

# HUMANITARIAN ACTION 2020 OVERVIEW



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Dr. Kanem attends a focus group discussion in Bangladesh © UNFPA/Lauren Anders Brown

## FOREWORD OF THE EXECUTIVE DIRECTOR

In 2020, lamentably, the world will face an unprecedented moment: 1 out of every 45 people will be affected by humanitarian crises. The stakes of inaction have never been so dire. Accelerated action by the international community is particularly important in countries affected by humanitarian crises and fragility, where women and girls face heightened risks of gender-based violence, and more than half of all maternal deaths take place.

Building on the successful Nairobi Summit marking the 25th anniversary of the 1994 International Conference on Population and Development (ICPD), and the more than 1,250 commitments made by governments, businesses, civil society organizations and others, UNFPA is dedicated to a game-changing Decade of Action with partners. We will also build on the momentum created at the 2019 Oslo Conference on ending sexual and gender-based violence in humanitarian crises. From 2020 to 2030, we will accelerate achievement of the Sustainable Development Goals (SDGs), and ensure universal access to sexual and reproductive health and reproductive rights.

At UNFPA, we aim to end unmet need for family planning, end preventable maternal deaths, and end gender-based violence and harmful practices such as child marriage and female genital mutilation by 2030 in all countries, including those affected by conflict and disaster.

UNFPA's new Humanitarian Office plays a vital role by supporting global, regional and country efforts to strengthen humanitarian action. At the top of the agenda is strengthening UNFPA's humanitarian preparedness and operational capacity, and cementing the organization's global leadership in meeting the sexual and reproductive health and protection needs of women and girls in humanitarian settings.

In 2020, UNFPA intends to reach 48 million women, girls and young people, including 4 million pregnant women, in 57 countries, at an estimated cost of \$683 million. We are currently assisting millions of women and girls affected by emergencies from Bangladesh and Yemen, to the Democratic Republic of the Congo and South Sudan, to those fleeing Venezuela. In 2019, UNFPA humanitarian assistance reached over 19 million people in 64 countries. Around 7.3 million women were provided with sexual and reproductive health services, including antenatal and postnatal care, emergency obstetric and newborn care, and clinical management of rape. Over 2.4 million people obtained family planning services.

As we continue to march forward, we will work with partners from government and the private sector, civil society and faith-based actors to scale up programmes to ensure access to sexual and reproductive health services, and to prevent and respond to gender-based violence. We will expand and integrate services for mental health and psychosocial support, and strengthen the use of population data for effective humanitarian action.

In partnership with national and local organizations, including local women's organizations and youth groups, we will strengthen accountability to people affected by humanitarian crises. Together, we will work to make the next 10 years - including this historic year of the 25th anniversary of the Beijing Platform for Action and the 20th anniversary of Security Council resolution 1325 on women, peace and security - a time of action and results for women, girls and young people, in keeping with the Decade of Action to deliver the SDGs by 2030. Together, we will make sure that promises made, are promises kept, and that no one is left behind.

**Dr. Natalia Kanem**  
**UNFPA Executive Director**

# 2020 OUTLOOK

## Planned Results



To reach:  
**48 million**  
women, girls  
and young people

Including:  
**34 million**  
women of reproductive age,  
and 20 million adolescents  
and young people\*



Over  
**4 million**  
pregnant women



In:  
**57**  
countries



This will require:  
**\$683 million**

4 \* Among adolescents and young people aged 10-24, about 6.7 million are also girls and women of reproductive age



## 2020 Required Funding

Total required by  
countries

\$638,558,036

Global support  
for humanitarian  
action

\$44,700,000

Grand total

**\$683,258,036**



Photo: Student in Gao, Mali © UN

## Asia and the Pacific **Funding required**

Afghanistan	\$4,000,000
Bangladesh	\$21,459,994
Democratic People's Republic of Korea	\$2,000,000
Fiji	\$678,029
India	\$1,000,000
Indonesia	\$1,500,000
Myanmar	\$5,000,000
Nepal	\$1,000,000
Pakistan	\$4,135,701
Papua New Guinea	\$1,570,000
Philippines	\$2,000,000

**Total** **\$44,343,724**

## Eastern and Southern Africa **Funding required**

Angola	\$850,000
Burundi	\$1,000,000
Democratic Republic of the Congo	\$65,241,953
Eritrea	\$750,000
Ethiopia	\$27,771,333
Kenya	\$6,000,000
Madagascar	\$4,215,000
Mozambique	\$9,000,000
Rwanda	\$1,352,500
South Sudan	\$16,674,825
Uganda	\$9,854,922
United Republic of Tanzania	\$1,200,000
Zambia	\$2,000,000
Zimbabwe	\$4,500,000

