



HUMANITARIAN ACTION

2024 OVERVIEW

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Foreword from the Executive Director



In 2023, conflicts and natural disasters devastated the lives of millions of people around the globe. Even as bombs fell and the earth shook and climate impacts continued to be felt, women and girls in humanitarian contexts continued to give birth, to require sexual and reproductive health services, and to seek safety from gender-based violence in their homes and communities. Throughout, UNFPA stood by their side, providing essential services, protecting dignity and rights, and restoring hope. We saved lives and supported a path to a brighter future for women and girls. Najwa, in Aleppo, described struggling through multiple, overlapping catastrophes: “My suffering started with the war in Syria, then the economic situation got worse, and the last straw was the earthquake.” Things began to turn around for Najwa once she was able to receive critical services at a UNFPA safe space.

Our deployment of hundreds of trained midwives to drought-affected parts of Ethiopia helped Amino, 25, deliver safely and successfully for the first time, after three previous pregnancies ended in heartbreak. She called the safe birth of her baby “a miracle”.

By mid-2023, a record 114 million people had been forcibly displaced. On average, half were women and girls – in some crises, they made up nearly 90 per cent of those displaced. Need has been unrelenting. Yet so is UNFPA’s commitment to meeting it.

Our rapid actions in 50 countries hit by crises in 2023 meant that over 10 million people received reproductive health services. From Haiti to Ukraine to Yemen and beyond, over 3,600 health facilities were supported to provide life-saving care. More than 4.2 million more people found safety and protection from gender-based violence. Women and girls sought physical and emotional refuge in 1,700 safe spaces. No woman should die while giving life or live in fear of gender-based violence. Every woman and girl has the right to receive dignified assistance in humanitarian crises. These principles underpin everything UNFPA does, everywhere we work, no matter how dire the circumstances. In Afghanistan, community midwives working through our 360 family health houses are the only health-care providers in remote regions. In Sudan, UNFPA supplies life-saving medicines for pregnant women experiencing obstetric hemorrhage, a leading cause of maternal death. In Gaza, where around 180 women give birth under appalling conditions each day, UNFPA is distributing reproductive health kits, containing pharmaceuticals, equipment and supplies for emergency obstetric and neonatal care; clean delivery kits to improve the hygienic conditions

for birth; and supplies for women who have recently delivered. In Chad recently, which hosts more than a million refugees fleeing conflict in neighbouring countries, I saw dedicated midwives and psychosocial counselors offering compassionate care to survivors of gender-based violence at a UNFPA “one-stop” centre – a safe space where survivors receive comprehensive services, support and protection.

Today, UNFPA’s delivery is faster and reaches farther than ever, putting our experts, supplies, and funds into action as soon as a crisis strikes. In 2023, 190 humanitarian experts from the UNFPA surge roster were deployed to over 34 countries to support effective responses. Emergency preparedness is increasingly built into our regular operations at all levels. Anticipatory action turns forecasts into plans. Prepositioning of supplies ensures that they are readily available to save the greatest number of lives. Cash and vouchers, which give women a better chance of escaping gender-based violence and accessing health services, are among proven approaches to delivering hope when it matters most. Our community-based approach to programming includes increased support for local women-led organizations, which are often best positioned to meet the needs of the most vulnerable. It includes a systematized approach to ensuring accountability to affected people, including their protection from sexual exploitation and abuse.

Next year promises to be another challenging year. Needs are escalating, while funding is falling short. Despite our role in leading global action to safeguard the health and safety of women and girls in crises, UNFPA humanitarian programmes were only funded at 50 per cent in 2023. UNFPA is committed to closing this funding gap. In 2024 UNFPA is appealing for \$1.2 billion to provide reproductive health services and run gender-based violence programmes for 48 million women, girls, and young people in 58 countries in humanitarian crises.

I am very thankful to our partners and donors who continue to support and invest in us. Their support has never been more essential.

Together, we are working for a world where, whatever the crisis, protecting the health, safety, and rights of women and girls is priority number one, laying the foundation for the peace, justice and security that they – and the world – so desperately need.

Dr. Natalia Kanem
UNFPA Executive Director

Humanitarian Trends Affecting Women and Girls

Walaah is nine months pregnant and suffered a hand and skull fracture during a bombing at her home. Currently in the hospital to deliver her baby, but even hospitals are not safe.
© UNFPA/Gaza/Bisan Ouda

Displacement

Over the past two decades, global forced displacement has consistently increased, affecting an estimated 114 million people as of mid-2023. Over half were women and girls, and in some emergencies, their share was nearly 90 per cent.¹ Women and girls are more likely to flee conflict, disasters and climate change, making them particularly vulnerable to displacement.

Key drivers of displacement include persecution, violence and armed strife, and human rights violations.² Displaced women and girls often encounter unique challenges in terms of safety, employment, education and health care. Most crucially, women do not stop giving birth when they are on the run, but barriers to sexual and reproductive health services to deliver safely can be immense. At the onset of the war in Gaza, 50,000 women were pregnant with 5,000 due to give birth that month, according to UNFPA calculations. Crisis also complicates access to family planning to prevent unwanted pregnancies and makes it more difficult to find menstrual hygiene supplies. Gender-based violence, already prevalent in times of peace, worsens when women and girls are fleeing a crisis or sheltering in displacement camps.

Gaza is home to some **50,000 pregnant women** with limited access to essential health services.

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“The working conditions in our hospital are catastrophic. We lack basic life necessities and we’re struggling with a severe shortage of water,” said Jasmine Ahmed, a midwife at Al-Shifa Hospital, Gaza’s largest medical facility. After a month of escalating hostilities, the health-care system in Gaza is hanging by a thread: Fuel, medicine and supplies have all but run out.

Sondos, 26, was heavily pregnant when she was caught up in an explosion. Pulled from the rubble, she underwent surgery and an emergency Caesarean section at Gaza’s Al-Hilo hospital – a cancer facility that has been turned into a maternity ward. “I was transferred to the operating room for my legs because my bones were shattered. After that, thank God, I gave birth to a girl. I will name her Habiba, after her sister who was killed on the same day,” she told UNFPA. At the same time of writing, Sondos had yet to see her baby, who was in intensive care.

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Around **5,800 women** are due to give birth in the next month – over 180 births each day – in the midst of a humanitarian disaster.

Forgotten crises, forgotten women and girls

Significant global crises, including in the State of Palestine and Ukraine, have understandably drawn the world’s attention. Yet a widening gap between humanitarian needs and funding has emerged in many other crises, putting women and girls at risk.

