

HUMANITARIAN **ACTION** OVERVIEW

UNFPA's global appeal
2025



WOMEN AND GIRLS ARE NOT PASSIVE VICTIMS OF CONFLICT AND DISASTER.

THEY ARE LEADERS, CHANGE-MAKERS, AND THE BACKBONE OF RECOVERY AND RESILIENCE. THEIR STRENGTH, COURAGE AND DETERMINATION ARE CENTRAL TO CREATING LASTING PEACE AND SECURITY.

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FOREWORD

BY THE EXECUTIVE DIRECTOR

“When will this ever end?” asked Eman, a displaced mother from Gaza, speaking to UNFPA field teams in August 2024. Like many in her community, she had been forced to flee multiple times amid unrelenting bombardment, with nowhere safe to turn and no end to her suffering in sight.

Eman’s words capture the profound sense of hopelessness and uncertainty shared by countless women and girls living through humanitarian emergencies. In 2024, conflicts, climate-driven disasters and other crises have displaced a record 122.6 million people – half of them women and girls. Many of these crises have spilled across borders, destabilizing entire regions and demanding

unprecedented humanitarian responses. Pregnancy and childbirth don’t stop in these calamitous situations. Women and girls continue to need protection from gender-based violence.

“In 2024, our humanitarian responses across 59 crisis-affected countries provided over 10 million people with reproductive health services and ensured that over 3.6 million found protection from gender-based violence.”

At the core of UNFPA’s work is a simple, unwavering belief: No woman should die while giving life, and no woman or girl should live in fear of violence. Even in the most complex crises, we work to ensure access to quality, life-saving care. This commitment has been our compass in 2024 as we responded across 59 crisis-affected countries, reaching more than 10 million people with reproductive health services and providing gender-based violence protection to 3.6 million more. In the face of unprecedented challenges, we equipped around 3,500 health facilities to deliver essential services and more than 1,600 safe spaces to offer refuge and empowerment to millions of women and girls.

UNFPA stands with women and girls against the backdrop of unprecedented violence in Haiti, as the war in Ukraine grinds on, and as protracted crises from Afghanistan to Yemen leave communities increasingly fragile.

In Sudan, UNFPA is working with local and women-led organizations to train health workers and midwives, improving the quality of services and building resilience within local communities. In Gaza, where tens of

“At the core of UNFPA’s work is a simple, unwavering belief: No woman should die while giving life, and no woman or girl should live in fear of violence.”

thousands of pregnant women face the risk of unsafe childbirth, UNFPA has deployed containerized maternity units equipped with staff and supplies to provide emergency obstetric care. Across West and Central Africa, UNFPA-supported humanitarian midwives have remained lifelines for thousands of pregnant women stranded without access to health care. To meet spiralling needs, UNFPA is delivering faster and reaching farther than ever. With the launch of our Global Emergency Response Team in 2024, UNFPA can now deploy expertise within hours of a crisis.

“While the gap between needs and resources is stark, the challenges extend beyond funding. The world faces a deepening global protection crisis.”

Our approach is not just about speed but about delivering real impact. UNFPA leads the humanitarian system’s efforts to prevent and respond to gender-based violence and provide essential sexual and reproductive health services.

We continue to expand and strengthen our cash and voucher programmes, giving women more control over their lives.

By prepositioning supplies, sharing expertise and developing anticipatory action plans, we ensure that life-saving resources are ready before disaster strikes.

Our deepened collaboration with local women-led organizations means that those on the front lines – who know their communities best – are empowered to lead in crisis responses. Women and girls are the backbone of recovery and resilience – and central to creating lasting peace and security.

As humanitarian needs escalate, however, critical funding continues to fall far short. Even as we lead global action to safeguard the health and safety of women and girls in crises, UNFPA’s humanitarian programmes are sorely underfunded. This leaves millions without access to essential care and protection. It means women risk dying during childbirth, survivors of violence are left without support, and countless lives and futures hang in the balance.

While the gap between needs and resources is stark, the challenges extend beyond funding. The world faces a deepening global protection crisis. All too often in conflict, international humanitarian law is flouted with impunity, and the use of rape as a weapon of war continues unabated. Sexual and reproductive rights are under siege around the world, with alarming rollbacks and potential funding cuts from key partners threatening to unravel hard-won progress.

The stakes could not be higher. That is why UNFPA is launching this \$1.4 billion global appeal to deliver life-saving reproductive health and critical gender-based violence prevention services and programmes to more than 45 million women, girls and young people across 57 countries.

Amid these challenges, our resolve remains unshaken. UNFPA is grateful to our partners and donors for continuing to invest in our work. Supporting this appeal is a demonstration of our shared values and our collective commitment to a future where the health, rights, and dignity of women and girls are respected and protected. Together, let’s ensure that every woman and girl – no matter where she is – can live a life of safety, health and hope, in peace.



Dr. Natalia Kanem
Executive Director



HUMANITARIAN TRENDS AFFECTING WOMEN & GIRLS

Mass displacements made worse by prolonged, far-reaching crises

In humanitarian crises around the world, displacement has become a reality for millions, with women and girls often making up the majority of those impacted. Forced from their homes and communities, they lose access to essential healthcare and services, while facing heightened risks of gender-based violence. Fragile health care systems, often shattered by conflict, leave pregnant women without crucial maternal care. As displacement drags on, opportunities for education and economic stability disappear, and the struggle for safety, dignity and survival intensifies, trapping women and girls in perpetual cycles of vulnerability.

The crisis in the **Syrian Arab Republic**, which is entering its fifteenth year in 2025, has displaced millions of women and girls. Many face the growing normalization of gender-based violence and poor sexual and reproductive health outcomes, both inside the country and in refugee communities in neighbouring nations. In **Yemen**, where over 12 million women and girls are bearing the brunt of nearly a decade of conflict, women, families and communities are struggling with one of the highest maternal mortality ratios in the region and rising gender-based violence amid a catastrophic collapse of basic services.

Sudan's prolonged and volatile crisis has led to one of the world's most severe displacement crises, driving women to seek refuge both within the country and across borders via dangerous routes. Along their journey, they face relentless threats of sexual violence and lose access to vital education and healthcare. In the **Democratic Republic of the Congo**, where displacement is recurrent and front lines are continually shifting, kidnapping, rape and the exploitation of women are being used as weapons of war. People in informal camps face severe challenges as they navigate harsh living conditions and limited resources.

Many of these crises are not confined by borders. They span entire regions, underscoring the far-reaching costs of inaction and the need for stronger and more innovative responses. In order to uphold global commitments and deliver tangible changes to women and girls, global action is urgently needed to prioritize their rights, safety and access to essential services.

“One woman suffering from pregnancy complications had to be carried on a donkey cart for 10 kilometres.”

“None of us has stable work or resources to meet our needs, such as medical treatment,” said Amina, a pregnant woman who has been displaced from Khartoum, Sudan. “We rely on free services provided by mobile clinics that visit our gathering site.”

The healthcare system in Sudan has not been spared – close to 80 per cent of hospitals in conflict-affected areas are no longer functioning due to shortages of supplies and staff who are themselves displaced. The facilities that remain operational are overwhelmed by people seeking care, bringing the system to its knees. Among the millions displaced, an estimated 150,000 women are pregnant.

“One woman suffering from pregnancy complications had to be carried on a donkey cart for 10 kilometres,” said Zainab, a midwife working with a UNFPA mobile team in Aj Jazeera State.

UNFPA is working with partners to provide life-saving reproductive health and protection services, especially in areas with high numbers of internally displaced people. In the last year, more than 100,000 people have been reached with reproductive health and medical services and more than 600,000 with gender-based violence response.

“The feeling that there is someone who cares about you, especially as a displaced person, means so much,” said Samia, from East Khartoum, currently receiving help at a UNFPA-supported safe space.



Bangladesh. A woman stands in front of her home amid mud and debris from flooding. As of 31 August 2024, 5.8 million people in eastern **Bangladesh** have been affected by catastrophic floods, with over 502,501 displaced and living in 3,403 shelters. Fifty-nine lives have been lost. ©UNFPA Bangladesh/Peter Rozario

Women's health and protection infrastructure under attack

Across conflict zones worldwide, brazen assaults on civilians, aid workers and critical service delivery points constitute flagrant violations of international humanitarian law. In 2023, such violations reached an all-time high,¹ leading to the systematic destruction of essential health and protection infrastructure, including hospitals and health centres, shelters, displacement camps, and safe spaces for women and girls. The deliberate targeting of these critical facilities has disproportionately impacted women and girls, cutting them off from vital services and emergency assistance at a time when they are most at risk.

