

Annex 2
Results in humanitarian action and resilience building, 2014-2017
Executive Director Annual report to the Executive Board 2017



UNFPA-supported mobile teams in Yemen providing services for women, girls and adolescents, 2016 @UNFPA

Executive Summary

In the midst of complex and challenging crises such as Syria, Yemen, northeast Nigeria, and other countries, UNFPA ramped up and strengthened its humanitarian action throughout the Strategic Plan period (2014-2017), reaching millions of women, girls and young people with life-saving services, and positioning its mandate strategically on the global stage. UNFPA contributed significantly to new global agreements that call for the shift towards risk reduction and resilience building. This includes the Sendai Framework for Disaster Risk Reduction 2015-2030; the resolution from the ECOSOC 2017 humanitarian segment; and Security Council *resolution 2250* on youth, peace and security.

Striving to meet its goal of achieving universal access to sexual and reproductive health (SRH), realizing reproductive rights, and reducing maternal mortality, UNFPA's humanitarian action reached over 40 million people with lifesaving integrated sexual reproductive health (SRH) and gender-based violence (GBV) services in over 70 countries in the period 2014-2017, with the highest number of people reached in 2017. An estimated 35,000 emergency reproductive kits, targeting over 62 million people, were delivered to 75 countries. About 11,700 health facilities were supported across 86 countries and more than 20,000 healthcare professionals were trained on the Minimum Initial Service Package for reproductive health in emergencies (MISP).

UNFPA, in partnership with UNHCR, developed a *Sexual and Reproductive Health Toolkit for Urban Refugees* to cater to the rising trend of refugees living in urban areas. In addition to providing life-saving assistance, UNFPA assumed the sole leadership of the global GBV sub-cluster¹ in 2017 to coordinate global efforts to prevent and respond to GBV in humanitarian settings. UNFPA also launched the *Minimum Standards for Prevention and Response to GBV in Emergencies* at the end of 2015, which define what UNFPA must do together with partners, national authorities and communities to prevent, mitigate and respond to GBV in emergencies.

UNFPA strengthened its institutional effectiveness and efficiency in humanitarian settings, including preparedness and streamlining of internal systems. UNFPA prioritized preparedness for country offices, achieving 96 per cent out of a target of 88 per cent, and strengthened the surge roster to ensure that service delivery standards are not compromised in times of crises. In 2017, surge deployments grew by 30 per cent and 34 per cent when compared to 2016 and 2015, respectively. Standby partners including the Canadian Civilian Response Corps, Norwegian Refugee Council, Danish Refugee Council, and RedR Australia tripled their surge support in 2017.

UNFPA's humanitarian non-core funding revenue increased from \$100 million in 2014 to more than \$165 million in 2017. Although funding remained insufficient to meet rising needs, the attraction of more funding for its mandate allowed UNFPA to elevate its leadership role in global humanitarian work. UNFPA launched its first-ever global appeal (the [Humanitarian Action Overview](#)) in 2016 - published annually to highlight the needs of women, girls and young people in humanitarian and fragile settings. UNFPA core funding for emergencies (the Emergency Fund) grew from \$5 million in 2014 to over \$8 million in 2017, including non-core contributions received for the first time. In line with the Grand Bargain commitments to efficiently and effectively finance humanitarian operations, UNFPA will launch the Humanitarian Action Thematic Trust Fund in 2018.

Challenges faced include inadequate funding for SRH and GBV services, and gaps in accessing services despite the increasing need, especially for voluntary family planning. Lessons learned showed that GBV work continues to lay the foundation for gender transformative work at scale, and SRH services in humanitarian crises are necessary to achieve the 2030 Agenda, and a strong entry point to combat harmful practices affecting women and girls.

Looking ahead, UNFPA will continue innovating and working across the humanitarian-development-peace nexus so that every woman, girl and young person affected by an emergency or crisis gets the protection and services she needs for her health and dignity.

¹ Established in 2008, the GBV Area of Responsibility is a functional component of the [Global Protection Cluster](#). It brings together NGOs, United Nations agencies, donors, academics and independent experts under the shared objectives of ensuring more predictable, accountable and effective GBV prevention and response in emergencies.

