



# Humanitarian Action 2018 Overview





# Foreword by the Executive Director



*Every woman has the right to decide whether or when she will become pregnant, and the right to give birth safely and live free from violence.*

Yet every day, millions of women and girls whose lives have been upended by wars, conflicts or natural disasters are denied these rights. When we speak of leaving no one behind and reaching the furthest behind first, there can be no more compelling example of exactly whom we are speaking about.

More than 500 women and girls die in emergency situations every day from complications due to pregnancy and childbirth. Sexual and gender-based violence also increase in such settings, with devastating – and often deadly – consequences. The unprecedented frequency, intensity and scope of humanitarian emergencies in the past year has dramatically amplified these risks for millions of women and girls.

Women like Shakila, a Rohingya refugee who was raped after being forced to watch the murder of her husband and infant daughter. Shakila received medical care, counselling and refuge from violence at a UNFPA women-friendly space in Cox's Bazar, Bangladesh.

Sabekun received reassurance. Six months pregnant with her first child, she had walked for seven days to escape violence and grew concerned when she no longer felt her baby moving. A prenatal checkup at a UNFPA-supported clinic confirmed that the baby was fine, but that she needed rest to overcome her exhaustion. While there, Sabekun also learned about family planning for the first time.

Whether a woman lives or dies in a crisis can depend on whether she has access to critical sexual and reproductive health services, such as 24/7 referral systems for emergency obstetric care and a safe space where she and her children can escape violence.

Sometimes, as Monowala, a volunteer working in one refugee settlement, put it: “The kind of support the women need, a doctor can't provide. The wound is inside.” For Monowala and the women she serves, what UNFPA's safe havens offer is dignity and peace of mind.

In 2017, UNFPA humanitarian assistance reached 16 million people with sexual and reproductive health services. Beyond this life-saving support, UNFPA also coordinates global efforts to prevent and respond to gender-based violence in humanitarian settings, catalyzing a comprehensive and transformative approach underpinned by the values of partnership and collective accountability.

Moving forward, we will continue to work with our partners across the humanitarian-development-peace nexus so that work in one area reinforces the others, with a focus on preparedness, risk reduction and building resilience – of health systems, communities and individual women and girls.

The challenges we face as a global community are enormous. Collective action and strategic partnerships are essential to ensure that every woman and adolescent girl – whether she is a refugee, displaced within her country or deprived of her basic rights when services break down – can prevent an unintended pregnancy, can give birth safely and can live free from violence.

This is our promise to the world's women and girls – a life of health, well-being and dignity. Together, we can deliver on it.

**Dr. Natalia Kanem**  
UNFPA Executive Director



# 2018 Humanitarian Funding

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## TOP FUNDING GAPS

1. Nigeria
2. Democratic Republic of the Congo
3. Yemen
4. Uganda
5. Libya
6. Ethiopia
7. South Sudan
8. Sudan
9. Bangladesh
10. Somalia
11. Lebanon
12. Chad

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**Notes:** Humanitarian financial data estimates are based on country planning processes, including the Humanitarian Response Plans (HRP), Refugee and Resilience Plans (RRP) and the Syria Regional RRP (3RP) that covers Turkey, Lebanon, Jordan, Iraq and Egypt.

UNFPA reports its data to the OCHA Financial Tracking Service on a monthly basis. Data reconciliation efforts are ongoing.

**Photo:** Destructive Hurricane Irma in Cuba. © Periodico Granma

Appeal Country/Territory	Required	Received	Coverage	0	\$10MM	\$20MM	\$30MM+
Afghanistan	2,500,000	0	0%				
Angola	1,370,000	1,367,414	100%				
Bangladesh	16,400,000	3,600,000	22%				
Burkina Faso	400,000	0	0%				
Burundi	2,050,000	50,000	2%				
Cameroon	5,232,500	0	0%				
Central African Republic	4,750,000	0	0%				
Chad	9,942,000	0	0%				
Congo	1,100,000	100,000	9%				
Cuba	800,000	0	0%				
Democratic People's Republic of Korea	3,500,000	0	0%				
Democratic Republic of the Congo	25,000,000	0	0%				
Ecuador	500,000	0	0%				
Egypt	1,130,000	567,308	50%				
Eritrea	400,000	0	0%				
Ethiopia	17,770,000	1,000,000	6%				
Fiji	90,000	0	0%				
Gambia	80,000	0	0%				
Guinea	1,000,000	500,000	50%				
Guinea-Bissau	175,500	0	0%				
Haiti	2,550,000	0	0%				
Indonesia	1,500,000	0	0%				
Iraq	24,000,000	11,000,000	46%				
Jordan	28,500,000	11,515,278	40%				
Kenya	3,960,000	0	0%				
Lebanon	14,500,000	0	0%				
Libya	20,418,000	0	0%				
Madagascar	1,550,000	0	0%				
Malawi	57,000	20,000	35%				
Mali	4,650,000	0	0%				
Mauritania	500,000	0	0%				
Mozambique	550,000	0	0%				
Myanmar	3,500,000	0	0%				
Namibia	100,000	0	0%				
Nepal	200,000	0	0%				
Niger	6,800,000	0	0%				
Nigeria	44,000,000	0	0%				
Pakistan	2,000,000	0	0%				
Palestine	7,900,000	0	0%				
Papua New Guinea	150,000	0	0%				
Philippines	2,000,000	0	0%				
Rwanda	1,445,000	14,530	1%				
Senegal	550,000	0	0%				
Serbia	90,000	0	0%				
Sierra Leone	150,000	20,000	13%				
Solomon Islands	50,000	0	0%				
Somalia	15,000,000	0	0%				
South Sudan	18,000,000	0	0%				
Sri Lanka	110,000	0	0%				
Sudan	15,000,000	0	0%				
Swaziland	50,000	0	0%				
Syria	40,000,000	16,440,540	41%				
The former Yugoslav Republic of Macedonia	20,000	20,000	100%				
Turkey	29,000,000	25,819,741	89%				
Uganda	20,900,000	0	0%				
Ukraine	3,000,000	0	0%				
Vanuatu	100,000	0	0%				
Yemen	24,000,000	6,504,000	27%				
Zimbabwe	1,200,000	132,334	11%				
<b>Sub Total</b>	<b>432,240,000</b>	<b>78,671,145</b>	<b>18%</b>				
<b>Humanitarian Support</b>	<b>31,000,000</b>	<b>11,700,000</b>	<b>38%</b>				
<b>Total</b>	<b>463,240,000</b>	<b>90,371,145</b>	<b>20%</b>				

