate the approach into humanitarian architecture.

At the time of writing, the adapted approach is being piloted, and three or four pilots of the approach should be completed by mid-2024. At the end of these pilots, a review and evaluation of the adapted approach will take place before it is rolled out more widely.





Girls play the Mine Danger board game during a mine awareness session in Kyiv region, Ukraine.

## RESPONSE GOAL 3

### PROTECT CHILDREN FROM VIOLENCE

**In 2024, we will continue to focus on mainstreaming and integrating child protection across all sectors, as part of our commitment to our Centrality of Protection policy.**

We will roll out a multi-sectoral approach to the prevention, mitigation and response to sexual and gender-based violence through professional skills development. We will continue to increase knowledge and skills on mental health and psychosocial support (MHPSS) approaches across sectors and grow our capacities in-country to deliver MHPSS interventions. We will also continue to play a leadership role in the generation of evidence, and development of guidance and capacity building on how cash and voucher assistance can be used to protect children. In order to promote integrated programming from the initial stages of a humanitarian response, we will pilot new guidance on group activities that support children's protection, wellbeing and learning in crises. The focus on mainstreaming and integration will be amplified through our leadership on working across sectors within the [Alliance for Child Protection in Humanitarian Action](#), with a particular focus on child protection and health.

We will promote learning on child protection systems-building by documenting a series of case studies in crises and transitional contexts.

We aim to strengthen our work to protect individual children in families, schools and communities by promoting a humanitarian focus in our common approaches. Following the launch of the revised [Steps to Protect common approach](#), we will generate further guidance on working with children associated with armed forces and armed groups, and with LGBTQI+ children and families. At the family level, we will supplement our [Safe Families common approach](#) by strengthening how we support foster families to care for children, including those who may have experienced loss or have complex needs.

Through research in Colombia, the Democratic Republic of Congo (DRC) and Syria, we will **strengthen the evidence on how to protect children in schools**. And through research in Myanmar and learning pilots in Niger, Mali, and Lebanon we will continue to explore **how to support community-led action** to protect children in crisis-affected contexts.





Rakib\*, 6, with sister Resma\*, and his mother Ramiza\* after he went missing in the camps in Cox's Bazar, Bangladesh.

## RESULTS OF ROLLING OUT OUR CENTRALITY OF PROTECTION POLICY IN 2023

- In Colombia we have established a system at field office level for the identification of and response to grave and other serious child rights violations. Through co-leadership of the Education Cluster, we are supporting the monitoring and reporting of attacks on education.
- In Ukraine, we supported the Humanitarian Country Team to revise the Centrality of Protection Strategy and rolled this out to over 90 organisations through the NGO Humanitarian Platform, hosted by Save the Children.
- Following the outbreak of conflict in Sudan, we have been speaking out about grave violations, including the killing of children, sexual violence and denial of humanitarian access. Our programmes in Sudan have dedicated budgets for protection referrals to enable us to provide a response for affected children.



## RESPONSE GOAL 3

Given the growing climate crisis, the impact of El Niño and increasing hunger, violence and conflict we will continue to develop our approach to child protection in anticipatory action.

We will embed actions in emergency preparedness planning and climate change adaptation programming, and place a greater focus on preventing child protection risks during all phases of a humanitarian response. To protect children facing the most egregious harms in crises-affected contexts, we will continue to learn from and strengthen our approach to the identification of, response to, and monitoring and reporting of grave and other serious child rights violations.

Our inter-agency partnerships with the [Global Protection Cluster](#), the [Child Protection Area of Responsibility](#), the [Alliance for Child Protection in Humanitarian Action](#), and their regional platforms enable us to both influence and learn from the sector and amplify the work that we do.

We will continue to monitor the gap between humanitarian child protection needs and funding, and advocate accordingly. We are aiming to scale up our current focus on supporting national and local actors to meaningfully engage with humanitarian coordination mechanisms. We also aim to contribute to system-wide efforts to advance the centrality of protection in humanitarian settings by supporting the roll out of the inter-agency Centrality of Protection Toolkit, aligning our internal Centrality of Protection Policy and Procedure with interagency initiatives.

