

# HUMANITARIAN ACTION 2021 OVERVIEW



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Dr. Kanem with a Syrian mother and her newborn at the Zaatari Maternity Clinic in Jordan. © UNFPA Jordan / Elspeth Dehnert

## FOREWORD FROM THE EXECUTIVE DIRECTOR

Without question, 2020 has been a year like no other. A once-in-a-century global health crisis, the COVID-19 pandemic underscores a harsh, enduring reality: Crises disproportionately affect women and girls, and the world needs to respond. The pandemic is exacerbating the immense human suffering, loss and displacement caused by humanitarian emergencies around the world.

At UNFPA, we witness the direct and secondary consequences of COVID-19 as we work with partners to meet the specific needs of women, adolescent girls and young people affected by crises. Life-saving sexual and reproductive health services have been disrupted, inequalities have deepened, and gender-based violence has skyrocketed, along with the need for mental health and psychosocial support.

COVID-19 has been catastrophic for women and girls already facing a pandemic of violence and discrimination: One in three women experiences physical or sexual violence in her lifetime; one in five girls is married before age 18; and hundreds of millions of women and adolescent girls want to avoid pregnancy, yet lack access to reliable, modern methods of family planning. In addition, more than half of maternal deaths occur in humanitarian and fragile settings, where the risk of giving birth is compounded by the heightened incidence of

gender-based violence and harmful practices, such as child marriage and female genital mutilation. Pregnancies and childbirth don't stop for pandemics, conflicts or disasters. Prioritizing the needs of women and adolescent girls in emergencies, including the need for maternal health care, is a human rights imperative.

In 2021, UNFPA is appealing for an estimated \$818 million to provide life-saving services and protection to 54 million women, girls and young people in 68 countries.

In collaboration with our partners and in solidarity with communities, we are adapting to evolving needs and circumstances, and innovating, based on data and evidence, to reach those most in need during the pandemic. Extraordinary cooperation and resourcefulness in 2020 allowed us to reach more than 7 million women in 53 countries with sexual and reproductive health services; 4.4 million people with family planning supplies and services; and 2.8 million people with services to address gender-based violence.

While humanity navigates this uncharted crisis, which has rolled back hard-earned progress for women and girls, let us not forget that the coronavirus pandemic also presents opportunities for positive change and transformation.

People across the globe are rising to meet these humanitarian challenges, applying local solutions to guide the way forward in their communities. Women and young people are leading like never before, and the voices and actions of a broad range of change-makers are helping us dismantle the social norms and barriers standing between women and girls and their rights and choices.

The Sustainable Development Goals remain our North Star. Meeting the goals, including gender equality, by 2030 depends on every woman and girl being able to enjoy sexual and reproductive health, and to exercise her fundamental rights.

Together with our partners, we are supporting millions of women and girls to overcome the brunt of the COVID-19 crisis and to use their own agency and potential to counter discrimination, combat gender-based violence, live with dignity even in humanitarian settings – and to keep moving forward.

Dr. Natalia Kanem  
UNFPA Executive Director



# 2021 OUTLOOK

## Planned Results



To Reach  
**54 million**  
women, girls and  
young people



Including  
**35 million**  
women of reproductive age,  
and 29 million adolescents  
and young people\*

**4.8 million**  
pregnant women



In  
**68**  
countries



Total Required  
**\$818 million**

\*There is some overlap between adolescents and young people (aged 10-24) and women of reproductive age (15-49)

# 2021 Required Funding\*

Total required  
by countries

**\$778,783,876**

Global support for  
humanitarian action

**\$38,855,126**

**GRAND TOTAL**

**\$817,639,002**



<b>Asia and the Pacific</b>	<b>Funding required</b>
Afghanistan	\$9,000,000
Bangladesh	\$18,795,392
Democratic People's Republic of Korea	\$2,000,000
India	\$2,000,000
Indonesia	\$2,000,000
Iran	\$1,150,000
Myanmar	\$7,000,000
Nepal	\$13,993,000
Pakistan	\$9,000,000
Papua New Guinea	\$2,700,000
Philippines	\$13,000,000
Pacific Sub-Regional Office**	\$570,000
<b>Total</b>	<b>\$81,208,392</b>

<b>West and Central Africa</b>	<b>Funding required</b>
Burkina Faso	\$5,786,541
Cameroon	\$12,500,000
Central African Republic	\$5,000,000
Chad	\$17,100,000
Congo	\$3,150,000
Gambia	\$2,150,000
Ghana	\$5,685,587
Mali	\$4,000,000
Mauritania	\$610,000
Niger	\$5,650,000
Nigeria	\$34,600,000
<b>Total</b>	<b>\$96,232,128</b>

<b>Latin America and the Caribbean</b>	<b>Funding required</b>
Brazil	\$818,808
Colombia	\$13,832,480
Cuba	\$620,000
Ecuador	\$1,919,858
Guyana	\$729,282
Haiti	\$25,500,000
Peru	\$16,970,799
Venezuela	\$26,734,999
<b>Total</b>	<b>\$87,126,226</b>

**\*Notes:**

1. Financial estimates are based on UNFPA country office planning processes and internal reporting instruments. Estimates also include OCHA-coordinated humanitarian response plans (including COVID-19 response), regional refugee response plans and resilience plans.
2. The Syria Regional Refugee and Resilience Plan covers Egypt, Iraq, Jordan, Lebanon and Turkey. In keeping with the Grand Bargain commitment, UNFPA reports its financial revenue data to the OCHA financial tracking system on a monthly basis.
3. 8 additional countries require less than \$500,000 each (amounting to a total of \$1.5 million combined) for either response or preparedness. These countries are: El Salvador, Eswatini, Lao People's Democratic Republic, Serbia, Sierra Leone, Sri Lanka, Timor-Leste and Trinidad and Tobago. Some of these needs will be met through UNFPA's core resources.
4. Numbers are provisional and subject to change as the year progresses. Figures may differ from those in the humanitarian response plans due to changing circumstances and needs.

\*\*UNFPA's Pacific Sub-Regional Office, located in Fiji, assists 14 countries and territories: the Cook Islands, the Federated States of Micronesia, Fiji, Kiribati, the Marshall Islands, Nauru, Niue, Palau, Samoa, Solomon Islands, Tokelau, Tonga, Tuvalu and Vanuatu.

<b>East and Southern Africa</b>	<b>Funding required</b>
Angola	\$1,131,450
Burundi	\$3,000,000
Democratic Republic of the Congo	\$67,200,000
Ethiopia	\$28,000,000
Kenya	\$6,150,000
Madagascar	\$1,292,776
Malawi	\$900,000
Mozambique	\$6,000,000
Namibia	\$901,702
Rwanda	\$1,678,500
South Sudan	\$16,500,000
Tanzania	\$1,550,000
Uganda	\$13,796,891
Zambia	\$2,000,000
Zimbabwe	\$20,000,000
<b>Total</b>	<b>\$170,101,319</b>

<b>Arab States</b>	<b>Funding required</b>
Djibouti	\$754,761
Egypt	\$2,650,000
Iraq	\$36,300,000
Jordan	\$17,010,000
Lebanon	\$23,000,000
Libya	\$9,911,000
Palestine	\$6,733,800
Somalia	\$16,400,000
Sudan	\$39,837,871
Syria	\$80,900,000
Yemen	\$100,000,000
<b>Total</b>	<b>\$333,497,432</b>

<b>Eastern Europe and Central Asia</b>	<b>Funding required</b>
Bosnia and Herzegovina	\$906,000
Turkey	\$6,758,858
Ukraine	\$1,466,336
<b>Total</b>	<b>\$9,131,194</b>

# Top Requirements



<b>1</b>	Yemen	\$100,000,000
<b>2</b>	Syria	\$80,900,000
<b>3</b>	Democratic Republic of the Congo	\$67,200,000
<b>4</b>	Sudan	\$39,837,871
<b>5</b>	Iraq	\$36,300,000
<b>6</b>	Nigeria	\$34,600,000
<b>7</b>	Ethiopia	\$28,000,000
<b>8</b>	Venezuela	\$26,734,999
<b>9</b>	Haiti	\$25,500,000
<b>10</b>	Lebanon	\$23,000,000
<hr/>		
	<b>Total</b>	<b>\$462,072,870</b>



  
United Nations Population Fund  
Because Everyone Counts...

