

Humanitarian Action 2019 Overview



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Foreword by the Executive Director



The year 2018 was another challenging period for millions of women and girls whose lives have been upended by conflict, hazards, pandemics and displacement. A staggering 136 million people needed aid, an estimated 34 million of whom were women of reproductive age; 5 million of those women were pregnant.

Women do not stop giving birth when a conflict breaks out or a disaster strikes. Whether they live or die in emergencies depends on whether they can access basic sexual and reproductive health services and be protected from harm. We know by now that reproductive health and family planning services, and protection from violence, save lives in emergencies. They are as essential as food and shelter.

Whether in response to the earthquake and tsunami in Indonesia, new Ebola outbreaks in the Democratic Republic of the Congo or the devastating and protracted crises in South Sudan, Syria and Yemen, UNFPA response teams were quickly on the ground saving lives and restoring dignity and hope. Globally in 2018, UNFPA provided services to an estimated 18 million women, girls and young people in 56 countries. This assistance included providing women-friendly spaces, for example, to Rohingya women and girls living in displacement camps; treating survivors of sexual violence in the Democratic Republic of the Congo; and running a maternity clinic in the Zaatari refugee camp in Jordan, where UNFPA has overseen more than 10,000 safe deliveries with zero maternal deaths since the facility opened five years ago.

We expect comparable challenges in 2019, with nearly 132 million in need of humanitarian assistance and protection globally. UNFPA aims to reach about 35 million women, girls and young people with life-saving sexual and reproductive health services and interventions to prevent gender-based violence and respond to the needs of survivors.

While maternal deaths are declining globally and more women have access to family planning, inequalities and gaps persist. These are worsened by the unprecedented frequency, complexity, intensity, duration and scope of humanitarian emergencies today.

Humanitarian crises continue to take a disproportionate toll on women and girls. Some 500 women and girls die each day from complications due to pregnancy and childbirth in countries facing humanitarian and fragile contexts. Gender-based violence, already widespread in times of peace, is exacerbated during crises and continues to be one of the most pervasive human rights violations. UNFPA women-friendly spaces can provide a sense of peace and serenity even in the midst of turmoil.

In 2019 we mark 25 years since the governments of 179 countries adopted the Programme of Action of the International Conference on Population and Development (ICPD). At the heart of this groundbreaking agenda is the commitment to promote reproductive rights and provide information and services so that individuals and couples can decide freely whether, when and how often to have children.

The agenda remains relevant to this day. It continues to guide the work of UNFPA, which will also celebrate its 50th anniversary in 2019. The ICPD Programme of Action is integral to achieving the 2030 Agenda for Sustainable Development. The two go hand in hand, as must all our efforts across the humanitarian-development-peace nexus.

Prioritizing life-saving sexual and reproductive health and protection services requires a change of mindset about how we carry out global humanitarian action. One thing is clear: The health and rights of women and girls must no longer be treated as an afterthought. It's time to put them at the forefront of humanitarian action and cater to their specific needs.

