

UNITED NATIONS POPULATION FUND

HUMANITARIAN

ACTION

OVERVIEW

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UNFPA'S GLOBAL HUMANITARIAN APPEAL



APRIL 2026

HUMANITARIAN

ACTION

OVERVIEW

2 0 2 6

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UNFPA works to uphold the rights and choices of women, girls and young people across more than 150 countries.

Through our work, we ensure that every pregnancy is wanted, every childbirth is safe, and every young person can fulfil their potential.

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FOREWORD

By the Executive Director



In Renk, South Sudan, a survivor of gender-based violence sat beneath the corrugated roof of a UNFPA-supported safe space and asked the staff, “Here at this centre, we can forget all the trauma we went through. If it closes, where will we go?”

Her question echoes far beyond that space — across Gaza’s shattered hospitals, Sudan’s ravaged refugee camps, and Afghanistan’s closed maternity wards. It is a stark reminder that, without renewed funding commitments, some of the world’s most essential lifelines for the world’s most vulnerable populations now hang by a thread.

“The task ahead is not simply to adapt, but to ensure that the lives, safety, rights, and dignity of women, girls and young people remain a priority.”

All of this is unfolding amid a climate of spiralling need. Conflicts are more protracted and more brutal, climate shocks are intensifying, and over 117 million people remain forcibly displaced. Medical facilities, health workers and patients are routinely attacked; rape as a weapon of war is on the rise, while the perpetrators act with impunity in defiance of international humanitarian law. Women and girls once again are paying the highest price.

That is why, amid changes in the humanitarian system, UNFPA is redoubling efforts to safeguard sexual and reproductive health and gender-based violence response as non-negotiable, life-saving pillars of humanitarian action; to work with local partners who can best respond to local needs; and to strengthen the bridge between humanitarian response and long-term resilience. The task ahead is not simply to adapt, but to ensure that, even in the most challenging settings, the lives, safety, rights and dignity of women, girls and young people remain a priority.

Our vision for 2026 is clear. Essential sexual and reproductive health services must be in place from day one. The same applies to survivor-centred gender-based violence services. These are life-saving

“Our vision for 2026 is clear. Essential sexual and reproductive health services must be in place from day one. The same applies to survivor-centred gender-based violence services. These are **life-saving interventions.**”

interventions. Flexible funding is essential to reach all those in need, from crises out of the headlines to those that dominate the front pages. Local and women-led organizations must be supported as first responders; they know what works, who's at risk, and how to reach them when no one else can. And we must act earlier: pre-positioning supplies, deploying mobile teams, and activating anticipatory responses so that early warnings lead to early care.

UNFPA is grateful to our donors and partners for their trust and continued investment in our work. What we achieved in 2025 shows what is possible when resources meet resolve.

Responding to crises in 50 countries, we reached more than 9.9 million people with sexual and reproductive health services, while more than 4.2 million women and girls accessed gender-based violence prevention and response services. Amid extraordinary strain on humanitarian systems, UNFPA helped keep 3,000 health facilities functioning and 1,400 safe spaces open, ensuring that even in crises, women and girls could access care and protection, and have the chance to rebuild their lives. These results were delivered in close collaboration with local partners, who received 35 per cent of our humanitarian funding in 2025.

“When the world's systems falter, UNFPA keeps life-saving care within reach.”

In Gaza and the West Bank, UNFPA helped set up a maternity field hospital, provided containerized maternal health units, deployed midwives, and kept reproductive health supplies flowing amid bombardment and aid blockades. In Sudan, we sounded the alarm on escalating sexual violence, filled service gaps when partners withdrew, and brought safe spaces, case management, and clinical care closer to people on the move. After devastating earthquakes in Myanmar, UNFPA reached hundreds of thousands of women and girls with sexual and reproductive health and gender-based violence services. As violence surged in the eastern Democratic Republic of the Congo, UNFPA scaled up life-saving reproductive health and gender-based violence services despite repeated attacks on facilities.

In Afghanistan, Haiti, Ukraine, Yemen, across the Sahel and beyond, UNFPA is on the ground providing vital protection and health services to women and girls in desperate need.

When the world's systems falter, UNFPA keeps life-saving care within reach.

“This is a focused and streamlined humanitarian appeal — a reflection not of all that is needed, but of what absolutely cannot be left unfunded.”

Yet we must be candid about the stakes. Every dollar cut has a consequence: a shuttered clinic, a woman undergoing a caesarean-section without anaesthetic, a survivor of rape turned away.

UNFPA's 2026 appeal seeks US\$1 billion to reach 34 million women, girls and young people across 43 countries with life-saving sexual and reproductive health and gender-based violence prevention and response services.

Fully aligned with the Global Humanitarian Overview led by the United Nations Office for the Coordination of Humanitarian Affairs (OCHA), this is a focused and streamlined humanitarian appeal — a reflection not of all that is needed, but of what absolutely cannot be left unfunded. Every figure represents a calculated decision to prioritize the most urgent, life-saving interventions. Funding this appeal will save and improve lives, and be the true measure of our collective resolve to stand by women, girls and young people in dire need when it matters most.

Diene Keita
Executive Director

THE SYSTEM IS FAILING WOMEN & GIRLS.

We must not let it.

The crises that have marked recent years are not easing. Conflict, persecution and climate disasters uproot millions. Attacks on health and protection services strip women and girls of safe places to give birth, seek care after violence or access contraception. Intensifying shocks and long-running emergencies have pushed communities past their limits, with women and girls hit hardest.

“And yet, as needs spiral, the health, rights and protection systems meant to respond to them are breaking under pressure.”

Across a world mired in conflict, the picture is stark. In Gaza, repeated strikes on hospitals and restrictions on vital aid have decimated the health system. Just over a third of health facilities are functioning. Without life-saving care, one in three pregnancies is now high-risk. Around 70 per cent of newborns are born too soon and too small, jeopardizing their chances of survival.

In Sudan, clinics have been destroyed and looted. Over 80 per cent of health facilities in areas affected by fighting are barely operational. Conflict-related sexual violence has soared since 2024 even as protection systems have collapsed.¹

In Syria and Yemen, once functional health systems have unravelled under prolonged conflict and crisis, leaving women to give birth without skilled support and survivors of violence with nowhere safe to turn.² In the Democratic Republic of the Congo, displacement, attacks on clinics and blocked referrals have stranded survivors of rape without timely treatment. In Somalia, floods, droughts and cascading climate shocks are wiping out fragile gains and tearing apart already weak health and protection systems.

Across the Sahel – from Burkina Faso to Chad, Mali and Niger – escalating insecurity, mass displacement and aid restrictions are shutting safe spaces, scattering midwives and breaking supply lines for life-saving services. The pattern is unmistakable: Risks are multiplying as access to care recedes.

And yet, as needs spiral, the health, rights and protection systems meant to respond to them are breaking under pressure.

In 2025, the gap between needs and resources reached a critical threshold. This looks set to continue in 2026. The prolonged humanitarian funding crisis has significantly deepened, with humanitarian appeals consistently falling short of requirements and life-saving programmes forced to scale back or close entirely. For women, this means maternal health services are shuttered when needed most. Survivors of sexual violence are turned away from care because facilities no longer operate.

1) See the [2024 Report](#) of the Secretary-General on conflict-related sexual violence.

2) Although some areas of Syria have been relatively stable since 2024, the country remains far from recovery, especially in restoring access to sexual and reproductive healthcare and gender-based violence services.

10M+

women, girls & adolescents losing access to essential sexual & reproductive health & gender-based violence services

1,000+

health facilities & mobile teams closed or facing imminent closure

250+

women & girls safe spaces, gender-based violence centres & adolescent-friendly spaces shut or projected to shut

2,000+

front-line health and protection workers lost across multiple operations

Across the aid sector, constrained resources are forcing ever more difficult prioritization decisions. Humanitarian organizations are having to focus on the most immediate, life-saving needs because resources no longer stretch to meet the full spectrum of need.

Across UNFPA operations, the consequences of underfunding are now measured in millions of women and girls losing access to basic sexual and reproductive health and protection services. Country reports show that at least 10 million to 12 million women and girls stand to lose essential services in 2025–2026 if current gaps persist – including 6.3 million in Afghanistan, nearly 2 million in Yemen, more than 1.6 million in Myanmar, and hundreds of thousands more across the Central African Republic, Lebanon, Somalia, Sudan, Syria and the Libya response. Whole health systems are contracting: More than 1,000 health facilities and mobile teams have already closed or face imminent closure. Afghanistan has lost nearly 300 service points. Widespread shutdowns have occurred in Nigeria, Pakistan, Somalia, Syria and Yemen. In several crises, UNFPA delivers the majority of essential services, supplying over 90 per cent of sexual and reproductive health commodities in Bangladesh and 80 to 94 per cent of gender-based violence and sexual and reproductive health services in Libya. Despite this extensive role, funding gaps are compelling reductions in midwife support and life-saving obstetric care.

“The dire realities of unmet needs in crises today partly explain slowing global progress on reducing maternal deaths.”

The same pattern is visible in protection systems. At least 250 women and girls safe spaces, centres to respond to gender-based violence and adolescent-friendly spaces have closed or are projected to shut in the coming year, cutting services for more than 2 million women, girls and adolescents. In Sudan, 1 million women and girls lost access to gender-based violence services after 40 centres closed; in Somalia, shutdowns have stopped care for over 150,000 survivors. In Bangladesh and Lebanon, the loss of safe spaces has left tens of thousands without a protected entry point to seek care.

Health workforce capacity is eroding as violence intensifies. Afghanistan has lost over 600 female health workers and Yemen nearly 1,500 service providers. Multiple countries report collapsing referral pathways as gender-based violence case management, psychosocial support, youth services and mobile teams disappear. Taken together, these figures point to a stark reality: Underfunding is dismantling the front-line systems that keep women and girls alive, safe and able to exercise their fundamental rights in the world’s most fragile settings.

In 2025, UNFPA launched its flagship campaign on underfunded crises, “Don’t Let the Lights Go Out,” spotlighting the needs of women and girls in the world’s most overlooked emergencies. The campaign

reflects what we continue to see across operations: when attention and resources fade, the first services to disappear are often those that protect women and girls. Through sustained advocacy with decision-makers for flexible, timely funding, UNFPA is working to ensure the lights stay on for the crises most at risk of being forgotten.³

The dire realities of unmet needs in crises today partly explain slowing global progress on reducing maternal deaths. While rates declined from 2000–2015, a major success story, the pace has faltered since 2016 and is far behind the ambitions of the Sustainable Development Goals. Women in fragile and crisis-affected countries are five times more likely than women elsewhere to die in pregnancy, childbirth or its aftermath. Every day, around 500 women die due to largely preventable causes.⁴

Without adequate support, services for the clinical management of rape are being disrupted while conflict-related sexual violence intensifies. This puts even more women at risk of unwanted pregnancy, sexually transmitted infections and a lifetime of trauma. The curtailed distribution of dignity kits and reproductive health supplies leaves women and girls without even the most basic means to manage menstruation, pregnancy or childbirth safely. And as access to contraception and skilled care erodes, the result is not only rising numbers of unintended pregnancies but also an alarming resurgence of reproductive violence, where autonomy is denied and choice becomes a casualty of crisis. These are not abstract statistics. They are lives lost and futures erased.

The humanitarian funding crisis is unfolding against a broader system-wide “reset”. Across the aid sector, constrained resources are forcing ever more difficult choices. Humanitarian organizations must focus on the most immediate, life-saving priorities because resources no longer meet the full spectrum of needs. Entire populations risk slipping from view, even as their needs remain acute.

Operational capacity is being stretched beyond sustainable limits, with organizations scrambling to patch enormous gaps with shrinking funds. At the same time, growing disregard for international humanitarian law and principles is making access to affected populations increasingly difficult and dangerous. Accountability mechanisms are under strain even as they are needed to make the most of every remaining resource.

The 2026 humanitarian landscape demands a clear recognition that sexual and reproductive health and gender-based violence services are not optional. They must not be scaled back when resources are strained. They are non-negotiable, as vital as food, water and shelter, and must remain at the heart of humanitarian action as the system adapts and reforms.

3) For more information on the “Don’t Let the Lights Go Out” campaign, please visit [the campaign page](#).

4) See the World Health Organization, [Aid Cuts Threaten Fragile Progress in Ending Maternal Deaths](#), UN Agencies Warn, 7 April 2025.

WOMEN & GIRLS IN CRISIS

64M

women & girls of reproductive age will require some form of humanitarian assistance in 2026

7.8M

will be pregnant / need care to give birth safely in 2026

84M*

people need access to gender-based violence prevention and response in 2026

In 2026, more than 64 million women and girls of reproductive age will require some form of humanitarian assistance. Within the 43 countries covered by UNFPA in this funding appeal, over 7.8 million will be pregnant and need care to give birth safely. More than 84 million people will depend on access to gender-based violence services. Violence against women and girls is a predictable consequence when protection systems fail. All emergencies demand a humanitarian response that is fast, local, coordinated and fundamentally people-centred. It must safeguard health, rights and safety even in the hardest places, and guarantee that women and girls are not left bearing the weight of crisis alone.

Five countries — Afghanistan, the Democratic Republic of the Congo, Syria, Sudan and Yemen — appear among the highest-burden contexts across all three indicators: number of people requiring access to gender-based violence prevention and response services, pregnant women requiring support, and the scale of the 2026 appeal. Despite not being among the highest 2026 appeals, two additional countries fall within the highest burden categories for both gender-based violence needs and pregnant women in need: Myanmar and South Sudan.

*The calculation of the number of people in need of gender-based violence services has not been finalized; this represents an initial country-level estimate and the evolution of current conditions, increased risks and vulnerabilities.

Somalia, 2025. The 12th Obstetric Fistula Repair Campaign at Daynille Hospital in Mogadishu. © UNFPA Somalia / Usame Nur Hussein

The following emergencies demand a humanitarian response that is fast, local, coordinated and fundamentally people-centred — one that safeguards health, rights and safety even in the hardest places, and ensures that women and girls are not left to bear the weight of crisis alone.

Note: Priority countries are designated through a new system-wide prioritization process led by the Inter-Agency Standing Committee. Introduced for 2026, this process identifies the crises where coordinated international support is most urgently needed, helping humanitarian agencies focus limited resources on the settings with the greatest life-saving needs. Within this framework, a subset of “accelerated countries” has also been identified to transition from humanitarian to development response systems. Accelerated transition in the six identified countries is the result of major funding cuts and not the reduction of humanitarian needs.

REGIONAL OVERVIEW

ARAB STATES

Across the Arab States, 2026 opens with severe and overlapping emergencies. In Gaza, conflict has displaced most of the population, driven pockets of famine and created a maternal mortality crisis as health facilities collapse. In Sudan, fighting has intensified, with atrocities reported in the Darfur region, including mass killings and widespread rape. In Yemen, fragile gains continue to teeter amid economic decline and constrained humanitarian access. In Syria, protracted crisis and localized escalations keep essential services out of reach for millions.

Across these settings, women and girls face shrinking access to sexual and reproductive healthcare, rising insecurity, and the closure of safe spaces and protection services. Skilled birth attendance is often unavailable, contraceptives are scarce and services for gender-based violence have been disrupted. In this environment, UNFPA's mandate to safeguard the health, rights and dignity of women and girls remains both urgent and indispensable.

13.5M

people targeted
region-wide

10

Countries targeted

\$439M

Total appeal for 2026

20.9M

women & girls of
reproductive age impacted

2.8M

Pregnant women & girls in
need of assistance

34.9M

people in need of gender-
based violence services

“They asked if I was a virgin. When I said yes, they took me to their office and raped me before allowing me to continue walking.”

— Salam, 19, recounts her experience after fleeing the escalating violence in El Fasher, Sudan, in 2025. Close to 71,000 people fled the city in a single week, joining the hundreds of thousands already displaced across the region. For women and girls, their journey to places like Tawila and Al Dabba is not a passage to safety, but a perilous ordeal marked by extortion, rape and death.

