

# HUMANITARIAN ACTION

2022 Overview



# Table of contents

Foreword from the Executive Director	3
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## IMPACT

Snapshot of Achieved Results	6
2021 Humanitarian Funding	10
UNFPA Humanitarian Revenue in 2021	15

## APPEAL FOR 2022

2022 Planned Results	18
2022 Required Funding	19
2022 Top 10 Country Requirements	21

## GLOBAL SUPPORT

2021 Snapshot	24
Looking Ahead with the New Strategic Plan for 2022–2025	25
· Establishing more integrated and effective rapid response mechanisms	27
· Developing quality standardized humanitarian programming and interventions	28

# Foreword from the Executive Director



UNFPA Executive Director Dr. Natalia Kanem holds a newborn baby at a maternity ward in Blue Nile State where UNFPA is providing life-saving reproductive health care amidst the COVID-19 pandemic © UNFPA/Sudan

Sarah, a 15-year-old refugee, lives in a small tent with her family. She wakes up early every morning to walk miles to collect firewood and drinking water. She stays under the shade of the tent for the rest of the day. She doesn't dare move alone, fearing harassment and violence after her friend was raped. Sarah did not have the chance to continue her education, and she will marry her cousin next year as her father promised him. This is the daily struggle of millions of girls around the globe.

Our world has reached a turning point: Inequality and shifts in climate and technology are reshaping our lives. Intensifying natural disasters, environmental degradation, conflict and public health emergencies such as the COVID-19 pandemic are causing humanitarian catastrophes and rising displacement worldwide. More than 50 per cent of all maternal deaths and up to 70 per cent of gender-based violence occur in humanitarian and fragile settings.

Humanitarian crises threaten gains made towards achieving the International Conference on Population and Development's Programme of Action and the Sustainable Development Goals. They disrupt the provision and use of sexual and reproductive health information and services, and leave women and girls vulnerable to exploitation and abuse. In Afghanistan, Ethiopia and other humanitarian settings, we see just how quickly hard-won gains for women and girls can be unwound in the face of crisis.

The COVID-19 pandemic has exposed huge fault lines and a shadow pandemic of gender-based violence, with the most vulnerable groups in our societies suffering disproportionately.

## Our aim is zero

UNFPA works towards three transformative results, which we call our three zeros. We want zero unmet need for family planning, zero preventable maternal deaths and zero gender-based violence and harmful practices by 2030.

A key strategic shift in the UNFPA Strategic Plan for 2022–2025 is to expand the full spectrum of our humanitarian action to better safeguard the health and lives of women and adolescents. We have mainstreamed resilience, prevention and preparedness, and emphasized the complementarity between humanitarian, development and peace-responsive efforts. We are strengthening emergency preparedness, anticipatory action and response systems so that they are more flexible and adaptable. When we anticipate crises, we can work to defuse them before they wreak mass havoc. This is part of our accountability to the people we serve.

## UNFPA in humanitarian action 2021

Despite the extraordinary challenges posed by the COVID-19 pandemic, UNFPA and its partners delivered humanitarian aid to millions of women and young people in more than 60 countries in 2021. More than 29 million women of reproductive age received sexual and reproductive health services, including contraceptives, supplies for safe deliveries and personal protective equipment. Approximately 2 million survivors of gender-based violence accessed services through 12,000 safe spaces supported by UNFPA. Innovation and new ways of working during the pandemic helped us reach over 75 million people, both remotely and in person, with information about sexual and reproductive health and gender-based violence.

UNFPA works with communities and national and local organizations before, during and after a crisis to prepare for and mitigate the impact of disasters, provide emergency aid, and support recovery efforts after the crisis has passed. We prioritize investment in women-led organizations, as they understand their communities' needs and are the ones providing front-line support to women and girls.

In 2021, we also continued our critical work on protection from sexual exploitation, abuse and harassment (PSEAH). In my role as the Inter-Agency Standing Committee Champion on PSEAH, my priorities were to strengthen leadership, coordination and accountability across the humanitarian system and to place the rights and dignity of victims at the centre of these efforts.

Through strengthened partnerships in 2021, we mobilized increasing numbers of champions against sexual exploitation and abuse in 35 priority countries. I travelled to Sudan, the Democratic Republic of the Congo and Yemen, where I met with PSEAH focal points, United Nations country teams, and with women and girls affected by crises who offered their insights on ways to protect their safety and prevent abuse. UNFPA immediately shared the women's recommendations with all parties concerned and swift action was taken.

Women are the experts. They have an intimate understanding of the lives of the women and girls in their communities and the risks they face. That's why the voices and leadership of women remain at the heart of all we do. We have a lot to learn from their insights and experiences.

## Thanks to our donors, partners and humanitarian workers

Nearly 100 Member States fund UNFPA every year. In doing so, they send a message of hope to women and girls around the world. We are grateful for their support.

We are inspired by the humanitarian workers who, day in and day out, overcome unprecedented hurdles to aid people affected by crises, even in the face of COVID-19.

In 2022, UNFPA is appealing for an estimated US\$835 million to provide life-saving services and protection to 54.5 million women, girls and young people in 61 countries.

Scaling up our humanitarian interventions is critical to achieving our three zeros by 2030.

**With joined-up efforts and with your support, I believe we will get there.**



**Dr. Natalia Kanem**  
UNFPA Executive Director

# Impact



# Snapshot of Achieved Results

Extraordinary cooperation and resourcefulness with partners allowed UNFPA to assist millions of women, girls and young people with a range of services, supplies and information in 2021\*

## Sexual and Reproductive Health (SRH)

**29 million**

Women of reproductive age (15–49) reached with SRH services and supplies in 42 countries

**4.3 million**

Adolescents and young people (10–24) reached with tailored SRH services in 33 countries

**1.5 million**

UNFPA-assisted safe deliveries in 29 countries

**6 million**

People reached specifically with family planning services in 39 countries

**2,200**

Mobile clinics supported by UNFPA in 29 countries

**2 million**

People, including health workers, reached with personal protective equipment in 29 countries

**2,400**

Health facilities that provide Emergency Obstetric Care in 35 countries

**44,000**

Health facility personnel and youth peers trained in SRH, including the Minimum Initial Service Package, in 34 countries