  
الهلال الأحمر العربي السوري  
Syrian Arab Red Crescent

# Snapshot of Countries Requiring UNFPA Support



## Syria

After a decade of conflict, the humanitarian situation in Syria remains dire. Over 11 million people will require assistance, and close to 5.7 million people have taken refuge in neighbouring countries. Disruption of community networks, a collapsing economy, and the COVID-19 pandemic have all led to a health and protection crisis in the country, especially for women and girls. UNFPA is working to ensure continuity of services for sexual and reproductive health and gender-based violence, via a network of partner-administered facilities, and provision of essential supplies.



## Ukraine

Some 3.4 million people, including nearly 800,000 women of reproductive age and 500,000 older persons, remain in need of humanitarian assistance due to ongoing armed conflict in Eastern Ukraine. COVID-19 has strained the country's already overstretched health system and heightened existing protection risks, including gender-based violence, exploitation and harmful practices. UNFPA is reaching out to those in need through mobile sexual and reproductive health and GBV teams.

## Yemen

Humanitarian conditions in Yemen continue to deteriorate given the protracted political crisis complicated by internal displacement, food insecurity, outbreaks of cholera and now COVID-19. Over 80 per cent of the population, including more than a million pregnant women, many of whom are acutely malnourished, require some form of assistance. Only half of Yemen's health facilities remain functional, and reports of gender-based violence are rising.



## Venezuela & neighbouring countries

The COVID-19 pandemic and its economic impact have complicated the humanitarian situation in Venezuela and host countries. Measures to curb the spread of COVID-19 have disrupted access to basic services and caused tens of thousands of people who were living in neighbouring countries to return to Venezuela. UNFPA is working to ensure continuity of sexual and reproductive health services and reduce the risk of gender-based violence among Venezuelan girls, women and host communities.



## Zimbabwe

The humanitarian situation in Zimbabwe is driven by climate-related crises and macro-economic challenges, including cash shortages and hyperinflation. More than half of the rural population is expected to face food insecurity by early 2021. Resource constraints endanger the sexual and reproductive health of women and girls and heighten the risk of gender-based violence. UNFPA is working with food security and nutrition actors to distribute contraceptives and provide other services related to sexual and reproductive health and gender-based violence. UNFPA also provides health facilities with personal protective equipment to ensure continuity of care during the COVID-19 pandemic.



## Central Sahel region (Burkina Faso, Mali & Niger)

The conflict in the Central Sahel region, one of the world's fastest-growing emergencies, has created a protection crisis for women and girls. Escalating violence and displacement have heightened the risk of gender-based violence and harmful practices and disrupted access to basic services, including sexual and reproductive health care. Of the 13.4 million people who require humanitarian assistance, 6 million are women of reproductive age and adolescent girls.



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.



## Turkey

Turkey continues to host the largest number of refugees worldwide: some 3.6 million Syrian refugees are registered in the country. The social and economic impacts of COVID-19 has exacerbated the vulnerability of refugees and host community members, many of whom had already experienced obstacles in accessing essential services, including sexual and reproductive health care and protection from gender-based violence. UNFPA reached over 160,000 people with such services in 2020, including LGBTQI refugees and people with disabilities.



## Afghanistan

Afghanistan faces one of the world's most complex humanitarian emergencies, driven by years of armed conflict. More than 12 million people are projected to require humanitarian assistance in 2021, including 7 million women and girls. UNFPA implements projects to prevent and respond to gender-based violence and maintain sexual and reproductive health services during COVID-19. This included assisting 47,000 pregnant women to deliver safely in 2020.



## Sudan

Despite progress on Sudan's political transition, humanitarian needs remain extensive, driven by flooding, displacement, economic challenges and outbreaks of disease, including COVID-19. Of the estimated 12.7 million people who require assistance, nearly 300,000 are pregnant women. Yet, fewer than one third of health facilities in Sudan offer emergency obstetric care. Availability of gender-based violence services is also limited. UNFPA launched a GBV hotline in 2020 and is currently conducting a wide-scale GBV needs assessment in the country.



## Bangladesh

In addition to hosting one of the world's largest refugee populations, Bangladesh is also highly vulnerable to climate-related disasters. Some 2 million people are expected to require humanitarian assistance in 2021, including Rohingya refugees, host community members and other disaster-affected people. UNFPA provides life-saving sexual and reproductive health and protection services and supports 38 women-friendly spaces across the country, 23 of which are in Cox's Bazar.



## Mozambique

Escalating violence has exacerbated the already dire humanitarian situation in Cabo Delgado Province in Mozambique, following the twin cyclones, Kenneth and Idai, in 2019 and massive flooding in early 2020. High numbers of COVID-19 cases compound existing needs. UNFPA is providing gender-based violence services to women and girls in affected areas and supports mobile sexual and reproductive health brigades to reach the most inaccessible populations.

## South Sudan

Years of armed conflict and chronic underdevelopment have left over 7 million people in South Sudan in need of humanitarian assistance. Needs have been intensified by severe flooding since July and by COVID-19, which has strained the country's already fragile health system. Pregnant women cannot easily access emergency obstetric care, and many health facilities face supply shortages. UNFPA supports sexual and reproductive health services in Protection of Civilian sites and has a network of one-stop centres that provide integrated services to survivors of gender-based violence.

## Myanmar

Armed conflict, inter-communal violence and natural disasters, compounded by the impact of the COVID-19 pandemic, have left more than one million people in Myanmar in need of humanitarian assistance. Women in conflict-affected areas are at high risk of gender-based violence and harmful practices. Crowded conditions in displacement camps heighten health risks. In 2020, UNFPA reached more than 100,000 people with services and information on sexual and reproductive health and gender-based violence, including mental health and psychosocial support.

# 2020 SUMMARY

## Achieved Results

### 2020 Snapshot of Results\*

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

**7.1 million**

Women of reproductive age (aged 15-49) reached with sexual and reproductive health services in 53 countries

**3.5 million**

Adolescents and young people (aged 10-24) reached with tailored sexual and reproductive services in 42 countries

**581,000**

Older persons (aged 65+) reached with sexual and reproductive health services in 17 countries

**1.3 million**

UNFPA-assisted safe deliveries in 39 countries

**4.4 million**

People reached specifically with family planning services in 49 countries

**2.8 million**

People reached with gender-based violence services (prevention, risk mitigation and response services) in 47 countries

**68.6 million**

People reached with essential information and community awareness activities (health and protection messages) in 49 countries

**1.6 million**

People (including health workers) reached with personal protective equipment supplies in 41 countries

**103,000**

People reached with humanitarian cash and voucher assistance in 13 countries



## SERVICES DELIVERED

**1 million**

Dignity kits distributed in 58 countries

**10,600**

Reproductive health kits delivered in 49 countries

**1,430**

Health facilities that provide specialised gender-based violence services (including clinical management of rape) in 46 countries

**2,410**

Health facilities that provide Emergency Obstetric Care in 52 countries

**1,030**

Mobile clinics supported by UNFPA in 37 countries

**230**

Adolescent and youth-friendly spaces supported by UNFPA in 29 countries

**800**

Women-friendly safe spaces supported by UNFPA in 42 countries



## CAPACITIES STRENGTHENED

**257,000**

Personnel trained on sexual and reproductive health, including the Minimum Initial Service Package, in 44 countries

**34,060**

Personnel trained on gender-based violence, in areas such as clinical management of rape, in 53 countries

**23,570**

Youth facilitators, peers and volunteers trained on sexual and reproductive health and gender-based violence in 37 countries

### Notes

\*Results are estimated as of October/November 2020 and do not include every country in which UNFPA has delivered humanitarian services. Results will be updated on the [UNFPA data portal](#) as new data becomes available.

