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UNFPA – Evaluation**United Nations Population Fund****Formative evaluation of the organizational resilience of UNFPA
in light of its response to the COVID-19 pandemic***Summary*

The Evaluation Office conducted this formative evaluation as part of the UNFPA quadrennial budgeted evaluation plan, 2022-2025.¹ Covering the period from March 2020 to May 2023, the evaluation assessed the performance of UNFPA in responding to the COVID-19 pandemic, analysed the ability of UNFPA to work across the humanitarian-development-peace continuum during the pandemic, as well as its organizational capacity to anticipate, prepare for, and respond and adapt to global crises.

¹ Following internal discussions on the scoping of this evaluation, the scope of the evaluation, initially circumscribed to the UNFPA response to the COVID-19 pandemic, was enlarged to an assessment of the ability of UNFPA to adapt and to respond to global crises, i.e., the organizational resilience of UNFPA.

I. Background

1. The COVID-19 pandemic, triggered by the SARS-CoV-2 virus, emerged in December 2019. By December 2022, it had resulted in over 646 million cases and 6.6 million deaths worldwide. The World Health Organization (WHO) designated it a public health emergency in January 2020 and a pandemic by March 2020. This global health crisis was declared over on 5 May 2023.
2. Beyond health implications, the pandemic transformed into a multifaceted global crisis, influencing social, economic and environmental systems, particularly affecting low- and middle-income countries. It intensified existing inequalities, jeopardizing progress towards the Sustainable Development Goals.
3. The COVID-19 pandemic profoundly impacted women and girls, hampering access to essential sexual and reproductive health (SRH) services, exacerbating gender inequalities and increasing gender-based violence (GBV). This situation endangered the commitment of UNFPA to achieving its three transformative results.
4. The United Nations orchestrated its COVID-19 response via key bodies, including the United Nations Senior Management Group and the COVID-19 Crisis Management Team, led by WHO. To address the socioeconomic impacts, the United Nations Secretary-General introduced frameworks and strategies that aimed to uphold lives, shield people and foster better recovery.
5. Even before the pandemic declaration, UNFPA had begun equipping itself to respond to the worsening crisis. By April 2020, the organization had launched the COVID-19 – UNFPA Global Response Plan, emphasizing preparedness, immediate response and early recovery. Updated in June 2020, this plan aligned with broader United Nations and WHO strategies and was structured around maintaining sexual and reproductive health services, addressing gender-based violence and ensuring reproductive health commodity supply. The plan introduced four key strategic priorities: (a) focusing on the most vulnerable; (b) assuring data continuity; (c) supporting risk communication and community engagement; and (d) prioritizing youth involvement.

II. Purpose, objectives and scope of the evaluation

6. The purpose of the evaluation was to assess the response by UNFPA to the global COVID-19 pandemic, as well as to draw lessons from the COVID-19 response, with a view to informing UNFPA preparedness and its response to future global crises.
7. The specific objectives of the evaluation were as follows:
 - (a) Assess the performance of UNFPA in responding to the COVID-19 pandemic;
 - (b) Analyse the ability of UNFPA to work across the humanitarian-development-peace (HDP) continuum during the pandemic; and
 - (c) Analyse the organizational capacity of UNFPA to anticipate, prepare for, respond and adapt to global crises (organizational resilience).
8. The evaluation covered all UNFPA strategies and programmes implemented within the COVID-19 context, including (but not limited to) interventions directly aiming at the response to the COVID-19 pandemic, both in development and humanitarian settings.

III. Evaluation methodology

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

10. The evaluation team, as part of the primary data collection process, visited six countries (one in each UNFPA region) and complemented these visits with desk reviews and remote primary data collection covering nine additional countries.

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

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

13. Overall, 403 stakeholders were consulted through interviews conducted at the country, regional and global levels (255, 33 and 13, respectively).

IV. Main findings

Preparedness and responsiveness

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

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

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

Effectiveness of the response

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

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

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

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

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

Coherence, synergies and inter-agency complementarity

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

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

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

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

Systems and processes

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

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

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

Learning from the COVID-19 response

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

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

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

V. Conclusions

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

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

33. The initial UNFPA response and preparedness planning (even before the pandemic declaration), the development and alignment of the COVID-19 – UNFPA Global Response Plan and reasserting the value of the transformative results, were swift and relevant, ensuring a clear, consistent and coherent approach to programming. While a renewed focus on the “three zeros” was important, the decision to

incorporate accelerators in the plan, covering youth and other areas, proved beneficial in enabling rapid action.