Context

In the past several years the landscape of humanitarian action has evolved, with inter-related global trends such as climate vulnerability, demographic change, and migration leading to increased humanitarian needs. Sudden, slow onset disasters and protracted crises frequently overlap within the same context, as do vulnerabilities and acute and chronic needs of the population.

Today, complex emergencies comprise 97 per cent of humanitarian crises, in terms of both people in need and the allocated resources to meet these needs. While natural disasters will continue to require emergency aid, conflict is the main driver of global humanitarian needs with 402 conflicts in 2017, compared to 278 in 2006.²

In the period of UNFPA strategic plan (2014-2017), the total number of people in need of humanitarian aid and protection almost doubled from 76 million in 2014 to over 128 million in 2017 worldwide. Over 75 per cent of people affected by humanitarian crises are women and children, and require sexual and reproductive health (SRH) and protection programming. In time of crisis, women and girls do not cease to become pregnant and give birth. Rather they face the heightened risk of mortality and morbidity during childbirth and increased exposure to gender-based violence (GBV). In humanitarian crisis it is estimated that one in five women of childbearing age will be pregnant, while more than half of maternal deaths occur in fragile and humanitarian settings³

Results

Humanitarian programming under the strategic plan 2014-2017 and the shift towards resilience building

New global agreements paved the way forward for collective action towards disaster risk reduction and resilience building⁴ to preserve current and garner future development gains.⁵ There is also a resounding call for greater coherence among humanitarian, development, peacekeeping and peacebuilding actors in reinforcing, not replacing, local and national actors in resilience building. This shift, including the Grand Bargain Commitments and the United Nations Secretary-General's Agenda for Humanity, reflects an approach where investments in both short-term response (i.e., to save lives) and longer-term resilience and institution-building are required for sustainable impacts on development outcomes.

This resilience-building approach was further strengthened through the midterm review of the UNFPA Strategic Plan 2014-2017 and integrated into the new transformative results framework. This has enabled UNFPA with its dual mandate to maintain the lifesaving speed of humanitarian response while ensuring a fundamental shift towards prevention, preparedness and empowerment of individuals and communities to withstand and recover from crises.

In this regard, UNFPA has improved delivery of quality programmes with a special focus on: (a) early warning/risk assessment and early action; (b) strengthening communities' social and economic safety net; (c) strengthening the resilience of health systems; and (d) investing in women and young people for peace and security. This also includes addressing gender concerns in the disaster risk reduction/climate change adaptation programme through sectoral vulnerability assessments, integrating the [Minimum Initial Service Package \(MISP\)](#) in local government units' disaster risk reduction and management, and through greater investment in the health sector to recover from shocks.

² Global Humanitarian Assistance Report 2017. <http://interactive.unocha.org/publication/globalhumanitarianoverview/>

³ World Health Organization, <http://www.who.int/mediacentre/factsheets/fs348/en/>

⁴ In this context, resilience is understood to mean the ability of an individual, a household, a community, a country or a region to prepare for, to withstand, to adapt, and to quickly recover from stresses and shocks without compromising long-term development prospects. The new approach to building resilience provides an opportunity to bring together political dialogue, humanitarian and development work and priorities in a comprehensive, coherent and effective approach to achieve better results on the ground.

⁵ These include the 2030 Agenda for Sustainable Development and SDGs, the Sendai Framework for Disaster Risk Reduction, ICPD beyond 2014 commitments by Governments to intensify efforts to address gaps and emerging challenges, the Security Council's resolution on youth, peace and security, the Paris Climate Change agreement, the Call to Action on Protection from GBV in emergencies, the World Humanitarian Summit, the 'New York Declaration for Refugees and Migrants', the Comprehensive Refugee Response Framework for emergencies and protracted situations of forced displacement, and the Compact for Young People in Humanitarian Action.

