



DELIVERING SUPPLIES WHEN CRISIS STRIKES

Reproductive Health in Humanitarian Settings





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DELIVERING SUPPLIES WHEN CRISIS STRIKES

Reproductive Health in Humanitarian Settings

OVERVIEW

UNFPA, the United Nations Population Fund, responds to emergencies in some of the world's poorest countries, delivering lifesaving sexual and reproductive health supplies and services to protect the rights, safety and dignity of women and young people affected by crises. In 2017, UNFPA reached 16 million people in 58 countries with humanitarian assistance, including 10.8 million people reached with sexual and reproductive health services and 3.9 million people reached with gender-based violence (GBV) services. In the last decade, UNFPA's humanitarian activities have grown exponentially.

UNFPA Supplies, the thematic fund for family planning, and the UNFPA Humanitarian Action Thematic Fund are the major providers of the reproductive health kits that UNFPA dispatches in emergencies. These Funds also support countries in the preparedness, response, and recovery phases to develop strong supply chains for contraceptives and key maternal health medicines.

The consequences of conflicts, natural disasters and other emergencies can be staggering. More than half of maternal deaths occur in fragile and humanitarian settings, where pregnant women are at risk of life-threatening complications. Disrupted access to family planning services exposes women and adolescent girls to unintended pregnancies in perilous conditions. The breakdown of protection systems heightens the risk of sexual violence, exploitation and HIV infection. Hygiene needs are often neglected.

UNFPA is a member of the Inter-Agency Standing Committee (IASC) Global Health Cluster and often convenes Reproductive Health Working Groups (RHWG) under the Health Cluster. UNFPA is also a member of the Inter-Agency Working Group (IAWG) on Reproductive Health in Crises Steering Committee. 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.

PREPAREDNESS

UNFPA builds national health systems and workforce capacities so that countries can respond swiftly to crises, and provide high-quality integrated sexual and reproductive health services and gender-based violence services. UNFPA's humanitarian strategy addresses key aspects of the Sendai Framework for Disaster Risk Reduction, including data readiness. UNFPA prepositions essential reproductive health supplies, strengthens supply chain management, develops capacity of the health workforce, and facilitates local partnerships to enhance emergency preparedness.

RESPONSE

At the onset of a crisis, UNFPA immediately coordinates Minimum Initial Service Package (MISP) lifesaving activities and supports partners in implementing the MISP. UNFPA provides logistical support for timely delivery of emergency reproductive health kits. Rapid response mechanisms and fast-track procedures are used to support a timely and effective response. UNFPA also deploys mobile health teams and surge specialists to provide instant support on the ground in crisis settings.

RECOVERY

When the situation allows, UNFPA supports countries in the transition to comprehensive sexual and reproductive health services, including the transition to sustainable supply chains. UNFPA works with partners to strengthen national health systems and build resilience.



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www.unfpa.org/publications

Delivering Supplies When Crisis Strikes: Reproductive Health in Humanitarian Settings

16 million

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

women and girls reached with gender-based violence information and services



1.5 million

young people reached with adolescent sexual and reproductive health services



Strengthening cooperation and complementarity among development, humanitarian action and sustaining peace

Collaboration and coordination enable a rapid, effective and holistic humanitarian response. UNFPA engages with numerous global partners, regional and subregional partners, inter-agency working groups, United Nations agencies, international non-governmental organizations, universities, research institutes, NGOs, private sector companies and a growing network of local partners to leverage relatively limited resources. Collective action and strategic partnerships help deliver supplies and services that save and improve lives. Funding gaps hinder humanitarian response and, despite many valued donors, UNFPA's 2017 humanitarian response received only \$215 million, just 51 per cent of the \$424 million required.

UNFPA implements the International Conference on Population and Development (ICPD) Programme of Action, which affirms that the right to sexual and reproductive health, and the right to live free of sexual and other forms of GBV, apply to all people at all times - including to those affected by emergencies. A comprehensive emergency response contributes to achieving the Sustainable Development Goals. Whether in humanitarian or development settings, UNFPA delivers on three transformative results: end preventable maternal deaths; end the unmet need for family planning and end gender-based violence and all harmful practices, including child marriage.

Emergency Reproductive Health Kits

Standardized reproductive health kits designed for worldwide use are prepackaged and ready for immediate dispatch to meet urgent and emergency requests.

UNFPA has been globally managing these inter-agency emergency reproductive health kits since 1998, on behalf of the IAWG, supplying global and regional partners in addition to UNFPA country offices and implementing partners. These kits are designed to respond to various population sizes and needs. Family planning kits

contain condoms, oral and injectable contraceptives, and intrauterine devices. Maternal and neonatal health kits cover clinical delivery assistance and basic and comprehensive emergency obstetric care, with essential equipment and medical supplies. Other kits contain supplies used in the treatment of sexually transmitted infections, the management of miscarriage and blood transfusions.

The most basic, the clean delivery kit, is designed for visibly pregnant women and contains a bar of soap, a razor blade

Emergency
Reproductive
Health Kits
2017

13,000 RH kits
delivered by UNFPA in 48 countries

17 million
people in humanitarian settings
targeted through these kits

PARTNERSHIP



Despite extreme challenges posed by famine, brutal conflict and cholera, UNFPA support is reaching women and girls in **Yemen**. UNFPA, UNICEF and the World Food Programme (WFP) coordinate action with a rapid response plan. Reproductive health supplies are prepositioned at five UN humanitarian hubs. Extensive partnerships and effective collaboration with the Yemeni Government, local non-profits, UN agencies and donors heighten the impact of UNFPA's humanitarian response.



For the **Rohingya** in Bangladesh, UNFPA works with civil society and government partners to deliver emergency supplies, including sharing warehouses with the WFP. With the Ministry of Health and Sports, UNFPA supports supply chain management and integrates the MISP. Working with local ethnic health organizations helps reach marginalized populations. More than 30 partners participate in the UNFPA-led GBV Sub-Cluster in the Cox's Bazar area.



In **Nigeria**, UNFPA's implementing partners set up safe spaces for the kidnapped Chibok girls and other GBV survivors. The rescued girls received support through UNFPA's partnership with the Federal Ministry of Women's Affairs and Social Development and the Government of Canada, which included psychosocial support and counseling, reproductive health services and medical care, and skills acquisition and empowerment.

PREPOSITIONING OF SUPPLIES



Hubs in Australia and Fiji quickly transport supplies from stocked warehouses when typhoons and tsunamis strike or conflicts erupt across 11 countries in **Asia and the Pacific**, the most disaster-prone region in the world. In 2015, UNFPA established the Regional Prepositioning Initiative with support from Australia's Department of Foreign Affairs and Trade (DFAT). In 2018, it made lifesaving supplies immediately available in 17 emergency responses in nine countries across the region.



Only 40 per cent of health facilities in **South Sudan** remain functional. As part of prepositioning and preparedness, five hubs stock post-rape treatment kits and other emergency RH kits. More than 30 MoUs have been signed with partners to deliver supplies to the last mile. UNFPA also supports safe spaces, youth corners and a one-stop-centre in Juba as part of its GBV response. UNFPA is the sole provider of contraceptives for all health partners in South Sudan.

READ COUNTRY EXPERIENCES AT:
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to cut the umbilical cord and string to tie it, and plastic gloves and sheeting to prevent infections. The largest kit, weighing more than a ton, is the referral-level kit for reproductive health that **serves the needs of a population of 150,000 for three months** and contains all equipment and supplies to set up a surgical maternity ward and provide emergency caesarean sections to save the lives of mothers and newborns.

As part of integrated sexual and reproductive health and gender-based violence services, UNFPA provides the

post-rape treatment kit to health centres, hospitals and trained providers for the clinical management of rape services for survivors. Survivors of rape and sexual assault require an immediate medical response to heal injuries, prevent unintended pregnancies with emergency contraceptives (where local laws allow), and administer medication to prevent or treat infections.

1,200 RH kits

dispatched to referral hospitals for lifesaving caesarean sections and other emergency obstetric surgical interventions in 37 countries

\$7.4 million

Total cost of emergency reproductive health kits

MOBILE HEALTH TEAMS



In the **Democratic Republic of the Congo**, UNFPA deployed mobile health teams to treat women fleeing violence in the Kasai region, many who were too frightened to venture far from the bush. The mobile clinics were stocked with emergency RH kits including post-rape treatment kits and emergency obstetric supplies. The conflict affected 170 health centres in Kasai. UNFPA supplied reproductive health kits to 25 health facilities in the eight worst-affected health zones.



In **Iraq**, UNFPA deployed mobile health teams along routes of displacement for women fleeing military operations in Mosul, bringing supplies and services to where they were needed most. This strategy was part of a Rapid Response Mechanism with UNICEF and the WFP that saved women's lives through mobile and static clinics serving populations on the move, in camps and in host communities. Rebuilding of facilities such as Al-Qaim Hospital is underway.

HEALTH SYSTEMS AND SUPPLY CHAINS



Zero maternal deaths in Za'atari refugee camp in **Jordan** inspired the government to work with UNFPA to mainstream affordable and high-quality sexual and reproductive health into the national health system and improve capacity and institutional resilience. After a needs assessment, the partners launched an RMNCAH initiative and addressed gaps in skilled staff, supply chain management and safe access to services. Bulk procurement improved cost-effectiveness and reduced delays.



In **Libya**, years of crisis have negatively affected the national health system. Fast-tracking of reproductive health kits, with accelerated procurement and distribution, prevented the collapse of maternal health services. UNFPA is working with the Ministry of Health to rebuild supply chain management and the health information system while responding to humanitarian needs.

UNFPA manages prepackaged kits for immediate dispatch in emergencies.

- | | |
|---|--|
| Kit 1 Condoms | Kit 7 Intrauterine devices (IUDs) |
| Kit 2 Clean delivery | Kit 8 Management of miscarriage and complications of abortion |
| Kit 3 Post-rape treatment | Kit 9 Suture of tears and vaginal examination |
| Kit 4 Oral and injectable contraception | Kit 10 Vacuum extraction delivery |
| Kit 5 Treatment of sexually transmitted infections | Kit 11 Referral level kit for reproductive health |
| Kit 6 Clinical delivery assistance | Kit 12 Blood transfusion kit |

COUNTRY EXPERIENCES

Yemen

When the Reproductive Health Supply Chain is a Lifeline



*In Yemen,
3.25 million
women and girls of
childbearing age
need protection and
medical care*

Despite the extreme challenges posed by famine, brutal conflict and cholera, UNFPA support is reaching women and girls in Yemen, the poorest of the Arab nations. From January 2017 to September 2018, UNFPA reached more than 1.2 million women and adolescent girls with family planning services and nearly 550,000 people with sexual and reproductive health (SRH) and gender-based violence (GBV) services. Extensive partnerships and effective collaboration with the Yemeni Government, local non-profit organizations, United Nations agencies and donors have heightened the impact of UNFPA's humanitarian response.

HUMANITARIAN NEEDS



22.2 million
Total people in need



3.25 million
Women of reproductive age



390,000
Pregnant women



7.59 million
Young people

This is the largest humanitarian crisis in the world

HUMANITARIAN SITUATION

Yemen is facing the largest humanitarian crisis in the world. Three years after conflict escalated in 2015, the economy and social services have collapsed. An estimated 22.2 million people — over three quarters of the population — are in need of some kind of assistance or protection, including over 11 million who are in acute need. Two in three people do not know where their next meal will come from. Women and children make up 76 per cent of those displaced and are paying the heaviest price, as they do in most humanitarian crises.

"I felt I was in hell because of what I saw," said midwife Noha of the attack on Al Thawra Hospital in August 2018. "Now pregnant women ...do not come to the hospital out of fear for their lives."

In a country with one of the highest maternal mortality ratios in the Arab region, the lack of food, poor nutrition and the eroding health system, worsened by epidemics such as cholera and diphtheria, have increased the number of premature or low birth weight babies and of women suffering from severe postpartum bleeding. The process of giving birth has become much more life-threatening. In 2015, the maternal mortality ratio was 385 maternal deaths out of every 100,000 live births.



A post-partum mother with her newborn at the Al Thawra Hospital maternity ward. © UNFPA Yemen

[READ STORY > CLICK HERE](#)

Pregnant women are malnourished: Today 3.25 million women and girls of childbearing age (15 to 49 years) need support. Escalating food shortages have left an estimated 1.1 million pregnant and lactating women malnourished, and threaten the lives of 75,000 women who are likely to develop complications during childbirth, including newborns with stunted growth.

"I had only bread and water throughout my entire pregnancy. My husband had lost his job and we could only afford very little food to feed the family," Amana recalls. At 25, her second child was born with severe disabilities and died immediately. "Our living conditions are very difficult and it is only getting worse."

