

Annex 5

UNFPA Humanitarian Action and Resilience Building Update 2015

Introduction

During the past two years, UNFPA responded to humanitarian crises that were characterized by massive human suffering and forced displacement on a scale not seen since the Second World War. In response to disasters and conflict, UNFPA continued to provide life-saving services to prevent and respond to gender-based violence (GBV) and provide information and services for sexual and reproductive health (SRH) through the Minimum Initial Services Package (MISP).

The death of more than 500 women every day from complications of pregnancy and childbirth in humanitarian and fragile contexts, and persistent high levels of gender-based violence, testify to the need for stronger collective action.

In 2015, UNFPA engaged in advocacy to increase awareness, political commitment and funding for SRH and GBV services and to put women and young people at the centre of humanitarian action and peacebuilding. A major focus was placed on strengthening systems and building capacity to strengthen operational effectiveness and accountability to affected populations.

New agreements reached in 2015 paved the way forward. The 2030 Agenda for Sustainable Development and new Global Goals, the Sendai Framework for Disaster Risk Reduction, the Security Council's resolution on youth, peace and security, and the Paris Climate Change agreement guide collective action across the humanitarian development nexus. These new frameworks, together with the consultations for the World Humanitarian Summit, and ongoing humanitarian crises and challenges, informed the development of UNFPA's new Humanitarian Results Framework. Emphasis is placed on building internal capacity of partners, delivering a timely and predictable response at scale, building resilience, all of which is underscored by empowering women and young people in disaster preparedness, response, peace and recovery.

This continuum approach is further strengthened through the midterm Review of the UNFPA Strategic Plan 2014-2017 and its updated results framework, enabling UNFPA with its dual mandate to maintain the lifesaving speed of humanitarian response and a focus on longer-term sustainable development.

Strengthening resilience reinforces a systematic approach in risk management, preparedness, and humanitarian response. UNFPA survey data show that 80 per cent of country offices that are implementing GBV in Emergencies programming carry this forward into regular programming. The transition to comprehensive SRH services (as part of the MISP) builds resilience through efforts to rehabilitate health facilities and supply and data systems, provide commodities and supplies, train service providers and provide policy support.

Summary of Key Achievements

Country Level Humanitarian Response

In 2015, UNFPA provided life-saving assistance to an estimated 10.5 million people (mainly women, girls and youth) in 46 countries. Over 8,000 reproductive health (RH) kits were delivered to assure the

provision of sexual and reproductive health services and programmes aimed at preventing and responding to gender-based violence.

UNFPA assisted affected populations in the UN-designated high-level (L3) emergencies in Iraq, South Sudan, Syria, and Yemen, and in other serious crises around the world.

Republic of Yemen

Yemen's conflict, which intensified in March 2015, has devastated the country. At the end of 2015, some 21 million people (80 per cent of the population) were in need of humanitarian aid. Of these, 2.9 million were women and girls of reproductive age of whom an estimated 500,000 were pregnant. Amidst the security challenges, UNFPA and partners continued to focus efforts on reproductive health services for women and girls, and prevention and response to gender-based violence.



Ongoing conflict in Yemen has destroyed health facilities and increased risks for women and children. Mobile teams reach affected populations with information and services for sexual and reproductive health and gender-based violence. ©UNFPA Yemen

In 2015, 24 mobile clinics were operationalized and emergency obstetric and newborn care equipment was delivered to 10 hospitals. UNFPA worked with partners and established a referral system for GBV survivors, including support in health, counselling, legal aid, and safe shelter. More than 5,500 GBV survivors received needed services including awareness activities. UNFPA distributed 85,000 female dignity kits and 8,200 male dignity kits in 19 Governorates to the most vulnerable populations.

Syrian Arab Republic

- At the end of 2015, one of the biggest humanitarian crisis in the world left some 13.5 million Syrian people in need of humanitarian assistance. This included 6.5 million people displaced within Syria itself, and more than 4.6 million refugees in the neighboring countries of Egypt, Iraq, Jordan, Lebanon, and Turkey. Of the affected population, 5 million women and girls were of reproductive age, 1.1 million inside Syria in hard-to-reach locations, 100,000 trapped in 15 besieged locations, and 430,000 pregnant.



