



January 2021

Update on UNFPA response to the COVID-19 pandemic

Introduction

- This information note provides a brief update on the UNFPA response to the COVID-19 pandemic and preliminary results for 89 countries as of 31 December 2020.
- UNFPA is the UN sexual and reproductive health agency. It promotes the implementation of the International Conference on Population and Development Programme of Action and, together with UN agencies and other development partners, supports the UN Member States to progress towards achievement of the 2030 Agenda for Sustainable Development.
- In 2020, when the COVID-19 pandemic struck, UNFPA was in the middle of implementing its Strategic Plan 2018-2021. The goal of this plan was to achieve universal sexual and reproductive health and reproductive rights; it also committed to achieving, by 2030, three transformative results: ending preventable maternal death, ending unmet need for family planning and ending gender-based violence and harmful practices, including female genital mutilation and child marriage.

The impact of COVID-19 on achieving the transformative results

- The COVID-19 pandemic is the fastest-moving global public health crisis in a century, causing significant mortality and morbidity and giving rise to daunting health and socio-economic challenges. It has caused the worst global economic contraction in 90 years, with many of the least developed most fragile countries being especially hard hit. The pandemic has claimed more than 2 million lives and infected nearly 100 million people around the world. Marginalised groups with less access to essential health care are more likely to die from COVID-19.
- The pandemic pushed an estimated 71 million people back into extreme poverty in 2020, which is considered the first rise in global poverty since 1998. An additional 121 million people were projected to be food insecure by the end of 2020. There are also indications that the COVID-19 crisis will increase female poverty and widen the gender poverty gap. Projections indicate a 9.1 per cent increase in poverty rates for women by 2021 – a sharp contrast with the 2.7 per cent decrease forecasted before COVID-19. Globally, 247 million women aged 15 and older will be living on less than \$1.90 per day in 2021 compared to 236 million men.
- The pandemic has exposed vulnerabilities and exacerbated inequalities within and between countries, hitting particularly hard the poorest and most vulnerable people such as older persons, people with disabilities and mental health needs, indigenous groups, refugees and those on the move.
- The global pandemic has taken a disproportionate toll on women, increasing gender-based violence by reducing prevention and protection efforts, social services and clinical care, and increasing violence incidence. With the disruption in services, the pandemic is projected to disrupt family planning and increase unintended pregnancies and births not attended by a trained provider. According to a study conducted by UNFPA in 2020, some 47 million women in 114 low-and middle-income were projected to not have access to modern contraceptives due to lockdowns and other COVID-19-related disruptions. The study showed that for every three months that the lockdown and other COVID-19 pandemic disruptions continued, up to 2 million additional women would not have access to modern contraceptives. It was predicted that if lockdowns extended for six months, an additional 7 million unintended pregnancies were expected.



- According to the UNFPA study cited above, the COVID-19 pandemic is likely to reduce progress towards ending GBV by 2030 by one third. For every three months that lockdowns continued, an additional 15 million additional GBV cases were expected to occur.
- The progress in ending female genital mutilation and child marriage by 2030 has not been spared. The progress in ending female genital mutilation is expected to fall by one third, leading to 2 million female genital mutilation cases that would not have occurred. The disruption in progress is projected to lead to an additional 13 million child marriages that otherwise would not have occurred. The COVID-19 pandemic disrupted education for over 1.6 billion children and youth globally and continues to do so.
- The COVID-19 pandemic has tested the capabilities and limits of healthcare systems and societies around the world. COVID-19 has caused healthcare providers to scale down sexual and reproductive health services, putting women and adolescent girls, and their newborns at a higher risk of death and disability. In total lockdown cases, healthcare services were often all but inaccessible, even in emergency obstetric care cases. Many providers, often with the support of UNFPA, are mitigating risks (e.g. spreading out appointment times, limiting the number of patients in waiting rooms.) and using alternate modalities for care, including hotlines and phone and remote consultations and telemedicine (which can detect some high-risk pregnancies), digital health outreach/education, and home and mobile clinic services.
- A major aspect of the pandemic that is not as easily seen or measured is its effect on mental health, which UNFPA has worked on addressing by integrating mental health and psychosocial support into SRH and GBV services, and in youth and community outreach.
- Population census activities have also been affected. Whilst 59 programme countries scheduled census enumeration for 2020, and 68 had planned for 2021, at least 26 countries postponed the census and another 23 indicated possible delays due to COVID-19.

