

Annex 3: Implementation of global and regional interventions, 2020

Implementation of the UNFPA strategic plan, 2018-2021

Report of the Executive Director

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A. Introduction

Global and Regional Interventions (GRIs) are one of UNFPA's programmatic instruments and directly contribute to the achievement of UNFPA Strategic Plan, 2018-2021, results, including the three transformative results: (a) zero preventable maternal deaths; (b) zero unmet need for family planning; and (c) zero gender-based violence and all harmful practices, including female genital mutilation and child, early and forced marriage. They also contribute to advancing the implementation of the Programme of Action of the International Conference for Population and Development (ICPD PoA) and the 2030 Agenda for Sustainable Development.

In 2020, the interventions were reprogrammed and repurposed to respond to the COVID-19 pandemic, a crisis with devastating health and socioeconomic impact worldwide, including the loss of life, disruption in the provision and use of services, escalating gender-based violence and inequalities and contraction of economies.

The interventions use six main programme strategies: (i) strengthening advocacy and intergovernmental policy dialogue, (ii) building and expanding partnerships, including interagency collaboration, (iii) enhancing capacity of country and regional offices, partners and stakeholders and promoting the dissemination of knowledge, (iv) delivering technical and programmatic advisory support to countries, (v) promoting international norms and standards, and (vi) strengthening humanitarian response and preparedness.

In its decision 2017/24, the Executive Board invited UNFPA to report on the implementation of, and funds spent on the GRIs in an annex to the annual report of the Executive Director.

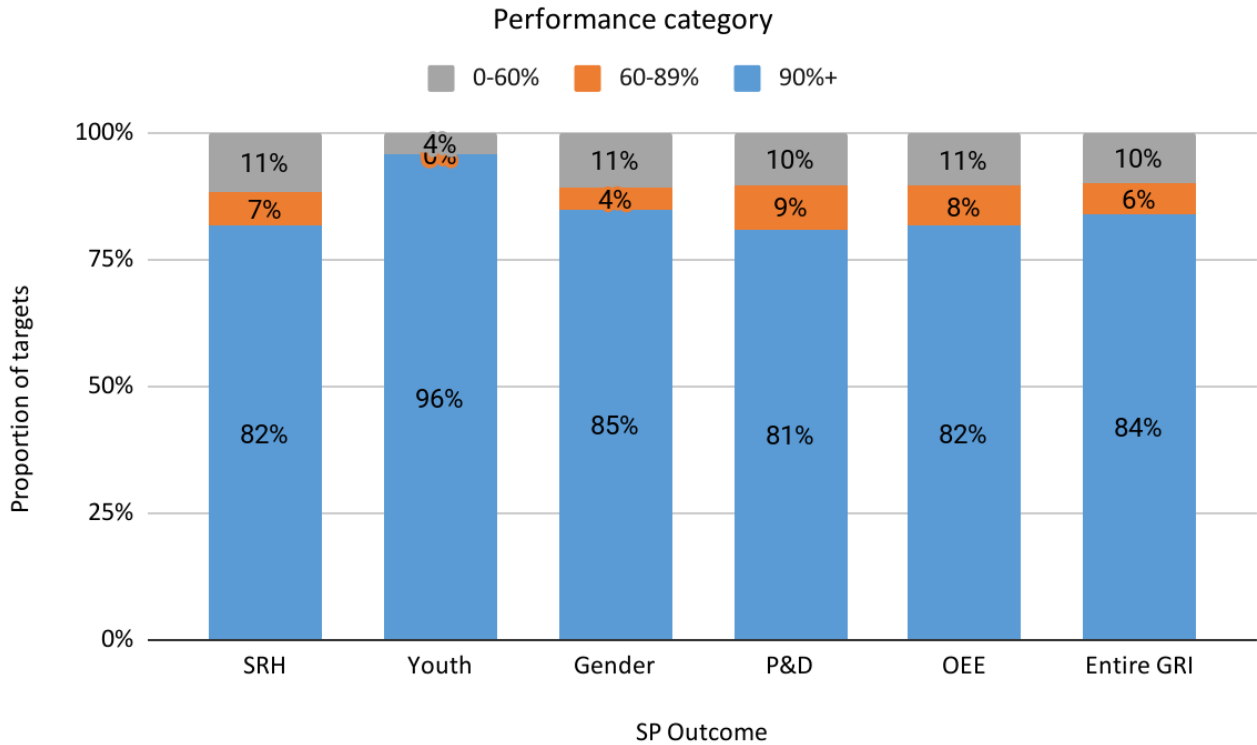
This annex highlights the progress made in implementing one global and six regional action plans, including the expenditures incurred and the extent to which GRI targets were achieved in 2020. The annex also outlines the challenges encountered due to the COVID-19 pandemic and the adjustments made by global and regional interventions to ensure that GRI targets were met.