# 2020 Humanitarian Funding\*

## Grand Total

Funding required **\$731,198,889** Funding received **\$349,630,775**

Coverage: 48%

## Asia and the Pacific

	Funding required	Funding received
Afghanistan	\$6,900,000	\$4,662,521
Bangladesh	\$29,942,736	\$27,381,146
Democratic People's Republic of Korea	\$2,000,000	\$1,687,688
India	\$3,400,000	\$2,800,000
Indonesia	\$1,955,628	\$980,927
Iran	\$2,002,211	\$2,117,768
Lao People's Democratic Republic	\$670,000	\$463,954
Myanmar	\$5,000,000	\$2,401,077
Nepal	\$3,805,000	\$2,520,392
Pakistan	\$5,467,000	\$3,584,688
Papua New Guinea	\$1,828,980	\$653,480
Philippines	\$11,970,000	\$3,400,523
Pacific Sub-Regional Office	\$956,119	\$789,842
Sri Lanka	\$992,108	\$192,931
Timor-Leste	\$765,000	\$319,185
<b>Total</b>	<b>\$77,654,782</b>	<b>\$53,956,122</b>

Coverage: 69%

## Arab States

	Funding required	Funding received
Djibouti	\$670,000	\$420,066
Egypt	\$4,350,000	\$989,064
Iraq	\$17,350,000	\$22,273,425
Jordan	\$15,580,000	\$17,752,754
Lebanon	\$22,000,000	\$9,960,272
Libya	\$9,911,000	\$5,265,590
Palestine	\$7,275,296	\$4,442,213
Somalia	\$17,895,060	\$417,162
Sudan	\$37,000,000	\$11,856,315
Syria	\$60,135,000	\$75,000,000
Yemen	\$100,500,000	\$62,373,454
<b>Total</b>	<b>\$292,666,356</b>	<b>\$210,750,315</b>

Coverage: 72%

## Eastern Europe and Central Asia

	Funding required	Funding received
Bosnia and Herzegovina	\$656,300	\$284,658
Serbia	\$25,806	\$25,806
Turkey	\$15,800,000	\$14,841,615
Ukraine	\$1,626,780	\$1,335,911
<b>Total</b>	<b>\$18,108,886</b>	<b>\$16,487,990</b>

Coverage: 91%

## East and Southern Africa

	Funding required	Funding received
Angola	\$1,018,600	\$670,175
Burundi	\$2,034,797	\$400,000
Democratic Republic of the Congo	\$91,843,509	\$11,983,606
Eswatini	\$130,000	\$130,000
Ethiopia	\$17,600,000	\$1,765,097
Kenya	\$5,983,000	\$979,405
Madagascar	\$4,215,000	\$1,895,172
Malawi	\$932,600	\$932,800
Mozambique	\$12,000,000	\$4,400,587
Namibia	\$592,620	\$592,620
Rwanda	\$1,628,500	\$312,600
South Sudan	\$16,674,825	\$3,376,595
Tanzania	\$1,317,500	\$1,522,164
Uganda	\$9,854,922	\$859,450
Zambia	\$2,000,000	\$859,276
Zimbabwe	\$16,318,295	\$2,794,755
<b>Total</b>	<b>\$184,144,168</b>	<b>\$33,474,301</b>

Coverage: 18%

## Latin America and the Caribbean

	Funding required	Funding received
Brazil	\$2,674,231	\$488,033
Colombia	\$12,012,357	\$685,583
Cuba	\$1,467,663	\$448,001
Ecuador	\$1,919,858	\$347,446
El Salvador	\$138,921	\$138,921
Guyana	\$341,047	\$252,116
Haiti	\$14,681,755	\$2,260,852
Peru	\$7,746,560	\$951,259
Trinidad and Tobago	\$166,612	\$138,612
Venezuela	\$23,696,623	\$3,201,970
<b>Total</b>	<b>\$64,845,627</b>	<b>\$8,912,793</b>

Coverage: 14%

## West and Central Africa

	Funding required	Funding received
Burkina Faso	\$8,316,499	\$3,581,963
Cameroon	\$12,500,000	\$3,929,607
Central African Republic	\$5,000,000	\$1,699,031
Chad	\$17,100,000	\$3,522,141
Congo	\$3,150,000	\$872,973
Gambia	\$900,000	\$259,560
Ghana	\$5,685,587	\$779,745
Mali	\$4,000,000	\$901,712
Mauritania	\$1,205,000	\$974,671
Niger	\$5,650,000	\$2,945,210
Nigeria	\$30,271,984	\$6,582,638
<b>Total</b>	<b>\$93,779,070</b>	<b>\$26,049,253</b>

Coverage: 28%

### \*Notes:

1. All numbers are estimated as of January - October/November 2020. Complete financial analysis will be completed after the year closes.
2. Funding Required: In the 2020 UNFPA Humanitarian Action Overview, total requirements were estimated at \$683 million and the figure rose to about \$731 million by November 2020 due to rising needs.
3. Funding Received: Includes new contributions received from donors in 2020, funds rolled over from previous years, and internal transfers between UNFPA departments. Due to evolving humanitarian needs, "received" funds can be higher than "required" funds.
4. Funding received under Syria covers the "Whole of Syria" multi-country response, including Egypt, Iraq, Jordan and Turkey.



# UNFPA Top Sources of Humanitarian Revenue in 2020\*

- 1 United Nations transfers\*\*
- 2 European Commission
- 3 United Kingdom
- 4 Norway
- 5 World Bank\*\*\*
- 6 Denmark
- 7 Australia
- 8 Japan
- 9 Canada
- 10 Netherlands
- 11 Sweden
- 12 Republic of Korea
- 13 Finland
- 14 Switzerland
- 15 France

\*Donor ranking is based on preliminary reporting through 31 October and is subject to change. Ranking includes humanitarian and COVID-19 contributions.

\*\*Includes the Central Emergency Response Fund, Country-Based Pooled Funds and other interorganizational transfers

\*\*\*Pandemic Emergency Financing Facility



Abia is a youth peer educator and holds morning health education sessions on voluntary family planning in Kigoma © UNFPA / Tanzania

# OUR HUMANITARIAN PRIORITIES

## 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 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. As the global champion of the ICPD Programme of Action, UNFPA is uniquely positioned to take this comprehensive approach forward.

UNFPA backs integrated health care that is safe and accessible for people in humanitarian crises, including for survivors of gender-based violence. Survivors are provided immediate life-saving care as well as support to speed the longer process of healing and recovery.

Gender-based violence harms individuals and communities. It can undermine sexual and reproductive health as well as many other aspects of well-being. Survivors typically contend with both mental and physical repercussions. Responding to these requires health facilities and mobile clinics to provide sensitive services to support maternal and newborn health, family planning options and the clinical management of rape. Safe spaces for women, girls and young people, as well as one-stop centres for survivors of gender-based violence, should offer mental health and psychosocial services.

During 2020, UNFPA supported the update and roll-out of the “Clinical management of rape and intimate partner violence survivors: Developing protocols for use in humanitarian settings” (WHO/UNHCR/UNFPA) in 19 countries.



# Adapting services during COVID-19

At the onset of the COVID-19 outbreak, UNFPA recognized the potentially devastating effects of the pandemic and mobilized rapidly. The organization continues to build on the increased flexibility in financing and operations that was instituted, adapting its programmes to meet the disproportionate needs of women, girls and young people.

Innovation and adaptation to alternative modes of working, and the provision of financial, programme and technical support, are coordinated with governments, the UN system and national and local partners. These efforts are guided by a [body of technical guidance](#) that was developed to support UNFPA and partners' work globally, and adapted to local needs in some instances. To assure broad access to population data for the pandemic and relevant vulnerability factors, UNFPA created the [COVID-19 Population Vulnerability Dashboard](#).

As country case examples in this report demonstrate, UNFPA is focused on ensuring continuity of integrated services to meet rising needs. Alternative service delivery solutions encompass remote modalities, including online counselling and telemedicine; mobile clinics; helplines and hotlines for GBV survivors; remote monitoring to ensure quality service provision; and training of health and social workers on pandemic infection prevention and control protocols. A particular focus is placed on risk communication and engaging communities to reach the most vulnerable, including people with disabilities. In country after country, humanitarian workers, such as midwives, keep responding and providing support, no matter how difficult the circumstances.

## Integrating mental health and psychosocial support in UNFPA services

Addressing the need for mental health and psychosocial support of women, adolescent girls and young people in humanitarian settings will benefit individual and community health and well-being, resilience, social and economic development, peacebuilding and conflict resolution for years to come.

