



Independent evaluation of the capacity of UNFPA in humanitarian action 2019-2025

Evaluation Report

2025



UNFPA Independent Evaluation Office

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This report incorporates the use of artificial intelligence (AI) technologies to enhance and support content analysis in the data-collection and analysis phase of the evaluation. The AI tools used in this report adhere to UNFPA's AI Use Clause, ensuring ethical and responsible use, transparency, validation of results, and compliance with relevant internal regulations. For more details on the specific AI methodologies and tools used and on the validation of AI-generated analysis and the ethical safeguards applied, see Annex III.

Foreword

Facing escalating and prolonged conflicts, a deepening climate crisis and the resultant mass displacement of people, the international humanitarian system navigated unprecedented strains between 2019 and 2025. These crises dramatically increased the scale and complexity of human need. By 2025, they were severely compounded by a dramatic pullback in international humanitarian funding, compelling the United Nations system to initiate a “humanitarian reset”. Within this turbulent context, UNFPA’s mandate – to ensure rights and choices for all – was never more relevant. The protection and provision of sexual and reproductive health (SRH) and gender-based violence (GBV) services proved unequivocally life-saving for women, adolescent girls and vulnerable populations facing crisis. Arriving at this critical juncture, the Independent Evaluation Office conducted this evaluation to assess UNFPA’s dual-mandate evolution – the integration of humanitarian work with development – and provide clear guidance for the future.

The evaluation recognizes UNFPA’s profound transformation from a development-focused agency to one with a humanitarian footprint. UNFPA continues to successfully deliver high-quality SRH and GBV services, while advancing its global leadership in coordinating both areas. UNFPA has adopted innovative approaches such as cash and voucher assistance, and deepened its commitment to localization of aid, partnering with many national and women-led organizations.

However, the findings also offer vital nuance: while the quality of UNFPA’s work progresses, it cannot match the immense scale of humanitarian needs. Furthermore, UNFPA’s efficiency remains hindered by a development-oriented culture and related policies. There is also a need for more robust data to effectively advocate for UNFPA’s life-saving mandate in a fiercely resource-constrained global environment.

To address these challenges and capitalize on UNFPA’s strategic evolution, the evaluation presents six critical recommendations.

One of the recommendations includes elevating UNFPA's strategic and leadership role to unify internal efforts and strengthen external positioning amid United Nations system reforms. Moreover, UNFPA should enhance its operational agility and invest in a sustainable humanitarian workforce to mitigate short-term funding risks. It is crucial that the organization move beyond activity reporting to develop a unified humanitarian data strategy focused on the difference it makes in the lives of women and girls. Finally, the evaluation calls for the integration and strengthening of humanitarian–development–peace continuum work, including climate adaptation and youth programming, alongside enhanced efforts on accountability to affected populations and localization.

Serving as a powerful tool for accountability and organizational learning, this evaluation will help UNFPA to adapt in the face of complexity and uncertainty. Notably, the evaluation incorporates the use of artificial intelligence (AI) technologies to enhance the speed and depth of content analysis, embodying the very spirit of innovation that it seeks to promote. By embracing these recommendations, UNFPA will strengthen its capacity to deliver high-impact, coordinated and life-saving interventions, ensuring that the organization can both respond to crises and build the resilience necessary to achieve transformative results for women and girls globally.

Marco Segone
Director, UNFPA Independent Evaluation Office

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Acronyms

AAP	Accountability to affected populations
AoR	Area of Responsibility
APRO	UNFPA Regional Office for Asia and the Pacific
ASRO	UNFPA Regional Office for the Arab States
COD-PS	Population Statistics Common Operational Datasets
CRVS	Civil registration and vital statistics
CVA	Cash and voucher assistance
DHS	Demographic and Health Survey
DRR	Disaster Risk Reduction
EECARO	UNFPA Regional Office for Eastern Europe and Central Asia
EPPs	UNFPA Emergency Response Policies and Procedures
ESARO	UNFPA Regional Office for East and Southern Africa
FGD	Focus group discussion
GBV	Gender-based violence
GBV AoR	Gender-Based Violence Area of Responsibility
GBViE	Gender-Based Violence in Emergencies
GBVIMS	Gender-Based Violence Information Management System
GERT	Global Emergency Response Team
HCT	Humanitarian Country Team
HNO	Humanitarian Needs Overview

HRP	Humanitarian Response Plan
IARH	Inter-Agency Reproductive Health (kits)
IASC	Inter-Agency Standing Committee
ICPD	International Conference on Population and Development
LACRO	UNFPA Regional Office for Latin America and the Caribbean
MHM	Menstrual hygiene management
MISP	Minimum Initial Service Package
MOPAN	Multilateral Organisation Performance Assessment Network
NSO	National Statistical Office
OCHA	Office for the Coordination of Humanitarian Affairs
ODA	Official development assistance
OECD	Organisation for Economic Co-operation and Development
OSC	One-stop centre
PoLR	Provider of Last Resort
SRH	Sexual and reproductive health
SRHR	Sexual and reproductive health and rights
SRHRIE	Sexual and Reproductive Health and Rights in Emergencies
UNCT	United Nations Country Team
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme

UNEG	United Nations Evaluation Group
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNOCHA	United Nations Office for the Coordination of Humanitarian Affairs
UNSDCF	United Nations Sustainable Development Cooperation Framework

US	United States
USAID	United States Agency for International Development
WCARO	UNFPA Regional Office for West and Central Africa
WGSS	Women and Girls Safe Space
WHO	World Health Organization
WLO	Women-led organization
WRO	Women's rights organization
YPS	Youth, Peace and Security

Executive Summary

Background

This report presents the findings of the global evaluation of the UNFPA capacity in humanitarian action from 2019 to 2025. It serves as a follow-up to a [previous evaluation covering the 2012–2019 period](#), assessing UNFPA's evolution within a rapidly changing global landscape.

The 2019–2025 period covered by this evaluation has been marked by rapid increase in the number, scale and complexity of humanitarian crises. Driven by escalating conflicts, the deepening climate crisis and natural disasters, these have placed immense strain on the global system. This period also saw growing politicization of aid and significant shortfalls in humanitarian appeals.

This challenging context was dramatically amplified in early 2025 by the abrupt termination of most overseas humanitarian and development assistance from the United States of America. This watershed moment caused upheaval for the entire sector, including UNFPA, which faced immediate and substantial funding cuts, the loss of over 100 staff and disruptions to life-saving programmes that continue through 2025 and beyond.

In response to these pressures, the Inter-Agency Standing Committee initiated a “humanitarian reset”, complemented by the UN80 system-wide reform initiative launched in March 2025. These initiatives aim to overhaul both the global humanitarian coordination architecture and the overall United Nations system to make them more efficient and agile by streamlining structures, reviewing mandates and identifying efficiencies.

Within this turbulent environment, UNFPA has continued its strategic evolution from a development-focused organization to a dual-mandate agency with a growing humanitarian footprint. Key milestones include the establishment of the Humanitarian Office in 2019, its reorganization as the Humanitarian Response Division in 2022 and its relocation to Geneva – the hub of humanitarian action. Humanitarian funding grew to represent over 40 per cent of UNFPA's non-core resources by late 2024, reflecting the organization's increasing operational scale and commitment.

Evaluation purpose, scope, objectives and audience

Managed by the Independent Evaluation Office of UNFPA, this evaluation serves the dual purposes of **accountability and learning**. It aims to:

1. Assess how UNFPA's capacity to prepare for and respond to emergencies has evolved since the 2019 evaluation
2. Draw lessons to inform UNFPA's future humanitarian action, particularly in the context of the next strategic plan and the ongoing humanitarian reset.

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The evaluation's **objectives** are to:

- Assess the **relevance** of UNFPA's humanitarian programming and its adaptation to the changing scale and nature of emergencies
- Assess the extent to which internal systems and processes enable **efficient and timely** humanitarian action
- Assess the **effectiveness and coverage** of interventions across key thematic areas: gender-based violence (GBV) in emergencies, sexual and reproductive health and rights (SRHR) in emergencies, youth and data
- Assess the **integration** of humanitarian principles, human rights, gender equality and other standards into programming
- Assess UNFPA's ability to strengthen resilience and complementarity across the **humanitarian–development–peace continuum**
- Propose actionable **recommendations** for future humanitarian action.

The **scope** of the evaluation has three dimensions. First, **geographic**, the scope is global, covering all countries and regions where UNFPA has been active in humanitarian settings since 2019. It is also **thematic**, encompassing all UNFPA strategies and programmes implemented in humanitarian contexts. Finally, it is **temporal**, the evaluation covers the period from 2019 to the conclusion of data collection in 2025.

The primary intended **audience** of the evaluation is the UNFPA Executive Board, the Humanitarian Response Division, other headquarters business units, and regional and country offices. The findings are also relevant to a wider audience, including other United Nations organizations and partners.

Evaluation approach and methods

The evaluation was conducted between September 2024 and October 2025. It adheres to internationally recognized standards from the United Nations Evaluation Group, the Organisation

for Economic Co-operation and Development's Development Assistance Committee (OECD/DAC) and Active Learning Network for Accountability and Performance (ALNAP).

Analytical framework

The evaluation is framed by eight evaluation questions, structured around the criteria of relevance/appropriateness, effectiveness/coverage, efficiency, coherence and connectedness. These questions are explicitly linked to a reconstructed theory of change that outlines how UNFPA's humanitarian inputs and activities are intended to contribute to its three transformative results.

Methodology

A mixed-methods approach was employed to gather qualitative and quantitative evidence. Data-collection tools included:

1. **In-depth document review:** A comprehensive review of over 1,500 documents related to humanitarian response at UNFPA and within the wider humanitarian system.
2. **Key informant interviews:** Remote and in-person interviews with 243 key stakeholders at global, regional and country levels, including UNFPA staff, implementing partners, donors, government officials and representatives from other United Nations agencies.
3. **Focus group discussions:** With 200 community members and rights holders – particularly women and girls – in six countries to ensure that findings were contextually grounded.

Sampling

A multi-stage sampling process was used to select **15 countries** for the evaluation. This process combined stratified and purposive sampling to ensure representation across UNFPA's regions and different humanitarian contexts. Six of these countries (Bangladesh, Chad, Colombia, Egypt, Moldova and Uganda) were selected for in-

person field visits, while the remaining nine were subject to desk reviews and remote interviews. Key informants were selected using purposive and snowball sampling techniques.

Analysis

Qualitative data was coded and analysed based on the evaluation questions and the theory of change. The evaluation team used **artificial intelligence (AI)** to enhance content analysis, adhering to UNFPA and wider United Nations ethical guidelines and strict guardrails to ensure accuracy and security of data.

The evaluation faced several limitations, primarily administrative in nature, most of which did not impact the evaluation. The most significant challenge was the impact of the 2025 funding crisis, which created a hugely volatile context, challenging the long-term relevance of findings. The evaluation team sought to “future proof” recommendations by considering extrapolated trends and likely resource constraints.

Evaluation findings

Relevance/appropriateness

UNFPA has expanded its humanitarian footprint and evolved organizationally, but it **has not yet fully cemented its position as a global humanitarian actor**. Despite the creation of the Humanitarian Response Division and substantial growth in humanitarian funding, the absence of a stand-alone global humanitarian strategy has led to inconsistent strategic prioritization across the organization. At the country level, however, programmes have increasingly integrated humanitarian action into their planning documents, adapting to escalating crises and aligning with national and United Nations frameworks. GBV is generally visible in inter-agency planning documents such as humanitarian response plans, but SRHR, **youth and data are less consistently prioritized** as life-saving interventions. UNFPA’s approach to needs assessment is adaptable but not systematic. The

strategic focus on **accountability to affected populations has sharpened, but its application remains ad hoc and is inconsistent** across operations.

Effectiveness/coverage

UNFPA has made **effective contributions to delivering quality sexual and reproductive health (SRH) and GBV services** through the promotion of the Minimum Initial Service Package for Sexual and Reproductive Health in Crisis Situations, support to mobile clinics and Women and Girls Safe Space, and the provision of essential commodities. Innovative approaches, such as cash and voucher assistance, have been shown to improve health-seeking behaviours. However, resource limitations mean that **service delivery does not meet the immense scale of need, nor does it consistently reach the most marginalized groups**. While **quality of services supported has improved**, the growth in humanitarian resources over the evaluation period has not been fully matched by a commensurate expansion in the **number of people reached**, and the 2025 funding crisis has dramatically widened this coverage gap.

A critical challenge across all mandate areas is the **lack of robust data on health and welfare outcomes relating to SRH and GBV for women and girls**. While there is evidence of increased service utilization and improved quality of services delivered, UNFPA struggles to systematically measure and demonstrate how its interventions contribute to sustained outcomes, such as reductions in maternal mortality or risks of GBV. This hinders its ability to advocate for its work as life-saving, which is a critical disadvantage in the current resource-constrained environment.

UNFPA has successfully advanced its **leadership on GBV coordination**, enhancing its credibility as a humanitarian actor, despite absorbing the GBV Area of Responsibility (AoR) into the protection cluster as part of the humanitarian reset. The establishment of a **global SRHR Task**

Team within the Global Health Cluster is another achievement. However, leadership on youth in humanitarian action remains disconnected from core humanitarian structures, as it is managed primarily within the Programme Division, not the Humanitarian Response Division.

Efficiency

UNFPA's operational efficiency has improved, marked by the creation of the Humanitarian Response Division and the development of new **Emergency Response Policies and Procedures** in 2025. However, the pace of improvement remains slow and is hindered by a development-oriented culture characterized by lengthy financial and administrative controls and policy gaps. This is particularly evident around operationalizing existing policies at the country level. Despite strategic improvements in supply chain management, persistent delays in procuring and delivering commodities continue to impair credibility in countries. Human resources capacity has grown, and rapid deployment mechanisms such as the UNFPA Global Emergency Surge Roster and the Global Emergency Response Team (GERT) have been strengthened. Nonetheless, an **over-reliance on short-term, earmarked funding for critical staff positions** leads to high turnover, loss of institutional memory and slow recruitment processes. This undermines the sustainability of the humanitarian workforce.

Coherence

UNFPA's humanitarian programming demonstrates **strong internal coherence** through the increasing integration of SRH and GBV services at the country level, creating programmatic synergies. Externally, UNFPA has solidified its position within the United Nations system, engaging in partnerships and demonstrating leadership in its mandate areas. However, this coherence is undermined by the continued **siloing of youth and population data programming**, which are not well-integrated with core humanitarian action due to internal

structural divisions between the Humanitarian Response Division and the Programme Division. Furthermore, UNFPA faces intensifying inter-agency competition for mandates and resources: a challenge magnified by the "humanitarian reset"¹ that threatens to dissolve established coordination structures like the GBV AoR.

Connectedness

UNFPA demonstrates a growing commitment to working across the **humanitarian-development-peace continuum**, which is increasingly reflected in corporate strategies and country-level programming. Innovations such as **anticipatory action and CVA** are being used to build resilience and link immediate relief to longer-term development goals. The organization has also made progress on its **localization** commitments, increasing the proportion of funding directed to national and women-led organizations. However, the **lack of clear global guidance on implementing humanitarian-development-peace continuum and climate adaptation work** has led to inconsistent approaches and staff uncertainty. While partnerships with local actors are increasing, challenges remain in fostering truly equitable collaborations and ensuring their financial sustainability, which is complicated by short-term funding cycles and UNFPA's internal risk aversion.

¹ The humanitarian reset is an initiative aiming to improve the global humanitarian coordination architecture to make the system more efficient and agile by streamlining structures, reviewing mandates and identifying efficiencies.

Conclusions

1. Relevance: UNFPA has a clear commitment to addressing the needs of women, girls, youth and vulnerable people within its mandate, although this is not fully operationally reflected. Its strategic positioning as a global humanitarian actor is being consolidated, but not yet fully established.

The absence of a stand-alone global humanitarian strategy impedes greater strategic engagement. Consistent prioritization of all mandate areas remains a key challenge – particularly SRHR and data as life-saving interventions in inter-agency planning. Furthermore, while there is a strategic focus on accountability to affected populations (AAP), its application on the ground is often ad hoc and inconsistent.

2. Effectiveness and coverage: UNFPA's humanitarian interventions have demonstrated considerable positive progress in the coordination and delivery of quality SRH and GBV services, although the overall global growth in humanitarian resources has not been fully matched by a commensurate expansion in the number of people reached with SRH services.

The scale of need and growing limitations on available resources puts adequate coverage for vulnerable populations further out of reach. A structural disconnect between the Programme Division and the Humanitarian Response Division means that youth-focused humanitarian efforts often operate in silos, limiting their overall effectiveness and integration.

3. Effectiveness of data: Humanitarian data efforts by UNFPA – both population data and programming data – have informed some positive advancements in policies and innovations but remain fragmented and inconsistent, limiting evidence-based decision-making and the ability to demonstrate programmatic impact.

Internal systems for data collection, analysis and sharing are emerging, but still lack cohesion, and a heavy burden of administrative reporting often overshadows genuine monitoring and learning. This systemic weakness ultimately impedes UNFPA's capacity to prove its contribution to improved SRHR and GBV outcomes and advocate for them as life-saving interventions.

4. Efficiency: UNFPA's humanitarian operational efficiency has improved since 2019, with some key organizational, strategic and policy advancements, notably the creation of the Humanitarian Response Division, ongoing development of a dedicated body of policies, processes and guidance and improvements in the management of short-term staffing arrangements. However, the pace of progress is slow, and has been compromised by systemic internal fragmentation and bottlenecks.

Challenges including persistent delays in the humanitarian supply chain, slow recruitment processes and the “double-hatting” of staff. An over-reliance on short-term earmarked funding and limited-capacity rapid deployment mechanisms hinders sustained staffing, programming continuity and the ability to mount a fully agile and predictable humanitarian response.

5. Coherence: UNFPA’s humanitarian programming demonstrates strong internal coherence and improved external complementarity for SRHR and GBV, but faces challenges in integrating youth and data while navigating intensifying inter-agency competition.

This internal fragmentation, combined with intensifying inter-agency competition and mandate overlap, threatens UNFPA’s established leadership roles.

6. Connectedness: UNFPA’s humanitarian action demonstrates improving conceptual and programmatic links to preparedness and longer-term development and peace processes, yet corporate guidance gaps on implementation and localization challenges persist.

This has led to inconsistent interventions. Despite progress in localization, there are challenges in fostering equitable partnerships. Reliance on short-term funding cycles also undermines the sustainability of local organizations and the long-term impact of the continuum approach.



Recommendations

1. Elevate UNFPA's strategic and leadership role in humanitarian action.

The absence of a stand-alone humanitarian strategy, combined with intensifying inter-agency competition for resources, hinders UNFPA from solidifying its leadership role and consistently prioritizing its mandate areas. To address this challenge, UNFPA should develop a dedicated humanitarian strategy that unifies its internal approaches and strengthens its external positioning.

Operationalization plan

A. Develop and publish a comprehensive stand-alone internal strategic framework for humanitarian action that reflects the life-saving nature of SRHR, GBV and population data in an integrated approach. This should be a concise, time-bound (24-month) plan.

Key units: Humanitarian Response Division, Office of the Executive Director

Priority: High | **Level of US\$ required:** Low

B. Reinforce capacity for robust advocacy and leadership among senior management in inter-agency forums, particularly in resource negotiations.

Key unit: Division for Human Resources

Priority: High | **Level of US\$ required:** Medium

To include:

- i.** Requiring a minimum standard of humanitarian experience for Representative and Deputy Representative roles.
- ii.** Developing new humanitarian-focused assessments for recruitment.
- iii.** Strengthening capacity through measures such as tours of duty in humanitarian contexts as a requirement for promotion.
- iv.** Creating clear career pathways for humanitarian specialists into managerial roles.
- v.** Integrating humanitarian competencies into performance management.

C. Advocate internally to formalize this strategic framework to operationalize humanitarian commitments in the UNFPA Strategic Plan, 2026–2029.

Key unit: Humanitarian Response Division

Priority: Medium | **Level of US\$ required:** Low

D. (Optional) Replicate UNFPA's regional [Humanitarian Roadmap for West and Central Africa](#) in other regions as an alternative to a global strategy, ensuring alignment with the UNFPA Strategic Plan, 2026–2029.

Key unit: Humanitarian Response Division, Regional Offices

Priority: Medium | **Level of US\$ required:** Low

2. Focus on sustaining and coordinating targeted, high-quality, high-impact SRH and GBV services.

While UNFPA has contributed to quality SRH and GBV services, coverage remains insufficient to meet the vast needs. UNFPA should target its resources on areas of highest need, rather than reaching the greatest number. By doing so, it will safeguard its leadership in coordination, reinforce its credibility and define its value to donors.

Operationalization plan

A. Undertake a strategic prioritization and resource allocation exercise to target services for the most vulnerable populations with highest unmet needs.

Key units: Humanitarian Response Division, Regional Offices, Country Offices

Priority: High | **Level of US\$ required:** Low

To include:

- i. Developing clear vulnerability criteria and mapping tools for country programmes.
- ii. Focusing investment in sectoral and geographic areas of greatest need, rather than reacting to donor-defined needs.
- iii. Drawing on successful innovations and commodity provision in advocacy strategies.

B. Strategically review UNFPA's position as provider of last resort (PoLR) in GBV, conducting a short assessment of its relevance and responsibilities in light of the ongoing humanitarian reset.

Key unit: Humanitarian Response Division

Priority: High | **Level of US\$ required:** Low

C. Support a coherent transition of the GBV AoR from its role mandated by the Inter-Agency Standing Committee (IASC) while maintaining UNFPA's coordination leadership by actively engaging in consensus-building and advocacy to ensure an orderly shift to new coordination modalities. To include ringfencing UNFPA's global, regional and national GBV expertise during and after the transition.

Key units: Humanitarian Response Division, Regional Offices, Country Offices

Priority: High | **Level of US\$ required:** Medium

D. (Optional) Ensure adequate training, supervision and resources for staff and partners to uphold GBV and SRH minimum standards and systematize referral pathways.

Key units: Humanitarian Response Division, Regional Offices, Country Offices

Priority: Medium | **Level of US\$ required:** Medium

3. Enhance operational agility, responsiveness and investment in people.

Despite new procedures, UNFPA's operational pace remains slow due to lengthy financial and administrative controls and policy gaps. The organization needs to improve the speed and cost-effectiveness of its response by addressing policy gaps, optimizing supply chain management and strengthening human resources.

Operationalization plan

A. Revise general policies and procedures (e.g. for human resources, supplies) to be more flexible for protracted humanitarian crises.

Key units: Humanitarian Response Division, Programme Division, Division for Human Resources, Supply Chain Management Unit

Priority: High | **Level of US\$ required:** Low

B. Develop clear and practical guidance on operationalizing risk appetite and “no regrets” policies, including risk sharing (with donors and other agencies) and systematic quantification of risk.

Key units: Humanitarian Response Division, Division of Management Services

Priority: High | **Level of US\$ required:** Low

C. Review the cost-effectiveness and efficiency of the Surge and GERT rapid deployment mechanisms.

Key units: Humanitarian Response Division, Division for Human Resources

Priority: High | **Level of US\$ required:** Low

D. Assess, identify and target strategic investments in prepositioning humanitarian supplies at all levels, tailored to the most significant risks and needs.

Key units: Humanitarian Response Division, Regional Offices, Supply Chain Management Unit

Priority: High | **Level of US\$ required:** Low

E. Increase the proportion of core funding allocated to dedicated humanitarian positions at country and regional levels to provide stability and continuity.

Key units: Division of Management Services, Division for Human Resources

Priority: High | **Level of US\$ required:** Medium/High

F. Assess and streamline recruitment processes for humanitarian positions, using mechanisms like pre-vetted national rosters and adopting the “time-to-fill” metric.

Key unit: Division for Human Resources

Priority: High | **Level of US\$ required:** Low

G. (Optional) Adopt an agile, online, centralized knowledge management system for Humanitarian Response Division policies and guidance.

Key unit: Humanitarian Response Division

Priority: Medium | **Level of US\$ required:** Low

- H. *(Optional)* Decentralize approval for local procurement of selected pharmaceuticals and provide CVA for medication purchases.

Key units: Humanitarian Response Division, Supply Chain Management Unit, Regional Offices | **Priority:** Medium | **Level of US\$ required:** Low

4. Enhance accountability to affected populations and localization efforts.

While UNFPA has a strategic focus on AAP and localization, its operational application is ad hoc and inconsistent, which impacts responsiveness to community needs and trust of local partners.

Operationalization plan

- A. Integrate mandatory and consistent AAP mechanisms (e.g. feedback loops, community consultations) into every stage of the humanitarian programme cycle and partner agreements.

Key units: Humanitarian Response Division, Programme Division, Regional Offices, Country Offices

Priority: High | **Level of US\$ required:** Low/Medium

- B. Leverage innovative technologies such as mobile platforms for community feedback and needs assessments where appropriate.

Key units: Humanitarian Response Division, Country Offices

Priority: High | **Level of US\$ required:** Medium

- C. Move beyond funding allocation to local partners by investing in genuine co-design and inclusive and participatory decision-making processes. Recognize them as true partners beyond service delivery for the most effective and immediate response in emergencies – and clarify risks that this entails, including risk sharing with donors

Key units: Regional Offices, Country Offices

Priority: High | **Level of US\$ required:** Low

- D. *(Optional)* Enhance work with governments to transition humanitarian responses to national ownership and funding where appropriate.

Key units: Regional Offices, Country Offices

Priority: Medium | **Level of US\$ required:** Low

- E. *(Optional)* Assign dedicated budget lines for organizational strengthening and overheads for partners so that they can participate on an equal footing.

Key units: Division of Management Services, Regional Offices, Country Offices

Priority: Medium | **Level of US\$ required:** Low

5. Integrate and strengthen humanitarian–development–peace continuum work, including climate adaptation and youth, peace and security (YPS).

A structural disconnect and siloed approach between humanitarian and development work limits the effectiveness of youth-focused, climate-responsive and continuum programming. A cohesive approach is needed for UNFPA to cement its leadership in these areas.

Operationalization plan

A. Clarify responsibilities and foster collaboration between the Humanitarian Response Division and Programme Division, with support from the Division for Human Resources and Supply Chain Management Unit, including potentially modifying corporate structures to break down silos (e.g. moving the Humanitarian Response Division under the Deputy Executive Director for Programmes).

Key units: Programme Division, Humanitarian Response Division, Office of the Executive Director

Priority: High | **Level of US\$ required:** Low

B. Finalize and widely disseminate a comprehensive corporate framework and practical guidance on the humanitarian–development–peace continuum.

Key units: Humanitarian Response Division, Programme Division, Regional Offices

Priority: High | **Level of US\$ required:** Low

C. Develop a dedicated framework and guidance for humanitarian actions on climate adaptation as part of disaster risk reduction (DRR), including in early warning systems, anticipatory action and resilience-building.

Key units: Humanitarian Response Division, Programme Division, Regional Offices

Priority: High | **Level of US\$ required:** Low

D. *(Optional)* Ensure that humanitarian needs assessments and response plans consistently include specific, integrated programming for young people.

Key units: Humanitarian Response Division, Regional Offices, Country Offices

Priority: Medium | **Level of US\$ required:** Medium

E. *(Optional)* Leverage UNFPA's leadership in the Youth, Peace and Security agenda and Compact for Youth to strengthen partnerships with youth-led organizations in humanitarian settings.

Key units: Regional Offices, Country Offices

Priority: Medium | **Level of US\$ required:** Medium

6. Develop a unified humanitarian data strategy and system for to measure outcomes for SRHR and GBV in humanitarian settings.

UNFPA's humanitarian data efforts are fragmented, overly focused on administrative reporting and lack strategic linkages to population data efforts. This inhibits organizational learning and the ability to demonstrate impact. A unified strategy is needed to support advocacy and show its contribution to SRHR and GBV programming.

Operationalization plan

A. Follow up on the recommendations of the 2021 baseline and evaluability assessment on data in humanitarian assistance.

Key units: Humanitarian Response Division

Priority: Medium | **Level of US\$ required:** Medium

B. Develop and implement meaningful, standardized and outcome-oriented indicators for SRHR and GBV programming, moving beyond activity and output-level data.

Key units: Humanitarian Response Division, Regional Offices, Country Offices

Priority: High | **Level of US\$ required:** Medium

C. Streamline humanitarian reporting requirements to reduce administrative burdens and reorient efforts towards genuine monitoring and organizational learning.

Key units: Humanitarian Response Division, Regional Offices, Country Offices

Priority: High | **Level of US\$ required:** Low

D. (Optional) Develop and implement a clear, unified humanitarian data strategy based on a single architecture, leveraging existing platforms including DHIS2 and the Gender-Based Violence Information Management System (GBVIMS).

Key units: Humanitarian Response Division, Programme Division, Information Technology Solutions Office (ITSO)

Priority: Medium | **Level of US\$ required:** Low/Medium

E. (Optional) Strengthen internal capacity for humanitarian data management, analysis and visualization through dedicated staffing and mandatory “data literacy” training for all staff.

Key units: Humanitarian Response Division, Regional Offices, Country Offices

Priority: Medium | **Level of US\$ required:** Medium

F. (Optional) Systematically leverage UNFPA's expertise and relationships with National Statistical Offices (NSOs) to integrate population data into humanitarian planning.

Key units: Regional Offices, Country Offices

Priority: Medium | **Level of US\$ required:** Medium



01

Introduction

This report is organized into four sections:

Chapter 1 is an introduction that provides an overview of the global context of humanitarian needs and an overview of the methodology used.

Chapter 2 presents the findings of the evaluation. The findings are organized under 11 evaluation questions. For each evaluation question, there is a list of relevant findings presented with the evidence collected through the evaluation process.

Chapter 3 presents conclusions drawn from the findings.

Chapter 4 presents recommendations based on the findings and conclusions.

This report presents the results of the global evaluation of the UNFPA capacity in humanitarian action between 2019 and 2025. The evaluation was carried out from September 2024 to October 2025, conducted by the UNFPA Independent Evaluation Office as per the UNFPA multi-year costed evaluation plan, 2024–2027.² This evaluation is intended as a follow-up to a previous evaluation of the UNFPA capacity in humanitarian action, which covered the period 2012–2019.³

Building on both the terms of reference (ToR) for the evaluation and the inception report which articulated the evaluation team's intended approaches and methodology for conducting the evaluation, this report presents the findings, analysis, conclusions and recommendations for action for UNFPA to take forward in its future humanitarian response work.

As a foundational part of its overall design, the evaluation uses internationally agreed evaluation criteria, drawn from the United Nations Evaluation Group (UNEG) norms and standards, the Organization for Economic Cooperation and Development's Development Assistance Committee (OECD/DAC) and Active Learning Network for Accountability and Performance (ALNAP)⁴ to study the questions outlined below.

² UNFPA, UNFPA Multi-year costed evaluation plan, 2024–2027.

³ UNFPA, Evaluation of the UNFPA capacity in humanitarian action (2012–2019).

⁴ Active Learning Network for Accountability and Performance in Humanitarian Action.

1.1 Evaluation purpose and objectives

This evaluation has both summative and formative elements, serving the dual purposes of *accountability* and *learning*, respectively.

The purposes of the evaluation are specifically to:

- Assess and report on how the UNFPA capacity to prepare for and respond to emergencies has evolved based on the lessons learned and recommendations from the 2019 evaluation of the UNFPA capacity in humanitarian action (accountability).
- Draw lessons for UNFPA's present and future humanitarian action in view of the operationalization and implementation of the next UNFPA Strategic Plan (learning).⁵

The objectives of the evaluation are to:

- Assess the **relevance** of UNFPA's humanitarian programming and, in particular, its ability to adapt to emerging changes in both the scale and nature of emergency responses worldwide and the related needs of different categories of affected people.
- Assess the extent to which UNFPA's internal systems, processes, policies and procedures (in particular those related to human and financial resources and risk management) allow for **efficient** and timely humanitarian action at all levels of the organization (global, regional and national). progress on institutionalization and standardization of processes related to its inter-agency mandates for sexual and reproductive health and rights (SRHR) and gender-based violence (GBV), as well as UNFPA's approach on preparedness and pre-positioning of humanitarian supplies.
- Assess the **effectiveness/coverage** of UNFPA's humanitarian interventions, in terms of preparedness, anticipatory action, response to/recovery from humanitarian crises across different thematic areas and locations. These areas include Gender-Based Violence in Emergencies (GBViE), Sexual and Reproductive Health in Emergencies (SRHiE), young people in emergencies and data for humanitarian assistance.
- Analyse the extent to which humanitarian principles, humanitarian minimum standards, human rights, gender equality, disability inclusion, climate action, personal data protection, and social and environmental standards are integrated in UNFPA's humanitarian programming.
- Analyse UNFPA's ability to strengthen the “resilience and adaptation and complementarity among development, humanitarian and peace-responsive efforts”⁶ in line with the humanitarian–development–peace continuum approach.⁷
- Propose recommendations for UNFPA's present and future humanitarian action.

⁵ Although not envisaged in the original purpose of the evaluation when designed in mid-2024, this learning will be crucial to ensure UNFPA's positioning in the ongoing humanitarian reset as of mid-2025.

⁶ UNFPA Strategic Plan, 2022–2025.

⁷ This report refers to the humanitarian–development–peace continuum in line with extant UNFPA terminology. Other actors refer to it as the humanitarian–development–peace HDP Nexus or the “Triple Nexus”. These terms are all equivalent.

1.2 Evaluation scope

The scope of the evaluation has the following dimensions:

- **Geographic:** all countries and regions as well as globally, with a focus on all countries considered as “priority countries” by UNFPA since 2019.
- **Thematic:** all UNFPA strategies and programmes implemented in humanitarian settings.
- **Temporal:** from 2019 to the end of the data-collection phase in 2024/2025.

The **primary intended users** of the evaluation include the following: UNFPA senior management, UNFPA Humanitarian Response Division, UNFPA business units at headquarters and UNFPA regional and country offices. The results of the evaluation should also be of interest to a wider group of stakeholders, such as UNFPA Executive Board members and other United Nations organizations.

1.3 Evaluation questions

The evaluation is framed by eight evaluation questions (refined as part of the inception process), linked explicitly to the reconstructed theory of change for the evaluation, as follows:

Relevance/Appropriateness

- **Evaluation question 1:** To what extent do UNFPA’s humanitarian strategy and programmes correspond to the identified needs of affected populations – including the needs of the marginalized and vulnerable groups – while remaining aligned with the UNFPA mandate?

Effectiveness/coverage

- **Evaluation question 2:** To what extent do UNFPA humanitarian interventions contribute to improved access to and increased use of quality sexual and reproductive health (SRH) services for affected populations, including the most vulnerable and marginalized groups?
- **Evaluation question 3:** To what extent do UNFPA humanitarian interventions contribute to preventing, mitigating and responding to gender-based violence and harmful practices for affected populations, including the most vulnerable and marginalized groups?
- **Evaluation question 4:** To what extent do UNFPA interventions contribute to the use and dissemination of reliable and disaggregated programme and population data for evidence-based humanitarian responses?
- **Evaluation question 5:** To what extent has UNFPA adequately performed its leadership role on SRHiE and GBViE and Youth, Peace and Security?

Efficiency

- **Evaluation question 6:** To what extent are internal resources, structures, systems, processes, policies and procedures at UNFPA conducive to efficient and timely humanitarian action, at all levels of the organization (global, regional and national)?

Coherence

- **Evaluation question 7:** To what extent are UNFPA humanitarian interventions internally coherent and complementary to that of other development and humanitarian actors, thus reducing gaps, avoiding duplications and creating synergies?

Connectedness

- **Evaluation question 8:** To what extent is humanitarian action at UNFPA linked to preparedness and longer-term development processes and programmes, across the humanitarian–development–peace continuum?

1.4 Reconstructed theory of change

As part of the design and inception process of the evaluation, the evaluation team and manager reconstructed a theory of change that governs humanitarian programming at UNFPA.

The reconstructed theory of change for the evaluation of humanitarian response capacity at UNFPA is grounded primarily in the overall mandate and purpose of UNFPA which, since the establishment of UNFPA in 1969, works towards the *“realization of reproductive rights for all and supports access to a wide range of sexual and reproductive health services”*.⁸ The purpose of UNFPA has been articulated slightly differently across different iterations of its strategic plans, with the overall UNFPA ambition expressed in the UNFPA Strategic Plan, 2022–2025 as three transformative results to be achieved by 2030. These three results underpin the **impact** of the reconstructed theory of change for this evaluation:

- **Ending the unmet need for family planning**
- **Ending preventable maternal deaths**
- **Ending gender-based violence and harmful practices.**⁹

The transformative results are thus intended to contribute to the overall UNFPA mandate as articulated via the International Conference on Population and Development (ICPD). This includes – as does the UNFPA strategic approach – due regard to achievement of the Sustainable Development Goals (SDGs):

⁸ UNFPA, n.d. About us. <https://www.unfpa.org/about-us>.

⁹ UNFPA Strategic Plan, 2022–2025, Annex 2 Theory of Change.

- Universal access to sexual and reproductive health achieved, reproductive rights realized, and implementation of the Programme of Action of the International Conference on Population and Development accelerated, and
- Achievement of the SDGs by 2030, to which UNFPA has committed.

This links to the UNFPA strategic plans for 2018–2021 and 2022–2025 and is reflected in all UNFPA strategic plans and documents since the plans have been launched.

To make progress towards the organizational goal, or impact, the theory of change identifies characteristics of **inputs, activities, outputs** and then **outcomes**. It also takes into account population **needs**, given the evolution of humanitarian crises since 2019. The articulated needs have been restricted to those that are specific to areas of responsibility and accountability held by UNFPA, rather than general barriers and assumptions. The full theory of change is presented in Annex IV.

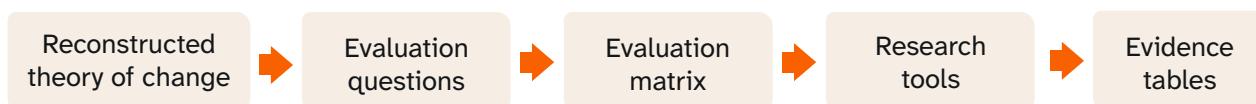
1.5 Evaluation methodology

Evidence for this evaluation (both qualitative and quantitative) has been collected through a range of methodologies. These are explained here in summary, with a more comprehensive description of the methods and limitations provided in Annex II.

The evaluation was conducted in accordance with (and in full alignment with the principles espoused by) the UNEG Norms and Standards for Evaluations, the UNEG Ethical Guidelines for Evaluations, the UNFPA Country Programme Evaluation Handbook, and WHO Ethical and safety recommendations for researching, documenting and monitoring sexual violence in emergencies.

1.5.1 Evaluation analytical approach

As part of the evaluation inception and design phase, the evaluation team analysed the evaluation questions and the theory of change to prepare a structured evaluation matrix (see Annex V). This evaluation matrix linked each criterion and question to clear assumptions to be tested via specific lines of enquiry via the data collection tools. Each tool was designed around an evidence table in full alignment with the evaluation matrix and reconstructed theory of change to ensure complete consistency between what was being collected and the research questions.



1.5.2 Departures from the terms of reference and inception report

As much as possible, the evaluation adheres to the purpose, objectives and provisions stated in the original terms of reference and restated in the inception report. In developing the analytical approach to the evaluation, the evaluation team worked in close consultation with the evaluation manager and the Evaluation Reference Group to refine the list of evaluation questions initially proposed in the terms of reference.

Furthermore, one primary data-collection tool (the online staff survey) was replaced by a secondary global staff survey that covered similar areas. No other changes were made.

1.5.3 Data collection tools

The evaluation team conducted:

1. **In-depth document review** of all documents collected related to humanitarian response at UNFPA (and/or the wider United Nations system), and those global-level and regional-level documents of relevance to the mandate of UNFPA.
2. **Remote interviews with key UNFPA stakeholders at country, headquarters/ global and regional levels.** A list of key informants interviewed at the global and regional levels was developed in consultation with UNFPA. Interviews were conducted either individually or in a group discussion format.
3. **In-person interviews with stakeholders** in six countries, including the pilot visit to collect data used to prepare individual country briefing notes and the two issues papers, as well as this synthesis report.
4. **Focus group discussions (FGDs) with beneficiaries** on humanitarian response programming in six countries. These enabled the evaluation team to obtain the views and understand the experiences of community members, especially women and adolescent girls, to ensure that the findings are contextually grounded and the recommendations for future programming are relevant.

The evaluation data-collection tools can be reviewed in Annex VI.

1.5.4 Sampling

The evaluation applied a multi-stage sampling process to select countries to participate in the evaluation. It combined stratified and purposing sampling approaches to select 15 countries – six for direct field visits (one per UNFPA region) and nine that were subject to desk reviews and remote interviewing. A more detailed description of the country selection process, including criteria used, is provided in Annex I.

