



UNFPA Humanitarian Thematic Fund 2021 Annual Report

Table of Contents

1. Overview	3
2021 Allocations	4
Regional summary	7
2022 Allocations: Interim update	8
2. Donor contributions	9
3. Key achievements	10
Rapid and life-saving response	10
Flexible and multi-year funding	11
Lower costs of the HTF	11
4. Expenditure analysis	12
Expenditure by Strategic Plan outcome	12
Expenditure by region	13
Expenditure by type of implementation	14
Expenditure by category	15
5. Programme Highlights	16
Arab States Region	16
Asia and the Pacific Region	17
Eastern Europe and Central Asia	18
East and Southern Africa	19
Latin America and the Caribbean	20
West and Central Africa	21

1. Overview

Every day, more than 500 women and girls die in humanitarian contexts from complications of pregnancy and childbirth. Moreover, the risk of gender-based violence increases during humanitarian crises, resulting in many women and girls suffering, and even dying, from violence. The growing frequency, intensity and scope of humanitarian emergencies in recent years have dramatically amplified these risks for millions of women and girls.

In addition to its development programmes in countries around the world, UNFPA steps in in times of crisis to provide humanitarian assistance in its core areas of promoting sexual and reproductive health (SRH) and combatting gender-based violence (GBV) along with the informed use of population data for crisis response and addressing the needs of young people. All of these needs are growing in scope and magnitude. In 2022, the United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA) estimates that 275 million people will need humanitarian assistance and protection, requiring \$41 billion to respond to their needs. UNFPA aims to reach as many as 55 million women, girls, and young people with humanitarian assistance in 2022 with funding sought through its humanitarian appeal.

[The Humanitarian Thematic Fund](#) (HTF), a co-financing mechanism launched in late 2018, provides UNFPA with flexible, multi-year funding to

respond to emergency situations, including greater opportunities to react immediately and to provide for “bridge” funding to ensure continued delivery during gaps of dedicated donor co-financing. As UNFPA’s most flexible humanitarian funding mechanism, the HTF provides timely, strategic and multi-year funding to support rapid and ongoing humanitarian response, preparedness, and to strengthen the humanitarian-development-peace nexus that links humanitarian response to longer-term development initiatives.

Given that 2021 was the second consecutive year of the COVID-19 pandemic, many of the humanitarian needs revolved around pandemic response. The impacts of the pandemic continued to result in diminished social services, economic activity, financial resources, and available infrastructure. The pandemic exacerbated existing vulnerabilities among low-income households with limited or no access to critical healthcare services and safe and nutritious food; women who have been at the frontline of the COVID response; children, the elderly, and people with disabilities; refugees without access to cash assistance and with limited livelihood opportunities to support themselves; and migrant and informal sector workers, among others. Funding from the HTF has supported UNFPA country offices worldwide in responding to the needs of such vulnerable people.



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2021 Allocations

The HTF works closely with the UNFPA Emergency Fund,¹ funded from UNFPA core resources, to provide life-saving funding to support countries experiencing crises. In 2021, the HTF allocated a total of \$19.1 million for time-critical and life-saving humanitarian support in 49 countries (including regional offices), three times the total of HTF allocations of 2019, and nearly in line with the allocations in 2020. The HTF has been the most flexible and rapid central funding source available for UNFPA country offices, especially as a tool to support quickly escalating crises such as those that occurred in Afghanistan² and Ethiopia³ during 2021.

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- ¹ UNFPA's Humanitarian Office is the administrator of the central supplementary humanitarian funding mechanisms that are designed to support country and regional offices. Central funding is intended to act as seed or catalyst funding, providing the country and regional offices with time to mobilize additional resources. The central funding administered by the Humanitarian Office consists of the Emergency Fund, funded by UNFPA's core budget, and the Humanitarian Thematic Fund, which is funded by donor contributions earmarked for humanitarian relief.
 - ² Afghanistan: IASC System-Wide Scale-Up activated on 11 September 2021 and extended until 11 June 2022.
 - ³ Northern Ethiopia: IASC System-Wide Scale-Up activated on 28 April 2021 and extended until 29 April 2022.