PRIORITIZED

SUDAN

7.3M

women & girls of reproductive age in need

12.7M

people in need of gender-based violence services

1.1M

pregnant women in need

4.5M

people targeted by UNFPA

Nearly three years of war — marked by widespread human rights violations, famine, disease outbreaks, and the collapse of basic services — have pushed Sudan to the brink. Millions remain displaced within and beyond the country, and more than half the population now requires urgent humanitarian assistance. Women and girls have been hit hardest.

In Al Jazirah, Darfur, Kordofan and Khartoum, up to 80 per cent of health facilities are closed or only partially functioning, leaving some 727,000 pregnant women without life-saving care. Emergency obstetric services, already limited before the conflict, have further eroded, and sexual violence has become systemic, with rising reports of rape, abduction, and forced or child marriage.

UNFPA and partners are delivering life-saving reproductive health and protection services wherever access allows. Mobile teams provide emergency obstetric care and clinical management of rape in hard-to-reach areas, while dignity kits and reproductive health supplies sustain essential services. Safe spaces for women and girls offer protection, psychosocial support, and a measure of dignity and community. In a context where survival is precarious, these services remain a critical lifeline.

“Sexual violence has become as widespread [a weapon] as guns and bullets. Women arrive at our facilities exhausted, traumatized, often after months of displacement. They are carrying physical and emotional wounds that are difficult to comprehend.”

Khadija, a midwife at a maternity clinic in Sudan’s eastern Gedaref State, spoke to UNFPA in June 2025, describing the stark reality that has left Sudan’s women and girls under the constant spectre of violence. Now in its third year, the war in Sudan has unleashed a relentless assault on the bodies and rights of women and girls. Across areas affected by conflict, sexual violence is a weapon of war, a targeted tactic to instil terror, force displacement and exert control.

Photo: Women and girls in Kassala, Sudan, take part in activities at a UNFPA-supported safe space providing protection and support.

© UNFPA Sudan / Jafar Irshaidat



PRIORITIZED

OCCUPIED PALESTINIAN TERRITORY

840.6K

 women & girls of
reproductive age in need

1.2M

 people in need of gender-
based violence services

120.6K

pregnant women in need

1.4M

people targeted by UNFPA

The occupied Palestinian territory enters 2026 in profound fragility. Two years of bombardment have rendered the Gaza Strip nearly uninhabitable; the ceasefire brings some relief but not recovery. Women and girls, including an estimated 55,000 pregnant women, face the harshest consequences of collapsing infrastructure, giving birth in damaged facilities or makeshift shelters, navigating hunger and disease, and carrying trauma that will endure for generations.

With only a fraction of hospitals partially functional, even the most basic guarantees of safe pregnancy and childbirth are uncertain. Risks of violence, exploitation and abuse have soared, driven by lost income, psychological distress, food scarcity and dire living conditions. In the West Bank, movement restrictions, checkpoints, curfews and raids dominate daily life, obstructing access to care for an estimated 73,000 pregnant women, delaying referrals, halting ambulances and preventing health workers from reaching facilities.

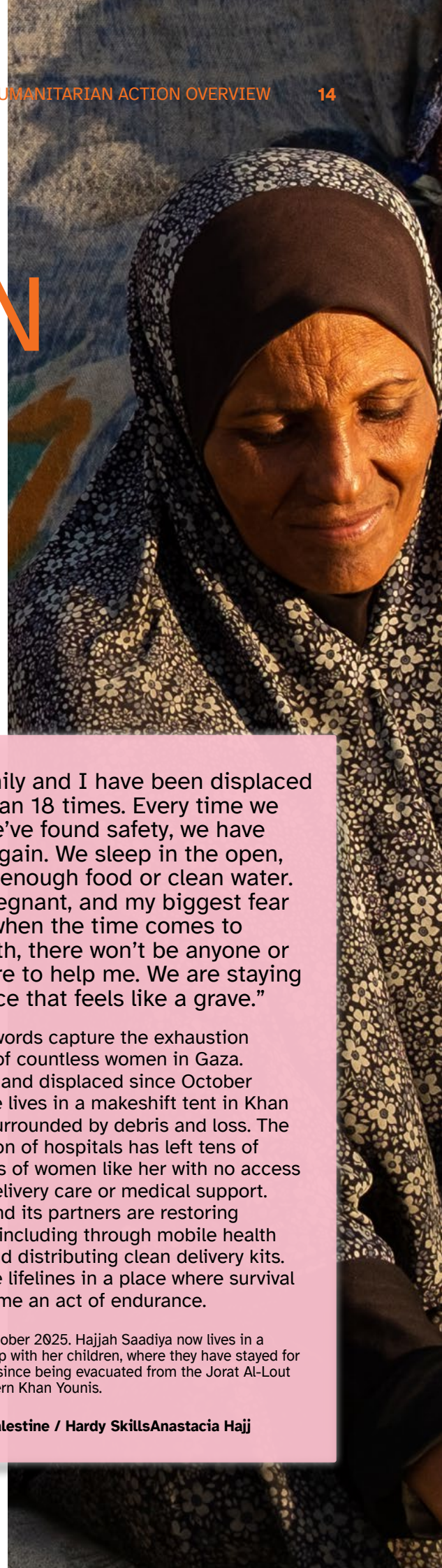
UNFPA and its partners are working to restore a dependable network of reproductive health and protection services across both Gaza and the West Bank. In Gaza, clinics, safe spaces and youth hubs are being renovated, re-established or reopened; mobile teams and midwives reach displaced communities; and medicines, supplies and equipment are delivered to hospitals where access permits. In the West Bank, mobile clinics, midwife networks and emergency maternal health centres continue operating despite movement restrictions. The road ahead is long but the objective is clear: Provide consistent, staffed and safe care so women and girls are not left to face childbirth, violence and trauma alone, and so a new generation inherits more than the memory of war.

“My family and I have been displaced more than 18 times. Every time we think we’ve found safety, we have to run again. We sleep in the open, without enough food or clean water. I am pregnant, and my biggest fear is that when the time comes to give birth, there won’t be anyone or anywhere to help me. We are staying in a place that feels like a grave.”

Riman’s words capture the exhaustion and fear of countless women in Gaza. Pregnant and displaced since October 2023, she lives in a makeshift tent in Khan Younis, surrounded by debris and loss. The destruction of hospitals has left tens of thousands of women like her with no access to safe delivery care or medical support. UNFPA and its partners are restoring services, including through mobile health teams, and distributing clean delivery kits. These are lifelines in a place where survival has become an act of endurance.

Photo: 8 October 2025. Hajjah Saadiya now lives in a refugee camp with her children, where they have stayed for five months since being evacuated from the Jorat AL-Lout area in eastern Khan Younis.

© UNFPA Palestine / Hardy SkillsAnastacia Hajj



PRIORITIZED

YEMEN

5.6M

women & girls of reproductive age in need

6.8M

people in need of gender-based violence services

765.2K

pregnant women in need

3M

people targeted by UNFPA

After nearly a decade of war, Yemen remains one of the world's most severe and protracted humanitarian crises. Around 19.5 million people — more than half the population — require assistance, amid one of the worst hunger emergencies on record. Conflict, economic collapse and climate shocks have eroded systems that sustain life, leaving millions caught between hunger, displacement and disease. Insecurity and access restrictions complicate aid delivery, making it increasingly difficult for humanitarian workers to reach those most in need.

For women and girls, the consequences are catastrophic. Roughly three women die every day from pregnancy and childbirth-related causes; the vast majority of these deaths would be preventable with skilled care. With only one in five functioning health facilities offering maternal and child health services, many women give birth at home without assistance. Protection risks are escalating, particularly for the many displaced families now headed by women. Child marriage, survival sex and forced prostitution are rising as households resort to desperate measures to stave off hunger.

UNFPA is the sole provider of life-saving reproductive health medicines in Yemen and leads the coordination and delivery of women's reproductive health and protection services nationwide. This includes supporting emergency obstetric and maternal care at 72 health facilities and operating a network of 34 safe spaces, 8 shelters and 5 specialized mental health centres for gender-based violence prevention and response. UNFPA leads the Rapid Response Mechanism, alongside the United Nations Children's Fund and World Food Programme, providing families fleeing conflict or climate shocks with ready-to-eat food, safe water and essential hygiene supplies, often within hours of displacement. These rapid interventions form the first line of Yemen's humanitarian safety response, bridging the critical gap between flight and sustained assistance.

"I was seven months pregnant and for years I had carried the weight of everything on my own – my children, the ruin of our home, the memories of bombings. When I called the hotline number, I was sitting in the tent with my baby. For the first time, someone told me I mattered."

Huda, a pregnant mother displaced by years of war, is raising her children amid the rubble of their home, reliving the sounds of airstrikes and enduring deep depression with nowhere to turn. Her story reflects Yemen's invisible crisis: a mental health emergency among women and girls who have endured years of violence, displacement and loss.

At a UNFPA-supported mental health centre in Dhamar, she finally found counselling and reassurance through a crisis hotline, a small but life-changing extension of care. Nearly 7 million people need mental health and psychosocial support but only about 120,000 have uninterrupted access to services, a gap that falls hardest on women and adolescent girls. Through such centres and hotlines, UNFPA helps women such as Huda move from isolation to recovery, bringing mental well-being to the forefront of the humanitarian response in Yemen.

PRIORITIZED

SYRIAN ARAB REPUBLIC

3.5M

women & girls of reproductive age in need

8.9M

people in need of gender-based violence services

342K

pregnant women in need

3.5M

people targeted by UNFPA

Nearly 15 years of conflict have left an enduring scar on the Syrian Arab Republic, decimating lives, livelihoods and infrastructure, and displacing millions. Today, an estimated 16.7 million people – two of every three Syrians – require humanitarian assistance in one of the world’s most protracted and complex crises. Critical infrastructure has collapsed, and the health system has been hollowed out. Just over half of hospitals and a third of primary health centres are fully operational, while 15.8 million people require urgent healthcare. Chronic shortages of medicines, equipment and personnel continue to restrict access to services. In the north-west region, over half of maternity hospitals have suspended operations since September 2024, following severe funding cuts.

“Renewed violence since late 2024 has displaced more than 460,000 people, heightening risks of gender-based violence, exploitation and early marriage.”

Displacement remains a defining feature of the crisis. Approximately 11 million Syrians have been uprooted – 7 million internally and 4.5 million as refugees abroad. Renewed violence since late 2024 has displaced more than 460,000 people, heightening risks of gender-based violence, exploitation and early marriage in overcrowded shelters and camps where food, privacy and safe sanitation are limited. Conditions for refugee women and adolescent girls in Jordan, Lebanon and Türkiye are similarly deteriorating. Deepening economic strain, shrinking asylum spaces and overstretched public services compound protection risks, while rising costs, legal barriers and declining humanitarian funding constrain access to sexual and reproductive healthcare.

Across the region, UNFPA programme data points to increased intimate partner violence, sexual exploitation and child marriage, particularly among

households coping with prolonged displacement. As host communities grapple with inflation, service cuts and climate-related shocks, refugee women and girls often sit at the intersection of multiple vulnerabilities, navigating insecurity, discrimination and reduced opportunities, with few safety nets to rely on.

UNFPA plays a leading role in restoring and sustaining reproductive health and protection services inside Syria and across the wider region hosting Syrian refugees. Within the country, UNFPA supports a network of health facilities, safe spaces and mobile teams that deliver medical care, psychosocial support and gender-based violence case management, reaching displaced communities and those in hard-to-reach areas. Across the region, UNFPA works with national systems, local non-governmental organizations and women-led organizations so that refugee women and girls can access essential sexual and reproductive health services, clinical care for survivors of rape, and safe spaces for counselling and protection. It distributes reproductive health and hygiene supplies to displaced and host-community women. Youth empowerment, life skills training and resilience-building initiatives help to restore stability and agency for those navigating long-term displacement.

Together, these efforts form a coherent approach aimed at safeguarding the health, dignity and rights of Syrian women and girls, whether they remain inside their country or seek safety beyond its borders.

“We have no electricity, no medicine a month. Now I just wait and hope nothing happens.”

Samira’s words capture the growing despair of millions of women in Idlib, Hama and Latakia. In Hama, ez-Zor, maternity clinics once supported by UNFPA have gone offline due to a lack of fuel. Across the region, millions of women and girls have experienced high rates of maternal deaths and untreated trauma, and the erasure of their lives.

PRIORITIZED

LEBANON

1.5M

women & girls of reproductive age in need

1.5M

people in need of gender-based violence services

97.4K

pregnant women in need

317K

people targeted by UNFPA

Lebanon stands at the crossroads of overlapping crises – economic collapse, political paralysis, sustained refugee inflows and the ripple effects of regional conflict. Since late 2024, cross-border hostilities have displaced over 100,000 people, including around 54,500 women, many living in overcrowded shelters where privacy is scarce and protection risks are sharply elevated. The health system, once a regional model, is fracturing: Three hospitals and 19 primary healthcare centres remain closed, power is intermittent and costs are soaring. Access to sexual and reproductive healthcare is increasingly out of reach for the 11,600 pregnant women currently in Lebanon, while risks of gender-based violence have intensified. The rate of reported rape and sexual assault increased 58 per cent from 2024 to 2025; some 43 per cent of reported survivors identified as minors.

Despite compounding fragility, UNFPA and its partners continue to anchor essential health and protection services. But this lifeline is eroding. Funding cuts in early 2025 forced the suspension of sexual and reproductive health services in 23 health centres; 15 lost all support, while 8 retained only limited capacity. As a result, 4,000 women lost essential maternal healthcare, increasing risks of morbidity and mortality, and 6,000 women lost family planning. Community outreach, critical for early detection and safe referrals, halted across all affected sites.

As regional tensions grow and funding declines, the challenge is no longer only about keeping services open. It is about preserving the last reproductive healthcare and protection in a country where instability has become the norm.

and no fuel to reach the hospital. I used to go for check-ups every
ing goes wrong.”

men across Syria and the wider Arab States region as aid cuts force health services to close. In Aleppo, Homs and Deir
dark, midwives have been laid off and mobile teams that used to reach remote communities have been grounded for
ve lost access to essential sexual and reproductive health and protection services. Closures lead to unsafe births, higher
re of fragile safety nets that kept women and girls alive in conflict.

Photo: A young girl looks out from a Lebanese University Faculty of Letters and Humanities building. Four university buildings have been turned into collective shelters hosting an average of 200 internally displaced people per building.

© UNFPA Lebanon / Anastacia Hajj



PRIORITIZED

SOMALIA

1.2M

women & girls of reproductive age in need

3M

people in need of gender-based violence services

250.6K

pregnant women in need


459.4K

people targeted by UNFPA

Somalia enters 2026 facing the compounding tolls of conflict, climate shocks and mass displacement. These shocks continue to uproot millions and strain an already fragile health system. Five consecutive failed rainy seasons followed by devastating floods have left large parts of the country in a humanitarian free fall. Only 30 per cent of public health facilities are fully functional and able to provide emergency obstetric care, a reality reflected in one of the highest maternal mortality rates in the world. Roughly 1 in 20 women die during pregnancy, childbirth or its aftermath. Displacement is driving a surge in protection risks. Gender-based violence rose by more than 60 per cent in drought-affected districts in 2025, child marriage is increasing as families face extreme economic pressures, and more than 7 million people live with psychological distress after years of crisis, with almost no access to mental health support.

UNFPA remains one of the few actors sustaining reproductive health and protection services at scale in Somalia. Mobile clinics and community midwives move with displaced communities, delivering antenatal care, emergency obstetric support and family planning to women who would otherwise have no access. Safe spaces offer survivors of violence a dignified place to seek psychosocial support, medical care and referrals. Supply chains reaching from Mogadishu to remote riverine villages sustain the availability of reproductive health kits, dignity kits and post-rape care even when formal systems collapse.