During the implementation of SRH programmes, UNFPA invested in the MISIP through building the capacity of over 20,000 healthcare providers. In South Sudan, UNFPA trained a total of 500 midwives, a significant increase from 9 trained in 2012. This has improved preparedness, while strengthening the national health system and building community resilience. In Jordan, UNFPA contributed to a *maternal mortality rate of zero* at the Zaatari refugee camp. The high quality of UNFPA-supported SRH services in the camps, as well as facilities in host communities, has cemented UNFPA reputation within the community as provider of needed services for women and girls.

UNFPA-supported locations are viewed as a reliable place to receive integrated SRH services, which has further built trust between providers and the community. These successes have strengthened UNFPA cooperation with Jordanian Ministry of Health to support national health system strengthening, particularly SRH services.



Bangladesh - Rohingya Crisis, women waiting for relief supplies @Prince

Contribution to global policies, resolutions and commitments

Since 2014, UNFPA has made significant inroads in advancing the ICPD mandate and addressing the needs of women and girls in humanitarian and fragile contexts, within the humanitarian, disaster risk, and sustaining peace ecosystem and post-2015 policy framework.

Key achievements include:

1. Sendai Framework for Disaster Risk Reduction 2015-2030 through the adoption of paragraph 30 (j) on investing in disaster risk reduction (DRR) for resilience adopted by Member States to ensure access to sexual and reproductive health in DRR interventions. In 2016, UNFPA was also actively engaged at the regional level notably through the Asian Ministerial Conference on Disaster Risk Reduction, resulting in the adoption of Asia Regional Plan for Implementation of the Sendai Framework for Disaster Risk Reduction 2015-2030. This plan specifically calls for the promotion and support of gender-sensitive disaster risk reduction actions

at the national and local levels, including universal access to SRH services, prevention and response to GBV, and women's leadership roles. This call was also put forward in the General Assembly resolution on Disaster Risk Reduction.

2. ECOSOC Humanitarian Segment: Over time, the language surrounding sexual and reproductive health and the importance of addressing the needs of women and girls in humanitarian settings has been strengthened. The General Assembly omnibus resolution on "Strengthening coordination of emergency humanitarian assistance of the United Nations", adopted during the 71st General Assembly in December 2016, specifically emphasized the full and equal participation of women in decision-making with regard to developing and implementing DRR policies, women's leadership and empowerment, prevention and response to GBV and access to SRH in emergencies and post-disaster environments. After negotiation with Member States during the 2017 Humanitarian Affairs Segment, the MISRP for SRH was formally integrated and recognized as a vital intervention to be embedded into national policies and programmes for the implementation of the Sendai Framework on Disaster Risk Reduction. Particularly under paragraph 30 (j) of the Framework, access to SRH was recognized as critical to effectively meeting the needs of women and adolescent girls to protect them from preventable mortality and morbidity in humanitarian emergencies.
3. UNFPA contributed to the passage of United Nations Security Council *resolution 2250 on youth, peace and security* by co-organizing the 2015 Global Forum on Youth, Peace and Security in Jordan. The resolution recognizes the key role of young men and women in peacebuilding and in countering violent extremism, as well as the need for investing in young people to fulfill their potential and help achieve peace and security.
4. At the 2016 World Humanitarian Summit in Istanbul, Turkey, UNFPA played an important role in addressing women and girls in emergencies by applying a "gender lens", a critical tool in achieving improved outcomes. UNFPA also received support from 13 United Nations Member States through the issuance of the *Joint Statement on Sexual and Reproductive Health in Emergencies*, with strong commitments to accelerate action to protect the sexual reproductive health and rights (SRHR), safety and dignity of women and girls in emergencies and to "leave no one behind". This includes: (a) UN member States investing in health services and supplies, (b) roll out of the MISRP within 48 hours of an emergency, (c) implementing comprehensive SRH services immediately after an emergency, and (d) ensuring humanitarian financing increases access to SRH, and diversity and complementarity of funding for peace and security, climate change mitigation and adaptation, and sustainable development.

