



18 August 2020

UNFPA INFORMATION NOTE

Update on UNFPA response to COVID-19 and strategic, programmatic and operational level impacts

1. Introduction

This Information Note provides a brief update on the UNFPA response to COVID-19, and focuses on the impacts - at the strategic, programmatic and operational levels. The Note follows the Executive Board decision 2020/6 (para 11), in which the Executive Board “[noted] with appreciation the UNFPA response to COVID-19, in line with United Nations system efforts, and request[ed] UNFPA to provide an update on the impact of the pandemic on operations beginning at the second regular session in September 2020.”

2. Update on the UNFPA Response

The COVID-19 pandemic is multifaceted and has been the fastest-moving global public health crisis in a century, causing significant mortality and morbidity and giving rise to daunting health and socioeconomic challenges. Governments are taking unprecedented measures to limit the spread of the virus, but the strain on health and social systems, supply chain bottlenecks, movement restrictions, and economic fallouts are significantly disrupting the provision of and access to essential and life-saving sexual and reproductive health (SRH) services – including gender-based violence (GBV) prevention and response. The pandemic continues to compound systemic gender, economic and social inequalities – which is particularly evident in low resource countries and humanitarian and fragile settings, where health and social systems are already weak.

At the onset of the COVID-19 outbreak, UNFPA mobilized rapidly, recognizing the potentially devastating effects of the pandemic on women and girls and risk of backtracking on progress towards the three transformative results that UNFPA has pledged to achieve by 2030: zero unmet need for family planning, zero preventable maternal deaths and zero GBV and harmful practices. In April 2020, UNFPA and its partners, Avenir Health, Johns Hopkins University (USA) and Victoria University (Australia) released projections¹ on the potential impacts of the pandemic and how it could critically undermine progress towards realizing these three transformative goals. The research revealed the enormous scale of the impacts of COVID-19 on women and girls if the lockdown carries on for six months, as health systems became overloaded, facilities closed or only provided a limited set of services, and many women choose to skip important medical check-ups through fear of contracting the virus. The research also indicated that global supply chain disruptions could lead to significant shortages of contraceptives, with GBV expected to soar if women remain confined to their homes for prolonged periods – an emergency within an emergency. Projections also indicated that, owing to disruptions of programmes and services, the

¹ [Impact of the COVID-19 Pandemic on Family Planning and Ending Gender-based Violence, Female Genital Mutilation and Child Marriage](#)

pandemic could result in millions more cases of child marriage, female genital mutilation (FGM), and unintended pregnancy.

UNFPA has also assessed the continuity of maternal health services by collecting data on births at health facilities (in GHRP countries), comparing the number of institutional births that took place between March and June 2020 with a baseline in 2018 and 2019. The results paint a disconcerting picture of what is happening in 20 of the 26 countries that were assessed where there have been declines in births at health facilities ranging from less than 10 percent to as high as 60 percent. These findings may indicate disruptions in the provision of essential SRH care and services, which have potentially serious implications for maternal and newborn health and well-being.

UNFPA launched a Global Response Plan (GRP) in April, which was updated in June². The GRP contributes to the collective United Nations response - including the UN Global Humanitarian Response Plan (GHRP)³, the WHO COVID-19 Strategic Preparedness and Responsive Plan, and the UN framework for immediate socio-economic response to COVID-19.

The UNFPA COVID-19 GRP - framed by its Strategic Plan and the three transformative results - has three strategic priorities that seek to uphold the rights of all women and girls and young people, leaving no one behind: (1) Continuity of SRH services and interventions, including protection of the health workforce; (2) Addressing GBV and harmful practices; and (3) Ensuring the supply of modern contraceptives and reproductive health commodities. Under these three strategic priorities, four accelerator interventions, which all integrate a gender equality lens, are critical to the UNFPA response: (a) leaving no one behind; (b) data; (c) risk communication and community engagement; and (d) youth engagement. UNFPA provides regular updates on its response, framed by the GRP, through global and regional situation reports, published online.⁴

UNFPA efforts are yielding important results. Over 5 million women have been reached with SRH services in 34 countries; 1.3 million adolescents and youth aged 10 to 24 have accessed SRH information and services; and more than 1 million three-ply medical masks have been delivered to 18 countries. In addition, 82 percent of countries have received the 'core commodities'⁵ that they requested to implement SRH services. From April to mid-August, UNFPA procured services and supplies including PPE, contraceptives, reproductive health kits, and dignity kits for over 107 countries affected by COVID-19, including countries in humanitarian situations.

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. Where feasible, women and girls subjected to violence, including those with disabilities, are receiving essential services, and UNFPA is continuing to set up mechanisms to identify and report cases of GBV. To deliver remote access to life-saving care and support, UNFPA has innovated by connecting GBV survivors with mobile phone apps, strengthening national helplines/hotlines, providing women and girls safe spaces and GBV rescue brigades⁶.

