

PANDEMIC PIVOT:

ACHIEVING TRANSFORMATIVE RESULTS IN THE COVID-19 PANDEMIC

2020 REPORT



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“

If we work together in unity and solidarity, these rays of hope can reach around the world. That is the lesson of this most difficult year... both climate change and the COVID-19 pandemic are crises that can only be addressed by everyone together – as part of a transition to an inclusive and sustainable future. ... Together, let us make peace among ourselves and with nature, tackle the climate crisis, stop the spread of COVID-19 and make 2021 a year of healing.

”

United Nations Secretary-General António Guterres¹

¹ <https://news.un.org/en/story/2020/12/1080962>

Message from the Executive Director

When a new coronavirus was first identified in December 2019, it would have been difficult to imagine the scale of disruption and devastation that virus would ultimately cause. By the end of 2020, more than 82 million people worldwide had been infected and 1.8 million had succumbed to the disease.² The pandemic has exposed vulnerabilities and exacerbated inequalities within and between countries, hitting the poorest and most vulnerable among us particularly hard.

As the United Nations sexual and reproductive health agency, UNFPA seeks to end unmet need for family planning, end preventable maternal death, and end gender-based violence (GBV) and other harmful practices by 2030. The COVID-19 pandemic has not changed these transformative aspirations, yet its impact has set back years of progress. As the crisis unfolded during the course of 2020, UNFPA worked in concert with the United Nations country teams and partners on the ground to coordinate and respond within the context of our mandate. Institutional memory, in-house humanitarian expertise and emergency plans and structures enabled us to quickly identify areas of greatest need and potential intervention.

Around the world, UNFPA led GBV prevention efforts and conducted rapid assessments to map services and identify women and girls at greatest risk. Work plans shifted, funds were reprogrammed and an appeal was launched to raise additional financial resources to respond to the crisis. Within the agency, experienced humanitarian colleagues mobilized and provided supportive guidance, but the enormity of this global crisis called for all hands on deck.

As we continue to respond to the unfolding emergency and grapple with its fallout, we pay tribute to those we have lost. We honour the caregivers, health-care workers and those who have ensured the delivery of necessary equipment and supplies. We are grateful for the tools and technology that have facilitated the ongoing work to provide life-saving sexual and reproductive health services and to defend the rights, safety and dignity of women and girls. We celebrate the collaboration and innovation that this period of rapid transformation brought forth.

New ways of working that have proven effective throughout

the pandemic are informing the UNFPA Strategic Plan, 2022–2025. Young people have played a key role in our outreach in 2020, providing volunteer support, technological expertise and technical advice. Data gleaned through rapid assessments and a decades-long history of demographic expertise have informed rapid response and enabled us to reach the last mile. Collaboration with radically new partners opened up new paths to the future we envision: a future in which no woman dies giving life, every birth is wanted and every young person can fulfil their potential.

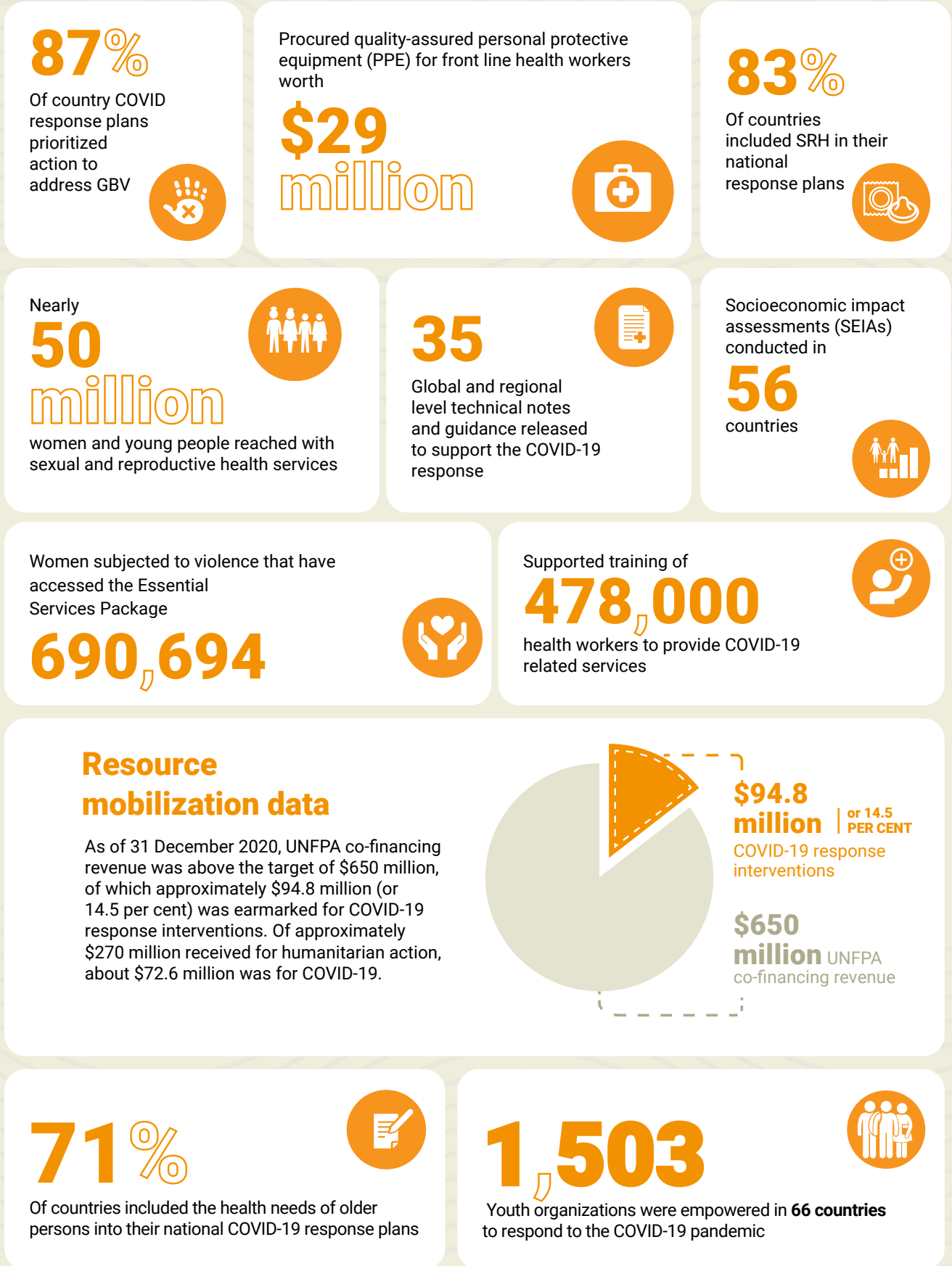
Our forward march continues.

Dr. Natalia Kanem

United Nations Under-Secretary-General
and Executive Director of UNFPA

² <https://coronavirus.jhu.edu/map.html>

FIGURE 1. UNFPA KEY RESULTS ACHIEVED IN RESPONSE TO THE COVID-19 PANDEMIC



Overview

UNFPA is the United Nations sexual and reproductive health agency. It promotes the implementation of the programme of action of the International Conference on Population and Development and, together with United Nations agencies and other development partners, supports the United Nations Member States to progress towards achievement of the 2030 Agenda for Sustainable Development.

As the COVID-19 pandemic gained momentum in 2020, UNFPA implemented the third year of its Strategic Plan 2018–2021. The plan's targets are three transformative results to be achieved by 2030: ending preventable maternal deaths, ending unmet need for family planning, and ending GBV and harmful practices, including female genital mutilation and child marriage.

UNFPA adapted and responded quickly to the global emergency, focusing immediately on maintaining the provision of SRH information and services and on mitigating the impact of the pandemic on progress towards the three transformative results. In April 2020, UNFPA rolled out its Global Response Plan³ to the COVID-19 pandemic, comprising three strategic priorities: (a) continuity of SRH services, including protection of the health workforce; (b) addressing GBV and harmful practices; and (c) ensuring the supply of contraceptives and reproductive health commodities. The plan also identified as accelerators: (a) leaving no one behind; (b) data; (c) risk communication and community engagement; and (d) youth engagement to guide the plan and engage young people in the response.

In line with the Global Response Plan, UNFPA country programmes reprogrammed and repurposed resources to address the vast, emergent needs, and adapted programmes to provide continuity. In the early stages of the pandemic, UNFPA issued operational, programmatic and technical guidance to its regional and country offices, particularly regarding reprogramming, repurposing and the reprioritization of planned activities to ensure that interventions were COVID-19 sensitive and integrated an immediate humanitarian response with early and longer-term recovery action. Many of these activities revolved around ensuring adequate protective equipment and prevention measures were in place, leveraging public-health education opportunities at every possible juncture, and educating health-care workers and the public about how to protect themselves and their communities from COVID-19. UNFPA demonstrated an acute awareness of and sensitivity to the power of data in emergencies, as well as a unique

understanding of the mental health needs brought on by the stress and isolation of this challenging period.

UNFPA developed a COVID-19 data framework to monitor the progress and results in the five areas. Data collected through the COVID-19 framework, paired with annual reports from UNFPA regional and country offices and data gathered through additional United Nations and national government assessments, surveys and reporting, reveal the impact of the COVID-19 pandemic on operations during the 2020 calendar year. They also shed light on the overall impact of the virus on achievement of the three transformative results. For example, early in the pandemic, estimations were made that interruptions in access to family planning globally would result in millions of unintended pregnancies. These predictions were made based on certain assumptions of lockdown durations and lack of access to contraceptive commodities. However, as the pandemic unfolded, service interruptions proved to be sporadic rather than steady, and varied from one country to another. The multifaceted nature of the impact globally, encompassing social, economic, political, health and gender arenas, complicated our attempts at impact assessment.

Analysis of the 2020 results revealed that in spite of the pandemic-related disruptions, UNFPA made good progress toward the Strategic Plan's commitments. By the end of 2020, 71 per cent of UNFPA programme countries had a functional, multisectoral coordination mechanism to enable sexual and reproductive health interventions to respond to the pandemic. Seventy-two per cent of countries had a coordination mechanism for gender-based violence, and 63 per cent had a multisectoral working group to respond to mental health and psychosocial support needs. Through coordinated action and collaboration with partner agencies, governments and implementing partners, UNFPA was able to deliver planned results, providing life-saving care and supplies, and meeting the needs of the most vulnerable.

The purpose of this report is to highlight the achievements of UNFPA in responding to the COVID-19 pandemic; the report also illustrates the challenges and lessons learned through the pandemic. The greatest lesson learned through this challenging year is the importance of working together, of sharing information and resources. This report captures the story of how UNFPA has adapted, how the pandemic has impacted its goals, and how the lessons learned will be used to advance the UNFPA mission in the future.

3 <https://www.unfpa.org/resources/coronavirus-disease-covid-19-pandemic-unfpa-global-response-plan>

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FIGURE 2: UNFPA GLOBAL RESPONSE TIMELINE



June 2020



GRP updated and released with an appeal for \$370 million.

UNFPA participated in the United Nations Sustainable Development Goals Task Team on the implementation of the United Nations framework for the immediate socioeconomic response to COVID-19.

“My Body, My Life, My World Through a COVID-19 Lens” report published, detailing three strategies to reach young people left behind and their communities: identification of young people and their experience, accurate messaging and intensification of support systems.

Compact for Young People in Humanitarian Action, under the leadership of UNFPA and the International Federation of Red Cross and Red Crescent Societies (IFRC), launched the Youth Compact Champions Programme to actively involve young people in the COVID-19 response.

From April to June there were a total of 27 new surge requests.

July 2020



UNFPA contributed to the July update of the GHRP with an appeal of \$10.26 billion, up from the \$6.7 billion needed in May.

Fundraising appeal for UNFPA COVID-19 GRP generated \$54.43 million by 30 July 2020.

UNFPA released new guidelines around restarting physical surge deployments.

August 2020



UNFPA released a report on lessons learned from the Joint Programme on the Elimination of Female Genital Mutilation during the COVID-19 crisis.

UNFPA and United Nations Development Programme (UNDP) held an informal consultation with the Joint United Nations Programme on HIV and AIDS (UNAIDS) Programme Coordinating Board members on 25 August – the total amount of country envelope funding directly reprogrammed for COVID-19 activities was 14 per cent.

September 2020



UNFPA–United Nations Children’s Fund (UNICEF) Joint Programme on the Elimination of Female Genital Mutilation (FGM), in partnership with the Population and Media Centre, launched a series of training workshops to address the implications of COVID-19 on the practice of FGM through compelling mass media activities and campaigns.

UNFPA released “Adapting to COVID-19: Pivoting the UNFPA–UNICEF Global Programme to End Child Marriage to Respond to the Pandemic.

October 2020



The GBV Area of Responsibility (AoR) Community of Practice, alongside the Women’s Refugee Commission, organized a webinar series with Emma Pearce, Gender and Inclusion specialist.

Plan International, Care International, UNFPA and the GBV AoR organized a virtual event on 16 October 2020 prior to the Ministerial Roundtable on the Central Sahel.

WHO published a call for expressions of interest for manufacturers of COVID-19 vaccines – to apply for approval for prequalification and/or Emergency Use Listing.

November 2020



GBV AoR launched a campaign to promote the Inter-Agency Minimum Standards for GBV in Emergencies Programming over the 16 Days of Activism against GBV, which showed how they can be contextualized, including in a COVID-19 response.

UNFPA contributed to the Global Humanitarian Response Plan COVID-19 Progress Report Fourth Edition.

December 2020



COVID-19 vaccinations began.

COVAX announced further deals, adding to existing agreements, which collectively gave it access to nearly 2 billion doses of several promising COVID-19 vaccine candidates, which should enable all participating countries to have access to doses in the first half of 2021.

In 2020, UNFPA and its trusted standby partners supported 113 humanitarian surge deployments to 30 country offices across all functional profiles.

Impact of COVID-19 on the three Transformative Results of UNFPA

The COVID-19 pandemic 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. The pandemic has exposed vulnerabilities and exacerbated inequalities within and between countries, hitting the poorest and most vulnerable particularly hard. Many of the highest-risk groups with whom UNFPA worked prior to the onset of the pandemic are those that stand to lose the most from its fallout. UNFPA continues to prioritize leaving no one behind, filling gaps in service delivery and outreach where standard interventions have fallen short. Through data and vulnerability assessments, building on community relationships, and using technology and alternative communication strategies to reach those furthest behind or most marginalized, UNFPA is making strides to deliver the services needed even through the pandemic, including in humanitarian settings.

