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## WHERE UNFPA PROVIDED HUMANITARIAN SUPPORT IN 2015

UNFPA's role in any humanitarian situation is to ensure that women have access to safe delivery services, no matter what the circumstances, in order to protect the lives and health of both mothers and babies.



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	Estimated number of pregnant women at any given time*
Burkina Faso	598,610
Burundi	373,871
Cameroon	695,698
Central African Republic	150,727
Chad	472,898
Chile	193,042
Democratic Republic of the Congo	2,753,898
Democratic People's Republic of Korea	276,175
Djibouti	21,836
Egypt	1,991,512
Eritrea	134,236
Ethiopia	2,711,606
Guatemala	365,965
Iraq	934,973
Jordan	157,846
Lebanon	74,572
Malawi	555,483
Mali	573,961
Mauritania	103,372
Myanmar	609,344
Nepal	517,850
Niger	763,201
Nigeria	5,366,797
Palestine	128,179
Peru	473,691
Rwanda	310,901
Senegal	432,879
Somalia	373,756
South Sudan	244,317
Sudan	860,404
Syrian Arab Republic	355,706
Tanzania	1,605,941
The former Yugoslav Republic of Macedonia	17,611
Turkey	945,434
Uganda	1,304,798
Ukraine	306,902
Vanuatu**	6,839
Yemen	687,058
<b>Total</b>	<b>28,451,889</b>

\*The estimates of the number of women who are likely to be pregnant within a country or territory as a whole—not only the areas specifically affected by conflict or disaster—are drawn from nationally generated data. The total number of pregnant women at any given time in each place would be lower if the estimates were restricted only to the crisis-affected parts of each country or territory.

\*\*Due to data availability, estimation for Vanuatu is using the total fertility rate instead of the general fertility rate.

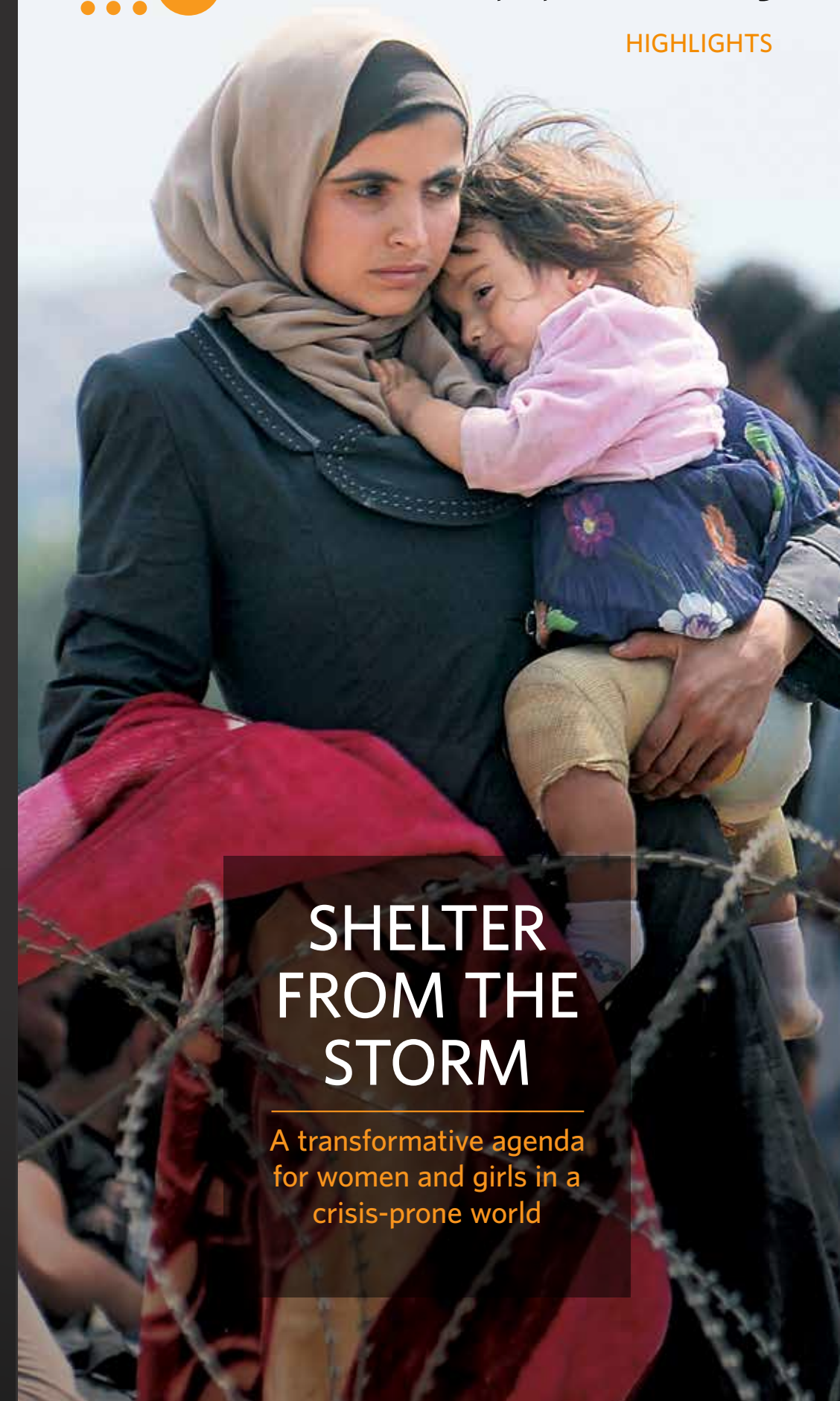
Data Sources  
 Demographic and health surveys: Burkina Faso, Burundi, Cameroon, Chad, the Democratic Republic of the Congo, Egypt, Eritrea, Ethiopia, Jordan, Malawi, Mali, Mauritania, Nepal, Niger, Nigeria, Peru, Rwanda, Senegal, Tanzania, Uganda, Yemen; Censuses: Central African Republic, the People's Democratic Republic of Korea, South Sudan, Sudan, Vanuatu; Registration: Chile, Guatemala, the former Yugoslav Republic of Macedonia, Turkey, Ukraine; Pan Arab Project for Family Health: Djibouti, Lebanon, Palestine; Multiple indicator cluster surveys: Iraq, Somalia; National statistics: Myanmar, Syrian Arab Republic.



