

## Annex 04

### Humanitarian action and resilience-building update, 2016

#### 1. Overall humanitarian action results

In 2016, UNFPA provided lifesaving services for sexual and reproductive health and for prevention and response to gender-based violence in 55 countries, reaching 11.4 million people, most of whom were women and adolescent girls.

In recent years, both natural and man-made humanitarian crises have become more frequent, intense and of longer duration, leading to increased humanitarian needs, especially for women, adolescents and youth who constitute 80 per cent of the affected population. Of the more than 125 million people that required humanitarian assistance in 2016, over 30 million were women and adolescent girls of childbearing age (between 15 and 49 years) who needed support to protect their health and rights, given the increased risk of gender-based violence and maternal mortality in situations of humanitarian emergency. In addition, an estimated 40 per cent of the 1.4 billion people living in states impacted by crises are under the age of 15, and adolescents aged 10 to 19 years constitute a significant proportion of the population in many conflict and post-conflict settings.

To protect the health, rights and safety of women and young people affected by crises, UNFPA in 2016 supported 481 mobile clinics in 27 countries, 2,488 facilities with emergency obstetric care supplies and equipment to ensure safe birth in 38 countries, training of 9,959 youth facilitators and volunteers on sexual and reproductive health in 27 countries, 485 safe spaces in 34 countries, and 741 facilities that provide clinical management of rape to survivors in 33 countries.

**Table 1. Services provided in 2016 in five largest UNFPA humanitarian operations countries**

Country	Total population reached by UNFPA	Population reached with sexual and reproductive health* services	Target pop. reached with Gender-based Violence prevention	Health personnel trained	Reproductive Health kits distributed	Dignity kits distributed
Iraq	504,900	255,370	210,180	130	242	13,020
Yemen	968,775	655,520	4,460	120	193	76,540
Syria	1,210,460	1,050,145	74,360	1,120	30	119,800
South Sudan	440,500	145,975	88,000	280	341	26,500
Nigeria	1,140,000	415,000	250,420	150	238	21,000
<b>TOTAL</b>	<b>4,264,635</b>	<b>2,522,010</b>	<b>627,420</b>	<b>1,800</b>	<b>1,044</b>	<b>256,860</b>

*\*include family planning services*

In 2015 and 2016, 40 per cent of the recipients receiving humanitarian support from UNFPA were in

middle-income countries.<sup>1</sup>

## 2. Key specific humanitarian action results

In 2016, 30 country offices received UNFPA emergency funds, totaling \$4.87 million. To further support our timely humanitarian operations, 31 country offices and three regional offices activated fast-track procedures. In addition, UNFPA supported delivery of over 13,043 Emergency Reproductive Health kits across 48 countries in crises. (see figure 1: UNFPA response to specific humanitarian situations)

Figure 1: UNFPA response to specific humanitarian situations

<p><b>Syria and the subregion</b></p> <p>Into its sixth year, the conflict in Syria continues to devastate the country, displacing millions of people. In Syria and neighboring countries, there are 5.3 million women of reproductive age, 440,000 of whom are pregnant. UNFPA runs 58 safe spaces for women and girls in Syria and the subregion* and supports services for sexual and reproductive health. (*subregion includes Egypt, Iraq, Jordan, Lebanon and Turkey)</p>	<p><b>Iraq</b></p> <p>Ten million Iraqis are in need of humanitarian assistance, including 3.1 million IDPs. UNFPA is at the forefront of response efforts as a co-leading partner of the Rapid Response Mechanism, and by delivering sexual and reproductive health and GBV services through mobile and static clinics to populations on the move, in camps and in host communities.</p>
<p><b>Republic of Yemen</b></p> <p>Of the 18 million people who need assistance and protection, some 3 million are women and girls are of reproductive age, of whom more than 500,000 are pregnant. In 2016, UNFPA reached more than a million people with services for reproductive health and for prevention and response to gender-based violence.</p>	<p><b>Nigeria and Lake Chad Basin</b></p> <p>The Boko Haram insurgency in northeast Nigeria has left 7 million people in need of assistance, including nearly one million women and adolescent girls of reproductive age who face grave risks, including sexual violence. UNFPA supports safe spaces and reproductive health and protection services, including psychosocial counseling in Nigeria and the neighboring affected countries of Cameroon, Chad and Niger.</p>

UNFPA’s humanitarian action responds to the global call for greater coherence among partners, moving beyond short-term assistance and towards contributing to long-term development gains, with a strong emphasis on building resilience across the humanitarian-development-peace nexus. This continuum approach was strengthened through the mid-term review of the UNFPA Strategic Plan 2014-2017 and its updated results framework, and it will be further strengthened and reinforced in the UNFPA Strategic Plan 2018-2021.

<sup>1</sup> The middle income countries (per 2016 World Bank data) receiving UNFPA humanitarian support in 2015 and 2016 included the following lower middle-income countries: Cameroon, Cote d’Ivoire, Congo, Djibouti, Egypt, Fiji, Guatemala, Nigeria, Mauritania, Myanmar, Pakistan, Palestine, Philippines, Sudan, Syria, Ukraine, Vanuatu, Yemen; and the following upper middle income countries: Iraq, Jordan, Lebanon, and Turkey.

