EVALUATION REPORT

Formative evaluation of the organizational resilience of UNFPA in light of its response to the COVID-19 pandemic

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UNFPA INDEPENDENT EVALUATION OFFICE

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Foreword

The COVID-19 pandemic has profoundly impacted the world. Beyond the tragic loss of life and widespread illness, the socio-economic fallout has amplified inequalities and vulnerabilities on a global scale. Development and humanitarian organizations, including UNFPA, face unprecedented challenges, yet the crisis provides an opportunity to learn, adapt, and build a more resilient future.

The formative evaluation of the organizational resilience of UNFPA in light of its response to the COVID-19 pandemic, assesses the performance of UNFPA in responding to the pandemic, and draws lessons from the response to enhance the capacity of the organization to prepare, adapt, and respond to future global crises.

The evaluation suggests that the initial response and preparedness planning of UNFPA was swift and relevant. The organization was able to quickly adapt and react thanks to the commitment and resourcefulness of its personnel to innovate across all levels. UNFPA was also able to safeguard the health, welfare and security of its personnel and partners during the crisis.

The evaluation also identifies several areas where UNFPA should strengthen its preparedness for and response to future crises. These include shortcomings in business continuity management, disparities between staff and non-staff personnel regarding safeguarding and welfare, and limited post-crisis internal analysis and learning. To address these areas, the evaluation recommends that UNFPA, among other measures, should embed business continuity management across all units, cultivate a workplace culture where all personnel are supported and valued, and systematize knowledge management and learning.

In a world increasingly facing multifaceted and prolonged crises, this evaluation provides crucial and timely insights for UNFPA to strengthen its organizational resilience. I hope the evaluation will help UNFPA to navigate and respond to future crises more effectively.

Marco Segone

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Acronyms

APRO	Asia and the Pacific Regional Office
ASRO	Arab States Regional Office
BCM	Business continuity management
CEB	UN System Chief Executives Board for Coordination
CERF	Central Emergency Response Fund
CMG	Crisis Management Group
CMT	Crisis Management Team
CO	Country office
COD-PS	Common Operational Dataset – Population Statistics
COVID-19	Coronavirus disease 2019
CPD	Country Programme Document
CPE	Country Programme Evaluation
CRT	Crisis Response Team
CRVS	Civil registration and vital statistics
CSE	Comprehensive sexuality education
CSO	Civil society organization
DAC	Development Assistance Committee
DHR	Division for Human Resources
DMS	Division of Management Services
DRC	Democratic Republic of the Congo
EECARO	Eastern Europe and Central Asia Regional Office
ESARO	East and Southern Africa Regional Office
EU	European Union
FTPs	Fast-track procedures
GBV	Gender-based violence
GHRP	Global Humanitarian Response Plan for COVID-19
GIS	Geographic Information System
GPS	Global Programming System
GRP	COVID-19 UNFPA Global Response Plan
HLCM	High-Level Committee on Management
HQ	Headquarters
HRD	Humanitarian Response Division
IASC	Inter-Agency Standing Committee
ICT	Information and communications technology
ILO	International Labour Organization
IOM	International Organization for Migration
IT	Information technology
ITSO	Information Technology Solutions Office
JIU	Joint Inspection Unit
JP	Joint Programme
LACRO	Latin America and the Caribbean Regional Office
LNOB	Leave no one behind
MERS	Middle East Respiratory Syndrome coronavirus
ORMS	Organizational Resilience Management System
OSC	Office of the Security Coordinator
MISP	Minimum initial services package
MPAs	Minimum preparedness actions
MPTF	Multi-partner trust fund
NGO	Non-governmental organization
OCHA	Office for the Coordination of Humanitarian Affairs
OECD	Organization for Economic Cooperation and Development
PPE	Personal Protective Equipment
RAS	Resources Allocation System
SARS	Severe Acute Respiratory Syndrome
SCMU	Supply Chain Management Unit
SDGs	Sustainable Development Goals
SEIA	Socio-Economic Impact Assessment
SERP	Socio-Economic Response Plan
SIS	Strategic Information System
SOP	Standard Operating Procedure
SPRP	Strategic Preparedness and Response Plan for COVID-19
SRHR	Sexual and reproductive health and rights
ToR	Terms of reference

UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNCT	United Nations country team
UNDP	United Nations Development Programme
UNDS	United Nations development system
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNRWA	United Nations Relief and Works Agency for Palestine Refugees in the Near East
UNSCR	United Nations Security Council Resolution
UNSDCF	United Nations Sustainable Development Cooperation Framework
WCARO	West and Central Africa Regional Office
WFP	World Food Programme
WHO	World Health Organization
WHOW	Women's Health on Wheels

Executive summary

BACKGROUND

The COVID-19 pandemic, triggered by the SARS-CoV-2 virus, emerged in December 2019. By 15 December 2022, it had resulted in over 646 million cases and 6.6 million deaths worldwide. The World Health Organization (WHO) designated it a public health emergency in January 2020 and a pandemic by March 2020. This global health crisis was declared over on 5 May 2023.

Beyond health implications, the pandemic transformed into a multifaceted global crisis, influencing social, economic and environmental systems, particularly affecting low- and middle-income countries. It intensified existing inequalities, jeopardizing progress towards the Sustainable Development Goals.

The COVID-19 pandemic profoundly impacted women and girls, hampering access to essential sexual and reproductive health (SRH) services, exacerbating gender inequalities and increasing gender-based violence (GBV). This situation endangered the commitment of the United Nations Population Fund (UNFPA) to achieving its three transformative results.

The United Nations orchestrated its COVID-19 response via key bodies, including the United Nations Senior Management Group and the COVID-19 Crisis Management Team, led by WHO. To address the socioeconomic impacts, the United Nations Secretary-General introduced frameworks and strategies that aimed to uphold lives, shield people and foster better recovery.

Even before the pandemic declaration, UNFPA had been equipping itself to respond to the worsening crisis. By April 2020, UNFPA had launched the COVID-19 UNFPA Global Response Plan emphasizing preparedness, immediate response and early recovery. Updated in June 2020, this plan aligned with broader United Nations and WHO strategies and was structured around maintaining sexual and reproductive health services, addressing gender-based violence and ensuring reproductive health commodity supply. The plan introduced four key strategic priorities: focusing on the most vulnerable; assuring data continuity; supporting risk communication and community engagement; and prioritizing youth involvement.

PURPOSE AND SCOPE OF THE EVALUATION

The purpose of the evaluation is to both account for the results achieved by UNFPA in responding to the global COVID-19 pandemic and to draw lessons from the COVID-19 response with a view to informing UNFPA preparedness and its response to future global crises.

The specific objectives of the evaluation are to:

a. Assess the performance of UNFPA in responding to the COVID-19 pandemic

b. Analyse the ability of UNFPA to work across the humanitarian-development-peace nexus during the pandemic

c. Analyse the organizational capacity of UNFPA to anticipate, prepare for, respond and adapt to global crises (organizational resilience).

The scope of the evaluation has the following dimensions:

- **Geographically:** All countries, regions and globally
- **Thematically:** All UNFPA strategies and programmes implemented within the COVID-19 context, including (but not limited to) interventions directly aiming at the response to COVID-19, both in development and humanitarian settings
- **Temporally:** From March 2020 to the end of data collection in 2023.

EVALUATION METHODOLOGY

The evaluation utilized a mixed-methods approach grounded in a reconstructed theory of change that described the resilience of UNFPA systems, processes and programming in the light of the organization's response to the COVID-19 crisis. The research was framed by nine evaluation questions guided by the Development Assistance Committee evaluation criteria of relevance, effectiveness, coherence, efficiency and sustainability, against which findings were developed.

The evaluation team, as part of the primary data collection process, visited six countries (to better represent all UNFPA regions) and complemented these visits with desk reviews and remote primary data collection covering nine additional countries.

The evaluation team collected and analysed data from a range of primary and secondary sources (see infographic) and maintained an ongoing consultation process with UNFPA staff throughout the evaluation in order to triangulate information - checking and corroborating findings from multiple sources to ensure that they were consistent and accurate.

The evaluation was conducted in accordance with United Nations Evaluation Group (UNEG) Norms and Standards for Evaluations and Ethical Guidelines for Evaluation. It also conforms to the WHO Ethical and Safety Recommendations for Researching, Documenting and Monitoring Sexual Violence in Emergencies and adheres to the principles of independence, impartiality, credibility and utility.

MAIN FINDINGS

Preparedness and responsiveness

Before the onset of the COVID-19 pandemic, UNFPA had been refining its policies and operational mechanisms to ensure resilience in the face of major disruptions. Initially following United Nations Development Programme (UNDP) practices for business continuity, UNFPA began developing its own plans in 2009-2010 and introduced a corporate business continuity management (BCM) policy in 2017. Pre-COVID-19, two key coordination mechanisms were in place: the United Nations Senior Management Group and the UNFPA Crisis Response Team (CRT).

While actively participating in United Nations organizational resilience processes and aligning with its standards, UNFPA faced a number of challenges. There was a lack of awareness among staff about business continuity, plans were not regularly updated, and there was insufficient emphasis on potential epidemics (and the resulting need for remote work). Although UNFPA had minimum preparedness actions (MPAs) and information and communication technology (ICT) disaster recovery plans in place, these were underutilized and ineffective for COVID-19 preparedness. Integration between humanitarian and development sectors was in progress, but practical integration remained a work-in-progress for many business units within UNFPA.

Nonetheless, when the COVID-19 pandemic emerged, UNFPA demonstrated significant adaptability and resilience. With commendable swiftness in terms of recognizing the threat posed by COVID-19 and moving to respond to this, UNFPA prioritized actions leading to the drafting of a COVID-19 response plan by April 2020, rooted in human rights principles and the three transformative results of UNFPA. Regional- and country-level responsiveness was evident, with initiatives like the Eastern and Southern Africa Regional Office (ESARO) Youth Team surveying young people and the alignment of UNFPA with government plans. Maintaining a human rights-based approach, UNFPA repurposed funding to address new needs, and its strategic direction remained consistent, prioritizing countries with the highest needs while supporting middle-income countries affected by the pandemic. Despite challenges, UNFPA quickly mounted a robust response to the unprecedented global crisis presented by COVID-19.

Effectiveness of the response

In responding to the COVID-19 pandemic, UNFPA implemented a range of measures to ensure the continuity of sexual and reproductive health and rights (SRHR) and gender-based violence services. Anticipating potential disruptions, UNFPA proactively issued guidance and policies to mitigate challenges and sustain programming to the greatest extent possible.

However, despite good efforts, the pandemic led to decreases in the availability and utilization of sexual and reproductive health and gender-based violence services globally, contributing to a deterioration in global maternal health and an increase in harmful practices, gender-based violence and the unmet need for family planning.

UNFPA played a crucial role in advocating for, and working towards, its mandate within the United Nations system, supporting vital sexual and reproductive health services, especially amidst widespread resource reallocation to address the pandemic. Business units within UNFPA demonstrated resilience and innovation by employing strategies such as mobile clinics, telehealth, and cash and voucher assistance to reach vulnerable populations. Despite challenges to the global supply chain for commodities, UNFPA sought innovative solutions like fast-tracking procedures for local procurement to maintain the flow of supplies.

Recognizing the importance of data-driven interventions, UNFPA prioritized high-quality disaggregated data for policymaking, planning and progress tracking. The COVID-19 UNFPA Global Response Plan utilized data to understand the pandemic spread and impacts, and the efficacy of response measures in relation to its mandate areas. UNFPA faced challenges in data collection during the early stages of the pandemic, acknowledging limitations in traditional methods and difficulties in aggregating data globally. However, successful regional initiatives provided valuable insights.

UNFPA also swiftly repurposed youth programming, leveraging technology for risk communication and utilizing youth as resources for outreach and support. Societal lockdowns to stem the spread of the pandemic significantly impacted the mental health of young people, making UNFPA digital communication and support initiatives especially relevant. UNFPA actively addressed risks of stigma and discrimination through risk-communication activities, recognizing that fear of the virus often hindered access to essential services. However, vaccine hesitancy, particularly among pregnant women and youth, posed a significant challenge that UNFPA worked to counter through targeted efforts. Despite the challenges, UNFPA efforts were widely recognized and valued by stakeholders in the context of the unprecedented global crisis.

Coherence, synergies and inter-agency complementarity

UNFPA assumed an important role in shaping the United Nations system response to the COVID-19 pandemic, enhancing collaboration in line with the ongoing United Nations development system (UNDS) reform. At all levels, UNFPA ensured its mandate was well represented in the health, humanitarian and socioeconomic pillars of the United Nations COVID-19 response. Active participation in various strategic and technical inter-agency mechanisms allowed UNFPA to contribute to global plans and frameworks, taking leadership roles in maternal health, youth and gender within the United Nations socioeconomic response to COVID-19.

At the country level, UNFPA maintained an active presence in United Nations country teams (UNCTs), participating in coordination processes, both pre-existing and newly formed. UNFPA involvement in inter-agency coordination mechanisms was highly valued, ensuring representation of the UNFPA mandate and providing data and expertise for coherence in the response.

UNFPA facilitated synergies in the COVID-19 response through joint programmes with other United Nations agencies, rebounding in number in 2021 after a temporary decline in 2020. Collaboration was prominent with agencies such as the United Nations Children's Fund (UNICEF), WHO and UNDP, extending beyond formal joint programmes to a collaborative approach addressing the multifaceted challenges of the pandemic.

The operationalization of the humanitarian-development-peace nexus was pursued to a limited extent by UNFPA in the context of the COVID-19 pandemic. While a continuum approach was already institutionalized before the pandemic, early response work was more focused on immediate action, with limited consideration of the longer-term goals. Nonetheless, once UNFPA adjusted to the immediate shock of COVID-19 disruptions, elements of a more nexus-oriented approach became more systematized, with renewed internal momentum to build capacity, via, for example, webinars, the creation of an internal humanitarian-development-peace nexus action community, drafting strategic guidance. While some UNFPA teams at the country level had a track record of working in line with the nexus approach to "build back better," challenges, such reliance on short-term humanitarian funding or a dichotomy between humanitarian and developing programming, persist, limiting sustainability.

Systems and processes

UNFPA internal systems initially lacked alignment with the safety and well-being requirements specific to the COVID-19 pandemic within its duty of care framework. However, the organization swiftly collaborated with other United Nations entities to establish protective measures, activating COVID-19 crisis response teams and adhering to duty of care principles despite the absence of a specific policy. The adaptability and resilience of UNFPA systems and processes became evident in its response to the unforeseen challenges of the pandemic.

Despite the lack of preparedness for such a systemic shock as COVID-19, UNFPA took early administrative and financial mitigation measures to navigate internal and external challenges. These measures included the early transfer of core contributions, the adoption of new technologies and digitalization of many administrative procedures. The Global Crisis Response Team was convened promptly in February 2020, aligning with the WHO COVID-19 Strategic Preparedness and Response Plan, facilitating a swift adaptation to the evolving situation. Timely guidance on reprogramming work plans and repurposing funds further supported the UNFPA response.

Operationally, UNFPA effectively transitioned to remote work, highlighting strong operational resilience. UNFPA provided necessary equipment and financial support to facilitate home-based work for many staff, although challenges emerged, particularly concerning the entitlement to support across different types of contractual arrangements and practical challenges of working remotely in challenging locations, where connectivity and utilities in domestic contexts are unreliable.

Learning from COVID-19

Early in its response to the COVID-19 pandemic, UNFPA recognized a need for operational learning. However, in practice, the organization primarily focused on programmatic implementation, rather than generating learning. Some limited operational analysis took place in 2020 and 2021, with recommendations for future pandemic waves, the adaptation of evaluation work to the pandemic, and regular assessments of staff well-being. The 2022-2025 strategic plan incorporated some learning of lessons from the pandemic (for example emphasizing the roles of youth, digitalization, data collection and co-creation), as did revisions to the business continuity management policy in 2023. Post-pandemic human resource measures, including flexible working arrangements, emphasized duty of care and staff mental health.

Internal knowledge and data management mechanisms such as the Strategic Information System (SIS) and online communities and platforms were leveraged to some extent to capture lessons, but their effectiveness in institutional learning remained unclear.

Overall, efforts to capture knowledge and best practices were driven by global and regional levels during the COVID-19 response. However, there was limited evidence of systematic analysis or utilization of this data by UNFPA. While there was an appetite for a cohesive system consolidating pandemic learnings, there has been insufficient reflection on acquired lessons for building resilience to future sudden crises such as pandemics, or the emerging reality of global climate change.

CONCLUSIONS

Conclusion 1: The COVID-19 pandemic served as an important test of the resilience of UNFPA, amplifying its programmatic strengths but exposing its weaknesses.

A crucial element of resilience involves an organization's ability to shift from long-term, deliberate strategies to immediate action in emergency situations and crisis management. In line with its pre-COVID-19 progress towards a continuum approach to its work, UNFPA demonstrated commendable agility in quickly identifying and quantifying threats to the three transformative results and formulating strategies to address them.

The initial UNFPA response and preparedness planning (even before the pandemic declaration), the development and alignment of the COVID-19 UNFPA Global Response Plan and reasserting the value of the transformative results, were swift and relevant, ensuring a clear, consistent and coherent approach to programming. While a renewed focus on the "three zeros" was important, the decision to incorporate accelerators in the plan, covering youth and other areas, proved beneficial in enabling rapid action.

Furthermore, UNFPA effectively advocated for the essential nature of SRHR and gender-based violence services among stakeholders, despite the difficult circumstances. The UNFPA approach to assessing the needs of populations during the COVID-19 pandemic was multifaceted and tailored to the specific contexts of different countries. The UNFPA "leave no-one behind" agenda was clearly evident from the outset of the pandemic response, being the first of the four accelerators, as was building resilience by countering both COVID-19 fear and stigma via risk reduction and communication activities.

However, the pandemic exacerbated existing programmatic challenges around family planning, harmful practices and UNFPA work in the field of data that may impact resilience to future or emerging crises. Vital services and the supply of reproductive health commodities were curtailed, and important population data work (i.e. censuses, civil registration and vital statistics) was hindered. In some contexts, a predominantly medical focus of the response, exacerbated by structural and socioeconomic challenges, access challenges and misinformation (leading to vaccine hesitancy and unwillingness to access sexual and reproductive health care), heightened the negative impacts of the pandemic and led to increases in harmful practices such as child marriage.

Conclusion 2: In responding to the COVID-19 pandemic, UNFPA leveraged its inherent flexibility and the commitment and resourcefulness of its personnel to innovate across all programmatic levels.

Business units across the organization navigated the challenges posed by lockdowns and other pandemic-related constraints, showcasing notable resilience in maintaining programme activities. In line with the leave no-one behind agenda, UNFPA focused attention on youth and vulnerable and underserved groups, including those with heightened vulnerabilities due to COVID-19, namely, the elderly, pregnant women and socially marginalized and indigenous peoples.

Globally, UNFPA moved quickly to make existing emergency core funding streams available and put COVID-19-specific funding mechanisms in place, including prioritizing programme countries with the highest needs and least ability to finance their own development, notably those in fragile and humanitarian situations.

Driven by the clear population SRHR and gender-based violence needs and the widespread constraints on resources and access to services around the world, UNFPA leveraged and expanded upon many existing innovations and developed others in order to reach target populations, or (as in the case with youth) use them as resources to support others. UNFPA staff formulated and employed a range of strategies to sustain programming, maintain commodity pipelines or compensate for shortfalls. In many cases, UNFPA contributed valuable national or regional pre-existing data expertise and networks in support of individual UNCT and government responses to COVID-19 and recovery efforts.

UNFPA staff skills were instrumental in leveraging online collaborative platforms established before the pandemic to facilitate the transition to remote working. Much of this work has been adopted or adapted on an ongoing basis to add value to UNFPA and partner programming. However, technological innovations present new challenges concerning the leave no-one behind principle, notably regarding the risk that these innovations might exclude those who cannot access them, exacerbating the so-called digital divide.

Opportunities to embed work across the humanitarian-development-peace nexus during the pandemic were missed in some contexts. The dichotomy between development and humanitarian skills was highlighted by the pandemic, with these areas being compartmentalized in some places, while in others, there is a clear continuum. The pandemic has underscored the value of positive work environments and effective leadership for staff well-being, motivation and, ultimately, resilience.

Conclusion 3: UNFPA made important contributions to mitigating the effects of COVID-19 on maternal health, family planning and gender-based violence service provision and uptake, but these efforts were not commensurate with its corporate ambition.

Anticipating substantial disruptions to sexual and reproductive health, gender-based violence and family planning services as a result of the COVID-19 pandemic, UNFPA immediately started adapting its interventions and mainstreamed responses to the pandemic in all UNFPA policies and programmes throughout 2020.

As the pandemic progressed, the anticipated risks increasingly manifested as reality across UNFPA areas of operation in terms of decreases in availability of sexual and reproductive health and gender-based violence services as resources were diverted to the testing and treatment of COVID-19 cases, and decreases in utilization because of poor access or fear of infection.

To mitigate the impacts of the pandemic, UNFPA undertook rapid and extensive efforts to support, sustain and ensure continuity of services to women and girls, in line with the COVID-19 UNFPA Global Response Plan objectives. In many cases, UNFPA was the sole actor within the United Nations system supporting vital sexual and reproductive health and gender-based violence service provision and sought to fulfil its mandate around population data.

Despite these widespread and well-received efforts to ensure service continuity, the contributions of UNFPA had limited positive impact on the COVID-19-related deterioration in sexual and reproductive health and gender-based violence outcomes due to resource constraints, insufficient or inadequately skilled service providers and the significant delays in global supply chains. Global maternal health outcomes, gender-based violence incidence and harmful practices worsened during the COVID-19 pandemic, with considerable disparity between high-resource and low-resource settings. Further, almost 1.4 million unintended pregnancies occurred during 2020.

UNFPA also faced challenges in keeping track of global-level data related to the transformative results and the COVID-19 UNFPA Global Response Plan, where existing data strategies and initiatives were insufficiently resilient, and not commensurate with the UNFPA vision of itself as a data-driven organization. Such vulnerabilities may challenge resilience to future or emerging crises such as pandemics or climate change.

Conclusion 4: While the COVID-19 pandemic revealed shortcomings in business continuity management, some learning from the experiences and lessons of the pandemic have taken place.

Despite a swift response to the crisis, existing continuity plans and guidance lacked the necessary elements to address the unique challenges posed by a global emergency of this magnitude, with the extent of country-level preparedness largely predicated on pre-existing crisis management experience.

While UNFPA has developed increasingly robust corporate policies and operational coordination mechanisms to ensure resilience in the face of security issues and major disruptions over the past decade, business continuity plans (BCPs) were not a decisive factor in ensuring the continuity of work during COVID-19.

There was low awareness of business continuity management among UNFPA personnel; business continuity plans were irregularly updated, lacked attention to potential epidemic outbreaks and gave limited consideration to the working-from-home modality. This left many country offices lacking initial practical guidance and capacity to rapidly respond to COVID-19 in the early stages of the pandemic.

This was particularly evident in procurement, which faced major challenges such as supply chain disruptions, stockouts, increased demand and last-mile logistical issues. UNFPA, like other international and national actors, did not demonstrate sufficient resilience to fully overcome the challenges that COVID-19 presented in meeting population contraceptive needs.

While the transition of UNFPA staff to working remotely in response to rapid lockdowns worldwide was effective and demonstrative of operational resilience, staff perceptions of care were, to a significant extent, determined by the efforts of managers and colleagues rather than as a result of policies and institutional health-care services. The limitations of plans to ensure business continuity were especially concerning given the UNFPA mandate in public health, which necessitates being at the forefront of resilience and preparedness plans.

While the current business continuity management approach is overly focused on administrative and security measures and insufficiently resourced to maximize resilience, a new policy and processes in relation to business continuity management were developed subsequent to the pandemic, albeit with changes non-substantive in nature.

Conclusion 5: UNFPA worked to safeguard personnel and partner health, welfare and security during the crisis. Nonetheless, disparities between staff and non-staff personnel regarding safeguarding and welfare were highlighted by the pandemic, as was a lack of clarity around duty of care to partners, challenging resilience.

Pre-pandemic, UNFPA had no specific duty of care policy outlining the organization's obligations and responsibilities for ensuring the safety, well-being and protection of its personnel. However, important elements of duty of care were captured in a framework of policies and administrative measures related to staff well-being.

While many UNFPA offices were insufficiently prepared to transition to emergency procedures and humanitarian approaches, most were resilient in adapting to the "new normal" of the pandemic. From the onset of COVID-19, UNFPA quickly implemented various measures to protect the physical health and safety of personnel, facilitate staff working from their homes and thus boost the resilience of the organization and mitigate the worst effects of the pandemic.

UNFPA, at all levels, also implemented a range of measures to safeguard and support the mental health and psychosocial welfare of personnel. Notwithstanding such efforts, the mental well-being of many personnel worsened as a result of the COVID-19 pandemic.

While UNFPA quickly sought to reduce inequities and ensure fairness in the face of COVID-19, especially vis-à-vis those individuals engaged for an extended duration, many issues were highlighted by the pandemic. These are related to workplace culture (a perceived obligation to be available and productive at all times to cope with additional workload), human resource policies and management skills, particularly the perception of differential treatment of employees versus contractors, the capacity of managers to lead and set priorities during crises and the duty of care approach to implementing partners.

Conclusion 6: There has been limited comprehensive and systematic post-crisis internal analysis and learning in terms of navigating future crises.

The COVID-19 crisis has presented significant opportunities for organizational learning and development. While UNFPA has undertaken some internal learning and reflection on strengthening operational resilience, that is, its capacity to anticipate, prepare for and respond to major disruptions, there is a notable absence of operational reviews, including testing of resilience and preparedness measures such as business continuity plans.

Nonetheless, the learning processes that do exist, even if they cannot be traced back to formal lessons learned exercises or be solely attributed to COVID-19, can serve to strengthen resilience at the level of the UNFPA strategic plan as well as in the areas of business continuity management, emergency preparedness and response and human resources management and duty of care.

UNFPA, as an organization, emphasises the strategic importance of programmatic learning, and the factors contributing to programmatic results in emergencies.

Knowledge and learning were highlighted in the early stages of the pandemic response but were not part of the COVID-19 UNFPA Global Response Plan and thus did not play as significant a role as they could have as the response evolved.

Despite some leveraging of existing knowledge management systems for lessons, as well as additional, ad-hoc initiatives, it is unclear how these have been applied in a systematic manner, beyond some solicitation of feedback for the strategic plan. It is also unclear how inclusive of UNFPA personnel and stakeholders such efforts have been.

As staff and positions turn over, and institutional memory fades, this loss of comprehensive and systematic knowledge and learning threatens the organization's ability to build on past experiences and increase resilience. Without a more systematic approach to capturing and retaining insights from crisis responses, UNFPA risks being unprepared for future global crises. This includes those related to climate change or future pandemics (despite widespread acknowledgement of the imminent and increasing threats posed by climate change), which will have severe implications for its ability to fulfil its mandate effectively.

RECOMMENDATIONS

Recommendation 1: In the aftermath of COVID-19, and in anticipation of future crises (including related to climate change), UNFPA should increase efforts to strengthen resilience in key mandate areas (family planning, harmful practices, data).

Recommendation 2: UNFPA should sustain and build on technical and policy work to operationalize the humanitarian-development-peace nexus approach in order to improve resilience and mitigate disruptions to its activities and results.

Recommendation 3: UNFPA should better embed business continuity management in the everyday work of all business units.

Recommendation 4: UNFPA should foster a workplace culture where all its personnel are appropriately supported and valued and where personnel and implementing partners are better prepared to anticipate, respond to and recover from crises.

Recommendation 5: UNFPA should take steps to improve its supply chain resilience and ensure that it is in a position to continue procuring and supplying services and goods needed for the safety and security of its personnel and for effective business continuity and humanitarian programming.

Recommendation 6: UNFPA should strengthen its systems to plan, monitor and report on results achieved in response to serious disruptions.

Recommendation 7: UNFPA should systematize its organization-wide knowledge management and learning to capitalize on innovations, maximize effectiveness and ensure no-one is left behind.

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Inside the Women's Health on Wheels mobile birthing facility, a healthcare worker cares for a pregnant woman. The mobile clinic serves geographically isolated areas and those impacted by a typhoon.

1 INTRODUCTION

Building on the terms of reference (ToR)[1] for the formative evaluation of the organizational resilience of the United Nations Population Fund (UNFPA) in light of its response to the coronavirus disease 2019 (COVID-19) pandemic, the aim of this report is to present the findings and conclusions of the analysis of the data collected by the evaluation team and suggest recommendations to UNFPA to strengthen its organizational and programmatic resilience. The dissemination of this information to all relevant stakeholders and end users will be the responsibility of the UNFPA Independent Evaluation Office (IEO).

The evaluation follows the United Nations Evaluation Group norms and standards and uses internationally agreed evaluation criteria drawn from the Organisation for Economic Co-operation and Development's (OECD) Development Assistance Committee and ALNAP[2] to study the key research questions outlined in Section 3.

The purpose of the evaluation is twofold:

- To account for the results achieved by UNFPA in responding to the global COVID-19 pandemic
- To draw lessons from the COVID-19 response with a view to informing UNFPA preparedness and response to future global crises.

The specific objectives of the evaluation are to:

- Assess the performance of UNFPA in responding to the COVID-19 pandemic
- Analyse the ability of UNFPA to work across the humanitarian-development-peace nexus during the pandemic
- Analyse the organizational capacity of UNFPA to anticipate, prepare for, respond, and adapt to, global crises (organizational resilience).

The scope of the evaluation has the following dimensions:

- **Geographically:** All countries, regions and globally
- **Thematically:** All UNFPA strategies and programmes implemented within the COVID-19 context, including (but not limited to) interventions directly aimed at the response to COVID-19, both in development and humanitarian settings
- **Temporally:** From March 2020 (i.e., when COVID-19 was officially declared to be a pandemic) to the end of the data collection phase in 2023.

The primary intended users of the evaluation are:

- UNFPA senior management
- The UNFPA Policy and Strategy Division

1 See Annex 1.

2 Active Learning Network for Accountability and Performance in Humanitarian Action.

- The UNFPA Technical Division
- The UNFPA Humanitarian Response Division (HRD)
- The UNFPA Office of Security Coordinator (OSC)
- Other UNFPA business units at headquarters (specifically the Division of Management Services (DMS), the Division for Human Resources (DHR) and the Supply Chain Management Unit (SCMU)
- UNFPA regional and country offices.

The results of this evaluation should also be of interest to a wider group of stakeholders, such as UNFPA Executive Board members and other United Nations organizations.

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Women access integrated SRH and GBV services at a Primary Health Center in Makassed, Bechoura, in the Beirut Governorate of Lebanon.

2 BACKGROUND AND CONTEXT

2.1. ORGANIZATIONAL RESILIENCE

As defined by the International Organization for Standardization (ISO), organizational resilience is "the ability of an organization to absorb and adapt in a changing environment to enable it to deliver its objectives and to survive and prosper".[3] Resilient organizations continually adapt to changing environments in order to deliver on their objectives and to thrive. They "anticipate and respond to threats and opportunities arising from sudden or gradual changes in their internal and external context".[4]

In 2013, the United Nations General Assembly approved an Organizational Resilience Management System (ORMS). The ORMS was developed in the wake of the evolution of United Nations emergency management practices via responses to a range of disasters[5] and applies to all entities of the United Nations, including UNFPA. It came into force through an ORMS policy in December 2014.[6] According to the ORMS policy, the ORMS aims to assist United Nations entities to build resilience by aligning and harmonizing preparedness efforts to enhance their ability to continuously deliver their mandates. It was built on seven core elements – these being:

- A crisis management decision-making and operations framework
- Security support and response
- Crisis communications
- Mass casualty incident response
- Information technology (IT) disaster recovery
- Business continuity
- Support to staff, survivors and their families.

The United Nations ORMS policy was revised in 2021.[7] The new policy updated the ORMS core elements, which are now:

- Crisis management
- Safety and security of personnel (including visiting individuals), premises and assets
- Crisis communications
- Emergency medical support

3 International Organization for Standardization. 2017. 22316.

4 Ibid.

5 United Nations. 2018. Report of the Secretary-General: Progress in the Implementation of the Organizational Resilience Management System, A/73/666, December 2018.

6 United Nations. 2013. A/RES/67/254, April 2013. See also: United Nations. 2014. Chief Executives Board for Coordination, High-Level Committee on Management (HLCM): Policy on the Organizational Resilience Management System (ORMS), December 2014.

7 United Nations. 2021. Chief Executives Board for Coordination, High-Level Committee on Management (HLCM): Policy on the Organizational Resilience Management System, January 2021.

- Information and communication technology (ICT) resilience
- Business continuity
- Support to United Nations personnel and eligible family members.

The revised ORMS policy also updated key performance indicators, reviewed the rating scale for measuring progress against the indicators to ensure consistency and coherence in implementation and recommended a maturity model that provides a framework for assessing the advancement of the organizational resilience management system and encouraging continuous improvement.[8] Key performance indicators cover: policy; governance; maintenance, exercise and review; risk management; and planning. A full list of indicators is provided in Annex 6f.

UNFPA corporate policy framework for organizational resilience

The UNFPA strategic plans, and their annexes, do not elaborate on organizational resilience or the aspect of business continuity management (BCM). UNFPA does not have a policy for organizational resilience. Its Business Continuity Management Policy from April 2017 defines business continuity as the capability of UNFPA to plan for and to respond to incidents and business disruptions in order to:

- Continue implementation of the UNFPA mandate at an acceptable level
- Manage the safety, security and well-being of UNFPA personnel and their eligible dependents
- Manage response to the event or incident that caused the disruption.

The policy states that "business continuity management together with risk management and emergency preparedness and response form an integrated framework for building and maintaining UNFPA organizational resilience to continuously meet strategic and operational objectives in the face of change and threats of disruptions to UNFPA's business operations". Post-COVID-19 pandemic, in March 2023, UNFPA issued a revised business continuity management policy.

As regards emergency preparedness and response, the UNFPA strategic plans 2018-2021 and 2022-2025 include aspects of supporting national emergency preparedness, building national resilience and working across the humanitarian-development-peace nexus, so that programme countries are better equipped to respond to and recover from emergencies, and UNFPA-supported achievements are protected. The UNFPA Strategic Plan 2018-2021 adopted key principles of the 2030 Agenda for Sustainable Development, including "reducing risks and vulnerabilities and building resilience". Within the UNFPA Strategic Plan 2022-2025, "resilience and adaptation, and complementarity among development, humanitarian and peace-responsive efforts" is one of the six "accelerators" to achieve the strategic outputs (and is also the essence of output 5 of the strategic plan).

2.2. THE COVID-19 PANDEMIC

United Nations system response to COVID-19

The COVID-19 pandemic, also known as the coronavirus pandemic, was a global pandemic caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). The novel virus was first identified in an outbreak in the Chinese city of Wuhan in December 2019. The World Health Organization (WHO) declared the outbreak a public health emergency of international concern on 30 January 2020 under the International Health Regulations (2005) and a pandemic on 11 March 2020. As of 15 December 2022, the pandemic had caused more than 646 million cases and 6.6 million confirmed deaths.[9] The Head of WHO declared an end to the global health emergency on 5 May 2023.[10]

In addition to its direct health impacts, the COVID-19 pandemic rapidly evolved into a global multidimensional crisis, affecting societies, economies and the environment around the world. COVID-19 has disproportionately hit low- and middle-income countries, with many countries facing major setbacks to progress toward the Sustainable Development Goals (SDGs). The pandemic has also exacerbated existing inequalities, further adding to the vulnerabilities of marginalized and excluded populations to the socioeconomic impact of the virus.

8 United Nations. 2021. Office of the Secretary-General: Progress in the implementation of the organizational resilience management system, A/76/607, December 2021; United Nations. 2021. Key Performance Indicators: Organizational Resilience Management System. CEB/2014/HLCM/17/Add.1/Rev.1, December 2021; United Nations. 2021. Organizational Resilience Maturity Model, December 2021.

9 WHO. (ND). WHO Coronavirus (COVID-19) Dashboard.

10 https://www.who.int/director-general/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing---5-may-2023.

At the level of the United Nations, the response to COVID-19 was guided and coordinated at the strategic level by the United Nations Senior Management Group, the United Nations System Chief Executives Board for Coordination (CEB), the United Nations Sustainable Development Group and the COVID-19 Crisis Management Team, established on 4 February 2020 by the United Nations Secretary-General under the leadership of WHO, which mobilized the whole United Nations system[11] to work on critical issues.

In March 2020, the United Nations Secretary-General published a report entitled "Shared Responsibility, Global Solidarity: Responding to the Socio-Economic impacts of COVID-19". Building on this report, in April of the same year, a "United Nations framework for the immediate socio-economic response to COVID-19" set out the framework for the urgent socioeconomic support of the United Nations development system (UNDS) to countries and societies during 12 to 18 months, led by United Nations Resident Coordinators and with support from the United Nations Development Programme (UNDP) as technical lead. United Nations country teams (UNCTs) subsequently conducted COVID-19 socioeconomic impact assessments (SEIAs), developed socioeconomic response plans (SERPs) and repurposed their programmatic portfolios with the aim to anchor their responses, as soon as possible, in national development plans and in United Nations Sustainable Development Cooperation Frameworks (UNSDCFs) (informed by common country analyses). To help fund the response, the Secretary-General created the COVID-19 Response and Recovery Fund.

The United Nations framework for the immediate socio-economic response to COVID-19 was designed to complement the health response led by WHO and the humanitarian response led by the Office for the Coordination of Humanitarian Affairs (OCHA), with the common aim to save lives, protect people and rebuild better.

Published in February 2020 (and updated in April 2020), the WHO Strategic Preparedness and Response Plan (SPRP) for COVID-19[12] set out the key actions needed at national, regional and global levels to suppress transmission, protect the vulnerable, reduce mortality and morbidity and accelerate the development of tools to fight the disease. The plan was updated for 2021 to take into account new knowledge and more effective tools developed over the preceding year. It listed six key strategic public health objectives[13] and was complemented by a COVID-19 operational plan. The 2022 plan subsequently made adjustments and set out two strategic objectives to enable the world to end the acute phase of the pandemic in 2022, namely, to reduce and control the incidence of SARS-CoV-2 infections and prevent, diagnose and treat COVID-19 to reduce mortality, morbidity and long-term sequelae.

On the humanitarian side, at the end of March 2020, the United Nations launched a United States dollar (USD) 2 billion coordinated appeal entitled "Global Humanitarian Response Plan for COVID-19" (GHRP) for the period April to December 2020, which included preparing a monitoring framework and bringing together members of the Inter-Agency Standing Committee (IASC), including UNFPA. The plan was updated in May and July 2020 respectively and COVID-19-related needs were subsequently integrated into the 2021 and 2022 Global Humanitarian Overviews.

UNFPA response to the COVID-19 pandemic

The COVID-19 pandemic has exacted a particular toll on women and girls, by disrupting access to life-saving sexual and reproductive health and rights (SRHR) services, deepening existing gender inequalities and increasing gender-based violence (GBV) and other harmful practices. In this context, progress toward achieving the three transformative results, to which UNFPA committed, is at risk.

Even before the formal announcement of the global pandemic by WHO, UNFPA was participating in the United Nations system COVID-19-related coordination mechanisms and joint efforts at global, regional and country levels. In order to address the multiple challenges raised by the COVID-19 pandemic, especially in humanitarian, fragile and low-income country contexts, in April 2020, it launched the COVID-19 UNFPA Global Response Plan (GRP),[14] meant as a "whole of organization approach" through the integration of its humanitarian and development assets and expertise and covering

11 United Nations Secretary-General's Briefing to Member States on the Organization's Response to COVID-19 [as delivered].

12 https://www.who.int/publications/i/item/WHO-WHE-2021.02.

13 Suppress transmission; reduce exposure; counter misinformation; protect the vulnerable; reduce mortality and morbidity from all causes; accelerate equitable access to new COVID-19 tools.

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

the continuum of preparedness, response and early recovery. The Global Response Plan was further revised in June 2020 and was designed to contribute to the United Nations framework for the immediate socio-economic response to COVID-19, the WHO COVID-19 SPRP[15] and the GHRP.[16] Moreover, the plan was framed by the UNFPA Strategic Plan 2018-2021 and the organization's three transformative results and structured around three strategic priorities:

- Continuity of sexual and reproductive health (SRH) services and interventions, including protection of the health workforce
- Addressing gender-based violence and harmful practices
- Ensuring the supply of modern contraceptives and reproductive health commodities.

Under these three strategic priorities, four "accelerator" interventions were identified:

- **Leaving no one behind:** Analysis of who is marginalized and at risk; focusing interventions on and advocating for those most at risk from COVID-19, with special attention to those left furthest behind
- **Data:** Assuring data continuity, population mapping and assessing impact and response measures
- **Risk communication and community engagement:** Support to risk communication and community engagement in primary prevention and stigma reduction; ensuring women and girls' agency, decision-making and voice with a constant focus on their safety, dignity and rights
- **Youth engagement:** Engaging young people and involving them effectively in innovative approaches to risk communication and community engagement efforts.

The COVID-19 UNFPA Global Response Plan appealed for USD 370 million for 2020, of which USD 270 million were included in the GHRP covering 63 fragile and humanitarian countries. UNFPA did not launch any COVID-19-specific appeals or communicate resource mobilization targets for 2021 and 2022.

15 https://www.who.int/publications/i/item/WHO-WHE-2021.02.

16 https://interagencystandingcommittee.org/health/global-humanitarian-response-plan-covid-19#:~:text=The%20COVID%2D19%20Global%20Humanitarian,indirect%20immediate%20humanitarian%20consequences%20of.

© UNFPA Yemen.

A midwife checks on a new mother in Al Sadaqa Hospital, Aden. Due to years of conflict, only one in five health facilities in Yemen provide maternal and child care.

3 EVALUATION METHODOLOGY AND APPROACH

3.1. EVALUATION PROCESS

The following sections outline the specific phases and tasks within each of the five phases of the evaluation. For a more detailed description of the approach and methods, please refer to Annex 3.

Phase 1: Preparatory Phase

The preparatory phase was internal to UNFPA and included the drafting of the terms of reference, discussion of the evaluation scope, the establishment of an evaluation reference group and procurement processes with team members.

Phase 2: Inception Phase

Inception covered the initial familiarization of the evaluation team with the evaluation theme, scope, background and the subsequent development and testing of the methodological approach and a theory of change that accurately describes the topic of the evaluation, in this case to cover the resilience of UNFPA systems, processes and programming in the light of the organization's response to the COVID-19 crisis. The theory of change, reviewed by the evaluation reference group for robustness and comprehensiveness, underpinned the analytical approach of the evaluation, which sets out what will be measured by the evaluation (i.e. questions and assumptions) and how (i.e. using what tools).

This phase also covered development of the evaluation matrix (Annex 5), which built on the evaluation criteria and evaluation questions to ensure that the evaluation framing was robust and would lead to the intended outputs.

Evaluation questions

The evaluation is framed by nine evaluation questions as follows:

Relevance
Evaluation question 1. Before the COVID-19 pandemic, to what extent was UNFPA prepared for responding to global crises?
Evaluation question 2. To what extent was UNFPA responsive to the COVID-19 pandemic and to what extent did it successfully adapt its strategies and programmes as the pandemic evolved and needs and priorities changed?