In particular, women have borne multifaceted burdens brought on by this disease, facing increased care responsibilities, higher incidence of employment loss, increased incidence of violence, and reduced access to health and social services that they typically would depend on for support in times of need. As schools and childcare facilities closed, the increased childcare responsibilities have also fallen disproportionately to women. When quarantine and lockdown measures were in place, there were significant increases in intimate partner violence; there was also increased risk of harmful practices, particularly against girls, including child, early and forced marriage and FGM. This increase in violence was coupled with disruptions in accessing support and response services. "By 2021 around 435 million women and girls will be living on less than \$1.90 a day – including 47 million pushed into poverty as a result of COVID-19... The shift of funds to pandemic response is hampering women's access to sexual and reproductive health."⁴

The economic impact of COVID-19 and the resulting psychosis at the social level, due to social perceptions and cultural realities, have fatally shaken in places social cohesion and the foundation of family and social ties with the rise of the individualism fostered by social distancing, the struggle for survival and stigma. Certain vulnerable people with fragile health or any handicap (children, elderly people) are sometimes left to fend for themselves for lack of means. The COVID-19 pandemic has highlighted a relative disparity in access to basic services and in the management of the different forms of vulnerabilities provided for in the response measures put in place by the State.⁵

From the start of the COVID-19 pandemic, one of the defining messages has been that older persons are more affected. Yet health and non-health impacts on young people have also proved to be significant. A common understanding of these impacts and the role young people are playing in driving solutions is essential to the pandemic response. The repercussions of COVID-19 on young people are extending beyond health and well beyond the pandemic time frame.

We can take a lesson from history: the AIDS pandemic has taught us that "epidemics expose and exacerbate existing inequities and impact most negatively on those who are already marginalised."⁶ As with the AIDS pandemic, those with least access to prevention and care are at highest risk of COVID-19 infection, long-term morbidities and mortality, including older persons, people with disabilities and mental health needs, indigenous groups, refugees and those on the move.

Impact on ending preventable maternal death

There is emerging evidence on the impact of COVID-19 on pregnancy and newborns. The overall risk of severe COVID-19 is low.⁷ However, in a Swedish study, compared to non-pregnant

4 <https://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2020/gender-equality-in-the-wake-of-covid-19-en.pdf?la=en&vs=5142>

5 UNFPA Benin Annual Report 2020, Internal.

6 https://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2020/august/20200827_rights-in-a-pandemic

7 John Allotey and others, "Clinical manifestations, risk factors and maternal and perinatal outcomes of coronavirus disease 2019 in pregnancy: living systematic review and meta-analysis", *BMJ*, vol. 370, No. m3320 (2020). <https://www.bmj.com/content/370/bmj.m3320>

women, pregnant women who contract the virus have a fivefold risk of being admitted to an intensive care unit (ICU) and fourfold risk of requiring mechanical ventilation.⁸ The majority of women who have become severely ill from coronavirus were in their third trimester of pregnancy.⁹ Preterm birth rates are higher in pregnant women with COVID-19 than in pregnant women without the disease.¹⁰

In 2020, the COVID-19 pandemic tested the capabilities and limits of health-care systems and societies around the world. Health-care providers, both formal and community-based, were forced to scale down SRH services, putting women and adolescent girls and their newborns at a higher risk of death and disability. In many settings, midwives were redeployed away from providing their essential core services. In situations of total lockdown, where freedom of movement was extremely limited in the interest of public health, health-care services were often all but inaccessible, even in emergency obstetric care cases.

Doctors were arrested and detained for travelling to and from health facilities. Reports were also received of pregnant women dying after strict restrictions on movement prevented them from reaching health-care services—some died while walking to hospital. One report detailed a motorcycle taxi-driver being beaten to death by police after taking a woman in labour to hospital during curfew hours.¹¹

The complex interaction of health determinants during the COVID-19 pandemic has had a profound impact on women's health. Health inequalities remain stark among and within countries, exacerbated by such factors as education and housing, gender, race, ethnicity and socioeconomic status. It must be acknowledged that men and women are exposed to determinants of health in different ways. As the COVID-19 pandemic continues, concerns are increasing about the effect of the pandemic on women's and girls' SRH and their access to care.

Previous public health emergencies have shown that the impact of an epidemic on sexual and reproductive health often goes unrecognized, because the effects are often not the direct result of the infection, but instead the indirect consequences of strained health care systems, disruptions in care and redirected resources. Moreover, responses to epidemics further exacerbate gender-based and other health disparities. Evidence from the Ebola virus outbreak in 2013–2016 in Western Africa shows the negative, indirect effects that such crises can have on sexual and reproductive health. According to an analysis of data from Sierra Leone's Health Management Information System, decreases in maternal and newborn care due to disrupted services and fear of seeking treatment during the outbreak contributed to an estimated 3,600 maternal deaths, neonatal deaths and stillbirths—a quantity that approaches the number of deaths directly caused by the Ebola virus in the country. Other studies found that Ebola outbreaks resulted in sharp declines in contraceptive use and family planning visits in Guinea, Liberia and Sierra Leone.¹²

Due to mobility restrictions, vulnerable populations in hard-to-reach areas were at risk of being left behind. Some could not be reached with key messages and services. In Guinea-Bissau, for example, the government ban on inter-regional travel left islands with some of the poorest and most vulnerable populations inaccessible, as boats to and from the islands were suspended.¹³

Maternal mortality is generally a difficult statistic to measure, as in many countries, maternal deaths occurring outside of a health-care facility remain unreported. Even in cases of institutional delivery, record-keeping may be poorly understood or under-prioritized. UNFPA assists countries to establish maternal mortality record-keeping and analysis to prevent future maternal death, and to integrate Maternal Perinatal Death Surveillance and Response (MPDSR) systems into national statistics data sets and policy frameworks. MPDSR is a continuous cycle of notification, review, analysis and response. It works to increase the avoidability of preventable maternal and perinatal mortality by involving all stakeholders in the process of

8 J. Collin and others, "Public health agency of Sweden's brief report: pregnant and postpartum women with severe acute respiratory syndrome coronavirus 2 infection in intensive care in Sweden", *Acta Obstet Gynecol Scand*, vol. 99 (2020), p. 819.

9 Marian Knight and others, "Characteristics and outcomes of pregnant women admitted to hospital with confirmed SARS-CoV-2 infection in UK: national population-based cohort study", *BMJ*, vol. 36 (2020).

10 John Allotey and others, "Clinical manifestations, risk factors and maternal and perinatal outcomes of coronavirus disease 2019 in pregnancy: living systematic review and meta-analysis", *BMJ*, vol. 370, No. m3320 (2020). <https://www.bmj.com/content/370/bmj.m3320>; Marian Knight and others, "Characteristics and outcomes of pregnant women admitted to hospital with confirmed SARS-CoV-2 infection in UK: national population-based cohort study", *BMJ*, vol. 36 (2020).

11 https://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2020/august/20200827_rights-in-a-pandemic

12 Taylor Riley and others, "Estimates of the Potential Impact of the COVID-19 Pandemic on Sexual and Reproductive Health in Low- and Middle-Income Countries." *International Perspectives on Sexual and Reproductive Health*, vol. 46 (2020) p. 73.

13 UNFPA Guinea-Bissau Annual Report 2020. Internal.

identifying maternal deaths, understanding why they happened and taking action to prevent similar deaths from occurring in the future.

Some countries have been able to provide data on the impact of COVID-19 on maternal death, revealing grave figures.

As of 31st December, 2020, a total of 934 maternal deaths were reported, of which 202 died from COVID-19 and 46 were diagnosed as probable deaths from COVID-19, representing a combined 26.5% of all maternal deaths nationally.¹⁴

During the COVID-19 pandemic in 2020, government-imposed curfews and lockdowns, and the fear of contracting the virus in health-care facilities, severely limited access to antenatal

care and institutional delivery, including in cases of obstetric emergency. As the COVID-19 pandemic continues, concerns are increasing about the effect of the pandemic on women's and girls' SRH and their access to care. The biggest threat to women's and girls' lives is not the virus itself, but secondary effects such as shutdown of routine health services and fear of infection that prevents women and girls from seeking care.¹⁵

In Kenya, "many patients avoided visiting health facilities in April [2020] due to the fear of being exposed to COVID-19 and the perceived stigmatization of COVID-19 patients. Overall, many SRH indicators performed poorly in the initial months of the outbreak than similar periods in their previous years. This is seen in indicators such as HIV testing, outpatient department visits and new antenatal care visits."¹⁶



UNFPA El Salvador carried out a study in October 2020 to determine the perception of the impact of the pandemic on access and use of SRH services by women, based on the demand (users) and providers (healthcare professionals): "COVID-19 Impact Review Survey on Access to Sexual and Reproductive Health Services by users of childbearing age". The results were shared with the Ministry of Health to manage Sexual and Reproductive Health services in the event of a second wave of COVID-19. 42.9% of the users interviewed reported that they needed emergency care for a maternal complication.

The results identified that 27% of the pregnant women surveyed did not go to the health centers for their corresponding controls due to 2 main reasons:

- "I was afraid of going to the hospital or health unit and getting COVID-19." (43.2%) and
- "The prenatal care area of the hospital or health unit was closed." (38.6%).

Also, 31.5% of women in their pregnancy period could not undergo medical examinations.¹⁷

And in Djibouti, "74.8% of pregnant women did not have medical follow-ups of their pregnancies during confinement and 65.1% of women did not use contraceptives due to the restriction of travel, respect for barrier measures and fear of going to health facilities."¹⁸

With an increase in the number of COVID-19 positive cases, including increasing infections among frontline health workers compounded by the existing inadequate human resources for health, the continuation of essential SRH services [was] seriously impacted in 2020. Due to the fear of transmission, travel restrictions and lockdown in early days, the service utilization at the service delivery points reduced from 30% to 50% compared to [2019] for antenatal care, institutional delivery, and family planning services. Further, the health

facilities also faced shortages of lifesaving maternal and newborn health medicines and family planning commodities, largely due to the transportation restrictions and weak procurement and supply chain management systems.¹⁹

Countries experiencing humanitarian situations, in which health systems were already fragile and ill-equipped to respond to COVID-19, have shown a significant drop in health-facility deliveries, skilled birth attendance, antenatal care, postnatal care and family planning attendance, sounding alarms for maternal mortality and morbidity. As part of the Global Humanitarian Response Plan for COVID-19 (GHRP) Monitoring Framework, institutional birth trends have been used as a proxy to monitor continuity of access to maternal health services. 92 per cent of GHRP countries reported a decrease in institutional births in at least 25 per cent of

14 Secretary of Health, Mexico, December 2020.

15 Bethany Kotlar and others, "The impact of the COVID-19 pandemic on maternal and perinatal health: a scoping review", *Reproductive Health*, vol. 18, No. 10 (2021).

16 UNFPA Kenya Annual Report 2020. Internal.

17 UNFPA El Salvador Annual Report 2020. Internal.

18 UNFPA Djibouti Annual Report 2020. Internal.

19 UNFPA Nepal Annual Report 2020. Internal.

the reported facilities during at least 1 month between March and December 2020²⁰, with December showing the highest number of countries with a drop in institutional births (56 per cent).

The security situation compounded with COVID-19 pandemic remained the top challenge. Prevention and mitigation measures of COVID-19 have resulted in a notable increase of reported GBV incidents due to extended quarantine and other social distancing measures, as well as the deteriorating economic situation and the loss or reduction of income as a result of 'stay at home' measures. Malnutrition has also become an increasing problem. 1 in 5 pregnant or lactating women are acutely malnourished, compared to 1 in 20 in the first half of 2019. Malnourished people have a compromised immune system and are therefore at elevated risk of mortality due to COVID-19.²¹

Impact on ending gender-based violence, including harmful practices

The global pandemic has taken a disproportionate toll on women. GBV has been dubbed the "pandemic within the pandemic": incidence of GBV has increased at the same time that prevention and protection efforts have been drastically reduced and social services and clinical care have been stretched. Stay-at-home orders and movement restrictions in 2020 increased women's exposure to violent partners; mounting household tensions and economic stresses also contributed to the upsurge in domestic and GBV.

Globally, the pandemic has at the same time increased barriers to access and increased demand for essential services for gender-based violence survivors. In Ecuador, for example, between March 17th (when the lockdown began) and September 13th, 2020 (when the "state of exception" was suspended) ECU 911 (GBV hotline) received an average of 297 daily calls for help due to episodes of violence against women.²²

During lockdown, there was an increase of approximately 50 per cent in calls to helplines in most of the countries of Latin America and the Caribbean. Some countries reported a decrease

in women and girls seeking help due to the lack of availability of services, mobility restrictions and fear of contracting the virus.²³

In April of 2020, UNFPA and partners projected that if violence were to increase by 20 per cent during lockdown, there would be:

- An additional 15 million cases of intimate partner violence in 2020 for an average lockdown duration of three months.
- An additional 31 million cases for an average lockdown of six months.
- An additional 45 million cases for an average lockdown of nine months.
- An additional 61 million cases if the average lockdown period were to be as long as a year.

These projections were global – inclusive of all 193 United Nations Member States – and accounted for the high levels of underreporting seen with GBV. It was therefore predicted that **the COVID-19 pandemic is likely to set back progress towards ending GBV by 2030 by one third.**

"Since the onset of COVID-19 in March 2020 in Kenya, increased incidence of GBV has been observed. According to HAK 1195, the national hotline for GBV, 100 cases of GBV were reported in January 2020, but the number surged to 785 cases in June 2020 due to the COVID-19 measures such as movement restrictions, curfews, and school closures."²⁴

Harmful practices: female genital mutilation and child marriage

An estimated 200 million women alive today have undergone FGM. Successful FGM abandonment programmes, together with growing urbanization, education and other dynamics, were expected to avert 46.5 million cases of FGM between 2020 and 2050. At the same time, due to population growth in countries where the practice is prevalent, an additional 68 million girls were estimated to be at risk of undergoing this harmful practice between 2015 and 2030.

20 49 GHRP countries reported monthly data on institutional births for at least 3 months of the period March-December 2020. The threshold used to define a decrease in the number of births is 25 per cent. Reported records with fewer than 30 births/month in 2019 or with no baseline data have been excluded from the analysis.

21 UNFPA Turkey Annual Report 2020. Internal.

22 Socioeconomic Assessment COVID-19 PDNA Ecuador, March-May 2020. https://www.undp.org/content/dam/undp/library/covid19/Ecuador-Eval-Soc-Econ_EN.pdf. By comparison, "from 12 March to 31 May 2020, ECU 911 [Integrated Security Service] registered 124,514 more emergencies compared to the same period in 2019"; of those, 21,732 were for domestic violence.