In the **occupied Palestinian territory**, airstrikes and armed raids have decimated hospitals and maternity wards, crippling maternal and reproductive health services and leaving pregnant women without care. Similar devastation has also torn apart other countries experiencing war. In **Lebanon**, attacks have damaged and forced the closure of safe spaces for women and girls and hospitals that provide essential maternal and neonatal care. In **Sudan**, the destruction of displacement sites and women-friendly centres has left hundreds of thousands without vital healthcare and protection. In **Ukraine**, relentless bombardments of hospitals have severely limited women's access to maternal and sexual and reproductive health services, while the constant stress of living under shelling and missile attacks has heightened the risk of childbirth complications.

These widespread violations of international humanitarian law and the impunity of those responsible undermine the safety and dignity of civilians and communities and perpetuate cycles of violence, especially against women and girls. The deliberate targeting of vital infrastructure has cut lifelines for the most vulnerable, forcing women to endure childbirth without medical assistance and survivors of gender-based violence to suffer in silence. The impact reaches even further, affecting service providers such as doctors, nurses, midwives and front-line gender-based violence responders, who are often displaced themselves and suffer personal losses of their own homes, families and loved ones. These dual hardships deplete both the resilience of affected communities and the resources needed to provide essential care in conflict zones.

Addressing these grave violations and restoring access to vital health and protection services are imperative. They require global accountability along with coordinated efforts to rebuild and protect critical infrastructure to safeguard the rights and well-being of women and girls in crisis-affected regions worldwide.

“We’ve lost everything. Now, we just need to survive and protect our families, but there are no safe spaces for us.”

“We’ve lost everything. Now, we just need to survive and protect our families, but there are no safe spaces for us,” shared a displaced woman in Lebanon, reflecting on the hardships faced by women and girls amid the escalating conflict.

The intensifying hostilities have forced over 190,000 people from their homes, with women and girls bearing the brunt of displacement and heightened risks of gender-based violence. As more women find themselves in overcrowded shelters and informal settlements, the lack of privacy and security exacerbates their vulnerability. Despite these challenges, women remain determined to persevere.

“We continue to face each day, hoping for some kind of safety,” said another woman, highlighting the resilience of those affected by the crisis.

The climate crisis

The climate crisis is not gender neutral. Women and girls — particularly in vulnerable communities — are disproportionately impacted by disasters. Extreme weather events cause the collapse of health, education and agricultural systems, with women and girls often having fewer resources to cope. Displaced from their communities, they face disruptions to schooling and income, and increased food, water and housing insecurity. Health systems, strained by climate-related power outages and displacement, struggle to provide maternal health services, and access to family planning and safe spaces may be lost.

The consequences of climate extremes on women and girls are devastating, including increased risks of stillbirth, pre-term birth and low birth weight. Gender-based violence, child marriage and food insecurity leading to malnutrition also rise. Women's livelihoods, often tied to natural resources such as water and food, make them more vulnerable to climate-related extremes and diseases.

Those hardest hit are often women and girls in the poorest countries that have contributed least to the climate crisis. UNFPA data² show that countries most vulnerable to climate change also have the highest rates of maternal deaths, child marriage, adolescent pregnancies and domestic violence. UNFPA projects that by 2060, rates of intimate partner violence in sub-Saharan Africa could nearly triple³ under worst-case climate scenarios. Similar assessments in the Arab region — already grappling with a significant number of humanitarian crises — show that the climate crisis is already exacerbating gender-based violence by increasing economic stress, enabling exploitation and reinforcing harmful gender norms.⁴

In Latin America and the Caribbean, 41 million people live in low-elevation coastal areas prone to storms and flooding, placing 1,448 hospitals — critical for maternal health and family planning — at significant risk. These hazards threaten stable access to essential care, endangering maternal health across the region.

Despite these challenges, only a third of 119 countries have climate plans that consider sexual and reproductive health and rights.⁵ Without comprehensive plans that address women's health and rights, and without women and young people being part of shaping climate solutions, the gendered aspects of the climate crisis will inevitably deepen.

Global efforts are also failing to match the scale of the crisis, and the new globally agreed fund for loss and damage must be directed to front-line countries. Climate finance needs to prioritize women and girls through investment in climate-resilient health systems, and emergency preparedness interventions that sustain the continuity of services for sexual and reproductive health and gender-based violence. These include mobile assistance, pre-positioned supplies and contingency planning.



Zambia. A mother and daughter walk across a drought-stricken landscape in Zambia. ©UNFPA Zambia/Carly Learson

¹ United Nations Security Council, 2024. Protection of Civilians in Armed Conflict: Report of the Secretary-General. S/2024/385. Website: <https://www.securitycouncilreport.org/atf/cf/%7B65BFCF9B-6D27-4E9C-8CD3-CF6E4FF96FF9%7D/N2411029.pdf>.

² UNFPA, 2023. “The Global Climate Crisis Is Putting Women and Girls in Extreme Danger, UNFPA Warns with New Data.” Press release, 27 November. Website: <https://www.unfpa.org/press/global-climate-crisis-putting-women-and-girls-extreme-danger-unfpa-warns-new-data>.

³ UNFPA, 2024. “Domestic Violence in Sub-Saharan Africa Will Triple by 2060 Due to Extreme Heat, Epidemics, and Stalling Progress, New UNFPA Research Finds.” Press release, 5 September. Website: <https://www.unfpa.org/press/domestic-violence-sub-saharan-africa-will-triple-2060-due-extreme-heat-epidemic-and-stalling>.

⁴ UNFPA, 2023. Gender-Based Violence in the Context of Climate Change in the Arab Region: 2023 Review of Evidence and Responses. Website: <https://arabstates.unfpa.org/en/publications/gender-based-violence-context-climate-change-arab-region-2023-review-evidence-and>.

⁵ UNFPA, 2023. Taking Stock of Sexual and Reproductive Health and Rights Climate Commitments: A Global Review. Website: <https://www.unfpa.org/resources/taking-stock-sexual-and-reproductive-and-health-and-rights-climate-commitments-global>.

“I was so worried about giving birth in these conditions, but thanks to the midwives, my baby was born safely.”

“We are here to help them get back on their feet, physically and emotionally,” said Halimatou, one of the midwives delivering crucial care to flood victims in Chad. In the aftermath of severe flooding that left thousands displaced and in dire need, UNFPA humanitarian midwives have been on the ground, offering maternal health services and support to women who lost access to basic healthcare.

The floods have caused widespread destruction, affecting many pregnant women and new mothers. “I was so worried about giving birth in these conditions,” shared Aicha, a young mother who received help at a UNFPA mobile clinic. “But thanks to the midwives, my baby was born safely.” For many women like Aicha, these clinics provide not just physical care but also emotional reassurance amid the chaos caused by the disaster.

Midwives have also played a critical role in offering psychosocial support. “In addition to healthcare, we listen to them, comfort them, and give them hope,” added one of the midwives. This work is vital for communities where both healthcare infrastructure and personal lives have been devastated by the floods.

Underfunded responses resulting in unmet needs

The underfunding of global humanitarian responses is severely impacting the ability to meet the sexual and reproductive health and protection needs of women and girls in crises. Both historically neglected and protracted crises are experiencing growing funding shortfalls.

In **Yemen**, for example, years of conflict and insufficient funding have led to the collapse of maternal health services, depriving pregnant women of access to skilled birth attendants and emergency obstetric care, and putting them at risk of life-threatening complications. Similarly, in **Haiti**, underfunded health systems – already strained by political instability and frequent natural disasters – are unable to provide basic reproductive health services, significantly increasing the risks of maternal mortality and unmet family planning needs. In **South Sudan**, which suffers one of the world’s highest maternal mortality ratios,⁶ the loss of investment in midwifery training hampers the development of a qualified workforce of midwives, leaving many women today, and even more tomorrow, without skilled birth attendance.

The consequences of underfunding on women and girls are further exacerbated by climate-related emergencies and displacement. In East Africa, underfunded responses such as in **Ethiopia, Somalia, Sudan** and **Uganda**, are causing critical healthcare and protection services – including for emergency obstetric care and clinical management of rape – to remain out of reach for many. In **Somalia**, where drought and insecurity have displaced millions, reproductive health clinics lack resources to provide essential services, leaving women vulnerable to poor maternal and newborn outcomes. Similar predicaments face communities in West and Central Africa, where underfunding in countries such as **Cameroon, Central African Republic, Chad** and **Niger** has left millions of women and girls without access to sexual and reproductive healthcare and protection services.

These realities highlight how funding shortfalls, particularly in long-standing crises, undermine progress and threaten the safety and well-being of women and girls. Without sustained, flexible funding, these challenges will deepen, pushing fragile health systems closer to collapse and leaving women and girls at greater risk of violence and entrenched poverty. This can lead to unintended pregnancies, worsening health outcomes such as malnutrition and untreated sexually transmitted infections (STIs), and, in extreme cases, preventable deaths from childbirth complications or gender-based violence.

⁶ UNICEF, 2023. “Maternal Mortality.” Website: <https://data.unicef.org/topic/maternal-health/maternal-mortality/>.