**Total** **\$150,410,533**

## Eastern Europe and Central Asia **Funding required**

Bosnia and Herzegovina	\$500,000
Turkey	\$15,800,000
Ukraine	\$1,530,096

**Total** **\$17,830,096**

## Arab States **Funding required**

Egypt	\$5,200,000
Iraq	\$16,000,000
Jordan	\$15,580,000
Lebanon	\$13,240,000
Libya	\$13,550,000
Palestine	\$3,931,240
Somalia	\$17,895,060
Sudan	\$53,233,993
Syrian Arab Republic	\$57,000,000
Yemen	\$100,500,000

**Total** **\$296,130,293**

## West and Central Africa **Funding required**

Burkina Faso	\$3,500,000
Cameroon	\$8,000,000
Central African Republic	\$5,000,000
Chad	\$10,075,988
Congo	\$3,150,000
Côte d'Ivoire	\$3,000,000
Guinea	\$535,000
Mali	\$12,600,000
Mauritania	\$1,205,000
Niger	\$5,650,000
Nigeria	\$24,275,000

**Total** **\$76,990,988**

## Latin America and the Caribbean **Funding required**

Brazil	\$4,893,431
Colombia	\$12,012,357
Cuba	\$500,000
Ecuador	\$1,200,000
Guyana	\$330,000
Haiti	\$14,681,755
Peru	\$1,500,000
Venezuela	\$17,734,859

**Total** **\$52,852,402**

Financial estimates are based on UNFPA country planning processes and internal reporting instruments. Estimates also include responses under the OCHA-coordinated humanitarian response plans, regional refugee response plans and resilience plans. 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.

12 additional countries require less than \$500,000 each (amounting to a total of \$1.8 million combined). These countries are: Bahamas, El Salvador, Ghana, Guinea-Bissau, Guyana, Lao People's Democratic Republic, Malawi, Namibia, Sierra Leone, Solomon Islands, Trinidad and Tobago, and Vanuatu. Some of these needs will be met through UNFPA's core resources.

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.

# Top Humanitarian Requirements in 2020



**Total:**

**\$401,787,017**



Photo: A Rohingya women receives a dignity kit in Bangladesh. © UNFPA

# Snapshot of Countries Requiring UNFPA Support

## Syria

As Syria enters its 10th year of conflict, it struggles with a dire humanitarian situation. Over 13 million people require assistance, including 3.4 million women and girls of reproductive age. An overstretched health system and continued risk of attack against health-care facilities challenge the delivery of sexual and reproductive health services. The risk of gender-based violence remains acute.



## Ukraine

In 2020, an estimated 3.4 million people will require humanitarian assistance as a result of the ongoing armed conflict in East Ukraine. This includes some 780,000 women and girls of reproductive age and 500,000 adolescents and youth. The conflict has severely restricted access to health services, including obstetric care and family planning.



## Yemen

The crisis in Yemen remains the world's largest humanitarian emergency. Nearly 80 per cent of the population requires humanitarian assistance. This includes more than half a million pregnant women in need of antenatal care and skilled birth attendance, many of whom also need additional services to treat or prevent malnutrition, and provision of protection services for the most vulnerable.



## Venezuela and neighbouring countries

A deepening economic crisis in Venezuela has decimated basic services for many people. Over 4 million people have crossed the border to neighboring countries, mainly Colombia, Ecuador and Peru. Among those in need of assistance, 1 in 4 are women and girls of reproductive age who require access to sexual and reproductive health services. Refugees and migrants confront a heightened risk of gender-based violence, trafficking and sexual exploitation.



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

Escalating violence in the Central Sahel region has caused mass forced displacement and unprecedented levels of malnutrition. An estimated 2.2 million women and girls of reproductive age, including more than 330,000 pregnant women, will require access to sexual and reproductive health services and protection in 2020. Over 3 million adolescents and young people also need assistance. UNFPA includes youth in peace promotion efforts.





## Turkey

Turkey hosts 4 million refugees, the largest number in the world. Among them, 3.7 million are Syrian, including 1.7 million women and girls. Displacement has increased the risk of violence and exploitation. UNFPA provides refugees and their host communities with services that include psychosocial support, family planning, adolescent sexual and reproductive health care, and dignity kits.

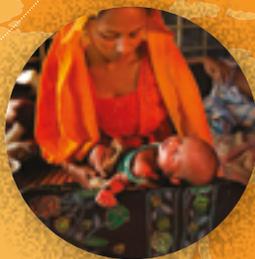


## Afghanistan

Afghanistan faces a complex and prolonged humanitarian crisis, compounded by armed conflict. The maternal mortality rate is among the world's highest. Among the 9.4 million people who need assistance, 2.3 million are women and girls of reproductive age. UNFPA's response includes supporting health facilities that provide emergency obstetric care.