Table 1 - List of Recipients in 2021

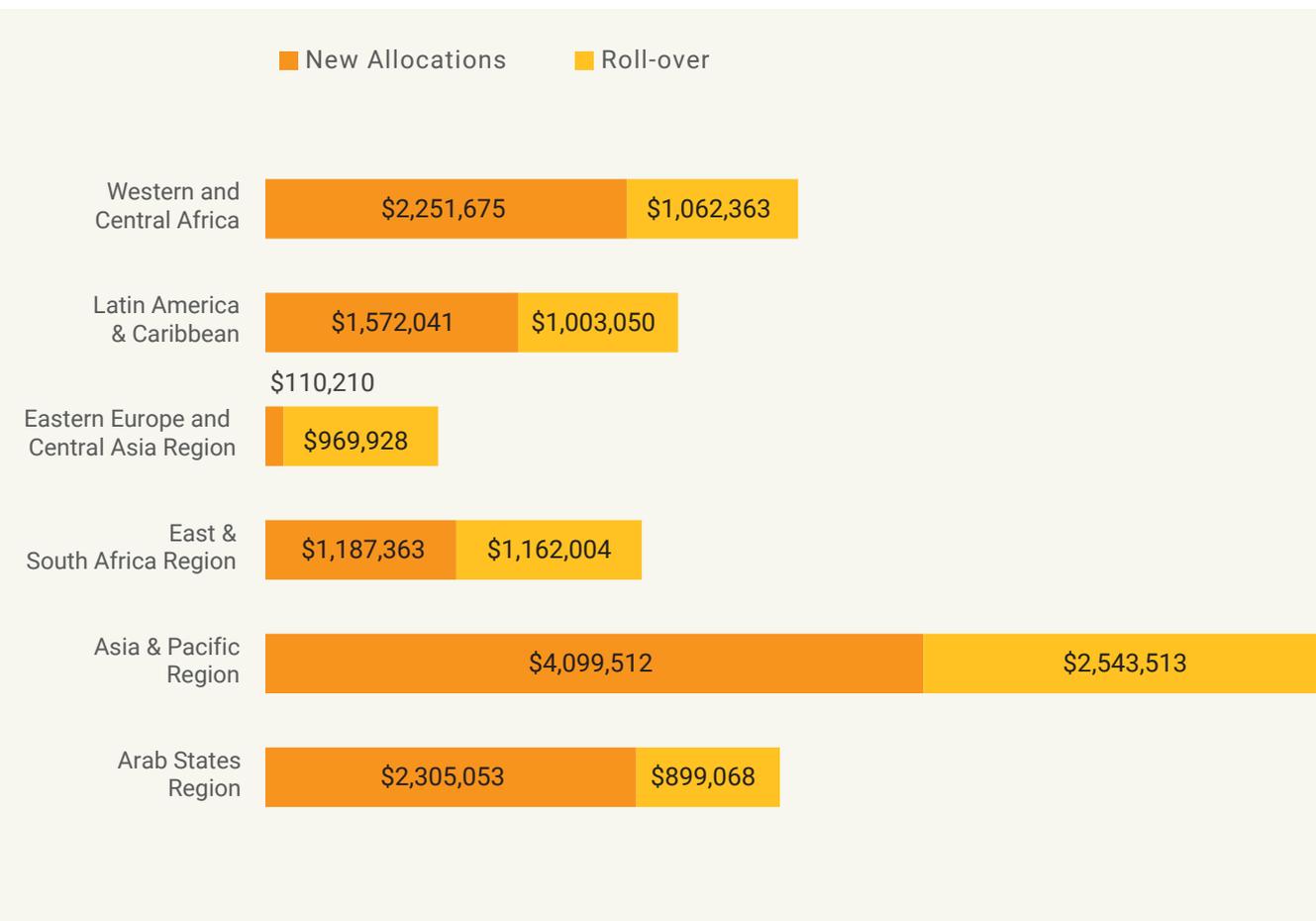
Country	Region	Roll-over funds	New funds	Total Allocation
Afghanistan	Asia & Pacific Region		\$ 2,782,000	\$2,782,000
Asia Pacific Regional Office	Asia & Pacific Region	\$ 37,285		\$37,285
Armenia	EECA Region	\$ 55,771	\$ 110,210	\$165,981
Azerbaijan	EECA Region	\$ 234,175		\$234,175
Bangladesh	Asia & Pacific Region	\$ 220,395	\$ 48,150	\$268,545
Bosnia and Herzegovina	EECA Region	\$ 251,913		\$251,913
Cameroon	Western and Central Africa		\$ 560,491	\$560,491
Central African Republic	Western and Central Africa	\$ 129,855	\$ 658,422	\$788,277
Chad	Western and Central Africa		\$ 447,506	\$447,506
Colombia	Latin America & Caribbean	\$ 15,977		\$15,977
Comoros	East & South Africa Region	\$ 7,124		\$7,124
Congo	Western and Central Africa	\$ 472,866		\$472,866
Côte D'Ivoire	Western and Central Africa	\$ 192,654		\$192,654
Democratic People's Republic of Korea	Asia & Pacific Region	\$ 321,757	\$ 466,156	\$787,913
Democratic Republic of the Congo	East & South Africa Region		\$ 211,738	\$211,738
El Salvador	Latin America & Caribbean		\$ 25,680	\$25,680
Ethiopia	East & South Africa Region	\$ 746,984	\$ 192,350	\$939,334
Haiti	Latin America & Caribbean		\$ 1,128,850	\$1,128,850
Honduras	Latin America & Caribbean	\$ 536,247	\$ 134,991	\$671,238
Indonesia	Asia & Pacific Region	\$ 361,979		\$361,979
Iran, Islamic Republic of	Asia & Pacific Region		\$ 340,784	\$340,784
Iraq	Arab Region		\$ 246,438	\$246,438
Jordan	Arab Region	\$ 53,556		\$53,556
Latin America and Caribbean Regional Office	Latin America & Caribbean	\$ 206,814		\$206,814
Lebanon	Arab Region	\$ 79,025	\$ 71,962	\$150,987
Liberia	Western and Central Africa	\$ 137,896		\$137,896

Country	Region	Roll-over funds	New funds	Total Allocation
Madagascar	East & South Africa Region		\$ 295,554	\$295,554
Maldives	Asia & Pacific Region	\$ 219,654		\$219,654
Mali	Western and Central Africa	\$ 21,840	\$ 76,612	\$98,452
Mauritania	Western and Central Africa	\$ 89,270	\$ 27,256	\$116,526
Mongolia	Asia & Pacific Region	\$ 21,580		\$21,580
Mozambique	East & South Africa Region	\$ 321,000	\$ 469,128	\$790,128
Nepal	Asia & Pacific Region	\$ 241,231		\$241,231
Nicaragua	Latin America & Caribbean	\$ 244,011		\$244,011
Nigeria	Western and Central Africa	\$ 17,982	\$ 481,388	\$499,370
Pacific Sub-Regional Office	Asia & Pacific Region	\$ 227,343		\$227,343
Pakistan	Asia & Pacific Region		\$ 458,777	\$458,777
Palestine	Arab Region	\$ 30,200		\$30,200
Papua New Guinea	Asia & Pacific Region	\$ 683,152		\$683,152
Somalia	Arab Region	\$ 290,864	\$ 12,840	\$303,704
Sudan	Arab Region	\$ 445,423	\$ 1,115,890	\$1,561,313
Syria	Arab Region		\$ 320,998	\$320,998
Tanzania, United Republic of	East & South Africa Region	\$ 61,022		\$61,022
Turkey	EECA Region	\$ 428,069		\$428,069
Uganda	East & South Africa Region		\$ 22,238	\$22,238
Venezuela	Latin America & Caribbean		\$ 282,520	\$282,520
Vietnam	Asia & Pacific Region	\$ 209,137		\$209,137
Yemen	Arab Region		\$ 536,925	\$536,925
Zambia	East & South Africa Region	\$ 25,874		\$25,874
	Grand Total	\$ 7,639,925	\$ 11,525,854	\$19,165,779