Dr. Natalia Kanem
UNFPA Executive Director

2019 Outlook



Photo: A displaced girl in Sana'a, Yemen. © UNFPA

Planned Results

TOTAL NEED



\$536 million

TO REACH



35 million
women, girls and young people

INCLUDING



over **4 million**
pregnant women

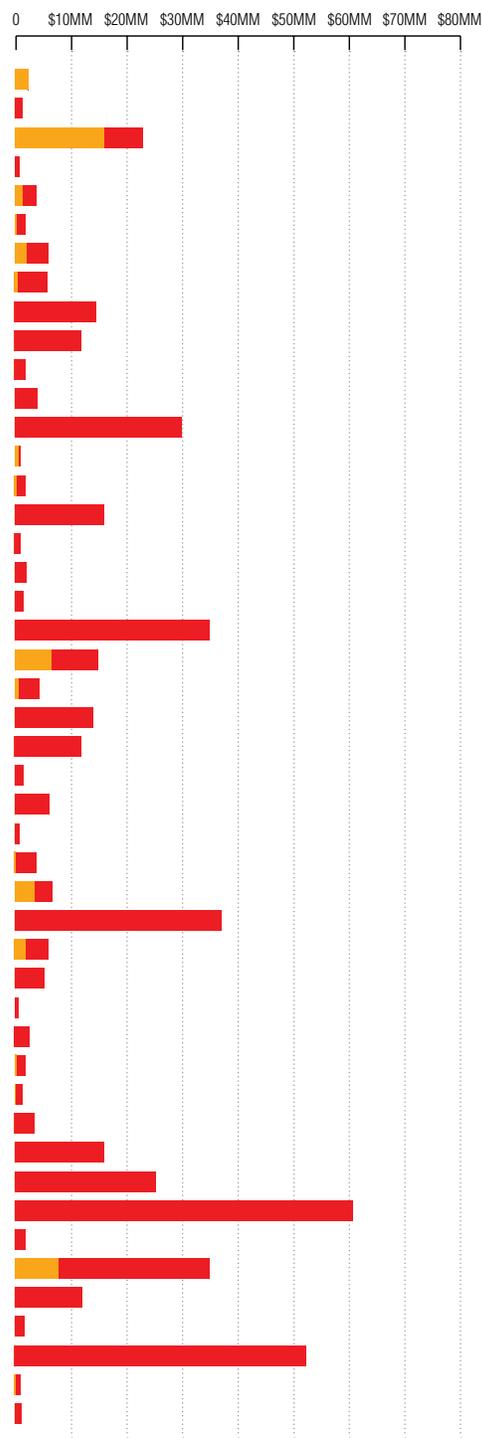
IN



64 countries

Required Funding in 2019

Appeal Country/Territory	Required	Received	Coverage
Afghanistan	\$2,500,000	\$2,450,000	98%
Angola	\$1,393,000	\$0	0%
Bangladesh	\$23,000,000	\$16,000,000	70%
Bosnia and Herzegovina	\$600,000	\$0	0%
Brazil	\$4,000,000	\$1,345,094	34%
Burundi	\$2,000,000	\$250,000	13%
Cameroon	\$6,000,000	\$2,100,000	35%
Central African Republic	\$5,883,000	\$547,000	9%
Chad	\$14,700,000	\$0	0%
Colombia	\$12,000,000	\$0	0%
Congo	\$2,000,000	\$0	0%
Democratic People's Republic of Korea	\$4,000,000	\$0	0%
Democratic Republic of the Congo	\$30,000,000	\$0	0%
Ecuador	\$1,050,000	\$600,000	57%
Egypt	\$1,950,000	\$400,000	21%
Ethiopia	\$16,000,000	\$0	0%
Guinea	\$1,100,000	\$0	0%
Haiti	\$2,050,000	\$0	0%
Indonesia	\$1,500,000	\$0	0%
Iraq	\$35,000,000	\$0	0%
Jordan	\$15,000,000	\$6,560,000	44%
Kenya	\$4,500,000	\$700,000	16%
Lebanon	\$14,000,000	\$0	0%
Libya	\$12,000,000	\$0	0%
Madagascar	\$1,550,000	\$0	0%
Mali	\$6,219,289	\$0	0%
Mozambique	\$850,000	\$0	0%
Myanmar	\$3,822,440	\$192,571	5%
Niger	\$6,750,000	\$3,562,500	53%
Nigeria	\$37,114,122	\$0	0%
Pakistan	\$6,000,000	\$2,000,000	33%
Palestine	\$5,246,340	\$0	0%
Papua New Guinea	\$600,000	\$0	0%
Peru	\$2,706,400	\$0	0%
Philippines	\$2,000,000	\$331,329	17%
Rwanda	\$1,353,000	\$83,333	6%
Somalia	\$3,600,000	\$0	0%
South Sudan	\$16,000,000	\$0	0%
Sudan	\$25,361,016	\$0	0%
Syria	\$60,672,000	\$0	0%
Tanzania	\$1,900,000	\$0	0%
Turkey	\$34,940,000	\$7,842,636	22%
Uganda	\$12,140,687	\$0	0%
Ukraine	\$1,743,726	\$0	0%
Yemen	\$52,390,000	\$0	0%
Zimbabwe	\$1,100,000	\$191,980	17%
Pacific Sub-region ¹	\$1,214,631	\$0	0%
Sub Total	\$497,499,651	\$45,156,443	9%
Other Country Emergencies²	\$2,776,525	\$780,525	28%
Global Humanitarian Support	\$36,000,000	\$5,000,000	14%
Total	\$536,276,176	\$50,936,968	9%



TOP REQUIREMENTS

1. Syria
2. Yemen
3. Nigeria
4. Iraq
5. Turkey
6. Democratic Republic of the Congo
7. Sudan
8. Bangladesh
9. Ethiopia
10. South Sudan

¹ UNFPA-supported countries in the Pacific Sub-region, including Fiji, the Solomon Islands, Tonga and Vanuatu.

² Other emergencies in need of funding for preparedness, response and resilience-building include 14 countries with requirements ranging from \$50,000–\$550,000. Some of these needs will be met through UNFPA's core resources. The countries are Burkina Faso, Côte d'Ivoire, Cuba, Ghana, Guinea-Bissau, Malawi, Mauritania, Mongolia, Namibia, Nepal, Serbia, Sierra Leone, Sri Lanka and Swaziland.

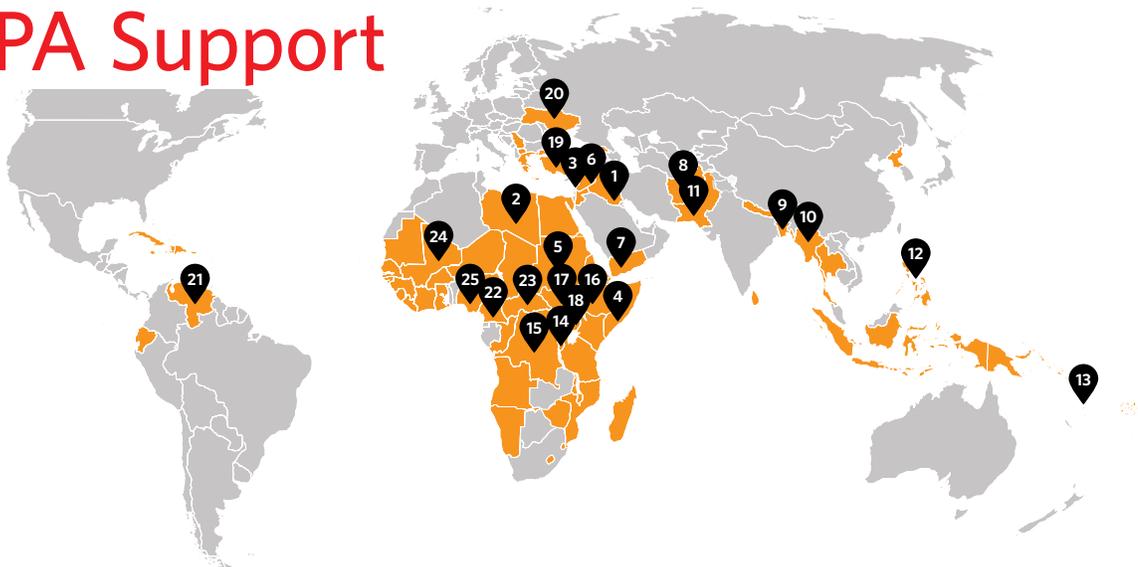
Notes on funding: Humanitarian financial data estimates are based on country planning processes, including humanitarian response plans, regional refugee response plans and resilience plans, and the Syria regional refugee and resilience plan that covers Egypt, Iraq, Jordan, Lebanon and Turkey. UNFPA reports its data to the OCHA financial tracking system on a monthly basis. Data reconciliation efforts are ongoing.

Photo: Rohingya families receive dignity kits, Cox's Bazar, Bangladesh.

© UNFPA



Snapshot of Countries Requiring UNFPA Support



Supported by six regional offices,³ UNFPA works in more than **150 countries** and is present before, during and after emergencies. It is anticipated that in 2019 UNFPA will respond to emergencies in over 60 countries, striving to bring safety, health and dignity to women, girls and young people. With women dying every day from preventable pregnancy and childbirth complications, UNFPA is determined to be at the forefront – providing life-saving sexual and reproductive health (SRH) services and addressing gender-based violence (GBV).