# 2018 Planned Results



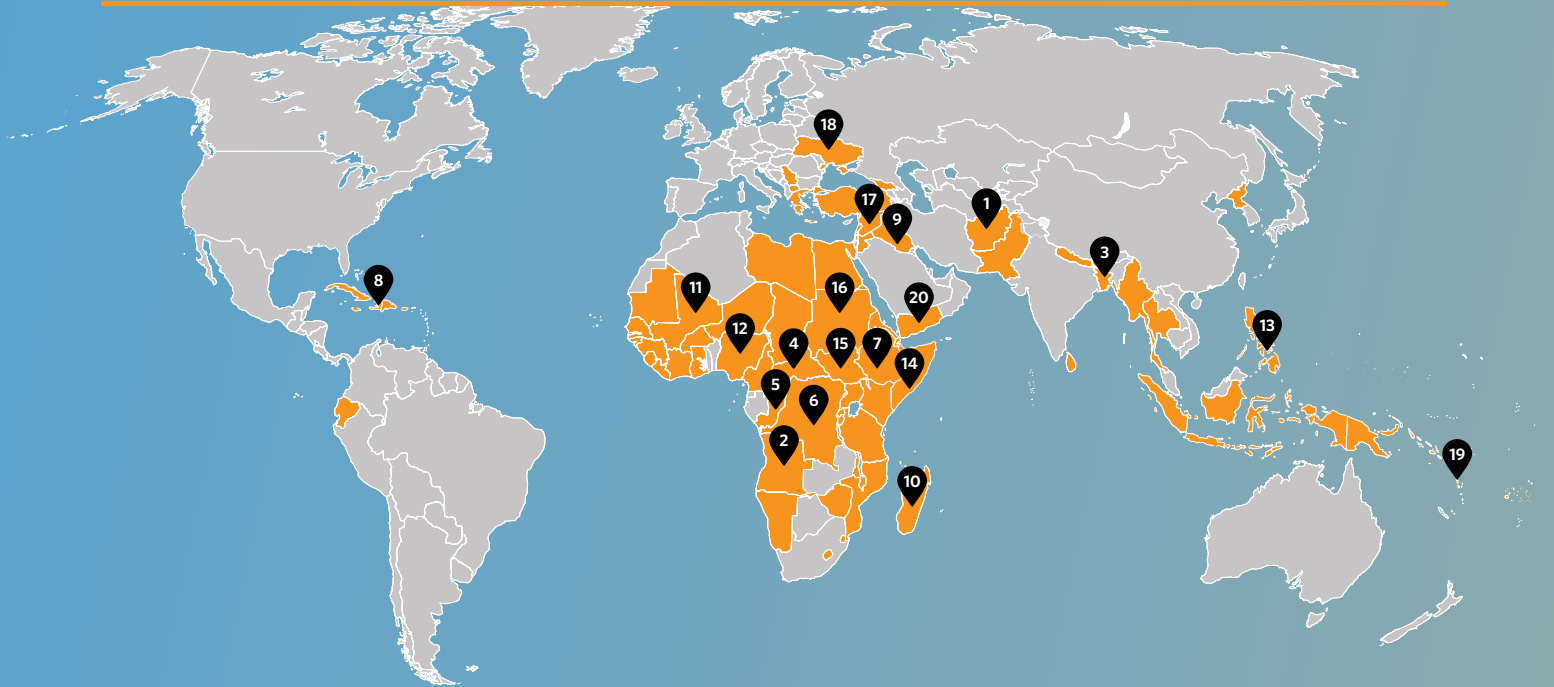
## 2018 Global Humanitarian Landscape

- Conflict will remain the main driver of humanitarian needs
- The United Nations Office for the Coordination of Humanitarian Affairs (OCHA) estimates that 136 million people will need humanitarian assistance and protection in 2018
- Of these, UNFPA estimates that 34 million are women of reproductive age and 5 million are pregnant

**Photo:** Safe birth in Zaatari Camp for Syrian refugees living in Jordan. © UNFPA



# Humanitarian Action



Some of the countries requiring UNFPA support in 2018. In these countries and others around the world, UNFPA provides lifesaving emergency obstetric care and critical sexual and reproductive health services, including contraception, and strengthens health systems. Integrated services include 24/7 referral systems, static and mobile clinics, safe spaces for women and girls, psychosocial support and deployment of midwives. UNFPA also coordinates global efforts to prevent and respond to gender-based violence in humanitarian settings, including the provision of clinical management of rape services for survivors.