**3 million**

Older persons (65+) reached with SRH services, in 23 countries

## Gender-Based Violence (GBV)

**2.4 million**

People reached with GBV services (prevention, risk mitigation and response services) in 39 countries

**12,000**

Safe spaces for women and young people supported by UNFPA in 38 countries

**500,000**

Dignity kits distributed in 41 countries

**1,000**

Health facilities that provide specialized GBV services (including clinical management of rape) supported in 38 countries

**35,000**

Health personnel and youth facilitators trained in GBV, in areas such as clinical management of rape, in 35 countries

**480,000**

People reached with mental health and psychosocial support services (prevention of worsening distress, promotion of resilience, mental health & psychosocial risk management, or treatment) in 35 countries

### Notes

\* Results are estimated as of October 2021 and do not include every country in which UNFPA has delivered humanitarian services. Results will be updated on the [UNFPA humanitarian page](#) as new data becomes available.

“I realized that information is power and I started looking for opportunities to develop myself, as well as for ways to contribute to the collective betterment of my community. Through my efforts to help other women and girls in the camps, I have gained the respect of my community, family members and husband. At first, no one listened to me. However, gradually, they started to embrace me as they understood that information gives them choices and opportunities.”

- Hamida, Cox's Bazar, Bangladesh



© UNFPA/Bangladesh/Fahima Tajrin

Hamida is a member of the Women Support Group where she has gained more confidence in her own abilities and shares information on sexual and reproductive health and rights with other Rohingya women in the camps.



“I attend the adolescent girls’ session at this centre on a regular basis. Today’s session focused on harassment. The social workers taught us about the wrong place to be touched. If someone touches us and makes us feel uncomfortable, we should immediately tell someone we trust.”

- Noor, nine-year-old living in Debaga camp, Iraq



© UNFPA/Iraq/Seivan Salim

“When we hear that a family intends to cut their daughters, we pack our coffee cups and go talk to them.”

- Mama Igbal, Sudan



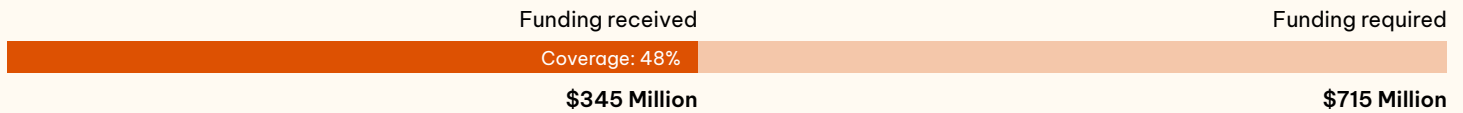
© UNFPA/Sudan

On Tuti Island near the capital Khartoum in Sudan, UNFPA Executive Director Dr. Natalia Kanem met with Igbal Mohamed Abbas, also known as Mama Igbal, a community leader campaigning against female genital mutilation (FGM). Thanks to the tireless efforts of Mama Igbal, who herself suffered the trauma of cutting, and her association, Tuti Island declared zero tolerance against FGM in 2011.

Blue Nile State in Sudan has a high rate of maternal mortality that costs women their lives. A major issue is the lack of transportation to hospitals that offer lifesaving care. To address this challenge, UNFPA inaugurated a three-wheeled ambulance, called a tuk-tuk, to save the lives of pregnant women about to give birth. The tuk-tuk, the first of 42 operating across Sudan, was handed over to a local women’s group.

# 2021 Humanitarian Funding

## Grand Total\*























### Asia and the Pacific









	Funding required	Funding received	Coverage
Afghanistan	\$13,000,000	\$6,511,172	50%
Bangladesh	\$28,379,000	\$23,042,357	81%
India	\$2,000,000	\$3,645	2%
Indonesia	\$2,000,000	\$4,083,841	100%
Iran (Islamic Republic of)	\$2,002,211	\$4,197,731	100%
Korea, Democratic People's Republic of	\$2,000,000	\$1,309,700	65%
Lao People's Democratic Republic	\$1,550,000	\$898,663	58%
Maldives	\$321,000	\$321,000	100%
Mongolia	\$795,895	\$795,895	100%
Myanmar	\$7,000,000	\$2,424,456	35%
Nepal	\$3,490,000	\$2,488,649	71%
Pacific Sub-Regional Office	\$771,100	\$771,100	100%
Pakistan	\$5,800,000	\$3,144,968	54%
Papua New Guinea	\$1,828,980	\$2,208,205	100%
Philippines	\$13,000,000	\$1,472,337	11%
Sri Lanka	\$992,108	\$168,547	17%
Timor-Leste, Democratic Republic of	\$289,014	\$540,095	100%
Viet Nam	\$6,000,000	\$5,827,820	97%
<b>Total</b>	<b>\$91,219,308</b>	<b>\$60,210,181</b>	<b>66%</b>





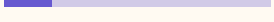












### Arab States

	Funding required	Funding received	Coverage
Egypt	\$1,300,000	\$789,724	61%
Iraq	\$14,000,000	\$21,517,955	100%
Jordan	\$17,552,000	\$17,812,765	100%
Lebanon	\$23,000,000	\$6,781,787	29%
Libya	\$10,374,413	\$6,865,708	66%
Palestine	\$4,857,200	\$8,114,175	100%
Somalia	\$17,895,060	\$3,043,004	17%
Sudan	\$39,500,000	\$13,841,738	35%
Syrian Arab Republic**	\$63,422,536	\$58,363,545	92%
Yemen	\$100,000,000	\$48,985,427	49%
Tunisia	\$180,580	\$180,580	100%
<b>Total</b>	<b>\$292,081,789</b>	<b>\$186,296,408</b>	<b>64%</b>

Eastern Europe and Central Asia	Funding required	Funding received	Coverage
Bosnia and Herzegovina	\$656,300	\$602,302	 92%
Turkey	\$7,258,858	\$11,171,691	 100%
Ukraine	\$1,367,995	\$800,766	 59%
<b>Total</b>	<b>\$9,283,153</b>	<b>\$12,574,759</b>	 <b>100%</b>