Arab States

1 Iraq
Despite the conclusion of military operations in Iraq in late 2017, millions remain internally displaced and the loss of livelihoods and essential services is immense. About 4.5 million people require humanitarian assistance.

2 Libya
Libya continues to experience conflict and political instability, which has

impacted millions across the country since the uprising in 2011. Almost a million people require assistance.

3 Palestine
The protracted crisis has left millions of Palestinians living under occupation without access to basic services and with no current sustainable solution. The situation has left at least 2.5 million people in need of humanitarian assistance.

4 Somalia
The humanitarian situation in Somalia remains complex and is one of the longest standing crises in the world, leaving 4.2 million in need of aid – 2.6 million of whom are internally displaced.

5 Sudan
Humanitarian needs are driven by low access to basic services and chronic food insecurity, but conflict and displacement are also factors. Over 5 million people require assistance.

6 Syria and Neighboring Countries
Entering its eighth year, the scale and complexity of the crisis continues to devastate Syrians. Over 13 million

people require assistance. Over half of the population is internally displaced and an estimated 5.6 million live as refugees in Egypt, Iraq, Jordan, Lebanon and Turkey.

7 Yemen
This is the largest humanitarian crisis in the world. Of the total population of 28.9 million Yemenis, 24 million require some form of assistance, including 2 million internally displaced people. Women and children make up 76 per cent of those displaced and pay the highest price.

Asia and the Pacific

8 Afghanistan
With 6.3 million people in need of humanitarian assistance, Afghanistan is one of the world's most complex humanitarian emergencies.

9 Bangladesh
Highly vulnerable to natural disasters, Bangladesh also hosts over 700,000 Rohingya refugees since August 2017. An estimated 3.2 million are in need, including 1.2 million Rohingyas and their host community in Cox's Bazar.

³ UNFPA has six regional offices: Arab States, Asia and the Pacific, East and Southern Africa, Eastern Europe and Central Asia, Latin America and the Caribbean, and West and Central Africa.

10 Myanmar

The country is vulnerable to natural disasters and has ongoing conflicts. Displacement in Kachin and Northern Shan has peaked due to armed clashes, population movement to Bangladesh continues, and 128,000 internally displaced people (IDPs) remain in camps in Central Rakhine State. Approximately 940,000 people require humanitarian assistance in 2019.

11 Pakistan

Complex humanitarian challenges include an alarming drought situation in Sindh and Balochistan. Nearly 4 million people are in need of assistance, including 2.3 million IDPs who have returned to ex-FATA (federally administered tribal areas). Around 1.5 million registered Afghan refugees and 700,000 undocumented Afghans also reside in the country.

12 Philippines

The Philippines is one of the most disaster-prone countries in the world, frequently devastated by tropical cyclones. About 300,000 people are in need of assistance, including 73,000 still displaced after the Marawi siege.

13 Vanuatu

The country's population of 277,503, scattered across 65 inhabited islands, remains vulnerable to natural hazards including cyclones, volcanic eruptions, earthquakes, tsunamis and drought. Over 11,000 people have been displaced from Ambae Island due to protracted volcanic activity.

East and Southern Africa

14 Burundi

The country is prone to cyclic conflict, political instability and violence, all worsened by food insecurity. This has resulted in displacements and refugee outflow to neighboring countries (the DRC, Rwanda, Tanzania and Uganda). About 2 million people require assistance in 2019.

15 Democratic Republic of the Congo

The protracted and complex humanitarian crisis and the recurrence of Ebola outbreaks continues to devastate the country and stretch people's coping mechanisms. Almost 13 million are in need of humanitarian aid.

16 Ethiopia

Serious chronic food insecurity looms in southern and south-eastern parts of the country, leaving nearly 8 million people in need of assistance. About 2 million are internally displaced and the country hosts about a million refugees, mainly from Eritrea, Somalia and South Sudan.

17 South Sudan

Armed conflict continues to overwhelm the country, with millions displaced and fleeing to neighboring countries. An estimated 7 million people, two-thirds of the population, are in dire need of humanitarian assistance and protection.

18 Uganda

The country hosts about 1.1 million refugees from Burundi, the Democratic Republic of the Congo and South Sudan. The influx is expected to grow, along with movement between the countries of asylum. All will continue to require humanitarian assistance.

Eastern Europe and Central Asia

19 Turkey

The country hosts about 4 million refugees, 3.6 million of whom are Syrians. Nearly 150,000 of the refugees reside in camps while the majority live in cities and villages throughout the country.

20 Ukraine

The conflict in eastern Ukraine has not ceased. Internal displacement continues, with over 3 million people requiring emergency assistance and protection.

Latin America and the Caribbean

21 Refugees and Migrants from Venezuela

Since 2014, the economic crisis in Venezuela has led to an influx of refugees and migrants into neighboring countries, including Brazil, Colombia, Ecuador and Peru. The influx continues to grow and places a heavy burden on those countries where capacities are strained, particularly in border areas. Of the estimated 3 million Venezuelans living outside the country, 2.4 million are in Latin America and the Caribbean and many require international protection. Humanitarian assistance is required to address both their needs and those of host communities.

West and Central Africa

22 Cameroon

There is continuing conflict in the north-west and south-west of the country, particularly affecting "Anglophone" communities. Over 3 million Cameroonians require humanitarian assistance.

23 Central African Republic

The security situation continues to deteriorate, with armed groups and inter-communal tension affecting over 2 million people who require humanitarian aid.

24 Mali

The humanitarian situation in the country is driven by armed groups, inter-communal conflict and food insecurity, and limited access to basic services. Up to 8 million people need assistance.

25 Nigeria and the Lake Chad Basin

The humanitarian crisis continues to loom in Nigeria and surrounding countries in the Lake Chad Basin, including Cameroon, Chad and Niger. The decade-old conflict and hostility has affected over 17 million people, with 10 million in need of humanitarian aid – the majority in north-east Nigeria (6.8 million).