**1 Afghanistan**  
The country faces challenges exacerbated by decades of conflict and weak governance, and is also prone to natural disaster. In 2018, over 200,000 people will require support, including Afghan refugees who returned home in 2017 from Pakistan and Iran.

**2 Angola**  
In addition to a continuous influx of tens of thousands of refugees from the Democratic Republic of the Congo, Angola endures multiple humanitarian crises due to ongoing drought conditions. At least 35,000 refugees will require humanitarian support in 2018.

**3 Bangladesh**  
Highly vulnerable to natural disasters, the country hosts over half a million Rohingya people fleeing from Myanmar. A total of 1.2 million people will require humanitarian aid in 2018.

**4 Central African Republic**  
Violent conflict resulting from unrelenting political crisis has subsisted since 2012 - over 2 million people will be in need in 2018.

**5 Congo**  
Since December 2013, thousands of refugees have fled armed clashes in the Central African Republic to seek refuge in the Republic of the Congo. Almost 45,000 refugees and internally displaced persons (IDPs) will require assistance in 2018.



## 6 Democratic Republic of the Congo

One of the world's most complex humanitarian crises where over 13 million people are in need of support. Extreme violence has led to mass displacements and compounded the consequences of malnutrition and multiple epidemics.

## 7 Ethiopia

Relentless drought conditions and conflict have created devastating humanitarian challenges for Ethiopia. As the second largest refugee-hosting country in Africa, Ethiopia continues to receive a consistent influx of refugees from Somalia and Eritrea. In 2018, 7 million people will require humanitarian aid.

## 8 Haiti, Cuba and the Caribbean

The devastation Hurricane Irma wrought on the Caribbean in 2017 exacerbated the destruction Hurricane Matthew brought to the region the year prior. Many areas will continue to require support in 2018, including 1.9 million in Haiti.

## 9 Iraq

With 11 million people in need of humanitarian aid in 2017 and 8.7 million projected to be in need in 2018, Iraq remains in dire crisis.

## 10 Madagascar

Almost 13 million people are in need of assistance due to consecutive drought conditions.

## 11 Mali

With almost 4 million people in need in 2018, the country, northern Mali in particular, continues to endure high insecurity and limited access to basic services.

## 12 Nigeria and the Lake Chad Basin

Resulting from conflict, climate change, environmental degradation and underinvestment in social services, the ongoing crisis is impacting people particularly in northeastern Nigeria, northern Cameroon, western Chad and southeast Niger. Nearly 17 million people will require assistance in 2018.

## 13 Philippines

Prone to natural disaster, particularly cyclones and earthquakes. In 2017, conflict in Marawi City displaced 353,000 people, 33,000 of whom have been assisted by UNFPA. The need for humanitarian assistance, including preparedness and peacebuilding activities, will continue into 2018.

## 14 Somalia

The longstanding humanitarian crisis in Somalia has been severely aggravated by the impact of drought, particularly in conflict-affected areas. In 2018, over 5 million people will require humanitarian assistance.

## 15 South Sudan

Severe armed conflict and recurring intercommunal violence continues to create a serious humanitarian situation in the country. Hostilities have led to the displacement of about 2 million people, and over 7 million will require humanitarian aid in 2018.

## 16 Sudan

The Sudan faces humanitarian needs, primarily as a result of conflict and displacement, and refugees, primarily from Eritrea and South Sudan. The country also faces chronic food insecurity. About 5.8 million people will require support in 2018.

## 17 Syria and Subregion

The Syria crisis is in its seventh year. Of the 13.1 million people in the region who require assistance, 3 million are in hard-to-reach areas and under threat of crossfire. Syrians are displaced within the country itself while 5.2 million are living as refugees in Egypt, Iraq, Jordan, Lebanon and Turkey. UNFPA response is run from the Country Office in Damascus, with additional cross-border operations from Country Offices in Amman, Jordan and Gaziantep, Turkey.

## 18 Ukraine

Over 3 million people continue to require humanitarian assistance due to the protracted crisis in eastern Ukraine.

## 19 Vanuatu

Highly susceptible to natural disaster, including volcanic eruptions, cyclones, tsunamis and drought. In 2017, UNFPA distributed dignity kits to 500 people after a tropical cyclone and volcanic eruption.

## 20 Yemen

The country was already facing a humanitarian crisis before violence intensified in March 2015. Yemen is now gravely devastated, with more than 80 per cent of the population in need of assistance. Over 10 million people will require humanitarian aid in 2018.