- Humanitarian crises take a disproportionate toll on women, adolescent girls and young people and the effects on their mental health can be pervasive and profound.
- An estimated 1 in 5 persons affected by conflict will experience a mental health condition, according to the World Health Organization.
- In conflicts and disasters, women and adolescent girls continue to be responsible for caring for their families. They continue to get pregnant and face increased risks of death and injury during childbirth. They also face increased risk of gender-based violence and child marriage. Many survivors of gender-based violence go through long-lasting psychological and social effects due to stigma, insufficient support and services, and lack of power and resources to escape abuse.
- Young people face increased risk of disruption to education and employment, and increased stress, and possibly trauma, as they enter into adulthood amidst uncertain and devastating conditions in humanitarian settings. Of all age groups, young people face the highest risk of suicide, especially young women.

Psychosocial support services promote safety, healing and recovery, and are increasingly integrated with services for sexual and reproductive health and rights. Interventions include psychological first aid by health providers, safe spaces for women and girls that provide psychosocial activities, focused case management support for gender-based violence, mobile teams of psychologists, and referrals to specialized mental health care where available.

# Strengthening sexual and reproductive health services in emergencies

During humanitarian crises, sexual and reproductive health services are disrupted and social support systems break down, leading to increased risks to women and girls, such as rape, unintended pregnancies and complications during pregnancy and childbirth.

As a member of the Inter-Agency Working Group on Reproductive Health in Crises (IWAG), UNFPA works to ensure that the Minimum Initial Service Package (MISP) for Sexual and Reproductive Health is available for all people in humanitarian settings.

In November, UNFPA and partners released *Ready to Save Lives: Preparedness Toolkit for Sexual and Reproductive Health Care in Emergencies*. It was launched by the International Planned Parenthood Federation (IPPF), John Snow, Inc., Women's Refugee Commission, and UNFPA in collaboration with the IAWG.

## Emergency reproductive health kits

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 of the pharmaceuticals and medical supplies required to operationalize the Minimum Initial Service Package (MISP) for sexual and reproductive health in crisis situations.

As of October 2020, UNFPA had delivered approximately 10,600 kits to 49 countries experiencing humanitarian emergencies. Each of the kits responds to a particular reproductive health need and contains supplies calculated for a specific number of people and period of time.

### Snapshot of emergency reproductive health kits delivered to countries:

-  **Individual clean delivery kits** to assist approximately 397,600 women forced to deliver their babies at home in areas where there is no access to health facilities
-  **Post-rape treatment kits** to provide treatment and clinical care to at least 34,618 rape survivors
-  **Voluntary family planning kits**, including oral and injectable contraception and intrauterine devices for at least 61,860 women and girls
-  **Sexually transmitted infections kits**, including drugs and medical supplies for syndromic management of STIs for 147,225 people
-  **Clinical delivery assistance kits**, with supplies for normal births and management of basic obstetric and newborn emergencies for more than 42,390 pregnant women
-  **Miscarriage and post-abortion care kits**, to provide 34,920 women access to clinical management of complications due to miscarriage and to provide post-abortion care
-  **Obstetric surgery kits** containing supplies to support obstetric surgery and severe obstetric complications for more than 22,365 pregnant women

“ 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

## Maintaining hygiene and dignity in times of crisis

Dignity kits contain a wide range of items designed to ensure women, girls, men and boys can maintain their hygiene and dignity in times of crisis. Items can include menstrual products, basic clothes, soaps, toothbrushes, diapers and other baby supplies, flashlights, and laundry detergents, among other items co-designed with the affected community. As part of the COVID-19 response, UNFPA adapted the kits to include essential infection prevention and control items including hand sanitizer, antibacterial soaps and cleaning supplies, cloth masks and baby-safe antibacterial supplies, as well as SIM cards and phone credit so that women and girls can access remote services. UNFPA also adapted dignity kits to meet the specific needs of elderly women and men in Indonesia, transgender women in Bangladesh, and women and girls with disabilities in the Pacific. In countries such as Syria and Mozambique UNFPA provided electronic cash or vouchers to women to purchase essential hygiene items according to their needs in local shops, simultaneously supporting their autonomy and local markets.

### UN Rapid Response Mechanism in Yemen

The UN Rapid Response Mechanism provides life-saving relief assistance to displaced persons within 72 hours of displacement under the leadership of UNFPA, and in partnership with the World Food Programme (WFP) and UNICEF. A rapid response kit includes ready-to-eat food provided by WFP, hygiene kits by UNICEF, and dignity kits by UNFPA. In addition to menstrual hygiene and protection items, dignity kits in Yemen also contain culturally appropriate clothing such as a headscarf and an abaya so that women and girls can move with dignity as they access emergency relief.

In 2020

UNFPA distributed

**66,000**

dignity kits as part of the rapid response package

Reaching an estimated

**462,000**

people

## Improving access to menstrual hygiene supplies

UNFPA and UNICEF have worked to improve the quality and availability of menstrual supplies in humanitarian operations under the Menstrual Hygiene Management in Emergencies Action Group, coordinated by UNFPA and UNHCR, the UN refugee agency. Through the coordinated development of specifications and procurement for reusable menstrual pads and menstrual cups, UNFPA aims to ensure access to high quality, environmentally sustainable, menstrual hygiene supplies in emergencies.

## Prioritizing procurement during the pandemic

As part of its COVID-19 response, to ensure continuity of sexual and reproductive health and GBV services, UNFPA has worked to improve logistics management and overcome the bottlenecks and disruptions of international and national medical supply chains to ensure availability of personal protective equipment (PPE) and infection prevention supplies.

- Between April and October of 2020, UNFPA procured PPE worth \$22.8 million to support 90 countries, with more than half of the supplies procured locally.
- UNFPA supported the joint UN PPE procurement, coordinated by UNICEF, and worked closely with WFP in the international freight for PPE cargo.
- UNFPA partnered with HELP Logistics AG to create the COVID-19 logistics HELP desk, which offers assistance to UNFPA and partners in providing sexual and reproductive health services in emergencies.

## Preparing for disasters in Asia and the Pacific: the Regional Prepositioning Initiative

In 2020, UNFPA will complete a 4.5-year regional humanitarian preparedness initiative supported by Australia in Asia and the Pacific, the world's most disaster-prone region. The Regional Prepositioning Initiative has enabled UNFPA to respond faster, in a cost-effective way that better meets the needs of affected people, builds resilience, and influences governments to prioritize sexual and reproductive health and gender-based violence in emergencies. By prepositioning supplies and building capacity in logistics and programming, the health and protection needs of women, girls and marginalized groups were met during emergencies, including for COVID-19 response. Since 2016, the Regional Prepositioning Initiative has reached over 140,000 direct beneficiaries with over \$1.6 million worth of essential supplies to meet the sexual and reproductive health needs of women and girls and to prevent and respond to gender-based violence in 63 emergencies across 15 countries. UNFPA, with the continued support of Australia, plans to begin the next phase of the initiative in 2021.



Anticipatory action © UNFPA / Bangladesh

The COVID-19 pandemic has had, and is still having, severe effects on sexual and reproductive health across the globe. Supply chains have been disrupted, financial and human resources redirected. Costs have escalated, and the global demand for personal protective equipment has been hard to satisfy. At the same time, people seek health care to a lesser extent given difficulties of access and fears of getting infected. This places them at higher risk for sexual and reproductive health related ill-health and death.

## Using cash transfers to support dignity and choice

During the COVID-19 pandemic, UNFPA partnered with the WFP in Syria to add value to the debit cards to purchase food. This addition allowed 3,000 pregnant and lactating women to purchase hygiene items based on their needs. UNFPA and WFP are scaling up this joint initiative by \$3.37 million in the last quarter of 2020 to reach 70,000 women. This initiative is one of the key pillars of integrated, resilience-based programming to meet the changing needs of women and girls in emergencies, and one of the largest cash-based UNFPA initiatives being implemented globally. Cash-based assistance allows for rapid and flexible responses, supports autonomy and dignity, and is aligned with current thinking on effective relief efforts.