Effectiveness
Evaluation question 3. To what extent has UNFPA achieved the objectives of the COVID-19 UNFPA Global Response Plan within the overarching framework of the UNFPA strategic plans 2018-2021 and 2022-2025?
Evaluation question 4. To what extent has UNFPA systematically incorporated and implemented data-driven interventions and successfully engaged young people and supported risk communication and stigma reduction within the framework of its COVID-19 response and recovery efforts?

Coherence
Evaluation question 5. To what extent has UNFPA contributed to synergies and complementarity among COVID-19 responses within the United Nations system?
Evaluation question 6. To what extent has UNFPA contributed to synergies and complementarity across the humanitarian-development-peace nexus?

Efficiency
Evaluation question 7. At the onset and during the COVID-19 pandemic, to what extent have UNFPA systems, processes and procedures supported a safe and timely and continuous response?

Sustainability
Evaluation question 8. To what extent has the UNFPA response to COVID-19 contributed to strengthening the organization's capacity to anticipate and prepare for responding to disruptions caused by future global crises?
Evaluation question 9. To what extent has the UNFPA response to COVID-19 contributed to strengthening the organization's programming towards the three transformative results, including support for national emergency preparedness?

Departures from the Terms of Reference

The evaluation, as far as possible, adhered to the purpose, objectives and provisions of the original terms of reference. On discussion with the evaluation reference group, the UNFPA Independent Evaluation Office increased the number of field visits from five to six countries in order to better represent all UNFPA regions, and complemented them with desk reviews covering nine additional countries. Further, in developing the analytical approach, the evaluation team in consultation with the Independent Evaluation Office and the evaluation reference group, further refined the list of evaluation questions. Notably, the original question 5 was split into two in order to best deal with issues of coherence within the United Nations system and across the humanitarian-development-peace nexus separately and the original question 8 was split across questions 8 and 9 for similar reasons.

Discussion workshops

As part of the evaluation, the evaluation team prepared and presented discussion workshops on two preselected themes that complemented and supported the overall evaluation findings and conclusions. The overall goal of the workshops was to deepen and consolidate the analysis of selected topics in one place and early in the evaluation process in order to initiate further discussions within UNFPA.

The final discussion topics were selected in consultation with the evaluation reference group (at the first meeting of the evaluation reference group with the evaluation team) and in consultation with evaluation reference group members on a one-to-one basis and with other UNFPA technical experts. Those topics considered the most insightful and forward-looking for UNFPA as an organization and for future programming were:

- Learning from UNFPA human resources management during the COVID-19 pandemic
- Resilience, COVID-19 and climate change.

Evaluation reference group members selected the two topics at the inception phase, with the underlying rationale being that they should share several common criteria related to the robustness of the information and planned utility for UNFPA. They also differed in some key ways, notably that topic 1 (human resources and duty of care) was more retrospective, focused on UNFPA resilience and COVID-19-related performance against existing internal standards or plans, whereas

topic 2 (climate change and resilience) was more forward-looking and outward-looking, gauging UNFPA resilience and existing performance against emerging issues in the area of climate change.

The list of suggested topics and the underlying criteria and approach to the workshops are presented in Annex 3.

Selection of countries for field visits and desk review

Seven criteria were used to guide selection of countries that would present the most useful results in aggregate for the evaluation. The full set of criteria, including the indicators used, can be found in Annex 3.

TABLE 1: *Evaluation research countries*

Region	Country	Scope
Asia Pacific	Indonesia	Desk review
Asia Pacific	India	Desk review
Asia Pacific	Philippines	Field visit
Arab States	Lebanon	Field visit
Arab States	Libya	Desk review
Arab States	Jordan	Desk review
Eastern Europe and Central Asia	Armenia	Desk review
Eastern Europe and Central Asia	Bosnia and Herzegovina	Field visit
Eastern Europe and Central Asia	Moldova	Desk review
East and Southern Africa	Namibia	Desk review
East and Southern Africa	Zambia	Field visit
West and Central Africa	Niger	Field visit
West and Central Africa	Senegal	Desk review
Latin American and the Caribbean	Colombia	Field visit
Latin American and the Caribbean	Guatemala	Desk review

On agreement of the evaluation scope, approach and methodology, the evaluation team tested the associated tools in one pilot country, Lebanon, which was selected as representing a good spectrum of COVID-19, longer-term development and humanitarian programming in UNFPA, and which was logistically and programmatically accessible.

The pilot mission also permitted the evaluation team to perform initial data coding, cleaning, entry and analysis using the evidence tables per the evaluation terms of reference and thus facilitate any changes to the evidence table format or the data coding and entry process to ensure fidelity and efficiency in the recording of evidence and subsequent analysis and optimum alignment with the overall evaluation framework and the evaluation matrix (see Annex 5).

Ethical approach

The evaluation was conducted in accordance with United Nations Evaluation Group Norms and Standards for Evaluations and Ethical Guidelines for Evaluation. It also conforms to the evaluation handbook[17] at UNFPA, the WHO publication

17 https://www.unfpa.org/admin-resource/evaluation-handbook-2024.

Ethical and Safety Recommendations for Researching, Documenting and Monitoring Sexual Violence in Emergencies[18] and adheres to the principles of independence, impartiality, credibility and utility.

Phase 3: Data collection

Phase 3 of the assignment comprised a more comprehensive data collection process across the countries of focus and other UNFPA business units, and the preparation of country briefing notes and discussion workshops. During this phase, the evaluation team conducted:

1. **An in-depth document review** of all documents collected related to resilience and the COVID-19 response at UNFPA (and the wider United Nations system), and those global-level and regional-level documents of relevance to the mandate of UNFPA. This phase also included a systematic review of all completed and quality assessed UNFPA centralized and decentralized evaluations conducted during the period covered by the evaluation (from March 2020) with a view to extracting relevant COVID-19-response learning.
2. **Remote interviews with key UNFPA stakeholders at headquarters, global and regional levels.** A list of key informants to be interviewed either individually, or in a group discussion at global and regional levels was developed in consultation with UNFPA. This list included key UNFPA staff at headquarters and stakeholders or partner staff at global and regional levels, primary stakeholders in other agencies and in other locations.
3. **In-person interviews with stakeholders** in six countries[19] (including one pilot visit, conducted during Phase 1) to collect data used to prepare individual country briefing notes and the two discussion workshops.
4. **Focus group discussions with 91 beneficiaries** on COVID-19 programming (or on UNFPA programmes that have been adjusted to accommodate COVID-19) in three countries (Lebanon, Niger, Philippines - the only countries of the six field-visit countries where beneficiaries of COVID-19-related programming were still available for the discussion). These enabled the evaluation team to obtain the views and understand the experiences of community members, especially those of adult and young women, to ensure the findings were contextually grounded and the recommendations for future programming relevant.

Phase 4: Analysis and reporting phase

This stage of the evaluation comprised data synthesis, detailed analysis and reporting, and dissemination of findings. The evaluation team used the evidence tables and evaluation matrix to systematically collect, collate and continually triangulate the data collected from various sources and from each team member. The reporting phase opened with an analysis workshop at the UNFPA Liaison Office in Brussels between the evaluation team and the evaluation manager. The outputs of the workshop helped the evaluation team to refine initial findings and guide the development of the evaluation report.

18 https://www.who.int/publications/i/item/9789241595681.

19 Bosnia and Herzegovina, Colombia, Lebanon, Niger, Philippines, Zambia.

3.2. EVALUATION LIMITATIONS AND MITIGATION

Envisaged limitation	Actualization/Mitigation
Limitations on data availability: The team may not receive all requested documentation in time, or key informants may not be available to discuss the programming with the evaluators.	**Some, but minimal actualization of limitation** The qualitative approach used by the evaluation team for collecting primary information and evidence at the field level was triangulated with secondary quantitative and qualitative data (i.e. UNFPA and stakeholders' reporting). Annex 8 contains an extensive list of documentation received from UNFPA and sourced by the evaluation team directly. This documentation was used to prepare both the systematic review of evaluations and the issues workshops and it contributed to the desk reviews of both field visit and non-field visit countries. In some cases, documentation or data were no longer available due to staff movements to other positions or outside UNFPA, or community members could not be interviewed as programmes had ended some time before. Some data gaps may be present due to this, but the evaluation team have highlighted any, where evident, and some such gaps have formed an evaluation finding.
Limitations on data quantity or availability: With respect to the data collection as it relates to the two issues workshops, key informants may not have the required information at the time of the interview or interviews at the country level may not generate sufficiently detailed information.	**Limitation did not substantially materialize** To mitigate this, the evaluation team, in advance, specified the key question areas in advance with informants. Further additional information was sought via in-person and remote interviews at the relevant branch, division, headquarters or regional offices by the evaluation team. Further, the evaluation team triangulated data via site visits, focus group discussions and key informant interviews to: 1. Gather answers based on the questions posed in the evaluation matrix (Annex 5) from a number of perspectives 2. Explore and prepare comparisons across the various regions and types of interventions involved (performance, experiences, issues, gaps and lessons learned). In addition to interviews with regional, global and country offices, the evaluation team conducted interviews and discussions with stakeholders and partners at the six field mission countries to obtain a wider perspective.
Changing security contexts and administrative requirements for travel may delay or otherwise impact the team's travel schedule.	**Limitation did not substantially materialize** To mitigate this, the evaluation team worked closely with the selected UNFPA country offices to organize a detailed schedule well in advance of field travel and ensure appropriate and timely preparations. A detailed scope of work and sample schedule, virtual discussions and emailed reminders were sent to each country office engaged in field research. Any concerns were highlighted to the UNFPA evaluation manager and issues addressed in a timely manner to keep field research on track.
Limitations on data availability: COVID-19-related Global Programming System (GPS) financial data, specifically the COVID-19 tagging.	**Limitation did not significantly materialize** The evaluation team was given access to UNFPA financial data commensurate with the needs of the evaluation questions, and the Independent Evaluation Office delegated additional human resource expertise to analyse the data for the evaluation team. Financial data, including on COVID-19-related expenses were also extracted from UNFPA financial and statistical reports to the Executive Board for 2020 and 2021. More comprehensive access to financial data related to the distribution and sources of funding for COVID-19 responses may have yielded further insights, but the evaluation team had limited access to resource mobilization stakeholders.

© UNFPA Myanmar.

In Rakhine State, Myanmar, a woman seeks family planning counseling and psychosocial support at a mobile clinic after Cyclone Mocha.

4 FINDINGS

Evaluation question 1: Before the COVID-19 pandemic, to what extent was UNFPA prepared for responding to global crises?

Summary of findings

- UNFPA had robust policies and coordination mechanisms for resilience against security issues and disruptions pre-COVID-19.
- UNFPA actively participated in United Nations resilience coordination at the start of COVID-19 and aligned its business continuity management.
- Business continuity measures existed pre-COVID-19, but UNFPA staff had low awareness; plans lacked updates and didn't focus on epidemics or remote work.
- Minimum preparedness actions (MPAs) and ICT disaster recovery plans existed but were underutilized; UNFPA headquarters lacked insight into regional and country ICT preparedness.
- Pre-COVID-19, UNFPA was evolving its approach across humanitarian and development sectors but lacked focus on operationalizing this at the country level.

Finding 1: Since before the outbreak of the COVID-19 pandemic, UNFPA has demonstrated an evolution of increasingly robust corporate policies and operational coordination mechanisms to ensure resilience in the face of security issues and major disruptions.

The management of business continuity within UNFPA was historically included in the business continuity management policy and practice of UNDP (as has also been the case in other areas of work). In 2009-2010, UNFPA started work to introduce its own business continuity planning and recovery actions, which included pandemic preparedness planning, although the outputs of this process were not institutionalized or fully documented.[20]

In 2011, the Joint Inspection Unit[21] (JIU) conducted a review of business continuity management within the United Nations system and found that knowledge was lacking among numerous United Nations organizations, including UNFPA, about the purpose and provisions of business continuity management as a result of not having approved business continuity policies and plans in place.[22] In response to the review and the United Nations Organizational Resilience Management System (ORMS) Policy of December 2014, UNFPA issued its first corporate business continuity management policy in April 2017 to provide "a framework for assisting UNFPA business units, facing potential disruption due to natural or

20 Source of findings: UNFPA headquarters and regional office key informants and document review.

21 The JIU is the only independent external oversight body of the United Nations system mandated to conduct evaluations, inspections and investigations system-wide. It looks at cross-cutting issues and to act as an agent for change across the system.

22 JIU. Business Continuity in the United Nations System, 2011. See: https://www.unjiu.org/sites/www.unjiu.org/files/jiu_document_files/products/en/reports-notes/JIU%20Products/JIU_REP_2011_6_English.pdf.

manmade disasters, to continue delivering its mandate".[23] The Office of the Security Coordinator (OSC) in New York was assigned the "policy owner" role under the overall oversight of the Executive Director. Implementation of the policy was the responsibility of each headquarter division director, regional and subregional office directors, country representatives and heads of office with the support of regional and country office business continuity focal points. The business continuity management policy existed alongside the UNFPA security accountability policy of March 2013 and other risk management and emergency preparedness and response processes that contribute to organizational resilience.

Complementing this, UNFPA has also had two key coordination mechanisms in place since before the COVID-19 pandemic to cope with major disruptions to UNFPA functions and programmes. Firstly, the Senior Management Group is chaired by the Deputy Executive Director (Management) and comprises division directors and selected branch chiefs. It convenes during emergencies to review, analyse and take decisions regarding prevailing security situations. Secondly, on notification of critical security incidents or major crises, the Security Management Group chair can constitute a UNFPA Crisis Response Team (CRT) based on the scope and magnitude of the event.[24]

Finding 2: At COVID-19 onset, UNFPA was an active participant in United Nations organizational resilience-related coordination processes and UNFPA business continuity management was well aligned.

UNFPA does not operate in a vacuum but in conjunction with other United Nations entities under the umbrella of the separate but interlinked United Nations Security Management System and the United Nations ORMS. In practice, coordination with United Nations system organizations has included the participation of UNFPA staff in the High-Level Committee on Management (HLCM) of the United Nations System Chief Executives Board for Coordination (CEB) and its Inter-Agency Security Management Network and Working Group on Organizational Resilience as well as in the ad-hoc Senior Crisis Management Group for the United Nations in New York. It has also entailed contributions to regional and country-level security management teams and crisis response teams. [25]

Key stakeholders of the ORMS consulted as part of this evaluation confirmed that UNFPA has been an active and constructive partner in the Working Group on Organizational Resilience and has complied with self-reporting obligations. However, key informants noted that UNFPA has had limited bilateral interaction in relation to business continuity management outside this working group.[26]

Nonetheless, while the United Nations Secretariat does not have the mandate to monitor or oversee the business continuity management of CEB member organizations, a 2021 JIU report confirmed UNFPA alignment with relevant United Nations standards for business continuity management.[27]

Finding 3: Business continuity measures were in place before the COVID-19 pandemic. However, there was low awareness of business continuity management among UNFPA personnel; business continuity plans were irregularly updated, lacked attention to potential epidemic outbreaks and gave limited consideration of the working-from-home modality.

Beyond those UNFPA stakeholders with direct responsibility for business continuity management (e.g. management, regional security advisors and business continuity focal points), the majority of consulted UNFPA staff did not possess detailed information about business continuity management within the organization. Such key informants were unable to explain business continuity management measures, recall the contents of business continuity plans or remember

23 UNFPA. 2017. Policy and Procedures for Business Continuity Management. Issued 1 April 2017. Approved at the December 2016 Executive Committee meeting.

24 UNFPA. 2013. Security Accountability Policy, March 2013; UNFPA. 2017. UNFPA Standard Operating Procedures: Headquarters Management of a Critical Response Team (CRT), October 2017. According to the Policies and Procedures Manual (PPM) website, both policies need revision (as of September 2023).

25 UNFPA. 2013. UNFPA Security Accountability Policy, March 2013; UNFPA. 2017. UNFPA Standard Operating Procedures: Headquarters Management of a Critical Response Team (CRT), October 2017.

26 Source of findings: UNFPA headquarters key informants; United Nations key informants.

27 JIU. Business Continuity Management in United Nations System Organizations, Annex III, 2021, JIU/REP/2021/6. Information based on information provided by UNFPA.

having participated in training or crisis simulation exercises, despite a broad coverage of OSC-supported tabletop exercises simulating disruption scenarios in 2018 and 2019.[28] Stakeholders across UNFPA emphasized the importance, on reflection, of involving more staff and organizational functions in business continuity management to ensure better analysis of likely disruptions and the resulting effects on business processes, as well as a broader familiarity with UNFPA plans and processes in place.[29]

Under the UNFPA business continuity management policy, business units at all levels were required to have business continuity plans in place using a standard template. The OSC created a centralized business continuity plan repository as the first business continuity plans were drafted in 2017. However, at the time of research, it was incomplete and had not been consistently updated to include later versions.

An analysis of 97 out of a possible 121 country office business continuity plans from 2017,[30] the most complete set available for all organizational levels and years prior to COVID-19, indicated that the most anticipated disruptions were natural disasters, notably earthquakes and floods, as well as civil unrest (see Annex 6a for analysis details). Only 22 of the 97 country offices articulated pandemics or similar outbreaks of disease as important threats. The most notable exception was the East and Southern Africa Region (ESAR) where 50 per cent of possible business continuity plans (11 of 22 country offices) included pandemics or similar. No country office in the Arab States Region (ASR) or Eastern Europe and Central Asia Region (EECAR) anticipated pandemic-like disruptions. Of the 22 countries anticipating disease-related disruptions, 12 mentioned pandemics,[31] while the others referred to epidemics, infectious disease outbreaks or medical hazards.[32]

The 2017 business continuity plan template also solicited information on alternate working modalities in the case of travel to UNFPA offices being affected (scenario 1), the office being inaccessible or at unacceptable risk to operate from (scenario 2). Designated locations for alternative work could be for staff to work from the office of another United Nations organization, from a residence or a hotel. An analysis of the same set of 97 country office business continuity plans from 2017 revealed that the working-from-home model was also envisaged, albeit infrequently and mostly in the Arab States Region, where 67 per cent of business continuity plans referred to staff and personnel working separately from home and the same for 45 per cent of business continuity plans in the EECAR.

Further, the template included space to estimate likely lengths of anticipated disruptions, by types of disruptions and by scenario. Of the 97 business continuity plans, 12 did not include any projected timeframes for work disruption. Of the 85 that did, only 11[33] considered disruptions for longer than five weeks, the longest being more than three months. Of those 12 business continuity plans with references to pandemic-like disruptions and where the length of disruptions was specified, these were foreseen for a period ranging from 24 hours, "running to days", "extending to weeks", and in one case "at least three months".

In terms of process, the business continuity management policy required UNFPA business units to test, validate and review business continuity plans. However, instructions regarding the frequency of testing and validation exercises were inconsistent between the policy and the business continuity plan templates (see Table 2 below) and implementation was not monitored. As mentioned above, many business units conducted a tabletop exercise during 2018 and 2019, but this alone would not have been as frequently as called for.

28 As of 9 August 2019, 124 UNFPA business units at headquarters, regional and country levels completed tabletop exercises and 54 were pending. Source: OSC.

29 Source of findings: UNFPA headquarters, regional office and country office key informants.

30 This was the most complete set available for all organizational levels and years prior to COVID-19.

31 ESARO: Angola, Burundi, Eritrea, Lesotho, Nicaragua, Nigeria, South Sudan, Tanzania and Uganda. LACRO: Colombia, Dominican Republic, and Mexico.

32 Specific infectious diseases mentioned were avian influenza, cholera, dengue, Ebola, influenza, foot and mouth disease, Lassa fever, malaria, meningitis and zika.

33 Afghanistan, Caribbean SRO, Colombia, Costa Rica, Democratic People's Republic of Korea, Democratic Republic of Congo, Ecuador, Guatemala, Malaysia, Republic of Congo and Yemen.

TABLE 2: *Testing and validating UNFPA business continuity plans (2017)*

BCM policy	"Conduct exercises every six months to validate BCP plan based on changes taking place at the duty station…. Update BCP in accordance with lessons learned during the exercises."
	"Coordinate periodic testing of BCP, identify and address lessons learned."
	"Update BCP in accordance with lessons learned during the exercises."
BCP template	"Testing of the BCP is necessary and should be conducted once a year or whenever a BCP has had significant changes ensuring that the plan is current, fully functional and addresses the current operational processes and procedures."
	"Testing a business continuity plan (Plan) confirms whether the Plan is actionable and appropriate. It also ensures staff are trained in their responsibilities and understand what will happen in a disruptive event. Every office is required to test their respective BCP at least once a year or when there are substantive changes in the BCP."

Finding 4: Minimum preparedness actions and information and communication technology disaster recovery plans complemented the business continuity plans as corporate tools for risk-informed planning. However, the minimum preparedness actions were underutilized and not effective in preparing UNFPA for COVID-19. UNFPA headquarters has no overview of the level of ICT disaster preparedness at the regional and country levels.

The UNFPA business continuity management policy required UNFPA to harmonize business continuity management with other UNFPA processes that are mandatory tools for risk-informed planning, specifically UNFPA minimum preparedness actions and ICT disaster recovery plans.

While the business continuity plan is related to UNFPA operational functions, minimum preparedness actions are more focused on preparedness to provide rapid and effective humanitarian relief. They are a suite of guidance initially rolled out in 2014 in line with the UNFPA "Second Generation" Humanitarian Response Strategy and revised in 2016 to "enable a coordinated and focused strengthening of UNFPA preparedness capacity" in light of emergency situations.[34] All UNFPA country offices have been obliged to report annually on the implementation of the minimum preparedness actions in the organization's Strategic Information System (SIS). According to information provided to the UNFPA Executive Board in 2020, only 64 per cent of UNFPA country offices reported full compliance with the minimum preparedness actions in 2018 and in 2019.[35] Additionally, evaluation evidence indicates long-standing concerns about the design and implementation of the minimum preparedness actions, for instance in terms of purpose, localization, available human and financial resources, and reporting and accountability.[36] They were thus deemed to be inadequate in preparing UNFPA for responding to COVID-19.[37]

Prior to COVID-19, business continuity plans should also have been harmonized with ICT disaster recovery plans that aim to ensure that UNFPA ICT systems and infrastructure are effectively managed and recovered in the event of a crisis or disruption. The evaluation was informed that most UNFPA country offices had such plans, with many using standardized templates provided by UNDP or other United Nations agencies.[38] However, there was, and still is, no central repository for

34 UNFPA. 2012. Humanitarian Response Strategy "Second Generation"; UNFPA. 2014. Guidance Note on Minimum Preparedness; UNFPA. 2016. Guidance Note on Minimum Preparedness, Revised Version.

35 UNFPA. 2020. Integrated mid-term review and progress report on implementation of the UNFPA Strategic Plan 2018-2021. Annex 1: Output scorecard and updated integrated results and resources framework; UNFPA. 2020. Report of the Executive Director, DP/FPA/2020/04 (Part I), In 2020, UNFPA offices that integrated MPAs increased from 60 per cent in 2019 to 80 per cent. Source: UNFPA. Implementation of the UNFPA Strategic Plan 2018-2021; Report of the Executive Director. DP/FPA/2021/4 (Part I).

36 Source of findings: UNFPA headquarters, regional office and country office key informants. At the time of the present evaluation, the UNFPA HRD was developing new guidelines and training materials in support of MPA implementation. Confidential draft outputs were shared with the evaluation team.

37 Source of findings: headquarters and country office key informants.

38 Source of findings: UNFPA headquarters key informant.

ICT disaster recovery plans or centralized information about testing of ICT plans to ensure harmonization with business continuity plans, assess their effectiveness, identify vulnerabilities and drive continuous improvement.

Finding 5: Pre-COVID-19, there was an evolving continuum approach by UNFPA across the humanitarian and development nexus at country, regional and global levels. However, at the time, UNFPA (and the wider humanitarian community) was insufficiently focused on operationalizing the nexus at the country level.

A key aspect of resilience is the capacity of an organization to transition from longer-term and more measured approaches to work in emergency situations and crisis response. Since the early 2000s, with the emergence of the modern humanitarian architecture, a variety of changes in the context in which UNFPA undertakes its humanitarian work has occurred to facilitate this mode of operation (termed the humanitarian-development-peace (HDP) nexus). The most significant of these initiatives, at which UNFPA was among the core participants, and signatories to, are:

- The 2005 Humanitarian Reform Agenda, from which the humanitarian cluster system was created
- The IASC Transformative Agenda in 2011, which focused on the three pillars of better leadership, improved accountability to all stakeholders and improved coordination
- The World Humanitarian Summit in 2016, from which stemmed The Grand Bargain and The New Way of Working, both of which reflected the need to strengthen the humanitarian-development-peace nexus
- United Nations Security Council Resolution (UNSCR) 2250, the first resolution entirely dedicated to recognizing the importance of engaging young women and men in shaping and sustaining peace.

In addition to these commitments, UNFPA has integrated many concepts and principles related to operating across the humanitarian-development-peace nexus in its successive strategic plans (although it does not always explicitly reference the humanitarian-development-peace nexus).

Both the UNFPA strategic plans 2018-2021 and 2022-2025 emphasize working across the humanitarian-development-peace nexus, so that programme countries are better equipped to respond to and recover from emergencies and UNFPA-supported achievements are protected.

Following on from the UNFPA policy commitment to a continuum approach to its work, the evaluation has identified evidence of a nexus programming approach by UNFPA to humanitarian and development work pre-COVID-19, despite various challenges in its operationalization.

Firstly, UNFPA launched the Humanitarian Thematic Fund, a co-financing mechanism, in late 2018 to provide flexible, fast, multi-year funding for rapid and ongoing response, for preparedness and for strengthening the humanitarian-development-peace nexus.[39] This increased from USD 5.8 million in 2019 to USD 30.4 million in 2020.[40]

A 2018 independent progress study on youth, peace and security, supported by UNFPA and the United Nations Peacebuilding Support Office, demonstrated some progress in this regard,[41] inasmuch as it made a significant number of recommendations for furthering UNSCR 2250 around the areas of inclusion, investment and partnership with young people.[42]

Further, in 2019, the OECD Development Assistance Committee made a formal recommendation on the humanitarian-development-peace nexus that sought to strengthen policy and operational coherence. The recommendation covered areas of coordination, programming and financing of work across the nexus that has a direct bearing on how UNFPA implements its programming work.[43]

39 UNFPA. 2019. Humanitarian Thematic Fund 2019 Annual Report.

40 Humanitarian Policy Group. 2021. The Grand Bargain at five years: an independent review.

41 UNSCR 2250 requested the Secretary-General of the United Nations to "carry out a progress study on the youth's positive contribution to peace processes and conflict resolution, in order to recommend effective responses at local, national, regional and international levels." UNSCR 2250, para 20.

42 UNFPA and Peacebuilding Support Office. 2018. The Missing Peace: Independent Progress Study on Youth, Peace and Security.

43 OECD. 2019. OECD Development Assistance Committee (DAC) Recommendation on the Humanitarian-DevelopmentPeace Nexus, OECD/LEGAL/5019.

Nonetheless, a 2019 evaluation of the UNFPA capacity in humanitarian action found little country-level evidence of UNFPA leading or contributing to implementing this strategy for the implementation of UNSCR 2250.[44]

A 2023 global evaluation of UNFPA support to adolescents and youth similarly noted limited evidence of UNFPA programming moving towards more "holistic adolescents and youth programming in humanitarian settings and around the nexus". The evaluation team did find some promising examples of humanitarian-led initiatives to include adolescents and youth in longer-term programming, a genuine integrated programmatic approach was "largely absent", suggesting that there was a need for UNFPA efforts toward practical integration between development programming and humanitarian response programming.[45]

A 2021 independent review of the Grand Bargain noted a mixed performance of signatories in integrating humanitarian–development collaboration (including elimination of a specific workstream on humanitarian-development integration) but did note that much of the work undertaken as part of the United Nations reform process "by definition, cut across the humanitarian–development divide".[46] It also noted some good successes by UNFPA specifically, notably around meeting the 25 per cent local and national actor financing target and leading development of a United Nations Partner Portal. The review suggested that gaps existed in connecting improved participation of affected populations to the nexus, in particular affording affected people greater control over the assistance they receive in terms of decisions around allocation of financing. Further, a multiplicity of policy initiatives (the Grand Bargain itself, the United Nations reform process and the New Way of Working) around the same period of time led to some dilution of efforts and loss of momentum.[47]

At the country level, a systematic review of country programme evaluations that were conducted pre-COVID (but after 2016) shows a small number of examples of work across the humanitarian-development-peace nexus that were highlighted by evaluators. For example, in Ethiopia, the country programme evaluation for the eighth country programme noted that "mainstreaming of humanitarian response within all three programme components…should make the way forward for bridging the humanitarian and development nexus".[48] Similarly in Uganda, evaluators noted that the UNFPA country office had "a clear strategic direction" in relation to the implementation of the humanitarian-development-peace nexus and integrated it into its programmes in humanitarian settings.[49]

Despite these examples, many other country programme evaluators either did not explore humanitarian-development-peace nexus aspects of programming or noted a need for further efforts to bridge the gap between the host community, internally displaced persons and refugees in different contexts. For example, in Mozambique, the evaluation of the 2017-2020 country programme found that UNFPA was responsive to emerging humanitarian crises, but lacked a holistic, nexus strategy.[50]

Evaluation question 2: To what extent was UNFPA responsive to the COVID-19 pandemic and to what extent did it successfully adapt its strategies and programmes as the pandemic evolved and needs and priorities changed?

Summary of findings

- UNFPA adjusted its programming based on needs from government partners and national stakeholders.
- UNFPA business continuity during the pandemic's onset relied on leadership and United Nations coordination, not on business continuity plans.
- Early in the pandemic, UNFPA prioritized vulnerable and underserved groups, including those most affected by COVID-19.

44 UNFPA. 2019. Evaluation of the UNFPA Capacity in Humanitarian Action 2012-2019, UNFPA Evaluation Office.

45 UNFPA. 2023. Formative evaluation of UNFPA Support to Adolescents and Youth, UNFPA Evaluation Office.

46 Humanitarian Policy Group. 2021. The Grand Bargain at five years: an independent review.

47 Ibid.

48 UNFPA. 2020. Government of Ethiopia/UNFPA 8th Country Programme Evaluation (2016-2020).

49 UNFPA. 2020. Government of Uganda/UNFPA 8th Country Programme Evaluation (2016-2020).

50 UNFPA. 2021. Government of Mozambique/UNFPA 9th Country Programme Evaluation (2017-2020).

- UNFPA repurposed both core and donor funding to address new needs, though balancing COVID-19 and pre-existing priorities posed challenges.
- The UNFPA strategic direction remained consistent during the pandemic, with its COVID-19 UNFPA Global Response Plan reflecting transformative results, though harmful practices received less focus.
- The UNFPA COVID-19 response was rooted in human rights.
- UNFPA prioritized using core resources for high-need countries during the pandemic, including increasing support for COVID-19-affected middle-income countries.

Finding 6: UNFPA adjusted and reprioritized its programming to reflect the needs expressed by and via government partners and other national-level stakeholders.

Globally, UNFPA demonstrated a high level of adaptability and resilience in response to the COVID-19 pandemic. The UNFPA Crisis Response Team convened its first meeting on response and preparedness planning for COVID-19 on 19 February 2020, with attendees representing the Asia-Pacific Regional Office (APRO), East and South Africa Regional Office (ESARO) and the Latin America and the Caribbean Regional Office (LACRO), UNFPA global divisions, the China country office and the Office of the Executive Director, agreeing on a range of key actions.[51] Crisis Response Team meetings were held multiple times per week (often daily) in the months following the response.

The drafting of the COVID-19 response plan (firstly in April 2020, and updated in June) was a significant milestone. The plan adhered to the organization's existing principles and priorities, still focusing on the "three zeros" (zero unmet need for contraception, zero preventable maternal deaths, and zero violence and harmful practices against women and girls). The decision to incorporate accelerators into the plan, covering youth and other areas, proved beneficial in enabling swift action. The overall approach was rooted in a needs basis, with the plan highlighting both pre-existing and emerging needs of populations – indeed, the June 2020 revision of the global plan was driven by reflection upon changing needs and built on fresh UNFPA research on the scale of the negative unintended consequences and potential impact of the pandemic.[52]

UNFPA also showed resilience at regional levels in determining and responding to the needs resulting from the pandemic, primarily around adjusting to new ways of working. For example, the ESARO Youth Team (with Swiss funding) conducted a survey on experiences and needs among young people using a mobile app. The findings were quickly analysed and used to provide feedback to different implementing groups.

As Table 3 below highlights, across different country contexts, UNFPA participated in a variety of individually tailored approaches to governance and coordination of responses as well as the standardized approach to United Nations coordination, for example the UNCTs, crisis response teams, senior management teams etc.

TABLE 3: *National, regional, global and headquarters COVID-19 coordination groups*

Global level	Regional level	National level
Crisis Management Team (CMT)	Regional office CRT (Internal)	Crisis Response Team (CRT)
Security Management Group	Strategic CRT (under International Organization for Migration lead)	UNCT Security Management Team
Inter-Agency Steering Committee (IASC)	Global CRT (Internal - chaired by Deputy Executive Director (Programme))	UN Supply Chain Coordination Group
Secretary General Executive Committee	Internal sectoral teams (humanitarian, programmes)	UN Crisis Communication Group on COVID-19

51 UNFPA Crisis Response Team internal meeting minutes, 19 February, 2020.

52 UNFPA. 2020. COVID-19 UNFPA Global Response Plan – Revised June 2020.

Global level	Regional level	National level
IASC Emergency Directors Group	COVID-19 sectoral working groups and task teams	Various UN-government COVID-19 coordination groups
GBV area of responsibility (Lead)	Middle-Income Countries Hub	UN Task Force on Human Rights and Vulnerable Groups
WHO experts' groups	Various technical coalitions (Eurasian Coalition of Men's Health, Issue-Based Coalition on Health)	GBV sub-cluster, SRH, youth, other technical working groups
Inter-agency technical working groups (various)		Socio-Economic Impact Assessment of COVID-19 Task Force
COVID-19 Response and Recovery Multi-Partner Trust Fund (MPTF) Advisory Committee		IASC clusters (protection, health)
Global Outbreak and Response Network		Medevac/UN Medical Doctors' groups

In most country-level examples, the UNFPA COVID-19 response plan was quickly reprioritized to align with government plans, which, in turn, were guided by WHO advice and direction on addressing the pandemic and were in coordination with various national counterparts. For example, in the Philippines, the Department of Health acknowledged UNFPA as one of the quickest movers among the international community to provide humanitarian support and supplement the COVID-19 responses of local government units.

Similarly in Lebanon, UNFPA was highlighted by interviewees as having identified the gravity of COVID-19 early on, mobilizing resources and focusing on immediate creation of protocols, guidelines, public awareness and training resources for government counterparts.[53]

A final example of a strong COVID-19 response that included the SERP, monitoring and reporting on system-wide results, and collaboration across pillars can be seen in Jordan. Jordan's SERP built on and complemented the 2018-2022 Cooperation Framework. The Cooperation Framework and the SERP both aligned to the Government's "Jordan Vision 2025", the Economic Growth Plan, the 2020-2025 National Strategy for Women and other key strategic planning documents.

These examples, and testimony for a variety of stakeholders at the national level, illustrate how UNFPA sought to align its COVID-19 response immediately to national priorities. From a needs-basis perspective, the UNFPA approach to assessing the needs of populations during the COVID-19 pandemic was multifaceted and tailored to the specific contexts of different countries.

The evaluation research has identified a wide range of examples of specific needs assessment activities conducted at the individual country level, for example, in Indonesia, the UNFPA country office transferred support to sexual and reproductive health services for youth from private providers to online consultations and trained doctors and midwives on using these modalities.[54] The country office also collaborated with UNFPA headquarters on information sharing about the pandemic via social media and established a community of practice of online social media youth sexual and reproductive health facilitators.

The findings from UNFPA and partner key informants align well with the perceptions of community members who were met with as part of the evaluation research. Many women who had formerly participated in UNFPA-supported activities in relation to sexual and reproductive health and gender-based violence (for example via attendance at women's centres

53 Source of findings: UNFPA, government key informants, Lebanon.

54 Annex 8b provides some selected publications that include needs assessments.

or safe spaces) attested to how activities were rapidly moved online in response to lockdowns (e.g., in Lebanon, Niger and Philippines) and new activities to build awareness of COVID-19 risks and precautions were undertaken. For example, in Niger, a women's youth capacity-building programme supported by UNFPA was suspended, but participants were re-tasked with a campaign of sensitization and distribution of COVID-19 kits within Niamey and surrounding communities.

Income supports were a feature of some UNFPA responses, for example in Colombia, Lebanon and the Philippines, where cash and voucher assistance modalities were used to support women for SRHR or gender-based violence needs over the course of the pandemic. This was highlighted by both implementation stakeholders (UNFPA and partners) and community members as a valuable (if small in comparison to overall needs) contribution to peoples' welfare.

Finding 7: The ability of UNFPA to maintain business functions at the onset of the pandemic rested on UNFPA leadership and coordination with other United Nations agencies. Business continuity plans were not a decisive factor.

On 19 March 2020, under the guidance of the UNFPA Crisis Response Team, UNFPA regional offices and country offices were instructed to activate decentralized COVID-19 crisis response teams to ensure adherence to duty of care principles for UNFPA personnel and maintain business continuity.[55]

Despite the shortcomings in implementing the CEB policy in the run-up to the pandemic (discussed under evaluation question 1 above), evidence at the global level indicates that challenges presented by COVID-19 would have been much more problematic to address without the roll-out of the business continuity management policy in 2017 and the crisis simulation exercises conducted prior to the pandemic in 2018 and 2019, which built capacities and confidence.[56] Further, the consensus at all levels is that a significant determinant of effective crisis management was the competence of UNFPA management, as well as:

- Guidance and support from the UNFPA Crisis Response Team, relevant headquarter business units and responsible regional office staff
- United Nations system-wide safety and security measures
- Technical guidance and expertise from the World Health Organization
- Inter-agency coordination and information-sharing, for example operational management teams at the country level.

UNFPA business continuity plans were not a decisive factor in ensuring the continuity of the work of UNFPA during COVID-19.[57] Efforts by individual managers to manually update business continuity plans during the pandemic were reported to be overly time-consuming and in places even delayed decision-making and the management of disruption efforts.[58]

Finding 8: UNFPA, from an early stage of the pandemic response, focused attention on vulnerable and underserved groups, including those with heightened vulnerabilities due to COVID-19, for example, the elderly, pregnant women, socially marginalized and indigenous peoples.

At the global level, the importance of the UNFPA "leave no one behind" (LNOB) agenda was clearly evident from the outset of the pandemic response, being the first of the four accelerators that supported the three strategic COVID-19 response priorities. The plan particularly noted groups that may have been more vulnerable to the specific challenge of the COVID-19 pandemic, for example older persons and the immunocompromised. The plan also highlighted the need to focus on those vulnerable to the secondary impacts of COVID-19 and intersecting or multiple forms of discrimination,

55 UNFPA. 2020. COVID-19 UNFPA Country - Regional - Global Coordination and Communication - Terms of Reference/Standard Operating Procedure, March 2020. UNFPA. 2020. CRT COVID-19 Main Achievements (March-May 2020).

56 Source of findings: UNFPA headquarters key informants; UNFPA. 2020. The Role of Business Continuity Management in the Wake of COVID-19, OSC, September 2020.

57 Source of findings: UNFPA headquarters, regional office and country office key informants.

58 UNFPA. 2020. Office of the Security Coordinator. The role of Business Continuity Management in the Wake of COVID-19, September 2020.

for example, women, adolescents, persons with disabilities, indigenous peoples, people of African descent, refugees and migrants and key populations.[59]

UNFPA also demonstrated commitment to youth engagement, with initial discussions about adding youth as a fourth core component leading to a decision to incorporate youth-related concerns as a fourth accelerator. Perceptions from stakeholders at the global level were that this decision facilitated a faster response and ensured that youth issues were adequately addressed.[60] This was particularly important given that operational guidance for the 2019 UNFPA adolescent and youth strategy was placed on hold to adapt to new realities of COVID-19 and prioritize immediate guidance on how to adapt adolescent sexual and reproductive health programming to the COVID-19 context (e.g., how to undertake comprehensive sexuality education via remote education).[61]

> *UNFPA worked with partners to include young people, particularly adolescent girls, and analysis of their specific needs into a range of UN system reports, including the follow-up to 'Global Solidarity'; 'Gender and COVID-19'; the Secretary-General's Report on 'Children and COVID-19' and the UN Interagency Network on Youth Joint statement.*
>
> ***- UNFPA Global COVID-19 Situation Report No. 1, April 2020***

UNFPA produced early technical guidance on youth work (among other areas – discussed in detail under EQ9 and Annex 8b), with a technical brief on the area issued in March 2020.[62] Work on youth was also emphasized via the work of the Compact for Young People in Humanitarian Action. Although the compact was launched at the World Humanitarian Summit in 2016, it was quickly activated under COVID-19 and explored the impact of the pandemic on youth and health from a global level via communication with all youth focal points from the regions – a first for the compact and a community of practice that is reported to be still operational.[63] The compact prepared and disseminated guidance on working with and for young people during COVID-19 in mid-2020.[64] The achievements of UNFPA in relation to youth are discussed in more detail under evaluation question 4.

Recognizing the heightened vulnerability of elderly populations to COVID-19, UNFPA underscored the need to prioritize this demographic group in pandemic response strategies. As part of the series of technical guidance notes issued globally between March and May 2020, UNFPA published a brief on the implications of COVID-19 for older persons, highlighting the intersectionality of age and gender, noting that older women may face compounded risks due to both their age and gender.[65]

Regionally, UNFPA offices focused mainly on mechanisms for repurposing funding during the lockdowns to ensure continuity of services through remote or virtual means, with lesser emphasis on the inclusion of vulnerable groups. As noted above, ESARO conducted participatory youth needs assessments at the outset of the pandemic, EECARO undertook regional consultations on disability and most regional offices undertook regional communication campaigns, advocacy and technical guidance development (e.g., health education materials, and gender-based violence and mental health and psychosocial support information[66]) for the most vulnerable to be shared amongst individual country programmes.

At national levels, there are many examples of UNFPA country offices seeking to specifically address and prioritize the needs of vulnerable populations, both those with pre-existing vulnerabilities, but also those that experienced heightened vulnerabilities as a result of the COVID-19 pandemic. Examples include:

- In India, UNFPA focused on high-priority districts that were a source of high-volume in-country migrants, ensuring continuity of services and institutional deliveries[67]

59 UNFPA 2020. COVID-19 UNFPA Global Response Plan – Revised June 2020, Pg 9.

60 Source of findings: UNFPA global key informants.

61 Source of findings: UNFPA global key informant.

62 UNFPA. 2020. Interim Technical Brief: Adolescents and Young People and Coronavirus Disease (COVID-19), UNFPA, 24 March 2020.