IN NORTH-WEST SYRIA, WHERE WOMEN AND GIRLS HAVE ENDURED 14 YEARS OF CONFLICT AND DISPLACEMENT, HALF OF THE 63 ACTIVE EMERGENCY OBSTETRIC AND NEWBORN CARE CENTRES NOW FACE CLOSURE, RISKING THE HEALTH AND LIVES OF 1.3 MILLION WOMEN WHO WILL LOSE ACCESS TO ESSENTIAL REPRODUCTIVE HEALTH SERVICES.

ADDITIONALLY, 29 WOMEN AND GIRLS’ SAFE SPACES MAY CLOSE BY THE END OF 2024 IF FUNDING GAPS PERSIST, AFFECTING MORE THAN 100,000 WOMEN WHO RELY ON THESE SPACES FOR PROTECTION AND VITAL SUPPORT.

WOMEN AND GIRLS IN CRISIS

Worldwide, women and girls are at the epicentre of crises that are growing in scale, complexity and severity. An estimated 11 million pregnant women will require humanitarian aid in 2025. With resources stretched thin, their unique needs often fall through the cracks, heightening vulnerabilities and widening protection gaps. The following major crises have a notable impact on women and girls. They have very restricted access to essential sexual and reproductive health services and the greatest number of people who need to access gender-based violence programmes.



Bangladesh. Amid flooding in the eastern district of Noakhali, a woman and child navigate flood waters. ©UNFPA Bangladesh/Peter Rozario



Afghanistan. Mursal, 17, is unable to attend school after the authorities in the country banned girls' secondary education. © UNFPA Afghanistan

AFGHANISTAN

Afghanistan's multilayered crisis – marked by economic hardship, decades of conflict, climate change impacts and severe restrictions on women's rights – has disproportionately affected women and girls. In 2024, over 14.2 million women and girls required support related to gender-based violence, with heightened risks across nearly every aspect of life.

14.2 MILLION WOMEN AND GIRLS REQUIRE SUPPORT RELATED TO GENDER- BASED VIOLENCE

Furthermore, the institutionalization of discriminatory legal frameworks and regressive social norms have created an environment increasingly hostile to women's rights and autonomy. Afghanistan remains one of the world's most perilous places for maternal and reproductive health, with a woman dying nearly every two hours due to pregnancy-related complications.⁷ For

the 20,000 women giving birth monthly in remote areas, safe childbirth options are scarce. While restrictive policies have drastically limited access to essential health and protection services, UNFPA has been able to scale up the provision of health services by building the capacities of over 4,000 women in 2024 alone to deliver vital services to women and girls in need.

Gender-based violence remains widespread, with women and girls facing heightened risks of sexual violence, forced marriages and child marriage, especially as economic pressures drive families into survival mode. This is particularly concerning given that nearly 63 per cent of the population is under age 25. Women's participation and representation in humanitarian and public spaces have sharply declined, making it increasingly challenging to address their needs and priorities. As the crisis deepens, many are forced into makeshift shelters, displacement or dangerous migration routes, often at great personal risk. Without sustained, targeted support, Afghan women and girls remain mired in an escalating humanitarian emergency, enduring the compounding effects of poverty, insecurity and restrictive societal norms.

⁷ United Nations, 2023. "Daily Press Briefing by the Office of the Spokesperson for the Secretary-General." Website: <https://press.un.org/en/2023/db231212.doc.htm>.

DEMOCRATIC REPUBLIC OF THE CONGO

The Democratic Republic of the Congo has one of Africa's most severe humanitarian crises, rooted in decades of conflict, political instability and collapsing infrastructure. At its heart lies a profound struggle for women and girls. More than 7.7 million need support related to gender-based violence in 2024, and they make up the majority of the 7.2 million people internally displaced throughout the country.

7.7 MILLION
WOMEN AND GIRLS
REQUIRE SUPPORT
RELATED TO GENDER-
BASED VIOLENCE

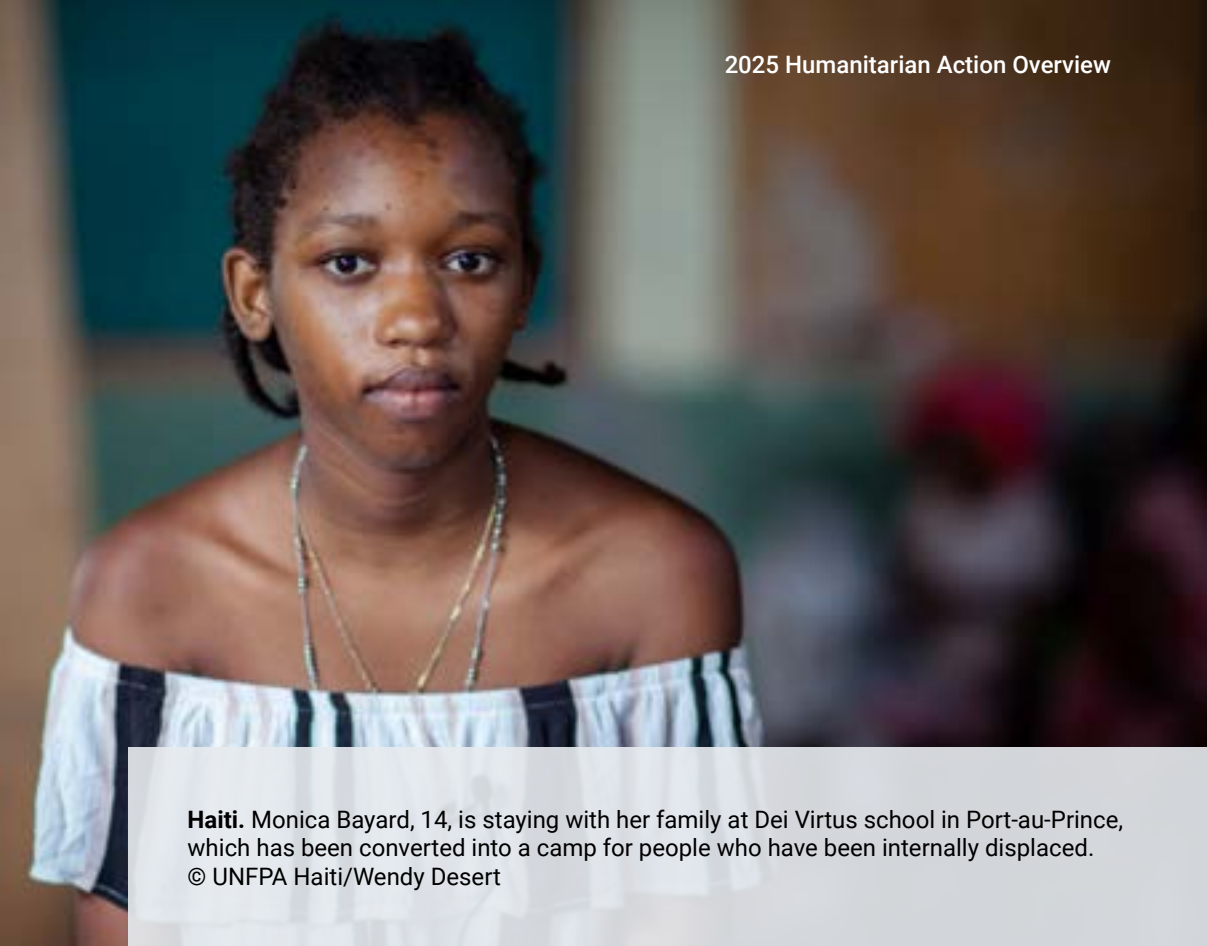
Displacement sites provide little safety for women and girls, who face constant threats of sexual and gender-based violence and exploitation due to

overcrowding and insufficient security. Médecins Sans Frontières staff report treating approximately two survivors of sexual violence per hour in certain regions, underscoring the severity and frequency of these violations.⁸ Even routine activities, such as gathering water or firewood, become fraught with danger due to frequent raids by armed groups.

This relentless insecurity is exacerbated by a dire breakdown in healthcare infrastructure. Severely underresourced health facilities cannot meet sexual and reproductive health needs, with maternal mortality soaring as three women die every hour from pregnancy or childbirth complications. Displaced women and girls face an acute lack of access to prenatal, emergency obstetric and postnatal care, with thousands of pregnant women expected to develop life-threatening complications. The convergence of insecurity, inadequate healthcare, frequent disease outbreaks and the lack of psychological support has created an acute humanitarian emergency, demanding an immediate, coordinated global response.