B. Global and regional interventions performance

Overall, GRIs posted a good performance in 2020: 86 per cent of the targets for its six regional action plans and 77 per cent of the targets for its global action plan were achieved, with progress of 90 percent and above. Chart (1) shows that the GRI performance by 2018-2021 UNFPA Strategic Plan outcome (SP Outcome); the organizational

effectiveness and efficiency (OEE) was also strong. Performance varies by SP Outcome, with 96 per cent of targets in Outcome 2 “Empowering adolescent and youth, in particular, adolescent girls to have access to sexual and reproductive health services” (Youth) achieved with a progress of 90 percent and above, while for the other SP Outcomes this figure ranged from 81 per cent in Outcome 4 “Everyone, everywhere, is counted, and accounted for, in the pursuit of sustainable development” (Population & Data [P&D]) to 85 per cent in Outcome 3 “The empowerment of all women and girls, and reproductive rights are advanced in development and humanitarian settings” (Gender).

Chart 1. Percent of the GRIs output indicators by performance category in 2020, by Strategic plan Outcomes



C. Achievement Highlights

Global and regional interventions achievements are outlined in the following five categories:

1. Advancing ICPD PoA and the Agenda 2030 in intergovernmental global and regional processes
2. Strengthening capacity of country offices, including in cutting-edge knowledge management, innovation and research
3. Delivering technical and programmatic advisory support to countries, including in addressing leaving no one behind (LNOB)
4. Delivering timely humanitarian preparedness and response
5. Enabling UNFPA business units to respond to COVID-19

ICPD Plan of Action and the Agenda 2030 for Sustainable Development advanced in intergovernmental processes

In 2020, many global and regional intergovernmental processes advanced the ICPD PoA and the 2030 Agenda. 90 percent of outcome documents of global and regional intergovernmental processes supported by UNFPA addressed sexual and reproductive health, reproductive rights, gender equality and the needs of adolescents and youth. Globally, five resolutions of the General Assembly supported policies and strategies prioritizing access to quality sexual and reproductive health and reproductive rights (SRH and RR). Also, UNFPA contributed to the 2020 United Nations Secretary General's report on "Intensifying efforts to end fistula within a decade" and revised the Global Midwifery Strategy, 2017-2030, to ensure quality midwifery programmes.

At the regional level, 16 member states of the Southern African Development Community (SADC) Ministers of Health endorsed the Model Law on Gender-Based Violence and the SADC Scorecard on HIV Prevention, including a technical guidance on HIV prevention for key populations. The Asia and the Pacific Regional Office (APRO) social media campaign "Respect, Recognize and Engage" focused on the sexual and reproductive health and reproductive rights of people with disabilities and on gender-based violence prevention, equipping the countries' policymakers with key advocacy messages for the session of the Commission on Rights of People with Disabilities. In many Eastern European and Central Asian countries, voluntary Nairobi commitments are being reflected in national SRH and RR priorities and action plans as appropriate with the support of the Regional Office. A regional strategy on volunteerism in the Arab States region was developed as a result of the partnership of the UNFPA Regional Office with the United Nations Volunteers (UNV) and the League of Arab States (LAS).

Knowledge promoted and capacity of staff, partners and stakeholders enhanced

GRI enhanced country and regional offices', partners' and stakeholders' capacity and promoted and disseminated cutting-edge innovations, knowledge management and research.



Through the Escuela de Liderazgo Juvenil Afrodescendiente, UNFPA LACRO trained 61 afro-descendant youth from 18 countries on the ICPD agenda, human rights and the afro-descendent agenda

UNFPA, together with Avenir Health, John Hopkins University and Victoria University, developed the Impact40 Toolkit, which supported the development of investment cases for the three transformative results. The Regional Offices used the Toolkit to develop investment cases in 20 pilot countries and Small Island Developing States (SIDS) in the Pacific

region. The investment case studies are used to support acceleration of the ICPD PoA and the 2030 Agenda, including their inclusion in United Nations Sustainable Development Cooperation Frameworks (UNSDCF).