² [Coronavirus Disease \(COVID-19\) Pandemic UNFPA Global Response Plan](#)

³ [COVID-19 Global Humanitarian Response Plan](#)

⁴ <https://www.unfpa.org/covid19>.

⁵ Reproductive health kits and other pharmaceuticals, medical devices and supplies needed to implement life-saving sexual and reproductive health services.

⁶ The model of the GBV rescue brigade is highly effective as it is a mobile response to GBV cases; service providers as part of the brigade both respond to GBV cases referred to them through either formal and informal referral to provide GBV services and refer survivors to adequate GBV services.

From the onset of the pandemic, UNFPA has used existing partnerships to strengthen collaboration for the response, and engaged in proactive coalition building to bring its leadership and expertise in data to governments to contribute to and inform their COVID response action.

In late July, UNFPA, in collaboration with the geographic information system company Esri, launched the [COVID-19 Population Vulnerability Dashboard](#) as an offer to the wider system. This interactive tool is intended to provide UN agencies, governments and policymakers, public health and frontline workers, as well as the general public with 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, population density, among others. The dashboard features daily updates on COVID-19 cases and deaths, as well as global data on health sector readiness.

UNFPA has also co-authored a number of thematic briefs with, UN and other partners, to provide guidance on the COVID-19 response. UNFPA has also published a number of evidence-based technical guidance notes and briefs. These can be found [here](#).

3. Impact of the Pandemic

The strategic, programmatic and operational level impacts of the pandemic on UNFPA continue to evolve as the nature and broader implications of the pandemic both change and become clearer.

a. Strategic Impact

i. Strategic Plan 2018-2021

The year 2020 marks the penultimate year of the current Strategic Plan (SP) 2018-2021. As almost all UNFPA programme countries are affected by COVID-19, and given the impacts of the pandemic on progress towards the three transformative results, there is an anticipated impact on some SP results and targets. For example, some outputs depend upon work that involves (i) community mobilization, (ii) data collection (i.e. census), and (iii) accountability and coordination - activities which are being impacted by COVID-19 and associated response and mitigation measures. UNFPA is taking concerted action with mitigation measures, where feasible, to ensure continued delivery of planned results. Moreover, as outlined in this note, UNFPA has also been helping countries respond to and recover from the pandemic in line with its Global Response Plan. A detailed analysis of impact of the pandemic on results will be provided in early 2021 through an update note on the implementation of the GRP and in the Executive Director's Report to the Executive Board in 2021.

ii. The next Strategic Plan (2022-2025)

UNFPA has started the development of the next SP for 2022-2025⁷, which will be submitted to the Executive Board for approval in September 2021. The SP 2022-2025 is the second of three strategic plans that will be implemented during the Decade of Action for Sustainable Development and will focus on consolidating the gains made during the first SP, addressing remaining gaps, harnessing good practices and successful experiences, leveraging emerging opportunities, and scaling up to accelerate progress towards the UNFPA 2030 vision and the 2030 Agenda. The

⁷ Please refer to the Executive Board background information, August 2020, on the next SP

unprecedented crisis brought by the global pandemic, however, is disrupting progress towards realizing the 2030 Agenda and its 17 Sustainable Development Goals, with the world's poorest and vulnerable being affected. The next SP will therefore take stock of the current context, leverage lessons learned, and recast and articulate how acceleration towards the SDGs and UNFPA transformative results can be reframed in a post-COVID-19 world to build back better and stronger and ensure that no one is left out or left behind.

iii. Funding and Strategic Partnerships

Despite the uncertainties created by the unprecedented global health crisis, UNFPA expects to meet its funding target of \$1 billion for 2020. As of 30 June 2020, UNFPA co-financing revenue stood at \$365.1 million, of which \$51.3 million (14 percent) is earmarked for COVID-19 response interventions. Projected core contribution revenue for 2020 is \$398 million - above both the planned \$350 million and the \$373 million in 2019. After the statutory allocation to the operational reserve, the remaining additional core resources were allocated to the Emergency Fund and country programmes. No additional impacts on core funds are expected this year, while all Thematic Trust Funds have a value proposition aligned to COVID-19, to attract flexible and predictable resources to strengthen UNFPA response, the delivery of the SP results and to accelerate progress towards the transformative results.