In Sudan, adolescents and young girls face a higher risk of early marriage and harmful practices, violations of their rights that lead to high-risk teenage pregnancies and related health consequences. Approximately 60 per cent of Sudanese girls are married or in a union before reaching age 18. In Haiti, nearly half of the population – over 5 million people – is caught in humanitarian crisis. Amid a surge in gang violence, gender-based violence has soared to alarming levels even as the health system has been brought to its knees. Rampant insecurity has sparked massive displacements, particularly in the capital, Port-au-Prince. Thousands of survivors of sexual violence need urgent medical and psychosocial support. In Ethiopia, multiple crises, including climate shocks, severe drought in the Horn of Africa and ongoing conflict, pose significant challenges. These factors have contributed to skyrocketing risks of gender-based violence and sexual exploitation and abuse. More than 10 million women and girls urgently require protection services.

In humanitarian crises, certain vulnerable groups face even higher risks of gender-based violence. They include people with disabilities, displaced women and girls, elderly women, adolescent girls, ethnic communities (including Indigenous girls), LGBTQI+ (lesbian, gay, bisexual, transgender, queer, intersex plus) individuals, female-headed households, divorcees, pregnant and lactating women, and women involved in armed conflict.

Climate crisis

Climate change, one of the most pressing global issues of our lifetime, is not gender neutral. Disasters induced by climate change threaten the health and rights of girls and women. Gender inequalities erode resilience to extreme weather events, resulting in unequal access to basic social and humanitarian relief systems, and exacerbating existing disparities in financial resources, food security, decision-making and opportunities to build capacity. Women affected by climate-related disasters face decreased life expectancy, greater risks of exploitation and trafficking, and increased complications in childbirth.³ There is strong evidence linking

climate change to poor maternal health outcomes and a lack of access to sexual and reproductive health services, which negatively impacts family planning, access to safe abortion care, and the prevention and management of sexually transmitted infections.

Climate change, particularly climate-related disasters, spurs vulnerability to gender-based violence, including sexual violence, transactional sex, sex trafficking and early marriage.⁴ In Uganda, for instance, rates of domestic violence, sexual abuse and female genital mutilation increased during droughts from 2014 to 2018.⁵ And in Pakistan, a lack of female doctors in temporary camps prevented women from seeking health services in the wake of flooding given social stigma around engaging with male doctors as well as a fear of sexual harassment.⁶

Access impediments

Access challenges complicate the response to humanitarian crises. They include the inability of crisis-affected people to reach assistance and the inability of aid providers to reach communities and people in need. These impediments can include conflict and instability, the denial by authorities of humanitarian needs, and bureaucratic and administrative challenges. Other issues comprise poor infrastructure and natural disasters that create physical barriers to assistance.

While access challenges can deter the delivery of assistance to all members of a community, women and girls can experience these challenges differently and more intensely, often as a result of structural inequalities. These can include preferences given to men and boys in receiving assistance; household as well as childcare and other burdens that prevent women and girls from having enough time to access assistance; increased security concerns and risks of gender-based violence; and physical impediments.

These challenges may not always be understood, leading to the delivery of services that do not align with the needs of women and girls. Other risks associated with aid delivery include gender-based violence at distribution sites, which if not addressed by aid providers becomes a barrier for women and girls. In light of these concerns, a gendered approach to access is needed, underpinned by strengthened community-based approaches to programming and accountability to affected people. This helps to ensure that women and girls can safely access support they urgently require.

1. UNHCR (The UN Refugee Agency), “17 Ways Refugees Are Leading on Sustainable Development.” Website: <https://www.unhcr.org/news/stories/17-ways-refugees-are-leading-sustainable-development>.

2. See UNHCR’s refugee statistics. Website: <https://www.unhcr.org/refugee-statistics/>

3. Sorensen, C., and others, 2018. “Climate Change and Women’s Health: Impacts and policy directions.” *PLoS Med* 15(7): e1002603. Website: <https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1002603>.

4. Women Deliver, 2021. *The Link Between Climate Change and Sexual and Reproductive Health and Rights. An evidence review.* Website: <https://womensdeliver.org/wp-content/uploads/2021/02/Climate-Change-Report.pdf>.

5. Le Masson, V., and others, 2019. “How Violence Against Women and Girls Undermines Resilience to Climate Risks in Chad.” *Disasters* 43(S3). Website: <https://doi.org/10.1111/disa.12343>.

6. Varma, A., 2017. *Sexual and Reproductive Health and Rights: Key to building disaster resilience.* Kuala Lumpur: Asian-Pacific Resource & Research Centre for Women. Website: <https://arrow.org.my/publication/srhr-disaster/>.

Women and girls in crisis

This map highlights key crises with a notable impact on women and girls, particularly those with restricted access to essential sexual and reproductive health services and the greatest needs for services related to gender-based violence. In 2024, an estimated 6.1 million pregnant women will need humanitarian assistance in 58 countries.



AFGHANISTAN

The country remains one of the most dangerous places in the world to give birth. One woman dies every two hours during pregnancy or childbirth from causes that are largely preventable with access to skilled care. Political instability, economic decline and three years of consecutive drought are erasing 20 years of progress, including advancements in the rights of women and girls. Compounding the situation, on 7 October 2023, a 6.3-magnitude earthquake struck the western region of Afghanistan. In 2023, about two thirds of the population, 28 million people, requires humanitarian assistance, including 7 million people in need of GBV prevention and response services.



STATE OF PALESTINE

In Gaza's population of 2.2 million people, one in four is a woman or girl of reproductive age, around 572,000 in total. All need access to reproductive health services. An estimated 50,000 pregnant women are caught in the conflict, with 840 women expected to experience pregnancy or birth-related complications. As of October 2023, many of these women have been cut off from safe delivery services as hospitals are overwhelmed with casualties and out of fuel for generators, and lack medicines and basic supplies, including for obstetric emergencies.



SUDAN

A devastating conflict has left women and girls struggling to access life-saving reproductive health and protection services. Around 80 percent of hospitals in areas affected by conflict no longer function. All states in Sudan are reporting severe shortages of medicines and supplies. Gender-based violence has taken an appalling toll on women and girls as access to protection services has been severely compromised. Risks of sexual exploitation and abuse have increased for women and children living in makeshift shelters or overcrowded displacement sites. Nearly 7.1 million people are internally displaced, of whom approximately 3.8 million are newly displaced as a result of the violence that erupted in mid-April 2023.