## Bangladesh

Bangladesh hosts one of the world's largest refugee populations, with more than 900,000 Rohingya refugees from Myanmar. About 1.3 million people, both Rohingya and their host communities, require assistance. UNFPA supports 34 health facilities that provide emergency obstetric care and 22 women-friendly safe spaces, where women and girls can find services, information and psychosocial support for cases of gender-based violence.



## Democratic Republic of the Congo

The Democratic Republic of the Congo is simultaneously experiencing armed conflicts, food insecurity and recurring epidemics, including an Ebola outbreak. Insecurity has led to large-scale forced displacement. Of the nearly 16 million people in need of assistance, 3.5 million are women and girls of reproductive age. Some 500,000 are pregnant. Gender-based violence is endemic. UNFPA is coordinating the support to over 30,000 survivors per year. Many more cases remain unreported.



## South Sudan

Years of armed conflict, compounded by chronic underdevelopment, have left 7.5 million people in South Sudan in need of humanitarian assistance. Since the crisis has heightened women's and girls' vulnerability to gender-based violence, UNFPA supports nine one-stop centres that provide integrated medical, psychosocial, legal and support services to survivors.



## Sudan

Conflict, high inflation and chronic food insecurity are largely driving the complex humanitarian crisis in Sudan. While progress is being made by the transitional government, the humanitarian situation remains precarious. The full essential health-care package for maternal and reproductive health is very limited; only 32 per cent of emergency obstetric and neonatal facilities are fully functioning. In 2020, about 9.3 million people will require aid, including vulnerable residents, IDPs and refugees.



# 2019 SUMMARY

## Snapshot of Achieved Results\*

### People Reached

**19**  
million

Total estimated number of people who received humanitarian services, supplies and information with UNFPA support in 2019

**7.3**  
million

Women reached with sexual and reproductive health services (including antenatal and postnatal care, and emergency obstetric and newborn care) in 54 countries

**7.1**  
million

Population reached with dignity kits in 59 countries

**2.4**  
million

People reached with family planning services in 48 countries

**1.2**  
million

People reached with services related to gender-based violence (prevention, risk mitigation and response) in 46 countries

## Services Delivered

1,050

Safe spaces for women, girls and youth in 51 countries

2,170

Mobile clinics in 37 countries

3,460

Functional health facilities providing emergency obstetric care in 46 countries

540

Health facilities with one-stop centres for survivors of gender-based violence in 43 countries

12,280

Reproductive health kits delivered in 53 countries

1.4 million

Dignity kits delivered in 58 countries



## Capacities Strengthened

24,240

Personnel trained on sexual and reproductive health, including the Minimum Initial Service Package, in 53 countries

22,650

Personnel trained on gender-based violence, including the clinical management of rape, in 55 countries

33,200

Youth facilitators, peers and volunteers trained on sexual and reproductive health and gender-based violence in 46 countries

# 2019 Humanitarian Funding

## 2019 Funding

	Funding required	Funding received
<b>Grand total</b>	<b>\$562,117,916</b>	<b>\$305,579,463</b>

Coverage: 54%

## Asia and the Pacific

	Funding required	Funding received
Afghanistan	\$4,000,000	\$3,267,162
Bangladesh	\$23,198,020	\$21,530,470
Democratic People's Republic of Korea	\$4,000,000	\$751,200
Indonesia	\$1,500,000	\$1,469,034
Iran	\$1,290,000	\$189,715
Myanmar	\$3,822,440	\$2,988,234
Nepal	\$775,000	\$775,000
Pakistan	\$5,000,000	\$3,724,463
Papua New Guinea	\$600,000	\$249,000
Philippines	\$1,685,818	\$1,971,160
<b>Total</b>	<b>\$45,871,278</b>	<b>\$36,915,438</b>

Coverage: 80%

## Arab States

	Funding required	Funding received
Egypt	\$2,810,500	\$764,321
Iraq	\$22,000,000	\$23,152,246
Jordan	\$17,350,978	\$17,727,893
Lebanon	\$13,100,000	\$6,460,944
Libya	\$11,997,169	\$2,186,509
Palestine	\$6,560,834	\$3,977,504
Somalia	\$9,673,514	\$2,201,344
Sudan	\$22,200,000	\$6,183,010
Syrian Arab Republic	\$38,923,577	\$42,723,455
Yemen	\$110,566,083	\$72,680,352
<b>Total</b>	<b>\$255,182,655</b>	<b>\$178,057,578</b>

Coverage: 70%

## Eastern Europe and Central Asia

	Funding required	Funding received
Bosnia and Herzegovina	\$560,000	\$317,620
Turkey	\$34,940,000	\$37,304,987
Ukraine	\$2,202,726	\$1,812,370