Table 1: Evaluation research countries

Asia and the Pacific	Bangladesh	Myanmar
Arab States	Egypt	Somalia, Syria
Eastern Europe and Central Asia	Moldova	Ukraine
East and Southern Africa	Uganda	Burundi, Madagascar
Latin America and the Caribbean	Colombia	Peru, Venezuela
West and Central Africa	Chad	Burkina Faso

* Countries in **bold** were in-person field visits (one per UNFPA region). The remaining countries were the subject of extended desk reviews.

As part of the planning for country visits, the evaluation team used secondary research data from the desk reviews of individual country documentation. The team also relied on the in-country experience and expertise of Evaluation Reference Group members and country focal points to identify a shortlist of stakeholders and programme locations/sites that could best represent UNFPA supported programming. Clinics, women and girls safe spaces, camps and youth centres were among the locations/sites. A full timeline for the evaluation is provided in Annex VII.

The evaluation used a purposive sampling approach to select key informants (duty bearers) and focus group participants (rights holders). It shortlisted global, regional and internal/external stakeholders based on their engagement levels in the six field visits and nine desk reviews. A snowball sampling technique was also employed at all levels, where interviewees were asked to identify further relevant key informants.

The key informant sampling process began with a stakeholder mapping exercise initiated by the Independent Evaluation Office, which subsequently included the Evaluation Reference Group membership to prepare a list of (primarily internal) key informants at global and regional levels.

The evaluation used a combination of purposive and convenience sampling approaches for FGDs to gather insights directly from community members. Participants for these discussions were selected to form sex- and age-disaggregated groups where possible; in some cases, the cultural and logistical dynamics did not permit this. The process of conducting these FGDs involved working via UNFPA implementing partners or supported service provider staff to gather between 8 to 15 people in a safe space for approximately 1.5 hours. Ethical guidelines precluded the participation of children under 12 years of age in this research.

The following table summarizes the specific numbers of primary research targets achieved for the evaluation. A curated list of secondary sources is provided in Annex VIII of the report.

Table 2: Final sample of primary data targets for key informant interviews (KIIIs) and focus group discussions (FGDs)

	Women/ Girls	Men/ boys	Total persons	Total KII/FGD	Target	% met
Global level (KIIIs)	11	11	22	20	30-50	100%
Regional level (KIIIs)	19	9	38	23		
Country level (KIIIs)	185	165	350	183	125-165	113%
Country level (FGDs)	176	24	200	23	30	77%
Total	391	209	600	249	245 (max)	100%

1.5.5 Analysis and reporting

The evaluation team coded qualitative interview/discussion data and the outputs of the secondary data review into meaningful pre-agreed categories based on the evaluation questions and assumptions/indicators. This made it easy and efficient to organize notes and determine themes or patterns common to the data set that address the specific evaluation assumptions. The evaluation team used artificial intelligence (AI) for more efficient data collection and analysis, in line with UNFPA and UNEG guidelines. This involves advanced data analytics, pattern recognition and synthesizing large data sets, thereby enhancing the depth and speed of analysis (discussed in Annex III).

1.5.6 Evaluation deliverables

The primary deliverables associated with this assignment (i.e. not including interim presentations to evaluation stakeholders such as the Evaluation Reference Group) are as follows. A more detailed description of the deliverable structure was presented in the evaluation inception report.

- **Evaluation inception report:** Drafted for the pilot field mission in December 2024 and finalized in January 2025.
- **Six country briefing notes:** One per field visit country. These are among the published evaluation deliverables.
- **Two issues papers:** The evaluation team prepared these based on topics agreed with the Evaluation Reference Group: resource mobilization and anticipatory action. The papers are for internal UNFPA publication only.
- **Final evaluation synthesis report:** The final report was guided by a series of internal (evaluation team) and Evaluation Reference Group reviews, including a findings workshop where the recommendations were co-created with the Evaluation Reference Group and the Independent Evaluation Office.
- **Evaluation brief and findings presentation:** These resources help disseminate findings to all stakeholders.

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1.6 Evaluation limitations

Limitation description	Planned mitigation	Resulting outcome
<p>The team did not receive all requested documentation in time and/or key informants were not always available to discuss the programming with the evaluators.</p>	<p>The evaluation team consulted carefully with the UNFPA country offices to organize and schedule the interviews and offer the respondents a flexible schedule of possible times to speak. The data-collection period was also extended through May 2025 to ensure maximum availability of stakeholders.</p>	<p>Mostly mitigated</p> <p>Most evaluation research targets (interviewees and documentation) were reached, although logistical challenges (language and time zone) in reaching some stakeholders in Latin America meant that not all desk review countries had optimal representation. Furthermore, the United States cancellation of official development assistance (ODA) in 2025 led to abrupt termination of many of the government's staff contracts and thus representatives could not be interviewed.</p>
<p>In 2022/2023, UNFPA transitioned its financial management and tracking systems as part of an overall information management overhaul to a new system (from ATLAS to Quantum), as well as (reportedly) changes in accounting practices. This presented challenges to the evaluation team in accessing and interpreting/analysing a full suite of accurate financial data.</p>	<p>The team allocated extra time and effort to obtain the required data set and sought to merge different data sets to the extent possible.</p>	<p>Partially mitigated</p> <p>While some guidance on accessing Quantum financial data was provided, UNFPA financial management staff were unresponsive to further repeated requests for the relevant financial data, and hence no such data for the 2023 calendar year (the transition year) was available to the evaluators. While alternative sources of the data were sought in some instances, some analyses of financial resources omit 2023.</p>

Limitation description	Planned mitigation	Resulting outcome
For data collection related to the two issues papers, key informants may not have had the required information at the time of the interview or interviews at the country level may not generate sufficiently detailed information.	The evaluation team specified the key question areas in advance with informants. Additional information was sought via in-person and remote interviews at the relevant branch/division, headquarters or regional offices by the evaluators.	<p>Partially mitigated</p> <p>As noted above, UNFPA financial management staff were unresponsive to repeated requests for the relevant financial data. While alternative data sets were used to address gaps, they are not definitive. The absence is more evident in the resource mobilization issue paper.</p>
Changing security contexts and administrative requirements for travel may delay or otherwise impact the team's travel schedule.	The evaluators worked with selected UNFPA country offices to organize schedules well in advance of travel. A detailed scope of work and sample schedule, virtual discussions and email reminders were sent to each country office engaged in field research. Backup locations were selected in advance.	<p>Fully mitigated</p> <p>Although the data-collection schedule needed to be extended into late April to facilitate logistical arrangements, no adjustment to the overall timeline or field visit countries was required.</p>
The abrupt cessation of United States Government overseas development and humanitarian funding in early 2025 has been a watershed moment and led to substantial and ongoing impacts on UNFPA. The unpredictable ramifications of this (and any future shocks) challenge the relevance and practicality of the evaluation findings.	The evaluators have sought to stay abreast of all changes and engaged extensively with senior management who both understand the implications of the past changes and are planning for potential future challenges. This has been reflected to the extent possible in the findings and recommendations below.	<p>Partially mitigated</p> <p>While the future of humanitarian programming for UNFPA and the wider community is still uncertain, the evaluators have sought to "future proof" findings and associated conclusions and recommendations based on extrapolated trends and take into account the likely diminished resources available to UNFPA.</p>

1.7 Background

1.7.1 Global humanitarian context 2019–2025

The current international humanitarian coordination system was established by General Assembly Resolution 46/182 in 1991,¹⁰ which outlined a framework for humanitarian assistance and a set of guiding principles. The Inter-Agency Standing Committee (IASC) was established following United Nations General Assembly Resolutions 46/182 and 48/57, confirming that better coordination was necessary and that IASC should be the primary forum for that coordination.

There have been various attempts over the years to strengthen and improve this system. These are summarized in Figure 1.

Figure 1: Evolution of the interagency system from 2005



Since the World Humanitarian Summit (WHS) in 2016, the humanitarian landscape has continued the trend of more people being displaced, more people in need of humanitarian assistance, and longer and more complex crises.

Over the past decade, the world has witnessed an increase in humanitarian crises, with escalating needs driven by conflicts, natural disasters and the deepening climate crisis. Major events like the earthquakes in Syria and Türkiye caused mass displacement and loss of life. The eruption of conflicts in Gaza and Sudan, where fighting led to widespread displacement, severe food insecurity and the collapse of essential services, led to loss of many lives and further exacerbated the strain on the global humanitarian system. These emergencies further compounded existing humanitarian crises in vulnerable countries including Afghanistan, the Democratic Republic of the Congo and Yemen.¹¹

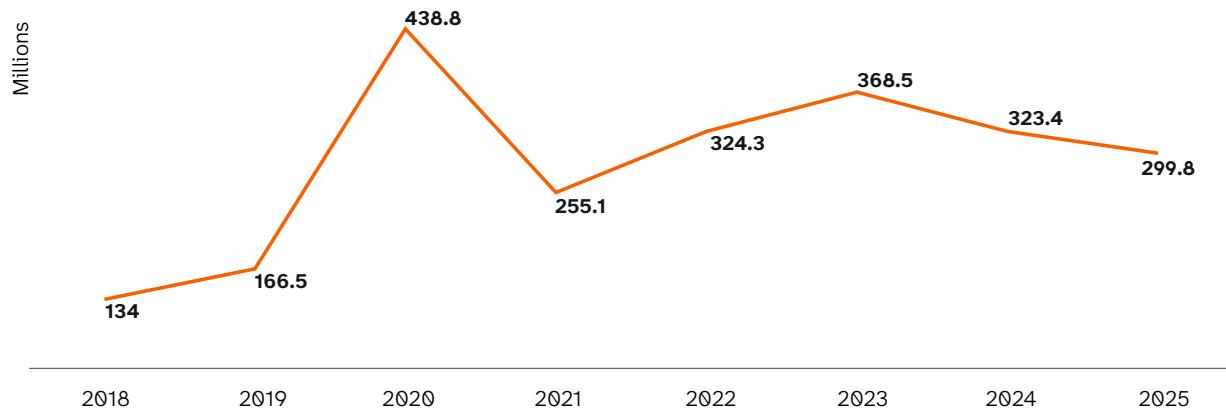
¹⁰ OCHA on Message, 2012. https://www.unocha.org/sites/unocha/files/dms/Documents/120402_OOM-46182_eng.pdf.

¹¹ OCHA, [OCHA Annual Report 2023](#).

Adding to these complex challenges, the climate crisis has intensified year-on-year, with global warming records being broken in 2023 and again in 2025.. Cyclones caused widespread destruction and displacement in Bangladesh, Malawi, Mozambique and Myanmar, worsening conditions for vulnerable populations. The climate crisis also impacts countries already experiencing humanitarian crises by compounding and increasing the needs: for example, countries that have political insecurity/conflict also experience an increase in severity of flooding and droughts.

According to the United Nations Office for the Coordination of Humanitarian Affairs (OCHA), these challenges resulted in growing numbers of people requiring humanitarian assistance over the evaluation period, peaking sharply during the COVID-19 pandemic, reaching over 368 million by the end of 2023 and declining to approximately 300 million by 2025.¹² Finally, the increasing politicization of aid and volatile conditions worldwide are reducing donor willingness to invest in countries and regions. A shift towards large-scale humanitarian crises often overshadows protracted crises affecting many countries. These protracted crises and increasing security concerns limit access to affected populations and threatening safety of humanitarian workers.

Figure 2: People in need, 2019-2025



Source: OCHA, humanitarianaction.info.

The [United Nations Summit of the Future](#) was held in New York in September 2024. Participants discussed the global frameworks in a post-2030 world, after the current SDG framework ends. Within this Summit, a high-level side event was held on “Building a Better World Together: The Future of Humanitarian Action.” The event highlighted that the humanitarian system faces an increasingly complex multilateral environment and a growing number of crises. These crises are driven by armed violence, evolving conflict settings (including the increased role of non-state armed actors and privatized security), natural disasters and climate change. Compounded by economic downturns,

12 OCHA, [OCHA Annual Report 2023](#).

dwindling funding and emerging technologies, these factors have severely affected millions of people globally. The humanitarian system and the communities it serves were, as of 2025, under immense stress.¹³

1.7.2 Termination of US overseas development assistance

Since January 2025, the international humanitarian assistance sector has undergone a major upheaval after the United States Government's decision to suspend and subsequently dismantle USAID and related bodies, which suspended most US humanitarian assistance. The sudden and extensive nature of the US cuts has left many humanitarian response organizations, including UNFPA, struggling to adapt. There are long-term implications for global humanitarian assistance (and development) efforts. This said, in contrast to other humanitarian actors, UNFPA had been preparing for funding cuts since 2024 – and particularly after the outcome of the US elections in November 2024, because Republican administrations in the US have historically defunded UNFPA upon election, invoking a 1985 legal provision known as the Kemp-Kasten Amendment that is based on unfounded claims about the agency's work in China that have been long disproven by both UNFPA and the government.¹⁴

1.7.3 The humanitarian reset

As of the time of research, the final outcome of the restructuring and/or elimination of US overseas development assistance on the global stage was not clear, but the upheaval has led to a wide range of proposed, pending or speculative changes to the international humanitarian architecture. Some of these changes are widely acknowledged as being overdue. For example, in March 2025, the IASC initiated a "humanitarian reset" aimed at overhauling the global humanitarian coordination architecture. In a letter to IASC Principals, the Emergency Relief Coordinator emphasized the need to simplify and streamline the cluster system acknowledging that, while humanitarian coordination remains vital, existing mechanisms require modernization to respond effectively to contemporary challenges.¹⁵

The proposed reforms focus on reducing duplication, enhancing accountability and improving the agility of humanitarian responses. This includes potentially consolidating overlapping clusters, strengthening inter-cluster coordination and better integration of cross-cutting issues such as protection and gender into operational planning.

These reforms are intended to create a more responsive and efficient humanitarian system capable of addressing the complexities of current and future crises. However, there are concerns that they will lead to, for example, the likely elimination of the GBV AoR as a stand-alone coordination body and resulting reductions in the profile and

13 IASC, September 2024. <https://interagencystandingcommittee.org/concept-note-building-better-world-together-future-humanitarian-action-iasc-high-level-side-event>.

14 UNFPA, 2025. <https://news.un.org/en/story/2025/05/1163091>.

15 IASC, March 2025. <https://interagencystandingcommittee.org/inter-agency-standing-committee/humanitarian-reset-erc-letter-iasc-principals?utm>.



emphasis on GBV in humanitarian response. This may threaten UNFPA's membership of the IASC. Similar concerns have been raised about streamlining SRHR within the health cluster.

More specifically in relation to resources, humanitarian funding has been cancelled as part of the changes under way within the United States' official development assistance (ODA) framework. The 2025 UNOCHA appeal for US\$46 billion in humanitarian assistance had only received 9 per cent of this target as of April 2025, reflecting a substantial shortfall in funding. The US Government's decision to cancel nearly 10,000 foreign aid grants and contracts, amounting to approximately US\$60 billion, has been a major contributor to this deficit. In comparison, as illustrated in figure 3, global humanitarian funding requirements in previous years were, at the same point in the year, 14 per cent met on average.

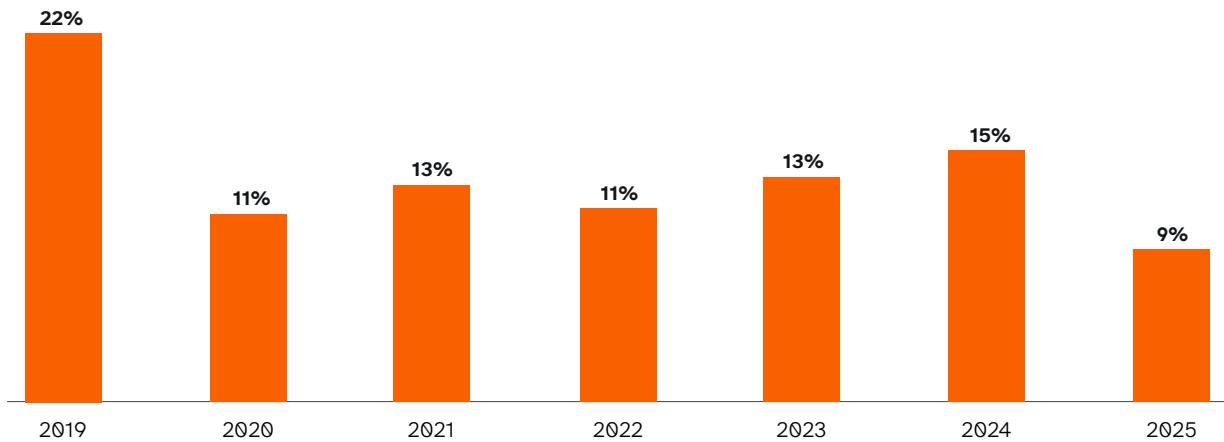
The US Government cuts are also placed against a backdrop of an overall, non-US decline in humanitarian funding since 2022/2023 (discussed further below). Further decreases are likely due to downgrading of humanitarian response support by other country donors. There are three main reasons for this decline:

1. Decreased appetite among donors to fund programmes in long-term protracted crises with little evidence of likely resolution (e.g. Bangladesh, South Sudan, Yemen).
2. Commitments to increased spending on defence by European countries due to the conflict between Russia and Ukraine. This is due to recognition of the need for greater support to Ukraine as well as heightened European-wide security). ODA is an "easy" target for cuts to cover this expenditure.¹⁶
3. Election of government administrations in Europe that increasingly focus on internal, national and nationalist issues and/or are less willing to provide humanitarian assistance/ODA.

Added to this, another reason for the decline in funding is related to the prospects of a global economic downturn resulting from the imposition of economic tariffs by the US on a wide range of countries. The economic instability resulting from the threat of such tariffs has impacts, including declines in the rate of exchange of the US dollar. These factors may well lead to restrictions on overseas spending by many countries.

¹⁶ At the 2025 NATO Summit in The Hague, Allies made a commitment to investing 5 per cent of Gross Domestic Product (GDP) annually on core defence requirements and defence- and security-related spending by 2035.

Figure 3: Global humanitarian funding requirements met (% met by 2019 - end April 2025)



Source: OCHA, *Financial Tracking Service and Global Humanitarian Overview reports*.

1.8 Evolution of humanitarian action in UNFPA

UNFPA was conceived as a development-focused organization, but with the emergence of the modern humanitarian architecture in the 1990s and 2000s, the trajectory of humanitarian response at UNFPA has evolved. This evolution has occurred through strategic planning and institutional strengthening, coupled with increasing resources made available through a variety of internal and external mechanisms.

The first formal UNFPA humanitarian strategy (2007–2009) focused on integrating gender and SRHR into humanitarian programming by raising awareness, enhancing capacity and fostering partnerships.¹⁷ Key achievements included: securing greater recognition and funding for issues central to the International Conference on Population and Development (ICPD) Programme of Action, advocating for reproductive health as a life-saving intervention, and establishing UNFPA's leadership within inter-agency humanitarian coordination mechanisms.

UNFPA expanded its operational capacity by partnering with the Norwegian Refugee Council for gender expertise deployment and launching the Sexual and Reproductive Health Programme in Humanitarian Settings (SPRINT) training initiative. Recognizing the need for further institutional mainstreaming of emergency preparedness, UNFPA developed a Second Generation Humanitarian Response Strategy in 2011. This strategy was informed by evaluations, field assessments, and extensive consultations across headquarters, regional and country offices. It reinforced UNFPA's commitment to a systematic and adaptive humanitarian response.

¹⁷ The UNFPA Executive Board endorsed a strategy for emergency preparedness, humanitarian response, and transition at its second regular session in September 2006. See 2nd Generation UNFPA Humanitarian Strategy, 2011.

UNFPA capacity for humanitarian action has been evolving and increasing over the last decade, reflecting changes in the global humanitarian response architecture to which UNFPA has committed:

- **The Inter-Agency Standing Committee (IASC):** UNFPA actively contributes to shaping global humanitarian policy and practice. The UNFPA Executive Director is a long-time principal of the IASC. UNFPA holds a mandated leadership role in GBV prevention and response, as sole leader the GBV Area of Responsibility (AoR) and contributing to the development and implementation of IASC guidelines, including those related to GBV. UNFPA is the IASC-mandated lead for the GBV subcluster within the Global Protection Cluster and acts as the provider of last resort (PoLR) for GBV response services, ensuring that essential services are delivered even when national and local capacities are overwhelmed.
- **The Grand Bargain:** UNFPA is one of the original signatories to the Grand Bargain, an agreement between donors and humanitarian organizations to improve the efficiency and effectiveness of humanitarian action that emerged from the 2016 World Humanitarian Summit.
- **Agenda for Humanity and World Humanitarian Summit Commitments:** UNFPA aligns its actions with the five core responsibilities of the Agenda for Humanity. Key commitments include:
 - **Leave no one behind:** With a specific focus on reaching the most vulnerable women, adolescent girls and young people in crises.
 - **Uphold the norms that safeguard humanity:** Advocating for the protection of civilians, including SRH and GBV service access, and the safety of healthcare workers and facilities.
 - **Change people's lives: from delivering aid to ending need:** Strengthening the humanitarian-development-peace continuum to address the root causes of crises and build resilience.
 - **Political leadership to prevent and end conflicts**
 - **Investing in Humanity:** Mobilizing resources for SRH and GBV in emergencies and supporting national capacity development.¹⁸
- **Sustainable Development Goals/Agenda 2030:** UNFPA's humanitarian efforts contribute directly to achieving the SDGs, particularly those related to Goal 3 on health and well-being, Goal 5 on gender equality, and Goal 16 on peace, justice and strong institutions.
- **United Nations Security Council Resolution (UNSCR) 2250:** This was the first resolution entirely dedicated to recognizing the importance of engaging young women and men in shaping and sustaining peace. UNFPA has actively engaged with and participated in this initiative, supporting the development and implementation of national action plans and programming frameworks on the YPS agenda. UNFPA is also leading other partners in the development of the Global Framework on Children, Youth, Peace and Climate Security, which is set to be launched at COP30.

¹⁸ <https://agendaforhumanity.org/>.

Parallel to these external developments, UNFPA has evolved internally in terms of strategies, policies and plans around its humanitarian work. Globally, UNFPA has achieved some key milestones over the past decade are:

- The 2012 UNFPA Second Generation Humanitarian Response Strategy offered a vision and plan for mainstreaming humanitarian programming Fund-wide, ensuring humanitarian action was well coordinated, timely, and scalable and focused on the mandated areas.
- The seventh UNFPA Strategic Plan, 2018–2021 linked the UNFPA Humanitarian Response Strategy to the goals and indicators of the 2030 Agenda for Sustainable Development and strengthened reference to humanitarian action. This plan also introduced the three UNFPA transformative results.
- The eighth UNFPA Strategic Plan, 2022–2025 reiterated the transformative results and six related accelerators. It also focused attention on key “megatrends”, including climate change and expansion of humanitarian response.
- The ninth UNFPA Strategic Plan, 2026–2029 was published as this evaluation was being finalized. Hence, while it informs this evaluation, these findings have not been substantively based on its provisions.

The UNFPA Humanitarian Office was established in 2019 under the UNFPA Strategic Plan, 2018–2021, with the overall purpose of facilitating and coordinating the delivery of UNFPA’s mandate within humanitarian action. This includes humanitarian preparedness, response and recovery within globally agreed frameworks such as 2030 Agenda, Grand Bargain Commitments, Paris Agreement and Sendai Framework for Disaster Risk Reduction.

The Humanitarian Office replaced the former Humanitarian and Fragile Contexts Branch and the “upgrade” from a branch to the Humanitarian Office included a D2 level Director replacing a previous D1 level Director, as well as a geographical move from New York to Geneva – the heart of United Nations humanitarian action. This change reflected the increasing commitment of UNFPA to quality and timely humanitarian action within its core mandate areas of SRHR and GBV, with an increasing focus on adolescents and youth in humanitarian contexts and humanitarian data. In 2022, the Humanitarian Office evolved into the Humanitarian Response Division to better reflect the priority placed on, and nature of, UNFPA’s work.

Within its strategic frameworks, humanitarian response has since been an integral part of all UNFPA strategies, forming a core output (#5) of the UNFPA Strategic Plan, 2022–2025 as well as being mainstreamed across other areas of work. This emphasis has been retained for the future, with both the stand-alone output and the mainstreaming of humanitarian response still in place.

Externally, as part of the international community, UNFPA has demonstrated its commitment to humanitarian work via membership in the Inter-Agency Standing Committee (IASC) and accountability for the GBV Area of Responsibility, as well as its leadership (since 2022) of the Sexual and Reproductive Health Task Team within the Health Cluster to integrate SRHR in humanitarian response.

UNFPA resources for humanitarian programming have matched, and even surpassed, this evolution of strategy and policy. As of late 2024, over 40 per cent of non-core resources is earmarked for humanitarian interventions.

For UNFPA, the US election results in December were not expected to result in US Government elimination of broad-based humanitarian funding that had already been committed to by the previous US Government administration. As of early to mid-2025, over 40 major US Government grants to UNFPA have been cut, and a substantial reduction (US\$335 million reported by the Executive Director as of early May) in UNFPA earmarked funding for humanitarian response work.¹⁹ One hundred staff have lost their jobs as a consequence of these cuts.



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¹⁹ <https://www.unfpa.org/press/statement-unfpa-executive-director-united-states-government-funding-cuts>.

02

Findings

2.1 Relevance/appropriateness

Evaluation question 1: To what extent do UNFPA's humanitarian strategy and programmes correspond to the identified needs of affected populations, including the needs of the marginalized and vulnerable groups, while remaining aligned with the UNFPA mandate?

Finding 1: While there has been a clear evolution of UNFPA humanitarian response capacity over the evaluation period, UNFPA has not fully strategically cemented its position as a global humanitarian actor.

There has been a strategic evolution in UNFPA over the past decade, particularly with respect to humanitarian programming, which reflects changes in the global humanitarian response architecture to which UNFPA has committed. The original evaluation of the UNFPA Capacity in Humanitarian Action 2012–2019 documented the early part of this evolution since 2012. It was found that UNFPA's humanitarian response capacity as a whole has positively evolved and was increasingly aligned with its strategic directions and the specific SRHR and GBV needs in humanitarian contexts. This included progressive mainstreaming of humanitarian assistance (particularly in line with the UNFPA Strategic Plan, 2014–2017) and elevating the humanitarian function from a branch to a full office in 2019.

The evaluation also noted some high-level strategic deficits: most notably, a predominantly development-oriented institutional approach that hindered timeliness and risk acceptance, and the lack of a comprehensive, updated humanitarian strategic framework. To address this, the first recommendation of the 2019 evaluation was for UNFPA to develop a stand-alone “strategic framework for humanitarian action” to address changes in the external environment, articulate UNFPA's stronger humanitarian role, and highlight the focus on the humanitarian–development–peace continuum.²⁰

²⁰ Evaluation of the UNFPA Capacity in Humanitarian Action 2012–2019, UNFPA Evaluation Office, 2019.

Since that 2019 evaluation, UNFPA has expanded its humanitarian footprint in resource terms.²¹

Figure 4: Evolution of the UNFPA humanitarian architecture



As of late 2024, over 40 per cent of non-core UNFPA resources were earmarked for humanitarian interventions. UNFPA humanitarian funding increased almost year-on-year since 2018/2019, whereas development funding remained (on average) static between 2019 and 2024. Looking at the longer time-horizon, development funding increased by 40.1 per cent from 2014 to 2024 (an average of 6.4 per cent per year), whereas humanitarian funding increased by 422 per cent in the same time period (an average of 19.5 per cent per year). Notwithstanding the substantial broad-based (i.e. both development and humanitarian funding) reductions in ODA in 2025 by the US Government, the trend suggests that humanitarian and development funding might reach parity within UNFPA within the coming decade.

The most significant strategic development over the time period of this evaluation has been the creation of the Humanitarian Response Division within UNFPA in late 2022. This represents a paradigmatic change in UNFPA's organizational infrastructure and underpins the trajectory of growth that has been seen over the past decade and more. This move was intended, among other priorities, to "position UNFPA and its mandated issues in international humanitarian communities and architectures, particularly within the IASC".²²

However, the resource increases and the creation of the Humanitarian Response Division have not been fully matched by an internal strategic emphasis by UNFPA within the evaluation time frame. The original recommendation to create a stand-alone humanitarian strategy was not taken forward. Instead, the UNFPA Strategic Plan, 2022–

²¹ Although the number of countries with humanitarian operations (as reported in annual Humanitarian Action Overviews) has increased only moderately over the same time period.

²² Reorganization of the Humanitarian Office: in alignment with the new Strategic Plan 2022–2025, Internal Presentation, UNFPA 2022.

2025 was used, which includes humanitarian action as #5 of six output areas aimed at strengthening preparedness, early action and life-saving response interventions in humanitarian settings.

The successor UNFPA Strategic Plan, 2026–2029 reinforced the status of humanitarian response as one of the strategic outputs (#6) but did not increase emphasis commensurate with the increasing share of humanitarian resources in UNFPA. The UNFPA Strategic Plan, 2022–2025 explicitly highlighted work towards preparedness, adaptation and complementarity of humanitarian action, development and peace-responsive efforts for the first time. This indicated a clear programmatic step up in emphasis and measurement in this area starting with that plan period, albeit not a full-fledged humanitarian strategy. The 2026–2029 plan maintains this UNFPA commitment (i.e. humanitarian programming as a strategic output only), without reflecting the evolution in programming and governance represented by the resources mix and creation of the Humanitarian Response Division.

The perception of limited *strategic* progress on humanitarian action was articulated by different stakeholders interviewed for the evaluation. One important example was the reported discussion and debate about whether humanitarian preparedness and action would be retained as a stand-alone output or only mainstreamed in the UNFPA Strategic Plan, 2026–2029.²³ Many interviewees highlighted the importance of retaining a distinct humanitarian output for visibility and accountability (“what is measured gets done”²⁴) and facilitating resource mobilization. This is because some felt it would be difficult to secure funding without a strong strategic emphasis on humanitarian work or if there was a perception that UNFPA was backtracking on it.²⁵ This is of heightened significance given the United States funding cuts of early 2025 and the consequent United Nations humanitarian reset and the UN80 reform processes.

Many UNFPA interviewees believe that it is necessary (both internally and externally) to maintain humanitarian preparedness and action as a separate output because mainstreaming or crosscutting is too easily deemed unimportant. This was highlighted across **regional** and **country** levels, where the evaluation noted a perception of inconsistent strategic prioritization of humanitarian work within UNFPA. Evaluation respondents attributed this in part to a lack of clear vision or leadership at headquarters levels, which percolates through much of the decision-making down to individual country levels. Key informants noted how inconsistent strategic prioritization translates into lost opportunities to position UNFPA as a convening partner for humanitarian response or a fast responder. Resource mobilization stakeholders noted that this can lead to a vicious cycle of not prioritizing, not winning funding, and thus having fewer opportunities to compete for resources.²⁶ Externally, in many country contexts, UNFPA struggles with the perception held by many humanitarian actors that humanitarian issues are better addressed by agencies like UNHCR, the UN Refugee

²³ UNFPA key informants at global, regional and country levels.

²⁴ UNFPA global key informant.

²⁵ UNFPA global and regional key informants.

²⁶ UNFPA country level key informants.

Agency or World Food Programme (WFP). This is partly due to UNFPA's historical focus on development and insufficient communication or marketing of its humanitarian work, as well as a lack of prioritization on the specific needs of women, girls and vulnerable groups and the need to continuously uphold that SRH and GBV are life-saving interventions in humanitarian response.

Conversely, some felt that humanitarian response could be effectively mainstreamed across other outputs, reflecting integrated approaches used in some country programmes. This suggests differing views on the strategic emphasis that UNFPA should place on humanitarian action, with some respondents at headquarters and country office levels noting a perception that too great an emphasis on humanitarian response is not in line with the UNFPA mandate.²⁷

Finding 2: Over the evaluation time frame, UNFPA country programmes have substantially integrated humanitarian action in response to evolving global and national contexts. This is demonstrated through explicit priorities on humanitarian preparedness and response, particularly in crisis-affected countries.

Over the evaluation time frame, there is good evidence that UNFPA regional and country programmes have demonstrated an increasing integration of commitments related to humanitarian settings and response work. This integration is evident through, for example, explicit inclusion of humanitarian action and humanitarian-development-peace continuum work as programmatic priorities in Country Programme Documents, adaptation of programme strategies to respond to escalating crises, and engagement in key humanitarian coordination and financing mechanisms. The shift towards greater humanitarian focus is particularly noticeable in countries experiencing escalating or protracted crises within this period, such as Venezuela, Ukraine, Uganda, Myanmar and Burundi. Several country offices have developed specific strategies or components dedicated to humanitarian action, like the Uganda Humanitarian Strategy 2024–2025 and the long-standing Humanitarian Programme in Egypt.

Key informants indicated that one of the drivers of this evolution is a deliberate alignment of country programmes and strategies with key global and national strategies and frameworks. Specifically, the Country Programme Documents mirrors the UNFPA Strategic Plan, 2026–2029, including the discrete humanitarian output. Programmes have also been deliberately aligned with individual country-level United Nations Sustainable Development Cooperation Frameworks (UNSDCF), which were previously the United Nations Development Assistance Frameworks (UNDAF), or equivalent United Nations strategic frameworks, and national development priorities. Extensions of country programmes were sometimes specifically granted to ensure harmonization and alignment with these broader United Nations and national planning cycles.

The extent to which individual UNFPA country strategies integrate humanitarian preparedness and response work varies by location and has evolved over time. Over

²⁷ UNFPA global key informants.

the last several years, UNFPA and external key informants have testified to a growing recognition that humanitarian action is a core part of UNFPA's work, despite some internal debate about positioning and capacity.²⁸ Evaluation respondents from several countries highlighted how earlier Country Programme Documents had limited or no explicit mention of humanitarian issues, particularly before 2019. Since then, there has been a clear trend in many humanitarian response countries (and some that are not considered so) towards mainstreaming humanitarian assistance across programme components. Furthermore, as noted above, many include it as a specific output in more recent Country Programme Documents and extensions prepared during the life of the current (eighth) strategic plan. Alignment between Country Programme Documents and regional programmes and the UNFPA Strategic Plan was noted by a variety of stakeholders at these levels. Country Programme Documents take the lead from the strategic plan, making countries accountable to its outputs, which include humanitarian action.

In contrast, some UNFPA country programmes have moved to embed humanitarian preparedness and response more firmly within their strategic frameworks by including emerging crises such as climate change. For example, the current Country Programme Documents or extensions for UNFPA in Burkina Faso, Chad and Madagascar mainstream humanitarian issues, including recognizing the substantial (and increasing) vulnerability to climate disasters. There was a general consensus among UNFPA humanitarian staff at country levels among many of the sampled countries that operationalization of humanitarian preparedness and response work has been a gradual process, particularly when it has been cross-cutting (thus lacking a specific output and dedicated budget in the country programme). This underscores the efforts of internal advocates to retain the humanitarian output in UNFPA Strategic Plan, 2026–2029.

There is also evidence of efforts at the country level to mainstream humanitarian response in inter-agency and national strategies. In Uganda, UNFPA is lobbying to include its mandate areas as a pillar in the UNSDCF development, aiming to mirror a national strategy to integrate humanitarian action due to refugees and natural disasters.²⁹ At **regional** levels, there is also evidence of increasing focus on humanitarian strategic planning and alignment efforts to other frameworks, such as the humanitarian strategy developed by the UNFPA Regional Office for Asia and the Pacific (APRO), which aligns with global frameworks like the Grand Bargain and the Sendai Framework for Disaster Risk Reduction.³⁰ Regional strategies, such as the Humanitarian Roadmap developed by the UNFPA Regional Office for West and Central Africa (WCARO) are being updated to reflect the new strategic plan for the period 2026 to 2029. The UNFPA Regional Office for Latin America and the Caribbean (LACRO) regional strategic plan also includes humanitarian work as a core pillar.

28 Noted by UNFPA key informants at country and global levels.

29 UNFPA key informants, Uganda.

30 UNFPA key informants, UNFPA Regional Office for Asia and the Pacific.

Finding 3: GBV is generally visible in overarching humanitarian planning documents such as the Humanitarian Needs Overview (HNO) and Humanitarian Response Plan (HRP), but SRHR less so. Adolescents and youth are generally well-referenced in terms of a specific population group but are not necessarily linked to specific programming. Data (both population data and humanitarian data) is usually referenced as a limitation.

In a broad sense, UNFPA's mandate areas are typically reflected in inter-agency humanitarian planning documents. This was specifically identified in the six countries chosen for in-depth analysis as case studies for this evaluation.³¹ For example, in Colombia and in Moldova, successive regional refugee/migration response plans consistently demonstrate integration of SRHR, GBV and some considerations for youth, although less so for data.³² In many countries, the shifts from UNDAFs to UNSDCFs in the early part of the decade show a continued emphasis on gender and human rights, which is central to several of UNFPA mandate areas.³³

However, there is still a deficit with respect to the quality of the inclusion of these mandate areas. The evaluation analysed 25 specific humanitarian plans for the 15 sampled countries, categorizing them according to the quality of the inclusion of the four specific mandate areas. None of them referenced the mandate area as both a key issue and key intervention area, and most plans were either “moderate” or “poor” with respect to referencing SRHR, GBV or youth, with population data skewing to “poor” or “very poor”. The full analysis is provided in Annex X.A.

Table 3: Evaluation country case studies: references to UNFPA mandate areas in Humanitarian Needs Overviews/Humanitarian Response Plans/Regional Refugee Response Plans, 2019–2024

Key issues identified in plans	Very poor	Poor	Moderate	Good
SRHR (% of the 25 sampled plans)	None	84%	16%	None
GBV	16%	28%	56%	None
Youth	8%	40%	51%	None
Population data	36%	56%	8%	None

³¹ The case study reports for each of the six countries can be found in the annexes in Volume 2 of this report.

³² Colombia United Nations agency key informants and <https://rmp.r4v.info/rmna2024/>.

³³ For example, the 2021 Humanitarian Response Plan for Chad, OCHA, 2020; Final evaluation report of the Strengthening the participation and representation of youth in conflict prevention and management mechanisms at the community level project, UNFPA, 2021; and Chad GBV subcluster key informants.

One critical issue that emerged from evaluation of key informants is that prioritization of GBV and other mandate areas in United Nations system-wide humanitarian planning frameworks is very dependent on how much country-level senior management advocates with the United Nations Country Team (UNCT) and/or Humanitarian Country Team (HCT). There is an overall sense from stakeholders that this is increasingly being done for GBV, using the foundation of UNFPA being the lead agency for the GBV AoR, but not necessarily for the other areas of SRHR, youth and data.³⁴

Even for GBV, there is evidence of continued skepticism both internally (i.e. UNFPA leadership) and externally among humanitarian actors (such as sister agencies or government representatives) around GBV being life-saving in humanitarian settings. This hinders GBV being meaningfully included (and funded) in humanitarian response planning.³⁵ This continues to be a lost opportunity and shows limited progress since the 2019 evaluation.³⁶

In addition to standard United Nations system-wide humanitarian planning documents, there are other ways in which UNFPA has integrated mandate areas into humanitarian-related planning. One that is particularly related to climate change is identified as good practice in UNFPA Regional Office for East and Southern Africa (ESARO), where UNFPA has worked in several countries to integrate SRHR and GBV considerations into key climate change instruments, namely Nationally Determined Contributions (NDCs) and National Adaptation Plans. It has also supported government policy development in the region that recognized SRHR vulnerabilities during climate events.³⁷ This has been achieved through the approach of ensuring that second-wave NDCs support countries integrate ICPD-based approaches.³⁸ Another good practice is readiness assessments for the Minimum Initial Service Package (MISP) for sexual and reproductive health in crisis situations, an initiative of UNFPA Regional Office for East and Southern Africa. This was followed by the subsequent integration of MISP into national disaster risk reduction (DRR) strategies and plans, as has taken place in Uganda. This has been taken forwards globally in 2025, with a Cross Regional MISP Readiness Assessment reported to be under way with Humanitarian Response Division as of the time of research.

Finding 4: UNFPA draws on a varied range of humanitarian needs assessments in crises, the selection largely country-led and drawing on quantitative, qualitative, jointly or individually implemented tools.

The 2019 humanitarian capacity evaluation found that needs assessment and targeting for humanitarian response by UNFPA was undertaken but occurred on an ad hoc basis.

³⁴ Internal/external key informants at country, regional and global levels.

³⁵ UNFPA key informants at country, regional and global levels.

³⁶ Evaluation of the UNFPA Capacity in Humanitarian Action 2012–2019, UNFPA Evaluation Office, 2019.

³⁷ UNFPA key informants at regional level.