East and Southern Africa	Funding required	Funding received	Coverage
Angola	\$9,598,722	\$701,960	 7%
Burundi	\$1,500,000	\$742,793	 49%
Comoros	\$1,161,724	\$1,161,724	 100%
Congo, Democratic Republic of the	\$67,200,000	\$11,023,415	 16%
Ethiopia	\$16,000,000	\$10,612,673	 66%
Kenya	\$6,159,500	\$568,539	 4%
Madagascar	\$4,215,000	\$2,117,498	 50%
Malawi	\$932,600	\$160,470	 17%
Mozambique	\$12,000,000	\$5,693,269	 47%
Rwanda	\$1,628,500	\$529,176	 32%
South Sudan	\$12,375,000	\$3,951,285	 32%
Tanzania, United Republic of	\$600,000	\$1,050,021	 100%
Uganda	\$13,794,891	\$5,641,579	 41%
Zambia	\$2,000,000	\$25,874	 1%
Zimbabwe	\$12,200,803	\$2,650,721	 22%
<b>Total</b>	<b>\$161,366,740</b>	<b>\$46,630,997</b>	 <b>29%</b>

Latin America and the Caribbean	Funding required	Funding received	Coverage
Brazil	\$2,674,231	\$509,990	 19%
Colombia	\$12,012,357	\$2,947,271	 25%
Ecuador	\$1,919,858	\$197,357	 10%
Haiti	\$14,681,755	\$1,869,718	 13%
Mexico	\$1,025,500	\$145,500	 14%
Peru	\$7,746,560	\$284,132	 4%
Venezuela (Bolivarian Republic of)	\$23,696,623	\$4,824,521	 20%
<b>Total</b>	<b>\$63,756,884</b>	<b>\$10,778,489</b>	 <b>17%</b>

<u>West and Central Africa</u>	Funding required	Funding received	Coverage
Burkina Faso	\$17,900,000	\$2,413,612	 13%
Cameroon, Republic of	\$12,500,000	\$4,410,460	 35%
Central African Republic	\$5,000,000	\$2,508,702	 50%
Chad	\$11,427,059	\$2,746,435	 24%
Congo, Republic of the	\$3,150,000	\$563,865	 18%
Côte D'Ivoire	\$192,654	\$192,654	 100%
Equatorial Guinea	\$394,480	\$394,480	 100%
Gambia	\$900,000	\$101,010	 11%
Ghana	\$6,700,000	\$315,429	 5%
Guinea	\$2,568,604	\$2,568,604	 100%
Liberia	\$516,946	\$516,946	 100%
Mali	\$4,000,000	\$1,587,751	 40%
Mauritania	\$1,205,000	\$116,526	 10%
Niger	\$8,925,000	\$998,653	 11%
Nigeria	\$21,800,000	\$8,807,732	 40%
Sierra Leone	\$296,200	\$296,200	 100%
<b>Total</b>	<b>\$97,475,943</b>	<b>\$28,539,059</b>	 <b>29%</b>

## \*Notes:

1. All numbers are provisional – estimated as of October 2021. Complete financial analysis will be completed after the year closes.
2. Funding received includes new contributions received from donors in 2021, funds rolled over from previous years, and internal transfers between UNFPA departments.

\*\* Funding received under Syrian Arab Republic covers the “Whole of Syria” response.

“The war has made life very difficult. We have been displaced two times now. I have suffered eight miscarriages. The last one was while carrying water in our camp. I am pregnant again, and for the first time I am receiving medical care during my pregnancy from a mobile team. I am hopeful I will carry my pregnancy to term and have a healthy baby.”

– Displaced pregnant woman receiving medical care through a mobile reproductive health and protection team in Maribu, Yemen



“My disability is not a burden. In fact, it is a source of strength. My call to the world, especially people with special needs, is to resist and never give up under any circumstances.”

- Rohzin, Iraq



© UNFPA/Iraq

Rozhin is a Syrian refugee living in a camp in Iraq. During visits to a safe space, one of 1,200 supported by UNFPA worldwide, she received psychosocial support and other services and learned new skills. She had the chance to express herself and formed new friendships that helped her process some of the experiences she had been repressing. Gradually, she was able to overcome her isolation, finding a support network that not only understands the difficulties of living with a disability but helps people to overcome limitations and find opportunities.

“Neither threats of COVID-19 nor conflict will stop me from completing my education. I wish to be a successful midwife and serve women and children in my community.”

- Fariba, Afghanistan



© UNFPA/Afghanistan

19-year-old Fariba is one of 25 classmates, all from different districts of southern Afghanistan, who are determined to continue their studies at the Community Midwifery Education course in Kandahar City. UNFPA supports midwifery schools in ongoing efforts to improve the health of women and newborns and reduce high rates of maternal mortality.

## UNFPA Humanitarian Revenue in 2021

Flexible and predictable humanitarian financing underpins UNFPA's ability to prepare for and respond to a growing number of crises worldwide. UNFPA is grateful to all of its partners for their financial contributions in support of the needs of women and girls in humanitarian settings.



Displaced women and girls seeking safe spaces © UNFPA/Ethiopia

## Top Donors to UNFPA Humanitarian Action in 2021\*

1. United Nations inter-agency transfers\*\*
2. United States of America
3. European Commission
4. Sweden
5. Japan
6. Norway
7. Australia
8. Denmark
9. Netherlands
10. United Kingdom
11. Republic of Korea
12. Canada
13. Switzerland
14. Finland
15. Italy

\* Donor ranking is based on preliminary reporting through 31 October and is subject to change.

\*\* Includes the Central Emergency Fund, Country-Based Pooled Funds and other inter-organizational funds.



# Appeal for 2022



## 2022 Planned Results

INCLUDING

**30 million**

women of  
reproductive age

TO REACH

**54.5 million**

women, girls and  
young people\*

TARGETED

**61  
countries**

\* Targeted groups include women of reproductive age (15–49), some of whom are pregnant, adolescents and young people (10–24), people with disabilities, Indigenous people, Afro-descendants, internally displaced persons, refugees and migrants. There is some overlap between the groups.