## 2017 Key Results

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**16 million**

Total people reached with humanitarian assistance in 58 countries affected by emergencies



**10.8 million**

People reached with sexual and reproductive health services in 53 countries



**3.9 million**

People reached with services and information provided on gender-based violence in 51 countries



**1.5 million**

Adolescents reached with adolescent sexual and reproductive health services provided in 36 countries



**880** Mobile clinics supported in 46 countries

**2,280** Health facilities providing emergency obstetric care supported by UNFPA that offer **Emergency Obstetric Care** in 48 countries

**725** Safe spaces supported for women, girls and young people in 50 countries

**723,570** Women and girls accessing services provided through Service Delivery Points that are equipped with **post-rape treatment kits** in 28 countries

**970** Service Delivery Points supported that provide **clinical management of rape services** in 46 countries

**776,620** Dignity Kits distributed in 57 countries

**375,390** Gender-based Violence (GBV) survivors reached with lifesaving services in 41 countries

**4,170** Personnel trained in **Minimum Initial Service Package (MISP)** in 46 countries

**3,880** Personnel trained in **Emergency Obstetric and Newborn Care** in 40 countries

**3,085** Service providers trained in **GBV** case management in 46 countries

**4,015** Personnel trained in **clinical management of rape** in 47 countries

**4,570** Personnel trained in **psychosocial support** in 39 countries

**20,815** Youth facilitators, peers and volunteers trained in **Sexual and Reproductive Health (SRH)/GBV** in 47 countries

**Note:** Results are as of November 2017 and are updated on a rolling basis as data from countries becomes available.

**Photo:** UNFPA was the first United Nations agency to enter Sheikh Maqsoud in the Aleppo suburbs to assess humanitarian needs, particularly the special needs of women and girls. UNFPA and Syrian Arab Red Cross arrived in the area on 28 December 2017 to find significant healthcare needs, including severely limited reproductive health services. Vowing never to stop reaching the hardest-to-reach and the most vulnerable, the two partners distributed an initial 1,200 Dignity Kits containing hygiene supplies. UNFPA will deploy emergency supplies and equipment to make childbirth safer and to support medical interventions. © UNFPA



# 2017 Humanitarian Funding

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## UNFPA TOP HUMANITARIAN DONORS - 2017<sup>1</sup>

1. European Commission
2. United Nations inter-organizational transfer<sup>2</sup>
3. Canada
4. Japan
5. Norway
6. United States<sup>3</sup>
7. Denmark
8. Sweden
9. Republic of Korea
10. Finland
11. Netherlands
12. Australia

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<sup>1</sup> Data as of 5 January 2018.

<sup>2</sup> Includes Central Emergency Response Fund, country-based pooled funding, and other humanitarian pooled funds.

<sup>3</sup> Before the new U.S. administration defunded UNFPA in 2017.

**Note:** Humanitarian financing data estimates are based on country planning processes, including the Humanitarian Response Plans (HRP), Refugee and Resilience Plans (RRP), and the Syria Regional RRP (3RP) that covers Turkey, Lebanon, Jordan, Iraq and Egypt.

UNFPA reports its data to the OCHA Financial Tracking Service on a monthly basis. Data reconciliation efforts are ongoing.

**Photo:** UNFPA and United Nations Women Dignity Kit distribution in Dominica after Hurricane Irma. © UNFPA

Appeal Country/Territory	Required	Received	Coverage	0	\$10MM	\$20MM	\$30MM+
Afghanistan	3,000,000	2,550,000	85%				
Bangladesh	21,000,000	8,117,602	39%				
Burkina Faso	400,000	50,000	13%				
Burundi	1,060,000	253,220	24%				
Cameroon	2,000,000	1,234,899	62%				
Central African Republic	3,500,000	1,514,743	43%				
Chad	7,200,000	1,107,738	15%				
Congo	900,000	582,396	65%				
Côte d'Ivoire	250,000	187,304	75%				
Cuba	500,000	456,020	91%				
Democratic People's Republic of Korea	4,000,000	829,810	21%				
Democratic Republic of the Congo	25,000,000	4,110,625	16%				
Ecuador	800,000	120,000	15%				
Egypt	670,000	457,308	68%				
Eritrea	1,050,000	270,000	26%				
Ethiopia	12,425,000	4,320,910	35%				
Gambia	82,500	20,000	24%				
Ghana	20,000	0	0%				
Greece	677,000	197,000	29%				
Guinea	700,000	517,530	74%				
Guinea-Bissau	175,500	0	0%				
Haiti	8,250,000	1,007,160	12%				
Iraq	37,030,000	33,938,702	92%				
Jordan	28,630,000	23,365,972	82%				
Kenya	3,300,000	744,572	23%				
Lebanon	10,000,000	4,611,683	46%				
Libya	5,756,000	2,411,340	42%				
Madagascar	1,457,500	1,457,499	100%				
Malawi	57,000	20,000	35%				
Mali	2,582,000	1,345,252	52%				
Mauritania	300,000	60,000	20%				
Mongolia	60,000	54,061	90%				
Myanmar	3,200,000	3,382,070	106%				
Nepal	670,000	499,500	75%				
Niger	2,600,000	1,749,787	67%				
Nigeria	19,600,000	6,075,777	31%				
Pakistan	3,000,000	756,000	25%				
Palestine	3,436,000	1,786,769	52%				
Papua New Guinea	1,970,000	20,000	1%				
Peru	1,490,000	743,927	50%				
Philippines	1,100,000	504,865	46%				
Rwanda	2,000,000	438,513	22%				
Senegal	600,000	66,112	11%				
Serbia	158,000	157,894	100%				
Sierra Leone	357,000	140,267	39%				
Somalia	24,579,000	887,195	4%				
South Sudan	19,000,000	6,500,000	34%				
Sri Lanka	215,000	0	0%				
Sudan	18,500,000	2,794,946	15%				
Swaziland	20,000	10,000	50%				
Syria	40,680,000	40,944,223	101%				
The former Yugoslav Republic of Macedonia	34,000	34,000	100%				
Turkey	22,000,000	15,605,267	71%				
Uganda	19,000,000	1,041,819	5%				
Ukraine	3,100,000	2,477,104	80%				
Vanuatu	20,000	18,400	92%				
Yemen	22,000,000	14,794,958	67%				
Zimbabwe	1,200,000	330,815	28%				
<b>Sub Total</b>	<b>393,361,500</b>	<b>197,673,554</b>	<b>50%</b>				
<b>Humanitarian Support</b>	<b>31,300,000</b>	<b>18,000,000</b>	<b>58%</b>				
<b>Total</b>	<b>424,661,500</b>	<b>215,673,554</b>	<b>51%</b>				