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## UNFPA state of world population 2015

### HIGHLIGHTS



## SHELTER FROM THE STORM

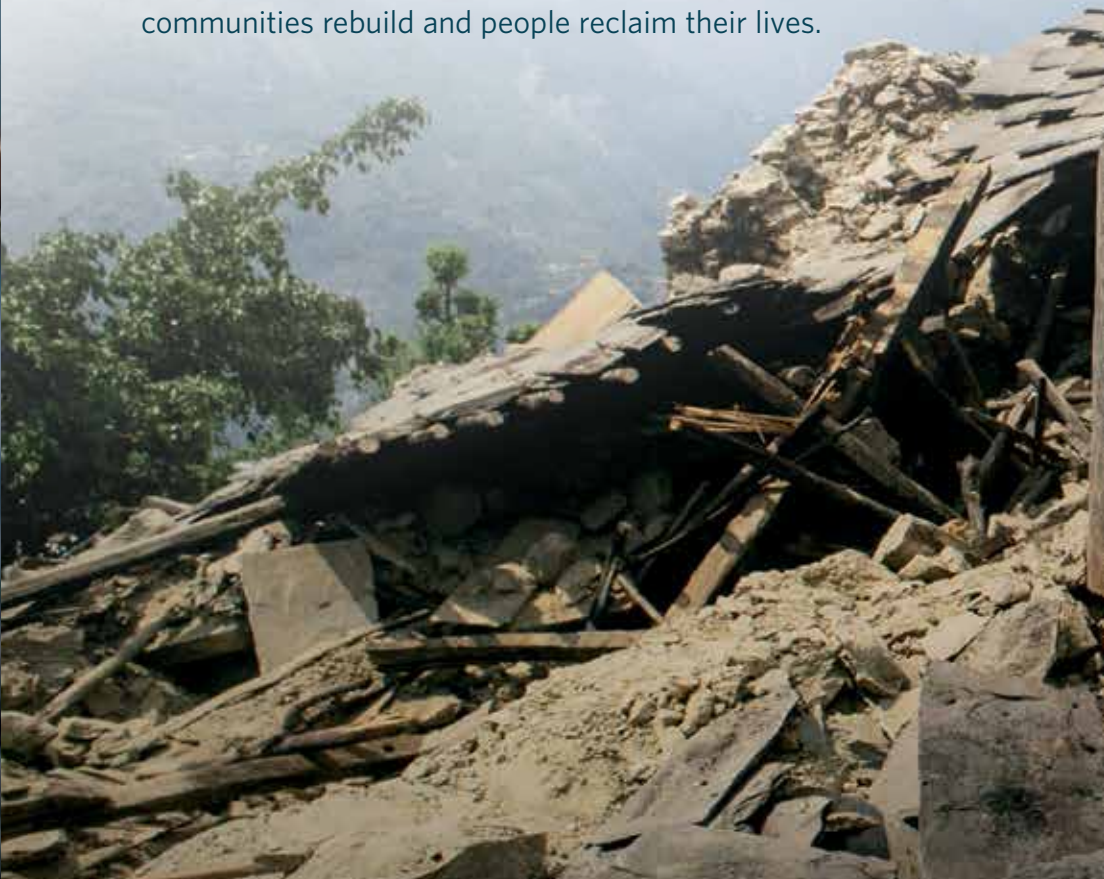
A transformative agenda for women and girls in a crisis-prone world

More than 100 million people are in need of humanitarian assistance—more than at any time since the end of the Second World War.