# 2022 Required Funding

INCLUDING

**\$796 million**

Total required  
by countries

**\$39 million**

Global support

GRAND TOTAL REQUIRED

**\$835**

million

<b>ASIA AND THE PACIFIC</b>	<b>Funding required</b>
Afghanistan	\$38,000,000
Bangladesh	\$24,200,000
Democratic People's Republic of Korea	\$2,000,000
India	\$2,000,000
Indonesia	\$2,000,000
Iran (Islamic Republic of)	\$6,500,000
Lao People's Democratic Republic	\$2,000,000
Mongolia	\$800,000
Myanmar	\$15,000,000
Nepal	\$4,800,000
Pacific Sub-Regional Office	\$1,800,000
Pakistan	\$5,000,000
Papua New Guinea	\$1,320,000
Philippines	\$12,868,000
Viet Nam	\$6,000,000
<b>Total</b>	<b>\$124,288,000</b>

<b>EAST AND SOUTHERN AFRICA</b>	<b>Funding required</b>
Angola	\$1,500,000
Burundi	\$1,560,000
Congo, Democratic Republic of the	\$67,200,000
Ethiopia	\$20,000,000
Kenya	\$1,922,855
Madagascar	\$1,300,000
Malawi	\$900,000
Mozambique	\$12,200,000
Rwanda	\$1,700,000
South Sudan	\$17,360,000
Tanzania, United Republic of	\$600,000
Uganda	\$14,484,635
Zambia	\$2,000,000
Zimbabwe	\$9,000,000
<b>Total</b>	<b>\$151,727,490</b>

<b>EASTERN EUROPE AND CENTRAL ASIA</b>	<b>Funding required</b>
Bosnia and Herzegovina	\$900,000
Turkey	\$11,171,691
Ukraine	\$1,300,000
<b>Total</b>	<b>\$13,371,691</b>

## Notes:

- Financial estimates are based on UNFPA country office planning processes and internal reporting instruments. Estimates also include Office for the Coordination of Humanitarian Affairs (OCHA) coordinated humanitarian response plans, regional refugee response plans and resilience plans.
- In keeping with the Grand Bargain commitment, UNFPA reports its financial revenue data to the OCHA financial tracking system on a monthly basis.

UNFPA's Pacific Sub-Regional Office, located in Fiji, assists 14 countries and territories: the Cook Islands, the Federated States of Micronesia, Fiji, Kiribati, the Marshall Islands, Nauru, Niue, Palau, Samoa, Solomon Islands, Tokelau, Tonga, Tuvalu and Vanuatu.

<b>LATIN AMERICA AND THE CARIBBEAN</b>	<b>Funding required</b>
Brazil	\$3,000,000
Colombia	\$14,000,000
Ecuador	\$3,000,000
Haiti	\$25,500,000
Mexico	\$645,000
Peru	\$17,000,000
Venezuela (Bolivarian Republic of)	\$27,000,000
<b>Total</b>	<b>\$90,145,000</b>

<b>WEST AND CENTRAL AFRICA</b>	<b>Funding required</b>
Burkina Faso	\$22,227,928
Cameroon, Republic of	\$12,500,000
Central African Republic	\$6,000,000
Chad	\$17,100,000
Congo, Republic of the	\$3,200,000
Gambia	\$2,200,000
Ghana	\$6,500,000
Guinea	\$2,300,000
Mali	\$3,500,000
Mauritania	\$600,000
Niger	\$8,000,000
Nigeria	\$27,000,000
<b>Total</b>	<b>\$111,127,928</b>

<b>ARAB STATES</b>	<b>Funding required</b>
Egypt	\$1,585,000
Iraq	\$16,000,000
Jordan	\$18,930,000
Lebanon	\$24,100,000
Libya	\$3,858,250
Palestine	\$7,458,982
Somalia	\$19,521,295
Sudan	\$43,500,000
Syrian Arab Republic	\$68,742,500
Yemen	\$100,000,000
<b>Total</b>	<b>\$303,696,027</b>

3. Numbers are provisional and subject to change as the year progresses. Figures may differ from those in the humanitarian response plans due to changing circumstances and needs.

4. The grand total required includes US\$2 million from additional countries with appeals of less than US\$500,000 each: Bolivia, Guyana, Senegal, Sierra Leone, Sri Lanka, Turkmenistan, Trinidad and Tobago, and Timor-Leste. Some of these needs may be met through UNFPA's core resources.

## Top 10 Country Requirements



1. Yemen	\$100,000,000
2. Syrian Arab Republic	\$68,742,500
3. Congo, Democratic Republic of the	\$67,200,000
4. Sudan	\$43,500,000
5. Afghanistan	\$38,000,000
6. Nigeria	\$27,000,000
7. Venezuela (Bolivarian Republic of)	\$27,000,000
8. Haiti	\$25,500,000
9. Bangladesh	\$24,200,000
10. Lebanon	\$24,100,000
<b>Total</b>	<b>\$445,242,500</b>

# Global Support

A photograph of a woman in a green headscarf holding a baby. She has a serious expression. In the background, other women are visible, some wearing headscarves. The scene appears to be indoors, possibly a community center or a waiting area.

## Support for UNFPA Humanitarian Action

UNFPA remains committed to reducing suffering and saving lives in humanitarian crises, with a focus on leaving no woman or young person behind. We are linking humanitarian action with efforts for sustainable development, contributing to peacebuilding and supporting countries to strengthen systems and capacities.

UNFPA's humanitarian action on the ground, including rapid emergency response and preparedness and recovery efforts, is supported by regional and headquarter offices. Operational support for humanitarian programmes and interventions is provided in human resources, safety and security, supplies and logistics, finance and administration, and resource mobilization. Humanitarian programme support is provided for global cluster/sector coordination, partnerships, programming, policy and guidance, results-based management, communications and advocacy.



Providing health care workers with personal protective equipment and sending supplies to the hardest-hit areas © UNFPA/Syria

# 2021 Snapshot

In 2021, the Humanitarian Office and regional offices coordinated and facilitated the **scaling up of humanitarian action**, particularly in high-profile emergencies such as Afghanistan, the Tigray region in northern Ethiopia, Yemen, Haiti, Mozambique, Syria and the Central Sahel.