63 Ibid.

64 UNFPA. 2020. Compact for Young People in Humanitarian Action, COVID-19: Working with and for young people, May 2020.

65 UNFPA. 2020. Global Technical Brief, Implications of COVID-19 for Older Persons: Responding to the Pandemic, UNFPA April 2020.

66 As reported via UNFPA COVID-19 Regional Situation Reports, see https://www.unfpa.org/sites/default/files/resource-pdf/COVID-19_UNFPA_Global_Situation_Report_No1.pdf.

67 Source of findings: UNFPA key informants, India.

- In Lebanon, partners noted a focus on vulnerable groups – for example provision of personal protective equipment (PPE) to the elderly population via partners – cited as a key achievement by many at the community level[68]
- In the Philippines, UNFPA repurposed training modalities to tele-training and prioritized front-line agencies
- In Armenia, UNFPA quickly reprogrammed workplans using UNFPA core funds in consultation with EECARO and supported health and welfare activities for vulnerable groups such as the elderly[69]
- In Bosnia and Herzegovina, UNFPA supported efforts to reach out to vulnerable populations included the elderly, persons with disabilities, survivors of violence – women and children in particular, Roma populations and youth[70]
- In Colombia, vulnerable groups were assigned the highest level of programme criticality in light of the reprioritization that took place during the pandemic
- In Zambia, the effects of COVID-19 on the SRHR of young people, especially in relation to gender-based violence, child marriage, teenage and unintended pregnancies, on their HIV status and on their return to school and education were a particular focus of the country office.[71]

In addition to evidence from UNFPA staff and stakeholders, a systematic review of country programme evaluations that incorporated COVID-19 elements also highlighted numerous cases of UNFPA successfully including vulnerable groups in its programming.[72]

Reaching vulnerable groups was not universal, however. In some contexts, a predominantly medical focus of the response (frequently led by governments) on treatment and testing of broad populations for COVID-19 meant that more vulnerable sub-groups were missed. This was exacerbated by structural and socioeconomic challenges, such as remoteness of populations, lack of income, poor social support or family networks, poor telecommunications infrastructure, difficult socioeconomic contexts.

In Niger, for example, UNFPA key informants noted that vulnerable populations were often missed (and suffered a significant deficit in access to health services under normal circumstances), with fear of attending health centres being a significant barrier during the early stages of the pandemic. Similar challenges were noted by UNFPA and partners in Colombia, the Philippines and Sao Tome.[73]

A challenge to reaching vulnerable populations noted by a variety of evaluation stakeholders across numerous contexts was the issue of the "digital divide" between those with the skills and resources to access online and mobile resources and those without. Digital tools for addressing the UNFPA mandate achieved a significantly higher level of usage during various COVID-19 lockdowns (discussed further under EQ4) but was constrained by three factors:

- More vulnerable populations were less likely to have the required skills in use of digital devices ,for example, elderly people, children.
- Economically poorer populations were more likely to have limited access to online information, tools, services etc. through either lack of access to hardware (smartphones, computers) or limits on internet access (on either an infrastructure basis or a cost basis).
- Vulnerable people were at a greater risk of experiencing the negative aspects of digital media, for example online bullying, exploitation of children, fraudulent online activity, misinformation on important health topics (including related to COVID-19).

Given the dramatic increase in popularity of online communication, information and services during COVID-19, the tendency to view them as a positive paradigm shift in how UNFPA operates should be tempered with their limitations as described above.

68 Source of findings: UNFPA, NGO key informants, Lebanon.

69 Source of findings: UNFPA key informant, Armenia.

70 Source of findings: UNFPA and implementing partner key informants, Bosnia and Herzegovina. UNFPA SIS Annual Report 2020 and 2021.

71 Young people up to 35 years of age account for 82 per cent of Zambia's population.

72 See Annex 8c for a full list of the relevant evaluations.

73 UNFPA. 2021. Evaluation du 7è Programme de Pays, Sao Tome et Principe 2017-2021.

Finding 9: UNFPA took advantage of opportunities to repurpose both core and donor funding to respond to new needs, although with some examples of challenges to meeting both COVID-19 and pre-existing donor and government priorities.

A common sentiment expressed by UNFPA staff at country, region and global levels was the importance of rapid reallocation of funding according to the new priorities resulting from COVID-19 itself and the impact of lockdowns on UNFPA mandate areas and populations of concern.

Globally, UNFPA moved quickly to make existing emergency core funding streams available (e.g., the Humanitarian Thematic Fund and the Emergency Fund) and put COVID-19-specific funding mechanisms in place. By April 2020, UNFPA senior management had prepared and costed the COVID-19 UNFPA Global Response Plan and issued guidance quickly on reprioritizing core resources (of which a record amount was allocated early – reported as being vital to the UNFPA ability to be flexible), with non-core resources to be reallocated on a case-by-case basis at regional or country levels via discussions with donors.[74]

UNFPA also participated in global external funding mechanisms – the COVID-19 Response and Recovery Fund (UNFPA was an advisory committee member), OCHA GHRP funds via the Central Emergency Response Fund (CERF) and the One Grant modality.[75]

In late 2020, UNFPA reported that funds had been successfully repurposed to respond to government and non-government partner requests for COVID-19-related assistance. In addition, unspent or unallocated resources were reprogrammed based on emerging COVID-19 priorities in line with the Global Response Plan and within country office budgetary ceilings and in accordance with donor agreements and national priorities. Such reprogramming at country levels was undertaken in close collaboration with the United Nations Resident Coordinators and Humanitarian Coordinators and national governments.[76]

A key feature of the COVID-19 response noted by UNFPA stakeholders at all levels was the flexibility exhibited by donors to reprogramme funding to respond to COVID-19. In some cases, donors proactively encouraged UNFPA to reallocate funding as required. For example, in Indonesia, the Government of Canada, which was funding an SRHR project for women and youth, approached UNFPA to adjust the budget to provide support to the Government in its COVID-19 response.[77] Similar findings were found in Zambia, Iran and other countries.

This was also a regional phenomenon – evaluation evidence from APRO and ESARO noted the willingness of donors (e.g., Sweden and Switzerland in the case of ESARO) to allow repurposing funds and provide dedicated funding for COVID-19 response work.

This keenness on the part of donors to provide resources also translated into challenges for UNFPA business units, for example in India, where donor willingness to provide funding for medical equipment and PPE could not be acted upon due to global supply shortages, thus leading to missed donor expectations. Further, UNFPA SIS reporting highlights country-level challenges in terms of donor outreach, notably reduced opportunities because of restricted staff movements and temporary relocation of donors to their capitals, as well as the redirection of donor funds to the national COVID-19 health response.[78]

Challenges in repurposing funds were also experienced with governments, with internal capacity issues limiting the ability to working directly with United Nations agencies (as was more common pre-COVID-19), in favour of direct work with the UNCT.[79] This trend, however, led to a higher likelihood of prioritizing primary medical care and broad responses to COVID-19, to the potential detriment of UNFPA mandate areas.

The flexibility in budget realignment afforded by donors to UNFPA was, in turn, a feature noted by implementing partners at the country level, which enabled them to target their programming to where they saw the greatest needs – often more in line with UNFPA mandate areas than the wider UNCT or government responses. Many partners noted being permitted

74 Source of findings: UNFPA headquarters key informant.

75 Ibid.

76 UNFPA. 2021. Information Update on UNFPA Response to the COVID-19 Pandemic, January 2021.

77 Source of findings: UNFPA country office key informants.

78 UNFPA. 2020. SIS annual report 2020.

79 Source of findings: UNFPA headquarters key informant.

to reallocate budget lines (with restrictions to remain within broad categories in some cases), or being provided additional funding for PPE, communications equipment and internet connectivity.

> *We made huge adjustments to approved workplans with extensive consultation with stakeholders and beneficiaries. We aimed to achieve the same objectives differently, and not to be dragged back, which required innovation and alteration of our budgets, although the total amounts remained the same.*
>
> *- UNFPA implementing partner, Zambia*

Some partners noted administrative issues within UNFPA in terms of funding – procurement processes (e.g., solicitation of multiple bids) were onerous, one example being delayed guidance on reallocation of project costs. Staff prepared budgets, worked on reprogramming activities and reporting etc. and expressed concerns that they would be "left holding the bill" as UNFPA were not adequately clear at the outset of the pandemic response. Despite the initial uncertainty, however, these issues were resolved and activities were eventually covered by funding.[80]

Finding 10: UNFPA maintained its strategic direction during the pandemic. The UNFPA COVID-19 Global Response Plan, together with performance indicators and technical guidance, was an adequate reflection of the UNFPA transformative results in the context of the pandemic, although harmful practices were not at the same level as maternal health, family planning and gender-based violence.

In March 2020, UNFPA launched a global response appeal: "Safe Delivery - Even Now"[81] explicitly in line with the UNFPA transformative results, for funding interventions to:

1. Strengthen national and local health system capacity to ensure access to gender-based violence and sexual and reproductive health services
2. Strengthen operational support, logistics and support to the global supply chain
3. Provide risk communication and community engagement for information and stigma reduction
4. Provide access to sexual and reproductive health and gender-based violence services for women and girls
5. Contribute to joint United Nations health and socioeconomic impact assessments.

One month later, in April 2020, UNFPA published the COVID-19 UNFPA Global Response Plan for the period April to December 2020.[82] The Global Response Plan was located under the 2030 Agenda for Sustainable Development, the Decade of Action to Deliver the Sustainable Development Goals and the UNFPA Strategic Plan 2018-2021 and was anchored in a context analysis. The plan was revised in June 2020 "to reflect upon the changing needs, align with partners, learn from UNFPA action already underway and to further focus UNFPA interventions".[83]

Global Response Plan strategic priorities	Accelerators
1. Continuity of SRH services and interventions, including protection of the health workforce 2. Addressing GBV and harmful practices 3. Ensuring the supply of modern contraceptives and reproductive health commodities	1. LNOB 2. Data 3. Risk communication/stigma reduction

80 Source of findings: Implementing partner key informants.

81 UNFPA. 2020. Global Response Appeal: Safe Delivery - Even Now - UNFPA Coronavirus Disease (COVID-19), March 2020, accessed online at: https://www.unfpa.org/updates/global-response-appeal-safe-delivery-even-now-unfpa-coronavirus-disease-covid-19.

82 UNFPA. 2020. COVID-19 UNFPA Global Response Plan. April 2020. Updated in June 2020.

83 Ibid, pg. 1.

Evidence from UNFPA stakeholders confirmed the relevance of the Global Response Plan strategic priorities and accelerators for continuing progress on the UNFPA transformative results in light of the disruptions of COVID-19.[84] The plan was reportedly based on a broad internal consultation process across all levels of the organization and was shared with the Executive Board during a briefing in April 2020. However, querying of key informants resulted in little evidence to suggest that the Global Response Plan in the areas of coordination, reporting, fundraising and resource allocation, policy dialogue and programming, added value beyond that of the UNFPA strategic plan 2018-2021 (which continued to provide the overall direction and accountability framework) and the participation of UNFPA in multiple United Nations COVID-19 common plans and frameworks.[85]

The Global Response Plan is well aligned with the existing UNFPA transformative results, with the exception of addressing harmful practices such as child marriage and female genital mutilation. These elements initially only appeared as an add-on to the Global Response Plan strategic priority 2, "addressing gender-based violence", rather than as areas requiring specific approaches, solutions and resources going beyond the existing high-incidence countries. Specifically, the Global Response Plan emphasized the adaptation of service provision for gender-based violence survivors and at-risk women and girls in the narrative and the results indicators. This inconsistency was also highlighted as a gap by other evaluations.[86] The June 2020 update of the Global Response Plan amended this by including "harmful practices" in the Global Response Plan strategic priority 2 and adding reflections in the narrative on female genital mutilation and child marriage. An indicator related to harmful practices in general and female genital mutilation-specific indicators (but not child marriage) were included in the UNFPA COVID-19 data framework.[87]

Prior and subsequent to the launch of the Global Response Plan, UNFPA produced or co-authored a range of interim technical guidance notes and briefs (see Annex 8b for a list of global and regional publications), which a variety of UNFPA staff and partners participating in this evaluation frequently referenced and typically deemed very helpful in helping them navigate the challenges of programming during pandemic restrictions.[88] These tools, lessons and guidance documents represent good coverage of the UNFPA transformative results although were typically not updated to reflect experience or lessons learned as the pandemic, population needs and responses evolved.

Finding 11: The UNFPA COVID-19 corporate policy and programme response was well grounded in human rights.

A feature of the disruption caused by the COVID-19 pandemic was the issue of human rights violations as a result of measures implemented by governments to control the spread of the virus. In 2021, the UNFPA Executive Director recognized this in her statement to the Executive Board that "the COVID-19 pandemic is … a global socioeconomic, political and human rights crisis".[89]

The February 2020 United Nations Secretary-General's "Call to Action"[90] was published at a pivotal moment, immediately prior to the pandemic,[91] with a follow-on publication in April 2020[92] focusing on the human rights dimension of COVID-19 specifically.

84 Source of findings: UNFPA headquarters, regional office and country office key informants.

85 Source of findings: UNFPA headquarters key informants.

86 UNFPA. 2022. External Review. Alignment of UNFPA Programming and Operations to the Transformative Results under the UNFPA Strategic Plan 2018-2021. Final Review Report, September 2021; UNFPA. 2022. Formative evaluation of the UNFPA engagement in the reform of the United Nations development system.

87 UNFPA. 2020. UNFPA COVID-19 Data Framework 2020-2021. Last Updated 17 September 2020.

88 Source of findings: UNFPA regional office and country office key informants. As of July 2023, UNFPA had removed its COVID-19 page from its global website where all technical notes were posted in one place.

89 UNFPA. 2021. Implementation of the UNFPA Strategic Plan, 2018-2021, Report of the Executive Director, DP/FPA/2021/4 (Part 1), April 2021.

90 United Nations. 2020. The Highest Aspiration, A Call to Action for Human Rights, February 2020.

91 The Call to Action did not reference the emerging and imminent coronavirus threat. Indeed, it highlighted climate change as "the biggest threat" to human survival at the time.

92 United Nations. 2020. COVID-19 and Human Rights, We are all in this together, April 2020.

UNFPA followed suit with the timely publication of corporate guidance on the human rights-based approach in UNFPA later in 2020.[93] A review of other key UNFPA strategies, plans and guidance[94] highlights a clear organizational emphasis on the following key rights areas in the context of COVID-19:

- The rights to sexual and reproductive health and bodily autonomy given the new challenges in accessing essential health services, overwhelmed healthcare systems and scarce medical supplies.
- The right to equality and dignity in light of discrimination and stigmatization – for example, of healthcare workers.
- The rights of vulnerable groups that face heightened risks, such as pregnant women, gender-based violence survivors and women and girls at risk of violence, the elderly, people living with disabilities, ethnic minorities and migrants and refugees; as well as rights of these groups having access to accurate information.

The four accelerators of the Global Response Plan – leaving no one behind, youth engagement, data, and risk communication and stigma reduction - were also closely linked to the human rights agenda by emphasizing equitable access to health and information, promoting participation and inclusion, and upholding the principles of non-discrimination, equality and dignity.

Finding 12: In line with its commitment, UNFPA used core resources to prioritize programme countries with the highest needs and least ability to finance their own development during the pandemic, including those in fragile and humanitarian situations, but was also able to increase financial support for COVID-19-affected middle-income countries.

In its public and member state outreach and internal communications regarding COVID-19, UNFPA emphasized its commitment to prioritizing low-resource countries and countries in humanitarian and fragile settings, which generally have weak public health and social support systems, and where needs are the greatest.[95] This said, the evaluation has not identified evidence that these statements were followed by any systematic listing of priority countries or fresh (i.e. beyond or complementing the pre-existing tier/quadrant classification system) strategies or action plans operationalizing such commitment.

During the pandemic, core resources continued to be allocated, in principle, to UNFPA country offices according to the corporate Resources Allocation System for 2018-2021, whereby, among others, UNFPA allocated 56-60 per cent of core resources to a group of 45 countries with the most needs and highest dependency on external financing - those situated in the red quadrant.[96]

Additionally, evidence indicates that UNFPA made revisions to the core resources distribution plan in 2020, guided in large part by a contribution from the Government of Germany of USD 33.5 million to support the UNFPA COVID-19 crisis response,[97] of which USD 24.4 million was distributed to UNFPA country offices on a modified resource allocation system (see Table 5).[98] Specifically, each region received a one-time allocation, of which a proportion (USD 24.0 million globally) for distribution to all country programmes as per the Resource Allocation System (RAS), supplemented by considerations

93 UNFPA. 2020. Elevating Rights and Choices for All: Guidance Note for Applying a Human Rights-Based Approach to Programming, December 2020.

94 E.g., UNFPA. 2020. Interim Technical Brief - Sexual and Reproductive Health and Rights, Maternal and Newborn Health and COVID-19, March 2020; UNFPA. 2020. Technical Brief - COVID-19: A Gender Lens. Protecting Sexual and Reproductive Health and Rights and Promoting Gender Equality, March 2020; UNFPA. 2020. Sexual and Reproductive Health and Rights: Modern Contraceptives and Other Medical Supply Needs, including for COVID-19 Prevention, Protection and Response, March 2020; UNFPA. 2022. Easy Read: Gender Disability Sexual and Reproductive Health and Rights Checklist during COVID-19; UNFPA. 2023. Are governments investing in caring and just economies? A gender and human rights assessment of COVID-19 fiscal stimulus measures in Asia and the Pacific.

95 UNFPA. 2020. Global Response Appeal: Safe Delivery - Even Now - UNFPA Coronavirus Disease (COVID-19), March 2020; UNFPA. 2020. Interim guidance for regional and country offices on COVID-19 response. Crisis Response Team (CRT) COVID-19. Version: 03 April 2020 (and updated on 06 April 2020); UNFPA. 2020. UNFPA Information Note. Update on UNFPA response to COVID-19 and strategic, programmatic and operational-level impacts, August 2020.

96 See UNFPA. 2017. UNFPA Strategic Plan 2018-2021. Annex 4. Business model.

97 UNFPA. 2020. Regular Resources Distribution Plan – 2nd Revision. Email from DMS dated 20 August 2020. Also see: https://www.unfpa.org/press/covid-19-germany-commits-additional-eu30-million-uphold-womens-sexual-and-reproductive-health.

98 USD 2.5 million of the Govt of Germany's additional contribution was allocated to the UNFPA Emergency Fund and USD 6.6 million as a statutory operational reserve. Source: Email from DMS re 2020 Regular Resources Distribution Plan - 2nd revision, 20 Aug 2020.

given to the COVID-19 pandemic in terms of countries' emergency, transition and recovery situations. The remainder (discretionary funding of USD 4.4 million) was determined for distribution to the Arab States (USD 0.87 million), EECA (USD 1.55 million) and LAC (USD 2 million) regions[99] with the most pink and yellow countries that normally received fewer core resources, but that were disproportionately affected by COVID-19.[100]

TABLE 4: *Allocation of additional core funds from the Government of Germany for COVID-19 by UNFPA colour quadrant*

	RAS in % of USD 20.0m	Discretionary in % of USD 4.4m	% of Total (USD 24.4m)
Red (45 countries)	49.4% (9.9m)	12.6% (0.5m)	42.8% (10.4m)
Pink (43 countries)	22.0% (4.4m)	58.6% (2.6m)	28.6% (7.0m)
Orange (16 countries)	16.8% (3.4m)	12.6% (0.6m)	16.0% (3.9m)
Yellow (17 countries)	11.8% (2.4m)	16.2% (0.7m)	12.6% (3.1m)

Source: UNFPA internal figures provided to evaluation. Allocation of additional core resources. Status update 17 August 2020

Furthermore, in early 2020, UNFPA joined the United Nations COVID-19 appeal under the GHRP, which covered 63 countries – that is, those with humanitarian response plans as well as countries under the scope of regional refugee response plans and the Venezuela Regional Refugee and Migrant Response Plan, and select others.[101] Of the total budget of USD 370 million that UNFPA sought for its immediate COVID-19 response in 2020 across all its programme countries,[102] UNFPA expressed its intention to raise and allocate over two thirds – specifically USD 270 million - to countries in fragile and humanitarian situations.[103]

Evaluation question 3. To what extent has UNFPA achieved the objectives of the COVID-19 UNFPA Global Response Plan within the overarching framework of the UNFPA strategic plans 2018-2021 and 2022-2025?

Summary of findings

- UNFPA made significant efforts to maintain sexual and reproductive health services for women and girls during the COVID-19 disruption.
- Often, UNFPA was the only United Nations entity supporting vital sexual and reproductive health services, especially as resources shifted to pandemic medical responses.
- Despite these efforts, global maternal health worsened.
- UNFPA expanded or introduced innovative support methods, such as mobile clinics and telehealth, to reach vulnerable groups during the pandemic.
- While UNFPA tried to maintain gender-based violence programming, increased gender-based violence and harmful practices during lockdowns were a significant threat to the realization of the UNFPA transformative results.

99 UNFPA. 2020. Allocation of additional core resources. Status update, 17 August 2020.

100 Source of findings: UNFPA headquarters key informant.

101 Humanitarian Response Plans: Afghanistan, Burkina Faso, Burundi, Cameroon, Central African Republic, Chad, Colombia, DRC, Ethiopia, Haiti, Iraq, Libya, Mali, Myanmar, Niger, Nigeria, the Occupied Palestinian Territory, Somalia, South Sudan, Sudan, Syria, Ukraine, Venezuela, Yemen. Regional Refugee Response Plans: Angola, Burundi, Cameroon, Chad, DRC, Egypt, Iraq, Jordan, Kenya, Niger, Nigeria, Lebanon, Republic of Congo, Rwanda, South Sudan, Syria, Uganda, Tanzania, Turkey, Zambia. Venezuela Regional Refugee and Migrant Response Plan: Argentina, Aruba, Bolivia, Brazil, Chile, Colombia, Costa Rica, Curaçao, Dominican Republic, Ecuador, Guyana, Mexico, Panama, Paraguay, Peru, Trinidad and Tobago, Uruguay. Others: Bangladesh, DPR, Korea, and Iran.

102 UNFPA. 2020. COVID-19 UNFPA Global Response Plan, June 2020.

103 United Nations. 2020. Global Humanitarian Response Plan COVID-19. United Nations Coordinated Appeal April, December 2020. GHRP July Update. The GHRP covered 24 "red" UNFPA countries: Afghanistan, Angola, Bangladesh, Burkina Faso, Burundi, Cameroon, Central African Republic, Chad, DRC, Ethiopia, Haiti, Kenya, Mali, Myanmar, Niger, Nigeria, Republic of Congo, Somalia, South Sudan, Sudan, Tanzania, Uganda, Yemen, Zambia.

- UNFPA promoted robust communication and advocacy strategies to ensure gender-based violence service continuity.
- The reproductive health commodity supply chain faced disruptions from COVID-19, affecting supplies to many countries.
- UNFPA sought innovative solutions to address supply chain issues, with varied success across country offices.

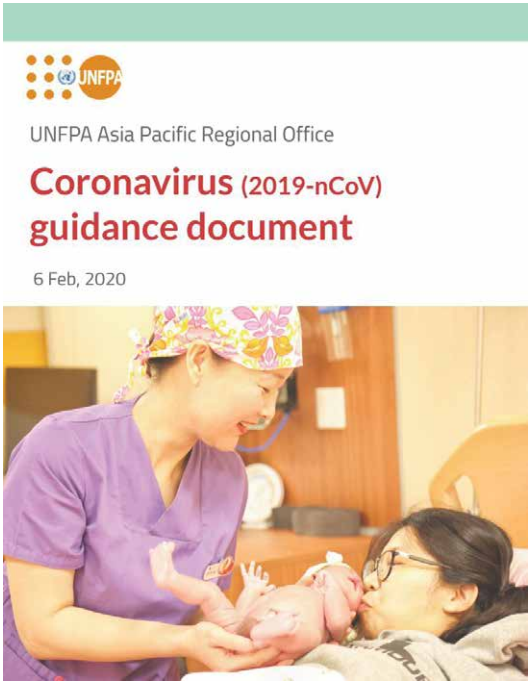
Finding 13: UNFPA undertook rapid and extensive efforts to support, sustain and ensure continuity of sexual and reproductive health services to women and girls given the global disruption caused by the COVID-19 pandemic. However, despite these efforts, global maternal health deteriorated during COVID-19.

It is clear from primary and secondary data collected within the framework of the evaluation that UNFPA anticipated substantial disruptions to SRHR services as a result of the COVID-19 pandemic. From at least early February 2020, UNFPA business units and headquarters were linking the potential disruptions from the pandemic to the UNFPA mandate areas in SRHR and other areas. APRO released guidance on 6 February 2020 that clearly flagged the challenges that SRHR services might face (as well as specific risks faced by service users), specifically the "diversion, of critical resources such as trained health workforce, has the potential to crowd out essential SRH services for women and young people including those not infected with the coronavirus".[104]

This early action on SRHR and COVID-19 was reflected in all UNFPA policies throughout 2020. The first UNFPA Crisis Response Team for COVID-19 was convened a week prior to the WHO announcement of the pandemic on 11 March 2020, with the concept of adaptation to the UNFPA mandate reported by internal stakeholders as having started immediately.[105]

Successive UNFPA policy statements and papers issued through March and April 2020 – culminating in the COVID-19 UNFPA Global Response Plan (first issued on 2 April 2020, with successive revisions through to June 2020). These plans clearly highlighted the potential and realized risks to SRHR (and gender-based violence) globally, and thus emphasizing the need to dedicate resources to these areas.

FIGURE 1: *APRO Guidance for COVID-19, February 2020*



As the pandemic grew in intensity and extent, these risks increasingly manifested as reality across UNFPA areas of operation globally. While quantitative data on service provision and utilization was very limited due to the profound disruptions to normal ways of working, (discussed further under EQ4), qualitative evidence from service providers, partners and UNFPA staff across a range of countries clearly indicated decreases in availability of SRHR services as resources were diverted to the testing and treatment of COVID-19 cases, and decreases in utilization as those in need of services were either unable to attend services due to lockdowns or unwilling to do so because of fear of infection.[106] UNFPA at all levels was aware early of these issues – the first UNFPA COVID-19 situation report covering April 2020[107] highlights feedback from several country offices regarding declines in utilization indicators for sexual and reproductive health and gender-based violence response services during March 2020. In January 2021, a UNFPA update on its response to the pandemic claimed that

104 UNFPA. 2020. Asia Pacific Regional Office Coronavirus (nCoV-19) Guidance Document, 6 February 2020.

105 Source of findings: UNFPA headquarters key informants.

106 Source of findings: various UNFPA, implementing partner and other stakeholder key informants across evaluation countries of focus.

107 Accessed online at: https://www.unfpa.org/resources/global-covid-19-situation-report-no-1.

COVID-19 had "caused healthcare providers to scale down sexual and reproductive health services, putting women and adolescent girls, and their newborns at a higher risk of death and disability".[108]

> *Sexual and reproductive health and gender-based violence services are being impacted and risk being sidelined, which will lead to higher maternal mortality and morbidity.*
>
> *- Coronavirus Disease (COVID-19) Pandemic - UNFPA Global Response Plan – 2 April 2020*

This data triangulates well with primary data collected from the vast majority of internal and external stakeholders in all focus countries of the evaluation. Stakeholders, both internal and external to UNFPA, from almost every country included in the evaluation noted how COVID-19 affected the availability and uptake of SRHR services, many of which were curtailed as facilities, staff, equipment and funding were co-opted for the COVID-19 response. In addition, school and university closures and mobility restrictions limited young people's access to sexuality education and peer support networks.[109]

To address this, UNFPA set the first strategic priority within the Global Response Plan to "ensure continuity of sexual and reproductive health services and interventions, including protection of the health workforce", and assigned two indicators to this: the proportion of institutional deliveries and the numbers of women and young people utilizing sexual and reproductive health services.

To operationalize this priority UNFPA undertook broad-based support across its mandate areas. Testimony from UNFPA and partner staff indicates that UNFPA moved rapidly in March and April to focus sexual and reproductive health interventions for COVID-19 on key priority areas.

In terms of reach, UNFPA reported[110] the following output-level results for SRHR for 2020:

- 49.9 million women and young people accessed with SRHR services
- 108 countries receiving UNFPA quality-assured PPE for front-line health workers
- 84 per cent of countries with national COVID-19 response and recovery plans integrating SRHR into those plans.

Evidence from UNFPA implementing partners emphasised that UNFPA consistently focused on communicating prevention and control measures with beneficiaries in light of the COVID-19 pandemic through distribution of information, education and communication material such as brochures, leaflets and adding COVID-19 sessions into each training and awareness session. Further, across countries UNFPA implemented coherent risk communication and community engagement plans for COVID-19 by minimizing the number of beneficiaries in each session or training, maintaining social distancing and distributing PPE where possible.[111]

Despite these widespread and well-received efforts to ensure continuity of sexual and reproductive health services according to the overall UNFPA strategic plan and the specific COVID-19 priority areas, the contributions of UNFPA were unable to reverse the deterioration in sexual and reproductive health outcomes due to COVID-19. The systematic review of UNFPA country programme evaluations undertaken post-COVID-19 found good evidence of positive examples of countries realigning their programmes to ensure that SRHR services continued, but there were still examples where countries, while clearly aligned to national priorities in response to COVID-19 itself, did so at the expense of SRHR services. For example, in Syria, the 2020 country programme evaluation noted that sexual and reproductive health staff had limited access to programme areas due to COVID-19 restrictions and temporary closure of facilities upon detection of COVID-19 cases among staff or beneficiaries. These challenges also impeded the work of mobile teams in the country.[112] In the Gambia, the country programme evaluation of 2021 highlighted how COVID-19 and its related restrictions had a significant impact on the implementation of the country programme and that a drop in the uptake of services had affected maternal and

108 UNFPA. 2021. Briefing Update on UNFPA response to the COVID-19 pandemic.

109 Source of findings: UNFPA, implementing partners, UNCT and local key informants; SIS annual reports 2020 and 2021; Programme on Global Health Justice and Governance, Mailman School of Public Health Columbia University, and Gladys Ariza: Impacts of COVID-19 on Gender-Based Violence (GBV) and Sexual and Reproductive Health and Rights (SRHR) Programmes and Services, 2020.

110 UNFPA. 2021. Briefing Update on UNFPA response to the COVID-19 pandemic.

111 Source of findings: NGO key informants; UNFPA. 2020. ToR: Evaluation of a project on GBV and Reproductive Health, February 2021.

112 UNFPA. 2020. Country Programme Evaluation of the 8th Country Programme for Syria.

child health services.[113] Similar challenges were reported in the country programme evaluations for Ghana, Mozambique and Sao Tome.[114]

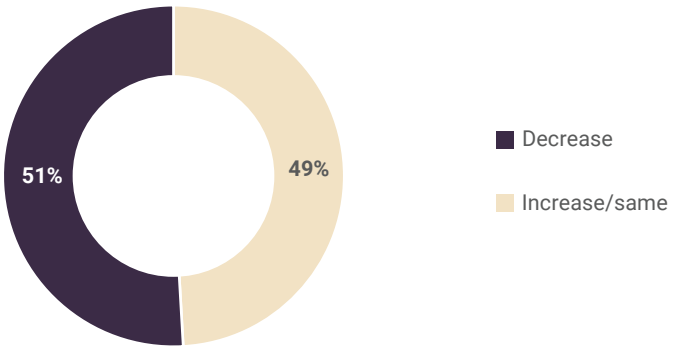
This is corroborated by evidence from the regional level, where the constraints of insufficient or inadequately skilled or trained health workers coupled with the significant delays in global supply chains were flagged as a significant issue that country programmes needed to manage.[115]

Among the focus countries of this evaluation, several countries (Lebanon, Niger, Zambia) reported anecdotal increases in home deliveries, even within urban areas.[116] Much of this was driven by fear of infection at health centres and a resulting hesitation to use skilled attendants at delivery within facilities. The high level of false or conflicting information that was a feature of the COVID-19 pandemic exacerbated this, making it difficult to convince pregnant women to attend facilities for delivery. In Jordan, while UNFPA technical experts noted that the levels of institutional deliveries remained high (Jordan has a strong culture of delivering at facilities), the maternal mortality rate (MMR) almost tripled,[117] and the riskier caesarean-section rate increased, thus contributing to negative health outcomes for mothers.

The general scientific consensus is that global maternal health outcomes worsened during the COVID-19 pandemic, with an increase in maternal deaths, stillbirths and maternal depression, with considerable disparity between high-resource and low-resource settings.[118] This corresponds well with the general consensus of evidence from stakeholders in the 15 countries sampled for this evaluation, that maternal mortality saw an increase during 2020, largely reversing improvements made in the preceding years, although this has been deemed by health professionals to be a temporary phenomenon associated with the worst periods of COVID-19 in 2020.

> *We don't have much hard data on the impact of COVID-19 on maternal mortality, but this hospital was closed except for COVID-19 cases – people were afraid to attend, many services were disrupted. This had to have had an impact, but we don't have hard data. It took 18 months to get all services back on line.*
>
> ***- General hospital director, Niger***

FIGURE 2: *Institutional births reported by UNFPA country offices, 2020-2021*



Source: UNFPA global COVID-19 country office survey, 2022, n=55.

113 Government of The Gambia/UNFPA 8th Country Programme 2017-2021: Final Evaluation Report.

114 All cited CPEs are referenced in Annex 8c.

115 Source of findings: regional office key informants.

116 Source of findings: UNFPA, implementing partner key informants.

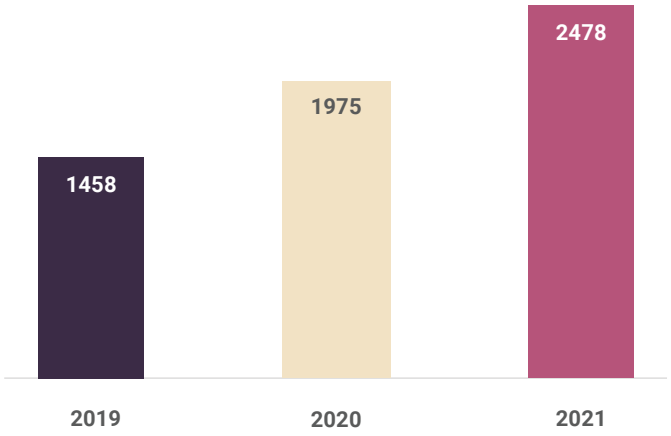
117 The 2021 MMR figure was about 2.2, 2.6, and 2.9 times higher than the MMRs in 2020, 2019, and 2018, respectively. Source: Government of Jordan. 2021. National Maternal Mortality Surveillance and Response System MMR Report.

118 Chmielewska et al, Effects of the COVID-19 pandemic on maternal and perinatal outcomes: a systematic review and meta-analysis, Lancet Global Health 2021; 9: e759–72.

Many implementing partners highlighted the deficits that SRHR service providers faced in addressing the needs of their target populations during the worst of the pandemic in operating countries. Some community-level respondents in Lebanon highlighted how the number of participants at sexual and reproductive health education sessions reduced to seven or eight people, compared to 15 people prior to COVID-19, and with all activities requiring social distancing, masks and sanitisers, presenting a challenge to effective support.

Analysis of UNFPA-collected data via internal surveys of country offices in 2020 and 2021/2022 allows some evidence on the numbers of institutional births for the years 2020 and 2021 (no 2019 data, i.e. pre-COVID-19 data were recorded). While the absence of 2019 data means no comparison between before and during COVID-19 can be made, by the end of 2021 only half the 55 countries for which data were gathered were reporting increases in, or maintenance of, institutional births in 2021 compared to 2020, with the other countries experiencing decreases.

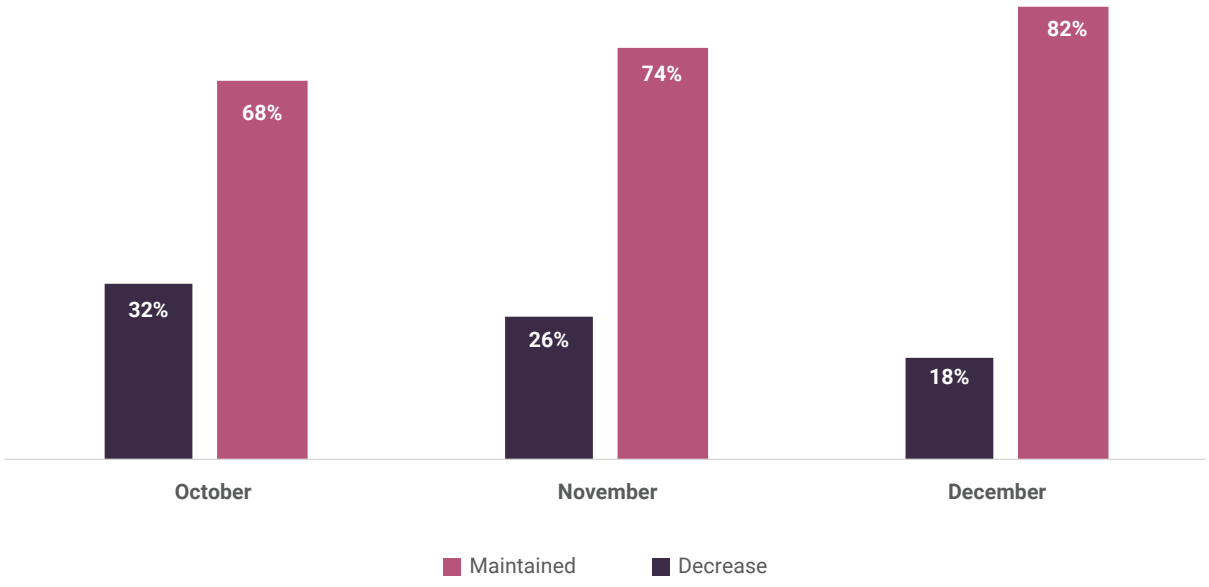
FIGURE 3: *Total maternal deaths in the Philippines, 2019-2020*



Source: Philippines Statistics Authority.

While these data should be interpreted with caution (the limitations of data are discussed further under evaluation question 4), it serves to illustrate the challenges that UNFPA faces in sustaining progress to the transformational result achievement.

FIGURE 4: *Institutional births reported by UNFPA to the GHRP, October-December 2020*



Source: Final GHRP Progress Report, February 2021.

UNFPA data on GHRP progress from 2021, while limited in reach (data from between 38 and 44 countries out of 61 GHRP priority countries was reported for the last three months of 2020), is more pessimistic. As figures 2 and 4 show, countries reporting maintenance of the proportion of institutional births decreased monthly over the time period, from 32 per cent of countries in October to 18 per cent in December.

While the time period and sample of countries included in both data sets are different, the trend is clear and triangulates well with all other available evidence.

Nonetheless, despite clear deteriorations in macro-level indicators (i.e. national figures), many expert stakeholders attested (anecdotally) to reductions in maternal and infant mortality in specific facilities or locations where UNFPA works. For example, in the Philippines, although maternal mortality between 2019 and 2021 increased annually by 25-35 per cent (see Figure 3), areas supported by the UNFPA cash and voucher assistance programme for pregnant women and mothers during the pandemic saw zero maternal mortality, suggesting a positive impact of the initiative. However, this was against a backdrop of an overall deterioration in these indicators in the context of COVID-19. Other stakeholders noted concern that the rise in maternal mortality may have had less to do with COVID-19, and more to do with a general lack of health services and poor quality of those services that did exist, as well as a deficit in qualified health workers overall, but even more significantly within the sexual and reproductive health sector.

> *We tried to keep on building capacities among health personnel, but it was very difficult. The health system couldn't maintain SRH services or adapt to the pandemic context. The MoH tried to provide guidelines to do telemedicine/telehealth and outdoor provision of services, but this was inadequate and in the end there were not enough health personnel and means to do this.*
>
> ***- UNFPA key informant, Colombia***

Finding 14: In many cases, UNFPA was the sole actor within the United Nations system supporting vital sexual and reproductive health service provision, with its contributions of increased importance given the widespread reallocation of resources to the medical response to the pandemic.

As noted above, in some countries, national governments prioritized the emergency response to COVID-19, thus diverting scarce resources away from key sexual and reproductive health needs. A key informant in Niger estimated that it took 18 months to bring back sexual and reproductive health services fully on line after the declaration of the pandemic. In addition to sexual and reproductive health needs, there was also a reported negative impact on the treatment of other chronic diseases.[119]

The evaluation evidence indicates that UNFPA work on SRHR in the context of the pandemic response in many cases was critical insofar as few other national-level actors were engaged in similar work. For example, in Colombia, while the government recognized the essential nature of sexual and reproductive health services, due to other pressing priorities, restrictions on movement, reduced availability of healthcare workers and shortage of PPE, there were challenges in providing and accessing these services, especially in areas with already weak health sector presence.[120] UNFPA in Colombia advocated with others for the inclusion of sexual and reproductive health in national COVID-19 response plans and supported the Ministry of Health and Social Protection in developing guidelines for the continuity of sexual and reproductive health. It also implemented several programmes to address the challenges of sexual and reproductive health during COVID-19 with a particular focus on the needs of vulnerable population groups.[121]

In Lebanon, UNFPA responded quickly to a spike in maternal mortality in 2020 (a 50 per cent increase, with half of the cases related to COVID-19[122]) through support to an assessment of health facilities that could receive pregnant women

119 Source of findings: government key informant, Niger.

120 Source of findings: UNFPA, implementing partners (IP), UNCT and local key informants; SIS annual reports 2020 and 2021; Programme on Global Health Justice and Governance, Mailman School of Public Health Columbia University, and Gladys Ariza: Impacts of COVID-19 on Gender-Based Violence (GBV) and Sexual and Reproductive Health and Rights (SRHR). Programmes and Services, 2020.

121 Source of findings: UNFPA, IP and UNCT key informants, Colombia.

122 Source of findings: government key informant.

with COVID-19. UNFPA also supported preparation and distribution of information, education and communication material for women to know where to be referred for treatment.

Implementing partners echoed this consensus, in many countries reporting close work with government counterparts, facilitated by UNFPA, and integrating referral and treatment cases well with them. A range of national civil society organization (CSO) partners interviewed for this evaluation noted that UNFPA quickly moved to provide funding and technical support, as well as commodities such as PPE and sanitisers. These were highly valued as in many cases community members could not provide these for themselves due to lack of resources or general shortages in the early pandemic stages. Healthcare service providers also reported useful provision of sexual and reproductive health equipment, in particular single-use equipment, which was useful as many health facilities had limited electricity supplies at the time, making sterilization of equipment for re-use challenging.

Community members attested to the importance of the work that UNFPA supported during the various lockdowns they experienced.

> *We didn't stop during COVID-19, but started doing the sessions in our neighbourhood, once a week. We would do blended sessions, start with COVID-19 awareness and then move to the main topic.*
>
> ***- Focus group discussion participants, Lebanon***

Finding 15: There are many good examples of innovative UNFPA support to reach the most vulnerable, for example, cash and voucher assistance, mobile clinics, facilitation of communication (mobile phones, phone credit) and telehealth, although the pandemic exacerbated vulnerabilities and presented new challenges to accessing them.

