

Annex 2: UNFPA humanitarian update, 2020

Annual report of the Executive Director, Implementation of the strategic plan 2018-2021



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1. Overview

The COVID-19 pandemic has underscored a harsh reality for societies and economies worldwide. In humanitarian settings, the impact has been especially devastating for those who rely on assistance to survive as they face COVID-19, and the restrictions it has prompted.

Amid humanitarian crises, the loss of opportunities for employment, education and access to essential services, including those to protect sexual and reproductive health, meant that many women and young people saw their rights and choices infringed upon.

“Pregnancies don’t stop for pandemics, or any crisis. We must ensure that women and girls have uninterrupted access to life-saving contraceptives and maternal health medicines,” said UNFPA Executive Director, Dr. Natalia Kanem.

UNFPA has witnessed how the pandemic affected the health and protection of women and girls in complex crises. Life-saving sexual and reproductive health services were disrupted, inequalities deepened, and gender-based violence skyrocketed, including intimate partner violence, sexual violence and child marriage, along with the need for mental health and psychosocial support.

Yet in every region, women and young people are taking action to solve problems. They counter adversity with courage, creativity, leadership and activism. In these times, UNFPA and partners continued to validate the leadership and participation of women and young people in humanitarian action and advancing localization.

While 2020 was a year like no other, the pandemic also presented opportunities for positive change and transformation, and UNFPA was able to rise to the challenge on ground. Despite the overwhelming challenges posed by the pandemic, complex crises, and funding shortfalls, international cooperation and resourcefulness in 2020 allowed UNFPA and its partners to assist millions of women and girls in more than 50 countries, from Yemen, Syria, the Democratic of Congo, to Bangladesh, Sudan and Venezuela.

“I am 8 months pregnant and received a clean delivery bag from the midwife in the mobile clinic. I lost everything in the floods, giving birth safely is one thing that I will not worry about now.” - Mariam, Gazira State, Sudan

11.3 Million
Number of women of reproductive age
(15-49) reached with sexual and
reproductive health services, including
family planning

2. Key focus areas in 2020

1. Responding to COVID-19 in humanitarian crises

At the onset of the COVID-19 outbreak, UNFPA recognized the potentially devastating effects of the pandemic and mobilized rapidly; innovating and adapting to alternative modes of working, and efforts were guided by the provision of financial, programme and technical support.

UNFPA was an active member in developing the COVID-19 Global Humanitarian Response Plan (GHRP), and committed to:

- Supporting GHRP priority countries to ensure access to essential quality sexual and reproductive health services as well as gender-based violence response services, including clinical management of rape, specialized psychological-social support, and case management.
- Supporting GHRP priority countries in mitigating the potential negative impact on supply chain and logistics management for sexual and reproductive health supplies, ensuring continuity of supplies and care for lifesaving sexual and reproductive health services throughout the COVID-19 pandemic.

- Providing PPE to protect health workers (midwives, nurses, obstetricians' anesthesiologists, and essential support staff) by ensuring that basic personal protection equipment is available.

During COVID-19, UNFPA was able to deliver lifesaving SRH supplies despite interruptions to global supply chains. UNFPA continued to procure, ship, and distribute lifesaving SRH commodities, contraceptives and other supplies, and conduct pipeline monitoring and stock availability at both central warehouse levels and service delivery points.

Hotlines Answer the Call of Survivors

Around the world – from Iraq, Libya, the State of Palestine, Sudan and Yemen to Burundi, the Democratic Republic of Congo, Ghana, Mozambique, Namibia, Rwanda and Zimbabwe, and Colombia, Ecuador – UNFPA helped establish or scale up hotlines to provide life-saving assistance for survivors of gender-based violence during COVID-19.

Within just a few weeks, thousands of calls had been received. The hotline personnel provide remote psychosocial services, ranging from case management to counselling and crisis support, information on risks and services available during the pandemic, referrals to medical facilities, legal consultations, and other protective services for women and girls, including help in obtaining restraining orders against perpetrators.

In coordination with local government authorities and UN partners, UNFPA ensured contraceptives were available at health facilities, prioritizing regions with low stock levels.

In the GHRP countries, UNFPA supported health facilities with supplies enabling continuity of SRH service provision, notably the minimum initial service package for reproductive health in emergencies, including PPE and infection prevention and control supplies.