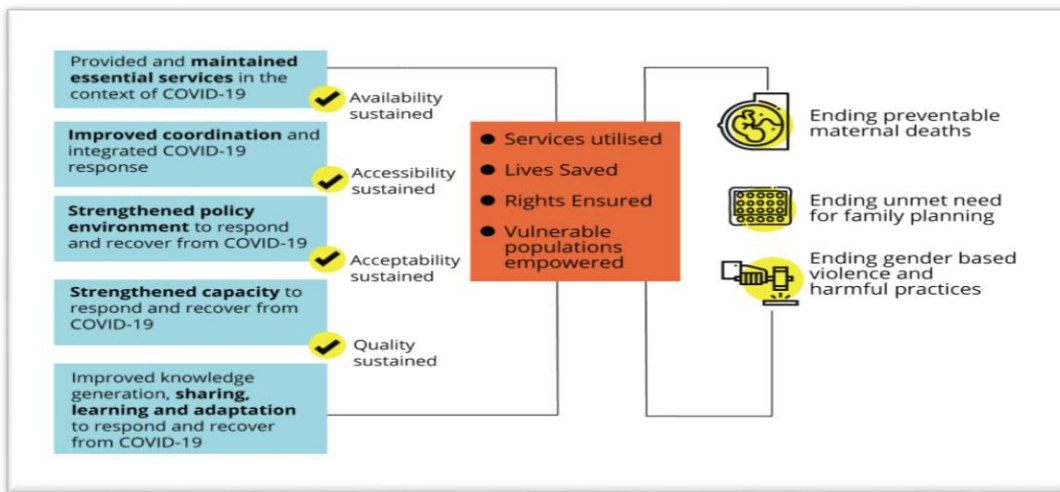
UNFPA response to the COVID-19 pandemic and preliminary results

Keeping a focus on the three zeros

- In response to the pandemic, UNFPA adapted and responded quickly. UNFPA focused immediately on maintaining the provision of sexual and reproductive health information and services to prevent disruptions in the use of the services and mitigate the pandemic's impact on the progress towards the three transformative results.
- In line the United Nations Framework for the Immediate Socio-Economic Response to COVID-19, the Global Humanitarian Response Plan (GHRP) and the UNFPA strategic plan commitment the three transformative results, in April 2020, UNFPA rolled out its Global Response Plan to the COVID-19 pandemic, comprising three strategic priorities: (a) continuity of sexual and reproductive health services, including protection of the health workforce; (b) addressing gender-based violence and harmful practices; and (c) ensuring the supply of contraceptives and reproductive health commodities. The plan also identified accelerators (a) leaving no one behind; (b) data; (c) risk communication and community engagement; and (d) youth engagement to guide the plan.
- UNFPA country programmes are framed around national priorities and developed in close collaboration with governments at the country level. At the early stages of the pandemic, UNFPA issued operational and programmatic guidance to Regional and Country Offices, particularly regarding reprogramming, repurposing and the reprioritization of planned activities to ensure that programme interventions are COVID-19 sensitive and integrated an immediate humanitarian response with early and longer-term recovery action.