³⁸ UNFPA. SRHR in National Climate Policy. A review of 50 Nationally Determined Contribution Documents. 2021.

Missed opportunities and duplication were a common feature. It concluded that while there were many examples of needs assessment and geographical and demographic targeting processes being successfully applied across humanitarian and fragile settings, there was no systematic approach to these processes and UNFPA staff frequently struggle to access adequate corporate guidance, miss opportunities for synergy, and duplicate efforts in developing/implementing basic approaches, tools and processes.³⁹

In some respects, there has not been substantive progress since then. A wide spectrum of different approaches, different tools and different mechanisms for needs assessment are still evident across the sample of countries included in the current evaluation. In Uganda, for example, humanitarian needs assessments appear well-conducted and benefit from meaningful inter-agency collaboration and national authority involvement. Joint assessments often guide programming, and multiple stakeholders contribute to ensure that needs assessments align with the humanitarian context and population needs.⁴⁰ SRHR and GBV are widely recognized by stakeholders as essential elements of humanitarian response assessments and respondents noted specific sectoral needs assessments or surveys for SRH and GBV, including baseline surveys for major programmes. There is also evidence of good inter-agency collaboration in needs assessments for humanitarian programming, which highlights the role that UNFPA plays in larger collaborative efforts to ensure that its assessments and programming are harmonized with inter-agency frameworks. This strengthens the credibility of humanitarian needs assessments and contributes to cohesive programme responses.

Across other countries, a range of humanitarian needs assessments are conducted, but there are gaps and challenges related to different coordination architectures and the collection, analysis and disaggregation of data. This particularly relates to the specific needs of certain vulnerable groups (such as youth and people with disabilities), and in ensuring that preparedness and assessment strategies are relevant across different types of emergencies.

While different contexts and approaches to needs assessment might suggest inconsistency of assessment across different countries, this can also be framed as adaptability to context. Since the 2019 evaluation, UNFPA at the global level (led by Humanitarian Response Division) has worked to develop a framework of localization, particularly for gender and GBV, with the intent of being more led by partners, particularly women-led organizations (WLOs).⁴¹ This is a positive change in line with broad localization commitments (discussed under evaluation question 8).

Consideration of the evaluation evidence indicates that the increased adaptability to context balances the absence of more comprehensive, systematic and prescriptive approaches. This flexibility is appreciated by partners. For example, in the refugee response by UNFPA in Ukraine, one partner highlighted how rapidly the situation changed in the first year across all refugee-hosting neighbouring countries after the

39 Evaluation of the UNFPA Capacity in Humanitarian Action 2012–2019, UNFPA Evaluation Office, 2019.

40 Uganda United Nations agency key informant.

41 UNFPA global key informants.

full-scale invasion of Ukraine. In Romania in particular, UNFPA was very flexible in adjusting workplans with a specific example provided of the need for an accessibility audit for people with disabilities, which UNFPA developed based on changing evidence.⁴²

As noted above, the **MISP** for sexual and reproductive health in crisis situations is increasingly consistently applied in terms of readiness assessments, spearheaded by UNFPA Regional Office for East and Southern Africa across more than 20 countries in the region. Uganda was first to implement this in 2022 and supported a national MISP action plan (itself an outcome of the readiness assessment exercise), which was devolved to subnational levels via Disaster Risk Reduction plans. Across the 15 countries within this evaluation, 10 countries⁴³ referenced MISP as an assessment tool used by UNFPA.

Finding 5: While the UNFPA focus on accountability to affected populations has sharpened over time, it is still ad hoc and inconsistently applied across UNFPA's areas of operation and partners.

UNFPA has consistently increased attention to the quantity and quality of **accountability to affected populations (AAP)** approaches, which is reflected in the evolution of UNFPA's strategic thinking at the highest level. In the UNFPA Strategic Plan, 2018–2021, the concept was not made explicit, but alluded to through the promotion of *“increased domestic accountability that involves all health-system stakeholders, including communities, to strengthen services and the demand for sexual and reproductive health and reproductive rights”*.⁴⁴ By the UNFPA Strategic Plan, 2022–2025, the term *“improved accountability to affected populations”* was explicitly introduced.⁴⁵ This directly linked AAP to the strengthening of data systems for more responsive programming and results monitoring. This marked a clearer and more direct focus on AAP as a specific area of improvement. This evolution continues in the UNFPA Strategic Plan, 2026–2029, where AAP is formally incorporated into an organization-wide architecture through an updated Accountability Framework (published UNFPA-wide in mid-June, 2025). The strategic plan emphasizes that *“rights-holders’ voices shape decisions”* and promotes a culture of transparency, demonstrating strategic commitment to AAP by UNFPA.

The evolution is also reflected in downstream policies and guidance, including for humanitarian action. For example, a 2024 UNFPA Humanitarian Response Division humanitarian brief on AAP states that: “UNFPA must integrate approaches to ensure AAP at every stage of the humanitarian programme cycle by enabling consultations with and the participation of communities in programme design, implementation and

42 Regional partner key informants.

43 Bangladesh, Burkina Faso, Colombia, Chad, Egypt, Moldova, Myanmar, Uganda, Ukraine and Venezuela.

44 Described under Outcome 1 of the UNFPA Strategic Plan, 2018–2021.

45 Under the Organization Effectiveness and Efficiency Pillar of the UNFPA Strategic Plan, 2022–2025.



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evaluation, as well as establishing mechanisms to gather – and respond to – community feedback to ensure programming is better aligned with community needs, preferences, and priorities.” It commits UNFPA to systematizing AAP in partnerships (such as part of implementing partner assessments) and building capacity.⁴⁶

There are some good examples of operationalization of the strategic and policy progression. For example, UNFPA in Afghanistan has a specific full-time AAP specialist who has supported capacity-building of local partners for community feedback and the implementation of both feedback mechanisms and adaptability of programming based on this.⁴⁷ The Afghanistan experience has been shared widely through the region and linked with anticipatory action frameworks in four countries (Bangladesh, Fiji, Nepal and the Philippines)⁴⁸ and via a regional AAP workshop in 2024.⁴⁹ On an operational level, many Women and Girls Safe Spaces (WGSS) continuously consult with clients, with feedback provided to UNFPA on a regular basis via coordination platforms.⁵⁰

However, there are still clear gaps in AAP. Not all UNFPA programming is at a similar level and some operations are just beginning to gather community perceptions, while other contexts have well-established mechanisms. For example, the evaluation found that in both Chad and Uganda, community feedback mechanisms are limited, with few rights holders at settlement level having been actively solicited for feedback and examples of programming initiatives inappropriate to the local contexts.⁵¹ In some highly fluid refugee contexts, the movement of refugees to and from camps and the inconsistency of funding means that programming can be intermittent and community feedback mechanisms are challenging to meaningfully embed, although in places efforts to proactively solicit input from rights holders is also lacking.⁵² The 2025 evaluation of UNFPA humanitarian response work in Sudan during the 2023–2024 period had similar findings, noting that while consultations with women and girls took

46 Under the Organization Effectiveness and Efficiency Pillar of the UNFPA Strategic Plan, 2022–2025.

47 UNFPA regional key informants and UNFPA. Independent evaluation of the UNFPA support to the integration of the principles of ‘Leaving No one Behind’ and ‘Reaching the Furthest Behind’, 2025.

48 UNFPA regional key informants. See Anticipatory Action thematic paper.

49 UNFPA regional key informants.

50 UNFPA Egypt and partner key informants, and CERF. Egypt CERF allocation report on the use of funds and achieved results. 2023.

51 FGD participants, Chad and Uganda.

52 Uganda UNFPA and implementing partner key informants.

place, they were frequently described as “light”, and the evaluation reported limited evidence of feedback informing UNFPA programme design or adjustment.⁵³

Finally – and positively – there is evidence of an appetite for innovation in needs assessment and AAP by UNFPA. One example of innovation is climate vulnerability assessments using new harmonized tools that integrate SRHR and GBV. The findings, such as data indicating a 50 per cent rise in GBV in climate-affected areas in South Sudan, are important in guiding UNFPA’s response. They also provide important data on climate impacts for the wider humanitarian community.⁵⁴

Another innovation in AAP is the use of technology such as mobile telephones for facilitating communication (e.g. for WhatsApp text groups). The use of drones in partnership with the World Food Programme to assess the locations of displaced populations during 2024 floods in Madagascar was of significant value to humanitarian responders to the disaster.⁵⁵ However, these positive developments related to AAP need to go hand-in-hand with clear definitions of needs assessments. This is important whether they determine perceived/expressed needs or whether they rely on professionally defined needs/gaps in line with expected response, for example, via the Multi-cluster/sector Initial Rapid Needs Assessments (MIRA).⁵⁶

2.2 Effectiveness/coverage

Evaluation question 2: To what extent do UNFPA humanitarian interventions contribute to improved access to and increased use of quality SRH services for affected populations, including the most vulnerable and marginalized groups?

Finding 6: UNFPA has made increasingly effective contributions to ensuring quality SRH services and commodities in humanitarian settings through implementation and promotion of the MISP and other standards.

There is evidence of positive progress by UNFPA in SRHR programming in humanitarian settings since the 2019 humanitarian capacity evaluation. This includes, at a high level, the establishment of a global SRHR Task Team (discussed under evaluation question 5) and evidence of greater (internal) consideration of the need to sharpen measurement of SRHR results rather than activity or output-related monitoring data. There are

53 UNFPA Sudan Humanitarian Response Evaluation, 2023–2024, UNFPA 2025.

54 UNFPA has made considerable progress in supporting assessments linking climate change to UNFPA mandate areas. Tools supporting and reflecting this work include, UNFPA (2025). Vulnerability assessment of the impact of climate change on gender equality, sexual and reproductive health and gender-based violence in South Sudan; UNFPA et al. (2025). Harmonization of vulnerability assessment tools for SRHR, HIV and GBV in humanitarian settings; UNFPA et al. (2025). Handbook for Conducting Multi-stakeholder Vulnerability Assessments for SRHR, HIV, and GBV in Humanitarian Settings.

55 Madagascar UNFPA key informants.

56 UNFPA key informant.

efforts to look at the impact of UNFPA support on key sexual and reproductive health behavioural indicators (e.g. demand for family planning or facility-based deliveries in humanitarian settings), but it is important to note that concrete results monitoring has not yet materialized.⁵⁷ A key area of improvement in SRHR in emergencies has been an increasing focus on AAP (see evaluation question 1) based on the increasing consensus that country offices with good AAP approaches have better SRHR outcomes than those that do not.⁵⁸ For the global SRHRiE team, this reflects a move away from generic programming towards more tailored and context-specific approaches. This has linked to a related intentional shift from standardized provision of Inter-Agency Emergency Health Kits (IARH kits) towards more approaches based on cash and voucher assistance (CVA) at the individual level – for which the robust evidence base has been growing.

The general direction of strategy has also been reflected in policy guidance from UNFPA. For example, in 2024, Humanitarian Response Division produced a pocket guide to priority emergency response interventions that outlined priority MISP actions as well as a humanitarian brief on SRHRiE with a focus on MISP. This guide presents useful and practical guidance material for implementers of SRHR interventions in humanitarian settings – including specific outcome-related indicators for many of the interventions.⁵⁹ Developed in February 2024, this resource is not yet formally published or disseminated across the organization as of mid-2025. There is some awareness of this resource across UNFPA offices, but it is not yet widespread.⁶⁰

Overall, evidence from the countries included in this evaluation shows that there have been a number of key positive changes in terms of support for quality SRHR services in humanitarian services:

- An increased focus on the MISP as a foundation for SRH services and long-term capacity-building
- Increased service delivery for vulnerable populations using mobile means
- Equipping facilities and provision of reproductive health commodities and supplies.

At individual country level, these three foundation activities are contextualized in various ways:

1. An increased focus on the MISP

This can be seen across most of the countries included within this evaluation and examples of particularly good practice are emerging. For example, in both Egypt and Uganda, UNFPA used the MISP calculator⁶¹ to estimate the number of women

57 UNFPA global key informants.

58 Schaaf, Marta & Boydell, Victoria & Sheff, Mallory & Kay, Christina & Fatemeh, Torabi & Khosla, Rajat. (2020). Accountability strategies for sexual and reproductive health and reproductive rights in humanitarian settings: A scoping review. *Conflict and Health*. 14. 10.1186/s13031-020-00264-2.

59 UNFPA. Pocket Guide. Priority Emergency Response Interventions. 2024 and UNFPA. Humanitarian Response Division Humanitarian Brief. SRHRiE with a focus on the MISP, 2024.

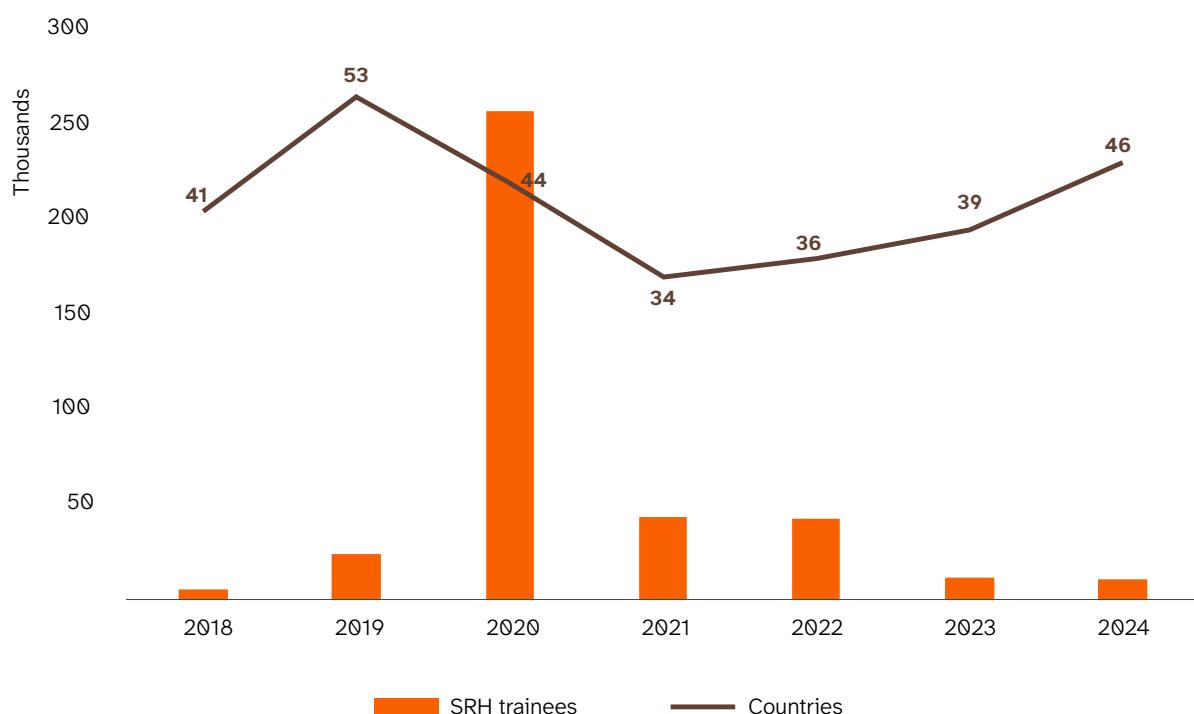
60 Some UNFPA key informants across different countries and regions were aware of the guide, others were not.

61 UNFPA, 2019. MISP Calculator, <https://iawg.net/resources/misp-calculator>.

of reproductive age (WRA) within the refugee and asylum-seeker population for both resource allocation and for advocacy and longer-term planning purposes.⁶² In addition to the MISP readiness assessment referenced in the previous section, UNFPA has also undertaken MISP training across government and other partner providers. Figure 5 illustrates the numbers of health workers trained by UNFPA over the course of the evaluation – many of these have been specifically reported as having been trained on the MISP with UNFPA support. The exception is 2020, when UNFPA's efforts to combat the spread of COVID-19 involved a very substantial scale-up of training specifically related to the pandemic.⁶³

The MISP has also been promoted even in smaller country settings. For example, UNFPA trained the Ministry of Health staff in Cuba on the MISP in 2023, and it has integrated this framework for hurricane responses.⁶⁴

Figure 5: Health workers trained and countries reached with UNFPA-supported SRH services, 2018-2024



Source: UNFPA Humanitarian Action Overview reports.

In many other countries (e.g. Burkina Faso, Chad, Colombia and Uganda) UNFPA reports training of healthcare workers on the MISP as a foundational piece of capacity-building.⁶⁵ This is explicitly undertaken as part of a continuum of capacity-building of

⁶² UNFPA Egypt key informants.

⁶³ All data from the UNFPA Humanitarian Action Overviews 2019-2025.

⁶⁴ UNFPA regional key informants.

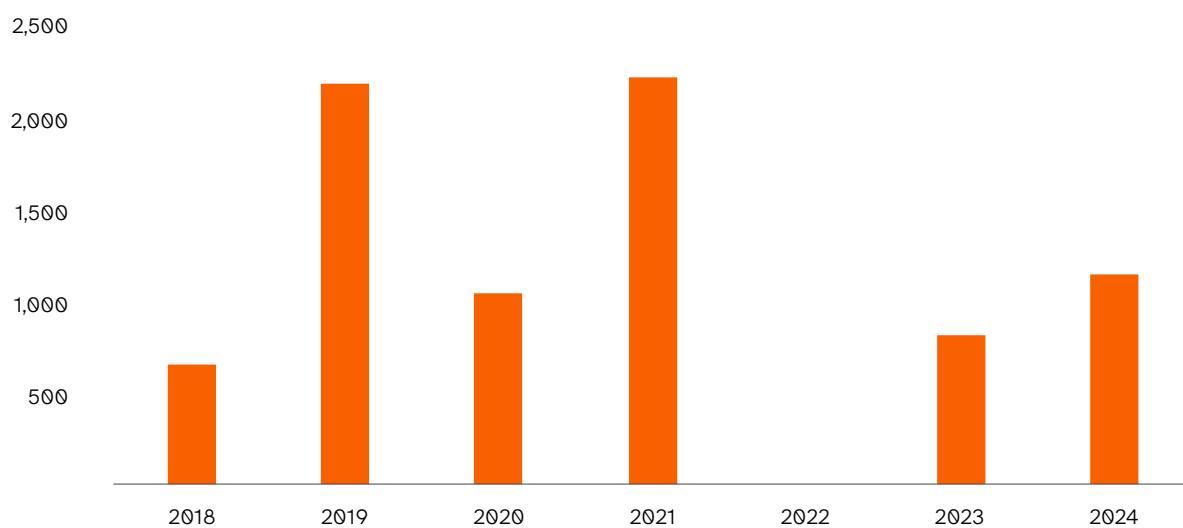
⁶⁵ Burkina Faso, Chad and Colombia UNFPA key informants.

health service providers, including doctors, nurses, midwives, counsellors and even traditional birth attendants where appropriate, on foundational SRHR skills that both equip them for crises, and also support national cadres of healthcare workers on a longer-term basis.

2. Mobile clinics for the breadth of SRHR services

Although they take different forms and operate at varying levels of sophistication (from fully-equipped mobile theatres to motorcycle-taxi based basic service provision), mobile clinics have become an increasing feature of UNFPA's SRHR response across numerous humanitarian contexts. The use of such clinics over the evaluation period is seen in Figure 6 – from 650 in 2018 to 1,135 in 2025, although the number varies considerably from year to year.⁶⁶ Chad, Colombia, Syria and Yemen all reported how UNFPA mobile teams provide access to contraception for vulnerable populations (such as migrants, adolescents, minority groups and indigenous communities) in underserved remote and conflict-affected areas.⁶⁷

Figure 6: Mobile clinics supported by UNFPA, 2018-2024



Source: UNFPA Humanitarian Action Overview reports. 2022 data not available.

These examples, which are representative of a wide variety drawn from the evaluation primary and secondary research, are robust evidence of progress over the evaluation period. Previously, UNFPA programming exhibited a narrower focus on maternal and neonatal health within humanitarian response, as opposed to the now more widespread broader focus on different aspects of SRHR across the entirety of the MISP continuum of care.

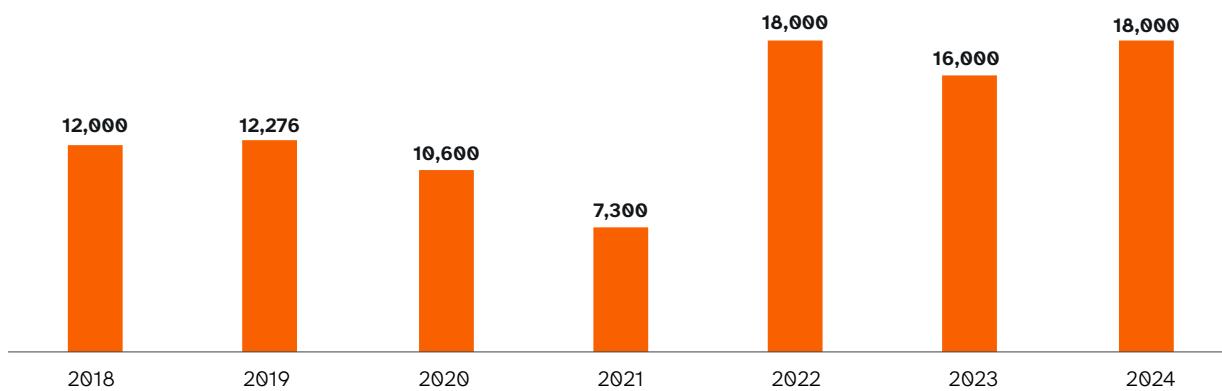
⁶⁶ All data from the UNFPA Humanitarian Action Overviews 2019–2025. Mobile clinic data was not reported for 2022.

⁶⁷ Colombia, Syria UNFPA and implementing partner key informants. Also, UNFPA Yemen Country Programme Evaluation, 2015–2024.

3. Equipping facilities and provision of supplies

UNFPA also works to strengthen health systems utilizing humanitarian funding, and so demonstrably operationalizing the humanitarian–development–peace continuum approach within SRH service delivery. In 2019, the UNFPA supplies unit alone procured US\$126 million worth of contraceptives and maternal health medicines, deploying approximately 12,000 IARH kits (over 1,700 tons) to 50 countries to support humanitarian response, which enabled 2.84 million SRH services targeted to women and adolescent girls.

Figure 7: IARH kits delivered, 2018-2024



Source: UNFPA Humanitarian Action Overview reports.

Figure 7 illustrates the growth in commodity and supplies distributions over the evaluation period. In 2020, the Humanitarian Supplies Strategy for 2021–2025 was finalized and its implementation began in 2021, aiming to improve the quality, availability, and timely delivery of UNFPA’s humanitarian supplies, which also included prepositioning supplies at the United Nations Humanitarian Response Depot in Dubai.⁶⁸ By 2022, UNFPA expanded its prepositioning fund for reproductive health (RH) kits, clinics, maternity clinics and other medical equipment to US\$20 million. By 2024, UNFPA was equipping approximately 4,500 health facilities, delivering 18,000 Inter-Agency Reproductive Health (IARH) kits to 39 countries and was undertaking innovative approaches to ensuring SRH services in challenging settings, for example the establishment of containerized health facilities in Gaza in 2024, and support to (on average) 1,000 mobile health teams in 30–40 countries every year.⁶⁹ The continuous revision of RH kits, set for enhanced distribution by late 2025, and investments such as the US\$4.6 million Gates Foundation grant to enhance SRH supply procurement and delivery efficiency, underscore UNFPA’s sustained commitment to ensuring essential SRH provisions in crisis settings.⁷⁰

⁶⁸ UNFPA Humanitarian Supplies Strategy (2021–2025).

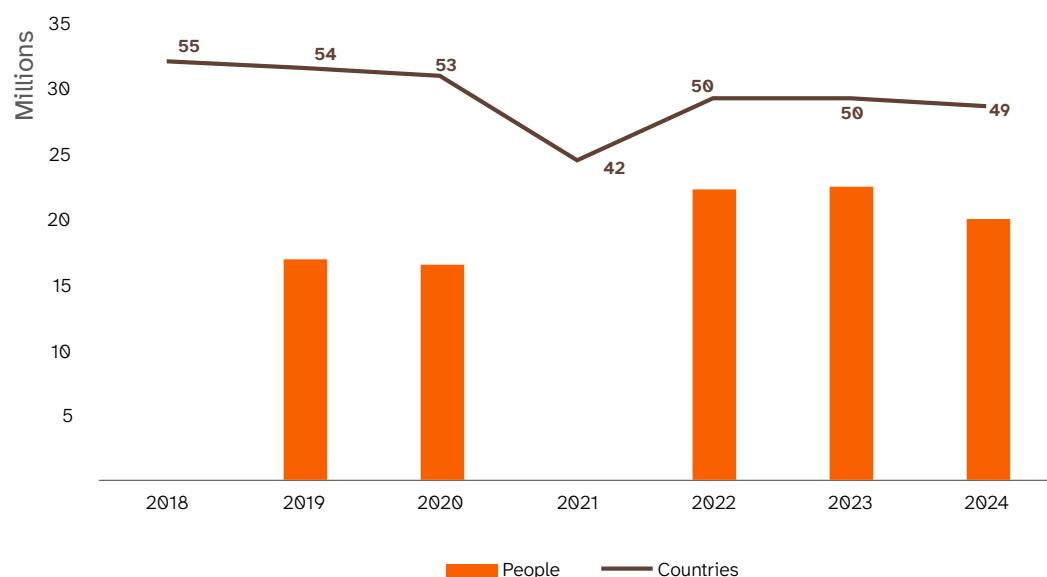
⁶⁹ All data from the UNFPA Humanitarian Action Overviews 2019–2025.

⁷⁰ UNFPA Supply Chain Management Unit internal SCMU Strategy Webinar, June 2024.

Finding 7: UNFPA service delivery for SRHR services within humanitarian settings currently neither meets the coverage needs nor its own targets for programme reach, and has not adequately influenced increased coverage of services by others.

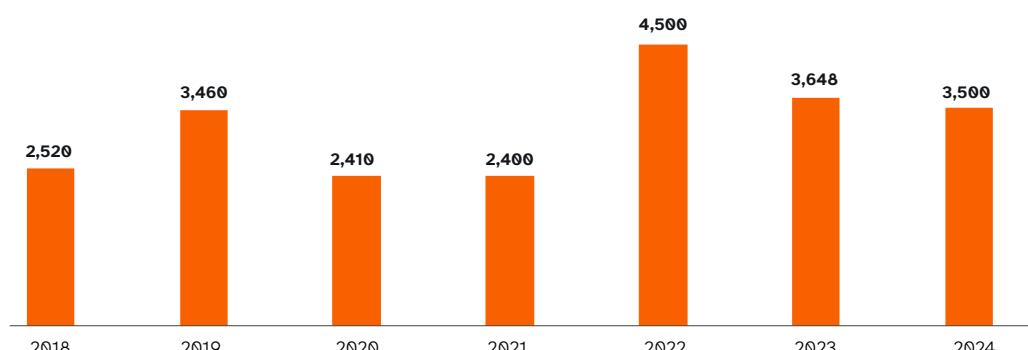
Despite evidence of more consistent and higher-quality approaches to SRHR programming, the SRH services supported or managed by UNFPA do not meet the scale of need for SRHR, nor does UNFPA advocacy lead to improvements in coverage. Although the resources available to UNFPA for humanitarian programming have increased considerably over the evaluation period (a doubling of humanitarian resources – discussed in more detail under evaluation question 6), the number of people and facilities reported reached by UNFPA have varied. Indeed, in recent years (2023/2024), the numbers reported of people and countries reached with SRH services have remained static, and indeed below 2018 levels, as illustrated in Figures 8.

Figure 8a: People, countries and facilities supported by UNFPA-supported SRH services, 2018–2024



Source: UNFPA Humanitarian Action Overview reports. 2018 and 2021 data not available for people supported by UNFPA-supported SRH services.

Figure 8b: SRH (BEmONC/EmONC) facilities supported by UNFPA, 2018–2024



Source: UNFPA Humanitarian Action Overview reports.

Because UNFPA tracking of results data is still limited (see evaluation question 4), the reasons for the mismatch are not fully clear. As discussed under evaluation question 7, increasing levels of integration of programming (i.e. more programme activities with the same affected populations) and an increasing focus on higher quality services is likely to account for some of this, although varying data definitions, inconsistent data collection and limitations on the data system may also be a factor.

Given the scale of the humanitarian needs globally, the services provided or supported by UNFPA clearly only represent a fraction of what is required. As illustrated in figure 9, a snapshot analysis of UNFPA-reported data (for 2023) on the number of people in need versus those targeted and then reached by UNFPA⁷¹ for the 15 countries participating in this evaluation indicates that only 9 per cent of the people in need were targeted by UNFPA. Of these, UNFPA reached an estimated average of 53 per cent. In terms of delivering discrete services, however (many rights holders benefit from multiple services), UNFPA performs better. This indicates good integration of programming, which is discussed under evaluation question 7.

UNFPA cannot reasonably be expected to meet all needs, particularly given that, on average, just over half of humanitarian appeal totals are met annually.⁷² But the diminishing or static reach despite increasing needs and resources is concerning. The mismatch of needs and coverage, as noted above (with country-specific quantitative data in Annex X.B) was corroborated with qualitative evidence from all of the countries participating in this evaluation. For example, in Colombia, respondents reported clearly that humanitarian SRHR needs are significantly unmet due to the limited scale and short-term nature of UNFPA support, which leads to continuity issues. In many countries, respondents report significant SRHR service gaps.

Figure 9: The extent to which UNFPA meets needs (15 sample countries, 2023 data)



Source: UNFPA Humanitarian Dashboard.

A recent (2025) evaluation of the UNFPA humanitarian response to Sudan noted similar challenges in reaching populations in need and noted disproportionate concentration of assistance in more accessible areas, mainly due to security and access constraints.⁷³

⁷¹ Data reported by UNFPA via its humanitarian dashboard for 2023 (the only year within the evaluation timeframe for which relevant data are provided). The data for individual countries is presented in Annex X.B.

⁷² Per OCHA data, available for annual response needs and receipts at www.humanitarianaction.info.

⁷³ UNFPA Sudan Humanitarian Response Evaluation, 2023–2024, UNFPA 2025.

The chronic mismatch of needs versus services has been hugely exacerbated in 2025, with the rapid contraction in global humanitarian action for all actors. The suspension of virtually all US Government humanitarian funding (which, as of 2024, covered 45 per cent of the global humanitarian appeal and up to 70 per cent of supplied funding in some parts of the world⁷⁴) has had sudden and widespread consequences around the globe. This has been compounded by reductions by other major donors, including Germany and the United Kingdom, which have been taking place since 2024. As of May 2025, OCHA estimated at least 79 million people in crisis will no longer be targeted for assistance – likely a significant underestimate as funding cuts materialize to a greater extent through 2025.⁷⁵ Of this reduction, the sectors hardest hit are health (a reported reduction of over US\$86.5 million), under which SRH falls, and GBV (reported reduction of US\$61 million).⁷⁶ Thus, the gap between needs and resources will widen even further in 2025 and beyond.

Finding 8: As well as increasing emphasis on the MISP, UNFPA has supported some innovative approaches and emerging areas for SRH programming.

As well as more mainstream emphasis on the roll-out of the MISP and provision of the standard package of SRH services in humanitarian responses, there is evidence of a focus on innovating in the SRH sector. This is supported by specific funding mechanisms, such as the revitalized “Equalizer, UNFPA Accelerator Fund” (which was redesigned in 2021 to finance innovations for women and girls by leveraging technology and private-sector partnerships⁷⁷) and initiatives such as the Innovation Awards, a competition to provide funding for social enterprises with innovative solutions that advance the empowerment of women and girls worldwide.

Examples of innovations supported included those leveraging technology to enhance service delivery and data management. The restrictions of the COVID-19 pandemic spurred considerable growth in this area, with UNFPA employing mobile clinics and telehealth to reach vulnerable populations. As noted above, UNFPA has piloted drones for needs assessments in Madagascar, but also for delivery of emergency obstetric care supplies in Benin.⁷⁸ Menstrual hygiene management (MHM) is an area that has also received increasing attention in humanitarian contexts during the evaluation period, particularly linked to adolescent and youth interventions. For example, in Egypt, UNFPA has a partnership with BeGirl, a social enterprise focused on menstrual health. It has trained Women and Girls Safe Spaces’ staff on MHM with sessions reaching 2,951

⁷⁴ OCHA Financial Tracking Service data, reported in humanitarianaction.info, Global Humanitarian Overview 2025.

⁷⁵ OCHA US funding freeze global survey, round 2, April 2025, see <https://humanitarianaction.info/document/us-funding-freeze-global-survey/article/us-funding-freeze-global-survey-round-2-preliminary-analysis#page-title>.

⁷⁶ Ibid.

⁷⁷ Mobilizing Resources and Finances to Achieve the Three Transformative Results in the Decade of Action, UNFPA 2023.

⁷⁸ UNFPA Core Resources Brochure, 2023.

girls and 1,000 boys.⁷⁹ In Moldova, UNFPA provided vouchers for MHM items to 3,266 adolescent girls and young women.⁸⁰

In addition, the UNFPA Regional Office for East and Southern Africa is doing some potentially impactful and increasingly relevant work on the intersection of SRHR and climate change. This has included various practical interventions, such as deploying mobile clinics in climate-affected regions, providing mental health and psychosocial support in disaster-impacted areas, and supporting youth advocates to research SRH-climate intersections. The UNFPA Regional Office for East and Southern Africa has conducted capacity-building workshops explaining SRH vulnerabilities during climate shocks and is also testing tracking SRHR impacts in climate-vulnerable communities. The overarching strategic approach to this is framed around (a) generating localized evidence; (b) building government and stakeholder capacity; and (c) advocating for comprehensive understanding of climate change's gendered impacts with a foundational principle that SRH is not peripheral to climate adaptation, but central to understanding and addressing community resilience.⁸¹

Finding 9: Availability of SRHR services in humanitarian contexts is linked to positive and sustainable SRHR outcomes, particularly around changes in health-seeking behaviour, such as facility-based delivery or utilization of contraception. However, UNFPA lacks disaggregated data to fully ascertain its contribution to such outcomes in humanitarian contexts.

Where UNFPA supports or delivers a coherent package of SRH services that incorporates attention to robust AAP approaches – and particularly when combined with strategic prepositioning of commodities and the use of CVA – there is good evidence of positive shifts in SRHR-related health-seeking behaviour.⁸²

There is even more robust evidence of the importance of CVA to sustainable SRH outcomes. By 2024, UNFPA CVA reached 153,840 individuals across 31 countries, enabling 76,490 to access life-saving prenatal and postnatal care, safe deliveries, or purchase essential medicines and hygiene products.⁸³ This support actively lowers financial barriers, encourages health-seeking behaviours, and enhances women's autonomy in making decisions about their health. For example, in Ukraine and the Philippines, CVA has been documented to have helped pregnant and lactating women

⁷⁹ UNFPA Egypt key informants and UNFPA Egypt. Annual Report on Response to GBV against women and girls January to September 2024.

⁸⁰ UNFPA Moldova key informants and UNFPA Moldova. Exercising the right to dignity: Voucher assistance for menstrual hygiene items for Ukrainian refugee adolescent girls and young women in Moldova. 2023.

⁸¹ UNFPA regional key informants and UNFPA. Recommendations. SRHR and Climate Action. 2021.; UNFPA, The impact of the climate crisis on SRHR. 2022.

⁸² UNFPA global and regional key informants.

⁸³ Cash & Voucher Assistance Annual Report, UNFPA 2024.

cover transportation costs to access healthcare,⁸⁴ and in many countries⁸⁵ CVA for menstrual health management serves as an entry point for vital SRH information and referrals. In 2021, UNFPA partnered with Johns Hopkins University on a study among CVA recipients in the Philippines that provided substantial evidence that well-designed cash assistance contributes significantly to women's safety, health and access to SRH services. The women receiving cash were considerably more likely than the comparison group to have a facility-based delivery (86.4 per cent versus 58.7 per cent) and report doing so because it was safer for themselves and the baby – and they were more likely to do so in the future.⁸⁶

There is limited additional quantitative or generalizable outcome-related data on SRH service uptake, which hampers a more comprehensive overview of outcome-level sustainable results. On a qualitative basis, however, there is some anecdotal evidence of positive outcomes. For example, in Bangladesh, UNFPA has leveraged anticipatory action with CVA to enable rapid cash transfers (within 48 hours of an anticipatory action trigger). In many contexts, UNFPA-supported mobile teams have facilitated first-ever facility-based deliveries for women and increased family planning uptake (from 22 per cent to 32 per cent in Burkina Faso, despite the presence of conflict) among vulnerable and remote communities (such as island communities of the Lake Chad region, the nomadic Bede community of Bangladesh or indigenous groups in the remote La Guajira region of Colombia). This has led to reduced adolescent pregnancies and improved birth spacing.⁸⁷

However, across many countries, the evaluation has also found evidence that successful supply-side interventions (training, equipping facilities and provision of commodities) have not been equally matched by demand-side addressing of social and cultural norms around access to services, due in part to the humanitarian life-saving imperative of SRHiE. In many countries, direct discussions with women highlighted that many still do not have control of their reproductive decisions. In Madagascar, Uganda and Chad, despite being empowered in other household decisions, women reported often being afraid to seek family planning services and even facility-based births (where male health workers attend). This indicates a severe lack of reproductive autonomy, although in Chad, UNFPA-supported community-based advocacy has led to some positive changes in husbands' attitudes to facility-based deliveries and greater acceptance of family planning among refugees.⁸⁸ In some countries (e.g. Somalia), women face life-threatening delays in medical care because they require consent from a male family

⁸⁴ Ibid, and Formative evaluation of the organizational resilience of UNFPA in light of its response to the COVID-19 pandemic, UNFPA, 2024.

⁸⁵ Women in Bangladesh, Jordan, Moldova, Myanmar, the Philippines, Sudan, Türkiye and Viet Nam were all reported by UNFPA in 2024 to have benefited from this support, as reported in the Cash & Voucher Assistance Annual Report, UNFPA 2024.

⁸⁶ Expanding the Evidence Base on Cash, Protection, GBV and Health in Humanitarian Settings, JHU/UNFPA UNFPA Regional Office for Asia and the Pacific, 2024,

⁸⁷ UNFPA, implementing partner key informants, various countries.

⁸⁸ Focus group discussion participants, Chad.

member, and often cannot access family planning methods without their husband's approval.⁸⁹

Compared to a number of studies, assessments and surveys conducted within the GBV work, and with the support of other GBV actors through the GBV Sector Working Group (SWG),⁹⁰ the evidence base for SRHR trend analysis in humanitarian settings is weak in comparison with longer-term development settings, which have a much more comprehensive suite of assessment tools that gather SRHR information, such as the Demographic and Health Survey and Multiple Indicator Cluster Survey (MICS).

In more protracted or cyclical contexts, and where some demand-side work has been implemented, there are some small-scale but notable examples of shifting norms and behaviours – evidence that investment in this area pays positive dividends. For example, in Syria (an ongoing humanitarian crisis for over 15 years), respondents report some noticeable shifts in community health-seeking behaviour and awareness of SRHR. Respondents report this perception of change in attitudes has been confirmed by notable differences when programmes or projects shift into new geographical areas. A key learning in Syria has been the importance of male engagement in SRHR-seeking behaviours at the household level.⁹¹ This has also been seen in Chad, Madagascar and Burkina Faso, where sensitization work supported by UNFPA was reported by respondents as having some impact in overcoming barriers presented by misinformation or persistent harmful social norms.⁹² Part of this has been clear engagements with religious leaders and community leaders as an intentional strategy to influence behaviour and encourage women to seek healthcare services, particularly for maternal and reproductive health.⁹³



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⁸⁹ UNFPA key informant, Somalia.

⁹⁰ See evaluation question 5.2 for more information.

⁹¹ Syria government and implementing partner key informants.

⁹² Madagascar, Burkina Faso, Chad service provider key informant.

⁹³ Chad implementing partner, local government key informants, FGD participants.

Ultimately, this anecdotal evidence that, while compelling, is limited in terms of robustly demonstrating the effectiveness (and return on investment) and thus the life-saving nature of integrated supply and demand-side SRHR for sustainable and longer-lasting impact. Despite some promising recent guidance on articulating SRHR outcomes as well as outputs/activities (discussed above), UNFPA still fails to collect consistent aggregate data required to form a credible value proposition for holistic SRHR work at country or global levels. There is therefore little change from the 2019 humanitarian capacity evaluation, which stated that “while UNFPA has invested in useful monitoring systems, they are not systematically or consistently utilized, leading to a lack of coherent and comprehensive data on the results of UNFPA activities on peoples’ health and welfare. Thus, the effectiveness of UNFPA SRHiE work cannot be clearly, fully or reliably measured in many country contexts or aggregated at regional or global levels.”⁹⁴ Inadequately addressing this issue when UNFPA had more humanitarian resources at its disposal means that, as of 2025, making the case for SRHiE as life-saving on a par with other sectors is particularly challenging.

