



UNFPA

Humanitarian Action

2017 Overview



United Nations Population Fund



SYRIAN ARAB REPUBLIC

Now in its sixth year, the conflict in Syria has created massive devastation, displacement and suffering. This woman is receiving medical care from the Syria Family Planning Association with the support of UNFPA in eastern Aleppo. The largest humanitarian crisis in the world, the Syria crisis has displaced 6.3 million people within the country and forced 4.8 million people to seek refuge in other countries. There are 13.5 million people who require humanitarian assistance, including 4.9 million people trapped in besieged and hard-to-reach areas.

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FOREWORD OF THE EXECUTIVE DIRECTOR

*Having the means to give birth safely,
prevent an unplanned pregnancy or be safe
from sexual violence are human rights.*

These rights do not go away but are threatened during conflict or when disaster strikes. In response to today's ever-mounting humanitarian challenges, UNFPA provides life-saving services to prevent and respond to gender-based violence (GBV) and to provide information, services and supplies for sexual and reproductive health (SRH).

These services can mean the difference between life and death, yet they are often neglected. This neglect results in untold suffering and shame, and limits prospects for a more just and stable future.

As UNFPA assumes leadership in 2017 of the Global Protection Cluster Gender-based Violence Area of Responsibility in humanitarian action, we look forward to working with committed partners to ensure strengthened coordination and action for the prevention of and response to gender-based violence. Together we must ensure the provision of vital services, including for the medical treatment of rape, psychosocial support to aid in healing, and livelihood, shelter and legal support.

Successful humanitarian action depends on partnership with humanitarian actors and with affected communities, along with respect for international humanitarian and human rights law.

In all we do, UNFPA's focus goes beyond meeting immediate needs to restoring dignity, reducing risk, strengthening preparedness, building peace, fostering resilience and supporting long-term development.

Meeting the Sustainable Development Goals requires interventions and partnerships with women, girls and young people living in countries affected by crisis. They are most at risk of being left behind, and also the most invested in positive change.

Every day, in countries around the world, UNFPA and its partners are working to meet the needs of women, adolescent girls and young people in emergencies, responding to their priorities and ensuring their participation.



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But so much more needs to be done. With rising needs, we need rising support.