2018 Summary



Photo: A group of girls attend a session on "Early Marriage and GBV" in Women and Girls Comprehensive Centre in Zaatari Camp for Syrian Refugees, Jordan. ©UNFPA

Achieved Results⁴



PEOPLE REACHED

- 15 million** Affected people targeted with integrated and life-saving sexual and reproductive health services, supplies and information in over 55 countries
- 3.3 million** People reached with dignity kits in 54 countries
- 1 million** UNFPA-assisted safe deliveries in 33 countries
- 3.3 million** People reached with adolescent sexual and reproductive health services, supplies and information in 39 countries
- 1.8 million** Women and girls with access to services provided through service delivery points that are equipped with post-rape kits in 22 countries
- 12,000** Gender-based violence survivors reached within 48 hours
- 5,000** Midwives reached with clean delivery kits to perform normal deliveries at the community level when there is no access to a health facility



SERVICES DELIVERED

- 915** Safe spaces supported by UNFPA (includes safe spaces for women, girls and youth) in 44 countries
- 3,040** Maternity health facilities/tents/homes operationalized with UNFPA support in 35 countries
- 650** Sexual and reproductive health mobile clinics and mobile teams supported in 30 countries
- 2,520** Functional health facilities supported by UNFPA that provide emergency obstetric care in 37 countries



CAPACITY STRENGTHENED

- 5,610** Personnel trained on Minimum Initial Service Package for reproductive health in 41 countries
- 13,065** Youth facilitators, peers and volunteers trained on sexual and reproductive health and gender-based violence in 40 countries

⁴ Results are as of November 2018. Data will be updated on the UNFPA website on a rolling basis as it becomes available from countries.



2018 Humanitarian Financing

UNFPA TOP SOURCES OF HUMANITARIAN REVENUE IN 2018⁵

1. United Nations inter-organizational transfer⁶
2. European Commission
3. Canada
4. Australia
5. United Kingdom
6. Japan
7. Norway
8. Denmark
9. Italy
10. Sweden
11. Finland
12. Kuwait
13. Republic of Korea
14. Spain
15. Iceland

⁵ Humanitarian revenue received between January–October 2018.

⁶ Includes Central Emergency Response Fund, country-based pooled funding and other humanitarian pooled funds.

⁷ In the 2018 UNFPA Humanitarian Action Overview, total requirements had been estimated at \$463 million. An increase in the scope and severity of global crises led to an upward adjustment to over \$500 million.

Photo: Mother and baby, South Sudan. © UNFPA

Appeal Country/Territory	Required ⁷	Received	Coverage	
Afghanistan	\$2,017,400	\$2,017,400	100%	
Angola	\$870,000	\$79,000	9%	
Bangladesh	\$13,000,000	\$16,263,475	125%	
Brazil	\$223,562	\$223,562	100%	
Burkina Faso	\$350,000	\$364,632	104%	
Burundi	\$1,650,000	\$901,730	55%	
Cameroon	\$5,250,000	\$2,013,580	38%	
Central African Republic	\$4,750,000	\$1,850,000	39%	
Chad	\$9,916,139	\$1,527,411	15%	
Colombia	\$1,000,000	\$292,775	29%	
Congo	\$2,500,000	\$522,000	21%	
Côte d'Ivoire	\$10,000	\$10,000	100%	
Cuba	\$800,000	\$122,837	15%	
Democratic People's Republic of Korea	\$4,000,000	\$110,000	3%	
Democratic Republic of the Congo	\$31,263,750	\$7,637,007	24%	
Ecuador	\$850,000	\$355,000	42%	
Egypt	\$3,128,000	\$1,191,435	38%	
Ethiopia	\$13,400,000	\$1,600,000	12%	
Ghana	\$15,000	\$15,000	100%	
Guinea	\$1,000,000	\$546,757	55%	
Haiti	\$2,718,468	\$626,717	23%	
Indonesia	\$2,504,257	\$2,183,257	87%	
Iraq	\$48,000,000	\$24,800,000	52%	
Jordan	\$21,658,000	\$16,125,084	74%	
Kenya	\$3,250,000	\$1,690,000	52%	
Lebanon	\$14,500,000	\$4,567,222	31%	
Libya	\$6,000,000	\$3,662,711	61%	
Madagascar	\$1,230,000	\$282,352	23%	
Malawi	\$200,000	\$0	0%	
Mali	\$4,000,000	\$1,086,898	27%	
Mongolia	\$8,350	\$8,350	100%	
Mozambique	\$450,000	\$0	0%	
Myanmar	\$3,500,000	\$2,017,012	58%	
Namibia	\$150,000	\$60,000	40%	
Nepal	\$300,000	\$300,000	100%	
Niger	\$6,454,223	\$1,549,885	24%	
Nigeria	\$44,315,660	\$4,659,505	11%	
Pakistan	\$2,500,000	\$2,200,000	88%	
Palestine	\$3,971,350	\$2,917,350	73%	
Papua New Guinea	\$768,000	\$677,505	88%	
Peru	\$2,434,308	\$388,599	16%	
Philippines	\$4,341,433	\$1,916,142	44%	
Rwanda	\$1,042,000	\$425,067	41%	
Serbia	\$84,250	\$84,250	100%	
Sierra Leone	\$27,677	\$27,677	100%	
Somalia	\$4,800,000	\$720,600	15%	
South Sudan	\$18,000,000	\$5,001,696	28%	
Sudan	\$25,000,000	\$2,468,000	10%	
Swaziland	\$2,000	\$2,000	100%	
Syria	\$72,974,392	\$49,947,278	68%	
Tanzania	\$1,353,452	\$450,000	33%	
Turkey	\$23,623,118	\$23,623,118	100%	
Uganda	\$15,746,330	\$2,050,954	13%	
Ukraine	\$3,040,421	\$964,788	32%	
Yemen	\$46,890,000	\$29,139,651	62%	
Zimbabwe	\$292,236	\$174,236	60%	
Sub Total	\$482,123,776	\$224,441,505	47%	
Global Humanitarian Support	\$31,000,000	\$21,753,000	70%	
Total	\$513,123,776	\$246,194,505	48%	