Regional summary

A total of 49 country offices and regional offices⁴ received HTF resources during 2021. The HTF has supported UNFPA country offices in all six regions around the world. The Asia Pacific region received the largest portion at \$6.6 million, remaining the top regional recipient in both 2020 and 2021. The high proportion of resources going to that region is mostly related to the \$2.8m allocation to Afghanistan, in the context of the scale up response. The West and Central Africa region and the Arab States region were the second and third largest recipients, followed by East and Southern Africa and Latin America and Caribbean regions.

Figure 1 - 2021 HTF Allocation by Region (in USD)



⁴ Including three regional/sub-regional offices.

2022 Allocations: Interim update

As of April 2022, HTF funding has been disbursed rapidly to support the Ukraine response⁵. Because of its robust quality assurance and expedited workflow with thorough technical reviews by the respective regional offices and the Humanitarian Office, as well as its lower overhead cost structure, UNFPA advocated with partners to prioritize the channeling of co-financing contributions for the Ukraine crisis through the HTF. Over \$10 million has been allocated for Ukraine and Moldova, and additional funding is expected from multiple donors to support the Ukraine crisis response.

In Ukraine and neighbouring countries, UNFPA is leveraging its unique strategic position, working at the intersection of GBV and SRH to meet the needs of women and girls affected by the conflict. Through programmed 2022 HTF funding, UNFPA will be able to ensure the implementation of quality, survivor-centred GBV risk mitigation and prevention programming in line with existing key inter-agency and UNFPA guidance and standards. UNFPA will be able to ensure the continuation of the Minimum Initial Service Package (MISP) for SRH in crisis situations for people affected by the crisis in Ukraine. UNFPA will continue working to ensure that GBV in emergency interventions are complemented with life-saving SRH services.



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⁵ Ukraine: IASC System-Wide Scale-Up activated on 5 March 2022 in response to the military operations in that country that began on February 24, 2022.

2. Donor contributions

Table 2 - Donor contributions recorded in 2021

Funder	USD Amount
Finland	\$4,504,505
Norway	\$4,190,613
Republic of Korea	\$1,000,000 ⁶
Denmark	\$938,527
Spain	\$337,837
Cyprus, the Republic of	\$11,900
Music Securities, Inc.	\$8,385
Individual Giving Programme	\$558,716
Total	\$11,550,483

In 2021, its third year of operations, the contributions to the HTF totaled around \$11.5 million. coming from Finland, Norway, Republic of Korea, Denmark, Spain, Cyprus, Music Securities, Inc., and UNFPA's Individual Giving Programme. Thanks to the generous contributions from donors, UNFPA was able to respond to over 49 countries in humanitarian emergencies within the context of the continuing COVID-19 pandemic and its consequences.



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⁶ A total of \$1.5m was received during 2021 from the Republic of Korea, resulting from the initial multi-year agreement signed in 2020 and additional funding agreed to in 2021.

3. Key achievements

Rapid and life-saving response

In 2021, the HTF continued to enable UNFPA to deliver rapid and life-saving responses in many contexts, including protracted and underfunded humanitarian crises worldwide in 49 countries. The COVID-19 pandemic is aggravating existing vulnerabilities, creating new humanitarian needs and exacerbating current ones.

In order to meet the needs of people in crisis, funding needs to be flexible and rapid, otherwise its value is much attenuated. In Syria, for example, given an economic crisis in the midst of the third wave of COVID-19, UNFPA partnered with the World Food Programme (WFP) and provided pregnant and lactating women with e-vouchers for fresh food and selected hygiene items. Women and girls also received information on healthy nutrition and learned about additional services, including GBV services. This same kind of flexible and immediately available response was also carried out in Azerbaijan, where cash-based programming was implemented to support 500 GBV survivors, pregnant and lactating women, women and girls with disabilities, and the elderly. The rapidity of HTF support was also demonstrated in Latin America, where the regional office was able to provide time-critical, life-saving SRH and GBV assistance in response to the Venezuela refugee and migrant crisis at a time when other funding was not available.



Flexible and multi-year funding

About 47 per cent of the HTF-funded projects in 2021 were implemented across calendar years and will end in 2022. Because of the often short-term nature of bilateral humanitarian contributions, the HTF, as a pooled, multi-year funding modality, is able to support UNFPA's humanitarian response at times when other donor resources have not kicked in, and they may be used beyond a calendar year, which is a restriction of some funding mechanisms. The flexibility provided by donors contributing to the HTF is of vital importance to support country offices in planning their projects in a more efficient and predictable manner without having to complete the project within one calendar year.