<b>Total</b>	<b>\$37,702,726</b>	<b>\$39,434,977</b>
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Coverage: 100%

## Eastern and Southern Africa

	Funding required	Funding received
Angola	\$1,379,017	\$800,409
Burundi	\$1,000,000	\$345,551
Democratic Republic of the Congo	\$30,000,000	\$13,574,003
Eritrea	\$750,000	\$250,000
Ethiopia	\$27,771,333	\$3,479,871
Kenya	\$6,000,000	\$979,131
Madagascar	\$1,550,000	\$975,968
Malawi	\$699,526	\$605,820
Mozambique	\$12,000,000	\$3,202,456
Namibia	\$300,000	\$157,218
Rwanda	\$1,353,000	\$49,050
South Sudan	\$18,306,024	\$2,839,693
Uganda	\$9,854,922	\$1,410,462
United Republic of Tanzania	\$1,200,000	\$299,958
Zimbabwe	\$3,400,000	\$963,452

<b>Total</b>	<b>\$115,563,822</b>	<b>\$29,933,042</b>
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Coverage: 26%

## Latin America and the Caribbean

	Funding required	Funding received
Brazil	\$1,983,153	\$826,772
Colombia	\$9,043,000	\$1,324,468
Cuba	\$190,000	\$110,000
Ecuador	\$1,000,000	\$409,263
Haiti	\$3,054,835	\$569,818
Peru	\$2,404,308	\$744,657
Venezuela	\$5,450,000	\$3,636,148

<b>Total</b>	<b>\$23,125,296</b>	<b>\$7,621,126</b>
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Coverage: 33%

## West and Central Africa

	Funding required	Funding received
Burkina Faso	\$3,265,936	\$1,173,220
Cameroon	\$7,240,000	\$2,100,328
Central African Republic	\$5,883,000	\$2,489,526
Chad	\$16,856,950	\$1,894,178
Congo	\$2,000,000	\$601,485
Mali	\$10,736,631	\$936,951
Mauritania	\$440,000	\$0
Niger	\$5,796,000	\$1,579,111
Nigeria	\$32,453,622	\$2,842,503

**Total**

**\$84,672,139**

**\$13,617,302**

Coverage: 16%

### Notes

In the 2019 UNFPA Humanitarian Action Overview, total requirements were estimated at \$536 million. An increase in the scope and severity of crises in countries such as Mozambique, Venezuela and Zimbabwe led to an upward adjustment to about \$560 million by November 2019.

Smaller funding allocations were also given to countries for either response or preparedness, including in: Bahamas, Cambodia, Comoros, Guatemala, Guyana and Trinidad and Tobago (for Venezuelan migrants), Lesotho, Liberia, Maldives, Moldova and Serbia.

A portion of the funding reported as received under Egypt, Iraq, Jordan and Turkey is for the Syria multicountry response.

Received funding is as of 1 November 2019.

Received funding can be higher than originally requested due to changes in circumstances and needs.



# UNFPA Top Sources of Humanitarian Revenue in 2019

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

Donor ranking is based on preliminary reporting and is subject to change.

\* Includes the Central Emergency Response Fund, country-based pooled funding and other interorganizational transfers.



Photo: In a UNFPA supported clinic, nurses give a check up to a new mother. Chad © UNFPA

# OUR HUMANITARIAN PRIORITIES

## Gearing Up for a Decade of Action

Right now, more than 168 million people need humanitarian assistance. Tens of millions of them are women and adolescent girls.

More than half of all maternal deaths take place in countries affected by humanitarian crisis and fragility. Gender-based violence takes an extra brutal toll in crises, shattering lives and prospects for peace and recovery.

As the world gears up for a Decade of Action to achieve the 2030 Agenda for Sustainable Development, societies and economies must be fundamentally transformed to become more just and sustainable, for now and for future generations. Humanitarian action too must be transformed so that the health and rights of women and young people are always at the centre.

Across the globe, women and youth leaders demand no less. They are mobilizing, challenging the status quo, protecting and advancing hard-won rights, and demanding peace, justice and the protection of our planet. Their leadership must be supported.

Fundamentally, the 2030 Agenda depends on ending preventable maternal deaths, the unmet need for family planning, and gender-based violence and

harmful practices, including in countries struck by humanitarian crises. The 2019 Nairobi Summit, to mark the 25th anniversary of the ICPD, unveiled that reaching these goals in priority countries would require \$264 billion. If such an investment is not made, the costs will be incalculably greater, in financial terms as well as human suffering.

The following pages demonstrate both the feasibility and the value of making this investment. While the needs are urgent, many of the solutions are clear. With a short 10-year deadline, the world cannot wait to move forward.