Humanitarian Priorities

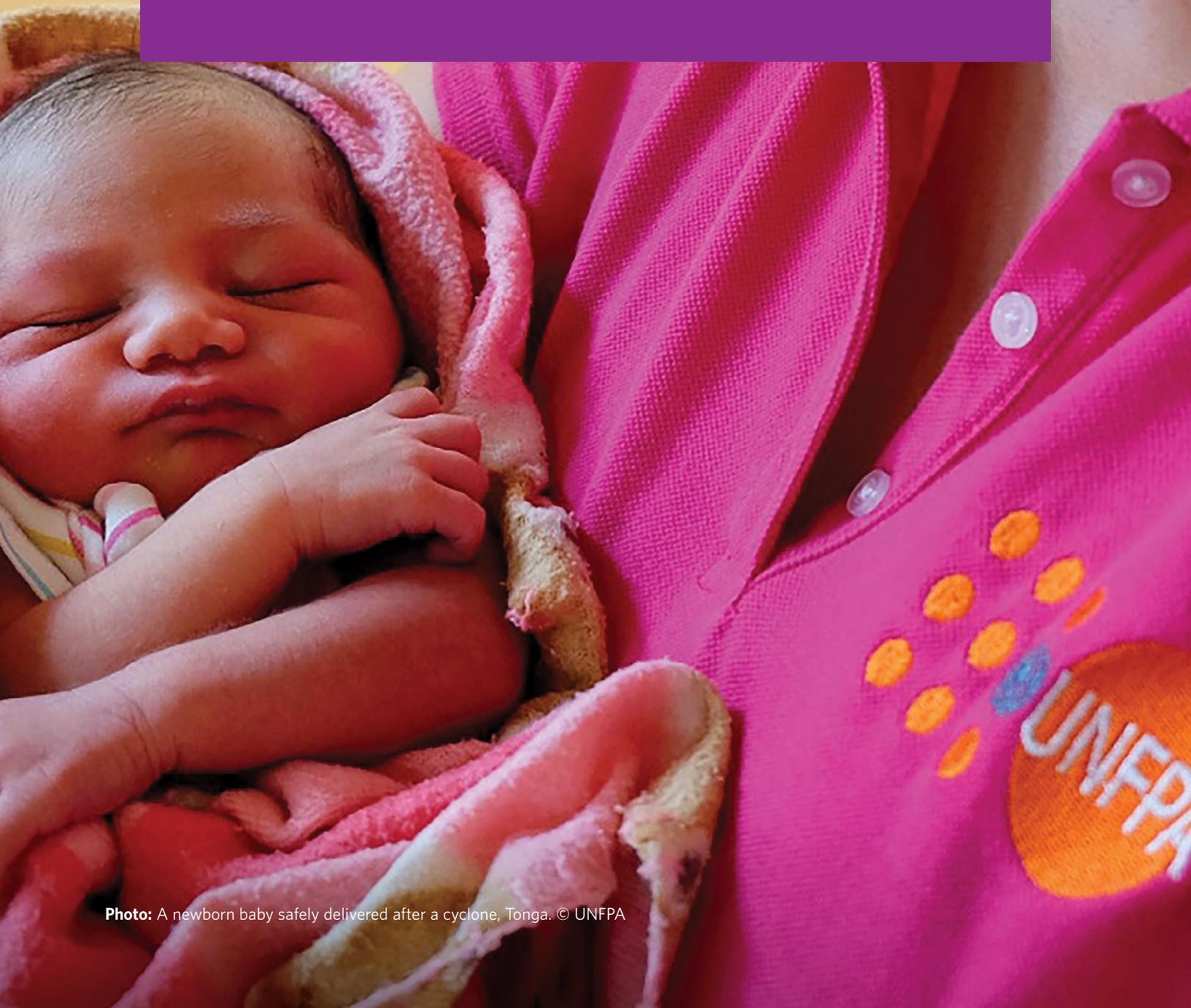


Photo: A newborn baby safely delivered after a cyclone, Tonga. © UNFPA

Sexual and Reproductive Health

A human right and key to strengthening the humanitarian-development-peace nexus

Throughout 2018, millions of people had their lives uprooted through devastating conflicts, disasters, epidemics and displacement. Of the more than 100 million people in need of humanitarian assistance by the end of 2018, one in four were women and girls of reproductive age (15–49) who required access to life-saving sexual and reproductive health (SRH) services in times of crisis and uncertainty.

Sexual and reproductive health is a human right and an essential, non-negotiable component of every humanitarian response. As the lead global agency on SRH, UNFPA responds to approximately 60 emergencies every year, ensuring that women and girls affected by humanitarian crisis have their needs addressed in line with humanitarian and human rights principles. Ensuring access to SRH services and information is crucial to building resilience and achieving peace in post-conflict settings, as these services are essential for women's empowerment, poverty reduction, increased social stability and economic growth.

UNFPA recognizes that unless we can achieve our common goal of “universal access to sexual and reproductive health and reproductive rights,” including in humanitarian and fragile contexts, the international community will not fulfil the 2030 Agenda for sustainable development and ensure that “no one will be left behind.” UNFPA believes in the power of partnerships and the long-term commitments that we capitalize on in the more than 150 countries where we are present before, during and after emergencies.

Partnerships and community outreach

When an emergency strikes, UNFPA and its partners save and improve lives by working with governments, partners and communities to coordinate and implement the Minimum Initial Service Package for Reproductive Health (MISP) in acute emergencies, and by ensuring that the services, information and supplies to implement those services are in place. The six objectives of the MISP include:

1. Ensuring the health sector or cluster identifies an organization to lead MISP implementation;
2. Preventing sexual violence and responding to the needs of survivors;
3. Preventing transmission of and reducing morbidity and mortality due to HIV and other sexually transmitted infections;
4. Preventing maternal and newborn morbidity and mortality;
5. Preventing unintended pregnancies; and
6. Planning to integrate comprehensive SRH services into primary health care.

At the same time, UNFPA works tirelessly to reduce risks and vulnerabilities and to build community and system resilience through long-term strategies and investments that strengthen national health systems.

UNFPA collaborates with national and global partners to build SRH technical, coordination, logistics and forecasting capacities to ensure that the MISP is included as part of emergency preparedness. UNFPA pre-positions SRH supplies and ensures that services and information are needs-based and take into account the local sociocultural context.