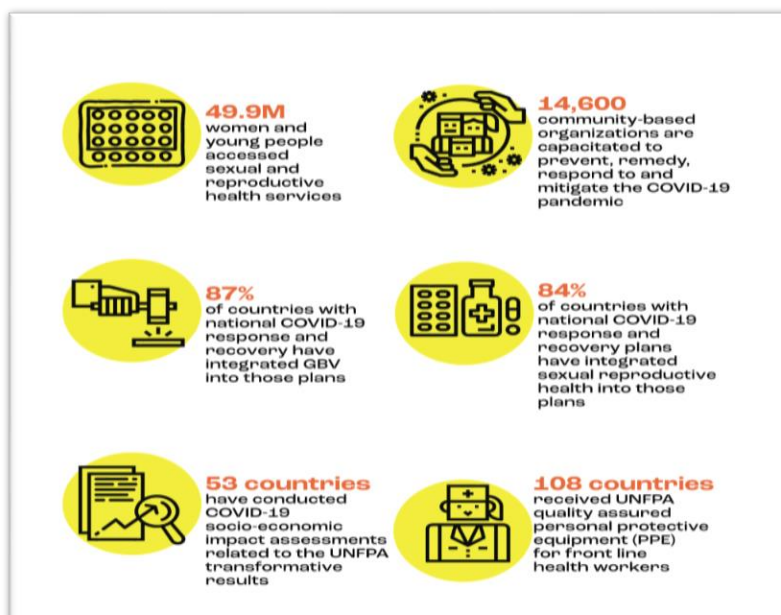
- In line with the UNFPA Global response plan, UNFPA country programmes affected by the COVID-19 pandemic reprogrammed and repurposed resources to address the pandemic. They carried out intervention in five areas: (a) providing and maintaining essential services; (b) improving coordination and integration; (c) strengthening policy environment; (d) strengthening capacity; and (e) improving knowledge generation, sharing and adaptation, anchored on a foundation of understanding the COVID-19 vulnerability context. To monitor the progress and results in the five areas, UNFPA developed the COVID-19 data framework, illustrated in Figure I.

Figure 1: Conceptual underpinning of the UNFPA COVID-19 data framework



- UNFPA efforts yielded crucial results, some of which are highlighted in the section below, organised under the five areas of interventions listed earlier.

Figure 2: key results achieved in 2020 in responding to the COVID-19 pandemic





i. Provision and maintaining of essential services

- UNFPA prioritised keeping health systems functioning to keep sexual and reproductive health services up and running. It supported the protection of the health workforce to provide services and to limit the spread of COVID-19, procured quality-assured personal protective equipment (PPE) for front line health workers worth \$34 million in 108 countries, and provided dignity kits to address the hygiene, including menstrual needs of women, girls and key populations. In 2020, a total of 7.1 million women received dignity kits in 59 countries with the support of UNFPA. Nearly 50 million women and young people have access to sexual and reproductive health services. Overall, these efforts have helped prevent a more extensive loss of lives.
- Given the rise in gender-based violence, UNFPA worked hard to ensure the continuity of life-saving services for survivors of gender-based violence and the most at-risk women and girls during COVID-19. Around the world, UNFPA is providing technical support at the country level for the inclusion of GBV response services as essential in COVID-19 response and recovery plans. UNFPA adapted its service delivery models for gender-based violence management to scale up referrals for gender-based violence survivors in a timely and ethical manner. To deliver remote access to life-saving care and support, UNFPA innovated by connecting GBV survivors with mobile phone apps, strengthening national helplines/hotlines, providing women and girls safe spaces.
- UNFPA has also worked with governments and other partners to strengthen the capacity to respond to and recover from COVID-19. This work included supporting capacity in planning and policy, training frontline care providers, ensuring continuity of supply chains, and reallocating resources and personnel to high needs areas in the pandemic context. Regarding national censuses, UNFPA provided technical and operational support to those countries proceeding with census plans during COVID-19 to ensure successful and safe implementation.