## Scaling Up Humanitarian Action

### Taking an integrated, inclusive and unique approach

For humanitarian action to fully align with human rights and gender equality principles, it must provide integrated services for sexual and reproductive health and rights, gender-based violence prevention and response, and mental health and psychosocial support. Each of these services is essential. Together they respond to the many core needs of women and girls as well as men and boys affected by crises.

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

Gender-based violence, for example, has negative health consequences for individuals and communities, and for sexual and reproductive health as well as many other aspects of well-being. Survivors typically contend with mental and physical repercussions. Responding to these requires health facilities and mobile clinics to provide life-saving services for maternal and newborn health, obstetric care, family planning and the clinical management of rape. Further, safe spaces for women, girls and young people, and one-stop centres for survivors of gender-based violence should offer comprehensive mental health and psychosocial services.

UNFPA backs integrated health care that is safe and accessible for all people in humanitarian crises, including for survivors of gender-based violence. Immediate and life-saving care helps start and accelerate recovery.

For decades, UNFPA has provided safe spaces where women and young people can be free from harm; find care, services and information; and gain skills empowering them to make choices to advance their own safety and well-being. In addition, UNFPA promotes the “one-stop centre” model for survivors of gender-based violence so that women and girls do not have to travel to multiple sites, face stigma or retell their experiences multiple times. One-stop centres provide comprehensive care within one location.

In 2019, a total of 540 health facilities, supported by UNFPA in 43 countries, had one-stop centres for survivors of gender-based violence.

*Reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. Reproductive health implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so.*

#### ICPD Programme of Action



Adolescents and youth face different challenges than adults, with adolescent girls particularly vulnerable to gender-based violence as well as unwanted pregnancies and other reproductive health issues.

*“I felt like I had been reborn, because I could finally support myself and make my own decisions on how I should run my life. I am part of the community I live in, and my children are proud of me.”*

-Rima, 22, a survivor of gender-based violence and former child bride at 16, fled violence in Syria. After using services at a UNFPA-supported safe space in Turkey, she later became a safe space health mediator.

# Strengthening Sexual and Reproductive Health Services

At the onset of a crisis, implementing the Minimum Initial Service Package (MISP) for reproductive health is a priority. Since the inception of the MISP in the 1990s, UNFPA has trained hundreds of thousands of service providers on this life-saving package to respond to emergencies. Where health facilities are destroyed or disrupted, UNFPA also provides mobile clinics and outreach teams so that services reach remote areas and the most vulnerable people.

During protracted situations and beyond the initial demands of a crisis, UNFPA invests in national and local capacities to make sexual and reproductive health and rights integral to health system reconstruction and recovery, as a fundamental aspect of sustainable development and peacebuilding.

Moving forward, UNFPA will scale up services together with partners, improve measures to meet the sexual and reproductive needs and rights of adolescents, and ensure access to people with disabilities as well as LGBTQI people. In everything it does, UNFPA emphasizes inclusion, diversity, human rights and quality of care.

## Providing emergency reproductive health kits and dignity kits

UNFPA has managed emergency reproductive health kits on behalf of the international humanitarian community since they were introduced in the 1990s.

The smallest of these is the clean delivery kit provided to visibly pregnant displaced and refugee women and adolescent girls. The largest kit is the comprehensive emergency obstetric care kit, which weighs over a ton and can equip a surgical maternity ward to provide Caesarean sections that save the lives of mothers and newborns.

A post-rape treatment kit provides vital help to survivors of gender-based violence. There are also kits for modern contraception, and for diagnosis and treatment of sexually transmitted infections. Customized dignity kits contain menstrual hygiene supplies, soap, underwear, clothing and items such as radios, whistles and flashlights.



***“When you don’t have the means to bathe or change clothes, or you don’t have enough money, something as natural as one’s menstrual period becomes a real challenge.”***

Nelsmar, 15 year-old girl, Venezuelan migrant in Colombia

# Preventing and Responding to Gender-Based Violence

*An estimated 1 in 3 women worldwide will experience physical or sexual abuse in her lifetime. Risks of gender-based violence increase during emergencies.*

While the humanitarian response to gender-based violence has improved in recent years, much remains to be done.

UNFPA continues to strengthen its global leadership in coordination, prevention and response measures, particularly in countries where needs are most urgent. This includes institutionalizing a minimum staffing structure and strengthening capacities across UNFPA country offices.

As the lead of the gender-based violence Area of Responsibility of the Protection Cluster, under the Inter-Agency Standing Committee (IASC), UNFPA catalyzes a wide network of actors at global and field levels to ensure a holistic and coordinated response to GBV. Efforts are focused to reduce the risk of violence, advocate on behalf of survivors, ensure access to care and services, and strengthen local and national capacities to provide protection and support to women and girls.