UNFPA will continue to meet the sexual and reproductive health needs of women, adolescent girls and young people in humanitarian crises, with an emphasis on those furthest behind. Increased focus will be placed on the specific needs of adolescents, as well as on ensuring inclusive services and access for other vulnerable groups such as people living with disabilities, sex workers and diverse sexual orientations and gender identities.

In line with its mandate and commitments to the Grand Bargain—an agreement among many of the largest donors and aid providers that aims to get more resources directly into the hands of people in need —UNFPA will continue to scale up cash and voucher assistance as a way to encourage health seeking behaviour and expand access to services, and continue working closely with local organizations and civil society.

Throughout the pandemic, UNFPA has equipped hospitals, clinics and health workers with essential supplies and capacity needed to ensure continuity of life-saving sexual and reproductive health services. Where possible, UNFPA has adapted to remote assistance, such as hotlines for family planning consultations or referral, and worked with communities to ensure they know how, when and where to seek health services and are able to do so safely in spite of the pandemic.



The provision of 20 tons of medicine by UNFPA has enabled the population of Itula in South Kivu, in the DRC, to pursue the three zeros © UNFPA / Junior Mayindu / DRC

## Responding to COVID-19 in Sudan

UNFPA Sudan worked at the onset of the pandemic by taking the following actions:

- Participated in coordination mechanisms to make sure sexual and reproductive health was included in preparedness and response.
- Supported risk communication campaigns, reaching almost 400,000 people, and developed sexual and reproductive health information materials, including specific messages to pregnant and lactating women.
- Procured personal protective equipment to cover 54 district hospitals, and provided training packages on infection prevention and control for 3,000 health staff.
- Participated in the development and dissemination of GBV case management guidelines.
- Ensured continued sexual and reproductive health coordination, with updated referral systems and mappings of available services.

This quick and adaptive strategy maintained the continuity of sexual and reproductive health services for 93,460 people in spite of COVID-19 related constraints.

## Addressing gender-based violence

More than one in three women and girls globally experience violence in their lifetime. Gender-based violence is perpetrated everywhere, but conflicts, natural disasters and other crises increase its incidence. The COVID-19 pandemic – and accompanying isolation policies – has not only led to an increased risk of gender-based violence but has also disrupted the availability and accessibility of services to respond to it worldwide. Women constitute the majority of health and frontline workers during the COVID-19 response, and are often the primary caregivers in their household. UNFPA has continued to provide information on risks of gender-based violence and available services for survivors in all countries of operation and has maintained or expanded relevant services in response to COVID-19.

In 2021, UNFPA will continue to demonstrate its leadership in programming on gender-based violence, data management and inter-agency coordination in humanitarian emergencies. The organization will finalize a corporate GBV in Emergencies strategy (2021-2025), focusing on setting standards and improving the quality of integrated services on ground. This will be aligned with the new GBV Area of Responsibility strategy, covering the same five-year period.

## Leadership in meeting the needs of the most at-risk populations

As the number and impact of emergencies – including armed conflicts, natural disasters, and the COVID-19 pandemic – grows worldwide, UNFPA is taking a unique, integrated approach to scaling up its programming on gender-based violence in emergencies. In 2020, UNFPA delivered life-saving services to millions of people, including specialized case management and referral services, psychosocial and empowerment activities in safe spaces for women and girls, information and awareness sessions on gender-based violence, and distribution of dignity kits and cash and voucher assistance to help survivors access appropriate services, take independent decisions around their living situation, or rebuild their lives following incidents of violence.

UNFPA strengthened its strategic partnerships with governments and national and local NGOs and women's rights organizations, recognizing that they are critical to sustainable provision of gender-based violence services and long-term recovery for affected communities. UNFPA trained partners on relevant core concepts, guiding principles and standards of programming at all levels of society, and will be rolling out the Inter-Agency Minimum Standards for Gender-Based Violence in Emergencies programming, endorsed by over 20 United Nations entities and non-governmental organizations.

### Donors pledge to end sexual and gender-based violence in humanitarian crises

In 2019, the high level-conference in Oslo on Ending Sexual and Gender-based Violence in Humanitarian Crises garnered unprecedented support for global action, including financial pledges. Hundreds of commitments were made to reinforce legal protections, accountability, prevention, and survivor-centred services and care.



Local organizations received less than 1 per cent of funding pledged by donors at the Conference. UNFPA commits to strengthen its partnership with local women-led organizations to prevent gender-based violence and deliver services at the grassroots level, especially in the response to COVID-19.

## Leadership in GBV inter-agency coordination

As the lead of the Gender-based Violence Area of Responsibility (AoR) under the Protection Cluster, UNFPA leads GBV subclusters in 28 countries. Globally, UNFPA is coordinating or co-leading 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 (GHRP) for COVID-19. GBV response is recognized as an essential service, integrated both in the GHRP and in national response plans to the pandemic.

The GBV AoR will launch its new Strategy (2021-2025) in January, aligned with the Global Protection Cluster Strategy. Building on the achievements over the past few years, the new strategy will drive efforts to streamline service delivery and improve access to quality services. Increased focus will be given to addressing the diverse and intersecting forms of structural oppression, discrimination and inequality that women and girls, and all survivors, experience in various contexts. This includes providing specialized services, such as mental health and psychosocial support, and addressing and preventing intimate partner violence.

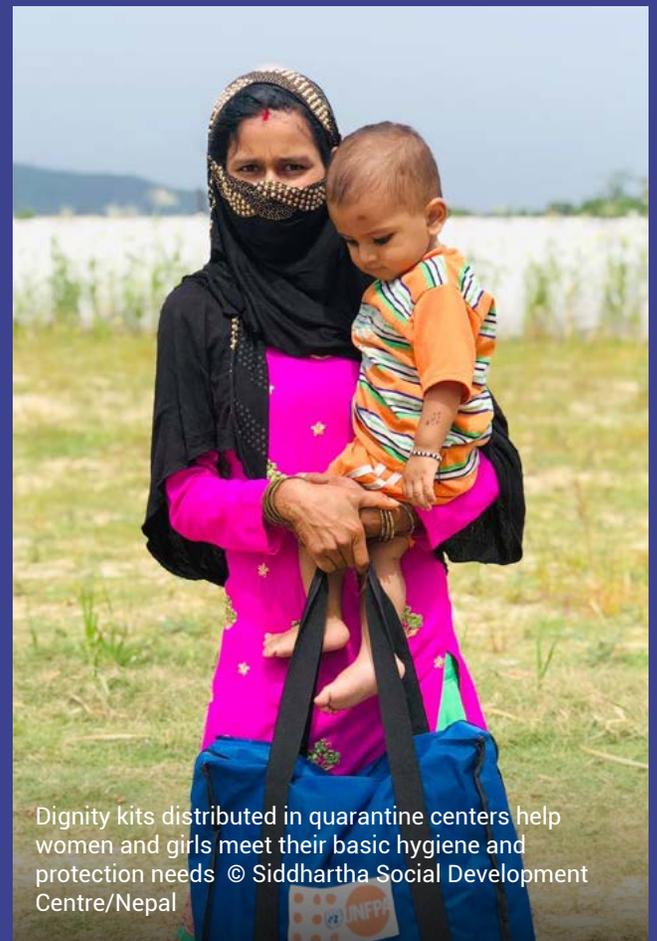
The new vision will explore the impact of climate change on gender roles and associated violence and reinforce attention to the centrality of protection from gender-based violence across humanitarian response. The AoR Regional Emergency Gender Advisers, across offices in five regions (Cairo, Bangkok, Dakar, Nairobi and Panama), will continue to provide technical support and backstop gender-based violence subclusters. These regional teams will address coordination, advocacy and leadership, with increased attention to safe data collection, analysis and evidence-based response. UNFPA will also leverage its leadership within the cluster and with national coordinating groups to advocate for mitigating GBV risks.

## Ensuring safe and ethical management and use of data

The Gender Based Violence Information Management System (GBVIMS) was created to harmonize data produced through service delivery in humanitarian settings. The system enables humanitarian actors to safely collect, store and analyse reported incident data on gender-based violence and facilitate the safe and ethical sharing of this data.

As coordinator of the inter-agency initiative, UNFPA has supported the safe and ethical management and use of GBV incident data in more than 30 countries to improve programming and inform advocacy.