Contribution to strategic plan 2014-2017 outcomes

In the midst of complex and challenging crises UNFPA sustained and strengthened humanitarian action throughout the Strategic Plan period, striving to meet its goal of *achieving universal access to sexual and reproductive health, realizing reproductive rights, and reducing maternal mortality to accelerate progress on the ICPD agenda, to improve the lives of adolescents and youth, and women, enabled by population dynamics, human rights, and gender equality.*

Improved access and use of integrated sexual and reproductive health services, and advanced gender equality and women's empowerment in humanitarian settings (SP outcomes 1 and 3)

In 2016, UNFPA in partnership with UNHCR, developed a "Sexual and Reproductive Health Toolkit for Urban Refugees" to foster increased access for refugee populations that are increasingly living in urban areas. The Toolkit is designed to meet the unique SRH needs of refugees living in urban settings where long-term solutions are needed rather than emergency measures. To date, over 100 service providers have been trained on the Toolkit.

UNFPA increased its investments in country-level GBV coordination mechanisms, including the establishment of specific coordination posts and the development of a globally-managed surge roster that includes GBV coordination profiles. As a result, by the end of 2017, nearly 80 per cent of non-refugee humanitarian crises had functioning GBV coordination bodies as a result of UNFPA guidance and leadership.

UNFPA assumed sole leadership of the global Gender-Based Violence Area of Responsibility (GBV AoR) of the Global Protection Cluster, which enabled UNFPA to re-focus efforts and ensure strong global level coordination while promoting more predictable and consistent leadership of GBV “sub-clusters” at field level. Other significant contributions towards GBV prevention, protection and response, integrated into national SRH programmes, included UNFPA’s commitment to ensure the safety and well-being of women and girls in emergencies.

UNFPA launched the Minimum Standards for Prevention and Response to GBV in Emergencies in 2015. The 18 inter-connected Minimum Standards define what UNFPA must do together with partners, national authorities, communities and other humanitarian actors to prevent, mitigate and respond to GBV in emergencies. The Minimum Standards have been disseminated through trainings and outreach activities for UNFPA staff and partners at the country, regional, and global level. In a 2016 survey, 71 per cent of UNFPA staff reported that they use the Standards as a regular tool and resource for their work; 82 per cent said that the Standards have improved the quality of their work; and 75 per cent stated that they have shared the Minimum Standards with actors external to UNFPA.

The GBV Information Management System (GBVIMS): Since 2007, the GBV Information Management System (IMS) has been implemented in 28 countries. In the strategic plan period, new GBVIMS platforms were rolled out in Burundi, Cameroon, Mali, Myanmar, Niger, Nigeria and Somalia. Assessments commenced in Yemen. Many more may be using the classification tool, and intake and consent forms, which are publicly available. Between 2014 and 2016, the total number of GBVIMS organization sharing data regularly rose from 20 to 76. At least 10 organizations actively used GBVIMS data to improve programming. In this period, the GBVIMS Steering Committee also developed Interagency GBV Case Management Guidelines, and launched “Primero/GBV IMS+” - a component of a platform shared with Child Protection actors. GBV IMS+ is the first ever open-source software system that helps partners securely and safely collect, store, manage, and share data on GBV case management and incident monitoring, complete with mobile capability, allowing users to go ‘paperless’. The benefit of this new system is that it utilizes technology enhancements to manage individual cases and services (case management) for survivors as well as aggregate incident monitoring while also facilitating internal compilation. The system also features heightened security, role-based access and viewing rights, and ways to accommodate different languages.

Prioritized adolescent and young people in humanitarian settings (outcome 2)

At the World Humanitarian Summit, UNFPA emphasized the urgent need to safeguard the rights of young people and engage them in humanitarian response efforts. UNFPA co-chaired the *High Level Special Session on Youth in Humanitarian Action*, which resulted in the launch of a new Compact for Young People in Humanitarian Action. In September 2017 the Compact celebrated the 50th signatory of a committed group of international and local non-governmental organizations, youth networks and the private sector, as well as United Nations bodies and governments. This has led to increased traction in the belief that the humanitarian system must work not only for, but closely with, young people, including as peer educators, key informants and with youth NGOs. During the strategic plan period, UNFPA received a total of \$14.9 million from the Peacebuilding Fund allocated to 14 countries: Burundi, Central African Republic, Cote D'Ivoire, Guatemala, Guinea, Guinea-Bissau, Kyrgyzstan, Madagascar, Mali, Niger, Papua New Guinea, Somalia, Sri Lanka, and Yemen. UNFPA also advocated for allowing adolescents and youth to have legal access to quality SRH counselling and HIV services in 106 countries, out of a targeted 101.