Increasingly, Somali women themselves lead these interventions, serving as midwives, nurses and social workers who anchor care within their communities. Yet as needs escalate and funding shrinks, essential services are being lost. Since early 2025, UNFPA has been forced to reduce the number of supported health facilities by more than 80 per cent (from 74 to 14), close 44 service delivery points and one-stop centres responding to gender-based violence, and halt support to 15 midwifery schools. Even before these cuts, 6 in 10 Somali women gave birth entirely alone and without skilled care. Without sustained, flexible financing, conditions will deteriorate further. More unsafe deliveries will take place on dirt floors, more survivors of violence will be left without support, and entire communities will lose access to the most basic health and protection services.



Obstetric fistula remains one of the most devastating childbirth injuries, often caused by prolonged or obstructed labour without timely medical intervention. In Somalia, many women, particularly those in rural and hard-to-reach areas, lack access to skilled birth attendants and emergency obstetric care, putting them at risk of developing this preventable condition.

ACCELERATED

LIBYA

153.4K

women & girls of reproductive age in need

92.1K

people in need of gender-based violence services

21K

pregnant women in need

120K

people targeted by UNFPA

Years of political division, conflict and economic strain have left Libya's health and protection systems fragile and deeply uneven. Hospitals operate with limited staff and unreliable electricity, and supply chains break down, leaving clinics without essential medicines or contraceptives. A generation of women has come to expect that care will be unpredictable, costly or out of reach. The consequences are visible across the country, from unsafe home deliveries to rising cases of untreated sexual violence and early marriage. And gaps are only widening as new waves of refugees and migrants, particularly from Sudan, arrive through the south and along the coast, adding pressure to overstretched facilities and heightening risks for women and girls on the move or in detention.

A transition to nationally led, development-oriented coordination to resolve these concerns is slowly taking shape. It works through emerging partnerships with municipal health authorities and local women's organizations, and efforts to embed care standards and referral systems within public health structures. But until national systems can reliably deliver quality, confidential and equitable services, continued international support remains essential. It keeps maternity wards and reproductive health services operational and maintains survivor-centred gender-based violence care. It deploys mobile teams to underserved areas and makes essential supplies, fuel and transportation available so that women and girls – Libyan, migrant and refugee alike – can access needed care and protection.

Photo: Surgeons perform a fistula repair procedure at Daynille Hospital during the 12th Obstetric Fistula Campaign. © UNFPA Somalia/Usame Nur Hussein

“I was so scared that I might not make it, and I feared for the life of my baby. But the doctors and nurses at Ayaan Hospital gave me hope. They saved my life and my baby's life.”

In Somalia, Ifrah went into labor in a displacement camp with no skilled midwife and no money for transport. By the time she reached a UNFPA-supported hospital, she was in critical condition. The team acted quickly, stabilizing her and delivering her baby safely. Across Somalia, countless women face the same dangers — long distances, no trained birth attendants and no way to reach care — and many do not get the help they need in time. Ifrah's story shows what is possible when life-saving services are accessible, and how much is at stake when they are not.

REGIONAL OVERVIEW

ASIA & THE PACIFIC

Asia and the Pacific enters 2026 at the crossroads of crisis and climate, where conflict, displacement and environmental shocks intertwine to create some of the world's most complex humanitarian settings.

For millions of women and girls, the result is a steady erosion of safety, health and agency – childbirth without care, rising violence and restricted access to essential reproductive and protection services.

8Mpeople targeted
region-wide**4**

Countries targeted

\$143M

Total appeal for 2026

12.5Mwomen & girls of
reproductive age impacted**1.4M**Pregnant women & girls
in need of assistance**21M**people in need of gender-
based violence services

“We have lost everything. I am pregnant, my children are still nursing their injuries, we have no proper shelter, and my husband does not have any source of income to sustain us. Life is very hard for us now.”

Amid the rubble of the 31 August 2025 earthquake in Afghanistan's Nurgal District, Zainab found herself five months pregnant and homeless, sheltering with her family in a tent on bare ground. The world she knew collapsed in seconds. Despite the trauma and uncertainty, she was one of the thousands reached by a UNFPA-supported mobile health team. She welcomed the care, which left her with a clean delivery kit in hand, medical attention for anaemia and the knowledge that someone was watching over her unborn child. “I hope this clinic stays here because we need their services,” she said.

PRIORITIZED

AFGHANISTAN

5M

women & girls of reproductive age in need

11.4M

people in need of gender-based violence services

754K

pregnant women in need

5.8M

people targeted by UNFPA

Afghanistan's protracted crisis has produced vast humanitarian needs. An estimated 23 million people will require assistance in 2026, amid economic collapse, recurrent climate shocks, and severe restrictions on the rights and movement of women and girls. Large-scale returns from Iran and Pakistan throughout 2025, a trend expected to continue, have compounded these pressures.

Two major earthquakes in 2025 worsened vulnerabilities. In late August, a 6.0-magnitude earthquake near Jalalabad devastated parts of Nangarhar and Kunar, killing more than 2,000 people and destroying entire villages. Roads and mountain passes were blocked for weeks, leaving women and girls cut off from functioning health facilities. Just weeks later, on 3 November, a 6.3-magnitude earthquake struck Balkh and Samangan, collapsing homes, damaging health centres and triggering new displacements as winter approached. The combined aftershocks of destroyed shelters, disrupted services, restricted mobility and heightened protection risks will carry over well into 2026.

For women and girls, Afghanistan remains one of the most dangerous places in the world to give birth. One woman dies every two hours from pregnancy-related causes. Millions have little or no access to skilled care. An estimated 24,000 women give birth each month in hard-to-reach areas with acute barriers to safe delivery. Services for survivors of gender-based violence remain extremely limited due to restrictive operating conditions and chronic underfunding. In 2025, UNFPA faced major funding terminations across multiple contexts, one third of which affected Afghanistan, severely disrupting life-saving services for an estimated 6.3 million women and girls in the country.

With its national partners, UNFPA sustains essential sexual and reproductive health, protection and psychosocial support services across all provinces. These include community-run Family Health Houses staffed by midwives, mobile health teams reaching remote districts with maternal and child healthcare, and psychosocial counselling centres embedded in government hospitals. Integrated services offer critical entry points to care amid extreme volatility.

A mother holds her baby at Family Health House in Ahangaran.
© UNFPA Afghanistan

Afghanistan remains one of the most dangerous places in the world to give birth. One woman dies every two hours from pregnancy-related causes. An estimated 24,000 women give birth each month in hard-to-reach areas with acute barriers to safe delivery.

PRIORITIZED

MYANMAR

5.9Mwomen & girls of
reproductive age in need**7.6M**people in need of gender-
based violence services**414.5K**

pregnant women in need

690.9K

people targeted by UNFPA

Myanmar struggles with protracted conflict, mass displacement and widespread service disruptions that leave women and girls without reliable care. Checkpoints, damaged roads and intermittent power regularly cut families off from clinics; overcrowded shelters without privacy heighten risks of gender-based violence; insecurity blocks referrals for obstetric emergencies and survivor support. Across many townships, health facilities remain degraded and supply chains fragile, putting routine maternal care and contraception out of reach just as needs increase.

“An already complex crisis intensified on 28 March 2025, when a 7.7-magnitude earthquake struck several central regions of the country that were already under severe strain. Aftershocks and flooding further impeded access to life-saving care.”

An already complex crisis intensified on 28 March 2025, when a 7.7-magnitude earthquake struck several central regions of the country that were already under severe strain. In the 58 hardest-hit townships, an estimated 17.2 million people were affected, including 6.3 million with urgent needs. Among them, 4.6 million women of reproductive age and more than 220,000 pregnant women faced acute risks due to damaged clinics, roads and water systems. Heat, overcrowding, and disrupted water and sanitation systems compounded dangers in makeshift sites where people sought shelter. Aftershocks and flooding further impeded access to life-saving care.

Amid these constraints, UNFPA has focused on the mobility, integration and continuity of services. Mobile teams deliver combined sexual and reproductive health, gender-based violence and mental-health and psychosocial support packages, re-establishing safe entry points where facilities are damaged or access is volatile. Pre-positioned supplies, including clean delivery, dignity kits and essential sexual and reproductive health supplies, are reaching affected townships, while newly established or reopened women- and girl-friendly spaces offer case management, counselling

“When women come here, they are often silent at first – their eyes say more than their words. But after a few visits, you start to see something change. They begin to smile again.”

These words belong to Nilar, a social worker at a women- and girl-friendly space in earthquake-affected Bago Region. The space is one of the few healing environments available to survivors of trauma and violence, created by UNFPA and its partners. Six months after the twin earthquakes, it remains one of the only places where women can speak freely, receive counselling and begin to rebuild their confidence in safety and dignity. For many who have lost homes, families or livelihoods, being heard — and being able to heal — is the first step toward recovery.

Photo: Supplies including clean delivery kits, dignity kits and essential sexual and reproductive health commodities are reaching affected townships.

© UNFPA Myanmar

and referrals. Front-line providers are being trained to maintain standards in fluid, high-risk settings, and adaptable outreach strategies help bridge access gaps when formal systems falter.

Yet the outlook remains precarious. Persistent insecurity and damaged infrastructure continue to slow referrals; overcrowded shelters and limited lighting magnify risks of gender-based violence; and fuel shortages, power cuts and market volatility constrain operations. In this environment, keeping mobile clinics on the road, safe spaces open, and referral pathways functioning will determine whether women and girls can access timely, trusted care — including gender-based violence case management, counselling and psychosocial support — as Myanmar’s crisis evolves in 2026.

“Persistent insecurity and damaged infrastructure continue to slow referrals; overcrowded shelters and limited lighting magnify risks of gender-based violence; and fuel shortages, power cuts and market volatility constrain operations.”

REFUGEE RESPONSE

BANGLADESH

455.7K

women & girls of reproductive age in need

1.3M

people in need of gender-based violence services

48.8K

pregnant women in need

939.6K

people targeted by UNFPA

Bangladesh continues to host one of the world’s largest and most protracted refugee crises, with over 1 million Rohingya people living in precarious conditions across Cox’s Bazar and Bhasan Char. For women and girls, daily life is defined by insecurity, hunger and uncertainty. Funding gaps are widening. By October 2025, the Joint Response Plan was only 38 per cent funded, forcing health and protection partners to scale back.

Across the camps, sexual and reproductive health services are under growing strain. Clinics report declining antenatal visits and facility births, while malnutrition is rising sharply, with a 27 per cent increase in severe acute malnutrition admissions in early 2025. Protection risks are escalating, with reports of widespread gender-based violence, including intimate partner violence and child marriage. Monsoon floods and landslides continue to sever referral pathways

and isolate communities, leaving thousands of women without safe access to care.

In 2026, the priority is to keep life-saving sexual and reproductive health and gender-based violence services open, accessible and safe in every camp and host-community setting, despite funding volatility and climate shocks. UNFPA and its partners aim to stabilize essential services, safeguard maternity and newborn care, and ensure survivors of violence can access confidential support. Mitigating risks of gender-based violence, protecting adolescents and providing community-based referral systems will be key to preserving safety and dignity as food rations shrink and insecurity deepens. In one of the world’s most complex humanitarian settings, sustaining these services is not just about care. It is about preserving hope and human dignity for women and girls on the front lines.

“I felt like my life had stopped while everyone else kept moving forward.”

Sakhina, who had sustained serious mobility and vision impairments in a childhood accident and then fled Myanmar, spent months isolated in the crowded refugee camp in Cox’s Bazar. Once she was referred to a UNFPA-supported women-friendly space she began attending psychosocial sessions, group activities and confidence-building exercises. Over time, she found the courage to speak, connect with others and rebuild her sense of belonging. This women-friendly space and 54 others supported by UNFPA in the camps reach hundreds of thousands of women, girls and refugees, including over 8,000 people with disabilities, providing essential protection, psychosocial support, dignity supplies and reproductive health services.

EASTERN EUROPE & CENTRAL ASIA

1Mpeople targeted
region-wide**6**

Countries targeted

\$71.7M

Total appeal for 2026

5Mwomen & girls of
reproductive age impacted**297.8K**Pregnant women & girls
in need of assistance**3M**people in need of gender-
based violence services**PRIORITIZED**

UKRAINE

2.5Mwomen & girls of
reproductive age in need**2.9M**people in need of gender-
based violence services**130.1K**

pregnant women in need

859.7K

people targeted by UNFPA

Heading into 2026, Ukraine is submerged in a crisis that is both national and regional. Inside the country, war has torn through social and health systems and communities. Beyond its borders, millions of refugees rely on neighbouring countries' services for care and protection. Regional situation reports point to worsening disruptions to sexual and reproductive healthcare from repeated strikes on facilities, power cuts and evacuations. The psychological toll and family separation compound already high protection risks for women and girls. Within Ukraine, life-saving care operates under fire. Maternity teams move patients to shelters in the middle of labour; hospitals run on generators; and staff improvise to keep essential services open. New underground or reinforced maternity units in Kharkiv, Kherson and Sumy are equipped to allow safe delivery during air raids, a direct response to repeated strikes on perinatal centres and electricity infrastructure. Mobile incubators, ventilators and emergency obstetric supplies are positioned to protect mothers and newborns when minutes matter.

Protection needs have risen. New data in 2025 confirm a sustained surge in gender-based violence, as the war compounds existing forms of violence and creates new risks

for women and girls within their homes and in public spaces. To keep pathways to safety open, women and girls safe spaces, shelters and mobile psychosocial support teams provide case management, legal referrals and trauma counselling. These are crucial, confidential entry points for care when home is dangerous and movement is risky.

“Within Ukraine, life-saving care operates under fire. Maternity teams move patients to shelters in the middle of labour; hospitals run on generators; and staff improvise to keep essential services open.”

The crisis has a strong regional dimension. Neighbouring countries, including Poland, the Republic of Moldova and Romania, host a considerable proportion of refugees, placing prolonged pressure on national systems for sexual and reproductive healthcare and gender-based violence services. The regional response aligns clinical care and referral protocols across borders so that a woman can access a comparable package of support, from antenatal checks to clinical management of rape, whether she is in Odesa, Lviv or Chişinău. Moldova’s model guaranteeing refugees access to a full sexual and reproductive health benefits package illustrates how host countries and partners have adapted to protracted displacement.

Operationally, access constraints shape everything from supply lines to staffing. Winter blackouts, damaged bridges and contamination from explosive remnants of war cut off referral routes at short notice, delaying the 72-hour window for post-rape prophylaxis and interrupting care for high-risk pregnancies. Regional teams respond with mobile medical units to reach remote settlements, pre-positioned commodities sustain the continuity of care, and information services help survivors of gender-based violence find safety when protection networks break down.

Looking ahead to 2026, the imperative is twofold. First, sustain an integrated network of maternity care, safe spaces and mobile services across Ukraine and refugee-hosting countries. Second, adapt systems to a long emergency by reinforcing cross-border referrals, maintaining underground or shielded delivery capacity, and investing in the protection services women and girls are increasingly turning to. In a crisis stretching over months and then years, the measure of success remains immediate and human: Wherever a woman or girl ends up in this region, she can still find a door to safety, care and dignity, and it is open when she arrives.

“Despite everything, we are in Kharkiv, in the maternity hospital. Eleven years ago, I gave birth to my daughter here, and now — against all odds — I have returned to this same ward for my son. I came back to the same doctor and the same hospital. Life goes on. Being a mother is an important mission for me.”

Alyona gave birth in one of the hospital’s new bomb-proof maternity wards. Supported by UNFPA, these reinforced underground units — fully equipped and built within bomb shelters — enabled her to deliver safely despite ongoing attacks. The initiative is providing women with a protected space to give birth even in the most dangerous conditions.

Photo: © UNFPA Ukraine / Olha Lavryk



REGIONAL OVERVIEW

EAST & SOUTH-
ERN AFRICA

East and Southern Africa is weathering converging crises of conflict, climate, displacement and an increasingly restless young population demanding accountability. From the Horn of Africa to the Great Lakes, the Indian Ocean shoreline to Southern Africa, communities face droughts, floods and insecurity that uproot families, drive hunger and strain already fragile health systems. For women and girls, every disruption deepens existing inequalities. Midwives deliver in makeshift shelters, survivors of violence face closed clinics and long walks to safety, and adolescent girls drop out of school as hunger and early marriage rise. Amid constantly shifting risks and recurring disasters, the struggle is not only for survival but for the right to care, safety and dignity.