DRC. Ruboneka with her newborn in a UNFPA-supported mobile clinic in the Bulengo camp for internally displaced persons on the outskirts of Goma.
© UNFPA DRC/Junior Mayindu



Haiti. Monica Bayard, 14, is staying with her family at Dei Virtus school in Port-au-Prince, which has been converted into a camp for people who have been internally displaced.
© UNFPA Haiti/Wendy Desert

HAITI

Surging gang violence in Haiti has led to unprecedented displacement, with over 700,000 people forced from their homes as of October 2024. Women and girls – who make up around half of those displaced – grapple with constantly escalating risks of gender-based violence, particularly in displacement sites where sexual violence has surged dramatically.

1.2 MILLION
WOMEN AND GIRLS
REQUIRE SUPPORT
RELATED TO GENDER-
BASED VIOLENCE

As of 2024, around 1.2 million women and girls required support related to gender-based violence. UNFPA data show that from March to May 2024, reports of gender-based violence rose by over 40 per cent, although these figures likely represent a fraction of the true scale.

Although mobile clinics supported by UNFPA help to resume basic services, access to emergency services remains limited; only 27 per cent of rape survivors receive care within the critical 72-hour period. Hunger levels are some of the highest globally and have worsened, affecting approximately 5 million people, including thousands of pregnant and breastfeeding women at high risk of severe health complications. With Haiti's maternal mortality rate the highest in the Western Hemisphere, limited access to prenatal and maternal care in the country's violence-stricken health system is exacerbating risks for an estimated 84,000 pregnant women.

⁸ Médecins Sans Frontières, 2024. "MSF Has and Continues to Treat More Than Two Victims of Sexual Violence Per Hour in DRC." Press release, 30 September. Website: <https://www.msf.org/msf-has-and-continues-treat-more-two-victims-sexual-violence-hour-drc>.

MYANMAR

In Myanmar, women and girls are enduring an escalating crisis where conflict, economic instability, and a broken healthcare system jeopardize their safety and rights. More than 8.8 million women and girls need support related to gender-based violence in 2025.

8.8 MILLION WOMEN AND GIRLS ARE IN NEED OF SUPPORT RELATED TO GENDER-BASED VIOLENCE

Displacement camps and sites – now overcrowded and undersupplied – expose them to a plethora of risks, including sexual exploitation and intimate partner violence. In many parts of the country, access to sexual and reproductive healthcare is critically limited, further jeopardizing women's health in a country that already suffers the second highest maternal mortality rate in its region. Economic pressures have driven

many young girls out of school, with child marriage rising as families struggle for security amid worsening instability.

In recent years, women-led advocacy efforts have been systematically dismantled, forcing activists into exile and leaving communities without essential support networks. This risks undoing a longstanding legacy of achievements by women-led organizations across Myanmar. They have been pivotal in championing human rights, highlighting the gendered impacts of crisis, and advancing the women, peace and security agenda. The crisis has also worsened conditions for marginalized groups, including Rohingya women and girls, ethnic minorities, people with disabilities, and individuals of diverse sexual orientations and gender identities. They now face even greater discrimination and heightened risks of exploitation and violence. Sexual violence and harassment are widespread in conflict zones and detention sites, where women and girls are often left without recourse to justice or support.



Myanmar. Lamawng Lum Naw, a midwife in a camp for internally displaced people in Myanmar's Kachin State. © UNFPA Myanmar



Sudan. Women and girls find a respite at a safe space in Al Jazirah. © UNFPA Sudan

SUDAN

The Sudan crisis is among the most complex humanitarian emergencies in the world, affecting millions not only within Sudan but also across neighbouring countries, including the Central African Republic, Chad, Egypt, Libya and South Sudan. With more than 8.1 million internally displaced persons, Sudan has the world's largest internal displacement crisis. Close to 9.3 million people experience Integrated Food Security Phase 4 (emergency) or Phase 5 (catastrophic). Among them, an estimated 222,000 are currently pregnant and vulnerable to the adverse impacts of malnutrition on their own well-being and that of their unborn children. In Sudan alone, more than

6.7 million women and girls were estimated to need support related to gender-based violence in 2024.

Displacement and instability have hit women and girls particularly hard, restricting access to sexual and reproductive health services and increasing the risk of gender-based violence, including widespread sexual violence. With healthcare infrastructure devastated or inaccessible, pregnant women are often left without essential maternal care, exposing them to life-threatening complications. Women and girls also lack access to critical services such as menstrual health supplies, mental health support and safe spaces, placing them in an extremely vulnerable position. As overcrowded camps and limited resources strain host communities, the unique needs of women and girls remain an urgent yet often unmet priority across the region.

MORE THAN 6.7 MILLION WOMEN AND GIRLS REQUIRE SUPPORT RELATED TO GENDER- BASED VIOLENCE

THE HORN OF AFRICA

Women and girls across the Horn of Africa – encompassing Djibouti, Eritrea, Ethiopia and Somalia – contend with unprecedented challenges as a result of conflict, climate crises and deteriorating healthcare systems.

MORE THAN 10 MILLION WOMEN AND GIRLS ARE IN NEED OF SUPPORT RELATED TO GENDER-BASED VIOLENCE IN ETHIOPIA AND SOMALIA

In Ethiopia and Somalia alone, more than 10 million women and girls require support related to gender-based violence in 2024. In Ethiopia, millions are displaced due to conflict and environmental shocks, with 7.8 million women and girls urgently needing protection and reproductive health services.

A critical shortage of healthcare providers and damaged infrastructure have led to rising maternal mortality, compounded by severe food insecurity and malnutrition. Gender-based violence, including forced marriage and sexual exploitation, is on the rise, acutely impacting displaced women and girls. In Somalia, pervasive gender-based violence is exacerbated by a near total lack of legal protections, leaving survivors with limited access to justice. Female genital mutilation affects 98 per cent of Somali girls aged 9 to 15, while a third of girls face child marriage.

Sustained international action is crucial across the region to address urgent needs for protection, support enforceable legal rights, and provide essential sexual and reproductive healthcare for women and girls, especially as threats and challenges continue to intensify.



Somalia. A UNFPA trained midwife monitors a newborn at Banadir Hospital, Mogadishu. © UNFPA Somalia

THE MIDDLE EAST

The Middle East faces an unprecedented convergence of humanitarian crises fed by conflict, the worsening impacts of climate change and fragile economies, with women and girls bearing the brunt of escalating challenges. Ongoing conflicts in Lebanon and the occupied Palestinian territory are compounding hardships, disrupting access to essential services and amplifying risks for women and girls. At the same time, the protracted crisis in the Syrian Arab Republic continues to strain resources and deepen protection needs not only within the country but also across neighbouring nations hosting refugees, including Egypt, Iraq, Jordan and Türkiye. Together, these crises impact over 26 million people, more than half of whom are women and girls facing challenges in accessing adequate critical sexual and reproductive health services and struggling amid heightened risks of gender-based violence.

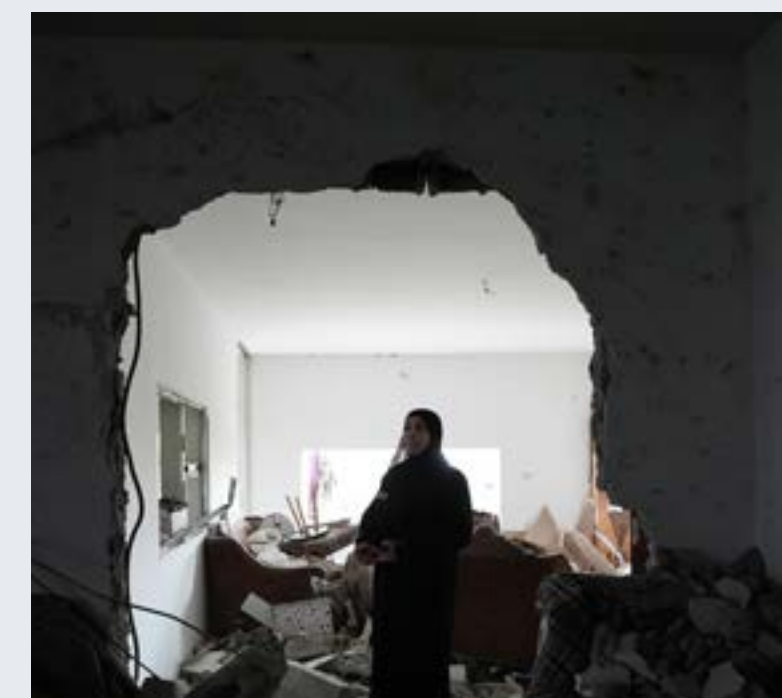
THESE CRISES IMPACT OVER 26 MILLION PEOPLE, MORE THAN HALF OF WHOM ARE WOMEN AND GIRLS

The repercussions are devastating. The number of civilian casualties is climbing, and vital health and protection systems are on the brink of collapse as economies and community support networks unravel. The ensuing instability intensifies harmful coping mechanisms and normalizes violence against women and girls. Cyclical displacement patterns further complicate the crisis. Almost all of Gaza's population has been displaced at least once, and many Syrians who first sought refuge in Lebanon are now attempting to return to the Syrian Arab Republic, joined by Lebanese citizens escaping escalating hostilities.