More than one quarter of total COVID-19 funding and one third of total humanitarian funding has come from UN Funds or entities. UNFPA will continue to amplify the importance of integrated approaches and programmatic partnerships to respond to this unprecedented emergency at both the global and local level. To date, the Pandemic Emergency Financing (PEF) Facility of the World Bank has provided additional dedicated resources (almost \$13 million, including pipeline funding) 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 in countries where it is identified as a Responding Agency and particularly in fragile states. UNFPA intends to showcase its delivery and procurement capacity with the aim of increasing its access to the World Bank's larger, dedicated COVID-19 financing package (\$160 billion). Moreover, the Fund's experiences demonstrate the importance of developing joint collaboration frameworks with Multilateral Development Banks that integrate COVID-19 response interventions as well as participating in joint assessments and response plan development as essential steps in scaling up efforts to combat the impacts of the pandemic.

In regard to funding decisions for 2021, many partners have indicated that due to the global economic situation, they expect to make cuts to their official development assistance budgets; UNFPA is closely monitoring the situation for the impacts this may have on its resources for 2021 and beyond.

In addition to grants, UNFPA has also negotiated with private sector corporations to receive in-kind contributions of goods such as personal protective equipment (PPE) and products included in UNFPA Dignity Kits, and the production and dissemination of information to the general public on COVID-19, with a specific focus on the impact of the pandemic on SRH.

iii. UN System Strategic Collaboration

The UN System and UNFPA response have clearly demonstrated the benefits of the United Nations Development System reform and coherent UN action⁸. At the global level, UNFPA collaborates with the Executive Office of the UN 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. UNFPA also co-authored the health pillar of the UN framework for the immediate socio-economic response to COVID-19 in collaboration with WHO, and provided contributions to the social protection and basic services, economic recovery and multilateral collaboration pillars. The positive impacts of UN System collaboration are seen even more clearly at the country level. UNFPA is working more closely than ever with other UN entities as part of country teams under the leadership of empowered Resident Coordinators to deliver effective and joined-up responses on the health, humanitarian, and socio-economic fronts.

b. Programmatic impact

i. Reprogramming by National Priorities

UNFPA country programmes are framed around national priorities and developed in close collaboration with governments at the country level. Depending on the country context, programme activities are continuing against the backdrop of COVID-19 preparedness, response and recovery. At the early stages of the pandemic, UNFPA issued operational and programmatic guidance to Regional and Country Offices, in particular in regard to 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.

UNFPA continues to carefully review current programme budgets to assess the impact of COVID-19 on existing work plans and repurposing funds as applicable to respond to government and non-government partner requests for COVID-19-related assistance. In addition, unspent/unallocated resources can be reprogrammed based on emerging COVID-19 priorities that are in line with the GRP. All reprogramming/reallocation is 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 is undertaken in collaboration with the Resident Coordinator/Humanitarian Coordinator.

One of the clearest reprioritizations in line with national priorities has been around preparations, planning and implementation of the 2020 round of censuses. Delays and postponements due to COVID-19 during 2020 mean that the number of countries that potentially could conduct a census in 2021/2022 would be unprecedented with potentially more censuses happening at one time than ever before - and with the resulting need to mobilize additional resources such as PPE to ensure that enumeration can take place safely.

ii. Geographical Differences in Reprogramming Impact

Demonstrating an agile, needs-based response, there are regional differences in how UNFPA is reprogramming, based upon pre-existing contexts as well as specific COVID-19 prevalence rates and associated measures and responses. A brief snapshot to illustrate this is provided below.

- In ***Asia-Pacific***, as part of reprogramming, UNFPA has initiated research on the impact of COVID-19 on SRH/GBV service delivery and facility readiness in sexual, reproductive,

⁸ Please refer to the Executive Board Information Note, August 2020, on Update on the implementation of General Assembly resolution 72/279 on the repositioning of the United Nations development system

maternal, newborn, child and adolescent health at country level, on older persons and on fertility; as well as on perception changes around sexual and reproductive health and rights (SRHR) and gender equality.

- In *Arab States*, reprogramming has focused on implementing existing activities in work plans in a COVID-19-sensitive modality rather than adding new interventions. This is a region with growing humanitarian needs that are not necessarily COVID-19 related, but which are being taken into account.
- In *Eastern Europe and Central Asia*, reprogramming activities have targeted vulnerable populations such as people with disabilities, older persons, people living with HIV, Roma populations, refugees, and migrants. UNFPA-supported behaviour change in communities has ensured that GBV response services remain functional and that frontline health workers are protected and have PPE.
- In *East and Southern Africa*, reprogramming efforts have focused on safeguarding the provision of essential SRH services for women and girls; GBV prevention and response; engaging adolescents and young people in the COVID-19 response; and responding to emerging issues – all centred on the three GRP strategic priorities and accelerators.
- In *Latin America and the Caribbean*, countries are investing in PPE, in line with the UNFPA GRP strategic priority, to provide health workers, including midwives, with the appropriate protection.
- In *West and Central Africa*, UNFPA is focusing on the duty of care towards health workers and ensuring PPE availability.