Pregnant Syrian woman in besieged Homs receives maternal and prenatal health services. ©UNFPA Syria

In response to the Syria crisis, UNFPA and partners provided lifesaving services:

- More than 3.6 million reproductive health services were provided to women inside Syria and 300,000 services in neighboring countries of Egypt, Iraq, Jordan, Lebanon, and Turkey
- 74,702 individuals were reached with GBV outreach, health services and psychosocial support
- 119 mobile clinics, health centers and hospitals delivered services, including safe deliveries for 48,000 women and family planning for 58,000 women in Syria and affected countries
- 500 reproductive health vouchers were distributed per month to Syrian women for maternal health services free-of-charge
- 64 women's centers and safe spaces in Syria and affected countries provided recreational, psychosocial and livelihood skills-training activities, and referrals for health and other specialized services
- 1,250 health professionals, including midwives, were trained
- A clinical management of rape protocol was developed for health workers responding to gender based violence in northern Syria

South Sudan

Fueled by multiple factors particularly armed conflict and inter-communal violence, the protracted crisis in South Sudan continued to devastate health systems and other vital institutions, leaving more than 5 million people in need of humanitarian aid. To respond to the particular needs of women, girls and youth UNFPA provided lifesaving reproductive health services and worked to prevent and address gender-based violence:

- 2,250 essential RH kits were distributed, and RH coordinators and mobilizers were deployed
- Maternity wards in Juba, Bentiu and Minkaman areas were rehabilitated
- GBV multi-sectoral services were provided, including clinical management of rape, psychosocial support, security and safety, and GBV Information Management System
- 30,000 dignity kits were distributed
- A joint Working Group to End Sexual Violence in Conflict was set up by Office of the President, with support from UNFPA and UN Mission in South Sudan, to address GBV prevention, protection and response as stipulated in national RH Strategic Plan 2013-2016

Iraq

With more than 3 million internally displaced persons, plus the arrival of hundreds of thousands of refugees from Syria, Iraq continues to grapple with complex humanitarian challenges. In 2015, more than 10 million people were in need of humanitarian assistance. With a focus on quality of services and training of health personnel, UNFPA and partners delivered reproductive health services for antenatal and postnatal care, family planning, hygiene supplies, and services for women and girls affected by violence or trauma, particularly gender-based violence.

- 19 RH clinics in refugee and IDP camps, 56 primary healthcare centers and 32 referral health facilities were established in host communities providing 395,463 women with RH services: 73,649 women accessed antenatal care, 81,288 received safe delivery care, 25,919 received caesarean sections, and 153,849 women received contraceptives in UNFPA-supported facilities.
- More than 55,000 displaced women received dignity kits and were connected to social services.
- 54 women's centers provided psychosocial support to 150,154 women and girl survivors of GBV, including referrals and information on available services.
- GBV Information Management System (GBV/IMS) was rolled out to improve capacity on ethical collection of survivor data, 9 data gathering organizations were strengthened, and 1,639 GBV survivors throughout Iraq were documented.
- A dedicated center was established for Yazidi survivors of sexual violence, which provided more than 700 survivors with mental health and psychosocial support and required medical services.
- 65 social workers were trained on GBV case management, 22 medical staff were trained on the clinical management of rape (CMR) and 12 were trained to scale CMR capacity throughout Iraq.
- 260 service providers were trained on Emergency Obstetric and Newborn Care, 54 on Family Planning and counselling, and 78 on the SRH Minimum Initial Service Package.

Refugee Crisis in Europe

In 2015, more than one million men, women and children fled war, violence and persecution in their home countries and made the treacherous journey to Europe.

About 55 per cent of those arriving in Greece are women and children. With partners in the Balkans and Greece, UNFPA provided SRH services and prevention and response to gender-based violence.



UNFPA provided this mobile clinic to a health centre in Šid and another was procured for a health centre in Vranje, Serbia to provide reproductive health care to refugee women. © UNFPA

Support was provided to mobile clinics, medical equipment and SRH supplies, such as portable ultrasound devices and post-rape kits, and to sensitize and train medical staff, police officers, social workers and other humanitarian staff on GBV in Serbia and the former Yugoslav Republic of Macedonia. UNFPA distributed health information in Arabic, English, Farsi and Urdu. UNFPA delivered 21,800 female dignity kits to UNHCR in Greece for refugee and migrant women and adolescent girls arriving by sea. In Serbia, 4,300 women and girls received dignity kits from UNFPA and partners.

Nepal Earthquake

When a massive 7.8 magnitude earthquake struck Nepal on 25 April 2015, it devastated parts of the country and left 2.8 million people in need of life-saving services and protection. UNFPA quickly responded. Medical equipment and RH kits were delivered to more than 200 health facilities in affected areas, benefiting an estimated 150,000 people. RH and GBV services reached 105,000 individuals (85% women and girls).

In response to the Nepal earthquake, UNFPA provided life-saving services:

- 14 Female Friendly Services were established in 14 affected districts where more than 100,000 women and adolescent girls received referrals to services, psychosocial support, legal advice, emotional support, and a quiet place to rest or breastfeed.
- Temporary shelters were set up for 1,000 women and girls and their newborn babies.
- Almost 14,000 survivors of GBV received first aid, psychosocial support and counselling.
- Over 200 health service providers were trained in clinical management of rape and hundreds of youth volunteers trained as trainers on adolescent sexual and reproductive health.