After nearly a decade of conflict, Yemen is trapped in one of the world's most dire humanitarian crises, with over half the population in need of aid and widespread food insecurity affecting millions, including 2.7 million malnourished pregnant and breastfeeding women.⁹ More than 6.3 million women and girls required support related to gender-based violence in 2024. UNFPA data show that the collapse of healthcare services has left women and girls particularly at risk. Only 20 per cent of functioning health facilities offer maternal and child health services, leading to preventable maternal deaths every two hours.

⁹ Première Urgence Internationale, 2024. "Yemen, 10 Years of Conflict, the Forgotten Crisis." ReliefWeb, 31 October. Website: <https://reliefweb.int/report/yemen/yemen-10-years-conflict-forgotten-crisis>.

Violence and instability disproportionately affect displaced women and female-headed households, in addition to further heightening the vulnerability of those with disabilities. Escalating poverty exposes young girls to risks of child marriage, trafficking and labour exploitation. Climate change has intensified these challenges, worsening food insecurity, displacing communities and further depriving women and girls of essential services for reproductive health and protection from violence.



Occupied Palestinian territory. On 6 September 2024, a woman stands amid the rubble of her home after the Israeli Army withdrew from Jenin in the West Bank, following 10 days of raids. © UNFPA Palestine/Media Clinic

THE SAHEL

The Sahel region faces a humanitarian crisis driven by political instability, armed conflicts, shrinking civic spaces and increasingly severe climate-driven disasters. These ongoing challenges have created one of the world's most severe polycrises, where more than 7.2 million women and girls needed support related to gender-based violence and sexual and reproductive health as of 2024.

7.2 MILLION WOMEN AND GIRLS NEED SUPPORT RELATED TO GENDER-BASED VIOLENCE AND SEXUAL AND REPRODUCTIVE HEALTH

Burkina Faso, Cameroon, Chad, Mali and Niger rank among the world's most neglected and underfunded displacement crises, where forced displacement disproportionately impacts women and girls. They endure heightened risks of gender-based violence, early and unwanted pregnancies, and maternal mortality due to limited access to essential reproductive healthcare.

Prolonged conflict has been coupled with recent torrential rains that have unleashed severe flooding, exacerbating displacement and severing access to health facilities. Due to poor water and sanitation conditions, Chad is also battling a hepatitis E outbreak, with high fatality rates for pregnant women. Food insecurity is widespread, and emergency child wasting rates are raising alarms about malnutrition among pregnant women. The crisis demands urgent, targeted international support to protect the most vulnerable people in the Sahel and address escalating humanitarian needs.



Chad. Women and children displaced by extensive seek assistance at flooding at the Milezi site in N'Djamena. © UNFPA Chad/Eric Djepatarlemgogo



Ukraine. Oksana Skrypka, an obstetrician-gynaecologist, pictured at work in Ukraine's Chernihiv region. © UNFPA Ukraine/Olia Koval

UKRAINE

The ongoing war in Ukraine has had severe repercussions for millions of women and girls, not only within Ukraine but across neighbouring countries hosting refugees, such as Hungary, Moldova, Poland, Romania and Slovakia. The conflict has displaced an estimated 3.3 million people within Ukraine and driven millions more across borders, heightening risks of violence, sexual exploitation and abuse. Many of those displaced face challenges related to their separation from family, loss of livelihoods and limited access to essential resources.

7.8 MILLION PEOPLE NEED HEALTH ASSISTANCE AND **11.5 MILLION**, PROTECTION SERVICES

As of late 2024, constant attacks on infrastructure, particularly energy systems, have devastated social services and healthcare, leaving 7.8 million people in need of health assistance and 11.5 million requiring protection services, including specialized support for gender-based violence prevention and response.

UNFPA has established maternity ward bunkers and deployed mobile incubators to provide life-saving care even during active shelling and power outages. The toll on mental health is profound, with stress and insecurity contributing to serious complications during childbirth. In refugee-hosting countries, the strain on support systems has intensified vulnerabilities, exposing women and girls to conflict-related sexual violence and exploitation.

HUMANITARIAN PRIORITIES IN 2025

Taking the lead on sexual and reproductive health and gender-based violence responses

UNFPA remains steadfast in its commitment to ensuring access to sexual and reproductive health services and preventing, responding to and mitigating the risks of gender-based violence in humanitarian contexts. These efforts are grounded in a deep understanding of the interconnectedness of health, rights and dignity aligned with UNFPA's mandate to lead on both sexual and reproductive health, and the response to gender-based violence in emergencies.

Gender-Based Violence Area of Responsibility

UNFPA leads the Gender-Based Violence Area of Responsibility (GBV AoR), which is part of the Global Protection Cluster. The GBV AoR is that is responsible for coordinating prevention, risk mitigation and the overall response to gender-based violence in humanitarian settings. To guide timely and concrete actions across all operational contexts, UNFPA is committed to effective coordination of gender-based violence responses at both the national and global levels. This involves mitigating risks through evidence-based strategies and enhancing the quality and prioritization of interventions throughout the humanitarian programme cycle, based on the routine use of safe and ethical data collection and analysis to inform actions and policies.

Country-level coordination groups bring together international and national organizations, including women-led and women's rights organizations, all working to deliver survivor-centred responses for gender-based violence survivors. Increasingly, women-led organizations are stepping up to co-lead responses to gender-based violence at the country level. In 2024, over half of the 2,100 GBV AoR members in contexts with Inter-Agency Standing Committee coordination are local/national organizations; nearly 20 per cent are women-led or women's rights organizations.

In 2025, it is estimated that over 92 million people in crisis-affected areas will require protection from gender-based violence, a figure that has risen from 2024 due to the sharp escalation of humanitarian emergencies in Lebanon, the occupied Palestinian territory, Sudan and Venezuela, alongside ongoing crises in Afghanistan, the Democratic Republic of the Congo, Ethiopia, Haiti and Myanmar.

Around 5 million people are receiving services related to gender-based violence prevention, risk mitigation

and response from GBV AoR members. Funding shortages are severely impacting this work, however, with overall funding at only 23 per cent of needs as of October 2024. The least-funded responses are in Burkina Faso, the Democratic Republic of the Congo, El Salvador, Ethiopia, Niger and Somalia.

These situations continue to require strong technical support from global and regional GBV AoR teams. Gender-based violence coordination teams benefit greatly from the gold-standard support of regional emergency gender-based violence advisers and dedicated information managers.¹⁰ Following an external review of the GBV AoR,¹¹ UNFPA is working to formalize regional roles in preparation for its new Strategic Plan, aiming to strengthen gender-based violence prevention and response capacities at the country level.

In 2024, the global GBV AoR partnered with the Global Protection Cluster to develop a protection risk analysis and establish a shared framework for protection risks in emergencies. This collaboration defines and integrates gender-based violence risks into protection risk analysis and outcomes. The GBV AoR also introduced a new blended learning programme based on the GBV AoR Coordination Handbook and launched a competency framework for gender-based violence coordinators and information management specialists. This framework, available in multiple languages in 2025, will enhance the skills of GBV coordinators. Collaboration with the Protection Cluster on joint learning initiatives is fostering the exchange of expertise across areas.

All members of the inter-agency gender-based violence in emergencies community have access to the GBV AoR Helpdesk and Community of Practice, managed by core members (United Nations Children's Fund and



Somalia. A woman displaced by drought using a tap after visiting Kabassa Health Centre, Doolow. © UNFPA/Luis Tato

¹⁰ Managed by UNFPA and the GBV AoR, in partnership with the Norwegian Refugee Council, the regional adviser mechanism strengthens the response to gender-based violence in humanitarian contexts by building the capacity of regional and in-country actors to improve gender-based violence prevention and mitigation through multisector responses. It supports coordination at both the strategic and operational levels, advancing sustainability by empowering local institutions and national actors to manage cluster functions.

¹¹ Gender-Based Violence Area of Responsibility, 2023. GBV AoR Review Report. Website: https://gender-based-violenceaor.net/sites/default/files/2024-05/gender-based-violence%20AoR%20Report_FINAL%20%283%29.pdf.

International Medical Corps).

In 2025, the GBV AoR will continue to work diligently to foster impactful, far-reaching responses, in line with a capacity-strengthening strategy launched in 2023. These efforts include deploying detailed action plans for national coordination teams, and prioritizing inclusivity and localization in national and global

Sexual and Reproductive Health Task Team

UNFPA works to institutionalize sexual and reproductive health coordination in all humanitarian responses. This includes promoting the effective implementation of the Minimum Initial Service Package for Sexual and Reproductive Health (MISP). The package encompasses crucial measures to lead coordination and limit excess maternal and newborn mortality and morbidity, prevent sexual violence and care for survivors, curb the transmission of HIV, and ensure access to contraception, averting both unintended pregnancy and related complications from unsafe abortion. To establish MISP in crisis settings, UNFPA makes essential supplies available and provides high-quality programming and services. By propagating good practices and offering tailored training programmes, it builds national, regional and global capacities, prioritizing critical areas such as basic and comprehensive emergency obstetric and newborn care; the provision of long-acting reversible contraception; STI prevention and treatment, including HIV; and clinical management of rape.