Evaluation question 3: To what extent do UNFPA humanitarian interventions contribute to preventing, mitigating and responding to GBV and harmful practices for affected populations, including the most vulnerable and marginalized groups?

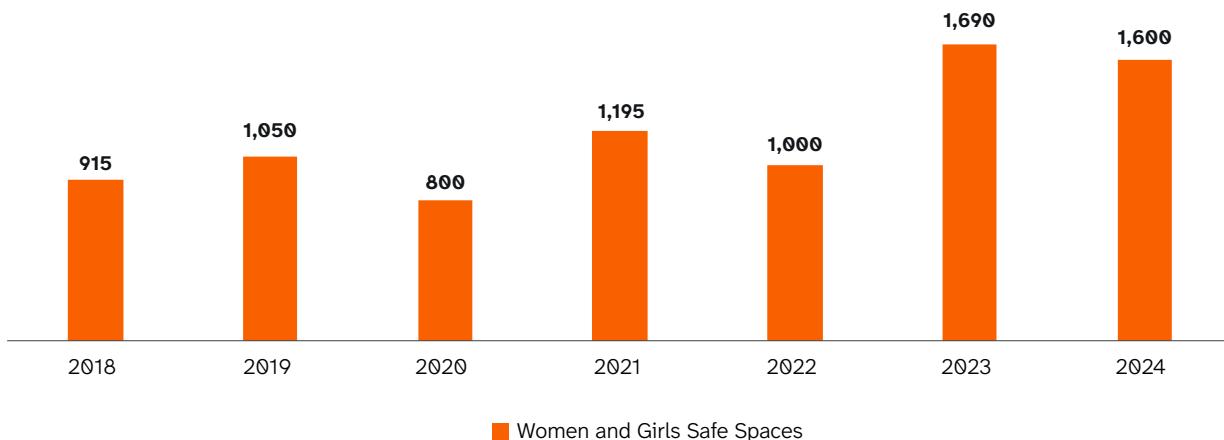
Finding 10: Overall, there have been substantial improvements in delivery of key GBV services, particularly centred around Women and Girls Safe Spaces (WGSS) and health response, as well as innovations such as CVA, although the quality of services in many settings still does not meet minimum GBV standards.

Since 2019, UNFPA has made progress in enhancing GBV services in humanitarian settings, especially through the regular establishment and support of WGSS; strengthening of health systems; and implementation of innovative solutions such as CVA. These key successes are summarized below.

Women and Girls Safe Spaces/Women-Friendly Spaces

As can be seen from figure 10, UNFPA continues to support these important spaces for GBV survivors (and other women and girls) with a way to access services and in a non-stigmatizing way. In addition to psychosocial support, WGSS typically support women’s and girls’ empowerment through life skills sessions, livelihoods and social and recreational activities. In some instances, WGSS invite other service providers on-site to facilitate access for survivors, e.g. visiting lawyers or paralegals or midwives, nurses and other clinicians.

Figure 10: Number of WGSS supported by UNFPA, 2018–2024

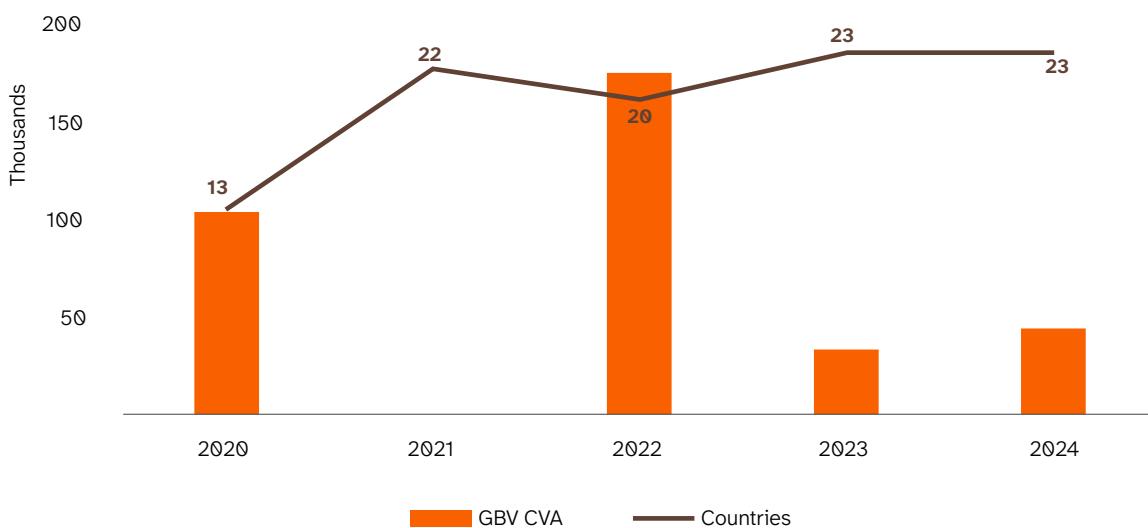


Source: UNFPA Humanitarian Action Overview reports.

Health system strengthening

Health centres are often the first entry point for GBV survivors and are therefore a critical aspect of survivor care. Discussed further under evaluation question 7, the widespread integration of GBV services within health systems in humanitarian settings has been an important area of progress supported by UNFPA. In Uganda and Colombia, UNFPA-supported training on Clinical Management of Rape has equipped health workers, particularly midwives, with skills to support GBV survivors. These workers have “built trust in the refugee communities” and actively implement referral pathways, linking survivors to essential medical care, psychosocial support and legal assistance.⁹⁵

Figure 11: Number of countries and recipients of GBV cash and voucher assistance, 2020–2024



Source: UNFPA Humanitarian Action Overview reports. 2021 data not available for GBV cash and voucher assistance.

⁹⁵ Service provider key informants, Uganda, United Nations agency, UNFPA key informants.

Cash and voucher assistance

UNFPA's GBV-specific CVA efforts aim to provide direct financial support to affected populations, in line with good global practice on its use for GBV programming. UNFPA Humanitarian Action Overview reports released during the evaluation period indicate a Surge in CVA during the COVID-19 pandemic. The evaluation indicates that CVA continues to be used in a number of countries to support GBV survivors (also see evaluation question 8 for information about CVA in Anticipatory Action). The evaluation has documented extensive use of this modality across the research countries: for GBV programming,⁹⁶ for dignity items such menstrual health and hygiene supplies, or making it conditional on adolescent girls (including those with disabilities) staying in school to prevent child marriage.⁹⁷ External evidence found that this cash assistance contributes to escaping and mitigating GBV risks while improving survivors' mental well-being.^{98,99}

Despite the demonstrated positive impacts of the examples above (representative of much more extensive CVA programming), evidence from the evaluation indicates that widespread challenges exist in overall quality of care and consistent implementation of GBV minimum standards. In several countries, the evaluation found that while awareness of GBV minimum standards is high, their overall implementation, particularly for comprehensive case management and psychosocial support (PSS), remains limited.¹⁰⁰ There are concerns that staff and volunteers (crucial for outreach in disasters) may not receive sufficient training and supervision to safely and ethically discuss GBV issues, ensure confidentiality and facilitate safe case sharing.¹⁰¹ For example, in Chad, there is inconsistency in service provision, with some Women and Girls Safe Spaces only opening periodically, as donor funding comes onstream or expires or the WGSS has been deemed "not operational".¹⁰²

There are many factors contributing to challenges in quality of GBV care that are well beyond the control of direct service providers – not least the substantial humanitarian funding limitations that all countries included in this evaluation struggle with – which are discussed further below. Even so, quality of care is a central priority for safe and ethical GBV service delivery. There are good examples of efforts to monitor and improve the scope and quality of GBV service delivery in specific contexts included in this evaluation, for example, post-distribution monitoring in Egypt and Moldova, safety audits, specialized reviews and client feedback surveys in Bangladesh and Moldova, and needs assessments in Chad. However, the overall capacity for among country

⁹⁶ Updated information (provided by UNFPA key informant) for: UNFPA. Comprehensive response to GBV against women and girls. Annual Operational Report (January to September 2024). 2025.

⁹⁷ UNFPA key informant.

⁹⁸ World Food Programme and UNFPA. Provision of cash assistance to women and girls under the GBV humanitarian programme. 2024.

⁹⁹ UNFPA. Post Distribution Monitoring for GBV Case Management Cash, December 2023.

¹⁰⁰ Government and UNFPA key informants.

¹⁰¹ Implementing partner key informants.

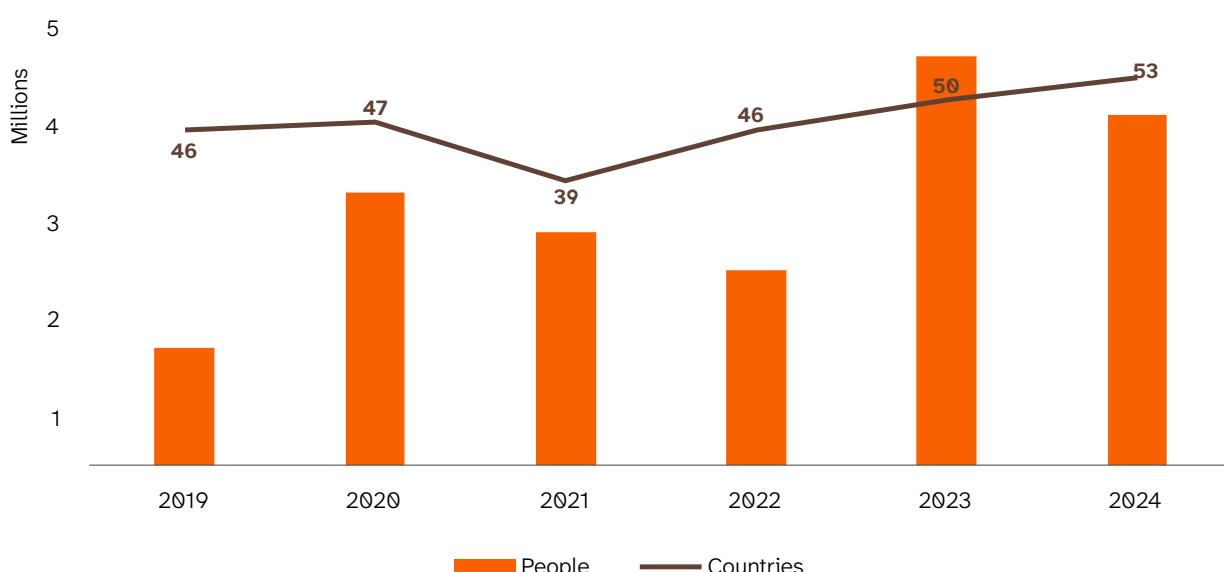
¹⁰² Implementing partner, service provider key informants.

offices to establish, monitor, report on and meet GBV quality of care standards remains inconsistent. The relative lack of uniform data on quality of services limits learning on good practices within and across humanitarian settings, affecting progress on GBViE interventions globally.

Finding 11: Despite important progress, UNFPA's ability to support delivery of comprehensive GBV services faces challenges, both in terms of geographic coverage and serving vulnerable and marginalized people, despite some good individual examples for the latter, primarily around disability.

UNFPA reporting data covering the evaluation period indicates overall positive expansion in the number of people and countries served through GBV programming in humanitarian contexts (highlighted in figure 12). Despite this progress, the sample of countries selected for this evaluation face significant coverage challenges. Figure 9 (presented under the previous evaluation question) and Annex X.B compare the number of rights holders targeted by UNFPA (for all programming) with those in need and those ultimately reached. Of those identified as in need, UNFPA targeted less than 10 per cent, and ultimately reported reaching just over half of the targeted number (for both GBV and SRH programming). By comparison, globally, between 2019 and 2025, the inter-agency humanitarian response targeted 65 per cent of those in need and reported reaching 72 per cent of targets.¹⁰³

Figure 12: People and countries reached with UNFPA-supported GBV services, 2018–2024



Source: UNFPA Humanitarian Action Overview reports.

¹⁰³ Data provided by UNOCHA via its online platform: humanitarianaction.info.

In a recent evaluation of UNFPA in Sudan, the number of functional community-based GBV referral pathways dropped steeply from the 2023 target of 145 to only 41 achieved. The number of functional GBV helplines reported only one (1) to be operational in 2023 compared to a target of 13.¹⁰⁴ In disaster response in Bangladesh, despite efforts to work with sister agencies to maximize services for affected populations, technical specialists estimated UNFPA's overall coverage in cyclical disaster response at only 15 to 20 per cent "at best", with some affected areas having no support mechanisms for survivors.¹⁰⁵ In Cox's Bazar in Bangladesh, UNFPA has overseen relatively extensive GBV operations across 33 camps and even during previous funding downturns GBV case management was identified as a "firewalled" or critical activity in the Joint Response Plan (JRP).¹⁰⁶ However, the US Government funding freeze has disrupted services across eight camps and two host communities, resulting in WGSS closures or reduced schedules, with facilities limited to providing basic Psychological First Aid (PFA) and referrals due to suspended staff contracts.¹⁰⁷ Colombia is another example where funding shortfalls have severely impacted services: UNFPA monitoring in 2024 revealed a 40 per cent decrease in the participation of organizations, territories and actions aimed at the migrant and refugee population in GBV and SRH service provision compared with 2023.¹⁰⁸

Challenges with coverage are not limited to geographic scope of service provision, they also include the ability of programmes to reach the most marginalized. As some examples above illustrate, there are instances of progress in several countries in addressing the needs of women and girls with disabilities. In both Egypt and Cox's Bazar, efforts have been made to partner with local organizations working with women and girls with disabilities to improve accessibility of WGSS. In Bangladesh, UNFPA has led the United Nations community in efforts to meet the needs of transgender women. Transgender and *Hijra*¹⁰⁹ communities suffer discrimination in Bangladesh – often exacerbated in times of crisis – and the efforts of UNFPA to support them were attested to directly via group discussions during field research.

The scope of these interventions is relatively small, however, and challenges persist. Across settings, UNFPA staff acknowledge limitations in meeting the needs of women and girls with disabilities. In Uganda, village health volunteers from the refugee communities noted undertaking some outreach and support to women and girls with disabilities, but services remain highly limited due to the inability to specifically target resources to them.¹¹⁰ A country-led evaluation of UNFPA's humanitarian response in Colombia covering 2020–2022 noted poor access to services of specifically vulnerable groups, including people with disabilities and populations with diverse

¹⁰⁴ UNFPA Sudan Humanitarian Response Evaluation, 2023–2024, UNFPA 2025.

¹⁰⁵ UNFPA key informants.

¹⁰⁶ 2023 Joint Response Plan GBVSS, United Nations key informant.

¹⁰⁷ <https://rohingyaresponse.org/wp-content/uploads/2025/05/GBVSS-Q1-Bulletin-2025.pdf>.

¹⁰⁸ UNFPA key informant.

¹⁰⁹ A culturally-specific "third gender" in South Asia.

¹¹⁰ Village health team focus group participants.

sexual orientations and gender identities, particularly in creating inclusive information materials and service delivery.¹¹¹ In the current funding climate, these issues around coverage will increase. This makes it particularly critical for UNFPA to capture the importance of their programming to women and girls.

Finding 12: Where available, evidence indicates increased utilization of GBV services and programmes by crisis-affected populations. However, this evidence is not accompanied by analysis of the impact of these interventions on reducing survivors' exposure to future GBV and improving their health, safety and well-being, critical to advocate for funding for GBV as a life-saving intervention in crisis situations.

Evidence from countries reviewed for this evaluation suggests utilization of GBV services has increased for women and girls where UNFPA implements GBV programming as part of humanitarian responses. For example, in Bangladesh and in Egypt, UNFPA reported increases in numbers of women (both refugee and host community) seeking GBV services in hospitals,¹¹² attributed by UNFPA partners to increased awareness. In Egypt, this is supported by recent Demographic and Health Surveys (DHS) that show the prevalence of GBV increasing, so the change may well be attributable to increased willingness to report.¹¹³ In Bangladesh, the willingness to report GBV among the Rohingya population in Cox's Bazar increased from 14 per cent of women expressing willingness to report in 2018 to 85 per cent in 2024.¹¹⁴ While this is "willingness to report" rather than direct service uptake, it indicates a positive shift in help-seeking behaviour and engagement with reporting mechanisms and support systems.¹¹⁵

In general, however, this type of analysis is not accompanied by analysis of how GBV interventions reduce survivors' exposure to future incidents and improve their health, safety and well-being. An issue raised repeatedly by stakeholders at both country and global levels is the scarcity of common indicators (or indeed data-collection efforts generally) that focus on outcomes and/or impact in terms of the drivers and risks of GBV. For this evaluation, Egypt represents the only example of the capture of evidence on the impact of a GBV intervention on reducing exposure to GBV for women and girls: In May 2024, UNFPA conducted post-distribution monitoring of the GBV case management cash assistance programme and found that cash assistance contributes strongly to escaping and mitigating GBV risks.

¹¹¹ Evaluation of the United Nations Population Fund's humanitarian response in Colombia 2020-2021-2022, UNFPA Colombia, 2023,

¹¹² Reported by the National Council for Women (NWC) in Egypt.

¹¹³ NWC key informants.

¹¹⁴ Reporting/monitoring data cited by UNFPA key informant.

¹¹⁵ UNFPA key informant.

Implementation of the Gender-Based Violence Information Management System (GBVIMS), the long-established tool for monitoring GBV, continues to be very important for monitoring trends in incidents as well as service delivery and utilization across many countries (although its use is not widespread). In general, however, implementing partners (IPs) collect and report on services provided, and on activities and numbers reached, rather than behavioural change or other impact indicators, such as women's decreased risk of violence.¹¹⁶ The general absence of baseline or endline evaluations further inhibits the ability of UNFPA and its IPs to measure change. The need to gather better **outcome** data specific to GBV has been highlighted by UNFPA staff as critical in demonstrating the life-saving value of GBV interventions – especially in the current context of reduced funding for humanitarian interventions generally, and GBV specifically. A UNFPA key informant noted that “human interest stories, while powerful, are insufficient on their own” to secure funding in the current funding climate.¹¹⁷

Although IASC and the Central Emergency Response Fund (CERF) recognize GBV interventions – both prevention and response – as life-saving, this is not consistently mirrored across humanitarian leadership and funding decisions¹¹⁸ as life-saving, this is not consistently recognized across humanitarian leadership and funding decisions. Several UNFPA key informants felt that the life-saving nature of GBV programming was not always appreciated or understood by all decision makers at UNFPA.

One UNFPA country representative who expressed a strong belief in the life-saving nature of GBV interventions nevertheless noted how challenging it is to make the argument. The GBV community, while rightly cautious about sharing sensitive GBV data, has sometimes translated this into a general reluctance to monitor the benefits and life-saving impact of its programming.¹¹⁹ Several UNFPA key informants concurred on the urgency to build better impact monitoring into GBV data collection.

Evaluation question 4: To what extent do UNFPA interventions contribute to the use and dissemination of reliable and disaggregated programme and population data for evidence-based humanitarian responses?

Finding 13: Although there has been positive progress on humanitarian data policies and strategies, UNFPA's systems to support compiling and sharing data on humanitarian outputs, outcomes and impacts lack cohesion, depth and organization-wide consistency, placing UNFPA at a disadvantage in the current resource-constrained context.

¹¹⁶ UNFPA implementing partner (IP) key informant.

¹¹⁷ UNFPA key informant.

¹¹⁸ CERF adjustment of lifesaving criteria in 2020 included recognition of GBV prevention as life-saving, along with specific interventions.

¹¹⁹ UNFPA key informant.

The 2019 evaluation of UNFPA's capacity in humanitarian action found that UNFPA had limited capacity to demonstrate humanitarian results or outcomes, primarily because its existing monitoring systems were not systematically or consistently utilized. This has led to a lack of coherent and comprehensive data on the results of its activities. Data was largely collected at the activity and output levels (for *accountability purposes*), often lacking the necessary targets or denominators to provide meaningful context or allow for reliable measurement of *effectiveness*. Furthermore, the evaluation noted that UNFPA, despite its expertise in population dynamics and data, inconsistently leverages this for informing overall humanitarian preparedness and responses and lacks a coherent organizational approach or strategy for doing so globally, representing a missed opportunity.

The later (2021) evaluability assessment by the Independent Evaluation Office specifically focusing on humanitarian data¹²⁰ explored this theme in more depth, as well as documenting subsequent work and achievements in the area. Specifically, it highlighted a considerable body of humanitarian data initiatives across global, regional and national levels. However, the assessment reiterated the key deficit noted by the earlier evaluation around the limited capacity to consistently demonstrate outcome-level results. The lack of a definitive, updated humanitarian data policy or a unified data portal led to disparate methods, tools and databases, causing fragmentation, interoperability challenges and concerns over data security and safety. Furthermore, the assessment identified few dedicated humanitarian data staff across response countries and only a subset of UNFPA staff possessing the necessary skills in humanitarian data management.

Since these publications, UNFPA has moved forwards to a degree on addressing the identified deficits. There have been repeated strategic and policy commitments over the course of the evaluation period to an improved ecosystem for programme data, including humanitarian data at all levels.¹²¹

At a global level, the following are examples of **how UNFPA has developed capacity for data in crises:**

- As part of its response to the COVID-19 pandemic, UNFPA leveraged its expertise in population data and humanitarian data within Humanitarian Response Division to create the COVID-19 Population Vulnerability Dashboard to provide broad access to relevant data for the pandemic response.¹²² UNFPA also supported an IASC-led initiative under the global Humanitarian Response Plan entailing regular monitoring and reporting against its mandate areas globally.

¹²⁰ Baseline and evaluability assessment on generation, provision and utilization of data in humanitarian assistance, UNFPA Evaluation Office, 2021.

¹²¹ Examples of these commitments can be found in the following publications: 1) UNFPA humanitarian update, 2020 Annual report of the Executive Director on Implementation of the Strategic Plan 2018–2021, UNFPA 2020; 2) Mobilizing Resources and Finances to Achieve the Three Transformative Results in the Decade of Action, UNFPA 2023; 3) UNFPA Knowledge Management Strategy 2024–2030, UNFPA 2023.

¹²² Formative evaluation of the organizational resilience of UNFPA in light of its response to the COVID-19 pandemic, UNFPA Independent Evaluation Office, 2024.

- UNFPA is the lead agency for the Population Statistics Common Operational Datasets (COD-PS), formerly managed by the Technical Division (now part of the Programme Division) and shared on the OCHA Humanitarian Data Exchange (HDX).¹²³
- Across many of the more substantial (L2/L3) responses and protracted refugee crises, UNFPA actively contributes to the Humanitarian Needs Overview and Humanitarian Response Plan processes, and to national and regional Refugee Response Plans (HNO, HRP and RRP).
- UNFPA is investing in corporate systems, notably the Quantum/Quantum Plus platform for integrated and comprehensive data and knowledge management, albeit a more generalized platform for all activities.
- In 2023, UNFPA released an updated online population data portal that aims to provide open-source high-quality, disaggregated population data, including geospatial data that can be used (for general population data unrelated to results measurement) for both development and humanitarian response programming.¹²⁴
- Recent examples (2024/2025) include development of a short humanitarian data strategy published in June 2025, and a pilot information platform by the Humanitarian Response Division with the potential to be rolled out globally (discussed further below).
- Support is provided to external United Nations-wide platforms such as UN INFO¹²⁵ for planning, monitoring and reporting at global, regional and country levels.

Despite progress, this list of examples represents limited progress towards a unified, effective approach in line with the high-level commitments made over the past several years. In 2020, the UNFPA Executive Director committed to making “effective and systematic use of...evidence generated regarding needs, progress and results”.¹²⁶ Rather, resources have been allocated to administrative or development-oriented resources that are not designed for humanitarian contexts.¹²⁷ This decision about resource allocation is exacerbated by less-than-optimal coordination between divisions with shared or overlapping responsibilities. Specifically, this affects the Programme Division’s Data and Analytics Branch, which has a remit for humanitarian data with the COD-PS preparation (discussed in more detail under evaluation questions 6 and 7). UNFPA interviewees at all levels acknowledge the critical importance of data in humanitarian settings.

123 Formative evaluation of the UNFPA support to the integration of the principles of ‘Leaving No one Behind’ and ““Reaching the Furthest Behind”, Humanitarian Thematic Case Study, UNFPA Independent Evaluation Office, 2024.

124 UNFPA, World Population Dashboard at <https://www.unfpa.org/data/world-population-dashboard> and UNFPA Population Data Portal at <https://pdp.unfpa.org/>.

125 An in-development (beta phase as of mid-2025) online planning, monitoring and reporting platform that digitizes the United Nations Country Team’s results frameworks (either the UNDAFs or UNSDCFs), coordination surveys and common business strategies as well as enabling tracking of the SDGs.

126 UNFPA Humanitarian Update, 2020 Annual report of the Executive Director on Implementation of the Strategic Plan 2018–2021, UNFPA 2020.

127 UNFPA global, regional key informants.

However, there is equally strong evidence to indicate a disconnect between this understanding and concrete, well-resourced global data system initiatives tailored for humanitarian needs.¹²⁸ Many informants noted that UNFPA is seen as a “data agency”, but this is not reflected in its capacity in the humanitarian data space, where there is not only limited capacity but also limited understanding of what humanitarian data is and how UNFPA can leverage its systems and data sets efficiently.¹²⁹

Corporate systems such as Quantum are the mandated platforms for reporting on financials and results (milestones, indicators, etc.), but are widely viewed as inadequate for managing granular, real-time humanitarian data required for effective monitoring and analysis.¹³⁰ They are described by key informants as static systems primarily suited for quarterly and annual reporting or as mere data repositories rather than analytical tools for humanitarian programming.¹³¹ Furthermore, their complexity presents a hurdle to more sophisticated usage, an issue particularly noted by implementing partners that are delegated responsibility for reporting to these systems. Despite their limitations, UNFPA has invested in these systems at global levels, hindering the adoption of potentially more suitable alternatives. The inability to robustly, reliably and easily report on the *outcomes*¹³² of humanitarian programming has become an increasing hindrance to UNFPA. Technical expert interviewees noted increasing calls among donors for a more robust evidence base for humanitarian programming, particularly with respect to calls for using quantitative data to support arguments for the life-saving nature of GBV programming.¹³³ The need for such data has become more pressing given the increasing competition for scarce humanitarian resources evident from 2024, but has been particular exacerbated by the US funding terminations of 2025.

On the basis of the original evaluation recommendation from 2019, the UNFPA Humanitarian Response Division reports efforts to explore and pilot alternative platforms. This includes DHIS2, a well-recognized platform used by governments and international agencies, which is potentially suitable for primary data collection and analysis, including integrating humanitarian appeals and linking to national data sets. The model was endorsed for testing in 2022 and pilot trials were reported as undertaken in Bangladesh, Chad, Central African Republic, Türkiye and Ukraine.¹³⁴ However, interviewees report progress on mainstreaming this platform (or a comparable platform) as slow. They noted an over-reliance on activity or output data such as services supported or commodities delivered rather than more detailed programme information of greater use to programme implementers (such requests are generally met on an ad hoc project-by-project basis). Organization-wide roll-out remains

128 UNFPA global, regional key informants.

129 UNFPA regional key informant.

130 UNFPA global, regional, implementing partner key informant.

131 Ibid.

132 Outcomes are defined as changes or benefits of humanitarian response activities on the condition, behaviour or status of people, communities or systems, Active Learning Network for Accountability and Performance, 2016.

133 UNFPA, interagency key informants.

134 UNFPA global key informants.

uncertain despite set-up costs largely being paid as DHIS2 is an open-source platform. This is a key consideration, given the resource constraints faced by UNFPA and the wider humanitarian community.¹³⁵

In June 2025, UNFPA published the *Humanitarian Data Framework*, intended to replace the 2010 *Guidelines on Data Issues in Humanitarian Crisis Situations*. This is a comprehensive guide to various data processes related to UNFPA's mandate areas in humanitarian contexts. It outlines a common understanding of data needs, availability, and gaps, structured around three pillars: population data, assessments and analysis, and data and information management systems. The framework addresses "What" (data sources), "Why" (importance of data types), and "When" (timing of data collection) regarding humanitarian data for UNFPA. It also provides links to resources on "How" to conduct data operations. While a useful reference that summarizes much of UNFPA's and the wider response community's work around humanitarian data, it is somewhat high-level. It describes already-embedded systems, with some minimal practical guidance on the specifics of project and programme monitoring. It could provide a useful adjunct to other data resources, such as the UNFPA Pocket Guide to Priority Emergency Response Interventions (PERIs) Pocket Guide or the online training on humanitarian data provided by the Surge team – both discussed further below. The stand-alone nature of the guide as a published document limits its utility; rather, it could be a dynamic resource such as an internal website that connects various data resources, both internal and external.¹³⁶ The publishing of the Humanitarian Response Division internal resource page¹³⁷ in August 2025 is a promising starting point that can and should be leveraged as a flexible, multilingual and easily accessible resource for UNFPA staff at all levels.

Capacity for humanitarian data at the global level is similarly challenged. While there is extensive support for building capacity on corporate systems, the evidence from key informants is that they have limited value for humanitarian data needs, diverting capacity towards other, unsuitable or ad hoc tools. One useful initiative is a series of training sessions on humanitarian skills produced by Humanitarian Response Division for the humanitarian Surge team. It is primarily for Surge employees, but freely accessible on the Internet. This resource includes basic training on humanitarian data. This is a useful brief online primer, albeit focusing on the basics. The emphasis on data within the UNFPA Emergency Response Policies and Procedures, released in 2025, are more focused on internal accountability and adherence to/documentation of protocols and processes, rather than any programme outcome or impact-related aspects. Such considerations are condensed into brief guidance on "After-Action Reviews" and the need for evaluations of emergency responses by the Independent Evaluation Office

¹³⁵ UNFPA global, regional, key informants.

¹³⁶ OCHA has a strong example of a more dynamic resource: <https://knowledge.base.unocha.org/wiki/spaces/imtoolbox/overview>.

¹³⁷ <https://unfpa.app.lumapps.com/myunfpa/ls/content/3380014050967441/thematic-pages/HRDpage-home>.

post-crisis.¹³⁸ No guidance on real-time programme data related to the humanitarian programme cycle is provided.

Capacity gaps, under-investment and workload issues typically lead to a focus on administrative or heavy reporting requirements, which potentially hinder genuine, in-depth monitoring and learning processes. This has been a historical challenge that many UNFPA country offices face. For example, the Uganda 8th Country Programme Evaluation (2016–2020) noted that the investment in data (human and financial resources) was sub-optimal, and staffing for data management was low, leading to heavy workloads on existing staff. This was reflected in the more wide-ranging 2021 Humanitarian Data Evaluability Assessment, which found that almost one third of humanitarian response countries had no humanitarian data staff. It also found that data responsibilities were not prioritized as cross-cutting responsibilities within roles, but were more siloed within specific positions. Thus, if funding is not available for a dedicated humanitarian data staff role, it is likely to be neglected.¹³⁹

For many countries, the sheer volume of reporting requirements across multiple partners and projects mean a very high administrative burden for small numbers of staff, in addition to providing information for inter-agency tools such as the HNOs, HRP_s and 4Ws (UNFPA uses the “4Ws” – Who, What, Where, Whom – as a humanitarian coordination tool to map activities and actors in a specific area.) This detracts from or prevents genuine monitoring, in-depth analysis and organizational learning. Even at global level, it is recognized that the decentralized nature of reporting, which is often driven by ad hoc grant requirements and varying local capacities, challenges timely, consistent and harmonized reporting of results.¹⁴⁰

Finding 14: While UNFPA has prioritized preparedness and anticipatory action, the population-level forecasting and early warning predictive data required for this is not equally prioritized and is hindered by interdivisional dynamics.

A 2023 evaluation of UNFPA support to population dynamics and data concluded that “UNFPA provides a significant contribution to population data in humanitarian settings through the COD-PS, which is viewed as a development contribution to humanitarian preparedness and response, managed by the [at the time] Technical Division. However, there is not a consistent understanding across UNFPA with regard to population data in humanitarian settings and humanitarian data.”¹⁴¹ Therefore, that evaluation found that the division of data between the Humanitarian Response Division and the

¹³⁸ Section F, UNFPA Policies and Procedures Manual Policy and Procedures for Emergency Response, UNFPA 2025.

¹³⁹ Baseline and evaluability assessment on generation, provision and utilization of data in humanitarian assistance, UNFPA 2021.

¹⁴⁰ UNFPA Humanitarian Response Division : Strengthening UNFPA’s Humanitarian Data Systems: Internal Brief, UNFPA 2025.

¹⁴¹ UNFPA. Evaluation of UNFPA support to population dynamics and data. 2023.

Technical Division (now Programme Division) was “confused”.¹⁴² This also reflects limited progress since the 2019 humanitarian capacity evaluation, which found that the UNFPA population data role and associated expertise in development settings had not been leveraged sufficiently for humanitarian action.¹⁴³ This is despite the fact that between 2018 and 2024, *humanitarian* expenditure on population and development (predominantly expended on COD-PS) went from 8 per cent to 24 per cent of total expenditure on Population and Development (P&D) work.¹⁴⁴ Both at the global and the country levels, this continues to cause issues which have not been resolved.

The 2023 Population Dynamics evaluation noted that population data, as part of support to census and civil registration and vital statistics (CRVS) is “the longest-standing core expertise of UNFPA”.¹⁴⁵ Few efforts to translate this into support for planning humanitarian action were evident, although there was an expectation that such efforts would take place in the short term.¹⁴⁶ There is little evidence across the organization that this is the case, however.

While UNFPA has seen demonstrable improvement in terms of preparedness for SRHR in humanitarian action through increased MISP training and readiness assessments, the same is not true of the UNFPA population data role in terms of preparedness and anticipatory action¹⁴⁷ – for example, via strengthening national statistics office capacity for generating, calculating, and revising population data in humanitarian preparedness.¹⁴⁸

There are some examples of positive efforts, however. Since at least 2020, UNFPA Colombia supported the generation and use of mapping at the district level or below to illustrate population vulnerability to disasters and humanitarian crises.¹⁴⁹ These population situation analyses can be used to identify social gaps and formulate policies. Since 2023, these have included analysis of population changes and diversity and the impact of megatrends, including climate change. This provides local and national governments with access to disaggregated demographic data, including for small area estimations and SRHR indicators.^{150,151} UNFPA Ukraine also first produced the national

142 UNFPA. Evaluation of UNFPA support to population dynamics and data. 2023.

143 Evaluation of the UNFPA Capacity in Humanitarian Action 2012–2019, UNFPA Evaluation Office, 2019.

144 UNFPA. Evaluation of UNFPA support to population dynamics and data. 2023. Data for 2024 is expenditure against SP Output #4 (population data) in the UNFPA Quantum system.

145 UNFPA. Evaluation of UNFPA support to population dynamics and data. 2023.

146 Ibid.

147 In its Emergency Policies and Procedures, UNFPA defines “Emergency Preparedness” as, *knowledge and capacities developed by governments, professional response organizations, communities and individuals to anticipate, respond to, and recover from, the impacts of likely, imminent, or current hazard events or conditions, and “Anticipatory Action” as acting ahead of predicted hazards to prevent or reduce acute humanitarian impacts before they fully unfold*. Source: UNFPA Policies and Procedures Manual Policy and Procedures for Emergency Response, UNFPA 2025, Annex 2: Definitions.

148 UNFPA global, regional and country key informants.

149 UNFPA key informants, Colombia.

150 Ibid.

151 UNFPA key informant, Colombia.

COD-PS in 2022 and has been updating this annually, helping to position UNFPA in planning for the challenge of ageing, low fertility and broader demographic resilience considerations.

In other countries, however, while UNFPA plays a key role in some aspects of data management, there are substantial gaps in reliable disaggregated data for evidence-based humanitarian preparedness planning. Stakeholders across different contexts express concerns about the limited integration of population data into humanitarian planning processes. While UNFPA remains the official lead agency for COD-PS,¹⁵² the gaps resulting from its management via the Technical Division rather than the Humanitarian Response Division have led to confusion and inaction at country, regional and global levels. This manifests as a lack of leadership and partnerships on preparedness with key humanitarian actors such as OCHA, and working groups such as the Expert Group on Refugee, Internally Displaced Persons, and Statelessness Statistics (EGRIS). Furthermore, the utility of COD-PS in dynamic crisis contexts (with considerable displacement) or where the underlying population data sets (such as census results) may be many years out-of-date has been questioned by some stakeholders.

Finding 15: UNFPA has increased its commitment to its role in population data for humanitarian contexts, but this is still insufficiently leveraged, particularly with respect to UNFPA's relationship with National Statistical Offices.

UNFPA has demonstrated a strategic commitment to improving its population data programming since 2019 and recognized the foundational importance of this in the previous two strategic plans. The UNFPA Strategic Plan, 2018–2021 outlined goals to improve national population data systems, identify data gaps and develop/disseminate innovative tools, including using non-traditional data and big data in humanitarian settings. Data is explicitly identified as a strategic accelerator in the 2022–2025 plan, emphasizing its role in policymaking, planning, tracking progress and ensuring every individual is accounted for. There were efforts during this period to strengthen national statistical systems: a key focus of UNFPA through support for censuses and Civil Registration and Vital Statistics (CRVS). Population data has taken on greater significance in the UNFPA Strategic Plan, 2026–2029, with a new strategic outcome (#4) dedicated to this area, and the first of the six strategic outputs focus on data (primarily demographic change, megatrends and population data).

From an operational perspective, at global level, a wide range of initiatives and systems related to population data have been developed or enhanced over the past five years.

¹⁵² OCHA, Population Statistics (COD-PS), Common Operational Datasets, <https://humanitarian.atlassian.net/wiki/spaces/imtoolbox/pages/2493349951/Population+Statistics+COD-PS>.

As noted above, UNFPA continues its role as the lead agency for COD-PS, actively sharing this data on the OCHA Humanitarian Data Exchange (HDX) since late 2020.¹⁵³ These data sets were available in over half of UNFPA humanitarian response countries as of 2020, with 144 data sets online by 2023. In response to the COVID-19 pandemic, UNFPA leveraged its data expertise to create tools like the COVID-19 Population Vulnerability Dashboard, which used existing data sources (such as census samples) to map vulnerabilities at national and subnational levels.¹⁵⁴

UNFPA has also made progress in population data programming at the country level since 2019, particularly by collaborating with national statistics offices in different contexts, including many humanitarian response countries.¹⁵⁵ In places, this has been instrumental in integrating vulnerable populations and providing foundational data sets crucial for humanitarian response planning. This progress often leverages existing relationships with national statistical bodies and, in some instances, has been supported by dedicated funding.



¹⁵³ Independent evaluation of the UNFPA support to the integration of the principles of “Leaving No one Behind” and “Reaching the Furthest Behind”, Humanitarian Thematic Case Study, UNFPA Independent Evaluation Office, 2024.

¹⁵⁴ Formative evaluation of the organizational resilience of UNFPA in light of its response to the COVID-19 pandemic, UNFPA Independent Evaluation Office, 2024.

¹⁵⁵ The evaluation identified positive examples of such work in Uganda, Colombia, Burkina Faso, Ukraine, Venezuela, Madagascar and Yemen.

However, despite these successes, there is evidence of ongoing gaps and deficits that limit the consistent extent of improvement across UNFPA's humanitarian data programming. As noted in the previous finding, the identity and capacity of UNFPA as a 'data agency' in humanitarian settings is perceived as unclear or limited internally and externally.¹⁵⁶ Other key challenges identified from the research include:

- Issues with data sharing and interoperability, both with national governments sensitive about population-level data and between United Nations agencies and partners.¹⁵⁷
- Aggregation of data from country to regional or global levels for planning and reporting had limited success. Many country-level initiatives were ad hoc and less useful beyond localized contexts, whereas global level (internal) tools can be perceived primarily as a 'box ticking' exercise of limited use to inform programming needs.¹⁵⁸
- Despite the availability of COD-PS datasets, the evaluation found little evidence of awareness of the resource or their widespread use in humanitarian contexts by UNFPA or partners.
- Challenges persist in countries where data collection is centralized, reliance on periodic censuses limits timeliness, and where limited survey availability or discontinuation complicates efforts. Political barriers, lack of access, limited analysis capacity and even a political direction to limit data collection/dissemination in some contexts (like Gulf Cooperation Council countries) contribute to data gaps related to UNFPA's mandate, such as GBV.¹⁵⁹

This evidence points to a disconnect between UNFPA's substantial and often unique (among the inter-agency community) relationships and investments with National Statistical Offices (NSOs) and the use case for population statistics and data for up-to-date, accurate and detailed operational planning and targeting in humanitarian settings. UNFPA's competitive advantage with national data infrastructure is evident in many countries of operation across all regions. However, interviewees highlight that the potential of these relationships for dynamic, humanitarian-specific data needs. For example, integrating broader NSO data for the specifics of humanitarian response planning and implementation (and the localization dividend that such a relationship might bring) is not being adequately leveraged. This seems partly linked to internal issues, including a perceived disconnect between Population and Development teams (who typically manage NSO relationships) and humanitarian responders, as well as systemic limitations in data governance and tools within UNFPA itself.¹⁶⁰ While there is evidence of UNFPA using existing census data (e.g. for baseline planning), external

¹⁵⁶ UNFPA global, regional, country key informants.