DEMOCRATIC REPUBLIC OF THE CONGO

Three women die every hour in the Democratic Republic of the Congo from pregnancy and birth-related complications. Alarming increases in gender-based violence, along with food insecurity, have heightened the risks of exploitation and abuse for women and adolescent girls. Around 7.7 million people, the vast majority of whom are women and girls, need protection services. Multiple factors drive this protracted crisis, including conflict, insecurity, and limited access to basic services. In the crisis epicentre in the eastern region, about 5.6 million people are internally displaced.



MYANMAR

A political, socioeconomic, human rights and humanitarian crisis impacts the entire nation, hindering access to services and intensifying food insecurity. Conflict is exacerbating the vulnerabilities and abuses faced by women and girls, including sexual violence, forced early marriage and human trafficking. A staggering 7.7 million people require gender-based violence prevention and response services.⁷ Remarkable development progress achieved since 2005 is eroding.



CHAD

The humanitarian crisis is deepening due to the compounding effects of climate crisis, conflict, forced displacement, food insecurity and health emergencies. In addition, Chad hosts over 1 million displaced individuals from Cameroon, the Central African Republic, Nigeria and Sudan. Women and girls struggled with limited access to reproductive health and protection services even before the influx of people. Chad also has one of the highest estimated risks of maternal mortality for 15-year-old girls (1 in 15). In 2023, almost 7 million people are in need of humanitarian assistance.



SYRIAN ARAB REPUBLIC

The thirteenth year of conflict in 2023 saw 15.3 million people in need of humanitarian assistance. The country has one of the largest numbers of internally displaced people in the world at 6.8 million. The same number has fled across borders, seeking refuge in Egypt, Iraq, Jordan, Lebanon and Türkiye. An additional 9 million people in the Syrian Arab Republic were impacted by the February 2023 earthquakes.



SOMALIA

In addition to recurrent climate shocks, people in Somalia endure conflict and widespread insecurity and disease outbreaks. In 2023, about 8 million people, nearly half the population, need humanitarian assistance. Three million women and girls require gender-based prevention and response services. The country has one of the highest estimated risks of maternal mortality for 15-year-old girls (1 in 25).⁸ Since 2022, the Horn of Africa's longest and most severe drought in at least 40 years has caused hardship for more than 36 million people in Ethiopia, Kenya and Somalia.



YEMEN

A woman dies during pregnancy and childbirth every two hours in Yemen from causes that are preventable with access to services. Violence against women and girls has worsened, with displaced people particularly at risk. An estimated 21.6 million people require some form of aid, as 80 per cent of the country struggles to access basic services. About 7.1 million people require gender-based prevention and response services.

7. See an analysis of 2023 gender-based violence needs and responses in humanitarian overviews and plans at: <https://gbvaor.net/node/1905>.

8. WHO (World Health Organization), UNICEF (United Nations Children's Fund), UNFPA (United Nations Population Fund) and others, 2023. Trends in Maternal Mortality: 2000-2020. Website: <https://www.unfpa.org/publications/trends-maternal-mortality-2000-2020>.

Appeal For 2024

Planned results



Female headed displaced family receives emergency relief items through the UNFPA-led Rapid Response Mechanism at their temporary shelter in Al Jawf. © UNFPA/Yemen



Notes on 2024 required funding projections:

- 1 People targeted for assistance include women of reproductive age (15 to 49), some of whom are pregnant, as well as adolescents and young people (10 to 24), internally displaced persons, refugees and migrants.
- 2 Needs are estimated through inter-agency humanitarian needs assessments and are subject to change as the year progresses.

Required funding projections

All countries in this appeal are covered by the United Nations-coordinated response plans prepared for emergencies requiring international humanitarian assistance. They include humanitarian response plans, regional response plans, refugee and migrant response plans, and flash appeals.

The United Nations Office for the Coordination of Humanitarian Affairs (OCHA) updates inter-agency plans as they become available. Click [here](#) to view current response plans by country.

Country requirements

\$1,140,300,000

Global support programmes

\$53,000,000

Grand total

\$1,193,300,000

Humanitarian response plans – UNFPA requirements

Country	Appeal	\$0M	\$55M	\$110M	\$165M	\$220M
Afghanistan	\$216,000,000	[Progress bar]				
Burkina Faso	\$6,000,000	[Progress bar]				
Burundi	\$1,300,000	[Progress bar]				
Cameroon, Republic of	\$11,070,664	[Progress bar]				
Central African Republic	\$19,251,816	[Progress bar]				
Chad	\$16,300,000	[Progress bar]				
Colombia	\$23,422,183	[Progress bar]				
Congo, Democratic Republic of the	\$34,000,000	[Progress bar]				
El Salvador	\$839,668	[Progress bar]				
Ethiopia	\$50,000,000	[Progress bar]				
Guatemala	\$3,905,700	[Progress bar]				
Haiti	\$28,025,000	[Progress bar]				
Honduras	\$1,800,000	[Progress bar]				
Mali	\$21,000,000	[Progress bar]				
Mozambique	\$16,000,000	[Progress bar]				
Myanmar	\$17,875,000	[Progress bar]				
Niger	\$9,250,000	[Progress bar]				
Nigeria	\$25,000,000	[Progress bar]				
Somalia	\$53,640,000	[Progress bar]				
South Sudan	\$18,728,712	[Progress bar]				
State of Palestine	\$32,000,000	[Progress bar]				
Sudan	\$88,000,000	[Progress bar]				
Syrian Arab Republic	\$65,910,503	[Progress bar]				
Ukraine	\$58,500,000	[Progress bar]				
Venezuela	\$26,000,000	[Progress bar]				
Yemen	\$70,000,000	[Progress bar]				
Total	\$913,819,246	[Progress bar]				

“We need more health-care services and facilities in operation. I want my baby safe, this is all I need,” said Nan Nwe, pregnant and newly displaced in Rakhine State, Myanmar.