ii. Improved coordination to respond to the COVID-19 pandemic

- UNFPA has coordinated with other United Nations organisations and their COVID-19 responses, serving as the lead agency for maternal health, youth, and gender in the United Nations Framework for the Immediate Socio-Economic Response to COVID-19. UNFPA also actively contributed to the Global Humanitarian Response Plan's strategic priorities under its mandate.
- At the global level, UNFPA collaborated with the Executive Office of the United Nations Secretary-General on an ongoing basis to develop and contribute to policy briefs and reports on COVID-19 and gender, human rights, people on the move, children, older persons and mental health and psychosocial support.
- UNFPA has worked closely with other United Nations entities at the country level, as part of country teams under the leadership of empowered Resident Coordinators, to deliver effective, joint responses on the health, humanitarian, and socio-economic impacts of COVID-19. Preliminary results of UNFPA's COVID-19 data survey conducted in December 2020 show that 90 per cent of the country offices responding to the survey said their host government had instituted a functional multi-sectoral coordination mechanism for gender-based violence during the COVID-19 pandemic, and that 70 per cent reported that there was a functioning coordination mechanism for sexual and reproductive health services.
- UNFPA has strengthened its efforts in humanitarian and fragile settings to address particular concern about the impact of COVID-19 on millions of people in need of humanitarian assistance such as, migrants, internally displaced people, refugees, and those in low resource settings. Conditions are worsening for the already fragile and conflict-affected countries such as Iraq, Syria and Yemen, pushing them into more complex and protracted crises. Food insecurity in parts of Africa, and the risk of La Niña weather events in the Asia Pacific, are of high concern. In 2020, programmes by UNFPA and partners reached millions of people,



including an estimated 10 million women and 5 million young people aged 10-24, in 52 countries covered by the OCHA-led global humanitarian response plan (GHRP). More results can be viewed in the latest GHRP progress report [here](#). UNFPA has developed a [body of technical briefs](#) to guide work in countries, in the context of the [WHO global strategic preparedness and response plan](#), [UNFPA COVID-19 global response plan](#), [global humanitarian response plan](#), [framework for socio-economic response to COVID-19](#), and the [UNSG policy briefs](#) on COVID-19 response.

- As the lead agency of the GBV Area of Responsibility (AoR) under the UNHCR-led Protection Cluster, UNFPA is leading GBV coordination groups in 43 out of the 63 countries covered by the Global Humanitarian Response Plan. The GBV AoR has continued to provide support and has expanded the regional coordination teams. UNFPA offices are coordinating the procurement and logistics of humanitarian relief supplies as they relate to UNFPA’s mandate and COVID-19 response. UNFPA supports COVID-19 Humanitarian Operation Cells, or similar mechanisms, to address service delivery constraints. UNFPA is regularly reporting on its COVID-19 humanitarian results through the Global Humanitarian Response Plan process
- UNFPA continued its surge deployment to strengthen humanitarian response and also conducted a virtual three weeks training to strengthen the capacity, with 40 skilled humanitarian professionals, both internal and external experts, trained in the areas of GBV, SRH, Communications, Operations & Human Resources, and Humanitarian Coordination. With an adapted humanitarian emergency simulation and over 30 facilitators (mostly UNFPA technical experts), the virtual Surge Workshop served to increase the UNFPA Emergency Surge Roster and specifically brought on participants who are readily available to deploy to Latin America and Caribbean, given cyclone season has begun.
- UNFPA has strengthened partnerships with community-based organisations to prevent, remedy, respond to and mitigate COVID-19 pandemic-related outcomes, in some cases opening new possibilities for faith-based partnerships. In 2020, UNFPA partnered with some 3,000 religious community organisations to respond to the COVID-19 pandemic.

Box 1. UNFPA and WFP scaled up E-voucher system focused on care for pregnant women and new mothers in Syria

UNFPA and the World Food Programme (WFP) scaled up an electronic voucher system to serve pregnant and lactating women with heightened nutritional requirements. The system allows families to access food and hygiene resources, for which there has been an increased need amid the global pandemic, in a single trip, thereby minimising their exposure to COVID-19. Families reached by the initiative have increased options to choose from to meet their nutritional and hygienic needs.

The e-voucher system helps women purchase food and hygiene items from designated stores in main cities, aiming to reach 70,000 extremely vulnerable families. UNFPA is also distributing hygiene kits with essential supplies which otherwise would be very expensive to buy (e.g. diapers) to pregnant and breastfeeding women, reaching an estimated 2,000 people.