23 UNFPA Annual Report of the Executive Director, 2020.

24 UNFPA Kenya Annual Report 2020. Internal.

However, the COVID-19 pandemic forced the postponement and adaptation of programmes to eliminate FGM. Social distancing precluded some of the most effective prevention programming, such as community empowerment programmes and abandonment proclamations, which are typically implemented in group settings. Economic uncertainty and school closures also laid the groundwork for an uptick in the incidence of FGM. As a result, progress in ending FGM is expected to fall by one third, leading to **2 million FGM cases that otherwise would not have occurred between 2020 and 2030.**

Furthermore, COVID-19 has had a significant impact on the implementation of interventions to reduce child marriage, in particular as a result of the social distancing requirements implemented in many countries. Researchers had previously projected that well-defined interventions to reduce child marriage – which both address social and cultural norms around early marriage and keeping girls in school – would reduce the number of child marriages by almost 60 million in the period between 2020 and 2030.

In addition to reducing the efficacy and reach of such planned interventions, the pandemic has caused a severe worldwide economic recession, increasing poverty levels substantially in low-income countries where child marriage is most prevalent. “The latest analysis warns that COVID-19 has pushed an additional 88 million people into extreme poverty this year – and that figure is just a baseline. In a worst-case scenario, the figure could be as high as 115 million.”²⁵ Because poverty is a key driver of child marriage, these economic impacts are anticipated to increase rates of child marriage in vulnerable communities. The disruption in progress is projected to lead to an additional **13 million child marriages between 2020 and 2030 that would not have occurred otherwise.**

Impact on ending unmet need for family planning

UNFPA estimates that **COVID-related service disruptions have led to 1.4 million unplanned pregnancies in poor countries and caused 12 million women in 115 countries to lose access**

to birth control.²⁶ Globally, 7 out of 10 countries experienced disruptions in contraceptive services. The global COVID-19 outbreak interrupted the provision of family planning services at the facility level in 42 per cent of UNFPA programme countries.

“Surveys show that in 4 out of 10 countries in Europe and Central Asia, at least half of women in need of family planning services have experienced major difficulty accessing them since the pandemic began. In Asia and the Pacific, 60 per cent of women report facing more barriers to seeing a doctor as a result of the pandemic.”²⁷

In Ecuador, there has been evidence of a 45 per cent reduction in prenatal control coverage and a 60 per cent reduction in contraception when comparing March–May 2019 and 2020²⁸. This situation is aggravated in populations with greater vulnerability, such as rural populations, the poor, people with disabilities and mobile populations.²⁹ Similarly, in the Dominican Republic, as of November 2020, there had been significant reductions in family planning consultations of 45 per cent among adult women and 56 per cent among adolescent girls.³⁰

UNFPA conducted an assessment in six countries (Burundi, DRC, Kenya, South Sudan, Uganda and Zambia) to measure changes in the uptake of family planning and related services before and during the COVID-19 pandemic in 2020. “Family planning service utilization rates slowed down in **all** the countries at **all levels** of service delivery when lockdown began in March/April 2020. However, data showed that uptake of short term methods **increased** between June and November, while uptake of long-term methods continued to lag in 50 per cent of the countries assessed. Last-mile assurance activities were affected in all countries due to inability to conduct spot checks and collect data due to travel restrictions.”³¹

Early estimates by Avenir Health in partnership with UNFPA assumed no increase in users of modern family planning methods during the COVID-19 pandemic service disruptions. However, Performance Monitoring for Action (PMA2020) surveys³² show that modern contraceptive prevalence rates continued to increase in countries despite COVID-19. The

25 <https://blogs.worldbank.org/voices/2020-year-review-impact-covid-19-12-charts>

26 https://www.unfpa.org/press/new-unfpa-data-reveals-nearly-12-million-women-lost-access-contraception-due-disruptions?utm_source=Voices&utm_campaign=496ffadc13-EMAIL_CAMPAIGN_2018_19_12_COPY_01&utm_medium=email&utm_term=0_1f75cbcc68-496ffadc13-203853125

27 <https://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2020/gender-equality-in-the-wake-of-covid-19-en.pdf?la=en&vs=5142>

28 Socioeconomic Assessment COVID-19 PDNA Ecuador, March-May 2020. https://www.undp.org/content/dam/undp/library/covid19/Ecuador-Eval-Soc-Econ_EN.pdf

29 UNFPA Ecuador Annual Report 2020. Internal.

30 UNFPA Dominican Republic Annual Report 2020. Internal.

31 UNFPA ESARO Annual Report 2020. Internal.

32 <https://www.pmadata.org/technical-areas/covid-19>



pandemic may have impacted couples' and women's fertility desires, sexual behaviours and families' financial situations

such that they postponed or cancelled plans to become pregnant, therefore impacting their contraceptive needs.³³



We are still learning about the impacts of COVID-19 on access, need and use of contraceptives; there may be lasting impacts for years to come as a result of the economic consequences of the pandemic.

Evidence points to the fact that access to services was less disrupted and for shorter periods of time than some early scenarios hypothesized. This is due to how COVID-19 infections spread and how Governments responded, but also shows the resilience of health systems to be able to continue to maintain service access. However, this should not overshadow the devastating fact that even with more minimal disruptions, nearly 12 million women may not have been able to access contraceptives when they needed them, which could have led to more than 1 million unintended pregnancies across 115 low-and-middle-income countries.

As more data becomes available, we will be able to better understand the true impact of COVID-19 and better understand the differential impact of the pandemic across different socio-economic groups.³⁴

33 As has been documented in Europe and North America, a "baby bust" rather than a baby boom has been observed: in the face of economic contraction and the related instabilities, couples are postponing or cancelling plans to become pregnant, resulting in an estimated 300,000 fewer births in 2021 in the USA. Fertility plans have also been negatively revised in Germany, Spain, France, Italy and the UK. Available at <https://www.brookings.edu/blog/up-front/2020/12/17/the-coming-covid-19-baby-bust-update/> (accessed on 28 April 2021).

34 Impact of COVID-19 on Family Planning: What we know one year into the pandemic. UNFPA Avenir Health Family Planning Update 2020. https://www.unfpa.org/sites/default/files/resource-pdf/COVID_Impact_FP_V5.pdf

UNFPA response to COVID-19

Shifting our model

In April 2020, UNFPA launched a GRP based on three strategic priorities, in line with the UNFPA Strategic Plan. These priorities guided the global interventions of UNFPA in response to the COVID-19 pandemic, striving for continuity of SRH services and interventions, including protection of the health workforce; addressing GBV and harmful practices; and ensuring the supply of modern contraceptives and reproductive health commodities. The UNFPA GRP also positioned the entire organization, from country offices at field level to the executive level at Headquarters, to assert the value added and specific programmatic expertise of UNFPA.

Under the three strategic priorities, four accelerator interventions were critical to the response of UNFPA, namely leaving no one behind; data; risk communication and community engagement; and youth engagement. UNFPA operations globally, covering planning, delivery and monitoring, adapted to a COVID-19 emergency model, drawing on in-house humanitarian expertise to work in humanitarian–development–peace settings. Using an integrated, whole-of-organization, coordination approach, UNFPA responded to COVID-19 as a protracted situation, focusing on the resilience, flexibility and agility of its operations, programmes and policies. This included strengthening preparedness capacities for future outbreaks,³⁵ particularly in regions where the pandemic had not peaked.

At global and regional levels, UNFPA provided normative guidance through [35 technical briefs](#) to steer staff and partners in continuing to provide programmes and services during the COVID-19 pandemic through adapted protocols and alternative programme-delivery methodologies. UNFPA also contributed to a practical guidance to monitor the effects of COVID-19 on essential health services and use routine data to ensure the continuity of essential services. The guidance, standards in programming and direct service provision were often further adapted at the regional and country levels to ensure hardest-to-reach and most vulnerable populations were included. Within the context of United Nations country teams and in response to immediate national needs,

guidance and emergency technical assistance was provided broadly in service provision for integrated health-care services and violence prevention and mitigation, as well as for essential public-health information and health-education dissemination. Through these adaptive processes, UNFPA drew on existing networks in programme countries, through formal ministries as well as through social networks, often established by youth volunteers and young professionals with the social media and communications skills for effective community-level outreach.

UNFPA supports the Global Outbreak Alert and Response Network (GOARN) led by WHO. Since the beginning of the pandemic, UNFPA has been part of the collective efforts on risk communication and community engagement (RCCE) and, together with UNICEF, is leading a sub-working group on young people and RCCE. UNFPA partnered with organizations such as WHO, UNICEF, Avenir Health and Columbia University to develop COVID-risk models that allow countries to consider the trade-offs associated with the halting of reproductive, maternal, newborn, child and adolescent health (RMNCAH) services and the corresponding COVID-transmission risk. These models introduce alternative measures to reduce COVID risk while delivering services and providing service coverage.

The COVID-19 pandemic revealed that whenever distance impairs the delivery of adequate care, telemedicine can be a good substitute. Even prior to the pandemic, telemedicine had gained substantial momentum, especially in low-income settings.³⁶ It solves logistical constraints, provides support to weak public-health systems and connects global networks of health-care workers. Today, a central way that women are engaging with telemedicine is using mobile-phone health-monitoring apps (mHealth). In geographies where the ratio of health-care providers to patients is high, mHealth will likely continue to be a useful solution for access to health information, consultations and disease diagnosis, even after the pandemic. However, it is important to acknowledge both that access to mobile devices and connectivity are a further challenge for many, and that telemedicine cannot replace the quality of care provided face to face. This applies

35 For example, through training of local partners in the Minimum Initial Service Package.

36 Rachel Jones and others, 'A Short Message Service (SMS) increases postpartum care-seeking behavior and uptake of family planning of mothers in peri-urban public facilities in Kenya', *PLoS One*, vol. 15, No. 9, e0239213 (30 September 2020), doi: 10.1371/journal.pone.0239213. PMID: 32997684; PMCID: PMC7526914.

particularly to personalized care, such as midwifery care, where the bonding experience between midwife and client is an important prerequisite for positive maternal and newborn health outcomes. “Alternative systems of service delivery (such as remote antenatal and postnatal care) and remote systems of addressing education and training had to be quickly found and disseminated. The demand for e-modules and e-facilitation skyrocketed, resulting in new partnerships being launched.”³⁷

COVID-19 has forced many women around the globe into additional unpaid labour and responsibilities at home, often while still engaging in paid work at home or outside. Women also comprise 70 per cent of the health-care workforce (e.g. midwives), putting them at additional risk from the virus. The demands of increased work coupled with limitations on mobility during the pandemic have negatively impacted women’s ability to participate fully in public life. Breaking down such deeply entrenched social norms necessitates funding, investment and commitment to ensure the unfair and inevitable burden that women and girls face is addressed.

Partnerships with global and regional experts including the Burnet Institute and Maternity Foundation enabled Asia and the Pacific Regional Office (APRO) to rapidly respond to the needs of countries and to develop cost-effective, innovative and impactful training resources and materials. Despite the restrictions that COVID-19 placed on travel and field mission support and workshops that were all cancelled, APRO was able to use webinars as an opportunity to reach even wider audiences including Ministries of Health and Midwifery associations and health workers in a way that we had not tried before. Despite the limitations of internet connectivity, digital experience and literacy, we overcame these barriers and successfully shared vital technical updates and enabled experience sharing.³⁸

During the initial months of COVID-19, there was an evident need for engagement in the spheres of social protection, food security and monitoring human rights violations, particularly for key populations. UNFPA increased training on the use of Cash Voucher Assistance (CVA) within key populations programming for staff working primarily in development programming; it also increased training on strengthened linkages within the humanitarian–development settings to enhance ongoing work with key populations.

Many key populations are living in crowded areas such as townships or slums, in conditions that put them at greater risk of contracting COVID-19. To address this information gap and ensure continuous access to STI [sexually transmitted infection] services, communities in Tajikistan proposed establishing a hotline for key populations on HIV/STI prevention in the context of COVID-19. A hotline was therefore established, fielding calls about COVID-19 and STI/HIV prevention; callers were referred to infection hospitals, dermatological centers, and reproductive health centers.³⁹

As the pandemic situation continued to evolve, UNFPA identified and responded to the increased demand for mental health and psychosocial support services: support related to GBV as well as to the specific, emergent needs of young people and older persons brought on by isolation. UNFPA leveraged partnerships with youth networks, religious and traditional leaders, and women’s rights and women-led organizations to support risk communication, community engagement in primary prevention and stigma reduction. This was to ensure women and girls’ agency, decision-making and voice with a constant focus on their safety, dignity and rights. The multi-sectoral approach employed by UNFPA served to safeguard and support families and communities, and built their knowledge and capacities to protect themselves and prevent further spread of the virus. Front-line interaction with communities positioned women and young people in particular to positively influence the design and implementation of prevention activities and community engagement.

Online interventions ensured direct contact between beneficiaries that were previously inaccessible, and specialized service providers. Also, this approach promoted the work of the health centers among targeted communities and allowed interactive and lively discussions on gender topics both between beneficiaries and service providers, and among beneficiaries themselves; these seeds of transformative change were observed in a number of online interventions.⁴⁰

37 Sexual and Reproductive Health Branch Annual Report 2020. Internal.

38 UNFPA Asia and the Pacific Regional Office Annual Report 2020. Internal.

39 UNFPA Tajikistan Annual Report 2020. Internal.

40 UNFPA Syrian Arab Republic Country Office Annual Report, 2020. Internal.

Data as an accelerator

“The UN response, in support of national government efforts, recognizes the centrality of government’s role and the availability of quality data as the cornerstone of the COVID-19 response.”⁴¹

As such, UNFPA worked in concert with other United Nations agencies to quickly assess the socioeconomic impact of COVID-19, conducting inter-agency socioeconomic impact assessments in 56 countries, as well as rapid assessments in the areas of GBV, SRH and youth services.



Most [socioeconomic impacts] assessments (SEIAs) note the disproportionate impact on the poor and women as a cross-cutting theme, including the loss of livelihoods, the inadequacy of coverage and fragility of social protection systems, the high burden on informal workers, the impact of remittances flows reduction, vulnerabilities based on demography, and social stratifications. The fact that pre-existing inequalities make certain population groups less able to cope with the impacts of the pandemic is an underlying theme in various country assessments.⁴²

Conducting regular mapping with national and local actors of community-based services helped identify needs and support an evidence-based response. This mapping during the COVID-19 lockdown helped to identify and reach under-served communities with GBV, SRH and psychosocial services. It also provided evidence for the need for safe spaces for children and youth resulting from school closures. Given lockdown and mobility restrictions, it was not always possible to conduct planned data mapping or surveys, especially in remote areas or those affected by other natural disasters or conflict. In some cases such data collection was postponed; in other cases UNFPA country and regional offices provided normative guidance and technical support to advance alternative data collection methods or sources to ensure the needs of the most vulnerable populations were identified and addressed.