Flash appeals and regional response plans – UNFPA requirements

Country	Appeal	\$0M	\$10M	\$20M	\$30M	\$40M
Angola	\$1,520,000					
Armenia	\$4,500,000					
Bangladesh	\$35,961,106					
Belarus	\$660,000					
Brazil	\$1,233,000					
Congo, Republic of the	\$2,439,232					
Costa Rica	\$1,050,000					
Ecuador	\$7,762,500					
Egypt	\$11,000,000					
Guyana	\$900,000					
Iran, Islamic Republic of	\$17,810,000					
Iraq	\$8,000,000					
Jordan	\$10,001,249					
Kenya	\$16,500,000					
Lebanon	\$17,000,000					
Libya	\$10,584,259					
Madagascar	\$5,481,730					
Malawi	\$2,171,000					
México	\$645,000					
Moldova	\$23,649,264					
Pakistan	\$19,086,828					
Panama	\$1,049,000					
Peru	\$5,000,000					
Poland	\$2,000,000					
Romania	\$1,000,000					
Rwanda	\$512,860					
Slovakia	\$1,000,000					
Tanzania, United Republic of	\$1,900,000					
Trinidad and Tobago	\$470,000					
Türkiye	\$11,691,000					
Uganda	\$3,530,949					
Zambia	\$452,000					
Total	\$226,560,977					

Notes on 2024 required funding projections:

- Flash appeals include those for Kenya, Libya, Madagascar, Malawi, State of Palestine, Syrian Arab Republic and Türkiye. All other countries are part of the regional response plans for the following countries: Afghanistan, Democratic Republic of the Congo, Bangladesh, South Sudan, Sudan, Syrian Arab Republic, Ukraine and Venezuela (regional migrant response plan).
- The global programmes include humanitarian funding needed at headquarters and regional levels, and for the Humanitarian Thematic Fund to scale up UNFPA's humanitarian response.
- Funding needs are estimated as of October 2023.



Outreach for new mothers displaced by conflict in Sudan.
© UNFPA/Sudan/Sufian Abdul-Mouty

Top 12 estimated country requirements

These 12 countries represent **64%** of UNFPA's overall appeal, by amount.

Country	Appeal
Afghanistan	\$216,000,000
Sudan	\$88,000,000
Yemen	\$70,000,000
Syrian Arab Republic	\$66,000,000
Ukraine	\$59,000,000
Somalia	\$54,000,000
Ethiopia	\$50,000,000
Bangladesh	\$36,000,000
Congo, Democratic Republic of	\$34,000,000
State of Palestine	\$32,000,000
Haiti	\$28,000,000
Venezuela	\$26,000,000
Total	\$759,000,000

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“I was very scared when I first entered the safe house. I was lonely and wouldn't leave my room for a month,” said Alemtsehay, 18, in Benishangul-Gumuz, Ethiopia, recalling her early days at a safe house for survivors of gender-based violence. “I was relieved to join a place with resources to help me feel safe and move forward.”

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Humanitarian Priorities in 2024

UNFPA requires both political and financial support to ensure the availability of quality sexual and reproductive health services and to address gender-based violence in emergencies, including through leadership and coordination of these responses. This support provides UNFPA country offices with the humanitarian expertise, funding and supplies for immediate action in crises.



A woman surrounded by flood water in Bangladesh, which is among the most affected by climate disasters.
© UNFPA/ Bangladesh/Naymuzzaman Prince

Availability and access to services

Ensuring the availability and access to sexual and reproductive health services, and preventing, responding and mitigating the risks of gender-based violence.

Sexual and reproductive health in emergencies

As the world grapples with an increasing number of crises, from conflicts to natural disasters, it is critical to integrate sexual and reproductive health in all phases of humanitarian responses, including emergency preparedness and anticipatory action.

Ensuring that the minimum initial services package (MISP) for reproductive health is available and accessible for all people in need is essential to reduce maternal and newborn mortality, morbidity and long-term disability; prevent unintended pregnancy; and care for survivors of sexual violence. UNFPA's humanitarian response establishes the MISP in humanitarian settings, draws in supplies, and strengthens the quality of programming and services. Training toolkits on sexual and reproductive health in emergencies help advance country, regional and global capacities on the MISP, clinical management of rape, basic emergency obstetric and newborn care and long-acting reversible contraception.

With a dual mandate to lead on both sexual and reproductive health and gender-based violence in emergencies, UNFPA recognizes that these two priorities are inextricable. Through the Sexual and Reproductive Health Task Team under the Global Health Cluster, UNFPA improves links between them to enhance the quality, efficiency and effectiveness of emergency responses. UNFPA's country programmes in **Bangladesh, Niger and north-west Syrian Arab Republic** are engaging local partners to strengthen the integration of programming and services while improving their quality, accessibility and acceptability, and building resilience to humanitarian shocks. Based on lessons learned through work with implementing partners in humanitarian contexts, UNFPA is developing and field-testing global guidance on integrating sexual and reproductive health and gender-based violence responses.

Gender-based violence in emergencies

The unprecedented frequency, intensity and scale of humanitarian emergencies in recent years has dramatically amplified the risks of gender-based violence and other human rights violations faced by women and girls. The next decade will see a rapid acceleration of the climate crisis, which often spurs the migration and displacement of women and girls, a major risk factor for gender-based violence. Interventions responding to it save lives and need to be promptly implemented from the onset of an emergency to provide quality services and support the recovery of women and girls, who can suffer devastating consequences in terms of physical and mental health, education and economic well-being.

UNFPA has committed to scaling up its humanitarian response and enhancing its efforts to prevent and respond to gender-based violence. To this extent, in 2023, it launched the **Strategy and Operational Plan to Scale Up and Strengthen Interventions on Gender-Based Violence in Emergencies (2023-2025)**. To strengthen consistency in the delivery of quality services that best serve women and girls, the strategy provides a direction for work to be more effective, sustainable and predictable. This is critical for emergency programmes to operate at the scale and quality required for UNFPA to meet its Inter-Agency Standing Committee mandate as the provider of last resort.

Specifically, the strategy aims to:

- **Scale up life-saving, quality, multisectoral services for survivors of gender-based violence and women and girls at risk**, and enhance prevention and empowerment programmes. In scaling up service provision, UNFPA ensures the integration of gender-based violence and sexual and reproductive services, takes innovative approaches to responding to gender-based violence, implements mobile units, and integrates cash and voucher assistance in case management.
- **Expand the engagement of local actors, specifically women-led organizations**, as partners and leaders in the humanitarian response, with core roles in meeting the needs of women and girls, including survivors of gender-based violence.
- **Ensure effective country and global coordination of responses to gender-based violence** to guide timely, evidence-based and concrete actions to mitigate risks, and prevent and respond to gender-based violence in all operational contexts.
- **Strengthen UNFPA's operational systems** and resources to ensure safe access and timely delivery of life-saving services.
- **Enhance the quality and prioritization of interventions on gender-based violence** in the humanitarian programme

cycle through the safe and ethical collection, analysis and use of data.

- **Lead evidence-based, results-oriented responses to gender-based violence in emergencies** through strengthened knowledge management, research and evaluations.