### STRENGTHENING OUR APPROACH TO SEXUAL AND GENDER-BASED VIOLENCE:

We are continually working to strengthen our capacity on sexual and gender-based violence (SGBV) in our humanitarian responses. Recognising child marriage is a prevalent risk in humanitarian and displacement settings, we have worked with Plan International to develop a theory of change for child marriage. The theory of change is based on research undertaken in Jordan, Uganda, Zimbabwe, and the Philippines, in partnership with the Women's Refugee Commission and the Human Rights Centre at the University of Berkley.

During 2023, we also worked across our technical sectors to develop a multi-sectoral approach to SGBV – including child marriage – in humanitarian contexts that links with existing programme approaches. We mapped our recent SGBV programming and used this to define a road map for the way forward in 2024 and beyond. We will start by rolling-out the multi-sectoral approach through regional workshops and building country office skills in specialised areas of response, such as caring for child survivors of sexual abuse and the clinical management of rape.



Maab during a 1-1 session with a child in Save the Children's Child Friendly Space in Gezira State, Sudan.



## RESPONSE GOAL 4

### PROVIDE SAFETY NETS AND BUILD RESILIENT FAMILIES

To respond to the anticipated level of need in 2024, Save the Children will build on its history as a pioneer in cash and voucher assistance (CVA) by becoming the global leader in **Cash Plus for Child Outcomes**.

Through our global research agenda, we have been addressing evidence gaps to determine the extent to which CVA contributes to positive child outcomes and how we can improve the design of our CVA interventions.

Building on our learning to increase our capacity in Cash Plus will contribute to meeting all four of our response goals. Beyond the CVA for protection and nutrition, ongoing research around the impacts of CVA on educational attainment, livelihoods, anticipatory action, and social protection will further Save the Children's ability to programme across the nexus.

Complementing the learning, Save the Children led a global inter-agency process to design a multi-purpose cash assistance (MPCA) monitoring, evaluation and learning (MEAL) toolkit, which will become embedded in Save the Children MEAL and data systems, improving our ability to access, analyse, and most importantly, utilise our data to make programmes accountable and responsive to beneficiaries.

The 2024 humanitarian food security and livelihoods action plan combines life-saving and early livelihood recovery with multi-sector integration for economic resilience. We will ensure appropriate and timely responses to the

impacts of shocks using accurate and reliable food security information from various sources, such as Household Economic Analysis, Early Warning Systems and our own data collected by our staff in country. We will also use this information to put anticipatory action plans in place, for example for climate events like El Niño. We plan to conduct research on cost-effective and localised solutions to food insecurity, as well as the use of in-kind and cash and voucher schemes for food, seeds, tools, livestock drugs, and restocking. Additionally, the sector will identify new ways of collaborating with external partners to achieve impact at scale.

In 2024, Save the Children will focus on strengthening its expertise and capacity to deliver shelter and settlements interventions in acute crises. We will also increase our evidence base on the wider impacts and potential integration of shelter and settlements interventions with our other sectors. We will continue to deliver programmes with an emphasis on settlements indicating the importance of neighbourhoods, location, communities, local context and a societal basis for actions, for increased overall impact and resilience.





Aker\*, 36, collecting a cash transfer from Save the Children in Akobo West, South Sudan.

## RESPONSE GOAL 4

### EVIDENCE OF HOW CASH PLUS HAS SUPPORTED CHILDREN'S SURVIVAL, PROTECTION AND EDUCATION

CVA has already been found to be effective in humanitarian aid programmes to reduce maternal and child undernutrition, in particular stunting and wasting.

However, due to the lack of CVA studies in humanitarian contexts, in 2021–22 Save the Children implemented **Cash Plus**, with a focus on acute malnutrition in women and children in three countries at risk of famine: Afghanistan, South Sudan, and Yemen.

Although the findings on nutrition outcomes were heterogeneous, using mid-upper arm circumference (MUAC) assessments, consistent improvements were recorded in terms of minimum dietary diversity and in food consumption score (FCS). Currently, we are collaborating with the Johns Hopkins University to implement a cluster, randomised controlled trial in Somalia funded by Research for Health in Humanitarian Crises, to:

- (a) evaluate the impacts on malnutrition
- (b) assess the cost-effectiveness of the different intervention arms
- (c) understand the determinants influencing the effectiveness of the interventions.

A sub-study on prevention relapse is also included.

Similarly, we have implemented several Cash Plus Child Protection research pilots since 2022 as part of the research agenda. The objectives of the pilots were to assess the effects of CVA

on preventing/delaying early marriage, reducing child labour, and preventing at-risk children from being recruited into armed forces.