The globally-led Humanitarian Capacity Development Initiative – to advance UNFPA humanitarian action – set the path for improvements in supply chain management, human resources for readiness and emergency response, and standards, policies and guidance.

## HUMANITARIAN SUPPLIES AND SUPPLY CHAIN MANAGEMENT

- Adopted Humanitarian Supplies Strategy to increase timely delivery of life-saving supplies.
- Disbursed 7,300 inter-agency emergency reproductive health kits to over 50 humanitarian operations to ensure access to SRH supplies.
- Reinforced capacity of UNFPA Country Offices, partners and national actors in pharmaceutical supply chain management and humanitarian logistics management, in partnership with HELP Logistics.

## HUMANITARIAN PROGRAMME ENHANCEMENT

- Provided technical guidance on GBV prevention, risk mitigation and response and informed good practices on Clinical Management of Rape and Intimate Partner Violence care.
- Distributed US\$6.3 million in cash assistance or vouchers to individuals and households in 22 countries.
- Generated population data sets for 72 countries, allowing decision makers and humanitarian workers to tailor humanitarian preparedness and response, which were downloaded over 5,500 times on OCHA's Humanitarian Data Exchange platform in the second and third quarter of 2021.

## GENDER-BASED VIOLENCE COORDINATION

- UNFPA, as lead of the GBV Area of Responsibility (AoR), scaled up GBV analysis and data collection capacity, strengthening the evidence base for multi-sector GBV response in more than 20 countries and improving the quality of inter-agency planning and analysis.
- Regional Expert Support Teams for GBV AoR provided technical assistance to Sudan, Iran, Chad, Nepal, Vietnam and Guinea; supported GBV coordinators in major crises, e.g. in Afghanistan, Ethiopia and Mozambique; and improved information management in Yemen, Libya, Sudan, Palestine, and Iraq.
- Issued new guidance and tools that strengthened inter-agency analysis, planning and prioritization of GBV prevention and response.

## EMERGENCY DEPLOYMENT AND HUMAN RESOURCES CAPACITY DEVELOPMENT

- Deployed 135 surge personnel, as well as regional roving teams, to 29 countries to support humanitarian response.
- Initiated the Humanitarian Leadership Programme to reinforce the capacities of leaders in 30 countries.



## Looking Ahead with the **New Strategic Plan for 2022–2025**

UNFPA is on the ground before, during and after crises, promoting the rights and choices of women and girls. This gives the organization a comparative advantage to work across humanitarian, development and peace efforts. In emergencies, affected women, girls and young people look to UNFPA for life-saving SRH and GBV services. Humanitarian crises exacerbate many of the prevailing gender inequalities that exist in societies, which can be seen in the disproportionate impact that the COVID-19 pandemic has had on women and girls. Amidst rising needs and challenges, UNFPA and its partners must prepare, take early action and respond better to humanitarian crises including conflicts, climate-related disasters and public health emergencies such as COVID-19 and Ebola. Anticipatory action is particularly urgent as climate-related disasters are expected to push an additional 100 million people into extreme poverty by 2030.

UNFPA's new Strategic Plan for 2022–2025 has a specific output for humanitarian action: By 2025, UNFPA's goal in humanitarian action is to strengthen the capacity of critical actors and systems for preparedness, early action and the provision of life-saving interventions related to SRH and GBV that are timely, integrated, conflict- and climate-sensitive and peace-responsive.

Global support programmes continue strengthening UNFPA's leadership role in GBV, SRH and reproductive rights, and data systems in line with the clear vision and accountability of humanitarian assistance in the Strategic Plan 2022–2025.

UNFPA is adapting its processes and procedures to attain operational agility with accountability for results and resources.



Family runs across a dusty street in Herat © UNAMA/Fraidoon Poya

UNFPA is also improving its operational capacity to respond rapidly to emergencies, focusing on preparedness and anticipatory action, and to deliver at scale, with clear accountability lines. Overall, UNFPA will:

**Improve** its supply chain management, forecasting and pre-positioning.

**Streamline** and speed up recruitment processes, particularly in emergency settings.

**Implement** rapid and efficient surge and other human resource deployments.

**Build** stronger data systems for more responsive programming, results monitoring and improved accountability to affected populations.

**Focus** on all humanitarian needs related to SRH, reproductive rights and GBV, as part of its efforts to achieve and sustain the three transformative results and contribute to the Sustainable Development Goals.

In 2022, UNFPA requires US\$39 million at the global level to support Country Offices for humanitarian programmes and rapid response, operations and human resources, partnership, coordination, and safety and security.

## Humanitarian Office Priorities 2022–2025



Lead emergency response.



Support Regional and Country Offices in transformational change for effective humanitarian action.



Harmonize integrated humanitarian programmes and interventions and improve quality and standards.



Lead in promoting UNFPA-mandated issues within the international humanitarian community.



Strengthen result and impact reporting and communication for resource mobilization.

## Establishing more **integrated and effective** rapid response mechanisms

The need for qualified professionals to deploy at any time in any emergency is critical for rapid response. Going forward, the regional roving team will be expanded and transformed into a Global Emergency Response Team with expertise in Global Logistics, Mental Health and Psychosocial Support, Operations, and Senior Emergency Specialists. The Regional Expert Support Teams for the GBV AoR provide ongoing support to the GBV sub-clusters/sectors through in-person and remote missions to support coordination.



Following the devastating earthquake in Haiti on 14 August 2021, UNFPA coordinated with the EU Humanitarian Air Bridge to urgently deliver 3,000 dignity kits, followed by other flights bringing emergency inter-agency reproductive kits to save the lives of women and adolescent girls © UNFPA/Haiti



Devastating earthquake that battered southwestern Haiti © UNFPA/Haiti/Ralph Tedy Erol

The surge deployments provide rapid response personnel to head efforts in several key areas including SRH programming and coordination, GBV prevention and response, and communications.

Together with other emergency response mechanisms, human resource deployment systems will be improved and further integrated for more effective emergency response.