Lower costs of the HTF

The HTF greatly reduces the transaction costs associated with management of individual agreements, allowing for a lower indirect cost rate (7 per cent in lieu of 8 per cent), while harmonizing and simplifying reporting requirements. The HTF is managed through a lean staffing structure within the Humanitarian Office with very low overhead expenses. This management structure worked to help strengthen country office proposals based on global best practices in order to ensure well-designed programme implementation and reliable programme reporting. In the spirit of the Grand Bargain⁷, these actions significantly improved UNFPA's ability to provide flexible and rapid resource allocations in response to emergencies and to support underfunded crises.



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⁷ An article on how HTF reduces transaction costs published on IASC Grand Bargain website: [The Grand Bargain in Practice: UNFPA's pooled fund reducing the costs of humanitarian response](#).

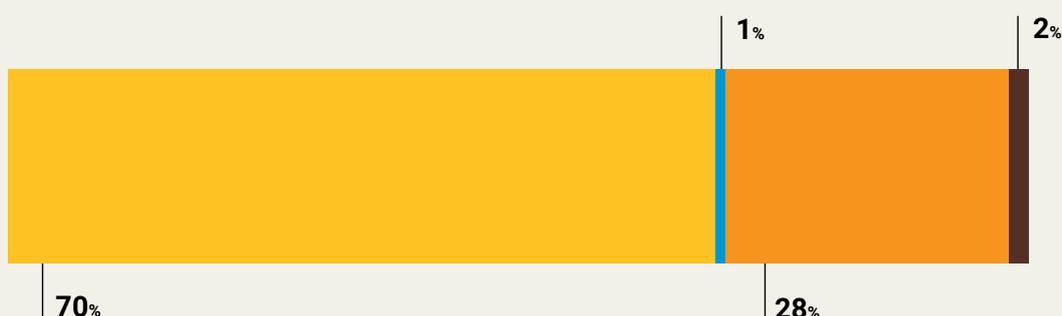
4. Expenditure analysis⁸

Expenditure by Strategic Plan outcome

The total expenditure of the HTF reached \$15.4 million in 2021. From a UNFPA Strategic Plan perspective, most of the HTF funds in 2021 were invested in achieving SRH and GBV outcomes. SRH accounted for about 70 per cent of the total expenditure while the funds for GBV took up about 28 per cent; this was followed by population and development (2 per cent) and youth (1 per cent).

Table 3 - Expenditure by Strategic Plan outcome (2021)

Strategic Plan Outcome	2021 expenditures in millions USD	Percentage
Outcome 1: SRH	\$10.8	70%
Outcome 2: Youth	\$0.1	1%
Outcome 3: Gender	\$4.3	28%
Outcome 4: Population and development	\$0.3	2%
Total	\$15.4	100%

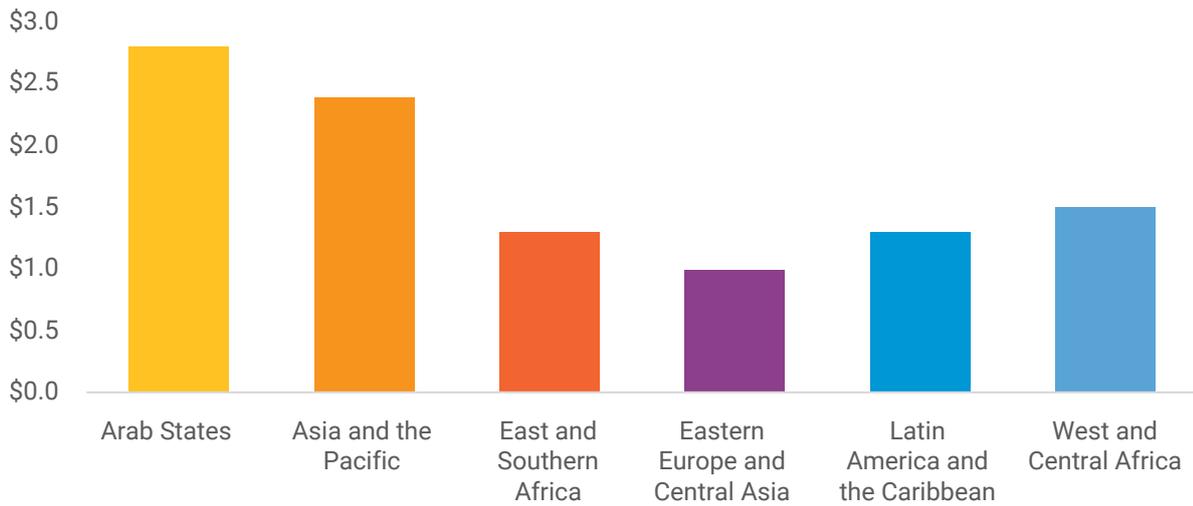


⁸ Expenditure figures in this report are interim and subject to change. Final figures will be provided in the Certified Financial Statements to be issued by 30 June 2022.

Expenditure by region

In 2021, the Arab States and the Asia and the Pacific regions utilized \$2.8 million and \$2.4 million in funding, respectively, while the expenditures in the other regions ranged between \$1 million and \$1.5 million dollars each.

Figure 2 - Expenditure by region (in millions of USD)



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©UNFPA/ Haiti

Expenditure by type of implementation

Local actors are critical both as first responders in a crisis and the providers of long-term support. Local non-governmental organizations (NGOs) played a critical role in implementing UNFPA's humanitarian response everywhere in the world. The HTF has functioned as a flexible means of financing adaptive programming that strengthens meaningful partner interaction and coordination, working with both governmental and non-governmental agencies. In Mozambique, for example, UNFPA is utilizing HTF funds to work directly with the provincial authorities of Health and of Gender, Children and Social Action as well as with local civil society organizations to implement integrated SRH and GBV response

services in districts and areas affected by conflict and the resultant displacement of hundreds of thousands of people.