As of October 2020, three countries were implementing Primero/GBVIMS+, the "next generation" of the GBVIMS, with five more countries expected to be on board by the end of the year. Primero/GBVIMS+ offers online, cloud-hosted case management and incident monitoring capabilities. It includes a mobile application suitable for low connectivity settings, and the online platform has been particularly useful in supporting the adaptation of case management service provision to remote strategies during the COVID-19 pandemic.



Dignity kits distributed in quarantine centers help women and girls meet their basic hygiene and protection needs © Siddhartha Social Development Centre/Nepal

UNFPA also supported 12 active rollouts of the GBVIMS “legacy” system, which includes an average of 16 different local and international NGOs and government actors per country. Five countries were supported in developing protocols and contributing data analyses on conflict-related sexual violence to the monitoring, analysis and reporting arrangements under UN Security Council Resolution 1960, and contributing to the Secretary-General’s Annual Report on Conflict-Related Sexual Violence.

## Moving forward

In 2021 and beyond, UNFPA will continue to use innovative approaches to lessen the risks of gender-based violence and respond to the needs of survivors. UNFPA will continue to engage in accountable GBV programming that pays attention to diverse and intersecting forms of discrimination and inequality that women and girls experience in a given context, including disability and diverse sexual orientations and gender identities.

It will leverage strategic partnerships with governments and local experts and continue to adapt its programming to the COVID-19 context. This includes harnessing technology to provide digital delivery of integrated Infection Prevention and Control and messages and services on sexual and reproductive health and gender-based violence. UNFPA will continue to work on emergency and climate change preparedness and disaster risk reduction and wider resilience building, and increase the use of cash and voucher assistance to achieve meaningful long-term outcomes for communities injured by gender-based violence.



Services for women and young people crossing into Colombia © UNFPA / Venezuela

### Hotlines answer the call of survivors

In countries across the world – from the Arab States of Iraq, Libya, the State of Palestine, Sudan and Yemen to the African nations of Burundi, the Democratic Republic of Congo, Ghana, Mozambique, Namibia, Rwanda and Zimbabwe, and Colombia, Ecuador and Venezuela in South America – 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 provides 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.

## Protection from sexual exploitation, abuse and harassment

As we have learned from previous public health emergencies, the outbreak of a pandemic increases the risks of gender-based violence, including sexual exploitation and abuse. Disruptions to livelihoods, coupled with isolation measures, exacerbate existing vulnerabilities. Access to information and services, as well as to complaint and reporting channels may be compromised. UNFPA has put in place a number of measures to ensure that risks of sexual exploitation and abuse are mitigated, coordination mechanisms are strengthened at the national level, and all personnel have adequate training and tools.

UNFPA is committed to a protective system that prevents sexual exploitation and abuse, reports effectively and ethically, and fosters trust, transparency and accountability.

In January 2021, UNFPA Executive Director Dr. Natalia Kanem will take over the role as Inter-Agency Standing Committee “Champion” on Protection from Sexual Exploitation and Abuse. Building on the work of previous Champions and considering its unique expertise, UNFPA will focus on key results to strengthen a victim-centred approach to the humanitarian sector’s response to sexual wrongdoing.



# Advancing data and evidence for humanitarian action

## Early warning and anticipatory action

As the COVID-19 pandemic places additional demands on a humanitarian system that was already straining to address an increasing number of complex emergencies worldwide with limited resources, more stakeholders and humanitarian actors are moving towards early warning and anticipatory action to forestall disasters.

There is a global consensus that more systematic early action improves the efficacy of disaster response and recovery efforts. Linking preparedness, forecasting and early warning efforts with anticipatory action, response and recovery is crucial for protecting those most vulnerable to shocks and stresses, most notably the intensifying impacts of climate change. In 2020, UNFPA pro-actively 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.

## Forecasting floods in Bangladesh

UNFPA Bangladesh supported communities to prepare and take actions before forecasted heavy floods hit, through a unique anticipatory action project funded through CERF. UNFPA delivered dignity kits and essential sexual and reproductive health supplies to 5,955 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, as well as 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.



UNFPA is aligned with the Risk-Informed Early Action Partnership (REAP), a global initiative to make one billion people safer by 2025. This new partnership was formed to greatly expand early action financing and improve early warning systems and the capacity of communities to act on the risks they identify. UNFPA is scaling up anticipatory action as the “new normal” through the use of predictive analytics and data and prepositioning of supplies and preparedness measures. Communities at risk, including women and girls, are empowered to become more vocal about what they need – and thus more resilient – as they prepare to cope with the impact of a crisis and to mount more inclusive and effective responses.

“Taking anticipatory action is a win-win for all. UNFPA is proud to be part of this effort supporting the sexual and reproductive health and protection of women and girls and the transgender community. These services and supplies are essential to promote human rights, dignity and gender equality. We thank our implementing partners, and all donors that contribute to CERF, as we work together to leave no one behind.”

- Dr. Natalia Kanem  
UNFPA Executive Director.



Trigger indicators based on real-time data contribute to the early warnings that are essential to preparedness. These help identify and mitigate potential disruptions to sexual and reproductive health and gender-based violence services ahead of a crisis, with the aim of avoiding secondary negative impacts on women and girls.

As part of the UN-led Global Humanitarian Response Plan for COVID-19, UNFPA is monitoring sexual and reproductive health and GBV services to better understand disruptions in service provision and to adjust programming for stronger, more targeted preparedness, anticipatory action and response.

## Data for preparedness and response

UNFPA is strengthening its data systems and tools for identifying vulnerable and hard-to-reach women and girls ahead of and during all phases of an emergency. This includes improving remote monitoring of service quality in hard-to-reach settings.

To meet needs in countries affected by humanitarian crisis, UNFPA uses the updated MISP calculator to estimate the number of women and adolescent girls of reproductive age to determine the need for vital services.

UNFPA continues to work with OCHA to improve Common Operational Datasets and the use of best available population data to enable reliable impact assessments, projections and estimates of the population in need at the onset of a crisis. This responsibility has become more urgent in view of the disruptions of the 2020 round of censuses that were expected to provide most countries with up-to-date population data.



# Humanitarian-development-peace nexus

## Strengthening links across humanitarian, development and peacebuilding action

Humanitarian action, development programmes and peacebuilding are interconnected and, ideally, synergistic. The concept of the “humanitarian-development-peace nexus” focuses on the need to coherently and collaboratively address people’s vulnerability before, during and after crises.

UNFPA is committed to humanitarian interventions that pave the way for the longer-term objectives of advancing human rights and gender equality, building social cohesion, and sustaining peace, to the extent possible. Our focus is on strengthening the resilience of people, communities and systems, and fostering inclusivity through fair and equitable access to essential services such as sexual and reproductive health care. Emergency preparedness, including prepositioning of supplies, and anticipatory action are crucial to successful efforts.

To achieve this, UNFPA invests in local capacities and human resources. It promotes the meaningful engagement and leadership of women, young people and other marginalized groups, and supports national systems to deliver health and protection services to all, in accordance with humanitarian principles. The aim is to effectively reduce needs, risks and vulnerabilities across the development, humanitarian and peace spectrum, strengthening prevention efforts and aiming to reach those left furthest behind, with an eye towards the future.

### Engaging youth in peace and security in the Democratic Republic of the Congo

In 2020, UNFPA, UNHCR and FAO received a grant from the UN Peacebuilding Fund to promote peaceful coexistence between Twa and Bantu communities in the province of Tanganyika in the Democratic Republic of the Congo. The project will address the structural causes of the intercommunal conflict with a particular emphasis on women and young people, by creating a protective and conducive environment for the reintegration of displaced persons and returnees in the host and origin communities, improving access to economic opportunities and sustainable livelihoods for the most vulnerable people, and reconstructing and rehabilitating basic social infrastructure. Efforts will also focus on strengthening state accountability mechanisms and local peace committees to fight against discrimination and social and economic inequality; participate in the social reintegration of returnees; and promote dialogue between stakeholders.



## Compact for young people in humanitarian action

Today more than 600 million young people aged 10 to 24 are living in countries affected by crises and fragility. Many of these young people are among the first to step up to help their communities respond and rebuild. However, too often, their unique needs are not specifically addressed in humanitarian responses, and their energy, leadership, knowledge and creativity are not tapped to maximize impact.