In 2016, UNFPA led the formation of the Compact for Young People in Humanitarian Action, an unprecedented effort, with active participation of young people and facilitation of a wide range of partners, to fully engage adolescents and youth in humanitarian action. The Compact was co-led with the International Federation of the Red Cross.

UNFPA also focused on implementing Grand Bargain commitments, with priority given to increasing funding and support to national partners and to expanding timely and transparent reporting on the humanitarian efforts of the organization.

UNFPA continued leading within the Gender-based Violence Area of Responsibility, a multi-stakeholder forum established by the Inter-Agency Standing Committee in 2008, under the Global Protection Cluster. UNFPA currently coordinates 100 per cent of GBV field-level coordination mechanisms in emergencies where the cluster system is activated. This includes overseeing the humanitarian community's response to gender-based violence, especially in service-strengthening, establishing or coordinating referral systems for survivors, cross-sector risk mitigation and programme management.

To date, UNFPA has integrated the Inter-Agency Standing Committee's commitments for accountability to affected populations at the global, regional, subregional, and country levels. Communicating with disaster-affected communities is integrated in the standard operating procedures for emergency response. Integration has also been achieved through the Fund's engagement in the Standing Committee's Working Group, the Prevention of Sexual Exploitation and Abuse Task Team, the Gender-Based Violence Area of Responsibility of the IASC Protection Cluster, and the Communicating with Disaster Affected Communities network.

### **3. Organizational readiness for humanitarian actions**

Since 2014, UNFPA has strengthened preparedness measures in country offices through capacity development, technical support, prepositioning of supplies and dedicated human and financial resources. In 2016, 78 per cent of country offices, exceeding the UNFPA Strategic Plan target of 56 per cent, developed humanitarian contingency plans that include addressing the sexual and reproductive health needs of women, adolescents and youth; providing services for gender-based violence survivors; and working across sectors of humanitarian action to mitigate gender-based violence risks.

In 2016, UNFPA made strides in strengthening its operational effectiveness:

- Five surge assessment workshops produced an increase in the number of candidates available for deployment from 118 to 206 members, and 56 surge personnel were deployed to humanitarian crises by the end of November, 2016;
- Strengthened existing partnerships enabled approximately one third of UNFPA deployments in 2016 to be implemented through Standby Partnerships. New partnerships were also initiated with the Swedish Civil Contingencies Agency and the Swiss Agency for Development Cooperation;
- Reproductive health kits totaling \$8 million were dispatched to 48 country offices and 12 international partners to implement the Minimum Initial Service Package for sexual and

reproductive health, respond to emergency needs of emergency obstetric and newborn care, prenatal and postnatal care, clinical management of rape, contraceptive choice, and prevention and treatment of sexually transmitted infections;

- Global reporting on the implementation of minimum preparedness actions commenced as a standard requirement for all UNFPA country offices. According to recent country office reports, the average implementation rate for the preparedness action stood at 70 per cent. Capacity development efforts in minimum preparedness action continue in 2017;
- A UNFPA Global Humanitarian Consultation was held from 30 August through 1 September, 2016. The consultation, which involved more than 120 participants from UNFPA headquarters, regional and country offices, and from a number of bilateral and multilateral agencies, provided a number of strategic entry points to scale up and advance humanitarian action within the broader context of the 2030 Agenda for Sustainable Development and in line with outcomes from the World Humanitarian Summit. The entry points also informed the development of the UNFPA Strategic Plan 2018-2021. The recommendations included:
  - Align human resource capacity to deliver in humanitarian contexts
  - Strengthen humanitarian advocacy and communications in 2017 and beyond
  - Increase investment in humanitarian data, risk/resilience/vulnerability analysis and information management to deliver the UNFPA mandate
  - Promote strategic partnerships to implement Grand Bargain recommendations at all levels
  - Integrate humanitarian preparedness, response and resilience into the Strategic Plan
  - Commit to effectively take on leadership of GBV AOR
  - Revamp funding mechanisms in UNFPA to effectively and efficiently finance humanitarian operations
  - Increase operational flexibility for UNFPA country offices in protracted emergencies, fragile contexts and especially in high-security settings
  - Strengthen supply chain management of supplies to be more responsive to humanitarian contexts

#### **4. Advocacy and fundraising**

UNFPA launched the first-ever overview of humanitarian action (UNFPA Humanitarian Action Overview in 2016) highlighting the organizational humanitarian funding appeal and planned results. Overall, humanitarian funding increased from \$116 million in 2015 to \$155 million in 2016. This constitutes a 33 per cent increase in contribution revenue over 2015. It represents 31 per cent of total co-financing contributions recorded in 2016 (20 per cent in 2015). In 2016, UNFPA also received in-kind support from the following four standby partners: RedR Australia, Norwegian Refugee Council, Danish Refugee Council, and International Civilian Response Corps, with deployment of staff to approximately 12 UNFPA country offices responding to humanitarian emergencies. The value of this support was approximately \$1.3 million.