Among those displaced by conflict or uprooted by disaster are an estimated 26 million women and adolescent girls of reproductive age whose needs and rights must be met.

While remarkable progress has been achieved during the past decade protecting the health and rights of women and adolescent girls in humanitarian settings, the growth in need has outstripped the growth in funding and services. Yet, these services are of critical importance, especially for very young adolescent girls, who are the most vulnerable and least able to confront the many challenges they face, even in stable times.

When women and girls can obtain sexual and reproductive health services, along with a variety of humanitarian programmes that deliberately tackle inequalities, the benefits of interventions grow exponentially and carry over from the acute phase of a crisis well into the future as countries and communities rebuild and people reclaim their lives.





**59.5 million people** today have been displaced by crisis—the largest number since the Second World War.

The **10 countries** with the highest maternal mortality ratios in the world are affected by, or emerging from, war.

Last year, UNFPA provided contraceptives for **20.8 million** women, men and adolescents in humanitarian settings worldwide.

In 2014, UNFPA responded to humanitarian emergencies in **38 countries** and provided reproductive health kits with medicines and other supplies serving **35 million people**.

Last year, the United Nations required a record **\$19.5 billion** to respond to crises but faced a record **\$7.5 billion** shortfall.

About **60 cents** of every dollar spent on humanitarian action goes to emergency relief, **35 cents** to recovery and **5 cents** to preparedness.

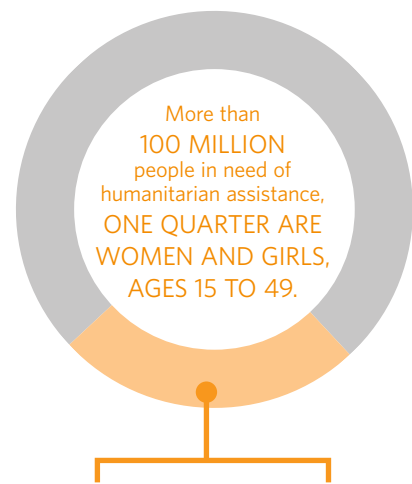
Building resilience requires equitable, inclusive development that protects human rights, including the right to sexual and reproductive health.

UNFPA calls for a transformative humanitarian agenda that tips the balance from reaction and response to preparedness and resilience.

## Women and girls are disproportionately disadvantaged

Women and adolescent girls are bearing extraordinary burdens as the worsening storm of crises, wars and natural disasters leaves a long trail of turmoil and destruction. Without the usual protection of family and community, women and adolescent girls frequently become victims of sexual violence, unwanted pregnancies and sexually transmitted diseases.

Basic needs for family planning, reproductive health care and safe childbirth are rarely met when women and adolescents become untethered from the lifeline of health systems.



### At heightened risk of

- Sexually transmitted infections, including HIV
- Unintended, unwanted pregnancy
- Maternal death and illness
- Sexual- and gender-based violence

## Essential actions and services from the onset of a crisis

Until only 20 years ago, sexual and reproductive health took a back seat to priorities such as water, food and shelter in humanitarian response. But a wealth of research and evidence since the early 1990s has helped make the health of women and girls far more visible. Many humanitarian interventions now meet needs associated with pregnancy and childbirth, and seek to prevent and address vulnerabilities to gender-based violence and sexually transmitted infections, including HIV.

### Objectives

- Prevent maternal and infant mortality
- Reduce transmission of HIV
- Prevent and manage the consequences of sexual violence

### Priority services

- Emergency obstetric and newborn care
- Referral system for obstetric emergencies
- Supplies for clean and safe deliveries
- Contraception
- Condoms
- Anti-retrovirals
- Clinical care for survivors of rape

## Prevention, preparedness and empowerment

The profound human impact of disasters and conflicts on people, communities, institutions and nations highlights the critical importance of building resilience so all may better withstand the effects of crises and recover from them more quickly.

Building resilience can also help mitigate the potential negative effects on the sexual and reproductive health of women and adolescent girls.

- Manage risks better
- Foster individuals' resilience through education and health
- Enable realization of sexual and reproductive health and rights
- Rectify gender inequality
- Build capacities of institutions before disaster strikes
- Strive for long-term, inclusive and equitable development

## A new vision for humanitarian action

Humanitarian action can lay the foundations for long-term development. Development that benefits all, enabling everyone to enjoy their rights, including reproductive rights, can help individuals, institutions and communities withstand crisis. It can also help accelerate recovery.

At the core of the interrelated elements of humanitarian action, from response to resilience and development, are sexual and reproductive health and rights