¹⁵⁷ UNFPA country-level key informants (multiple countries – Bangladesh, Burkina Faso, Colombia, Venezuela).

¹⁵⁸ Ibid.

¹⁵⁹ Formative evaluation of the Arab States Regional Programme 2022–2025, UNFPA 2024.

¹⁶⁰ UNFPA global, regional and country level key informants.

stakeholders also noted a need for more advocacy with NSOs to release underlying data sets needed for humanitarian analysis and advocacy by other agencies (e.g. in Uganda).¹⁶¹

Further, national systems supported by UNFPA (e.g. demographic databases, civil registration and vital statistics (CRVS) systems, health information systems) often face perceived challenges with quality, coverage or functionality, limiting their utility for comprehensive humanitarian monitoring.¹⁶² This means the investment in NSO partnerships does not always translate into readily available, actionable humanitarian data across all country programmes. The renewed strategic emphasis on population data/demographics in the new Strategic Plan 2026-2029 (where population data is a stand-alone outcome) and on integration of humanitarian response programming may present opportunities to address this gap.

Finding 16: UNFPA has diverse, sophisticated and innovative humanitarian data infrastructure at regional and country levels, contributing to a wide range of quantitative and qualitative data products, but these are not consistently leveraged or harmonized globally or across countries.

At individual country or regional response levels, UNFPA offices have often taken a much more proactive approach to developing data tools and systems to meet humanitarian needs. This work is sometimes with support from regional or headquarters staff but often driven by in-country needs and resources. The evaluation identified widespread examples of specific data-collection tools (such as KoboToolbox) for daily output data collection, results tracking, and the use of off-the-shelf presentation technology such as Microsoft PowerBI for dashboards (e.g. online dashboards for inter-agency responses related to GBV and SRHR in Venezuela¹⁶³ and Yemen¹⁶⁴). Some UNFPA country offices have adopted more specialized software in the absence of a useful global standard. For example, TrackStudio, an online monitoring tool, was initially adopted by UNFPA Iraq and has been replicated as a good practice in Egypt, allowing the country office to meet donor reporting demands more efficiently.¹⁶⁵

The ecosystem of tools and technologies utilized by UNFPA across its humanitarian programming was assessed in detail by the UNFPA Evaluation Office in 2022 with country offices reporting use of approximately 40 different types at that time. As might be expected from such diversity, the landscape is characterized by fragmentation and decentralization, because tool adoption is not driven by any unified strategy or particular oversight. Data is collated into a wide and disparate range of databases,

161 United Nations agency key informant.

162 UNFPA country level key informants.

163 Services Adviser, n.d. <https://venezuela.servicesadvisor.net/en/category/violencia-basada-en-gnero>.

164 [UNFPA Yemen GBV & RH Service Mapping, 2023](#).

165 UNFPA regional key informants, also described in the evaluation of the Arab States Regional Programme 2022-2025, UNFPA 2024.

reports, dashboards, etc. Data is collated as determined by some or all of the following factors:

- The needs of and level of importance ascribed to data by the individual business unit (country or regional office)
- The specific project or programme, often determined by donor-mandated reporting requirements
- The available financial, technical and/or human resources to design, implement and manage the specific tool
- The selection of tools, technologies and/or information needs of immediate partners or sister agencies (to ensure optimal coordination and information-sharing).

This heterogenous mix of tools and technologies leads to clear interoperability challenges and there are concerns about data security and safety.¹⁶⁶ There is little evidence to indicate that the challenges noted at the time of the 2021 assessment have been addressed to any significant extent by UNFPA by the time of this evaluation.

Indeed, since 2021, there is evidence that the complexity is increasing. Many countries, such as Colombia, have adopted “alternative” data sources such as social media or “big data” over the past several years, including advocating for their use among government partners. Drones have also been used for remote monitoring and data collection in Madagascar. The emergence and rapid evolution of artificial intelligence/large language models in 2023-24¹⁶⁷ has added further complexity to the area of data in general.

On top of this, not all countries that have substantial humanitarian responses have either the resources or capacity to meet good humanitarian data standards. For example, in Uganda, UNFPA supported an important milestone with inclusion of refugee data in national population surveys (in 2024) yet has otherwise limited systematic use of programme data for adaptive programming, inconsistent data disaggregation, poor integration of national population data into humanitarian planning, and limited formal community feedback mechanisms.

Finding 17: The extent to which UNFPA country operations have consistently leveraged humanitarian data for direct feedback to affected communities as a core component of AAP is limited.

Country-level strategies, plans and reporting emphasize using data for internal programming and external stakeholder reporting, rather than systematically feeding analysed humanitarian data back to the populations from whom it was collected to empower them and enable them to use it for accountability. Translation of data into actionable information shared back with rights holders being served is frequently highlighted by internal and external stakeholders as a gap. For example, a country-

¹⁶⁶ Baseline and evaluability assessment on generation, provision and utilization of data in humanitarian assistance, UNFPA, 2021.

¹⁶⁷ In 2025, UNFPA endorsed the use of the Google ecosystem of LLMs/AI tools organization-wide.

based M&E team listed six categories and 19 separate use cases for humanitarian data, none of which were related to AAP.¹⁶⁸ This triangulates well with direct testimony from rights holders in focus group discussions, many of whom had never been approached to discuss their needs or provided feedback on the humanitarian processes with which they were interacting.

Some countries provide positive examples on the use of mechanisms that support feedback, including community consultations for needs assessments,¹⁶⁹ post-distribution monitoring involving community volunteers, hotlines, suggestion boxes and digital methods.¹⁷⁰ For instance, monitoring in Bangladesh assessed satisfaction and issues with cash assistance, with findings used for programme improvement.¹⁷¹ In Venezuela, UNFPA developed audio materials in indigenous languages detailing expected humanitarian behaviour and reporting mechanisms.¹⁷²

However, these instances primarily highlight data collection from communities or providing general information to them. The sources do not consistently detail processes for analysing the collected humanitarian programme data (e.g. service utilization, GBV incidents, aggregated assessment findings) and systematically disseminating these findings back to the communities in accessible formats to inform them about the response, explain programmatic adjustments based on their input, or provide data to advocate for their rights or hold service providers accountable.

Challenges noted by stakeholders are articulated in the previous findings regarding issues with data sharing, inadequate systems, lack of standardized practices and insufficient prioritization of feedback mechanisms beyond donor requirements.¹⁷³ Partners and affected populations frequently lack visibility on where their data goes or how it is used, hindering trust and their ability to utilize it for their own planning. As a result, rights holders at community level frequently lack the necessary information and competency to demand accountability for their rights and services.¹⁷⁴

Furthermore, there are concerns about data sensitivity, particularly in GBV programming in complex settings such as refugee contexts. This can lead to limitations on data sharing with external stakeholders, whether warranted or otherwise – lack of capacity can lead data managers to err on the side of caution, which can impact feedback loops while aiming to protect survivors. Government restrictions on data collection or dissemination in Burkina Faso and in Venezuela, for example, also pose challenges, limiting the ability to use official data for public feedback.¹⁷⁵

168 UNFPA country-level key informants.

169 Noted by interviewees in Chad and Bangladesh.

170 Noted in Myanmar and Ukraine.

171 Cash assistance for the purchase of dignity items in emergencies: a Bangladesh case study, UNFPA 2024.

172 Internal report on the 22-UF-VEN-55398 Underfunded Emergencies Round II 2023 project, UNFPA, 2024.

173 UNFPA, implementing partner, government key informants.

174 Implementing partner key informants.

175 UNFPA country level key informants.

Evaluation question 5: To what extent has UNFPA adequately performed its leadership role on SRHiE and GBViE and Youth, Peace and Security?

Finding 18: Globally, UNFPA successfully established a SRHR Task Force within the health cluster. However, inconsistencies remain at the country level with regard to establishment of, and leadership on, effective SRH working groups.

A positive shift in SRHR coordination since the 2019 humanitarian capacity evaluation has been the establishment of the SRHR Task Team. A key difference between GBV and SRHR for UNFPA is the humanitarian architecture within which UNFPA operates, as well as the fact that UNFPA has had a clear, stand-alone role as lead agency for the GBV AoR since 2016. This role had been formalized under IASC protocols under the Global Protection Cluster (GPC) led by UNHCR. This was not the case for SRHR, because the World Health Organization led the Global Health Cluster (GHC) and there are no formalized AoRs under this cluster. At the country level, establishment of RH working groups was (and remains) ad hoc, being reliant on the decision of the World Health Organization at the country level.

Key informants who engage with interagency coordination provide clear evidence regarding the politics within the IASC structure for agency leads of different cluster mechanisms, and of long-standing World Health Organization resistance to the idea of formalized AoRs or sub-clusters. However, since the last humanitarian capacity evaluation, UNFPA advocacy at the global level on this issue has led to an agreed, beneficial and very appropriate middle-ground solution: the establishment within the Global Health Cluster SRH Task Team in November 2022. UNFPA leads on the SRH Task Team, which remains under the ultimate control of the Global Health Cluster, led by the World Health Organization. The SRH Task Team has a workplan against which UNFPA leads reporting every quarter. It is a more formalized system than in the past, but stops short of a full AoR.¹⁷⁶

Respondents report that systematic improvements have been made with the SRH Task Team in place. It provides more support to the systematic establishment of SRH working groups at the country level, which, under the provisions of the Task Team, have now become more embedded.¹⁷⁷ A 2024 baseline assessment of SRHR coordination by the Task Team found that 20 out of 28 countries with an activated health cluster (71 per cent) had SRH working groups, though only 12 (43 per cent) were fully established. A majority (95 working groups) have written ToRs (albeit of varying quality). Only half (55 per cent) have an action plan.

¹⁷⁶ <https://iawg.net/resources/establishment-of-a-srh-task-team-under-the-global-health-cluster>.

¹⁷⁷ Noting that the SRH Task Team is for the IASC-mandated Global Health Cluster. This does not fully apply to any refugee context managed under the Refugee Coordination Model (RCM).

The SRH Task Team has established workstreams and has tried to ensure that all members are active. It has established clear indicators against the workstream activities to meet. It also has been active in fundraising and secured funds for 2023 and 2025 to complete workstream activities, including the establishment of a helpdesk similar to that with which the GBV AoR has operated.¹⁷⁸ However, global uncertainty in 2025 about funding has equally impacted the SRH Task Team and many activities are now on hold.

At the country level, this evaluation found examples of humanitarian responses both with and without SRH working groups (WGs). Where the working group mechanism is in place, the evaluation has found evidence of good added value that is attested to by many participants. Chad is one example, where UNFPA leadership of the working group led to recognition of the MISP as a sectoral objective of the health cluster for the HRP from 2020.¹⁷⁹ In Colombia, UNFPA has co-led the working group with the Ministry of Health and Profamilia, the national affiliate of the International Planned Parenthood Federation. It has also led efforts to include the MISP in the 2020 Humanitarian Response Plan.¹⁸⁰ This has ensured the positioning of SRH issues in different humanitarian response plans, including the HRP, the Regional Refugee and Migrant Response Plan (RMRP), and the COVID-19 Response Plan.¹⁸¹

Conversely, the absence of a working group can lead to clear **challenges**. In Egypt, this likely contributes to why SRHR does not have the same level of visibility in the response as GBV. The 2021 MISP readiness assessment highlighted fragmented coordination and blurred lines in sectoral programming as key barriers.^{182,183} However, the absence can be compensated for, as in the case of Moldova, which has no stand-alone working group. There, coordination is managed through existing state systems (see discussion under evaluation question 2, above) and because of this – and the relatively small number of actors in health – separate sub-working groups were not deemed appropriate or necessary.¹⁸⁴

Overall, the establishment of a more formalized coordination mechanism at the global level represents excellent and necessary progress. However, the varying nature of country contexts requires localized and tailored coordination structures, which aligns with the ethos of the ongoing humanitarian reset process.

178 <https://gbvaor.net/support>.

179 Chad Preparedness Action Plan and Minimum Requirements for Humanitarian Emergencies, UNFPA 2023.

180 Extensively reported in via various project/programme progress reporting 2019–2024, and also the Evaluation of the United Nations Population Fund's humanitarian response in Colombia 2020–2021–2022, UNFPA Colombia, 2023.

181 Ibid.

182 UNFPA Egypt. MISP Readiness Assessment. 2021.

183 UNFPA Egypt key informants.

184 UNFPA Moldova and other United Nations agency key informants.

Finding 19: UNFPA has made progress with both Compact for Youth and YPS leadership at global and country levels but coordination between this work (under the Programme Division) and Humanitarian Response Division has not been fully institutionalized or aligned with UNFPA humanitarian response.

The 2019 humanitarian capacity evaluation found that UNFPA global commitment to youth leadership as a co-lead agency for the Compact for Young People in Humanitarian Action (the Compact for Youth)¹⁸⁵ and the YPS agenda¹⁸⁶ had not trickled down consistent country-level leadership for coordination.¹⁸⁷

A later UNFPA adolescents and youth evaluation in 2023 identified some positive progress on this, finding that UNFPA had played a key role in the continuing effectiveness of the Youth Compact for Youth at the global level and had supported tools and adaptations of guidelines for better implementation at the country level. This evaluation also noted positive examples of country-level progress through establishment of local Compact chapters, led by UNFPA.¹⁸⁸ In terms of YPS, UNFPA supported the development of the YPS Programming Handbook in 2021.¹⁸⁹ The adolescents and youth evaluation also highlighted that between 2015 and 2022, UNFPA saw a dramatic increase in funding from the Peacebuilding Fund, from approximately US\$2.3 million in 2015 to US, n,d11.8 million in 2022 – a direct contributor to this area.¹⁹⁰ However, this trajectory was interrupted in 2025 with the reduction in funding across the board, including from the United Nations Secretary-General's Peacebuilding Fund.

The evidence gathered by this current evaluation indicates continued progress on the youth agenda, albeit with the Compact work and YPS work almost entirely de-linked from humanitarian response within Humanitarian Response Division. Key specialist staff that manage the Youth Compact work and the YPS agenda work sit within the Programme Division.¹⁹¹ This reflects a challenge in internal structure similar to that discussed above under evaluation question 4. While SRHR, GBV, adolescents and youth, and population dynamics are all key UNFPA mandate areas, only two of these four responsibilities fully sit under Humanitarian Response Division for humanitarian action.

¹⁸⁵ UNFPA and International Federation of the Red Cross, 2018. <https://www.unfpa.org/publications/compact-young-people-humanitarian-action>.

¹⁸⁶ United Nations, Peacebuilding, n.d. <https://www.un.org/peacebuilding/policy-issues-and-partnerships/policy/youth>.

¹⁸⁷ Evaluation of the UNFPA Capacity in Humanitarian Action 2012–2019, UNFPA Evaluation Office, 2019.

¹⁸⁸ Ibid.

¹⁸⁹ UNFPA, UNDP, DPPA/PBSO, FBA. Youth, Peace and Security: A Programming Handbook, 2021. https://www.un.org/peacebuilding/sites/www.un.org.peacebuilding/files/documents/yps_programming_handbook.pdf.

¹⁹⁰ Evaluation of the UNFPA Capacity in Humanitarian Action 2012–2019, UNFPA Evaluation Office, 2019.

¹⁹¹ The evaluation notes that this staff position, and one regional equivalent, were not included on the initial list of internal stakeholders for humanitarian capacity provided by the Humanitarian Response Division. Documents referenced here were not initially provided or referenced by the Humanitarian Response Division.

Youth, Peace and Security (YPS) agenda

UNFPA has been engaged with the YPS agenda since 2012 demonstrating a longstanding commitment. It co-leads the United Nations YPS Secretariat with the Department for Political and Peacebuilding Affairs and the United Nations Youth Office), with core funding for headquarters and regional positions in the Regional Office for West and Central Africa.¹⁹² UNFPA's areas of programming for YPS include normative and policy support, coordination, institutionalization and capacity development, and mapping of YPS Regional and National Action Plans.¹⁹³

Compact for Youth for Young People in Humanitarian Action (the Compact for Youth)

Programme Division and youth colleagues in Humanitarian Response Division share responsibility for UNFPA's Chair of the 67-member Compact for Young People in Humanitarian Action, together with the International Federation of the Red Cross (IFRC). This area has less direct support from core funding than the YPS agenda.¹⁹⁴

However, at the country level, the evaluation found little evidence of coordination of the Youth Compact and the YPS agenda. There is a key issue with the structure of Compact for Youth work (which, it is important to note, is specifically for youth in **humanitarian settings**) and YPS work being outside of Humanitarian Response Division at the global level, because this is consequently reflected in how UNFPA country offices structure their operations. The few examples of adolescent and youth leadership seen at field level suggest that while work on the Compact for Youth is ongoing, it is siloed from the humanitarian portfolio. This reflects engagement and support from the UNFPA Programme Division rather than Humanitarian Response Division or humanitarian engagement at regional levels.

Finding 20: UNFPA leadership on coordination of GBViE at the global and country levels has substantially improved since 2019, leading to improvements in the quality and quantity of GBV services available for women and girls in crises, and enhancing UNFPA's credibility as a humanitarian actor.

The 2019 humanitarian capacity evaluation documented progress in meeting GBViE coordination responsibilities since UNFPA assumed sole responsibility for the GBV AoR in 2016. For example, it designated a global coordinator and deputy coordinator for the first time. However, the evaluation also identified a number of challenges, including agency commitment and resourcing to GBV coordination; double- and triple-hatting of field coordinators; an absence of information management functions; and an over-reliance on Surge mechanisms.

¹⁹² Two headquarters positions, one position in WCARO. Source: global and regional UNFPA key informants.

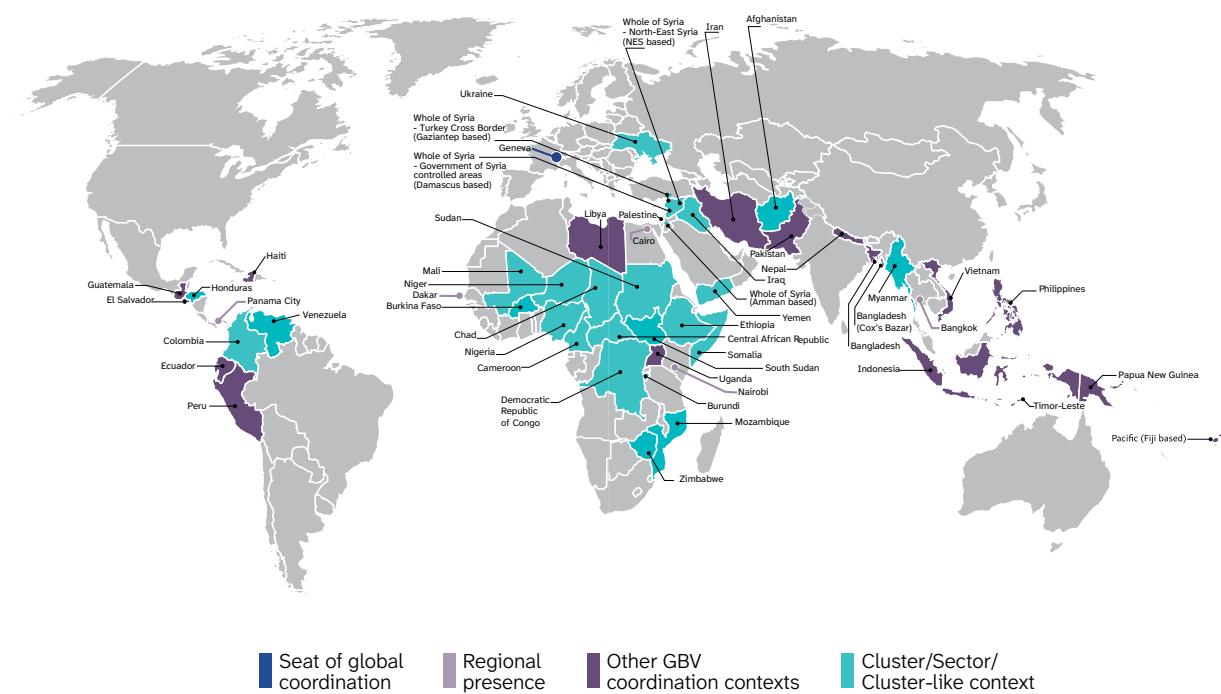
¹⁹³ See Annex X.C for a mapping of these action plans at regional and national levels, demonstrating ongoing progress.

¹⁹⁴ Global and regional UNFPA key informants.

UNFPA's investments in GBViE coordination have expanded significantly. The UNFPA Strategic Plan, 2022–2025 specifically commits to strengthening its ability to lead GBV coordination in emergencies. By 2025 at the global level, the GBV AoR included a six-member core coordination team hosted by the UNFPA Humanitarian Response Division in Geneva, as well as a team of Regional Emergency GBV Advisers (REGAs) reporting to the GBV AoR deputy coordinator, and hosted by UNFPA regional offices. This has been bolstered by the GBV AoR Helpdesk, operated by consulting firm Social Development Direct with funding from UNICEF and oversight from UNICEF and the GBV AoR, and the GBV AoR Community of Practice, managed by NGO International Medical Corps.

Whereas in 2019 UNFPA funded only the coordinator position via core resources, as of 2025, three of the six positions in the global GBV AoR core team were covered by core resources. This team, as well as the REGAs, the Helpdesk and Community of Practice, have supported GBV coordination in 27 countries with active cluster mechanisms. It has also provided support to non-clustered or hybrid (refugee/cluster) contexts (figure 13). A 2023 review of UNFPA's capacity to meet its mandate as lead agency for the GBV AoR found that the GBV AoR coordination team and its support services are "widely appreciated and highly valued" by partners on the ground.¹⁹⁵

Figure 13: GBV operations worldwide



Source: [GBV AoR Strategy 2021-2025](#).

The designations employed and the presentation of material on the map do not imply the expression of any opinion whatsoever on the part of UNFPA concerning the legal status of any country, territory, city or area or its authorities, or concerning the delimitation of its frontiers or boundaries.

GBV coordination mechanisms at the country level have a total membership of more than 2,000 organizations, including local actors and government counterparts in addition to United Nations agencies and international NGOs. Fifty-five per cent are national or local NGOs, including nearly 20 per cent women-led organizations (WLOs).¹⁹⁶ These GBV sub-clusters are responsible for fulfilling the six core functions of coordination outlined in the GBV AoR's *Handbook for Coordinating Gender-based Violence Interventions in Emergencies*¹⁹⁷ and IASC guidance¹⁹⁸ for cluster coordination.

This evaluation has gathered evidence from relevant actors that shows how the increased investment by UNFPA has had positive effects on GBV programming coordination. One example is reduced double-hatting of GBV coordinators in clustered contexts, which typically occurs only during staffing gaps when other UNFPA staff may be tasked to step in temporarily. Additionally, UNFPA has effectively positioned itself to lead or co-lead GBV coordination efforts in all refugee contexts covered by this evaluation. In some of these countries (e.g. Bangladesh, Colombia) full-time GBV coordinators have been deployed, even though UNFPA does not have the GBV coordination mandate in refugee contexts (this is held by UNHCR). Key informants attributed this success to three main factors:

- Recognition by humanitarian partners of the value of UNFPA's GBV coordination expertise
- A comparative deficiency in UNHCR GBV coordination capabilities and resources
- Proactive advocacy by UNFPA country offices highlighting their added value to GBV coordination.¹⁹⁹

This has generally resulted in effective co-leadership with UNHCR and diverse stakeholders from several countries have expressed appreciation for UNFPA's coordination expertise.²⁰⁰ In Egypt and Uganda, for example, the co-coordination between UNHCR and UNFPA was noted as a key factor in promoting an inclusive and well-structured GBV response.

In disaster response in Bangladesh, where the GBV Cluster is activated cyclically, stakeholders noted that UNFPA has a “very strong voice” in GBV coordination. Notably, the UNFPA GBV coordinator is double-hatting (one person doing two jobs), which is seen as positive by UNFPA key informants in terms of linking programmatic work to coordination activities. This raises the question of whether double-hatting – widely considered as sub-optimal in cluster contexts – may be appropriate in responses to emergencies that arise infrequently. A key informant provided another potential coordination model for disasters that would designate a coordinator to work across

¹⁹⁶ UNFPA. Humanitarian Response Division, Humanitarian Brief. GBV AoR Coordination Mandate. 2024.

¹⁹⁷ GBA AoR Handbook, 2019. https://gbvaor.net/sites/default/files/2019-07/Handbook%20for%20Coordinating%20GBV%20in%20Emergencies_fin.pdf.

¹⁹⁸ IASC Reference Module, 2015. <https://interagencystandingcommittee.org/iasc-transformative-agenda/iasc-reference-module-cluster-coordination-country-level-revised-july-2015>.

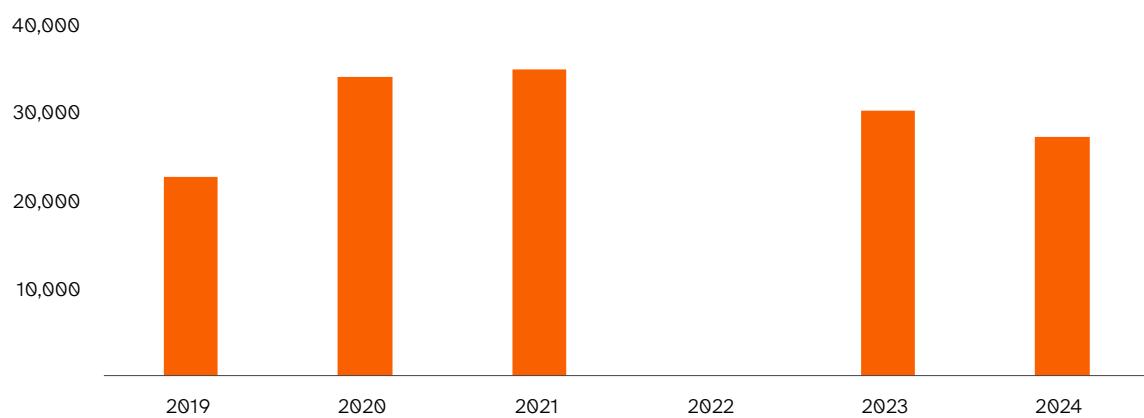
¹⁹⁹ UNFPA and United Nations key informants.

²⁰⁰ UN, International NGO and NGO key informants.

development progress and humanitarian action, arguably increasing the coordination dividends in emergencies by supporting better preparedness and systems building.²⁰¹ This idea is aligned with the continuum approach. Given the humanitarian reset of 2025, as well as the increasing impact of climate change-related disasters globally, several key informants noted that UNFPA will need to consider how to maximize its “dual mandate” (humanitarian and development) by building out its GBV coordination responsibilities beyond traditional cluster mechanisms.²⁰²

GBV coordination responsibilities were carried out in countries in several areas, for example: advocating for inclusion of GBV in humanitarian response plans; developing standard operating procedures (SOPs) and referral pathways; creating and overseeing 4Ws and other coordination data; and facilitating training and distribution of key resources like the Inter-Agency GBV Minimum Standards. This finding aligns with findings from the 2023 GBV AoR review, which concluded that GBV sub-clusters at the country level have shown consistent progress and improvement across the years in meeting the core functions of coordination related to supporting referrals and service delivery; informing strategic decision-making of the Humanitarian Coordinators and Humanitarian Country Teams (HC/HCT); and capacity strengthening. UNFPA’s Humanitarian Action Overview reports from the evaluation period (2019–2024) also indicate training as a key UNFPA GBV investment (figure 14).

Figure 14: GBV training supported by UNFPA



Source: Humanitarian Action Overview reports. 2022 data not available.

Global GBV AoR support in the last several years has expanded the presence of information management officers in country-level GBV coordination mechanisms. It has also increased UNFPA and GBV coordination partners’ ability to show progress, and to influence priorities in refugee and humanitarian response plans.²⁰³ In Bangladesh, for

²⁰¹ UNFPA key informant.

²⁰² United Nations and UNFPA key informants.

²⁰³ A crucial determinant of this progress on IM is that this technical capacity has been added to the Regional Emergency GBV Advisors (REGAs) due to advocacy by the GBV AoR.

example, GBVIMS data is used to inform evidence-based programming, advocacy and coordination in the response.²⁰⁴

Another important success for GBV coordination mechanisms is the relatively high level of participation of local partners in the coordination mechanisms reviewed for this evaluation, including national/local women's rights and women-led organizations. In Moldova, there are 64 members across national and international partners; Bangladesh has at least 50 local and international partners; and in Colombia an estimated 20–30 partners are present at every coordination meeting. The global GBV AoR has supported these localization efforts, including through a localization working group, and by bringing local actors into global coordination processes. This emphasis on localization was also highlighted in the 2023 GBV AoR review, which noted that “localization is a strong aspect of GBV sub-clusters. GBV sub-clusters are, quite universally, perceived to be leading examples of localization across the cluster system.”²⁰⁵

Through its work with local partners, improved information management and more regular presence of coordination leadership on the ground, UNFPA's leadership for GBV coordination is much more widely accepted than in 2019. This, in turn, has helped UNFPA be recognized as humanitarian player. Several key informants noted that the relative success in GBV coordination has (as noted by one interviewee) “given UNFPA a seat at the table...that we should never lose.”²⁰⁶

Finding 21: Despite gains, limitations on corporate investments in UNFPA's cluster lead agency role undermine capacity to meet some of its key GBViE coordination leadership responsibilities.

Consistently across countries and at the global level, a major challenge with facilitating GBV coordination was described by key informants as coalescing around agency leadership issues. While the global GBV AoR has seen positive dividends of its leadership in GBV coordination (as described above), evaluation key informants expressed concerns around capacity gaps among leadership at headquarters and in country offices. This issue was raised broadly in the 2019 evaluation in terms of UNFPA senior management familiarity with humanitarian systems and Cluster Lead Agency (CLA) responsibilities. It was described again in the 2023 review of the GBV AoR (in terms of staffing GBV coordination).²⁰⁷

Several key informants noted an ongoing need for more expertise or experience among Country Representatives in providing (or facilitating, through advocacy at inter-agency level) robust and informed leadership of the AoR. One key informant argued that for successful results, Country Representatives “need to be the first ones to position

204 GBVIMS Fact Sheet 2022.

205 UNFPA GBV AoR External Review Final Report, 2023, p 9.

206 UNFPA key informants.

207 UNFPA GBV AoR External Review Final Report, 2023, p 9.

[UNFPA's] mandate in HCTs; they should be present at Central Emergency Response Fund (CERF) negotiations, not just deliver kits to the ministries."

Other key informants suggested that UNFPA is not always clear on its mandate as Cluster Lead Agency (CLA) for GBV.²⁰⁸ Encouraging expansion of GBV programming responsibilities across agencies is a key function of GBV coordination to avoid duplication and maximize resources; however, it is equally important that agencies are enabled to understand their unique added value. In several countries included in this evaluation, evidence suggests that as financial resources dwindle, sister agencies are seeking to expand their operational scope in relation to GBV, in ways that eclipse UNFPA's role.²⁰⁹ The lack of guidance from UNFPA at the global level on comparative agency mandates contributes to UNFPA's struggles at the country level, and also reflects ongoing challenges at the highest levels of the agency in promoting and leading on its GBViE mandate. In particular, the evaluation could not find evidence of how UNFPA understands and embraces its Cluster Lead Agency responsibilities as a PoLR on GBV, which requires CLAs to fill critical service gaps within the cluster/sector if other agencies are unable to do so, and continue advocacy with key stakeholders if access or funding constraints make this impossible. Although GBV coordination mechanisms regularly collect information on gaps in programming and work with partners to address those gaps, in countries reviewed for this evaluation there was limited mention of UNFPA's accountability to its PoLR responsibilities. Moreover, limited GBV programming expertise in Humanitarian Response Division at the global level reflects and reinforces UNFPA's inability to provide technical leadership in GBV programming – a point raised by numerous interviewees during the 2023 review of the GBV AoR.²¹⁰

Finally, GBV coordination is still undermined by the lack of financial investment from core resources at UNFPA headquarters to fund regular coordination positions. The 2019 evaluation noted an over-reliance on Surge to fulfil GBV coordination positions. Although this situation appears to have improved, the 2023 GBV AoR review reported that as of 2022, a majority of Surge positions within the agency were for GBV specialists (both coordinators and programmers). High turnover of GBV coordinators is an ongoing problem noted in several countries for this review, linked to short-term contracts as well as lack of agility and flexibility within UNFPA in filling GBV coordinator positions when vacancies occur. Some of the issues around "mandate creep" by other agencies relate in part to periodic vacuums in country-level coordination leadership.²¹¹

According to one UNFPA key informant, after the 2023 GBV AoR review, Humanitarian Response Division released a message indicating regional and countries offices should ensure funding to GBV coordination positions, but some headquarters staff

²⁰⁸ UNFPA key informant.

²⁰⁹ UNFPA, NGO, donor key informants.

²¹⁰ The UNFPA GBV AoR External Review Final Report noted that as of July 2023 there were only four headquarter GBV positions (two in Humanitarian Response Division). By contrast, UNICEF had 12 full-time global GBV staff. UNFPA regional GBV staff are determined by regional offices, rather than globally.

²¹¹ United Nations and UNFPA key informants.

argued against this, reasoning that “it should be a corporate commitment and we need Humanitarian Response Division to develop a road map for who is responsible for maintaining the leadership and how do we come up with a corporate strategy to do that.” A number of other interviewees reflected a similar sentiment, particularly around dedicated resources, noting a need to “to walk the talk” and match stated commitments to humanitarian coordination and programming with more – and more consistent – resource investment.²¹²

2.3 Efficiency

Evaluation question 6: To what extent are internal resources, structures, systems, processes, policies and procedures at UNFPA conducive to efficient and timely humanitarian action, at all levels of the organization (global, regional, national)?

Finding 22: The evolution of UNFPA’s organizational paradigm in humanitarian response has been accompanied by a growing body of systems, policies, tools and processes that enhance UNFPA’s credibility and facilitate humanitarian programming, although the absence of a stand-alone strategy and remaining organization challenges inhibit UNFPA’s full potential.

As documented under evaluation question 1, between 2019 and 2024 UNFPA has undergone a transformation from a development agency intervening in humanitarian contexts to a more established and credible humanitarian actor. Senior stakeholders interviewed for the evaluation described their view of UNFPA as transitioning towards a genuine “dual mandate” organization, integrating humanitarian work with development, whereas prior humanitarian action was seen more as a “sideshow”.²¹³ Sister agencies such as UNICEF, the World Health Organization and International Organization for Migration (IOM) also integrate humanitarian and development work.

The reorganization of humanitarian governance in UNFPA is widely considered by internal and external stakeholders as a positive shift. It represents an intentional effort on the part of the UNFPA executive to deepen strategic engagement with humanitarian response work. This shift also affects other business units that support the UNFPA humanitarian function, such as Supply Chain Management Unit (SCMU) and Population Data Division.

What is less evident, however, is whether the strategic and governance changes are commensurate with the operational and programmatic needs in humanitarian contexts – driven by both the actual needs on the ground (i.e. the scale and number of crises that UNFPA is mandated to respond to) and the resources that have been provided to address these needs.

²¹² UNFPA key informant.

²¹³ UNFPA senior management, United Nations agency key informants.

Firstly, from a strategic perspective, evaluation question 1 discusses the evolution of UNFPA strategy in relation to its humanitarian response. The evidence presented under that question indicates that this evolution has not been fully in line with the dynamics and needs of UNFPA's programming nor of the affected populations it serves.

Several evaluation respondents expressed reservations about the added value of the reorganization of UNFPA's humanitarian response function. This was particularly evident at country level, where humanitarian actors were more removed from the Humanitarian Response Division and did not see the impact of the Humanitarian Response Division at operational levels.²¹⁴ Some considered that decentralizing decision-making to countries – rather than the global or even regional level – would be more appropriate, viewing the existing hierarchy as “too burdensome” and questioning the complexity added by headquarters and regional offices levels.²¹⁵ Internal dynamics, including perceived interpersonal differences and top-down leadership, were also noted by UNFPA interviewees as creating friction and potentially impacting the quality of work. The relationship and coordination lines between the Humanitarian Response Division, regional offices and country offices were reported as not always clear, particularly regarding information requests and specific initiatives such as those related to anticipatory action or the implementation of multi-country initiatives related to humanitarian response.²¹⁶

From an operational perspective, the insufficient prioritization of humanitarian response by UNFPA has limited the strength and depth of human resources. Staff from many country offices participating in the evaluation feel they lack dedicated humanitarian positions and personnel, leading to reliance on existing staff pulled from development roles, short-term consultants or needing to hire new teams during crises. This lack of stable humanitarian staffing and career pathways contributes to a loss of good staff due to funding uncertainty and short contracts, hindering institutional continuity and memory (and thus response capacity). While there is evidence that Humanitarian Response Division has endeavoured to build some capacity, there is a call for a more structured approach and a central repository for training and other materials, without which countries and regions constantly “reinvent the wheel”.²¹⁷ There has been an over-reliance on short-term and volatile earmarked donor humanitarian funding (due to the historical relative ease in securing it versus core funding) to cover humanitarian positions, but its volatility means that humanitarian teams lack longevity or security.²¹⁸

Finally, the relationship and operational effectiveness between Humanitarian Response Division and country/regional offices are often strained or unclear. The transition of the Division away from the Programme Division, and the geographical division of business units (between New York and Geneva, and as of 2025, Nairobi) have contributed to

²¹⁴ UNFPA regional and country level key informants.

²¹⁵ UNFPA country level key informants.

²¹⁶ For example, the OCHA-driven Flagship Initiative that started in 2023 and aimed to revitalize the coordination of humanitarian assistance.

²¹⁷ UNFPA global and regional key informants.

²¹⁸ Human resources, commodities and resource mobilization are discussed further below.

this situation.²¹⁹ While staff morale has clearly been impacted severely by the abrupt cessation of US Government support in 2025, the evidence from evaluation key informants highlights these tensions that predate these cuts. A specifically quantitative perspective on Humanitarian Response Division morale, in particular, is afforded by an analysis of the results of the 2024 UNFPA global staff survey.²²⁰ In this independently conducted assessment of UNFPA personnel perceptions, Humanitarian Response Division respondents scored less than either the 15 humanitarian response countries sampled for this evaluation and the overall global scores, indicating more negative sentiment than other business units. Humanitarian response countries scored slightly less than the global average across all categories. It is important to note that the survey was implemented prior to the funding crisis of 2025.

Complementing this data, many of the staff at global and country levels who participated in this evaluation expressed perceptions of a disconnect. Needs were still unmet for technical guidance or support, obliging country offices to develop their own tools that are duplicative and/or are not of adequate quality, inhibiting global level staff from facilitating more direct and hands-on technical support to country-based colleagues during crises. While some regional offices provide good backstopping, the absence of a consistent and embedded organizational hierarchy for humanitarian response governance down to the regional levels means that others lack dedicated humanitarian specialists who can consistently provide the required guidance and support. This inconsistent approach and perceived lack of strong oversight or collaboration hinders a coherent, organization-wide approach to humanitarian programming.

Finding 23: While the new EPPs are an important step forward for UNFPA, they have some critical gaps that the unpredictable nature of humanitarian response work exacerbates.

Evidence from UNFPA staff at global and regional levels clearly indicates a perception that the 2025 Emergency Response Policies and Procedures (EPPs) are a richer and a major step forward on the previous Fast Track Procedures (FTP), covering finance, procurement, human resources, security, telecommunications, among other areas and aim to delineate tasks and roles more clearly. Notably, they include reference to a “no regrets” policy for the first time to encourage flexibility and acting quickly in emergencies: a measure that was recommended by the 2019 humanitarian capacity evaluation and has long been encouraged by humanitarian specialists in UNFPA.²²¹ Staff at regional and operational levels noted that they were “happy to see this language” in the EPPs, recalling individual response contexts (for example, in Ethiopia) where UNFPA

²¹⁹ UNFPA global, regional, country level key informants.

²²⁰ The 2024 GSS was rolled out in November/December 2024 to all UNFPA personnel, including individual consultants, United Nations Volunteers (UNV), service contract holders and FTA/TA staff. Overall, 4,018 out of 6,089 personnel invited responded, a response rate of 66 per cent.