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

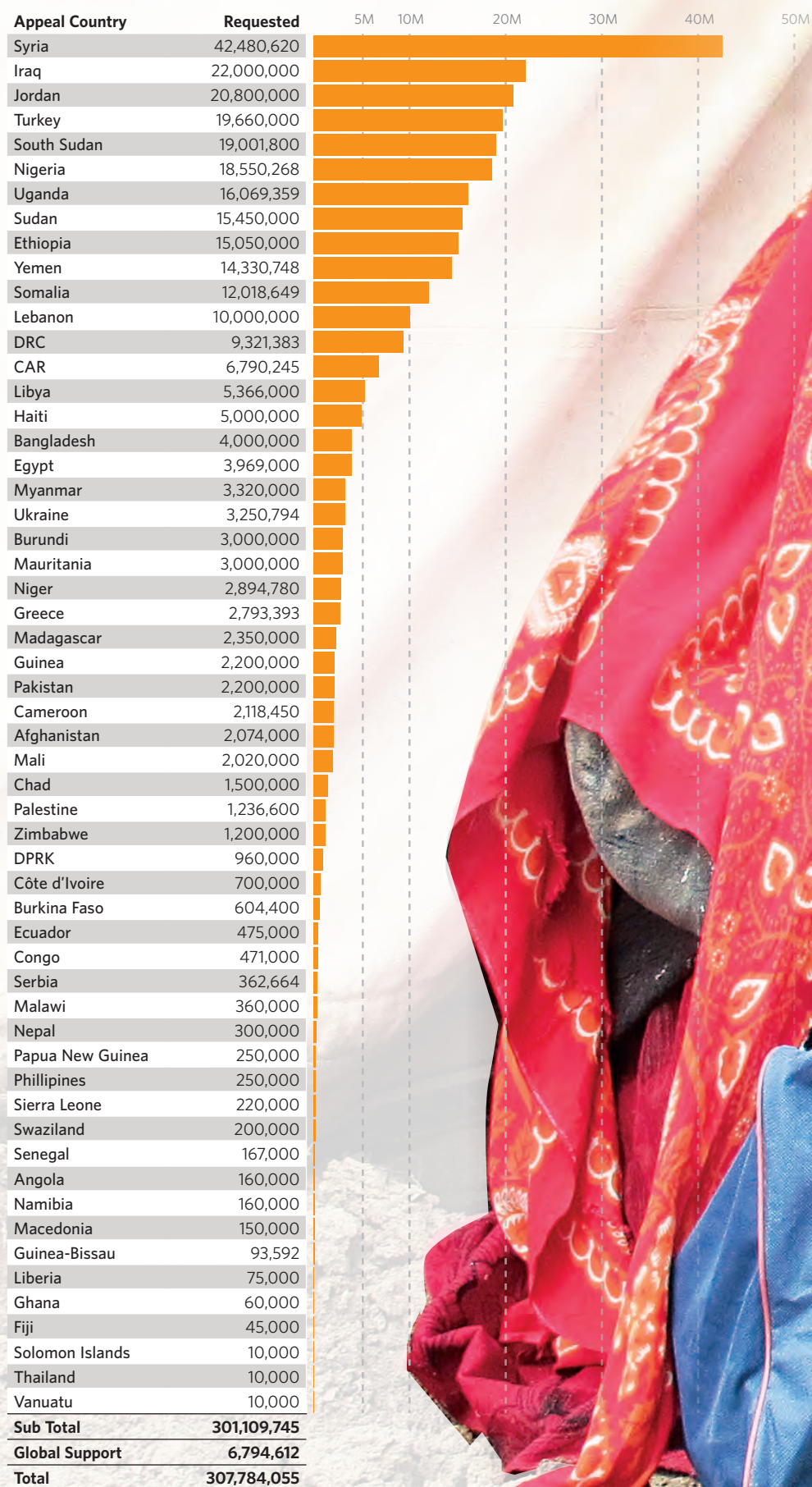
Strong commitments made at the World Humanitarian Summit pave the way forward. UNFPA looks forward to working with partners to advance sexual and reproductive health, to prevent and respond to gender-based violence, and to support gender equality and the empowerment of women, girls and young people.

Together we can realize the promise of the Compact for Young People in Humanitarian Action, which UNFPA leads together with the International Federation of the Red Cross. Together we can ensure young people's full participation in peacebuilding as declared by historic Security Council resolution 2250.

By investing in women, girls and young people we will accelerate the achievement of the Sustainable Development Goals, strengthen prospects for peace and security, and transform humanitarian action. Together we will build a better future for all.

Babatunde Osotimehin
Executive Director of UNFPA

2017 FUNDING REQUIRED As of 1 November 2016





GRAND TOTAL:

**US\$ 308
million**



REACH:

**38 million
people**



INCLUDING:

**Over 5.6 million
pregnant women***



IN:

56 countries

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* This figure is estimated using the MISP calculator.

Note: Funding data estimates are based on country planning processes including the Humanitarian Response Plans and Regional Refugee and Resilience Plans.

HUMANITARIAN ACTION

UNFPA 2017 COUNTRIES REQUIRING FUNDING



SYRIA AND THE SUB-REGION*

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 women and girls safe spaces in Syria and the sub-region, and supports services for sexual and reproductive health. (*sub-region includes Egypt, Iraq, Jordan, Lebanon, Turkey)



IRAQ

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 SRH and GBV services through mobile and static clinics to populations on the move, in camps and in host communities.



HAITI

Hurricane Matthew affected more than 2 million people, including 546,000 women of reproductive age, damaged health facilities and increased risks of maternal mortality and gender-based violence (GBV). UNFPA is responding to these needs with reproductive health services and supplies, and services for protection and response to GBV.



NIGERIA AND LAKE CHAD BASIN

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 such as 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.



UKRAINE

Some 3.7 million people are affected by the conflict, including 690,750 women of reproductive age, 26,000 of whom are estimated to be pregnant. UNFPA reaches out with mobile services to prevent and respond to gender-based violence and protect women's health and dignity.