Emergency Reproductive Health kits

The Inter-Agency Emergency Reproductive Health kits (IARH) are a set of globally standardized and pre-packed emergency reproductive health kits that are available for immediate dispatch in event of an emergency. IARH kits include all of the life-saving medicines, devices and commodities/supplies necessary to implement the MISP. UNFPA has been managing these kits on behalf of the inter-agency community since inception of the kits, updating them every few years to ensure compliance with the latest evidence and to solve logistical bottlenecks.

Each kit is designed for a specific level of care in a health system. They are tailored for use at: **a)** the community level; **b)** primary health care facilities and health facilities that provide basic emergency obstetric and newborn care; and **c)** referral hospitals with comprehensive emergency obstetric and newborn care.



COMMUNITY/PRIMARY HEALTH CARE

Kit 1: Condoms

Kit 2: Clean Delivery Kit

Kit 3: Post-Rape Treatment⁸

Kit 4: Oral and Injectable Contraception

Kit 5: Treatment of Sexually Transmitted Infections

HEALTH CENTER/HOSPITAL, BASIC EMERGENCY OBSTETRIC AND NEONATAL CARE

Kit 6: Clinical Delivery Assistance

Kit 7: Intrauterine Devices

Kit 8: Management of Miscarriage and Complications of Abortion

Kit 9: Suture of Tears (Cervical and Vaginal) and Vaginal Examination

Kit 10: Vacuum Extraction Delivery

REFERRAL HOSPITAL, COMPREHENSIVE EMERGENCY OBSTETRIC AND NEONATAL CARE

Kit 11: Referral Level Kit for Reproductive Health

Kit 12: Blood Transfusion



People targeted through kit distribution

In 2018, UNFPA delivered an estimated 12,000 emergency reproductive health kits including over 1,700 tons of life-saving medicines and supplies to 50 countries to support humanitarian response:

3.4 million

People targeted with post-rape kits for clinical management of rape

5.5 million

People targeted with treatment of sexually transmitted infections

3 million

People targeted with voluntary family planning services

3.2 million

Women and girls targeted with basic and comprehensive emergency obstetric care

⁸ The post-rape treatment kit for the clinical management of rape survivors is an absolutely essential part of an integrated sexual and reproductive health and gender-based violence (GBV) response.

Preventing and Responding to Gender-Based Violence

Gender-based violence (GBV) is the most pervasive human rights violation, yet one that remains shrouded in a culture of silence. GBV is widespread in times of peace and exacerbated during crisis, whether due to natural disaster or conflict. Women and adolescent girls may face sexual violence, intimate partner violence, exploitation and abuse, forced or early marriage, and harmful traditional practices at any time. These human rights violations have a significant and long-lasting impact on their health; their psychological, social and economic well-being; and on their families and communities. A weakening or collapse of protective systems and networks can lead to reduced access to health services, including SRH services, and an environment of impunity where perpetrators are not held accountable. Survivors have the right to assistance and support on the path to healing, empowerment and recovery. To that end, UNFPA is present before, during and after crisis to prevent and respond to GBV, to ensure access to life-saving services and information, and to put in place coordination mechanisms for effective prevention and response.

Sole leadership of the Gender-Based Violence Area of Responsibility

UNFPA is the lead agency on the GBV Area of Responsibility (AoR) – the global-level forum for coordination and collaboration under the Inter-Agency Standing Committee (IASC) cluster approach on GBV prevention and response in humanitarian settings. The AoR constitutes a focus area under the IASC Global Protection Cluster. GBV coordinators hold an inter-agency role at the country level and co-coordinate with a national ministry counterpart, when appropriate. In almost every context where the cluster system has been activated, one of the two coordinators is from UNFPA. As a provider of last resort for GBV response, UNFPA also ensures its readiness by scaling up programming, internal and external staff capacity, and securing sufficient financial resources.

A new strategy (2018–2020) and work plan was launched with inputs from GBV coordinators, United Nations

agencies, international non-governmental organizations and universities to strengthen support to country-level GBV coordination. The goal is to have functioning, effective and connected field sub-clusters supported technically and through strong policy and advocacy work at the global and regional levels. As membership and reach of the AoR has grown, the coordination team now includes four regional emergency advisors. In 2018, the advisors deployed in Arab States and Africa to support GBV sub-clusters and implementation of Call to Action roadmaps in Nigeria and the Democratic Republic of the Congo. In 2018, these advisors conducted 18 missions to critical, large-scale and under-resourced emergencies from their regional bases.

UNFPA global capacity development on gender-based violence

In 2018, 17 countries⁹ were supported and the capacity of 479 humanitarian personnel – UNFPA and other humanitarian actors – was strengthened across various functional areas. The global GBV humanitarian team has supported countries in developing capacity to rapidly respond to emergencies, strengthening expertise in GBV programming and coordination including clinical management of rape (CMR), mental health and psychosocial support, referral mechanisms and information management. UNFPA has expanded its specialized GBV and CMR roving capacity from three to five members, thus enabling rapid response at the onset of crises.

Expanding the UNFPA emergency roster and pool of deployable GBV specialists

UNFPA has expanded the pool of skilled and qualified GBV specialists in inter-agency coordination, programme and information management. Presently there are 143 trained, assessed and ready-to-deploy GBV specialists in its roster. In 2018, UNFPA also deployed 40 GBV specialists to 20 countries for a total of 139 months of deployment.

⁹ Bosnia and Herzegovina, Cameroon, Chad, Ethiopia, Iraq, Kenya, Lebanon, Mali, Myanmar, Nigeria, Pakistan, Palestine, Somalia, South Sudan, Syria, Zimbabwe.

Compact for Young People

Ten years of the GBV Information Management System

Over the past ten years UNFPA has led and coordinated the inter-agency GBV Information Management System (GBVIMS) alongside UNICEF, UNHCR, the International Medical Corps (IMC) and the International Rescue Committee (IRC). The goal of the system is to improve safe and ethical management of quality GBV data to improve GBV prevention and response efforts. The system has expanded its scope into GBV case management and the GBV community of practice has adopted it as a gold standard in incident monitoring. A total of 23 countries currently use the system and others are expected to join in 2019.