UNFPA reached 50 countries (in areas inhabited by refugees, IDPs, migrants and host communities) with information campaigns about COVID-19 pandemic risks; to prevent, anticipate and address risks of violence, discrimination, marginalization, and xenophobia, by enhancing awareness and understanding of COVID-19 at community level.

According to data collected in the GHRP monitoring framework from March through December 2020, UNFPA: delivered 107 million 3-ply/medical masks to prevent COVID-19 transmission and reached 98% of requesting countries (47/48) with consignments of reproductive health kits and other pharmaceuticals, medical devices, and supplies to implement life-saving sexual reproduction and health services; 44/47 (94%) had consignments arrive to the country; and all 44/44 (100%) had consignments distributed to implementing partners.

2. Integrating services for sexual and reproductive health, gender-based violence and mental health and psychosocial support: The integration of services for sexual and reproductive health and reproductive rights, gender-based violence prevention and response, and mental health and psychosocial support responds to the many core needs of women and adolescent girls as well as men and adolescent boys affected by crises. Given its role in implementing

Forecasting Floods in Bangladesh

Through a unique anticipatory action project funded through CERF, UNFPA supported communities to prepare and take actions before the forecasted heavy floods hit.

UNFPA delivered dignity kits and essential sexual and reproductive health supplies to 6,000 women, including to transgender women, and 4,500 menstrual health management kits to adolescent girls.

UNFPA also equipped three district hospitals with post-rape and clean delivery kits in advance of predicted severe floods. Dignity kits and menstrual health management kits included flashcards with COVID-19 precautionary measures and helpline information, which connected referral pathways for survivors of gender-based violence.

This is one example of UNFPA engaging with a broad range of partners, in this case, the government, local partners, UN agencies, the national Red Crescent society, and NGOs, to mainstream protection and health services in anticipatory action.

the ICPD Programme of Action, UNFPA was uniquely positioned to take this comprehensive approach forward. UNFPA continued to support integrated health care that is safe and accessible for people in humanitarian crises, including for survivors of gender-based violence, through health facilities, mobile clinics and safe spaces for women and girls.

3. Strengthening sexual and reproductive health services in emergencies: As a member of the Inter-Agency Working Group on Reproductive Health in Crises, UNFPA worked to ensure that the Minimum Initial Service Package (MISP) for Sexual and Reproductive Health was implemented in humanitarian settings. The emergency reproductive health kits, which UNFPA has managed on behalf of the Inter-Agency Working Group on Reproductive Health in Crisis since 1997, form an essential component of UNFPA's humanitarian operations. The kits are pre-packed and ready for immediate dispatch in the event of a humanitarian crisis. They contain all the pharmaceuticals and medical supplies required to operationalize the MISP. UNFPA also supported access to dignity kits that are co-designed with the affected community.

4. Addressing gender-based violence: Gender-based violence is perpetrated everywhere, but conflicts, natural disasters and other crises

increase its occurrence. The COVID-19 pandemic led to an increased risk of gender-based violence but also disrupted the availability and accessibility of services to respond to it. UNFPA delivered life-saving services, including case management and referral services, and psychosocial support in safe spaces for women and girls. Information sessions on gender-based violence, and distribution of dignity kits and cash and voucher assistance helped survivors access appropriate services.

5. Leading the GBV inter-agency coordination: As the lead agency of the Gender-based Violence Area of Responsibility under the Protection Cluster, UNFPA led GBV subclusters in 28 countries. At the global level, UNFPA coordinated or co-led GBV coordination groups in 43 countries in 2020, including in preparedness and recovery settings, refugee response, and countries that did not have established coordination groups and were included as part of the Global Humanitarian Response Plan for COVID-19.

6. Early warning and anticipatory action: As COVID-19 placed additional demands on a humanitarian system that was already straining to address an increasing number of complex emergencies with limited resources, more stakeholders and humanitarian actors moving towards early warning and anticipatory action to forestall disasters. Linking preparedness, forecasting and early warning efforts with anticipatory action, response and recovery is crucial for protecting the most vulnerable to shocks and stresses, notably the impacts of climate change. In 2020, UNFPA engaged in anticipatory action pilots ahead of weather-related crises to prevent or reduce humanitarian need in UNFPA's mandate areas, including in Bangladesh, Ethiopia and the Horn of Africa.