Although the majority of the pilots are ongoing, preliminary results show that in **Lithuania**, 75% of households reported that CVA reduced tensions between family members and 65% of households reported an increase in child wellbeing (children showing signs of distress decreased from 51% at baseline to 35% at endline).

In the **Philippines**, we noted a general increase in school enrolment for both boys and girls, which is a protective environment against child marriage. What's more, the proportion of caregivers who disagreed that there are advantages of children marrying before turning 18 increased significantly (76% baseline vs 95% endline).

Lastly, in the **DRC**, the data showed a decrease in cases of child labour; only 24% of households reported at least one child engaging in income-generating activities in the last month compared to nearly 69% at baseline.

According to testimonies from former boys involved in armed groups, who have since been reintegrated into their families as a result of the cash assistance, they were able to invest most of the cash into productive assets to start their own income-generating activity or to build a home.





Wassan\*, 9, playing outside with her friends and siblings in the land that her family used to cultivate before the drought in Abu al-Khaseeb, Iraq. Save the Children has supported the family to access child protection services, financial support and psychosocial support.





Children impacted by the Mayon Volcano eruption attend a psychosocial support session in Albay Province, Philippines.

## FINANCIAL MECHANISMS AND REQUIREMENTS

### SAVE THE CHILDREN'S HUMANITARIAN FUND

To demonstrate our commitment to the Grand Bargain Caucus on Quality Funding, Save the Children developed our Humanitarian Fund in 2021.

Save the Children uses this pooled fund mechanism to allow us to respond rapidly to sudden onset emergencies. It provides flexible, unrestricted funding, with decisions made within 48 hours. The administrative load for our country offices is reduced allowing them to respond without delay. Allocations from the Humanitarian Fund also enable significant flexibility, allowing adjustments as the impact of an emergency unfolds.

The fund is used for our priorities, such as anticipatory action, to support local and national actors and to meet needs in forgotten crises.

For example:

- When two deadly earthquakes struck Türkiye and Syria in February 2023, within the first days, we were able to release \$4,050,000 to support the setup of the response immediately.
- We allocated \$2 million to 14 countries who were deemed to be at high risk of El Niño-related humanitarian impacts, allowing them the flexibility to develop action plans according to needs.
- In Mozambique, funding will create a country-based pooled fund which will be managed and accessed by L/NAs, allowing them to have greater influence in humanitarian action.
- The fund is also used to meet gaps in funding. For example in Niger, existing donor funding was complemented to provide a more holistic and better-quality response for children.



Children take part in a creative workshop in a remote community in Malaita Province, the Solomon Island – a country on the frontline of the climate crisis.

Connor Ashleigh / Save the Children

## GLOBAL THOUGHT LEADERSHIP AND EVIDENCE GENERATION

As one of the largest international NGOs operating across many sectors, Save the Children is uniquely positioned to drive change in the sector. We will seek additional funding to contribute to sector-wide learning and best practice, and will model new ways of working to ensure more locally-driven responses. Within each thematic goal above, there are sector-specific areas where we believe there are critical evidence gaps. The sections above also speak to findings from previous research and our plans to expand the implementation of the findings and to disseminate our learning to both internal and external fora.

Along with sector-specific research and thought leadership, Save the Children is committed to:

**Empowering communities to protect children in the face of predictable risks:** To date there has been little learning on anticipatory action for and with children. Save the Children will play

a leading role in developing an evidence base on best practice for child- and community-led anticipatory action.

**Strengthening locally-led coordination and humanitarian leadership:** Save the Children is committed to being a more locally-led organisation. To this end, we will invest in the technical capacities and leadership skills of local and national actors, enabling them to engage more effectively in humanitarian coordination. We will leverage the strong work that has been done by the Global Education Cluster and the Child Protection Area of Responsibility.

**Working across sectors for children's protection and wellbeing:** This is our contribution to a wide-ranging inter-agency initiative on working across sectors, which Save the Children is co-leading on behalf of the Alliance for Child Protection in Humanitarian Action. The ultimate aim of the initiative is



that humanitarian actors and coordination mechanisms have increased capacity and commitment to reflect the centrality of children and their protection throughout humanitarian action. If achieved, humanitarian programming would more effectively and more holistically meet children's needs and support their overall wellbeing.