Supplies and services are scarce: The precarious security situation, poor road infrastructure in some areas and other travel challenges across the country mean that reproductive health personnel, supplies and services in health facilities have become much more scarce and difficult for women and girls to reach. Only one third of Yemen's health facilities are currently functional, with many clinics shuttered because of violence, mass displacements, economic collapse, departure of health workers and lack of supplies.

"We are displaced, we are dispersed. Our situation is not normal. We are impoverished. We suffer in every way," said Maleka Ali, who was pregnant when violence descended on her home in Taizz, Yemen. "I was frightened because of the intensity of the war and the explosions," she told UNFPA. "We fled from Taizz, and I was so scared that I got asthma," she said, which also put her baby at risk of health problems.

Three million women and girls are at risk of gender-based violence: The number of women seeking GBV services increased by 36 per cent in 2017. Rates of child marriage (marrying under the age of 18) jumped from 52 per cent of Yemeni girls in 2016 to nearly 66 per cent in 2017.

Objectives

- **Re-establish** reproductive health supply chain management in Yemen to support the delivery of lifesaving supplies and services for sexual and reproductive health including safe birth, family planning and rape treatment.
- **Revitalize** partnerships to address the needs of women and girls.
- **Ensure** the safety and security of UNFPA staff to enable the humanitarian response to the crisis in Yemen.



Warehouse with RH kits and dignity kits in Yemen, 2017.
© UNFPA Yemen

Strategy and interventions

UNFPA is present in five humanitarian hubs: Interventions supported by UNFPA cover 21 of the 22 governorates in Yemen. UNFPA is currently present in all five operational UN humanitarian hubs (Aden, Al Hudaydah, Ibb, Sa'ada and Sana'a), where close monitoring informs regular adaptation of the humanitarian response to meet evolving needs. Overall coordination is from UNFPA's office in Sana'a, and in other provinces through the joint hubs.

Despite the devastating situation, UNFPA-supported interventions are reaching young women like Eshan, aged 18, who depends on the mobile clinic at Al Hudaydah for antenatal care. "I did not go to school. I was married a year ago and I am now expecting my first child. I would like to give birth in a hospital but even a check-up requires me to travel for over two hours to reach the nearest hospital," she says. "I heard about this mobile health service from my neighbour. I come here regularly for check-ups and no longer have the fears about giving birth like I did before."

UNFPA TAKES A NUMBER OF INTEGRATED ACTIONS UNDER THE HEALTH AND PROTECTION SECTORS:

Strategic support: UNFPA supports strengthening the national health system so that it can provide emergency obstetric and neonatal care and other integrated reproductive health services in order to reduce maternal death and morbidity. UNFPA also addresses the reproductive health and protection needs that result from recent escalations, including famine and emerging health epidemics. UNFPA support aims to:

- Increase the availability of lifesaving reproductive health medicines, supplies and equipment in health facilities.
- Make reproductive health kits available in medical facilities by providing basic medical and surgical supplies, including those used for treatment of sexually transmitted infections.
- Ensure that birth spacing methods are accessible to people in health facilities and mobile clinics.
- Deploy mobile medical teams and clinics providing reproductive health services that include safe deliveries and are integrated with nutrition services for pregnant women and disease prevention information targeting women and young girls.
- Build capacity to increase the availability of skilled health providers, particularly midwives, at the community level.
- Establish a reproductive health information management system.
- Lead the coordination of the reproductive health response through the Inter-Agency Working Group under the Health Cluster and in coordination with the Protection Cluster.
- Lead the Rapid Response Mechanism with the United Nations Children's Fund and the World Food Programme for fast response in situations like the bombing of Al Hudaydah, when reproductive health kits positioned in hospitals supported pregnant women who had been evacuated from the port and city.

Gender-based violence: UNFPA supports strengthening protection mechanisms including the engagement of men and boys as agents of change, in coordination with reproductive health programming. To prevent and respond to GBV, UNFPA works to:

- Provide medical supplies including post-rape treatment kits in health centres to treat survivors of gender-based violence.
- Provide clinical management of rape and treatment for survivors.
- Establish referral pathways to essential services to psychosocial support, legal aid, access to safe houses and referrals to health and other services.
- Engage men and boys to address GBV at the community level.
- Strengthen the Gender-Based Violence Information and Management System (GBVIMS).
- Raise community awareness on issues related to GBV, and on the available services.
- Distribute dignity kits containing menstrual and personal hygiene items.
- Support services and livelihoods opportunities for GBV survivors.
- Lead coordination of the response through the GBV sub-cluster within the United Nations in Yemen.



A mobile health team in the remote village of Taizz opens a reproductive health kit.
© UNFPA Yemen

UNFPA is currently present in all five operational UN humanitarian hubs (Aden, Al Hudaydah, Ibb, Sa'ada and Sana'a)

Supply chain management: Through public and private partnerships, UNFPA is rebuilding local supply chains and sustainable health service infrastructure in Yemen. UNFPA undertook a needs assessment on supply chain management to evaluate the needs and challenges and to identify opportunities for improving the system. An evidence-based advocacy campaign with Yemen's Ministry of Health resulted in government collaboration to implement family planning programmes and deliver contraceptives and lifesaving maternal health medicines.

A new national logistics management information system (LMIS) is revitalizing quantification, forecasting and supply planning for contraceptives and maternal health medicines. A new reproductive health information management system is also operational with third-party monitoring. The prompt deployment of a logistics specialist helped UNFPA to fill gaps in the system and improve transport of vital supplies via air, road and sea. UNFPA also revitalized an existing long-term agreement with one of the largest transportation companies in Yemen; as a result, customs clearance and in-country transportation of supplies to health facilities, including cholera treatment centres, are now much faster.

Progress and results

Together with partners, and despite difficult conditions, UNFPA provided millions of people with services and supplies for sexual and reproductive health and gender-based violence prevention and response in 2017. UNFPA reached an additional 1.5 million people more than in 2016 as a result of increased donor funds, decentralization of UNFPA's response and an increased presence in provinces and districts.

January 2017 to September 2018¹



1,257,639
People reached
with family planning
services



550,000
Total people
reached with SRH
and GBV Services



305,664
People who directly
benefited from
reproductive health kits



179,979
Women and girls
reached with
dignity kits



498
Health personnel
trained on SRH and
GBV services

¹ Information is updated on a rolling basis. See the UNFPA Transparency Portal at www.unfpa.org/data/transparency-portal/unfpa-republic-yemen and UNFPA Humanitarian Emergencies at www.unfpa.org/data/emergencies/yemen-humanitarian-emergency

Lessons and conclusions

- Partnerships with local businesses to deliver reproductive health supplies enhanced efforts to reach affected people in remote areas, despite blockages and lengthy custom clearance.
- Partnership with the United Nations system is essential. For example, when an air strike forced the UNFPA office to relocate to Jordan, the Reproductive Health Inter-Agency Working Group (RH IAWG) and GBV sub-cluster were strengthened and operationalized to ensure provision of a comprehensive and integrated package of services to women and girls affected by the crisis. The groups oversaw the procurement of reproductive health supplies.
- The establishment of supply chain management from the onset of a crisis is crucial. This was essential during UNFPA Yemen's immediate response in 2015 and built capacity to reach more people affected by the crisis in 2016 and 2017.
- Supporting local health providers and reliably providing reproductive health kits are important contributions to ensuring continuity of service delivery through functional health facilities, so many of which have been destroyed.



UNFPA-provided supplies include contraceptives, maternal health medicines, medical equipment and rape treatment. © UNFPA Yemen



Ensuring rights and choices for all

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Partners

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International Rescue Committee
Ministry of Health
National Population Council
National Yemeni Midwifery Association
Save the Children
United Nations Children's Fund (UNICEF)
United Nations High Commissioner for Refugees (UNHCR)
Woman National Committee
World Food Programme (WFP)
World Health Organization (WHO)
Yemeni Family Care Association
Yemeni Women's Union

Cover photo: © UNFPA Yemen

COUNTRY EXPERIENCES

Reaching Rohingya Women and Adolescent Girls Requires Partnership

FROM MYANMAR TO BANGLADESH



64,000 pregnant refugees need assistance in Kutupalong camp in Cox's Bazar

A mass exodus of more than 725,000 Rohingya people from Myanmar began in mid-August 2017, with many forced to flee to the Cox's Bazar area in Bangladesh, adding to the estimated 200,000 Rohingya refugees who had already fled to Bangladesh in previous years. A year later, despite efforts to safeguard all communities in Rakhine State, conditions are not safe enough for these refugees to return to their homes. Collaboration has become a hallmark of the UNFPA humanitarian response to this crisis, which builds on new and existing partnerships that provide crisis-affected people with sexual and reproductive health (SRH) and gender-based violence (GBV) services, including safe delivery, mobile health teams, safe spaces, psychosocial support, dignity kits, contraceptives and lifesaving maternal health medicines.

HUMANITARIAN NEEDS

Rohingya in Bangladesh



1.3 million
Total people in need



325,000
Women of reproductive age



19,500
Pregnant women



385,307
Young people

As of 1 September 2018

The suffering of women and girls in the Rohingya crisis cannot be overstated

HUMANITARIAN SITUATION

Given the scale of the crisis, UNFPA and other United Nations agencies, along with government and civil society partners, are struggling to meet the rapidly rising demand for services. In such a setting, partnership, collaboration and cooperation are paramount.

“The suffering of women and girls in the Rohingya crisis cannot be overstated. The health and safety of women and girls must be protected.... All women and girls, regardless of their ethnicity or religious affiliations, must have access to health care and other essential services without discrimination, and they must be protected from all forms of violence, including sexual assault.

—Dr. Natalia Kanem, Executive Director, UNFPA

In Bangladesh, more than half a million Rohingya refugees currently live in the Kutupalong Balukhali expansion refugee camp, in the Cox’s Bazar area, the site of one of the largest and most overcrowded refugee camps in the world. Among the refugees and host communities, more than 30,000 pregnant women urgently need maternal health care.

UNFPA is the lead agency on the ground in the camp providing lifesaving sexual and reproductive health services to ensure that every childbirth is safe. However, shortages of supplies and professional midwives continue to put the lives of mothers and newborns at risk. Among the emergency reproductive health kits provided, the simplest is a clean delivery kit, which contains soap and disposable gloves, a plastic sheet that provides a clean surface to protect both mother and newborn, and a clean razor blade, antiseptic and tape to prevent infection when the umbilical cord is cut. UNFPA Bangladesh has provided crucial support, with the generous support of donor governments and in close collaboration with Bangladeshi authorities and the host communities of Cox’s Bazar.

I witnessed more than 500 people killed in Myanmar. I ran away with my children, with only the clothes on our backs. We took 14 days to reach the Bangladesh border. We were hungry and thirsty. It was horrible.
—Arwa, 30, Old Kutupalong refugee camp

We suffered so much in Myanmar – our families, our children, killed; young girls raped – but we escaped. We were thirsty for seven days – not a drop of water. We tied our bellies tight, so we wouldn't feel any hunger. My kids tried to eat soil. They suffered from diarrhea, and lots of illness.
—Nasreen, 35, Old Kutupalong refugee camp

ROHINGYA IN RAKHINE

In Myanmar, up to 600,000 Rohingya remain in Rakhine State and continue to face serious hardships and need of assistance due to displacement, restrictions on their freedom of movement, limited access to essential services and other deprivations. UNFPA is responding by providing sexual and reproductive health services, including support to survivors of gender-based violence. The services reach Rohingya women, as well as women from other communities. An important part of the programme focuses on social cohesion and coexistence between different communities.

Objectives

The UNFPA Rohingya Humanitarian Response provides supplies and services to save and improve lives:

- Ensuring safer pregnancy and childbirth
- Preventing and responding to GBV
- Meeting the unmet need for family planning
- Ending the harmful practice of child marriage
- Providing women and young people with life skills and livelihood training

Strategy and interventions

Collaboration and coordination: UNFPA leads the United Nations effort to provide sexual and reproductive and maternal health care to women and adolescent girls, and to provide care and services for GBV survivors in emergencies. UNFPA is leading the GBV Sub-Sector to ensure coordinated and comprehensive multi-sectoral support to prevent and respond to GBV. UNFPA is also strengthening coordination for sexual and reproductive health and rights through a Technical Working Group and the establishment of sub-national coordination structures that serve as a venue for the Technical Forum on SRH issues in emergencies.

Partnerships to provide emergency supplies: UNFPA works with civil society and UN and government partners to provide emergency reproductive health kits and equipment. This includes the strategic prepositioning of supplies such as post-rape treatment kits, dignity kits to restore the dignity of women and girls, and health kits. Sharing warehouses with the World Food Programme, for example, enables rapid delivery of reproductive health supplies to local partners where they are needed.