More than 60 knowledge products were created by GRI in 2020, including 18 South-South and Triangular cooperation (SSTC) knowledge solution cases; 10 case studies on innovative interventions for HIV prevention during the COVID-19 lockdown by the East and Southern Africa Regional Office (ESARO); six good practice briefs on progress in the Eastern Europe and Central Asia (EECA) region in securing equitable access to family planning and reproductive health commodities; a knowledge management platform in West and Central Africa Regional Office (WCARO) and 29 good practices on the three transformative results in the context of COVID-19 in the West and Central Africa region. GRI facilitated expansion of SSTC: 55 per cent of UNFPA country programmes utilised SSTC as a programming mode of engagement to support achievement of national development priorities.

In terms of capacity building, APRO was one of facilitators during the joint UNFPA and World Food Programme (WFP) innovation boot camp week. Bangladesh, Cambodia, Indonesia, Timor-Leste, Sri Lanka and Myanmar submitted 13 innovation project proposals to the UNFPA call for innovation to address maternal mortality in line



ESARO provided support to 16 countries to identify, design and roll-out 65 innovation solutions

with the UNFPA corporate innovation strategy (as of December 2020, projects are in the prototype phase and field testing their new approaches).

Three innovative solutions of the ESA region were selected among the finalists for the WFP/UNFPA innovation boot camp. New research methods for assessing geographic proximity to SRH and FP services were developed and piloted

in Malawi and Mozambique, to be scaled-up in 2021.

At the headquarters, UNFPA piloted results-based management (RBM) certification in 12 countries and introduced the ‘Learn to adapt’ management framework. The capacity of country offices developing a country programme document (CPD) was strengthened with training in assessments and Theory of Change analysis to better equip them to participate in the development of Cooperation Frameworks.

Provision of technical and programmatic advisory needed to deliver the programmes

Under the strategy of delivering technical and programmatic advisory support to countries, the focus was on addressing leaving no one behind (LNOB). SRH and RR inequities analyses were completed and visualized for 18 countries in Asia and the Pacific region to use for policy advocacy on existing inequalities; UNFPA co-convened the Global HIV Prevention Coalition, resulting in strengthened programming and policy on HIV prevention in 28 countries; people living with HIV and key populations from 14 countries in EECA region received counselling, referral and life-saving antiretroviral treatment medications through “ART-help” hotline established by the EECA



23 countries have national strategies to end fistula of which 15 have been costed

Regional Office in partnership with Eurasian Women AIDS Network (EWNA); EECARO, together with Ghent University, further strengthened capacities of stakeholders and civil society networks in the region on the realization of SRH and RR by all, with a focus on those left furthest behind; and Arab States Regional Office (ASRO), to advance mainstreaming disabilities in programming commissioned a regional desk review on SRH needs

of persons with disabilities in the region.

Also, a regional diagnosis was conducted in 12 countries in the LAC region in partnership with Enlace Continental de Mujeres Indígenas de las Americas (ECMIA) to identify barriers that indigenous girls face in accessing sexual and reproductive health services and exercising their reproductive rights. UNFPA partners from 23 countries of the West and Central Africa region enhanced their capacity for the development of SRH policies designed to focus on access of vulnerable groups to SRH services. LACRO, in collaboration with the United Nations Economic Commission for Latin America and the Caribbean, further conducted a regional study for evidence-based advocacy and policy dialogue on the situation and the rights of afro-descendent youth in the region. ASRO produced a mapping report of migration activities in the region to identify current migration-related programming, gaps and recommendations to engage in sound partnerships that align with the emerging priorities in the region; ASRO further produced infographics on registered refugees and asylum seekers in four countries (Iraq, Lebanon, Jordan and Turkey) in partnership with UNHCR. APRO collaborated with the Thailand Country Office and ESCAP to produce an analysis of disaggregated SDG indicators aiming at identifying population groups left behind, and provided technical advice to six countries (Afghanistan, Papua New Guinea, Viet Nam, Iran, Lao PDR and Nepal) on different issues relating to population dynamics and census. In the East and Southern Africa region, UNFPA partnered with the Network of African National Human Rights Institutions to strengthen its institutional capacity as well as its capacity to support those institutions in its network to advance SRH and RR on the continent.