In 2024, UNFPA made notable progress in advancing the work of the Sexual and Reproductive Health Task Team, established in 2022 within the Global Health Cluster. The team focuses on enhancing sexual and reproductive health coordination in humanitarian responses, ensuring that life-saving sexual and reproductive health priorities are effectively integrated within the humanitarian health response. The team has launched specialized training and coaching programmes aimed at strengthening the capacities of sexual and reproductive health coordinators, thereby improving the impact and efficiency of the response in emergency contexts.

Following a baseline assessment¹² conducted in 2023 to gauge the most pressing needs on the ground, a key achievement in 2024 was the development and piloting of a standardized, competency-based curriculum for sexual and reproductive health coordinators to support more cohesive and effective responses during crises, particularly in implementing the MISP. The Sexual

¹² WHO Health Cluster, 2024. Baseline Assessment on Sexual and Reproductive Health Coordination. Website: <https://healthcluster.who.int/publications/m/item/report-baseline-assessment-on-sexual-and-reproductive-health-coordination>.

“Many women in north-west Syria lose their lives while being transferred between hospitals in the absence of essential supplies for critical conditions like placental abruption.”

“Many women in north-west Syria lose their lives while being transferred between hospitals in the absence of essential supplies for critical conditions like placental abruption,” Dr. Ikram Haboush, the director of the Specialized Maternity Hospital in Idlib, Syrian Arab Republic, told UNFPA.

Ongoing conflict and instability continue to severely disrupt life in north-west Syria, straining medical supply stocks and overwhelming the capacity of healthcare workers. Pregnant women with obstetric complications are among those most at risk.

Khansa, 35, was diagnosed with placental abruption when she was in her second trimester of pregnancy. “I was terrified and desperately searched for a well-trained doctor who could handle my case,” she told UNFPA.

Fortunately, the UNFPA-supported Idlib Maternity Hospital, where Khansa received care, had the staff and supplies to attend to her. “The doctors and staff monitored us closely at night, checking both my and my baby’s vital signs.” In the end, her baby was delivered safely.

and Reproductive Health Task Team also developed a harmonized inter-agency curriculum for front-line healthcare workers on the clinical management of rape and intimate partner violence. They also identified best practices for linking sexual and reproductive health and gender-based violence coordination in emergencies.

To continue to address sexual and reproductive health needs in 2025, the Sexual and Reproductive Health Task Team will lead efforts to expand competency-based training and support for sexual and reproductive

health coordinators; collaborate with the GBV AoR to strengthen and operationalize links to coordinate sexual and reproductive health and gender-based violence responses; and establish training standards for humanitarian capacity-building.



Nigeria. Community mobilizers discuss sexual and reproductive health, gender-based violence and the need to maintain clean hygiene during a routine community engagement with a group of adolescent girls in Bakasi IDP Camp Maiduguri, Borno, Nigeria. ©UNFPA Nigeria/Dawali David Exodus

Availability and accessibility of services

Sexual and reproductive health in emergencies

Pregnancy and childbirth do not pause for crises, making access to sexual and reproductive health services as essential as food and shelter. Integrating these services into every phase of humanitarian responses is crucial in upholding the safety and dignity of women and girls.

UNFPA's humanitarian response prioritizes establishing the MISIP, delivering essential supplies and enhancing the quality of care through well-structured programming. Specialized training toolkits focus on building capacities at the national, regional and global levels, including on MISIP implementation, the clinical management of rape, basic emergency obstetric and newborn care, and the provision of long-acting reversible contraception. These resources empower healthcare providers to deliver life-saving sexual and reproductive health services even in challenging environments.

UNFPA's mobile health teams extend a lifeline to women and girls in humanitarian crises, providing crucial reproductive healthcare and support in hard-to-reach and conflict-affected areas. These teams often offer the only accessible healthcare for displaced and isolated communities. From safe childbirth assistance to urgent medical treatment and counselling for survivors of gender-based violence, mobile services are indispensable in maintaining health and dignity. By delivering essential care directly to communities in crisis, teams both save lives and restore a sense of stability and support, empowering women and girls to navigate displacement and upheaval.

UNFPA's humanitarian midwives deliver crucial care to some of the world's most vulnerable women in regions affected by conflict and climate-related crises. In Yemen, midwives are often the only accessible healthcare providers in remote, conflict-ridden areas. Yet their work is challenged considerably when there are limited or no options for referring women experiencing complications that require emergency obstetric care and surgical interventions. In north-west Syria, amid escalating violence, UNFPA-supported midwives reach women through mobile clinics that offer not only safe childbirth services but also essential sexual and reproductive health care and psychological support for survivors of gender-based violence.

Climate-driven emergencies, including in Cameroon and Chad, have underscored the need for mobile

services as displacement and infrastructure damage create new barriers to healthcare access. Midwives offer vital support in such cases, embodying UNFPA's commitment to reproductive health and rights in even the most challenging humanitarian settings.

"We waited for this clinic for so long. It's a blessing to finally have it," said one woman from the Novoselivka community in Ukraine, where UNFPA's mobile gynaecological team recently began providing much-needed sexual and reproductive health services. In war-torn regions like Novoselivka, access to basic healthcare had been severely disrupted. Many women were left without essential services, forcing them to delay or forego medical care.

For many women in these communities, the arrival of the mobile clinics has been life-changing. These mobile units, staffed by experienced gynaecologists, offer a range of services including screenings, prenatal care and treatments for infections, ensuring women in even the most isolated regions have access to necessary health services. As one patient shared, "I had nowhere to go for months. I'm grateful for the care and attention I've received."

"We are seeing more women come forward for check-ups now that we can reach them," said one of the team's gynaecologists. The team's presence has not only improved health outcomes but also given women peace of mind, knowing they have somewhere to turn for safe and reliable care.

PREGNANCY AND CHILDBIRTH DO NOT PAUSE FOR CRISES, MAKING ACCESS TO SEXUAL AND REPRODUCTIVE HEALTH SERVICES AS ESSENTIAL AS FOOD AND SHELTER. INTEGRATING THESE SERVICES INTO EVERY PHASE OF HUMANITARIAN RESPONSES IS CRUCIAL IN UPHOLDING THE SAFETY AND DIGNITY OF WOMEN AND GIRLS.

Gender-based violence in emergencies

As global conflicts escalate and humanitarian crises multiply, women and girls face ever-growing risks of gender-based violence.

In response to these pressing challenges, UNFPA remains uncompromising in its efforts to provide gender-based violence prevention and response interventions from the onset of emergencies, extending protection to women and girls in the most vulnerable situations. Through integrated, life-saving, high-quality multisectoral services, UNFPA is expanding support for survivors and those at risk, strengthening both their protection and empowerment.

At the midpoint of its 2023–2025 strategy to scale up the response to gender-based violence in emergencies, UNFPA plans to conduct a comprehensive review of progress in 2025 to evaluate interventions, determine best practices to replicate and keep programmes responsive to the evolving humanitarian landscape. The review will highlight gaps and emerging opportunities.

By integrating gender-based violence interventions with sexual and reproductive health services, UNFPA adopts a comprehensive approach to the well-being of women and girls, addressing both immediate needs and long-term resilience for individuals and communities. Through innovative strategies such as mobile service units and the inclusion of cash assistance in case management, UNFPA expands its reach to remote or hard-to-access areas and promotes sustainable practices that strengthen social and health systems over time. By leveraging local capacities and investing in infrastructure, UNFPA aims to build lasting support networks that will continue to meet the evolving needs of women and girls well into the future.

As part of its commitment to eradicating sexual exploitation, abuse, and harassment (SEAH) in humanitarian settings, UNFPA launched its first two-year SEAH strategy in July 2024. It marks a milestone, with a roll-out and implementation across humanitarian operations slated for 2025. The strategy aims to enhance protections for displaced populations, especially women and girls, from sexual exploitation and abuse.

UNFPA will continue to lead the Gender-Based Violence Information Management System globally, focusing on promoting safe, ethical, data management in line with global standards. To address the dynamic nature of gender-based violence in emergencies, UNFPA will review and update guidance, tools and resources developed prior to 2023 to reflect current trends, including climate change impacts and technology-facilitated gender-based violence.

“When you lose all hope and the will to live, then suddenly relief comes to you... this is how the mental health centre saved me. I am finally free from exploitation, abuse and exhaustion.”

“I thought being a midwife would give me the freedom to help and guide other women to have fulfilling lives,” said Kholoud, a midwife from Yemen.