UNFPA also plays a leading role in developing common guidance and standards. The Inter-Agency Minimum Standards for Gender-Based Violence in Emergencies Programming, launched in 2019 and endorsed by 20 United Nations entities and non-governmental organizations, will help guarantee quality services for survivors, enhance community engagement to end gender-based violence, and guard against practices that may cause harm.

An essential element of an effective response to gender-based violence is information and data collected safely and ethically. It is vital to tailoring services, improving the quality of programmes, and highlighting increases in risk. As a leader in gender-based violence data, UNFPA coordinates the GBV Information Management System currently used in 23 countries.

UNFPA is unique in its capacity to equip health facilities and train health staff to address the health implications of gender-based violence, to establish safe spaces for women and girls, and engage affected communities to identify gender-based violence risks and develop risk mitigation strategies. In 2019, UNFPA and its partners aided 23 countries in using the system, and backed its introduction in Bangladesh, Libya and Nigeria.

**In 2019, the high level-conference in Oslo on Ending Sexual and Gender-based Violence in Humanitarian Crisis galvanized unprecedented support for global action. Hosted by Norway, Iraq, Somalia, the United Arab Emirates, the United Nations Office for the Coordination of Humanitarian Affairs, UNFPA, the International Committee of the Red Cross and other partners, the historic conference mobilized political will and financial pledges to accelerate the drive to stop gender-based violence in conflicts and disasters.**



# Preventing Sexual Exploitation and Abuse

In September 2020, UNFPA, as a member of the United Nations Inter-agency Standing Committee (IASC), will assume the role of Champion of Protection from Sexual Exploitation and Abuse and Sexual Harassment. It plans to build on the work of past champions to advance operations and policies centred on survivors, while boosting investment in sustainable, quality service delivery. By increasing investment in referral pathways, UNFPA will help ensure that sustainable victim assistance systems reach all survivors of gender-based violence.

In preparation for its leadership role, UNFPA is putting in place dedicated coordination staff in Geneva and New York.

## Integrating Mental Health and Psychosocial Support

An estimated 1 in 5 persons affected by conflict will experience a mental health condition, according to research released in 2019 by the World Health Organization. The impact of violence varies from person to person. On balance, though, 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.

Psychosocial support services are therefore critical to UNFPA's efforts to promote safety, healing and recovery, and are increasingly integrated with services for sexual and reproductive health and rights. Interventions include psychological first aid, 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.

**In Bangladesh, for Rohingya refugees and their host communities, mental health and psychosocial support services operate in tandem with services related to gender-based violence and sexual and reproductive health. In 2019, thousands of women and girls received psychosocial support at 22 safe spaces.**

**In Libya in 2019, UNFPA supported the deployment of eight psychosocial mobile teams. Social workers provided psychosocial first aid and counselling to 8,211 internally displaced persons.**

***"The displacement has made us all under one umbrella. We all feel each other, our hearts are on each other, we calm each other, and we find safety in our company. For an hour and a half daily during the psychosocial support sessions, we cry over our people who got killed during this crisis, over the destruction that happened to our houses, and then we laugh over the tiniest things."***

-Internally displaced woman inside a UNFPA-supported shelter in Libya.

# Forging Links across Humanitarian, Development and Peacebuilding Efforts

UNFPA's work spans immediate life-saving interventions during humanitarian crises and longer-term development actions to advance human rights, reduce risk, strengthen preparedness and build resilience. Collaborating closely with governments and other partners, UNFPA helps enhance national systems, including for health care and supply chains, and deepen social cohesion.

Local systems and solutions are especially important. And UNFPA actively supports the engagement of young people and women in building peace and transforming social norms to uphold gender equality and more inclusive societies. Their active participation in public life is one of the strongest indicators of long-term development, peace and security.

## Developing data and evidence to inform early warning and action

The international community must anticipate and act on crises before they emerge. The consequences of extreme weather and climate-related threats, protracted conflict, public health emergencies, extremism and ethnic tensions demand stronger anticipatory action.

UNFPA is committed to advancing such action, including through support for collecting and applying essential data. Efforts are underway to update population estimates, and disseminate these before emergencies, where possible, so that effective responses reach those most in need. UNFPA is also working with partners to generate and systematically incorporate data in joint vulnerability and needs assessments.

## The Compact for Young People

The Compact for Young People in Humanitarian Action, launched at the 2016 World Humanitarian Summit, and led by UNFPA and the International Federation of Red Cross and Red Crescent Societies, comprises 50 organizations. All make meeting the needs and rights of youth in disaster and conflict a top priority.