Improved generation and use of population data in humanitarian settings (outcome 4)

Population data are a critical decision-making tool in humanitarian needs assessment and humanitarian response. It provides a basis for identifying the size, location and demographic profile of those affected by crisis and those in need of urgent humanitarian assistance. The proportion of countries experiencing a humanitarian crisis situation in which UNFPA provided technical assistance on the use of population-related data and support for assessments reached almost 90 per cent by the end of the strategic plan, out of a targeted 67 per cent.

UNFPA continued to streamline its global population data scoping, integration and estimation, in collaboration with OCHA. UNFPA has now integrated population data built upon census data, registry data and surveys. Further integration between data and geospatial mapping added to the potential of locating vulnerable subpopulations including pregnant women and small children. For example, UNFPA was able to use predictive statistical modeling to estimate the population in hard-to-reach areas of Afghanistan. As a member of INFORM, the global open-source risk assessment for humanitarian crises and disasters, UNFPA worked with the EU Joint Research Council and OCHA

to incorporate maternal mortality into the INFORM index - the United Nations shared approach for assessing conflict and disaster risk levels.

Table 1: Programme results: 2014-2017

Year	Total reached with lifesaving SRH / GBV services, including women, girls and young people (in millions)	Facilities supported for maternal health including clinical management of rape	Mobile health clinics supported	Safe spaces supported for women, girls and adolescents	Number of people trained in Minimum Initial Service Package (MISP) for SRHR
2014	4	*	*	*	4,100
2015	10	543	751	430	4,800
2016	11	741	481	485	5,300
2017	16	2,280	880	725	6,400

* Humanitarian indicator was not included in the Strategic Plan

Annual global appeal launched and results reporting improved

UNFPA’s humanitarian non-core funding revenue increased from \$100 million in 2014 to over \$165 million in 2017. Although funding remained insufficient to meet the needs, attracting more funding for its mandate has allowed UNFPA to elevate its leadership role and affirm its position in global humanitarian work. UNFPA launched its first-ever global appeal in 2016: The Humanitarian Action Overview (HAO). The [Humanitarian Action Overview](#) has since been published annually, highlighting the special needs of women, girls and young people in humanitarian settings. As a flagship publication for UNFPA, the Humanitarian Action Overview contains comprehensive programme data gathered from the field to facilitate effective planning, response, and resource mobilization for humanitarian action. This includes estimated funding requirements, targeted people and services to be provided. It is a live document, updated on line throughout the year.

UNFPA’s core funding toward humanitarian action - the Emergency Fund - also grew from about \$5 million in 2014 to over \$8 million in 2017, including non-core contributions for the first time totaling \$3 million. In total, almost 10 million people were supported globally using these funds, during the strategic plan period.

Table 3: Emergency Fund Disbursement

Emergency Fund	2014	2015	2016	2017	Total
Fund Expenditure (US\$)	4.95	4.93	4.99	8.43	23.3
Number of countries and regional offices supported	24	25	30	44	123

In line with Grand Bargain commitments and as part of continued efforts to meet IATI standards on humanitarian financing, UNFPA enhanced its financial reporting system on humanitarian financing through its Global Programming System and financial monitoring by establishing internal benchmarks for non-core resources especially CERF grants. In 2017, UNFPA instituted an interactive [data-visualization portal](#) on its external website to promote transparency and showcase UNFPA's work to donors and the public in real time. Moving forward the portal will present all programme data including results, the annual Global Appeal, and funding gaps by country.