## Developing quality standardized humanitarian programming and interventions

To align with the new Strategic Plan, UNFPA will integrate a robust and harmonized humanitarian programme into all Country Programmes in humanitarian and fragile settings.

### Humanitarian Supplies and Logistics

To deliver essential commodities to the last mile with speed and ensuring quality and availability of supplies, UNFPA is working across the organization and with partners on the ground to overcome challenges, particularly in the delivery of emergency reproductive health kits, COVID-19 personal protective equipment, non-food items and other essential commodities to achieve SRH and GBV programme objectives. The Humanitarian Supplies Strategy 2021–2025 guides efforts to ensure that supplies are available where and when needed in three phases of an emergency: preparedness, acute response and post-acute response.



Youth as agents of change in Kasai Province © UNFPA/DRC

### Sexual and Reproductive Health

When a disaster strikes, access to health services and systems is interrupted, leading to increased risk for women and girls. UNFPA and its partners work to ensure that the Minimum Initial Service Package (MISP) for SRH is available at the onset of the emergency.

MISP services are life-saving and include emergency obstetric care to prevent maternal and newborn deaths, access to family planning and emergency contraception, prevention of and response to sexual violence, and provision of clinical management of rape. UNFPA takes an active role in the early set-up of SRH coordination in emergencies and brings together stakeholders to support a systematic and timely response at the country level.

The minimum SRH services are expanded gradually to more comprehensive care, including strengthening access by supporting outreach SRH services for adolescents, women with disabilities and survivors of GBV, as well as maternal mental health.

Leading SRH coordination, UNFPA supports inter-agency efforts such as the Health Cluster and Inter-agency Working Group (IAWG) on Reproductive Health in Crises for strategic leadership of SRH in humanitarian settings. As the global custodian of the Inter-Agency Emergency Reproductive Health Kits on behalf of the humanitarian and IAWG community, UNFPA helps ensure reproductive health supplies are available at the onset of and during emergencies to meet life-saving needs of women and adolescent girls.

## Gender-Based Violence Prevention and Response

To prevent and respond to GBV, UNFPA provides **life-saving services and data management** and leads inter-agency GBV coordination in humanitarian settings. An integrated approach is employed whenever possible. Specialized services include:

- Case management and referral services
- Mental health and psychosocial support
- Clinical management of rape
- Empowerment activities in safe spaces for women and girls
- GBV information and awareness sessions
- Distribution of dignity kits and cash and voucher assistance to help survivors access appropriate services, take independent decisions around their living situation, or rebuild their lives following incidents of violence.



Activists denounce gender-based violence in Palma, Cabo Delgado © UNFPA/Mozambique

Giving cash as part of confidential, one-on-one GBV case management is saving lives where women and girls affected by conflict and crises often face increased violence. **With cash, women and girls choose:** they are the ones who ultimately decide how to use the cash that they are given. This is truly a survivor-centred approach.

Mental and psychosocial well-being is a cross-cutting priority for UNFPA integrated with SRH and GBV programming. Mental well-being influences women's and girls' abilities to exercise reproductive choice, take action to promote their health and safety, and effect gender-transformative change in their communities.

To ensure coordination for mental health and psychosocial support, UNFPA works with the Inter-Agency Standing Committee (IASC) Reference Group on Protection from Sexual Exploitation and Abuse and Sexual Harassment (PSEAH) and co-leads on thematic groups related to GBV and peacebuilding.

## Gender-Based Violence Area of Responsibility Leadership

As the leading United Nations organization coordinating GBV prevention and response in humanitarian contexts, UNFPA is strengthening strategies and partnerships.

The GBV AoR governance structure is being adapted to include local women's organizations to respond to field priorities. UNFPA will support the advancement of GBV AoR strategic priorities by scaling up services, strengthening partnerships, and promoting learning and good practice. Ongoing technical support includes information management and operational problem-solving, which underpins the implementation of the new GBV AoR Strategy, ensuring field-level implementation across 29 cluster countries.

In 2021 UNFPA developed a more integrated GBV strategy to ensure a whole organizational approach for prevention and response to GBV in emergencies.

## Protection from Sexual Exploitation and Abuse and Sexual Harassment

To promote zero tolerance of sexual exploitation and abuse, UNFPA has put in place a number of PSEAH measures to ensure that risks of sexual exploitation and abuse are mitigated, coordination mechanisms are strengthened at the national level, and all personnel have adequate training and tools.

UNFPA is committed to a protective system that prevents sexual exploitation and abuse, reports effectively and ethically, and fosters trust, transparency and accountability. In January 2021, UNFPA Executive Director Dr. Natalia Kanem assumed the role of IASC Champion on PSEAH. Building on the progress made in 2021, UNFPA continues to strengthen its internal mechanisms and support system-wide efforts for the implementation of a victim-centered approach and access to quality information and assistance.

## Humanitarian-Development-Peace Nexus, Accountability to Affected Populations and Leave No One Behind

Both the Humanitarian-Development-Peace Nexus and Accountability to Affected Populations are active commitments by humanitarian communities, leading us towards Leaving No One Behind, which is the central promise of the 2030 Agenda for Sustainable Development and its Sustainable Development Goals.

For UNFPA, as a dual mandate agency, this approach is essential to achieve its three transformative results through continuity of interventions and services no matter the context, linking immediate lifesaving service delivery interventions with longer term development agenda on advancing human rights, addressing the root causes of fragilities. All UNFPA responses must be informed by analysis of different needs based on gender, age, ethnicity, disability, etc., to be responsible and accountable to affected populations, while maintaining impartiality in the ways assistance is provided. At the same time, importance is given to meaningfully and continuously involving those affected by decision making that directly impacts their lives. Securing quality funding and enhancing localization will help advance the Humanitarian-Development-Peace Nexus and Accountability to Affected Populations frameworks, for further implementation on the ground that reaches the most vulnerable and marginalized populations.

## Humanitarian Data

Strong data systems are **essential for responsive programming**, results-monitoring and accountability to affected populations to leave no one behind.