5Mpeople targeted
region-wide**8**

Countries targeted

\$156.9M

Total appeal for 2026

10.7Mwomen & girls of
reproductive age impacted**1.8M**Pregnant women & girls in
need of assistance**12.5M**people in need of gender-
based violence services

“I can’t sleep anymore. I’m afraid they’ll come back. But I want to live for my child. I want him to be born and have a better life.”

Judith, five months pregnant, recovered at a UNFPA-supported health centre in the eastern Democratic Republic of the Congo after she was shot during a violent home invasion. Nearly 1 million women and girls in the Democratic Republic of the Congo now rely on UNFPA and partners for emergency maternal care, gender-based violence response and life-saving reproductive health services.

PRIORITIZED

DEMOCRATIC REPUBLIC OF THE CONGO

3.6M

 women & girls of
reproductive age in need

5.2M

 people in need of gender-
based violence services

710.4K

pregnant women in need

1.1M

people targeted by UNFPA

The Democratic Republic of the Congo is the epicentre of one of the world's most unrelenting humanitarian crises. It is a vast emergency, shaped by continuous conflict, recurrent disease outbreaks, mass displacement and the systematic collapse of essential services. For millions of women and girls, daily life is a calculation of survival: whether a clinic still stands, whether a road is passable, whether care will arrive before it is too late.

“North Kivu alone saw reported rapes rise by nearly 40 per cent in the first half of the year; similar trends are evident in South Kivu and Ituri.”

The eastern part of the country has entered a new and brutal phase. Intensifying clashes, mass displacement and direct attacks on health facilities have made safe birth and survivor care increasingly precarious across North Kivu, South Kivu and Ituri. In the first half of 2025, at least 33 attacks targeted health facilities and workers, a sharp rise that has choked off referrals and emptied clinics of supplies and staff. Gender-based violence has escalated, and reports of sexual violence surged throughout 2025. North Kivu alone saw reported rapes rise by nearly 40 per cent in the first half of the year; similar trends are evident in South Kivu and Ituri. Behind these figures are survivors trapped by insecurity, blocked roads, the impunity of violent perpetrators, and the near-total breakdown of protection and health systems.

UNFPA's response is designed for speed amid constant volatility: maintaining clinical care for rape, keeping maternity wards functioning, protecting front-line staff and deploying mobile teams to provide integrated services for sexual and reproductive healthcare and gender-based violence when facilities are cut off.

Photo: Pregnant women in the community near the Turunga Health Center in Goma, North Kivu Province.

© UNFPA DRC / Junior Mayindu



The violence is inseparable from a wider crisis of access. Stocks of post-rape kits and essential treatments are running dangerously low and in some areas are completely unavailable, leaving survivors unable to reach care within the critical window for HIV prevention. Even before this surge, three women died every hour in the Democratic Republic of the Congo from pregnancy- or birth-related complications, a figure now rising as insecurity and shrinking funds erode what little capacity remains. In this context, finding care has become an act of courage. Keeping services open has become a matter of survival.

“Access constraints, targeted attacks, an overstretched peacekeeping presence and severe underfunding have forced hard choices.”

UNFPA’s response is designed for speed amid constant volatility: maintaining clinical care for rape, keeping maternity wards functioning, protecting front-line staff and deploying mobile teams to provide integrated services for sexual and reproductive healthcare and gender-based violence when facilities are cut off. The model links supplies, skilled personnel and case management so that a woman can enter through any door — a clinic, a safe space, a mobile unit — and receive confidential treatment, psychosocial support and referrals. But the operation is under profound strain. Access constraints, targeted attacks, an overstretched peacekeeping presence and severe underfunding have forced hard choices, leaving gaps where needs are greatest. Without flexible resources to stabilize supply lines, reinforce referral networks and safeguard services from spillover violence, the consequences will be counted in preventable deaths and untreated trauma.

PRIORITIZED

ETHIOPIA

2.5M

women & girls of reproductive age in need

1.4M

people in need of gender-based violence services

353.5K

pregnant women in need

729K

people targeted by UNFPA

Women and girls in Ethiopia are navigating a crisis defined by distance, danger and deepening service gaps. Conflict, drought and climate-driven floods continue to displace communities, while checkpoints, damaged roads and rolling power outages cut off access to clinics. Routine pregnancies become emergencies when facilities lack supplies or light; overcrowded shelters heighten the risk of gender-based violence. Movement restrictions make referrals for obstetric complications or post-rape care uncertain. Millions will require services for sexual and reproductive health and gender-based violence as systems stagger under overlapping shocks. Adolescents, displaced women and people in remote areas feel the pressures most acutely.

UNFPA is bringing care closer to those who cannot reach it. Mobile health and nutrition clinics link hard-to-reach communities with antenatal care, family planning and emergency referrals, while safe spaces offer confidential case management, psychosocial support and clinical care. Pre-positioned reproductive health supplies help facilities operate through outages and access constraints. Yet even as clinics, mobile units and safe spaces provide a network of support, insecurity, inflation and staffing gaps disrupt access. Keeping mobile teams on the road, referral pathways open and safe spaces functioning remains essential. Alongside life-saving services, UNFPA works with national and regional authorities, including local midwifery associations, to restore and strengthen health facilities so that care continues amid shocks.

“While in the desert, I started to feel labour pains. It started at 8pm on a Sunday and I gave birth at midnight on the Tuesday. After the birth I had trouble controlling my urine.”

In Ethiopia, Yemane had obstetric complications, resulting in a stillbirth and obstetric fistula. She was treated at the Hamlin Fistula Center in Mekelle, which is supported by UNFPA, and has taken part in livelihood training. **Photo: © UNFPA Ethiopia / MOPIX Production**



PRIORITIZED

SOUTH SUDAN

2.4M

women & girls of reproductive age in need

2.5M

people in need of gender-based violence services

400.2K

pregnant women in need

348.3K

people targeted by UNFPA

Crisis has no pause in South Sudan. Conflict, climate shocks and economic collapse continue to eject families from their homes. Roads are washed out, clinics are shuttered and power is unreliable. In protection sites and border towns, women and girls face overcrowded shelters with little privacy, heightened risks of gender-based violence, and long, dangerous journeys for obstetric emergencies or post-rape care. Recent reporting confirms that climate stressors and displacement are driving new patterns of violence and exploitation.

Against this unrelenting tide, UNFPA and its partners sustain a stitched-together network of clinics, one-stop centres, safe spaces and mobile teams. Integrated hubs in places such as Malakal and Bentiu provide medical treatment, psychosocial support and legal referrals,

while women- and girl-friendly spaces and case workers reach deep into hard-to-access communities. Along the Sudan–South Sudan corridor, from Renk to Fashoda to Malakal, teams have expanded gender-based violence case management and rapid psychosocial support as waves of displaced families arrive, assisting survivors to find help the moment they disclose violations.

The response is struggling amid funding gaps and access constraints. UNFPA's assistance to South Sudan in 2025 was only 26 per cent funded. Keeping clinics powered, supply lines moving and front-line staff in place remain the difference between a system bending and breaking for women and girls.

PRIORITIZED

MOZAMBIQUE

597.7K

women & girls of reproductive age in need

845.9K

people in need of gender-based violence services

91.8K

pregnant women in need

411.2K

people targeted by UNFPA

In northern Mozambique, conflict in Cabo Delgado collides with climate disasters, making recovery a moving target. Displacement constantly reorders daily life; sexual violence and early marriage rise when families are uprooted. In remote districts, the nearest functioning maternity ward can be a day's travel away. Cyclones – most recently Chido and Dikeledi – knock already fragile services offline, damage facilities and roads, and leave communities without light, privacy or transport at moments when risks of gender-based violence spike.

UNFPA's response prioritizes speed and integration. It leads subnational coordination on gender-based violence in Cabo Delgado, aligning safe spaces, case management and referrals with reproductive health delivery so a survivor or pregnant woman can find help through multiple entry points. After the 2024–2025

cyclones, teams provided pre-positioned supplies, including dignity kits, maternity packs, lighting and radios, while updating gender-based violence referral pathways and orienting community case workers to resume care even with the power out and roads flooded.

The pressure, however, is constant. Insecurity restricts movement, repeated storms erase gains, and stretched health systems struggle to keep pace. The operational priority is to keep mobile outreach on the road, safe spaces lit and staffed, and supply chains primed before the next shock. Where one crisis feeds the next, holding this line is what keeps contraception, safe delivery and survivor-centred services within reach for women and girls.

REGIONAL OVERVIEW

WEST & CENTRAL
AFRICA

West and Central Africa enters 2026 amid overlapping crises — conflict, mass displacement, political instability and worsening climate-driven disasters — all of which erode the safety and dignity of women and girls. Food insecurity is forcing harmful coping strategies, including early marriage and transactional sex, while ongoing violence in the Sahel and Lake Chad Basin continues to uproot families and restrict access to sexual and reproductive healthcare, contraception and protection services.

Across camps, host communities and drought-hit villages, women and girls face the same reality: giving birth without skilled care, travelling long distances for sexual and reproductive health services or remaining silent after violence due to fear, stigma and the lack of support. Disrupted supply chains, protection gaps and heightened risks of gender-based violence have further limited operational capacity. Severe underfunding is compounding the crisis, preventing the scale-up of life-saving sexual and reproductive health and gender-based violence services and placing millions at even greater risk.

3.8Mpeople targeted
region-wide**8**

Countries targeted

\$71.3M

Total appeal for 2026

6.6Mwomen & girls of
reproductive age impacted**938.9K**Pregnant women & girls in
need of assistance**10.5M**people in need of gender-
based violence services

“I thought this disease was going to kill me. I was once insulted and rejected, but today I feel well. My thanks go to UNFPA.”

— Aïssatou, obstetric fistula survivor, Cameroon

PRIORITIZED

CENTRAL AFRICAN
REPUBLIC**575K**women & girls of
reproductive age in need**800K**people in need of gender-
based violence services**110.4K**

pregnant women in need

247.4K

people targeted by UNFPA

In the Central African Republic, years of conflict have hollowed out essential services and scattered communities, turning pregnancy, childbirth and recovery from violence subject to constant challenges. Attacks and threats against health workers and facilities force repeated closures and flight, severing referral pathways and access to services. In many prefectures, women travel long distances on unsafe roads to reach a clinic that may not have a midwife, electricity or the supplies to manage an emergency; survivors of rape face the same obstacles, with the added weight of stigma and fear.

Where services do exist, the burden is immense. Overcrowded displacement sites and remote villages alike report heightened risks of sexual violence, early and forced marriage, and harmful practices that rise as families cope with insecurity and loss. The collapse of routine services means missed antenatal visits, interrupted contraception, and dangerous home births. Even a short disruption — a flooded road, an armed checkpoint — can push care out of reach for weeks, compounding trauma and preventable illness for women and adolescent girls.

Amid this volatility, an integrated model has become essential: safe spaces that offer psychosocial support and case management; health posts that provide antenatal care, clean delivery and clinical management of rape; and mobile teams that integrate these services, ensuring a woman can access life-saving care. Coordination around gender-based violence information management and risk mitigation is helping keep referrals and confidentiality intact despite shifting front lines — a fragile but vital chain that allows survivors and expectant and new mothers to seek care with dignity.

“Life is dangerous for women in this camp. If you want to work, someone might not hire you unless they can take advantage of you. And if a woman doesn’t accept, her children will get nothing to eat.”

Mariam (not pictured) fled brutal violence in Sudan and now lives in Korsi camp in northern Central African Republic, where 18,000 displaced people — mostly women and children — face overcrowding, insecurity and daily risks of exploitation, early marriage and abuse. Safe livelihoods are scarce, and essential services such as post-rape care, psychosocial support and legal referrals remain far from sufficient. UNFPA and its partners operate safe spaces and mobile teams providing case management, counselling and medical referrals, yet for women like Mariam, survival still demands constant vigilance — underscoring the urgent need to keep protection and dignity at the centre of humanitarian action.

Photo: Newly arrived Sudanese refugee Hadidja holds her son Baja Haloro, 3, at a temporary camp before being moved to the Karsi Refugee Camp in Birao in the Central African Republic near the Sudan border.

© UNFPA Central African Republic / Karel Prinsloo

PRIORITIZED

BURKINA FASO

1M

women & girls of reproductive age in need

1.3M

people in need of gender-based violence services

126.4K

pregnant women in need

410.7K

people targeted by UNFPA

Burkina Faso sits at the heart of the Central Sahel protection crisis, where escalating violence, mass displacement and the erosion of basic services have left safe birth and survivor care increasingly out of reach. Armed-group activity has disrupted clinics, obstructed referrals and increased risks of gender-based violence and harmful practices, particularly for adolescent girls cut off from school and support. The result is a shrinking map of services as needs surge.

UNFPA is holding the line through an integrated package of sexual and reproductive health and gender-based violence support. This comprises

deploying humanitarian midwives to provide emergency obstetric and newborn care in crisis-affected areas, keeping women- and girl-friendly spaces open, extending mobile services to hard-to-reach areas, and sustaining family planning and adolescent-friendly care where facilities remain functional. The regional funding picture is stark, since operations in West and Central Africa had received only a fraction of needed funding by late 2025. UNFPA's mandate remains unchanged, however: Keep contraception, safe delivery, post-rape care and psychosocial support within reach, despite shrinking budgets.

PRIORITIZED

MALI

1M

women & girls of reproductive age in need

2.5M

people in need of gender-based violence services

157K

pregnant women in need

358.7K

people targeted by UNFPA

Mali's crisis is deepening into a protracted emergency marked by escalating armed violence, political instability and shrinking humanitarian access. In the hardest-hit northern and central regions, armed attacks and access constraints have left many clinics destroyed or out of reach.

“Armed attacks and access constraints have left many clinics destroyed or out of reach. Less than 25 per cent of health facilities in crisis-affected areas provide comprehensive sexual and reproductive healthcare or support for survivors of gender-based violence.”

Less than 25 per cent of health facilities in crisis-affected areas provide comprehensive sexual and reproductive healthcare or support for survivors of gender-based violence. Nearly half of specialized services to respond to gender-based violence remain closed nationwide, leaving survivors with few safe avenues to seek help. Amid rising food prices and poor nutrition, coupled with displacement, a routine pregnancy can quickly turn into a life-threatening emergency. Risks of sexual violence, exploitation and forced marriage for girls and young women continue to grow.

UNFPA and its partners strive to sustain a fragile system of care, supporting 86 health facilities, 6 safe spaces for women and girls, and 7 specialized services for survivors of gender-based violence in areas most affected by violence. Mobile health teams reach displacement sites and insecure locations, providing integrated sexual and reproductive health and gender-based violence services where other facilities are inaccessible. Yet the response remains heavily constrained by limited funding, leaving much of the planned support in jeopardy.

PRIORITIZED

NIGER

630K

women & girls of reproductive age in need

676.5K

people in need of gender-based violence services

141.7K


pregnant women in need

233.9K

people targeted by UNFPA

In Niger, Central Sahel's fast-moving emergency has hardened into a complex protection and survival crisis. Conflict, insecurity, climate-related disasters and deepening poverty propel displacement and food insecurity, with women, girls and young people bearing the greatest burdens. Rising violence and economic strain have eroded already fragile health and protection systems, leaving many women and girls without access to skilled birth care, contraception or survivor-centred support for gender-based violence. For vulnerable adolescent girls and women with disabilities, the risks of early marriage, exploitation and violence are increasing as shocks worsen.

UNFPA's response in Niger has focused on keeping life-saving sexual and reproductive health and gender-based violence services within reach despite multiple constraints. Partners support health facilities, deploy skilled midwives, and operate fixed and mobile clinics to reach communities cut off by insecurity or climate impacts. An integrated package of support includes maternal healthcare, family planning, the clinical management of rape, psychosocial support and community engagement to address harmful norms. Yet severe financial pressure threatens the continuity and scale of support. Without additional, flexible funding, women and girls will continue to struggle with widening gaps in services and protection.