## Sexual and Reproductive Health in Emergencies

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Sexual and reproductive health (SRH) is often overlooked in emergencies – with dire consequences. Pregnant women risk life-threatening complications. Women and adolescent girls may lose access to family planning, exposing them to unintended pregnancies. They become more vulnerable to sexual violence and HIV, and may have nowhere to turn as health services are disrupted.

Integrated sexual and reproductive health services save lives. They are the most crucial interventions for decreasing maternal and newborn mortality and morbidity during crises in humanitarian and fragile contexts. UNFPA recognizes that a comprehensive response (including cooperation and complementarity among development actors, disaster risk reduction, humanitarian action and sustaining peace) is fundamental in effectively addressing SRH. It is also critical for achieving the United Nations Sustainable Development Goals, including Goal 3: Ensure healthy lives and promote well-being for all at all ages and Goal 5: Achieve gender equality and empower all women and girls.

**Preparedness.** UNFPA builds national health workforce capacities so they can respond swiftly and provide high-quality integrated SRH services through the Minimum Initial Service Package (MISP). It also provides essential reproductive health supplies, strengthens reproductive health commodity security, provides maternity spaces, and facilitates local partnerships to enhance health systems.

**Response.** At the onset of a crisis, UNFPA coordinates MISP activities and supports partners by providing logistical support for timely delivery of emergency SRH kits and life-saving commodities and supplies. It also deploys Surge SRH specialists to provide instant support on the ground. Neglecting implementation of MISP during a crisis can lead to grave consequences, including preventable maternal and newborn deaths, sexual violence and subsequent trauma, sexually transmitted infections, unwanted pregnancies, unsafe abortions and the possible spread of HIV.

**Recovery.** When the situation allows, UNFPA supports countries in providing comprehensive SRH services to ensure that sustainable SRH services and supply chains strengthen and build resilience into national health systems.

### Emergency Reproductive Health Kits

UNFPA emergency reproductive health kits are standardized, designed for worldwide use, prepacked and ready for immediate dispatch. Each kit contains life-saving drugs and supplies to address the immediate SRH needs of a community in crisis, including medical equipment. A kit may contain supplies for a clean and safe delivery, contraceptives, supplies for treatment of STIs or supplies for rape management, among other interventions.

The most basic kit – the personal clean delivery kit – is designed for visibly pregnant women and contains a bar of soap, a razor blade to cut the umbilical cord and a string to tie it, plastic gloves and sheeting.

The comprehensive emergency obstetric care kit is the largest kit. Weighing more than a ton, it includes all equipment and medical supplies required to set up a maternity surgery unit.



## EMERGENCY REPRODUCTIVE HEALTH KITS, 2017

**13,000** Kits delivered by UNFPA in 48 countries globally

**17 million** People targeted with kits

**1,200 (SRH)** kits dispatched to referral hospitals for lifesaving C-sections and other emergency obstetric surgical interventions in 37 countries

**US\$7.4 million** Total cost of kits

**13** Global and regional partners (including CARE International, International Medical Corps, International Rescue Committee, International Planned Parenthood Federation, Pan American Health Organization, Sustainable Healthcare International, United Nations Development Programme, United Nations Educational, Scientific and Cultural Organization, United Nations High Commissioner for Refugees, and the World Health Organization) received kits, in addition to UNFPA country offices and implementing partners

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**Photo:** Displaced by conflict, this woman was able to safely give birth in Kasai Central, Democratic Republic of the Congo. © UNFPA

# Population Data in Emergencies

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To make everyone count, we need to be able to count everyone. However, this goal is particularly challenging in humanitarian crises when core population data systems are damaged and people are moving both internally and across international borders. Population data are crucial decision-making tools in humanitarian needs assessment and humanitarian response. They provide a basis for identifying the size, location and demographic profile of those affected by crisis and those in need of urgent humanitarian assistance (see Figure 1).