At the World Humanitarian Summit, UNFPA played a leadership role in several events, including the Roundtable on Women and Girls, the Special Session on Young People Transforming Humanitarian Action, the Special Session on Global Health, the Special Session on Religious Engagement and the Contributions

of Faith-based Communities, and the side events on Sexual and Reproductive Health and on Preventing and Responding to Gender-based Violence. UNFPA and 13 UN Member States also issued a Joint Statement on Sexual and Reproductive Health in Emergencies, with strong commitments to accelerate action to protect the rights, safety and dignity of women and girls in emergencies and to leave no one behind.

Furthermore, UNFPA held a press conference and introduced its refreshed Safe Birth Even Here campaign, which has gained more than 2.5 million social media impressions and features the creative design talents of the private sector partner Benetton. Finally, one of the major outcomes of the Summit was the resounding call for greater coherence among humanitarian, development, peacekeeping and peacebuilding partners and for reinforcing and not replacing local and national actors for building resilience. In this regard, UNFPA committed to support local and national responders on the frontline, and the target of 25 per cent of humanitarian funding going to national and local responders was achieved in 2016. Additionally, UNFPA committed to improve the use of cash based programming, harmonize and simplify reporting, strengthen the humanitarian, development and peace nexus and increase flexibility and transparency in humanitarian funding.

Following the World Humanitarian Summit, one of the major outcomes was the General Assembly omnibus resolution on "Strengthening coordination of emergency humanitarian assistance of the United Nations". This resolution, adopted during the 71st General Assembly in December 2016, specifically emphasized the full and equal participation of women in decision-making with regard to developing and implementing disaster risk reduction policies, women's leadership and empowerment, prevention and response to sexual and gender-based violence, and access to sexual and reproductive health in emergencies and post-disaster environments.

In 2016, UNFPA was actively engaged at the regional level in the Asian Ministerial Conference on Disaster Risk Reduction, resulting in the adoption of [Asia Regional Plan for Implementation of the Sendai Framework for Disaster Risk Reduction 2015-2030](#). This plan specifically calls for the promotion and support of gender-sensitive disaster risk reduction actions at the national and local levels, including universal access to sexual and reproductive healthcare services, prevention and response to gender-based violence, and women's leadership roles. This call was also put forward in the GA resolution on Disaster Risk Reduction.

## **5. Moving Forward**

Starting in 2017, UNFPA will assume sole leadership of the gender-based violence Area of Responsibility within the global protection cluster in humanitarian settings, where the cluster system has been activated. UNFPA will work with partners to strengthen coordination and action to prevent and respond to gender-based violence. Prevention and response actions taken by UNFPA and partners are in line with the 18 minimum standards for prevention and response to gender-based violence in emergencies, which promote comprehensive and multi-sector care for survivors and minimize protection risks for women and girls. UNFPA is committed to scaling up gender-based violence response through the timely deployment of gender-based violence specialists that can support UNFPA country offices and partners during emergencies.

Internal and external capacities will be reinforced through multi-faceted, inter-agency capacity

development that will include remote and face-to-face trainings, mentoring programs, a community of practice and updating and re-launching the UNFPA e-learning course on managing gender-based violence in humanitarian emergencies.

UNFPA aims to improve the quality of GBV services, including at a minimum, ensuring access to essential and lifesaving services for gender-based violence survivors in regions with extremely limited resources and low capacities. Through the deployment of roving gender-based violence/Clinical management of rape MR teams, UNFPA will support countries to ensure that providers take a comprehensive and survivor-centered approach to GBV service provision, based on the principles of safety, confidentiality, respect and non-discrimination, in line with internationally agreed standards and protocols. Furthermore, UNFPA will continue engaging with actors and international partners to improve GBV information management mechanisms, support national systems and promote a culture that goes beyond collection and documentation of GBV incidents. UNFPA is also committed to continue coordinating the globally-endorsed Gender-Based Violence Information Management System for safe and ethical data collection, storage and sharing in humanitarian contexts.

UNFPA will continue to strengthen its preparedness activities, particularly in the areas of sexual and reproductive health, GBV, and youth participation, recognizing that every dollar spent on preparedness saves an estimated two dollars in response. UNFPA's preparedness strengthening will be achieved through the provision of multiple regional workshops in 2017 aimed at developing the capacity of country offices to better respond to emergencies. Through its leadership on the GBV Area of Responsibility, Regional Emergency GBV Advisors will lead inter-agency workshops specifically examining GBV preparedness in multiple regions.

These planned efforts will further support the commitments that UNFPA made at the World Humanitarian Summit, including those related to transparency, localization, cash-based interventions and strengthening the humanitarian-development nexus. They will also support commitments to other global change agendas for sustaining peace and peacebuilding efforts, and as reflected in the Quadrennial comprehensive policy review (QCPR) of the operational activities for development of the United Nations, including Agenda 2030, the Sendai Framework for Disaster Risk Reduction, and the Paris Climate Change agreement.

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