Driven by the clear population SRHR needs and the widespread constraints on resources and access to services around the world, UNFPA leveraged and expanded upon many existing innovations and developed others in order to reach target populations. In many cases, UNFPA contributed valuable national or regional pre-existing data expertise and networks in support of individual UNCT and government responses to COVID-19 and recovery efforts.[123] Much of this work has been adopted or adapted on an ongoing basis to add value to UNFPA and partner programming (discussed further under evaluation question 9). Innovations can be grouped into three broad categories.

1. Use of data and remote modalities for case management and needs assessment

In many countries, UNFPA made its existing expertise in population data collection and management to support continuous production and processing of information, including qualitative data. Some individual examples of these are:

In Colombia, UNFPA helped stakeholders to gain a real-time understanding of the impact of COVID-19 on sexual and reproductive health services and needs to inform advocacy efforts and to adapt and ensure continued service provision, rather than waiting for definitive official data to become available, particularly in remote areas of Colombia. UNFPA, via the Colombia UNCT also supported the Government of Colombia National Statistical Office to monitor and understand the impact of COVID-19 on progress towards the SDGs.[124]

UNFPA India conducted studies in different states using different channels with the Government and UNICEF on COVID-19 and related issues to assess and articulate population sexual and reproductive health needs and map assistance dynamics against which services were functioning and which were not.[125]

Assistance to ministries of health to move to online in management and communication of population heath data in Namibia, India, Niger, Zambia and Jordan, where UNFPA supported the creation of a single unique health card for refugees in Zaatari refugee camp that links to a centralized data system.

In the Philippines, data generation was deemed to be a crucial driver of programming,126 leading to partnerships with the University of the Philippines Population Institute to estimate COVID-19's impact on key sexual and reproductive health

123 Source of findings: various UNFPA country, region and UNCT key informants; SIS annual reports 2020, 2021 and 2022.

124 Source of findings: UNFPA Colombia and UNCT key informants; SIS annual reports 2020, 2021 and 2022.

125 Source of findings: UNFPA India key informant.

126 Source of findings: UNFPA key informants, Philippines.

and gender-based violence indicators. UNFPA also adapted an ongoing (i.e. commencing pre-COVID-19) longitudinal age study to look at the impact of the pandemic via phone surveys. This helped to determine trends and needs due to the pandemic, such as an increase in anxiety during the early pandemic, which informed policy decisions such as returning children to school.[127]

In Morocco, an online survey was conducted with 200 midwives on the impact of COVID-19 on their work, workload assessment, emotional load, family concerns and safety conditions.[128]

In Lebanon, UNFPA supported a WhatsApp text messaging technical group with a team of obstetric and gynaecological administrators, researchers and physicians in order to stay abreast of research, guidelines, interventions related to COVID-19 and pregnancy. This community of practice facilitated communication of real-time information and guidance to partners.[129]

2. Transition to online service modalities

The shift to online modalities for delivery of sexual and reproductive health services expanded rapidly over the course of the pandemic, as lockdowns were extended or repeated in response to the epidemiological trajectory of COVID-19. Virtually all UNFPA offices participating in this evaluation moved to some form of online offering for sexual and reproductive health service delivery. Further, the review of country programme evaluations conducted as part of this evaluation identified a wide range of countries where online service modalities were adopted to overcome the access challenges presented by COVID-19. Examples include:

FIGURE 5: *Poster from the "Con o sin #COVID19" ("With or without #COVID19") campaign in Colombia*

In Colombia, the UNFPA country office supported the Government of Colombia's communication campaign to prevent infections and to control the spread and impact of the coronavirus, with a particular focus on pregnant and lactating women. It also trained its own humanitarian staff and frontline workers as well as local partners to combine COVID-19 and SRHR-related messaging in their virtual work with local institutions and in their community outreach. Prior experience communicating in crisis situations, guidance received from UNFPA headquarters, interactions with other UNFPA country offices in the region (coordinated by LACRO) and consultations with other members of the United Nations Communications Group – informed by WHO – facilitated this work.[130]

UNFPA Philippines innovated at the community level in response to the challenge of prolonged lockdowns by using online and media channels to communicate with rights-holders, via social media and radio-based dialogues and information sessions for women and youth.

Many community members attested to how programming on sexual and reproductive health and gender-based violence restarted via remote modalities:

> *The sessions stopped and there was a one-month gap, when support was provided through WhatsApp groups and online, but then resumed, with the CSO taking precautions in terms of distributing sanitiser, masks and maintaining social distancing. Additionally, the sessions would first start with awareness on COVID-19 prevention and psychological support during COVID-19, then normal sessions on the different topics would take place. The CSO also distributed leaflets and sanitisers and later did awareness sessions on vaccines.*
>
> ***- Women focus group discussion participants, Lebanon***

127 Source of findings: UNFPA, implementing partner key informants, Philippines.

128 UNFPA. 2021. Evaluation of the 9th Morocco Country Programme.

129 Source of findings: UNFPA key informant, Lebanon.

130 Source of findings: UNFPA and local key informants, Lebanon.

There were very few examples of contexts where UNFPA did not embrace the use of digital solutions to offer SRHR services to at least some extent. The determinant of the level of engagement in this was roughly in line with the degree to which internet and digital technologies were available to the general public. In countries where a significant proportion of the population was digitally literate, or had widespread access to internet technology, more efforts were made to move services online. Countries where digital literacy was lower or the infrastructure required for online access was poorer, for example Niger, Afghanistan or Sudan, had fewer examples of innovative work in the online space. In Niger, for example, internet access outside the main population centres is very limited, so online solutions were focused on communication to and between health workers, implementing partners etc. Any remote solutions were focused on more traditional media. For example, Nigerien community members interviewed for the evaluation highlighted that their information regarding COVID-19 and health was typically sourced from TV, radio and local non-governmental organizations (NGOs).

3. Innovative ways to physically access populations

Complementing remote service modalities – and compensating for their limitations – were a range of other innovative measures that UNFPA introduced or adapted in response to pandemic challenges. Many of these revolved around physical provision of sexual and reproductive health services – either through mobile clinics (or smaller-scale motor tricycles or motorbikes), careful management of patient access and numbers in dedicated medical facilities (to maintain social distancing and minimize chances of COVID-19 infection), home visits by medical staff or medication providers, or conduct of in-person sessions in outside environments to minimize the chances of infection. In Niger, for example, UNFPA partners conducted one-on-one trainings in SRHR topics in the field, supported a hotline staffed by medical workers to provide SRHR (and COVID-19) guidance and facilitated delivery of medications to people at their homes. Mobile clinics, generally in collaboration with ministries of health, were highly popular and effective – if expensive[131] – ways to provide sexual and reproductive health care, treatment, supplies, vaccines, medications etc.

For example, in the Philippines, key projects included the Women's Health on Wheels (WHOW) mobile clinics (Figure 6), an initiative designed for natural disaster response but repurposed for COVID-19, an e-bike initiative for delivering family planning services and aiding hospital deliveries, a cash assistance project, a mental health and psychosocial support project for mothers, and the continuation of the minimum initial service package (MISP) training. Further, they supplied maternity, newborn, and adolescent health kits during different crises, setting up tents for deliveries and antenatal and postnatal care near evacuation centres (for natural disasters).

FIGURE 6: *Women's Health on Wheels (WHOW) mobile clinic, Philippines*

Photo credit: UNFPA Philippines/Ezra Acayan.

131 The Philippines Women's Health on Wheels (WHOW) clinics cost approximately USD 120,000 per vehicle.

The use of cash and voucher assistance in the context of COVID-19 for accessing sexual and reproductive health services was reported in Colombia and the Philippines. This approach became crucial due to the economic impact of the pandemic where many people were unable to work.[132]

An additional benefit of these in certain contexts (i.e. countries with refugee populations) is that many of the most socioeconomically vulnerable people are not officially registered as refugees and hence not tracked in national systems and thus less able to access state-supplied facility-based services. Mobile outreach services offered these marginal population a greater opportunity to avail themselves of sexual and reproductive health care.

Finding 16: To the extent possible, existing gender-based violence programming was sustained by UNFPA and partners, but the clear evidence of increases in gender-based violence and harmful practices during COVID-19 as a result of movement restrictions and lockdowns etc. indicates challenges to progress towards the third transformative result.

The implications of the evolving COVID-19 pandemic and associated tensions, lockdowns, restrictions and other socioeconomic outcomes on gender-based violence and harmful practices were immediately noted by UNFPA and other actors in the area of gender equality and women and girls' rights. As early as February 2020, UNFPA APRO articulated some of the risks to women and girls from gender-based violence resulting from the emerging threat of COVID-19.[133] The United Nations Secretariat, in its March 2020 report, "Shared Responsibility, Global Solidarity: Responding to the socio-economic impacts of COVID-19", noted that COVID-19 would "exacerbate the feminization of poverty [and] vulnerability to violence" and called for "special services" to prevent and respond to gender-based violence.[134]

UNFPA and other key stakeholders sought to quantify these negative outcomes for women and girls. For example, in April 2020, UNFPA noted that the COVID-19 pandemic was likely to have the following impacts:

- A one-third reduction in progress towards ending gender-based violence by 2030
- If lockdowns continued for six months, 31 million additional gender-based violence cases
- For every three months lockdowns continued, an additional 15 million additional cases of gender-based violence
- A one-third reduction in the progress towards ending female genital mutilation by 2030
- Two million female genital mutilation cases between 2020 and 2030 that would otherwise have been averted
- An additional 13 million child marriages that otherwise would not have occurred between 2020 and 2030.[135]

It is clear that virtually all of the factors articulated by UNFPA and others as drivers of gender-based violence materialized to a greater or lesser extent across the world through 2020 and 2021. For extended and in many cases repeated periods (as lockdowns varied in their intensity or were reimposed in response to infection waves), COVID-19 confined families to their homes and added to tensions because of: unemployment, loss of income and closed schools; and staff in health facilities or gender-based violence services providers being reassigned to the COVID-19 response or being unable to attend work.[136]

UNFPA implementers and key governmental and non-governmental partners demonstrated considerable resilience in quickly adjusting to the new normal and addressing gender-based violence and harmful practices (most often the risks of child marriage) during the pandemic.

In particular, evidence shows that UNFPA moved effectively to integrate gender-based violence work smoothly into overall responses and worked with key stakeholders to ensure services continued. Partners across all countries reported considerable work with peer educators and social workers in the early stages of the pandemic to improve awareness of gender-based violence topics during lockdowns. A key area of focus was to maintain programme momentum, an

132 Source of findings: implementing partner key informants Colombia, Philippines.

133 UNFPA. 2020. Coronavirus (COVID-19) guidance document, UNFPA Asia Pacific Regional Office Updated February 17, 2020.

134 UN. 2020. Shared Responsibility, Global Solidarity: Responding to the socio-economic impacts of COVID-19, UN Secretariat, March 2020.

135 UNFPA. 2020. Impact of the COVID-19 Pandemic on Family Planning and Ending Gender-Based Violence, Female Genital Mutilation and Child Marriage, April 2020.

136 Source of findings: various UNFPA, UNCT and IP key informants.

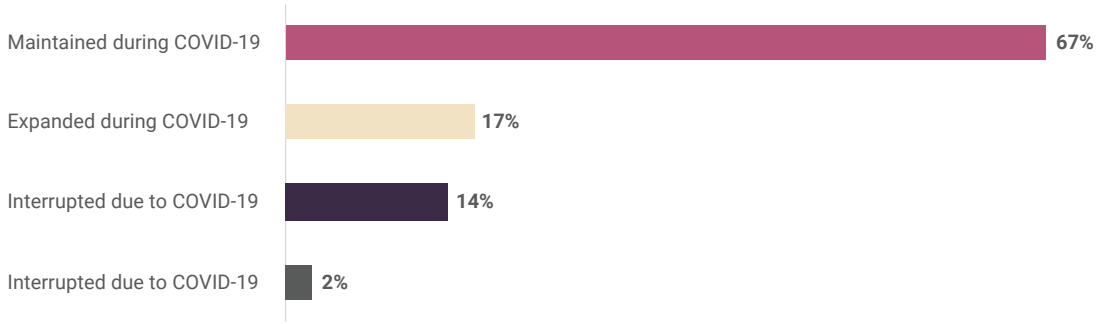
important aspect of resilience. For example, a 2021 multi-country evaluation of the response to the Syria crisis noted that UNFPA Lebanon highlighted that, despite clear difficulties for women and girls in accessing gender-based violence services – partly due to economic issues and partly due to COVID-19 – UNFPA and partners successfully sought to keep a focus on continuity of programming.[137]

Testimony from UNFPA and partner staff across all countries included in the evaluation indicates that UNFPA moved rapidly in March and April to focus gender-based violence interventions for COVID-19 (and indeed later, unrelated ongoing or fresh crises in some countries, such as the August 2020 Beirut Port explosion response) on a number of key priority areas:

- Provision of gender-based violence case management, prevention and referral services to women and girls remotely and in person (though with reductions in face-to-face contacts)
- Adoption of physical and online approach for capacity development and awareness sessions while reducing the number of participants in each session, maintaining social distancing and taking into consideration all infection prevention control measures
- Procurement and distribution of dignity kits to beneficiaries
- Where internet connectivity was limited and prevented extensive online service provision, service providers added more days to the trainings to compensate for the loss of time subsequent to lockdown period
- Conducting of gender-based violence awareness and support session for women through direct home visits by implementing partners or conducting sessions outdoors.

Across countries, UNFPA and implementing partners reported a wide variety of measures that were quickly implemented to adjust to the challenges of programming during the varied intensity and duration of lockdowns from late March 2020 through to 2021 (or even 2022 for some countries).

FIGURE 7: *UNFPA country office-supported safe space functioning during COVID-19*



Source: UNFPA global COVID-19 country office survey, 2022, n=126

Analysis of data from the UNFPA internal global country office survey (see Figure 7) regarding the impacts of COVID-19 on country operations allows some illustration of the efforts made by country offices to sustain work on gender-based violence, despite restrictions.

Most country operations reported successfully transitioning into alternative modalities of working (e.g. remote, online or reduced-numbers), with only 14 per cent of the 126 responding country offices noting that the safe spaces supported by them were interrupted.

While this does not mean that all women were comprehensively able to access services, as noted above, it is a positive data point that demonstrates resilience among programme partners that they could successfully adopt alternative ways of working to reach women and girls in need.

137 UNFPA. 2021. Impact Assessment Report of the UNFPA Multi-Country Response to the Syrian Crisis: Iraq, Jordan, Lebanon, Syria, Turkey and Turkey Cross-Border Programmes.

A variety of innovations and adaptations to 'traditional' ways of delivering services were undertaken by partners to try to ensure continuity of gender-based violence services across different countries. Examples include:

- In Bosnia and Herzegovina, gender-based violence case management required personnel to be available 24/7. Partners shifted to remote (telephone) service provision responses and recruited additional staff to deal with increased caseloads
- In many countries, UNFPA and partners utilized chat-bots or chat groups (e.g., WhatsApp, Viber) for communication on needs, services etc. For example, in Bosnia and Herzegovina, a pre-existing gender-based violence "Viber-bot" was modified to allow users to anonymously contact women's shelters
- In many countries, websites relating to gender-based violence-related services and rights were created and publicized widely.

Addressing the needs of vulnerable groups was particularly challenging, particularly people living with disabilities that would find it more challenging to adjust to COVID-19. Many implementing partners made specific efforts to involve and reach out to people living with disabilities. Remote means proved, in some cases, useful as people living with disabilities with mobility issues were more adept at using these modalities. Other partners targeted elderly vulnerable people, who were less likely to be skilled with technology and were physiologically more vulnerable to COVID-19 infections.

While progress towards zero gender-based violence and harmful practices has been derailed to an extent by COVID-19, the quick and diligent efforts of UNFPA and its partners are widely considered to have cushioned the impact of the pandemic.[138] Given the widely reported initial challenges in obtaining data on gender-based violence incidence, an important aspect of guidance from at least one UNFPA regional office was that instead of trying to ascertain scale of gender-based violence in emergency situations, country offices should operate from the assumption that an increase in gender-based violence was taking place and devise strategies to respond to this.[139]

Finding 17: UNFPA supported strong and resilient communication, risk reduction and advocacy strategies to ensure continuity of gender-based violence services and reduce harmful practices.

From the emergence of COVID-19 in January and February 2020 through the declaration of a pandemic in March, UNFPA business units (and particularly units such as regional offices and affiliations such as the gender-based violence area of responsibility (of which UNFPA is a central partner), which were already accustomed to remote or decentralized operations) worked quickly to provide general and specific technical guidance on the nature of the disease itself and also on ways to reduce risk while ensuring continuity of gender-based violence services. By early February, the APRO guidance document on COVID-19[140] explored the implications of COVID-19 on gender-based violence services, and through March and April UNFPA and the gender-based violence area of responsibility issued practical guidelines on delivery of gender-based violence case management services in the light of COVID-19.[141]

Thus, there is evidence of a clear continuum of quick action by UNFPA and coordination with key gender-based violence bodies to establish, firstly, how COVID-19 posed a significant threat to the incidence of gender-based violence and set out clear advocacy and programming points to address this threat, and secondly to establish good-practice guidance on what service providers could and should do to protect themselves and survivors while seeking to continue vital services to the greatest extent possible. Much of this guidance was already available in the first few weeks after the pandemic declaration by WHO, and in many cases before individual government responses.

On a country and programme implementation basis, by distributing PPE, hygiene products and other non-food items in dignity, hygiene and COVID-19 kits (depending on the exact formulation and country), country offices supported partners to minimize the risks of COVID-19 while still supporting provision of at least minimal gender-based violence services through

138 Source of findings: Various UNFPA, UNCT, IP and government key informants; SIS annual reports 2020 and 2021; United Nations Sustainable Development Partnership/Cooperation Framework annual reports.

139 Source of findings: Various UNFPA country office key informants.

140 UNFPA. 2020. Asia Pacific Regional Office Coronavirus (nCoV-19) Guidance Document, 6 February 2020.

141 UNFPA. 2020. Case Management, GBVIMS/GBVIMS+ and the COVID-19 pandemic, GBVIMS+, March 2020.

women's centres and private shelters as well as virtual and physical safe spaces for awareness-raising, psychosocial support, skill-building and education for women, adolescents and youth.

While there were initial global challenges in procurement of supplies (both due to shutdown of supply chains and enormous demand for PPE), many partners reported that UNFPA provided PPE and information, education and communication materials that they distributed. In at least three countries (Libya, Philippines and Niger), UNFPA partners supported domestic facemask-making initiatives to compensate for a lack of availability locally.

In addition to the provision of risk-reduction guidance and protective goods for gender-based violence service providers, UNFPA implementing partners also mainstreamed risk communication into their work with community members. For example, as part of online sessions, many partners undertook 10-15 mins of discussion on COVID-19 precautions and prevention strategies.[142] Testimony from community-level attendees at focus group discussions supported the effective transition to more online-based modalities of working.

UNFPA also played an important role in working with coordination partners (governments, United Nations, NGOs) via established and new coordination bodies (UNCTs, clusters and working groups and other bodies – discussed under Finding 7 above) to ensure harmonized approaches to minimize overlaps, ensure coverage for UNFPA mandate areas and the overall GHRP for COVID-19 and appeals for resources.

Evidence from UNFPA and external stakeholders indicates that a lot of the work was fast-tracked and rapidly deployed via the inter-agency forums (UNFPA typically chairs or co-chairs the gender-based violence sub-cluster or sector where this forum exists). The programmatic initiatives were frequently complemented by infrastructural support to partners (mobile phones and cards etc, technical equipment etc.), facilitating the remote engagement.

Furthermore, UNFPA provided messages on gender-based violence and harmful practices such as child marriage via partner community outreach. For example, in India, UNFPA had a major concern about increasing child marriage due to COVID-19 so activated different mechanisms for alerting and reporting on child marriages (hotline, information, education and communication material, WhatsApp).[143] Similar activities were undertaken in Jordan, Lebanon, India, Colombia, Philippines, Namibia and Niger.

Finding 18: The commodity supply chain was not resilient to COVID-19 shocks, with threats at multiple levels. Despite efforts to streamline procurement processes, the global supply chain was interrupted, which impacted supplies to many countries.

The third transformative result for UNFPA (and hence the global strategic priority for the COVID-19 response) consists of ending the unmet need for modern contraceptives and other reproductive health commodities. UNFPA engagement in family planning and reproductive health commodity supply varies greatly across countries – in certain countries no major role is played in supply, in others UNFPA is the sole or a major supplier of family planning and other commodities. As of 2021, UNFPA was supplying commodities on a partnership basis to 54 countries globally, as well as providing such supplies on an ad-hoc basis to a range of humanitarian response countries.[144]

According to a study conducted by UNFPA in 2020, some 47 million women in 114 low- and middle-income were projected to not have access to modern contraceptives due to lockdowns and other COVID-19-related disruptions. The study showed that for every three months that the lockdown and other COVID-19 pandemic disruptions continued, up to 2 million additional women would not have access to modern contraceptives. It was predicted that if lockdowns extended for six months, an additional 7 million unintended pregnancies were expected.[145]

As of March 2021, UNFPA reported that the pandemic had disrupted contraceptive use for approximately 12 million women with a consequence of almost 1.4 million unintended pregnancies during 2020.[146] The average duration of disruption of

142 Source of findings: Implementing partner key informants, various countries.

143 Source of findings: UNFPA key informant, India.

144 Data from https://www.unfpa.org/unfpa-supplies-partnership.

145 UNFPA. 2020. Interim Technical Impact of the COVID-19 Pandemic on Family Planning and Ending Gender-based Violence, Female Genital Mutilation and Child Marriage.

146 UNFPA and Avenir Health. 2021. Impact of COVID-19 on Family Planning: What we know one year into the pandemic, March 2021.

supply of family planning for women was 3.6 months, though this obviously varied greatly across countries depending on the dynamics of the pandemic and resulting lockdowns.

Table 5 shows the major impacts of COVID-19 that UNFPA SCMU noted on its operations during 2020 (with many being experienced into 2021).

TABLE 5: *UNFPA supplies annual report (2020) challenges and mitigation strategies*

Challenges[147]	**Mitigation strategy reported by SCMU**
Supply chain disruptions and constraints	Filled orders placed and procured early in the year
Rising costs – 10 per cent increase in freight	Increased flexibility at country level for local procurement
Disrupted global manufacturing	Redistributed supplies between countries
Commodity shortages and stock-outs	Made partial shipments
Disruptions to family planning mobile outreach	Procured emergency reproductive health kits
Lockdown strategies	Procured PPE for health providers
Mobility restrictions	Intensified quarterly monitoring with data
Fear of travelling to health facilities	Increased collaboration with partners, e.g., Consensus Planning Group
Shortage of PPE, fear of infection	Procured PPE for health providers
Services closed or curtailed hours and care	Continued to scale up subcutaneous injectable

Evidence from the focus countries of this evaluation (not all of which were participants in the UNFPA supplies programme) indicates that these challenges held across many locations. Both internal and external stakeholders at country and regional levels testified as to the challenges faced in both procurement and onward distribution of essential supplies to those in need. Supply chains faced threats at multiple levels – even if procurement happened on time, supply chains broke down (e.g. ships were delayed for months due to lockdowns).[148] There was a consensus among interviewees for this evaluation that the international community, including UNFPA, did not have the resilience to successfully overcome the challenges that COVID-19 presented in meeting the contraceptive needs of young people, with evaluation informants from almost all countries participating in this evaluation providing examples of these, such as supply chain disruptions, stockouts, increased demand, and last-mile logistical issues.

Finding 19: UNFPA sought to address pipeline challenges via innovative solutions, with many – but not all – country offices exhibiting good resilience in procuring and distributing supplies from national warehouse to health facilities to users (e.g. using community health volunteers).

Despite the abovementioned challenges to family planning provision, UNFPA staff and partners sought and implemented a wide range of solutions – both globally and at national levels – to meet the clear needs for supplies.

Globally, the Procurement Services Branch or SCMU (the Procurement Services Branch was absorbed into the new SCMU in late 2021) declared a blanket approval for fast-track procedures (FTP) for local procurement in mid-March, 2020, seeking to facilitate the process for country offices to undertake their own procurement. While this is discussed in more detail under evaluation question 7, feedback from country offices was that international procurement was frequently unsatisfactory for staff. Many country office operations staff were unfamiliar with fast-track procedures, including

147 Data from UNFPA. 2020. Supplies Annual Report.

148 Source of findings: UNFPA regional office key informant.

documentation requirements and, despite the blanket authorization of local procurement, such plans still required sign-off from SCMU – ostensibly within one working day, but many country offices reported such approvals taking considerably longer.[149] Further, the GHRP included consideration of work with other agencies to ensure effective pipelines of important commodities. This was covered under Objective 1.6,[150] under which UNFPA worked with UNHCR and WHO to procure and distribute PPE, and Objective 2.3,[151] which covered SRHR commodities. The final GHRP progress report[152] shows that UNFPA, UNHCR and WHO had distributed a combined amount of 241.3 million medical masks. Further, 47 of 48 countries that had requested consignments of reproductive health kits and other pharmaceuticals, medical devices and supplies to implement sexual and reproductive health services had consignments shipped (98 per cent), of which 44 (94 percent) had consignments arrive in the country and all had consignments distributed to implementing partners.

At the individual country level, a range of strategies were employed to maintain pipelines or compensate for shortfalls. In many countries, UNFPA and sister agencies reported having effectively operationalized the GHRP objectives of joint work for commodity management noted above. For example, in Lebanon, UNFPA worked with UNHCR, the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA) and WHO to evaluate and pre-qualify suppliers for procurement of medical equipment and PPE to reduce times for bids. Similar examples were cited in many of the countries participating in this evaluation.

Other strategies were internal to UNFPA and focused on technical solutions. Some examples of the types of solutions drawn from individual UNFPA countries are as follows:

- Scaling up procurement for vulnerable groups
- Distribution of supplies directly through UNFPA projects, outreach health workers, government health facilities (as available)
- Increased use of long-acting reversible contraceptives in hard-to-reach areas
- Use of alternative contraceptive formulations to reflect availability
- Development of innovative logistics providers (e.g. the postal service in India, air transportation in Zambia, truck distribution in Philippines)
- Development of new dedicated family planning logistics management systems
- Flexibility across local, national and international procurement
- Frontloading of emergency stocks to anticipate disruptions.

Overall, most consulted health system stakeholders valued UNFPA support for the work done to procure and distribute family planning and reproductive health supplies during the pandemic. According to many, UNFPA helped to avoid a greater impact of the pandemic on the level of unintended pregnancies, antenatal visits, institutional deliveries and preventable maternal deaths. However, despite all efforts, many experts expected official data, once available, to show a sharp increase in sexually transmitted infections (including HIV), adolescent pregnancies and unsafe abortions.[153]

Evaluation question 4: To what extent has UNFPA systematically incorporated and implemented data-driven interventions and successfully engaged young people and supported risk communication and stigma reduction within the framework of its COVID-19 response and recovery efforts?

Summary of findings

- UNFPA responded to the data demands of COVID-19 and, while innovative data initiatives were a feature of many country offices, their broader application was sometimes limited.
- Disruptions in 2020/2021 censuses affected the relevance of national programmes due to outdated data.

149 Source of findings: various UNFPA country office key informants.

150 "Secure the continuity of the essential health services and related supply chain for the direct public health response…"

151 "Secure the continuity of the supply chain for essential commodities and services such as food, time-critical productive and agricultural inputs, sexual and reproductive health, and non-food items."

152 United Nations. 2021. Global Humanitarian Response Plan COVID-19. Progress Report. Final Progress Report. February 2021.

153 Source of findings: various UNFPA and implementing partner, government key informants.

- Aggregating individual country data initiatives was challenging, particularly the use of inter-agency datasets, but regional successes hint at potential progress.
- Fear of COVID-19 reduced the willingness to access essential health services, overshadowing stigma concerns.
- UNFPA emphasized risk communication, including vaccination advocacy, in response to the pandemic.
- Vaccine hesitancy among target populations like pregnant women and youth remains a concern.
- Pre-existing youth programmes were adapted to leverage technology for risk communication during COVID-19.
- Youth were identified as vulnerable but also played roles in supporting other populations during the pandemic.
- Lockdowns severely impacted youth mental health, highlighting the importance of digital communication and support.

Finding 20: The pandemic generated a demand for data to which UNFPA responded, albeit inconsistently over time and across country operations.

UNFPA prioritizes high-quality disaggregated data, recognizing its essential role in policy making, planning, and tracking progress toward the Sustainable Development Goals . This approach is underlined in the UNFPA Strategic Plan 2022-2025, where data is outlined as one of the six strategic accelerators, emphasizing the organization's commitment to using data for universal impact.[154] As part of this strategic accelerator, UNFPA is committed to ensuring that data are not only collected, but are utilized in ways that ensure every individual, especially those most marginalized or hard-to-reach, are accounted for, reflecting its pledge to leave no one behind.

The centrality of data was reflected in the global UNFPA response to COVID-19, with data also presented as one of the four accelerator interventions from the earliest drafts of the COVID-19 UNFPA Global Response Plan. Data were presented as critical tools in understanding the spread of the virus, its impacts, and the efficacy of response measures as well as emphasizing the need for transparency and accountability in the UNFPA COVID-19 response.[155]

The UNFPA data-driven approach centred on ensuring the resilience and continuity of SRHR services, particularly for the most vulnerable and using data to shed light on the indirect impacts of COVID-19, including spikes in gender-based violence, disruptions to SRHR services, and shifts in population dynamics.

UNFPA rapidly projected the impacts of the pandemic and the associated lockdowns on its mandate areas.[156] These projections were used as the basis for advocacy and resource mobilization and programme planning and were widely cited by UNFPA and others. This underscored how the United Nations system as a whole, including UNFPA, was considered by many stakeholders across all levels and categories as a trusted source of information throughout the pandemic. Using its own and external datasets, UNFPA created a range of dashboards, databases, infographics and other data products to "provide United Nations agencies, governments and policymakers, public health and front-line workers, and the general public with access to data on populations vulnerable to COVID-19".[157]

While the estimates and projections of the potential impact of COVID-19 on UNFPA mandate areas were important to assist UNFPA formulate its policy, advocacy, resource mobilization and allocation plans, evidence as to the utility of these global-level projections and assessments for actual programming is limited.

UNFPA acknowledged the limitations of 'traditional' data collection activities during the pandemic: "Given lockdown and mobility restrictions, it was not always possible to conduct planned data mapping or surveys, especially in remote areas or those affected by other natural disasters or conflict."[158]

154 UNFPA. 2021. UNFPA Strategic Plan 2022-2025.

155 UNFPA. 2021. Pandemic Pivot: Achieving Transformative Results in the COVID-19 Pandemic.

156 UNFPA. 2020. Impact of the COVID-19 Pandemic on Family Planning and Ending Gender-based Violence, Female Genital Mutilation and Child Marriage, April 2020.

157 UNFPA. 2021. Pandemic Pivot: Achieving Transformative Results in the COVID-19 Pandemic.

158 Ibid.

Indeed, there is good evaluation evidence at the national level that these challenges had indeed materialized at the country level and data collection activities were especially demanding in the early stages of the pandemic.

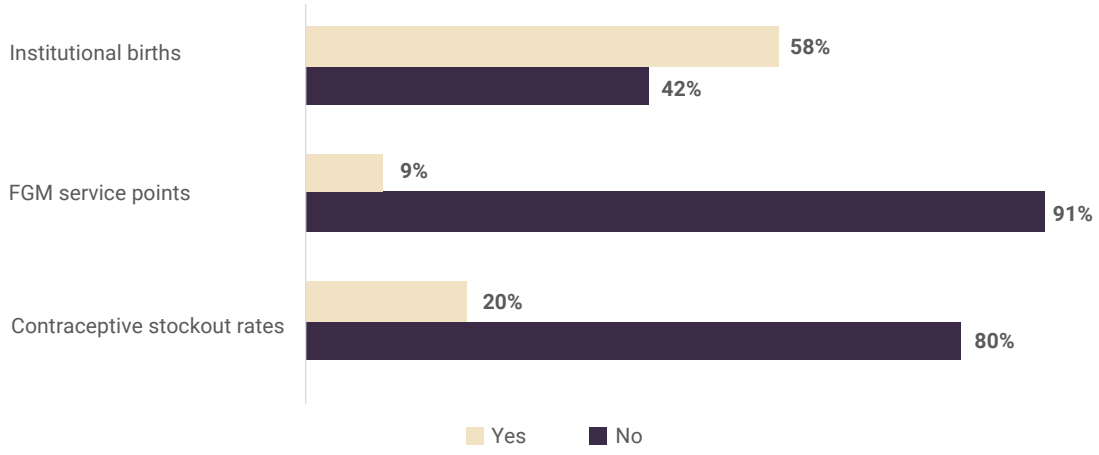
> *Monitoring was one of the main challenges – partners are generally supported by multiple UN agencies – so monitoring is confusing for them during normal times. COVID-19 made this worse – doing things online was quite difficult in order to conduct assessments and track numbers.*
>
> ***- UNFPA country representative***

A key challenge noted by several country offices was the lack of adequate dedicated monitoring and evaluation (M&E) human resources, despite the need in many cases to report against multiple frameworks, to multiple platforms, across sectors and initiatives. UNFPA relies heavily on implementing partners to report against their project and programme obligations (frequently employing increasingly popular online or digital monitoring and evaluation solutions such as ActivityInfo, KoboToolbox, SurveyCTO etc.) and this trend is increasing in humanitarian contexts.[159] However, whereas humanitarian programming, being dependent on the collection of up-to-date data in challenging circumstances, attracts more data resources, non-humanitarian settings can lack investments in data (outside UNFPA work in population data – this is discussed below).

To track the performance of the overall COVID-19 response, the UNFPA Humanitarian Office (now the HRD) launched the GHRP monitoring tool to collect data from the 61 GHRP priority countries in May 2021. This was a questionnaire-based survey directed at country offices and was intended to be harmonized with other frameworks (the GHRP; the WHO COVID-19 Strategic Preparedness and Response Plan; the United Nations framework for the immediate socio-economic response to COVID-19; and the UNFPA COVID-19 Global Response Plan).[160]

An interesting example at the global level of the challenges in collecting data is an analysis of data collected for the GHRP monitoring tool in December 2020 and 2021 amongst 126 country operations. Figure 8 displays available data on a number of key transformative result-related indicators.

FIGURE 8: *Data availability on key transformative results indicators across UNFPA country offices*



Source: UNFPA global COVID-19 country office survey, 2020-2021.

As illustrated, a significant majority of countries were unable to return full data on services related to the transformative results and global response plan indicators on gender-based violence and family planning. While the data for institutional births were more robust (with 73 of 126 countries returning data for 2020 and 2021 births), most of these only returned data for a single month – 25 countries only provided numbers of births for the full year.

159 UNFPA. 2022. Baseline and evaluability assessment on generation, provision and utilization of data in humanitarian assistance.

160 UNFPA. 2021. COVID-19 Reporting Tool.

These data are corroborated by evidence from internal UNFPA key informants to the evaluation. UNFPA at a global level made assumptions that country operations would have access to real-time data in relation to the transformative results areas. In reality, very few countries managed to generate monthly data due to inadequate or limited functioning national health information systems (which UNFPA quickly moved to gather data on as part of the strategic plan monitoring processes) – a legacy of pre-existing challenges but also of the disruptions caused by COVID-19. This was in contrast to external actors that were perceived to be doing well on data around mortality and morbidity.[161]

Finding 21: There are good examples of innovative data work across country offices, though practical application of some initiatives may be limited.

As noted above, UNFPA data aggregation at a global scale had limited success, and a one-off project or technical analysis around the impact of COVID-19 on fertility was not institutionalized nor were any policy decisions made on what to improve upon in country contexts from this.[162] Further, many existing partners were generally supported by multiple United Nations agencies, adding to complexity in data collection and management.

Across countries, UNFPA utilized various platforms to share information about COVID-19, including WhatsApp groups, email mailing lists, and real-time data on the number of cases, if available. Such data were shared among all staff, which allowed for better coordination and decision-making. Some key country examples of data work are as follows:

- In Lebanon, challenges in government surveillance data on pregnant women with COVID-19 as successive waves struck (evidenced by the UNFPA global COVID-19 survey for 2020 and 2021, to which Lebanon did not contribute substantive data related to the transformative results indicators) were addressed by recruitment of a monitoring and evaluation specialist via the UNFPA stand-by partner modality who was responsible for putting a data system in place. This also helped address the challenge of reporting results requirements to multiple humanitarian response platforms (e.g., the emergency response plan, the Lebanon Crisis Response Plan), the United Nations Special Fund and the country programme document).[163]
- In Niger, a key data system (using Kobo), used to collect gender-based violence data from police records, helped to demonstrate the increase in gender-based violence cases during the pandemic (although it took some time for the Government to recognize the issue).[164] However, UNFPA partners in Niger reported receiving COVID-19 support from multiple United Nations agencies, which made it difficult to assess and track numbers and report back to UNFPA and other agencies. Additionally, some implementing partners lacked monitoring and evaluation capacity, which hindered their data collection efforts.
- In Bosnia and Herzegovina, partners reported that UNFPA was quick to provide support to public health institutes through the provision of IT equipment for COVID-19 data collection and analysis in April 2020. In addition, UNFPA conducted several COVID-19-specific assessments and studies.
- In Colombia, testimony from stakeholders and reported results indicates that the UNFPA country office, as chair of the UNCT data group and co-chair of the gender-based violence and sexual and reproductive health sub-clusters, contributed valuable data expertise and networks to support the UNCT and government COVID-19 response and recovery efforts.[165]
- UNFPA Philippines restarted a long-term longitudinal survey remotely, focusing on the repercussions of lockdowns on children, revealing the negative impact of distance learning. Such data were used to advocate for schools reopening sooner than planned.[166] UNFPA and its partners also analysed data from hotline and online chat advice services for sexual and reproductive health (via www.RH-care.info) and identified likely increases in postpartum depression during COVID-19 and thus expanded mental health services in response.

161 Source of findings: UNFPA Policy and Strategy/Technical Division key informants.

162 Source of findings: UNFPA Technical Division key informant.

163 Source of findings: UNFPA Lebanon, UN agency key informants.

164 Source of findings: UNFPA key informant, Niger.

165 Source of findings: UNFPA and UNCT key informants; SIS annual reports 2020, 2021 and 2022.

166 Source of findings: UNFPA key informant.

However, data efforts also faced some challenges in both execution and application. Examples include:

- In Zambia, UNFPA reported having produced or co-produced a range of studies in order to contribute to the body of knowledge around COVID-19.[167] However, the evaluation team was unable to ascertain to what extent the studies were utilized to inform responses to the pandemic and recovery programming. With only one exception, the documents were not available to potential users in the public space and interviewees regretted that the studies did not play more of a role in the health response.[168]
- In Niger, partners reported receiving COVID-19 support from multiple United Nations agencies, with difficulties in assessing and tracking data to report back to UNFPA and other agencies. Additionally, some implementing partners reported lacking monitoring and evaluation capacity, which hindered their data collection efforts.[169]

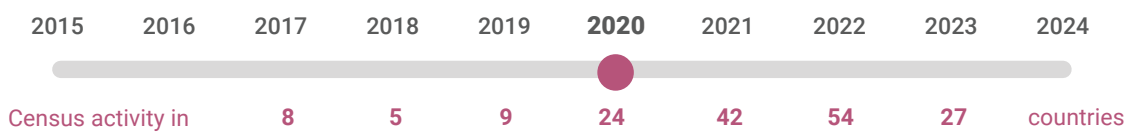
Finding 22: Large scale disruptions of planned censuses in 2020/2021 were responded to with early global guidance and national-level support. Nonetheless, a lack of robust or recent census data may be an issue for the preparation of country programme documents and adversely affect the relevance of national programmes.

After the success of the 2010 round of population and housing censuses[170] UNFPA and many national governments were anticipating similar success for the 2020 census rounds. In particular, the 2020 round was noted by the United Nations Secretary-General to be a "foundation for achieving sustainable development and the 2030 Agenda".[171]

COVID-19 caused many governments to postpone or delay their census, as a precaution to mitigate the risk of transmission during census activities. Others proceeded with census implementation, taking a variety of measures to reduce the risk of COVID-19 transmission, including use of PPE or adoption of remote or otherwise adapted data collection techniques to conduct full or partial censuses.[172]

Figure 9 illustrates how census work across UNFPA operational countries has been shifted to 2021 and 2022, rather than focused on the 2020 period, as is typical of censuses.

FIGURE 9: *Number of countries engaging in census work, 2017-2023*



Source: https://www.unfpa.org/census.

Compounding the belated pandemic-related census progress have been numerous ongoing humanitarian crises. For example, the 2023 conflict in Sudan, drought in Somalia and ongoing conflict in Yemen have further delayed census preparations (as of mid-2023, the time of research).

The UNFPA Population and Development Branch, which provides key support in implementation of national census rounds across countries of operation, demonstrated resilience in its rapid issuing of guidance on the implications of COVID-19 on censuses, with a technical brief being issued on March 25, 2020. The initial approach was that UNFPA country offices should "support governments with contingency planning, continue to provide sound technical guidance and census capacity strengthening, and advocate for the importance of census for development, and for pandemic preparedness

167 Source of findings: SIS annual reports 2020 and 2021; UNFPA key informants, Zambia.

168 Source of findings: WHO key informants, Zambia.

169 Source of findings: Implementing partner key informants, Niger.

170 UNFPA reported that the 2010 round was the most successful in terms of coverage of counted population, with 214 countries or areas conducting a population and housing census, comprising approximately 93 percent of the world population. Source: UNFPA. (ND) Because Everyone Counts: UNFPA Strategy for the 2020 Round of Population and Housing Censuses (2015-2024).

171 UNFPA. Because Everyone Counts: UNFPA Strategy for the 2020 Round of Population and Housing Censuses (2015-2024).

172 Discussed in more detail in UNFPA. 2023. Evaluation of UNFPA Support to Population Dynamics and Data.

and response."[173] A key element of this was that countries should not change their census approach without extensive planning, viz: "Country offices should discourage NSOs from shifting to new census approaches that have not been planned well in advance. A simple postponement of the planned census approach is most prudent."[174]

This approach is corroborated by evidence from population statistics evaluation interviewees, noting the initial confusion around an appropriate approach to census work with respect to the emerging threat of COVID-19, but ultimately coalescing around the cautious approach, with a desire to avoid countries using partial (or hybrid or population-based estimates) approaches as alternatives.

Over the course of 2020, as the pandemic, and the expert consensus around its mitigation, evolved, UNFPA contributed to and issued additional guidance and briefs, for example:

- Technical Guidance Note on Personal Protection Equipment (PPE) Recommendations for Census (issued September 2020 in conjunction with the United Nation Statistics Division
- Guidance Note: UNFPA Technical and Operational Support to the 2020 Census Round (December 2020)
- Impact of COVID-19 on census - UNFPA Census tracker dashboard.