The Compact for Young People in Humanitarian Action, launched at the 2016 World Humanitarian Summit and led by UNFPA and the International Confederation of the Red Cross and Red Crescent Societies, is a collective commitment of more than 60 international organizations and governmental and non-governmental members to ensure that the priorities, needs and rights of young women and young men affected by humanitarian crises are addressed, and that they are informed, consulted, and meaningfully engaged throughout all stages of humanitarian action.

In November 2020, Compact members reached a milestone when the UN Emergency Relief Coordinator on behalf of the Inter-Agency Standing Committee endorsed the Guidelines on Working with and for Young People in Humanitarian and Protracted Crises. The guidelines will be rolled out in countries, and training will be conducted, to transform humanitarian action for and with young people.

### Empowering displaced Rohingya youth in Cox's Bazar, Bangladesh

Children and adolescents comprise 55 per cent of the Rohingya refugee population in Cox's Bazar, Bangladesh. UNFPA, Save the Children, the International Rescue Committee and other partners contribute to the Girl Shine and Champions of Change programmes there. Through the Youth Working Group, UNFPA developed a project aimed at empowering displaced youth through building life-skills. As of October 2020, 855 adolescent girls and 5,700 adolescent boys are enrolled in skills-building sessions across 16 refugee camps and three host communities. Interactive theatre performances are staged in the camps and host communities to raise awareness of specific needs of adolescents and youth.



Girls Shine programme session in Cox's Bazar © UNFPA / Fahima Tajrin / Bangladesh

## Mobilizing young people in the time of COVID-19

Young people have mobilized across the world as frontline responders to COVID-19: professional health workers, activists, social and community workers and more. Yet the impacts of the pandemic have been devastating for many young people, especially those living in conflict settings and high-density or informal settlements. Engaging young people and involving them effectively in risk communication and community engagement efforts is a critical part of UNFPA's COVID-19 Global Response Plan.

UNFPA is pursuing the following three strategies to reach and engage young people during this pandemic:

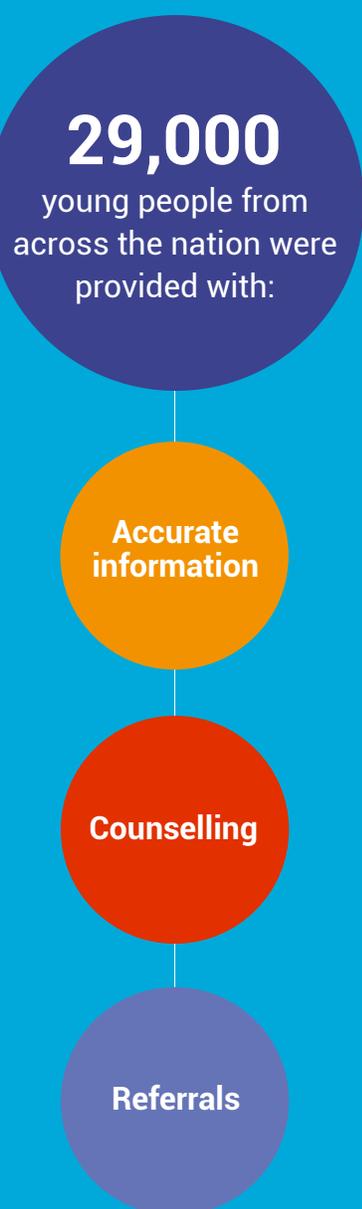
- **Understanding young people** and their lived experiences by collating existing information and conducting rapid qualitative and quantitative assessments.
- **Sharing information**, clarifying misinformation and encouraging young people to take action to contain the spread of the virus and support others in need. UNFPA launched the #Youthagainstcovid19 campaign in partnership with the presentation software company Prezi, with youth organizations and young people around the globe. The campaign garnered over half a million impressions on social media, and was translated into 25+ languages.
- **Bolstering support systems** by building social support and upholding the human rights of young people, with a focus on vulnerable youth who may be affected by COVID-19.

## Reaching Afghani youth through the youth helpline

Afghanistan is facing a complex and prolonged humanitarian emergency with escalating armed conflict and displacement. UNFPA supports 40 sexual and reproductive health centres across the nation. The COVID-19 pandemic has led to widespread closure of many of these, shutting off young people's access to critical information about the virus, referrals and safe spaces. In response, UNFPA Afghanistan and Afghanistan's Ministry of Public Health supports a youth helpline that helps young people understand and cope with COVID-19. From February to September:



Peace must be inclusive. A more peaceful Afghanistan will work towards reducing gender-based violence against women and girls. © UNFPA / Afghanistan



# Building back better

"The COVID-19 pandemic has exposed fault lines, fissures and fragilities in societies and economies around the world," United Nations Secretary-General António Guterres reminds us. 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 that it has prompted.

Yet in every region, we see women and young people taking action to solve problems. They counter adversity with courage, creativity, leadership and activism. We must validate the leadership of women and young people in humanitarian response, and development and peacebuilding actions moving forward.

Amid humanitarian crises, the loss of opportunities for employment, education and access to essential services, including those to protect sexual and reproductive health, means that many women and young people are seeing their rights and choices infringed upon. Young women and adolescent girls are particularly vulnerable.

As the world seeks to build back better, three steps are urgently needed:

**1**  
**Take immediate actions to control the COVID-19 pandemic, ensure a global ceasefire and meet the needs of the most vulnerable.**

As long as COVID-19 and conflict continue to spread, the health of people, communities and countries remains under threat. We must ensure that the rights of people affected by humanitarian crises, especially women and young people, are prioritized so they can access social services that can enable them to reach their full potential. It is time to listen to women and young people and to work with local as well as national women's and youth groups to ensure accountability and increase the effectiveness of humanitarian action.

Economies worldwide have suffered multiple shocks — from the virus and related steep declines in remittances and tourism to rising inflation and food insecurity. Many already fragile states have suffered humanitarian, environmental and pandemic-related shocks. As hundreds of millions of people are pushed back into poverty, profound consequences for political and social stability are possible. By investing in a green economy, we will begin to address the climate crisis that is driving stronger and more frequent storms, natural disasters and displacement. By providing financial relief for the most vulnerable countries, we foster well-being and social cohesion.

**2**  
**Boost economic recovery and sustainability by shifting towards a more diversified and green economy and providing financial relief to the most vulnerable countries.**

**Address inequalities, especially gender inequality, and deepen the promotion and protection of human rights.**

The split screen of increasing poverty for a majority and increasing wealth for an already-rich minority must be reconciled. Those ensnared in humanitarian crises, such as refugees and migrants, are particularly hard hit. COVID-19 recovery is an opportunity to address inequalities by investing in universal education and health coverage, including sexual and reproductive health. This is an opportunity to empower women and girls, ensure equal rights and participation in decision-making — and to invest in the education, employment and leadership of young people. These investments will have lasting benefits for all.

It is time to join hands across generations and support local solutions. Let us rise to the challenges before us, working with women and youth to build a more inclusive, equitable and sustainable future for all. Together we can build back better in ways that will help us achieve the Sustainable Development Goals.

## **Strengthening humanitarian operations and capacity**

### **Boosting supply chain and logistics management**

Effective humanitarian action requires rapid delivery of services and supplies, which requires strong supply chain and logistics management.

#### **Launching a new humanitarian supplies strategy**

In 2021 UNFPA will launch its five-year Humanitarian Supplies Strategy. The strategy aims to improve the quality, availability and timely delivery of UNFPA's humanitarian supplies through activities that systematically improve coordination and performance among all actors involved in procuring and managing emergency supplies — ensuring their quality to the last mile. UNFPA will work to improve supply chain and humanitarian logistics management in three phases of an emergency: preparedness, acute response, and post-acute response. To operationalize the strategy UNFPA will:

- Launch an initiative to preposition Inter-Agency Emergency Reproductive Health kits with the UN Humanitarian Response Depot in Dubai starting in 2021. UNFPA plans to keep approximately \$3 million dollars of prepositioned kits, among other supplies, in the hub moving forward.
- Strengthen Private Sector Partnerships for humanitarian supplies, including innovative partnerships, with companies such as Bayer, focused on the last mile quality of pharmaceuticals and with Ferring on the use of heat-stable carbetocin (medication used to prevent excessive bleeding after childbirth).
- Implement, in partnership with HELP Logistics AG and UNFPA Supplies Programme, a widespread initiative to improve logistics management of medical supplies to the last mile in humanitarian and development country operations leading to improved quality, availability and timelines of supplies.
- Consider the use of cash transfers or vouchers as an alternative to dignity kits. This supports women's ability to choose their own items, boosts local markets, decreases costs and lightens UNFPA's environmental footprint.