SUDAN

Of the 6 million people in need of humanitarian assistance from displacement and severe weather, UNFPA concentrates on 807,000 women of reproductive age including 41,500 pregnant women with life-saving sexual and reproductive health services and works to prevent and respond to gender based violence.



TURKEY

Of the 2.8 million registered refugees, some 690,000 are women of reproductive age and 60,000 are pregnant. UNFPA runs safe spaces for refugee women and girls and builds capacity of health service providers to respond to their sexual and reproductive health needs.



AFGHANISTAN

Years of conflict have left over 6 million people in need of humanitarian aid, including 1.4 million women of reproductive age, of whom 250,000 are pregnant. UNFPA supports midwifery training and disaster preparedness and response to protect women's health and prevent gender-based violence.



FIJI AND PACIFIC ISLAND NATIONS

The threat of El Niño, La Niña and climate change prompted Fiji, in collaboration with UNFPA, other agencies, and 14 Pacific island nations to launch KAILA! Pacific Voice for Action on Agenda 2030, to strengthen climate change resilience through investments in the health of women, children and adolescents.



REPUBLIC OF YEMEN

Of the 18 million people who need assistance and protection, some 3 million are women and girls 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 to prevent and respond to gender-based violence.



MYANMAR

With over 1 million people in need of humanitarian aid, including nearly 40,000 pregnant women, UNFPA's 'Women and Girls First' initiative supports rapid response teams to respond to survivors of gender-based violence and provide women in need of lifesaving reproductive health care.





IRAQ

On 8 December 2016, the single largest humanitarian convoy reached eastern Mosul. In an inter-agency effort that took massive coordination, UNFPA, UNICEF, and WFP delivered badly needed aid to 42,000 people. For women and girls, UNFPA provided dignity kits with hygiene items including soap, clothing and menstrual supplies.

© UNICEF Iraq/2016/Khuzai

2016 RESULTS ACHIEVED



11.4 Million

Total people reached with SRH and GBV services in humanitarian settings in 55 countries



481

Number of mobile clinics in 27 countries



2,488

Number of facilities supported that provide emergency obstetric care to ensure safe birth in 38 countries



9,959

Number of youth facilitators and volunteers trained on SRH in 27 countries



485

Number of safe spaces in 34 countries



741

Number of facilities supported that provide clinical management of rape in 33 countries