In Niger, adolescent girls from the “Back to School” initiative of the Chief of Canton of Tessaoua are receiving training and support toward full socioeconomic integration. A management committee established by the Chief of Canton will oversee their internships and help ensure their successful entry into the job market.

Photo: © UNFPA / Junior Mayindu

PRIORITIZED

CHAD

1.4M

women & girls of reproductive age in need

790K

people in need of gender-based violence services

255.6K

pregnant women in need

1.6M

people targeted by UNFPA

Chad's humanitarian needs have been reshaped by the war in Sudan, which has driven a large influx of refugees and returnees. This has occurred on top of repeated climate shocks. Eastern border provinces shelter significant numbers of displaced families, mostly women and children, while host communities contend with rising food prices, scarce water and overstretched clinics. For pregnant women, long distances and insecurity can turn manageable complications into fatal emergencies. For adolescent girls and women with disabilities, crowded transit points and makeshift shelters heighten exposure to harassment, exploitation and violence.

Inside camps and settlement towns, daily risks are constant. Privacy is limited, lighting is poor and safe transport is rarely available. These conditions keep survivors from seeking help and prevent women from reaching antenatal or emergency obstetric care. Health facilities struggle to retain skilled staff or maintain essential supplies, including during a recent cholera outbreak. Frequent power and fuel shortages compound these shortfalls. Shifting front lines and seasonal floods repeatedly disrupt referral pathways.

To maintain access to people in need in this fluid environment, responders rely on proximity and integrated responses. The latter encompasses women- and girl-friendly spaces located within walking distance of shelters, mobile teams equipped with post-rape treatment and contraception, and clinic networks linked to community protection groups that can activate referrals quickly when violence occurs. In such settings, even a single break in the chain – a stalled ambulance, an empty pharmacy, a closed safe space – can carry serious consequences. Keeping the links intact allows women and girls to find care and, for survivors of gender-based violence, to avoid terrible choices between seeking help and staying silent.

Fifteen-year-old Omima Ibrahim enacts a play on menstrual health at a women and girls safe space in the Farchana refugee camp on 20 November 2024. Since the beginning of the conflict in Sudan on 15 April 2024, there has been a continuous influx of refugees.

© UNFPA Chad/Karel Prinsloo

Inside camps and settlement towns, daily risks are constant: Privacy is limited, lighting is poor and safe transport is rarely available. These conditions often keep survivors from seeking help and prevent women from reaching antenatal or emergency obstetric care.

PRIORITIZED

CAMEROON

396K

women & girls of reproductive age in need

985K

people in need of gender-based violence services

57.3K

pregnant women in need

371.6K

people targeted by UNFPA

Multiple, overlapping crises are shrinking the availability of care for women and girls in Cameroon. In the far north and north-west/south-west conflict, clinics are damaged or intermittently closed, roads are blocked, and blackouts cut power to maternity wards. Reports show gender-based violence rising in displacement sites as privacy, lighting and safe transport disappear. These are the very conditions that also propel births into unsafe settings and demolish referral pathways for survivors who need post-rape care within hours, not days. UNFPA-supported teams have helped keep essential services functioning, from women- and girl-friendly spaces to mobile sexual and reproductive health clinics, but protection risks remain widespread.

UNFPA and its partners support front-line health facilities and safe spaces, move services closer to camps and host communities, and deliver information and counselling through community networks so women know where help exists when movement is dangerous. Each month, UNFPA and its partners reach thousands with antenatal care, safe delivery, family planning and gender-based violence services, proof that an integrated model can function even as conflict and disaster persist. Yet if insecurity closes roads or limits access to pharmacies and health facilities, gains are at risk of quickly unravelling.

ACCELERATED

NIGERIA

1.4M

women & girls of reproductive age in need

3.3M

people in need of gender-based violence services

221K

pregnant women in need

505K

people targeted by UNFPA

In north-east Nigeria, renewed attacks and mass displacement have collided with flash floods and a grinding crisis of poor nutrition, creating a moving front line for sexual and reproductive health and gender-based violence services.

“Travel to clinics is dangerous, with the risks of violence worsened by limited lighting at night and overcrowded shelters, especially for adolescent girls and women with disabilities.”

Communities in Borno and Yobe face curfews and levies imposed by armed groups. Travel to clinics is dangerous, with the risks of violence worsened by limited lighting at night and overcrowded shelters, especially for adolescent girls and women with disabilities. When floods swept parts of Niger State, already thin referral systems snapped, disrupting emergency obstetric care and post-rape treatment.

UNFPA and its partners have established safe spaces, temporary health posts and mobile teams in displacement hubs, linking antenatal care, family planning and clinical management of rape with case management and psychosocial support. In 2025, these efforts each month provided confidential, high-quality assistance to thousands of women and girls.

REGIONAL OVERVIEW

LATIN AMERICAN & THE CARIBBEAN

Latin America and the Caribbean in 2026 confronts political polarization, displacement, gang violence and recurring disasters, forces deepening long-standing social and economic divides. From Haiti's escalating insecurity to migration corridors stretching from Venezuela through Colombia and beyond, humanitarian needs mount even as global attention wanes. Climate shocks hit harder and more often, especially in the Caribbean, where fragile governance and limited infrastructure magnify the impacts. For women and girls across the region, converging crises translate into unsafe childbirth, increased gender-based violence, and growing barriers to essential health, protection and justice services. Inequality amplifies every risk and slows every recovery.

2.4M

people targeted
region-wide

8

Countries targeted

\$75.5M

Total appeal for 2026

9M

women & girls of
reproductive age impacted

584.9K

Pregnant women & girls in
need of assistance

10.8M

people in need of gender-
based violence services

“People sometimes taunt me because I was raped. I managed to hold on thanks to the help and support I have received.”

In Port-au-Prince, Minouche was six-months pregnant when four armed men raped and beat her in a displacement camp. With UNFPA's support, she received emergency medical care, treatment for infection, prenatal follow-up and a caesarean section — yet she still faces hunger, insecurity and stigma every day, a stark reminder that women and girls in Haiti are paying the highest price for a crisis not of their making.

PRIORITIZED

HAITI

“Between January and September 2025, reported gender-based violence incidents increased by 28 per cent compared to the same period in 2024.”

1.7M

women & girls of reproductive age in need

1.5M

people in need of gender-based violence services

154.3K

pregnant women in need

738.3K

people targeted by UNFPA

Armed violence has turned daily life in Haiti into a contest for survival, with Port-au-Prince at the epicentre. Gangs control most routes in and out of the capital, health facilities are shuttered or operating on the edge, and even ambulance movements can trigger gunfire. Displaced people have surged into makeshift shelters, where lighting, privacy and safe water are scarce, all conditions that heighten the risks of gender-based violence and lead to childbirth in unsafe settings.

Recent reporting underscores the scale of the crisis. Between January and September 2025, reported incidents of gender-based violence increased by 28 per cent compared to the same period in 2024; 65 per cent of reported rapes were classified as collective or gang rape. Only 27 per cent of survivors reached post-rape treatment within the critical 72-hour window. Killings and injuries have soared, mass displacement continues to increase, and critical hospitals and emergency centres have closed.

For women and girls, the consequences are immediate: interrupted antenatal care, stalled emergency obstetric referrals and delayed access to post-rape treatment. Clinics struggle with insufficient fuel and power, and safe spaces are overcrowded. Supply chains break on roads controlled by armed groups. UNFPA and its partners have kept a modicum of vital supplies and

services intact, moving reproductive health medicines and kits into functioning facilities, deploying mobile clinics and establishing women- and girl-friendly spaces in displacement sites. Hotlines provide psychosocial support and referrals when movement is too dangerous. The response has supported safe deliveries, the clinical management of rape, family planning, treatment for sexually transmitted infections and HIV screening, and strengthened health facilities.

As the crisis deepened in mid-2025, teams continued to adapt. They relocated services as neighbourhoods shifted, integrated gender-based violence case management and sexual and reproductive healthcare, and extended cash assistance and tailored support to women with disabilities facing multiple barriers to care. Even small interventions – a generator for a birthing room, a stock of post-exposure prophylaxis and emergency contraception, a trained counsellor on call – can have outsized impacts.

The operating picture remains volatile. Roads are closed without notice, staff face threats and facilities navigate chronic shortages. Yet the approach holds: Meet women where they are, keep open multiple options for care and move supplies with the flexibility a fluid front line demands.

“I gave birth on the ground at the camp with the help of a woman. She is still asking me for money because I couldn’t pay her. My children have health problems and I no longer go to school.”

Jeanette (not pictured) reflects the harsh reality for women and girls in Haiti, where gang violence, hunger and mass displacement have gutted the health system and erased access to safe birth and survivor care. After her home was attacked and she was raped while fleeing, the 18-year-old gave birth alone in a displacement camp, without skilled support or clean supplies. Like thousands of women in Port-au-Prince’s informal settlements, she now struggles to keep her children safe amid insecurity and shortages. UNFPA and partners are working to restore safe delivery services, provide clinical care for rape survivors, and supply essential medicines and reproductive health kits — a lifeline for women like Jeanette, who continue to bear the brunt of the crisis.



Photo: Lucienne Saint-Juste, 79, attends the mobile clinic arranged by UNFPA’s partner, FADHRIS, at the Joseph Bernard High School in Route Frères, Port-au-Prince, which has been converted into a camp for people who have been internally displaced.

PRIORITIZED

VENEZUELA

2.6M

women & girls of reproductive age in need

2.1M

people in need of gender-based violence services

184.1K

pregnant women in need

349.4K

people targeted by UNFPA

Venezuela's prolonged crisis continues to erode the foundations of daily life, deepening the risks faced by women, adolescents and girls. Multiple forms of gender-based violence have risen, including family and domestic violence (physical, psychological, sexual and economic abuse), sexual exploitation, survival sex and human trafficking. Early unions, forced marriages, institutional violence and obstetric violence further constrain women's autonomy and safety.

Economic precarity intensifies these dangers, as household tensions grow and many survivors become more dependent on their aggressors. Layered on top is the climate crisis: Recent reports show how floods, droughts and other climate-related events not only exacerbate existing violence but also create new vulnerabilities, disrupt services and hinder access to protection.

Access to sexual and reproductive healthcare is increasingly fragile. Chronic shortages of medicines, equipment and trained personnel, combined with power cuts and soaring transportation costs, interrupt maternal care and leave women navigating pregnancy and childbirth with precarious support. Survivors of violence often face stigma, long and unsafe journeys to reach confidential assistance, and limited availability of essential psychosocial and clinical services. For those who move within the country or across borders in

search of safety, the risks of violence, exploitation and disrupted access to contraception and maternal health follow them.

In tandem, changes in migration policies in transit and host countries, including more restrictions, severely disrupt migration patterns. This significantly impacts women, adolescents, girls and boys, forcing them into irregular, undocumented situations, and increasing their vulnerability to exploitation, trafficking and gender-based violence.

UNFPA links multiple responses to keep essential care within reach. Health facilities continue to receive supplies, equipment and technical support to sustain maternal and reproductive health services, even amid power and resource constraints. Trained personnel and safe, confidential pathways to care strengthen survivor-centred case management and psychosocial support. Targeted outreach provides adolescent girls, migrants, Indigenous communities and other at-risk groups with timely information and services. By coordinating with national institutions and neighbouring countries, UNFPA helps to make sure that a woman fleeing violence or instability, whether within Venezuela or across a border, can still access the same core services. In a context where crises converge, UNFPA safeguards the dignity, protection and health of those most at risk.



ACCELERATED

COLOMBIA

2.8M

women & girls of reproductive age in need

6M

people in need of gender-based violence services

149K

pregnant women in need

248K

people targeted by UNFPA

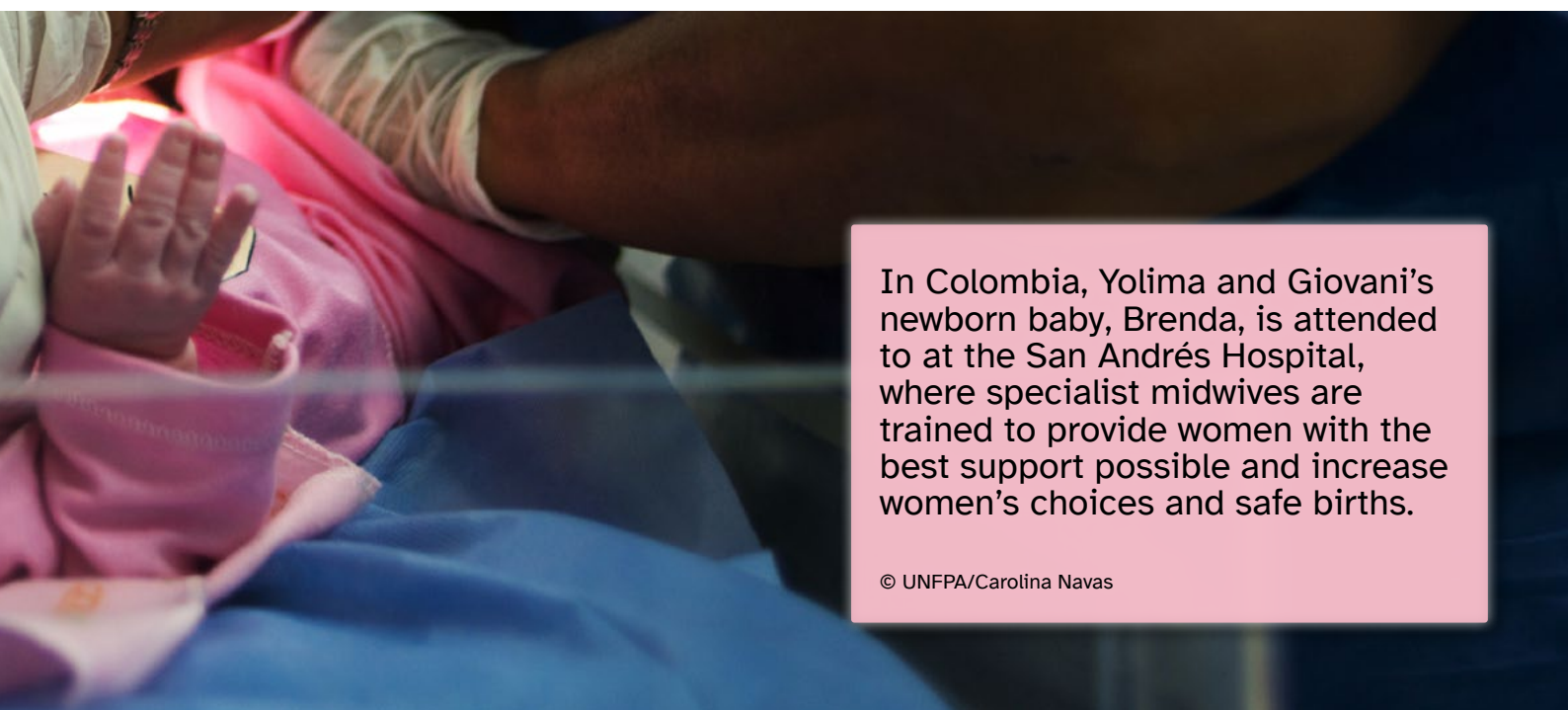
Colombia hosts the largest number of Venezuelan refugees and migrants in the region, even as armed violence has intensified following the breakdown of peace negotiations in 2025. Across the country, the constant presence of non-state armed groups and recurring clashes have driven both forced displacement and “confinement” – trapping entire communities, restricting movement, and cutting off access to food and livelihoods and essential services such as healthcare and education.

“Across the country, the constant presence of non-state armed groups and recurring clashes have driven forced displacement and ‘confinement’ – trapping entire communities, restricting movement, and cutting off access essential services.”

