



Annex 3
Results in humanitarian and fragile contexts,
2018

Annual report of the Executive Director of UNFPA
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I. Overview

The year 2018 was a challenging year for millions of people around the world whose lives were upended by conflict, hazards, pandemics and displacement. A staggering 136 million people needed aid, an estimated 34 million of whom were women of reproductive age; 5 million of those women were pregnant.

In 2018, UNFPA and partners reached an estimated 15 million people with integrated and life saving sexual and reproductive health services, in over 55 countries.

The humanitarian action of UNFPA has grown exponentially, with donor contributions increasing from \$100 million in 2014 and \$165.4 million in 2017 to over \$170 million in 2018. In order to effectively and efficiently deploy and utilize humanitarian funds to meet increasing needs globally, UNFPA has strengthened its humanitarian architecture, including establishing a Humanitarian Office.

Reproductive health and family planning services, and protection from violence, save lives in emergencies. They are as essential as food and shelter. Yet sexual and reproductive health and gender-based violence services are still not at the forefront of global humanitarian action. In order to achieve the development-humanitarian-peace nexus, the specific and immediate needs of women and girls in humanitarian and fragile settings must be addressed through protection and health interventions.

The growth of humanitarian action at UNFPA is evidence that life-saving sexual and reproductive health and protection services should be prioritized. Through the Humanitarian Action Thematic Fund and UNFPA Country Programmes, working jointly to address the immediate needs of those suffering in situations of conflict and following natural disasters, many lives have been saved.

Results achieved in 2018

In 2018, UNFPA and partners reached an estimated 15 million people with integrated and life-saving sexual and reproductive health services, in over 55 countries. This includes 1.8 million women and girls who received services provided through service delivery points, equipped with post-rape kits. UNFPA also reached 3.3 million adolescents with sexual and reproductive health services. With support of UNFPA, 1 million safe deliveries were recorded in 33 humanitarian-affected countries.



Lamia gave birth to two girls at the UNFPA supported reproductive health clinic in Debaga, Iraq

In the Democratic Republic of Congo, over 10,000 people were assisted with a range of services including psychosocial support, rape treatment, and legal support. The UNFPA-supported maternity clinic in the Zaatari refugee camp in Jordan continues to be a center of excellence: there have been zero maternal deaths since its opening in 2013. In 2018, almost 2,000 safe deliveries were recorded at the clinic.

To provide these services, UNFPA established 915 safe spaces in 44 countries in 2018. For example in Cox's Bazar, where nearly 500,000 Rohingya women and girls are living in camps, UNFPA established 19 safe spaces to provide essential services including psychosocial support. In Iraq, women-friendly spaces continued to provide critical protection services through UNFPA-supported mobile gender-based violence response teams.

In 2018, UNFPA opened 3,040 maternity health facilities and 650 sexual and reproductive health mobile clinics. In 37 countries, UNFPA supported 2,520 functional health facilities to provide emergency obstetric care services.

UNFPA continued to strengthen the capacity of local partners on the ground, including minimum initial service package (MISP) training on reproductive health in crises. UNFPA trained approximately 12,000 health service providers and managers on the minimum initial service package in 2018. In South Sudan, UNFPA and partners trained about 700 service providers in sexual and reproductive health and gender-based violence information and services, which increased the pool of trainers in clinical management of rape.

UNFPA strengthened the capacity of common operational datasets (CODs)-the datasets support operations and decision-making for all actors in a humanitarian response. In 2018, 52 per cent of high-risk countries produced common operational datasets with the support of UNFPA, and 61 per cent of countries that experienced humanitarian crises to conduct rapid assessments of the affected populations.

UNFPA considers disaster preparedness to be a vital component of global humanitarian action. In 2018, 28 countries had budgeted emergency preparedness and response and disaster risk reduction plans which integrate sexual and reproductive health, and 63 per cent of UNFPA country offices in high risk contexts implemented the minimum preparedness actions.

Emergency reproductive health kits



Emergency reproductive health kits are standardized and pre-packed, and available for immediate dispatch. They include life-saving medicines, devices and supplies necessary to save lives. UNFPA manages these kits on behalf of the interagency community, updating the contents list every few years to ensure compliance with the latest evidence and to solve logistical bottlenecks.

Each kit is designed for a specific level of care in a health system. They are tailored for use at (a) the community level; (b) primary health care facilities and health facilities that provide basic emergency obstetric and newborn care; and (c) referral hospitals with comprehensive emergency obstetric and newborn care and blood transfusion.

In 2018, UNFPA delivered 12,000 emergency reproductive health kits including over 1,700 tons of lifesaving medicines and supplies to 50 countries and partners, including CARE, International Medical Corps, International Planned Parenthood Federation, Pan American Health Organization, and the World Health Organization (WHO). The kits were valued at over US\$9 million.