2016 HUMANITARIAN FUNDING

As of 1 November 2016

Appeal Country	Requested	Received	Shortfall	Funding coverage	
Syria	64,431,000	28,700,000	35,731,000	45%	
Ethiopia	22,670,000	3,000,000	19,670,000	13%	
Iraq*	22,200,000	41,515,000	n/a	187%	
Jordan	21,066,600	9,921,057	11,145,543	47%	
Turkey	17,198,900	5,148,000	12,050,900	30%	
Yemen	15,600,000	12,985,489	2,614,511	83%	
Sudan	14,397,912	3,997,712	10,400,200	28%	
South Sudan	13,318,907	5,985,000	7,333,907	45%	
Somalia	12,735,620	1,613,227	11,122,393	13%	
Nigeria	11,000,000	4,700,000	6,300,000	43%	
DRC	10,357,092	850,000	9,507,092	8%	
Myanmar	9,079,893	5,445,590	3,634,303	60%	
Lebanon	9,000,000	6,789,678	2,210,322	75%	
Libya	7,180,000	1,222,000	5,958,000	17%	
Greece	6,000,000	735,397	5,264,603	12%	
Uganda	5,093,679	2,006,223	3,087,456	39%	
Bangladesh	4,800,000	712,132	4,087,868	15%	
Chad	4,038,260	1,050,000	2,988,260	26%	
DPRK	3,898,000	948,384	2,949,616	24%	
Burundi	3,362,810	1,710,644	1,652,166	51%	
Haiti	3,200,000	471,897	2,728,103	15%	
Ukraine	3,159,112	2,102,464	1,056,648	67%	
Palestine	2,863,080	2,205,740	657,340	77%	
Mauritania	2,534,200	450,000	2,084,200	18%	
Mali	2,475,083	735,941	1,739,142	30%	
Pakistan	2,189,919	1,416,319	773,600	65%	
Fiji	2,027,272	976,510	1,050,762	48%	
Egypt	1,546,600	996,960	549,640	64%	
Afghanistan	1,500,000	1,264,750	235,250	84%	
Cameroon	1,265,310	963,921	301,389	76%	
CAR	1,209,473	1,770,811	n/a	146%	
Zimbabwe	1,200,000	94,890	1,105,110	8%	
Ecuador	1,100,000	357,860	742,140	33%	
Niger	1,023,719	831,856	191,863	81%	
Djibouti	980,000	0	980,000	0%	
Madagascar	918,000	401,947	516,053	44%	
Côte d'Ivoire	900,000	573,000	327,000	64%	
Congo	785,000	83,100	701,900	11%	
Burkina Faso	604,400	0	604,400	0%	
Malawi	491,000	94,000	397,000	19%	
Lesotho	486,428	444,300	42,128	91%	
Cuba	402,000	182,170	219,830	45%	
Mozambique	350,000	39,450	310,550	11%	
Nepal	315,000	255,570	59,430	81%	
Serbia	300,000	153,544	146,456	51%	
Macedonia	184,148	139,791	44,357	76%	
Swaziland	98,398	86,000	12,398	87%	
Ghana	67,620	67,620	0	100%	
Guinea	0	1,000,000	n/a	n/a	
Philippines	0	530,725	n/a	n/a	
Mongolia	0	478,131	n/a	n/a	
Kenya	0	342,744	n/a	n/a	
Sri Lanka	0	119,626	n/a	n/a	
Vanuatu	0	3,643	n/a	n/a	
2016 US\$ Totals	311,604,435	158,670,813	152,933,622	51%	

* In Iraq additional funding was required inside Mosul City, which was not reflected in the 2016 Plans and Appeals.

Note: This 2016 data represents country and regional funding appeals, most of which were appealed through the Humanitarian Response Plans (HRPs) and Regional Refugee and Resilience Plans (3RPs). The following countries implemented humanitarian programming in 2016 but neither requested nor received humanitarian funding through HRPs or 3RPs: activities were undertaken with existing resources: Angola, Namibia, Papua Guinea, and Sierra Leone.

1. Iraq, Egypt, Jordan, Lebanon and Turkey appeals are part of the Syria 3RP. In addition, Iraq appeal is part of the Iraq HRP and Mosul Flash Appeal.

2. Greece, Serbia, Macedonia and Turkey appeals are part of the Regional Refugee & Migrant Response.

UNFPA Top Humanitarian Donors 2016

1. Canada
2. United States
3. OCHA including CERF
4. European Commission
5. Sweden
6. Japan
7. Denmark
8. Other UN Humanitarian Pooled Funds
9. Saudi Arabia
10. Australia
11. United Kingdom
12. The Netherlands

(as of November 2016)

SEXUAL AND REPRODUCTIVE HEALTH IN EMERGENCIES

In crisis situations, one in five women of childbearing age is likely to be pregnant. Complications that occur during pregnancy or childbirth can prove fatal during conflict and natural disasters when health-care services are destroyed or disrupted. Today an estimated 60 per cent of maternal deaths and 45 per cent of newborn deaths occur in countries affected by humanitarian crises and fragility.

In order to survive and thrive, women and girls of reproductive age need sexual and reproductive health services. These services also build stronger health systems and resilience.

The first step is ensuring all countries and humanitarian partners put in place the Minimum Initial Service Package for Reproductive Health in Emergencies. This package prescribes priority actions at the onset of every humanitarian crisis:

- ▶ Ensure an organization is identified to coordinate the response for sexual and reproductive health
- ▶ Prevent and manage the consequences of sexual violence
- ▶ Reduce HIV transmission
- ▶ Prevent maternal and newborn death and illness
- ▶ Allow for planning of comprehensive sexual and reproductive health, which integrates into primary health care.

If we are to meet the SDGs, we need sustainable, inclusive development for women, children and adolescents in humanitarian emergencies. This is our opportunity to ensure that no one is left behind.