²²¹ UNFPA global, regional, country-level key informants.

was unable to act on a no-regrets basis while other agencies were able to prioritize speed of responses due to the confidence engendered by their organizational no regrets policies.²²²

However, while some consider them potentially a game-changer for UNFPA's humanitarian response work, others are more temperate in their judgment.²²³ While it is hoped that the adoption of the EPPs in practice will address delays, the ongoing roll-out means that the impact remains to be seen. There is already evidence of concerns around firstly, how they fit within the overall context of UNFPA's humanitarian response work and secondly, the specifics of their application. Some respondents articulated concern that the EPPs focus on processes without fully integrating into a broader programmatic approach or addressing the need for a fundamental mindset change within UNFPA. This ties into the absence of a more holistic humanitarian strategy as discussed extensively above. Global-level UNFPA staff have underscored that gaps still exist across the body of policies and strategies for humanitarian response at UNFPA and that the EPPs cannot adequately fill this gap. They are concerned that decision makers will deem them otherwise, and that the "box is ticked" with respect to humanitarian response policies.²²⁴

For the latter, a variety of issues have emerged from the evaluation research, summarized as follows:

Protracted crisis applicability

EPPs are designed to only apply to "sudden-onset and escalating protracted crises, conflict, and disasters" – not to protracted crises, for which there is (as of mid-2025) no extant valid policy allowing more rapid or flexible programming or administrative measures. The Fast Track Procedures expired as a policy on February 2025. All countries previously had recourse to the FTPs, despite their time-bound nature (meaning a need to justify their renewal every six months if needed – cited by staff as an onerous process). But as of March 2025, only those facing a sudden-onset crisis or deterioration in a previous situation can avail of the EPPs, and all others must follow the standard organizational policies and procedures.²²⁵

Administration and bureaucracy

Some key informants noted a perception that the development process of the EPPs was top-down, with regional and country office input not adequately considered, leading to ongoing lengthy financial and administrative controls.²²⁶ A potential consequence of this is the length (and hence, potential user-unfriendliness) of the EPP document, which is

222 Regional key informant.

223 UNFPA country, regional level key informants.

224 UNFPA global key informants.

225 At the time of the evaluation research, only two countries had officially been declared L3 (DRC) and L2 (Burundi) leaving the question how the remaining "humanitarian contexts" in UNFPA operated, in the absence of FTPs and non-applicability of EPPs.

226 UNFPA regional key informants.



long at 70 pages in English.²²⁷ As noted by a country-level key informant: “when a CO is going to a humanitarian crisis, they can’t read 70 pages”.

Incomplete “no regrets” implementation and accountability gaps

While the “no regrets” policy is present, its practical application is hindered by a lack of clear “guardrails” for risk-taking and mechanisms for managing potential losses. Global-level interviewees noted the absence of downstream “no regrets” policies, such as a loss fund or insurance in place if application of the “no regrets” policy leads to financial loss, or guidance on risk sharing between UNFPA and external stakeholders. This raises questions about who bears the accountability – a key concern, given risk aversion at UNFPA and United Nations Member States. Furthermore, there is little guidance on how to operationalize the appropriate balance between the imperative to deliver and ensuring fiduciary accountability (i.e. how to operationalize risk appetite/no regrets).²²⁸

Lack of interlinkage and practicality issues

The EPPs are not always well-integrated with other critical systems like Last Mile Assurance or CVA processes, and the procurement process remains unclear, leading to audit concerns.²²⁹

Limited awareness and dissemination

Despite some roll-out and training (mainly via attendance-optional regional webinars), some country offices remain unaware of the EPPs. This indicates extensive needs for dissemination, with translation for countries that do not operate in English (mainly Spanish and French, but also potentially Arabic).

Potential contradictions with funding realities

There are concerns that the “no regrets” policy might conflict with the realities of funding cuts and resource limitations. There is a clear need to carefully manage donor expectations and communications, particularly around the definition, monitoring, management and reporting of ‘losses’ that might result from the policy.

²²⁷ Translations into other languages were not available at the time of evaluation research.

²²⁸ Noted as a key issue in the 2019 Evaluation of the UNFPA capacity in humanitarian action.

²²⁹ UNFPA regional key informants.

These operational, administrative, and strategic limitations in the current EPP framework suggest a need for ongoing revisions of the EPPs, but also general UNFPA policies and procedures, that better align with the realities of protracted crises, decentralized field operations and constrained funding environments.

Finding 24: While there has been some promising operational progress since the 2019 evaluation with regard to the humanitarian supply chain, UNFPA's inability to move as quickly as other humanitarian United Nations agencies still impairs its credibility as a humanitarian actor.

The 2019 humanitarian capacity evaluation found that UNFPA was often perceived as slow in matching other agencies regarding supply delivery, with a supply chain model that was not optimal for humanitarian response.

Since then, UNFPA has restructured how it undertakes supply of commodities overall, with some specific actions relating to humanitarian commodities. Most notably, the reorganization of the Procurement Supplies Branch into the Supply Chain Management Unit in 2022 was a major step forward, coupled with a new Humanitarian Supplies Strategy for 2021–2025 that outlines strategic improvements across systems, processes and cross-cutting areas. This strategy aims for a holistic, demand-driven and resilient supply chain system²³⁰ with the guiding principle being to ensure the “appropriate product arrives at the appropriate place, at the appropriate time, in the appropriate quantity, in the appropriate quality and for the appropriate cost” across all phases of an emergency.²³¹

Furthermore, following the Procurement Services Branch/Supply Chain Management Unit reorganization, a dedicated unit within the Supply Chain Management Unit focusing on humanitarian supplies was established that includes humanitarian specialists.²³² In places, prepositioning of commodities has been strengthened, resulting in improved response speed, quality and efficiency, such as in Asia and the Pacific and the Arab States.²³³ This has been welcomed by regional stakeholders.²³⁴ The establishment of national and sub-national prepositioning and warehousing in different countries is reported to have mitigated pipeline and poor storage challenges and allowed rapid scale-up of Emergency Obstetric and Newborn Care (EmONC) supplies. It also allowed for better coordination and reduced delays by having pre-positioned supplies on hand.²³⁵

²³⁰ UNFPA Humanitarian Supplies Strategy, 2021–2025.

²³¹ Strategy at a Glance, UNFPA Humanitarian Supplies Strategy 2021–2025, UNFPA 2020.

²³² UNFPA global key informants.

²³³ Humanitarian Health Supplies Advanced Preparedness Operational Guide, UNFPA Humanitarian Response Division, 2024.

²³⁴ UNFPA regional key informant.

²³⁵ UNFPA country level key informants in Chad, Moldova, UNFPA Regional Office for Asia and the Pacific, UNFPA Regional Office for West and Central Africa regional key informants. Also noted in the 2024 Yemen country programme evaluation.

Some stakeholders also acknowledged positive efforts to improve policies within the Supply Chain Management Unit, such as allowing local procurement of pharmaceuticals in emergencies.²³⁶ Further standardized mechanisms for rapid response, including reporting networks, have been developed.²³⁷ The use of long-term agreements (LTAs), particularly for dignity kits, is noted by key informants as particularly effective. In Egypt, LTAs were reported to enable dignity kit production in 15–20 days, compared to previous multi-month delays.

However, despite the evidence of strategic and structural improvements, there is considerable evidence from the country level that delays in commodity procurement and delivery persist. Operational bottlenecks, particularly in the supply chain, are frequently cited by UNFPA programme staff as a consequence of existing policies and structures influenced by global-level decisions. This impacts the timeliness of response. Challenges include long lead times; issues with suppliers; inflexible kit contents leading to wastage (e.g. Kit 11b being too bulky, Kit 3 having obsolete drugs, dignity/hygiene kits not always being permitted for local contextualization); and restrictions on local procurement needing central approval, even when country offices have strong capacity – and many do not.

The lack of operational progress in addressing lead times and other procurement issues may be influenced by the relative imbalance between funding for commodities for humanitarian action versus longer-term development programming. (For example, the UNFPA Supplies Partnership devotes approximately 8.7 per cent of its total budget specifically to humanitarian contexts. The programme provides contraceptives and maternal health medicines to 36 countries in humanitarian and fragile contexts, or 67 per cent (36 of 54) of its programme countries.²³⁸) This undercuts the level of priority that may be placed on addressing procurement and last-mile distribution delays. Countries with robust distribution systems – either national systems as in Uganda or good UNFPA capacity as in Chad – may have the ability to manage last-mile delivery themselves. Other countries, such as Yemen, are reported to face challenges without wider UNFPA support.²³⁹ Furthermore, an ongoing internal debate about the Partnership’s humanitarian role²⁴⁰ and the absence of a joint strategic plan with Humanitarian Response Division critically weakens coordination and overall response effectiveness.²⁴¹

Long lead times for humanitarian commodities are still a recurring issue, with the short-term humanitarian funding cycles frequently acting in concert to create

²³⁶ UNFPA global key informant.

²³⁷ UNFPA 2022 Humanitarian Action Overview.

²³⁸ UNFPA Supplies Partnership 2024 Results Report: Performance Measurement Framework. June 2024.

²³⁹ Independent mid-term evaluation of the UNFPA Supplies Partnership (2021–2030), Independent Evaluation Office, UNFPA, 2025.

²⁴⁰ Despite being designed to be flexible and adaptable to evolving country contexts, see the UNFPA Supplies Partnership 2021–2030 Phase III Programme Document. Section 3, p 48.

²⁴¹ Independent mid-term evaluation of the UNFPA Supplies Partnership (2021–2030), Independent Evaluation Office, UNFPA, 2025.

programming challenges for country offices. As noted by a county office interviewee: “It can take about six months to receive commodities – towards the end of programmes sometimes”. Some key informants at country level cited examples of extreme delays – up to or more than one year after initial assessments and requests. This, in turn, leads to a need for extensions to projects or programmes that must be requested from donors. This may lead to perceptions of mismanagement or poor planning, or even refusal and an obligation to return funds, or an inability to secure further funding until the original tranches are expended. In its policies and procedures on management of earmarked resources, UNFPA acknowledges that unspent funds “reflect poorly on UNFPA implementation capacity, are heavily scrutinized by donors and may have a negative impact on future corporate resource mobilization efforts”.²⁴²

The use of pre-positioning has been welcomed and appears impactful; by contrast, however, there is good evidence to indicate that the absence of well-planned (either in-country or regionally) pre-positioned stock hampers immediate response and directly leads to reputational risk and missed funding opportunities.²⁴³

The sentiment among many respondents is that UNFPA’s perceived slowness and lengthy financial and administrative controls directly hinder its credibility and ability to compete for resources and establish itself as a “go-to” humanitarian agency. There is an acknowledgement that UNFPA’s humanitarian mandate is becoming more recognized, but operational agility remains a barrier to achieving a comparable profile as a humanitarian response agency (within its mandate) as sister agencies such as UNHCR or the World Food Programme.²⁴⁴ Establishing clear *bona fides* in this regard is increasingly important in the context of drastic resource constraints and resulting heightened competitiveness.

Finding 25: The use of cost-effective programming innovations – notably cash and voucher assistance – has continued to evolve as a positive strategy for humanitarian response, albeit with refinements still needed.

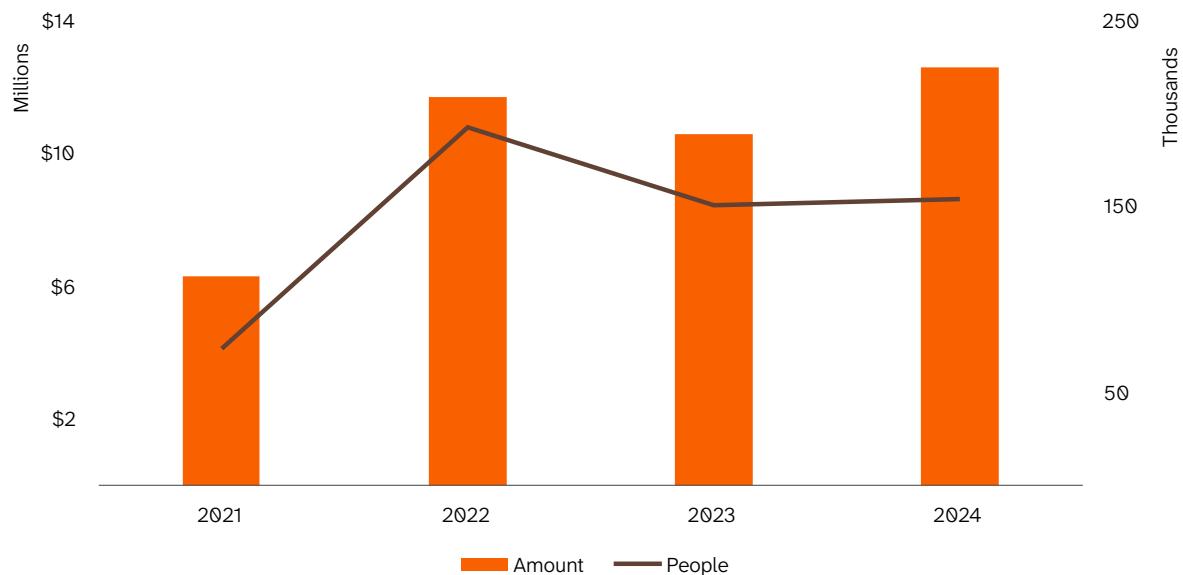
The use of cash and voucher assistance has, in many cases, been more efficient for UNFPA to provide for immediate needs of communities, particularly given the continuing challenges with procurement discussed above. This evolution is largely driven by UNFPA’s explicit recognition of CVA as a tool to enhance the efficiency and effectiveness of humanitarian action, empowering affected populations by granting them flexibility in addressing their most urgent needs. Over the period of the evaluation, UNFPA has increasingly integrated CVA into its core humanitarian programming, primarily targeting women, youth, and other vulnerable populations to overcome economic barriers in accessing life-saving SRH and GBV services, or to purchase essential items.

²⁴² Policies and Procedures Manual, Policy and Procedures for Earmarked Resources, UNFPA, October 2024.

²⁴³ UNFPA global, regional, country level key informants.

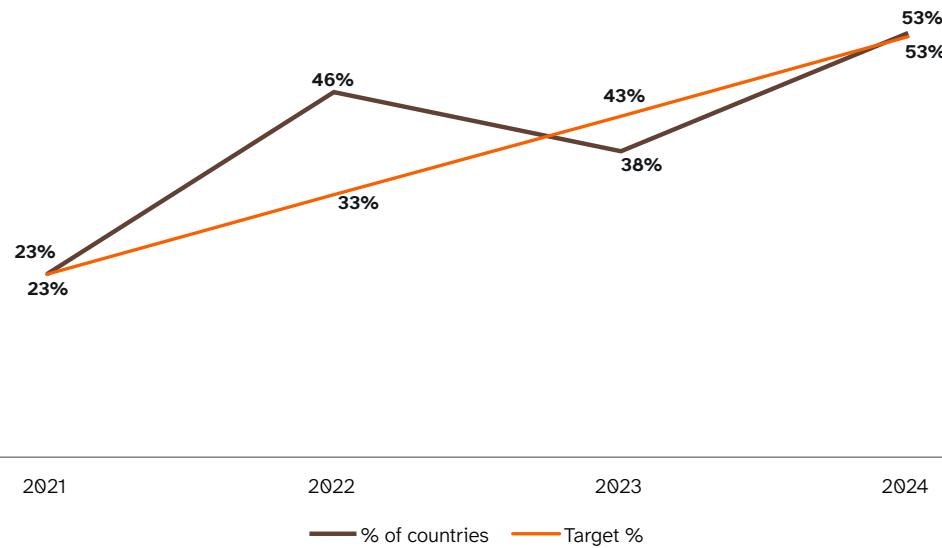
²⁴⁴ UNFPA, United Nations agency key informants at country levels.

Figure 15a: UNFPA cash and voucher assistance totals and recipients, 2021–2024



Source: UNFPA CVA Annual Reports.

Figure 15b: CVA countries as a percentage of humanitarian response countries, target versus actual, 2021–2024



Source: 2020/2021 UNFPA Annual CVA Report.

The strategic embrace of CVA is underpinned by a recognition of its alignment with donor priorities and its potential to enhance programmatic agility. As noted by an interviewee from a UNFPA country office, “donors more and more want to see cash”, with UNFPA strategically positioning its approach as “service plus cash”, emphasizing the delivery of essential services alongside financial assistance, rather than the

reverse.²⁴⁵ This distinct framing underscores UNFPA's effort to integrate CVA within its core mandate areas.

The figure highlights the growth of CVA since 2021 (data on CVA amounts globally were not systematically recorded before this), with a doubling of the amount disbursed between 2021 and 2024 and almost triple the number of recipients.

Similarly, the number of countries involved in CVA programming in response to crises has increased, as shown in the second graph in figure 15. The number of participating countries increased from 15 in 2021 to 31 in 2024, representing over half of the countries where UNFPA has mounted a humanitarian response.²⁴⁶ This is almost perfectly in line with the projected target proposed in 2021.

The increasing emphasis on this modality aligns with the concerted push by the broader humanitarian community (as well as donors) for CVA. It has been increasingly promoted as a key part of Central Emergency Response Fund (CERF) responses, as a default response modality where appropriate,²⁴⁷ requiring specific justifications if it is not utilized in projects. This external pressure has spurred UNFPA to adopt CVA more systematically, recognizing its inherent value in supporting local markets and re-invigorating economies, alongside providing rapid, flexible responses that uphold the autonomy and dignity of beneficiaries.²⁴⁸ The growth is evident in financial terms, with CERF's CVA support almost tripling from US\$48.7 million in 2019 to a high of US\$138 million in 2020 although a more modest US\$104 million as of 2024 – averaging approximately 15 per cent of CERF funding as CVA over the past four years. UNFPA's own disbursement, while demonstrating promising growth (at an average of 3 per cent of humanitarian funding overall), does not reflect this average. The more specific application of UNFPA CVA support (i.e. for SRH or GBV as opposed to general multipurpose cash disbursed by other agencies) is a clear factor in this.

Evidence from field level supports the documented benefits from adoption of CVA, particularly in the timeliness of humanitarian aid delivery. For example, in Bangladesh, stakeholders noted that cash assistance can reach recipients within 48 hours: It was substantially faster than the multi-day process of distributing physical supplies.²⁴⁹

The cost-effectiveness of CVA is reinforced by its ability to facilitate more sophisticated vulnerability targeting and monitoring, moving beyond the 'one-size-fits-all' approach often associated with in-kind assistance. UNFPA has actively been producing and compiling a range of guidelines, practices and tools (as well as stand-alone annual reports) to develop this area and institutionalize CVA as a core component of humanitarian response.

Despite the positive advancements, gaps persist in UNFPA's operationalization of CVA. Internally, some respondents that specialize in CVA note the presence of internal

²⁴⁵ UNFPA regional and country level key informants.

²⁴⁶ As per the annual UNFPA Humanitarian Action Overviews.

²⁴⁷ As noted in successive Central Emergency Response Fund annual reports.

²⁴⁸ UNFPA Humanitarian Thematic Fund Annual Report, 2020.

²⁴⁹ UNFPA country level, implementing partner key informants.

resistance to change within some UNFPA units that the adoption of new innovations can bring, impeding the full realization of CVA's potential.²⁵⁰ Bureaucratic processes and existing policies can also hinder the agility that CVA promises, and rapid programming may be prevented due to requirements for workplan revisions and fund transfers – undercutting a key value-add of CVA.²⁵¹

Coordination of CVA with other (external) cash actors may also present ongoing issues due to the nature of CVA for SRHR and GBV being different to other (more substantial) modalities, such as multipurpose cash or cash for food. This was observed by key informants in Bangladesh, and some instances were noted where UNFPA's cash distributions did not fully align with established unified cash package standards.

Finally, from a resource and capacity perspective, while there is clear evidence of successful efforts in institutionalizing and resourcing CVA, investment and staffing in relation to CVA expertise is noted by some key informants as being overly limited.²⁵² Moreover, a crucial conceptual gap remains regarding the long-term implications of CVA. While effective for immediate relief, some stakeholders advocated for UNFPA-supported CVA to be more clearly linked to development and promote sustainability and resilience.²⁵³

Finding 26: UNFPA mobilized consistently increasing humanitarian resources since the last 2019 evaluation, and yet the very high reliance on earmarked²⁵⁴ funding for humanitarian response has had a number of negative effects.

From a financial resources perspective, humanitarian action has followed pace with, or even surpassed, the increasing strategic emphasis on humanitarian response by UNFPA (as described under evaluation question 1), constituting a progressively larger proportion of UNFPA budgets over time. Figure 16 below clearly illustrates this trend, with humanitarian funding increasing almost year-on-year, whereas development funding remained, on average, static between 2019 and 2024.

This said, past trends are not necessarily an indicator of future performance, and it is clear that the termination of US Government ODA in 2025 has led to a substantial reduction in the funding available to UNFPA for both humanitarian and development programming. As of April 2025, the budgeted amount of funding allocated within UNFPA for humanitarian and development programming stood at US\$366 million and US\$537 million respectively, suggesting that the gap is widening.

²⁵⁰ UNFPA country level key informants.

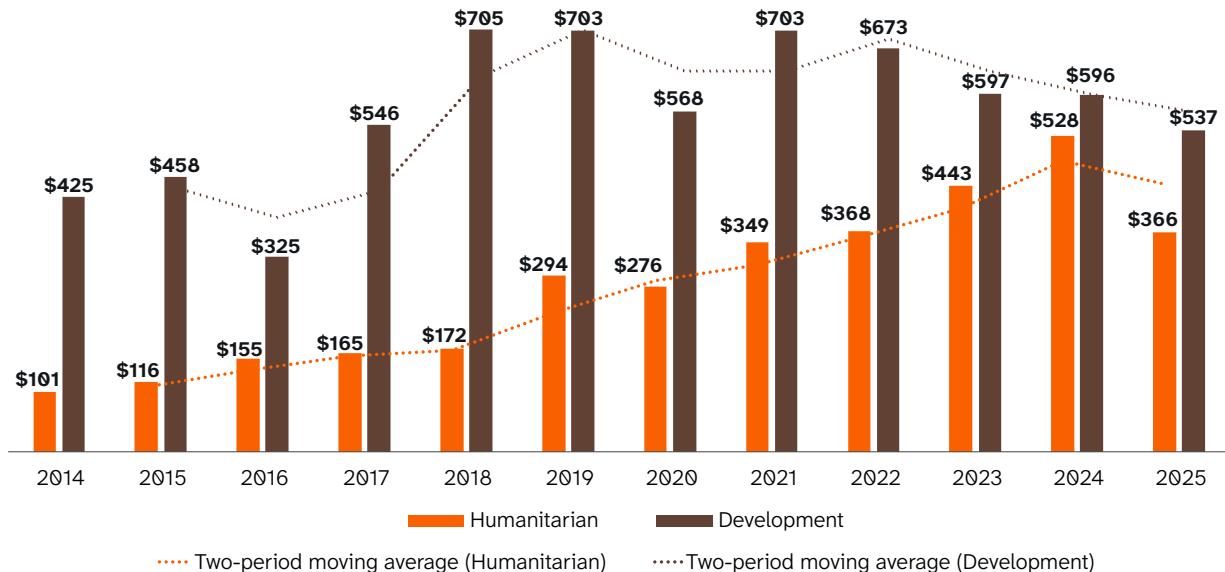
²⁵¹ UNFPA country-level key informant.

²⁵² UNFPA regional key informants.

²⁵³ UNFPA country level key informant.

²⁵⁴ Earmarked contributions (also known as “other” or “restricted” or “non-core”) are received for a specific programme purpose. See Policy and Procedures for Earmarked Resources, UNFPA, October 2024.

Figure 16: UNFPA humanitarian versus development funding (US\$ millions), 2014–2023

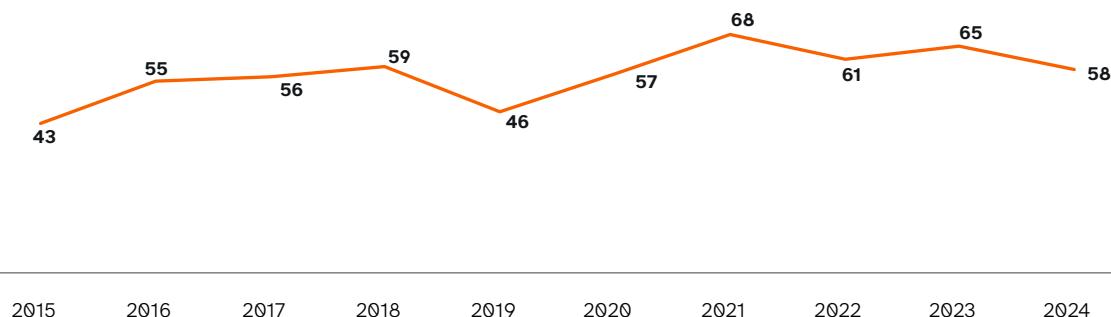


Source: ATLAS, Quantum. 2025 figures are budgeted amounts as of April 2025.

With the consistent increase in humanitarian funding, there has been a slight increase in the number of humanitarian countries where UNFPA has been active since 2015 (illustrated in the first graph of figure 17), although not with the same level of growth, indicating that individual crises have been receiving increasing funding.

The majority of UNFPA humanitarian funding goes to relatively few, high-profile responses. As of 2025, just ten²⁵⁵ of the approximately 120 countries where UNFPA implemented humanitarian responses between 2018 and 2025 had received more than half of UNFPA's humanitarian funding allocated to country operations. Additional funding was allocated for commodity supply, Humanitarian Response Division regional offices and individual business units.

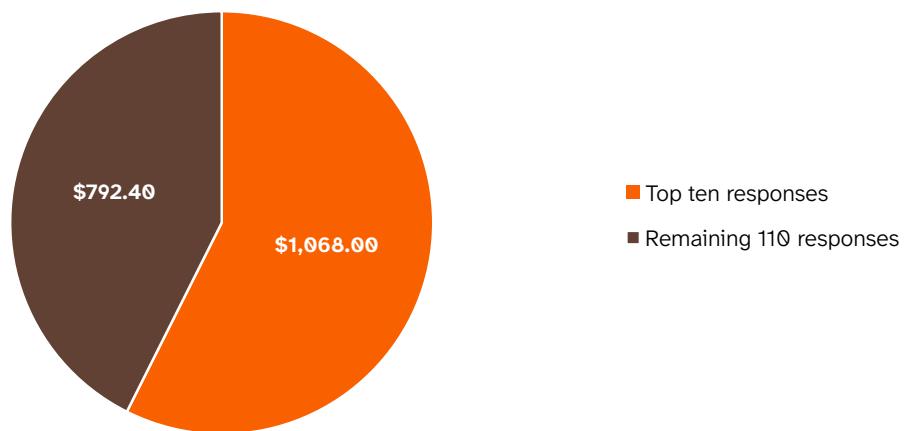
Figure 17a: Countries with UNFPA humanitarian programming, 2015–2024



Source: UNFPA Annual Reporting and Humanitarian Action Overview reports.

255 In order: Yemen, Syria, Türkiye, Afghanistan, Bangladesh, Nigeria, Iraq, Sudan, Democratic Republic of the Congo and South Sudan.

Figure 17b: UNFPA humanitarian funding 2018-2025, Where the funding goes (US\$ millions)



Source: ATLAS, Quantum & Humanitarian Action Overview reports.

Another key facet of UNFPA resources is the degree to which project-based funding is relied upon for humanitarian programming. The pie chart in figure 17 displays the relative proportions of earmarked and non-earmarked²⁵⁶ resources for humanitarian versus development funding across the 2018–2025 period. There is a clear higher reliance on earmarked resources (typically specific project or programme-based funding) for humanitarian response work. An average of 84 per cent of humanitarian-tagged programming in UNFPA is funded via earmarked resources, versus 64 per cent of development programming.²⁵⁷ This appears roughly in line with the United Nations as a whole.²⁵⁸

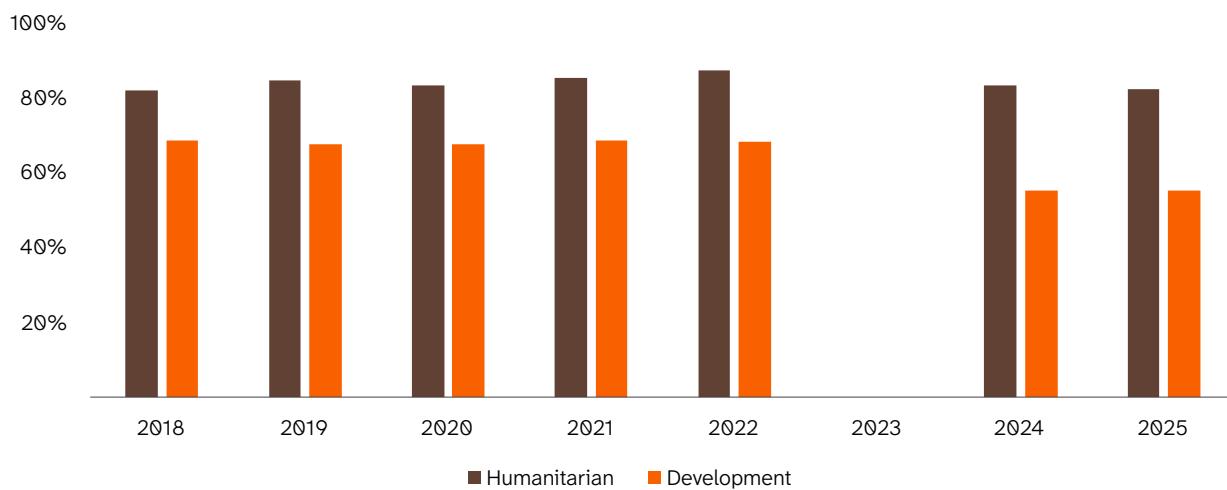
A key reason for this (as articulated by evaluation respondents) is the *relative ease* in which funding can be mobilized for humanitarian responses, compared to longer-term development funding. Humanitarian crises (particularly sudden-onset) tend to be higher profile, thus attracting public and political attention and resulting in funding from a wider range of sources than for lower-profile development funding.

²⁵⁶ Un-earmarked contributions (also known as “regular” or “unrestricted” or “core”) are commingled and untied; earmarked contributions (also known as “other” or “restricted” or “non-core”) are received for a specific programme purpose. See Policy and Procedures for Earmarked Resources, UNFPA, October 2024, https://www.unfpa.org/sites/default/files/admin-resource/RM_Earmarked_Resources_Policy.pdf.

²⁵⁷ Defined as all expenditure that is not allocated to headquarters/global business units.

²⁵⁸ In 2022, 83 per cent of the United Nation’s resources for both development and humanitarian activities were earmarked. Source: Funding Compact for the United Nations’ Support to The Sustainable Development Goals, UNSDG, 2024.

Figure 18: Proportion of earmarked UNFPA programme resources, 2018–2025



Source: ATLAS and Quantum, 2023 data not available.

However, this funding is typically short-term in both duration of institutional funding cycles and the appetite for support, with a heavy reliance on time-bound project-based funding. This brings challenges related to the inconsistent nature of programming and heavy contractual conditions that donors impose in earmarked funding agreements. For example, CERF-funded humanitarian projects are typically 6–12 months. (Duration depends on the type, e.g. the Rapid Response Grants are 3–6 months.) Many staff participating in the evaluation noted that project support often comes in very short periods, leading to continuity issues and challenges of project stop-start.

A lack of sustained funding streams can hinder development of long-term strategies and the ability to provide consistent support to affected populations in line with the humanitarian–development–peace continuum. The challenges are not just related to provision of services, but also to UNFPA’s capacity to support and deliver services. Many front-line and backend staff supported by UNFPA are retained on short-term consulting contracts that are terminated if/when funding is expended. Even if follow-on funding is secured, it is never guaranteed that the staff are available for rehire – indeed, higher-performing staff are more likely to secure alternative employment. Thus, the reliance on earmarked funds can impede the ability to build robust and sustained organizational humanitarian capacity to respond to acute and protracted crises (this is further discussed below).

Moving forward, as UNFPA is required to identify additional funding sources, key informants have noted that climate change programming provides opportunities for climate finance that may be particularly relevant to financing across the humanitarian–development–peace continuum. Multilateral climate funds are increasingly looking to support climate projects in fragile and humanitarian settings. UNFPA’s operational access to hard-to-reach areas and global presence is a key advantage mentioned by Green Climate Fund in UNFPA’s bid for accreditation.²⁵⁹

²⁵⁹ UNFPA key informant.

Finding 27: While there has been a degree of positive evolution in human resources, with more humanitarian staff overall and more technical expertise at headquarters, regional and country levels, the increased investments are to be found primarily at the global level.

The 2019 humanitarian capacity evaluation found human resources at UNFPA were suboptimal for meeting escalating humanitarian needs and commitments. The key issues noted at that time were:

- Limited number of humanitarian staff (compared to similar agencies), leading to excessive workloads
- Over-reliance on the Surge mechanism
- A lack of support for core humanitarian positions at country level, leading to varying capacities heavily dependent on earmarked external funding
- Limited understanding of humanitarian architecture, UNFPA Fast Track Procedures (FTP) and pooled funding mechanisms, including among leadership, impeding agile and effective response
- Limited core funding for new humanitarian posts at global and regional levels (the latter often staffed by single humanitarian specialists).

Since that time, a range of important developments have taken place with respect to humanitarian staffing. A key step was the upgrading of the Humanitarian and Fragile Contexts Branch to the Humanitarian Office in 2019, with nine new posts, bringing the total in the Humanitarian Office to 33. With the evolution of the Office to a full Division in 2022, the number of staff expanded further, with a total of 60 staff at the level of the Humanitarian Response Division at the time of research in mid-2025.

Further, various standby or rapid response mechanisms have been implemented over the evaluation period, such as expansion of the Surge mechanism, the use of global roving teams (superseded by GERT) – all discussed below – underscoring a commitment to deploy specialized expertise.

Regionally, there is also evidence that UNFPA has attempted to strengthen its humanitarian technical expertise. Regional humanitarian advisers have continued to provide valuable support to countries, particularly in proposal development, resource mobilization for humanitarian funding and backstopping technical expertise for country offices. The UNFPA Regional Office for West and Central Africa, for instance, undertook a substantial internal realignment in 2022/23 to improve oversight and capacity, although such capacity as was available at the time was reported to have been stretched thinly by a series of crises in West and Central Africa at the same time. Some regional offices, such as the UNFPA Regional Office for the Arab States (ASRO), have managed to link capacities across countries to exchange knowledge and strengthen the connection between the humanitarian branch and GBV programmes.²⁶⁰

²⁶⁰ UNFPA regional key informant.

Key stakeholders, both internal and external to UNFPA, present a mixed but generally positive view of UNFPA's humanitarian staffing levels since 2019. There is a notable perception of increased capacity and dedicated efforts in humanitarian response, especially in specific high-impact contexts. This growth is seen by these stakeholders as a direct consequence of UNFPA's evolving recognition of its dual mandate and the rise in non-core humanitarian funding and a dividend of UNFPA actively working to professionalize and mainstream its humanitarian response work.

At the global level, the creation of Humanitarian Response Division led to an increase in staffing numbers, and hence more technical skills available. Not all stakeholders at senior level agree that an increase in human resources equates to an increase in technical capacity, however. As discussed above, the evidence that creation of Humanitarian Response Division (and many more roles) has led to a commensurate addition of value to humanitarian programming at field level is quite limited. In part stemming from this absence of evidence, some feel that such a concentration of staff at the global level has led to inefficiencies and that decentralization to the regional level would be a more prudent investment of resources.^{261,262}

At country level, the evaluation evidence is also mixed, with definite indication of increases in the scale of programming and human resources being made available to manage this, but not necessarily to the extent required, and vulnerable to the short-term and erratic nature of much humanitarian funding. UNFPA Colombia represents a key illustrative example from the countries participating in this evaluation. The Venezuela crisis from 2019/2020, with an influx of millions of refugees to the country, led to a transformation of the UNFPA country office from a medium-sized operation focused on a mix of normative and programmatic, and primarily development-focused, work into a key humanitarian response actor, leveraging a rapid increase in the volume of resources into a substantial increase in staff. By 2022, Colombia had approximately 250 staff, with most dedicated to humanitarian response, becoming the largest office in the region.²⁶³

Some of these expanded offices (and others that have remained stable) have demonstrated evidence of quality improvements. For example, UNFPA Bangladesh has made efforts to enhance its humanitarian team, regularizing contracts for stability and focusing on key sectoral area specialization. It has also developed contextualized SOPs that have reduced response times from three months to as little as 48 hours for sudden-onset disasters (such as cyclone response).²⁶⁴ In Peru, which has no full-time humanitarian staff, a blended team structure, where existing programme staff are trained for humanitarian response, has been adopted to leverage their local knowledge and relationships as and when crises occur.²⁶⁵ Many external stakeholders also note the

261 UNFPA global and regional key informants.

262 For example, a pilot regional procurement model which is being implemented in WCARO, aiming to localize supply chain processes.

263 UNFPA Colombia key informants.

264 UNFPA Bangladesh key informants.

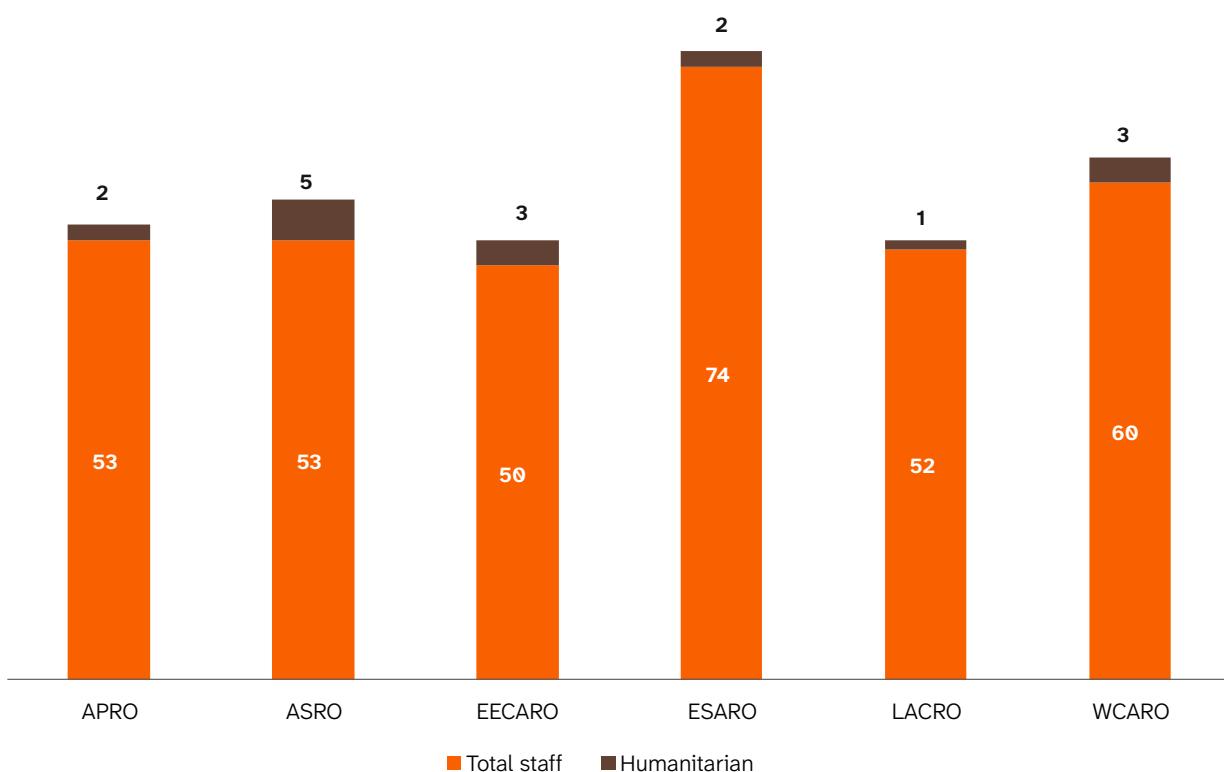
265 UNFPA Peru key informants.

high quality and dedication of UNFPA staff who are crucial for humanitarian response. A high proportion of partners, donors, sister agencies and rights holders (in the areas where UNFPA is operational) participating in this evaluation commended UNFPA's convening power, technical support and the dedication of its personnel.