These conditions heighten risks for women and girls everywhere. Exposure to gender-based violence, unsafe journeys in search of assistance, and the barriers of distance, cost, insecurity and stigma push births and care into dangerous settings. Afro-Colombian and Indigenous women and girls face even greater constraints as recurrent confinements and mass displacements unfold in rural territories where their rights are already at risk.

UNFPA’s response is deliberately integrated and mobile, designed to move with women and girls across situations of migration, displacement and confinement. It supports public facilities along migration routes and in high-risk rural areas that link antenatal care, family planning and emergency obstetric referrals with case management for gender-based violence and psychosocial support.

Services are tailored for adolescents, Indigenous and Afro-descendant communities, and the issues around human mobility, including confinement. A connected network across departments means that whether a woman reaches a clinic, safe space or mobile unit, she can find confidential, survivor-centred sexual and reproductive health and gender-based violence services, functioning as one coherent system of care.



In Colombia, Yolima and Giovani’s newborn baby, Brenda, is attended to at the San Andrés Hospital, where specialist midwives are trained to provide women with the best support possible and increase women’s choices and safe births.

UNFPA'S PRIORITIES IN 2026

WHEN EVERYTHING ELSE FALLS APART

PRIORITY

Ensuring sexual and reproductive health and gender-based violence responses remain **non-negotiable**

“Non-negotiable” is not a slogan. It is the baseline for what it means to save lives in crisis. There is no emergency where access to sexual and reproductive healthcare and protection from gender-based violence are optional. Without these services, the cost is counted in lives and the erosion of humanity itself. With them, order, agency and hope are restored amid chaos.

No crisis response is complete until women and girls can give birth safely, access contraception and receive swift life-saving care after rape. This is why UNFPA insists that sexual and reproductive health and gender-based violence services remain at the centre of humanitarian action, as essential as water, food and other forms of protection.

“When these services are treated as secondary, the cost is counted not only in lives, but also in the slow erosion of humanity itself. When they are prioritized, they restore order, agency and hope amid chaos.”

PRIORITY

A matter of survival: Sexual and reproductive health in crisis responses

True leadership in sexual and reproductive health is demonstrated by the speed, reach and reliability of care when systems collapse. UNFPA is the global lead for sexual and reproductive health in the humanitarian coordination system. In every response, from the very first days, it integrates the capacity to provide safe childbirth, care for life-threatening obstetric and newborn emergencies, the prevention and treatment of sexually transmitted infections and HIV, contraception and care for survivors of sexual violence. Through the Sexual and Reproductive Health Task Team of the Global Health Cluster, UNFPA drives global standards, supports country coordination and translates policy into action, from delivery rooms in conflict zones to makeshift clinics along displacement routes.

“Through the Sexual and Reproductive Health Task Team of the Global Health Cluster, UNFPA drives global standards, supports country coordination and translates policy into action.”

The Minimum Initial Service Package (MISP) is the humanitarian system’s operational backbone for reproductive health. It defines essential actions to prevent maternal and newborn deaths, respond to sexual violence, reduce HIV transmission and provide access to contraception. UNFPA leads the global effort to strengthen capacities for early MISP implementation, including through pre-positioned inter-agency reproductive health kits stocked with life-saving medicines and supplies, trained surge midwives and functioning referral systems.

Recent MISP readiness assessments across more than 60 countries show both the urgency and impact of this work. While many national disaster plans include health contingencies, fewer than half integrate sexual and reproductive health preparedness, leaving millions of women without care when emergencies begin.



“In 2026, UNFPA’s goal is simple: that every woman, wherever she gives birth — in a hospital, a shelter, or under canvas — can do so safely, attended by a skilled professional with the right tools and a functioning referral system.”

UNFPA is closing that gap by helping governments institutionalize the MISP into national emergency frameworks, health information systems and funding mechanisms, embedding sexual and reproductive health services in preparedness from the outset.

As conflict, displacement and climate shocks push communities further from functioning hospitals and health centres, the front lines of care constantly shift – and UNFPA moves with them. Mobile health teams and community midwives bring essential services to the last mile, providing safe delivery, post-rape treatment and family planning in tents, schools or temporary shelters where no formal facilities operate. These teams link health, protection and psychosocial support so that even in the most hard-to-reach settings, women and girls are not left behind.

To sustain this reach, UNFPA is equipping countries with stronger systems to prepare and deploy midwives as front-line responders in crises, supported by new tools and guidance that integrate reproductive health and gender-based violence services. Alongside its partners, UNFPA continues to refine global standards

for emergency care, from the clinical management of rape and intimate partner violence to integrated sexual and reproductive health and gender-based violence service delivery. It backs training, resources and support for responders to act quickly and compassionately when lives are at stake.

In 2026, UNFPA’s goal is simple: Every woman, wherever she gives birth, in a hospital, shelter or tent, can do so safely, attended by a skilled professional with the right tools and a functioning referral system. This calls for turning coordination into certainty so that supplies will arrive, staff will be ready and care systems will hold. In a world of constant crisis, UNFPA’s leadership in sexual and reproductive health remains a foundation of survival, one safe birth at a time.

PRIORITY

Leading the global fight against gender-based violence

While global coordination mechanisms evolve towards a more streamlined model, gender-based violence continues to be prioritized. Within the consolidated Protection Cluster, and by leading global and country working groups on gender-based violence, UNFPA brings together governments, United Nations entities, and local and women-led organizations to agree on priorities, map services and close critical gaps. Its coordination role helps channel many separate efforts into one coherent, survivor-centred response.

UNFPA continues to institutionalize gender-based violence prevention and response across crises, guiding humanitarian actors to act with speed, professionalism and integrity. As the provider of last resort for gender-based violence, UNFPA assumes responsibility for keeping life-saving, survivor-centred services accessible when crises deepen and systems falter. But this does not imply acting alone. It means being accountable for nothing essential being left undone.

In collaboration with local, national and international partners, UNFPA sustains case management, clinical care for rape, psychosocial support and safe spaces. It coordinates and reinforces the collective capacity that keeps the chain of protection intact until recovery can begin.

Looking ahead, UNFPA will help shape the future of protection work by strengthening the leadership of women-led organizations and local responders to gender-based violence, and reflecting the needs and voices of survivors in protection plans and decision-making. It will support the day-to-day functioning of protection efforts and, in some contexts, stand ready to lead coordinated protection work, including at subnational levels where operational needs are greatest.

In 2026, UNFPA will continue to provide survivor-centred services for those most at risk, while

strengthening national systems to sustain them. Through training, mentoring and hands-on operational support, UNFPA will help build the capacity of women-led organizations so they are better equipped to lead prevention and response efforts within their own communities. Across crises, these once-fragmented services are being woven into a coherent, survivor-focused network of care, where every entry point offers safety, clinical support, counselling and protection referrals.

“UNFPA will help shape the future of protection work by strengthening the leadership of women-led organizations and local responders to gender-based violence, and reflecting the needs and voices of survivors in protection plans and decision-making.”

With conflict-related sexual violence a persistent reality, UNFPA is updating guidance on preventing and responding to it, and equipping country teams to close service gaps for survivors in existing gender-based violence services. This comprises strengthening case management to make referrals to health, police and justice actors safe, timely and survivor-centred. UNFPA is reinforcing information management as a core accountability tool. Robust service mapping and gap analysis will drive advocacy, inform Protection Cluster engagement and support UNFPA's role as a provider of last resort. Sustained advocacy will help to prioritize gender-based violence, uphold minimum standards and keep survivor-centred services funded and accessible, wherever crisis unfolds.

Photo: The southern province of Namibe is one of the areas in Angola's dry corridor, severely affected by prolonged droughts and the cumulative impacts of climate change and economic instability.

© UNFPA Angola / Noriko Hayashi



“The scale and brutality of violations are beyond anything we’ve previously seen. We have documented numerous cases of women and girls who have survived rape and sexual violence, including adolescent girls and women and girls with disabilities. Many are left coping with unwanted pregnancies, sexually transmitted infections and deep psychological trauma. It will take decades to recover from this.”

Dina, a gender-based violence specialist working with a UNFPA partner in Sudan, briefed a UNFPA delegation in May on the stark reality facing women and girls as the war grinds on. She described protection systems collapsing, survivors trapped by insecurity, and communities where even seeking water or food exposes women and girls to violence.

RESPONSES LED BY PEOPLE CLOSEST TO THE CRISIS

PRIORITY

Locally steered, people-centred and built to last beyond the next crisis

UNFPA is committed to a leaner, more people-centred humanitarian system that strengthens local leadership, improves efficiency and supports the ambitions of the humanitarian reset. It builds on localization and accountability to affected people as twin, not separate, agendas. Together, they create collaborative foundations for humanitarian action that is more relevant, sustainable and trusted.

“The 2025 localization strategy sets clear standards for equitable partnership, including fair cost recovery, shared risk, transparent decision-making and multi-year planning.”

The shift underway across the sector is practical and structural. It asks a central question: Who is best placed to provide protection, care and continuity in a

crisis? For UNFPA, the answer lies in complementarity – local leadership first, with international support leveraged to strengthen and complete locally led action.

As needs rise and access shrinks, UNFPA’s humanitarian work on sexual and reproductive health and gender-based violence continues to expand the leadership and response capacity of local and national actors, while providing international support in complex or high-risk environments. Women-led organizations, youth groups, community health structures, government partners and professional associations are critical partners. They are knowledge-holders, cultural translators and essential anchors in their communities. Working with and investing in these actors is a core priority. Their leadership keeps solutions attuned to the realities of each context, responsive to the needs and priorities of women and girls, trusted by local communities and sustainable over time.

UNFPA is now advancing the translation of localization priorities and commitments into practice through new corporate guidance. The 2025 localization strategy sets clear standards for equitable partnership,

“UNFPA’s commitments are reflected in its financing. Under the 2026–2029 Strategic Plan, UNFPA will channel 45 per cent of humanitarian funding to local and national actors by 2029, building on strong progress.”

including fair cost recovery, shared risk, transparent decision-making and multi-year planning. It is organized around five interconnected areas of engagement: partnership, funding, participation, coordination, and capacity-strengthening and sharing. Complementary new guidance on accountability to affected people reinforces people-centred approaches by consistently gathering, analysing and acting on feedback throughout the humanitarian programme cycle.

UNFPA’s commitments are reflected in its financing. Under its 2026–2029 Strategic Plan, UNFPA will channel 45 per cent of humanitarian funding to local and national actors by 2029, building on strong progress already achieved. In 2024, 42.5 per cent of humanitarian expenditure went to 395 local and national partners, mostly non-governmental organizations, including many women-led organizations. In several operations, such as Afghanistan, Nigeria, Somalia and Syria, local partners already implement more than half of UNFPA’s humanitarian programmes, clear evidence of the feasibility of investing in national systems.

In practice, this means enabling a local midwives’ association to coordinate emergency reproductive health, supporting a women-led organization to run safe spaces and community feedback systems, or equipping a local non-governmental organization to deliver cash assistance through trusted networks. This approach relies on direct and flexible funding that allows national partners to act quickly in high-risk settings, and on broader efforts to strengthen equitable partnerships through capacity-strengthening grants, localized supply systems, risk-sharing mechanisms and stronger feedback channels. Together, these measures bring resources and decision-making closer to people in crisis, keeping humanitarian action grounded in their needs and priorities.

In several operations, such as Afghanistan, Nigeria, Somalia and Syria, local partners already implement more than half of UNFPA’s humanitarian programmes, clear evidence of the feasibility of investing in national systems.

Photo: Sudan, 2025. UNFPA provided services for malnutrition and maternal health at a temporary clinic in Tawila as humanitarian crisis worsens.

© UNFPA Sudan



PRIORITY

Cash that protects by restoring access and choice

Cash and voucher assistance plays an increasingly important role in UNFPA's humanitarian response, providing flexible support that helps women and girls access the services and items they need. UNFPA's unique proposition lies in integrating cash transfers into a continuum of sexual and reproductive health and protection services, enabling women and girls to access healthcare, dignity items, safe accommodation and gender-based violence support without financial or logistical barriers, and with full autonomy in deciding how to use support.

“For survivors of violence, pregnant women, and menstruating women and girls, direct financial assistance can be the difference between reaching care and going without it.”

For survivors of violence, pregnant women, menstruating women and girls, and many others, direct financial assistance can be the difference between reaching care and going without it. Recipients consistently describe cash and voucher assistance as transformative, not only for what it allows but for what it restores: the power to choose. “It is really the financial support I received that saved me and my baby,” said Suhair, 33, from Taiz, Yemen, who used a UNFPA cash transfer to reach a hospital for an emergency caesarean section.

In 2025, UNFPA continued to leverage cash and voucher assistance across its sexual and reproductive health and gender-based violence programmes, reaching around 69,000 women in 23 countries with \$5.5 million invested in humanitarian responses. Scaling up sector-specific transfers addressed the unique risks and barriers women and girls face in crises. In the Democratic Republic of the Congo, cash assistance helped survivors of violence access healthcare, rebuild stability and strengthen resilience amid active conflict. In Myanmar, a voucher initiative for menstrual hygiene items piloted with community shops and local partners efficiently met women's menstrual health needs and created an entry point for broader protection and health referrals.

With more than 60 per cent delivered through local and national partners and civil society organizations,¹ cash and voucher assistance is localization in action. By channelling support through trusted national partners and community-based payment systems, UNFPA helps women and girls to access assistance safely, even in remote or insecure areas. The model does more than deliver aid; it builds confidence, accountability and the capacity of communities to respond long after an emergency fades.

In 2026, UNFPA is embedding cash and voucher assistance more deeply across its humanitarian architecture, integrating it into preparedness and anticipatory action plans so that support can reach women and girls before a crisis peaks. New operational tools and e-learning modules are enhancing the skills of country teams and local partners so that cash and voucher assistance becomes a standard feature of every UNFPA response, one that is fast, flexible and firmly in the hands of those it serves.

1) This figure is based on 2024 data. The percentage for 2025 will be available in early 2026.

PRIORITY

Accountability that moves beyond promises

Humanitarian action must be shaped by and answerable to the people it serves. UNFPA's new Accountability to Affected People Framework, launched in late 2025, will embed that principle across its humanitarian work. It establishes a system where participation and feedback are not procedural boxes to tick but mechanisms that change decisions. It asks practical, probing questions: Whose voices are shaping our programmes? Are we still listening once implementation begins? And do we adjust when those voices tell us we are off course?

Under the new framework, community engagement, feedback and complaints mechanisms, including safe channels for reports of gender-based violence and sexual exploitation and abuse, will be co-designed with local actors and adapted to cultural and linguistic realities in each setting. The framework draws on global commitments, including the Inter-Agency Steering Committee Framework on Collective Accountability and the Core Humanitarian Standard. It positions UNFPA to lead or co-lead coordination around the accountability to protect, where needed, as it already does in Afghanistan,

the Democratic Republic of the Congo, the Philippines, Venezuela and north-west Syria. This process supports women, adolescent girls, persons with disabilities and LGBTQIA+ individuals to speak and be heard without fear.

“Accountability is not about just collecting information; it is about returning results.”

But listening is only the start. The framework also sets expectations for responsiveness, tracking how feedback leads to programme adjustments, budget shifts or redesigned outreach strategies. In other words, accountability is not about just collecting information; it is about returning results.

In operational terms, this means institutionalizing the accountability to protect across the humanitarian programme cycle – preparedness, assessment, implementation and monitoring. Every UNFPA country office should have a related focal point, contextualized feedback channels and minimum preparedness actions. Feedback loops must be closed so that people understand how their input influences decisions. Sensitive reports, including on sexual exploitation and abuse, gender-based violence, fraud, corruption or protection concerns, should be handled through survivor-centred, confidential pathways.

When community feedback directly informs planning, as happens in Afghanistan’s nationwide Community Voices and Accountability Platform or the inter-agency SafeLine in north-west Syria, strategies evolve based on real-time insights. When communities co-own design and delivery, trust deepens and programmes become safer and more responsive. When local partners are equitably funded and involved in decision-making, capacity grows and is more likely to last. And when feedback mechanisms genuinely shape programming, the response remains dynamic, relevant and legitimate. These are not incremental adjustments. They are conditions under which humanitarian action can endure.