Emergency Reproductive Health Kits

One of UNFPA's standard humanitarian interventions is providing reproductive health kits that contain life-saving medicines, supplies including contraceptives and medical equipment, to address the immediate sexual and reproductive health needs of the community in a crisis.

The most basic kit is the personal clean delivery kit for displaced and refugee women on the move: the kit contains a bar of soap, a razor blade to cut the umbilical cord and a string to tie it, and plastic gloves and sheeting. The largest kit, weighing more than a ton, is the comprehensive emergency obstetric care kit that has everything needed to set up a maternity surgery unit to perform caesarean-sections in cases of obstructed labour to save the lives of women and newborns.

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FOCUS ON WOMEN, ADOLESCENT GIRLS AND YOUNG PEOPLE

UNFPA places women, adolescent girls and young people at the centre of humanitarian response. Supporting the priorities and participation of women and young people strengthens resilience and recovery and accelerates the achievement of the Sustainable Development Goals.

UNFPA committed at the World Humanitarian Summit to provide 25 per cent of humanitarian funding to local and national responders by 2020, and is making progress reaching this target.

Life-saving services to safeguard women's health and address gender-based violence are as essential as food, water and shelter and must be prioritized in humanitarian action.

At the World Humanitarian Summit, UNFPA made a strong call for gender equality, and for women's empowerment and protection, and women's rights to become pillars of humanitarian action. UNFPA committed to programming to enable women and girls to take on roles as leaders and decision-makers, and committed to lead global coordination for the prevention

and response to gender-based violence in emergencies. UNFPA committed to continue to work with partners to ensure the right to sexual and reproductive health care is fulfilled for all women and adolescent girls in crisis settings.

UNFPA committed to empower and promote the participation and leadership of young people in crisis prevention and recovery and to enable adolescents and young people to be agents of positive transformation, as evidenced by leadership of the new Compact for Young People in Humanitarian Action.

Women and young people are often the first to respond in a crisis and are vital to an effective and inclusive humanitarian response that is locally driven and sustainable.

UNFPA works to uphold the dignity and rights of people affected in a crisis. Without the generous support of donors, it would be impossible to carry out this critical work. We thank the governments, civil society, United Nations agencies, and private sector partners who work with us.

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PREVENTING AND RESPONDING TO GENDER-BASED VIOLENCE IN EMERGENCIES

“Together we must ensure that action to prevent and respond to gender-based violence is a priority—a systematic and unquestionable part of our humanitarian response, at the heart of UNFPA’s work to improve the health, safety, and well-being of women and girls in emergencies.”

— Dr. Babatunde Osotimehin, UNFPA Executive Director

Gender-based violence (GBV) is the most pervasive yet least reported human rights abuse globally. It undermines development, generates instability and makes peace harder to achieve. Globally, 35% of women have experienced either intimate partner violence or non-partner sexual violence (WHO 2013). GBV is significantly exacerbated in conflict and disaster contexts, where the “normal” risks of violence are compounded by displacement, breakdowns in certain social norms and limited access to services or formal systems of protection and justice. In some conflict contexts, as has been recognised by the UN Security Council, rape and other forms of sexual violence have been used systematically as tactics of war. With women’s bodies as battlegrounds, their rape is also used to disrupt social ties and humiliate, dominate, and displace communities.

Preventing and responding to GBV must be a priority in all phases of humanitarian action by all actors.

Responding to GBV in humanitarian settings is a strategic priority for UNFPA that cuts across all of its technical mandate areas. Specifically, UNFPA’s leadership on GBV includes:

- ▶ Addressing the physical and emotional consequences of gender-based violence, including providing psychosocial assistance and medical treatment to survivors.

- ▶ Promoting the rights of all women and girls to live free of violence and abuse and furthering gender equality and women’s empowerment.
- ▶ Collecting data to accurately document incidents of violence and provide information on trends and patterns of both perceived risks and abuses.
- ▶ Supporting the development, reform and enforcement of national laws and policies on gender-based violence.
- ▶ Coordinating inter-agency action to holistically address GBV through leading national and sub-national GBV sub-clusters and other coordination bodies in the field and overseeing the GBV Area of Responsibility of the Protection Cluster at global level.