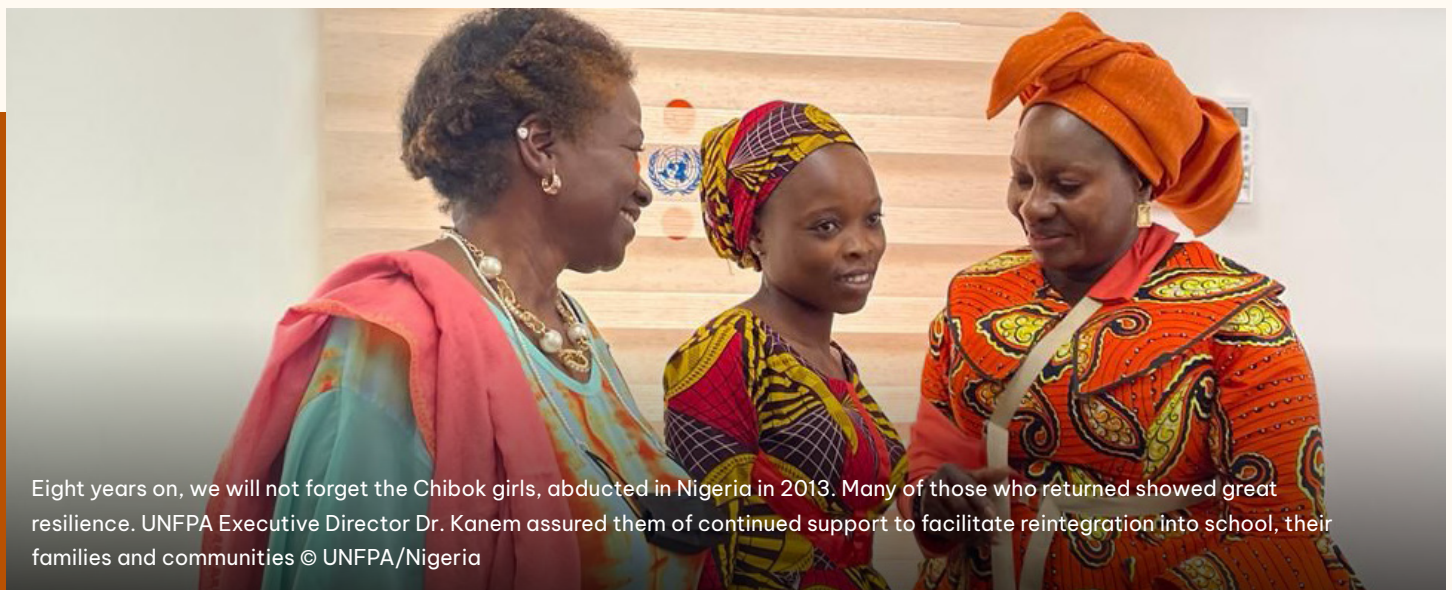
UNFPA is upgrading its humanitarian data strategy to improve needs assessments, strengthen risk and vulnerability assessment tools for early warning and anticipatory action, and more effectively identify hard-to-reach populations. The strategy supports ongoing efforts to harness data on SRH and GBV in emergencies, and provide targeted assistance to women and girls. Work is also under way to standardize humanitarian interventions to improve the quality and reporting of humanitarian programmes and results.

UNFPA is working to ensure that the best available population data, disaggregated by sex, age and the highest geographic resolution, are available in all humanitarian settings. Through the UN Humanitarian Data Exchange platform, all humanitarian actors can now access Common Operational Datasets on Population Statistics and estimate the numbers of pregnant women, youth and elderly persons in an affected location, the numbers of key commodities and kits required, and anticipated demands for services.

## Crisis Communication

At UNFPA, our first crisis communication priority is to **amplify the voices of women and girls** in humanitarian settings, providing a platform to speak not only about their daily suffering and struggle, but also their dreams and ambitions.

UNFPA carries a responsibility to reflect the situation on the ground in complex and sensitive situations. To achieve that, UNFPA developed standardized mechanisms for rapid response, including the deployment and creation of reporting networks in the field to interact directly with people in humanitarian settings, providing the required tools and capacity to fulfill their tasks with the highest standards of integrity and ethical reporting. UNFPA believes that crisis communication is a collaborative process and, as such, capacity building is not limited to the communication teams, but also programme staff, service providers, and partners to build a harmonious communication response. Crisis communication teams on the ground provide timely reports, stories, and data from diverse countries and settings that enable UNFPA to provide an accurate and comprehensive reflection of the humanitarian situation in the world. They also work to fulfil every donor's visibility and data requirements. Partnerships with international media platforms, influencers and activists are a major element of UNFPA's coverage, in addition to advocacy events and campaigns, to raise awareness on women and girls' protection and reproductive health issues to achieve resource mobilization targets to leave no one behind.



Eight years on, we will not forget the Chibok girls, abducted in Nigeria in 2013. Many of those who returned showed great resilience. UNFPA Executive Director Dr. Kanem assured them of continued support to facilitate reintegration into school, their families and communities © UNFPA/Nigeria

## Humanitarian Financing

UNFPA's public and private sector partners provide a variety of resources that support UNFPA's humanitarian work.