In 2018, 200 participants were trained in GBVIMS, GBV information management web application (Primero GBVIMS+), data analysis and case management. Participants were from GBV case management organizations – mostly NGO, civil society and government. National pools of case management trainers were established in Bangladesh and Nigeria and strengthened in Somalia. Remote technical support was also provided around the world. The first inter-agency rollout of Primero was initiated in north-east Nigeria.

Half of the 1.4 billion people living in countries affected by crises and fragility today are under the age of 20. Many of these young people are among the first to step up to help their communities rebuild. However, too often their unique needs are not specifically addressed in humanitarian response, and their energy, leadership, knowledge and creativity is not tapped to maximize the impact of efforts being made. Young women are particularly at risk. In fact, during humanitarian crises, being young and female is one of the greatest risk factors for violence and death.

The Compact for Young People in Humanitarian Action is a global call to prioritize the needs and rights of young people affected by emergencies. Launched at the World Humanitarian Summit in 2016, the Compact is an unprecedented collective commitment of over 50 humanitarian actors to ensure that the priorities of young people are addressed. The signatories commit to, and are accountable for, transforming humanitarian action for and with young people to prevent and end conflict, safeguard human rights and the rule of law, and invest in young people now and in the future – leaving no one behind. In 2018, guidelines were developed to help organizations design, implement and evaluate age- and gender-responsive and inclusive humanitarian programmes. The guidelines will be launched in 2019 and a training module will be developed to train young first responders and practitioners. UNFPA co-leads the Compact with the International Federation of the Red Cross.



**Compact for
Young People**
in Humanitarian
Action

Photo: Displaced women discuss GBV in Gao, Mali. © UNFPA



Population Data

Common operational datasets on population statistics

Three core common operational datasets (CODs) underpin United Nations humanitarian needs assessments and response plans for both preparedness and operational response settings:

1. Population data – provides population size at the subnational level, disaggregated by age and sex.
2. Administrative boundaries – identifies the major internal and external administrative boundaries of a country/territory.
3. Humanitarian caseload – chronicles populations in need by types of humanitarian assistance.

In many humanitarian situations, high-quality population data in countries affected by humanitarian settings are generally not readily accessible and usable by humanitarian actors.

UNFPA has a key role in increasing the availability, quality and usability of CODs on Population Statistics. This work leverages UNFPA's strategic partnerships with National Statistics Offices.

Throughout 2018, UNFPA engaged in a series of capacity strengthening workshops and data labs on COD-Population Statistics data in Eastern and Southern Africa, West and Central Africa, and select emergency countries.

Hybrid census approaches

Many countries around the world are preparing for the 2020 census. For a number of countries, however, current conflict and fragility hamper the viability of undertaking a traditional census. Paradoxically, these are the areas where improved population data would be most valuable for guiding humanitarian action.

To acquire population data in insecure areas, in 2018 UNFPA began engaging with governments to identify where a hybrid census approach might supplement a traditional census. This approach, which combines remote sensing technologies with other population data sources, is underway in Mozambique, Nigeria, Tanzania and Zambia, and has begun in the Democratic Republic of the Congo and South Sudan. More hybrid census engagements are expected in 2019. Implementation and scaling up of the hybrid approach is critical to expanding the knowledge base of population sizes and structures, especially in areas where data for decision-makers are either not available or have not been updated for decades.

Improved data pre-positioning for vulnerable subpopulation assessment

A key tool for humanitarian practitioners is the Minimum Initial Service Package calculator – a simple data tool used to estimate key indicators such as the number of women of reproductive age, the number of currently pregnant women and the number of expected live births in the month after a crisis.

In 2018, UNFPA improved pre-positioning of the best available data for the MISP calculator. The upgraded MISP calculator tool designed by UNFPA preloads the best available data and provides humanitarian actors with the flexibility to factor in contextual insights from the field when assessing the needs of pregnant women. Following positive reviews of the prototype by some members of the Inter-Agency Working Group on Reproductive Health in humanitarian settings, in 2019 UNFPA will further test and develop the tool to ensure its field readiness.

Global Humanitarian Support

To advance sexual and reproductive health and reproductive rights and to meet rising needs, UNFPA is working to deliver a more cohesive and effective humanitarian response guided by the UNFPA Strategic Plan 2018–2021 and supported in 2019 by a strengthened Humanitarian Office. While the scale of UNFPA's humanitarian work has more than doubled in the last three years, efforts are underway to strengthen human resource capacity; enhance the coordination of SRH services and supplies and the prevention and response to GBV; and improve the collection, analysis and use of humanitarian data. Realizing human rights and achieving the Sustainable Development Goals requires stronger cooperation and complementarity among humanitarian action, development and peacebuilding.

To scale up life-saving assistance, country offices are supported globally by UNFPA's regional offices and Headquarters divisions. The support seeks to achieve the following:

- Rapid, scaled up, predictable response to emergencies and crises, including emergency preparedness and surge.
- Effective global leadership of the GBV AoR of the Inter-Agency Standing Committee Protection Cluster.
- Improved coordination and partnership building.
- Enhanced global advocacy for integrated SRH and GBV services and information.
- Strengthened operational effectiveness, policy guidance and financing.
- Strong monitoring and reporting on humanitarian results, including information management.

UNFPA's global support is coordinated by the Humanitarian Office. In 2019, the cost of this support is estimated at \$36 million.