Rapid CERF funding supported sexual and reproductive health services for women affected by the 2015 earthquake in Nepal and services to prevent and respond to gender-based violence, and helped mobilize other donors for an effective response. ©UNFPA Nepal Santosh Chhetri

Worldwide, UNFPA co-led the GBV humanitarian sub-cluster in emergencies. In 93 per cent of cases where the cluster system is activated, UNFPA led or co-led the GBV Coordination Mechanism, and 45 per cent of UNFPA Country Offices created special programmes for GBV in emergencies – including new personnel and structures.

UNFPA country offices took preparedness measures for the El Nino phenomenon and its impact on health in affected countries. In response to the Zika virus, UNFPA country offices expanded access to information and a wide range of voluntary family planning commodities to enable women to make informed decisions and protect themselves.

In 77 per cent of the countries that experienced humanitarian crises, UNFPA led and provided technical assistance on the use of population data to support needs assessments.

UNFPA also expanded programmes in support of peacebuilding in countries in transition, thanks to \$2.3 million received from the United Nations Peacebuilding Fund in 2015. These funds yielded positive results, including in Cote d'Ivoire where a newly established Women and Youth Situation Room helped prevent violence during the electoral period through mediation and outreach efforts. In Guinea, a joint project on gender-based violence led to increased reporting of GBV to the police and health centers, and the institutionalization of GBV and female leadership training targeting security.

Systems Strengthening and Capacity Building

During the past two years, UNFPA placed a strong emphasis on strengthening systems and building capacity to reinforce humanitarian effectiveness. In 48 countries in 2015 alone, UNFPA helped train partners in the implementation of the MISRP to respond to sexual reproductive health needs at the onset of every humanitarian crisis.

To meet the needs of rising numbers of urban refugees, UNFPA, together with UNHCR, developed and launched the SRH toolkit for urban refugees in 2015 to ensure coordination and access to services. Minimum Standards for addressing Gender-Based-Violence in emergencies (GBViE) were developed and published.

In 2015, UNFPA strengthened preparedness measures in countries through capacity building, technical support, prepositioning of supplies, and dedicated human and financial resources. In 2015, 50 countries developed humanitarian contingency plans that include addressing the sexual and reproductive health needs of women, adolescents and youth, and providing services for survivors of sexual violence in crises, exceeding the annual targets set forth in UNFPA's Strategic Plan.

UNFPA continued to improve preparedness, response and accountability measures. Countries benefited from the global roll-out and revision of UNFPA's guidance on Minimum Preparedness (MPAs) in line with the new IASC Emergency Response Preparedness (ERP) Guidance Module.

UNFPA surge capacity was reinforced with the expansion of its cadre of skilled internal staff (more than 100 internal staff were trained in 2015) and partnerships, external stand-by rosters including CANADEM, NORCAP, DRC, RedR and MSB.

Partnerships were expanded to facilitate the pre-positioning of medical and logistics supplies to further reduce response time. The number of countries with a functional logistical management information system increased from 75 in 2013 to 97 in 2015.

The UNFPA Asia and Pacific Regional Office, for example, prepositioned \$478,000 worth of SRH and GBV commodities in Nepal, Philippines, Papua New Guinea and Fiji as part of the regional prepositioning initiative. This enabled UNFPA to immediately meet the urgent needs of earthquake affected areas in Nepal and other crises in the region.

UNFPA further strengthened national capacities in data collection and analysis for informed decision-making and early warning, which is vital for planning and need assessments at the onset of an emergency. By 2015, 106 programme countries reported having capacity to analyze and use disaggregated data on adolescents, and seven countries on gender-based violence data. For example, the Latin America/Caribbean Regional Office developed an innovative geo-referenced application for identifying and processing population data for disaster preparedness and response. In Macedonia, the new Crises Management Center database enables healthcare providers to obtain SRH data of affected areas.

Following the adoption of the Sendai Framework for Disaster Risk Reduction 2015–2030, UNFPA engaged in the UN plan of action and in mainstreaming gender and SRH into the new monitoring framework. Many country offices worked with national partners in addressing gender concerns in the disaster risk reduction/climate change adaptation programme through sectoral vulnerability assessments, integrating MISRP in local government units' disaster risk reduction and management, and greater investment in the health sector to recover from shocks.

Strengthening health systems is vital for reducing risk and bridging the humanitarian development divide and constitutes a UNFPA priority. After military operations in Gaza, UNFPA supported the recovery of six

primary health care centers and six maternity wards by equipping them with supplies and equipment to ensure quality provision of SRH services. In South Sudan, the Juba POC maternity wards, Walgak Maternity Unit and RH Minkaman Clinic were rehabilitated. In Zambia, UNFPA refurbished 13 delivery rooms and 12 maternity waiting shelters in 5 districts.