UNFPA launched the COVID-19 Population Vulnerability Dashboard⁴³ interactive tool (see Figure 3) to provide United Nations agencies, governments and policymakers, public-health and front-line workers, and the general public with access to data on populations vulnerable to COVID-19. The aims were to improve and inform preparedness and response, and to save lives. The dashboard highlights population vulnerabilities at the national and subnational levels, using data

UNFPA country office staff recognized early in the pandemic the need for rapid-assessment data to inform COVID-19 interventions, spearheading COVID-19 impact assessments on SRH and increased risk of GBV among women and girls, including those most vulnerable such as persons with disabilities, older persons, refugees, internally displaced persons, migrants, youth and key populations. Decades of experience within national statistics offices and through coordination within the United Nations system positioned UNFPA as a key agency to conduct rapid assessments of the needs of specific population groups, aware of the importance of disaggregated data to address discrimination and entrenched inequalities, and to ensure that no one was left behind as the pandemic unfolded.

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. The dashboard includes daily updates on COVID-19 cases and deaths, and global data on health-sector readiness.

During 2020, strategies were established to update the needs analysis, the mapping of actors and services and to monitor the response in SRH/GBV, including the permanent update of the SRH/GBV services available in UNFPA Colombia and Venezuela, which allowed the positioning of SRH and GBV issues in the different humanitarian response plans such as HRP (Humanitarian Response Plan), RMRP (Regional Refugee and Migrant Response Plan for Refugees and Migrants from Venezuela 2020), response plan to COVID-19, returnees response plan, migrant chapter of GIFMM (Interagency Group on Mixed Migratory Flows); and maintain leadership and organized response in terms of comprehensiveness, synergies, availability and analysis of information on sexual and reproductive health and GBV, which facilitated targeting and developing actions in contexts of greater vulnerability and mobilizing resources of \$3,533,000 for humanitarian response.⁴⁴

41 UNDP, “Brief #2: Putting The UN Framework for Socio-Economic Response to COVID-19 into Action: Insights” (June 2020), p. 4. Available at <https://www.undp.org/content/undp/en/home/coronavirus/socio-economic-impact-of-covid-19.html> (accessed on 28 April 2021).

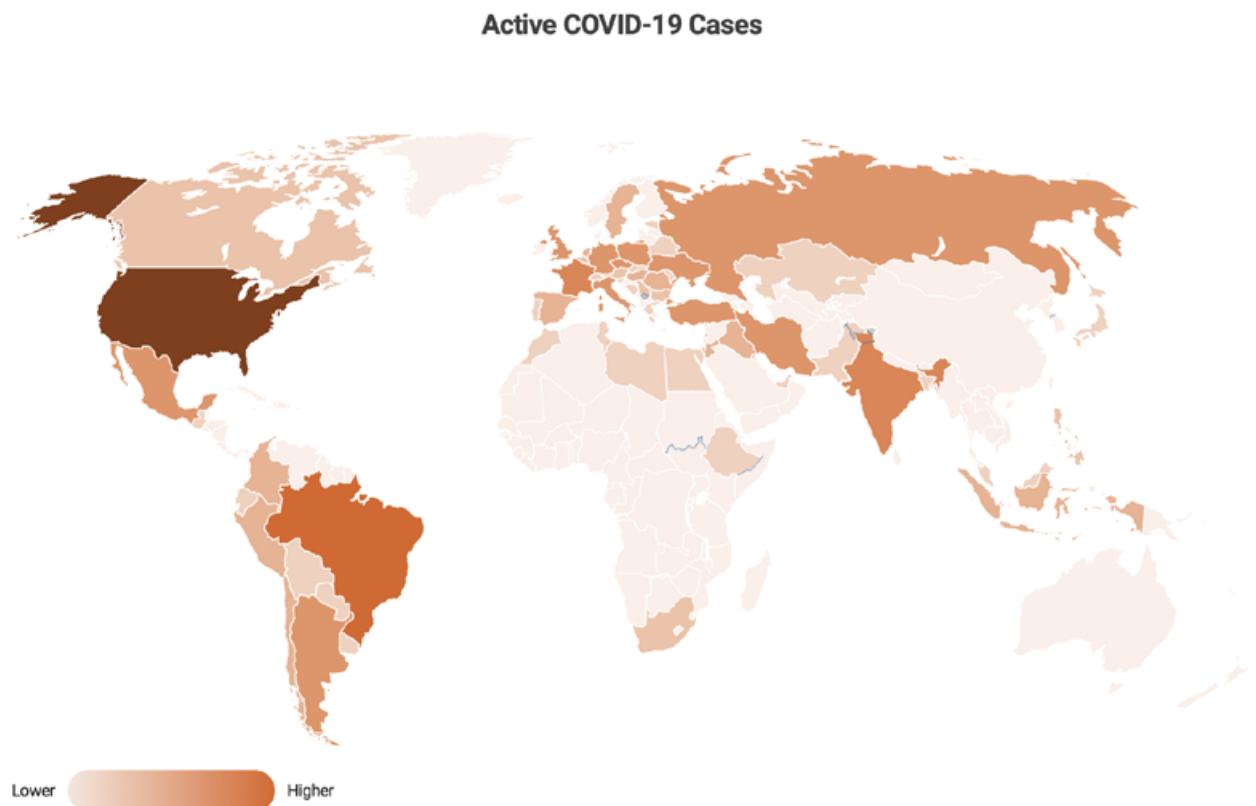
42 Ibid.

43 https://covid19-map.unfpa.org/?_ga=2.132449486.130883422.1615900792-961967777.1615900792

44 UNFPA Colombia Annual Report 2020. Internal.

FIGURE 3: COVID-19 POPULATION VULNERABILITY DASHBOARD

● Per cent of persons age 65 and older ● Active COVID-19 Cases ● Active COVID-19 cases per 100,000 ● Total COVID-19 deaths



COVID-19 Population Vulnerability Dashboard

Data on population risk factors can help governments prepare and respond to the pandemic and save lives. The UNFPA COVID-19 Population Vulnerability Dashboard provides decision makers, experts and the general public with access to information on populations and risk in order to target preparedness and response.

Map Disclaimer: The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

Ninety per cent of the 89 country offices responding to the UNFPA COVID-19 data survey conducted in December 2020 reported that their host government had instituted a functional multi-sectoral coordination mechanism for GBV during the COVID-19 pandemic; 70 per cent reported that there was a functioning coordination mechanism for SRH services; 63 per cent of the national COVID-19 response and recovery plans contained systematic mapping of the most vulnerable and marginalized groups; and 74 per cent of the national COVID-19 response and recovery plans included special measures for protection and access to health services/equipment for the marginalized groups.

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 continues to support efforts to learn more about the COVID-19 virus and its impact so as to better serve the most vulnerable, understanding that certain groups are at high risk for mortality from the COVID-19 virus. UNFPA seeks to support the collection of data to ensure that everyone is counted, and no one is left behind.

Census

Population census activities have also been affected dramatically by the COVID-19 pandemic. Only 11 of the 49 programme countries scheduled to conduct censuses in 2020 did so; their priority was to reduce the risk of transmission for all census personnel and the general public. UNFPA published

recommendations⁴⁵ on how to reduce the risk of transmission and the procurement and use of PPE during census activities.

Domestic and donor financing for censuses were diverted to address COVID-19, leaving the census without crucial funds, resulting in cancellations and postponements. Initially UNFPA recommended postponement rather than cancellation of census plans, stressing the value of census data. UNFPA further discouraged countries from using new data collection methods at short notice in order to avoid compromising quality, noting that untested methods are likely to face unexpected challenges. Instead, UNFPA recommended continuation of census preparations, including adaptations to the COVID-19 context, and using other existing data sources, such as the Demographic and Health Survey, to provide statistical information until a census data set could be obtained safely. And as the pandemic advances, new forms and methods to safely implement censuses are being considered and supported.

UNFPA launched the [COVID-19 Impact on Census dashboard](#)⁴⁶ 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.

"The data collection for the Mixed Migration project was supposed to start in the spring, but it was halted because of the COVID-19 pandemic. Questionnaire and methodology for the data collection were changed to phone modality (instead of face-to-face). It was difficult to get ethical protocol approvals for the new data collection modality with the national authorities."⁴⁷

Continuity of capacity strengthening is critical to maintaining expertise, sustaining census preparations, and sharing examples of how to use census data for development and humanitarian action, including pandemic preparedness and response. Support from UNFPA to national statistics offices for capacity strengthening shifted to virtual, alternative modalities of technical assistance, and workshops were redeveloped for virtual delivery. UNFPA provided technical and operational support to countries proceeding with census plans during the pandemic to ensure successful and safe implementation. In some cases, countries were able to successfully implement censuses in spite of seemingly insurmountable odds.

45 <https://www.unfpa.org/resources/guidance-note-personal-protection-equipment-ppe-recommendations-census>

46 <https://pdp.unfpa.org/censuscovid19/>

47 UNFPA West and Central Africa Regional Office Annual Report 2020. Internal.

Vanuatu faced double emergency scenarios in 2020: a category 5 tropical cyclone, affecting nearly half the population of Vanuatu, and the global pandemic of COVID-19, closing borders and triggering emergency responses and procurement challenges due to cargo delays. This meant that many sectors were overloaded. Despite the challenges, Vanuatu National Statistics Office undertook the data collection for the 2020 population and housing census, with only minor delays due to COVID-19 lockdowns. Census enumeration in Mexico was interrupted by the pandemic, but adaptation and implementation of health protocols allowed the National Institute of Statistics and Geography (INEGI) to successfully implement the census. UNFPA Congo was able to complete digital census mapping, with a response rate of 99 per cent, and no case of COVID-19 infection among the 300 collection agents. The country now has a geo-referenced database on the population and basic socioeconomic infrastructure that can be used to shape the national decentralization policy. In Brazil, while the census is being delayed, UNFPA is supporting the Brazilian Institute of Geography and Statistics (IBGE) to estimate population or household density to produce interim estimates and more accurately plan the field phase of the population census, in real-time monitoring during data collection and also after the census, and in the evaluation of the results once the census can be conducted. In the Arab States region, censuses were delayed as a result of COVID-19, yet there are good examples, such as in Oman, where a digital census was completed at the end of 2020.

ConVERGE

In the context of the COVID-19 pandemic, access to complete, reliable and timely data is a fundamental requirement for epidemiological surveillance and the assessment of the impact on mortality dynamics. Several studies suggested that mortality and morbidity rates from COVID-19 are significantly higher than officially published figures. This is because the number of recorded cases depends on the type and quantity of testing procedures carried out in the country and on how deaths are classified according to their determinant cause, among other factors. Furthermore, the official report of COVID-19 deaths does not capture its indirect effects on the mortality risk for the population due to limited access to hospital-based services, care and treatments, the reluctance to go to health facilities resulting from fear of contagion associated with lockdowns.

Misreporting on the true number of infections and deaths can lead to biased estimates and forecasts, suboptimal public-policy response and institutional credibility risks. In order to help address these issues, the UNFPA Latin America and Caribbean Regional Office (LACRO) launched Measuring the Overall Impact of COVID-19 on Mortality in Latin America and the Caribbean



within the Connecting Vital Events Registration and Gender Equality (ConVERGE) initiative. This initiative aimed at (a) mapping the availability of annual/monthly data on registered deaths in Latin America and the Caribbean, by country and key variables (admin level, sex, age, ethnicity, cause of death); (b) compiling and harmonizing the data, and generating a mortality database with information on COVID-19 deaths and all-cause deaths for 2015–2019 and 2020; (c) producing specific indicators and estimates on COVID-19 associated mortality and excess deaths; and (d) creating a visualization tool to enhance the use of this information.

The ConVERGE initiative has also supported the generation of country-focused analysis of COVID-19 mortality and excess deaths in Chile, Ecuador and Peru, which showed the significant magnitude of the mortality increase in 2020 and its disaggregation by month, geographic location and sociodemographic group.

Flexibility and adaptation

In order to achieve planned results and meet the emergent needs in UNFPA programme countries, UNFPA country offices were empowered to adapt, reprogramme, coordinate and respond. UNFPA staff and partners showed agility and flexibility in implementation strategies, often shifting models, expanding

beyond our typical partnerships, and relying on the innovation and energy of young people as partners. UNFPA adapted implementation and reporting policies to facilitate country-level response, allowing reprogramming to meet local needs at national and subnational levels, and introducing adapted procedures and enhanced guidance for remote monitoring, spot checking and audit guidance to facilitate the work of implementing partners and ensure accountability, even under the most challenging conditions.

Wherever possible, UNFPA staff shifted planned activities such as trainings and coordination meetings to online platforms, and direct care was facilitated through procurement and distribution of PPE and supplemented by tele-health services. In many countries this shift enabled planned activities to move forward and resulted in significant expansion of participation and services along with reduced costs. However, this move required planning, technology and changes to curricula. Some countries also reported that shifting to on-the-job as opposed to off-site training for health workers led to reaching more workers with targeted skills training than planned.

“Due to the COVID-19 pandemic, professional development activities for social care providers were adjusted to an online format. It allowed for many specialists from all regions of Belarus to participate in them. It also boosted networking

and experience exchange among specialists on domestic violence/GBV response.”⁴⁸

Whereas initially UNFPA country office workplan implementation appeared delayed, by the year-end implementation rates had caught up to and in some cases surpassed 2019 levels: **84 per cent of planned milestones were achieved in the fourth quarter, comparable to 2019 and 2018 (86 per cent each year) in the same quarter.**

“At the onset of the COVID-19 pandemic, the Maternal Health Thematic Fund allowed reprogramming of funds and interventions to ensure the continuity of essential services like maternal health, family planning services, GBV screening and response. With these reprogrammed funds, the country office was able to procure and distribute Personal Protective Equipment (PPE) for midwives.”⁴⁹

Many countries reported adapting delivery sequence and needing to shift activities slightly to engage participants in new and different ways to maintain their attention. In countries with better Internet access, this shift facilitated learning and coordination; however in areas where networks are censored or otherwise limited, or in areas where vulnerable populations became unreachable by typical means, UNFPA and partners relied on additional creative solutions, such as use of intranet for trainings, or newer technologies, such as drones, to reach isolated populations. UNFPA Congo provided “useful and vital information, and messages in local languages on barrier measures against COVID-19... through the use of drones, in the most remote localities, including camps of indigenous populations in the heart of the equatorial forests”.⁵⁰

Partnerships and coordination

“We stand together or we fall apart.”⁵¹
Natalia Kanem

UNFPA works within international humanitarian and development coordination systems to ensure that the needs of women, girls and young people are included in COVID-19 guidance, response plans and country-level implementation. By the end of 2020, 92 per cent of UNFPA programme countries

had a functional multi-sectoral coordination mechanism for responding to the COVID-19 pandemic. In addition, 72 per cent of the programme countries had a coordination mechanism for GBV, and 63 per cent of UNFPA programme countries had a multi-sectoral working group to respond to mental health and psychosocial support needs.

UNFPA has actively engaged at the global level in the Inter-Agency Standing Committee (IASC) Principals meetings coordinating the IASC collective COVID-19 response, as well as in the Secretary-General’s Executive Committee for high-level decision-making in the overall COVID-19 response. Additionally, UNFPA has served as the lead agency for maternal health, youth and gender on the United Nations framework for the immediate socioeconomic response to COVID-19.