She had given up on her dreams after suffering years of abuse at the hands of her husband. That was until she sought shelter at a UNFPA safe space for women and girls, where she received counselling, healthcare and legal support to get divorced and claim custody of her children.

“When you lose all hope and the will to live, then suddenly relief comes to you... this is how the mental health centre saved me. I am finally free from exploitation, abuse and exhaustion.”

Additionally, UNFPA will enhance regional and national support through the dissemination of new guidance and highly adaptable training programmes on key topics, particularly case management and safe spaces for women and girls. This effort will include harmonizing technical resources, including assessment toolkits and guidance on safe and ethical data management, to strengthen coherence and response capacity across humanitarian operations.

Always prepared

Prevention, including emergency preparedness and anticipatory action, remains a top priority as global humanitarian crises rise in both frequency and intensity. With growing underfunding threatening the capacity of humanitarian actors and communities to withstand shocks, smart and efficient investments are more crucial than ever to mitigate the impacts of disasters before they occur. By stepping in early through preparedness and anticipatory action, UNFPA has demonstrated that it is possible to significantly reduce disaster-related losses, lower the overall costs of emergency responses, and protect both assets and access to essential services. This forward-looking approach also strengthens community resilience and equips populations to face impending crises and future risks.

Strong preparedness is essential for strengthening the links between development and humanitarian programming. UNFPA is making preparedness a corporate priority through initiatives such as the upcoming launch of the revised Minimum Preparedness Actions in 2025. The implementation of MISP readiness assessments and subsequent post-assessment actions will support effective implementation in new emergencies. Since weak health systems before a crisis lead to higher infant and maternal mortality during disasters, UNFPA also helps health systems to build resilience in essential services, increasing the likelihood that people will access life-saving support in emergencies.

Recognizing that women and girls are disproportionately affected by conflict and climate-related disasters, UNFPA is scaling up anticipatory actions and finalizing its corporate anticipatory action guidelines. The guidelines aim to enhance UNFPA's technical, programmatic and operational capacities to assist governments and country teams in mitigating the impacts of predictable natural hazards, such as floods, droughts and hurricanes. UNFPA also seeks to advance anticipatory action through tailored responses to the specific needs of women and girls, including to

reduce their heightened vulnerability to gender-based violence, improve access to essential services, and protect income and education during crises.

As part of its commitment to anticipatory action and gender-responsive disaster risk reduction, UNFPA has co-led the development of the Gender Action Plan to implement the Sendai Framework for Disaster Risk Reduction, in partnership with United Nations Disaster Risk Reduction and UN Women. The plan seeks to advance framework goals, principles, priorities and targets by significantly increasing resources and activities for gender-responsive disaster risk reduction and reducing gender-related disaster risks by 2030.

Developed through 25 multistakeholder consultations with 460 participants across 70 countries, the Sendai Gender Action Plan embodies an all-of-society approach. It is designed to strengthen the resilience of women and girls and address their specific needs and protection risks across diverse natural disasters, including those linked to climate change. Nine key objectives align with the Sendai Framework's four priorities; the ninth focuses specifically on UNFPA's mandate to ensure access to sexual and reproductive health and rights and enhance the prevention and response to gender-based violence in disaster contexts.



Yemen. A girl plays in the river in Bai Saad district.
© UNFPA Yemen/Sadam Alolofy

UNFPA AIMS TO DIRECT 43 PER CENT OF ITS HUMANITARIAN FUNDING TO LOCAL PARTNERS BY 2025, WITH 35 PER CENT ALREADY ALLOCATED IN 2024.

People-centred approaches

UNFPA prioritizes a people-centred approach to humanitarian assistance, placing the needs, rights and preferences of crisis-affected people – particularly women, girls, LGBTQI+¹³ individuals, people with disabilities, indigenous populations, young people, and other frequently marginalized groups – at the heart of its programmes. This approach ensures that our humanitarian work is inclusive, accountable, localized and protective, aligning with our commitments to leave no one behind and to uphold the fundamental rights of all individuals.

UNFPA is dedicated to empowering those at risk of and affected by crises to make informed decisions about issues impacting their lives. Through a participatory approach to programme design, implementation and monitoring, and by establishing safe and accessible feedback mechanisms, we encourage crisis-affected individuals to voice their needs and concerns. This input enables us to continually adapt our programmes to better align with the stated priorities of those we serve. Building on our longstanding commitment to community-driven and survivor-centred programming, UNFPA is further strengthening its accountability to affected people with a systematic and coherent approach in humanitarian responses.

Locally driven humanitarian action is central to UNFPA's strategy, with local actors – especially women-led and youth-led organizations – playing a vital role in effective programme delivery. These organizations bring essential local knowledge and community trust, making them invaluable leaders in humanitarian responses. By empowering local partners, UNFPA better ensures that the needs of women and girls, including survivors, are met sustainably and effectively. These organizations not only provide critical services but also help identify risks, build resilience and mitigate crisis impacts. Working closely with communities, they help UNFPA understand and address barriers that marginalized groups, including people with disabilities, face in accessing services safely. Recognizing this essential role, UNFPA aims to direct 43 per cent of its humanitarian funding to local partners by 2025, with 35 per cent already allocated in 2024.

In humanitarian crises, access challenges complicate both the delivery of aid and the ability of affected people to reach assistance. These barriers may arise from conflict, government restrictions, poor infrastructure or natural disasters. Women and girls face additional challenges due to structural inequalities, including heightened security risks,



Ukraine. Kukurudza, an obstetrician-gynecologist, pictured at work in Ukraine's Vinnytsia region. © UNFPA Ukraine/Taya Levchenko

vulnerability to gender-based violence and unequal household burdens that limit their ability to seek help. In some contexts, aid distribution may prioritize men and boys, further disadvantaging women and girls.

UNFPA recognizes that these challenges demand a gender-sensitive approach to ensure services meet the specific needs of women and girls. By adopting community-based strategies that address the unique barriers faced by women and ensuring safety at distribution points and service sites, UNFPA remains committed to making humanitarian aid accessible and responsive to all, particularly the most vulnerable.

¹³ Lesbian, gay, bisexual, transgender, queer, intersex plus.

Empowering young people and adolescents

UNFPA's commitment to ensuring young people and adolescents are included and participating in humanitarian responses is rooted in the belief that youth are not just beneficiaries but essential partners in creating sustainable change. By empowering young people, UNFPA fosters resilience, innovation and community ownership, which are crucial for realizing the Sustainable Development Goals and achieving the three transformative results.

Youth-friendly spaces and youth-responsive programmes are critical elements of UNFPA's strategy to ensure that young people have access to vital services, educational opportunities and a platform to voice their concerns and contribute to the recovery and resilience of their communities. In the occupied Palestinian territory, for example, the UNFPA-supported Youth Advisory Panel, first established in 2021, has enabled young people to contribute to the response to the humanitarian crisis in Gaza through life-saving support initiatives that served over 5,000 displaced families. In the Syrian Arab Republic, UNFPA-supported training programmes have empowered young Syrians to launch small businesses, providing them with essential entrepreneurial skills that not only offer income-generating opportunities but also contribute to rebuilding their communities. In Bangladesh, as part of preparedness efforts, UNFPA trained over 1,000 youth volunteers to respond to the sexual and reproductive health needs of adolescents following disasters such as cyclones and floods.

Looking to 2025, UNFPA aims to strengthen its commitment to empowering young people in humanitarian settings, recognizing their critical roles in building resilient communities and driving sustainable change. This focus will ensure that they are not just recipients of aid but key actors in shaping the future. Moreover, UNFPA will continue to champion the Compact for Young People in Humanitarian Action as a vital platform for amplifying youth voices, strengthening partnerships with youth-led organizations and empowering young humanitarians at the grass-roots level. By fostering multistakeholder collaboration, UNFPA aims to equip young people with resources and skills to effectively lead in humanitarian settings, and play a pivotal role in recovery, resilience and the long-term well-being of their communities.

“I amplified my voice as a survivor of the war to spread awareness about the innocent civilians living in Gaza, sharing their eagerness for just peace and self-determination.”

“I amplified my voice as a survivor of the war to spread awareness about the innocent civilians living in Gaza, sharing their eagerness for just peace and self-determination,” said 23-year-old Atta, who is a member of the UNFPA-supported Youth Advisory Panel from Gaza.

“Our mission is to ensure that Palestinian youth voices are heard and taken into consideration in all matters affecting them. We had to include relief interventions in addition to our advisory role to respond to the escalated humanitarian needs in the Gaza Strip. It was challenging to move to deliver relief assistance under fire, with no assurance of our own safety.”

Cash and voucher assistance

Since committing to scaling up cash and voucher assistance in 2021, UNFPA has steadily expanded its use in humanitarian and humanitarian–development nexus programming. As a thought leader in the Cash for Protection Task Team, UNFPA integrates innovative approaches and shares best practices and learnings through key field-level coordination groups. This leadership helps scale up cash and voucher assistance and refine it to better meet the needs of vulnerable populations.