Displaced women and girls receive Dignity Kits and Mother Kits in accommodation sites after fleeing violence between gangs in Cité Soleil © UNFPA/Haiti/Jhunie Laura Ganème

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“Giving up school was the hardest part for me,” said Hiam. At 15, Hiam became the primary provider for her family in Al Hudaydah, Yemen, trekking long distances to buy and sell vegetables. “As the only girl in the market, there was so much abuse, every single day. This all added to my sadness. It had a significant effect on me,” said Hiam. Facing a breaking point, she found refuge in a safe space supported by UNFPA, marking a turning point in her life. Through counselling and sustainable farming classes, she transformed into an agriculturalist, significantly improving her life and economic situation. Now known as “the agricultural girl”, Hiam embraces her newfound identity with pride. Her story embodies hope, but it unfolds against the backdrop of a crisis now in its eighth year.

Approximately 80% of the 4.5 million displaced people in Yemen are women and children, and around one quarter of displaced households are led by women.

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More localized responses

Working with and supporting local actors, particularly women-led and youth-led organizations, is a priority for UNFPA. Local organizations play critical roles in delivering accountable and inclusive humanitarian action, especially in relation to gender-based violence prevention and response. UNFPA has long experience in partnering with local actors in the delivery of services in both humanitarian and development settings, and prioritizes capacity-sharing with local actors while supporting them to take on leadership roles in humanitarian coordination structures.

Interim estimates indicate that approximately one third of UNFPA's humanitarian response funding went to local actors in 2023, and UNFPA has ambitions to provide 43 per cent to local actors by 2025.

Alongside working with local actors, UNFPA prioritizes a community-based approach to programming centred on the needs, perspectives and voices of affected people. Inclusive humanitarian interventions target the most vulnerable and historically left behind, including women and girls, adolescents and youth, the elderly, persons with disabilities, displaced people and LGBTQI+ individuals. UNFPA is implementing a more systematic approach in its humanitarian responses to ensure accountability to affected people, including protection from sexual exploitation and abuse.

This approach is grounded in UNFPA's dual mandate. Working with communities through long-term development projects builds trust, understanding and connections with local actors that are critical if a crisis strikes. Partnering with local organizations, particularly women-led organizations working across the humanitarian and development nexus, creates a foundation for the transition from the humanitarian response to recovery and development work.

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“The first time I saw the situation in the camps, I felt the hopelessness. People were crying, they wanted their family members back,” counsellor Basira told UNFPA. “Psychosocial support is helping them come to terms with what has happened. They need someone to listen.” UNFPA is supporting essential psychosocial service delivery after deadly earthquakes in Afghanistan.

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A maternity tent is set up following the October 2023 earthquakes. © UNFPA/Afghanistan/Arlene Alano

Preparedness and anticipatory action

Prevention, including emergency preparedness and anticipatory action, is a top priority at UNFPA. As climate-related disasters occur nearly five times as often compared to 40 years ago,⁹ imposing increasing costs on local economies, livelihoods and lives, smart and effective investments are needed to limit the impacts of disasters before they occur. Stepping in early through emergency preparedness and anticipatory action has proven to reduce both disaster losses and the costs of emergency responses. It protects assets and access to essential services, and deepens resilience to impending threats.

In its emergency preparedness and anticipatory action work, UNFPA focuses on gender-based violence prevention and response; the continuation of and access to sexual and reproductive health services and rights, including maternal and emergency obstetric care; menstrual hygiene management; and cash assistance to empower women and protect their safety and livelihoods.

Cash and voucher assistance

UNFPA continues to scale up the use of cash and voucher assistance to meet needs related to sexual and reproductive health and gender-based violence among women and girls in emergencies. Discreet and flexible cash and voucher assistance integrated into humanitarian programming lowers financial barriers to vital goods and services and encourages health-seeking behaviours. Cash assistance provided in confidential one-on-one case management aids survivors of gender-based violence to escape violence and obtain essential services. They are better equipped to make their own choices and realize more flexibility in their decision-making.

Cash and voucher assistance is purposefully designed to cater to the unmet priority needs of individual women and girls, allowing UNFPA to fill important gaps in the provision of such assistance in emergencies. In doing so, UNFPA collaborates with other organizations and operates within national and regional cash assistance working groups to ensure a harmonized approach that avoids duplication.

9. WMO (World Meteorological Organization), 2014. *Atlas of Mortality and Economic Losses from Weather, Climate and Weather Extremes*, 2014.



Midwife Zulikha holding a newborn baby whose mother was forced by the war to flee her home. © UNFPA/Sudan/Sufian Abdul-Mouty

Leadership and coordination

To address gender-based violence and ensure that sexual and reproductive health services are available in humanitarian settings, UNFPA takes the lead in coordinating several inter-agency humanitarian forums. These include the global Gender-Based Violence Area of Responsibility, the Sexual and Reproductive Health Task Team, the Clinical Management of Rape and Intimate Partner Violence Working Group, and the Gender-Based Violence Information Management System steering committee.

Gender-Based Violence Area of Responsibility

UNFPA is the lead agency for the Gender-Based Violence Area of Responsibility, the global forum for coordination on gender-based violence prevention, risk mitigation and response within the Global Protection Cluster. Since 2017, UNFPA has been the sole lead agency and the provider of last resort in responding to gender-based violence. Country-level coordination teams bring together international and national organizations, including women-led and women's rights organizations, United Nations organizations, non-governmental organizations, academics and, where appropriate, local authorities, under the shared goal of ensuring survivor-centred, multisectoral responses to survivors of GBV.

In addition to ongoing emergencies in Ethiopia, Ukraine and Yemen, 2023 has seen several scaled-up crises, namely in Afghanistan, Democratic Republic of the Congo, Haiti and Sudan. These have required advanced support to gender-based violence coordination teams. Global and regional teams responded to urgent needs in more than 40 contexts throughout the year, providing technical support, remotely or in person, from preparedness to response. Capacity-strengthening on gender-based violence responses and risk mitigation, advocacy and guidance materials have been part of this support.¹⁰

10. The Gender-Based Violence Regional Support Teams are the result of a partnership between UNFPA, NORCAP and the Area of Responsibility. Operating in five regions, they enable ongoing remote and in-country technical support on core coordination functions and information management. The teams consist of a regional emergency gender-based violence adviser and an information management officer.

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“I was wondering how I can guarantee the safety of my unborn child, my six children and my own safety,” Lubna recalled to UNFPA. “Who will give me a helping hand in these terrible circumstances? I did not know what to do.” Lubna, 34, still remembers the sound of shelling in Khartoum, the capital of Sudan, six months ago. Since the outbreak of the conflict, UNFPA has deployed mobile clinics to displacement sites across the country, responding to the reproductive health and protection needs of women and girls affected by the conflict, like Lubna.