Partnerships for GBV prevention and response: UNFPA leads the Gender-Based Violence Sub-Sector in Cox's Bazar, which is comprised of more than 30 partners including United Nations agencies, international non-governmental organizations (INGOs), NGOs and government agencies operating in the Rohingya refugee camps and the surrounding affected Bangladeshi host community locations.

UNFPA's women-friendly spaces are a haven for women and adolescent girls affected by the Rohingya refugee crisis. As of August 2018, UNFPA established 18 of these spaces across the camps and two in the host community in the Cox's Bazar district. The spaces provide a range of services, including GBV case management, health information and services, psychosocial support, and referrals for the women, girls and GBV survivors. Rohingya refugees call these spaces "shanti khana" or homes of peace.

UNFPA supports safe spaces, psychosocial services and clinical management of rape, referral services, and provides thousands of dignity kits (which include menstrual hygiene supplies, soap, clothes, a flashlight and a whistle) to help women move around more freely and confidently. In Cox's Bazar district, significant numbers of women may face an increased risk of GBV over the next year. Women and girls have reported feeling unsafe while visiting bathing and latrine areas unaccompanied due to a lack of privacy and adequate lighting. UNFPA is working with NGO partners on lighting the camp areas to reduce the risk of GBV, and supporting capacity development for local NGOs and civil society organizations on the Minimum Standards for Prevention and Response to Gender-Based Violence in Emergencies.

Partnership with government: Working with the Ministry of Health and Sports, UNFPA has supported health-system strengthening to improve supply chain management while delivering commodities for rapid response, targeting humanitarian-affected regions. UNFPA also integrated the Minimum Initial Service Package (MISP) for reproductive health with the Ministry at the township level, improving efficiency and allowing for a stronger first response through the prepositioning of supplies. UNFPA is working with the Bangladesh police to increase nighttime safety patrols and the Ministry of Women and Children Affairs (MoWCA) to establish a GBV sub-cluster for natural disasters.

Training for midwives with key partners: Working with key partners such as RTM International and the HOPE Foundation, in the area of humanitarian response, UNFPA has strengthened the skills of pre-service midwives and deployed trained midwives. The midwives implemented government standard operating procedures, guidelines and policies for sexual and reproductive health, and GBV concepts and guiding principles. As of August 2018, UNFPA supports 100 midwives deployed in the Rohingya refugee camps, providing care for the thousands of pregnant women. Also, after Cyclone Mora, UNFPA deployed midwives to health facilities and hard-to-reach areas in Cox's Bazar to provide emergency obstetric and newborn care to affected host communities.

Collaborating with affected communities: UNFPA works with local community partners, including ethnic health and protection organizations, to serve marginalized populations in hard-to-reach areas with no government services. UNFPA supported peace-building efforts by improving the convergence between ethnic and government health systems in offering the same supplies, services and guidelines. UNFPA also conducted a "do no harm" conflict sensitization, risk analysis and consultation and established UNFPA field offices in conflict-affected states.

Adolescents and youth: Life skills training supported by UNFPA provides an equivalent of comprehensive sexuality education, promotes gender equality and a respect for diversity and inclusion, and addresses the roots of violence against women at a young age.



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Progress and results

August 2017 to July 2018¹



449,832
Women attended
SRH/GBV
information sessions



342,982
Women screened by
midwives and reproductive
health workers



13,721
Clean delivery kits
distributed



114,119
Women and girls
reached with
dignity kits



3,174
Babies safely
delivered at health
facilities

¹ Source: UNFPA Rohingya Humanitarian Response Monthly Situation Report July 2018. See also the UNFPA Humanitarian Emergency web pages at www.unfpa.org/data/emergencies/bangladesh-humanitarian-emergency and www.unfpa.org/data/emergencies/myanmar-humanitarian-emergency

Lessons and conclusions

At the heart of UNFPA's work are solid integration, coordination and partnership. Working with a wide range of stakeholders is critical to UNFPA's ability to provide technical support and coordinate a set of priority activities in both humanitarian and development contexts in response to the Rohingya crisis.

Partnerships with civil society, government and non-governmental organizations to procure, fund and administer supplies and services allow for a wide reach and a more efficient intervention response overall. Collaboration with United Nations agencies through coordination bodies for reproductive health and, in particular, for GBV, is central to UNFPA's response. Working with local community partners builds trust, and engaging with ethnic health organizations is key to reaching marginalized populations with supplies and services, in part because local organizations continue to operate even when international access is limited. Partnership with donors is important for many reasons, and in the Rohingya response, where budget gaps led to breaks in the supply chain, a lesson learned is that diversified funding sources are important to achieving sustainable reproductive health commodity security.



UNFPA and partners are working with young people to build life skills in innovative ways, using an international module adapted for the Rohingya refugee context.
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HOPE Foundation for Women & Children of Bangladesh

International Organization for Migration (IOM)

John Snow International

Marie Stopes International

Ministry of Health and Sports (in particular Maternal and Reproductive Health Division and Central Medical Stores Depot)

Ministry of Women and Children Affairs (MoWCA)

Myanmar Medical Association

RTM International

United Nations Children's Fund (UNICEF)

United Nations Development Programmer (UNDP)

United Nations Refugee Agency (UNHCR)

World Food Programmer (WFP)

Cover photo: UNFPA is providing dignity kits, which contain hygiene and safety supplies, as well as deploying midwives and establishing safe spaces. © UNFPA Bangladesh

COUNTRY EXPERIENCES

Nigeria

**Abductions,
armed conflict and
cholera: UNFPA
and partners
support women
at grave risk**



Nearly two million women of childbearing age are in urgent need of sexual and reproductive health services

The crisis in north-east Nigeria has created vulnerabilities and humanitarian concerns since the first Boko Haram insurgency in 2009. The conflict has resulted in the destruction of health facilities and the displacement of women and girls, including 1.7 million women of childbearing age, isolating them from necessary reproductive health services. Abduction and sexual violence are defining characteristics of the ongoing conflict, with 6 in 10 women in the north-east having experienced gender-based violence (GBV). Cholera outbreaks in camps have increased the service needs of displaced women. Supporting abducted women, providing 58 mobile health teams, and maintaining a strong presence in United Nations inter-agency groups, UNFPA and partners are making a lifesaving difference for adolescent girls and women in Nigeria.

Reproductive health supplies and services can make the difference between life and death

HUMANITARIAN SITUATION

Women in Nigeria already face one of the highest maternal death rates in the world – a woman dies of pregnancy-related causes about every nine minutes in the country. The conflict has aggravated this dire situation, leaving an estimated 7.7 million people in need of assistance in Adamawa, Borno and Yobe States and 10.2 million people in need in north-east Nigeria. Millions have fled their homes, filling displacement camps and host communities.

UNFPA estimates that 1.7 million affected women are of reproductive age, with 276,000 likely to become pregnant this year and will require reproductive health services and support. There is an urgent need for health personnel to provide reproductive health services, including obstetric emergency obstetric care and treatment for survivors of sexual violence.

UNFPA trains health personnel in the Minimum Initial Service Package

The urgent needs of affected populations threaten to overshadow the specific health needs of women. Yet modern contraceptives and reliable family planning information are critical for these women and girls, whose lives have been turned upside-down. UNFPA, together with the Government of Nigeria, is procuring and distributing essential reproductive health supplies and medicines throughout the country, including modern contraceptives.

“We are in a situation here, we are always afraid, running from one place to another. I do not want my wife to be weighed down, so we are accessing family planning services quickly,” said newly married couple, Mr. and Mrs. Baba Tijani, who were displaced by the crisis.

The violence has left more than 40 per cent of health facilities either destroyed or badly damaged, and forced many doctors and nurses to flee. To help the available personnel work for SRH in a complex humanitarian environment, UNFPA provides training in the Minimum Initial Service Package (MISP) for Reproductive Health in Emergencies, which outlines a series of actions required to meet reproductive health needs in a crisis setting. These actions include coordinating with humanitarian partners, providing clinical care to survivors of sexual violence, preventing HIV infection through condom distribution and other measures, and facilitating access to emergency obstetric care to safeguard maternal and newborn health.



© UNFPA Nigeria

Cholera and flooding further complicate service delivery

Cholera outbreaks in 2017 and 2018 significantly worsened the humanitarian situation in north-east Nigeria. The dangerous levels of dehydration that accompany the disease put pregnant women at risk. Traditional roles also heighten risk, because women and girls most often care for sick family members, clean latrines and fetch untreated water. UNFPA is working with health staff, the community and social workers in displacement camps to include women and girls in education messages on cholera, with a special emphasis on reaching pregnant women. Health workers are being engaged to identify vulnerable women and girls for referral to appropriate care.

In September 2018, flooding along the Niger and Benue rivers created major obstacles to the timely delivery of supplies and services, notably in the four most-affected states of Kogi, Delta, Niger and Anambra. UNFPA supported the flood victims by distributing more than 5,700 dignity kits to pregnant women and lactating mothers, and providing sleeping mats for temporary shelters. UNFPA also put its rapid response abilities into action, assisting the Nigerian government in conducting rapid assessments to identify needs.

Support for abducted women and girls

Abduction is a characteristic of this conflict that has garnered global attention. UNFPA, in partnership with the Federal Ministry of Women's Affairs and Social Development and the Government of Canada, provided support to rescued girls, focusing on four interventions: psychosocial support and counseling, shelter and welfare, reproductive health services and medical care, and skills acquisition and empowerment. UNFPA's response to the kidnapping of 276 female students from the village of Chibok in 2014 brought global attention to the Nigerian crisis, as abductions interrupted the ability to deliver services. In 2018, three humanitarian aid workers were killed and three female aid workers were abducted, one of whom, a 25-year-old midwife, was murdered in September, and a second murdered in October 2018. The third is still in captivity.

Objectives of the UNFPA response

- Increase partnership with United Nations organizations, non-governmental organizations and private sector partners to enhance programme delivery, coordination and resource mobilization;
- Enhance collaboration with humanitarian and development partners to provide girls released from abduction with lifesaving GBV and reproductive health information, psychosocial counselling, skill acquisition and livelihood support.
- Improve outreach to communities and camps for internally displaced persons (IDPs) and integrate sexual and reproductive health services in communities with limited access to health facilities, mental health services and family planning.
- Partner with health staff to develop capacity among health workers, community workers and social workers in displacement camps, to fill a gap in skilled personnel and to provide services in emergency situations.
- Develop capacity among government personnel on forecasting, procurement, storage, monitoring and distribution of supplies and services for sexual and reproductive health.

Strategy and interventions

UNFPA's provision of sexual and reproductive health and GBV services and supplies ensured the survival and livelihood of thousands of people affected by the humanitarian crises in Nigeria. Nigeria participates in UNFPA Supplies, the UNFPA thematic programme to expand access to family planning.

Partnership: UNFPA improved outreach to communities and camps for IDPs through collaboration with UNHCR, UNICEF, WFP, WHO, FHI 360 and Planned Parenthood of Nigeria.

Mobile clinics: Mobile health teams provided integrated services to communities with limited access to health facilities.

Capacity development: Training for health workers and government personnel strengthened capacity in: application of the Minimum Initial Service Package, contraceptive technology, long-acting reversible contraceptive methods, competency-based training, active management of third-stage labour, psychosocial counselling and clinical management of rape.

Safe spaces: At these spaces, women gather for networking, socialization, social cohesion and service provision. They receive information on sexual and reproductive health and are empowered through psychosocial support, training in different trades and provision of starter kits.

Facility service provision: In addition to outreach services, UNFPA supports the provision of sexual and reproductive health services to women and girls in places where facilities exist and are functional.

Data collection and analysis: Data on the results of UNFPA-supported interventions supported evidence-based advocacy used to raise awareness about the role of UNFPA in humanitarian response.

Coordination: UNFPA has provided leadership in coordinating bodies such as the Gender-Based Violence (GBV) Sub-Cluster and MISP Sub-Working Group.

Progress and results

From January 2017 to June 2018, UNFPA-supported efforts reached 17,990 women and girls with dignity kits for hygiene and 250,734 young people with adolescent sexual and reproductive health services. Services were delivered through health facilities, 185 mobile health teams in 2017, and 27 safe spaces in 2018. Between 2014 and 2017, some 1,103 communities publicly declared the abandonment of female genital mutilation under the support of the UNFPA-UNICEF Joint Programme; as well, UNFPA supported 4,326 fistula repairs.