During 2021, approximately 24 per cent of the HTF resources were channeled to implementing partners, 2% to other UN agencies and the other 74 per cent was implemented directly by UNFPA. A significant portion of the UNFPA direct implementation relates to the central procurement of Inter-Agency Reproductive Health (IARH) kits, dignity kits, and personal protective equipment (PPE) and other related commodities, which were ultimately transferred to governments and non-government local partners. Of the funding channeled to implementing partners, 70 per cent was directed to local partners, most notably national NGOs.

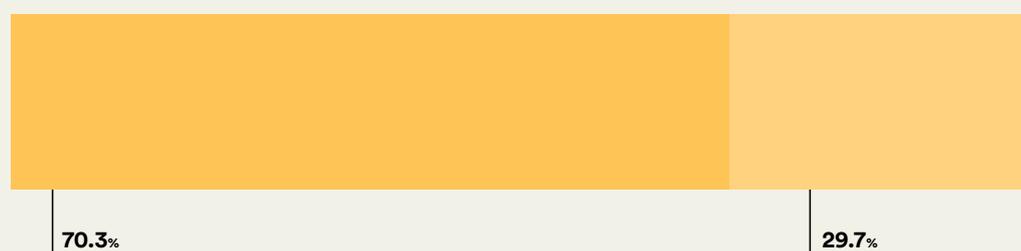
Table 4 - Implementation by type of partner

Type of implementation	Expenditures in millions of USD	Percentage
UNFPA Direct Implementation	11.4	73.7%
Implementing Partners	3.7	24.2%
Other UN Agencies	0.3	2.0%
Total	15.4	100%



Table 5 - Funding to Implementing Partners

Type of Partner	Expenditures in millions of USD	Percentage
Local Implementing Partner	2.6	70.3%
Non-Local Implementing Partner	1.1	29.7%
Total	3.7	100.0%



Expenditure by category

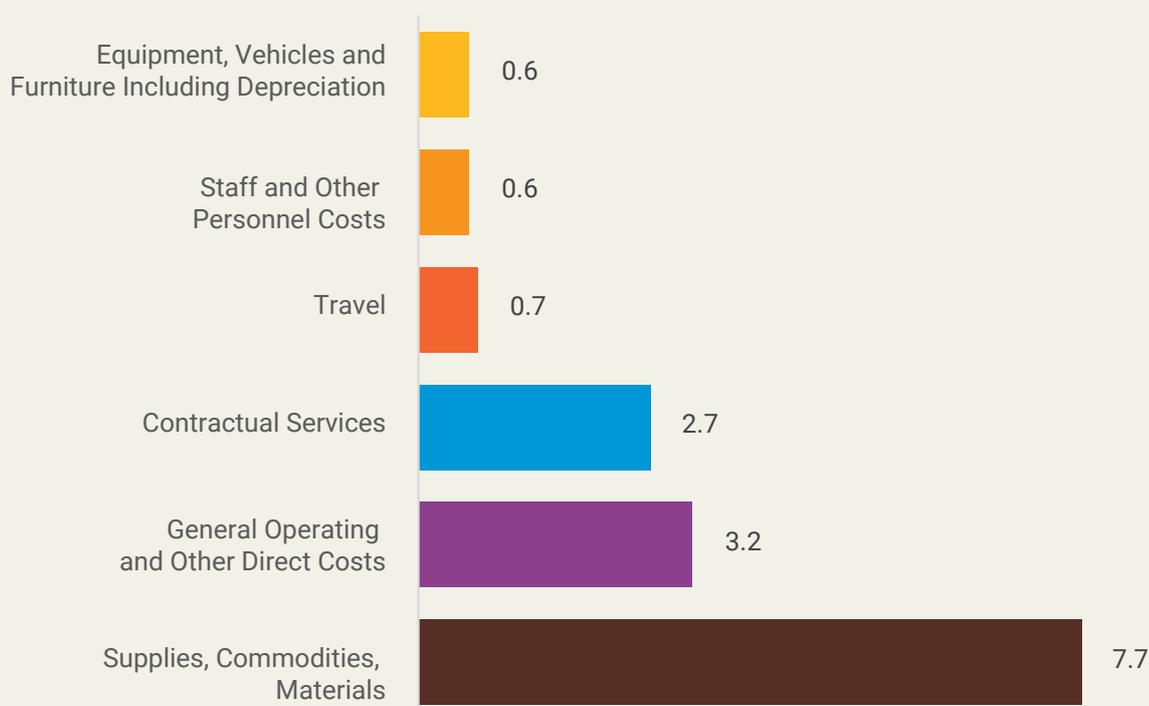
The biggest expense category for the HTF in 2021 was “supplies, commodities and materials,” accounting for about 50 per cent (\$7.7 million) of total expenses. This expense category encompasses the costs related to the purchase, storage and distribution of personal protective equipment, medical and pharmaceutical products and kits, dignity and hygiene kits as well as other critical commodities.

The second largest category of expenses is “general operating and other direct costs,” constituting 21 per cent (\$3.2 million) of total expenses. Within this category, most of the costs relate to support for capacity-building interventions (e.g., training and workshops) for implementing partners, government officials, beneficiaries, civil

society representatives and other stakeholders. In this category are also included the expenses related to cash and voucher assistance programmes, printing and publication of materials, and the operational costs of supported services and of implementing partners.