**Ensuring principled action and the Centrality of Protection:** Our ultimate aim is that humanitarian actors and coordination mechanisms have increased capacity and commitment to respond in a principled manner, reflecting the centrality of children and their protection throughout humanitarian action. If achieved, humanitarian programming

would be delivered in a manner that protects those in need while adhering to the core humanitarian principles.

**Strengthening integrated programming:**

With global expertise in nine technical areas and multiple cross-cutting themes, Save the Children is able to focus on the holistic needs of children and communities, integrating technical areas to better meet these needs. However, there is still insufficient evidence or documented best practice on integration. In 2024, we will address this sector-wide gap by completing research, developing tools and guidance, and disseminating best practices for the operationalisation and impact of integrated programming.



Family impacted by the earthquake in Jajarkot, Nepal, take home essential supplies received from Save the Children



# RESPONSE MONITORING FRAMEWORK

Save the Children will monitor the following indicators, disaggregated by age, gender, and disability where feasible. Data collected through Save the Children's response monitoring framework will be shared with cluster-lead agencies to support wider response monitoring at the sector level.

RESPONSE GOAL	INDICATOR
<b>RESPONSE GOAL 1: SUPPORT CHILDREN TO HAVE A HEALTHY START IN LIFE</b>	<ul style="list-style-type: none"> <li>• Number of vaccines provided by SCI-supported facilities, mobile clinics or vaccination campaigns</li> <li>• Number of patients who received inpatient or outpatient consultation at a supported health facility or mobile clinic (number of consultations)</li> <li>• Number of children who are successfully treated / have recovered from acute malnutrition</li> <li>• Number of primary caregivers of children under two years old (0 – 23 months) counselled on infant and young child feeding (IYCF) at least once</li> <li>• Number of pregnant women counselled on IYCF at least once</li> <li>• Number of individuals directly reached through water, sanitation, or hygiene services</li> <li>• Percentage of supported households using improved sources of drinking water</li> <li>• Percentage of supported households using improved sanitation facilities</li> </ul>
<b>RESPONSE GOAL 2: PROVIDE EDUCATION AND SAFE LEARNING</b>	<ul style="list-style-type: none"> <li>• Number of children participating in learning opportunities in humanitarian contexts through Save the Children and supported partners</li> <li>• Percentage of learners who have improved reading, numeracy and social and emotional learning (SEL)</li> <li>• Percentage of Save the Children-supported education clusters or working groups operating with a strategic response plan which reference localisation, child safeguarding, or child participation</li> </ul>
<b>RESPONSE GOAL 3: LIVE FREE FROM VIOLENCE</b>	<ul style="list-style-type: none"> <li>• Percentage of children who report an increase to their safety and wellbeing as a result of their needs being addressed through case management</li> <li>• Number of children reached through appropriate, systematic and timely case management support</li> </ul>
<b>RESPONSE GOAL 4: PROVIDE SAFETY NETS AND BUILD RESILIENT FAMILIES</b>	<ul style="list-style-type: none"> <li>• Number of individuals participating in food security and livelihoods activities</li> <li>• Percentage of households with an acceptable food consumption score (FCS).</li> <li>• Percentage of households with a reduced Coping Strategy Index (rCSI) score.</li> <li>• Total amount (in US dollars) disbursed in the form of cash or vouchers</li> <li>• Number of children reached through cash or voucher assistance</li> <li>• Percentage of (beneficiary) households who report being able to meet their basic needs as they define and prioritise them</li> <li>• Number and percentage of targeted households living in safe, dignified, and adequate shelters, meeting Sphere shelter standards</li> <li>• Number of households receiving and using sufficient, locally appropriate and essential household items (shelter and household-related non-food items)</li> <li>• Number of households in need of shelter assistance receiving emergency shelter support (in-kind or CVA)</li> </ul>
<b>ACCOUNTABILITY AND LOCALISATION</b>	<ul style="list-style-type: none"> <li>• Percentage of beneficiaries reporting that humanitarian assistance is delivered in a safe, accessible, accountable, and participatory manner</li> <li>• Percentage of direct funding to local partners</li> </ul>
<b>ANTICIPATORY ACTION</b>	<ul style="list-style-type: none"> <li>• Number of people/children benefitting from systems, services and plans with the aim to build resilience and reduce risk related to climate impacts</li> <li>• Number of people covered by early action plans and/or new and improved early warning</li> </ul>