As of late 2020, UNFPA had reiterated its recommendation for the postponement of census as the most prudent strategy in the face of pandemic restrictions. However, for countries proceeding with the population and housing census during the COVID-19 pandemic, UNFPA articulated a key priority as how to reduce the risk of transmission for all census personnel, and for the general public.[175]

Despite this guidance, some countries (e.g., Philippines, Indonesia, Zambia) proceeded with interim census approaches, with UNFPA supporting alternate data collection via use of technology to compensate for or support safe in-person data collection. These efforts met with varying degrees of success, though the absence of up-to-date census data has been noted by UNFPA stakeholders as a challenge to the country programme planning processes – many of which took place in the 2020-2022 period - as well as the parallel and complementary UNSDCFs, with which UNFPA country programmes ought to be aligned (as well as have wider and more significant implications for national planning and resource allocation processes).[176]

Some examples of census work supported by UNFPA in evaluation countries during the pandemic period were:

- In the Philippines, UNFPA supported a hybrid census during pandemic lockdowns, with disruptions potentially affecting the results and with knock-on impacts on national service provision planning, especially concerning mismatches in immunization programmes that are heavily reliant on census data
- In Zambia, with UNFPA support, the Government postponed its 2020 Housing and Population Census to 2022 due to the pandemic and funding challenges, marking its first-ever electronic census
- In Indonesia, UNFPA assisted Statistics Indonesia in postponing the 2020 census and supported multi-mode data collection, albeit facing challenges in data quality due to the lockdown-related disruptions
- UNFPA Colombia collaborated with the National Institute of Statistics on COVID-19 monitoring, using hybrid population estimates for a Socio-Economic Impact Analysis report on COVID-19, despite data gaps on certain ethnic and social groups.

In other countries, the absence of up-to-date census data is a challenge that the UNFPA country offices must negotiate on an ongoing basis and that was exacerbated by COVID-19. For example, in Lebanon (where no official census has taken place since 1932), as COVID-19 unfolded, UNFPA sought to leverage existing data sources for COVID-19 information. UNFPA was co-leading the statistics and data working group from 2016 until 2021 (this rotates between United Nations agencies), working with the Central Administration for Statistics in Lebanon, which might have offered an opportunity to utilize or leverage some form of population data for pandemic management.[177] However, collection and use of population

173 UNFPA. 2020. Technical Brief on the Implications of COVID-19 on Census, 25 March 2020.

174 Ibid.

175 UNFPA. 2020. Guidance UNFPA Technical and Operational Support to the 2020 Census Round, December 2020.

176 Source of findings: Various UNFPA country office stakeholders.

177 Source of findings: UN key informant, Lebanon.

data in Lebanon is contentious due to its religious and demographic breakdown and its determination of the political management of the country.[178,179]

Finding 23: There were many good individual country data initiatives, but these were highly dependent on data resources in-country and aggregating across regions or globally was an issue. Nonetheless, some successful examples at regional levels indicate opportunities for progress.

As noted in the above findings, there have been quite a few examples of country-level initiatives that have resulted in useful data related to different aspects of the UNFPA mandate areas.

Most of these initiatives were ad-hoc and, while useful for developing immediate and localized advocacy, plans and targeting assistance, were less useful across regional or global scales. Efforts to generate aggregated data at the global level from country offices met with limited success, with UNFPA relying on initial projections of the impact of COVID-19 on the three transformative results for at least a year into the pandemic, without revision on the basis of more accurate data.

As well as challenges in relation to the practical collection of data from facilities during service and resource restrictions and periods of increased demand, not all national authorities were equally transparent regarding the impact of COVID-19. Interviewees at the regional level highlighted challenges in identifying accurate data on COVID-19 infections (e.g. Yemen, Egypt) with some countries stopping reporting after a point.[180] Projections via WHO weekly updates and dashboards (e.g. the Johns Hopkins COVID-19 tracker) did not correlate well with country-level data. For example, in Niger, despite a relatively low number of confirmed cases and deaths (9,506 cumulative confirmed cases and 315 deaths by early 2023[181]), modelling conducted by WHO across the Africa region using consolidated COVID-19 data from reported infections, deaths from WHO statistics and other published data estimated the COVID-19 burden in Niger as being, in actuality, significantly higher than the reported statistics. By the end of 2021, WHO estimated the number of cases in Niger at more than 10 million (only 0.1 per cent of reported cases) and deaths at 14,222. For the entire WHO Africa region, the study infers that only 1.4 per cent of COVID-19 infections were reported.[182]

> *Collection of primary data stopped. We were able to continue research based on secondary data, but the necessary secondary data was not always there – e.g., on vulnerable groups for the MISP calculator. In future, we need to ensure that new surveys include questions to collect information that can help in any eventuality. Also, resilient data systems need to determine the information to be collected in anticipation of an emergency and capacity building for analysing and using data.*
>
> ***- UNFPA country office key informant***

Some UNFPA countries had to rely on data from humanitarian response plans and humanitarian needs overviews for development of their country programme documents and, even if reasonable initiatives existed at the individual country level, UNFPA stakeholders at regional and global levels noted challenges in aggregating data for planning and reporting.[183]

Despite these challenges, there were some successes in aggregating data to the regional or global levels. UNFPA ESARO, in collaboration with WHO and UNICEF, successfully undertook remote monitoring of service continuity during COVID-19, thus ensuring sexual and reproductive health was deemed an essential service. This led to tangible outcomes, such as Madagascar procuring a mobile theatre for community health. ESARO adapted its programming to meet new beneficiary needs and produced knowledge on the links and impacts of COVID-19. Partnerships and data significantly contributed to the UNFPA COVID-19 response, with studies conducted with UN Women in South Africa.[184]

178 OHCHR. 2016. Committee on the Elimination of Racial Discrimination, 22nd periodic report of Lebanon.

179 Source of findings: UN key informant, Lebanon.

180 Source of findings: UNFPA regional office key informant.

181 All data from WHO Weekly Bulletin on Outbreaks and other Emergencies, online at: www.who.int.

182 Cabore et al. 2022. COVID-19 in the 47 countries of the WHO African region: a modelling analysis of past trends and future patterns: published in Lancet Glob Health 2022; 10: e1099–114.

183 Source of findings: UNFPA regional, global key informants.

184 Source of findings: UNFPA ESARO key informant.

The "2gether 4 SRHR" regional joint programme, managed by UNFPA with the Joint United Nations Programme on AIDS (UNAIDS), UNICEF and WHO, launched a virtual learning platform for practitioners and began analysing country health management information systems. This provided evidence for government discussions, though data analysis delays were noted.[185] The programme also tracked data regularly during the ongoing crisis, identifying areas of increased demand.

EECARO conducted mappings and rapid assessments, sharing findings with governments and national counterparts. Two digital surveys were conducted on the COVID-19 impact on access to sexual and reproductive health for the general population and vulnerable groups, respectively. These surveys were shared at regional events and an international conference in Bangkok. The surveys were integrated into HIV and gender programmes and translated into various languages for accessibility.[186]

Finding 24: There is some, but limited evidence of use of existing inter-agency datasets produced by UNFPA (e.g. common operational datasets (population statistics) (COD-PS)).

A key area where UNFPA contributes with respect to crisis preparation and response is in relation to the common operational dataset (population statistics), which UNFPA prepared as baseline population figures of a country pre-crisis situation. These population statistics can be used to estimate the potential number of affected people or as a reference and resource in the development of needs assessments and in analysis. COD-PS datasets can be linked by database or geographic information system to COD-administrative boundary (COD-AB) datasets, when available.

A review of the COD and COD-PS updates by country in 2020 indicated that both of the datasets were in place in over half of the UNFPA humanitarian response countries as of 2020,[187] with the total number of datasets with population statistics available online in 2023 reaching 144.[188]

During the COVID-19 pandemic, however, there was little evidence of usage of the existing COD-PS for the COVID-19 responses reported by UNFPA or partners, perhaps reflecting their role in more 'traditional' crises. A notable exception was ESARO , which noted good use of CODs in understanding the role of population dynamics in virus transmission. This data helped inform decisions such as where to start vaccinations.[189] Staff from LACRO also emphasized the importance of common information represented by the COD-PS, particularly for needs assessments, but did not cite any examples of use.[190]

At the global level, evidence from key informants highlights that the pandemic underscored a growing recognition of the broader potential applicability of COD-PS, rather than the traditional use in localized humanitarian preparation and response. However, the high cost of investment in COD-PS was noted as a significant barrier.[191]

Further, data stakeholders also noted that the pandemic revealed weaknesses in the UNFPA approach to vital statistics such as birth and death registration, marriages and divorces – important when a global pandemic strikes. The perception is that the United Nations system was over-focused on death registration. Countries that only declared death registration as an emergency service experienced significant issues in 2021/2022 with backlogs of birth certificates, vaccinations, divorces, marriages etc. - underscoring the need for a more proactive approach. In 2021, UNFPA joined the Centre of Excellence in Civil Registration and Vital Statistics Systems (CRVS),[192] aiming to strengthen CRVS systems in low- and middle-income countries in response to this need.[193]

185 Source of findings: UNFPA ESARO key informant.

186 Source of findings: UNFPA EECARO key informant.

187 UNFPA. 2022. Baseline and evaluability assessment on generation, provision and utilization of data in humanitarian assistance.

188 Online at: https://data.humdata.org/.

189 Source of findings: UNFPA ESARO key informants.

190 Source of findings: UNFPA LACRO key informant.

191 Source of findings: UNFPA Technical Division key informant.

192 Online at: https://crvssystems.ca/.

193 Source of findings: UNFPA Technical Division key informant.

Finding 25: Fear of COVID-19 infection was more pervasive than stigma and led to reductions in willingness to access essential sexual and reproductive health and gender-based violence services (e.g. ante-natal care, post-natal care, institutional deliveries) – an ongoing issue in some countries.

As the COVID-19 pandemic emerged, stigma and discrimination were noted as significant risks across UNFPA operational countries. In April 2020, the United Nations Secretary-General noted that the pandemic highlighted ongoing human rights challenges, including stigma, and the related the United Nations-wide response plan to COVID-19 included specific measures related to addressing this.[194]

UNFPA was also quick to note the risks of stigma in its various technical guidance notes and the GHRP, which highlighted how UNFPA would leverage partnerships to "support risk communication and community engagement in primary prevention and stigma reduction".[195]

Ultimately, evidence from stakeholders across the evaluation countries indicates that the reality of stigma varied greatly across countries as the pandemic progressed and, as understanding of its causes and consequences became clearer, with some countries experiencing more stigma and discrimination than others – frequently driven by already-existing prejudices or discriminatory factors, such as refugee status. UNFPA and many other actors engaged in extensive information, education and communication activities to address this, largely successfully.

More significant and lasting than stigma or prejudice and discrimination against those infected with COVID-19 was the issue of, and reactions to, fear of the virus, as well as of the treatments and vaccinations that were rapidly rolled out globally. Many country operations reported that this affected individuals' behaviours and attitudes towards health services.

The issues experienced by community members were further validated by participants at focus group discussions, who underscored the level of fear and stress that characterized the first year of the pandemic, at least until vaccines became widespread.

The outcome of both the fear of infection and the repurposing of resources to direct front-line pandemic response led to a diminishing of availability of, and access to, SRHR services across many countries. Most countries of focus within the evaluation noted instances of women and girls being unable or unwilling to attend health facilities for essential sexual and reproductive health services such as ante-natal care and post-natal care, even deliveries, as discussed under evaluation question 2 above. In some countries (e.g., Niger), COVID-19 treatment facilities took precedence over maternity services.

Finding 26: UNFPA country operations report building population and programmatic resilience via extensive risk communication work across countries linked to its mandate areas, including vaccination advocacy and information.

To build resilience by countering both fear and stigma, UNFPA was actively involved in risk reduction and COVID-19 risk communication activities across all countries and business units. Risk communication and community engagement were one of the four accelerator interventions in the COVID-19 UNFPA Global Response Plan, which expressed an intention for UNFPA to leverage its "expertise in community engagement and social mobilization" and its "long-standing multi-stakeholder partnerships…to support risk communication, community engagement in primary prevention and stigma reduction, and ensuring women and girls' agency, decision-making, and voice with a constant focus on their safety, dignity and rights."[196] UNFPA operationalized this accelerator at different levels.

Global level

The UNFPA Technical Division liaised with the Global Outbreak and Response Network on risk communications and engagement and was asked to form a subgroup on youth engagement and developed a range of guidance for country offices on this.[197] The Technical Division also worked on risk communication guidelines, building on what already existed or was being prepared by WHO and others. UNFPA was not, however, linked at a global level into other risk communication

194 United Nations. 2020. UN framework for the immediate socio-economic response to COVID-19, April 2020.

195 UNFPA. 2020. Update of the Global Humanitarian Response Plan for COVID-19, April 2020.

196 UNFPA. 2020. COVID-19 UNFPA Pandemic Global Response Plan, June 2020.

197 Source of findings: UNFPA Technical Division key informant, also UNFPA. 2021. Pandemic Pivot: Achieving Transformative Results in the COVID-19 Pandemic.

networks (e.g., the International Federation of the Red Cross, BBC Media Action[198]) that had more experience in developing tools and generating evidence for public risk communication.[199]

UNFPA at the global level also partnered with WHO, UNICEF, Avenir Health and Columbia University to develop COVID-19 risk models to enable countries to assess trade-offs associated with the halting of SRHR services and the corresponding COVID-19 transmission risk.[200]

Further, existing global-level campaigns (such as the UNFPA–UNICEF Global Programme to End Child Marriage, UNFPA–UNICEF Joint Programme on the Elimination of Female Genital Mutilation, the Spotlight Initiative to end Violence Against Women and Girls[201]) were redesigned and repurposed to reflect the COVID-19 dynamics and incorporate risk communication and stigma prevention into their modalities to both sustain the progress on these campaigns and also mitigate some of the challenges posed by COVID-19 directly. Other global-level partnerships to address risk communication, specifically in relation to young people, are discussed below.

Regional level

Risk communication activities across the UNFPA regions initially varied. In the Asia-Pacific region, the UNFPA regional office included clear reference to risk communication strategies in its guidance note of early February 2020.[202] This referenced the WHO preparedness and response plan that had been published some days prior, and that included useful guidance on risk communication and managing the "infodemic", that is, the over-abundance of accurate and inaccurate information.[203]

Typically, UNFPA regional offices acted to support country-based initiatives and promote risk communication and community engagement through, for example:

- Communication platforms such as podcasts, hotlines and media to reach as many people as possible
- Joint awareness raising, education and activism with a wide range of partners, including communities
- Participation in regional and country level risk communication and community engagement working groups.[204]

Conversely, evidence from key informants from the West and Central Africa region was that perceptions of COVID-19 weren't as urgent as they were in other parts of the world, with other crises that were widespread being (at least initially) more important.

> *The perception of the seriousness of COVID-19 wasn't high. Can't say whether this perception is justified or not – people's lives are impacted by so many other things, COVID-19 was just another. People can't even wash their hands more frequently as they don't have enough water.*
>
> ***- UNFPA regional office key informant***

This perception was facilitated by the time it took to generate and disseminate accurate information – people didn't know enough or they received conflicting information globally as well as at the individual country level. Further, the dynamics of population movements in warmer, more agrarian countries (as in West and Central Africa) meant that people tended to spend much more time outside than inside, and thus risk communications that were aimed at colder, more industrialized countries, were insufficiently tailored to the dynamics of many of the communities in, for example, Sub-Saharan Africa.

198 Online at: https://www.ifrc.org/document/guide-for-media-public-health-emergencies.

199 Source of findings: UNFPA global level key informant.

200 UNFPA. 2021. Pandemic Pivot: Achieving Transformative Results in the COVID-19 Pandemic.

201 Online at: https://www.spotlightinitiative.org/sites/default/files/publication/Key_Messages_VAWG_and_COVID-19_Spotlight_Initiative_0.pdf.

202 UNFPA. 2020. Asia Pacific Regional Office Coronavirus (nCoV-19) Guidance Document, 6 February 2020.

203 WHO. 2020. 2019 Novel Coronavirus (2019-nCoV): Strategic Preparedness and Response Plan, February 2020.

204 As reported by UNFPA Regional Situation Reports, 2020/2021.

Country level

Within individual UNFPA countries, there were a wide variety of risk communication activities that took place across all regions such as conducting surveys, leveraging mobile apps, providing training and issuing guidance to combat COVID-19 and reduce stigma. UNFPA staff were also part of various networks and groups working on pandemic response and risk communication.

Box 1: COVID-19 risk communication in Colombia

UNFPA Colombia's risk communication during the COVID-19 pandemic had two areas of focus. On the one hand, the country office supported the Government of Colombia's communication campaign to prevent infections and to control the spread and impact of the coronavirus, with a particular focus on pregnant and lactating women. On the other hand, its own humanitarian staff and frontline workers as well as local partners were trained to combine COVID-19 and SRHR-related messaging in their virtual work with local institutions and in their community outreach. Prior experience communicating in crisis situations, guidance received from UNFPA headquarters, interactions with other UNFPA country offices in the region (coordinated by LACRO) and consultations with other members of the United Nations Communications Group - informed by WHO - facilitated this work.

UNFPA spearheaded a social media communications campaign called "Con o sin #COVID19" ("With or without #COVID-19). The campaign reached large online audiences across the country with messages about maternal health, gender-based violence prevention and general COVID-19 protection measures. It also served as model for other UNFPA country offices in the region. Moreover, to reach communities without access to ICT, UNFPA joined with the National Indigenous Organization of Colombia (Organización Nacional Indígena de Colombia) to broadcast information in several indigenous languages through local radio stations and analogue megaphones.

An interesting challenge faced by country-level UNFPA staff and partners in efforts to develop appropriately contextualized information, education and communication and risk communication material was in respect to the need for media material, particularly visually focused social media, in the face of lockdowns and the inability to gather or travel. Key informants noted frustration in getting stories from field levels, in particular as UNFPA at regional or global levels was pushing country-based staff to get quotes, videos and photos. Staff reported reusing old media – but in photos people were not wearing masks (a key message in communications strategies) and staff were unsure of the appropriate and up-to-date health guidance in the early stages of the pandemic. The need for information and media tailored to the UNFPA mandate and key populations (youth, pregnant women etc.) was particularly challenging. The high demand for information, yet the challenge in safely sourcing appropriate material, led to considerable repetition of what was known for sure and the use of infographics in place of photos and emphasis on audio media (radio, use of mosque public address systems) to share life-saving information.[205]

The issues experienced by community members were further validated by participants of focus group discussions, who underscored the level of fear and stress that characterized the first year of the pandemic, at least until vaccines became widespread.

> *[UNFPA implementing partners] helped address our fear of the pandemic and also provided awareness sessions on vaccines which encouraged them to get vaccinated.*
>
> *I was afraid of the vaccine, especially since I have chronic health conditions, so was afraid of side effects but [the UNFPA partner] explained about them and provided me with all information I needed, so I took the vaccination.*
>
> ***- Focus group discussion participants, Lebanon***

205 Source of findings: UNFPA country, regional level key informants.

In particular, the pre-pandemic training of peer volunteers from within the communities by UNFPA partners was an important asset that was drawn upon to rapidly undertake awareness-raising, communicate health promotion and protective measures and mitigate some of the fear and stress caused by the pandemic and associated lockdowns.

Finding 27: Vaccine hesitancy among some UNFPA target populations (pregnant women, youth) has been a significant threat to the resilience of healthcare provision and is ongoing across countries.

One issue that the evaluation has noted across a range of different country contexts is that of vaccine hesitancy. While misinformation (and the WHO-termed "infodemic" noted above) has been a well-signposted threat to public health that all credible stakeholders have been aware of even before COVID-19, it represented a proven threat to the effectiveness and hence resilience of UNFPA-supported sexual and reproductive health programming in particular.

For example, UNFPA Philippines has worked to overcome considerable vaccine hesitancy in its COVID-19 risk communication efforts. Vaccine hesitancy is particularly prevalent in Mindanao where there was a conception that the vaccine is Haram (contrary to the tenets of Islam). In response to emerging COVID-19 vaccine hesitancy (predominantly misinformation around the COVID-19 vaccine on social media), UNFPA and UNICEF jointly, with religious leaders, developed a Fatwa (religious decree) to proclaim it was permitted. Nonetheless, interviewees report hesitancy being an issue, with the vaccination programme very strong initially, but becoming less successful due to unwarranted fears of side-effects.[206]

Similarly in Jordan, vaccine hesitancy for pregnant and lactating women was reported by UNFPA technical staff – an issue that, if addressed early could have saved a lot of maternal lives (Jordan's maternal mortality tripled during COVID-19, largely due to COVID-19 infections.[207] A contributory factor in this was that the Government of Jordan, when vaccines were first introduced, asked pregnant and lactating women or those wanting to get pregnant (i.e. most women of reproductive age) to sign a vaccine waiver (indemnifying the Government against any side effects of the vaccine), so many reportedly decided not to be vaccinated.[208] Interviewees also noted that Jordan did not assign pregnant women to high-risk groups (and hence at increased priority for vaccination) and that the media played a role in poor efforts to combat misinformation.[209] These reports are corroborated by findings of a late 2020 study of vaccine hesitancy in Jordan, which found that 41.6 per cent of respondents did not intend to get vaccinated, with 26.2 per cent not sure.[210] UNFPA partners and Jordanian media sources in 2021 noted the prevalence of fake vaccine certificates in Jordan as a means to avoid restrictions, leading the Jordanian Government to introduce authentication procedures for vaccines in 2021 to allow validation of vaccine certificates.[211]

These examples are illustrative of trends noted across many UNFPA operational countries. There have also been efforts to combat hesitancy (e.g., UNFPA India supported a campaign with a famous, and pregnant, actress advocating for vaccinations), but the issue has not been effectively addressed amongst UNFPA populations of focus in general, with COVID-19-related deaths that could have been avoided had hesitancy been addressed more comprehensively.

Finding 28: Where youth programming existed pre-COVID-19, there are many examples of them being rapidly repurposed to take advantage of technology and virtual tools to undertake risk communication and information, education and communication work and a variety of regional or country studies on youth and adolescents and COVID-19.

At the global level, youth engagement was identified as the fourth of the four accelerators of the COVID-19 UNFPA Global Response Plan, underscoring the importance of this stream of work to UNFPA, in line with its commitments and mandate "adolescents and youth" being one of the six accelerators in the UNFPA Strategic Plan 2022-2025).

206 Source of findings: UNFPA Philippines key informants.

207 Government of Jordan. 2021. National Maternal Mortality Surveillance and Response System MMR Report.

208 Source of findings: UNFPA Jordan key informants.

209 Ibid.

210 Zein et al. 2020. Factors associated with the unwillingness of Jordanians, Palestinians and Syrians to be vaccinated against COVID-19, PLOS Neglected Tropical Diseases 15(12), December 2020.

211 Jordan Ministry of Digital Economy and Entrepreneurship, cited at https://www.dataguidance.com/news/jordan-modee-adopts-vaccination-certificates.

At the global level, the team lead for adolescent and youth in the UNFPA Technical Division was appointed to the Global Crisis Response Team, so was involved at the starting point of the COVID-19 response. The adolescent and youth team within UNFPA reported having established collaborative platforms online before the pandemic and leveraged this facility with online work to ensure a seamless transition to remote means of working.

UNFPA had launched an adolescent and youth strategy in 2019, "My Body, My Life, My World", and were working on operational guidance for this when the COVID-19 pandemic was declared. This was put on hold to adapt to COVID-19 and focus on immediate guidance on how to adapt adolescent sexual and reproductive health programmes to remote modalities (e.g. on how to deliver comprehensive sexuality education in a remote education context).[212] A key global example of how UNFPA sought to transition work with youth online was the global campaign #YouthAgainstCOVID19, providing a platform for young people to create and disseminate content on the pandemic and how they were affected. The campaign material was translated into more than 20 languages, and garnered over 500,000 impressions on social media platforms across all regions.[213]

UNFPA also used its leadership of the Compact for Young People in Humanitarian Action (a 60 agency group launched at the World Humanitarian Summit in 2016) to quickly mobilize and explore the impact of COVID-19 on youth and health, and develop and disseminate guidance. Key to operational strategies and guidance from this level was a recognition that as youth were less vulnerable to COVID-19 infections, there were opportunities to work with them as frontline workers. At the global level, UNFPA convened regional youth focal points as an inaugural global community of practice, which, UNFPA reports, as having worked well programmatically once established and was still operational as of mid-2023.

UNFPA conducted a formal evaluation of the implementation of the UNFPA Strategy on Adolescents and Youth in 2022 (published in 2023), and a key component of this evaluation (i.e. one of the evaluation questions to be answered) was the adaptation of youth programming to COVID-19 by UNFPA. The evaluation was largely positive regarding the achievements at a global level, noting that UNFPA "demonstrated agility and responsiveness in the face of the immediate crisis by supporting young people risk communication and community engagement."[214]

However, the evaluation also noted that there were opportunities for UNFPA to expand its work around youth, peace and security, youth and climate resilience, and the humanitarian–development–peace nexus, and recommended greater integration of adolescents and youth into humanitarian response work overall.

At the regional level, the 2023 evaluation found that UNFPA at the global level had disseminated guidance and provided leadership effectively. Serving as information hubs, UNFPA regional offices compiled strategies and responses to the pandemic, as well as data on COVID-19's impact on adolescents and youth. For instance, EECARO gathered data from all country offices regarding existing adaptations, subsequently sharing successful practices throughout the region. In the Latin America and the Caribbean region, the UNFPA regional office undertook research into the effect of COVID-19 on sexual and reproductive health services for adolescents.[215] In the East and Southern Africa region, UNFPA supported seven southern African countries to engage directly with young people in risk communication interventions, including using existing UNFPA-supported online platforms, such as www.tuneme.org, which has a reach of more than 4 million unique users in the region. Pre-COVID-19, the user numbers on the platform averaged 133,000 per month. The numbers spiked during lockdown periods, and the highest traffic was observed in July 2020 with 368,318 users – almost three times the average.[216]

At the country level, the evaluation research noted wide recognition of the challenges that COVID-19 presented to young people and adolescents, and the resulting variety of individual initiatives that engaged youth in terms of both maintaining existing support and incorporating them into their COVID-19-related outreach and activities. Many of these efforts, where infrastructure permitted, were focused on online offerings, or otherwise made use of innovations tailored to the local context. Some individual country-level examples of this work are as follows:

212 Source of findings: UNFPA Technical Division key informants.

213 UNFPA. 2021. Pandemic Pivot: Achieving Transformative Results in the COVID-19 Pandemic.

214 UNFPA Evaluation Office. 2023. Formative evaluation of UNFPA Support to Adolescents and Youth.

215 Ibid.

216 UNFPA. 2021. Pandemic Pivot: Achieving Transformative Results in the COVID-19 Pandemic.

- In Bosnia and Herzegovina, many existing partnerships and activities moved online. UNFPA partnered with Mozaik, an established youth empowerment organization in Bosnia and Herzegovina, to develop a Youth Innovation Lab, which supported social enterprises with mentoring and seed funding.[217] Youth were also trained as advocates for COVID-19 risk communications through videos developed and disseminated on social media.[218]
- In Colombia, UNFPA leveraged its work with youth communications and data work as project implementers and frontline workers in the territories, where they also contributed their digital skills.[219] Moreover, UNFPA has capacitated young women from vulnerable population groups to be community leaders and service providers (e.g., women leaders and traditional midwives). At the central level, face-to-face "camps", with young men and women leaders from a range of backgrounds (urban and rural; indigenous; afro-descendant; transgender) to discuss SRHR-related topics, continued virtually.[220]
- In Lebanon, although youth work is not a significant element of UNFPA Lebanon programming, a peer education programme with young people to avoid harmful practices on sexual and reproductive health and gender-based violence was leveraged to target youth for COVID-19 risk reduction via information, education and communication dissemination in educational institutions. A key issue identified by UNFPA was that COVID-19 was perceived as only affecting older people, a misperception that UNFPA implementing partners acknowledged wasn't addressed very effectively.[221]
- UNFPA Philippines reported extensive work on adolescent pregnancy and health education for teenagers. UNFPA also worked directly with youth via online media, notably the RH-care.info platform, project BRAVE (Building COVID-19-safe Responses And Voices for Equity), launched in late 2021 to disseminate information about women's rights, gender-based violence prevention and treatment and other outreach activities via peer educators.

The above examples are indicative of a wide range of UNFPA-supported youth-specific activities, which included awareness sessions, vaccination referrals, personal hygiene, social distancing etc. reported across many countries, with most interlocuters reporting success in these efforts. Partners across countries reported young people becoming more aware of the need for protection and hygiene practices, better awareness of what to do when exhibiting symptoms (testing, isolation etc.) Stigma and vaccine hesitancy were also anecdotally reported to have changed over time as a result of good risk communication, as well as information, education and communication campaigns.

Community members attending focus group discussions in different countries of focus to the evaluation validated the utility and value of COVID-19 awareness sessions supported by UNFPA partners. They also stated they, in turn, educated their children about the risks and treatment of COVID-19.

Finding 29: In some cases, youth were both identified as vulnerable populations but also used as resources (e.g., as outreach volunteers, production and distribution of sexual and reproductive health information and commodities) to support other populations.

A key good practice noted by many partners in different countries, and in line with the overall approach articulated by the adolescent and youth team in the Technical Division, was the use of peer educators in communities (including youth), to which UNFPA provided guidance and support regarding COVID-19. This was highlighted as being an effective and resilient approach relying, as it did, on local strengths to mitigate worries related to COVID-19 exposure, and to generate synergies between ensuring information, education and communication reached young people and those populations more vulnerable to COVID-19 and providing an appropriate outlet for young people that suffered psychosocial challenges due to lockdowns.

217 Source of findings: UNFPA and IP key informants, Bosnia and Herzegovina.

218 Source of findings: UNFPA and IP key informants. SIS annual reports, Colombia.

219 Source of findings: UNFPA and implementing partner key informants, Colombia.

220 Reportedly, this development was a reference for virtual national camps in Latin America and the Caribbean and a regional camp. Source of findings: UNFPA key informants; SIS annual reports 2020 and 2021.

221 Source of findings: various implementing partner key informants.

In Lebanon, for example, young men in evaluation focus groups discussed how they had volunteered within their neighbourhoods to conduct awareness sessions on COVID-19, which had good impact as they were better able to reach the young as well as the elderly.

> *Some people were not attending community awareness sessions as they were working, but we would go to their businesses and do awareness sessions with the people present there*
>
> *I started doing the sessions in the coffee shops that were open, even if we were five people, just to generate awareness on different topics related to COVID-19.*
>
> ***- Focus group discussion participants, Lebanon***

In Zambia, UNFPA engaged young people in its COVID-19 pandemic outreach and risk reduction activities, as part of its ongoing programmes - namely working through mentors for life skills education, peer educators and young community-based volunteers and distribution in its focus districts. The country office also supported the Ministry of Youth, Sports and Arts to scale up the "Tune Me" application where it included COVID-19-related information.[222] However, there was no evidence that the country office made extra efforts to leverage the potential of youth as a communications and outreach channel.

UNFPA works with youth in Niger as part of longer-term programming, with a focus on young girls and adolescents, and leveraged this to address the pandemic through education and resources. Adolescents were beneficiaries of dignity kits during the pandemic, which included manufacture and sale of masks made by girls participating in the Illimin programme. This initiative, in particular, was highly popular among both the girls participating in the programme (who received payment for their work) and the recipients of the masks, who received considerable media attention. The programme was funded beyond the initial three-month support period by the European Union (EU) and the Government of Niger.[223]

> *We enjoyed making masks - it benefited our community and also ourselves, through the work itself and the money we made from making and selling masks.*
>
> ***- Focus group discussion participants, Niamey***

Finding 30: Pandemic lockdowns had more significant negative impacts on mental health of young people. Use of digital communications and support initiatives were particularly relevant and impactful.

The impact of COVID-19 restrictions was particularly felt by young people, many of whom had few other outlets for social, educational or other activities, and whose socioeconomic status and personal resilience was more vulnerable to restrictions and limited employment opportunities. A review of UNFPA humanitarian programming across the Arab States region for 2021[224] noted a range of specific challenges noted by youth in this region, but which could be applied across all UNFPA areas of operation:

- Lack of training and learning opportunities
- Increased problems among family members due to psychological stress within households
- Inability to leave their households
- Challenges with online activities due to limited internet connectivity
- Health deterioration from lack of activities
- Weight gain and physical fitness deterioration
- Isolation from peers and community
- Deterioration in learning, education and skills.[225]

The often challenging-to-measure benefits of safe spaces and women's centres and youth centres on mental health and psychosocial well-being of young people and adolescents were underscored by the many evaluation respondents that

222 Source of findings: UNFPA and IP key informants.

223 Source of findings: implementing partner key informants.

224 UNFPA. 2022. Annual Impact Assessment Report of the UNFPA Regional Humanitarian Response (for Arab States Regional Office).

225 Ibid.

report having struggled through lockdowns and service restrictions. The reopening of services was widely welcomed, and despite a legacy of negative outcomes on psychosocial well-being resulting from the pandemic, there is good consensus that where UNFPA support has been in place, it was quick to be put in place and thus positive progress was sustained, enhancing young people's resilience.[226]

Young people and youth centre staff did highlight the value of online services during COVID-19 restrictions – implementing partners highlighted how the online services were useful, particularly as young people are more technologically literate than adults. In the countries where UNFPA supports youth infrastructure (e.g., via youth centres), socialization and vocational training are the key services offered by youth centres, which are a key point of contact with youth that might otherwise have no access to information.

For example, UNFPA in the Philippines supported the Philippine Mental Health Association in generating information, education, and communication materials on gender-based violence and mental health, including online abuse, though not specific to COVID-19.[227] The Philippine Mental Health Association also participated in the global "Bodyright" campaign[228] aimed at stopping online abuse and unhealthy self-imaging that is a legacy of increased online engagement since COVID-19.

Internet connectivity was and is, however, challenging for some countries, noted specifically in Jordan, India and the Philippines (though many other countries, particularly the least-developed, share the same "digital divide" challenges noted by these examples).

However, where online access is more widespread, or when this divide can be bridged, it offers an impactful approach to reaching young people and building their resilience. In some cases it creates opportunities to reach young people, particularly young women or girls, who may otherwise not have been permitted to travel to the centres due to costs, disability, security risks or cultural mores, and can thus avail themselves of the online services instead, allowing them interactions that might otherwise not have been possible.[229]

Evaluation question 5: To what extent has UNFPA contributed to synergies and complementarity among COVID-19 responses within the United Nations system?

Summary of findings

- UNFPA actively contributed to the global response of the United Nations system to COVID-19, ensuring its mandate was represented.
- UNFPA country offices remained involved in United Nations country teams, contributing to various coordination processes during the pandemic.
- Joint programmes fostered synergies in agency responses to COVID-19, with UNFPA showing resilience in collaborating with other United Nations agencies, especially in areas like PPE distribution and data analysis.

Finding 31: UNFPA was active in shaping and contributing to the global programmatic and operational response of the United Nations system to the COVID-19 pandemic, and its mandate was well represented.

The COVID-19 pandemic emerged during the early stages of implementing the reform of the United Nations development system (UNDS).[230] In 2022, an independent evaluation of UNFPA contribution to the UNDS reform found that "the COVID-19 pandemic resulted in UNFPA strengthening collaboration at all levels and this has been facilitated by the reform of the United Nations development system".[231]

226 Source of findings: various implementing partner, community member interviewees.

227 Source of findings: UNFPA key informants.

228 Online at: https://bodyright.me.

229 UNFPA. 2022. Annual Impact Assessment Report of the UNFPA Regional Humanitarian Response (for Arab States Regional Office).

230 The United Nations General Assembly approved repositioning reform with resolution 72/279 of 31 May 2018.

231 UNFPA. 2022. Formative evaluation of the UNFPA engagement in the reform of the United Nations development system.

Within the context of the ongoing reform efforts and other inter-agency processes at the time, the global United Nations system-wide response to COVID-19 was built on health, humanitarian and socioeconomic pillars. As a member of relevant strategic and technical inter-agency mechanisms, UNFPA made valuable contributions to the design of associated global plans and frameworks.[232,233] As a result, the UNFPA mandate and the COVID-19 UNFPA Global Response Plan, strategic priorities were well represented in the three pillars of the United Nations COVID-19 response (see Table 6).

TABLE 6: *The UNFPA mandate and COVID-19 response in United Nations common plans and frameworks*

Health Strategic Preparedness and Response Plan
Global strategic objective 1: Mobilize all sectors and communities to ensure that every sector of government and society takes ownership of and participates in the response and preventing cases through hand hygiene, respiratory etiquette and individual-level physical distancing.
Global strategic objective 3: Suppress community transmission through context-appropriate infection prevention and control measures, population-level physical distancing measures, and appropriate and proportionate restrictions on non-essential domestic and international travel.
Global strategic objective 5: Reduce mortality by providing appropriate clinical care for those affected by COVID-19, ensuring the continuity of essential health and social services, and protecting frontline workers and vulnerable populations.
Global Humanitarian Response Plan
Strategic priority 2: Decrease the deterioration of human assets and rights, social cohesion and livelihoods.
Strategic objective 2.2: Ensure the continuity and safety from risks of infection of essential services including health (immunization, HIV and tuberculosis care, reproductive health, psychosocial and mental health, gender-based violence services), water and sanitation, food supply, nutrition, protection and education for the population groups most exposed and vulnerable to the pandemic.
Strategic objective 2.3: Secure the continuity of the supply chain for essential commodities and services such as food, time-critical productive and agricultural inputs, sexual and reproductive health and non-food items.
Strategic priority 3: Protect, assist, advocate for refugees, internally displaced persons, migrants and host communities particularly vulnerable to the pandemic.
Specific objective 3.2: Prevent, anticipate and address risks of violence, discrimination, marginalization and xenophobia towards refugees, migrants, internally displaced persons and people of concern by enhancing awareness and understanding of the COVID-19 pandemic at the community level.
Socio-Economic Response Framework
Pillar 1: Health first. Protecting health services and systems during the crisis.
Pillar 2: Protecting people. Social protection and basic services.
Pillar 5: Social cohesion and community resilience

Source: Evaluation team based on document review.

232 WHO. 2020. 2019 Novel Coronavirus (2019-nCoV): Strategic Preparedness and Response Plan, February 2020 (updated in 2021 and 2022); United Nations. 2020. Global Humanitarian Response Plan for COVID-19, March 2020 (updated in May and July 2020); United Nations. 2020. United Nations framework for the immediate socio-economic response to COVID-19, April 2020.

233 Source of findings: UNFPA headquarters key informants.

UNFPA also supported the global-level implementation and roll-out of common plans and responses and associated guidance and tools and contributed to monitoring and reporting. For example, UNFPA:

- Participated in the United Nations Sustainable Development Group Task Team on the implementation of the United Nations framework for the immediate socio-economic response to COVID-19[234]
- Served as the lead agency for maternal health, youth and gender in the United Nations framework for the immediate socio-economic response to COVID-19[235]
- Collaborated with the Executive Office of the United Nations Secretary-General on an ongoing basis to develop and contribute to policy briefs and reports on COVID-19 and gender, human rights, people on the move, children, older persons and mental health and psychosocial support[236]
- Was a member of the Advisory Committee of the United Nations COVID-19 Response and Recovery Fund, along with the International Labour Organization (ILO), United Nations Conference on Trade and Development, UNICEF, UNDP and the World Food Programme (WFP)[237]
- Led the actions of the gender-based violence area of responsibility under the IASC to ensure that gender-based violence prevention and response remained a priority in humanitarian efforts, recognizing the heightened risks and vulnerabilities faced by women and girls during the crisis
- Participated in WHO and WFP co-chaired inter-agency COVID-19 Supply Chain Task Force under the SPRP[238]
- Partnered with the United Nations System-wide COVID-19 MEDEVAC Task Force[239]
- Co-developed over time different versions of the CEB Human Resources Network Administrative Guidelines for Offices on the Novel Coronavirus (COVID-19) outbreak
- Launched, in May 2020, an internal GHRP monitoring tool to collect and feed data into the GHRP monitoring framework and regular GHRP updates;[240] a tool that was considered promising for generating useful information and providing a basis for reporting, for example, on gender-based violence services, during future emergencies.[241]

Finding 32: Although not without challenges, UNFPA country offices made a point to maintain an active presence in United Nations country teams, by contributing to pre-existing and newly formed coordination processes and mechanisms throughout the health, humanitarian and socioeconomic responses to COVID-19.[242]

The independent evaluation of UNFPA contributions to the UNDS reform found that UNFPA worked closely with UNCTs under the leadership of the empowered Resident Coordinators to deliver joint responses on the health, humanitarian and socioeconomic impacts of COVID-19. However, it also highlighted that, while video communications reduced isolation, working from home challenged collaboration, especially in areas where personal relationships were extremely important and informal dialoguing and interactions outside formal mechanisms were important enablers.

Key UNFPA and sister agency informants to this evaluation[243] highlighted the value of virtual UNFPA participation in pre-existing inter-agency coordination mechanisms as the pandemic emerged. Such mechanisms included UNCTs, senior management teams, operational management teams, results groups and other inter-agency working groups, prevention

234 UNFPA. 2020. Pandemic Pivot: Achieving Transformative Results in the COVID-19 Pandemic.

235 UNFPA. 2022. Formative evaluation of the UNFPA engagement in the reform of the United Nations development system.

236 Ibid.

237 United Nations. 2023. COVID-19 Response and Recovery Fund Final Narrative Report, February 2023.

238 WHO. 2020. COVID-19 Strategic Preparedness and Response Plan. Operational Planning Guidelines to Support Country Preparedness and Response, May 2020. Online at: https://digitallibrary.un.org/record/3859863?ln=en&v=pdf, https://interagencystandingcommittee.org/system/files/2020-05/COVID-19%20SupplyChainTaskForce_28.04.2020.pdf.

239 Online at: https://www.un.org/en/delegate/un-system-wide-medevac-task-force-aids-covid-19-response.

240 UNFPA. 2020. Pandemic Pivot: Achieving Transformative Results in the COVID-19 Pandemic.

241 United Nations. 2022. Inter-Agency Humanitarian Evaluation: COVID-19 Global Humanitarian Response Plan. Learning Paper.

242 Note that only a limited number of interviews were conducted with other United Nations entities at the country level, depending on availability.

243 Source of findings: UNFPA headquarters, regional office and country office key informants; United Nations key informants.

of sexual exploitation and abuse networks, and humanitarian clusters and sub-clusters, depending on the country contexts (see Table 3). Stakeholders also noted a constructive engagement in newly formed programme-related and staff safety processes and mechanisms because of the COVID-19 crisis. Hence, UNFPA was considered a reliable member of COVID-19 crisis response teams. In support of coherence, UNFPA country offices positioned the UNFPA mandate and contributed data and expertise[244] and United Nations socioeconomic response plans (SERPs). Table 7 shows, as examples, how UNFPA was included in the SERPs for the 13 countries studied in more depth for this evaluation (to the extent that they exist or were available).

TABLE 7: *Socioeconomic recovery plan pillars in evaluation sample countries*

Countries[245]	**Pillar 1: Health first. Protecting health services and systems during the crisis**	**Pillar 2: Protecting people. Social protection and basic services**	**Pillar 5: Social cohesion and community resilience**
Armenia	Y	Y	Y
Bosnia and Herzegovina	Y	Y	Y
Colombia	Y	N	N
Guatemala	Y	Y	Y
India	Y	Y	N
Indonesia	Y	Y	N
Jordan	Y	Y	N
Niger	Y	N	N
Senegal	Y	Y	Y
Zambia	Y	Y	Y

Source: Evaluation team based on document review.