7. Strengthening humanitarian operations and capacity: Effective humanitarian action requires rapid delivery of services and supplies, which requires strong supply chain and logistics management. UNFPA continued to overhaul its operations to improve the quality, availability, and timely delivery of UNFPA’s humanitarian supplies. Going forward, UNFPA is looking at improving supply chain and humanitarian logistics management in three phases of an emergency: preparedness, acute response, and post-acute response.

Snapshot of 2020 results

UNFPA moved rapidly to help the world’s most vulnerable women and girls in humanitarian settings to access contraception; receive the care they need to deliver safely; and benefit from services to prevent and respond to gender-based violence. Our focus during the pandemic was to ensure continuity of these integrated services to meet the rising needs.

With UNFPA's support, millions of women, girls, and young people received a range of life-saving services, supplies, and information in 2020:

People reached	
11.3 million	Number of women of reproductive age (aged 15-49) reached with sexual and reproductive health (SRH) services in 58 countries affected by humanitarian crises including COVID
1.8 million	Number of adolescents aged 15-19 reached with SRH services in 41 countries
705,000	Number of adolescents aged 10-14 reached with SRH services in 34 countries
2.1 million	Number of young people aged 20-24 reached with SRH services in 37 countries
146,000	Number of older persons aged 65+ reached with SRH services in 19 countries
1.9 million	Number of UNFPA-assisted safe deliveries in 42 countries
5.3 million	Number of people reached with family planning services in 52 countries
4.9 million	Number of people reached with gender-based services (GBV) (prevention, risk mitigation and response services) in 52 countries
73 million	Number of people reached with SRH/GBV information and awareness activities in 54 countries
1.7 million	Number of people reached with personal protective equipment supplies in 45 countries
137,000	Number of people reached with Humanitarian Cash & Voucher Assistance in 14 countries
	<i>Note: The above data has been updated since the release of the Humanitarian Action 2021 Overview that contained provisional 2020 results</i>

Capacity strengthened	
261,000	Number of personnel trained on various aspects of sexual and reproductive health (SRH), including Minimum Initial Service Package in 50 countries
40,000	Number of personnel trained on various aspects of GBV including clinical management of rape in 57 countries
21,000	Number of youth facilitators, peers and volunteers trained on SRH/GBV in 42 countries
	<i>Note: The above data has been updated since the release of the Humanitarian Action 2021 Overview that contained provisional 2020 results</i>

Services delivered	
900	Number of women's safe spaces supported by UNFPA in 45 countries
700	Number of adolescent and youth-friendly spaces supported by UNFPA in 33 countries
1,100	Number of mobile clinics supported by UNFPA in 38 countries
2,400	Number of health facilities that provide Emergency Obstetric Care, supported by UNFPA in 54 countries
1,500	Number of health facilities that provide specialized GBV services (including Clinical Management of Rape), supported by UNFPA in 48 countries
1.2 million	Number of dignity kits distributed in 60 countries
	<i>Note: The above data has been updated since the release of the Humanitarian Action 2021 Overview that contained provisional 2020 results</i>

Response to the “Evaluation of the UNFPA Capacity in Humanitarian Action (2012-2019)”

UNFPA has made good progress in implementing all recommendations of the evaluation, and has already fully addressed about a third of the recommendations, including a decision to reposition essential humanitarian supplies at a UNHRD facility in Dubai to enable a faster emergency response time in acute humanitarian operations (recommendation 4), as well as completing an internal PSEA survey and launching follow-up actions (recommendation 8), and also finalizing the UNFPA Disability Inclusion Strategy (recommendation 6). UNFPA developed a Humanitarian Supplies Strategy (recommendation 4) and completed in producing action plans of the Humanitarian Capacity Development Initiative (relevant to all recommendations) which provides the basis for further internal improvements in 2021. Several knowledge management products, such as the SRH in Emergency distance learning program have been launched in 2020 (recommendation 3).