Humanitarian coordination

In 2018 UNFPA continued to lead the gender-based violence area of responsibility in the global-level forum for coordination and collaboration under the inter-agency standing committee protection cluster. 69.5 per cent of countries affected by a humanitarian crisis had a functioning inter-agency gender-based violence coordination body as a result of UNFPA guidance and leadership.

UNFPA also strengthened the coordination of sexual and reproductive health activities in humanitarian settings. In 2018, 81 countries affected by a humanitarian crisis that have a functioning inter-agency sexual and reproductive health coordination body as a result of UNFPA guidance and leadership.

As countries experiencing humanitarian crisis transition through the humanitarian-development nexus, services previously coordinated and led by UNFPA are handed over to the government or to NGOs for continued operations. In Iraq, UNFPA rationalized certain operations in a gradual transition to resilience and recovery, phasing out from approximately 30 women's centers either in closing camps or in areas where they could be handed over to local entities, in particular to the government, with the support from the implementing partners running these centers. At the end of 2018, the number of such women's centers had reached 108.

UNFPA global and regional support in humanitarian response

UNFPA global and regional support has enabled country offices to provide life-saving humanitarian support in an efficient and effective manner. In 2018, UNFPA established the humanitarian action thematic fund to provide flexible, multi-year pooled funding to address the growing need globally for emergency assistance.

UNFPA global support in 2018 resulted in numerous other achievements:

- (a) UNFPA launched a new strategy to strengthen support to country-level gender-based violence coordination.
- (b) Strengthened rapid response for 35 countries with a \$9.5 million allocation of the UNFPA emergency fund and fully institutionalized the pre-financing mechanism.
- (c) Supported 29 countries with skilled humanitarian staff through 96 surge deployments of humanitarian specialists, marking a 50 per cent increase in deployments since 2016.
- (d) Increased the pool of qualified sexual and reproductive health and gender-based violence specialists in coordination, programme and information management.
- (e) Trained personnel from over 50 countries, regional entities and global institutions to implement the minimum initial service package at the onset of a crisis.
- (f) Trained gender-based violence case managers in Bangladesh, Nigeria and Somalia with the support of the inter-agency gender-based violence information management system initiative.
- (g) Expanded the sexual and reproductive health and gender-based violence roving team to nine personnel, including four specialists in gender-based violence in emergencies, one clinical management of rape specialist, three sexual and reproductive health specialists, and one humanitarian coordinator, providing support to over 20 countries.
- (h) Continued the rollout of minimum preparedness actions by training 200 staff members trained from 62 country offices.
- (i) Greater UNFPA engagement in inter-agency standing committee (the primary inter-agency mechanism for coordination of humanitarian assistance) emergency response and preparedness missions.

II. Challenges and moving forward

Sexual and reproductive health and gender-based violence services are still not at the forefront of global humanitarian action, yet they are essential. UNFPA will continue to advocate for this life-saving agenda, including working with governments to influence policy and financing to strengthen national capacity, systems and service delivery.

Gender-based violence continues to be the most pervasive human rights violation is widespread in times of peace and exacerbated during crises. These violations have a significant and long-lasting

impact on the health, psychological, social and economic well-being of individuals, families and communities. Yet funding for gender-based violence prevention and response remains extremely low as a proportion of global humanitarian funding. Mental health and psychosocial support for survivors as well as prevention efforts are still limited when compared to prevailing needs.

Additional challenges to meeting the needs of women and girls in emergencies are the high turnover rate of implementing partners and community workers due to funding gaps, and the limited capacity of implementing partners to implement UNFPA-supported humanitarian interventions.

UNFPA will continue to strengthen local capacities of institutions and workers, including securing sufficient financial resources to do this critical work to support their leadership. In humanitarian crises where health facilities are damaged and health workers are scarce, ensuring the presence of trained health workers is among the most critical needs. Medical logisticians and pharmacists are also required to ensure strong supply chains for reproductive health supplies to reach the last mile and save lives.

In emergency situations, needs assessments are used to identify the most vulnerable populations and where they are located. UNFPA, OCHA and other partners are working to strengthen humanitarian data to meet the needs of affected populations.

In 2019, UNFPA expects comparable, if not greater challenges, than in prior years, with nearly 132 million in need of humanitarian assistance and protection globally. UNFPA aims to reach 35 million women, girls and young people with life-saving sexual and reproductive health services and interventions to prevent gender-based violence and respond to the needs of survivors. UNFPA estimates a total of \$ 536 million required in order to meet these needs.