In 2026 and beyond, UNFPA’s humanitarian work will continue to shift power, resources and voice towards those who live the realities of crisis. This includes strengthening collective approaches with humanitarian country teams, contributing community perception data to inter-agency monitoring, and supporting local women-led and youth groups to shape and review feedback mechanisms. When women and girls are not just consulted but trusted to lead, when accountability flows both ways, and when systems listen to deliver, a humanitarian response does more than meet needs.





RESPONSES STRENGTHENED BY CAPACITY & EXPERTISE

Delivering life-saving services in the world's most fragile settings takes more than commitment; it requires systems built to withstand pressure. In 2025, UNFPA redefined its capacity with an integrated readiness framework that aligns four enablers – flexible financing through the Emergency Fund and Humanitarian Thematic Fund, the new Policy and Procedures for Emergency Response, rapid deployment mechanisms and a strengthened global supply network. Each piece reinforces the other. Funding triggers action, procedures guide coordination, expertise delivers impact and supplies sustain access.

PRIORITY

Advancing UNFPA's emergency response system

In 2025, UNFPA took a decisive step towards a more robust emergency response infrastructure by introducing and activating the Policy and Procedures for Emergency Response. It transforms how UNFPA operates in crises, replacing ad hoc activation with an institutionalized and predictable model of readiness. The framework standardizes how UNFPA mobilizes in sudden-onset, rapidly deteriorating emergencies, translating policy into action through clear roles, time-bound deliverables and greater delegation of authority to country and regional offices. This empowers teams closest to the crisis to act decisively while maintaining accountability and oversight.

Streamlining coordination among the headquarters, regional and field levels makes every response happen faster, from reproductive health kit deployment to surge staff mobilization, with fewer obstacles and clearer lines of responsibility.

The Policy and Procedures for Emergency Response marks a turning point. Humanitarian response at UNFPA is now more institutionalized than ever. It is a system designed for speed, discipline and care, so women and girls receive life-saving support in the earliest, most critical hours of every crisis.

PRIORITY

Deploying expertise where it is needed most

When a crisis strikes, readiness is measured not by plans on paper but by presence – by how quickly expertise, leadership and life-saving care reach those who need it most. At the core of UNFPA's humanitarian architecture are two deployment mechanisms: the Global Emergency Response Team (GERT) and the Surge Mechanism. Together, they translate institutional readiness into real-time action that prioritizes sexual and reproductive health and gender-based violence services from the earliest hours of an emergency.

The GERT is UNFPA's first wave of emergency response. A team of programmatic and operational specialists, it deploys within 24 to 72 hours to stabilize operations, set up coordination systems and embed capacity that endures long after the mission ends. In 2025, the GERT's impact extended from Sudan to Syria, Afghanistan to Lebanon, and the Caribbean to the Democratic Republic of the Congo.

In Sudan, GERT specialists helped sustain access amid the world's largest internal displacement crisis. They negotiated corridors for supplies, including reproductive health kits, and rebuilt disrupted supply chains. In the Democratic Republic of the Congo, the team backed an emergency scale-up that strengthened sexual and reproductive health and gender-based violence services, and integrated mental health into front-line programming. GERT logistics support in Afghanistan kept supply chains functioning despite constraints on access, reaching women and girls most in need.

Complementing this rapid-response capacity, the Surge Mechanism sustains operations once the first wave stabilizes. Drawing from a roster of more than 600 pre-screened humanitarian professionals and supported by standby partners, the Surge Mechanism deploys specialists in sexual and reproductive health, gender-based violence, logistics,

coordination and information management within weeks to reinforce and expand country capacity.

In 2025, UNFPA carried out 162 deployments across 35 countries. Standby partners funded half these posts. Active deployments totalled 680 deployment months, with an average duration of 4.2 months. Gender-based violence and reproductive health responses drove demand: 43 per cent of all requests were for gender-based violence expertise, while 17 per cent were for sexual and reproductive health. The roster has evolved, introducing new subrosters for adolescents and youth, humanitarian access, and protection from sexual exploitation and abuse to better match emerging needs.

Together, GERT and the Surge Mechanism are a human network that connects policy to practice. Wherever a crisis unfolds, UNFPA expertise arrives fast, focused and ready to deliver.

PRIORITY

Supplies as the first line of response

As a leading global provider of sexual and reproductive health supplies in crises, one of UNFPA's first actions is to move reproductive health kits, dignity kits, medicines and operational materials to keep life-saving services running.

UNFPA maintains globally pre-positioned stocks across key hubs, including operational and security items needed in the earliest days of a response. At the core are the inter-agency reproductive health kits, managed by UNFPA on behalf of the humanitarian community. The kits support clean delivery, post-rape care, contraception, and emergency obstetric and newborn services. In 2025, UNFPA shipped more than 12,400 of them along with 518,000 dignity kits to more than 40 countries, reaching millions within days. The rapid deployment of trained humanitarian logisticians and supply-chain specialists from GERT or the Surge Mechanism steers the rapid movement of supplies. They manage customs, transport and last-mile delivery in some of the world's most complex contexts.

The Humanitarian Health Supplies Strategy, concluding in 2025, has been pivotal in building this capacity. It has strengthened coordination, improved forecasting and warehousing, and professionalized UNFPA's logistics network. The next phase will focus on resilience and interoperability to keep supply chains functioning through shocks, backed by flexible funding and skilled staff. UNFPA co-leads the Inter-Agency Humanitarian Health Supplies Working Group with the World Health Organization and works with the Global Logistics Cluster to streamline customs, strengthen coordination and expand reach.*

*The Global Logistics Cluster, led by the World Food Programme, coordinates logistics preparedness and response across the humanitarian system. It supports partners by facilitating common services, simplifying customs and importation processes, mapping supply routes, and strengthening national and local logistics capacity. Through its field-based coordination cells and technical working groups, the cluster helps essential supplies reach crisis-affected populations, efficiently and reliably.

UNFPA works alongside governments to strengthen health systems, expand access to modern contraceptives, and improve maternal and newborn care. This includes building the capacity of health professionals, supporting supply chain management for reproductive health commodities, promoting comprehensive sexuality education for adolescents and young people, and advancing national policies on family planning and condom programming.

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The result is a supply network that moves faster, reaches farther and responds with greater reliability, so that from the first hours of a crisis to the last mile of delivery, women and girls have uninterrupted access to essentials that safeguard health, dignity and survival.

PRIORITY

Flexible funding that moves with the crisis

In 2025, UNFPA's Emergency Fund and Humanitarian Thematic Fund put the right resources in the hands of the right people at the right time. Together, the two funds connect urgency and endurance. The Emergency Fund unlocks rapid, flexible financing in the earliest hours of an emergency, allowing country teams to deploy staff, deliver reproductive health kits and keep life-saving services running while mobilizing larger appeals. The Humanitarian Thematic Fund, resourced entirely through voluntary contributions, sustains that momentum. It provides predictable, multi-year support to keep maternal health clinics open, strengthen gender-based violence prevention and response, and maintain services in the most neglected and underfunded crises.

“The Humanitarian Thematic Fund provides predictable, multi-year support to keep maternal health clinics open, strengthen gender-based violence prevention and response, and maintain services in the most neglected and underfunded crises.”

As of 30 September 2025, the Humanitarian Thematic Fund had allocated more than \$50 million across 33 countries, reaching 750,000 people with essential sexual and reproductive healthcare and gender-based violence prevention and survivor-centred services. The Emergency Fund had deployed \$10 million to 28 crises.

In 2026, both funds will continue to direct resources to front-line responders, especially local and women-led organizations, towards the goal of leaving no woman or girl behind. Strategic funding at UNFPA has demonstrated its value in enabling rapid and equitable responses. Greater and fully flexible investment in the Humanitarian Trust Fund is essential for providing protection, dignity and care to those in greatest need.



RESPONSES THAT ARE **PREPARED,** NOT REACTIVE

PRIORITY

Building systems that act early, adapt fast, and protect lives before crisis strikes

UNFPA puts readiness at the centre of its work to protect women and girls before crises hit. The approach is practical and tiered. Minimum preparedness actions set a universal baseline for all country offices. Advanced preparedness actions scale up the baseline where risks are elevated. Anticipatory actions are taken before foreseeable shocks.

“UNFPA is strengthening its anticipatory approaches so that, wherever possible, responses begin before crisis conditions fully unfold.”

UNFPA recently launched the minimum preparedness actions, embedding them in routine programme and operations planning. In 2026, risk-specific advanced preparedness actions and corporate anticipatory action guidance will be finalized, supporting an organization-wide culture of readiness that links early measures to rapid response and longer-term resilience.

Preparedness links humanitarian response and development action. By hardwiring readiness into national plans, supply systems and workforce training, UNFPA helps keep essential services functional when systems are under stress, reducing preventable maternal and newborn deaths, averting service interruptions and protecting development gains. This is how contingency stocks, standby midwifery capacity and gender-based violence referral pathways move from “plans” to operational guarantees. Strong pre-crisis systems mean fewer lives lost when disasters strike and faster recovery as the immediate danger passes.

UNFPA is strengthening its anticipatory approaches so that, wherever possible, responses begin before crisis conditions fully unfold. Country teams increasingly draw on early warning signals, from flood forecasts to displacement alerts, to explore opportunities to pre-position sexual and reproductive health and dignity kits, deploy mobile health teams or activate cash and voucher assistance. Acting earlier helps maintain the continuity of essential services and reduce risks, easing pressures that typically define the first moments of a crisis. This forward-looking posture has clear economic value. Timely, targeted measures can lessen disaster losses, contain overall response costs and help preserve access to life-saving care and protection services most vulnerable to disruption.

UNFPA’s preparedness agenda is deliberately people-centred. It continues to widen its ability to reach the groups most likely to be missed when systems are under strain, including adolescent girls, persons with disabilities and communities facing heightened risks of gender-based violence as climate and conflict pressures rise. MISP readiness assessments and follow-through actions help bolster essential services; localization and community feedback shape pre-positioning and the deployment of mobile teams. Risk-informed, conflict-sensitive programming, applied across the humanitarian-development-peace continuum, supports continuity as contexts shift.

When hazards strike, women and girls should know how to stay safe and find services that are accessible, staffed and supplied. Preparedness makes that possible, turning early warnings into early action, and early action into enduring systems that hold under pressure.

PRIORITY

Linking humanitarian response and development

Crises now last longer, strike more frequently and overlap in ways that leave the same women and girls moving through humanitarian, development and peace settings without ever escaping risk. For UNFPA, this is precisely where the humanitarian–development–peace nexus becomes essential. Every emergency action must meet needs now and strengthen systems that will serve women and girls tomorrow. Sexual and reproductive health services and protection from gender-based violence must remain accessible, no matter how quickly a situation deteriorates or how often it changes.

“At the heart of this work is proximity and partnership. UNFPA strengthens national ministries, local health systems and women-led organizations so they can keep services running when international actors cannot.”

This approach translates humanitarian investments into longer-term capacity. Preparedness and anticipatory plans position reproductive health kits, contraceptives and essential supplies close to communities before

a crisis. Mapping referral pathways early on; training midwives, health workers and case managers to provide survivor-centred care; and equipping local partners to continue delivering services even with limited access are other foundations. When a cyclone, flood or conflict strikes, they make it possible for clinics to reopen quickly, mobile teams to deploy where services have collapsed, and women- and girl-friendly spaces to resume counselling and case management without delay.

At the heart of this work is proximity and partnership. UNFPA strengthens national ministries, local health systems and women-led organizations so they can keep services running when international actors cannot. Tools developed for emergency response, including guidance on clinical care, survivor protection and data management, help embed and sustain improvements in national systems long after the acute phase has passed.

In this way, every humanitarian dollar works twice, saving lives in the present while reinforcing national capacities for the future. This is UNFPA’s comparative advantage across the humanitarian–development–peace nexus. Urgent responses and sustained recovery are not separate tracks but a continuum that protects dignity, health and choice.



UNFPA has trained health workers at the Obstetric and Gynecological Hospital in Damascus, including 72 nurses and midwives. In Syria, the healthcare sector continues to face significant strain, with fewer than 60 per cent of health facilities able to provide essential sexual and reproductive health services. Severe shortages of equipment, medicines and skilled personnel further undermine access to the care women and girls urgently need.

© UNFPA Syria

2026 A

REQUIREMENTS & TARGETS

\$1B
TOTAL APPEAL

All countries included in this appeal are part of United Nations-coordinated humanitarian needs and response plans for emergencies requiring international humanitarian assistance. These plans encompass humanitarian response plans, regional response plans, refugee and migrant response plans, and flash appeals. OCHA regularly updates inter-agency plans as new information becomes available. Global programmes include humanitarian funding needed at the headquarters and regional levels and for the UNFPA Humanitarian Thematic Fund.

34M
PEOPLE TARGETED

A smaller appeal in 2026 does not indicate diminishing needs. On the contrary, needs are growing. Instead, it reflects UNFPA's alignment with broader Inter-Agency Standing Committee prioritization, mirroring the system-wide shift towards a sharper focus and more disciplined targeting. By harmonizing with inter-agency priorities, UNFPA directs limited humanitarian resources to contexts and interventions where they save the greatest number of lives.

43*
COUNTRIES

For the latest response plans by country, please go to: <https://fts.unocha.org/plans/overview/2025>

People targeted for assistance comprise women of reproductive age (15–49), including pregnant women, as well as adolescents and young people (10–24), internally displaced persons, refugees and migrants. Figures are based on inter-agency humanitarian needs assessments and may evolve as the situation changes throughout the year.

*The 43 countries represent UNFPA's full set of humanitarian appeals, including 21 priority countries, 6 countries selected for accelerated transition to development coordination and additional country responses reflected within regional inter-agency appeals.