## Global emergency surge response

The UNFPA Global Emergency Surge Roster continues to be a vital source of skilled human resources to assist during emergencies.

During 2020, this resulted in the deployment of 126 skilled international responders to 26 country offices for rapid onset crises, protracted emergencies, and COVID-19 related support. With the border and travel restrictions due to COVID-19, the UNFPA surge mechanism quickly reprogrammed and re-oriented its processes and practices to enable continuity during the pandemic. This includes the support from both remote and locally based surge personnel. With the assistance of the WFP Passenger Aviation transport, staff were deployed when it was safe to do so. The UNFPA response to the Lebanon bombing of August 2020 was one such example, where a fully functional surge team was deployed in a matter of days to assist with response efforts.

The surge roster evolves to meet priority and emerging needs: This year its Mental Health and Psychosocial Support profile supported numerous country offices with expertise in responding to gender-based violence. With the UNFPA Executive Director taking leadership of the Protection from Sexual Exploitation and Abuse Championship in January 2021, the Coordinator profile for that role is also being integrated into the roster.

UNFPA continues to strengthen its surge assessment workshops, which prepare future responders for assignment. This year UNFPA was one of the first UN agencies to carry out the workshop in a virtual environment, ensuring that the roster remains robust.

In addition to the surge roster, UNFPA has positioned its regional roving team of specialists in four regional offices to boost technical support to countries. The roving team will continue, where possible, to deploy programme, coordination and information management specialists through its emergency surge mechanism.



As part of Dignity Kits, flashlights, whistles and radios to help women feel safer when they are displaced from their homes © UNFPA / Indonesia

# Humanitarian financing including COVID-19

UNFPA's humanitarian revenue has more than doubled in the past five years, eclipsing \$350 million in 2020, including humanitarian COVID-19 funding, compared to \$159 million in 2016. Humanitarian revenue now constitutes more than 30 per cent of UNFPA's co-financing, reflecting both the growing recognition of the criticality of UNFPA's mandate and the organization's enhanced ability to deliver on the ground in emergency situations.

Given the unprecedented COVID-19 pandemic, a complementary humanitarian appeal, the Global Humanitarian Response Plan (GHRP) for COVID-19, was issued in 2020 by OCHA, on behalf of the Inter-agency Standing Committee including UNFPA.

## UNFPA COVID-19 funding

Aligning with the GHRP, the Strategic Preparedness and Response Plan, and the UN framework for the immediate socio-economic response, UNFPA issued a corporate appeal of \$370 million in April 2020 to support all UNFPA programme countries affected by COVID-19, both in humanitarian (\$270m as part of the GHRP) and non-humanitarian settings.

Active in more than 150 countries and territories, UNFPA operates across humanitarian and development settings through a considerable country and regional office network in close partnership with governments, the UN system and civil society to address COVID-19. UNFPA has three strategic priorities:

- 1 Continuity of sexual and reproductive health services and interventions, including protection of the health workforce
- 2 Addressing gender-based violence and harmful practices
- 3 Ensuring the supply of modern contraceptives and reproductive health commodities

Through the end of October, UNFPA had mobilized \$77 million in co-financing, including \$25.4m in flexible funding provided through the Humanitarian Thematic Fund and CERF. UNFPA also repurposed \$52.4 million in core funding for its COVID-19 response.

Through October 2020, UNFPA's top bilateral donors for the COVID-19 response are the UK, Denmark, Sweden, Australia, Canada, Finland, Norway, Luxembourg, Iceland, and Spain.

Flexible funding underpins UNFPA's capacity for rapid and ongoing response and preparedness across the humanitarian-development-peace nexus. UNFPA's flexible humanitarian funding, provided primarily through an internal grants mechanism called the Humanitarian Thematic Fund (HTF), ensures that UNFPA's programmes at the global, regional and country levels have sufficient reserves, even when needs are not being met by earmarked bilateral funding arrangements.

Launched in 2018, the HTF provides initial seed funding that allows UNFPA country offices to implement timely humanitarian responses, expanding the reach and scope of UNFPA's life-saving humanitarian operations.



Provision of SRH services following tropical cyclone Harold © UNFPA / Vanuatu

Although a relatively new instrument, the HTF provides critical, flexible support in responding to humanitarian emergencies, including COVID-19. Between the HTF and the UNFPA Emergency Fund (an internal core-funded instrument), UNFPA disbursed \$11.1 million to 33 crisis situations in 2019. That amount nearly tripled to \$33 million in 2020, with funds disbursed to more than 80 crises.

By contributing to the HTF, donors benefit from a lower indirect support cost rate and from harmonized and simplified reporting requirements, in line with Grand Bargain commitments. Its multi-year structure enables UNFPA to allocate funds across calendar and financial years, allowing the organization predictable funding to support its response.

Donors to UNFPA's HTF as of the end of June 2020 are the United Kingdom, Denmark, Norway, Australia, Canada, Iceland, Republic of Korea, and UNFPA's Individual Giving Programme.

# Global support to humanitarian action

Humanitarian action is mainstreamed across UNFPA, allowing the organization to coordinate its work on policy, advocacy, communications and technical aspects of programming across global, regional and country levels. The Humanitarian Office, based in New York and Geneva, coordinates this work throughout the organization to meet rising needs from increasingly complex humanitarian situations. Country offices are backstopped by six regional offices. Support from headquarters includes human resources, procurement, finance, standards and policies, and other operational areas.

Priorities in 2021 include:



## Strengthen humanitarian capacity

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 to improve delivery on the ground, before, during and after emergencies.

This is a vision of delivery at scale. To realize this vision, 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 is linked to the 2022-2025 Strategic Plan and ongoing internal change processes, and responds to evaluation findings.



## Expand 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 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 academia, media and the private sector to meet growing needs and challenges worldwide.



## Launch strategies for GBV and for humanitarian supplies

The gender-based violence Area of Responsibility, led by UNFPA under the Protection Cluster, will launch its new strategy (2021-2025) in January. The new strategy will drive efforts to streamline service delivery and improve access to quality services. In addition, UNFPA is working on its corporate GBV in Emergencies strategy (2021-2025), to set standards and improve the quality of integrated services provided on ground. The two strategies will be aligned.

In 2021 UNFPA will launch its five-year Humanitarian Supplies Strategy to improve the quality, availability and timely delivery and distribution of UNFPA's humanitarian supplies.

## UNFPA's global support in 2020: a snapshot

- Coordinated the procurement and delivery of approximately 10,600 sexual and reproductive health emergency kits to 49 countries.
- Launched with partners a new preparedness toolkit for sexual and reproductive health care in emergencies.
- Coordinated or co-led GBV coordination groups in 43 countries.
- Supported the safe, ethical and confidential sharing of data related to gender-based violence in more than 30 countries.
- Deployed 126 skilled international responders to 26 country offices to support rapid onset crises, including COVID-19, and protracted emergencies, and positioned a team of roving specialists in four regional offices to provide support to countries.
- Supported the joint UN PPE procurement, coordinated by UNICEF, and worked closely with WFP in the international freight for PPE cargo.
- Engaged in anticipatory action pilots ahead of weather-related crises to prevent or reduce humanitarian need in Bangladesh, Ethiopia and the Horn of Africa.





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## Front

Communities in Syria are struggling under the weight of prolonged war, an economic crisis, and the COVID-19 pandemic. UNFPA is focusing on continuity of services and expanding them to hard-to-reach areas.

## Back

The UN Rapid Response Mechanism in Yemen, led by UNFPA, provides life-saving relief assistance to displaced persons within 72 hours of displacement. The rapid response kit includes ready-to-eat food provided by the WFP, hygiene kits by UNICEF, and dignity kits by UNFPA.

December 2020