As highlighted in the new UNFPA Strategic Plan 2018-2021 and as part of the 2030 Sustainable Development Agenda, population data systems in humanitarian and fragile contexts will be improved to “leave no one behind.” This also aligns with the UNFPA Grand Bargain Commitment to “improve joint and impartial needs assessments” in humanitarian settings.

Increased delivery of UNFPA population data expertise within humanitarian situations has high multiplier effects for improving humanitarian response across all sectors. It sharpens the underlying rationale and the evidence base behind priority locations, scale and people in need.

In 2017, UNFPA made significant inroads around population data in the following areas:

## **Population data scoping, integration and estimation**

Through its partnership with OCHA, its network of 130 country offices and longstanding collaboration with national statistical offices, UNFPA now has integrated population data built upon census data, registry data and surveys. Thematic surveys of Humanitarian Needs Overviews developed by United Nations Humanitarian Country Teams, notably in Syria and Libya, have also contributed to construction and refinement of common operational datasets on population statistics.

## **Mapping vulnerable subpopulations using high-resolution geospatial data**

Further integration between data and geospatial mapping adds to the potential of locating vulnerable subpopulations such as the very old, those living alone, pregnant women and small children. UNFPA supports the increased use of high-resolution geospatial data and has showcased the integration of remote sensing data, which brings new scientific tools to bear for locating people in need. By combining geo-referenced population surveys with remote sensing from satellite imagery and other geospatial data, UNFPA was able to use predictive statistical modeling to estimate the population in hard-to-reach areas of Afghanistan. UNFPA also provided bespoke technical guidance to national authorities in Ecuador and Peru, which resulted in updated small area population estimates disaggregated by age and sex. Overlaid with geospatial data, the estimates ensured population data preparedness and guided rapid evidence-based disaster response to vulnerable subpopulations in need.

## **Expanding INFORM index partnership to integrate women’s health indicators into global risk assessment**

As a member of INFORM, the global open-source risk assessment for humanitarian crises and disasters, UNFPA worked with the EU Joint Research Council and OCHA to incorporate maternal mortality into the INFORM index – the United Nation’s shared approach for assessing conflict and disaster risk levels. With widespread support, UNFPA presented the inclusion of maternal mortality at the annual INFORM meeting. UNFPA had reviewed maternal mortality estimates and proposed an approach to include them in INFORM. WHO reviewed and supported the proposal, which was subsequently accepted by INFORM stakeholders and incorporated into the fall 2017 INFORM update. Going forward, all twice-yearly INFORM updates will include maternal mortality.