Key results from January 2017 to June 2018



985,209
Total people
reached with SRH
and GBV services



185
Health facilities
providing Emergency
Obstetric Care



109,592
Number of UNFPA-assisted
safe deliveries



239
Health personnel
trained on clinical
management of rape



298,735
People reached
with reproductive
health kits

Lessons and conclusions

- Being able to respond efficiently and quickly to acute emergencies is facilitated by the pooling and funding from various donors and by having a humanitarian response team in place.
- Partnership is essential, including partnership with private entities such as Philips; global NGOs including the International Committee of the Red Cross; governmental entities including the Government of Nigeria state-level family planning coordinators, the Government of Canada, and the Republic of Korea; and United Nations agencies.
- The deployment of UNFPA monitoring and evaluation staff to Nigeria helped track results and report on progress, due to a significant improvement in data collection and analysis.
- Surge capacity was instrumental in enabling the Nigeria team to be at the forefront of the crises, responding to humanitarian needs. UNFPA was among the first agencies on the ground for sexual and reproductive health, acknowledged for this achievement by the Governor of Borno State.
- Engaging health workers to identify vulnerable women and girls, specifically pregnant women, has been a successful strategy that has increased the number referred to appropriate care.

Providing sexual and reproductive health and GBV services in areas of armed conflict is complex and humanitarian crises can be worsened by cholera outbreaks, and abductions, as in Nigeria. Through mobile outreach clinics, training personnel in the Minimum Initial Service Package, and engaging health workers to identify vulnerable women and girls, UNFPA and its partners made a difference between life and death for thousands of Nigerian women.



*Health workers unload reproductive health kits in Maiduguri, Nigeria. The kits contain life-saving reproductive health items.
© Anne Wittenberg/UNFPA*



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Partners

Association for Reproductive and Family Health (ARFH)
CARE International
Central Emergency Response Fund (CERF)
FHI 360 (Family Health International)
International Committee of the Red Cross
Japan International Cooperation Agency (JICA)
Korea International Cooperation Agency (KOICA)
Nigerian Red Cross Society (IFRC)
Planned Parenthood Federation of Nigeria (IPPF affiliate)
United Nations Children's Fund (UNICEF)
United States Agency for International Development (USAID)
World Food Programme (WFP)
World Health Organization (WHO)

Cover photo: Displaced women receiving reproductive health care at a UNFPA-supported clinic in Nigeria.
© UNFPA Nigeria

REGIONAL OVERVIEW

Prepositioning Supplies in Disaster-Prone Countries of Asia and the Pacific

The most disaster-prone region in the world

Asia and the Pacific



© UNFPA Philippines 2018

Prepositioning reproductive health supplies in areas vulnerable to natural disasters speeds up emergency assistance and saves lives; it also builds resilience in regular supply chains. In 2015, UNFPA established the Regional Prepositioning Initiative with support from Australia's Department of Foreign Affairs and Trade (DFAT). Supplies are procured and stored at hubs in Brisbane, Australia and Suva, Fiji and in strategic locations around the 11 focus countries. In 2018 alone, Australia's support through the initiative made life-saving supplies immediately available in 17 emergency responses across nine countries in Asia and the Pacific. The initiative is managed by the UNFPA Asia-Pacific Regional Office (APRO), which works with UNFPA Country Offices in the region to help governments and civil society partners reduce disaster risk and prepare for and respond to emergencies.

Regional Prepositioning Initiative anticipates essential needs

HUMANITARIAN SITUATION

Asia and the Pacific is the most disaster-prone region in the world. Nearly 45 percent of the world's natural disasters occur in the region, and more than 75 percent of those affected by natural disasters globally live in the region. Although climate change is a huge challenge facing all countries, Pacific Island nations are at particular risk and are being forced to adapt much more quickly to its effects. The region is affected by a number of protracted crises and long-running conflicts that exact a human toll. It is also home to more than half of the world's refugee population.

UNFPA plays a growing role in responding to both natural and manmade disasters in the region, which are ever-increasing in both numbers and magnitude. In September 2018, for example, supplies purchased in advance and stored nearby met urgent needs during two natural disasters: Typhoon Ompong in the Philippines and a powerful earthquake and tsunami in Indonesia.

Nine months pregnant when Typhoon Ompong hit the **Philippines**, Ginalyn Franco fled uphill for three hours through wet, muddy terrain until she reached the evacuation centre.

"Even though I was very scared for myself and my baby, I had to stay strong. The rains were so powerful that landslides started happening near our house so we had no choice but to leave," Ms. Franco, 24, told UNFPA.



More than 2,000 people died and some almost 80,000 are living in displacement camps, according to the UN Office for the Coordination of Humanitarian Affairs.

In **Indonesia**, a powerful earthquake and the resultant tsunami caused Ibu Fariati's home to collapse under a wall of water.

UNFPA estimates that 45,000 pregnant women were affected.



Displaced at an evacuation site, Ms. Fariati, 27, told UNFPA about her fears: "We live under a small tent, which we share with six other families. My two daughters are still small. They are too young to face this... At night, I am scared to use the communal toilets. There are no lights or doors... Another scary thing is that my contraceptive pills are almost finished. It would be a disaster to get pregnant here," she said.

Objectives

The goal of the **Regional Prepositioning Initiative** is to ensure that the essential needs of women and girls in Asia and Pacific are met by governments, UN agencies and key stakeholders during emergencies. UNFPA achieves this through the timely distribution of lifesaving commodities and supplies by trained partners. This is only possible because the essential supplies that UNFPA uses in humanitarian responses are strategically prepositioned in the region — such as emergency reproductive health kits, dignity kits and tents that can be used as maternity or women-friendly spaces.

Strategy and interventions

Strategically prepositioning supplies in disaster-prone countries and regional hubs — one in Brisbane, Australia and another in Suva, Fiji — has enabled UNFPA to respond faster, better and more efficiently to humanitarian crises across the region. The Regional Prepositioning Initiative focuses on 11 priority countries: Bangladesh, Fiji, Indonesia, Myanmar, Papua New Guinea, Philippines, Samoa, Solomon Islands, Sri Lanka, Tonga and Vanuatu. The prepositioned supplies are used wherever they are needed, in these and other countries.

Small quantities of vital supplies: The prepositioned supplies cover (1) small-scale responses or (2) immediate needs in the aftermath of a large-scale disaster while additional procurement takes place. Small quantities of vital supplies are procured and stored in disaster-prone countries that face cyclical or recurrent emergencies. (The small quantities reduce the risk that supplies may expire before an emergency occurs.) The regional hubs can support humanitarian responses in countries that do not have their own prepositioned supplies, or provide additional support in larger-scale crises when more supplies are needed. The costs associated with prepositioning, such as warehouse rental, insurance, monitoring and inventory management are factored into the budget to ensure that supplies are well managed.

Supply chain management: Beyond supplies, the Regional Prepositioning Initiative also aims to build humanitarian capacity, particularly in logistics, and ensure the effective management and use of sexual and reproductive health commodities in emergencies. In the first two years of the initiative more than 200 people from UNFPA, government and partner organizations completed humanitarian logistics trainings, and more than 50 people completed courses on humanitarian preparedness and gender-based violence in emergencies.



UNFPA supplies at the warehouse in Brisbane, Australia, in July 2017. © UNFPA/DFAT

Progress and results

In 2018 alone, Australia's support through the initiative has made life-saving supplies immediately available in 17 emergency responses across nine countries in Asia and the Pacific. From May 2017 to August 2018, over US\$ 600,000 worth of prepositioned supplies were distributed through the Regional Prepositioning Initiative thanks to DFAT's support. These supplies have reached more than 60,000 people affected by 19 emergencies across nine countries in Asia and the Pacific, including people displaced in the following crises.

Myanmar: responding to annual floods

During the monsoon season Myanmar experiences annual floods; more than 91,000 people were temporarily displaced in 2017 and more than 122,000 people were temporarily displaced in 2018. UNFPA has drawn from nationally prepositioned supplies to support government and other partners to provide essential services to women and girls both years. In 2017, UNFPA delivered emergency reproductive health kits to health care centres in 12 townships and one regional hospital enabling 3,310 women who were displaced to receive pregnancy and antenatal care and referral support for safe deliveries. In 2018, UNFPA provided dignity kits and clinical delivery assistance kits to support the government and other partners in reaching 1,190 of the most marginalized women and girls.

Papua New Guinea: leaving no one behind

The eruption of Mount Kadovar in Papua New Guinea in January 2018 saw all 557 inhabitants of the island resettled in a temporary site that is not easily accessible – it is an hour's drive and then a four-hour walk to the nearest health facility. Using prepositioned supplies, UNFPA was able to provide the seven women who were pregnant at that time with individual clean delivery packs, ensuring that they had their most basic needs met.

Lao PDR: reaching remote communities quickly

UNFPA did not have any supplies prepositioned in Lao PDR when a hydroelectric-power dam collapsed there in July 2018, causing flash floods throughout Attapeu province. However, thanks to UNFPA's close partnership with Australia, 2,700 dignity kits and clean delivery kits for 400 pregnant women and 10 birth attendants were available within 48 hours of the government's request for assistance. The supplies were transported free of charge alongside other relief items on an Australian Defence Force aircraft from the warehouse in Brisbane, Australia, to Pakse, Lao PDR.

Tonga: resupplying hospitals hit by tropical cyclones

When Tropical Cyclone Gita hit Tonga in February 2018, it was the worst disaster the country had faced in 60 years; less than two months later the small Pacific island nation bore the brunt of another major cyclone, Tropical Cyclone Keni, which took the roof off 'Eua hospital. Through the Regional Prepositioning Initiative, UNFPA was able to provide life-saving sexual and reproductive health commodities from regional hubs in Brisbane and Suva to restock the central medical warehouse, and support the Ministry of Health's hospitals and outreach efforts. UNFPA provided a range of emergency reproductive health kits including clinical delivery assistance, rape treatment, STI treatment, and vacuum extraction kits that were used in health facilities across the country, directly benefiting 2,484 people.

Results at the regional level

Improved humanitarian logistics capacities for reproductive health supplies

Training in humanitarian logistics is an important part of the Regional Prepositioning Initiative. Training sessions have been held in Bangladesh, Fiji, Indonesia, Myanmar, Papua New Guinea, Philippines, Tonga and Vanuatu. Over 200 participants from UNFPA, government and other implementing partners have completed the training and are better prepared to receive, store, transport and use emergency reproductive health kits and other vital supplies for sexual and reproductive health and gender-based violence (GBV) survivors.

Closer collaboration with donors and partners

The Regional Prepositioning Initiative has led to a stronger partnership and collaboration between UNFPA and Australia, which in 2018 invested an additional AUD\$ 1.1 million. The partners have co-convened events such as a strategic dialogue on sexual and reproductive health and GBV in emergencies that brought together key stakeholders from 19 organizations in November 2017. Participants considered how humanitarian preparedness and response can be more disability-inclusive, how regional and global agreements and guidelines can be used in advocacy, and how to strengthen humanitarian policies and programming in countries of the region.



The rapid deployment of critical supplies, including clean delivery kits and dignity kits, for women and girls is a cornerstone of UNFPA's humanitarian response in Asia and the Pacific and globally, including in the aftermath of Cyclone Gita in Tonga. © Australia DFAT/James Deane

UNFPA humanitarian response in the Philippines

Saving lives through reproductive health medical missions

Armed conflict between the Armed Forces of the Philippines and the Maute Group (which is considered to have links with ISIS) broke out on 23 May 2017 in Marawi City, Lanao del Sur Province, leading to the displacement of more than 400,000 people, loss of lives and mass destruction of civilian infrastructure including health facilities.

Using supplies prepositioned nationally through the Regional Prepositioning Initiative, UNFPA conducted 23 reproductive health medical missions providing essential prenatal and antenatal care to 3,497 pregnant and lactating women. UNFPA also established women friendly spaces in the displacement camps and distributed 11,460 dignity kits to women of reproductive age. In total UNFPA's response directly reached 30,594 people displaced by the conflict, using over \$270,000 worth of supplies alongside other resources.

Vulnerable to natural disasters

The Philippines is one of the most disaster-prone countries in the world. Every year an average of 22 tropical cyclones hit the country, of which approximately six or seven cause significant damage. As part of preparedness efforts, UNFPA has developed customized “sets” of supplies for many of their standard interventions (such as women-friendly spaces, maternity tents and reproductive health medical missions). Each set contains everything needed to effectively set up and run an intervention, including tents, furniture, medical equipment, stationery and essential reproductive health supplies.

Response to Typhoon Ompong, September 2018

Typhoon Ompong was one of the strongest typhoons ever to hit the Philippines, affecting more than 1.7 million people. Working with the country's Department of Health, and with support from Australia, UNFPA distributed 1,200 dignity kits to pregnant and breastfeeding women. Clean delivery kits and clinical delivery equipment were also distributed to health workers in affected areas.