The Humanitarian Office of UNFPA collaborates in the IASC Operational Policy and Advocacy Group (OPAG) and the OCHA-led GHRP process. UNFPA co-authored the health pillar of the United Nations framework for the immediate socioeconomic response to COVID-19, and provided contributions to the other pillars of social protection and basic services, economic recovery and multilateral collaboration.

As the lead agency of the GBV AoR under the Protection Cluster led by the United Nations High Commissioner for Refugees (UNHCR), UNFPA is leading GBV coordination groups in 43 out of the 63 countries covered by the GHRP. 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 the mandate of UNFPA 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 GHRP process.

To support field clusters, GBV AoR organized six technical and thematic sessions as part of the Global Protection Forum 2020. With high participation from coordinators and other humanitarian practitioners in the field, the webinars stimulated discussion on the needs and gaps in service provision and showcased good practices from different humanitarian contexts.

At the regional and country levels, UNFPA participates in the WHO Regional Crisis Management Group and various coordination mechanisms, including the United Nations country team and humanitarian coordination team. It also supports the respective national COVID-19 preparedness and response plans ensuring integration of SRH and GBV concerns, and mitigation of social and economic impacts, including protection from GBV and prevention of sexual exploitation and abuse. UNFPA leads SRH working groups under the WHO-led health cluster to prioritize and coordinate SRH services and supplies. In

48 UNFPA Belarus Annual Report 2020. Internal.

49 UNFPA Uganda Annual Report 2020. Internal.

50 UNFPA Congo Annual Report 2020. Internal.

51 Natalia Kanem, Executive Director of UNFPA, address to the UNFPA General Staff Meeting, 09 February 2021.



Zimbabwe, for example, UNFPA collaborated with the World Food Programme and other food security and nutrition actors to ensure that contraceptives and condoms were distributed alongside general food distribution.⁵² Information on the importance and availability of sexual and reproductive services was also shared with communities during food distribution sessions in the communities. Inter-agency collaboration has proven that “coordination and synergy with other agencies of the system improves the timeliness and comprehensiveness of care, especially for groups in the most vulnerable condition.”⁵³

Support and collaboration between headquarters, regional office and country offices became more systematic and enabled faster action and positioning for UNFPA at country level... Interagency collaboration, particularly with WHO and UNICEF, became crucial in enabling UNFPA to play a leading role in ensuring SRH & RR [sexual and reproductive health and reproductive rights] remained positioned as essential services during the COVID-19 response... APRO co-chaired the Asia Pacific Interagency Network on Youth (APINY) with UNV [United Nations Volunteers], involving youth partners and coordinated the regional information-sharing on COVID-19 related information on Youth... Travel restrictions compelled regional offices to monitor, provide technical support and foster cross country learning through online platforms.⁵⁴

52 The practice of pairing contraceptives, family planning information and COVID-19 prevention and referral information together with COVID-19-related supplies and/or food distribution was common throughout the global work of UNFPA in 2020.

53 UNFPA Colombia Country Office Annual Report 2020. Internal.

54 UNFPA Asia and the Pacific Regional Office Annual Report 2020. Internal.

In early 2020, UNFPA's Regional Office in Eastern Europe and Central Asia reshaped its Joint Sexual and Reproductive Health programme with WHO/Europe in line with the COVID-19 response plan with a particular focus on reducing the impact of COVID-19 on maternal health and unmet need for family planning. A joint regional programme between UNFPA EECARO [the Regional Office for Eastern Europe and Central Asia] and WHO/Europe accelerated the intercountry and interagency cooperation in Central Asia and Western Balkans; joint efforts of UNFPA, WHO, Ministries of Health and national experts resulted in successful technical cooperation and knowledge exchange on countries' challenges and solutions. In 2021 these results will be transformed into sustainable cooperation mechanisms for accelerating the transformative agenda in the area of SRH & RR.⁵⁵

In April, 2020 UNFPA produced the [Technical Brief on Implications of COVID-19 for Older Persons: Responding to the pandemic](https://www.unfpa.org/resources/implications-covid-19-older-persons-responding-pandemic)⁵⁶, which emphasizes the humanitarian imperative of addressing older persons' specific needs within preparedness and response to the COVID-19 pandemic, by focusing on the human rights, health and protection of older persons. UNFPA has for decades focused on the rights and health of older persons, documenting demographic shifts, developing innovative programmes that draw attention to mental and physical health needs throughout the lifespan, and promoting healthy ageing programmes. “Europe is the region with the world's largest proportion of older persons. Almost 1 in 4 Europeans – 24% of the continent's total population of 850 million – is 60 years or older. Older adults are at significantly higher risk of severe illness and death from COVID-19.”⁵⁷ In the context of COVID-19, the UNFPA Regional Office in Istanbul, together with WHO, the United Nations Economic Commission for Europe (UNECE), the Office of the United Nations High Commissioner for Human Rights (OHCHR) and HelpAge International launched a joint programme on ageing, specifically designed to uphold the rights and dignity of older persons through health, social care and enabling environments in Europe and Central Asia. In Costa Rica, UNFPA is supporting the generation of the latest demographic and socioeconomic intelligence to support the design of a new ageing and old-age policy and action plan.

55 UNFPA Eastern Europe and Central Asia Regional Office Annual Report 2020. Internal.

56 <https://www.unfpa.org/resources/implications-covid-19-older-persons-responding-pandemic>

57 <https://eeca.unfpa.org/en/publications/ageing-populations-covid-19-risk>



Lockdown restrictions drastically impacted the production of health supplies and there was a general lack of availability of containers, sea routes, and flights to transport goods. Widespread global demand led to critical shortages, disproportionately affecting many low and middle-income countries. The critical sexual and reproductive supplies in the lives of women and girls were not an exception. These included the manufacturing of condoms, other modern contraceptives, and maternal health supplies, which are also part of the Inter-agency Reproductive Health (IARH) kits UNFPA delivers to humanitarian settings.

In the early days of the pandemic, the health supply chain faced many challenges. Beyond stockouts and bottlenecks, some manufacturers were working at a lower capacity due to restrictions, and others were introducing products of sub-standard quality. Prices also increased due to insufficient raw materials. Without appropriate protection, health workers were at risk of catching the virus. A rapid procurement and delivery of supplies were key to ensure they could continue to care for their patients and to help make sure health clinics could stay open for routine vaccinations, maternal and neonatal care, and sexual and reproductive health services.

Finding solutions to keep health systems running

In response to a disrupted supply chain, UNFPA proposed combining procurement efforts across agencies for a joint market approach. UNICEF, the UN's largest procurer of goods and services, agreed to lead this collaborative exercise on behalf of UN Agencies and interested NGOs to meet immediate demand and support countries with limited buying power to access essential supplies.

In an unprecedented joint procurement collaboration with 11 UN agencies and two international NGOs,* the participating agencies contributed to securing access to a sustainable supply of affordable PPE.

UNFPA was able to procure Personal Protective Equipment worth \$29 million for 101 countries in 2020. This comprehensive response included masks, gowns, goggles, face shields, and gloves. The availability of these products ensured that frontline workers and patients received proper care. Women and girls were able to access sexual and reproductive health services, including antenatal care, family planning supplies, and social services related to GBV.

United to deliver as one

Behind the scenes, there was a group of experts in the Procurement Hub in Copenhagen, where UN agencies work to source, buy, and contract supplies. The UNFPA Quality Assurance and Strategic Procurement Cluster Teams, along with experts from 8 agencies assessed companies and products, including reviewing almost 400 items for acceptable quality, safety, and performance. From this, 15 long-term agreements were signed covering 34 products for PPE. These agreements were pivotal for stabilizing the supply chain, providing security, and easing planning and forecasting.

Working as one with manufacturers and industry leaders resulted in one of the largest worldwide PPE tenders. By pooling resources and expertise, and leveraging their combined procurement spend, UN agencies were able to help meet the urgent demand for quality and affordable PPE.

UNFPA will continue to work together with our partners to understand the market challenges, share joint forecasts, and assess solutions to increase access to quality-assured supplies. Sexual and reproductive health supplies are essential to guarantee access to universal health care for all.

** The following United Nations agencies and non-governmental organizations (NGOs) participated in the joint tender: the International Atomic Energy Agency (IAEA), IFRC, the International Organization for Migration (IOM), Médecins Sans Frontières (MSF), the Pan American Health Organization (PAHO), UNDP, UNFPA, UNHCR, UNICEF, the United Nations Office for Project Services (UNOPS), the United Nations Procurement Division (UNPD), the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA) and WHO.*

*** Procurement values do not include PPE procurement from other sources.⁵⁸*

In addition to coordination within the United Nations system, at country, regional and headquarters levels, UNFPA established new and solidified existing partnerships. In 2020, UNFPA signed

114 new partnership agreements and attracted 70 first-time partners.

58 <https://www.unfpa.org/updates/un-collaboration-ensures-critical-ppe-supplies-reach-healthcare-workers-forefront-covid-19>. Updated April 2021 with UNFPA 2020 total PPE figures for 2020.

“The pandemic generated solidarity and made it possible to re-establish spaces of trust with former allies, allowing joint actions to be developed in response to COVID-19, which in other circumstances would have been difficult to achieve.”⁵⁹

UNFPA strengthened partnerships with community-based organizations to prevent, remedy, respond to and mitigate COVID-19 pandemic-related outcomes, in some cases opening new possibilities for partnerships, including with faith-based organizations. In 2020, UNFPA partnered with some 3,000 religious community organizations to respond to the COVID-19 pandemic. In Kyrgyzstan, for example, “media, video, infographics and communication activities were carried out among the population and religious community to support the understanding of unmet need for family planning during COVID-19. Volunteers supported 46 mobile teams, raised awareness of 15,000 members of the target population, and

distributed hygiene kits in affected/red zone areas, especially during lockdowns and quarantine periods.”⁶⁰ In some areas, adaptation to online formats enabled expansion of existing partners to a broader range of participants, including women religious leaders who otherwise would be unable to participate in offline events – online events provided a safe space in which they could be involved in training activities. In Uganda, through community engagement by cultural and religious leaders, over 10 million people were reached with SRH & RR social norm change messages, and the Interreligious Council of Uganda congregating seven major faith denominations endorsed a pastoral letter (policy guidance) on sustained SRH/HIV/GBV programming integrated with COVID-19 risk management.

New possibilities for partnerships also opened with the private sector. At the headquarters level, UNFPA partnered with a software company for increased visibility, production of knowledge products, and execution of media campaigns.

59 UNFPA Paraguay Country Office Annual Report 2020. Internal.
 60 UNFPA Kyrgyzstan Country Office Annual Report 2020. Internal.

FIGURE 4: #YOUTHAGAINSTCOVID19



In partnership with Prezi and youth partners, UNFPA launched the global campaign #YouthAgainstCOVID19 (see Figure 4), providing a platform for young people to create and disseminate content on the pandemic and how they are affected, including topics such as SRH & RR, mental health and gender equality. With translations into more than 20 languages, and over 500,000 impressions on social media platforms, the campaign reached young people in all regions and allowed them to be engaged as communicators and influencers. Other creative partnership solutions developed in the context of COVID-19 include the partnership in Moldova bringing together UNDP, WHO, UNFPA, UNICEF, the European Space Agency and private-sector companies to establish a Big Data for COVID-19 Partnership using cross-sector data sets (e.g. mobility, electricity consumption, Internet traffic) to better understand and tackle emergent problems. In partnership with the regional youth-led movement Teenergizer, EECARO addressed the impact of COVID-19 on youth health and well-being by supporting the #StaySafe campaign aimed at empowering youth to feel safe and protected during the pandemic and beyond, and to become agents of change within their own families. The campaign reached over 2.5 million young people with online thematic videos, information messages and web broadcasts on popular social media platforms. More than 1,000 young people living with HIV in six countries of Eastern Europe and Central Asia were reached with online support groups, peer-to-peer counselling and educational training.

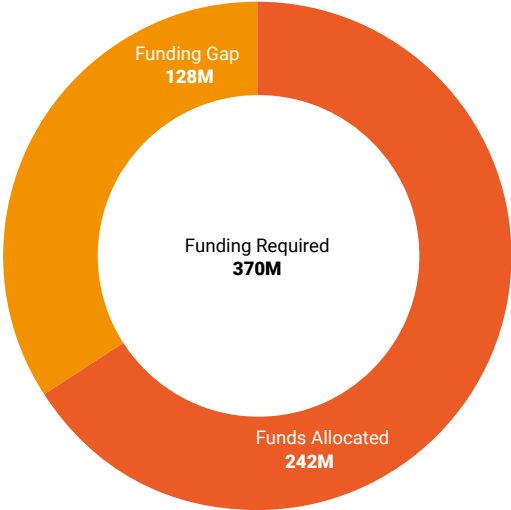
Resource mobilization

In anticipation of the economic impact on currency and market volatilities brought about by the COVID-19 pandemic, donors stepped up and fast-tracked payment of their 2020 commitments. In May 2020, 85 per cent of core contribution payments had already been received. The availability of core funds helped facilitate timely procurement in emergency response, contributing to the first strategic priority of the Global Response Plan: continuity of sexual and reproductive health services and interventions, including protection of the health workforce.

In June 2020, UNFPA updated its [Global Response Plan](#)⁶¹ with an appeal for \$370 million to respond to the COVID-19 crisis. By the end of the year, \$242 million of the total appeal funds had been allocated, leaving a funding gap of \$128 million (see Figure 5).

Despite the uncertainties created by the unprecedented global health crisis, UNFPA exceeded its overall funding target of \$1 billion in 2020. As of 31 December 2020, UNFPA co-financing

FIGURE 5: GLOBAL FUNDING STATUS



revenue was above the target of \$650 million, of which approximately \$94.8 million (14.5 per cent) was earmarked for COVID-19 response interventions. Of approximately \$270 million received for humanitarian action, about \$72.6 million was for COVID-19. More than one fifth of total UNFPA COVID-19 funding and one third of total humanitarian funding came from United Nations entities or the World Bank.⁶²

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 (\$12.9 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.

UNFPA continues to advocate for quality funding and better programming. In line with IASC commitments, UNFPA is committed to addressing barriers to cascading quality funding to frontline responders and to continuing to ease requirements especially in the context of COVID-19. The recent UNFPA and UN Women study on funding for gender equality and the empowerment of women and girls in humanitarian programming underlines the current lack of a tracking mechanism for gender funding flows in humanitarian response. It shows the importance of increasing

61 https://www.unfpa.org/sites/default/files/resource-pdf/UNFPA_Global_Response_Plan_Revised_June_2020_.pdf

62 All 2020 funding data provisional.

investment to close the funding gap on programming, which must leverage partnerships and leadership of women's organisations in designing and delivering humanitarian responses.⁶³

In 2020, UNFPA mobilized over \$41 million from the private sector, of which \$8 million benefited the COVID-19 response. UNFPA also negotiated with corporations to receive in-kind contributions of goods in the form of PPE and products included in dignity kits, and to produce and disseminate information to the general public on COVID-19, with a focus on the impact of the pandemic on SRH.