The third largest category corresponds to “contractual services,” with approximately 17 per cent (\$2.7 million) of the total. This category represents the costs of implementing partner salaries and personnel costs, UNFPA consultants, and services provided by companies. The remaining 12 per cent (\$1.9 million) of expenditures is distributed between travel costs, staff and other UNFPA related personnel costs, and equipment, vehicles and furniture provided for service delivery points and implementing partners.

Figure 3 - Expenditure by budget category (in millions of USD)



5. Programme Highlights



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Arab States Region

Yemen

The conflict in Yemen entered its seventh year in 2021. The humanitarian situation continued to worsen in an increasingly complex environment. The COVID-19 pandemic further overloaded an already debilitated health system in addition to its overall impact on the country and its population. Yemen remains the world's largest humanitarian crisis, and the cumulative impact of conflict, economic decline and institutional collapse has left 24 million people in need of humanitarian aid and protection. In 2021, two HTF-supported projects were implemented in Yemen for a total contribution of \$1.8 million. Around 8,034 women and girls were provided with skilled delivery services in UNFPA-

supported health facilities, and 39,222 women and girls received various SRH services, in line with the MISP, through 14 facilities supported by UNFPA. About 30,567 women and girls received GBV mitigation and response services through six safe spaces and one safe shelter. The funding helped the UNFPA Yemen country office reach a total of more than 100,000 women and girls in need.

Syria

The scale, severity and complexity of humanitarian needs in Syria have significantly worsened since 2019 due to a dramatic economic downturn, soaring food prices, and the steep devaluation of the local currency, compounded by the socio-economic impact of COVID-19 and the continuation of the protracted conflict. As of 2021, a record 12.4 million Syrians were assessed to be

food insecure. To help in this crisis, HTF allocated \$320,998 for cash and voucher assistance (CVA) for pregnant and lactating women and girls. Pregnant and lactating women participating in the programme receive a monthly e-voucher for fresh food and selected hygiene items. The e-voucher served as an important entry point to a variety of complementary services for 40,983 women while they were pregnant or breastfeeding, including sensitization on healthy nutrition, reproductive health and GBV, antenatal and postnatal services in UNFPA-affiliated clinics, and access to UNFPA-supported women and girls' safe spaces.

Somalia

Somalia has one of the most complex and protracted humanitarian crises in the world, and the situation has worsened as a result of the COVID-19 pandemic. Further, tropical Cyclone Gati developed on 22 November 2020 along the coastline of Puntland, Somalia, leaving a trail of physical and economic damage. Somalia received \$303,704 from the HTF in 2021 to strengthen prevention of sexual exploitation and abuse (PSEA) systems in the country and to provide life-saving sexual and reproductive health and gender-based violence services for women and girls affected by the cyclone. Through the HTF-funded projects, UNFPA sponsored the PSEA coordinator role that supported senior leadership in developing and implementing an in-country PSEA strategy, oversaw the in-country PSEA network, strengthened prevention mechanisms within organizations, and engaged stakeholders, including women-led organizations. The HTF supported the provision of integrated basic emergency obstetric and newborn care and mobile clinics, including referral services, and improved access to GBV services through three GBV one-stop centres. The thematic fund also supported

a multi-cluster rapid assessment to ensure the inclusion of specific SRH and GBV data so that response activities were well informed and that the documented needs of women and girls were being addressed. Around 200,000 people benefitted from life-saving sexual and reproductive health and multisectoral GBV services.

Asia and the Pacific Region

Afghanistan

The international humanitarian system's "Scale-Up" for Afghanistan was activated on 11 September 2021 and extended until 11 June 2022 as a result of the widespread disruption in services caused by conflict. Because of the conflict, more than 409,000 people have been newly displaced internally. A one-time allocation of \$2,782,000 for one year was allocated to Afghanistan in quick response to the humanitarian emergency to deliver integrated SRH and GBV services for women and girls affected by the crisis. This included procurement of reproductive health kits and establishment of three area offices to provide localized support. The three area offices will function as regional hubs in the western (Herat), southern (Kandahar), and eastern (Nangarhar) regions of the country. Collectively, they will cover 14 provinces with a total population of more than 14.2 million, of which more than 2.9 million are women of reproductive age. New health facilities and women-friendly health spaces are expected to be established under the guidance of area offices, which will also take charge of distributing reproductive health kits and tents. An estimate of 2,969,350 people will benefit from this HTF-funded project.

Papua New Guinea

Two HTF allocations totalling \$683,152 were distributed to the Papua New Guinea country office. Papua New Guinea is among the high-risk countries for the La Niña weather system, and one of the projects is for preparedness activities for La Niña to address the GBV and SRH needs of vulnerable women and girls. The project created a database of all training of trainers on MISP, the clinical management of rape (CMR), and GBV in emergencies in the country and provided an avenue for the trainers to showcase and use their knowledge to train others in future training sessions. This improved capacity of first responders and humanitarian actors, both clinical and non-clinical, will empower them to provide uninterrupted life-saving health services in case of emergency. In partnership with the Papua New Guinea Family Health Association, UNFPA also conducted two GBV and SRHR campaigns led by young people in the provinces of East New Britain and Morobe along with awareness-raising sessions at five secondary and primary schools in Port Moresby. The second HTF-funded project helped the Papua New Guinea country office to address the GBV and SRH needs of vulnerable women and girls through raising awareness, training of frontline workers, establishing and strengthening service provision, and creating a safe and enabling environment for women and girls. Psychosocial support was also provided to GBV survivors through 'Wantok' counseling hotlines. A total of 17,902 women and girls were reached.