Institutional effectiveness and efficiency in humanitarian settings

Preparedness

UNFPA has increasingly moved beyond saving lives to improving lives and building capacity and resilience. This commitment is also in line with the outcomes of the World Humanitarian Summit that advocated increased investments in preparedness, especially in the *core responsibility #4 of the UN Secretary-General's Agenda for Humanity* calling on actors to “anticipate,” rather than “wait for crises”.

Throughout the strategic plan duration, UNFPA prioritized preparedness for country offices, achieving 96 per cent out of a target of 88 per cent of country offices in high risk countries that have up-to-date humanitarian preparedness plans. In line with the strategic priorities set forth within UNFPA Humanitarian Response Strategy, UNFPA rolled out and implemented a series of actions to strengthen country offices preparedness readiness in line with the [IASC guidelines on Emergency Response Preparedness](#). This includes the implementation of UNFPA Minimum Preparedness Actions, prepositioning of commodities and supplies at the regional and country level with establishment of warehouses and pre-positioning hubs in collaboration with partners, ensuring the availability of skilled and specialized humanitarian personnel (ready to deploy) and provision of preparedness training in 55 countries (with more than 100 staff trained). Due to successful outcomes of these global initiatives over the years, UNFPA stood at 88 per cent of Minimum Preparedness Actions implementation in 2017. Partnerships have also been expanded on preparedness with UN agencies, notably UNHCR.

Table 2: Programme Results: 2017

People reached	
Affected population reached with all types of SRH services in 53 countries	10.8 million
Affected population reached with all types of GBV services in 51 countries	3.9 million
Affected population reached with Adolescent SRH in 36 countries	1.5 million
Including:	
Women and girls accessing services in Service Delivery Points that are equipped with post-rape treatment kits in 28 countries	723,570
GBV survivors reached	375,390
Services provided and facilities supported	
Mobile clinics supported in 46 countries	880
Health facilities providing emergency obstetric care in 48 countries	2,280
Safe spaces supported for women, girls and young people in 50 countries	725
Service Delivery Points that provide clinical management of rape services in 46 countries	970
Dignity Kits distributed in 57 countries	776,620
GBV survivors reached with lifesaving services in 41 countries	375,390
Personnel trained	
Personnel trained in Minimum Initial Service Package in 46 countries	4,170
Personnel trained in Emergency Obstetric and Newborn Care in 40 countries	3,880
Service providers trained in GBV case management in 46 countries	3,085
Personnel trained in clinical management of rape in 47 countries	4,015
Personnel trained in psychosocial support in 39 countries	4,570
Youth facilitators, peers and volunteers trained in SRH/GBV in 47 countries	20,815

Surge deployment

Since its inception in 2016, “Surge” has not only improved the responsiveness of UNFPA's humanitarian efforts but has also been a key mechanism in support for the rapid deployment of personnel, ensuring that quality standards of service delivery are not compromised in times of crisis. The surge roster has continued to grow since 2014 and by end of 2017 consisted of 300 persons, including internal and external, with expertise in SRH, GBV, humanitarian coordination and other support areas, such as logistics and communications. In 2017, 35 countries were supported with 93 personnel, surge deployments reflecting a growth of 30 per cent and 34 per cent when compared to 2016 and 2015 respectively. UNFPA also recorded a 25 per cent reduction in turnaround times (2016 to 2017) from request to deployment. UNFPA continues to be supported by its standby partners including the Canadian Civilian Response

Corps, Norwegian Refugee Council, Danish Refugee Council, and RedR Australia. In-kind support (surge deployments) from these partners tripled in 2017.

Table 4: Surge Mechanism Achievements

Surge	Number on Roster	Turn-around improvement rate	# of Deployments
2015	118	n/a	44
2016	206	50%* reduction in turn-around	62
2017	300	25% reduction in turn-around	93

**Prior to strengthening roster in 2nd quarter 2016, turn-around time could average four months between request and deployment*

Strengthening of institutional mechanisms on humanitarian preparedness and response

UNFPA strengthened institutional mechanisms to enable country offices to lead strategic, predictable and measurable responses to humanitarian emergencies. The establishment of UNFPA Humanitarian Steering Committee (HSC) chaired by the Executive Director, provides strategic direction and oversees UNFPA’s normative work related to: (a) humanitarian policies and procedures (b) rapid activation of UNFPA protocols and standards for Level 2 and Level 3 emergencies, and (c) technical working group to improve operational procedures in humanitarian settings through revision of fast-track procedures and issuance of the humanitarian funding policy.