Continuity of sexual and reproductive health services and interventions

UNFPA prioritized keeping health systems functioning to ensure the availability of SRH services during the pandemic. It supported the protection of the health workforce to provide services and to limit the spread of COVID-19, procured quality-assured PPE for front-line health workers worth \$29 million in 101 countries, and provided dignity kits to address the hygiene needs, including menstrual, of women and girls. UNFPA supported COVID-19 Humanitarian Operation Cells, or similar mechanisms, to address service delivery constraints and advocate for physical access to services. In 2020, UNFPA distributed a total of 1 million dignity kits in 58 countries. Overall, nearly 50 million women and young people were reached with SRH services with the support of UNFPA.

Adaptations implemented by UNFPA offices at all levels helped to maintain or increase the use of SRH services during the COVID-19 pandemic. Headquarters-level partnerships with other United Nations agencies such as WHO and the World Food Programme ensured new pathways to the delivery of quality commodities in an expedited and integrated manner.

UNFPA Headquarters also issued [evidence-based guidance for maternity services during COVID-19](#).⁶⁴ The guidance highlights the three-pronged response by UNFPA to the COVID-19 pandemic within maternity care: (a) protecting maternity service providers and the maternal health workforce with full access to all PPE, sanitation and a safe and respectful working environment; (b) providing safe and effective maternity care to women that includes guidance on remote antenatal care and postnatal care; and (c) protecting maternal health systems.

63 UNFPA Global Situation Report #6, September 2020: https://www.unfpa.org/sites/default/files/resource-pdf/COVID-19_UNFPA_Global_Situation_Report_6_September_2020_3.pdf

64 https://www.unfpa.org/sites/default/files/resource-pdf/COVID-19_Maternity_Services_TB_Package_UPDATE_2_14072020_SBZ.pdf

UNFPA regional offices received a surge of requests for urgent technical support, as countries in each region designed policies to prevent the spread of COVID-19. UNFPA issued recommendations and updated Standard Operating Procedures to empower health-care providers to protect themselves and feel confident in the delivery of life-saving services, such as emergency obstetric care, without infringing on human rights or further endangering patients' lives; examples include advising against mandatory caesarean sections for all deliveries, and allowing breastfeeding.

To enhance the capacity of IPPF [International Planned Parenthood Federation] affiliates across the Caribbean in remote service provision, the UNFPA Sub-Regional Office in the Caribbean approved a collaboration with Reprolatina. The implementing partner conducted a series of webinars targeting members of all IPPF Associations across the region with the goal of preparing them to ensure the continuation of quality SRH counselling and care during the COVID-19 pandemic. UNFPA also supported several IPPF affiliates to start providing remote counselling on SRH and in some cases home deliveries of contraceptives.⁶⁵

65 UNFPA Jamaica Sub-regional Office Annual Report 2020. Internal.



At the country level, UNFPA sought innovative and creative solutions to ensure continuity of service, from supporting alternative health-care provision modalities such as telemedicine, to new partnerships enabling those in need to access emergency care. UNFPA supported emergency hotlines as an alternative to in-person care. In Nepal, for example, UNFPA supported the establishment of two free helplines that provided 6,506 callers (2,250 male and 4,256 female) with information and counselling services on issues related to reproductive health. Of the two SRH helpline services supported by UNFPA, one was led by the Midwifery Society of Nepal in collaboration with the National Society of Obstetricians and Gynaecologists and Paropakar Maternity and Women's Hospital (PMWH); it was established at PMWH and staffed by three midwives. This helpline service is linked with the mobile-phone application Amakomaya – Mother's Love in Nepali – to track and provide essential support to pregnant and postnatal women and their newborns.

UNFPA promoted the wellness of first responders and other health-care personnel, including doctors, midwives and nurses, by avoiding crowding in health facilities to reduce infection risk for pregnant women and service providers. UNFPA also applied infection prevention and control measures, including the provision of PPE (masks, surgical masks, goggles) and sanitation and hygiene materials to health facilities, including SRH clinics. Country offices developed and disseminated messages around SRH and COVID-19 to partners, and provided online training for health and social workers to enhance their knowledge of COVID-19 and strengthen response mechanisms. In Mali, for example, sensitizations carried out at the community level on the continuity of reproductive health services enabled the health centres to reach and even exceed their initial targets.

In Bosnia and Herzegovina, "UNFPA through Boys and Young Men Centers was focused on raising awareness sessions and spreading prevention information related to COVID-19 pandemic and understanding the importance of maintaining personal hygiene. For this reason, UNFPA hired 2 experts working in Public Health Institution to organize and implement sessions focused on COVID-19 prevention and healthy lifestyles for migrants/refugees. Regular continuous SRH sessions continued from September 2020."⁶⁶

In addition to community sensitization and public-health messaging, UNFPA worked jointly with other United Nations partners in humanitarian contexts to provide basic hygiene and



other supplies to reduce risk of infection. In Syria, UNFPA and the World Food Programme scaled up an electronic voucher system targeting pregnant and breastfeeding women, who have heightened nutritional requirements, to help them purchase food and hygiene items from designated stores. Ultimately the joint programme aimed to reach an additional 70,000 extremely vulnerable families.

The dawn-to-dusk curfew imposed by the government early in the pandemic to limit the transmission of COVID-19 in the night hours, in turn restricted women from accessing emergency maternal health services during curfew hours. To address this challenge, a partnership between Amref, Kenya Healthcare Federation (KHF), UNFPA and other private sector partners joined forces. They launched the Wheels for Life initiative driven by a belief that no woman should die giving birth. The initiative responded to pregnancy-related emergencies at night where pregnant women called a toll-free line to talk with a doctor and if necessary, were provided with free emergency transport to a hospital or maternity clinic. The transport is provided by the taxi company Bolt where dedicated riders receive a free pass to drive during curfew hours or by an ambulance provided by Rescue company. In 2020, the Wheels for Life initiative received 54,518 calls and dispatched 732 cabs and 593 emergency ambulances to expectant mothers in need. Through its rapid response and simple approach to an emerging challenge, the initiative has contributed to reduced preventable maternal and newborn deaths in the context of COVID-19 pandemic.⁶⁷

66 UNFPA Bosnia and Herzegovina Annual Report 2020. Internal.

67 UNFPA Kenya Country Office Annual Report 2020. Internal.

Reprogramming enabled a total of 2,668 pregnant women to receive services due to the successful facilitation of health workers with (alternative) transport means to health facilities. Relatedly, pregnant women were also provided with transport to health facilities during the total lockdown (at the onset of COVID-19 pandemic). Provision of transport ensured access to critical reproductive health services especially antenatal care (ANC) and institutional delivery... Reprogramming of available funding/budgets and work plans to realign the plans and budgets to support continuity of essential health services and innovative approaches to delivery family planning services sustained service provision during the pandemic... The COVID-19 epidemic and resulting lockdown phases inspired innovations to sustain deliver and access to essential SRH & RR services resulting in documentation of promising practices with potential for replication in different parts of the country with persistent adverse conditions and more especially to enhance coverage for hard to reach population groups.⁶⁸

Addressing gender-based violence and harmful practices

UNFPA has sought to ensure the continuity of life-saving services for survivors of GBV and the most at-risk women and girls during COVID-19. UNFPA provided technical support at the country level for the inclusion of GBV response services as essential in COVID-19 response and recovery plans; it adapted its service delivery models for GBV management to scale up referrals for GBV survivors in way that was timely and ethical, and limited risk associated with COVID-19. As a result, **91 per cent of UNFPA programme countries were able to maintain or expand GBV prevention interventions.** UNFPA programme countries also ensured the continuity of safe spaces for survivors of violence. As of December 2020, 88 per cent of countries maintained or expanded the safe spaces. In addition, 71 per cent of programme countries were able to ensure women's access to justice through police and justice responses that address the impunity of perpetrators and protect women and children. In some areas, the strengthened advocacy and communication response by UNFPA during the pandemic resulted in vigorous awareness camps on GBV that led to increased reporting and identification of GBV cases.⁶⁹

The continuity of GBV services has been monitored as part of the GHRP for COVID-19. 53 per cent of GHRP countries reported

at least one interruption of GBV psychosocial services during the monitored period. During that same period, 42 per cent of GHRP countries reported some expansion of GBV psychosocial services to meet the GBV needs of women and girls.⁷⁰

In Tunisia, a quarantine shelter for women victims of violence was opened to ensure continuity of services during containment, and COVID-19 prevention kits were distributed to shelters of women victims of violence. And in Nepal, "UNFPA supported a total of 19 safe houses and shelter homes in six provinces that provided safe shelter services to a total of 1,531 GBV survivors and 151 dependent children, including a quarantine shelter in Kathmandu that accommodated GBV survivors who were infected with COVID-19."⁷¹

To deliver remote access to life-saving care and support, UNFPA innovated by connecting GBV survivors with mobile-phone apps, strengthening national helplines/hotlines, and providing women and girls with safe spaces. Remote methods were not universally accepted, however, as some communities lacked confidence in them, and many clients, especially the most vulnerable, lack access to phones. In some countries, UNFPA was able to provide free numbers in an effort to facilitate access. In other countries, such as Sri Lanka, information and communications technology (ICT) equipment and Internet were introduced in the shelters for clients to access online courses that enabled them to continue vocational training and other capacity-development courses without disruption by COVID-19.

The UNFPA–UNICEF Global Programme to End Child Marriage incorporated COVID-19 related adaptations in programming in 12 countries spanning South Asia, Arab States, East and West Africa. This was done by harnessing digital, technology-driven solutions (virtual sessions) as well as traditional media (radio programming) to maintain engagement with girls and to deliver life skills, health information and remote education; by repurposing community-targeted social and behavioural change communication to share accurate information related to COVID-19; and by ensuring the maintenance of essential health services, including SRH services, to provide adolescent girls with dignity and sanitary kits, ramping up child helplines and online platforms to provide case management and mental health and psychosocial support.

Through the UNFPA–UNICEF Joint Programme on the Elimination of Female Genital Mutilation, efforts were made to ensure the integration of FGM into COVID-19 Humanitarian Response Plans. Countries such as Burkina Faso, Gambia, Kenya and Uganda

68 UNFPA Uganda Country Office Annual Report 2020. Internal.

69 UNFPA Bhutan Annual Report 2020. Internal.

70 59 countries reported information on the availability of GBV services in the framework of the GHRP.

71 UNFPA Nepal Annual Report 2020. Internal.

ensured the availability of national helplines to respond to incidents of GBV and FGM. Due to school closures and disruptions in child protection services, community surveillance committees that track girls at risk of FGM and report cases to law enforcement proved to be more sustainable and resilient than formal protection mechanisms during COVID-19. In some cases, community surveillance was the only functioning protection mechanism for girls. Such models demonstrate the long-term investment in social norm change and resilience of community-driven mechanisms, so efforts will be made not only to replicate such models but also to integrate them into formal protection systems.

"As the situation in the country worsened, the need for the services of MHPSS, SRH and the like increased. GBV and SRH services should be prioritized as part of the package of essential services provided during any emergency in the initial stage. It will help prevent violence in the first place instead of just responding to the violence."⁷²

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.

Remote case management was implemented directly by six social workers who provided assistance to survivors through helplines, WhatsApp and email, as well as a cash solution for women with urgent protection needs to ensure their integrity and their safety. In this way, UNFPA managed to reach women who lived in remote and very vulnerable areas, who were confined and who otherwise would not have had access to services, such as the women treated in Arauquita and Tame, Colombia, where there was no face-to-face care, as well as to indigenous reservations and rural and urban settlements, even during times of greatest restriction of mobility due to COVID-19.⁷³

With the advent of the COVID-19 pandemic, UNFPA initiated an innovative approach with the creation of a new concept, the 'Coffee talk show' on the theme of female genital mutilation through a debate between 3 young peer educators. This talk show took place on social media which sparked a debate on the causes and consequences of the practice of FGM, the place of young people as a vector for changing social norms,

and the involvement of men in the fight against FGM. [The peer educators] discussed the practice of FGM as a way to control the sexuality of girls and women... [The Coffee talk show] reached 53,290 people on social media.⁷⁴

Under the leadership of UNFPA, a new project was set up: Strengthening the Socioeconomic Response with a Generational and Gender Perspective from the Promotion and Analysis of Evidence-Based Policies. It obtained resources from the UN COVID-19 Response and Recovery Multi-Partner Trust Fund (UN COVID-19 MPTF) to be executed between 2020 and 2022. This project proposes the establishment of a new basic protection floor by 2021, which will facilitate reaching people in situations of greater vulnerability, particularly women heads of households and women who work in the informal sector. An integrated data system will be used by the national government to improve the capacity of social protection policies to target groups in situations of special vulnerability in the COVID-19 context, particularly female heads of household in charge of children. This will allow redefinition of non-contributory social protection systems, the type of emergency support provided in response to the new challenges brought by COVID-19, and to deploy preparedness actions for future outbreaks.⁷⁵

Ensuring the supply of modern contraceptives and reproductive health commodities

UNFPA has worked with governments and other partners to strengthen the capacity to respond to and recover from COVID-19. Rapid assessments informed targeted strategies to support national capacity in planning and policy, training front-line care providers, ensuring continuity of supply chains, and reallocating resources and personnel to areas of high need in the pandemic context. In spite of disruptions to family planning service provision at the facility level, **at the end of 2020, 74 per cent of UNFPA programme countries were able to maintain or expand the provision of family planning services at the community level.**

Guidelines were issued as regards controls (including those related to fraud prevention and detection) over PPE purchases, shipments and deliveries. To minimize risks associated with

72 UNFPA Bosnia and Herzegovina Country Office Annual Report 2020. Internal.

73 UNFPA Colombia Country Office Annual Report 2020. Internal.

74 UNFPA Djibouti Country Office Annual Report 2020. Internal.

75 UNFPA Uruguay Country Office Annual Report 2020. Internal.

supply-chain disruptions, monitoring was increased over in-transit shipments and the use of goods held in stock within 12 months of expiry or use-by/best-by dates. For the 46 countries supported by the UNFPA Supplies programme, a quarterly reporting process was set in motion at the onset of the pandemic to ensure responsiveness and manage risks. For every country at risk of a contraceptive or maternal health commodity stock-out, purchase orders were placed and all orders were either under production, about to be shipped or in transit. Expedient interim steps were simultaneously taken to fill commodity gaps, reducing the risk of shortages and commodity stock-outs.