APPEAL

BREAKDOWN

PRIORITIZED HUMANITARIAN APPEALS

21 COUNTRIES
\$838,800,000

ACCELERATED TRANSITION TO DEVELOPMENT

6 COUNTRIES
\$41,400,000

REGIONAL / REFUGEE RESPONSE PLANS

16 COUNTRIES
\$77,300,000

GLOBAL SUPPORT

\$54,000,000

CONSOLIDATED APPEAL

43 COUNTRIES
\$1,011,500,000

TOP 5 APPEALS

1

SUDAN
\$129,200,000

2

OCCUPIED PALESTINIAN TERRITORY
\$110,000,000

3

AFGHANISTAN
\$90,000,000

4

YEMEN
\$71,900,000

5

DEMOCRATIC REPUBLIC OF THE CONGO
\$54,900,000

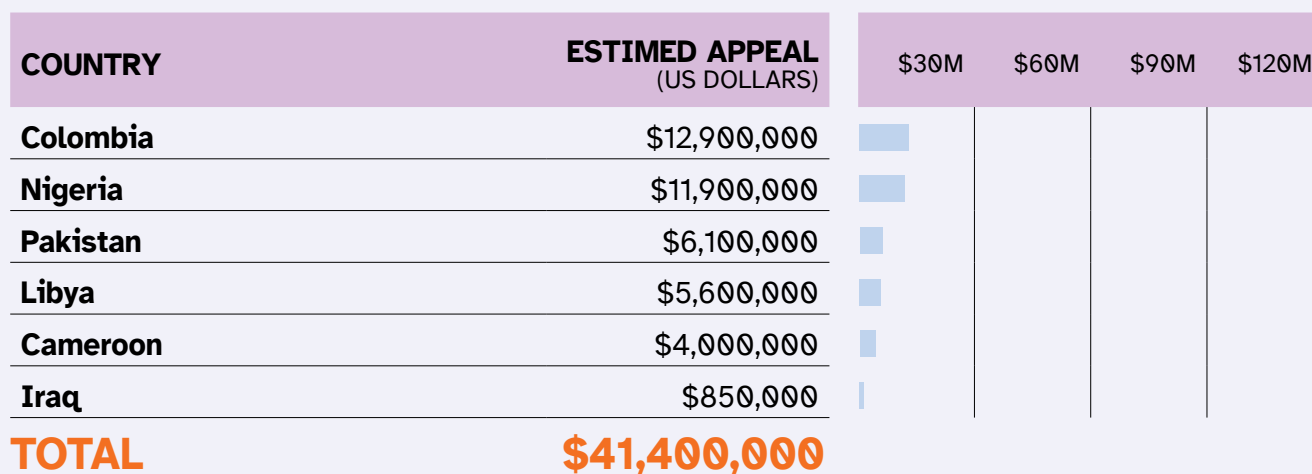
Prioritized appeals

COUNTRY	ESTIMATED APPEAL (US DOLLARS)	\$30M	\$60M	\$90M	\$120M
Sudan	\$129,200,000				
Occupied Palestinian Territory	\$110,000,000				
Afghanistan	\$90,000,000				
Yemen	\$71,900,000				
Democratic Republic of the Congo	\$54,900,000				
Ukraine	\$51,800,000				
Syrian Arab Republic	\$50,000,000				
Ethiopia	\$42,100,000				
Haiti	\$32,800,000				
Lebanon	\$30,000,000				
Somalia	\$26,900,000				
Myanmar	\$26,800,000				
Venezuela	\$20,300,000				
Bangladesh	\$19,300,000				
South Sudan	\$17,900,000				
Chad	\$17,700,000				
Central African Republic	\$13,200,000				
Mali	\$11,600,000				
Mozambique	\$11,200,000				
Niger	\$6,000,000				
Burkina Faso	\$5,000,000				
TOTAL	\$838,800,000				

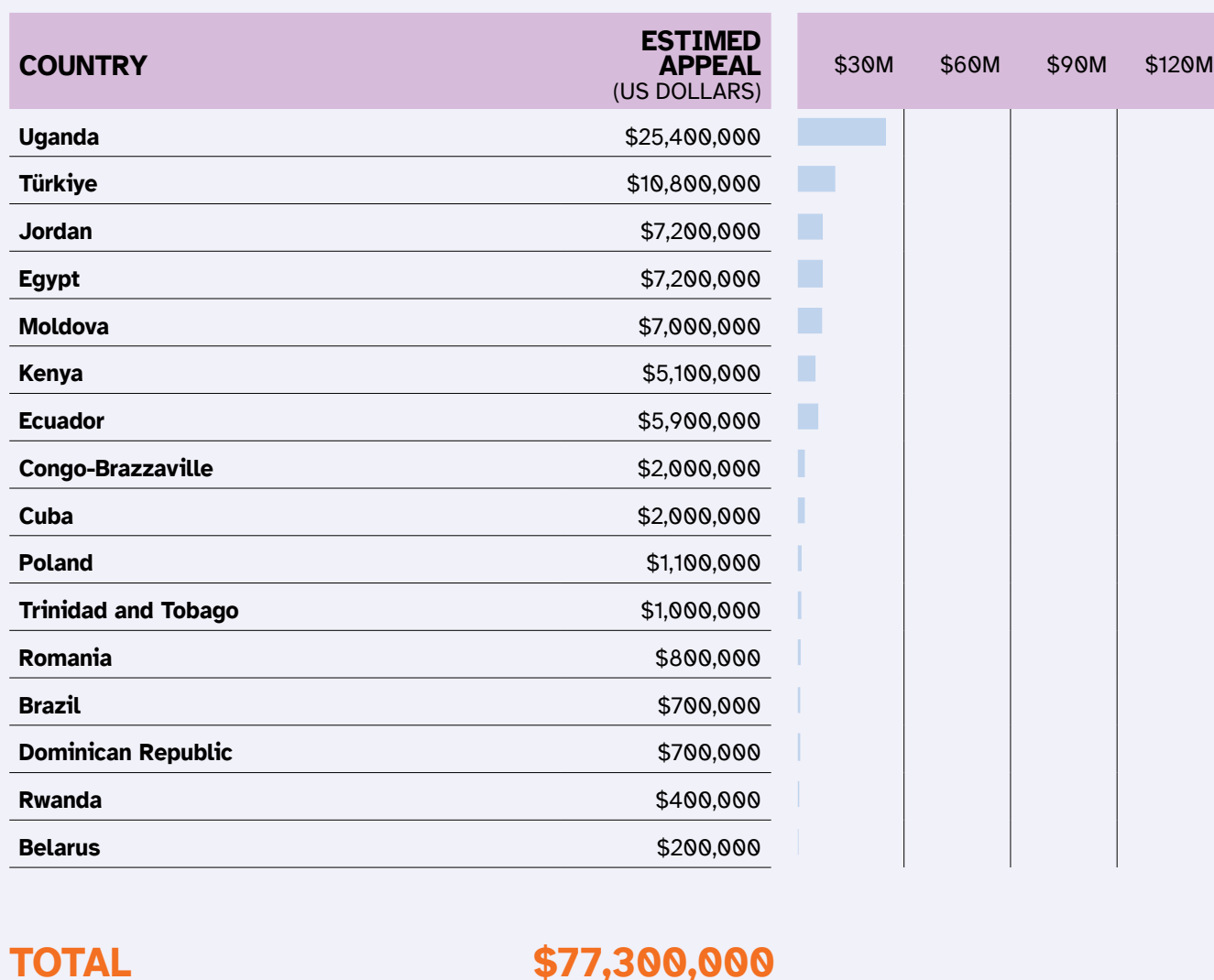
“It was after midnight when armed men forced their way into my house. They were demanding money. One of them pointed a gun at my husband and I. Then I felt a burning sensation in my left shoulder. I fell. I was carrying the life of my baby when I was shot...”

Judith’s story is one of thousands across eastern Democratic Republic of the Congo, where escalating violence has turned homes into battlegrounds and left pregnant women especially exposed. Her survival, and that of her baby, depended on neighbours who acted in the dark and a UNFPA-supported medical team ready to respond when every minute counted.

Accelerated transition to development



Regional or refugee response plans



RESULTS

I N 2

SEXUAL & REPRODUCTIVE HEALTH

9.9M

people were reached with sexual and reproductive health services in 46 countries

3M

adolescents and youth, aged 10–24, were reached with adolescent sexual and reproductive health services in 46 countries

197K

people with disabilities reached with sexual and reproductive health services in 36 countries

749K

women were assisted in delivering babies safely in UNFPA-assisted facilities in 36 countries

2.1M

people accessed family planning in UNFPA-supported facilities in 42 countries.

42K

women and girls were reached with cash and voucher assistance for sexual and reproductive health

3K

health facilities were fully supported by UNFPA in 37 countries

An additional 3K facilities received partial support in 32 countries

935

mobile clinics were fully supported by UNFPA in 32 countries

22.8K

personnel were trained on sexual and reproductive health-related topics in 44 countries

ACHIEVED

0

2

5

4.2M

people were reached with gender-based violence programming in 48 countries

1.7M

adolescents and youth, aged 10–24, were reached with GBV programming in 46 countries

168K

people with disabilities reached with gender-based violence programming in 44 countries

754K

dignity kits were distributed in 40 countries

61K

women were reached cash and voucher assistance to access gender-based violence programming in 24 countries

28K

personnel trained on gender-based violence-related topics in 43 countries

1.4K

safe spaces for women and girls were fully supported in 45 countries

An additional 253 safe spaces received partial support in 16 countries

422

youth-friendly spaces for recreation, vocational training and community outreach were supported in 28 countries

GENDER-BASED VIOLENCE

HUMANITARIAN IN 2025

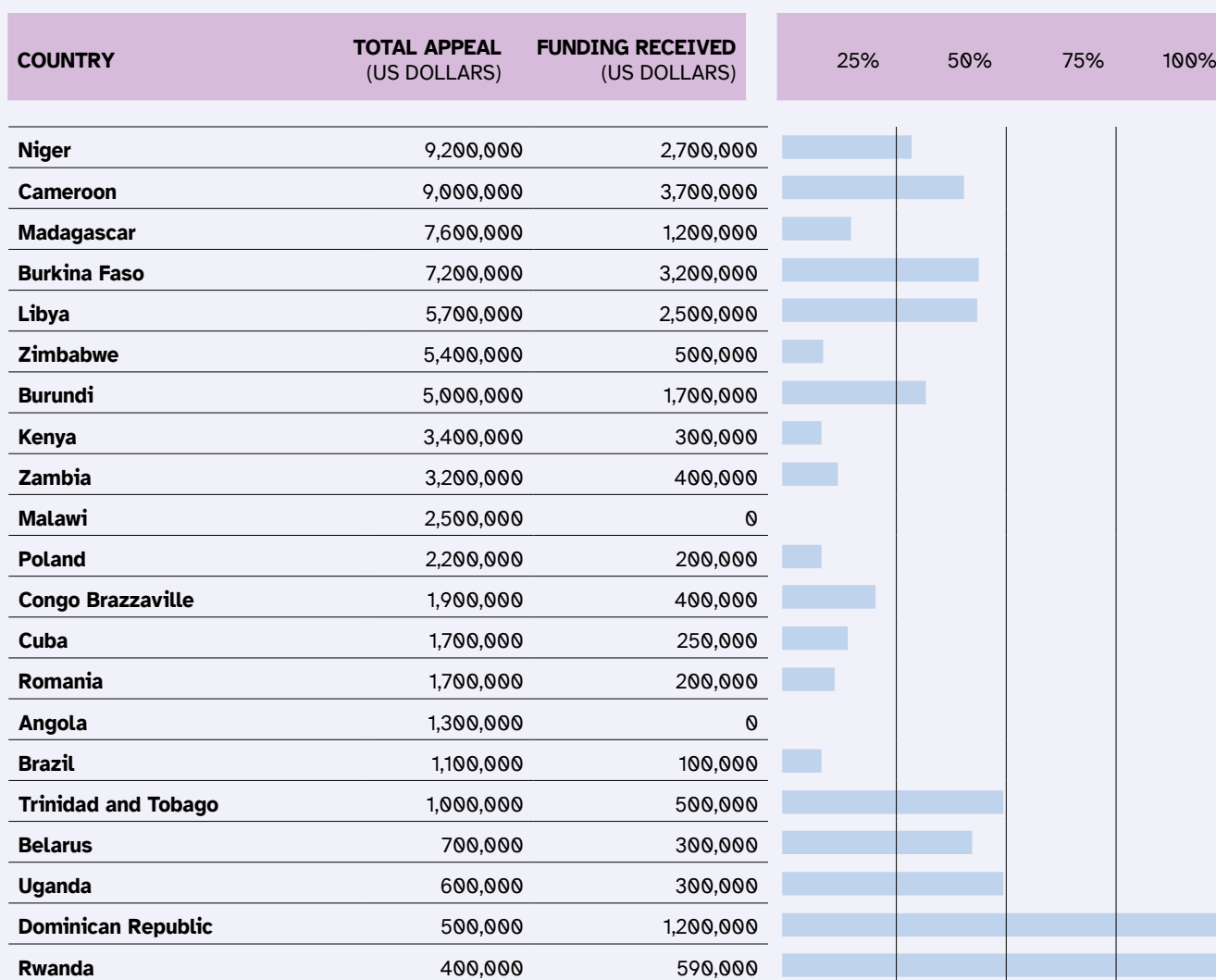
COUNTRY	TOTAL APPEAL (US DOLLARS)	FUNDING RECEIVED (US DOLLARS)	25%	50%	75%	100%
Afghanistan	155,000,000	95,300,000				
Sudan	145,700,000	61,500,000				
Occupied Palestinian Territory	99,200,000	48,000,000				
Syrian Arab Republic	73,500,000	61,000,000				
Yemen	70,000,000	21,500,000				
Ukraine	68,000,000	60,400,000				
Myanmar	51,400,000	6,600,000				
Somalia	46,600,000	3,500,000				
Democratic Republic of the Congo	42,300,000	35,400,000				
Lebanon	40,000,000	13,100,000				
Ethiopia	38,200,000	2,400,000				
Bangladesh	35,900,000	19,100,000				
Chad	27,800,000	2,700,000				
Colombia	25,700,000	400,000				
Türkiye	24,200,000	7,300,000				
Haiti	23,600,000	4,600,000				
Pakistan	22,100,000	6,000,000				
Iran, Islamic Republic of	21,100,000	1,700,000				
Moldova	18,000,000	12,300,000				
South Sudan	17,900,000	4,600,000				
Venezuela	17,400,000	4,300,000				
Central African Republic	16,600,000	7,500,000				
Mali	16,500,000	5,900,000				
Mozambique	15,700,000	1,200,000				
Nigeria	15,700,000	2,300,000				
Egypt	14,000,000	1,600,000				
Jordan	12,000,000	7,100,000				
Iraq	10,000,000	1,700,000				
Ecuador	9,500,000	1,500,000				

PLAN FUNDING

\$1.2B
TOTAL APPEAL

520.5M
TOTAL FUNDING RECEIVED

42%
FUNDED



UNFPA’s humanitarian funding in 2025 aligned with United Nations coordinated response plans that were updated as needs evolved. A stark funding landscape left most crises severely underresourced. Funding concentrated on a few high-profile crises, with Afghanistan, Syria and Ukraine receiving over 60 per cent of their requirements. As of 31 December 2025, twenty-three UNFPA crisis response plans were funded below 25 per cent. More than two thirds were 50 per cent below requirements.

In the majority of UNFPA operations, the basic foundations of sexual and reproductive health, gender-based violence responses and maternal health ran on a fraction of what is needed. This pattern points to how geopolitical visibility still drives donor attention, while high-risk, protracted and low-profile emergencies struggle to attract even minimal support.

Some of the most poorly funded crises underscore this imbalance. Colombia in 2025 was only 1 per cent funded. Chad (10 per cent), Ethiopia (6 per cent), Mozambique (7 per cent), Myanmar (13 per cent), Somalia (8 per cent) and Zimbabwe (9 per cent) were critically underfunded despite escalating needs and acute risks for women and adolescent girls. Even large-scale, high-need contexts, such as Lebanon (33 per cent) and Yemen (31 per cent), sat well below the 50 per cent mark. The widening gap between needs and resources is particularly acute in settings where local women-led organizations and fragile health systems shoulder most of the response.

Note: All figures are as of 31 December 2025.

HUMANITARIAN DONORS

I N 2 0 2 5

Top 10 donors to humanitarian action in 2025

1	European Commission	6	Sweden
2	United Kingdom	7	Australia
3	USA	8	Japan
4	OCHA*	9	Republic of Korea
5	Norway	10	Canada

In 2025, as of 30 December, partners contributed \$520.5 million in co-financing for humanitarian efforts, 42 per cent of the total requirement. This includes \$47.2 million (around 10 per cent of total humanitarian funding received) for the Humanitarian Thematic Fund. Predictable and flexible humanitarian funding remains critical for UNFPA to prepare for and respond to the growing number of conflicts and disasters worldwide. Despite generous support from partners, significant funding shortfalls limit the ability to reach all women and girls in need and safeguard life-saving services.

*Contributions from OCHA reflect allocations received through OCHA-managed humanitarian pooled funds, including the Central Emergency Response Fund (CERF) and Country-Based Pooled Funds (CBPFs).

Top donors to the UNFPA Humanitarian Thematic Fund

1	Sweden	6	Canada
2	United Kingdom	7	Spain
3	Norway	8	UNFPA's Individual Giving Programme
4	Ireland	9	Austria
5	Republic of Korea	10	Open Society Foundations

As of 31 December 2025, these donors have provided generous support to the Humanitarian Thematic Fund. For more information on the fund, please visit: <https://www.unfpa.org/humanitarian-thematic-fund>

HUMANITARIAN

ACTION

OVERVIEW

2 0 2 6

UNFPA'S GLOBAL HUMANITARIAN **APPEAL**



Produced by the United Nations Population Fund
Humanitarian Response Division

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Front cover photo: In Somalia, a young girl smiles while carrying her baby on her hip through Koris IDP camp in Dayniile district, Mogadishu. © UNFPA Somalia/Usame Nur Hussein