Finding 33: Despite temporary interruptions due to the pandemic, new and ongoing joint programmes played an important role in generating synergies across agency responses to COVID-19. UNFPA also demonstrated resilience in its cooperation with sister United Nations agencies via informal channels for PPE distribution, data generation and analysis, policy dialogue, technical standards, and information, education and communication activities.

The evaluation of UNFPA contributions to the UNDS reform established that the number of United Nations joint programmes with UNFPA participation and the number of UNFPA country offices working with other United Nations agencies through joint programmes declined rapidly in 2020 (compared to a steady growth between 2017 and 2019), presumably linked to the outbreak of COVID-19, but recovered again in 2021 (see Table 8, below). In 2021, the number of joint programmes with UNFPA participation nearly reached the highest number recorded in recent years, that is, 189 (compared to 192 in 2019); 70 per cent of the 121 UNFPA country offices had at least one joint programme compared to 71 per cent prior to the pandemic, an indication of the resilient nature of such joint work.

244 UNFPA led the formulation of the SEIAs in Moldova and the Dominican Republic (instead of, as was standard, UNDP).

245 Libya, Namibia, and the Philippines did not finalize a SERP, as per the UN-INFO document tracker. In the case of Lebanon Reform, Recovery and Reconstruction (3RF) Framework is included in UN-INFO's COVID-19 SERP document tracker as the UN socioeconomic response plan, however, it does not include or follow the pillars. Where UNFPA was not specifically mentioned in the agency-specific mandates of the SERP, the evaluation team noted the coverage of its mandate.

TABLE 8: *Number of United Nations joint programmes with UNFPA participation, 2017-2021*

	2017	2018	2019	2020	2021
Total number of country offices	77	79 (+2.6%)	86 (+8.8%)	68 (-20.9%)	85 (+25.0%)
Total number of joint programmes	147	162 (+10.9%)	192 (+18.5%)	133 (-30.7%)	189 (+42.1%)
Percentage of country offices with at least one joint programme	64%	65%	71%	56%	70%

While not the only source of funding or space for formal collaboration to respond to COVID-19,[246] UNFPA participated in 33 joint programmes funded through the United Nations COVID-19 Response and Recovery Fund in 32 programme countries (see Annex 6b).[247] In light of a total of 97 projects funded by this Multi-Partner Trust Fund (MPTF) in 84 countries,[248] this number suggests that the level of collaboration with sister United Nations agencies globally was modest. However, financial data show that UNFPA received the third-largest amount of the 24 participating organizations (USD 7.9 million) after UNDP (USD 14.1 million) and UNICEF (USD 14.4 million), and thus played an important role in implementing SERPs.[249] Further analysis showed that 21 of the 33 joint programmes with UNFPA participation aimed to suppress transmission of the virus, 11 to mitigate social impact, and one to recover better. UNFPA collaborated most frequently with UNICEF (21 joint programmes), WHO (18 joint programmes) and UNDP (12 joint programmes).[250]

In terms of how such joint work contributes to the resilience of UNFPA, evaluation key informants engaged in joint programmes highlighted how important these have been for seamlessly responding to emergencies. In the case of COVID-19, evaluation evidence indicates good flexibility on the part of participating agencies and donors to adapt the scope of activities and engagement modalities of a variety of joint programmes such as:

- The UNFPA-UNICEF Global Programme to End Child Marriage[251]
- The UNFPA-UNICEF Joint Programme on the Elimination of Female Genital Mutilation[252]
- The Spotlight Initiative[253]
- The United Nations Joint Regional Programme Together for SRHR
- The Special Measures to Support the Response to the Refugee and Migrant Situation in Bosnia and Herzegovina
- The UNFPA-UNICEF Joint Programme Health System Strengthening for Reproductive, Maternal, Neonatal, Child and Adolescent Health and Social Accountability in Zambia

246 For instance, the evaluation extracted from IMS information on 11 joint programmes with "COVID" (sic) in their title that are not funded through the UN COVID-19 MPTF - that is, in 2020-2021, in Burkina Faso, Guatemala, Guyana, Libya, Nepal, Philippines, Uruguay, Uzbekistan and Viet Nam. However, the information in IMS is incomplete.

247 Asia and Pacific (Cambodia, Lao PDR, Maldives, Mongolia, Papua New Guinea, Tokelau, Viet Nam); Arab States (Morocco); Eastern Europe and Central Asia (Armenia, Georgia, Kosovo, Kyrgyzstan, North Macedonia, Tajikistan, Türkiye, Uzbekistan); Eastern and Southern Africa (DRC, Eswatini, Lesotho, Malawi); Latin America and the Caribbean (Belize, Brazil, Dominican Republic, Guatemala, Honduras, Jamaica, Peru, Uruguay); West and Central Africa (Cameroon, Gambia, Ghana, Liberia). Information online at: https://mptf.undp.org/participating-organizations/unfpa. The Guatemala country office raised funds for two joint programmes.

248 United Nations. 2023. United Nations COVID-19 Response and Recovery Fund Final Narrative Report, February 2023.

249 Online at: https://mptf.undp.org/fund/cov00.

250 UNICEF: 21; WHO: 18; UNDP: 12; UN Women: 6; International Organization for Migration: 6; UNESCO: 3; UNHCR: 2; International Labour Organization: 2; WFP: 2; UNAIDS: 1; UNIDO: 1; FAO: 1; OHCHR: 1; UN-Habitat: 1; UNOPS: 1.

251 Also see: UNFPA/UNICEF. 2021. UNFPA-UNICEF Global Programme to End Child Marriage. Joint Assessment of Adaptations to the UNFPA-UNICEF Global Programme to End Child Marriage in light of COVID-19, November 2021.

252 Also see: UNFPA/UNICEF. 2021 Joint Evaluation of the UNFPA-UNICEF Joint Programme on the Elimination of Female Genital Mutilation. Accelerating Change, Phase III (2018-2021).

253 Spotlight Initiative programmes were able to adapt to the pandemic and redirected around USD 21.0 million of funding in 2020 to address violence against women and girls in the COVID-19 response. Additionally, in 2020, USD 9.1 million were reallocated to address COVID-19 realities in sub-Saharan Africa. Source: Spotlight Initiative. 2021. Global Annual Narrative Progress Report, 01 January 2020 – 31 December 2020.

- The Government of Zambia and United Nations Joint Programme on Gender-Based Violence
- The Health for Peace joint programme in Colombia.[254]

Beyond the formal joint programme setting, in terms of joint COVID-19-related activities, UNFPA engaged with other United Nations agencies such as UNDP, UNHCR, UNICEF, UN Women and WHO in the procurement and distribution of PPE, production of data and statistics, needs assessments and analysis, policy advocacy, development of technical papers and guidelines, gender-based violence case management, capacity building for health professionals, and information, education and communication.[255] Evidence shows that UNFPA at least attempted to avoid overlap and duplication, although time was of the essence for all actors during the initial stages of the pandemic.[256]

Evaluation question 6: To what extent has UNFPA contributed to synergies and complementarity across the humanitarian-development-peace nexus?

Summary of findings

- UNFPA sought to integrate the humanitarian-development-peace nexus approach early on during the pandemic, despite challenges.
- Much of the UNFPA COVID-19 response was short-term and ended as the pandemic abated.
- Some UNFPA operations had a built-in nexus perspective due to country-specific dynamics.
- The COVID-19 pandemic prompted UNFPA to integrate humanitarian and development assistance more robustly.

Finding 34: Despite challenges to long-term approaches in many humanitarian contexts, UNFPA sought to operationalize the humanitarian-development-peace nexus approach at an early stage in the pandemic.

As discussed under evaluation question 1, UNFPA had already institutionalized both a policy commitment to a continuum approach to its work and a continuum or nexus programming approach to humanitarian and development work pre-COVID-19.

The challenges that the pandemic posed to work on the nexus were recognized early, and action taken to address them and systematize a more nexus-oriented approach. In mid-May 2020, a sub-group within the IASC (Results Group 4) was tasked with work on humanitarian-development collaboration, links and synergies and produced a briefing paper on the COVID-19 response and the humanitarian-development-peace nexus.[257] It articulated some key principles and a range of suggested actions to be taken by humanitarian response agencies to reinforce a nexus approach in crisis and fragile contexts.

Drawing on this, in mid-June 2020, UNFPA Technical Division and the Humanitarian Office convened an online webinar on applying the nexus approach in COVID-19.[258] The goal of the webinar was to explore opportunities at the country level for a nexus approach to address the pandemic.

Emerging from these efforts, UNFPA sought to further explore efforts to operationalize the humanitarian-development-peace nexus across the organization via a number of efforts, including:

- Creation of an internal humanitarian-development-peace nexus action community using the UNFPA intranet community pages as a joint space for information resources and communications (active with 59 members as of mid-2023)

254 Also see: UNFPA. 2020. Report on the structured funding dialogue 2019-2020. DP/FPA/2020/9, July 2020; UNFPA. 2021. Report on the structured funding dialogue 2020-2021, DP/FPA/2021/10, July 2021.

255 Source of findings: UNFPA country office key informants; United Nations key informants.

256 Ibid.

257 United Nations. 2020. Commitments into Action: A holistic and coherent response to COVID-19 across the Humanitarian-Development-Peace Nexus.

258 Proceedings available at https://sites.lumapps.com/a/unfpa/myunfpa/ls/community/gender-human-rights/post/6407904431833088 (intranet access only).

- Development of a series of nexus briefing notes, papers and guidance for internal sharing and dissemination.
- Drafting the "UNFPA Strategic Guidance Framework for Applying the Humanitarian-Development-Peace Nexus Approach". UNFPA recruited an external consultant to finalize this guidance in 2021 and has worked on refining it to maximize its operational utility through 2022 and 2023.
- Gathering further information on individual country approaches to the nexus, including retention of a consultant in 2022 to compile case studies on the experiences of UNFPA country offices or programmes that have adopted nexus approaches.
- Development of a learning series of internal webinars, e-courses and guidance notes on working across the nexus (2022 and 2023).
- Participation in the "Nexus Academy" (launched in February 2022), which is hosted by UNDP and facilitates joint learning and knowledge exchange to accelerate nexus approaches through co-creation and testing of training curricula and assigning country office and headquarters staff for training by the Academy.
- Advocated for UNFPA adherence to the Development Assistance Committee's recommendation on the nexus (see evaluation question 1) and for inclusion of the nexus accelerator in the UNFPA Strategic Plan 2022-2025.
- Internal 2023 guidance on bringing gender-based violence programming in line with nexus approaches.

In tandem with these global efforts, as the pandemic responses gathered pace, UNFPA teams at the country level made good efforts, where space was available, to work in line with the nexus approach and "build back better". For example, in Colombia, the UNFPA country programme response to COVID-19 saw complementarity between "humanitarian" and "development or peacebuilding" UNFPA teams in Bogotá and between core programming and service delivery in the territories. In Bosnia and Herzegovina, UNFPA programme staff recognized that some UNFPA-supported COVID-19 sexual and reproductive health and gender-based violence programming was similar if not the same as that within the humanitarian programme targeting refugees and migrants. Recognizing that the networks, standard operation procedures, capacities being built, and tools being developed would be crucial to increased preparedness and strengthened service delivery, a transition to the national authorities was proposed. This approach had positive traction with donors, for example the European Union, which agreed to fund a third phase of the programme to transition from emergency to peace services, which includes greater preparedness efforts.[259]

Finding 35: A considerable amount of the work supported by UNFPA in response to COVID-19 was short-term and life-saving in nature, with no opportunity to build in nexus elements from the outset, and has ended with the abatement of the pandemic.

Evaluation interviewees at country levels noted that, while appetite existed (and still exists) to ensure a smooth transition along the humanitarian-development-peace nexus, circumstances hindered it, and there is little evidence to suggest that the global efforts made during mid to late 2020 had considerable traction at country or programme levels. For example, in Colombia, achieving coherence across development, peacebuilding and humanitarian initiatives was noted by UNFPA staff as a complex task requiring time and skills for dialogue and coordination.

Analysis of primary evidence from internal and external implementers across UNFPA country offices highlighted two important factors that limit strengthening of local capacities, and hence resilience in humanitarian-development-peace nexus programming, in humanitarian settings.

Firstly, a heavy reliance on unpredictable, finite and time-limited humanitarian funding weakened potential sustainability of UNFPA COVID-19 interventions. In other words, while earmarked humanitarian funding saved lives, it is less suitable for addressing causes of vulnerabilities and for strengthening local systems. For example, in Niger, UNFPA-supported COVID-19 work did not have a long-term component and diverted existing funding from vital gender-based violence activities. There was a perception amongst some stakeholders that UNFPA was overly focused on government responses during the pandemic, and a more integrated and collaborative approach was needed to meet needs and address challenges specifically related to the UNFPA mandate areas.[260]

259 Source of findings: UNFPA key informants.

260 Source of findings: implementing partner key informants, Niger.

Secondly, in terms of localization of aid, some (though not all) UNFPA country offices considered it more convenient and less expensive to deliver a significant proportion of aid through direct implementation rather than transfer the resources and responsibility to local actors, which are often missing in remote and dispersed areas.[261]

Finding 36: There are examples of operations that have an in-built nexus perspective, driven by the dynamics of the country context (e.g. multiple and repeated crises).

In many countries, UNFPA has also contributed to national development strategies and on basic policy elements for social protection.[262] A consistent finding across virtually all countries is that stakeholders (both internal and external) consider the UNFPA relationship with the government as strong, and they are well positioned with other United Nations agencies to drive longer-term work on the nexus, particularly in the context of the alignment of UNFPA country programme documents with the wider UNSDCFs (or equivalent). Many elements of the COVID-19 response work that focus on supporting national health infrastructure will have lasting effects on resilience and preparedness.

In some countries, however, the nexus or continuum perspective has been in-built to a considerable extent, largely due to repeated crises that demand an almost continuous degree of humanitarian response by UNFPA. For example, in the Philippines, UNFPA has a strong record of integrating its humanitarian and longer-term development. This is documented within the 2019-2023 country programme document, which highlights operationalization of a nexus approach in the Mindanao region and emphasises that disaster risk mitigation will include integration of disaster preparedness and response and support to peacebuilding activities. The COVID-19 pandemic response work therefore prioritized a multidimensional approach that bridged short-term humanitarian response and long-term development cooperation.

In Indonesia, UNFPA and its government partners face a similar dynamic of repeated crises (primarily natural disasters, but occasional social or conflict-related crises) that require a constant need for preparedness and a continuum approach to responses. Such preparedness plans are strongly led by the Government in Indonesia and supported by international agencies (including a government-led cluster system). UNFPA adjusted its programming and existing guidance on the basis of consultation with the Government to reflect the need to move online, but the process was reported as smooth due to existing systems, despite the gravity of the pandemic in Indonesia.[263]

While this nexus approach is an important and valuable modality of working in the above country contexts, evidence from UNFPA partners is that the approach is less a consequence of any deliberate strategy on the part of UNFPA, than a consequence of how civil society organizations and government stakeholders operate, although this may equally be a good outcome of UNFPA capacity-building among partners. Nonetheless, these good-practice examples of resilience to crises could prove useful lessons for wider organizational learning and resilience building.

> *[Our work on the nexus] is a legacy of ourselves, rather than a deliberate UNFPA policy. But all due credit to UNFPA as they were the ones that started us on the path.*
>
> ***- UNFPA implementing partner, Philippines***

Finding 37: There is evidence that the pandemic, alongside other humanitarian crises, contributed to a stronger perspective and triggered new corporate efforts to institutionalize the integration of humanitarian and development assistance in response to COVID-19 and beyond.

To ensure a coherent corporate response in the context of the three global inter-linked United Nations COVID-19 plan[264], the UNFPA COVID-19 CRT included a mix of humanitarian and development backgrounds from UNFPA headquarters,

261 Source of findings: UNFPA, IP, UNCT and local key informants; SIS annual reports 2020 and 2021.

262 Source of findings: UN agency key informants, various countries.

263 Source of findings: UNFPA Indonesia key informants.

264 WHO. 2020. 2019 Novel Coronavirus (2019-nCoV): Strategic Preparedness and Response Plan, February 2020 (updated in 2021 and 2022); United Nations. 2020. Global Humanitarian Response Plan for COVID-19, March 2020 (updated in May and July 2020); United Nations. 2020. United Nations Framework for the Immediate Socio-Economic Response to COVID-19, April 2020.

divisions and regional offices.[265] UNFPA commitment to responding to the pandemic across the humanitarian development spectrum was subsequently confirmed in the UNFPA COVID-19 Global Response Plan.

> *The UNFPA pandemic response is a "whole of organization" approach, integrating enhanced humanitarian and development assets. It aims to effectively respond in all country contexts struck by the pandemic.*
>
> *- COVID-19 UNFPA Global Response Plan*

To support the operationalization of the organization's commitment to working along the continuum, throughout 2020, UNFPA headquarters undertook initiatives to progress on the nexus approach (discussed above), notably the internal and informal humanitarian-development-peace nexus action community, which has been active through the pandemic period.

Further, this evaluation notes that the UNFPA country programme document formulation and quality assurance guidelines were revised in 2020, albeit because of the introduction of the UNSDCF as a new strategic tool in the context of repositioning the UNDS, and not the pandemic.[266] However, to ensure the inclusion of elements of complementarity in their country programmes, UNFPA country offices were instructed to clearly articulate key principles, including the humanitarian-development-peace nexus. In parallel, the country programme review process introduced assessment of the adopted resilience approach to ensure programme alignment and implementation of linkages across humanitarian, peacebuilding and development programming.

In terms of human resources competencies for nexus work, the COVID-19 pandemic demonstrated that UNFPA offices in stable contexts tended to be insufficiently prepared to transition to emergency procedures and humanitarian approaches, but were resilient in adaptation. Evidence suggests that personnel accustomed to working in development settings did not necessarily have the skills, experience and mindsets to transition to a humanitarian setting.[267] For example, staff supporting upstream work such as advocacy, analysis, awareness raising and partnership development found switching engagement modes to meet the immediate needs of COVID-19-affected people challenging.

Evaluation question 7: At the onset and during the COVID-19 pandemic, to what extent have UNFPA systems, processes and procedures supported a safe and timely and continuous response?

Summary of findings

- UNFPA faced manageable delays due to the COVID-19 pandemic but took early mitigation steps, including increased reliance on remote and digital solutions and PPE distribution.
- Remote work was effective for UNFPA, though challenges arose from connectivity issues and tool proficiency.
- UNFPA quickly improved its duty of care framework for staff safety during the pandemic.
- Staff appreciated UNFPA efforts in health protection, emphasizing the importance of positive work environments.
- Duty-of-care concerns arose for non-staff personnel, leading to temporary measures to address inequities.
- UNFPA ensured partner safety without including them in corporate duty of care considerations.
- UNFPA activated fast-track procedures for COVID-19-related early procurement, facing challenges from various factors.
- The UNFPA recruitment processes adapted, but new remote surge modalities were not fully utilized.
- The initial UNFPA COVID-19 response faced funding shortages, even with various resource mobilization efforts.
- Funding for UNFPA COVID-19 activities was limited and relied heavily on non-core sources.
- The pandemic restricted in-person project assurance, leading to increased reliance on remote monitoring.

265 UNFPA. 2020. HDP Nexus Considerations during the COVID-19 Pandemic, Undated; also see UNFPA CRT minutes.

266 UNFPA. 2020. CPD in the context of the United Nations Sustainable Development Cooperation Framework (UNSDCF), UNFPA. 22020. Guide for UNFPA Field Offices Developing New Programmes, March 2020; UNFPA. 2020. PRC User Guide, Quality Assurance Guidelines for Country Programme Documents under the Strategic Plan 2018-2021, July 2020. This guidance took effect for CPDs submitted to the second regular session of the Executive Board (September 2020).

267 Source of findings: UNFPA headquarters, regional office and country office key informants.

Finding 38: UNFPA programmes experienced not-unreasonable delays and interruptions due to internal and external factors linked to the pandemic. Early transfer of core contributions, the shift to new technologies, digitalization and distribution of PPE were important early mitigation measures.

The convening of the UNFPA Global Crisis Response Team in February 2020, around the time of the publishing of the WHO-led COVID-19 Strategic Preparedness and Response Plan,[268] laid the foundation for prompt UNFPA adaptation and response to the changing context, as did timely guidance on, and a pragmatic approach to, reprogramming work plans and repurposing funds.[269]

As discussed under previous evaluation questions, UNFPA adjusted and reprioritized its programming to reflect the needs expressed by and via government partners and other national-level stakeholders. Nonetheless, interruptions to the implementation of ongoing and newly planned activities did occur, although stakeholders at different levels did not consider them major or unreasonable.[270] Reasons for interruptions common to multiple UNFPA country offices were of internal and external natures, depending on the severity and progression of the pandemic, economic situations and the specific priorities and policies of governments. They are summarized in Table 9, alongside examples and implications for UNFPA.

TABLE 9: *Causes of interruptions and delays during the COVID-19 pandemic*

Internal reasons	Examples
Inadequate corporate rules, procedures and tools for working in emergencies	• Operational dependence on UNDP • Traditional paper-based document management • Incompatible and inflexible corporate planning, monitoring and planning systems
Inconducive corporate procurement strategies, procedures and capacities	• Centralized approach to procurement • No relaxation of stringent regulations and compliance requirements • Insufficient procurement and supply chain management capacities • Limited decentralized prepositioning of commodities and equipment

External reasons	Implications for UNFPA
Significant impact on production and supply chain	• Shortages of and competition for essential items such as PPE, SRH commodities and vaccinations
Restrictions on movement and travel because of the coronavirus and COVID-19-related deteriorating security situations	• Delayed last-mile delivery of lifesaving SRH and GBV prevention and response commodities • Disruptions to in-person community mobilization and community-based interventions • Shift to virtual monitoring and impact on spot checks affecting last-mile assurance activities

268 WHO. 2019. 2019 Novel Coronavirus (2019-nCoV): Strategic Preparedness and Response Plan.

269 UNFPA. 2020. Interim guidance for regional and country offices on COVID-19 response, Version: 06 April 2020 – Crisis Response Team (CRT) COVID-19.

270 Source of findings: UNFPA headquarters, regional office and country office key informants.

External reasons	Implications for UNFPA
Emphasis on adapting to the pandemic context and focusing on mitigating the spread and impact of the coronavirus	• Interrupted UNFPA support for SRHR and GBV services • Extensive disruptions and delays to census projects[271] • Interrupted government-led physical delivery of products and materials used to support SRH services
Shift in donor priorities and budget constraints because of COVID-19	• Inability to approve reprogramming of existing funding in a timely manner • Inability to provide additional funding in a timely manner

Initially, particularly the shift to new technologies, digitalization and distribution of PPE provided satisfactory solutions and mitigated the effects of the pandemic on UNFPA programme implementation, as did the fact that more than 80 per cent of regular resources contributions pledged at the start of the year were collected by the end of May 2020.[272] Over time, restrictions on movement and travel were lifted and sexual and reproductive health and gender-based violence were determined essential services. COVID-19 vaccinations became available and supply chains were restored. Governments were able to refocus, bringing about a "new normal".

Finding 39: The shift to remote work functioned well, as did the staggered return to work and to duty stations. The most significant business continuity bottlenecks related to electricity and internet connectivity at home and the availability of, and proficiency in, using communication tools.

Overall, evidence from the evaluation indicates that the transition of UNFPA staff to working remotely resulting from rapid societal lockdowns worldwide was effective and demonstrative of operational resilience. UNFPA instituted quick measures to facilitate staff working from their homes, such as the transfer of office and IT equipment (e.g. computer screens, office chairs and printers), financial support (up to USD 200 per person) and advances on salary payments (to cover unplanned expenses).

Offices and staff members already in possession of laptops (rather than desktops) were at an advantage in terms of hardware portability and thus the time required for an effective transition.[273] Aside from shortages of laptops in individual contexts, the most significant bottlenecks for ensuring business continuity, staff safety and security (and thus duty of care) related to utilities – namely, electricity and internet connectivity at home – as well as access to, and proficiency in, communication hardware and software tools such as mobile phones and video-conferencing and collaboration platforms.[274] Some evaluation informants also noted challenges resulting from country offices not having fully transitioned to the UNFPA online enterprise solution (Google Cloud) for storing and managing data, and from high reliance on physical documents, especially in the area of administration and finance. Therefore, the switch from traditional paper-based document management to digital methods, particularly the use of digital document signatures with the organization-wide introduction of DocuSign and "AODocs" for managing United Nations-to-United Nations agreements, was considered a very timely administrative measure.[275]

271 Online at: https://www.unfpa.org/census#readmore-expand. Of 49 programme countries scheduled to conduct a census enumeration in 2020, 38 countries postponed the censuses, and 11 conducted census enumerations. Source: UNFPA. 2021. Implementation of the UNFPA Strategic Plan, 2018-2021, Report of the Executive Director, DP/FPA/2021/4 (Part I), April 2021.

272 UNFPA. 2021. Statistical and financial review, 2020, Report of the Executive Director, DP/FPA/2021/4 (Part I/Add.1), April 2021.

273 Source of findings: UNFPA country office key informants. Also see UNFPA. 2020. Guidance Note on Emergency Advances to Service Contract Holders, February 2020; UNFPA. 2020. Procedural Note on Remuneration Advances, April 2020; UNFPA. 2020. Guidance on COVID-19-related reimbursements for equipment during remote work arrangements, September 2020.

274 Source of findings: UNFPA headquarters, regional office and country office key informants. Also see UNFPA. 2020. The role of business continuity management in the wake of COVID-19, Office of the Security Coordinator, September 2020.

275 Source of findings: UNFPA headquarters, regional office and country office key informants. Also see UNFPA. 2020. Guidance Note on Online Approvals and Electronic Signatures, April 2020; UNFPA. 2020. Guidance Note on UN-to-UN Agreement Online Review Workflow, September 2020; UNFPA. 2020. The role of business continuity management in the wake of COVID-19, Office of the Security Coordinator, September 2020.

Depending on the particular public health considerations and regulations in specific contexts, the return to office premises took place at intervals where UNFPA personnel alternated between working remotely and working from the physical office on a scheduled basis, all the while following COVID-19 protocols and according to agreed levels of programme criticality. At UNFPA headquarters in New York, a general return to office work took place in September 2021, with all other business units returning by 1 January 2022.[276] While some evaluation key informants expressed that UNFPA management was not sufficiently considerate of personal situations, health risks and ongoing travel restrictions, especially outside New York, most were satisfied with decisions to resume in-person work in this controlled and gradual manner.[277]

Testimony from UNFPA staff of their experiences during the COVID-19 pandemic highlighted both professional and personal-level advantages of working from home, aside from reduced COVID-19 infection risk, specifically:

- Enhanced focus, productivity and quality
- Flexibility in scheduling
- Increased autonomy
- Eliminated or minimized commute time
- Increased privacy and comfort
- Improved family life.

Conversely, staff members also recognized (or experienced renewed appreciation for) the benefits of working from the office, in terms of:

- Greater visibility of the organization
- Productivity improvements from personal and spontaneous interactions and face-to-face communication
- Improved teamwork
- Better office infrastructure
- Ease of maintaining appropriate working hours
- Clearer separation of professional and personal lives
- Reduced risk of isolation.

Further, working from home, as some noted, required heightened discipline, necessitated managers to adapt their leadership styles, and threatened organizational cohesiveness, a key element of overall resilience.[278]

Finding 40: While the UNFPA duty of care framework was not commensurate with the safety, well-being and protection of its personnel at the onset of the COVID-19 pandemic, the organization acted swiftly, in cooperation with other United Nations entities, to establish measures.

UNFPA human resources management, including duty of care, is governed by a variety of UNFPA, UNDP and United Nations system rules, policies, procedures, tools and guidance. Before the COVID-19 pandemic, UNFPA had no specific duty of care policy outlining the organization's obligations and responsibilities for ensuring the safety, well-being and protection of its personnel, nor a dedicated mental health strategy or a duty of care coordinator.

However, important elements of duty of care were captured in a framework of policies and administrative measures related to staff well-being, for example, flexible working arrangements; leave entitlements; health insurance; medical evacuation (MEDEVAC); surge deployment; care for gender-based violence case workers and managers; and confidential advice and grievance and complaint procedures.

276 Online at: https://sites.lumapps.com/a/unfpa/myunfpa/ls/community/corona-virus-updates/post/4954899583729664.

277 Source of findings: UNFPA headquarters and country office key informants.

278 Source of findings: UNFPA key informants. Also see UNFPA. 2020. Pulse Survey on Next Normal, Summary of Responses, October 2021.

As a member of the HLCM, among other things, UNFPA had helped develop a mental health and staff well-being strategy for the United Nations system[279] and contributed to guidance on the duty of care for personnel in high-risk environments.[280] One of the 16 inter-agency minimum standards for gender-based violence programming in emergencies, compiled by UNFPA under the umbrella of the gender-based violence area of responsibility of the IASC Global Protection Cluster, is "staff care and support".[281]

In March 2020, UNFPA regional and country offices were instructed by UNFPA senior management to activate COVID-19 crisis response teams to ensure adherence to duty of care principles for UNFPA personnel and maintain business continuity.[282] Because the existing duty of care measures did not anticipate or plan for the consequences of a highly infectious pandemic, UNFPA was required to adapt and establish special temporary measures to safeguard its personnel's safety, health, and well-being (see Table 10). It did so promptly, mainly in concert with sister United Nations agencies. The following table sets out a list of specific policies and guidelines etc. with their respective dates of publishing – at least one policy published prior to the declaration of the pandemic, and most others within the first two months.

TABLE 10: *Overview of duty of care related special measures during COVID-19*

Date	Special measure
February 2020	UN Administrative Guidelines for Offices on the Novel Coronavirus (COVID-19) Outbreak (Version 1.0)
March 2020	UN Guidance Note – Coronavirus Disease 2019 (COVID-19)-affected Countries Entitled to Rest and Recuperation
March 2020	UN Administrative Guidelines for Offices on the Novel Coronavirus (COVID-19) Outbreak (Version 2.0)
March 2020	UN Administrative Guidelines for Offices on the Novel Coronavirus (COVID-19) Outbreak (Version 3.0)
April 2020	UN Administrative Guidelines for Offices on the Novel Coronavirus (COVID-19) Outbreak (Version 4.0)
April 2020	UNFPA Special Administrative Measure for Contract Extensions due to Travel Restrictions for Technical Assistants, Consultants and Interns
April 2020	UNFPA Special Administrative Measure for Sick Leave for Independent Contractors and Interns
January 2021	UN Administrative Guidelines for Offices on the Novel Coronavirus (COVID-19) Outbreak (Version 5.0)
March 2021	UN COVID-19 Medical Evacuation Framework[283]
August 2021	UN Administrative Guidelines for Offices on the Novel Coronavirus (COVID-19) Outbreak (Version 6.0)

279 United Nations. 2017. A Healthy Workforce for a Better World, United Nations System Mental Health and Well-being Strategy.

280 United Nations.2018. Cross-Functional Task Force on Duty of Care for Personnel in High-Risk Environments, Report, October 2018.

281 "GBV staff are recruited and trained to meet core competencies, and their safety and well-being are promoted": UNFPA. 2019. The Inter-Agency Minimum Standards for Gender-Based Violence in Emergencies Programming.

282 UNFPA. 2020. COVID-19 UNFPA Country – Regional - Global Coordination and Communication - Terms of Reference / Standard Operating Procedure, 19 March 2020.

283 See here for an index of MEDEVAC-related documents: https://www.un.org/en/coronavirus/covid-19-medevac.

Finding 41: UNFPA staff highly regarded investments in COVID-19 protection and health care (physical and psychosocial), But experiences during the pandemic underscore the value of positive work environments and effective leadership for staff well-being and motivation.

From the onset of COVID-19, UNFPA implemented various measures to protect the physical health and safety of staff and thus boost the resilience of the organization and mitigate the worst effects of the pandemic.[284] Despite initial uncertainty around the causes and characteristics of the infection, the consensus of evidence from key informants to the evaluation was an appreciation of:

- Clear and regular communications related to the pandemic
- Provision of personal protective equipment (PPE)
- Workplace adaptations to maintain social distancing and improve air quality
- Access to medical professionals on the UNFPA staff roster (COVID-19 focal points) and United Nations medical doctors as well as to health clinics and hospitals
- Staffing schedules to minimize person-to-person exposure on return to office
- Access to COVID-19 testing and vaccination as they became available.

In 2020, DHR tracked the number of COVID-19 cases among its staff and non-staff personnel: 318 cases were reported and two deaths.

Nonetheless, against a backdrop of a high degree of institutional attention to health risks, the evaluation notes evidence across different UNFPA business units and duty stations of specific shortcomings, in terms of:

- Availability of PPE
- Timely access to COVID-19 tests and vaccines
- Reimbursement of costs for local medical services
- Uncertainties regarding COVID-19-related MEDEVAC services.[285,286]

Furthermore, the UNFPA corporate focus on mental health increased significantly in unison with the understanding of the gravity and direct impact of the pandemic on staff mental health and, as noted by the UNFPA Ethics Office, an increased risk of interpersonal misconduct due to the psychological crisis.[287] Evaluation key informants highlighted a combination of factors, including significant uncertainty surrounding the coronavirus; difficult personal and familial circumstances; confined work and living spaces; and the need to manage parallel humanitarian emergencies.[288] UNFPA tackled the situation through the creation of a temporary global staff care coordinator position and other measures, notably:

- The recruitment of local psychologists and counsellors by some UNFPA country offices
- The recruitment of regional staff care consultants located in regional UNFPA offices in 2020 and 2021
- The launch, in August 2020, of an employee assistance programme[289] for UNFPA staff and service contract holders, as well as their family members
- A dedicated staff well-being website[290]

284 Source of findings: UNFPA headquarters, regional office and country office key informants; document review.

285 Source of findings: UNFPA regional office and country office key informants. Also see UNFPA. 2020. The role of business continuity management in the wake of COVID-19, Office of the Security Coordinator, September 2020. Existing procedures for MEDEVAC became not implementable and an issue for the United Nations system to resolve due to the negative impacts of COVID-19 on MEDEVAC service providers, restrictions imposed by governments on movement into and within the country, the suddenly limited health systems, and overburdened health personnel.

286 These issues triangulate with experiences expressed by colleagues across other United Nations organizations. See: IASC. 2023. Inter-Agency Humanitarian Evaluation of the COVID-19 Humanitarian Response, March 2023; WFP. 2022. Evaluation of the WFP Response to the COVID-19 Pandemic, January 2022.

287 UNFPA. 2022. Report of the Ethics Office 2021, DP/FPA/2022/7, April 2022.

288 Source of findings: UNFPA headquarters, regional office and country office key informants.

289 Online at: https://sites.lumapps.com/a/unfpa/myunfpa/dhr-launches-unfpas-employee-assistance-programme.

290 Online at: https://sites.google.com/unfpa.org/well-being?pli=1&authuser=0.

- A range of well-being materials posted on the MyUNFPA COVID-19 portal[291]
- A variety of mental health and well-being webinars and surveys.

Evaluation informants expressed widespread appreciation for the provision of free-of-charge services by psychologists hired by the UNFPA country offices, UNCTs and such services provided by regional staff care consultants. Nonetheless, some criticized delays in the creation of those posts as well as highlighting pervasive language and gender barriers.[292] The UNFPA Ethics Office reported a notable rise in requests for confidential advice and guidance during 2019-2022, including regarding employment-related concerns.[293]

Primary evaluation evidence indicates that staff perceptions of care were, to a significant extent, determined by the efforts of leaders and colleagues rather than as a result of policies and institutional healthcare services. Regular check-ins by managers, expressions of solidarity and social interactions between colleagues (e.g. the use of "buddy systems") contributed greatly to positive staff well-being, motivation and continued commitment to UNFPA (see Box 2).[294]

Notwithstanding such efforts, a UNFPA "Pulse Survey" in April 2020 found that the mental well-being of 42 per cent of survey respondents had worsened as a result of the COVID-19 pandemic. A health and well-being survey in July 2021 indicated that satisfaction of 44 per cent of staff with their work-life-balance had worsened.[295]

Several key informants attributed continued high levels of stress to the perceived obligation to be available and productive at all times to cope with the additional workload caused by the COVID-19 outbreak. They noted: long working hours; excessive numbers of (virtual) meetings; focus on delivery; constant requests for information; deadlines, tools and processes that were unsuitable for humanitarian settings; staffing gaps; perceived unreasonable denial of leave requests; and inadequate efforts to redistribute work burdens to avoid capacity overload.[296]

Further, evidence from UNFPA country office staff highlighted the importance to resilience of proactive measures tailored to the different dynamics and constraints experienced by country offices in capital cities and field offices located in remote areas. Key informants highlighted a number of specific issues in this regard:

- Business continuity plans did not differentiate between in-country locations or specify subnational geographical risks and scenarios
- Field offices at times lacked PPE because of mobility restrictions
- Office modifications and laptops took excessive time to be delivered
- Access to United Nations clinics was physically impossible and the UNFPA medical insurance was not accepted by local hospitals
- There was increased exposure to COVID-19 infection due to sharing offices with external partners and more direct contacts with local authorities and communities
- Higher responsibilities for implementation activities resulted in higher stress levels.

291 Online at: https://sites.google.com/unfpa.org/myunfpa-covid19/home?pli=1&authuser=0.

292 Source of findings: UNFPA country office key informants.

293 Total number of requests for advice and guidance related to conflict of interest and employment-related concerns in 2019: 186; 2020: 209; 2021: 455; and 2022: 373. In 2022, 52 per cent of queries related to employment-related concerns, including alleged wrongdoing. UNFPA. 2022. United Nations Population Fund. Report of the Ethics Office 2021. DP/FPA/2022/7. April 2022; UNFPA. 2023. United Nations Population Fund. Report of the Ethics Office 2022. DP/FPA/2023/3. March 2023.

294 Source of findings: UNFPA country office key informants.

295 UNFPA. Duty of Care Report January to December 2021, Internal presentation.

296 Source of findings: UNFPA headquarters, regional office and country office key informants. Also see UNFPA. Duty of Care Report January to December 2021, internal presentation.

Box 2: UNFPA country office key informants' appreciation of informal staff care

"They [the staff] were taken care of (fruit, flowers, songs, played games). Creativity helped a lot to keep team spirit. Very frequent team meetings to cheer them up. Checked on staff and families. Celebrated good things."

"Very tight-knit and in touch with each other every day. …Assistant rep and representative often called to check in on how they were doing. Knowing that someone is thinking of mental health felt really good."

"[Management] conducted staff surveys … Asked the team about their feelings. … Carried out activities for emotional support, cultural and relaxation activities."

"The representative took care of each and every staff member. Took extra care. Also mental health. For instance, the government communicated that 24.4.2020 last day for operating any flights. … Representative decided late at night and bought tickets for him to return from the field office to his family in the capital."

"Staff came up with a lot of initiatives – online yoga, social activities, painting, cooking etc. – a lot of joint activities. Also came up with an initiative on the role of male partners in domestic work – all small stuff, but made a lot of difference."

"Each contributed in their own way. It was very stressful, lots of uncertainty. But at the same time, one of the most productive and satisfying times, compared to post-COVID-19 and when back to normal. Lots of creativity. Also on wellness - but all because of the team dynamic - collective leadership."

"People-centred approach. What helped to cope well were regular engagements with UNFPA management. Weekly check-ins. Without an agenda. Helped to give people ease."

"Human resources are the most treasured asset for any organization. As managers, had to ensure to prioritize staff safety and well-being. ... Talking. Checking on them. Bi-weekly meetings. Individual meetings. WhatsApp. Something that should be continued. Caring for each other."

Finding 42: The pandemic highlighted duty of care issues regarding non-staff personnel, especially those in UNFPA country offices who perform regular functions and work alongside staff with more comprehensive entitlements and benefits. Temporary measures sought to reduce inequities, but uncertainties remained.

UNFPA is a mid-size United Nations agency with a workforce of 5,227 personnel, 86 per cent of whom are based outside of New York. UNFPA differentiates between "staff" and "non-staff" personnel, the key difference being the terms and conditions of employment and access to duty of care. UNFPA staff (i.e. international professionals; national officers and general service staff) make up 60.3 per cent of personnel. Non-staff personnel are largely composed of 17.4 per cent individual consultants; 16.8 per cent service contracts (non-headquarters duty stations only), and 5.5 per cent United Nations volunteers.[297] Entitlements and benefits packages for the approximately 2,000 UNFPA non-staff personnel differ among the different categories but are less comprehensive than those offered to full staff members.

COVID-19 gave prominence to pre-existing issues of duty of care towards non-staff personnel who are recruited by UNFPA to perform regular (i.e. non-exceptional) functions and who work alongside UNFPA staff to implement programmes. Such service contractors and individual contractors - often humanitarian and frontline workers at greater risk of exposure to the coronavirus - were not automatically granted the same support as UNFPA staff.

However, UNFPA quickly sought to reduce inequities and ensure fairness in the face of COVID-19, especially vis-à-vis those individuals engaged for an extended duration.[298] Examples of support to non-staff personnel were:

297 Source: UNFPA People Strategy. Data as of 31 December 2022.

298 Source of findings: UNFPA headquarters, regional office and country office key informants.

- The provision of information about virus transmission and PPE
- Financial support for improving remote work arrangements[299]
- Access to counselling (including the employee assistance programme), MEDEVAC and COVID-19 vaccinations[300]
- COVID-19-related sick leave entitlements[301]
- COVID-19-related short-term contract extensions.[302]

Notwithstanding these efforts, evaluation key informants at the country level expressed uncertainties around the extent and nature of corporate entitlements for non-staff personnel during the pandemic. Guidance was not always clear or within reach for immediate reference. Indeed, while UNFPA headquarters communicated repeatedly with staff regarding human resources and duty of care, for example, regularly updated "questions and answers on COVID-19 for UNFPA staff" and set up internal COVID-19 online platforms,[303] key informants confirmed that there was no single repository for all relevant information related to human resources special measures during the COVID-19 pandemic that all UNFPA personnel (including those who had not been issued UNFPA email addresses) could access for easy reference or that could serve as a knowledge platform for future pandemics.

Finding 43: Although UNFPA partners were not included in corporate considerations about duty of care or business continuity, UNFPA made considerable efforts to keep them safe and healthy while continuing to do business.

UNFPA did not and still does not have any policies or guidance notes on duty of care towards partners in general or in implementing partners more specifically.[304] Other than in the context of a framework for assisting UNFPA business units to continue "safeguarding the interests of UNFPA stakeholders, including governments, donors, and partners", the business continuity management policy and operational measures do not include them as critical actors, even though delivery of programme activities by implementing partners represents about 33 per cent of UNFPA total expenditure.[305]

Special guidance was provided to country offices during the COVID-19 pandemic on the management of implementing partners.[306] However, while guidance noted "the health and safety of the personnel and families of UNFPA and its implementing partners" as a key consideration, the scope of the guidance solely covered programmatic considerations, the harmonized approach to cash transfers assurance, last-mile assurance and cash transfers.