In late 2019, Compact Members submitted the inter-agency guidance on Working with and for Young People in Humanitarian Emergencies and Protracted Crises to the IASC for endorsement. The guidance was also piloted in Erbil, Iraq. The Compact also released guidance on collecting age-disaggregated data in humanitarian settings.

At the Global Refugee Forum in Geneva, UNFPA together with the other Compact members made two pledges. They agreed to support the roll-out of the guidance with funding, dedicated staff time, and active application. And they committed to collecting, analysing and sharing disaggregated data on youth for work with refugees and in emergencies in general.

# Boosting Operational Capacity and Resilient Supply Chain Management

To meet rising humanitarian demands, UNFPA joins an expanding network of global, regional and national partners to improve the delivery of life-saving reproductive health supplies.

**UNFPA's reproductive health supply chains extend a lifeline to millions of women and girls worldwide. In Yemen for example, UNFPA is the sole provider of life-saving supplies and medicines, and leads the coordination of multiple organizations to assist displaced persons.**

From December 2018 through November 2019, UNFPA provided 12,276 emergency reproductive health kits for 13.7 million people in 53 countries. The kits were valued at \$19.5 million, including \$5.7 million for the most acute humanitarian crises.<sup>1</sup>

The kits ensured that:

- 344,800 pregnant women who could not access a health facility had a clean delivery
- 62,820 women in health facilities had supplies for normal deliveries
- 43,365 women in referral hospitals had supplies for obstetric surgery
- 33,744 rape survivors had supplies for the clinical management of rape

One of UNFPA's priorities is to expand the prepositioning of supplies for emergency preparedness, as part of building resilient supply chains. A plan is underway to improve efficiency and reduce delays by stockpiling emergency reproductive health supplies, extending prepositioning networks, and building forecasting and quantification capacities. Other priorities include strengthening capacities in logistics, inventory management and quality assurance.

As part of gearing up for the decade of action between now and 2030, UNFPA will continue to invest in supply chains as the foundation of strong health systems, efficient humanitarian responses and lifesaving services. This will ensure that services for sexual and reproductive health and cases of gender-based violence reach millions of women and girls when they need them most.

## Innovation to reach the last mile

In 2019, UNFPA piloted the "Last Mile Mobile Solutions" in Angola, the Democratic Republic of the Congo, Mali and Nigeria to strengthen accountability to affected populations, and monitor the delivery of humanitarian supplies and services to the last mile. The innovative software, first developed by World Vision International, is a stand-alone technology to provide real-time data on services and supplies reaching people in need.

<sup>1</sup> Central African Republic, Cameroon, Democratic Republic of the Congo, Ethiopia, Mozambique, Republic of the Congo, Syrian Arab Republic, Bolivarian Republic of Venezuela and Yemen.

# Global Emergency Surge Roster

The UNFPA Global Emergency Surge Roster continues to be the key means for deploying skilled international responders within 72 hours of the onset of a crisis. Growing by 70 per cent since 2016, the roster offers a diverse pool of over 350 talented experts from over 50 countries.

UNFPA is also getting people on the ground faster; teams were fully functioning within 72 hours after cyclones Kenneth and Idai in Mozambique and Cyclone Dorian in the Bahamas.

UNFPA relies on the support of its trusted standby partners: the Canadian Civilian Response Corps, the Norwegian Refugee Council, the Danish Refugee Council and RedR Australia. In 2019, standby partners made up about 50 per cent of all deployments, and provided essential support to several countries including Bangladesh, Mozambique, Myanmar, Sudan, Venezuela and Yemen.

**In 2019, UNFPA supported 29 countries with 130 surge deployments. 61 percent of people deployed were female.**

The surge roster evolves to meet priority and emerging needs. It comprises experts on core interventions to provide sexual and reproductive health care and respond to gender-based violence. They also support operations, communications, coordination and human resources management. Current efforts entail enlisting more experts to meet needs in two vital areas: the prevention of sexual exploitation and abuse, and psychosocial services for responding to gender-based violence.

To ensure the quality of response efforts, UNFPA continues to strengthen its surge assessment workshops, which include an intensive simulation exercise. Evidence has shown that responders who attend such workshops perform better on assignment.

## Providing services through a roving team

In 2019, UNFPA coordinated some 35 deployments of a roving team of experts on sexual and reproductive health and gender-based violence. In 2020, the roving team will be positioned in UNFPA regional offices to support humanitarian emergencies in countries and strengthen the overall capacity for rapid, effective action.

# Humanitarian Action Thematic Fund

The Humanitarian Action Thematic Fund is UNFPA's most flexible humanitarian funding instrument, allowing the organization to make timely and strategic funding allocations to humanitarian crises around the globe.