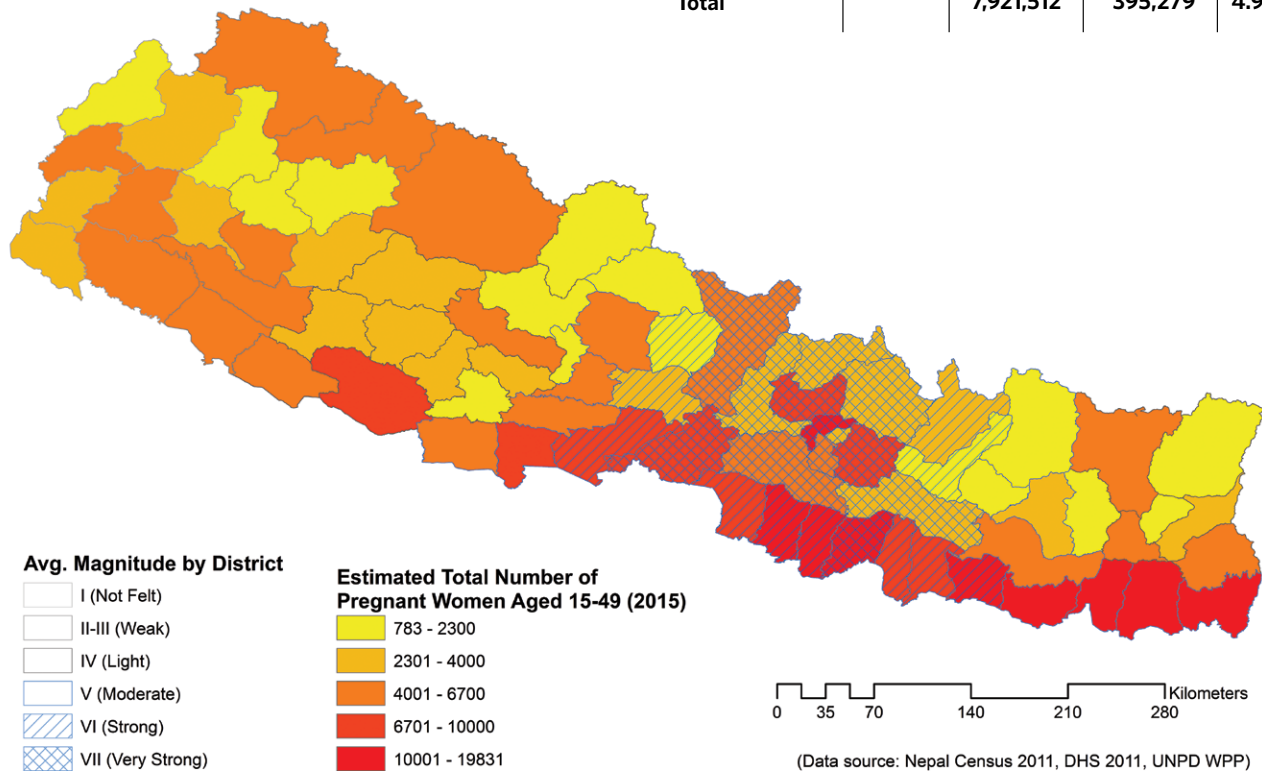


## Developing standards and technical guidance resources on Refugee and IDP Statistics with UNHCR

As a member of the UNHCR Expert Group on Refugee and IDP Statistics, UNFPA has contributed to the draft International Recommendations on Refugee Statistics (IRRS). When endorsed by the United Nations Statistical Commission, these recommendations will be a guide for national and international agencies on the collection, synthesis and estimation of statistics on refugees and asylum seekers. UNFPA has also provided technical inputs on population data collection, estimation and analysis for a new Refugee Statistics Compilers Manual.

**FIGURE 1: Sub-national estimates of Pregnant Women overlaid with Earthquake Magnitude in Nepal**

Earthquake level	Number of district	Total number of women aged 15-49	Number of pregnant women aged 15-49	%
I (Not Felt)	8	668,809	30,026	4.49
II-III (Weak)	9	567,973	38,095	6.71
IV (Light)	19	1,266,346	67,655	5.34
V (Moderate)	15	1,947,357	91,438	4.7
VI (Strong)	11	1,587,820	79,783	5.02
VII (Very Strong)	13	1,883,206	88,282	4.69
V-VII		5,418,383	259,503	4.79
<b>Total</b>		<b>7,921,512</b>	<b>395,279</b>	<b>4.99</b>



# Preventing and Responding to Gender-Based Violence in Emergencies

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Gender-based violence (GBV) is the most pervasive yet least reported human rights violation. An estimated one in three women worldwide will experience physical or sexual abuse in her lifetime. While widespread in times of peace, GBV is exacerbated during emergencies. Women's bodies become battlegrounds, with rape used as a tactic of war to humiliate, dominate or disrupt social ties. In any emergency, all forms of GBV may escalate due to increased lawlessness and impunity for abusers while networks of support and local response service infrastructure crumbles. The impact of GBV is devastating for survivors and their communities – physical consequences may include injuries, unwanted pregnancies, fistulae, sexually transmitted infections including HIV and even death. Survivors often face systematic social rejection, which increases their vulnerability to further abuse and exploitation.

## Sole leadership of the GBV Area of Responsibility

In 2017, UNFPA assumed sole leadership of the GBV Area of Responsibility (AoR), the global level forum for coordination on GBV prevention, risk mitigation and response in humanitarian settings that functions as part of the Global Protection Cluster. UNFPA coordinates at the national level in almost all L3 Emergencies where the cluster system is active. As the GBV AoR lead agency, UNFPA is mandated to ensure global GBV coordination across clusters – a structure that is replicated at the field level. To fulfill this role, UNFPA aims to ensure its readiness to respond by scaling up internal and external staff capacity and securing sufficient financial resources.

Established in 2014, the GBV AoR Regional Emergency Advisors (REGA) are four inter-agency resources available to support country operations in Asia, Arab States, and East and Central Africa regions. In 2017, the REGA provided 276 mission days in support of 12 GBV country sub-clusters and remote technical support to 29 countries, ensuring that GBV actors had the capacity to provide survivors with frontline support. The REGA established GBV coordination mechanisms, set up referral pathways, mapped services and trained over 300 local providers.

## Expanding the pool of deployable GBV specialists

UNFPA has expanded by 47 per cent the pool of skilled and qualified GBV specialists in GBV inter-agency coordination, programme and information management. Throughout 2017, UNFPA deployed 50 GBV specialists to 24 countries for a total of 178 months of deployment.

Developed by UNFPA and the GBV AoR, the free e-learning course “Managing Gender-based Violence Programmes in Emergencies” was also launched in four languages. The course has become a mandatory prerequisite for several government agencies, universities and international NGOs, as well as all deployed UNFPA GBV specialists. Over 2,600 users have completed the course to date.

## The GBV and CMR Roving Team

To establish and improve UNFPA GBV programming and mainstreaming in humanitarian response, in 2017 the specialized three-member GBV and Clinical Management of Rape (CMR) Roving Team provided 230 mission days across ten countries. The Roving Team trained over 800 humanitarian actors and assessed 31 health facilities and safe houses.

## Ten years of the GBV Information Management System

Over the past ten years, UNFPA has led and coordinated the inter-agency Gender-Based Violence Information Management System (GBVIMS) alongside UNICEF, UNHCR, IMC and IRC. The goal of the GBVIMS is to improve the safe and ethical collection of quality GBV data. It is the only system used in humanitarian crises that systematically adheres to globally recognized standards. Adopted by the GBV community, the GBVIMS is used in 30 countries and has catalyzed significant improvement in evidence-based programming, coordination and advocacy.



## GBVIMS in action

**In Kenya's Dadaab refugee camp**, reporting of GBV incidents was low. When GBVIMS data was used to engage community members, leaders emerged as advocates for women's issues and became instrumental in improving the safety and security of survivors.