However, when resources are limited – either as a result of localized in-country donor dynamics, or as a result of the global cutbacks in ODA that have characterized 2025 – the lack of dedicated humanitarian positions forces existing staff into 'double-hatting' or 'triple-hatting' roles, which creates heavy workloads and potential for burnout, discussed below.²⁶⁶

The 2025 evaluation of the UNFPA humanitarian response in Sudan provides useful triangulation with this analysis. The research found that, to 2023, "development-oriented systems, limited humanitarian staffing, and slow internal processes reduced UNFPA's ability to deliver a sustained, credible humanitarian response".²⁶⁷ Interestingly, the evaluation noted that fresh country office leadership by mid-2024 brought "increased focus on flexibility and responsiveness, supported by stronger humanitarian experience and capacity", suggesting that the challenges relate to leadership and management, rather than exclusively systemic issues.

Figure 19: Regional humanitarian versus total staff



Source: UNFPA Staff Directory, June 2025.

266 UNFPA country-level, implementing partner key informants.

267 UNFPA Sudan Humanitarian Response Evaluation, 2023–2024, UNFPA 2025.

Furthermore, since the onset of the 2025 ODA cuts, there have been further cuts in staffing, with many country offices operating with “skeleton staff”.²⁶⁸ Both internal and external stakeholders expressed extreme anxiety about future reductions, both in terms of personal job security and in terms of the impact on life-saving programming. For example, at regional levels, as of mid-2025, many humanitarian specialist roles have been eliminated, with some regional offices having only one (UNFPA Regional Office for Latin America and the Caribbean) or two (UNFPA Regional Office for Asia and the Pacific and UNFPA Regional Office for East and Southern Africa) staff dedicated to humanitarian programming.

At country level, the prospects for 2025 and onwards are equally unfavourable with respect to the quantity of staff available to implement humanitarian programming. This is particularly so for those with a heavy reliance on US contributions for their humanitarian portfolios. This is the situation for many countries in Latin America and the Caribbean, e.g. Colombia and Venezuela). The US and wider funding cuts are exacerbating staffing and funding vulnerabilities, leading to widespread layoffs and, indeed, extreme anxiety among staff due to the threat of layoffs. The cuts are leading to substantial concerns about service continuity.

Finding 28: UNFPA’s additional investments in short-term rapid humanitarian response capacity since 2019, in line with increasing resources, have resulted in improvements in humanitarian response quality, albeit with challenges around timeliness, over-reliance on such mechanisms or their usage outside their primary purpose.

A key tool for humanitarian staffing that has evolved over the course of the evaluation period has been the use of standby mechanisms for fast humanitarian response: notably, the development of UNFPA’s Global Emergency (Surge) Roster (the Surge) and Global Emergency Response Team (GERT) mechanisms. While the previous evaluation criticized the (over) use of Surge as a replacement for longer-term recruitment, UNFPA has since then reinforced the Surge capacity and developed the GERT, which replaced the previous Global Roving Team in 2024.

As shown in figure 20, in 2019, UNFPA undertook **109 Surge deployments** to 32 countries, with personnel from standby partners²⁶⁹ making up 41 per cent of deployees. Use of the mechanism grew through the following years, despite COVID-19 travel restrictions from 2020–2021. The mechanism was reprogrammed in response to the pandemic to enable continuity through remote and locally based Surge personnel.²⁷⁰ This operational flexibility continued to strengthen through to 2023, with UNFPA reporting responses to 96 per cent of Level 1 and Level 2 humanitarian emergencies

²⁶⁸ Implementing partner key informants.

²⁶⁹ Standby partners are non-UNFPA organizations that agree to provide and support employees on request.

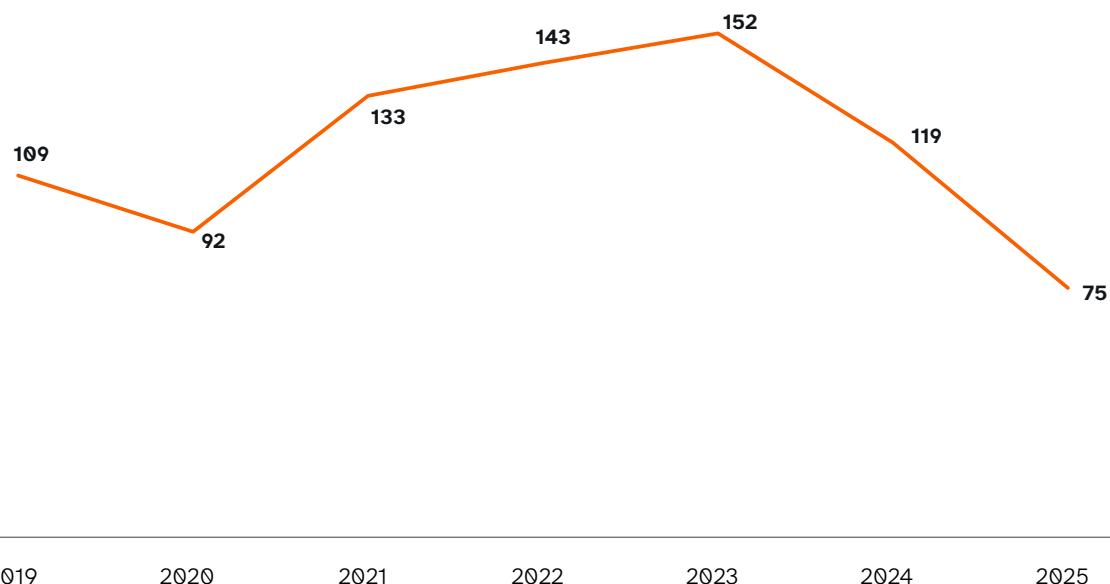
²⁷⁰ UNFPA Humanitarian Action Overview, 2021.

with Surge personnel deployment within the 72-hour lead response.²⁷¹ In 2023, UNFPA deployed its highest number of Surge personnel – 150 people – further adapting recruitment procedures with new guidelines that introduced vetting committees and “just-in-time” screening to diversify the talent pool.²⁷² The Surge team also published a range of trainings and guidelines for potential employees, notably a *Pre-deployment Guide for Surge Personnel* and a “Humanitarian 101” training in 2024. These resources were developed by Humanitarian Response Division and aligned with the UNFPA Strategic Plan, 2022–2025 and aimed to enhance understanding of humanitarian response systems. These enhancements to the system have been complemented by a range of overviews, checklists and feedback mechanisms that have been developed by the Surge team to further tailor the mechanism for maximum value.

Feedback from stakeholders in humanitarian response countries indicates that the mechanism is, overall, a useful and valued tool for fast recruitment, described as a “great relief”.²⁷³

The duration of Surge deployments was another area of criticism in the previous evaluation, with Surge deployments rolling over excessively in place of recruitment of longer-term staff. This has slightly decreased, from 4.2 months per deployment on average since 2018 to 3.75 months per deployment in 2024. However, the use of extensions for Surge requests is still high: on average, 44 per cent of Surge requests are for extensions to existing contracts.

Figure 20: Number of surge deployments, 2019-2025



Source: UNFPA Surge Team.

²⁷¹ Report of the Executive Director on the Implementation of the UNFPA Strategic Plan, 2018–2021, UNFPA 2022.

²⁷² UNFPA. 2023 Surge Annual Report, Report of the Executive Director on the Implementation of the UNFPA Strategic Plan, 2018–2021.

²⁷³ UNFPA Country Office in Moldova key informant.

The efficiency of the Surge process has also improved over time. Delays beyond the 1–3 week target dropped from over half (55 per cent) in 2018 to less than one fifth (19 per cent) in 2025, suggesting an increasingly smooth process. This has been helped by streamlined recruitment processes.²⁷⁴

However, the cost of Surge employees is very high. While UNFPA reports that they are 35 per cent cheaper than temporary appointment contracts, their overall expense is substantial, leading to questions about their long-term sustainability. A forthcoming initiative on **regional-level rosters** using lower level and lower experience employees who are considerably less expensive is a promising scheme that could build sustainable humanitarian capacity and be faster to deploy due to logistical ease. Other stakeholders have suggested moving even further towards the field level and expressed a need and desire to create national-level rosters of experts that could be drawn on even faster and more cheaply. Several UNFPA country operations already administer an informal network of such experts that provide valuable backstopping for the country offices when a sudden-onset crisis occurs, minimizing turnaround time²⁷⁵ and a need for repeated relationship building.²⁷⁶

Despite its inherent challenges, the value of Surge to UNFPA has been recognized, leading to its codification within the new EPPs for humanitarian response. The systematization of the mechanism is a positive development, although the extent to which it will be able to retain its level of growth and improve (to the extent possible or necessary) given the contraction of UNFPA resources to manage it, is unclear in the future.

Complementing the Surge mechanism, the eight-member **GERT** is a reformation and expansion of the previous roving teams, aimed at increasing agility, flexibility and predictability of technical expertise. GERT members are exclusively UNFPA staff, unlike Surge employees, and hence are knowledgeable about internal UNFPA processes and have United Nations Laissez-Passer to facilitate rapid travel.

Since the GERT was formed in 2024, team members have been mobilized for almost 40 separate deployments to support emergency responses to natural disasters and conflicts, assisting operations in Barbados, Chad, Gaza/Palestine, Sudan and Syria (all in 2024), and additional support to Chad and Sudan, as well as the Democratic Republic of the Congo (DRC) in 2025.

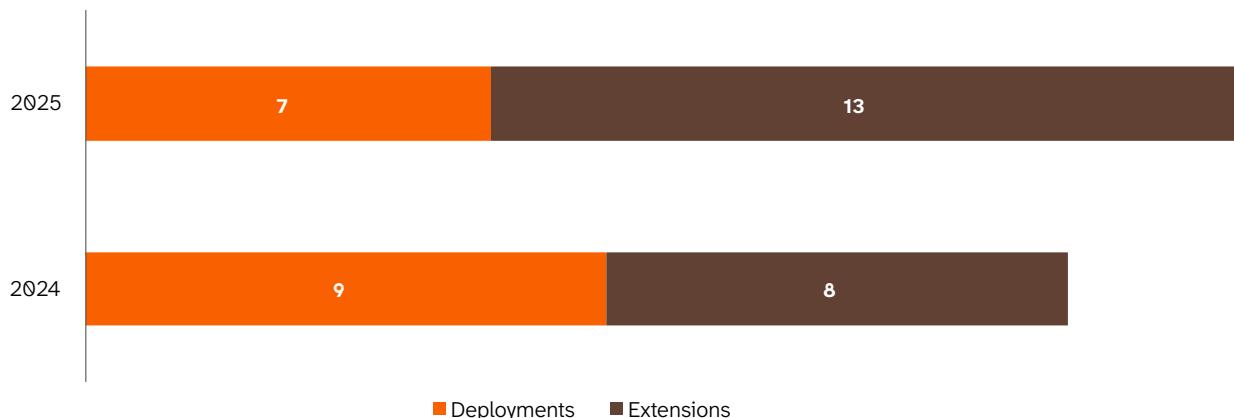
GERT has been noted by a variety of key stakeholders in UNFPA as an improvement on both the previous roving teams (and Surge). Indeed, as with Surge, the systematization of the process is good evidence of the increasing professionalization and standardization of the humanitarian response function within UNFPA.

²⁷⁴ UNFPA key informants.

²⁷⁵ Noted as a significant concern in the Evaluation of the UNFPA Sudan Country Programme 2017–2025 (unpublished draft), 2025.

²⁷⁶ UNFPA country level key informant.

Figure 21: GERT first deployments versus extensions, 2024-2025



Source: UNFPA GERT Team Data.

Despite its advertised strengths, GERT faces challenges in realizing the advantages that it proposed to bring to humanitarian response in UNFPA, summarized as follows:

- Limited capacity: The GERT team has only nine members, which restricts its ability to respond to multiple global crises at the same time.
- Deployment duration: Although designed for short, rapid deployments (up to three months), some GERT members are being deployed for much longer periods, with an average of four months and some lasting almost a year. This suggests a problem with transitioning from short-term to longer-term staff.
- Funding constraints: The main source of funding for GERT is the relatively small Emergency Fund, which is under strain from increasing humanitarian demands, making the team's operational model vulnerable.
- Funding flexibility: While GERT can also use Humanitarian Thematic Fund (HTF) funding, its reliance on the small Emergency Fund raises concerns about long-term sustainability.²⁷⁷
- Unclear reporting lines: Some note that GERT reports directly to the Director of Humanitarian Response Division, bypassing the P5 lead of the Global Emergency Response Unit (GERU).
- Unclear boundaries with Surge: This created tension and competition despite their complementary roles, as both draw from similar limited funding sources.
- An absence, to date, any formal evaluation or systematic performance data for the GERT (nor of Emergency Fund or the Humanitarian Thematic Fund²⁷⁸). This makes it challenging to objectively assess GERT's long-term impact and cost-effectiveness.

²⁷⁷ For example, the Danish Government allocated US\$1 million specifically (i.e. earmarked) for GERT operations in 2023 via the Humanitarian Thematic Fund. Source: UNFPA Humanitarian Thematic Fund Annual Report 2022.

²⁷⁸ The (internal) Resource Mobilization Issue Paper that accompanies this evaluation makes the additional observation that internal humanitarian financing tools (Emergency Fund, Humanitarian Thematic Fund, Humanitarian Response Reserve) are underutilized and lack visibility across UNFPA.

- While GERT aims to be a primary responder, its utility may create too much reliance and demand from country offices that cannot be met by the small team. Some UNFPA Country Office also have a limited understanding of GERT's specific nature and capacity.
- GERT also competes with other United Nations agencies for qualified standby staff.

Thus, while the GERT represents an advancement in UNFPA's capacity for rapid and effective humanitarian action, the model is as yet unproven and would benefit from careful performance tracking and future assessment.

Finding 29: UNFPA still exhibits a high dependence on earmarked funds for positions, which is linked to staff dissatisfaction, high turnover and lack of continuity for expertise and programming.

Despite some achievements in increasing the quantity and quality of human resources available for humanitarian response programming, gaps and deficits in humanitarian staffing capacity and sustainability have been highlighted by a variety of stakeholders. This is inevitably exacerbated by the impacts of the funding cuts of 2025 that have led to immediate staffing reductions across all levels.

Specifically, as of end April 2025, of 54 US-funded projects or programmes, 44 had been terminated, with only seven being confirmed as ongoing. Of those terminated, 90 per cent (40) were humanitarian initiatives.²⁷⁹

Humanitarian response has a much higher proportion of staff recruited via more volatile earmarked/non-core funding and has a higher prevalence of short-term contracting modalities that are more easily terminated (or not renewed) than longer-term appointments. For example, in Colombia, the entire UNFPA humanitarian team was funded by the United States Bureau of Population, Refugees, and Migration (PRM), leading to an immediate threat of the team's termination when this specific funding ended abruptly in early 2025.²⁸⁰ Similarly, in Chad, senior humanitarian midwives, crucial front-line staff, were supported by funding through the PRM or USAID's Bureau for Humanitarian Assistance (BHA), placing their roles at constant risk. The Bangladesh Cox's Bazaar office, a major humanitarian operation, was reported to rely fully on tightly earmarked funding,²⁸¹ with an allocation of core resources for humanitarian purposes described as "symbolic".²⁸²

Direct staff reductions and layoffs have been reported in several key response locations over the course of evaluation research from early to mid-2025. In Venezuela, the country office faced a dramatic reduction, going from over 100–120 humanitarian team

²⁷⁹ Internal UNFPA Operational Guidance document, May 2025.

²⁸⁰ UNFPA Colombia key informants.

²⁸¹ UNFPA Bangladesh key informants.

²⁸² UNFPA Bangladesh key informant.

members to an anticipated 25.²⁸³ Similarly, in Somalia, reductions in humanitarian funding in 2024 (hugely exacerbated in 2025, partially due to external trends, but also due to accountability questions that led to donor freezes), meant that UNFPA personnel were reduced from 100 to 40 and sub-offices were closed.²⁸⁴

Moreover, the sudden resource crisis is not reserved for country operations. UNFPA regional staff noted that funding challenges have led to some humanitarian adviser positions being ‘frozen’ as of 2025 and technical specialists for emergency response at the regional level have been cut.²⁸⁵

The perception that UNFPA is reserving the majority of core resources for non-humanitarian purposes has been noted as a failing by a variety of UNFPA stakeholders involved in this evaluation. They note that half of UNFPA countries are responding to humanitarian crises, but this is not matched with the proportion of core funding made available to country offices. Many country offices prioritize allocation to non-humanitarian HR and operations and programming first, development programming second, and humanitarian third.

A key concern is that many existing staff are frequently employed on short, unstable contracts (e.g. three-month or one-month contracts) due to funding uncertainty, leading to the loss of good personnel and staffing cuts as programming closes. These staff cuts frequently translate into overburdened teams and “double-hatting” or “triple-hatting” of roles, undermining the quality and continuity of humanitarian programming. In Uganda, the lack of dedicated humanitarian positions means that existing staff are forced to manage heavy workloads, coupled with an absence (or shortfall at best) of technical guidance and humanitarian engagement at regional levels in critical areas like SRHRiE and GBViE. Interviewees from several smaller country offices (e.g. Myanmar and Peru) reported having small teams with staff fulfilling multiple humanitarian and development roles, and UNFPA is not in a position to ask more of them. As noted in the 2019 Humanitarian Capacity Evaluation, this multitasking approach creates burnout, leads to high staff turnover and affects institutional memory and programme continuity.

Furthermore, systemic issues within human resources policies and processes exacerbate staffing deficits. Recruitment processes for humanitarian roles have been criticized for being “incredibly slow” and sometimes taking six months or longer.²⁸⁶ For example, in Sudan in September 2023, the UNFPA country office, supported by the UNFPA Regional Office for the Arab States, initiated an “emergency office reconfiguration”²⁸⁷ to facilitate the return of staff to Sudan after the conflict. However, approval of this took several months, attributed to “slow decision-making” at the Division for Human Resources and executive management levels, and “cumbersome”

²⁸³ UNFPA Venezuela key informants.

²⁸⁴ UNFPA Somalia key informants.

²⁸⁵ UNFPA regional level key informants.

²⁸⁶ Ibid.

²⁸⁷ Reported in the UNFPA Sudan Humanitarian Response Evaluation, 2023–2024, UNFPA 2025.

internal processes.²⁸⁸ Many country offices report a basic challenge in recruiting and retaining staff, starting with the inability of country offices to establish local rosters that might enable them to quickly hire personnel.²⁸⁹ They often having to restart recruitment processes from scratch (per standardized UNFPA recruitment policies), leading to delays that are incompatible with emergency response needs.²⁹⁰ While global rosters exist (and regional rosters are being considered), access for national candidates is limited, and the centralized approval for hiring and supply procurement takes a lot of time. In the example of Sudan, a general human resources realignment of the country office in 2024 required Division for Human Resources Director and Executive Director approval and was delayed for several months, despite the need to urgently bring back existing staff and recruit new staff who had fled the country after the outbreak of conflict in 2023. Therefore, Sudan continued to over-rely on Surge and GERT while approval of those staffing changes/realignment was pending.²⁹¹ A 2024 internal Office of Audit and Investigation Services (OAIS) audit of the UNFPA headquarters recruitment process in 2024 noted some positive practices in recruitment had been instituted by the Division for Human Resources, e.g. the adoption of a “time-to-hire” indicator.²⁹² However, this simply tracks the lead time from the vacancy announcement closing date to the date the offer was extended to the selected candidate. It is focused on the selection process itself, providing insights into how the candidate experienced the process, rather than the efficiency of the process for UNFPA. The alternative “time-to-fill” metric measures the total time a position is open, from the date a position requisition is approved or posted, and ending when the selected candidate accepts the offer or even the first day of work.²⁹³ The latter is a better measure of the overall efficiency of UNFPA’s internal recruitment processes, which have faced criticism of delays in areas not specifically tracked by the Division for Human Resources to date.

These systemic issues have been amplified by the extreme anxiety that has come to pervade many business units in UNFPA because of the 2025 funding crisis. The reliance on temporary mechanisms like Surge or United Nations Volunteers (UNVs) without clear pathways for transition to longer-term roles further exacerbates the problem, with some stakeholders noting they are unable to work towards sustainable interventions.²⁹⁴

288 Reported in the UNFPA Sudan Humanitarian Response Evaluation, 2023–2024, UNFPA 2025.

289 Key informants note that local rosters are not permitted in UNFPA due to legal, IT, recruitment and screening complexities involved. – each country office with their own roster/platform could lead to a confusing mix of standards, contracting, screening and other processes. While acknowledged by key informants as potentially cost-effective/efficient, such an initiative would need careful planning and standardization.

290 UNFPA country level key informants.

291 UNFPA, Evaluation of the UNFPA Sudan Country Programme 2017–2025 (unpublished draft), 2025.

292 UNFPA Office of Audit and Investigation Services, Audit of the UNFPA Headquarters Recruitment Process, 2024.

293 These are both industry-standard metrics defined by the International Standards Organization ISO 30414:2018 (Human resource management – Guidelines for internal and external human capital reporting).

294 UNFPA country level key informants.

Structural improvements such as upgrades to the Humanitarian Response Division and the Supply Chain Management Unit, and new policies such as the EPPs, show an intent to bolster capacity. But the persistent deficits in strategic prioritization, HR policies that are designed more for a development-oriented (and slower-paced) organization, and an underlying organizational culture that struggles to fully embrace its humanitarian mandate are critically undermining these efforts. The current funding crisis highlights the urgent need for UNFPA to move beyond ad hoc responses and implement systemic changes to build a resilient, well-resourced and deeply embedded humanitarian workforce.

2.4 Coherence

Evaluation question 7: To what extent are UNFPA humanitarian interventions internally coherent and complementary to that of other humanitarian actors, thus reducing gaps, avoiding duplications and creating synergies?

Finding 30: SRHR and GBV are increasingly intentionally well-integrated at country level within humanitarian strategies and programmes, but less so for the mandate areas of youth and population data.

There is widespread positive evidence about the integration of SRHR and GBV in UNFPA-implemented or UNFPA-supported humanitarian response programming. From a normative perspective, at the **global** level, UNFPA leads in both sectors, albeit with SRHR under a health coordination mechanism led by the World Health Organization and GBV under a UNHCR-led protection coordination mechanism. This leadership has presented UNFPA a key opportunity to leverage and reinforce the linkages and mutual complementarities of both mandate areas. Key informants report that efforts around this to date have been limited to some sharing of information between the GBV AoR and SRH Task Team.

A key output (one of four) for the SRH Task Team is to further develop and systematize effective linkages between SRH and GBV. The SRH Task Team co-lead agency, the International Rescue Committee, initiated development of guidance and good practice on better GBV–SRH integration in June 2025.²⁹⁵ At the **country** level, integration of SRHR and GBV information and services has been leveraged by UNFPA for efficiencies and better-coordinated access to information and services for women and girls in humanitarian settings. Discussions reflect news of change to the global humanitarian coordination systems as part of the UN80 reform process and the so-called “humanitarian reset”. Many evaluation respondents at all levels expressed a belief that the strength of coordination and integration at programme level to be a potential benefit. They also underscored the importance of retaining specific SRH and GBV expertise in all responses and facilitating stand-alone programming where appropriate,

²⁹⁵ Via recruitment of a technical expert to develop this guidance.

such as with GBV prevention. Field-driven integration means a measure of robustness or resilience for UNFPA programming as lead agencies for sectoral areas shift under the humanitarian reset, but UNFPA programming and interventions will remain across both areas.²⁹⁶

In April 2025, the SRH Task Team under the Global Health Cluster launched a report on best practices in linking SRHR and GBV coordination in emergencies.²⁹⁷ This confirmed that “internal silos” remain within UNFPA that limit collaborative work. The report quoted a survey respondent that “There is so much potential that remains unexplored between the two (SRH and GBV).”²⁹⁸ It highlights specific areas of clear intersection, such as Clinical Management of Rape, but also shows, through case studies, how such integration can be improved and other areas for further work.

At the regional level, there is also evidence that UNFPA has strongly promoted integration. In 2024, the UNFPA Regional Office for the Arab States launched a report on the integration,²⁹⁹ referencing GBV and SRH as two “fundamentally intersecting fields” where integrated approaches can “maximize the impact on women’s and girls’ health and well-being.”³⁰⁰ It provides clear guidance for introducing an integrated approach, developing integrated programmes and monitoring integrated activities.

Across many of the countries included within this evaluation, there are good examples of coordinated approaches across SRHR and GBV. Indeed, some countries have placed such integration at the forefront of strategic planning via their country programme documents. This integrated approach is implemented through various methods, including:

- Inclusion of GBV awareness-raising and services in SRHR systems strengthening
- Provision of SRHR information and services in GBV-focused activities, such as WGSS
- Use of integrated mobile clinics to provide combined SRH and GBV services, sensitization, and act as an entry point for identifying GBV cases among remote and hard-to-access populations
- Strategic deployment of GBV prevention and SRHR services in the same locations (highlighted in Burkina Faso)
- The deployment of humanitarian midwives who provide both SRH services and first-line psychosocial support for GBV survivors (seen in Chad)
- Integration of SRHR services into GBV referral pathways
- Capacity-building initiatives that train personnel on both SRHR and GBV case management.

296 UNFPA global and regional key informants.

297 Global Health Cluster, SRH Task Team. Best practices in linking sexual and reproductive health and gender-based violence coordination in emergencies. 2025.

298 Ibid.

299 UNFPA Regional Office for the Arab States. Stronger Together. Integration Gender-based Violence and Sexual and Reproductive Health Approaches in Humanitarian Settings. 2024.

300 Ibid.

There are also examples of incorporation of cross-cutting issues like disability inclusion (such as work with Humanity and Inclusion in the Lake Chad region to make refugee health centres disability-accessible) and CVA assistance to support survivors (discussed under evaluation questions 2 and 3), underscoring a comprehensive approach to meeting diverse needs.

However, with regard to youth, there is little evidence of more holistic integration with UNFPA responses in humanitarian contexts at the global and regional levels. As presented under evaluation question 5, UNFPA leadership of the YPS agenda and the Compact for Youth sits outside of Humanitarian Response Division, even if there are some humanitarian-focused activities. There are complex internal lines of alignment and collaboration at the global level within UNFPA.³⁰¹

At country level, there are promising, but limited, references to integration of GBV and SRHR with adolescent and youth programming in humanitarian action. In Bangladesh, Colombia and Uganda, for example, UNFPA has a strategy of internal integration of GBV, SRHR and youth, and various UNFPA programmes have achieved this.^{302,303} Donor representatives also highlighted that joint programming by UNFPA over the years – which has included youth, SRHR and GBV components – has fostered better linkages to health and education systems.³⁰⁴

There is also little evidence of the integration of population data in humanitarian settings (as discussed in more detail under evaluation question 4). The 2023 evaluation of UNFPA population data³⁰⁵ noted that while population data is, overall, the longest-standing core expertise of UNFPA, *humanitarian* population data is one of the most recent. Population data does not sit within Humanitarian Response Division, but rather in the Programme Division, with little evidence of integration.³⁰⁶ The 2023 evaluation noted that only one Programme Division staff member has responsibility for humanitarian data and this has remained largely unchanged, with the complexities of internal and external relationship management remaining unaddressed.

This said, there is evidence of some progression from a policy perspective. The 2025 Humanitarian Data Framework published by Humanitarian Response Division places population data as one of the three pillars of humanitarian data, and describes key population data efforts (e.g. censuses, COD-PS, civil registration and vital statistics (CRVS) data, geospatial data, etc.) that can underpin humanitarian action. This may help embed consideration of population data among humanitarian actors in UNFPA (depending on the extent to which the guidance is taken up). However, the UNFPA Humanitarian Response Division humanitarian brief on humanitarian data does

³⁰¹ Global and regional UNFPA key informants.

³⁰² Uganda implementing partner key informants.

³⁰³ Country Programme Evaluation (CPE) of the 8th Uganda Country Programme 2016–2020, UNFPA, 2021.

³⁰⁴ Uganda donor key informants.

³⁰⁵ UNFPA. Evaluation of UNFPA support to population dynamics and data. 2023.

³⁰⁶ UNFPA, Baseline and evaluability assessment on generation, provision and utilization of data in humanitarian assistance, 2021.

not reference UNFPA's role in population data in humanitarian settings, and a brief reference to COD-PS is framed around using that data for SRHR/GBV programming, rather than producing that data.³⁰⁷

Finding 31: Despite overlapping United Nations agency mandates at the global level and competition for resources at country level, UNFPA has clearly progressed in its capacity to engage with, coordinate through, and influence cooperation across the United Nations humanitarian system.

The 2019 humanitarian capacity evaluation found that UNFPA lacked the consistent humanitarian expertise across all countries to “operate within modern humanitarian architecture at country level” and that this “impede[d] advancement of UNFPA as a major humanitarian actor.”³⁰⁸

Since then, UNFPA has strengthened its position and recognition as a credible humanitarian actor (both internally and externally) and has improved its procedures, policies and humanitarian access issues. This has been facilitated by a strong Geneva presence, stronger leadership of the GBV AoR since 2019 (discussed under evaluation question 5) and the establishment of the SRH Task Team under the Global Health Cluster (also discussed under evaluation question 5). The increases in humanitarian funding since 2019 are also a positive indicator of how UNFPA is becoming an increasingly relevant operational humanitarian actor.

In 2022, UNFPA conducted a formative evaluation of the UNFPA engagement in the reform of the United Nations development system.³⁰⁹ While this evaluation did not formally or specifically include the broader humanitarian system or IASC, it did review how UNFPA worked to integrate SRHR and GBV responses into emergency settings through the reform, and participates in inter-agency humanitarian efforts.

A 2025 Multilateral Organisation Performance Assessment Network (MOPAN)³¹⁰ assessment of UNFPA concludes that “UNFPA has further solidified its presence within the international humanitarian sphere in SRHR and GBV” (although made no mention of population data in humanitarian action, or YPS and Compact for Youth leadership). It provides multiple examples of how, at a global level, UNFPA has increased partnerships and collaborative ways of working. The assessment emphasized key shifts, such as strengthened oversight via inter-agency evaluations; improved coordination; contributions to joint programmes; and aligning with the 2030 Agenda, including showing leadership in SRHR and GBV in humanitarian settings.

This triangulates well with evidence from evaluation respondents at global and regional levels who highlighted this increased engagement, driven and supported

³⁰⁷ UNFPA. Humanitarian Response Division Humanitarian Brief. Humanitarian Data. 2024.

³⁰⁸ Evaluation of the UNFPA capacity in humanitarian action 2012–2019, UNFPA Evaluation Office, 2019

³⁰⁹ UNFPA. Formative evaluation of the UNFPA engagement in the reform of the United Nations development system. 2022.

³¹⁰ MOPAN evaluation of UNFPA's organisational performance, effectiveness and results, 2025.

by the UNFPA Humanitarian Response Division presence in Geneva. Respondents also noted inter-United Nations partnership initiatives, such as a potential new Memorandum of Understanding (MoU) with UNHCR. In particular, there is widespread evidence from internal and external stakeholders on strong UNFPA cooperation with UNHCR, the International Organization for Migration and the World Food Programme on CVA programming at country level (see below). Another important milestone in UNFPA's IASC membership was the 2021 assumption of the annual Championship on protection from sexual exploitation, abuse and harassment (PSEAH), during which UNFPA undertook a range of key protection from sexual exploitation and abuse (PSEA) technical and advocacy activities.³¹¹

Despite progress, challenges remain, and these are intensifying since the humanitarian reset of 2025. Since UN Women assumed full IASC membership in 2022, there is no longer a clear division of roles, with the UN Women humanitarian strategy claiming an “indivisible triple mandate to provide normative support, United Nations system coordination and operational results” for women and girls in humanitarian settings. This strategy also claims a localization role in terms of working with local women-led organizations.³¹²

There is also evidence of long-standing tensions between UNFPA and UNHCR at the global level in terms of coordination of GBV under the UNHCR-led Protection Cluster.³¹³ The abolition of the GBV AoR as part of the UN80 reform process and the humanitarian reset will likely strip UNFPA of its leadership role in this area, undermining organizational progress from the last several years. Furthermore, the lack of a stand-alone UNFPA humanitarian strategy undercuts its positioning for the humanitarian leadership that will emerge from these reform processes.

Aside from the global-level perspective, a key finding of the MOPAN assessment was that UNFPA has decentralized important programmatic decisions to regional and country levels, which has facilitated partnerships across humanitarian action.³¹⁴ This has been evident from the primary evaluation research across all sampled countries. Evidence of historic and increasing country-level inter-agency competition for resources and leadership is clear across most countries that participated in this evaluation³¹⁵ – yet all have provided strong examples of thoughtful and targeted joint programming.

Despite progress, respondents at country, regional and global levels, and internal to UNFPA as well as external respondents, report that humanitarian action is still very much characterized by mandate overlap/mandate encroachment and competition for

³¹¹ MOPAN Assessment Report, UNFPA 2025.

³¹² UN Women. Humanitarian Strategy 2022–2025. 2021.

³¹³ See UNHCR. Evaluation of UNHCR's leadership of the global protection cluster and field protection clusters 2014–2016, 2017 and the Humanitarian Policy Group's commissioned report, the Grand Bargain, 2022. Independent review of the implementation of the IASC Protection Policy. 2022.

³¹⁴ MOPAN Assessment Report, UNFPA 2025.

³¹⁵ The accompanying Country Notes for the six field visit countries provide additional details on this specific to each country.

resources.³¹⁶ The shifts to funding within the humanitarian sphere within 2025 have only exacerbated this dynamic. The humanitarian reset conversations taking place at the time of writing this report will provide a forced, broader – and likely quite radical – shift, contraction and simplification of the humanitarian architecture.

2.5 Connectedness

Evaluation question 8: To what extent is humanitarian action at UNFPA linked to preparedness and longer-term development processes and programmes, across the humanitarian–development–peace continuum?

Finding 32: UNFPA's incorporation and implementation of the humanitarian–development–peace continuum is evident in many aspects of its operations, from corporate commitments to country-level activities.

Evidence gathered for this evaluation indicates that some references to or aspects of continuum work are embedded at many levels in UNFPA, from global policies and country-specific commitments to operational activities on the ground. This includes explicit efforts to build resilience and long-term development outcomes through innovations like anticipatory action and cash and voucher assistance.

At the corporate level, the current UNFPA Strategic Plan, 2022–2025 highlights working across the humanitarian–development–peace continuum as one of six core “accelerators” to facilitate progress towards its three transformative results, explicitly referencing within its humanitarian action output that

“The acceleration of the three transformative results cannot be realized without prioritizing preparedness, early and anticipatory action and the provision of life-saving interventions, focusing on humanitarian, conflict and post-conflict contexts. Under this output, UNFPA, in line with its comparative advantage in promoting the rights and choices of women and girls, will ensure complementarity across its humanitarian, development and peace-responsive efforts.”³¹⁷

Humanitarian Response Division's 2024 humanitarian brief on preparedness echoes this commitment, highlighting that UNFPA “attaches great importance to the link between humanitarian action and more medium- and long-term development action.”³¹⁸ Analysis of UNFPA country programme documents indicates that this overarching strategic direction has been consistently internalized across various contexts, and that

³¹⁶ Global regional and country level, multiple key informants.

³¹⁷ UNFPA Strategic Plan, 2022–2025. p 11. <https://www.unfpa.org/strategic-plan-2022>.

³¹⁸ UNFPA. Humanitarian Response Division Humanitarian Brief. Preparedness for emergencies and minimum preparedness actions. 2024.

these approaches align with and reinforce broader government and United Nations system-wide approaches to working at the continuum in humanitarian response. Table 4 illustrates this progressive increase in integration of the humanitarian–development–peace continuum into country programme documents of the 15 sampled evaluation countries.

Table 4: References to humanitarian–development–peace “nexus” or “continuum” in UNFPA Country Programme Documents, 2019–2025

	2019	2020	2021	2022	2023	2024	2025
Bangladesh	n	n	n‡	y*	y*	y*	y*
Burkina Faso	n	n	y‡	y‡	y‡	y‡	y‡
Burundi	y	y	y	y	y	y‡	y‡
Chad	y*						
Colombia	n	n	y	y	y	y	-
Egypt	n	n	n	n	n	n	n
Madagascar	n	n‡	n‡	y	y	y*	y*
Moldova	n	n	n	n	y	y	y
Myanmar	y	y	y	y	n‡	n‡	n‡
Peru	n	n	n	n	n	n	n
Somalia	n	n	y	y	y	y	y
Syria	n‡	n‡	n‡	y*	y*	y*	-
Uganda	n	n	y	y	y	y	y
Ukraine	n	n	n	n	n‡	n‡	n
Venezuela	n	n‡	n‡	n‡	y	y	y

*References “humanitarian–development–peace continuum” versus “nexus”

‡CPDs covered by extensions to the original Country Programme Documents

As of 2025, only three countries (Egypt, Peru and Ukraine) have not integrated such language explicitly in Country Programme Documents, down from 12 in 2019. In this way, UNFPA’s country programme commitments are internally aligned, while also facilitating UNFPA’s contributions to national-level strategies. That many national-level policies increasingly promote work at the continuum in countries where UNFPA operates shows the growing recognition of the value of a continuum approach to humanitarian response. This applies not just in cyclical disasters and/or in reference to climate change adaptation, but in settings affected by conflict and associated displacement.

Some of UNFPA's most common approaches for working at the continuum are focused on government and civil society systems strengthening and capacity-building as part of humanitarian preparedness and response. Across countries, UNFPA is often highlighted by United Nations and government key informants as an important government partner in SRH and GBV, in part because of its longer-term development contributions. One of the most important ways UNFPA adds value to the wider humanitarian response is in its ability to utilize and advance its relationships with government partners in its humanitarian preparedness and response work.³¹⁹

UNFPA is also leading in some countries on humanitarian innovations in preparedness, response and resilience to climate change, such as through anticipatory action, which entails using early warning systems to respond preemptively to imminent crises.³²⁰ There is evidence that the increasing focus on anticipatory action is paying positive dividends. For example, in Somalia, anticipatory action supported by CERF was recognized by OCHA as mitigating the effects of drought for over 661,000 individuals in 2021.³²¹ Further, UNFPA in Bangladesh utilizes anticipatory action in its disaster response through strategies such as pre-positioning supplies, distributing CVA and supporting capacity-building for IPs and government. The country office has developed its own guidance on anticipatory action, which underscores how early action can help protect "hard-won" development gains.³²²

Notwithstanding challenges with coverage, forecasting data and logistical procedures (such as getting anticipatory action funds to partners quickly, which is discussed respectively in evaluation questions 3,4 and 6 above), anticipatory action has overall been widely recognized as an important advancement for enhancing the efficiency and effectiveness of early action in emergencies.³²³

As noted above in evaluation question 6, CVA is also an increasingly common innovation that UNFPA (alongside the larger humanitarian community) is supporting in its country operations. This is not only for anticipatory action – in Bangladesh, UNFPA provides aims to prevent child marriage via conditional cash support for adolescent girls to stay in school after disasters.³²⁴ Evaluations of this approach have been positive, documenting evidence of improved household relationships, reductions in unmet needs and increased willingness to seek external support, amplifying its beneficial impacts and building longer-term resilience against social vulnerabilities.³²⁵

319 United Nations, Government and UNFPA key informants.

320 The evaluation has produced an issues paper on anticipatory action which explores how UNFPA utilizes this intervention in further depth.

321 United Nations Central Emergency Response Fund, 2021. CERF Allocation Report on the Use of Funds and Achieved Results: Somalia – Anticipatory Action, Drought (21-RR-SOM-47081).

322 UNFPA Bangladesh Country Office, Anticipatory Action Protocol, November 2024.

323 United Nations, Government and UNFPA key informants.

324 UNFPA has noted expertise and experience with CVA are increasingly regarded as prerequisites for effective participation in anticipatory action. See [Humanitarian Action Overview, UNFPA's global appeal 2025](#).

325 Meta-Analysis of Evaluations about UNFPA's Actions in Colombia During the Seventh Country Programme, UNFPA Colombia, 2024.

Finding 33: Despite high-level commitments and some programming successes, limited global guidance around humanitarian–development–peace continuum work has inhibited common conceptual understanding and led to inconsistent interventions across country operations.

While commitment to the continuum approach is widespread in UNFPA operations, challenges remain in systematizing this across all country-level operations. Some of these challenges are external, such as the disruptive nature of crises, short-term funding cycles and the intensified global funding crisis of 2025, while others are specific to country context.

Other challenges are related to internal capacity and clarity. As one UNFPA key informant concluded, “The nexus work is very interesting, but we have not been able to figure out how it plays out.” The 2019 evaluation of UNFPA humanitarian capacity recommended that UNFPA develop a framework for humanitarian action that accounts for “the need to work across and bring together the constituent parts of the triple nexus.”³²⁶ There have been a range of strategic and operational efforts even from before 2019 to embed the continuum in UNFPA operations, although momentum stalled in more recent years (2023 onwards) and has only recently been revitalized at a global level with work from an internal Nexus Task Team on strengthening continuum work (via an internal paper intended to guide the UNFPA Strategic Plan, 2026–2029). Annex X.C provides additional details on key UNFPA milestones in this regard.