Mayon volcano eruption displaces women and new mothers

High levels of volatility called for a three-month evacuation. In February 2018, a maternity tent set was transported to the municipality of Santo Domingo and, in partnership with the Department of Health and local government, four medical teams operated the facility 24/7 for a one-month period, providing 1,305 services to women of reproductive age.

Earthquakes

A magnitude-6.5 earthquake struck off the coast of Surigao del Norte on 10 February 2017. Suruago City was the most affected area. Five months later, on 6 July, a 6.5-magnitude earthquake struck the island of Leyte, displacing more than 9,000 people. UNFPA responded by providing dignity kits for the affected pregnant and breastfeeding women in the region.



UNFPA dignity kits stand ready for distribution to displaced women like this new mother. © UNFPA Philippines

Lessons and conclusions

Prepositioning has dramatically improved UNFPA's humanitarian response in Asia and the Pacific in terms of speed, quality and efficiency and should continue. Prepositioning has strengthened UNFPA's reputation and reliability as a humanitarian actor, provided new opportunities to advocate for SRH and GBV initiatives in humanitarian response, and helped to build trust with governments and other partners.

1. Prepositioning allows UNFPA to respond faster. Nationally prepositioned supplies can be immediately handed over to implementing partners in affected areas, whereas those procured in the aftermath of an emergency are rarely on the ground within a week. Even in countries where UNFPA is not nationally prepositioning supplies, the close partnership between UNFPA and DFAT has ensured delivery of supplies within 48 hours; for example, reproductive health supplies were transported alongside other relief supplies after Tropical Cyclone Gita struck Tonga and when flash floods occurred in Lao PDR.
2. Prepositioning is part of emergency preparedness efforts. It can help improve the quality of a response. Prepositioning supplies ensures that what is immediately available at the onset of a crisis is customized for the country context – for example, that dignity kits include culturally appropriate clothing in suitable sizes. Because many of the priority countries in this initiative face emergencies on a regular basis, they have learned from affected communities what supplies will best support a response.
3. Prepositioning is an entry point for UNFPA. Governments across Asia and the Pacific have invested significantly in humanitarian preparedness, yet they do not always have the capacity to respond to sexual and reproductive health needs. National prepositioning of supplies provides an entry point for UNFPA to provide support for sexual and reproductive health even when governments do not formally request international assistance in this area. Also, having supplies available in-country means that UNFPA can support small scale responses where it would not otherwise have been feasible to mount a response. In areas where access to affected communities is compromised because of conflict, it is vital to have supplies prepositioned that can be immediately used whenever humanitarian access is temporarily granted.
4. Prepositioning reduces transportation costs. Transporting supplies by sea freight for prepositioning is significantly cheaper than air freighting supplies in the acute phase of a response, and also reduces carbon emissions. In the last year, UNFPA has saved over US\$ 150,000 on freight costs. For example:
 - For the Lao PDR flood response, the transportation cost associated with prepositioning the dignity kits was \$1.50 per kit. In contrast, the



Transporting reproductive health supplies in remote Papua New Guinea. © UNFPA PNG

quotation received for air freighting dignity kits during the acute phase of the response was more than \$12 per kit.

- When an earthquake struck the remote Southern Highlands province in Papua New Guinea 2,500 prepositioned dignity kits were drawn from supplies in Fiji. The cost of prepositioning these kits was just \$2 per kit; the quotation received for air freighting dignity kits during the acute phase of the response was \$22 per kit.
5. Prepositioning builds capacity and strengthens partnerships. Prepositioning has changed how governments view UNFPA as a humanitarian partner in the 11 countries of this initiative. Having supplies immediately available has given UNFPA a seat at the table when developing humanitarian response plans, and enabled UNFPA to advocate for SRH and GBV far beyond the provision of supplies. Prepositioning also supports resource mobilization and builds the profile of UNFPA and donors; for example, adding logos to supplies ensures greater visibility. The process is also helping to build trust with governments, humanitarian actors and partners for humanitarian response as well as regional efforts to achieve the Sustainable Development Goals.



Ensuring rights and choices for all

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Partners

National governments, including Ministries of Health, national disaster management organizations, Ministries of Women and Social Welfare, in all 11 priority countries

Australia's Department of Foreign Affairs and Trade (DFAT)

Implementing partners in-country including International Planned Parenthood (IPPF) member associations

Inter-Agency Standing Committee (IASC) members

Cover photo: *Pregnant women displaced by the Mayon volcano eruption received dignity kits and antenatal check-ups in a tent established as a maternity clinic in Albay Province, Philippines.*

© UNFPA Philippines, 2018

COUNTRY EXPERIENCES

South Sudan

Prepositioning and Preparedness: Emergency reproductive health supplies save and improve lives



Africa's largest refugee crisis since the Rwandan genocide

Working closely with partners in South Sudan, UNFPA has reached more than 2 million people in affected areas with sexual and reproductive health (SRH) and gender-based violence (GBV) services since 2014.¹ Initiatives supported by UNFPA have saved and improved lives through the prepositioning of essential reproductive health supplies in five humanitarian hubs, strengthening the national health system and supply chain, and training and deploying midwives. Despite the high level of insecurity, UNFPA continues to work to meet needs for family planning, ensure the availability of emergency obstetric care services, and prevent and respond to GBV in South Sudan.

¹ Information is updated on a rolling basis. The figure shown is 2014 to June 2018. See the UNFPA Transparency Portal at www.unfpa.org/data/transparency-portal/unfpa-south-sudan and UNFPA Humanitarian Emergencies at www.unfpa.org/data/emergencies/south-sudan-humanitarian-emergency.

HUMANITARIAN NEEDS



7 million
Total people in need



1.75 million
Women of reproductive age



210,000
Pregnant women



2.29 million
Young people

Devastated by five years of fighting, the world's youngest country is among the deadliest for mothers

HUMANITARIAN SITUATION

More women in South Sudan die during pregnancy and childbirth than in nearly any other country in the world, with an estimated 789 maternal deaths per 100,000 live births. One quarter of women do not have access to family planning information or services, and only 6 per cent of maternal health needs across the country are met each year.

"I've seen it with my own eyes, women dying because of bleeding," recalls Nyomon Lilian, 25, whose studies to become a midwife was disrupted by the war. "We heard gunshots in the school. I took my uniform, and left behind my books and everything else," she said.

UNFPA works in South Sudan to support the health, safety and dignity of women and girls affected by the ongoing humanitarian crisis. Yet as the conflict continues, with increasing insecurity and economic decline, access to lifesaving supplies and services is deteriorating.

Over 4 million people have been displaced, nearly 1.9 million of them internally and 2.1 million have become refugees, fleeing to neighbouring countries. South Sudan also hosts 280,000 refugees, mostly from Sudan, along with some from other countries. Of those who are internally displaced, up to 85 per cent are estimated to be women and children.

Overall, 7 million people are now in need of humanitarian assistance and protection in South Sudan. Among them are 1.75 million women of reproductive age, including at least 210,000 pregnant women, with an estimated 280,000 live births per year. Brutal killings, rape and other human rights violations continue unchecked and have become a persistent reality for civilians. GBV remains pervasive throughout the country and goes largely unreported; GBV survivors have little to no legal redress. Food security continues to deteriorate: some 6.1 million South Sudanese people and refugees in the country were severely food insecure in September 2018.²

² Data for South Sudan is generated by a MISP calculator.

The looting and destruction of healthcare facilities as well as targeted attacks on health workers have decimated the health system: only 40 per cent of health facilities in the country remain functional or partially functional. Existing government service delivery systems are overstretched and in some cases have completely collapsed. Nearly 500 attacks on healthcare workers were documented in 2018, including 115 deaths. South Sudan is the most dangerous country in the world in which to deliver humanitarian assistance.

The majority of health partners in South Sudan rely on emergency reproductive health kits, including post-rape treatment kits, procured by UNFPA to provide services for sexual and reproductive health and the clinical management of rape. UNFPA Supplies, the thematic fund for family planning, provides 100 per cent of the contraceptives for the entire country, including distribution of condoms to young people and sex workers. The storage infrastructure for pharmaceutical supplies is one of the poorest in the region, however, making it difficult to preposition and hold buffer stocks. The poor infrastructure also has an impact on the security, quality and safety of products. Shortages are widespread, with stock-out rates at service delivery points reaching 60 per cent. Overall challenges include barriers to humanitarian access, weak logistics management information systems, and limited numbers of personnel trained in supply chain management.

Objectives

- Build the capacity of health workers in logistics management as well as in the Minimum Initial Service Package (MISP) for reproductive health, and the Minimum Standards for Prevention and Response to Gender-Based Violence in Emergencies.
- Establish and capitalize on partnerships and effective coordination of partners for a more effective and timely response.
- Ensure reliable availability of reproductive health services and supplies in hard-to-reach areas as well as hard-to-reach populations.
- Increase funding for the prepositioning of reproductive health supplies.
- Gain access to areas with high security concerns and deliver assistance.



© UNFPA South Sudan

Strategy and interventions

UNFPA is present in five humanitarian hubs: Interventions Building on strong partnerships, UNFPA has taken effective action in the following areas:

Humanitarian hubs with prepositioned supplies: UNFPA prepositions supplies in five humanitarian hubs — Bentiu, Juba, Malakal, Rumbek and Wau - to reach more crisis-affected people across the country. The hubs are staffed to provide hands-on frontline technical assistance and prepositioned supplies that can be mobilized quickly to support delivery of services for sexual and reproductive health and GBV response. UNFPA has signed more than 30 Memorandums of Understanding (MOUs) with partners for the distribution of reproductive health supplies to service points for last-mile delivery. For example, UNFPA partnered with UNICEF and the World Food Programme through the Inter-Agency Standing Committee (IASC) Logistics Cluster to support transportation and warehousing in the humanitarian hubs. Hiring reproductive health field coordinators, logistics staff and midwives helped to strengthen coordination with partners in the hubs as well as nationally. A partnership with the South Sudan Health Pooled Fund has secured the delivery of reproductive health commodities from the national medical stores to health facilities across the country.

Emergency RH kits: UNFPA leads the procurement and distribution of emergency reproductive health kits and capacity building for their use. Reproductive health supplies are a vital part of the UNFPA contribution to the humanitarian response in South Sudan. UNFPA supports the integration of these supplies into the national medical supply chain management system, and distribution to the last mile through partnership with the Health Pooled Fund (HPF), funded mainly by the UK's Department for International Development (DFID).

Data on gender-based violence: UNFPA has led efforts for the inter-agency GBV Information Management System (GBVIMS) to collect data from service providers, analysed the trends and rallied partners to respond. UNFPA supports training for social workers and health staff to sensitively and professionally meet the needs of GBV survivors, including the provision of psychosocial support, post-rape treatment with emergency contraception, and HIV post-exposure prophylaxis.



UNFPA is helping to educate women about voluntary family planning methods in South Sudan.
© UNFPA/Annette Poni

Progress and results

January 2017 to June 2018³



818,619
Total people
reached with GBV
and SRH services



89,008
Young people
reached with
SRH services



691,500
People who directly
benefited
from RH kits



65,400
Women and girls
reached with
dignity kits



338
Youth facilitators
trained on SRH and
GBV services

UNFPA supports three one-stop care centres, called Family Protection Centres, to support GBV survivors in Juba, Rumbek and Malualkon. Integrated services are provided under one roof, including clinical treatment for rape, psychological first aid, counselling, legal support and other services. UNFPA has established 10 women-friendly spaces in displacement camps. In addition, UNFPA supports youth corners in five facilities in three states.

In 2011, there were only six obstetricians and eight midwives in South Sudan; since then, more than 25 obstetricians and 600 midwives have been trained by UNFPA and partners. Following a UNFPA-led advocacy campaign in July 2017 and during the FP2020 Summit in London, the Government of South Sudan committed to doubling its contraceptive prevalence rate to 10 per cent by 2020 and to introducing a government budget line for family planning. Overall, every year, over 1 million people receive sexual and reproductive health services and 100 women receive fistula repair services. New users of family planning reported in UNFPA-supported health facilities totalled 37,112 in 2017 and 13,251 by mid-2018.

³ Information is updated on a rolling basis. See the UNFPA Transparency Portal at www.unfpa.org/data/transparency-portal/unfpa-south-sudan and UNFPA Humanitarian Emergencies at www.unfpa.org/data/emergencies/south-sudan-humanitarian-emergency



Lessons and conclusions

- UNFPA's role in coordinating the repositioning of vital family planning, maternal health and post-rape treatment supplies in South Sudan has helped to keep shelves stocked and reduce shortages of lifesaving supplies.
- The creation of humanitarian hubs has addressed needs at a lower cost, enabled access to speedy technical assistance by partners and improved access to reproductive health supplies throughout the region. The strategic field presence through field hubs has increased relevance, visibility and timely humanitarian response with local engagement.
- Developing the service delivery capacity of government and local NGOs has strengthened access to sexual and reproductive health and GBV services within South Sudan in both development and humanitarian contexts. Working with the Government of South Sudan has enabled UNFPA to advocate for national funding for family planning and for women's empowerment to increase demand for family planning.
- Partnerships with organizations with strong logistical capacity such as the World Food Programme, the Health Pooled Fund and in-country NGOs have assisted in distributing reproductive health supplies. Expanding UNFPA's partner network has helped to reach more women and girls with much-needed information and services, and has mobilized community and youth activities.
- By building capacity for data collection and analysis, and for its use in communications and decision making, UNFPA has used its position as a trusted partner to increase funding for development and the humanitarian response in South Sudan.