As part of its commitment to ensure the safety and well-being of women and girls in emergencies, UNFPA launched the 18 Minimum Standards to provide practical guidance on how to prevent and respond to GBV, coordinate with humanitarian partners, and facilitate access to multi-sector services for survivors.

Users say:

“The standard on referrals is very useful thanks to the examples of activities and indicators.”

“We use the standard on preparedness as a checklist for priority actions to be taken.”

“These standards are really helpful for raising awareness and fundraising for GBV prevention and response.”



GLOBAL SUPPORT FOR UNFPA HUMANITARIAN ACTION

Humanitarian action is central to UNFPA's work, from emergency preparedness to response, recovery and sustainable development.

Humanitarian action in UNFPA includes building capacity, delivering a timely and predictable response at scale, and building resilience, all of which are underscored by empowering women and young people across the humanitarian-development continuum.

UNFPA global support is coordinated by the Humanitarian Steering Committee, chaired by the Executive Director, and supported by the Humanitarian and Fragile Contexts Branch of the Programme Division, as well as an interdivisional working group, and Regional Offices.

The cost of UNFPA global support in 2017 is US\$ 6.8 million, about 2 percent of the overall humanitarian appeal, and covers humanitarian personnel costs at headquarters and six regional offices.

Throughout the year, UNFPA's global support resulted in several achievements based on the implementation of policies and measures to strengthen 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.
- ▶ Approximately one third of UNFPA's deployments in 2016 occurred through Standby Partnerships. The current list of SBPs includes Danish Refugee Council (DRC), Norwegian Refugee Council (NRC), International Civilian Response Corps (CANADEM) and RedR Australia. New partnerships are also being established with the Swedish Civil Contingencies Agency (MSB) and the Swiss Agency for Development Cooperation (SDC).
- ▶ Reproductive health kits totaling \$7 million were dispatched to 47 country offices and 12 international partners to 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.



11,500

RH KITS DELIVERED



12 MILLION

PEOPLE TARGETED



\$7 MILLION

TOTAL COST



47

COUNTRIES

MOVING FORWARD

In 2017, UNFPA will move forward with partners to implement commitments made at the World Humanitarian Summit. We will strengthen security to ensure the safety and security of UNFPA personnel, supplies and equipment. We will also take forward the priority recommendations made at UNFPA's 2016 global humanitarian consultation to ensure transformative humanitarian action for women, girls and young people.

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Recommendations endorsed at the UNFPA global humanitarian consultation:

- 1 Align human resource capacity to deliver in humanitarian contexts
- 2 Strengthen humanitarian advocacy and communications in 2017
- 3 Increase investment in humanitarian data, risk/resilience/vulnerability analysis and information management to deliver UNFPA mandate
- 4 Promote strategic partnerships to implement Grand Bargain recommendations
- 5 Integrate humanitarian action into the 2018-2021 Strategic Plan
- 6 Effectively take on leadership of GBV coordination/ Area of Responsibility
- 7 Revamp funding mechanisms in UNFPA to effectively and efficiently finance humanitarian operations
- 8 Increase operational flexibility for COs in protracted emergencies, in fragile contexts, and particularly in high-security settings
- 9 Strengthen supply chain management to be more responsive to humanitarian contexts

- ▶ The UNFPA Emergency Fund supported rapid response in 30 country offices with a disbursement totaling \$4.87 million as of November 2016.
- ▶ The Office of Security Coordination supported country offices to strengthen security and provided Personal Protection Equipment, radios, satellite phones, and armoured vehicles to ensure staff safety in high risk countries.
- ▶ Programme guidance—Minimum Preparedness Actions, a Toolkit for Sexual and Reproductive Health for Urban Refugees, Minimum Standards to Prevent and Respond Gender-based Violence in Emergencies, and Programme guidance to improve Sexual and Reproductive Health for Adolescent Girls in Disaster and Conflict—provided support for evidence-based programming to meet the needs of affected populations.





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



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