Box 2. UNFPA Eastern Europe and Central Asia Regional Office introduced digital a platform to strengthen service provider capacity during the COVID-19 pandemic

In the context of the COVID-19 pandemic, in which person-to-person interactions should be minimised, the UNFPA Regional Office for Eastern Europe and Central Asia collaborated with the East European Institute for Reproductive Health in using a social franchise model for Virtual Contraceptive Consultation - a scalable, and highly customisable web-based learning platform to educate health providers at all levels on evidence-informed standards and guidelines for family planning.

iii. Strengthened policy environment to respond and recover from COVID-19

- Since the beginning of the pandemic, UNFPA has also co-authored several thematic briefs with the UN and other partners, to guide the COVID-19 response. UNFPA has also published several evidence-based technical guidance notes and briefs. These can be found [here](#). These materials helped ensure that sexual and reproductive health and GBV were integrated into national response and recovery plans in addition to Mental Health and Psychosocial Support (MHPSS) as an integrated service
- According to the same UNFPA COVID-19 survey conducted in December 2020, 63 per cent of the national COVID-19 response and recovery plans contained systematic mapping of the most vulnerable and marginalized groups. Also, 74 per cent of the national COVID-19 response and recovery plans have included special measures for protection and access to health services/equipment for the marginalised groups.


Box 3. Select examples of policy-level changes made with the support of UNFPA

- **Cambodia:** The COVID-19 response and recovery plans include the need of the youth and adolescent and returning migrant workers
- **Guatemala:** The COVID-19 response plan highlights the importance of addressing teenage pregnancies during the pandemic period
- **Armenia:** The COVID-19 response plan includes the social protection and economic support for the people during the pandemic

iv. Improved knowledge generation and sharing

- In 2020, UNFPA launched the [COVID-19 Population Vulnerability Dashboard](#) interactive tool to provide United Nations agencies, governments and policymakers, public health and frontline workers, as well as the general public access to data on populations vulnerable to COVID-19 to improve and inform both preparedness and response, and to save lives. The dashboard highlights population vulnerabilities at the national and subnational levels, using data from the latest Integrated Public Use Microdata Series (IPUMS) census samples for 94 countries, based on key indicators such as age, older persons living alone, and population density, among others. The dashboard includes daily updates on COVID-19 cases and deaths, and global data on health sector readiness.

- UNFPA launched another dashboard - the COVID-19 Census Delay dashboard to provide real-time monitoring of the impact of COVID-19 on censuses. The dashboard is updated continuously based on information received through UNFPA Country Offices. Tracking these national adjustments to census schedules is crucial for updating global support plans for censuses.
- Since the start of the pandemic, UNFPA has produced regular regional and global COVID-19 situation reports highlighting the work of UNFPA in response to the pandemic. UNFPA has also co-authored several thematic briefs with partners, both within and outside the United Nations system, to guide the COVID-19 response, and has published evidence-based technical guidance notes and briefs, which can be found on the UNFPA COVID-19 site.



Box 4. UNFPA Morocco and Ministry of Health launched web radio station for youth

In the context of the COVID-19 pandemic, strategies to reach young people have been forced to adapt.

With the support of UNFPA and the participation of youth associations, the Morocco Ministry of Health has launched a web radio station.

It targets young people in order raise awareness by sharing information during and on the COVID-19 pandemic.

v. Learning and adaptation to respond to and recover from COVID-19

- Adaptation to ensure the continuity of services remains a priority for UNFPA. To cope with the COVID-19 pandemic movement restrictions and public health concerns of spreading infections, country offices have adapted their interventions to reach people in need. These adaptations have generated lessons and ensured continuity of business processes and service delivery, and in some cases, they have even improved upon existing processes.
- Examples of adaptation include:
 - Transforming all planned census training to virtual e-learning modules for easier access by national statistics offices to ensure adequate preparedness, training and capacity strengthening for a census during COVID-19.
 - Scaling up virtual services such as helplines and tele-counselling in countries, using new technologies such as Viber and Messenger, to ensure continuity of GBV services as access to shelters and in-person counselling was restricted.
 - Undertaking sexual and reproductive health and gender-based violence risk communications and community engagement activities adapted to the local context and languages to ensure understanding, uptake, ownership and collaboration. In some cases, where technology permitted, UNFPA supported

preparing infrastructure to establish virtual platforms to provide mental health and psychosocial services during the COVID-19 pandemic.