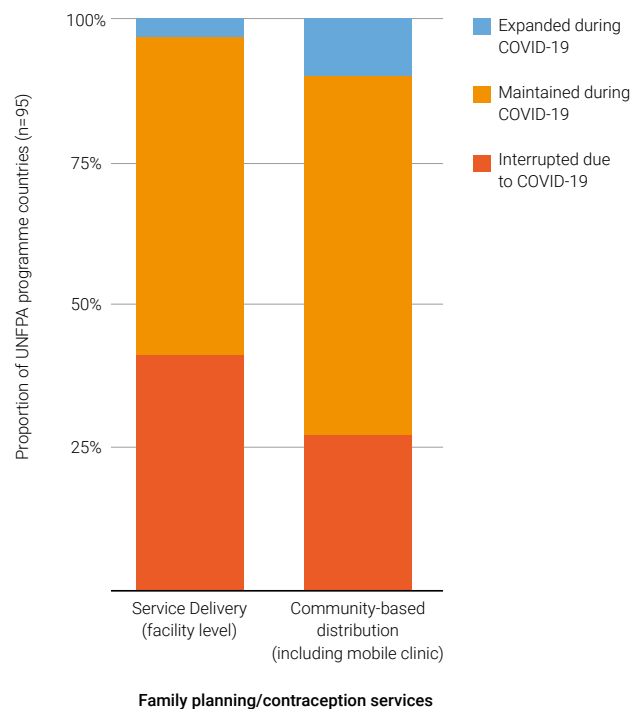
By mid-2020, 39 interventions related to service delivery had been delayed or modified in 19 countries (including training and community-based distribution for contraceptives) and 30 countries had reprogrammed their annual workplan resources for various interventions. Of these 30 countries, 21 reprogrammed \$1,232,291 for the procurement of PPE and \$50,000 for dignity kits containing hygiene supplies such as toothbrushes, shampoo, soap, sanitary pads and underclothes.

Prepositioning of contraceptives and other life-saving maternal health medicines during the COVID-19 pandemic minimized stock-out of commodities at service delivery points. UNFPA Regional Offices forestalled stock-outs through enhanced monthly monitoring of supplies to anticipate and prevent stock-outs in the COVID-19 constrained supply environment. In East and southern Africa, overstocked countries shared their stock with understocked countries to avert expiry. The Jamaica subregional office conducted an assessment of the Reproductive Health Commodity Security (RHCS) situation in 16 countries across the Caribbean to analyse RHCS maturity and identify strengths, weaknesses, threats and opportunities in each country. The assessment included an analysis of the extent to which the COVID-19 pandemic was adversely impacting supply chains, including potential stock-outs, and an estimate of the impact of the pandemic on key SRH indicators and couple-years of protection lost.

UNFPA undertook a rapid assessment on the impact of COVID-19 pandemic on the supply and demand sides of modern family planning (FP) service delivery, including critical quality assurance activities to the last mile. The findings showed that the COVID-19 pandemic did not significantly negatively impact family planning service delivery to the last mile from January to September 2020. However, there were great regional differences with greater decline in utilization trends for various family planning services in Covid-19 hotspot counties than the rest of Kenya in 2020 mapped against 2019 trends.⁷⁶

76 UNFPA Kenya Country Office Annual Report 2020. Internal.

FIGURE 6: INTERRUPTION TO FAMILY PLANNING SERVICES DUE TO COVID-19 PANDEMIC



In many countries, close coordination between ministries of health and UNFPA offices facilitated the purchase and delivery of contraceptives in 2020, despite the COVID-19 pandemic and the difficulties that existed globally with the production of some supplies and high transport costs (see Figure 6).

Young people in action

COVID-19 has inflicted a triple shock on young people, and on young women in particular. Not only has COVID-19 interrupted education and professional training, but work opportunities have diminished. Unemployment among youth has risen sharply, especially in the informal sectors most often occupied by young people and women.⁷⁷

The pandemic has affected nearly 1.6 billion learners in over 190 countries,⁷⁸ creating an unparalleled disruption to education around

77 <https://asia.nikkei.com/Economy/Coronavirus-inflicts-triple-shock-on-young-people-ILO-says>

78 UN, "Education during COVID-19 and beyond", Policy brief (August 2020). The World Bank finds that pandemic-related school closures risk pushing an additional 72 million primary-school children into learning poverty – meaning that they are unable to read and understand a simple text by the age of 10. The pandemic could increase the percentage of primary school-age children in low- and middle-income countries living in learning poverty to 63 per cent from 53 per cent, and it puts this generation of students at risk of losing about \$10 trillion in future life-time earnings, an amount equivalent to almost 10 per cent of global gross domestic product (GDP).



the world. Such disruption of schools and social services, closures of non-formal education facilities and community centres negatively affect young people's health and well-being, social engagement, education, current and future jobs and employment prospects. Severe disruptions to learning and working, compounded by the health crisis, have led to the deterioration of young people's mental health.⁷⁹ Mental health issues in relation to COVID-19 have emerged as a key health issue of youth.

Another learning refers to the mental health of adolescents and youth, deeply impacted by the multiplicity of difficulties they experienced during the pandemic. Data on the increase of armed violence in the peripheries, situations of domestic violence, difficulty in access to protective services, increased cases of anxiety and depression inform us of the need to offer specialized psychological support to ensure emotionally safe spaces for youth.⁸⁰

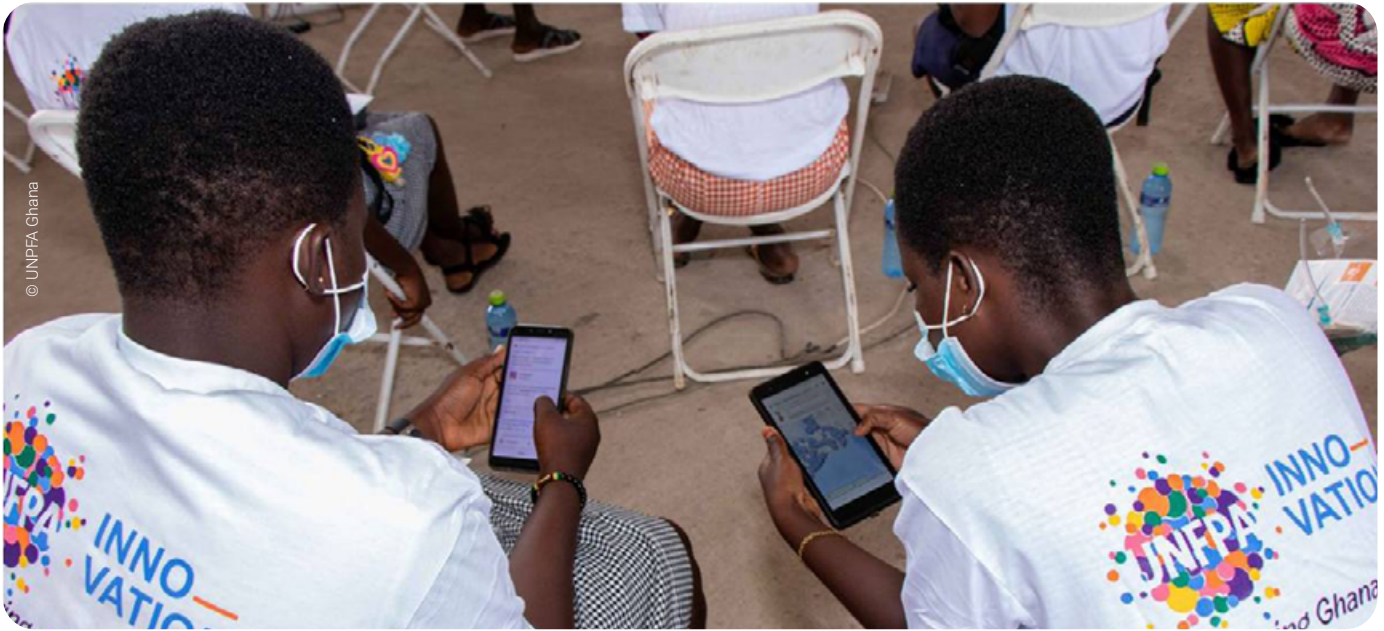
To safeguard young people's rights to health, safety, choice and voice, UNFPA has adapted and reimagined its organizational strategy, My Body, My Life, My World, to the pandemic. In a series of technical briefs, "My Body, My Life, My World Through a COVID-19 Lens"⁸¹, UNFPA supports countries and regions in adapting and reimagining a range of interventions across contexts and through several phases of the pandemic. The package of technical briefs provide guidance in modular form, to be read and applied as a whole set or individually, depending on context. The UNFPA technical briefs develop three strategies to reach young people left behind and their communities: know young people and their experience; spread the message (not the virus); and intensify support systems.

From headquarters-level to country-level operations, UNFPA has employed this strategy to reach and engage with youth throughout the COVID-19 pandemic. At the same time, youth leaders and networks participating in coordinated interventions at country and regional levels have demonstrated leadership

79 Youth and COVID-19: Impacts on Jobs, Education, Rights and Mental Well-being. Decent Jobs for Youth, 2020. https://www.ilo.org/wcmsp5/groups/public/---ed_emp/documents/publication/wcms_753057.pdf

80 UNFPA Brazil Country Office Annual Report 2020. Internal.

81 <https://www.unfpa.org/featured-publication/my-body-my-life-my-world-through-covid-19-lens>



and innovation, opening up possibilities for future partnership and engagement. With deep roots in the communities and long-established relationships with civil society networks and movements, UNFPA was uniquely positioned to work with young people to support the global health community in providing reliable information and support to communities in these difficult times.

Due to the COVID-19 pandemic, the restriction of face-to-face activities and travel to municipalities prompted the UNFPA office in Bolivia and its partners to rethink activities through the virtual modality. UNFPA continued to support information and training processes carried out with adolescents, young people and teachers, incorporating new tools and methodologies, turning the limitation into an opportunity to work on UNFPA mandate issues. This work was facilitated by partners who carried out these actions virtually, such as the Municipal Governments of El Alto and Tupiza, through their Municipal Youth Units and UNFPA implementing partners Centro Gregoria Apaza and Humanity & Inclusion... These new developments allow us to see the potential of virtual or blended work for 2021 and beyond, optimizing resources for greater coverage; strategies that may be required again in the event of a resurgence of COVID-19 and extension of restrictions.⁸²

Prior to 2020, UNFPA had engaged with youth in leadership roles through programmes such as Y-PEER and peacebuilding initiatives. However, the relationship of UNFPA with youth has evolved further through the course of the pandemic. The pandemic context has provided platforms for youth volunteers, interns and employees to work as collaborators, programme implementers and idea generators. Youth have worked as front-line health educators in communities, distributing PPE and personal care items in addition to messages about safety and protection from COVID-19. Young people have designed communications tools and strategies through social media platforms to educate their peers and the general public, and have established networks of support and helplines for mental health and psychosocial services. The results of the survey on youth and COVID-19 carried out by the United Nations System in Latin America and the Caribbean showed that one in three young people led or got involved in some action in response to COVID-19 during the first months of the pandemic.⁸³

In Zimbabwe, for instance, young people were invited to join the #COVID-19AwarenessChallenge and produce their own 90-second videos to raise awareness on COVID-19 among young people. The videos reached 33,000 young people, helping to raise awareness on both COVID-19 and SRH & RR. In Rwanda, 281 peer educators were trained and deployed, and over 34,581 youth were reached through health-promotion drives, peer-educator home visits and community radios. Thousands of

82 UNFPA Bolivia Country Office Annual Report 2020. Internal.

83 UNFPA América Latina y el Caribe "¿Cómo están afrontando las juventudes la pandemia de COVID-19?" (12 August 2020). Available at <https://lac.unfpa.org/es/news/%C2%BFc%C3%B3mo-est%C3%A1n-afrontando-las-juventudes-la-pandemia-de-covid-19> (accessed on 19 April 2021).

young people and more than 20 youth groups worked with UNFPA and its partners in Palestine to respond to and recover from the pandemic outbreak through humanitarian initiatives, virtual prevention and protection sessions. In Congo, young people were deployed to sensitize communities and peers to respect barrier measures and to distribute protective masks. In Albania, a package of informative materials on COVID-19 prevention was developed and disseminated in the schools by Y-PEER educators. A live audio-broadcast for peer psychological support called *I hear you* (انا اسمعك), hosted by psychologists, was streamed on the Facebook page of Y-PEER Sudan. Seventy per cent of the participants were young women seeking support on domestic violence and anxiety related to COVID-19. More than 4,400 people were reached with the programme.

Understanding lived realities of the communities served by UNFPA programmes, particularly those left behind, is critical. Keeping communication channels open during times of physical distancing and pause in active social lives was essential in the overall response of UNFPA, and a particular consideration for our work with young people. Young people rely on school, community and leisure settings, not only for learning, but also for social interaction and their development.

|| In Latin America and the Caribbean UNFPA adapted its work in youth leadership and participation to the virtual modality, developing Virtual Youth Leadership Camps in 15 countries and a Regional Camp, in which more than 400 young leaders were involved to advance in the prevention of gender-based violence, within the framework of the LAC Regional Youth leadership strategy Youth NOW. The camps prioritized the participation of young people most left behind, incorporating digital tools for the inclusion of young people with disabilities, guaranteeing data and smart phones for rural and indigenous youth with limited internet access, among other inclusion actions.

As a result of the camps, the young participants developed project proposals to prevent gender-based violence and harmful practices in the context of the COVID-19 pandemic. Thanks to the support of donors and partners, UNFPA is currently supporting, with financial and technical resources, the implementation of 26 Youth-Led projects in 15 countries in the LAC region.⁸⁴ ||

With widespread lockdowns, UNFPA programmes stayed connected to young people and provided an avenue for them to

express their concerns, anxieties and ideas about how to support one another in the fight against the virus. UNFPA supported seven southern African countries to engage directly with young people in risk-communication interventions, including using the existing UNFPA online platforms, such as www.tuneme.org, which has a reach of more than 4 million unique users in the region. Pre-COVID-19, the user numbers on the platform averaged 133,000 per month. The numbers spiked during the hard lockdown period, and the highest traffic was observed in July with 368,318 users – almost three times the average.