UNFPA contributed with technical expertise to inform the adoption by the Security Council of Resolution 2535 on Youth, Peace and Security and was the penholder, together with the Peacebuilding Support Office, to produce the first report of the Secretary-General on Youth, Peace & Security (S/2020/167). The Youth, Peace and Security (YPS) Programming Handbook, a programmatic guidance for UN field practitioners, was developed jointly by UNFPA, UNDP and the UN Peacebuilding Support Office in partnership with the Folke Bernadotte Academy. Youth-led organizations and young leaders on ICPD25 follow-up were mobilized to raise issues of priority and point out challenges, including their rights and choices for SRH and RR, during the UN75 Virtual Youth Plenary discussions, contributing to the commitment captured in the UN75 Declaration to listen to and work with young people. At the regional level, ASRO facilitated the establishment of a regional coalition on YPS, national YPS coalitions in Iraq and Yemen, and the development of YPS Programmes in Jordan, Palestine, Tunisia, and Somalia.

A set of interventions focused on family planning. UNFPA, together with the Global Family Planning Visibility and Analytics Network (GFPVAN), a global supply chain data management network for family planning, mobilized \$9.95 million in new reproductive health commodities orders for 13 countries. A Global Contraceptive Atlas for Africa, which analysed 53 Africa countries on their access to contraceptives, was launched. 24 parliamentarians from 16 countries joined the virtual parliamentary dialogue with an expert panel on ending unmet need for family planning and to discuss how to improve policy and close financial gaps. WCARO, in collaboration with nine countries of the Ouagadougou Partnership¹ prepared the regional strengths, weaknesses, opportunities, and threats (SWOT) analysis on family planning integration into universal health coverage to inform a sustainability plan in the region for contraceptive security. LACRO built capacity of 15 countries on applying reproductive health commodity security tools to forecast, plan, cost and effectively manage reproductive health logistics systems, and supported 20 countries of the region to improve the quality of SRH, family planning services, obstetric and neonatal care.

International norms and standards promoted

GRI promoted international norms and standards in an array of areas. “My Body, My Life, My World through a COVID-19 lens” and a set of technical briefs were developed to support country-level adaptation of adolescent and youth programming to the realities of COVID-19, including a brief on Risk Communication and Community Engagement (RCCE) with young people left behind during the pandemic. In East and Southern Africa, UNFPA updated the iCAN comprehensive sexuality education (CSE) package for young people living with HIV/AIDS and developed a dedicated package for young people with disabilities called “Breaking the Silence” that adapts CSE lessons across a range of different disabilities. Understanding the growing role digital media is playing among young people, the Global Comprehensive Sexuality Education Partnership (co-chaired by UNFPA and UNESCO) was established and the digital CSE symposium was convened, furthered by the establishment of the Digital Sexuality Education (DSE) Community of Practice in Asia and the Pacific region. The Asia and the Pacific Regional Office launched the online platform for peer education and updated the regional education manual on sexual and reproductive health and reproductive rights to guide countries’ peer education. In East and Southern Africa, online engagements of young people with parliamentarians facilitated by the UNFPA Regional Office and the Southern African Development Community (SADC) Parliamentary Forum led to commitments on legal reforms to create a conducive environment for adolescents SRH and RR. In Latin America and the Caribbean, UNFPA developed and launched CSE webinars, courses and tools for families, adolescents, and teachers addressing CSE needs during the pandemic and beyond it.

In addressing gender-based violence and harmful practices, UNFPA developed and implemented technical guidance on son preference and gender-biased sex selection, supporting countries with policy advice and technical tools to ensure rights-based and gender-based sex selection (GBSS) integration into national policies and planning. Global interventions led the coordination of interagency advocacy messages on human rights and gender in the new

¹ The Ouagadougou Partnership's purpose is to accelerate the use of family planning services in nine countries: Benin, Burkina Faso, Cote d'Ivoire, Guinea, Mali, Mauritania, Niger, Senegal, and Togo.