Indonesia

In 2021, UNFPA allocated \$361,979 to the Indonesia country office to provide SRH services and GBV prevention and response services during COVID-19. The support is a cross-year

project that started implementation in 2020. The project included the provision of mental health and psychosocial support for midwives and other frontline health workers, capacity building for midwives and selected health centres, provision of personal protective equipment for frontline workers at 300 midwifery clinics, and distribution of dignity kits to ensure that women who were homebound, quarantined or with movement restrictions received essential hygiene items as well as information on GBV and SRH services and COVID-19 risk mitigation. There was also online training to strengthen the knowledge of service providers and creation of online platforms to maximize the reach of messaging and to raise public awareness. Awareness creation on improving SRH through community engagement and education, especially for pregnant mothers, was also provided to over 15,000 women and girls.

Eastern Europe and Central Asia

Turkey

Because of the influx of Syrian refugees, Turkey has been facing a protracted crisis for almost a decade; there are about 4.9 million Syrians in Turkey. The humanitarian situation for people in northwest Syria has remained dire as the impact of COVID-19 preventative measures and the rapid devaluation of the Syrian pound have placed additional strains on Syrians in Turkey. HTF funds have enabled the Turkey country office to support the most vulnerable refugees through SRH and GBV and protection services. In order to respond to the immediate protection needs of newly arriving and on-the-move displaced persons (whom UNFPA and its partners may only encounter once and/or who cannot be supported through GBV case

management), UNFPA has provided, through four implementing partners, a one-off unconditional individual protection assistance grant in the form of a cash payment. In the ongoing project, an approximate total of \$100-\$120 is given to each beneficiary, with around 3,333 women and girls benefitting from the project.

Azerbaijan

The severe escalation of the Nagorno-Karabakh conflict that started on 27 September 2020 brought major deprivations and suffering to the civil population residing in the districts adjacent to the conflict area, with repercussions extending far beyond. The Azerbaijan country office received \$286,392 from the HTF to provide people affected by the conflict with safe, cost-effective and timely access to essential sexual and reproductive health care and psychosocial support services. The funds helped reduce the vulnerability of women and girls to violence and improved awareness of available protection and support services by providing 1,400 dignity kits and informing them about available GBV referral pathways and SRH services. It also improved access of 4,000 women and girls to healthcare through mobile services with a focus on SRH. About 1,500 GBV survivors, pregnant and lactating women, women and girls with disabilities, and elderly were helped to cope with the consequences of conflict-related stress and trauma through mobile psychosocial support services.

Bosnia and Herzegovina

To provide GBV and SRH services to people accommodated in refugees and migrant reception centres in Bosnia and Herzegovina, and to support vulnerable local populations during the pandemic, \$251,913 was allocated from the HTF in 2021. Refugees, asylum seekers and migrants traveling

and present in Bosnia and Herzegovina continue to suffer as a result of a number of vulnerabilities, including experienced violence during onward movement, exhaustion, and poor health. Around 12,836 empowerment and psychosocial support services were provided to women and girls through activities in women and girls' centres within temporary reception centers. In addition, 2,409 dignity kits containing hygiene and sanitary items were provided to the affected population, serving as entry mechanisms for broader programming on SRH and GBV. UNFPA has established three boys and young men centres to serve as safe spaces for identifying vulnerable individuals for referral to other service providers. UNFPA and its government partners jointly developed and maintained websites, including two public Viber (an instant messaging platform) channels and Facebook communities and a mobile app that provided video tutorials and webinars, infographics, guidelines and how-to exercises for vulnerable groups across 146 municipalities. The apps also helped medical professionals to assess patient recovery and to monitor and report cases. Eight psychologists in women's shelters provided continuous care and support to survivors and their children. A total of more than 500,000 people were directly and indirectly reached through activities supported by the HTF.

East and Southern Africa

Ethiopia

The UNFPA Humanitarian Office allocated \$939,334 in HTF resources to the Ethiopia country office in response to the large-scale crisis in northern Ethiopia. The funds were used to strengthen prevention of sexual exploitation and abuse systems and to meet the emerging needs

of the 1.2 million people who have been displaced as well as the affected host populations. The HTF helped meet the needs of training on GBV, basic emergency obstetric and neonatal care, clinical management of rape, and the MISP as few partners had solid competencies in these areas at the onset of the emergency. UNFPA was able to extend the number of health service delivery points for survivors of violence and to ensure the continuation of the MISP for people affected by the crisis. The HTF helped strengthen UNFPA's ability to deliver timely humanitarian assistance to about 1,056,000 vulnerable women, girls and young people through two projects.

Mozambique

Since 2017, Mozambique's northern province of Cabo Delgado has been hit by a wave of violence with attacks on villages by armed actors and clashes between government security forces and non-state armed groups. Moreover, Mozambique has experienced extreme climate events including cyclones, droughts and floods that have most severely affected the central and northern provinces. In 2021, Mozambique received \$790,128 from the HTF to ensure the continuity of SRH and GBV services targeting women and girls affected by the armed conflict in Cabo Delgado. About 5,400 women and girls received timely and high quality and integrated SRH services (including for emergency obstetric and neonatal care, family planning and clinical management of rape) through mobile brigades. In addition, 333 women and girl survivors of violence received post-GBV care (case management and psychosocial services), and nine women and girls' safe spaces were established. Programme activities helped to address the SRH and GBV needs of around 100,000 of the country's most vulnerable people.

Madagascar

The Grand Sud (Great South) of Madagascar, an arid zone populated by 2.78 million people, has been affected by three successive years of extreme drought, the most severe in 40 years. This has resulted in widespread food insecurity and malnutrition. An amount of \$295,554 from the HTF was provided to Madagascar in 2021 to ensure the continuity of life-saving SRH and GBV response services through the government primary health care delivery system. The response is aligned to the Global Humanitarian Response principles, including by providing protection measures against sexual exploitation and abuse. The assistance targeted 31,396 women of reproductive age; 6,038 pregnant women, including those with obstetric complications; and 1,250 GBV survivors.