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International Medical Corps (IMC)
International Organization for Migration (IOM)

International Rescue Committee (IRC)
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Universal Intervention and Development Organisation Republic of South Sudan (UNIDOR)
Universal Network for Knowledge and Empowerment Agency (UNKEA)
World Food Programme (WFP)
World Health Organization (WHO)
World Relief
World Vision

Cover photo: Nyomon Lilian, who became a midwife through UNFPA-supported training, attends to a mother and her newborn at the Juba Teaching Hospital.

© UNFPA South Sudan

COUNTRY EXPERIENCES

Democratic Republic of the Congo

Mobile Clinics
 Reach Women
 Hiding in Fear



© UNFPA DRC 2018

Millions more are in danger as conflict worsens in the DRC

Continued violence, the Ebola crisis and violations of human rights and international humanitarian law, including acts of sexual violence and abuse, are behind a worsening humanitarian situation in the Democratic Republic of the Congo (DRC). The number of people who urgently require humanitarian assistance is up from 8.5 million in 2017 to 13.1 million in 2018. Through partnership, community engagement and evidence-based planning, UNFPA is working to deliver urgently needed services and supplies for maternal and neonatal health, gender-based violence and family planning. When violence erupted in the Kasai region, for example, mobile clinics reached displaced, uprooted, crisis-affected women and girls with lifesaving services.¹

¹ Information is updated on a rolling basis. See the UNFPA Transparency Portal at www.unfpa.org/data/transparency-portal/unfpa-democratic-republic-congo and UNFPA Humanitarian Emergencies at www.unfpa.org/data/emergencies/democratic-republic-congo-humanitarian-emergency

HUMANITARIAN NEEDS



13.10 million

Total people in need



3.28 million

Women of reproductive age



432,300

Pregnant women



4.12 million

Young people

As of 1 September 2018

When armed groups attacked in Kasai, UNFPA reached women & girls with mobile clinic teams

Some 4.4 million people struggle to survive displacement within the DRC, where almost 8 million people across the country are facing severe food insecurity. Renewed violence in North and South Kivu and in the Kasai region has taken a heavy toll, especially on girls and women, who suffer horrific gender-based violence (GBV).

"Armed men abused and killed young girls, even while they were fleeing. Some people were attacked and raped, killed or taken hostage. My aunt was killed, [as were] my uncle, and the wife of my younger brother, the mother of this young boy," says Felikanko, 44, a woman who escaped an outbreak of conflict in the Kasai region and is caring for the orphaned child.

In 2017, conflict-related sexual violence, widely reported in the East, spread to the three provinces of the Kasai region. Villages were burned to the ground, people were abducted and killed, and thousands of women and children, who were forced to flee their homes, took shelter in the bush. Pregnant women, afraid to move even when they urgently needed health care, risked their lives to reach health facilities, only to find many centres burned down or looted or closed. This damage and destruction resulted in a severe lack of access to maternal and newborn health services and medical treatment for rape. The crisis in the Kasai region unfolded in 2016 and reached a peak from June to August of 2017, with 1.4 million internally displaced persons and more than 30,000 refugees forced to flee to Angola, as well as 1,429 reported incidents of gender-based violence.

The conflict affected 170 health centres in Kasai. In response, UNFPA supplied reproductive health kits to 25 health facilities in the eight worst-affected health zones in Kasai Central, Kasai and Kasai Oriental. These kits contained the supplies needed to manage a range of sexual and reproductive health concerns, including emergency obstetric care, sexually transmitted infection (STI) management, and post-rape treatment. **Projected to last three months, the kits were sent to meet the needs of an estimated 450,000 people, including 22,500 pregnant women.**

Objectives in the Kasai response

The main objectives of the UNFPA response to the Kasai crisis in the DRC were to:

- Verify and respond to the needs of affected women and adolescent girls
- Secure quick delivery of reproductive health supplies to ensure access to services
- Establish strong inter-agency coordination for GBV and sexual and reproductive health response
- Equip health facilities with needed supplies
- Establish mobile clinics to reach women and girls in remote areas
- Set up safe spaces for survivors of GBV to receive support including rape treatment and psychosocial support
- Train staff and community health workers
- Establish solid monitoring mechanisms

Strategies and lifesaving interventions

UNFPA used mobile clinics to reach the many pregnant women living in the bush in Kasai, working in collaboration with the implementing partners Caritas Congo and Caritas Kananga. The mobile clinics provided basic emergency obstetric care in areas where health centres and hospitals had been looted and destroyed and no health service providers were available. They also supported existing health facilities with both basic and emergency reproductive health services and supplies, including contraceptives for family planning and psychosocial support offered through collective counselling groups organized alongside the clinic.

“This is the only way we can reach these women and save their lives, as most of them are afraid to go to health centres for antenatal care,” said Dr Marguerite Kunduma, coordinator of the UNFPA decentralized office covering the Kasai region.

When a persistent feeling of insecurity and fear of violence prevented women from leaving the bush, UNFPA collaborated with local volunteers and partners to encourage women to receive reproductive health services at established mobile clinics. Many of the pregnant women who came to the clinics had never before visited a health centre; some had given birth in the bush unattended. Most of these women received their first pregnancy care or antenatal care in the mobile clinics after having been displaced. Many of these women had experienced or witnessed traumatizing events.



After her family fled fighting in the DRC, Jacqueline Lusambo found herself pregnant and alone, living in the bush and caring for her one-year-old son, wondering how she would give birth on the run. She is pictured here at the UNFPA-supported mobile clinic in Kalomba.
© UNFPA DRC 2017

The UNFPA humanitarian response included evidence-based planning, engagement of local communities, partnership with UN agencies and non-governmental organizations (NGOs), strategic interventions such as mobile clinics and quick delivery of health supplies to facilities. These efforts were backed by strong coordination and monitoring. The response employed a number of strategies and interventions:

- **An initial rapid assessment** enabled partners to verify needs and respond accordingly. UNFPA and partners then delivered legal, psychosocial and medical assistance to survivors of GBV and sexual and reproductive health services to those in need.
- **Logistical challenges** were effectively addressed through a partnership with the Logistics Cluster that enabled the efficient transportation, storage and distribution of reproductive health supplies, including contraceptives and life-saving maternal health medicines. This ensured access to supplies and services in communities and health facilities even in remote areas and under volatile security situations.



Pregnant women waiting to be screened at the Kalomba health centre during a UNFPA-supported mobile clinic.
© UNFPA DRC 2017

- **Last mile distribution** of contraceptives was accomplished through VillageReach, an NGO that works on last mile distribution of vaccines and in 2017 started a collaboration with UNFPA. Through this and other channels, more than 950,000 male condoms were distributed to youth.
- **Mobile clinics** significantly improved access to services for the most vulnerable people and ensured a timely distribution of critical supplies, with skilled mobile health teams reaching conflict-affected areas.

One of the world's most complex emergencies

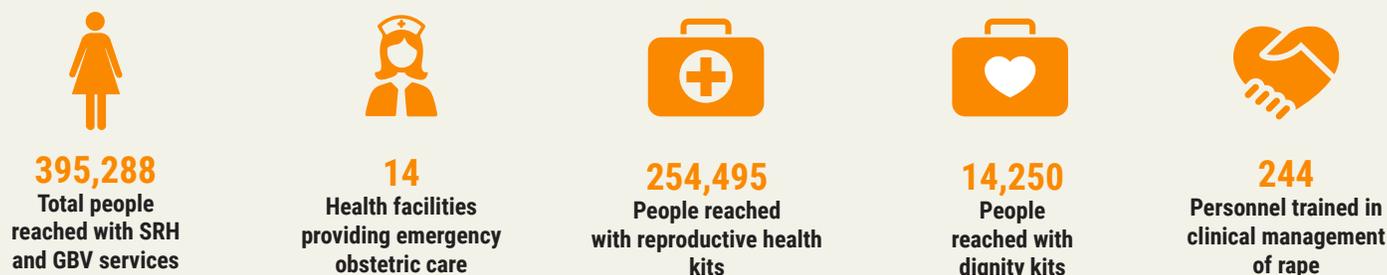
People in the DRC face one of the world's most complex emergencies due to the combination of natural disasters (e.g. recurring floods), armed conflicts in North and South Kivu, and inter-community conflicts especially in the provinces of Tanganyika and Ituri — all in a context of food insecurity, malnutrition and frequent epidemics such as cholera, measles and Ebola. In addition, the DRC hosts more than 533,827 refugees from the Burundi, Central African Republic, Rwanda and South Sudan; and the expulsion of Congolese from Angola has intensified, affecting nearly 300,000 people.

Between October 2017 and April 2018, the United Nations declared the situation in DRC a Level 3 emergency, the highest level in the international humanitarian system. In August 2018, the tenth Ebola epidemic broke out in an active conflict zone, where 60 per cent of the sick are women and girls. Accounts of rape by members of armed groups have intensified since the start of the conflict. Reports suggest that the high needs of women and girls for sexual and reproductive health were overwhelming frontline responders — even before the Ebola crisis, and the situation has worsened.

Progress and results in the DRC

Gender-based violence: Across the country, services reached some 50,000 GBV survivors from January 2017 to June 2018, with UNFPA among the key actors of the response. UNFPA-supported interventions enabled more than 2,000 women and girls to access services provided through health centres and other service delivery points equipped with post-rape kits. Some 244 personnel received training on clinical management of rape; 126 personnel on psychosocial support and 166 personnel on GBV case management. UNFPA support operationalized nine mobile medical teams, 19 safe spaces and 77 maternity health facilities/tents/homes. In the Kasaï region, UNFPA leads three GBV Sub-Clusters and three Sexual and Reproductive Health/Minimum Initial Service Package Working Groups.

Key results from January 2017 to June 2018¹



¹ Information is updated on a rolling basis. See the UNFPA Transparency Portal at www.unfpa.org/data/transparency-portal/unfpa-democratic-republic-congo and UNFPA Emergencies Dashboard at www.unfpa.org/data/emergencies/democratic-republic-congo-humanitarian-emergency

Lessons and conclusions

Reaching women and other affected people where they are, and going the last mile, are strategies that save and improve lives in emergencies.

- Engaging local communities, and partnering with UN agencies and local and international NGOs multiplies the impact of UNFPA assistance.
- Working directly with affected women and adolescent girls, including an assessment with them to determine their needs, enables an effective response and the achievement of results under challenging and often dangerous conditions.
- Redeploying national staff from the capital to humanitarian hubs increases impact, agility and builds local capacity where needed.
- Working with GBV Sub-Cluster coordinators in all humanitarian hubs builds trust and visibility.
- Establishing a monthly bulletin on results in all hubs of the GBV Sub-Clusters and sub-groups on SRH and the Minimum Initial Service Package (MISP) for reproductive health, for the first time in DRC, improves accountability and results-based management.
- Integrating sexual and reproductive health services alongside food security and agriculture with FAO and the WFP in Tanganyika and South Kivu improves service delivery and outreach.



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Cover photo: UNFPA emergency reproductive health kits arrive in the DRC.

© UNFPA DRC 2018

COUNTRY EXPERIENCES

IRAQ

Rapid Response Mechanism Saves Women's Lives Along the Route to Safety



Providing lifesaving services to those fleeing armed conflict requires an agile response

Millions of Iraqis have fled their homes because of armed conflict, including the Mosul Offensive of 2016-2017, which led to one of the most complex humanitarian interventions in the history of the region. To ensure that lifesaving supplies and services were available, UNFPA and partners deployed a Rapid Response Mechanism (RRM) to provide agile response and save countless lives. UNFPA deployed mobile reproductive health teams along routes of displacement.

Though military operations against the Islamic State of Iraq and the Levant (ISIL) ended in 2017, 8.7 million of Iraq's people, including 1.9 million still internally displaced, remain in need of humanitarian assistance. Among them are women and girls in dire need of reproductive health and psychosocial support services. As the humanitarian emergency persists in Iraq, UNFPA continues to mobilize resources and expand partnerships to revitalize local facilities.