Quadrennial Comprehensive Policy Review, resulting in the strong gender and human rights language. EECARO,



ASRO published practitioner's guide on the ethical conduct of research on child marriage in humanitarian settings in collaboration with Women's Refugee Commission and John Hopkins University

in partnership with Women Enabled International, issued a resource package for implementing multi-sectoral response to gender-based violence, consisting of a guidance for professionals and a training package for women with disabilities. LACRO developed regional guidelines for the work with male perpetrators of GBV with PROMUNDO/MenEngage. Furthermore, a subregional partnership was formed

with COMMCA (Consejo de Ministras de la Mujer de Centroamérica) and the CECC/SICA (Secretaría de Educación y Cultura) to include women's human rights in the educational system in Central America as a precondition for the advancement to more equal societies free of violence, and strengthened collaboration with the Economic Commission for Latin America and the Caribbean (ECLAC) with a focus on LNOB and gender equality. ASRO, in collaboration with United Nations Economic and Social Commission for Western Asia (ESCWA), UNICEF and UN Women, developed guidance on estimating the cost of child marriage in the Arab States region to support countries in policy and evidence-based advocacy on ending child marriage as a harmful practice.

In relation to policies on aging, APRO facilitated regional multi-stakeholder initiatives in collaboration with ESCAP and HelpAge to promote active aging policies and convened a regional reference group with, inter alia, WHO, ESCAP, HelpAge, and ILO. In addition, five regional knowledge products were utilized by countries to influence policy responses on population ageing. In Eastern Europe and Central Asia, UNFPA collaborated with WHO and the UN Decade of Aging, launching both the Demographic Resilience programme and the Joint Initiative on Aging, which includes UNECE and WHO as partners, among others.

Standards were developed in regards to population data, such as guidelines for countries to annually update subnational population estimates for humanitarian common data sets and a primary health care (PHC) toolkit, which brings together a range of tools, guidelines and resources to guide all stages of the census. The latter was developed through the partnership between the LACRO and the Organization of Eastern Caribbean States.

Humanitarian preparedness and response delivered, and in a timely manner

Global and regional interventions played a critical role in building the capacity of countries and providing programming solutions to deliver timely lifesaving assistance and scale up humanitarian action. Globally, 10,600 emergency reproductive kits were delivered to 49 countries, and 95 per cent of surge requests were fulfilled successfully. In humanitarian settings, 72 per cent of countries experiencing, preparing for and recovering from humanitarian crises applied the minimum standards for the prevention of and response to gender-based violence in emergencies, and 75 per cent of country and regional offices acquired capacity to implement programmes that prevent and mitigate GBV and improve the quality of and survivors' access to multi-sector GBV services. A roving technical team together with the pool of experts was established to provide support on Sexual and Reproductive Health in Emergencies (SRHiE) and Gender-based Violence in Emergencies (GBViE) in LAC.



19 countries in West and Central Africa finalized Minimum Preparedness Action Plans

Global interventions built capacity in 80 countries, regional entities and global institutions, and prepared ten academic health institutions as master trainers to implement Minimum Initial Services Package (MISP) for RH in Crises. To facilitate peer support on MISP among countries in the region, APRO established a "buddy system" in which country offices in disaster-prone countries have been matched with country offices less frequently engaged in humanitarian response to provide one-on-one coaching and mentoring support.

Globally, UNFPA engaged in 17 humanitarian and interagency mechanisms focusing on SRH to contribute to the implementation of MISP in humanitarian settings. As a result of strategic collaboration between UNFPA and UNAIDS, five million US dollars was secured from the Global Fund to boost condom programming in four East and Southern African countries (Malawi, Mozambique, Uganda and Zambia).

As a result of the Regional Offices' capacity-building interventions in Asia and the Pacific region, 532 UNFPA staff members have been trained on the MISP, humanitarian data and cash and voucher assistance, and all country offices and multi-country offices of the Pacific region (100 per cent) implemented eight or more minimum preparedness actions, which is a notable improvement compared to 83 per cent of countries in 2019. In addition, the proportion of country offices that developed annual preparedness plans increased from 40 per cent in 2018 to 74 per cent in 2020 in the region. WCARO leveraged, together with Central Sahel countries (Burkina Faso, Mali and Niger), a donors' pledge of US\$1.7 billion for the next three years to respond to humanitarian challenges in a long-term perspective in the Central Sahel. It also conducted empirical research on demography, peace and security in the Sahel and hosted a virtual high level symposium chaired by the President of Niger on implementation of policies and programmes to accelerate the demographic transition and harness the demographic dividend.