**In Tanzania**, GBVIMS data showed that people experienced a high risk of sexual violence when collecting firewood outside the Nyarugusu camp. To prevent GBV and to improve safety and food security, an inter-agency campaign was begun to construct fuel-efficient mud stoves and promote the use of biomass bricks.

**In Liberia**, intimate partner violence (IPV) is not illegal. UNFPA implementing partners used GBVIMS data to expose IPV as an acute problem and to advocate for a change in national law. GBVIMS data supported the drafting of the country's first Domestic Violence Act.



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# Humanitarian Support

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Humanitarian action is a priority for UNFPA and comprises a growing stream of funding in light of the global trend in protracted and complex crises, largely driven by conflict. More than ever before, the organization is expected to provide and scale up life-saving assistance. To deliver assistance, country offices are supported by the Humanitarian Support Programme. The support provided is technical, financial, and operational and seeks to achieve the following:

- Effective global leadership of the GBV Area of Responsibility of the Inter-Agency Standing Committee (IASC) Protection Cluster
- Scaled up, predictable, fast and effective response to emergencies and crises, including emergency preparedness and surge
- Strengthened global, regional and national capacities to ensure timely and quality SRH and GBV services in humanitarian and fragile contexts

## In 2017

- Coordinated the provision of Inter-Agency RH kits (medicines, devices and supplies) to 48 countries
- Strengthened rapid response capacity of country offices through support from the UNFPA Emergency Fund with US\$6 million (UNFPA core funds) disbursed to 37 countries and US\$3.1 million non-core funds disbursed to 15 countries
- Increased the deployment and capacity of surge, including a 25 per cent reduction in turnaround time (2016 -2017) from request to deployment. In 2017, 35 countries were supported with surge
- Identified and built capacities of a pool of GBV-in-emergencies specialists through training and mentorship
- Increased investment in humanitarian data, including risk, resilience and vulnerability analysis and information management

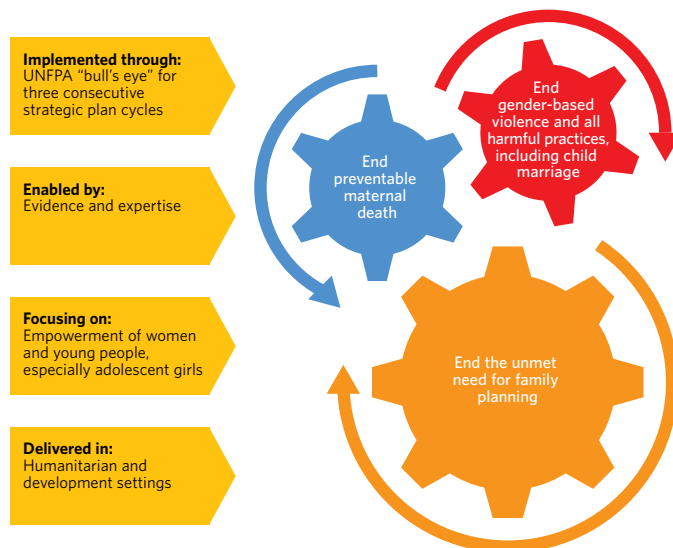
## 2018 Targets

- All fragile context countries meet Minimum Preparedness Action targets
- All surge requests met within 72 hours for L3 emergencies
- Global and country level SRH supplies Forecasting Tool available
- Increase non-core contributions by 25 per cent to the UNFPA Emergency Fund
- All GBV sub-clusters have dedicated coordinators
- RH commodities, medicine and supplies requests met
- All Emergency Fund requests processed within 48 hours

# Moving Forward

In an increasingly fragile world, UNFPA must continue to prioritize humanitarian action. With women and girls disproportionately bearing the impact of disasters, UNFPA and partners must provide and scale up life-saving assistance. UNFPA will continue to work with all partners across the humanitarian-development-peace continuum so that every woman and girl affected by an emergency or crisis gets the protection and services she needs for her health and dignity. With a focus on preparedness, risk reduction, innovation, and building resilience of health systems and communities, UNFPA is forging ahead to fulfill the commitments made at the 2016 World Humanitarian Summit, and to contribute to the achievement of the Sustainable Development Goals (2030 Agenda).

## VISION 2030: Three Transformative Results





**Photo:** Refugee camp in Cox's Bazar, Bangladesh. © UNFPA



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United Nations Population Fund  
605 Third Avenue  
New York, NY 10158  
[www.unfpa.org](http://www.unfpa.org)

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#### January 2018

**Cover photo:** Rohingya refugees lining up for relief supplies in Bangladesh. © Naymuzzman Prince/UNFPA

**Back cover photo:** The fastest growing refugee crisis in the world is happening in Cox's Bazar, Bangladesh. As of December 2017, over 860,000 Rohingya refugees had crossed the border into Bangladesh, fleeing from violence in Myanmar's Rakhine State. Of this total, about 650,000 refugees arrived since 25 August 2017. Humanitarian needs are overwhelming in the severely overcrowded refugee camps and makeshift settlements. Most of the new arrivals are women and children, critically in need of protection and basic services. UNFPA is very concerned about women's access to life-saving emergency obstetric care and critical sexual and reproductive health services, including contraception. © Naymuzzman Prince