Despite this lacuna in UNFPA policies, primary evidence from evaluation informants was that UNFPA support to partners at the country level was largely positive and supported their resilience in the face of the pandemic.[307] Testimony from a range of country operations indicates that, to the greatest extent possible, UNFPA country offices provided their partners: with COVID-19-related information and guidance on protective measures; with masks, hand sanitiser, soap and other measures to prevent the transmission of COVID-19; with logistics and transportation support to facilitate business continuity; with rechargeable phones and mobile phone cards to facilitate remote communication; and with access to COVID-19 vaccinations.

299 UNFPA. 2020. Guidance on COVID-19 related reimbursements for equipment during remote work arrangements, September 2020. Also see UNFPA. 2020. Guidance Note on Emergency Advances to Service Contract Holders, February 2020.

300 See United Nations. 2020. COVID-19 Medical Evacuation Framework, March 2020.

301 UNFPA. Special Administrative Measure for Sick Leave for ICs and Interns.

302 UNFPA. Special Administrative Measure for Contract Extensions Due to Travel Restrictions for Technical Assistants, Consultants, Interns.

303 Online at: https://sites.google.com/unfpa.org/myunfpa-covid19/home; https://sites.google.com/unfpa.org/well-being/covid-stress.

304 Policies, procedures, tools and guidance notes in the "implementing partners" section of the UNFPA policy and procedures manual cover work plan preparation, management and monitoring.

305 JIU. 2023. Review of management and administration in the United Nations Population Fund, JIU/REP/2023/1. Note: the United Nations ORMS policy also does not consider the roles of implementing partners.

306 UNFPA. 2020. Interim Guidance (Internal Circulation Only) – Guidance Note on Implementing Partner Management during COVID-19 Pandemic, 1 April 2020. Updated 30 April, 1 June and 16 December 2020.

307 Source of findings: UNFPA country office key informants; country-level partner key informants.

Finding 44: The activation of global fast-track procedures in March 2020 allowed UNFPA to initiate COVID-19-related emergency procurement early. Despite considerable efforts, external and internal factors hampered emergency procurement at all levels.

UNFPA adapted its procurement and human resources procedures early in the pandemic. In the first instance, in February 2020, and based on guidance from, and specifications recommended by, WHO, the Procurement and Supplies Branch (now the SCMU) authorized all country offices to award contracts for 12 types of personal protection items.[308] Subsequently, in light of the COVID-19 scale-up emergency response, the then Humanitarian Office, with the approval of the Deputy Executive Director (Management), activated global fast-track procedures for 13 March to 13 December 2020, covering emergency procurement and human resources.[309] Other fast-track procedure extensions were approved for procurement to 31 December 2021.

Two conditions were necessary for blanket approval: 1) the host country government or the UNCT must have stated that particular actions must be taken in response to COVID-19; and 2) a procurement plan submitted to and verified and approved by the Procurement and Supplies Branch. Global fast-track procedure activation broadened the range of eligible products and increased opportunities for local procurement. Country offices could request local procurement of specified PPE, certain medical supplies and equipment, essential hygiene and sanitation items, and items associated with the prevention of human-to-human transmission of the virus. Inter-agency reproductive health kits and contraceptives continued to be purchased centrally through the Procurement and Supplies Branch. The branch committed to confirming within one working day whether procurement plans were approved.[310]

Evidence indicates that the COVID-19 pandemic presented varied procurement challenges depending on the specific circumstances. However, overall, a combination of complex external factors related to the pandemic slowed down the UNFPA emergency procurement process and demanded considerable efforts from UNFPA personnel at different levels.

Externally Most of all, UNFPA experienced significant production and supply chain disruptions, which led to shortages of essential PPE, sexual and reproductive health commodities and vaccinations amongst high demand and competition for items. External factors that the organization faced also included: price fluctuations; difficulties conforming to technical specifications; availability of special storage containers; border closures and customs delays; and in-country transportation and mobility issues.[311]

Internally: Most significantly, key informants highlighted the challenge presented by a centralized approach to procurement, with stringent regulations and compliance requirements leading to long authorization processes and affecting turnaround time. Stakeholders also highlighted a lack of internal experience and capacities at the country level to procure, quality-assure and manage the distribution of large quantities of supplies using emergency procurement procedures. Further, a continued emphasis on needs-based procurement was a significant bottleneck – specifically, very limited country and regional prepositioning of commodities and equipment, including supplies for emergency communications and staff safety and security in preparation for new crises.[312]

In mid-2023, an internal audit report of UNFPA fast-track procedures covering January 2020 to July 2021[313] assessed the adequacy and effectiveness of governance arrangements, risk management practices and controls related to the procurement of emergency supplies. It rated these as "partially satisfactory with major improvements needed" based on:

308 UNFPA. 2020. Local Procurement of Protective Equipment - Corona Virus. Email of February 24th 2020.

309 UNFPA. 2020. Fast Track Procedures Activation Form - COVID-19. Signed on 13 March 2020.

310 UNFPA. 2020. Guidance Note on Using the COVID-19-based Global FTP Activation - From Procurement Aspect. Email 20 Mar 2020.

311 Source of findings: UNFPA headquarters, regional office and country office key informants. Also see UNFPA. 2020. The role of Business Continuity Management in the wake of COVID-19, Office of the Security Coordinator, September 2020.

312 Source of findings: UNFPA headquarters, regional office and country office key informants. Also see: UNFPA. 2020. The role of Business Continuity Management in the wake of COVID-19 - Office of the Security Coordinator. For pre-positioning, reference is made to MPA 7: Enhance the ability to quickly provide the affected population with critical relief supplies, as well as to Operational Recommendation 4 of the Evaluation of UNFPA capacity in humanitarian action (2012-2019), 2019: "UNFPA should review the corporate approach on preparedness for supplies, including where necessary regional stockpiling and national pre-positioning".

313 UNFPA. 2023. Audit of the UNFPA Fast-Track Policy and Procedures for the Procurement of Humanitarian Supplies, Final Report, No IA/2023-4, May 2023. Overall, 103 UNFPA country offices issued 1,205 purchase orders, applying the FTP. The value of emergency supplies amounted to approximately USD 41.4 million.

1. Inadequate management action process to realize change initiatives
2. Weak risk management process established for fast-tracked procedure activities
3. Irregular monitoring and assessment of the fast-tracked procedure usage report
4. Absence of a metric-based performance indicators framework.[314]

This said, the report also commended the proactive engagement of relevant headquarter units and their support for UNFPA country offices in the context of global supply chain interruptions and highlighted good practices, namely: the launch of the Humanitarian Supplies Strategy in December 2020[315] and of the Humanitarian Capacity Development Initiative; the initiation of a global United Nations tender for PPE together with WHO and UNICEF; the use of diversified long-term agreements; and the establishment of an online service tool, Logistics HELP-desk.

Finding 45: While the fast-tracked procedures and normal recruitment processes met the additional hiring needs of UNFPA business units, the newly introduced remote and localized surge modalities were not used to bridge human resources gaps to respond to COVID-19.

Early in the pandemic, UNFPA anticipated a shortage of human resources capacities to ensure the continuation of UNFPA operations and programmes in to the context of COVID-19. The activation of global fast-tracked procedures during nine months in 2020 therefore also permitted country offices to operate with greater speed and flexibility in their human resources efforts.[316] Around the same time, border closures and duty of care concerns obliged UNFPA to discontinue international surge deployments. After clarifying administrative requirements, three new modalities were introduced: 1) pre-COVID-19 surge responders who remained in duty stations working mostly via telecommute arrangements; 2) localized surge modalities whereby international surge responders residing in countries of operations could support a country office; and 3) remote-based surge that supported country offices from afar.[317]

UNFPA recruitment processes appeared to be resilient to the challenges presented by the pandemic, with little evidence identified of constraints in recruiting personnel. During 2020, many UNFPA country offices benefited from the operational flexibility provided by the global fast-tracked procedures to expedite decision-making around recruiting additional capacities and missing competencies, such as psychological counsellors and humanitarian and frontline workers (e.g. nurses and social workers).[318]

The UNFPA surge mechanism deployed 114 humanitarian experts to 30 countries during 2020, however the surge was not used to bridge human resource gaps created by COVID-19.[319] Relevant country office stakeholders informing this evaluation reported a lack of awareness of the option to request remote or localized surge deployments for their COVID-19 responses: in some cases out of the consideration that surge would be needed for other humanitarian crises around the world; that travel and movement restrictions rendered physical deployment and face-to-face interactions impossible; and that national contractors could be hired faster, for longer periods and knew the local context and language. Generally, it was suggested that UNFPA country offices in normally stable development settings are less familiar with the surge and therefore less likely to request support.[320]

314 See Annex 6h for a list of the main issues and related recommendations from the report.

315 See UNFPA. 2020. UNFPA Humanitarian Supplies Strategy (2021-2025), December 2020.

316 UNFPA. 2020. Fast Track Procedures Activation Form - COVID-19. Signed on 13 March 2020.

317 UNFPA. 2020. Interim Guidance for regional and country offices on COVID-19 response. Version: 06 April 2020 - Crisis Response Team (CRT) COVID-19. In July 2020, UNFPA reintroduced the possibility of surge physical deployments while maintaining the three modalities. UNFPA. 2020. Recommencement of Surge Physical Deployments during COVID-19 - Guidance Document.

318 Source of findings: UNFPA regional office and country office key informants. UNFPA does not maintain a central overview of recruitments globally.

319 UNFPA Surge Deployment Results 2020. No annual reports were published for the years 2021 or 2022.

320 Source of findings: UNFPA headquarters, regional office and country office key informants. Also see UNFPA. 2020. The role of Business Continuity Management in the wake of COVID-19 - Office of the Security Coordinator, September 2020.

Finding 46: The immediate UNFPA COVID-19 response was underfunded, notwithstanding the early issuance of corporate resource mobilization guidance, the elaboration of the COVID-19 UNFPA Global Response Plan, the participation in the GHRP and additional core resources mobilized from the Government of Germany. Given its financial limitations, funding through the United Nations COVID-19 Response and Recovery Fund was modest despite global UNFPA contributions to SERPs.

In March 2020, the UNFPA Global Crisis Response Team informed business units that global efforts for resource mobilization for additional funding were ongoing to support national-level preparedness and response.[321] A first set of concrete guidance followed in April 2020 regarding: UNFPA partnerships with private strategic partners; early payments of core funding; individual donor initiatives to mitigate COVID-19; and reprogramming existing non-core funding.[322]

UNFPA country offices quickly engaged in resource mobilization for responding to COVID-19, with the support of UNFPA regional offices and headquarters. Where country offices struggled to secure funding, this was attributed by evaluation informants to the following:

- Reluctance by donors to reallocate existing funds
- Low prioritization of middle-income countries and UNFPA mandate areas
- Restricted staff movements and temporary relocation of donor representatives
- Redirection of donor funds to national COVID-19 health responses
- Competition with and low procurement capacities compared to other United Nations agencies.[323]

Under the framework of the COVID-19 UNFPA Global Response Plan, UNFPA sought USD 370.0 million for its immediate COVID-19 response in 2020.[324] Information regarding the exact amount generated is not definitive[325] but available data suggest that the UNFPA resource mobilization drive was underfunded: UNFPA reported having received USD 23.9 million as of May 2020 and, as of June 2020, having "mobilized/allocated/repurposed" USD 93.5 million, leaving a funding gap of USD 276.5 million.[326] Later, it reported that, by July 2020, its fundraising appeal had generated only USD 54.4 million and by the end of December USD 242.0 million, equalling a funding gap of USD 128.0 million.[327]

Analysis of Global Response Plan data also indicates that the UNFPA resource mobilization drive for 2020 was underfunded: UNFPA was only able to budget a total of USD 242.6 million for COVID-19-related interventions. During the period 2020-2022, for which no resource mobilization target existed, USD 608.5 million were available for the UNFPA COVID-19 response (see Annex 6c, Table 32).[328]

With respect to inter-agency COVID-19-specific funding channels, analysis presents a mixed picture as regards funding through the COVID-19 GHRP.[329] In 2020, UNFPA received GHRP allocations (via the CERF) amounting to a total of USD 20.2 million.[330,331] Although this was the second-highest amount received by the ten United Nations agencies included in the appeal, and UNFPA also received USD 2.1 million through Country-Based Pooled Funds for Democratic Republic of the Congo (DRC), Sudan and Syria, UNFPA significantly missed its original financial target of USD 120.0 million, which,

321 UNFPA. 2020. COVID-19 UNFPA Country – Regional – Global Coordination and Communication - Terms of Reference / Standard Operating Procedure.

322 UNFPA. 2020. Interim guidance for regional and country offices on COVID-19 response, Version: 06 April 2020.

323 Source of findings: UNFPA country office key informants; document review.

324 UNFPA. 2020. COVID-19 UNFPA Global Response Plan, Revised June 2020. No COVID-19 fundraising targets were set for 2021 or 2022.

325 UNFPA did not formally report to its Executive Board on the success of its appeal nor were definitive figures identified in any published documents reviewed as part of this evaluation.

326 UNFPA. 2020. COVID-19 UNFPA Global Response Plan, Revised June 2020.

327 UNFPA. 2020. Pandemic Pivot, Achieving Transformative Results in the COVID-19 Pandemic.

328 Note: The combined COVID-19-related non-core and core resources budget for 2020, according to GPS data, was approximately USD 242.6 million.

329 The GHRP covered 63 countries, so may not present a complete picture of inter-agency funding outside these countries.

330 United Nations. 2021. Global Humanitarian Response Plan COVID-19 - Final Progress Report. Total CERF allocations of USD 241 million.

331 UNFPA also received USD 2.1 million through Country-Based Pooled Funds for DRC, Sudan and Syria. Online at: https://pfbi.unocha.org/COVID19/.

in July 2020, had further increased to USD 270.0 million.[332] Funding through the United Nations COVID-19 Response and Recovery Fund, which was established by the United Nations Secretary-General as a dedicated avenue of support to UNCTs implementing SERPs, was also successful compared to other United Nations organizations, but modest given the trust fund's limited resources.[333] Responding to an internal survey on the reform of the UNDS in 2021, 43 per cent of participating UNFPA country offices (36 country offices) reported experiencing challenges in mobilizing resources from the trust fund.[334]

Despite UNFPA contributions to all SERPs, UNFPA (32 country offices) was only able to mobilize USD 7.9 million during 2020-2021.[335] However, this put UNFPA among the top three beneficiaries (of 24 participating organizations) after UNDP (USD 14.1 million) and UNICEF (USD 14.4 million).

Lastly, as highlighted and greatly appreciated for its flexibility by key informants, UNFPA was able to mobilize an additional USD 33.5 million in core resources from the Government of Germany specifically to support the global UNFPA response to the COVID-19 crisis.[336]

Finding 47: UNFPA generated similar levels of financial support for mitigating the impact of COVID-19, but, overall, funding for COVID-19-related activities was small in comparison to the overall programme budget and largely dependent on non-core funding from a variety of sources.

The UNFPA Global Programming System (GPS) tracks financial data on programme interventions and actual expenditures.[337] To facilitate the tracking of activities and financial investments in response to COVID-19, UNFPA introduced a mandatory activity tag in GPS in 2020 (discontinued as of 1 January 2023). The tag had five possible values based on the degree to which activities responded to the pandemic. Each value had a corresponding percentage for analysing UNFPA financial investments – these were: not related to COVID-19 response; marginally related (25 per cent of resources are counted as COVID-19 response); moderately related (50 per cent); significantly related (75 per cent); and fully related (100 per cent). UNFPA staff were instructed to use their best judgement to estimate the percentage of the resources used in response to COVID-19.[338]

UNFPA reported to the Executive Board on its programme expenses of relevance to COVID-19 for 2020 and 2021, but, although recorded in GPS, not for 2022.[339] According to the statistical and financial review reports, 64 percent of total expenditures for implementing programmes in 2020-2021 were unrelated to COVID-19; USD 770.8 million of the remaining

332 Note: The USD 270 million were part of the USD 370 million covered by the UNFPA COVID-19 Global Response Plan. United Nations. 2020. Global Humanitarian Response Plan COVID-19, United Nations Coordinated Appeal, April-December 2020; United Nations Global Humanitarian Response Plan COVID-19, United Nations Coordinated Appeal, April-December 2020, GHRP July Update.

333 See United Nations. 2022. System-Wide Evaluation of the UNDS Socio-Economic Response to COVID-19, Final Report, October 2022.

334 UNFPA. 2022. Formative evaluation of the UNFPA engagement in the reform of the United Nations development system.

335 Online at: https://mptf.undp.org/participating-organizations/unfpa.

336 Source of findings: UNFPA headquarters, regional office and country office key informants. Also see: https://www.unfpa.org/press/covid-19-germany-commits-additional-eu30-million-uphold-womens-sexual-and-reproductive-health. In 2020, Germany also contributed EUR 2 million to the UNFPA Supplies Partnership to counteract the pandemic-related weaknesses in access to family planning commodities and essential medicines. Online at: https://health.bmz.de/events/germany-and-unfpa-agree-to-deepen-their-collaboration/.

337 Global Programming System (GPS) – the UNFPA electronic workplan management system - contains data on budgeted programme interventions and actual expenditure. The database contains financial data (budgets and expenditures) for all business units. Other fields include implementing partner name, implementing partner group, project, activity, country programme output, strategic plan outcome, intervention area, mode of engagement, fund type, donor, disbursement (budget) and utilization (expenditure). See: UNFPA. 2020. COVID-19 Response Tagging in GPS. Also: UNFPA. 2020. Interim guidance for regional and country offices on COVID-19 response. Version: 06 April 2020.

338 UNFPA. 2020. COVID-19 Response Tagging in GPS. Examples of tagging provided were: "Approximately a quarter of the space in a family planning clinic funded by UNFPA will be utilized to provide COVID-19 response services"; "A UNFPA consultant will use about half the time for COVID-19 response-related tasks"; "Approximately three quarters of the funds for printing standard comprehensive sexuality education(CSE) promotional material will be used to print special CSE material to support COVID-19 response".

339 UNFPA. 2020. Statistical and financial review. Report of the Executive Director, DP/FPA/2021/4 (Part I/Add.1), April 2021; UNFPA. 2020. Statistical and financial review, Annexes, Report of the Executive Director; UNFPA. 2021. Statistical and financial review, Report of the Executive Director, DP/FPA/2022/4 (Part I/Add.1), April 2022; UNFPA. 2021. Statistical and financial review, Annexes, Report of the Executive Director.

36 per cent were either primarily, significantly, moderately or marginally related to COVID-19. Expenditures for activities "marginally" related to COVID-19 were the highest (USD 367.9 million) while those "significantly" related to COVID-19 were the lowest (USD 99.1 million) (see Table 11, below, and Annex 6c).

Analysis of this data indicates that the actual UNFPA COVID-19 response in 2020-2021, globally, amounted to approximately USD 382.8 million, which corresponds to only 18.1 per cent of the organization's total programme expenses for the same period. Actual COVID-19-related expenses were similar in 2020 and in 2021, that is, approximately USD 192.7 million and USD 190.1 million respectively, but compared to total programme expenses slightly higher in 2020 – that is, 18.7 per cent versus 17.5 per cent (see Annex 6c, and Tables 11 and 12 below).

TABLE 11: *Total UNFPA programme expenses by relevance to COVID-19 response, 2020-2021, USD millions*

COVID-19 response	Total regular resources (USD m)	Total other resources	Total expenses	% of total
5-Primarily COVID-19 response (100%)	36.1	93.0	129.1	6.1
4-Significantly COVID-19 response (75%)	29.4	69.7	99.1	4.7
3-Moderately COVID-19 response (50%)	46.9	127.8	174.7	8.2
2-Marginally COVID-19 response (25%)	85.3	282.6	367.9	17.4
1-Not related to COVID-19 response (0%)	288.9	1054.7	1,343.6	64.0
Total expenses (1-5)	486.6	1,627.8	2,114.4	100.0
Aggregated share of COVID-19 expenses (2-5)*	102.9 (21.1%)	279.8 (17.2%)	382.8	18.1

Source: UNFPA. Statistical and financial review, 2020; UNFPA. Statistical and financial review, 2021.

Further analysis of the data submitted to the Executive Board (and reflected in Table 11, above) shows that funding for COVID-19-related activities in 2020-2021 largely depended on the repurposing or mobilization of non-core funds.[340] In 2020-2021, UNFPA spent approximately USD 279.8 million in non-core resources on responding to COVID-19. Although programmable core resources are inherently more flexible (and thus their use is an indicator of agile and resilient operations), only USD 102.9 million (the equivalent of 21.1 per cent of total programmable core resources) targeted COVID-19 during the same period. The evaluation was not given access to data regarding the origins of non-core funding for the UNFPA COVID-19 response from GPS, but was able to establish that activities were funded from a variety of sources, the most important of which were multi-partner trust funds and United Nations joint programmes, Canada, OCHA, Sweden, Norway and Japan.[341]

UNFPA did not report to the Executive Board on the relevance of its COVID-19 expenses as regards its strategic plan outcomes. Analysis of GPS data by the evaluation team suggests that, while corresponding to only 18.0 per cent of the total recorded budget for sexual and reproductive health, the UNFPA strategic plan outcome on sexual and reproductive

340 Available data sets do not distinguish between repurposed and mobilized funding.

341 UNFPA GPS: Institution/purpose column. Most important in terms of the number of allocations.

health benefited from the highest COVID-19-related budget allocation during the period 2020-2021, followed by gender equality (see Table 12).[342] COVID-19-related budgets in the areas of youth empowerment and population and development were much smaller in absolute terms.

TABLE 12: *Programme budget by strategic plan outcome, 2020-2021, USD millions*

2018-2021 strategic plan outcome areas	Total budget	COVID-19-related budget	COVID-19-related in % of total
SRH	1,535,029,607.00	276,105,385.26	18.0%
Gender equality	596,774,502.40	116,042,657.77	19.4%
Youth empowerment	201,874,445.00	33,318,836.02	16.5%
Population and development	183.986.754.60	27,775,009.70	15.1%

Source: Atlas/GPS data, retrieved July 2022.

Finding 48: COVID-19-related restrictions had a significant impact on the ability of UNFPA to execute in-person project assurance activities. Corporate guidance and support facilitated the decision on when and how to apply remote monitoring and spot checks.

COVID-19 had implications for in-person programme assurance activities – for example, project monitoring and expenditure spot checks, especially in high-risk environments, which were of particular relevance at the onset of the pandemic.

It is clear from the secondary data available to this evaluation that UNFPA at the global level made early and sustained support available on how to generate resilient and adaptive processes to maintain project and programme accountability and assure quality standards. New or revised and updated guidelines on quality assurance were issued;[343] e-signature and remote funding requests were introduced; and a webinar was organized by the Quality Management Unit and the Policy Strategic Information and Planning Branch in September 2020 to learn, share and discuss successes and failures, challenges and opportunities that country offices had experienced in remote monitoring and spot checking during COVID-19.

Primary evaluation evidence from key informants and secondary evidence from document review indicates the necessity of UNFPA country offices to consider shifting to remote monitoring through partners, field staff or independent third parties in order to avoid postponing assurance activities (and therefore incurring risks of poor resource management).[344] Country offices that switched to remote monitoring modalities reported facing challenges, most often related to insufficient capacity to monitor at the field level as well as limited skills in the use of remote technologies on the part of partners (e.g., internet, mobile phones, electronic filing).[345]

342 Note: Although the transformative results were at the centre of the 2018-2021 strategic plan, UNFPA did not collect financial data in GPS that would allow for a disaggregation of COVID-19-related budgets and expenditures by transformative result for 2020-2021.

343 UNFPA. 2020. Email from Quality Management Unit to the harmonized approach to cash transfers community regarding IP audits and spot checks for 2019 expenditures, March 2020; UNFPA. 2020. Guidance Note on Implementing Partner Management during the COVID-19 Pandemic, April 2020; updated April 2020; June 2020 and December 2020; UNFPA. (ND). Remote Spot Checks, Addendum to Spot Check Guidance; UNFP. 2021. Guidance on the Use of Remote Monitoring, October 2021.

344 For the first time, UNFPA also resorted to the possibility of conducting remote financial audits of implementing partners.

345 Source of findings: UNFPA country office key informants.

Stakeholder views on the risks inherent in remote project monitoring modalities, especially for prolonged periods and high-risk activities, were mixed.[346] Some key informants experienced remote monitoring as a weaker assurance over project results and funds, but acceptable until on-site visits became possible again; others were concerned about impacts on programme implementation and potential oversight issues. Overall, evidence revealed that ensuring resilience, agility and business continuity via remote monitoring is a delicate balance between greater trust (and hence less control) on the one side and increased risks and poorer accountability on the other.

> *Offices should increase their remote monitoring to limit exposure and to adhere to restricted movement edicts put in place by governments. They should prioritize monitoring for interventions that contribute directly to saving lives and where the consequences of failure are high. For other interventions, offices should consider reducing the frequency of field monitoring or postponing it for those interventions where the consequences of programme failure are low, or remote monitoring is not possible. There are no changes to the frequency of work plan progress report submissions by implementing partners.*
>
> ***- UNFPA Internal Guidance, December 2020***

Evaluation question 8: To what extent has the UNFPA response to COVID-19 contributed to strengthening the organization's capacity to anticipate and prepare for responding to disruptions caused by future global crises?

Summary of findings

- UNFPA has had some, but limited, opportunities to extract operational and management lessons from the COVID-19 pandemic.
- Post-pandemic, UNFPA adopted innovations to enhance resilience in various areas, though not directly linked to formal lessons or solely due to COVID-19.

Finding 49: UNFPA has, to date, seen few opportunities to expressly generate operational and management lessons from the COVID-19 pandemic.

There is strong evidence from key UNFPA stakeholders participating in this evaluation on the need for robust and systematic learning of operational lessons from the COVID-19 pandemic. Indeed, many key informants expressed that such learning was overdue and appreciated the opportunity that the present evaluation provided.[347]

As can be seen under evaluation question 9, UNFPA has emphasized lessons learning with respect to programming and the factors that contribute to achievement of programmatic results in emergencies rather than management aspects such as business operations and duty of care. Nevertheless, the evaluation has identified several key examples of internal lessons learning processes aimed specifically at strengthening the operational capacity of UNFPA to anticipate, prepare for and respond to major disruptions:

- In September 2020, the Office of the Security Coordinator (OSC) analysed information concerning the role of business continuity management in UNFPA.[348] A key output of the resulting paper was a set of recommendations for better management of a second and subsequent waves of COVID-19. The review was based on inputs gathered through dedicated video conference sessions with 117 UNFPA security focal points from each geographic region, the responses from 17 country offices to the corporate lessons learned platform[349] and other ad-hoc consultations

346 Source of findings: UNFPA headquarters and country office key informants.

347 Source of findings: UNFPA headquarters, regional office and country office key informants.

348 UNFPA. 2020. The role of business continuity management in the wake of COVID-19 - Office of the Security Coordinator, September 2020.

349 See https://docs.google.com/forms/d/e/1FAIpQLSdLjiuxcqJfGn2WkLk1gMQB-WPm7ZwIC9Z6oFKfFk2QHC5WIA/viewform.

during the months of April-August 2020. OSC presented the findings of this review to the UNFPA senior management team in October 2020.[350]

- In February 2021, to inform corporate learning, the UNFPA Independent Evaluation Office published guidance on adapting evaluation questions to the COVID-19 pandemic, including adapting the level and allocation of resources and the influence of UNFPA finance, logistics, procurement and human resources systems, processes and procedures.[351]
- Throughout the pandemic, the Division for Human Resources conducted a range of staff surveys (e.g., Pulse Survey on the New Normal, June 2021; UNFPA Health and Well-being Survey, July 2021; Pulse Survey on the New Flexible Working Policy, December 2022).
- Between August and November 2021, the UNFPA Office of Audit and Investigation Services conducted an audit of UNFPA fast-track procedure transactions for the procurement of emergency supplies during the COVID-19 pandemic response between January 2020 and July 2021.[352]
- Externally, in 2021, UNFPA participated in a review by the Joint Inspection Unit of business continuity management within the United Nations system.[353] The resulting report made six key recommendations (which were also directed towards the UNFPA Executive Director and the Executive Board) focused on reviewing business continuity management, building resilience through learning (via after-action reviews) and reporting on progress of the United Nations-wide ORMS. See Annex 6g for a full list of the six recommendations.

Finding 50: Since the pandemic, UNFPA has internalized innovations that serve to strengthen resilience at the level of the UNFPA strategic plan as well as in the areas of business continuity management, emergency preparedness and response, human resources management and duty of care, even if they cannot be traced back to formal lessons learned exercises or be solely attributed to COVID-19.

Strategic planning

The UNFPA Strategic Plan 2022-2025 recognized that mainstreaming and improving humanitarian action and building national resilience is critical for achieving the UNFPA transformative results in increasingly complex and turbulent environments. The preparation and design of this plan was ongoing through the worst of the pandemic (in 2020 and 2021), and incorporated lessons from this experience.[354] This included a budgeted[355] humanitarian action output: "By 2025, [UNFPA will have] strengthened the capacity of critical actors and systems in preparedness, early action and in the provision of life-saving interventions that are timely, integrated, conflict- and climate-sensitive, gender-transformative and peace-responsive." with 11 indicators to measure UNFPA cooperation (see Box 3).

350 UNFPA. 2020. The role of business continuity management in the wake of COVID-19 - Office of the Security Coordinator, October September 2020.

351 UNFPA. 2021. Adapting evaluation questions to the COVID-19 pandemic, February 2021. An initial guidance note was published in April 2020 "Adapting evaluations to the COVID-19 pandemic".

352 UNFPA. 2023. Audit of the UNFPA Fast-Track Policy and Procedures for the Procurement of Humanitarian Supplies, Final Report No IA/2023-04 May 2023.

353 United Nations. 2021. Business continuity management in United Nations system organizations. Report of the Joint Inspection Unit JIU/REP/2021/6.

354 UNFPA. 2021. The UNFPA Strategic Plan, 2022-2025, DP/FPA/2021/8, 14 July 2021. Source of findings: UNFPA headquarters key informants.

355 Indicative total resources: USD 1,255.5 million; regular: USD 279.0 million; other: USD 976.5 million. Source: The UNFPA Strategic Plan, 2022-2025 (DP/FPA/2021/8), Annex 1: Integrated results and resources framework, 2 August 2021.

Box 3: UNFPA humanitarian action: areas for performance measurement 2022-2025

1. Access to life-saving services
2. Inter-agency coordination mechanisms
3. Inclusion of women and young people in decision-making
4. Youth and peace
5. Women and peace
6. Strengthening data to support humanitarian preparedness and response
7. Needs assessment of crisis-affected populations
8. Availability of budgeted plans for preparedness and disaster risk reduction
9. Anticipatory actions
10. Complementarity between humanitarian, development and peace-responsive efforts
11. MISP for SRH

As part of larger organization-wide efforts to strengthen the contributions of UNFPA towards achieving the transformative results, UNFPA conceptualized an adaptive management framework as an essential component of its results-based management. Specifically, UNFPA launched "A-COMPASS" to further institutionalize an adaptive management culture (versus administering for linear, predictable and controllable circumstances) in UNFPA and to strengthen resilience and agility of systems.[356] With A-COMPASS, UNFPA intends to combine "foresight-driven information with past evidence-driven data" for learning and decision-making in programme design, implementation, monitoring and evaluation.

Further, in 2022, UNFPA published "Four Scenarios for Three Transformative Results", which presents future threat scenarios[357] that may significantly impact the world, and hence the UNFPA mandate, by 2050 and the resulting risks that UNFPA and its partners may face on the path to achieving the transformative results. By articulating these threats, UNFPA aims to increase its preparedness and resilience and the flexibility of its response.[358]

Business continuity management

The UNFPA business continuity management policy had a "mandatory revision date" of December 2020. As OSC considered it counterproductive to do so during an acute and ongoing crisis, it was only in March 2023 that it formally issued a revised policy, including a modified business continuity plan template.[359] While reportedly building on information obtained and lessons learned during the pandemic,[360] the evaluation found no evidence of organized stakeholder consultations with relevant UNFPA business units. Policy revisions were declared as "non-substantive changes".[361] They included:

- Addition of a scenario "outbreak of communicable disease" to the business continuity plan template
- A reference to the UNFPA Standard Operating Procedures for Humanitarian Settings instead of the minimum preparedness actions
- A broadened responsibility of OSC to provide guidance and support and to monitor the implementation of business continuity management at all levels of the organization[362]

356 UNFPA. 2022. The A-COMPASS: The UNFPA adaptive management model, Acceleration for transformative results, April 2022.

357 1: Biotechnology, 2: Geopolitical and cultural polarization, 3: Digital corporate hegemonies, 4: Climate change.

358 UNFPA. 2022. Four Scenarios for Three Transformative Results.

359 UNFPA. 2023. Policy and Procedures for Business Continuity Management, March 2023.

360 Source of findings: UNFPA OSC key informant.

361 UNFPA. 2023. Policy and Procedures for Business Continuity Management, March 2023, cover page.

362 UNFPA. 2017. BCM Policy: The Office of Security Coordination (OSC), supporting the DED (M) monitors the implementation of BCM for headquarters divisions/branches and provides periodic updates to the Security Management Group. UNFPA. 2023. BCM Policy: The Office of the Security Coordinator (OSC), supporting the DED (M), provides guidance, support, and monitors the implementation of BCM and provides periodic updates to the Security Management Group.

- An extended responsibility of the Division for Human Resources to include duty of care
- A clarification that the responsibility of the Information Technology Solutions Office includes continuity of connectivity besides timely recovery of ICT systems.

Changes were also made to the frequency of assessing business continuity plans, although instructions remain unclear (see Table 13).

TABLE 13: *Testing and validating UNFPA business continuity plans: 2017 versus 2023*

	2017	2023
BCM policy	"Conduct exercises every six months to validate BCP plan based on changes taking place at the duty station…" "Coordinate periodic testing of BCP, identify and address lessons learned." "Update BCP in accordance with lessons learned during the exercises."	"Convene the office crisis response team at least annually to review and validate the business continuity plan (BCP) of an office." "Conduct exercise once a year to validate BCP plan scenarios in line with the prevailing situation at the respective duty station." "Review and update [BCPs] on an annual basis and after each actual activation to incorporate lessons learned."
BCP template	"Testing of the BCP is necessary and should be conducted once a year or whenever a BCP has had significant changes ensuring that the plan is current, fully functional and addresses the current operational processes and procedures." "Testing a business continuity plan (Plan) confirms whether the Plan is actionable and appropriate. It also ensures staff are trained in their responsibilities and understand what will happen in a disruptive event. Every office is required to test their respective BCP at least once a year or when there are substantive changes in the BCP."	"The BCP … should be reviewed once a year, or more frequently should major changes occur …" "Testing of the BCP is necessary and should be conducted every other year or whenever significant internal or external changes occur ... Partial or full activation of the BCP does count as a test."

In May 2023, UNFPA business units were informed by the Deputy Executive Director (Management) that OSC, through the UNFPA regional security advisors, would be guiding offices to validate or revise their respective business continuity plans.[363] As of July 2023, according to the inventory shared with the evaluation team, 28 country offices had developed new business continuity plans.[364] No progress had been made in terms of automating the process as was suggested by OSC based on lessons learned during the pandemic.[365] In July 2023, UNFPA (OSC) launched, for the first time, a Crisis Management Handbook for internal use by UNFPA personnel who play an active role in crisis management.[366]

363 Online at: https://sites.lumapps.com/a/unfpa/myunfpa/ppm-update-revised-business-continuity-management-policy.

364 Although not all used the new BCP template.

365 UNFPA. 2020. The Role of Business Continuity Management in the Wake of COVID-19 - Office of the Security Coordinator, September 2020: "The manual process of validating/updating business continuity plans is time-consuming; automation of this process as part of the corporate Enterprise Resources Planning project will simplify the process and will enhance efficiency and effectiveness and free up human resources".

366 UNFPA. 2023. Crisis Management Handbook, First Edition, July 2023. Online at: https://sites.lumapps.com/a/unfpa/myunfpa/ls/community/security/post/5503034567229440.

Although lacking a reference to organizational resilience or business continuity management, in January and May 2023 respectively, UNFPA, for the first time, issued an Information Security Policy to "protect UNFPA's data from all threats, whether internal or external, deliberate or accidental"; the Information Technology Solutions Office revised the UNFPA Policy and Procedures for Information and Communications (ICT) Governance from 2017.[367]

Emergency preparedness and response

In November 2022, the UNFPA Executive Director announced the reorganization and renaming of the Humanitarian Office to the Humanitarian Response Division (HRD), based in Geneva, to ensure that the organization remained fit for purpose as a humanitarian actor as laid out in the UNFPA Strategic Plan 2022-2025.[368] Earlier (effective 1 January 2022), a new Supply Chain Management Unit (SCMU) absorbed the Procurement Services Branch to provide better oversight and coordination of all supply chain management-related functions across development and humanitarian settings, based in Copenhagen with decentralized posts in the UNFPA regional offices to support UNFPA country offices.[369]

Further, in 2022, UNFPA revised the fast-tracked procedures.[370] At the time of the present evaluation, UNFPA (HRD) was developing new guidelines and training materials in support of minimum preparedness action implementation, based on lessons learned. Definitive consultancy outputs were expected. Moreover, considerations were ongoing to enhance and systematize the prepositioning of humanitarian supplies at scale to address gaps in humanitarian supply chain management.[371]

Human resources management and duty of care

As the pandemic evolved and restrictions were eased, certain human resources-related special measures were reversed while others, due to their utility and popularity, continued and have become part of the "new normal" of doing business in UNFPA.

The revised flexible working arrangements, which came into effect around the same time as the return to duty station (September 2021 for New York and January 2022 for all other locations), have proved very popular among UNFPA staff.[372] Respondents to the December 2022 Pulse Survey reported greater use of flexible working arrangements in 2022 compared to pre-pandemic levels. Up to 79 per cent of survey participants found the different flexible working arrangement options for remote work useful, and 57 per cent reported they were more likely to remain with UNFPA due to the flexible working arrangements.[373]

UNFPA 2030 People Strategy pillars:

- **Building our workplace of the future**
- **Empowering our people**
- **Improving our efficiency and effectiveness**

However, the authority of managers to approve flexible working arrangement requests in view of ensuring effective and smooth functioning of their business unit, while giving due consideration of individual needs of staff, presented challenges. On the one hand, some managers perceived pressure to approve all flexible working arrangement requests to avoid perceptions of inequity, despite the additional supervisory challenges that remote management presents. On the other, varied application of the flexible working arrangement policy raised perceptions of inequitable treatment (potentially due to misperceptions of entitlement) and hence caused resentment within and across business units.[374] The survey also

367 UNFPA. 2023. Information Security Policy, January 2023; UNFPA. 2023. Policy and Procedures for Information and Communications Technology (ICT) Governance, May 2023.

368 Online at: https://sites.lumapps.com/a/unfpa/myunfpa/announcement-on-the-humanitarian-office-reorganization-and-renaming-to-humanitarian-response-division-hrd-b1e9af23-4c02-4a44-a189-fcdab2c5c98a.

369 Online at: https://sites.lumapps.com/a/unfpa/myunfpa/supply-chain-management-unit-operationalization.

370 UNFPA. 2022. Fast Track Policy and Procedures (FTPs), Effective Date: 21 September 2022.

371 Source of findings: UNFPA headquarters and regional office key informants. Also see UNFPA. 2020. The role of business continuity management in the wake of COVID-19 - Office of the Security Coordinator, October 2020.

372 UNFPA. 2022. Policy and Procedures on Flexible Working Arrangements. Effective Date: 1 February 2022. Source of findings: UNFPA headquarters, regional office and country office key informants. Note: The policy was updated as of September 2023.

373 In response to a JIU questionnaire, UNFPA confirmed that, pre-pandemic, requests for flexible working arrangements were much fewer, amounting to approximately 300 per year, while in the first six months of 2022, there had already been 1,200 individual requests. United Nations. 2023. Review of management and administration in the United Nations Population Fund, Report of the JIU. JIU/REP/2023/1.

374 UNFPA. 2021. Pulse Survey. Source of findings: country office, headquarters key informants.

revealed negative effects of the flexible working arrangements in terms of stigma, total working hours and integration of new team members. This was reported by UNFPA to have informed the decision to renew the policy and to add measures to monitor and report on utilization for future review.[375]

Increased corporate attention to duty of care and staff mental health measures has been internalized and consolidated in the widely consulted UNFPA 2030 People Strategy, with the inclusion of,[376] for example: human resources business partners and staff care counsellors in UNFPA regional offices; the employee assistance programme;[377] a dedicated staff well-being website; and a variety of mental health and well-being webinars and learning paths. The strong emphasis of the UNFPA 2030 People Strategy on duty of care vis-à-vis all UNFPA personnel is also reflected in new policies (see Table 14), albeit with eligibility reserved for UNFPA staff.

TABLE 14: *Overview of UNFPA duty of care-related policies since COVID-19*

January 2023	Policy and Procedures for Part-Time Employment[378]	Previously part of UNFPA Work and Life Programme: Flexible Working Arrangements
April 2023	Policy on Hours of Work[379]	New
June 2023	Parental Leave[380]	New
June 2023	Time Off for Lactating Parents[381]	New
August 2023	Policy for Special Leave[382]	New

Evaluation question 9: To what extent has the UNFPA response to COVID-19 contributed to strengthening the organization's programming towards the three transformative results, including support for national emergency preparedness?

Summary of findings

- The programmatic lessons from the COVID-19 response are not yet part of a comprehensive COVID-19 learning strategy within UNFPA.
- The experiences from COVID-19 offer opportunities to enhance resilience of UNFPA and rights-holders against climate change impacts.
- The inclusivity of UNFPA learning efforts and policy changes for all personnel and stakeholders remains unclear.
- The new UNFPA strategic plan integrates feedback and incorporates lessons learned from COVID-19.

Finding 51: While UNFPA has implemented strong efforts to generate programmatic lessons and learning from the COVID-19 response, this has yet to be systematically organized as part of an overall learning strategy for COVID-19.

375 Source of findings: headquarters key informant.

376 UNFPA. 2022. UNFPA 2030 People Strategy, December 2022.

377 Online at: https://sites.lumapps.com/a/unfpa/myunfpa/dhr-launches-unfpas-employee-assistance-programme.

378 Online at: https://www.unfpa.org/sites/default/files/admin-resource/DHR_Part-time_Employment_Policy.pdf.

379 Online at: https://www.unfpa.org/sites/default/files/admin-resource/DHR_Hours_of_Work_Policy.pdf.

380 Online at: https://www.unfpa.org/sites/default/files/admin-resource/DHR_Parental_Leave.pdf.

381 Online at: https://www.unfpa.org/sites/default/files/admin-resource/DHR_Time_off_for_Lactating_Parents.pdf.

382 Online at: https://www.unfpa.org/sites/default/files/admin-resource/DHR_Special_Leave.pdf.

With respect to the performance of its programmes, UNFPA, as an organization, emphasizes the importance of learning, articulated succinctly across successive UNFPA strategic plans.