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To advance sustained and localized capacity, the Gender-Based Violence Area of Responsibility has developed a new Capacity-Strengthening Strategy 2023-2028, with clear and detailed action plans for national coordination teams.

In 2024 and beyond, the Area of Responsibility will continue to strengthen its efforts on the inclusivity and localization of coordination and responses at the global and country levels. An annual survey in 2023 showed that across the 34 contexts supported by the Area of Responsibility, **membership in it doubled, from 1,025 organizations in 2018 to 2,623 organizations in 2023. More than 60 per cent of members are national and local actors; 16 per cent are women-led and women's rights organizations.**

Sexual and Reproductive Health Task Team

In 2023, UNFPA led the process of establishing the [Sexual and Reproductive Health Task Team](#) within the Global Health Cluster.¹¹ As a formal entity, it ensures that sexual and reproductive health priorities are systematically addressed in humanitarian responses and that sexual and reproductive health coordination is consistently included in health cluster coordination at all levels. An engagement with currently activated health clusters established a baseline assessment on how sexual and reproductive health coordination is approached in different humanitarian contexts. It provided insights into successes, shortcomings and opportunities that will inform 2024 priorities for strengthening coordination in humanitarian responses, a central UNFPA role.

In 2024, the Task Team is focused on boosting the capacity of coordinators through the development and piloting of training and coaching. UNFPA is working to improve links between coordination on sexual and reproductive health and the response to gender-based violence in order to increase the quality, efficiency and effectiveness of emergency responses.

In late 2022, UNFPA, together with Save the Children, activated the gender-based violence subgroup of the [Inter-Agency Working Group for Reproductive Health in Crisis](#). It puts a specific focus on strengthened cluster/sector coordination and effective collaboration with relevant stakeholders on acute and comprehensive approaches to the clinical management of rape and intimate partner violence. The subgroup advocates the criticality of quality service delivery, capacity-building and knowledge management with Inter-Agency Working Group members and other relevant partners.



Keşer, a pregnant woman and earthquake survivor receives support. © UNFPA/Türkiye/Korkmaz
*Sms Niletler Nüfus Fonu

Strengthening emergency response

UNFPA's primary goal in emergency response is to save lives, uphold human rights, and ensure no one is left behind. The Humanitarian Response Division leads global emergency response and preparedness efforts, collaborating with other headquarters units to enhance efficiency and effectiveness on the ground, reinforcing UNFPA's role as global humanitarian leader. This includes enhancing operational procedures, ensuring high-quality programmes, resource mobilisation and advocacy, partnerships, and promoting the integration of humanitarian and development efforts within the organization.

Global emergency response

The need for qualified professionals capable of rapid deployment in any emergency is critical. UNFPA has established a **Global Emergency Response Team**, composed of humanitarian experts in emergency response, gender-based violence, sexual and reproductive health, supply chains and logistics, access and communications. The team can be rapidly deployed to immediately respond to humanitarian crises.

Another emergency deployment mechanism is **UNFPA Surge**, designed to facilitate swift and coordinated responses, particularly in addressing challenges related to gender-based violence and sexual and reproductive health in humanitarian settings. Surge responses are crucial for meeting immediate needs and upholding UNFPA's mandate in some of the most challenging circumstances.

In 2023, UNFPA deployed the highest number of surge personnel ever, totalling 190 experts; 55 per cent were women. The majority were engaged in roles related to gender-based violence and sexual and reproductive health programming and coordination, mental health and psychosocial support, humanitarian coordination, information management, logistics and communications. Surge response efforts spanned major emergencies worldwide, including Afghanistan, Haiti, the State of Palestine, Sudan, and Ukraine. In total, UNFPA deployed experts to over 34 different countries.

Humanitarian sexual and reproductive health supplies and non-food items

UNFPA plays a critical role in providing sexual and reproductive health kits, on behalf of the international community, for life-saving services. It procures and manages the inter-agency emergency reproductive health kits, which include pharmaceuticals, medical devices and non-medical supplies essential for sexual and reproductive health in humanitarian crises.

The largest kit is the comprehensive emergency obstetric care kit. It supports the establishment of a surgical maternity ward capable of providing Caesarean sections to save the lives of women and newborns. The smallest kit is the clean delivery kit, provided to pregnant women, especially displaced women and refugees, to support safe births. UNFPA also helps ensure the availability of essential infrastructure, such as prefabricated mobile medical clinics, ambulances for emergency referrals and mobile medical teams, as well as other essential equipment, pharmaceuticals, and non-food items. **In 2023, as of October, UNFPA had delivered over 16,000 inter-agency emergency reproductive health kits to 38 countries.**

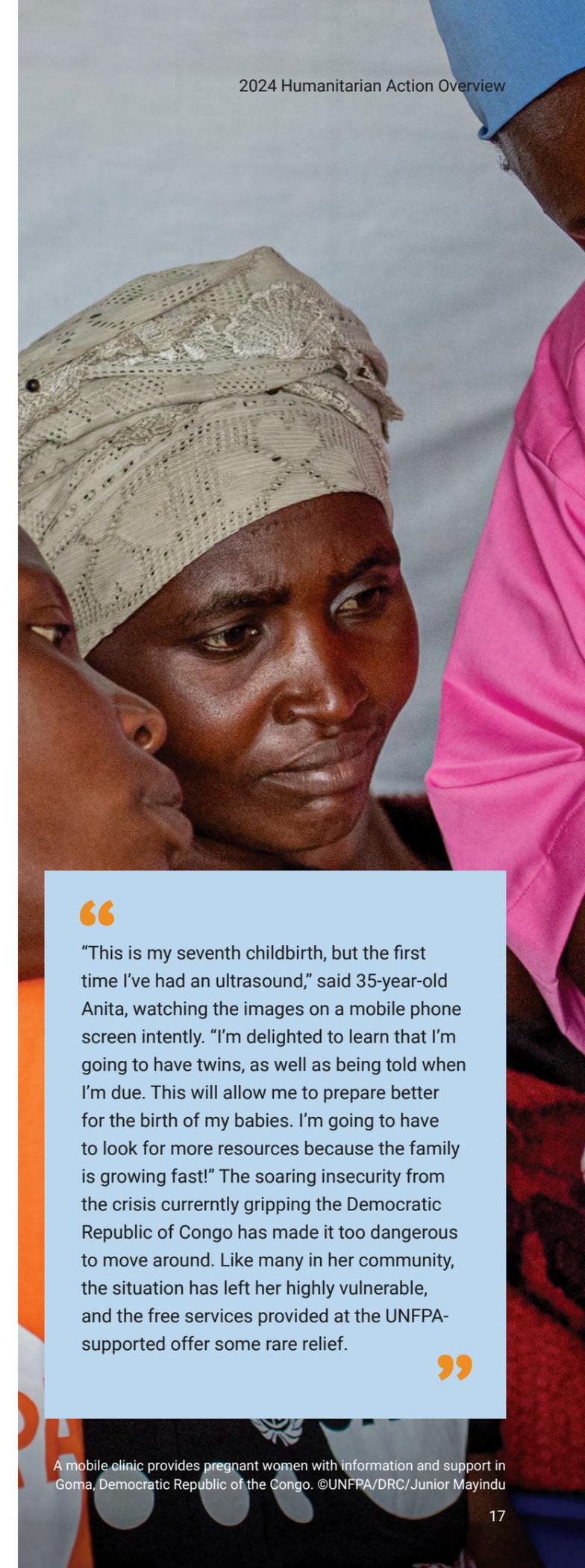
To ensure the immediate availability of supplies to the last mile, the Humanitarian Response Division works with the Supply Chain Management Unit to support countries with strategic supply and logistics planning and implementation in emergencies, and to allocate globally prepositioned and stockpiled commodities.