UNFPA embedded an institutional shift by organizing the Global Humanitarian Consultation in August 2016, involving participants from UNFPA headquarters, regional and country offices, donors and multilateral agencies to identify priority actions to deliver on commitments, including the Grand Bargain and the SDGs, to ensure greater accountability and effective response. The consultation, convened biannually to set the strategic direction and policy agenda on humanitarian response, emphasised mainstreaming of humanitarian action as well as strengthening resilience programming in the UNFPA Strategic Plan 2018-2021.

Challenges and lessons learned

Even as affected populations continue to require life-saving sexual and reproductive health services during times of crises, these vital needs are still not prioritized in humanitarian preparedness and emergency response - with dire consequences. Every day, more than 500 women and adolescent girls die from complications of pregnancy and childbirth in emergencies and fragile situations.

Furthermore, millions of adolescents are in need of humanitarian assistance. Their sexual and reproductive health needs are often overlooked during turbulent times of disaster and conflict. Crises heighten their vulnerability to unintended pregnancy, sexuality transmitted infection and HIV infection, maternal death and disability, GBV, early and forced marriage, rape, trafficking, and sexual exploitation and abuse. UNFPA has supported various innovative approaches - for example the Mobile App “Love Question Life Answer” in Myanmar that provides comprehensive sexuality education - but adolescents SRH needs are growing and require special attention and collective efforts.

Despite efforts, gaps still exist in accessing family planning services and meeting rising needs for voluntary family planning, including in humanitarian settings. UNFPA witnessed a significant rise in advocacy and requests for contraception, both from service providers and from women and girls themselves. To address these gaps, UNFPA will continue to play an important role by supporting a holistic approach to family planning, through coordination and support, to appropriate services. If no one is to be left behind, funding for SRH and GBV services must be stepped up. It is unfortunate that while these needs are growing, funding gaps persist and lead to limited services for women and girls in humanitarian settings. For example, in 2016, out of the US\$2.5 billion contributed globally to the Health and Protection sectors, only \$176 million (12 per cent) was allocated for SRH activities.

The evaluation of UNFPA GBV programming between 2012 and 2017, carried out by the external evaluation office, found that UNFPA keeps GBV on the agenda across the development-humanitarian-nexus; is successful in building alliances with diverse partners; and continues to lay the foundation for gender transformative work at scale. The evaluation office also found that SRH continues to be a strong entry point to combat harmful practices affecting

women and girls. While building capacity across global and field levels remains a strength, building strong foundational pools of expertise has remained elusive.



“Auntie Leila” reaches out to Rohingya refugee women and brings them to women-friendly spaces. © UNFPA Bangladesh/Naymuzzman Prince

Implementing commitments under the new strategic plan (2018-2021)

In an increasingly fragile world, UNFPA is forging ahead to fulfil commitments, ensure effective humanitarian action and contribute to the achievement of Sustainable Development Goals and Agenda 2030. These commitments are well reflected in the UNFPA strategic plan 2018-2021, in which humanitarian action is mainstreamed across all outcomes, with a greater emphasis on preparedness, risk reduction and building resilience.

UNFPA will accelerate efforts to bolster young people’s resilience, their role in humanitarian crises, and in building sustainable peace, drawing on UNFPA’s comparative advantage of working with and for young people in development and humanitarian settings. As part of Agenda 2030, population data systems in humanitarian and fragile contexts will be improved to “leave no one behind.” Increased delivery of UNFPA population data expertise within humanitarian situations has high multiplier effects for improving humanitarian response across all sectors. It sharpens the underlying rationale and the evidence base behind priority locations, scale and people in need.

UNFPA will continue to work across the humanitarian-development-peace nexus so that every woman, girl and young person affected by a crisis gets the protection and services she or he needs for their health and dignity.