> *Learning is embedded in each stage of the [programme] cycle, including learning from evaluative evidence to improve programme design and implementation.*
>
> ***- UNFPA Strategic Plan 2018-2021***

> *Tracking and assessing the progress made towards achieving the three transformative results, as well as learning from successes and failures in the process, will be critical.*
>
> ***- UNFPA Strategic Plan 2022-2025***

The UNFPA response to the COVID-19 pandemic demonstrated a commendable capacity for adaptation and learning. The organization swiftly adjusted its operations, demonstrating resilience and flexibility in areas such as redesign of programme interventions, resource allocation and operational arrangements.

While flexibility, responsiveness to needs and swift action – underpinned by good data – were key features of the response at all levels, programmatic learning was not articulated as explicitly as within the strategic plans, perhaps understandably given the rapidity at which the pandemic evolved and which responses needed to match.

There is some evidence that knowledge and learning were prioritized higher in the earlier stages of the UNFPA pandemic response rather than later, although there is a lack of clarity around the basis for and evolution of this. Specifically, the UNFPA COVID-19 Reporting Tool that was designed for data collection in May 2020 was structured around five strategic areas, the fifth of which was "improved knowledge generation, knowledge sharing, learning, adaptation and innovation",[383] which was, in turn, designed around an internal UNFPA COVID-19 data framework.

However, this strategic priority was not part of the COVID-19 UNFPA Global Response Plan (as asserted in the Reporting Tool and again reasserted in annual reports on COVID-19 progress[384,385]), and thus knowledge sharing and learning was not consistently emphasized in the response.

Despite this, UNFPA leveraged a range of existing mechanisms during the pandemic for lessons and learning that could be applied to improved programming, as well as introducing some additional, ad-hoc initiatives since the emergence of the pandemic. The key mechanisms identified by the evaluation research are as follows:

The Strategic Information System (SIS)

The SIS, as an internal UNFPA data management and tracking system, serves as the "overarching gateway for critical information about the profiles, performance and results of UNFPA departments". It consists of three modules: a dashboard for data and analytics; a platform for planning, reporting and results monitoring; and a risk assessment platform. The system purports to cover all departments, branches, divisions and offices of UNFPA and is designed around office and programme results frameworks with associated outputs and outcomes, milestones and indicators. As such, it can be a strong, comprehensive data tracking and analytical tool that covers all aspects of UNFPA management and programming, including humanitarian performance.

However, an assessment of UNFPA humanitarian data modalities conducted in 2020/2021 concluded that the tool served mainly as a "box ticking" exercise and offered limited functionality in allowing UNFPA country offices and staff to extract useful information to serve programming needs. Staff recommended at the time that it would be better presented as a dashboard that offers information on delivery and weaknesses.[386] This finding is corroborated by evidence from UNFPA

383 UNFPA COVID-19 Reporting Tool.

384 UNFPA. 2021. Update on UNFPA response to the COVID-19 pandemic, January 2021.

385 UNFPA. 2021. Pandemic Pivot: Achieving Transformative Results in the COVID-19 Pandemic.

386 UNFPA. 2022. Baseline and evaluability assessment on generation, provision and utilization of data in humanitarian assistance.

stakeholders collected as part of this evaluation, which indicates its functionality is not well suited for generating learning, but for reporting results. The SIS (and the UNFPA GPS) is due to be replaced in 2024 by "QuantumPlus", the new UNFPA integrated results and resources planning and budgeting application.

Targeted surveys

As discussed under evaluation questions 3 and 4, UNFPA undertook periodic surveys, managed from the global level, but disseminated to all country offices, to capture data related to the transformative results and indicators specifically related to the GHRP. These surveys were focused on the collection of data from a subset of 61 priority GHRP countries, and a wider set of 126 countries, to which the surveys were ultimately directed. As noted, however, a significant majority of the wider set of countries were unable to return full data on services related to the transformative results and global response plan indicators on gender-based violence and family planning and approximately two thirds of the priority set of countries returned data for the latter portion of 2020.

The data requested by the surveys included (as noted above) knowledge generation, knowledge sharing, learning, adaptation and innovation, although in practice, a single indicator was allocated to exploring this dimension: ("Number of new adaptations to the COVID-19 context").

UNFPA website and online lessons compilation

As part of the existing online UNFPA presence, and reflecting increased movement to online and remote working for staff, communities of practice related to COVID-19 were created on the UNFPA intranet, including online repositories for knowledge sharing. This latter effort does not appear to have generated significant traction, however, with fewer than ten documents internal to UNFPA having being saved in the shared drive as of mid-2023.

UNFPA also allowed general access to a wide variety of publications and data (including those on the public-facing website), including from July 2020, the COVID-19 Population Vulnerability Dashboard, which provided data on population vulnerabilities at the national and subnational levels, using data from the Integrated Public Use Microdata Series census samples for 94 countries, based on key indicators such as age, older persons living alone and population density, among others.

The community of practice specific to COVID-19 was created in early March 2020 (the first post was on 3 March 2020) and has seen many hundreds of posts, mostly, though not exclusively, in English, with updates on UNFPA policies, practice related to COVID-19, publications, personal experiences, lessons learned and a variety of other formal and informal publications, posts, reflections and links to a range of media and other useful sources of information. The extent to which this resource was leveraged for institutional learning, however, is not clear, nor were any efforts identified via this evaluation research to compile or analyse this repository for lessons or good practices.

Inter-agency COVID-19 evaluations

UNFPA has contributed to two major inter-agency evaluations of the COVID-19 response:

1. The IASC Humanitarian Evaluation of the COVID-19 Humanitarian Response (published March 2023)
2. The System-wide Evaluation of the UNDS Response to COVID-19 (published March 2022).

Both of these important evaluations cover considerable ground in terms of analysis of the knowledge generated on good and promising practices, challenges, lessons etc. in relation to COVID-19, and provide a touchstone for UNFPA (and other participating entities) to build future resilience.

For the latter evaluation, the authors undertook a meta-analysis of lessons learned documentation published by participating entities in order to compile the most common and impactful conclusions and thematic lessons learned from the selected studies. It is interesting to note that no UNFPA publication was represented in the final sample of documents reviewed in this exercise, suggestive of a dearth of synthesized learning organization-wide.

Country programme evaluations

As noted in the previous evaluation question, in April 2020, the UNFPA Independent Evaluation Office and regional monitoring and evaluation advisors developed guiding principles for evaluation that integrated COVID-19 considerations.[387] These principles were primarily focused on operational resilience aspects of evaluations, for example, safeguarding of evaluators and stakeholders, and methods to ensure robust data collection, rather than learning related to COVID-19. A follow-up guidance note in 2021 addressed programmatic learning aspects, albeit a year later, suggesting how evaluation questions could be reframed to "yield a far richer source of evidence on the responsive [sic] of UNFPA and its adaptive management capacity, ability to learn and innovate, and optimize performance in the midst and aftermath of the pandemic".[388]

As part of the systematic review of country programme evaluations conducted by this evaluation, evaluations commissioned after pandemic onset were reviewed for integration of COVID-19 learning elements, notably around lessons learned and recommendations made.[389] Almost all evaluations conducted over this timeframe incorporated at least some analysis of COVID-19 impact on programming, a promising indication of how quickly UNFPA sought to learn from COVID-19. However, there was a gap between integrating COVID-19 into the evaluation research and deriving lessons or recommendations from this data - only approximately half of the country programme evaluations articulated this analysis into lessons to be learned or recommendations for future programming. This suggests lost opportunities at the country level to learn the lessons for the future.

Corporate evaluations of other areas with COVID-19 elements

Since the emergence of the pandemic, UNFPA, through the Independent Evaluation Office, has conducted a variety of global-level evaluations or assessments that, to a greater or lesser extent, have incorporated elements of learning from the COVID-19 pandemic. The evaluators also examined the extent to which these have sought to contribute to learning around COVID-19 for UNFPA.[390] The review found that most of these research pieces have incorporated at least some elements of learning from COVID-19, with some documenting extensive and specific lessons and examples of good or promising practices, as well as major challenges faced, a more promising prospect for learning than presented by country programme evaluations.

UNFPA publications

There have been a variety of efforts across UNFPA business units that have sought to capture learning from COVID-19 and build resilience in ongoing and future work. UNFPA at global and regional offices maintain a repository of specific publications related to the relevant technical or geographical area on their websites. For example, the UNFPA Regional Humanitarian Hub for Syria and the Arab States has the "Knowledge series" initiative that has published a number of useful researches on the lessons of COVID-19 based on feedback from individual countries in the region (but not beyond). Other UNFPA regional offices have published a variety of technical guidance documents, case study compilations, studies and analyses seeking to promote good practices or retrospectively compile practices or lessons from their experiences. A compilation of these official UNFPA publications specifically related to COVID-19 by region can be found in Annex 8b, with some key examples of publications that emphasise learning from COVID-19 highlighted therein.

Others

In addition to these formal processes, UNFPA has learned from the collected experience and expertise of its staff across all levels in responding to COVID-19. Certain country offices and regional offices and many individuals working for UNFPA have considerable institutional and personal experience and knowledge dating from previous pandemics for example Severe Acute Respiratory Syndrome (SARS) (2003) and Middle East Respiratory Syndrome (MERS) (2012) in the Middle East and South and Southeast Asia, and importantly the 2013-2016 Ebola crisis in West Africa, the experiences of which were still fresh for many people in the region.

Further, experience in dealing with the HIV/AIDS pandemic and smaller-scale communicable disease outbreaks (such as cholera) has been an important, if not systematically recognized, factor in UNFPA resilience to the pandemic. While

387 UNFPA. 2020. Adapting evaluations to the COVID-19 pandemic, UNFPA Evaluation Office, April 2020.

388 UNFPA. 2021. Adapting evaluation questions to the COVID-19 pandemic, UNFPA Independent Evaluation Office, February 2021.

389 A list of the CPEs covered by the systematic review and their responsiveness to learning considerations is given in Annex 6d.

390 A list of the global-level evaluations and detailed analysis can be found in Annex 6e.

capturing these experiences in a formal context is challenging, UNFPA did engage in considerable outreach to staff and business units via the above approaches, and also other methods such as reflection meetings. Finally, UNFPA in 2022 sought to regain some of the progress related to the transformative results lost as a result of COVID-19 with the introduction of Innovation Awards, a competition to provide funding for social enterprises with innovative solutions that advance the empowerment of women and girls worldwide. By close of entries in mid-2022, the challenge had received 300 submissions from 61 countries, with ten winners signing nine-month contracts with UNFPA and receiving an equity-free investment of USD 60,000 to move the ten initiatives, seven of which are based on online or remote service provision, from pilot stage to scale.[391]

FIGURE 10: *UNFPA Joint Innovation Challenge 2022 banner*

Finding 52: The lessons of COVID-19 and the emerging work at country and regional levels present significant opportunities to build resilience to the impacts of climate change.

Climate change has been identified by UNFPA and the wider United Nations system as one of the most significant current threats to human development and well-being. In September 2023, the World Meteorological Organization asserted that climate change is undermining nearly all Sustainable Development Goals.[392] As noted above, UNFPA in 2022 highlighted climate change threats as one of the four major threat scenarios it faces up to 2050. The effects of climate change (manifesting as temperature increase, reduced water availability, increased poverty through agricultural damage and livelihood impairment and displacement) are increasing in terms of prevalence and severity and will amplify existing drivers of poor sexual and reproductive health outcomes, gender-based violence, and harmful practices (among others).[393,394] As

391 Online at: https://www.unfpa.org/press/unfpa-announces-winners-joint-innovation-challenge-ten-projects-will-change-lives-women-and

392 World Meteorological Organization Press Release Number: 14092023, September 2023.

393 IPCC. 2014. Climate Change 2014: Impacts, Adaptation, and Vulnerability. Part A: Global and Sectoral Aspects. Contribution of Working Group II to the Fifth Assessment Report of the Intergovernmental Panel on Climate Change.

394 Frontiers in Climate. 2022. Another Burden to Bear: The Impacts of Climate Change on Access to Sexual and Reproductive Health Rights and Services in Bangladesh, 13 June 2022. Online at: https://doi.org/10.3389/fclim.2022.875515.

environmental conditions deteriorate, social, economic, health and welfare indicators will follow suit, and thus needs and demand for UNFPA services in SRHR, gender-based violence and youth will increase.

While UNFPA has clear high-level policy and strategic statements on committing itself to dealing with climate change impacts,[395,396] a review of these strategies indicates the approach to climate change focuses more on rapid-onset natural hazards (e.g. drought). While mid-duration hazards such as drought are occasionally noted, many climate impacts will be very long term, irreversible and will impact daily life in new ways (such as excessive heat, water shortage etc).[397] Such impacts will require new ways of planning and response that are based on long-term development and adaptation and less on humanitarian response to rapid events.

Similarly, consideration of climate change in country-level strategies is either absent or limited. Of the 15 case study countries covered by this evaluation, seven had no mention of climate change in their country programme documents and, of the other eight, most mentioned it with little further detail. Foundational UNFPA policy statements do not go into any significant detail about planning. Further, they do not appear to have global relevance, particularly given the longer-term time horizons involved.

Evaluation data from stakeholders at individual country levels on the issues of climate change reflects this mix of outlooks, although there is widespread acknowledgement of the imminent and increasing threats posed by climate change, and the growing need to build resilience. For example, in Niger, climate change is recognized by internal and external stakeholders as a significant issue, with visible impacts such as increased drought and flooding. In the Philippines, climate change is clearly on the agenda of UNFPA, with efforts to make systems more resilient. In Jordan, UNFPA has placed climate change as a central pillar of its new country programme document.[398]

Many of these countries already have emerging climate change mitigation activities underway. Examples include:

- Niger, where UNFPA is actively integrating climate change considerations into its programming. UNFPA is working with the World Food Programme (WFP) on a project to regenerate soils and increase community resilience and food security. It is also addressing the impact of climate change on gender-based violence through training and awareness programmes. The World Health Organization (WHO) is also working in Niger on the impact of climate change on health, including advocating for the inclusion of a health component in the Government's plan for flood victims
- The Philippines, where UNFPA is supporting research to understand the impact of climate change on their population, including a longitudinal study that covers a lot of climate change variables
- Jordan, which is developing an engagement plan for youth in partnership with UNICEF. UNFPA is also increasing awareness of water recycling and are working to raise awareness among different groups, especially adolescents and youth, about the impact of climate change on sexual and reproductive health and gender-based violence, in response to clear donor interest and engagement on the issue.

Conversely, some UNFPA countries, while acknowledging the threat of climate change, are not clear on the direction that their programming will take. For example in Indonesia, the country office has noted having plans to conduct studies on the relationship between sexual and reproductive health, gender-based violence and climate change, but has not yet finalized a strategy in this regard.[399] In Lebanon, a widespread and severe economic crisis dominates all work, despite acknowledgement of the threats climate change poses to that country in particular.[400] UNFPA is behind many of its peer agencies and NGO partners in this regard, with interviewees from these agencies (e.g. UNICEF, WFP, WHO) across case study countries noting a range of initiatives already underway and more mature and well-defined strategies guiding their work.

395 For example, the UNFPA Strategic Plan 2022–2025 acknowledges the priority of climate change and the need to address its implications but devolves responsibility for shaping local and operational response to countries.

396 See Annex 8d for a list of UNFPA climate change strategies, work and other resources.

397 Extensively discussed in IPCC. 2022. Climate Change 2022: Impacts, Adaptation and Vulnerability.

398 UNFPA country programme document for Jordan 2023-2027, Programme Priorities and Partnerships, para 14.

399 Source of findings: UNFPA Indonesia key informants.

400 Source of findings: UNFPA and partner key informants, Lebanon.

Key informants from UNFPA at both country and regional levels in particular mentioned that they lacked technical expertise in risk assessment,[401] climate impact analysis and how to integrate climate change management into programming, development and humanitarian activities. It was also commonly noted that training was required for local staff to better understand these issues and that there was a need for improved guidance, more human resources, more training and adequate and secure funding streams.[402]

Further, UNFPA stakeholders noted limitations in central leadership with climate change as a defined and primary responsibility, which could provide continuous support to country and regional offices and advocate for climate change planning and action at regional and local levels.[403]

Finding 53: It is not clear if and how learning efforts, changes to policies and procedures have been inclusive of UNFPA personnel and stakeholders at all levels.

Most of the above examples of efforts to generate or capture knowledge, learning, lessons and practices noted above have been conceived or driven from global, and occasionally regional, levels. As discussed above, the data collection tool accompanying the GHRP solicited information related to knowledge generation, knowledge sharing, learning, adaptation and innovation. Countries were requested to indicate examples of adaptations to the COVID-19 context in their responses. In practice, 89 of 126 countries provided feedback to this question in the last iteration of the survey in late 2020. The evaluation did not identify any evidence of if or how this data had been analysed or utilized by UNFPA in any systematic manner subsequent to collection: this evaluation provides some analysis of these responses below.

Another example of information on learning that was solicited but not necessarily applied was a template for the documentation of good practices that was prepared at some point over the course of the pandemic response. However, it appears to have only been completed and uploaded to the UNFPA intranet by a single country office (Algeria).

> *The process is still underway in terms of learning. I don't really know collectively how much self-reflection has been done. There has been some individual work in SRHR, GBV, security, but UNFPA is not there collectively.*
>
> ***- UNFPA regional office key informant***

Feedback from UNFPA country offices and UNFPA partners in the field triangulates well with this. Many interviewees expressed keenness to see a UNFPA-wide initiative to capture the learnings and lessons of COVID-19, highlighting that while many programmatic innovations have indeed been integrated into their work, it is mainly on an ad-hoc basis, with no systematic organization-wide approach being cited. Many interviewees noted that one of the negative legacies of COVID-19 was the, often unspoken, desire to return to pre-COVID-19 ways of working and diminished energy for reflection and learning. The decline of the pandemic through 2021 and 2022 saw many UNFPA business units returning to previous ways of working, and there is a tendency to focus on future work, with reflection on the lessons of COVID-19 not having adequately taken place.

> *There were a number of lightbulb moments during COVID-19, but now people are focusing on business-as-usual and trying to forget about it – lots of learning will be lost – so important to capture this.*
>
> ***- UNFPA global key informant***

A further concern expressed frequently at the country level is around the prevalence of over-communication as a legacy of COVID-19. Many interviewees expressed sentiments of fatigue or burn-out due to hugely increased expectations around online meetings, updates etc. as a legacy of pandemic lockdowns, but with no diminishment in existing programmatic

401 Risk assessments, a key component of the Sendai Framework and global DRR norms, are a commonly used tool in business and disaster risk reduction that are broader than vulnerability assessments (used by UNFPA as a basis for planning) and better suited to disaster risk reduction and resilience planning. At least one risk assessment process - the INFORM Index - is available to UNFPA but the evaluation has not found any instances of its application.

402 Source of findings: UNFPA global, regional and country-level key informants.

403 Ibid.

responsibilities. Many were appreciative of how COVID-19 lockdowns and the pivot to remote working meant that an increased online presence was required. However, the emergency footing on which most UNFPA work was based for a year or more, coupled with a blurring of the boundaries between work life and personal life has led to challenges to morale and effectiveness. This is discussed in more detail under evaluation question 7.

Finding 54: The process of developing the new UNFPA strategic plan incorporated a systematic approach to generating feedback from UNFPA business units and incorporated learning from COVID-19.

The development of the UNFPA strategic plan for 2022-2025 was reported by evaluation key informants at global and regional levels to be heavily influenced by the organization's experiences and learnings from the COVID-19 pandemic from mid-2020 onwards. Stakeholders reported that the process of developing the strategic plan incorporated feedback from UNFPA business units in several ways, for example:

Emphasis on youth and digitalization

The role of youth and digitalization, has been a direct learning from the pandemic. Feedback from various business units underscored the significant role played by youth, particularly in utilizing digital systems.

Data collection and utilization

The pandemic revealed gaps in data collection by UNFPA, particularly regarding global-level data on indicators for the three transformative results. Feedback from business units led to the inclusion of a focus on improved data collection in the strategic plan, emphasizing the need for data that are useful for both UNFPA and other entities for effective programming.

Co-creation and coordination

The COVID-19 UNFPA Global Response Plan was developed through a co-creation process with regional and national business units, thus ensuring that feedback from different business units was incorporated into the plan. The learning and practices related to this are reported by interviewees to feeding the new strategic plan process, and will incorporate already established policy changes, such as flexible working arrangements, that were informed by feedback from business units on their experiences during the pandemic.

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A trainee midwife (left) walks to work with a colleague at the Tulancingo General Hospital in Hildago, Mexico.

5 CONCLUSIONS

Conclusion 1. The COVID-19 pandemic served as an important test of the resilience of UNFPA, amplifying its programmatic strengths but exposing its weaknesses.

Links to findings: 5, 6, 8, 14, 22, 25, 26, 28, 31, 32, 34-37, 52

A crucial element of resilience involves an organization's ability to shift from long-term, deliberate strategies to immediate action in emergency situations and crisis management. In line with its pre-COVID-19 progress towards a continuum approach to its work, UNFPA demonstrated commendable agility in quickly identifying and quantifying threats to the three transformative results and formulating strategies to address them.

The UNFPA initial response and preparedness planning (even before the pandemic declaration), development and alignment of the COVID-19 UNFPA Global Response Plan, reasserting the value of the transformative results, were swift and relevant, ensuring a clear, consistent and coherent approach to programming. While a renewed focus on the "three zeros" was important, the decision to incorporate accelerators into the plan, covering youth and other areas, proved beneficial in enabling rapid action.

Furthermore, UNFPA effectively advocated for the essential nature of SRHR and gender-based violence services among stakeholders, despite the difficult circumstances. The UNFPA approach to assessing the needs of populations during the COVID-19 pandemic was multifaceted and tailored to the specific contexts of different countries. The UNFPA leave no one behind agenda was clearly evident from the outset of the pandemic response, being the first of the four accelerators, as was building resilience by countering both COVID-19 fear and stigma via risk reduction and communication activities.

However, the pandemic exacerbated existing programmatic challenges around family planning, harmful practices and UNFPA work in the field of data that may impact resilience to future or emerging crises. Vital services and the supply of reproductive health commodities were curtailed, and important population data work (i.e. censuses, civil registration and vital statistics) were hindered. In some contexts, a predominantly medical focus of the response, exacerbated by structural and socioeconomic challenges, access challenges and misinformation (leading to vaccine hesitancy and unwillingness to access sexual and reproductive health care), heightened the negative impacts of the pandemic and led to increases in harmful practices such as child marriage.

Conclusion 2. In responding to the COVID-19 pandemic, UNFPA leveraged its inherent flexibility and the commitment and resourcefulness of its personnel to innovate across all programmatic levels.

Links to findings: 8, 9, 12, 15, 16, 19, 28, 29, 34, 35, 39, 41, 46, 47

Business units across the organization navigated the challenges posed by lockdowns and other pandemic-related constraints, showcasing notable resilience in maintaining programme activities. In line with the leave no one behind agenda,

UNFPA focused attention on youth, vulnerable and underserved groups, including those with heightened vulnerabilities due to COVID-19, specifically, the elderly, pregnant women, the socially marginalized and indigenous peoples.

Globally, UNFPA moved quickly to make existing emergency core funding streams available and put COVID-19-specific funding mechanisms in place, including prioritizing programme countries with the highest needs and least ability to finance their own development, notably those in fragile and humanitarian situations.

Driven by the clear population SRHR and gender-based violence needs and the widespread constraints on resources and access to services around the world, UNFPA leveraged and expanded upon many existing innovations and developed others in order to reach target populations, or, as in the case with youth, use them as resources to support others. UNFPA staff formulated and employed a range of strategies to sustain programming, maintain commodity pipelines or compensate for shortfalls. In many cases, UNFPA contributed valuable national or regional pre-existing data expertise and networks in support of individual UNCT and government responses to COVID-19 and recovery efforts.

UNFPA staff skills were instrumental in leveraging online collaborative platforms established before the pandemic to facilitate the transition to remote working. Much of this work has been adopted or adapted on an ongoing basis to add value to UNFPA and partner programming. However, technological innovations present new challenges concerning the leave no one behind principle, notably regarding the risk that these innovations might exclude those who cannot access them, exacerbating the so-called digital divide.

Opportunities to embed work across the humanitarian-development-peace nexus during the pandemic were missed in some contexts. The dichotomy between development and humanitarian skills was highlighted by the pandemic, with these areas being compartmentalized in some places, while in others, there is a clear continuum. The pandemic has underscored the value of positive work environments and effective leadership for staff well-being, motivation and, ultimately, resilience.

Conclusion 3. UNFPA made important contributions to mitigating the effects of COVID-19 on maternal health, family planning and gender-based violence service provision and uptake, but these efforts were not commensurate with its corporate ambition.

Links to findings: 13, 14, 16, 20, 22, 23, 24, 48, 52

Anticipating substantial disruptions to sexual and reproductive health, gender-based violence and family planning services as a result of the COVID-19 pandemic, UNFPA immediately started adapting its interventions and mainstream responses to the pandemic in all UNFPA policies and programmes through 2020.

As the pandemic progressed, the anticipated risks increasingly manifested as reality across UNFPA areas of operation in terms of decreases in availability of sexual and reproductive health and gender-based violence services as resources were diverted to the testing and treatment of COVID-19 cases, and decreases in utilization because of poor access or fear of infection.

To mitigate the impacts of the pandemic, UNFPA undertook rapid and extensive efforts to support, sustain and ensure continuity of services to women and girls, in line with the Global Response Plan objectives. In many cases, UNFPA was the sole actor within the United Nations system supporting vital sexual and reproductive health and gender-based violence service provision and sought to fulfil its mandate around population data.

Despite these widespread and well-received efforts to ensure continuity of services, the contributions of UNFPA had limited positive impact on the COVID-19-related deterioration in sexual and reproductive health and gender-based violence outcomes due to resource constraints, insufficient or inadequately skilled service providers and the significant delays in global supply chains. Global maternal health outcomes, gender-based violence incidence and harmful practices worsened during the COVID-19 pandemic, with considerable disparity between high-resource and low-resource settings. Further, almost 1.4 million unintended pregnancies occurred during 2020.

UNFPA also faced challenges in keeping track of global-level data related to the transformative results and COVID-19 UNFPA Global Response Plan, where existing data strategies and initiatives were insufficiently resilient and not commensurate with the UNFPA vision of itself as a data-driven organization. Such vulnerabilities may challenge resilience to future or emerging crises such as pandemics or climate change.

Conclusion 4. While the COVID-19 pandemic revealed shortcomings in business continuity management, some learning from the experiences and lessons of the pandemic has taken place.

Links to findings: 1, 2, 3, 4, 7, 18, 19, 39, 40, 41

Despite a swift response to the crisis, existing continuity plans and guidance lacked the necessary elements to address the unique challenges posed by a global emergency of this magnitude, with the extent of country-level preparedness largely predicated on pre-existing crisis management experience.

While UNFPA has developed increasingly robust corporate policies and operational coordination mechanisms to ensure resilience in the face of security issues and major disruptions over the past decade, business continuity plans were not a decisive factor in ensuring the continuity of work during COVID-19.

There was low awareness of business continuity management among UNFPA personnel; business continuity plans were irregularly updated, lacked attention to potential epidemic outbreaks and gave limited consideration of the working-from-home modality. This left many country offices lacking initial practical guidance and capacity to rapidly respond to COVID-19 in the early stages of the pandemic.

This was particularly evident in procurement, which faced major challenges such as supply chain disruptions, stockouts, increased demand, and last-mile logistical issues. UNFPA, like other international and national actors, did not demonstrate sufficient resilience to fully overcome the challenges that COVID-19 presented in meeting population contraceptive needs.

While the transition of UNFPA staff to working remotely in response to rapid lockdowns worldwide was effective and demonstrative of operational resilience, staff perceptions of care were, to a significant extent, determined by the efforts of managers and colleagues rather than as a result of policies and institutional healthcare services. The limitations of plans to ensure business continuity were especially concerning, given the UNFPA mandate in public health, which necessitates being at the forefront of resilience and preparedness plans.

While the current business continuity management approach is overly focused on administrative and security measures and insufficiently resourced to maximize resilience, a new policy and processes in relation to business continuity management were developed subsequent to the pandemic, albeit with changes non-substantive in nature.

Conclusion 5. UNFPA worked to safeguard personnel and partner health, welfare and security during the crisis. Nonetheless, disparities between staff and non-staff personnel regarding safeguarding and welfare were highlighted by the pandemic, as was a lack of clarity around duty of care to partners, challenging resilience.

Links to findings: 37, 40, 41, 42, 43

Pre-pandemic, UNFPA had no specific duty of care policy outlining the organization's obligations and responsibilities for ensuring the safety, well-being and protection of its personnel. However, important elements of duty of care were captured in a framework of policies and administrative measures related to staff well-being.

While many UNFPA offices were insufficiently prepared to transition to emergency procedures and humanitarian approaches, most were resilient in adapting to the "new normal" of the pandemic. From the onset of COVID-19, UNFPA quickly implemented various measures to protect the physical health and safety of personnel, facilitate staff working from their homes and thus boost the resilience of the organization and mitigate the worst effects of the pandemic.

UNFPA, at all levels, also implemented a range of measures to safeguard and support the mental health and psychosocial welfare of personnel. Notwithstanding such efforts, the mental well-being of many personnel worsened as a result of the COVID-19 pandemic.

While UNFPA quickly sought to reduce inequities and ensure fairness in the face of COVID-19, especially vis-à-vis those individuals engaged for an extended duration, many issues were highlighted by the pandemic. These are related to workplace culture (a perceived obligation to be available and productive at all times to cope with additional workload), human resource policies and management skills, particularly the perception of differential treatment of employees versus contractors, the capacity of managers to lead and set priorities during crises and the duty of care approach to implementing partners.

Conclusion 6. There has been limited comprehensive and systematic post-crisis internal analysis and learning in terms of navigating future crises.

Links to findings: 49, 50, 51, 52, 53, 54

The COVID-19 crisis has presented significant opportunities for organizational learning and development.

While UNFPA has undertaken some internal learning and reflection on strengthening operational resilience, that is, its capacity to anticipate, prepare for and respond to major disruptions, there is a notable absence of operational reviews, including testing of resilience and preparedness measures such as business continuity plans.

Nonetheless, the learning processes that do exist, even if they cannot be traced back to formal lessons learned exercises or be solely attributed to COVID-19, can serve to strengthen resilience at the level of the UNFPA strategic plan as well as in the areas of business continuity management, emergency preparedness and response and human resources management and duty of care.

UNFPA, as an organization, emphasises the strategic importance of programmatic learning, and the factors contributing to programmatic results in emergencies.

Knowledge and learning were highlighted in the early stages of the pandemic response but were not part of the COVID-19 UNFPA Global Response Plan and thus did not play as significant a role as they could have as the response evolved.

Despite some leveraging of existing knowledge management systems for lessons, as well as additional, ad-hoc initiatives, it is unclear how these have been applied in a systematic manner, beyond some solicitation of feedback for the strategic plan. It is also unclear how inclusive of UNFPA personnel and stakeholders such efforts have been.

As staff and positions turn over, and institutional memory fades, this loss of comprehensive and systematic knowledge and learning threatens the organization's ability to build on past experiences and increase resilience. Without a more systematic approach to capturing and retaining insights from crisis responses, UNFPA risks being unprepared for future global crises. This includes those related to climate change or future pandemics (despite widespread acknowledgement of the imminent and increasing threats posed by climate change), which will have severe implications for its ability to fulfil its mandate effectively.

© UNFPA Moldova/Adriana Bîzgu.

Dignity Kit distribution at the Ukrainian refugee placement center in Moldova.

6 RECOMMENDATIONS

This section includes seven key recommendations and related key actions from the evaluation analysis. The recommendations were developed in draft form by the evaluation team on the basis of the findings and conclusions post-data collection. The draft and suggested recommendations were presented to the evaluation reference group and relevant business unit heads via a recommendations workshop and bilateral meetings held in mid-October 2023. Recommendation key actions have been assigned to the relevant business unit and assigned a priority and timeline.

Priority		Timeline	
High	Organizationally essential - should be addressed directly and resources allocated	**Short**	Can/should be addressed immediately or within one year
Medium	Important but not urgent, should be considered in light of capacities and resources	**Medium**	Can be addressed within a 1-2 year time horizon
Low	Of lesser importance - can be addressed as resources/time permit	**Long**	Can be addressed in a 2/3+ year time horizon

Recommendation 1: In the aftermath of COVID-19, and in anticipation of future crises (including related to climate change), UNFPA should increase efforts to strengthen resilience in key mandate areas (family planning, harmful practices, data).

Links to conclusions: 1 and 3

Key actions

1. Invest in research on harmful practices, especially generating evidence on child marriage and female genital mutilation, and in programme countries beyond the existing (and UNFPA/UNICEF-supported) high-incidence countries. Include those at risk of climate change impacts that may exacerbate such practices due to socioeconomic shocks, impaired services or governance and incidence reporting. Such research should also focus on understanding how preparedness and resilience to shocks should be improved.

   Relevant business unit: Technical Division/Policy and Strategy Division

   Priority: High **Time:** Medium/Long

2. Integrate explicit resilience-building measures in existing and new country programmes and advocate for their inclusion in government policies and action plans.

   Relevant business unit: UNFPA country offices

   Priority: High **Time:** Short

3. Increase external advocacy on, and internal contingency planning around, the heightened vulnerability of women and girls to harmful practices during times of crisis.

   Relevant business units: Technical Division/Policy and Strategy Division, Humanitarian Response Division

   Priority: High **Time:** Medium/Long

4. Improve support to implementing partners working on the key mandate areas to build their resilience to increased needs and resource constraints in times of crisis.

   Relevant business unit: UNFPA country offices

   Priority: Medium **Time:** Medium/Long

5. Collaborate with other United Nations entities to support national SRHR and population data collection instruments that are more resilient and robust to ensure important needs and response data can continue to be collected in times of crisis.

   Relevant business units: Humanitarian Response Division, Technical Division/Policy and Strategy Division

   Priority: High **Time:** Medium/Long

6. Invest in research and advocate externally on the impacts of COVID-19 on national data collection (e.g., censuses, civil registration systems) and the downstream impacts of these on essential service provision and resource allocation to build resilience to any future pandemics and link to broader preparedness and lessons for further strategy development.

   Relevant business unit: Technical Division/Policy and Strategy Division

   Priority: High **Time:** Medium/Long

Recommendation 2: UNFPA should sustain and build on technical and policy work to operationalize the humanitarian-development-peace nexus approach in order to improve resilience and mitigate disruptions to its activities and results.

Links to conclusions: 2 and 6

Key actions

1. Locate humanitarian and development personnel in single units, or apply other strategies to reduce silos and more effectively support national emergency preparedness and response in all country contexts.

   Relevant business unit: UNFPA country offices

   Priority: Medium **Time:** Short/Medium

2. In line with the recommendations from the Evaluation of the UNFPA Capacity in Humanitarian Action 2012-2019, develop or integrate into the existing People's Strategy and upcoming programming guidelines, a corporate strategy for strengthening UNFPA human resource skills and competencies to function in crisis settings and across the humanitarian-development-peace nexus, thus increasing organizational agility and reflecting changing funding environments and financial streams.

   Relevant business units: Humanitarian Response Division, Technical Division/Policy and Strategy Division

   Priority: High **Time:** Short

3. Formalize and resource mechanisms such as the nexus action community within UNFPA (potentially within Technical Division/Policy and Strategy Division) to ensure greater buy-in to nexus work across all operations and increase accountability to nexus work at global and headquarters level.

   Relevant business unit: Office of the Executive Director

   Priority: Medium **Time:** Medium

4. Seek to strengthen skills and competencies for all UNFPA personnel to function across the nexus in crisis situations via:
   - Including nexus responsibilities in job descriptions or ToRs
   - Creating opportunities for staff to access training, e-courses, webinars, tools etc.

   Relevant business units: Division for Human Resources, UNFPA regional and country offices

   Priority: High **Time:** Short/Medium

5. Create a dynamic knowledge management and learning platform (in line with Recommendation 7) to capture, compile and share existing and future tools, learning, praxis and guidance on the humanitarian-development-peace nexus at global, regional and country levels.

   Relevant business units: Innovation Unit, Technical Division/Policy and Strategy Division, Humanitarian Response Division

   Priority: Medium **Time:** Short/Medium

Recommendation 3: UNFPA should better embed business continuity management in the everyday work of all business units.

Links to conclusions: 4 and 6

Key actions

1. Revise the UNFPA business continuity management policy and guidance to reflect business continuity management as an ongoing process within business units (and coordinated by Office of the Security Coordinator) that covers both operational and programmatic dimensions.

   Relevant business units: Office of the Security Coordinator, Technical Division/Policy and Strategy Division, Office of the Executive Director

   Priority: High **Time:** Short

2. Ensure Office of the Security Coordinator is appropriately resourced to ensure effective and efficient coordination of, and capacity-building on, expanded business continuity management across business units and programmes.

   Relevant business unit: Office of the Executive Director

   Priority: High **Time:** Medium

3. Revise the UNFPA business continuity management policy and guidance and template to accommodate local variations in potential disruptions – for example to include considerations related to UNFPA field offices and personnel outside programme country capitals.

   Relevant business units: Office of the Executive Director, Office of the Security Coordinator

   Priority: Medium **Time:** Short

4. Agreements with implementing partners should include basic provisions related to business continuity management.

   Relevant business units: Office of the Security Coordinator, Technical Division/Policy and Strategy Division, Humanitarian Response Division

   Priority: Medium **Time:** Short

5. Ensure timely implementation of the JIU recommendations focused on reviewing business continuity management, building resilience through learning and reporting on the United Nations-wide ORMS policy.

   Relevant business units: Office of the Executive Director, Office of the Security Coordinator

   Priority: High **Time:** Short

6. Provide managers at the country office level training and resources to further build capacity on their crisis management skills and confidence.

   Relevant business units: Office of the Security Coordinator, Division for Human Resources, regional and country offices, Humanitarian Response Division

   Priority: High **Time:** Medium/Long

7. Strengthen maintenance, testing, reviewing and implementation of business continuity plans at all levels to ensure they remain relevant and effective, including broader awareness raising and staff involvement, automatization of the process and completion of a centralized business continuity management document and data repository to ensure all relevant stakeholders have access to the most current plans and information.

   Relevant business units: Office of the Security Coordinator, Division for Human Resources/Talent Management Branch, Headquarters Divisions, regional offices

   Priority: High **Time:** Medium

Recommendation 4: UNFPA should foster a workplace culture where all its personnel are appropriately supported and valued and where personnel and implementing partners are better prepared to anticipate, respond to and recover from crises.

Links to conclusion: 5

Key actions

1. Update and strengthen the duty of care framework for UNFPA non-staff personnel. Clearly define entitlements, benefits and support measures commensurate with the risks and responsibilities associated with the roles of staff vis-à-vis non-staff personnel.

   Relevant business unit: Division for Human Resources

   Priority: High **Time:** Short

2. Establish a centralized, live repository of related information accessible to all UNFPA personnel and, during crises, clearly communicate with non-staff personnel regarding their entitlements.

   Relevant business unit: Division for Human Resources

   Priority: High **Time:** Medium

3. UNFPA agreements with implementing partners should include basic provisions related to partner commitments to, and capacity for, ensuring duty of care of their personnel.

   Relevant business units: Technical Division/Policy and Strategy Division, Humanitarian Response Division

   Priority: High **Time:** Short

4. Conduct analysis and assessment of the appropriateness, relevance and outcomes of flexible working arrangements with a view to maintaining a baseline capacity of remote work to contribute to business continuity in time of sudden crisis.

   Relevant business unit: Division for Human Resources

   Priority: Medium **Time:** Medium

Recommendation 5: UNFPA should take steps to improve its supply chain resilience and ensure that it is in a position to continue procuring and supplying services and goods needed for the safety and security of its personnel and for effective business continuity and humanitarian programming.

Links to conclusions: 4 and 5

Key actions

1. In line with recommendations from the Evaluation of the UNFPA Capacity in Humanitarian Action 2012-2019, adapt the UNFPA corporate approach to emergency procurement and management of family planning and reproductive health and other supplies (such as PPE), including local procurement under emergency conditions, regional stockpiling and national pre-positioning of critical supplies, while seeking synergies and efficiencies with other United Nations agencies and safeguarding quality.

   Relevant business units: Humanitarian Response Division, Supply Chain Management Unit

   Priority: High **Time:** Medium

2. Promptly implement the four key recommendations of the UNFPA audit of procurement fast-track procedures.

   Relevant business units: Humanitarian Response Division, Supply Chain Management Unit

   Priority: High **Time:** Short

Recommendation 6: UNFPA should strengthen its systems to plan, monitor and report on results achieved in response to serious disruptions.

Links to conclusion: 3

Key actions

1. Embed practical, consistent and robust (i.e. appropriately resourced and balanced with data collection capacity) monitoring systems for ad-hoc and exceptional data collection and reporting requirements.

   Relevant business units: Technical Division/Policy and Strategy Division, regional offices, Humanitarian Response Division

   Priority: Medium **Time:** Short

2. To the extent possible, leverage existing results frameworks, indicators (e.g. for the UNFPA strategic plan) for monitoring and reporting on crisis responses.

   Relevant business units: Technical Division/Policy and Strategy Division, Humanitarian Response Division

   Priority: Medium **Time:** Short

3. Revisit and revise the strategic plan results framework (specifically under output 5 – humanitarian action) to ensure that indicators can effectively be measured and reported on in crisis situations.

   Relevant business units: Technical Division/Policy and Strategy Division, Humanitarian Response Division

   Priority: High **Time:** Medium/Long

4. Build and resource country office and implementing partner data collection expertise and resilience via expertise in technical and digital solutions, identification of third-party monitoring providers etc.

   Relevant business units: Regional and country offices

   Priority: High **Time:** Long

Recommendation 7: UNFPA should systematize its organization-wide knowledge management and learn to capitalize on innovations, maximize effectiveness and ensure no one is left behind.

Links to conclusions: 2 and 6

Key actions

1. As part of a UNFPA knowledge management system, introduce a suite of rapid assessment and learning tools that can be quickly deployed to analyse, disseminate and scale up positive practices or lessons.

   Relevant business units: Innovation Unit, Technical Division/Policy and Strategy Division, Humanitarian Response Division, Information Technology Solutions Office

   Priority: High **Time:** Short/Medium

2. Conduct more systematic reflection and learning on the impact and outcomes of innovative work, for example, internet-based, mobile and remote modes of service delivery, including the challenges posed by the digital divide and ways to surmount these to ensure no one is left behind.

   Relevant business units: Innovation Unit, Technical Division/Policy and Strategy Division, Information Technology Solutions Office

   Priority: Medium **Time:** Short

3. Seek to leverage existing UNFPA innovations or collaborate externally to anticipate and plan for future disruptions related to unpredictable events (e.g. pandemics) or specific planning for more likely scenarios (e.g. related to climate change).

   Relevant business units: Innovation Unit, Technical Division/Policy and Strategy Division, country offices

   Priority: Low **Time:** Short

4. Using existing (Quantum, QuantumPlus or A-COMPASS) or new platforms, increase awareness and accessibility of innovation and learning initiatives and products to the whole of UNFPA.

   Relevant business units: Innovation Unit, Technical Division/Policy and Strategy Division, Information Technology Solutions Office

   Priority: High **Time:** Short

Driving evidence-based actions

Delivering rights and choices for all

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