Support provided in 2018

From Yemen and Syria to the Democratic Republic of the Congo, Ethiopia, Nigeria, South Sudan and dozens of other countries, UNFPA global support in 2018 resulted in numerous achievements:

- Dispatched 12,000 emergency reproductive health kits, including over 1,700 tons of life-saving medicines and supplies worth over \$9 million, to 50 countries to support life-saving emergency obstetric and newborn care, clinical management of rape, voluntary family planning, and prevention and treatment of sexually transmitted infections.
- Facilitated access to life-saving GBV services and information, and established coordination mechanisms.
- Strengthened rapid response for 35 countries with a \$9.5 million allocation of the UNFPA Emergency Fund and fully institutionalized the pre-financing mechanism.
- Supported 32 countries with skilled humanitarian staff through 110 surge deployments, a 55 per cent increase since 2016. In 2018, personnel from UNFPA standby partners – the Canadian Civilian Response Corps, Norwegian Refugee Council/NORCAP, Danish Refugee Council and RedR Australia – made up 41 per cent of surge deployees and provided in-kind support of up to \$1.8 million.
- Increased the pool of qualified SRH and GBV specialists in coordination, programme and information management.
- Provided SRH technical support to more than 50 countries experiencing a humanitarian crisis.
- Trained personnel from over 50 countries, regional entities and global institutions to implement the MISP at the onset of a crisis.
- Trained GBV case managers in Bangladesh, Nigeria and Somalia with the support of the inter-agency GBV Information Management System initiative.
- Expanded the SRH and GBV roving team to nine, including four GBV specialists, one clinical management of rape specialist, three SRH specialists and one humanitarian coordinator, providing support to over 20 countries.
- Continued rollout of UNFPA's Minimum Preparedness Actions through capacity strengthening workshops, resulting in 200 staff members trained from 62 country offices.
- Greater UNFPA engagement in IASC Emergency Response Preparedness support missions.



Snapshot of planned and continuing actions for 2019

- Provide support to reach 35 million targeted women, girls and young people in humanitarian settings with life-saving integrated SRH and GBV services and information.
- Establish a strengthened Humanitarian Office in Geneva and New York.
- Roll out the revised Inter-Agency Field Manual on Reproductive Health in Humanitarian Settings.
- Finalize the updating of the inter-agency reproductive health kits, using the most up-to-date medical evidence and in line with the revised MISF.
- Finalize the inter-agency Minimum Standards for GBV Prevention and Response.
- Rollout the new Handbook for Coordinating GBV Interventions in Humanitarian Settings.
- Increase field capacity in data analysis and information management.
- Continue to build and strengthen partnerships and global advocacy.
- Support countries in achieving reliable SRH supply chain management in the context of health system strengthening.
- Strengthen regional and national preparedness, including pre-positioning of humanitarian supplies and strengthening medical logistics capacities.
- Meet surge requests within 72 hours for major emergencies.
- Develop cash-based programming models for integrated SRH and GBV interventions.
- Promote mental health and psychosocial support.

Humanitarian Action Thematic Fund

UNFPA established the Humanitarian Action Thematic Fund (HTF) in 2018 to provide flexible, multi-year funding for the increasing number of humanitarian crises across the globe. The HTF is designed to support activities for rapid and ongoing response, for preparedness and for addressing the humanitarian/development nexus. Through an expedited internal grants mechanism, the HTF provides the opportunity for global, regional and country programmes to access funding not being met by bilateral funding arrangements, thereby expanding the reach and scope of UNFPA's life-saving humanitarian operations. Presently, only about 50 per cent of the UNFPA global humanitarian appeal is achieved each year and the HTF is one mechanism designed to address that gap.

The HTF was set up in response to the Grand Bargain agreed upon at the 2016 World Humanitarian Summit to allow for multi-year planning and funding, plus more flexible types of funding. It also aims to reduce transaction costs and to harmonize and simplify reporting requirements. Based on a standard set of goals and indicators, global results of the HTF will be presented in a consolidated report at the end of each year.

While UNFPA anticipates that the largest part of its country-level humanitarian funding will continue to be through bilateral agreements in response to country or regional-level humanitarian response appeals, the HTF allows UNFPA the ability to respond more quickly to needs and move money to underfunded or as-yet-funded crises.

Moving Forward



The year 2019 marks a turning point with the establishment of UNFPA's new Humanitarian Office. To meet the scale and scope of today's humanitarian crises, UNFPA will fully integrate humanitarian preparedness, response, early recovery and the humanitarian-development-peace nexus into its organizational DNA. This entails a shift that promotes strategies, policies and increased operational capacities to protect human rights and deliver life-saving support to affected populations.

To achieve universal sexual and reproductive health and the realization of reproductive rights, UNFPA will continue to focus on its three transformative results:

1. End preventable maternal deaths,
2. End the unmet need for family planning, and
3. End gender-based violence and all harmful practices, including child marriage.

UNFPA will continue to work with all partners across the humanitarian-development-peace nexus so that every woman and young person affected by an emergency is empowered and gets the protection, services and opportunities needed for health, rights and dignity.

UNFPA is forging ahead to fulfil its global commitments, including those made at the 2016 World Humanitarian Summit, advance United Nations reform, strengthen partnerships and support governments to fulfil the promise of the 2030 Agenda.



KIT 6B

68 cm x 48 cm x 24 cm

EMERGENCY REPRODUCTIVE HEALTH KIT

CLINICAL DELIVERY ASSISTANCE - KITTS & DISPOSABLE EQUIPMENT
ACCOUCHEMENT MEDICALISE - DES Outils ET DES MATERIELS
PARTO CON ASISTENCIA MEDICA - DRUGS Y REUTILIZABLES

Photo: Pregnant women waiting to be screened at UNFPA-supported Kalomba health clinic, Democratic Republic of the Congo. © UNFPA



Delivering a world where
every pregnancy is wanted
every childbirth is safe and
every young person's
potential is fulfilled

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January 2019

Yemen is experiencing the worst humanitarian crisis in the world. Fighting and airstrikes have thrust the country to the brink of starvation with looming famine that could become the worst in recent world history.

Women and girls did not bring about the conflict, but they are bearing the heaviest burden. With nearly half of all health facilities no longer operating, pregnant women have been cut off from life-saving obstetric care. Even women who live within distance to a working health facility often cannot afford the services.

Cover photo: A young, displaced 9-months pregnant woman awaits giving birth to her second child in the IDP camp outside of Taiz City. In the photo she collects water and firewood to sustain her family after violence forced them to flee from home. She was married at age 15. Yemen. © UNFPA

Back cover photo: A displaced, 7-months pregnant woman stands in front of her tent in the IDP camp in the outskirts of Taiz City. She already has four children and awaits her fifth baby. Intensified violence forced her and her family to flee from home. Yemen. © UNFPA