APRO issued through the regional UN Issue-Based Coalition on Building Resilience the 'Recommendations and Checklist on Scaling up Disaster Risk Reduction in Humanitarian Action' and the 'Integrating Disaster Risk Reduction and Climate Change Adaptation in the UN Sustainable Development Cooperation Framework' for countries in the region. The regional office successfully advocated for relevant language on youth, peace and security to be included in the 2021-2025 Association of Southeast Asian Nations (ASEAN)-UN Plan of Action.

Global and Regional Interventions response to COVID-19

GRI advocated for a greater response to the COVID-19 pandemic within the intergovernmental and interagency processes. New language on the impact of COVID-19 on women and girls was adopted in the resolutions on child, early and forced marriage (CEFM) and violence against women and girls (VAWG). UNFPA led the UN Inter-Agency Group on Indigenous Issues which authored the COVID-19 & Indigenous Peoples Guidelines for the UN. The impact of COVID-19 on the achievement of the three transformative results was analysed, showing that family planning disruptions lasting six months could affect 47 million women in low- and middle-income countries, resulting in seven million unintended pregnancies. This joint effort with Avenir Health, John Hopkins University and Victoria University garnered worldwide media attention.



86% of countries included gender-based violence into the national COVID response plans

UNFPA collaborated within the structure of UN Country Teams to conduct Socio-Economic Impact Assessments (SEIAs) in 56 countries in the wake of the COVID-19 pandemic. Recognizing the importance of sex- and age-disaggregated data in order to understand the full impact of COVID-19, UNFPA led in the tracking of implementation of maternal health, youth, and gender sections of both the United Nations Socio

Economic response plan and the Global Humanitarian Response Plan. UNFPA's involvement in coordinated partnerships for data collection and emergency response ensured that 71 per cent of countries included health needs of older persons into the national COVID response plan; and 83 per cent of countries included sexual and reproductive health into the national COVID response plan².

At a more localized level, EECARO in collaboration with the UNDP Regional Hub and the Eurasian Women's AIDS Network, studied the impact of the COVID-19 pandemic on the access to SRH and RR and HIV treatment and protection against gender-based violence among women living with HIV and women from key populations in

² Data based on UNFPA COVID-19 response survey, December 2020.

nine countries of the region. ASRO focused on generating evidence for its policy advocacy work by conducting regional research in ten countries to address the impact of COVID-19 on SRH services in the region. The ESARO partnership with the regional UN H6³ resulted in inclusion of gender-based violence in 13 national COVID-19 response plans. Through its co-chairmanship of the Asia Pacific Interagency Network on Youth with UNV, UNFPA APRO engaged youth partners in regional information and awareness campaigns on the COVID-19 pandemic. Thirteen EECA countries and territories joined the ANSER⁴ network under the umbrella of the multi-partner global cross-sectional online surveys to assess access to SRH and family planning services during COVID-19.

As part of the UN system-wide reforms, interagency collaboration increased at global and regional levels to respond to COVID-19 and enabled better positioning of the utilization of quality sexual and reproductive health services, ensuring that no one was left behind in inter-agency initiatives. UNFPA was part of the coordinated UN response under the Interagency Standing Committee COVID-19 Global Humanitarian Response Plan. As a signatory to the SDG3 Global Action Plan (GAP) partnership, UNFPA in collaboration with other 12 agencies of the UNDS and global health partners accelerated collective support to alignment with national priorities for post-pandemic recovery. As a cosponsor of UNAIDS, UNFPA was a key partner in the development of the guidance on COVID-19 and HIV. UNFPA in collaboration with UNICEF, WHO and UNESCO developed a technical guidance on adolescent sexual and reproductive health during the COVID-19 pandemic - “Not on Pause”, including frequently asked questions on COVID-19, targeting adolescents and youth. UNFPA, in partnership with WHO and Columbia University, developed a COVID-19 risk model that enabled countries to understand the trade-offs associated with reductions in reproductive, maternal, neonatal, child and adolescent health services due to COVID-19 and potential risk-mitigating measures.