Engagement with inter-agency coordination bodies and partnerships increases efficiency in medical logistics in emergencies. In 2023, UNFPA began prepositioning additional operational and security equipment items, in addition to the inter-agency emergency reproductive health kits, such as mobile clinics and static container clinics for basic and comprehensive emergency obstetric and newborn care, ambulances, solar generators and refrigerators, tents, inflatable cold rooms, and security equipment such as armoured vehicles and personal protective equipment.

Humanitarian financing

Thanks to the **Humanitarian Thematic Fund**, UNFPA can ensure life-saving, immediate and flexible responses.

The Humanitarian Thematic Fund, funded by voluntary contributions, allows UNFPA to respond rapidly to emergencies and maintain the continued delivery of services in underfunded crisis. As UNFPA's most flexible humanitarian funding mechanism, the fund provides timely, strategic and multi-year financing to back rapid and ongoing humanitarian responses as well as preparedness, and to strengthen links between humanitarian action and longer-term development initiatives. All contributions to the Humanitarian Thematic Fund serve the needs of women and girls; 60 per cent of the funding for partners reaches local and national organizations. In 2023, the fund supported 30 UNFPA country offices and regional offices with over \$33 million.



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“This is my seventh childbirth, but the first time I've had an ultrasound,” said 35-year-old Anita, watching the images on a mobile phone screen intently. “I'm delighted to learn that I'm going to have twins, as well as being told when I'm due. This will allow me to prepare better for the birth of my babies. I'm going to have to look for more resources because the family is growing fast!” The soaring insecurity from the crisis currently gripping the Democratic Republic of Congo has made it too dangerous to move around. Like many in her community, the situation has left her highly vulnerable, and the free services provided at the UNFPA-supported offer some rare relief.

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A mobile clinic provides pregnant women with information and support in Goma, Democratic Republic of the Congo. ©UNFPA/DRC/Junior Mayindu

11. The cluster approach is used for coordinating humanitarian action when a national government requests international support. United Nations and non-United Nations organizations form the clusters, which represent each of the main sectors of humanitarian action: health, protection, water, food security, logistics, early recovery, shelter, education, nutrition, telecommunications and camp management.

Results Achieved in 2023



A woman displaced from Khartoum to Wad Madani, receives vocational training at a UNFPA-supported safe space for women and girls. © UNFPA/Sudan/Sufian Abdul-Mouty

2023 results snapshot

UNFPA assisted millions of women, girls and young people with a range of life-saving services, supplies and information in 2023.*

Sexual and reproductive health

- 10.6 million** Total number people reached with sexual and reproductive health services in 50 countries
- 2.7 million** People reached with family planning in UNFPA-supported facilities in 44 countries
- 2.2 million** Adolescents and youth (ages 10 to 24) reached with adolescent sexual and reproductive health services in 46 countries
- 956,000** Women assisted to deliver babies safely in UNFPA-assisted facilities in 39 countries
- 25,000** Women and girls reached with cash and voucher assistance to enable access to life-saving sexual and reproductive health services in 12 countries
- 11,900** Personnel trained on MISP for sexual and reproductive health in 39 countries
- 3,648** Health facilities supported by UNFPA in 48 countries
- 808** Mobile clinics supported by UNFPA in 36 countries

Gender-based violence

- 4.2 million** Total number of people reached with gender-based violence prevention, risk mitigation and response services in 50 countries
- 925,300** Dignity kits distributed in 48 countries
- 33,000** Women reached with humanitarian cash assistance for gender-based violence case management and/or other response and risk mitigation measures in 23 countries
- 30,200** Non-specialized humanitarian workers or front-line workers trained/oriented on core concepts and guidelines related to gender-based violence in 51 countries
- 1,690** Safe spaces for women and girls supported by UNFPA in 46 countries
- 939** Youth-friendly spaces for recreation, vocational training and community outreach in 29 countries

* Results are estimated as of October 2023 and do not include every country in which UNFPA delivered humanitarian services. Results will be updated on the [UNFPA humanitarian dashboard](#) as new data become available.

Humanitarian funding in 2023

Funding for 2023 covers countries linked to the United Nations-coordinated response plans that are prepared for emergencies requiring international humanitarian assistance. These plans include the humanitarian response plans, regional response plans, refugee and migrant response plans, and flash appeals. OCHA updates inter-agency plans as they become available. Click [here](#) to view current response plans and related countries.