iii. Humanitarian Response

UNFPA is particularly concerned 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. These populations, in countries with already weaker health and social systems and facing humanitarian crises, are at greater risk of life-threatening conditions if robust infection prevention and control (IPC) measures are lacking. UNFPA is working to ensure that GBV, and sexual and reproductive health issues, are prioritized as essential services in humanitarian responses, and are increasingly integrated with services for mental health and psychosocial support. UNFPA, as the lead agency of the GBV area of responsibility under the UNHCR-led Protection Cluster, is leading GBV coordination groups in 43 out of the 63 countries covered by the Global Humanitarian Response Plan. 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.

iv. Implementing Partners

Part of the UNFPA programme is delivered in collaboration with Implementing Partners (IPs) - who themselves have been significantly impacted by the pandemic. Border closures, international travel restrictions, citywide “lockdowns”, and remote working arrangements have resulted in implementation challenges for UNFPA partners. Many IPs initially had to suspend the normal

implementation of activities, immediately look for alternative modalities, and adjust and reprogramme in very challenging contexts. For those delivering health services, mitigating the impacts of the pandemic by ensuring stringent IPC measures were in place became the focus of their activities. For advocacy work, some planned workshops and trainings had to move online, or in some cases were postponed. UNFPA responded to these challenges by immediately issuing interim guidance that allowed IPs an adjustment period to ensure the continuity of programme implementation and the provision of essential SRH and GBV services. In addition, UNFPA together with UNDP, UNHCR, UNICEF and WFP coordinated their guidance on flexible funding for IPs, as part of a coordinated response to the COVID-19 pandemic.

UNFPA has also had to adapt its oversight and monitoring of IP's. Annual audits commissioned by management on the use of UNFPA funds by IPs (IP audits) were scheduled for February to April 2020. UNFPA immediately adjusted the process and scheduling and either completed the entire audit remotely, or where this was not feasible, postponed the IP audit or explored local IP audit options. UNFPA also consulted with country offices and issued guidance for remote financial spot checks to complement the IP audits.

c. Operational Impact

i. Resource and Budget Impact

As well as reprioritizing programme funds, as explained above, additional COVID-19 related core resources were allocated on a modified 'Resource Allocation System' basis to ensure a more appropriate COVID-19 needs-based response and enable countries to implement activities on a timely basis. As certain activities have been reprogrammed (as outlined above), specific budgeted activities - e.g. staff travel - have been significantly curtailed, allowing for a repurposing into other budget lines. Looking ahead to 2021, more uncertainty in the funding environment is anticipated, and UNFPA is closely monitoring the resource situation.

ii. UNFPA Supplies and Procurement

As the world's largest procurer of donated contraceptives, UNFPA is committed to ensuring that essential supplies reach where they are needed, when they are needed, through support for supply chain management and logistics information systems. Programme funds are being used to ensure the equitable distribution of essential contraceptives and SRH medicines, including through the emergency inter-agency reproductive health (IARH) kits that UNFPA manage globally. Additional resources are also being mobilized to improve access to PPE for SRH service provision, where needed.

Data collected by forecasting, monitoring and tracking will be used for decision-making on where transfers from one country to another may be needed, or where increased stocks now might prevent shortfalls later.

UNFPA is working closely with suppliers to understand delays and price increases, which could affect UNFPA goods and freight orders, and proposing proactive mitigation measures. As challenges evolve, mitigation measures are adjusted accordingly.

For supplies specifically related to COVID-19 (mainly PPE), UNFPA has had significant challenges - as is the case for many other organizations. First, in terms of reliable suppliers with quality supplies, and second, the splintering of the marketplace. In response, UNFPA has been an active contributor to the joint tender led by UNICEF on behalf of 13 other organizations. As a further example of better and increased UN coordination, the major issues many organizations

have faced with PPE supply and delivery are being overcome through strong interagency collaboration. A number of Long Term Agreements have been issued further to the joint tender, and orders placed accordingly. UNFPA is using the services of the WFP global logistics cluster to ship PPE to final destinations.

iii. Human Resources: Duty of Care - COVID-19 and Beyond

UNFPA continues to support its personnel and has implemented a number of measures to this end. This includes continuing to provide flexibility and remote working options. UNFPA has engaged a Duty of Care Coordinator as well as Staff Care Support Specialists for each region to implement wellbeing strategies and support.

4. Way Forward

Equipped with lessons learned, evidence gained, innovation and best practices learnt during the response to this unprecedented pandemic, UNFPA is working with partners to address the impacts of COVID-19. UNFPA remains focused upon adaptive and durable programming. UNFPA is committed to address systemic inequalities, key fragilities and gaps, and to building resilient, inclusive and equal communities. This includes reinforcing localized approaches and advocating that women, girls and young people are full partners and at the centre of recovery and efforts to build back better efforts for all.