The fund operates in line with UNFPA's commitment under the Grand Bargain, an agreement among humanitarian aid donors to deliver flexible financing, reduce administrative costs, simplify reporting requirements, and enhance engagement between humanitarian and development actors. As an expedited, quality-assured, internal grant-making mechanism, the fund backs response and preparedness efforts. It helps country offices close critical gaps that are not met through bilateral financing, and scale up core programmes. This means UNFPA can expand the reach and scope of life-saving humanitarian operations.

In 2019, its first year of operations, the Humanitarian Action Thematic Fund disbursed more than \$2.5 million to provide immediate and long-term assistance in Colombia, Niger, the Philippines, the Republic of the Congo, Rwanda, Turkey, Uganda and the Venezuela regional response. Canada, Denmark, Norway and the Republic of Korea made generous financial contributions to the fund.

# A Dedicated Humanitarian Office for Global Support

UNFPA coordinates humanitarian action at the global, regional and country levels. Country offices are backstopped by six regional offices. Support from headquarters encompasses human resources, procurement, resource mobilization, standards and policies, and advocacy, among other measures.

In 2019, UNFPA established its new global Humanitarian Office in Geneva and New York. Led by a director at the executive level, the office meets rising needs from increasingly complex humanitarian situations.

## Priorities in 2020 include:

**Leadership:** To increase the effectiveness, efficiency and capacity of UNFPA staff and partners in leading advances in sexual and reproductive health services, the prevention of and response to gender-based violence, and the prevention of sexual exploitation and abuse, wherever it may occur.

**Preparedness and prepositioning:** To ensure, through better use of data and evidence, that anticipatory action reduces delays in delivering emergency reproductive health supplies to people in need.

**Operational capacity:** To strengthen operations, data, financing and advocacy, including by institutionalizing a surge mechanism and human resources management linked to humanitarian response, upholding a coherent approach to humanitarian financing and continuously improving supply chain management.

The ultimate goal is to strengthen impact on the ground. This depends greatly on elevating UNFPA's leadership in helping countries realize the commitments of the ICPD Programme of Action and the 2030 Agenda, leaving no one behind.

## UNFPA's global support in 2019: a snapshot

- Procured and delivered supplies worth \$19.4 million to 53 countries to support life-saving emergency obstetric and newborn care, clinical management of rape, voluntary family planning, and the prevention and treatment of sexually transmitted infections.
- Expanded the surge roster from 130 deployments in 2018 to 380 by the end of 2019.
- Trained 600 humanitarian actors on the case management of gender-based violence, clinical management of rape, psychosocial support, and gender-based violence-related programming and mainstreaming. To provide the training, a specialized, three-member roving global emergency response team undertook 226 mission days across 19 countries.
- Led the global area of responsibility on gender-based violence, which coordinated work in 35 humanitarian settings. The year saw the launch of the Revised Handbook for Coordinating gender-based violence Interventions in Emergencies: a quick reference tool for practical, field-level guidance to establish and maintain a gender-based violence subcluster.
- Led development of the Inter-Agency Minimum Standards for Gender-Based Violence in Emergencies Programming, launched with partners in November 2019.
- Supported 23 countries in establishing information management systems for gender-based violence. Through the safe and ethical collection and use of service provision data, the systems strengthen case management. The first inter-agency launches of Primero/GBVIMS+ took place in Bangladesh, Libya and Nigeria.
- Disbursed \$10 million from the UNFPA Emergency Fund to 32 UNFPA country offices and two regional and subregional offices. The fund supports offices to respond as soon as a humanitarian crisis strikes, even before donor resources are available. It also helps manage underfunded emergencies.



Photo: Women and their babies at a clinic in the Democratic Republic of the Congo receive a range of sexual and reproductive health services and information, including pre- and postnatal care. © UNFPA



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#### **Front Cover Photo**

*A young girl listens to a community public information session on the dangers of child marriage in Chad. The awareness campaign focused on the rights, safety and dignity for women and young people fleeing from Boko Haram attacks. © UNFPA/Ollivier Girard*

The protracted humanitarian crisis in the Lake Chad region continues to affect millions of people across Cameroon, Chad, Niger, and Nigeria. The region faces insecurity, recurrent armed conflict, displacements, and a fragile political environment. Millions have been displaced from their homes, following attacks by Boko Haram and other armed groups, intercommunal conflict, and the repercussions of climate change, including desertification and the shrinking of Lake Chad. This crisis has undermined protection systems for families and communities, leaving affected women and girls vulnerable to many forms of gender-based violence and harmful coping mechanisms such as child marriage.

#### **Back Cover Photo**

Young students in Darfur, Sudan, are determined to complete their education and fight against harmful practices such as child marriage and female genital mutilation. They are fully aware of their rights after participation in UNFPA awareness sessions. © UNFPA

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