— The context of the COVID-19 pandemic provided the opportunity to reach more people by expanding the scope of the virtual Violence Prevention and Comprehensive Sexuality Education diplomas nationwide with the Guatemalan Institute of Radio Education and other youth organizations... Learning achieved through radio becomes a more attractive alternative, because it taught the target population another way of learning. This strategy was useful since it was not only accompanied by topics narrated through the stories, but also by didactic material that strengthened the knowledge of the participants.⁸⁵

— Though the COVID-19 pandemic proved disruptive to UNFPA's planned programming it also provided opportunities for innovation. For example, the Life Skills Radio Teaching Programme provided the Ministry of Education with the opportunity to reach an increased number of marginalized girls with life skills. UNFPA with the Ministry of Basic and Senior Secondary Education has uploaded all recorded Life Skills Radio Teaching Programmes onto a podcasting platform. These podcasts can now be used by the Ministry of Basic and Senior Secondary Education and other development partners operating safe spaces as supplementary resources for the National Life Skills Manual.⁸⁶

In Dominican Republic, the humanitarian response strategy #TuNoTaPaCovid through social media was designed, implemented and evaluated based on the proposals of adolescents and youth. More than 300 young people were impacted with tools to prevent the spread of COVID-19 and information about the available sexual health and gender violence services. The Dominican Republic UNFPA Youth Advisory Panel has been a strategic ally in promoting the initiative, along with other government and civil-society partners.⁸⁷

85 UNFPA Guatemala Country Office Annual Report 2020. Internal.

86 UNFPA Sierra Leone Country Office Annual Report 2020. Internal.

87 UNFPA Dominican Republic Country Office Annual Report 2020. Internal.

84 UNFPA Latin America and the Caribbean Regional Office Annual Report 2020. Internal.

Lessons learned

Interdependence

“Through the pandemic and given the challenges this year, we learnt that it is more important to work together now than ever before. Cohesive work plans, joint initiatives and integrated work visions were all pillars which were considered through our implementation process this year. Adopting a human-centered innovative programming approach proved its success and enhanced the country office’s visibility and credibility not only in Oman but in other GCC [Cooperation Council for the Arab States of the Gulf] countries. The country office, given its support to the national governments through this critical time, proved its capacities and was deemed a custodian for sexual and reproductive health and rights, data, women’s empowerment and adolescents’ health in the region.”⁸⁸

Of the lessons learned in 2020, the most significant has been the need for strong collaborative action; no one is safe until everyone is safe from the pandemic. Ensuring that everyone is protected and can recover requires a range of partners working together. While interconnectedness facilitated the spread of COVID-19, it also has been a valuable tool to counter the disease and to mitigate its impact.

By necessity, United Nations agencies came together at the global, regional and country levels to respond to the virus, to assess its impact, to identify the roles of each agency and the gaps each could fill in order to meet the needs of the most vulnerable. There was widespread recognition of the need for data to guide evidence-based responses and counter misinformation. The year 2020 and the COVID-19 pandemic have presented the greatest challenge to the United Nations system since its founding, creating a health and economic crisis that has seen serious setbacks of development progress. Some countries are facing the worst economic contraction in decades, the spillover effects of which will limit funding for humanitarian assistance and development interventions, when such assistance is needed most.

In the words of Secretary-General António Guterres: “That is the lesson of this most difficult year... both climate change and the COVID-19 pandemic are crises that can only be addressed by everyone together – as part of a transition to an inclusive and sustainable future.”⁸⁹

88 UNFPA Sub-regional Office for the Gulf Cooperation Council Countries Annual Report 2020. Internal.

89 <https://news.un.org/en/story/2020/12/1080962>

Agility

The pandemic response from UNFPA has reaffirmed the centrality of the three transformative results, the need for adaptive and agile programming, and the role innovation can play in empowering women and young people and expanding access to essential services.

Essential to the UNFPA response was the early receipt of core funds from donors, enabling continuity of sexual and reproductive health services and interventions, including protection of the health workforce. Faced with initial uncertainty about the duration of lockdowns, interruptions in service and supply-chain disruptions, UNFPA reprogrammed according to national priorities, with notable geographic differences, which will play out in the recovery phase and building forward better.

Workplan revisions, in many cases, resulted in cost savings from the cancellation of travel and events. Those savings could often then be spent on adaptations, including emergency equipment and supplies, technologies and mass media for disease prevention, health promotion and social norms change. The shift in workplans and new partnerships also empowered some decision-making at the subnational and local levels based on pandemic-associated needs. UNFPA country offices increased work with local and subnational government bodies coordinating localized approaches, ensuring a focus on those left furthest behind, and for advocating that women, girls and young people are full partners and at the centre of recovery and efforts to build forward better for all.

In addition to revising workplans and reprogramming funds to meet immediate needs, UNFPA streamlined and simplified policies and procedures in the context of the the first global Humanitarian System-Wide Emergency Response, facilitating a more efficient and cost-effective operating model. Remote monitoring and spot checking policies were used to further increase operational efficiency; app-based data collection was used for quantitative and qualitative data. UNFPA aims to maintain the good practices adopted during 2020, especially those related to constant and resilient planning exercises.

Around the world, UNFPA office staff worked with national partners to revise service delivery protocols to ensure the protection of health-care workers and their clients, and to facilitate the continuity of services, making it possible to guarantee actions that save lives without compromising people’s health.

The quick actions by UNFPA, 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 United Nations agencies. Moreover, the pandemic has underscored the importance of partnerships with public, private, domestic and international actors.

Like other agencies, UNFPA used both new and repurposed technologies to connect people, share knowledge and access services, including for relationships with partners. Suitable virtual tools made it possible to achieve planned objectives and even to broaden the scope of technical assistance programmes. Alternative service delivery models developed during the pandemic are also useful for “normal” circumstances. This can relieve pressure on health-care systems and enable greater numbers of clients to access care, ultimately contributing to better sexual, reproductive health, maternal and neonatal health outcomes.

Resilience was the great lesson from these processes. UNFPA found that digital tools provided an opening for South–South, interregional and cross-border cooperation through online learning platforms and presentations, increasing knowledge-sharing on a global scale. Many of the technological innovations offer the potential for replication and scaling up.

Innovative and technology-driven approaches are in high demand and are increasingly feasible even in resource-poor settings. This has resulted in UNFPA now taking steps to update existing e-modules and develop new ones related to a competency-based curriculum. UNFPA will also use and develop learning and teaching films on key competencies and obstetric emergencies.

At the same time that new and repurposed technologies opened up additional ways of sharing information and building capacity, the digital divide was brought into sharp contrast. Country offices in all six regions reported that certain highly vulnerable population groups were being left even further behind due to lack of access to the Internet, technologies and tools. “While digital innovations appear to be a solution in reaching and engaging adolescent girls and boys during the COVID pandemic lockdowns, marginalized groups were excluded given the lack or limited access to devices and the Internet. At the household level, boys are often given priority to access and use these already limited ICT resources.”⁹⁰

Use of data

As a global leader in population data, with expertise in mapping in humanitarian settings, the technical leadership of UNFPA has informed the COVID-19 response at all levels. Updated data informs national and regional interventions and ensures their relevance. In line with the United Nations priority of leaving no one behind,

mapping and assessments by UNFPA specifically identify the needs of the most vulnerable and hardest to reach. In concert within the United Nations system, UNFPA has provided and used data to assist governments at the national and subnational levels with emergency planning, budgeting and agile response to protect the health and well-being of communities; one example is applying vulnerability assessments to determine where to focus outreach efforts.

The COVID-19 pandemic, despite presenting many challenges to the roll-out of census activities, has also provided an opportunity to utilize census data to generate crucial information for planning the prevention and mitigation response. The value of data is directly related to how it is used. The pandemic has forced the census data to be used to its full potential, and has shown just how valuable census data can be moving forward.⁹¹

Surveys, assessments, monitoring and reporting have revealed that pre-existing disparities have been exacerbated by the pandemic, that those who were vulnerable pre-pandemic have been made more so, including those for whom UNFPA programmes were always designed: women and girls, people with disabilities, those on the move, older people and key populations. “Discrimination and entrenched inequalities are contributing to poor health outcomes for certain national, racial or ethnic minorities. Efforts to tackle the pandemic and recover from COVID-19 require the collection of disaggregated data to address these issues.”⁹²

In the early days of the pandemic, lockdown durations were estimates and the permeability of measures was unknown. Safety and health measures varied by region, country and even within countries, complicating efforts to predict longer-term impacts on supply chains, health outcomes and development goals. In retrospect it is easier to understand the influence of lockdown measures, social norms and lack of basic information on fluctuations in access to health care. Data can inform understanding of the service-seeking behaviour, prevalence of violence, and mental health outcomes related to COVID-19, and enable the identification of the most at risk among different population categories, including older people. Those data are critical to planning for the future, reaching the most vulnerable, building back systems and protection mechanisms that will better meet the needs of populations in a constantly evolving landscape in which climate change increases vulnerabilities.

Youth

The energy and openness of young people to mobilize and serve as front-line responders, activists and community educators has proven that young people should continue to be involved in the

90 UNFPA Asia and the Pacific Regional Office Annual Report 2020. Internal.

91 UNFPA Mozambique Country Office Annual Report 2020. Internal.

92 https://www.ohchr.org/Documents/Events/COVID-19_Guidance.pdf



implementation of UNFPA’s work in SRH & RR, GBV prevention and response, and population data. Youth involvement is also critical in decision-making about planning for the future.

“Young people, specifically young leaders are resilient and very resourceful also in situations of emergency and uncertainty. UNFPA’s support to youth networks and youth-led organizations can be pivotal in ensuring youth-led accountability and participation regardless of the context and the challenges faced.”⁹³

The context of COVID-19 has reinforced UNFPA’s understanding and appreciation of the power, resilience and resourcefulness of young people and their ability to develop and adopt innovative methods and practices. In East and southern Africa alone, 14 countries have integrated adolescent and youth participation in humanitarian preparedness and response. Developing broad-based partnership models that integrate youth participation at every step was a key strength in the UNFPA response to the pandemic, and will inform the next UNFPA strategic plan.

Young people who are digital natives intuitively understand and can envision spheres of engagement and possibilities for networks and connection that may not be immediately clear in the more traditional development context. As COVID-19 shifted the programming of UNFPA to digital platforms, young people could be reached and engaged in ways not possible through the more traditional channels. “The virtual modality made it possible to reach adolescents and young people from all over the national territory... [They] managed to create their own activism network... which lasts to date.”⁹⁴ While many countries have introduced or

strengthened online programmes as an alternative to in-person education and training, the digital divide will further isolate those already behind unless alternatives are offered. Additionally, the effectiveness of online programmes for education or behaviour change may be less than those delivered in person and will need to be monitored and supplemented with face-to-face interactions, as they become safe and available.

Providing reliable and timely multi-directional risk communication during a health emergency is always complex – but COVID-19 presented particular challenges. The required social distancing, widespread lockdown measures and school closures all over the world called for new and innovative ways of effectively communicating with young people.

Gender, class, age, race, ethnicity, income levels, marital status, mobility and geography all determine the level of access to basic health information and services during the COVID-19 pandemic. As critical activities and institutions move online in response, digitally connected young people are well positioned to adapt and respond. Young people living in poverty, living in isolated, hard-to-reach communities, or experiencing various forms of marginalization, however, still face major access and connectivity challenges. Many live outside of the reach of electricity and the Internet, and far from service delivery points. Additionally, mitigation measures such as physical distancing, stay-at-home orders and frequent handwashing may be more difficult or impossible for them to adhere to.

The global shifts that will be brought about in the wake of the pandemic, from remote working to online education and more, will unfold in the digital age and are yet to be determined. Today’s youth will apply the lessons of the pandemic, shaping the development and economic landscape to come.

93 UNFPA East and Southern Africa Regional Office Annual Report 2020. Internal.

94 UNFPA Chile Annual Report 2020. Internal.

The path forward

The commitment of UNFPA to the three transformative results remains unchanged in the wake of the COVID-19 pandemic - indeed, the pandemic has underscored their ongoing relevance to the rights and choices of women and girls. That women and girls have been hit hardest by the pandemic only strengthens UNFPA's resolve to better serve and meet their needs, to ensure that no one is left behind. In the Decade of Action to 2030, UNFPA will seek to end unmet need for family planning, end preventable maternal death and end GBV and harmful practices. Though the impact of the pandemic on the transformative results has been to push back progress, UNFPA knows what works, and will use key lessons learned to enhance interventions through the Strategic Plan 2022–2025 to build back better.

The lesson of interdependence, which has been so clear during the COVID-19 pandemic, is integrated into the planning process of the Strategic Plan 2022–2025. Consultation on future scenarios with a broad range of partners, including external stakeholders such as the Executive Board, governments, relevant multi-sectoral civil-society organizations (including women and youth organizations), faith-based organizations, academic partners, the private sector and United Nations partners, instills preparedness planning with a shared understanding among a broad base of stakeholders, ensuring that the collaboration and coordination so crucial to mitigation and recovery guides the UNFPA path forward.

Preparedness is a strengthened element in the new Strategic Plan 2022-2025, including the use of early-warning systems and anticipatory action, planning with governments, prepositioning supplies and building capacity in logistics and programming. Each of these has been tested in 2020 and proven effective. Moving forward, the lessons of agility will be especially relevant; adaptations that demonstrated effectiveness and efficiency during the COVID-19 pandemic will be more permanently integrated into UNFPA operations by replicating and scaling up sustainable, evidence-based interventions.

As part of the UN-led Global Humanitarian Response Plan for COVID-19, UNFPA is monitoring sexual and reproductive health and GBV services to better understand disruptions in service provision and to adjust programming for stronger, more targeted preparedness, anticipatory action and response... UNFPA

is strengthening its data systems and tools for identifying vulnerable and hard-to-reach women and girls ahead of and during all phases of an emergency. This includes improving remote monitoring of service quality in hard-to-reach settings.⁹⁵

Within the Strategic Plan 2022–2025, UNFPA will strengthen the knowledge management mode of engagement, including through research, revision and updating of its knowledge management strategy. This will ensure the usability and usefulness of lessons learned, and the full integration of COVID-19 related best practices and learning, including best practices in crisis preparedness and response capacities in countries in the Global South.

Reinforcing national data systems will be critical to building back from the pandemic. Adequate funding and attention will be necessary to conduct census activities that were postponed or cancelled due to COVID-19. As vaccines are administered globally, the importance of leaving no one behind has never been clearer. If vaccines are truly to be treated as a public good, accessible and available to everyone everywhere, data will be the key to ensuring that everyone is counted and accounted for.

Throughout the COVID-19 pandemic, UNFPA has witnessed and documented the power, resilience and resourcefulness of youth and their ability to develop and adopt innovative methods and practices through communications and civic engagement, both digitally and in person. As the Decade of Action unfolds and UNFPA charts the path of the next strategic plan, the voice, action and vision of youth will be integrated into and facilitate accelerated action towards achievement of the three transformative results.

Equipped with lessons learned and best practices during the response to the pandemic, UNFPA will continue working with partners to address the long-term impact of COVID-19 on systemic inequalities, key fragilities and on those left behind. UNFPA will help communities prepare for future shocks while reinforcing a localized approach, and will advocate that women, girls and young people are full partners at the centre of recovery and building back better efforts.

95 https://www.unfpa.org/sites/default/files/pub-pdf/PAGES-UNFPA_HAO2021_Report_Updated_6_Dec.pdf