The pandemic has underscored the critical need to strengthen further UNFPA’s humanitarian action, including through the implementation of these recommendations, and has created further impetus for the changes underway. The COVID-19 pandemic brought significant additional humanitarian data requirements, both for situation and needs assessment and response monitoring monthly as part of the Global Humanitarian Response Plan (GHRP). UNFPA built a monthly humanitarian monitoring system to deliver on these requirements and is using that system as a basis for developing a medium-term vision for continuous humanitarian monitoring (recommendation 12).

3. Looking ahead

UNFPA's humanitarian imperative is to meet the life-saving sexual and reproductive health and reproductive rights, gender-based violence and mental health and psychosocial support needs of each person in every emergency. This is a vision of delivery at scale.

Priorities in 2021 include:

Implementation of remaining Evaluation recommendations

In 2021, a humanitarian accountability framework will be finalized as a central part of the next Strategic Plan, including integration into the theories of change, outcomes, outputs and indicators for UNFPA's three transformative results and the organizational effectiveness and efficiency to be able to deliver these results. UNFPA's Humanitarian Office will take the lead to implement actions identified in the Humanitarian Capacity Development Initiative. UNFPA's Humanitarian Office will also develop a comprehensive humanitarian data management system. Furthermore, UNFPA, which is a member of the Inter-Agency Standing Committee (IASC), will adapt the interagency Accountability to Affected Population (AAP) tools and integrate them into UNFPA's programmatic humanitarian interventions).

Strengthen humanitarian capacity and operations

Getting to zero unmet need for family planning, zero preventable maternal deaths and zero gender-based violence and harmful practices by 2030 in humanitarian settings requires strengthening UNFPA's overall humanitarian capacity and operations to improve delivery on the ground, before, during and after emergencies.

UNFPA will substantially increase its operational capacity to effectively scale up its humanitarian response. UNFPA is committed to achieving, with its partners, transformative results to meet sexual and reproductive health, gender-based violence and related mental health and psychosocial needs in humanitarian emergencies.

The Humanitarian Capacity Development Initiative undertaken in 2020 is linked to developing and planning for the 2022-2025 Strategic Plan and ongoing internal change processes and responds to evaluation findings. Under the Initiative, action plans are put in place for preparedness and supply chain management, human resource management and capacity strengthening, resource mobilization and communication.

Enhance preparedness and partnerships

To meet the demands of increasingly complex crises and the rising needs of affected people, UNFPA will take the following steps:

- Continue to strengthen prevention and preparedness, programmatic flexibility, and management of risk, in line with the standards of the best humanitarian responders, thereby enabling country offices and staff to respond more quickly and innovate in emergencies.
- Expand UNFPA partnerships with local organizations on delivery and shared decision-making, including grassroots organizations led by and serving women, young people, and marginalized groups. Partnerships will also be expanded with key UN agencies, NGO partners, academia, media, and the private sector to meet growing needs and challenges worldwide.

Implement new strategies for GBV and for humanitarian supplies

The UNFPA GBV in Emergencies strategy (2021-2025), will set standards and improve the quality of integrated services provided on ground. The Gender-Based Violence Area of Responsibility, led by UNFPA under the Protection

Cluster, will also launch its new strategy in (2021-2025). These new strategies will drive efforts to streamline service delivery and improve access to quality services. The two strategies will be mutually reinforcing and complementary.

UNFPA's five-year Humanitarian Supplies Strategy (2021-2025) will improve the quality, availability and timely delivery and distribution of UNFPA's humanitarian supplies, including through pre-positioning.

Strengthen data production and use in humanitarian settings

At the foundation of the UNFPA Strategic Plan 2022 - 2025 is the premise that everyone, everywhere, is counted and accounted for. Strong data systems allow for disaggregation and are important enablers of materializing UNFPA's humanitarian vision and objectives: An Integrated, Gender-Responsive Humanitarian Action on SRH and GBV and Leaving No One Behind.

To strengthen data production and use, UNFPA will develop a Humanitarian Data Strategy to improve the assessment and targeting of the needs of affected populations, optimizing the use of early warning and risk and vulnerability assessment tools for effective anticipatory actions. Generating and using quality data will allow timely, targeted, and tailored programming and interventions. This includes effective and systematic use of the evidence generated regarding needs, progress, and results, to support accountability, advocacy and resource mobilization efforts before, during and after crisis.