UNFPA continued programmes in risk prone contexts and advanced programmes for disaster risk reduction, peacebuilding, and protection of the rights, safety and dignity of women and girls. With rising disasters, climate change and protracted conflict, UNFPA placed increased emphasis on risk-informed programmes, and their systematic integration into development programmes and humanitarian action.

Of the 27 country programme documents developed in 2015, 23 incorporate risk analysis, and most have a clear focus on vulnerable populations, youth, and the linkages between population and sustainable development. The Tajikistan country programme, for example, has a specific output on national capacity to develop and regularly update contingency plans that address the sexual and reproductive health needs of women, adolescents and youth in crisis situations.

Advocacy and Fundraising

In 2015, advocacy continued to advance sexual and reproductive health, protection from gender-based violence, and the rights and participation of women, girls and young people in all phases of humanitarian action, risk reduction and peacebuilding.

Through advocacy and member State support, sexual and reproductive health was integrated into the Sendai Framework for Disaster Risk Reduction, and other General Assembly and Economic and Social Council (ECOSOC) resolutions.

UNFPA contributed to the passage of United Nations Security Council resolution 2250 on youth, peace and security by co-organizing the 2015 Global Forum on Youth, Peace and Security in Jordan. SC resolution 2250 recognizes the role of young men and women in peacebuilding and countering violent extremism, and the need for investing in young people so they can fulfill their potential and help achieve peace and security.

UNFPA elevated its leadership role and affirmed its position in global humanitarian work, attracting more funding for sexual and reproductive health services and prevention and response to gender-based violence. As of 31 December 2015, US\$116.2 million in revenue was recorded for humanitarian programmes, up 15 per cent from US\$101 million in 2014.

UNFPA sought to provide more funding to countries experiencing emergencies and scale its response. A proposal was approved by the Executive Board to increase the annual allocation of the Emergency Fund (EF) from US\$5 million to \$10 million. In 2015, EF allocations were granted to 22 countries, two sub-regional offices and one regional office.

The top five recipient countries included Level-3 emergencies (Nepal, Yemen, South Sudan, and Turkey/Syria) and response to the Vanuatu earthquake disaster. Some 30 per cent of all EFs were requested for complex emergencies, 30 per cent for conflicts, 29 per cent for natural disasters, and 11 per cent for preparedness.

Moving Forward

The year 2016 marks a turning point for international humanitarian action. The World Humanitarian Summit aims to strengthen investments in humanity, and forge strong commitments to prevent conflicts, uphold human dignity, safety and the right to thrive; and leave no one behind, as articulated in the Secretary-General's Agenda for Humanity.

UNFPA's continued engagement in the World Humanitarian Summit will be carried forward to ensure outcomes are transformative for women, girls and young people. Summit commitments will be taken forward, including at ECOSOC in the Quadrennial Comprehensive Policy Review (QCPR) discussions, the General Assembly, and the September 2016 Refugee and Migrant Summit.

Efforts will be undertaken to strengthen emergency communications and results reporting, advocacy, fundraising, partnerships and knowledge sharing.

At the country level, UNFPA will continue to scale-up ongoing responses, preparedness and contingency planning in high risk countries. Focus will be placed on further strengthening preparedness, local and national ownership and institutional capacity, data and evidence-based advocacy and policy support, including disadvantaged populations, engaging young people, empowering women and girls and advancing gender equality.

To effectively deliver sustained results, UNFPA will strengthen capacity and systems to increase access to sexual and reproductive health services and to effectively address GBV in humanitarian settings. Efforts will be undertaken to roll out the new GBV minimum standards and GBV information management systems, support implementation of the IASC GBV Guidelines, and lead GBV coordination globally and at field level.

UNFPA will institutionalize a surge system and tools will be further developed to improve forecasting capacity for reproductive health supplies in humanitarian and fragile contexts. Minimum standards to guide adolescent sexual and reproductive health programming in emergency settings will be produced based on field experience, case studies and a review of global literature. UNFPA will revise the Inter-agency Working Group field manual on reproductive health in humanitarian settings to reflect new developments, continue to roll out the SRH toolkit for reproductive health for refugees in urban settings, and further strengthen the SRH surge roster.

Together with the UN Peacebuilding Support Office, UNFPA will contribute to a progress study on youth's positive contribution to peace processes and conflict resolution for the UN Secretary-General, as requested by the UN Security Council in its resolution 2250 on youth, peace and security.

Risk informed programming will be improved to incorporate vulnerability analysis in programme and project design, implementation and monitoring processes. In 2016, the UNFPA evaluation office will further examine risk-informed programming in six fragile context countries to enable UNFPA to benefit from lessons learned.