# APPENDIX

## COUNTRY OFFICE REACH AND FUNDING TARGETS

### Asia

COUNTRY	HEALTHY START IN LIFE	SAFE BACK TO SCHOOL AND LEARNING	PROTECT CHILDREN FROM VIOLENCE	SAFETY NETS AND RESILIENT FAMILIES	TOTAL FUNDING TARGET	TOTAL TARGET REACH	TOTAL TARGET CHILDREN REACH
Afghanistan	\$32,530,000	\$43,411,340	\$6,248,706	\$31,475,220	\$113,665,266	1,806,371	765,217
Myanmar	\$17,534,280	\$12,589,176	\$4,400,000	\$28,188,111	\$62,711,567	797,017	405,483
Bangladesh	\$3,933,364	\$8,586,682	\$5,166,857	\$2,985,464	\$20,672,367	441,201	270,634
Pakistan	\$9,500,000	\$4,000,000	\$6,248,706	\$31,475,220	\$51,223,926	983,595	543,009
Philippines	\$310,000	\$500,000	\$120,000	\$1,050,000	\$1,980,000	66,000	29,100
<b>TOTAL</b>	<b>\$63,807,644</b>	<b>\$69,087,198</b>	<b>\$22,184,269</b>	<b>\$95,174,015</b>	<b>\$250,253,126</b>	<b>4,094,184</b>	<b>2,013,443</b>

### 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 FUNDING TARGET	TOTAL TARGET REACH	TOTAL TARGET CHILDREN REACH
Ethiopia	\$30,000,000	\$15,000,000	\$7,000,000	\$28,000,000	\$80,000,000	2,671,804	1,890,602
Somalia	\$41,426,696	\$6,440,350	\$5,800,000	\$51,203,400	\$104,870,446	2,177,383	1,110,663
South Sudan	\$17,800,000	\$9,500,000	\$5,100,000	\$13,785,107	\$46,185,107	1,292,168	631,145
Sudan	\$32,174,800	-	\$10,790,667	\$18,720,000	\$61,685,467	327,418	790,464
Kenya	\$4,500,000	\$1,000,000	\$1,000,000	\$4,500,000	\$11,000,000	195,645	111,638
Madagascar	\$1,500,000	\$500,000	\$600,000	\$1,000,000	\$3,600,000	49,400	35,236
Mozambique	\$2,832,000	\$3,760,000	\$2,060,000	\$2,760,000	\$11,412,000	434,333	218,327
Uganda	\$7,250,000	\$20,000,000	\$5,750,000	\$3,500,000	\$36,500,000	866,103	588,859
Malawi	\$1,100,000	\$500,000	\$350,000	\$2,300,000	\$4,250,000	1,565,895	340,611
Rwanda	\$6,423,833	-	\$2,387,184	-	\$8,811,017	276,747	154,986
Tanzania	\$1,200,000	\$540,000	\$300,000	\$300,000	\$2,340,000	185,681	108,368
Zambia	\$2,350,775	\$632,500	\$785,738	\$2,125,424	\$5,894,437	235,777	59,945
Zimbabwe	\$4,500,000	\$1,000,000	\$2,500,000	\$3,000,000	\$11,000,000	333,854	181,714
Burundi	-	\$880,000	\$1,260,000	\$860,000	\$3,000,000	150,000	63,000
<b>TOTAL</b>	<b>\$153,058,104</b>	<b>\$59,752,850</b>	<b>\$45,683,589</b>	<b>\$132,053,931</b>	<b>\$390,548,474</b>	<b>10,762,208</b>	<b>6,285,558</b>