Humanitarian response plans – UNFPA funding

Country	Appeal	Funding received	% funded	\$0M	\$55M	\$110M	\$165M	\$220M
Afghanistan	\$202,378,051	\$121,348,999	60%					
Burkina Faso	\$6,000,000	\$2,784,839	46%					
Burundi	\$5,250,000	\$949,614	18%					
Cameroon	\$13,597,500	\$2,150,000	16%					
Central African Republic	\$22,017,291	\$6,727,780	31%					
Chad	\$15,300,000	\$3,527,266	23%					
Colombia	\$23,887,306	\$1,604,672	7%					
Congo, Democratic Republic of the	\$10,465,371	\$10,465,371	100%					
El Salvador	\$839,668	\$0	0%					
Ethiopia	\$48,200,085	\$30,003,643	62%					
Guatemala	\$3,860,000	\$355,756	9%					
Haiti	\$19,368,721	\$6,241,287	32%					
Honduras	\$15,380,000	\$1,000,000	7%					
Mali	\$11,500,000	\$5,600,000	49%					
México	\$1,711,000	\$611,000	36%					
Mozambique	\$16,000,000	\$6,022,226	38%					
Myanmar	\$15,900,000	\$10,300,000	65%					
Niger	\$7,375,000	\$5,826,250	79%					
Nigeria	\$23,320,988	\$5,121,475	22%					
Somalia	\$30,000,022	\$15,925,909	53%					
South Sudan	\$12,226,957	\$5,500,000	45%					
Sudan	\$89,000,000	\$30,800,000	35%					
Syrian Arab Republic	\$81,473,060	\$55,247,591	68%					
Ukraine	\$50,000,000	\$40,000,000	80%					
Venezuela	\$21,561,552	\$6,215,168	29%					
Yemen	\$70,000,000	\$40,000,000	57%					
Total	\$816,612,572	\$414,328,846	51%					

Flash appeals and regional response plans – UNFPA funding

Country	Appeal	Funding received	% funded	\$0M	\$9M	\$18M	\$27M	\$36M	\$40M
Angola	\$700,000	\$470,046	67%						
Armenia	\$487,680	\$487,680	100%						
Bangladesh	\$40,869,303	\$24,982,467	61%						
Belarus	\$660,000	\$189,400	29%						
Congo, Republic of the	\$6,000,000	\$842,120	14%						
Egypt	\$10,070,000	\$1,819,077	18%						
Guyana	\$2,240,974	\$2,240,974	100%						
Iran, Islamic Republic of	\$6,757,250	\$1,496,194	22%						
Iraq	\$14,000,000	\$3,815,979	27%						
Jordan	\$12,661,127	\$5,811,067	46%						
Kenya	\$35,370,836	\$3,786,142	11%						
Lebanon	\$20,717,188	\$8,695,062	42%						
Libya	\$6,910,160	\$2,556,367	37%						
Madagascar	\$5,000,000	\$2,855,225	57%						
Malawi	\$2,500,000	\$1,577,900	63%						
Moldova	\$20,826,000	\$14,903,353	72%						
Pakistan	\$34,626,000	\$19,481,858	56%						
Peru	\$3,260,496	\$1,212,186	37%						
Poland	\$1,720,800	\$245,000	14%						
Romania	\$1,624,600	\$350,000	22%						
Rwanda	\$435,291	\$435,291	100%						
Slovakia	\$950,000	\$105,000	11%						
Tanzania, United Republic of	\$1,450,000	\$330,000	23%						
Trinidad and Tobago	\$288,458	\$139,878	48%						
Türkiye	\$17,171,199	\$17,449,642	102%						
Uganda	\$7,320,977	\$4,378,924	60%						
Zambia	\$347,000	\$107,000	31%						
Total	\$254,965,339	\$120,763,832	46%						

Notes on humanitarian funding in 2023:

- 1 Funding received includes new contributions received from donors in 2023, funds rolled over from previous years and internal transfers between UNFPA departments.
- 2 Flash appeals include Kenya, Libya, Madagascar, Malawi, State of Palestine (data not yet available), Syria and Türkiye. All other countries are covered by regional response plans for the following countries: Afghanistan, Democratic Republic of the Congo, Bangladesh, South Sudan, Sudan, Syrian Arab Republic, Ukraine, Venezuela (regional migrant response plan) and the Horn of Africa and Yemen.
- 3 Data for all countries are provisional as of September 2023 and will be finalized after the year ends.

Humanitarian donors in 2023

UNFPA relies on public and private sector partners to support its life-saving humanitarian work. In 2023, partners provided \$336 million (as of 30 September 2023) in co-financing for humanitarian action. Predictable and flexible humanitarian financing underpins UNFPA's ability to prepare for and respond to increasing conflicts and disasters worldwide. UNFPA is grateful to all its partners for their financial contributions in support of the needs of women and girls in humanitarian settings.

Top 10 donors to UNFPA humanitarian action in 2023*

- 1 United States of America
- 2 United Nations inter-agency transfers**
- 3 Australia
- 4 European Commission
- 5 United Kingdom
- 6 Norway
- 7 Sweden
- 8 Denmark
- 9 Republic of Korea
- 10 Kingdom of Saudi Arabia

Donors and partners of the Humanitarian Thematic Fund in 2023

As of 30 September 2023, the following donors and partners had provided generous support to the Humanitarian Thematic Fund:

- Sweden
- Norway
- Germany
- UNFPA Individual Giving Programme
- Friends of UNFPA
- Music Securities Inc.
- UNFCU Foundation

* Donor ranking is based on preliminary reporting and the size of contributions through 30 September 2023, and is subject to change.

** United Nations inter-agency transfers include those from the Central Emergency Response Fund, country-based pooled funds, and other interorganizational funds.



Arabat, 11, at a women – and girls – friendly space in East Hararghe zone, Oromia Region. © UNFPA/Ethiopia



UNFPA provides support to women and girls in Toumtouma camp, eastern Chad, fleeing conflict in Sudan. © UNFPA/Chad/Muriel Kobena

UNFPA Humanitarian Action: Facilitation and Coordination

UNFPA's Humanitarian Response Division leads the organization's actions to save the lives of women and girls affected by crises. It coordinates support from headquarters and country and regional offices to deliver UNFPA's mandate in emergencies. The division strengthens

humanitarian operational capacity, leads and facilitates global and country mechanisms to coordinate responses to gender-based violence and sexual and reproductive health needs, and promotes quality programming and improved standards for humanitarian action. In 2023,

this support extended to humanitarian crises worldwide, including in Afghanistan, Bangladesh, Central African Republic, Ethiopia, Haiti, Somalia, State of Palestine, Sudan, Syrian Arab Republic and Ukraine.



United Nations Population Fund, the United Nations sexual and reproductive health agency

www.unfpa.org

December 2023

Cover photo

A woman displaced from Khartoum to White Nile is receiving reproductive health services at a UNFPA-supported mobile clinic. The conflict in Sudan, between the Sudanese Armed Forces and the Rapid Support Forces, which commenced on 15 April, 2023, has resulted in the displacement of millions. Even prior to the conflict, over 3.7 million people were internally displaced, with limited access to health care or basic supplies. © UNFPA/Sudan/Sufian Abdul-Mouty

Cover photo

Midwives and nurses from the Sheik Omar Maternity and Child Health Center in Hargeisa, Somalia. The centre serves as a crucial resource for the Hargeisa community, offering essential medical care to those in need. © UNFPA/Somalia/Bruno Feder