Latin America and the Caribbean

Haiti

A total of \$1,128,850 from the HTF was allocated to Haiti in 2021 to increase access to essential SRH and GBV services and supplies for women of reproductive age in the areas affected by the 7.2 magnitude earthquake that struck southwestern Haiti in August 2021. The earthquake caused severe damages and casualties. Thousands of people were forced to live in open spaces and in spontaneous sites such as churches and schools with little protection against natural elements. Sexual and reproductive health needs and cases of violence increased dramatically during the emergency. The HTF guaranteed the continuity of essential and life-saving SRH services in the areas most affected by the earthquake, including by support for emergency obstetric and neonatal care in functional hospitals and other health centres. Reproductive health kits, clean delivery kits, and personal protective equipment were also

distributed to targeted health facilities. The project will be continued in 2022, and an estimated 20,000 people will be reached in total.

Honduras

The COVID-19 pandemic and hurricanes Eta and Iota worsened the longstanding multidimensional crises in Honduras, with income inequality and violence on the rise and access to basic services shrinking. This has resulted in growing displacement and migration, rising poverty levels, worsening nutrition, and increasing food insecurity. Around 2.8 million people in Honduras are in need of humanitarian assistance. The HTF funding allowed the UNFPA country office to ensure the effective coordination of the SRH and GBV subsectors, as well as support the humanitarian response in delivering services to affected populations. Integrated training on the MISP was provided to direct health service providers as well as to technicians and managers from the central level of the Ministry of Health, the staff of civil society organizations, and of human rights defenders that are working to promote the sexual and reproductive rights of young people.

Venezuela

In the context of the continuing COVID-19 pandemic, the \$282,520 from the HTF supported the Venezuela country office to work in five targeted states to strengthen the capacity within communities for women and girls to confront GBV and protection risks, to enhance inter-agency coordination of GBV response measures, and to ensure accountability to affected populations (AAP) through the establishment of complaint and feedback mechanisms. Venezuela's political and economic crisis and the subsequent deterioration of security and living standards have left 7 million people in need, including 1.6 million of people in

need of GBV protection services, mainly displaced women and girls. Through the HTF-funded project, GBV needs assessments were conducted at the community level in the different humanitarian hubs, and funding and equipment were provided to ensure the continuation of the Maracaibo Contact helpline. Around 4,500 displaced women and adolescents were supplied with dignity kits to cover their essential menstrual hygiene needs and were provided with life-saving information on GBV prevention and on available services for survivors of violence.

West and Central Africa

Central African Republic, Cameroon and Chad

A total of \$1,597,906 from the HTF was allocated to the Central African Republic, Cameroon and Chad in 2021 to strengthen humanitarian capacity in the West and Central Africa Region. This is a multi-year project that will continue in 2022. These countries have been in a protracted humanitarian crisis for years, and it is expected that their humanitarian needs will continue. The HTF funding supported the country offices in their humanitarian programming and allowed them the space to develop strategic resource mobilization plans to meet future humanitarian response efforts. Humanitarian response coordination was strengthened with the support of information management officers. UNFPA staff in the region have also been leading on data collection, analyses of needs, and monitoring of the GBV response. In the West and Central Africa Region, UNFPA has been investing in human resource development to ensure the continuity of operational GBV coordination structures that are capable of scaling up to meet needs as they arise. The HTF

filled gaps in SRH and GBV response service delivery, improved quality standards and increased coverage of services in the three countries based on the priority areas identified in the countries' humanitarian needs assessments.

Nigeria

The humanitarian crisis in northeast Nigeria has had a devastating effect on the area, resulting in destruction and loss of lives and properties. The Nigeria country office received \$499,370 in HTF allocations in 2021. The funds supported the Adolescent Mothers against All Odds (AMAL) initiative in a quick and flexible manner. The AMAL project is designed to meet adolescents' SRH needs through the creation of adolescent-responsive health systems and equitable community environments. The project supported the capacity building of healthcare providers to work at the community level in addressing adolescent SRH issues, and empowered young mothers to address and ensure life skills on SRH and to access adolescent SRH services. Around 40 health providers, 180 community stakeholders, and 216 mothers were trained on SRH and GBV information. The project worked closely with the Government and other stakeholders including through bi-weekly community advisory meetings with stakeholders to ensure their input and buy-in of project implementation.

Republic of Congo

In response to flooding and post-conflict dislocation of people, HTF resources had been allocated to the Congo country office in 2020, and the project continued in 2021 with a \$472,866 balance. The funding allowed the deployment of midwives, psychologists, and social workers and the implementation of strategies to provide access to SRH services and GBV protection and response for vulnerable women and girls. As the flooding continued, Congo received another HTF allocation to provide access to SRH health services, including family planning, and awareness and dissemination of information for the prevention of sexually transmitted infections, HIV/AIDS, and highly contagious diseases such as Ebola virus and cholera. Psychological support was provided to GBV survivors along with medical management of cases of violence. Through the support for SRH services, about 4,701 deliveries were carried out, 496 direct obstetric complications were treated, 1,772 postnatal consultations were conducted, 42,817 people were sensitized within the communities on such issues as GBV, sexually transmitted infections and HIV/AIDS, 18,111 people were provided with personal protective equipment, and 1,465 vulnerable women and girls were provided with dignity kits alongside information about where and how to access services. The HTF supported the Republic of Congo to reach around 102,990 women, girls, and young people in need.