Women of reproductive age are especially vulnerable in Iraq's volatile humanitarian crisis

HUMANITARIAN SITUATION

The number of displaced civilians drastically increased during the Mosul offensive of 2016–2017, when the Iraqi Government and its allies began operations to retake eastern Mosul from ISIL. The operations caused thousands of people to flee their homes, and an estimated 10 million Iraqis needed humanitarian assistance, including 1.5 million in Mosul alone. Of those, Mosul's 60,000 pregnant women and women of reproductive age needed special and timely attention.

Through the Rapid Response Mechanism, UNFPA with the United Nations Children's Fund (UNICEF) and the World Food Programme (WFP) adopted a flexible approach to providing services and lifesaving packages of assistance along the routes of displacement, including UNFPA's deployment of mobile health teams along the Mosul corridor, a crucial path for people fleeing the violence. As a leading partner for RRM during the Mosul operation and its aftermath, UNFPA provided critical supplies and services to the victims of the Iraqi crisis and was at the forefront of the humanitarian response alongside UNICEF and the WFP. When women of reproductive age were unable to access lifesaving sexual and reproductive health and GBV services and protection, UNFPA was able to provide critical humanitarian assistance through mobile and static clinics to populations on the move, in camps and in host communities.

"As families flee conflict and become displaced, women often prioritize the needs of children and their families above their own... By contributing to women's dignity as they are on the move, the UNFPA dignity kits are also a means of empowerment," said Ramanathan Balakrishnan, UNFPA Representative in Iraq, speaking about health and hygiene supplies distributed in the crisis.

A country recovering from three years of conflict

As Iraq rebuilds after its devastating period of conflict, UNFPA and its partners continue to work tirelessly to provide humanitarian relief by providing contraceptives, lifesaving maternal health medicines and other reproductive health supplies along with dignity kits that contain essential hygiene supplies including soap and sanitary napkins. UNFPA is also establishing women's centres and safe spaces, setting up reproductive health clinics and deploying mobile health teams and trained personnel to assist the affected population.

In every humanitarian situation, the risk of sexual exploitation and abuse escalates during times of crisis. When people are displaced, community protection systems are disrupted, giving perpetrators a more enabling environment to abuse and exploit those who are vulnerable. In Iraq, UNFPA and its partners are working to end these abuses through a range of actions known as "protection from sexual exploitation and abuse". UNFPA and WFP have delivered training sessions to help humanitarian staff understand how sexual exploitation and abuse can occur in different scenarios, as well as the consequences for survivors, the community and all humanitarian actors.

UNFPA and its partners are working to strengthen and rehabilitate maternal and reproductive health facilities affected by the conflict. In Al-Qaim City, ISIL had turned the maternity ward of Al-Qaim Hospital into an emergency room for its fighters. Maternal health personnel were relegated to a small room to perform deliveries. When they left, the ISIL militants stole all the hospital's equipment, and then set fire to the building. The damage was extensive.

"I felt as if my world had just fallen apart. This hospital was my home. I had been working here for 15 years," said midwife Um Qassem, who had remained to assist birthing mothers throughout ISIL's occupation, then saw the hospital burned as she left.

UNFPA has been supporting Al-Qaim Hospital since early December 2017, helping to rehabilitate the operating theatres and delivery room. UNFPA has provided financial and logistical support to the hospital's reproductive health team, and covered the cost of generators and waste management. UNFPA has also provided a well-equipped mobile delivery unit, able to manage uncomplicated deliveries as well as caesarean sections, and helped establish a referral system to transfer more complicated cases to comprehensive care.

Among those profoundly affected by the conflict is Nadia Murad, a member of Iraq's Yazidi community who was enslaved and raped in Iraq by ISIL fighters in 2014. Named a UNODC Goodwill Ambassador in 2016, Ms. Murad won the Nobel Peace Prize in 2018 for her work to raise awareness about the plight of human trafficking victims during humanitarian crises.

Objectives

- Ensure humanitarian access to eastern Mosul and along the routes of displacement.
- Deploy necessary personnel and commodities by these routes to deliver emergency sexual and reproductive health services to the affected population.
- Provide sexual and reproductive health services to internally displaced persons in camps after the exodus from eastern Mosul.
- Support the stabilization of reproductive health facilities and services after the crisis.

Strategy and interventions at the height of the crisis

Rapid Response Mechanism: With partners, UNFPA conducted regular field visits and designed and implemented the RRM to plan the intervention and preposition the assistance packages. Its design followed a sequential approach:

Planning and prepositioning of supplies



24 hours of displacement = rapid assessment



48 hours of displacement = deployment of mobile health teams/clinics



4 to 6 weeks = transition to static facility



> 6 weeks = revitalization of facilities



UNFPA has been active in Iraq since 2004. This photo depicts the distribution of dignity kits to displaced families in Sharia, Iraq. © UNFPA Iraq 2018

Preposition supplies: As the crisis escalated, UNFPA prepositioned reproductive health kits and other supplies in health facilities to speed delivery of services to the displaced population.

Avoid supply shortages: Accurate planning and forecasting resulted in zero instances of stock-outs at 61 UNFPA-supported health facilities in Mosul. UNFPA tracked procurement and transport lead time, which was instrumental in avoiding stock-outs.

Deploy mobile health teams: To provide essential services to women and girls fleeing the conflict, UNFPA supported the deployment of nine mobile delivery units and six mobile gynecological clinics to hard-to-reach areas along the routes of displacement. In addition, 14 ambulances were deployed for the referral of reproductive health emergencies.

Provide lifesaving services: UNFPA-trained health professionals were on the front line in Mosul, and were instrumental in providing sexual and reproductive health services and safe deliveries. UNFPA established two field maternity hospitals attached to the World Health Organization's trauma field hospitals to provide caesarean sections to women with complicated deliveries.

Since the end of Mosul offensive of 2016–2017, the strategy has focused on supporting the stabilization of reproductive health facilities and services.



Medical facility in Iraq with UNFPA-supported equipment. © UNFPA Iraq

Progress and results

From January 2017 to June 2018, 402 health personnel were trained on GBV management with support from UNFPA. Since 2014, UNFPA has established more than 94 reproductive health service delivery points and 147 women's safe spaces and community centres offering GBV treatment and response services.

January 2017 to June 2018¹



1,642,842
Total people reached with all types of SRH and GBV services



312,624
People who directly benefited from reproductive health kits



35,267
Number of UNFPA-assisted safe deliveries



25
Number of UNFPA-supported mobile health teams



237,840
People reached with family planning services

¹ Information is updated on a rolling basis. See the UNFPA Transparency Portal at www.unfpa.org/data/transparency-portal/unfpa-iraq and the Iraq Humanitarian Emergency page at www.unfpa.org/data/emergencies/iraq-humanitarian-emergency

Lessons and conclusions

Partnership was critical at many levels

- In the Mosul operation, close and transparent engagement with donors enhanced UNFPA's credibility as a front-line actor in this humanitarian response.
- UNFPA's collaboration with UNICEF and the WFP on the RRM initiative was instrumental to reaching vulnerable people and addressing their needs. It enabled UNFPA to distribute lifesaving commodities to the affected population swiftly and effectively.
- Within the organization, close coordination among UNFPA logistics, supplies and programme teams in planning and implementing humanitarian interventions yielded optimal results.

Secure, steady and reliable supplies

- Keeping shelves stocked with reproductive health supplies during the Mosul crisis (no stock-outs) was achieved through planning (including pre-positioning), resource mobilization, efficient and effective operations, and regular follow up.
- Contingency planning contributed to a comprehensive procurement plan. In addition, coordination with national authorities ensured the fast clearance and transportation of commodities into and within the country.
- Efforts to build resilience in the national health system are taking the lessons learned beyond the crisis to the recovery period. UNFPA has worked in partnership with the Iraqi Ministry of Health to ensure a solid reproductive health commodity security system is in place even in challenging situations.

Through collaboration and coordination, UNFPA and its many valued partners ensured the continuity of lifesaving services and the timely delivery of commodities during the Mosul crisis and its aftermath; and they continue to support pregnant women and women of reproductive age throughout Iraq as its facilities and communities rebuild.



Dignity kits with hygiene and safety supplies staged in Bamo, Iraq. © UNFPA Iraq 2017



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Iraq Health Access Organization (IHAO)

Islamic Relief Worldwide

Ministry of Health

QANDIL Swedish Humanitarian Aid Organization

TAJDID Iraq Foundation for Economic Development

The United Iraqi Medical Society

United Nations Children's Fund (UNICEF)

Women and Health Alliance International (WAHA)

World Food Programme (WFP)

World Health Organization (WHO)

Zhian Health Organization

Cover photo: A young mother in Iraq holds her newborn at a UNFPA-supported health facility.

© UNFPA Iraq

COUNTRY EXPERIENCES

Jordan

**Securing Supplies
 for Syrian Refugees
 while Building
 Resilience in
 Jordan's Health
 System**



© UNFPA Jordan/Elspeth Dehnert

Every woman and girl has the right to sexual and reproductive health and protection from gender-based violence

The Government of Jordan estimates 1 in 3 inhabitants in Jordan is non-Jordanian. Jordan hosts more than 650,000 registered Syrian refugees and 2.2 million Palestine refugees, as well as other nationalities and migrant workers. UNFPA achieved zero preventable maternal death in Jordan's largest refugee camp by mobilizing resources, procuring reproductive health supplies, and making services available and accessible to the affected population. As displacement becomes protracted, the risk of gender-based violence (GBV) persists and may even intensify. UNFPA has provided support during this crisis since 2012. From January 2017 to June 2018, UNFPA supported GBV and sexual and reproductive health services that reached 274,233 women, girls and young people.

The conflict in Syria has created a severe and protracted humanitarian crisis

HUMANITARIAN SITUATION

The conflict in Syria has created one of the most severe and protracted humanitarian crises in the world. Millions of people have been displaced both inside and outside the country, especially in Egypt, Iraq, Jordan, Lebanon and Turkey. Even under these circumstances, UNFPA believes that every woman, adolescent girl and child has the right to reproductive health and protection from GBV.

Jordan hosts more than 650,000 registered Syrian refugees and 2.2 million Palestine refugees, along with numerous other nationalities who are refugees from Iraq, Sudan, Somali and Yemen in addition to nearly 1.6 million migrant workers. While most refugees live within host communities, 20 per cent live in camps, including Za'atari refugee camp, which has nearly 80,000 residents.

Most Syrian refugees live in poverty and face mounting debt. While a considerable number of refugees have obtained work permits, most Syrian families rely on humanitarian assistance to meet their basic needs. At the same time, shortages of essential aid are worsening their plight. As a result, families have been forced to cut out meals, spend less on healthcare, and take their children out of school and send them to work. Since the beginning of 2018, Syrians refugees have had to pay full foreigner rates to receive health services, including for safe delivery; this is a financial strain for most refugees who pay out of pocket with limited income.

Child and early marriage among Syrian refugees aged 15 to 18 reached 43.7 per cent in 2016, compared with 11.6 per cent among Jordanian women and girls. The estimated number of young people aged 10 to 24 years among Syrian refugees in Jordan is 483,000. Preliminary results from the 2017 Demographic and Health Survey (DHS) show a high unmet need for family planning of around 14 per cent.

The inequities that existed before the Syria crisis have only worsened, leading to further marginalization of vulnerable women in need of sexual and reproductive health services and supplies. For example, reproductive health supplies were not provided in a timely manner in Jordan even prior to the refugee influx, and the supply chain management system was further interrupted by the crisis.

With the economy on the decline, inflation in the double digits and unemployment at over 20 per cent for young people in Jordan, sexual and reproductive health services are often not prioritized as an essential part of the humanitarian package. It is also important to note that the differential in fertility rates (still high at 5.4 births per woman among non-Jordanians compared with 2.7 among Jordanians, according to the 2017 DHS preliminary results) is causing increased social tension and regressive demographic narratives in some of the more conservative settings and political groups.



Training healthcare providers in Za'atari refugee camp in Jordan. © UNFPA Jordan

Objectives

- Support the Government of Jordan to assist internally displaced persons and refugees fleeing conflict from neighbouring countries.
- Identify and address the sexual and reproductive health needs of women and girls in camp and non-camp settings in Jordan.
- Ensure the quality and accessibility of sexual and reproductive health supplies and services available to refugees and host communities.
- Strengthen the Jordanian health system by mainstreaming accessible, affordable and high quality sexual and reproductive health to support national development and build institutional resilience.

"I don't want more kids and I'm afraid to get pregnant. Because I didn't use contraception in the past, I had back-to-back pregnancies. This caused me to have iron and calcium deficiency and made my body very weak," said Fatima (name changed), whose husband feared, incorrectly, that contraception would lead to infertility. Fatima, who fled Syria for Jordan in 2011, learned about contraception at a UNFPA-supported clinic run by the Institute for Family Health, and soon chose a long-acting family planning method.