Global and regional interventions played an instrumental role in providing guidance and enhancing capacity of countries, partners and UNFPA country offices ***to respond to COVID-19 pandemic***. Global and regional interventions developed more than 35 technical guidance documents and tools to support countries to address inequities in accessing integrated SRH and RR services and responding to COVID-19. At the regional level, ESARO in collaboration with UNICEF and WHO equipped health administrators, frontline managers and healthcare providers of the region with technical manual on ‘Continuity of Minimal Essential Maternal Health and Newborn Health services in the context of COVID-19’.

ASRO reached 170 service providers from 10 countries in the region through a series of regional webinars on GBV and clinical management of rape COVID-19 adaptation. COVID-19 guidelines and protocols in maternal health, family planning, cervical cancer prevention and adolescent and youth SRH services were developed and followed-up with capacity-building of sexual reproductive health service providers of 10 EECA countries and territories. Twelve countries in ESA region built capacity on integrating violence against women into the sexual and reproductive health and reproductive rights services, including in the context of COVID-19 through a virtual online training developed jointly by UNFPA and WHO.

In order to ensure quality and timely response to the rapidly changing data needs within the context of the COVID-19 pandemic, UNFPA West and Central Africa Regional Office deployed nine technical experts to the 14 countries involved in the 2020 round of the census. ESARO sought to reduce the risk of COVID-19 infection among respondents and census field personnel through development of regional guidelines on personal protection equipment (PPE) recommendations for census implementation. These were shared with countries planning their census during and after COVID-19.

In contributing to the strengthening of population data systems through GRI within the context of COVID-19, UNFPA Regional Offices shifted immediately to the provision of virtual assistance, invested in virtual training material and sought to understand the impacts of the pandemic as an opportunity. For example, LACRO took

³ UNFPA, UNICEF, UN Women, WHO, UNAIDS and the World Bank Group

⁴ Analytic Services, Inc., more known by its acronym ANSER, is a not-for-profit corporation

advantage of the remote work model to enhance cross-regional collaboration through South-South population and development initiatives beyond the Latin America and Caribbean Region, e.g. with the Pacific Community, National Statistical Office Indonesia and National Statistics Office of Philippines.

D. Challenges and lessons learned

Performance of global and regional interventions was affected by some challenges in 2020. COVID-19 revealed noticeable weaknesses in national health systems' resilience and lack of preparedness and flexibility. The GRI's ability to quickly shift focus, adjust modalities and at the same time provide guidance and support to countries to adapt to unprecedented changes in the global health environment was a challenge especially during the first half of 2020. Virtual meetings helped maximise learning and collaboration across countries but adaptation to digital platforms was not ideal in all circumstances, which caused postponement of some activities.

In the process of implementing the GRIs, it also became apparent that youth policies in place lacked rigorous monitoring, accountability mechanisms and quality assurance, highlighting the need for ongoing and continuous investment of time and resources for meaningful youth leadership and participation in decision making.

Implementing programmes in the context of the COVID-19 pandemic with restrictions was challenging across the board. The COVID-19 pandemic placed a high demand on real-time data which was at times challenging to provide. For example, there is a gap between available and necessary national-level data to "leave no one behind" and "reach the furthest behind first". To develop and achieve measurable, evidence-based targets, governments require increased investments to generate the necessary evidence.

To address the outlined challenges in the context of global and regional interventions, UNFPA learned that it needs to: (a) work with other agencies to ensure sexual and reproductive health and reproductive rights, including youth-friendly services, remain positioned as essential services during crises and external shocks, such as pandemics; (b) collaborate across all levels of the organization in the development of global and regional guidance, incorporating specific country and regional experience, including in SSTC, to adjust modalities quickly and promote knowledge sharing; (c) invest more in preparedness, including building capacity of less disaster-prone countries.

The most important lessons learned include: (a) Updated, disaggregated data is critical to ensure that no one is left behind, to improve and inform preparedness and response, and to save lives; (b) UNFPA's support to youth networks and youth-led organizations can be pivotal in ensuring youth-led accountability and participation, including in situations of emergency or uncertainty; (c) digitized solutions have limitations in reaching girls and especially marginalized groups given their lack or limited access to digital devices and the Internet; (d) innovative ways and strategies to maintain provision of GBV prevention and case management are essential during pandemics and lockdown periods, and may rely on community surveillance in tandem with formal protection mechanisms; and (e) the development of standardized remote support tools is essential to assist countries to maintain high quality data collection and comparability with international standards.