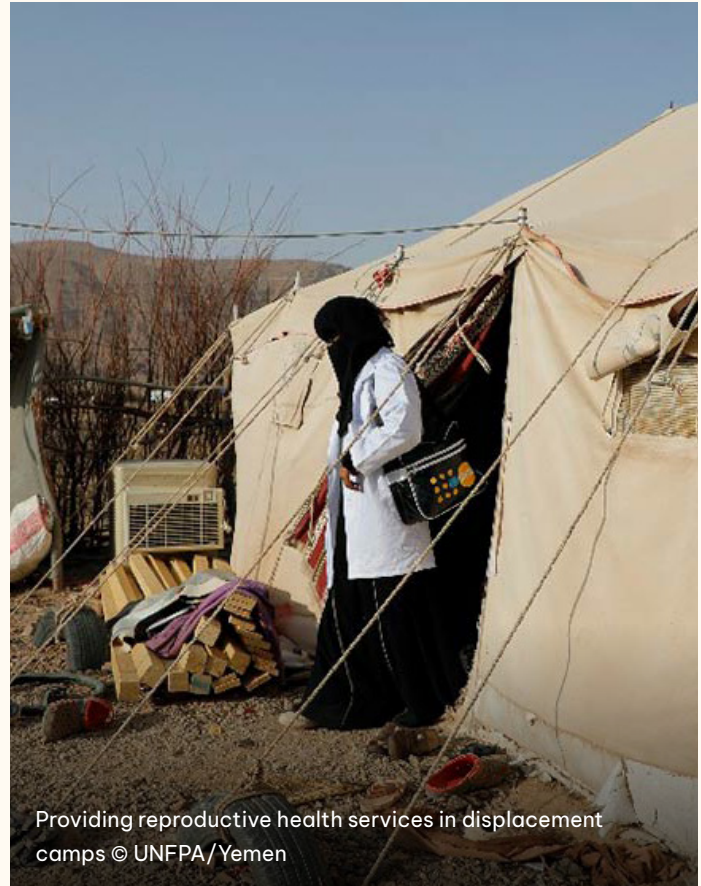
In 2021, UNFPA's partners provided \$345 million, including core funding, which is UNFPA's most flexible funding, and earmarked co-financing. UNFPA's central humanitarian funding mechanisms include the Humanitarian Thematic Fund (a co-financing instrument) and the Emergency Fund (a core-funded instrument), which provide rapid, flexible, catalytic funding for emergency response at the country level, before additional funds are mobilized from partners. The Humanitarian Thematic Fund grew from \$US5.9 million in 2019 to more than US\$30 million at the end of 2020, allowing UNFPA to respond to around 70 crises globally; 63% of resources went to local partners and women-led organizations.

UNFPA will continue to expand its donor and contribution base to diversify predictable and flexible funding modalities and increase co-financing through its thematic funding mechanisms including the Humanitarian Thematic Fund. UNFPA has made progress in generating revenue from sources other than the direct contributions from traditional donors, including by leveraging approaches to innovative financing and individual giving.

## Risk Management

As humanitarian crises increase in frequency and intensity, and necessary risk taking to deliver emergency response requirements need robust risk management, UNFPA will strengthen its enterprise risk management.

UNFPA will operationalize a new enterprise risk management policy, enhance its risk management framework, and improve system functionalities through automated preventive controls, business intelligence features and data-driven monitoring capabilities. To address programmatic and operational environment risks, UNFPA will develop and participate in more joint initiatives with United Nations organizations and other entities to mitigate these risks.



Providing reproductive health services in displacement camps © UNFPA/Yemen

## Safety and Security

To enable UNFPA to **deliver in high risk locations**, the organization recognizes that humanitarian scale-up needs to be complemented with dedicated security capacity to ensure compliance with applicable security risk management measures and ensure staff safety.

A dedicated Security Unit at UNFPA headquarters coordinates with the United Nations Department of Safety and Security to ensure that protocols are followed, and appropriate steps are taken to ensure that staff and supplies remain safe and secure. The United Nations Programme Criticality Framework guides the determination of delivery of life-saving activities, utilizing the acceptable level risk management policy. Each country office in a humanitarian setting is expected to assess specific security requirements for the implementation of life-saving activities and allocate the required resources. In view of the ongoing humanitarian scale-up operations for 2022, the direct safety and security costs will also be utilized for repositioning of equipment and enhancing security surge capacity.



## Women-Led Organizations and Local Partnerships

UNFPA is promoting the leadership and participation of women, particularly women-led and women's rights organizations, to support their voice, influence and leadership, and strengthening the capacity of women's organizations and youth organizations to lead or play a key role in preventing and responding to GBV in diverse humanitarian crises and recovery and post-conflict contexts.

UNFPA has pledged to provide 43 per cent of its humanitarian funding to local and national organizations including women-led organizations by 2025, and will set up a mechanism to track women-led organization funding and determine the percentage of funding to local organizations.

UNFPA co-led the United Nations Joint Study on the Status of Gender Equality and Women's Leadership in Disaster Risk Reduction, to provide a practical approach to progress in this important area.

To increase opportunities for young professionals from Africa and local GBV responders, UNFPA and the GBV AoR partnered with the University of Nairobi, Kenya, to develop a master's level diploma programme starting in September 2022, and a partnership with the American University of Nigeria in Yola to provide annual certificate courses in GBV in Emergencies for postgraduate students.



Leading the way to help Rohingya adolescents heal, learn and shine © UNFPA/Cox's Bazar, Bangladesh

“I encourage all girls living in this shelter to do their best and never give in to their circumstances until they fulfil their dreams. Psychosocial support sessions provided me with courage and safety to pass my exam and cleared my mind from my concerns in such difficult living conditions.”

- Siham, Syria



© UNFPA/Syria

Siham lives in rural Damascus and has been receiving assistance from a UNFPA-supported shelter.

“We freely discuss issues of sexual and reproductive health, HIV, sexually transmitted infections and gender-based violence.”

- Tesfayesh, Ethiopia



© UNFPA/Ethiopia

**Tesfayesh Getachew** is the coordinator of the Youth Friendly Service at the Chitu Health Center in Ethiopia. UNFPA supports this service as part of ongoing efforts to strengthen the capacity of adolescents and young people to make informed decisions on their sexual and reproductive health and rights.

The Tigray crisis has been devastating for communities. Working with local, particularly women-led organizations, UNFPA and partners are helping build capacity to respond to the needs of women and girls, delivering emergency reproductive health kits to address issues such as safe birth and treatment of sexually transmitted infections, and training hundreds of health professionals in the clinical management of rape and sexual exploitation.

UNFPA has delivered more than 33,000 metric tons of supplies in response to emergency SRH and GBV needs and personal protective equipment for frontline health care workers during the ongoing COVID-19 pandemic. A team of 89 UNFPA-supported midwives has provided critical services to more than 24,000 women in the most underserved areas.



Delivering a world where every pregnancy is wanted, every childbirth is safe and every young person's potential is fulfilled.

United Nations Population Fund  
605 Third Avenue, New York, NY 10158  
[www.unfpa.org](http://www.unfpa.org)

December 2021

Back  
Displaced girl in Taiz  
© UNFPA/Yemen

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Two generations, one struggle  
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