Strategy and interventions

In Jordan, UNFPA supports the provision of basic and comprehensive sexual and reproductive health and gender-based violence services in both camp and non-camp settings. UNFPA's strategy focuses on building the capacity of healthcare providers and ensuring free access to contraceptives and other supplies, while maintaining a cost-effective procurement process.

Za'atari refugee camp

Inspired by the achievement of zero preventable maternal deaths at Za'atari camp and more than 10,000 births, Jordan has worked with UNFPA to mainstream this successful approach into the national health system. UNFPA, in coordination with other stakeholders, has contributed to strengthening the system for Maternal Death Surveillance and Response, and developing protocols for preventing the main causes of maternal death. UNFPA also coordinates the Reproductive Health Sub-Working Group (RH SWG) at national level and at Za'atari camp.

Reproductive health commodity security initiative

UNFPA conducted a study in 2014 to identify good practices and determine where support was most needed, then launched an initiative to improve the capacity and resilience of the national health system, focusing on reproductive, maternal, neonatal, adolescent and child health (RMNACH) and the prevention of unintended pregnancies. The initiative helped UNFPA design cost-effective interventions to address the availability of skilled staff, supply chain management and safe access to services.

UNFPA undertook a number of operational steps to improve cost-effectiveness and reduce delays, including bulk procurement of family planning methods and post-rape treatment kits, procurement from the local market and collaboration with local implementing partners for distribution of supplies. UNFPA assigned a reproductive health commodity security focal point in the Jordan office to oversee critical areas: verify that partners' procurement requests and distribution plans cover at least six months of buffer stock, improve communication for customs clearance and certificates, develop implementing partner capacity, provide technical expertise to strengthen supply chain management, develop a procurement plan with fast-tracking procedures and improve the emergency reproductive health forecasting tool.

Progress and results

- In Za'atari, UNFPA has provided access to safe delivery services for some 10,000 births (all attended by skilled birth attendants), with no maternal deaths.
- UNFPA provides humanitarian assistance to displaced Syrians in an arid and remote demilitarized area Rukban, known as “the berm” between Jordan and Syria where 45,000 people, mostly women and children, are stranded with limited access to food, water and humanitarian aid. In January 2018, UNFPA conducted a training programme for community health workers from the Rukban camp on the use of clean delivery kits and high-risk pregnancies, and organized free medical days in two areas in Rwaished. UNFPA also participated in the interagency humanitarian assistance delivery at Rukban — an operation that lasted five days with the delivery of 96 trucks and two cranes to transport humanitarian assistance, including 9,740 dignity kits, to communities in need. Another operation for delivery of humanitarian assistance took place in November 2018 from the Syrian side in collaboration with the Syrian Arab Red Crescent.
- UNFPA supports 21 health clinics throughout the country, including four clinics in Za'atari camp, three clinics in Azraq camp, and one clinic at the berm (Rukban). These clinics provide services for safe deliveries, antenatal and post-natal care, family planning and GBV. In addition, one mobile health team is located at Rukban with a mobile clinic equipped to provide comprehensive emergency obstetric and newborn care services.
- UNFPA has established Safe Spaces for women and girls in several locations in Jordan to address GBV and sexual and reproductive health needs in refugee camps and Jordanian host communities

January 2017 to June 2018



274,233
Total people
reached with GBV
and SRH services



46,225
Young people
reached with SRH
services



16,700
People who directly
benefitted from
reproductive health kits



23,260
Women and girls
reached with dignity kits



9,438
Youth facilitators
trained on SRH and
GBV services

Lessons and conclusions

- As demonstrated in Za'atari, the best outcomes are due to three factors: affordability, quality services and access to maternal health, family planning and other sexual and reproductive health services by the population in need.
- Coordination at the camp level between all implementing partners – local and international – is another important factor in the successful delivery of supplies and services. For example, timely referral of complicated deliveries to affiliated public or private hospitals outside the camps makes childbirth safer.
- Community trust was fostered by access to services that are reliable and high quality, both in UNFPA-supported facilities in the camps and in host communities.
- Partnerships between UNFPA and local organizations, such as the Jordan Health Aid Society and Institute for Family Health, aided in the delivery of reproductive health supplies and services in the camps and host communities; such partnerships are recognized as good models for localizing humanitarian assistance.
- UNFPA continues to lead the Reproductive Health Sub Working Group, thereby ensuring coordination at the national level and within refugee camps. Through the RH SWG, UNFPA has identified agencies in need of capacity building, harmonized efforts and developed training resources.

UNFPA continues to support the Jordanian government in its efforts to transfer and mainstream the successful practices demonstrated in Za'atari camp to the national health system, with the goal of universal access to reproductive health in Jordan. By identifying gaps in supplies and services, UNFPA has been able to work more effectively with partners. Finally, UNFPA will work towards the further integration of GBV services with sexual and reproductive health services.



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Partners

CARE International

Institute for Family Health (IFH)

International Medical Corps (IMC)

International Organization for Migration (IOM)

International Relief and Development (IRD)

International Rescue Committee (IRC)

Jordan Food and Drug Association (JFDA)

Jordan Health Aid Society (JHAS)

Jordanian Women's Union (JWU)

Ministry of Health

Ministry of Planning and International Cooperation (MOPIC)

Questscope

Relief International (RI)

Royal Health Awareness Society (RHAS)

Syrian American Medical Society (SAMS)

Terre des hommes (TDH)

United Nations Children's Fund (UNICEF)

United Nations Department of Safety and Security (UNDSS)

United Nations Development Programme (UNDP)

UN Refugee Agency (UNHCR)

World Health Organization (WHO)

World Vision International

COUNTRY EXPERIENCES

Libya

Working to Improve National Systems for Supplies and Services despite Years of Crisis



More than 332,500 women of childbearing age need humanitarian assistance and protection in Libya

Protracted armed conflict and political instability in Libya have affected millions of people across the country since conflict erupted in 2014. Ongoing conflict has weakened Libya's national health system and left more than a million people in need of humanitarian assistance. UNFPA has worked closely with partners including the Libyan Red Crescent, the Libyan Midwifery Association (a local non-governmental organization) and national and local authorities to meet needs for sexual and reproductive health services and gender-based violence (GBV) protection.

HUMANITARIAN NEEDS



1.1 million
Total people in need



153,500
Women of reproductive age



24,560
Pregnant women



256,808
Young people

With conditions on the decline, the need for reproductive health and GBV services is rising

HUMANITARIAN SITUATION

The ongoing crisis has affected all aspects of life for the population of Libya, which has suffered a dramatic decline in standards of living. Despite agreements and plans, the situation caused by the country's protracted political and security crisis continues to deteriorate, with high levels of corruption, criminality and displacement. The availability and affordability of food, fuel, water, sanitation, electricity and medical supplies have decreased, and the provision of health care and public services continues to decline. This is further compounded by the desperate situation of many migrants and people in need of international protection, such as refugees and asylum seekers. Few health facilities are providing safe delivery services and skilled health workers are in short supply.

Some 1.3 million people are in need of lifesaving humanitarian assistance and protection across Libya. Among the most vulnerable people are 332,500 women of reproductive age—from populations of internally displaced persons, returnees and host communities—who are in need of sexual and reproductive health services and GBV protection.

Before the conflict, the Libyan health system, with its advanced hospital services and large network of primary health care facilities, oversaw declining maternal mortality rates and the achievement of Millennium Development Goal 5 on maternal health. Unfortunately, years of crisis have negatively affected the provision of services and systems of financing, health information flows, management of referrals, availability of medicines, supply chain management, human resources and the overall quality of service delivery.

Maternal death surveillance and response programming has suffered, particularly in the south of Libya where only 12.1 per cent of the health facilities provide antenatal care and 8.5 per cent provide delivery services. There is only one centre for voluntary HIV counselling and testing in Tripoli and seven others that only provide testing. The total number of people living with HIV registered at hospitals in Libya as of December 2017 is 3,848.

As of 1 September 2018 (HRP 2018 for Libya)

Objectives

- Rebuild supply chain management and the health information system for reproductive health supplies while responding to humanitarian needs.
- Train health workers, deploy mobile health teams to reactivate public health facilities in hard-to-reach areas, and equip the teams with the needed supplies for safe delivery and other reproductive health services.
- Distribute dignity kits to vulnerable women and girls, sensitize them on reproductive health and GBV issues, and increase early detection of and support to GBV survivors through women-friendly safe spaces and camps for internally displaced persons.

Strategy and interventions

Ensure supply security: In a complex and unstable environment, with a weakened national health system, the absence of effective procurement procedures has led to shortages in essential medical equipment and drugs, and lack of technical capacity has resulted in the mismanagement of reproductive health supplies and weak monitoring and reporting. These factors — combined with the political division and weak management capacity of health institutions — have heightened the need for a secure, reliable and steady flow of supplies to support quality, safe and affordable sexual and reproductive health and GBV services.

Provide reproductive health kits: The provision of emergency reproductive health kits has helped to avoid the complete collapse of the maternal health system. UNFPA applied fast-track procedures that accelerated the procurement of kits, which are ready to ship for urgent and emergency requests and contain the necessary supplies and equipment to provide three months of reproductive health services.

Implement Minimum Initial Service Package (MISP) for reproductive health: UNFPA worked to implement the MISP to address the immediate needs of women and girls, while moving towards comprehensive sexual and reproductive health packages. In 2017, UNFPA established and co-chaired the Reproductive Health Sub-Working Group with the Ministry of Health to coordinate interventions across agencies and sectors.

Deploy mobile teams: To facilitate access to information and services in hard-to-reach areas, UNFPA deployed mobile teams of health care specialists, especially to the south of the country.

Engage local partners: Strategic partnerships help local councils reach affected populations. Through UNFPA support to the Libyan Red Crescent and Libyan Midwifery Association, community health volunteers distributed delivery kits to pregnant women in remote areas and disseminated reproductive health messages. UNFPA procured dignity kits with locally available supplies including soap, sanitary pads and other hygiene supplies. UNFPA also supported local NGOs to deploy volunteers who sensitized vulnerable women and girls about reproductive health and GBV, and helped in the early detection and referral of survivors to the closest mobile health team or functional health facility.

Build capacity: UNFPA has supported training to enhance health care provider skills, including on emergency obstetric and newborn care, GBV case management and psychosocial support. Such efforts aim to increase the availability of skilled health workers, particularly midwives, at the community level. Youth facilitators, peers and volunteers have received training on reproductive health and GBV prevention.



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Progress and results

January 2017 to June 2018¹



70,377
Total people
reached with SRH
and GBV services



10,424
Women and girls
reached with
dignity kits



34,445
People who directly
benefitted from
reproductive health kits



27
Health facilities
providing emergency
obstetric care



928
Youth facilitators
and volunteers
trained on SRH and
GBV services

¹ Information is updated on a rolling basis. See the UNFPA Transparency Portal at www.unfpa.org/data/transparency-portal/unfpa-libya and UNFPA Humanitarian Emergencies at www.unfpa.org/data/emergencies/libya-humanitarian-emergency

Lessons and conclusions

Partnership with the Ministry of Health, and leadership among the many partners engaged in humanitarian response in Libya, created the environment for close coordination and monitoring of supplies. Fast-tracking of reproductive health kits, with accelerated procurement and distribution, prevented the collapse of maternal health services, and related training helped to avoid misuse and waste. This partnership built trust based on communication and performance, which has contributed to a stronger national health system.

Overall, cultivating strong partnerships at the national and local level has been crucial to overcoming shortages and ensuring the delivery of reproductive health supplies and services. Strategic partnerships have enabled UNFPA to build capacity as well to ensure sustainability, ownership, acceptance and accountability. Further investment in procurement planning and forecasting will be necessary to strengthen the supply chain and make the transition to a pull-based system in which the procurement, production and distribution of reproductive health supplies are demand-driven.



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Partners

Al Safa Center
Cooperazione e Sviluppo (CESVI)
International Organization of Migration (IOM)
International Rescue Committee (IRC)
Libyan Midwifery Association
Libyan Red Crescent (IFRC)
Local municipal councils in affected communities
Medical Supply Organization (MSO)
Ministry of Health
Mobile Team Committee
National Centre for Disease Control
Première Urgence Internationale
Primary Health Care Directorate
Psychosocial Support TEAM
Tripoli Crisis Management Team (NGO)
United Nations Children's Fund (UNICEF)
United Nations Refugee Agency (UNHCR)
World Health Organization (WHO)

Cover photo: UNFPA providing critical training to local women.
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UNFPA delivers lifesaving sexual and reproductive health and gender-based violence services and supplies to protect the rights, safety and dignity of women and young people affected by crises.

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