Alongside and in relation to its humanitarian–development–peace continuum work, other UNFPA key informants to this evaluation emphasized an emerging and increasingly urgent need to clarify UNFPA’s humanitarian actions on climate adaptation. To date, this framework or guidance does not exist – neither in terms of continuum, anticipatory action nor humanitarian programme responsibilities for addressing climate change adaptation.³²⁷ This has been highlighted by a range of UNFPA key informants as a major issue for both UNFPA and the wider United Nations system. This absence of guidance is directly reflected in the perceived confidence of UNFPA staff in representing these accelerators as compared to others in the Strategic Plan. Data from an internal survey of UNFPA personnel in 2023³²⁸ indicates poorer perceptions of knowledge on resilience or the continuum than for other areas. In the absence of this internal guidance, some regional offices such as in Asia and the Pacific and East and Southern Africa are pursuing research and strategies to support country operations on humanitarian–development–peace continuum, anticipatory action and climate adaptation work, as are individual country offices (such as Bangladesh). However, the lack of organization-wide consistency has been noted as a key constraint by key informants, despite appreciation for any guidance from country-level counterparts.

³²⁶ UNFPA, Evaluation of the UNFPA Capacity in Humanitarian Action 2012–2019, 2019.

³²⁷ A UNFPA key informant noted that this is changing as of mid-2025. UNFPA recently hosted its second Global Symposium on Climate Justice and Impacted Populations where the Brasilia Call to Action was adopted. UNFPA is also currently updating its Climate Change Value Proposition and developing Programmatic Guidance on Climate Change for country offices to be available by the end of 2025.

³²⁸ UNFPA Strategic Plan, 2022–2025 mid-term review survey.

Evidence from stakeholders in many of the countries participating in this evaluation triangulates well with this data. Many expressed struggles with standardizing their approaches. In Uganda, for example, one key informant noted that preparation work remains insufficient in key areas, with gaps in readiness for future crises, especially in integrating climate adaptation measures into disaster preparedness.³²⁹ This highlights an ongoing challenge in ensuring that disaster responses are not only reactive but also adaptive to the inevitable changes in climate.

In Colombia, explicit UNFPA continuum programming is formally categorized as part of the country office in Colombia's longer-term development work, rather than humanitarian response.³³⁰ However, both internal and external stakeholders were clear that in practice, development and peacebuilding efforts are indeed integrated into country office's humanitarian responses as a core part of their approach. For example, a representative from a local NGO highlighted supporting income-generating activities as part of their partnership with UNFPA, which bridges immediate humanitarian needs with longer-term development goals. Similarly, UNFPA humanitarian staff described providing dignity kits customized to include items for income generation, indicating a consideration for livelihoods within humanitarian assistance.

These examples illustrate how country offices are taking up these issues themselves in country programming. They are acting in part because the governments and the wider humanitarian community are engaged around them, and to not engage would mean that UNFPA would be left behind. Despite current humanitarian reform discussions about the need to prioritize immediate life-saving interventions, the reality is that the process of implementing life-saving interventions should inevitably include approaches that support their sustainability. This is not only captured in the prioritization of localization in humanitarian assistance strategies, but is also well-articulated in global and UNFPA guidance related to UNFPA's key mandate areas of SRH and GBV. This guidance underscores that a failure to facilitate humanitarian strategies that are linked to longer-term development will undermine humanitarian investments over the long run.

Some of the common needs for corporate guidance emerging from the evaluation around continuum and climate adaptation are related to funding strategies, data responsibilities, operational procedures and staff capacity.

UNFPA key informants at a global level expressed that the gaps in UNFPA's organizational coherence and corporate guidance reflect insufficient engagement at senior leadership levels on these key issues. One key informant highlighted a four-year gap in filling a position on anticipatory action at UNFPA headquarters as evidence of this. A further challenge noted by global-level interviewees is the lack of clarity around division of responsibilities or areas for collaboration between Humanitarian Response Division and Programme Division on continuum and climate adaptation work (as well as other areas, discussed above), which precludes any synergies that might otherwise

329 Donor key informant.

330 UNFPA key informants, also referenced such in the 2021–2024 Country Programme Documents.

be generated. This is of particular significance, given the need to ensure the ongoing relevance and value of UNFPA in humanitarian action reforms.

Finding 34: While UNFPA has progressed further in the last several years with localization efforts in humanitarian settings, gaps in depth and quality remain.

The 2019 UNFPA humanitarian capacity evaluation examined UNFPA's progress on localization as part of its Grand Bargain commitments.³³¹ It found that UNFPA was increasing the involvement of local and national responders in humanitarian decision-making and delivery but that localization efforts were often ad hoc and not systematically integrated into humanitarian programming. That evaluation recommended that UNFPA global strategy should include localization of humanitarian aid, particularly targeting grass-roots women's organizations and youth organizations.

UNFPA has since taken several steps at the global level to track and facilitate progress in localization. In 2021, UNFPA joined the United Nations Partner Portal (UNPP) as a strategy for improving localization data tracking. As part of its participation in the UNPP, UNFPA spearheaded efforts to identify women-led organizations and increase the percentage of UNFPA's funding to them.³³² Also in 2021, UNFPA released guidance to all staff on working with women-led organizations as implementing partners in all settings. The guidance emphasized that when choosing an implementing partner, priority should be given to national government entities and/or national NGOs with a focus on women-led organizations. By the end of 2021, UNFPA reported that 38 per cent of its humanitarian funding went to national partners.³³³

In the UNFPA Strategic Plan, 2022–2025, UNFPA embedded localization in the accelerators, particularly in terms of facilitating local partnerships and leaving no one behind. The agency committed to providing up to 43 per cent of its humanitarian funding to local and national organizations by 2025. To enable this, UNFPA has sought to build more flexible partnership modalities, such as through the reduced reporting requirements of the Humanitarian Thematic Fund, and the increased investment in multi-year partnerships.³³⁴ UNFPA has also embedded partnerships in its approach to AAP and Leave No One Behind, as noted in evaluation question 1.³³⁵ Annual humanitarian updates have tracked progress in localization from 2021, with the most recent (2024) report indicating that 43 per cent of UNFPA's humanitarian funding

³³¹ The World Humanitarian Summit in 2016 produced the Grand Bargain, The Grand Bargain: an agreement among 22 donors and 31 humanitarian agencies on a range of improvements to the humanitarian system, such as the localization of aid, with a commitment of 25 per cent of all funding going directly to local and national responders by 2020.

³³² Annex 2. UNFPA humanitarian update, 2021 Annual report of the Executive Director on Implementation of the Strategic Plan 2018–2021, UNFPA 2021.

³³³ Ibid.

³³⁴ Ibid. Also UNFPA key informants.

³³⁵ For further findings, see UNFPA. Independent evaluation of the UNFPA support to the integration of the principles of 'Leaving No one Behind' and 'Reaching the Furthest Behind'. 2025. Also see UNFPA LNOB guidance, https://www.unfpa.org/sites/default/files/resource-pdf/LNOB-SP_EN.pdf.

was implemented by local and national actors, almost half of which were women-led organizations. Thus, by its own measure, it has almost achieved its target.³³⁶

This evaluation has identified many examples of UNFPA's efforts to work with governments and local partners in humanitarian action. Taken together, these illustrate that localization has become a core humanitarian response approach for UNFPA, demonstrated through direct engagement with national and local governments; partnerships with civil society organizations and NGOs; and dedicated national and local capacity-building initiatives. The evaluation evidence indicates robust efforts on programming, advocacy, policymaking and coordination, with a focus on fostering sustained capacity and programming. A summary of the key approaches is as follows:

- **Technical and policy support to national and local governments:** UNFPA supports national and local governments by providing technical assistance, training programmes and support for developing protocols, guidelines and policies that build out government capacity and commitment to addressing SRH and GBV in emergencies. Strong examples of this were identified by the evaluation in Uganda, Colombia, Chad, Bangladesh, Cuba and many other countries where UNFPA's work is explicitly aligned with national priorities, and it collaborates extensively with ministries for emergency response.
- **Direct funding and capacity-building for local organizations:** UNFPA programmes a high percentage of its humanitarian resources via national NGO partners. Across countries, government and local IPs noted UNFPA as particularly supportive.
- **Coordination:** As discussed in evaluation question 3 above, the GBV AoR has been an important source of global action on localization efforts in humanitarian settings and is “perceived to be leading example of localization across the cluster system”.³³⁷ A localization task team within the AoR undertook several studies on the scope of localization in GBV coordination and produced guidance documents aimed at improving localization within the GBV sphere, including one for women-led organizations on GBV coordination leadership. Many key informants to the external review noted that localization is a comparative strength of national and sub-national GBV sub-clusters as compared to other humanitarian clusters/sectors.³³⁸ One telling indicator is the number of local women's rights organizations (WROs) – over 400 globally – that came together to advocate in a letter to the UNOCHA Emergency Relief Coordinator against the dissolution of the GBV AoR and country-level sub-clusters as part of humanitarian reform.³³⁹ SRH working groups are also important sources of localization, with government and local partners engaging as active participants.

³³⁶ UNFPA, Annex 2. UNFPA humanitarian update, 2022 Annual report of the Executive Director on Implementation of the Strategic Plan 2022–2025, UNFPA 2024.

³³⁷ UNFPA. GBV AoR External Review. July 2023.

³³⁸ Ibid.

³³⁹ UNFPA key informants.

- **Cash and voucher assistance:** UNFPA collaborates extensively with local partners to deliver CVA as part of its GBV and SRH programming. This localized approach is the primary implementation model for cash assistance: up to 84 per cent of UNFPA CVA project partners in the Asia and the Pacific are local organizations, including civil society organizations and women-led organization.³⁴⁰

Despite these successes, key informants across countries highlighted challenges with UNFPA approaches to and investment in localization. In a guidance note on strengthening engagement with women-led organization and women's rights organizations in Syria, the UNFPA Arab States Regional Office summarized its approach to localization in terms of five interrelated areas of engagement: partnership; funding; participation; coordination; and capacity strengthening and sharing.³⁴¹

The evaluation evidence indicates localization challenges in two of these domains in particular: **partnership** and funding. In terms of partnership, while there were many positive accounts of UNFPA's approach in the evaluation research, issues with partnership were identified by internal and external stakeholders globally, regionally and in many of the sampled countries about the extent to which UNFPA is engaging in truly equitable collaborations. The headline localization indicator that UNFPA relies on relates to the proportion of funding, but this does not illustrate the actual number of partners that receive support, nor does it speak to the value or depth of that support. One UNFPA key informant noted, "I think UNFPA pays lip service to its engagement to WLOs... UNFPA should be doing much better."³⁴²

A particular challenge is the extent and quality of consultation that UNFPA engages in as part of project design and preparation. In Bangladesh, several partners noted that in the disaster response, they are more likely to be informed about the scope of the response after the project has been determined, noting that sometimes the design is not well-aligned with "the reality on the ground", causing challenges for the local partners.³⁴³ This was echoed by national implementing partners in other contexts, who expressed perceptions of being considered as service delivery agents, rather than true partners with added value in their own rights (such as meaningful connections with communities). Several internal key informants working at global and regional levels emphasized a need for UNFPA to improve its capacity to facilitate leadership and decision-making of local partners to support true localization.

In terms of **funding**, a key challenge identified across countries – and discussed in other sections of this report, particularly evaluation question 6 – is the issue of sustained funding. Reliance on short-term funding cycles and increasing competition for resources complicate efforts to provide a level of funding to facilitate localization. In countries such as Chad and Colombia, varying prioritization of humanitarian

³⁴⁰ Strengthening Localization: Implementing Cash Assistance with Women-Led and Civil Society Organizations in Myanmar, 2024.

³⁴¹ UNFPA, Enhancing Women's Voices, Leadership and Participation, 2024.

³⁴² UNFPA regional key informants.

³⁴³ Implementing partner key informants.

response mean that national resources are often insufficient to replace international funds as those funds are withdrawn.³⁴⁴ In some countries, there is a concern that the government has “relinquished responsibility to many of the United Nations agencies”, lacking the capacity to fund critical services like midwives if UNFPA stops.³⁴⁵ The emergence of “parallel systems” (one supported by government, the other by the international humanitarian community) in protracted crisis situations such as the refugee settlements, is a disincentive for governments to assume more responsibility for funding the humanitarian response.³⁴⁶ This was also seen in Yemen, where the evaluation of UNFPA country programming over a decade found evidence of the United Nations community in Yemen being perceived as a “shadow government”, perpetuating a cycle of dependency rather than fostering genuine development.³⁴⁷

This evidence triangulates with that from external evaluations, notably a 2023 multi-country evaluation of CERF funding received by UNFPA and UN Women for GBViE in 11 countries, of which a primary feature was to promote the empowerment of women-led organizations and women’s rights organizations to contribute to localization. One of the key findings from the evaluation of the CERF allocation was lack of financial sustainability for the organizations that received funds.³⁴⁸

Conversely, a challenge to deeper engagement (i.e. delegation of greater responsibility for programming and the resources that accompany this) with local partners is the greater risk of mismanagement or misuse of those resources. The heightened level of risk aversion at UNFPA (deriving from, to some degree at least, stringent accountability requirements from donors) is an inhibiting factor for greater localization. The evaluation noted some anecdotal evidence of instances of partner misappropriation of funding that necessitated careful management. But there was little systematic data available on this to enable the issue to be quantified and (thus) an appropriate strategy put in place or recommended. In line with the issues around risk sharing discussed under evaluation question 6, the need for a more systematic approach to assessing the risks associated with greater localization – and thus, their mitigation – is clear.

The trends in humanitarian funding in 2024 and particularly in 2025 present increasing challenges to facilitate meaningful funding to local organizations that support their sustainability. UNFPA has engaged in discussions with and received funding from International Financial Institutions such as the World Bank and Asian Development Bank, recognizing the potential for development funding to support resilience activities for both host and refugee populations. This approach holds promise to address some of the humanitarian funding shortfalls that UNFPA is facing and is also in line with the emerging global UNFPA resource mobilization strategy.

³⁴⁴ UNFPA key informants.

³⁴⁵ United Nations key informant.

³⁴⁶ Titeca & Derrix, The End of Uganda’s Refugee Model, or Just a ‘Transition’? Egmont Policy Brief 355, 2024.

³⁴⁷ UNFPA Yemen Country Programme Evaluation of the 5th UNFPA Yemen CP, 2015–2024.

³⁴⁸ Evaluation of UNFPA/UN Women GBV 2-Year Central Emergency Response Allocation. Aug 2023.

03

Conclusions

Conclusion 1: Relevance

UNFPA has a clear commitment to address the needs of women, girls, youth and vulnerable people within its mandate, although this is not fully operationally reflected. Its strategic positioning as a global humanitarian actor is being consolidated, but not yet fully established.

Links to findings 1–5

While the absence of a stand-alone humanitarian strategy at the global level remains an impediment to greater strategic engagement and resulting operational commitments to humanitarian action, Humanitarian Response Division has produced policies and guidance to enhance humanitarian work. Country programmes have shown clear progression on the integration of humanitarian action. Many have positively adapted to evolving contexts and aligned effectively with national and United Nations frameworks, reflecting a growing recognition – internally and externally – of humanitarian work as core to UNFPA's efforts.

Despite this progress, consistent prioritization and recognition of all mandate areas, particularly SRHR and data, as life-saving interventions in inter-agency planning documents are still a challenge. Furthermore, while there is a sharpened strategic focus on AAP, its operational application is still ad hoc and inconsistent, impacting direct responsiveness to community needs.

Conclusion 2: Effectiveness/coverage

UNFPA's humanitarian interventions have demonstrated considerable positive progress in the coordination and delivery of high quality SRH and GBV services, although the overall global growth in humanitarian resources has not been fully matched by a commensurate expansion in the number of people reached with SRH services. While quality and integration of programming have improved, humanitarian needs remain high.

Links to findings 6–12, 18, 19, 20 and 30

UNFPA has successfully rolled out, supported and delivered service models related to its mandate areas, notably the MISP, mobile clinics, provision of essential commodities,

Women and Girls Safe Spaces and cash and voucher assistance. However, despite these advances and an increasing focus on AAP and innovative programming, UNFPA's service delivery for both SRHR and GBV falls short of meeting the scale of need and achieving adequate coverage for vulnerable populations.

UNFPA has also demonstrated progress in youth engagement and leadership in the Compact for Youth and the YPS agenda, which has secured substantial peacebuilding funds and supported country-level actions, such as efforts to prevent child marriage, and inclusive SRHR outreach for young people with disabilities. However, the overall effectiveness of this programming in humanitarian contexts is consistently hampered by weak institutionalized coordination between Humanitarian Response Division and youth work, which is primarily managed by the Programme Division. This structural disconnect leads to youth-focused humanitarian efforts often operating in silos, limiting a fully integrated and leveraged response across UNFPA's broader humanitarian portfolio at country level.

Conclusion 3: Effectiveness

Humanitarian data efforts by UNFPA – both population data and programming data – have informed some positive advancements in policies and innovations. However, they remain fragmented and inconsistent, limiting evidence-based decision-making and the ability to demonstrate programmatic impact.

Links to findings 9, 12–17

There have been efforts to improve the collection, management and organization of data, and increasing emphasis on the importance of population data in humanitarian settings. However, UNFPA's internal systems for humanitarian data compilation, analysis and sharing lack cohesion and organization-wide consistency, and are often perceived as inadequate for granular, real-time needs, while conforming to ethical and security requirements. Resources and energy are mostly captured by a heavy burden of administrative reporting, rather than genuine, integrated and coherent monitoring and learning. While country offices often develop diverse and sophisticated tools for data collection and visualization, UNFPA is a leading actor in population data and demographics, this rich ecosystem is not consistently harmonized or leveraged globally, leading to fragmentation and interoperability challenges. Furthermore, UNFPA's unique expertise and relationships with national actors for population data, despite deepening strategic commitments, are often insufficiently leveraged for dynamic humanitarian preparedness and detailed operational planning, partly due to interdivisional disconnects. This systemic weakness means data is not consistently used for direct feedback to affected communities to enhance accountability and trust, which hinders in-depth analysis and the robust demonstration of programmatic outcomes and impact. This ultimately impedes UNFPA's capacity to clearly ascertain its contribution to improved SRHR and GBV outcomes and to effectively advocate for these as life-saving interventions amid increasing resource constraints.



Conclusion 4: Efficiency

UNFPA's humanitarian operational efficiency has improved since 2019, with some key organizational, strategic and policy advancements – notably the creation of the Humanitarian Response Division. Other advancements include the ongoing development of a dedicated body of policies, processes and guidance, and improvements in the management of short-term staffing arrangements. However, the pace of progress is slow, and has been compromised by systemic internal fragmentation and persistent bottlenecks.

Links to findings 22–29

UNFPA is increasingly establishing itself as a more credible humanitarian actor through strategic restructuring, new policies such as the EPPs, and the increased adoption of cost-effective modalities such as CVA. CVA has shown speed advantages over traditional supply delivery and a more creative and risk-tolerant approach to commodity supply. These efforts, alongside strengthened rapid deployment mechanisms, have introduced specific operational efficiencies in terms of time and cost. Nevertheless, the organization's overall ability to deliver timely and efficient humanitarian action remains limited and the efficiencies are not seen across the board. The process of organizational growth is very slow or of restricted applicability to certain contexts. Many new or emerging initiatives take considerable time to be rolled out organization-wide and in the field. Delays are persistent in the humanitarian supply chain, despite various organizational changes. An over-reliance on short-term earmarked funding impedes sustained staffing and programming continuity. Furthermore, these challenges are exacerbated by slow recruitment processes, the widespread “double-hatting” of staff and, relatedly, over-reliance on short-term mechanisms of limited capacity such as Surge or GERT. This hinders UNFPA's capacity for a fully agile and predictable humanitarian response.

Conclusion 5: Coherence

UNFPA's humanitarian programming demonstrates strong internal coherence for SRHR and GBV and improved external complementarity but faces challenges in integrating youth and data while navigating intensifying inter-agency competition.

Links to findings 14, 19, 30 and 31

UNFPA has enhanced the internal coherence of its humanitarian response, especially through the improved integration of SRHR and GBV services at the country level. This often leads to efficiencies despite the persistence of operational “silos” between sectors. Externally, UNFPA has, to a degree, solidified its position as a credible humanitarian actor, fostering partnerships and joint programming across the United Nations system and demonstrating leadership in areas like PSEA. This is increasingly important in the challenging global humanitarian environment that characterizes 2025 onwards, which will necessitate new ways of operating. However, its overall coherence is hampered by the continued lack of holistic integration for youth and population data programming, which largely remains in distinct internal silos from core humanitarian action. Furthermore, country leadership does not consistently have the skills or experience to successfully advocate for and cement UNFPA’s humanitarian leadership role in the increasingly competitive external environment. The internal fragmentation, coupled with intensifying external inter-agency competition and mandate overlap, threatens UNFPA’s established coordination and leadership roles.

Conclusion 6: Connectedness

UNFPA’s humanitarian action demonstrates improving conceptual and programmatic links to preparedness and longer-term development and peace processes. Corporate guidance gaps on implementation and localization challenges persist.

Links to findings 32, 33 and 34

The integration of the humanitarian–development–peace continuum is evident from UNFPA’s corporate strategic plans to country-level operations. Its incorporation is increasingly explicit in country programme documents and through strategies such as government and civil society systems strengthening, anticipatory action and CVA to build resilience. UNFPA has also strengthened localization efforts in line with its Grand Bargain commitments, with increased funding to national and women-led organizations and enhanced coordination, aiming to embed humanitarian response within local structures for sustained impact. However, efforts to operationalize and standardize humanitarian–development–peace continuum work and climate adaptation efforts across all UNFPA operations have lost momentum in recent years. This is leading to inconsistent interventions and staff uncertainty at country level. Furthermore, despite localization efforts, challenges remain in fostering truly equitable partnerships and ensuring the stability and sustainability of local organizations due to short-term funding cycles. This undermines longer-term impact and the full realization of the continuum approach.

04

Recommendations and suggested additional actions

The recommendations presented here were formulated and agree via a multi-stage process:

- First, the evaluation team drafted suggestions for recommendations based on the reviewed and agreed (in principle) draft findings and conclusions that were reviewed by the Evaluation Reference Group and evaluation manager.
- Second, these suggestions for recommendations were then shared with the Evaluation Reference Group in advance of a recommendations workshop, during which the evaluators presented the draft recommendations for review and discussion.
- Third, feedback from this process was used to develop a revised set of draft recommendations that were then presented to the Evaluation Reference Group with the full, second draft report. Subsequent feedback fed the finalization of the recommendations and the report itself.

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Recommendation 1: Elevate UNFPA's strategic and leadership role in humanitarian action

action: UNFPA should elevate its strategic and leadership role in humanitarian action by developing a dedicated humanitarian strategy to unify its internal approaches and strengthen its external positioning. This will ensure its mandate areas are consistently prioritized as life-saving interventions and solidify its leadership role amidst intensifying inter-agency competition and the ongoing global humanitarian reform.

Derived from findings 1, 22, 31 and conclusions 1 and 5

Operationalization plan

A. Develop and publish a comprehensive stand-alone internal strategic framework for humanitarian action that clearly states and defines UNFPA's enhanced humanitarian role and mandate areas and reflects the life-saving nature of SRHR, GBV and population data in an integrated humanitarian–development–peace continuum approach that cuts across all UNFPA work. This should be concise and time-bound (24 months) to reflect the ongoing humanitarian reset and build in a reflection/assessment period at the conclusion to assess its added value.

Derived from findings 1 and 33.

Key units:

Humanitarian Response Division, Office of the Executive Director

Priority: High

Level of US\$

required: Low

B. Reinforce and require internal capacity for robust advocacy and leadership on humanitarian programming among Country Representatives, Deputy Representatives and senior management in inter-agency forums, particularly concerning resource negotiations.

This should:

1. Build on already-articulated responsibilities for humanitarian advocacy among UNCTs/HCTs within Representative and Deputy Representative terms of references by requiring a minimum standard of experience (responsibility/time) among candidates – both new and those rotating from existing positions.
2. Develop new humanitarian-focused assessments for recruitment.
3. Reinforce and strengthen existing capacity development efforts such as those undertaken by the UNFPA Regional Office for West and Central Africa and the UNFPA Regional Office for the Arab States and at a global level through, for example, integrating tours of duty in humanitarian contexts as a requirement for promotion in country office leadership roles.
4. Create clear career pathways for experienced humanitarian specialists towards managerial and country representative roles.
5. Integrate humanitarian competencies into continuous performance management.

Key unit: Division for Human Resources

Priority: High

Level of US\$

required: Medium

Derived from findings 3, 21 and 31

C. Advocate internally on formalizing this strategic framework to operationalize the humanitarian commitments in the UNFPA Strategic Plan, 2026–2029.

Derived from finding 1

Key unit:
Humanitarian Response Division

Priority: Medium
Level of US\$ required: Low

Additional operational action for consideration

D. Replicate (or build on the model of) the Humanitarian Roadmap created at regional level for West and Central Africa in other UNFPA regions as an alternative to an overarching global strategy, ensuring (as with the exercise by the UNFPA Regional Office for West and Central Africa) that they are aligned fully with the UNFPA Strategic Plan, 2026–2029.

Derived from finding 1

Key units:
Humanitarian Response Division, Regional Offices

Priority: Medium
Level of US\$ required: Low

Recommendation 2: Focus on sustaining and coordinating targeted, high-quality, high-impact SRH and GBV services: UNFPA should focus on sustaining and coordinating targeted, high-impact sexual and reproductive health and gender-based violence services by strategically directing resources to the most vulnerable populations with the highest unmet needs. This focused approach will safeguard its coordination leadership and reinforce its credibility with donors, even as overall service coverage remains a challenge in a resource-constrained environment.

Derived from findings 6, 7, 9, 11, 18, 19, 20, 21 and 30 and conclusion 2

Operationalization plan

A. Undertake a strategic prioritization and resource allocation exercise to identify and target services for the most vulnerable crisis-affected populations.

This should:

1. Include development of clear vulnerability criteria and mapping tools that country programmes will be required to apply and report against.
2. Then, focus investment in the sectoral and geographic areas of greatest need in SRH and GBV service delivery, rather than reacting to donor-defined needs. Investments may be through targeted advocacy with donors and HCTs and strategic allocation of core funding, for example.
3. Draw on successful innovations and provision of essential commodities and include as part of advocacy strategies.

Derived from findings 7 and 11

Key units:
Humanitarian Response Division, Regional Offices, Country Offices

Priority: High
Level of US\$ required: Low

B. Strategically review UNFPA's position as PoLR in GBV in line with the humanitarian reset. The relevance of this role, the responsibilities that it entails and how UNFPA can meet these are changing with the humanitarian reset and the UN80 Initiative. UNFPA should, in the immediate term, conduct a quick assessment of the historical and prospective significance of this role in light of these developments and clearly define what it will mean for the life of the next strategic plan.

Derived from finding 21

Key unit: Division for Human Resources

Priority: High

Level of US\$ required: Low

C. Support a coherent transition of the GBV AoR from its IASC-mandated role and maintain UNFPA's coordination leadership, via key steps:

1. Active and immediate engagement in consensus-building and advocacy among key stakeholders will help to ensure an agreed and orderly shift to the coordination modalities that emerge. This will minimize negative impacts on GBV actors and programming due to the humanitarian reset and cluster simplification.
2. Ringfencing UNFPA global, regional and national expertise on GBV during and after the reset will help to meet its leadership responsibility in GBV under all eventualities.

Derived from findings 20 and 21

Key unit: Humanitarian Response Division, Regional Offices, Country Offices

Priority: High

Level of US\$ required: Medium

Additional operational action for consideration

D. Ensure adequate training, supervision and resources for staff, implementing partners and volunteers to uphold GBV and SRH minimum standards and provide comprehensive case management and psychosocial support, as well as systematizing optimal referral pathways between services in highly resource-constrained settings.

Derived from findings 6, 10, 20 and 30

Key units: Humanitarian Response Division, Regional Offices, Country Offices

Priority: Medium

Level of US\$ required: Medium

Recommendation 3: Enhance operational agility, responsiveness and investment in people

in people: UNFPA should enhance its operational agility and responsiveness by revising policies, optimizing supply chain management, and addressing processes that slow down timely humanitarian action. To sustain this improvement, UNFPA should strategically invest in its people by streamlining recruitment processes, reducing the over-reliance on short-term contracts, and building a stable and expert humanitarian workforce.

Derived from findings 13, 22, 23, 24, 27, 28 and 29 and conclusion 4

Operationalization plan

A. General policies and procedures, i.e. notably for human resources, supplies and workplan management, should be revised to be more flexible, allowing for timely adaptations and response to protracted humanitarian crises. They should provide clear guidance for rapid programming and administrative measures outside of sudden-onset emergencies.

Specifically:

1. Humanitarian Response Division and the Programme Division should develop a programmatic framework to guide and strengthen the linkages between sudden-onset and protracted crises in line with the humanitarian-development-peace continuum approach.
2. Humanitarian Response Division should work with other business units, as relevant, (e.g. Division for Human Resources, Supply Chain Management Unit, Office of the Security Coordinator, Division of Management Services, etc.) to develop the necessary response mechanisms that will underpin and enable UNFPA in responding to those onset and protracted emergencies.

Derived from findings 23, 24 and 29

Key units:

Humanitarian Response Division, Programme Division, Division for Human Resources, Supply Chain Management Unit

Priority: High

Level of US\$ required: Low

B. Develop clear and practical guidance on operationalizing risk appetite and “no regrets” policies, including risk sharing (with donors and other agencies) and systematic quantification of risk

This should include:

1. Conduct determination and assessment/quantification of the specific dimensions of “risk” as they apply to humanitarian programming, e.g. risk of commodity losses, risk of partner mismanagement/misappropriation of resources.
2. On the basis of a clearer articulation and quantification of the key risks, develop specific operational guidance in the EPPs and training/familiarization of staff on risk and the “no regrets” approach as it applies to different programming approaches (e.g. for SRH or GBV services versus commodities, partner selection and resourcing, interactions with donors, etc.).

Key unit:

Humanitarian Response Division, Division of Management Services

Priority: High

Level of US\$ required: Low

Derived from finding 23

C. Undertake a review exercise of the cost-effectiveness and efficiency of both the Surge and GERT mechanisms.

To include:

1. Performance in meeting their stated objectives
2. Impact on staff versus programmes (staff welfare/morale, outcomes on existing programming, particularly employees from existing priority countries)
3. Adherence to deployment duration limits for GERT and Surge personnel
4. Comparison with the benefits/challenges of the previous roving teams
5. Existence of clear transition pathways to longer-term staff for complex or protracted crises.

Derived from finding 28

Key unit:

Humanitarian Response Division, Regional Offices, Country Offices

Priority: High

Level of US\$

required: Low

D. Assess, identify and target strategic investments in prepositioning humanitarian supplies at global, regional, and national levels, tailored to the most significant identified risks and needs and most cost-effective locations. Consider introducing pre-approved thresholds for local procurement and linking clearly to the EPP “no regrets” approach.

Derived from findings 23 and 24

Key unit:

Humanitarian Response Division, Regional Offices, Supply Chain Management Unit

Priority: High

Level of US\$

required: Low

E. Increase the proportion (though not necessarily the absolute levels of funding, given resource constraints) of core funding allocated to strategic humanitarian positions at country and regional levels, providing stability and continuity for critical roles. This to include adequate capacities at regional office and headquarters level for staff to be deployed to a crisis in the first days and weeks until positions are filled by colleagues with long-term contracts.

Derived from findings 27, 28 and 29

Key units: Division of Management Services, Division for Human Resources

Priority: High

Level of US\$

required: Medium/ High

F. Assess and streamline recruitment processes for humanitarian positions, exploring mechanisms for rapid hiring, such as pre-vetted national rosters and adoption of the “time-to-fill” metric that tracks the overall recruitment process.

Derived from findings 28 and 29

Key unit: Division for Human Resources

Priority: High

Level of US\$ required: Low

Additional operational actions for consideration

G. Adopt a more agile, online, centralized knowledge management system for communicating Humanitarian Response Division policies and guidance leveraging the recently launched Humanitarian Response Division intranet site, and/or learning from industry best-practice, to ensure an easily accessible, frequently-updated, multi-language resource for all staff engaged in or supporting humanitarian programming.

Derived from findings 13, 22 and 23

Key units: Humanitarian Response Division

Priority: Medium

Level of US\$ required: Low

H. Decentralize approval for local procurement of selected pharmaceuticals (e.g. family planning supplies), empowering country offices (with support of Supply Chain Management Unit experts) with strong capacity to act swiftly in emergencies and ensuring they develop internal capabilities to assess the quality of medical items available in-country, particularly in regions with robust quality assurance processes (e.g. European Union countries and countries in Eastern Europe and Central Asia). Further, provide CVA specifically for purchase of medications by rights holders.

Derived from findings 23, 24 and 25

Key unit: Humanitarian Response Division, Supply Chain Management Unit, Regional Offices

Priority: Medium

Level of US\$ required: Low

Recommendation 4: Enhance AAP and localization efforts: UNFPA should enhance its accountability to affected populations and deepen its localization efforts by systematically integrating community feedback mechanisms and participatory decision-making throughout the entire humanitarian programme cycle. This shift from ad-hoc application to a consistent, required practice will ensure programming is better aligned with community needs and builds genuine, equitable partnerships with local actors.

Derived from finding 5, 17 and 34 and conclusions 1 and 6

Operationalization plan

A. Integrate mandatory and consistent AAP mechanisms, including improved staff capacity and accountability, feedback loops and community consultations, into every stage of the humanitarian programme cycle and partner assessments and contracts, including indicators related to progress on both the presence and quality of AAP measures.

Derived from findings 5 and 17.

Key units:
Humanitarian Response Division, Programme Division, Regional Offices, Country Offices

Priority: High
Level of US\$ required: Low/Medium

B. Leverage innovative technologies (e.g. mobile platforms and other remote technologies) for community feedback and clearly defined needs assessments where appropriate and contextually sensitive.

Derived from findings 4 and 12

Key unit:
Humanitarian Response Division, Country Offices

Priority: High
Level of US\$ required: Medium

C. Move beyond mere funding allocation to local partners by investing in genuine co-design and inclusive and participatory decision-making processes, such as involvement in development of programming proposals, boosting their participation and/or leadership in coordination roles, in line with the 2025 “Guidance note to operationalize UNFPA’s Humanitarian Localization Commitments”. This should recognize local organizations as true partners with added value beyond service delivery for the most effective and immediate response in emerge.

Derived from finding 34

Key unit: Regional Offices, Country Offices

Priority: High
Level of US\$ required: Low

Additional operational actions for consideration

D. Enhance work with governments and the international community to transition humanitarian responses to national ownership and funding where appropriate, and ensuring responses are in compliance with humanitarian principles, addressing the development of parallel systems in protracted crises.

Derived from finding 34

Key units: Regional Offices, Country Offices

Priority: Medium
Level of US\$ required: Low

E. Assign dedicated budget lines for organizational strengthening and related overheads for partners, in line with the 2025 guidance, but moving beyond the “training and mentoring on financial management and resource mobilization” cited as examples in this resource, so that local partners have the means to participate on equal footing.

Derived from finding 34.

Key unit: Division of Management Services, Regional Offices, Country Offices

Priority: Medium

Level of US\$ required: Low

Recommendation 5: Integrate and strengthen humanitarian–development–peace continuum work, including climate adaptation and YPS. UNFPA should integrate and strengthen its work across the humanitarian–development–peace continuum by clarifying responsibilities and fostering collaboration between its Humanitarian Response Division and Programme Division. This requires finalizing and disseminating comprehensive corporate guidance on the humanitarian–development–peace continuum; climate adaptation; and the Youth, Peace and Security (YPS) agenda to ensure a cohesive, effective, and resilient approach in humanitarian crises.

Derived from findings 19, 30, 32 and 33 and conclusions 2 and 6

Operationalization plan

A. Clarify division of responsibilities and foster collaboration between Humanitarian Response Division and Programme Division, with support from the Division for Human Resources and the Supply Chain Management Unit, including by modifying corporate structures that create silos between development and humanitarian interventions: for example, consideration of moving Humanitarian Response Division under the Deputy Executive Director (Programme).

Derived from findings 19, 30 and 33

Key units:
Office of the Executive Director, Programme Division, Humanitarian Response Division, Division of Human Resources and Supply Chain Management Unit

Priority: High

Level of US\$ required: Low

B. Finalize and widely disseminate a comprehensive corporate framework and practical guidance on the humanitarian–development–peace continuum, including lessons learned and best practices, operational procedures, funding strategies and data responsibilities.

Derived from findings 32 and 33

Key unit:
Humanitarian Response Division, Programme Division, Regional Offices

Priority: High

Level of US\$ required: Low

C. Develop a dedicated framework and guidance for humanitarian actions on climate adaptation as part of disaster risk reduction. This includes the following:

1. Its role in early warning systems, anticipatory action and resilience-building
2. Linkages to disaster risk reduction (DRR) and where/how it integrates with humanitarian response (including organizational responsibilities between Humanitarian Response Division and Programme Division).

Derived from finding 33

Key unit:
Humanitarian Response Division, Programme Division, Regional Offices

Priority: High

Level of US\$ required: Low

Additional operational actions for consideration

D. Ensure that humanitarian needs assessments and response plans consistently include specific, integrated programming for young people in emergencies, explicitly linking to integrated youth-responsive SRHR and GBV services.

Derived from findings 19 and 30

Key units:
Humanitarian Response Division, Regional Offices, Country Offices

Priority: Medium

Level of US\$ required: Medium

E. Leverage UNFPA's leadership roles in the YPS agenda and Compact for Youth to strengthen country-level partnerships with youth-led organizations in humanitarian settings.

Derived from findings 19 and 30

Key unit: Regional Offices, Country Offices

Priority: Medium

Level of US\$ required: Medium

Recommendation 6: Unified humanitarian data strategy and system: UNFPA should develop a unified humanitarian data strategy and system for outcome measurement for SRHR and GBV in humanitarian settings. To maximize the key ‘learning’ function of monitoring and the ability to leverage all data, UNFPA should invest in consistent, disaggregated data and analysis and related platforms to clearly ascertain its contribution to SRHR and GBV outcomes.

Derived from findings 9, 12, 13, 14, 15, 16, 17, 22 and conclusions 2 and 3.

Operationalization plan

A. Follow up on the recommendations of the 2021 baseline and evaluability assessment on generation, provision and utilization of data in humanitarian assistance, which proposed key building blocks for the development of a theory of change for the work of UNFPA in the field of humanitarian data.

Derived from finding 13

Key units:
Humanitarian Response Division
Priority: Medium
Level of US\$ required: Medium

B. Develop and implement meaningful standardized, outcome-oriented indicators for SRHR and GBV programming, moving beyond activity and output-level data to measure changes in well-being, health-seeking behaviour, reductions in GBV exposure/risks and long-term benefits of CVA, etc.

Derived from findings 9, 12, 13 and 16

Key unit:
Humanitarian Response Division, Regional Offices, Country Offices
Priority: High
Level of US\$ required: Medium

C. Streamline humanitarian reporting requirements to reduce administrative burdens and reorient efforts towards genuine monitoring, in-depth analysis and organizational learning.

Derived from findings 13, 16 and 17

Key unit:
Humanitarian Response Division, Regional Offices, Country Offices
Priority: High
Level of US\$ required: Low

Additional operational action for consideration

D. Develop and implement a clear, unified humanitarian data strategy based on a single architecture, including a common understanding of data needs, availability, gaps and an integrated information management system leveraging existing investments in platforms such as DHIS2 and the GBVIMS. This should include integration of disaster risk, preparedness and response work, leveraging existing capacities across Programme Division and Humanitarian Response Division, and clearly determine and articulate the use case for population data in humanitarian response.

Derived from findings 13, 14, 15 and 16

Key units:

Humanitarian Response Division, Programme Division, Information Technology Solutions Office

Priority: Medium

Level of US\$

required: Low/
Medium

E. Strengthen internal capacity for humanitarian data management, analysis and visualization at global, regional and country levels, including dedicated staffing and training and mandatory “data literacy” for all staff, including (importantly) management.

Derived from findings 13, 16 and 22

Key units:

Humanitarian Response Division, Regional Offices, Country Offices

Priority: Medium

Level of US\$

required: Medium

F. Systematically leverage UNFPA’s expertise and relationships with National Statistical Offices to integrate population data into dynamic humanitarian preparedness and operational planning.

Derived from findings 14 and 15

Key units: Regional Offices, Country Offices

Priority: Medium

Level of US\$

required: Medium



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