- Conducting regular mapping with national and local actors of community-based services to help identify needs and support an evidence-based response. This mapping helped during the COVID-19 lockdown to identify and reach under-served communities with GBV services.

Box 5. UNFPA Uganda adapts programme strategies during COVID-19



In response to the COVID-19 pandemic's compounding of economic, social and logistical barriers faced by women and adolescents in accessing reproductive health commodities, UNFPA Uganda launched an e-Shop in collaboration with SafeBoda that would enable users in Kampala and Wakiso districts to order and receive condoms, contraception, HIV and pregnancy tests at their doorsteps.

Box 6. El Salvador begins telemedicine for pregnant women, new mothers and other priority groups

In response to the COVID-19 pandemic, the Government of El Salvador launched a medical telecare service in 2020. In its first phase, telecare served three priority groups: pregnant and post-partum women, children under the age of five, and people requiring mental health care. Through telephone number 131, callers can reach health personnel including gynaecologists, paediatricians, general practitioners, family doctors and others. The Ministry of Health serves an average of 750 people daily, reaching a projected 7,000 pregnant women, 6,000 young children and at least 1,200 patients in need of mental health care.



Resource situation

- Despite the uncertainties created by the unprecedented global health crisis, UNFPA is expected to succeed its funding target of \$1 billion in 2020. As of 31 December 2020, UNFPA co-financing revenue was above the target of \$650 million, of which approximately \$71.2 million (or 11 per cent) is earmarked for COVID-19 response interventions.
- UNFPA will continue to amplify the importance of integrated approaches and programmatic partnerships to respond to this unprecedented emergency at the global, regional and national levels. The Pandemic Emergency Financing Facility of the World Bank has provided additional dedicated resources (\$13.2 million) to UNFPA in five countries where UNFPA is identified as one of six accredited Responding Agencies. This represents an opportunity for UNFPA to broaden partnerships, especially with International Financial Institutions.



Reprogramming

UNFPA has undertaken a careful review of its programme budgets to assess the impact of COVID-19 on work plans and repurposed funds as applicable to respond to government and nongovernment partner requests for COVID-19-related assistance. In addition, unspent/unallocated resources have been reprogrammed based on emerging COVID-19 priorities that are in line with the GRP. All reprogramming/reallocation has been undertaken within the parameters of each office's existing budgetary ceiling, and in accordance with respective donor agreements, to support government-requested interventions to mitigate the spread of COVID-19. At the country level, reprogramming has been undertaken in close collaboration with the Resident Coordinator/Humanitarian Coordinator.

Overarching lessons learned

34. More broadly, as we move into the development of the next Strategic Plan, three overarching lessons stand-out:
- Strategically – UNFPA's response has reaffirmed the centrality of the three transformative results, and the need for adaptive and agile programming as well as the role innovation can play in empowering women and girls and expanding access to essential services.
 - Programmatically – UNFPA has reprogrammed according to national priorities, with notable geographical differences - which will play out in the recovery phase and building forward better. This reinforces the need for coordinated and localized approaches, for focusing on those left furthest behind, and advocating that women, girls and young people are full partners and at the centre of recovery and efforts to build forward better for all.
 - Operationally UNFPA's quick actions, including on supplies and procurement, have demonstrated the importance of core resources to support flexible responses and of working together through the joint tender across the responding UN agencies. Moreover, the pandemic has underscored the importance of partnerships with public and private, domestic and international actors.

More information on UNFPA's COVID-19response can be found at <https://www.unfpa.org/covid19>