## 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 FUNDING TARGET	TOTAL TARGET REACH	TOTAL TARGET CHILDREN REACH
Colombia	\$4,948,679	\$1,865,848	\$4,773,402	\$2,412,641	\$14,000,570	158,715	107,271
Haiti	\$8,880,000	\$1,720,000	\$2,400,000	\$11,000,000	\$24,000,000	251,400	134,800
Venezuela	\$5,800,000	\$4,900,000	\$6,900,000	\$4,400,000	\$22,000,000	629,768	313,150
Bolivia	\$3,260,467	\$390,431	\$364,650	\$1,685,200	\$5,700,748	246,219	147,881
Dominican Republic	\$356,000	\$560,000	\$652,000	\$232,000	\$1,800,000	3,740	2,618
El Salvador	\$260,000	\$1,200,000	\$1,000,000	\$2,900,000	\$5,360,000	159,250	49,324
Guatemala	\$700,000	\$700,000	\$1,500,000	\$4,500,000	\$7,400,000	83,840	37,699
Nicaragua	\$313,150	-	-	\$540,000	\$853,150	28,726	12,926
Peru	\$7,496,985	\$952,845	\$1,905,690	\$4,253,500	\$14,609,020	196,492	64,573
Mexico	\$6,417,566	\$2,324,536	\$3,988,690	\$5,593,778	\$18,324,570	472,476	268,974
<b>TOTAL</b>	<b>\$38,432,846</b>	<b>\$14,613,660</b>	<b>\$23,484,432</b>	<b>\$37,517,119</b>	<b>\$114,048,058</b>	<b>2,230,626</b>	<b>1,139,216</b>

## 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 FUNDING TARGET	TOTAL TARGET REACH	TOTAL TARGET CHILDREN REACH
Ukraine	\$12,000,000	\$22,472,000	\$26,741,000	\$38,787,000	\$100,000,000	1,158,039	755,690
Yemen	\$19,428,412	\$25,850,534	\$4,172,000	\$30,349,643	\$79,800,589	1,333,389	930,550
Lebanon	\$20,900,000	\$9,000,000	\$1,000,000	\$6,107,500	\$37,007,500	731,350	537,850
Syria	\$22,000,000	\$18,000,000	\$12,000,000	\$10,000,000	\$62,000,000	889,805	466,600
Turkey	\$6,080,685	\$2,569,450	\$8,820,893	\$7,528,973	\$25,000,001	112,097	78,588
Iraq	\$3,000,000	\$8,334,038	\$24,000,000	\$1,500,000	\$36,834,038	111,916	94,924
Poland	-	\$6,070,057	\$9,674,153	\$3,224,718	\$18,968,927	55,210	43,376
Occupied Palestinian Territory	\$375,000	\$1,200,000	\$2,200,000	\$1,875,000	\$5,650,000	75,777	35,251
Egypt	\$5,005,000	\$1,460,000	\$3,050,000	\$3,428,750	\$12,943,750	42,850	12,270
Romania	-	\$2,320,000	\$3,840,000	\$400,000	\$6,560,000	32,450	23,450
<b>TOTAL</b>	<b>\$88,789,097</b>	<b>\$97,276,079</b>	<b>\$95,498,046</b>	<b>\$103,201,584</b>	<b>\$384,764,805</b>	<b>4,542,883</b>	<b>2,978,549</b>

## 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 FUNDING TARGET	TOTAL TARGET REACH	TOTAL TARGET CHILDREN REACH
DRC	\$24,839,500	\$2,490,750	\$7,419,750	\$5,250,000	\$40,000,000	1,252,156	666,022
Burkina Faso	\$7,500,000	\$4,000,000	\$8,640,000	\$3,080,000	\$23,220,000	584,250	386,202
Mali	\$10,000,000	\$4,000,000	\$4,000,000	\$7,000,000	\$25,000,000	949,500	636,166
Nigeria	\$24,350,000	\$14,175,000	\$8,000,000	\$26,383,262	\$72,908,262	2,463,959	1,508,361
Niger	\$2,700,000	\$3,800,000	\$3,000,000	\$3,200,000	\$12,700,000	415,000	302,500
Cote d'Ivoire	\$1,000,000	\$300,000	\$700,000	\$800,000	\$2,800,000	50,692	22,500
Mauritania	\$67,055	\$1,334,280	\$272,266	\$288,671	\$1,962,272	77,957	32,879
<b>TOTAL</b>	<b>\$70,456,555</b>	<b>\$30,100,030</b>	<b>\$32,032,016</b>	<b>\$46,001,933</b>	<b>\$178,590,534</b>	<b>5,793,514</b>	<b>3,554,630</b>





**Save the Children**

**Save the Children International**

St Vincent House  
30 Orange Street  
London WC2H 7HH  
UK

Tel: +44 (0)20 3272 0300  
Fax: +44 (0)20 8237 8000

[info@savethechildren.org](mailto:info@savethechildren.org)

Company registration number 3732267  
(England and Wales)

Charity registration number 1076822