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

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

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

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

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

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

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

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

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

41. Anticipating substantial disruptions to sexual and reproductive health, gender-based violence and family planning services as a result of the COVID-19 pandemic, UNFPA immediately started adapting

its interventions and mainstreamed responses to the pandemic in all UNFPA policies and programmes throughout 2020.

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

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

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

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

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

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

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

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

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

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

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

Conclusion 5. UNFPA worked to safeguard personnel and partner health, welfare and security during the crisis.

52. Nonetheless, disparities between staff and non-staff personnel regarding safeguarding and welfare were highlighted by the pandemic, as was a lack of clarity around duty-of-care to partners, challenging resilience.

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

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

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

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

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

57. The COVID-19 crisis has presented significant opportunities for organizational learning and development.

58. While UNFPA has undertaken some internal learning and reflection on strengthening operational resilience, that is, its capacity to anticipate, prepare for and respond to major disruptions, there is a notable absence of operational reviews, including testing of resilience and preparedness measures such as business continuity plans.

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

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

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

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

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

threats posed by climate change), which will have severe implications for its ability to fulfil its mandate effectively.

VI. Recommendations

64. The following recommendations follow logically from the six conclusions above. They take into account consultations held with the evaluation reference group as well as with senior management.

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

65. Potential actions to be taken:

- (a) Invest in research on harmful practices, especially generating evidence on child marriage and FGM, and in programme countries beyond the existing (and UNFPA/UNICEF-supported) high-incidence countries. Include those at risk of climate-change impacts which may exacerbate such practices due to socio-economic shocks, impaired services/governance and incidence reporting. Such research should also focus on understanding how preparedness/resilience to shocks should be improved;
- (b) Integrate explicit resilience-building measures in existing and new country programmes and advocate for their inclusion in government policies and action plans;
- (c) Increase external advocacy on, and internal contingency planning around, the heightened vulnerability of women and girls to harmful practices during times of crisis.

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

66. Potential actions to be taken:

- (a) Develop a corporate strategy for strengthening UNFPA human resource skills and competencies to function in crisis settings and across the humanitarian-development-peace continuum, thus increasing organizational agility and reflecting changing funding environments and financial streams;
- (b) Seek to strengthen skills and competencies for all UNFPA personnel to function across the humanitarian-development-peace continuum in crisis situations. This would be enhanced via recommendation 3 (below).

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

67. Potential actions to be taken:

- (a) Revise the UNFPA BCM policy and guidance to reflect BCM as an ongoing process within business units that covers both operational and programmatic dimensions;
- (b) Include basic provisions related to business continuity management in the agreements with implementing partners.

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

68. Potential actions to be taken:

- (a) Update and strengthen the duty-of-care framework for UNFPA non-staff personnel. Clearly define entitlements, benefits and support measures commensurate with the risks and responsibilities associated with the roles of staff vis-a-vis non-staff personnel;
- (b) Establish a centralized, live repository of related information accessible to all UNFPA personnel and, during crises, clearly communicate with non-staff personnel regarding their entitlements;

(c) Include basic provisions related to partner commitments to, and capacity for, ensuring duty-of-care of their personnel in agreements with implementing partners.

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

69. Potential actions to be taken:

(a) Adapt the UNFPA corporate approach to emergency procurement and management of family planning and reproductive health and other supplies, including local procurement under emergency conditions, regional stockpiling and national pre-positioning of critical supplies, while seeking synergies and efficiencies with other United Nations agencies and safeguarding quality;

(b) Promptly implement the four key recommendations of the 2023 audit of the UNFPA fast-track policy and procedures for the procurement of humanitarian supplies.²

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

70. Potential actions to be taken:

(a) Embed practical, consistent and robust (i.e., appropriately resourced and with data collection capacity) monitoring systems for ad-hoc and exceptional data collection and reporting requirements;

(b) Revise the strategic plan results framework (specifically under Output 5 – Humanitarian Action) to ensure that indicators can effectively be measured and reported on in crisis situations;

(c) Build and resource country office and implementing partner data collection expertise and resilience via expertise in technical and digital solutions, identification of third-party monitoring providers, among others.

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

71. Potential actions to be taken:

(a) As part of a UNFPA knowledge management system, introduce a suite of rapid assessment and learning tools that can be quickly deployed to analyse, disseminate and scale up positive practices or lessons;

(b) Seek to leverage existing UNFPA innovations or collaborate externally to anticipate/plan for future disruptions related to unpredictable events (e.g., pandemics) or specific planning for more likely scenarios (e.g., related to climate change).

² [Audit of the UNFPA Fast Track Policy and Procedures for the Procurement of Humanitarian Supplies, Final Report, IA/2023-04, May 2023](#)