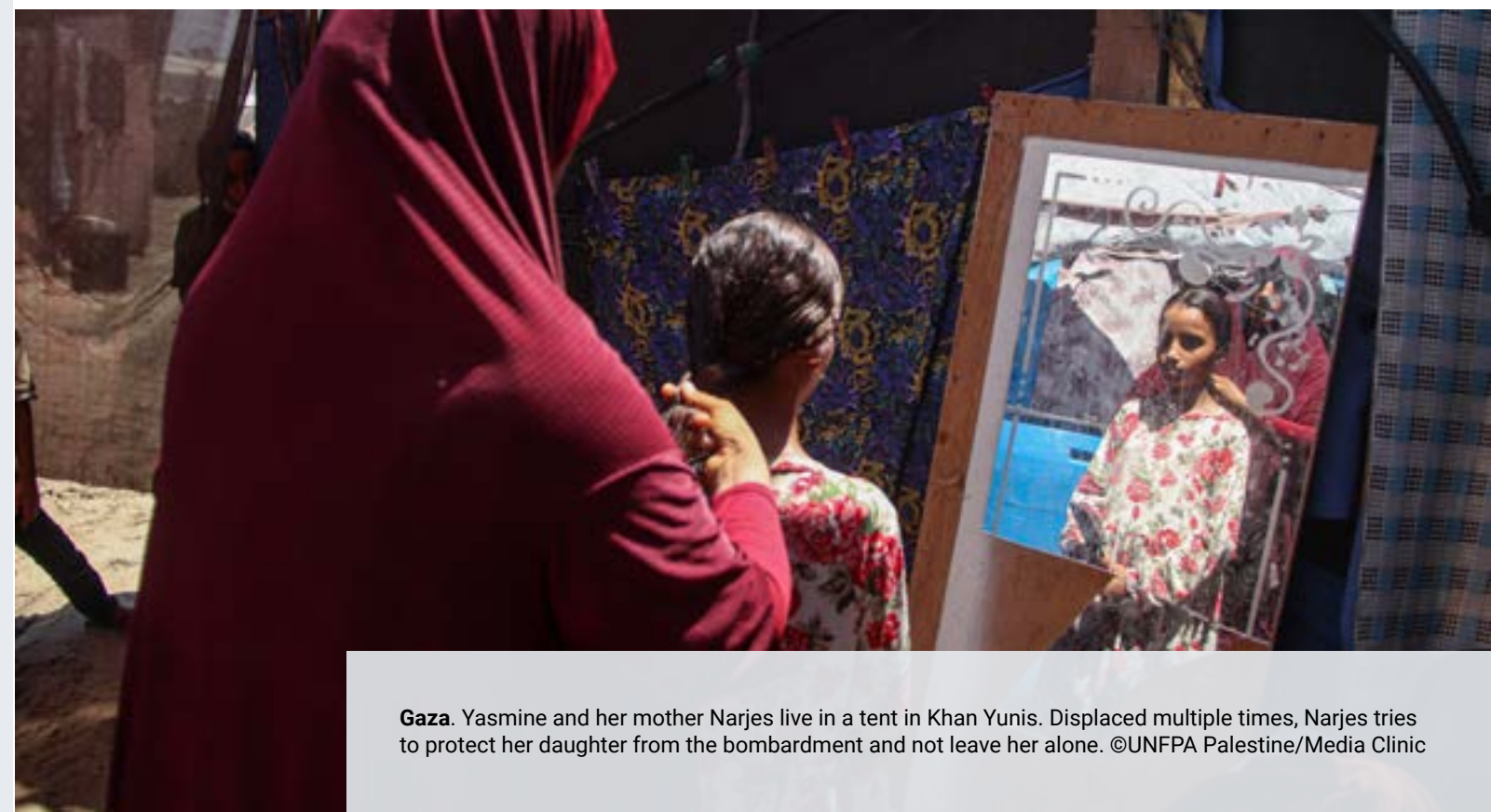
In 2023, UNFPA delivered 73 per cent of its cash and voucher assistance through implementing partners, many of which are local and women-led organizations. Over 20 per cent was provided in collaboration with United Nations entities, including in Colombia, the Democratic Republic of the Congo, Egypt, Myanmar, the occupied Palestinian territory and Syrian Arab Republic. UNFPA also partners with governments on training municipal staff in crisis-affected areas, such as in the Philippines, to integrate cash and voucher assistance into response services for women and girls.

UNFPA leverages cash assistance in large-scale emergencies, anticipatory actions and protracted crises as part of its mandate to operate across both humanitarian and development contexts. In Bangladesh, cash assistance has enabled women and transgender persons affected by floods and cyclones to buy dignity items in local markets, where they also receive information about UNFPA-supported services.

In 2024, as part of activating inter-agency anticipatory actions, cash was disbursed five days before floods to help pregnant women maintain access to sexual and reproductive health services. In Afghanistan, earthquake-affected women and adolescent girls used cash to meet their individual needs and access key services, helping them recover and begin to rebuild their lives.

Cash can support access in hard-to-reach areas and provide a lifeline during war. In Gaza, UNFPA used an existing cash delivery agreement with the World Food Programme to continue aiding gender-based violence survivors and women at risk. Local partners have played a critical role in reaching those requiring cash support for urgent needs and mitigating risks of gender-based violence. In Ukraine and Yemen, local partners used cash to support women's access to reproductive health services, including through a partnership with the International Organization for Migration targeting pregnant and lactating women.

In 2025, UNFPA will continue to support the dignity and autonomy of women and girls with cash and voucher assistance. It will advocate at the global and field levels for donor support for sectoral cash to cover the specific needs of women and girls in tandem with programmes providing cash for household basic needs. UNFPA is also exploring innovations in cash beneficiary management and payment systems to effectively reach more women and girls.



Gaza. Yasmine and her mother Narjes live in a tent in Khan Yunis. Displaced multiple times, Narjes tries to protect her daughter from the bombardment and not leave her alone. ©UNFPA Palestine/Media Clinic

Scaling up emergency responses

UNFPA's core mission in emergency responses is to save lives, safeguard human rights and ensure that no one is left behind. Its Humanitarian Response Division spearheads global efforts in crisis preparedness and response, working closely with other UNFPA headquarters units to maximize operational efficiency and effectiveness on the ground. As a global leader in humanitarian action, UNFPA continuously strengthens its operational protocols, delivers high-quality programmes, and drives resource mobilization and advocacy.

UNFPA's forthcoming Policy and Procedures for Emergency Response will provide a structured, strategic framework for responding swiftly to sudden onset emergencies and escalating protracted crises. The policy outlines specific roles, responsibilities and time-bound deliverables across UNFPA so that life-saving interventions are implemented effectively and aligned with its mandate. The procedures offer greater flexibility to respond to needs and formalize a "no regrets" approach, enabling fast, agile and coordinated responses that prioritize immediate action, even under conditions of uncertainty, to meet urgent needs.

The right people at the right place

At the onset of any humanitarian crisis, rapid deployment of humanitarian expertise is essential for establishing an effective, coordinated response. Ensuring that sexual and reproductive health services and gender-based violence prevention remain priorities from the start can prevent avoidable harm and save lives.

To that end, UNFPA maintains two surge capacity mechanisms. In 2024, it established the Global Emergency Response Team within its Humanitarian Response Division, designed to strengthen the operational capacity of country offices during emergencies and provide immediate technical assistance when crises strike. Team members act as UNFPA's first responders, supporting the set-up of response plans and coordinating interventions to ensure that the rush to address many urgent priorities does not overlook the needs of women and girls. The team consists of specialists in gender-based violence, sexual and reproductive health, mental health and psychosocial support and the clinical management of rape, supply and logistics, crisis communications, humanitarian access, operations, and administration and finance. Since the inception of the team, members have been deployed to crises in Chad, Sudan, the Caribbean and Gaza, offering strategic, programmatic and logistical support to enhance the effectiveness of emergency interventions.

In **Sudan**, the Global Emergency Response Team facilitated sexual and reproductive health coordination among partners in the response, and supported improved UNFPA programming, including the clinical management of rape. The team also facilitated discussions on the cross-border response in Chad and contributed to inter-agency humanitarian access efforts, helping to shape policies and frameworks that guide the broader United Nations response.



Myanmar. Lamawng is a midwife serving in Kachin State.
© UNFPA Myanmar

During the ongoing emergency in **Gaza**, the team provided critical support for both programmatic gender-based violence coordination and operational management. It assessed needs and risks, conducted service mapping, and ensured that UNFPA and its partners could intervene more effectively. In the **Caribbean**, following Hurricane Beryl, the team focused on capacity-building among government agencies and local civil society organizations, equipping them to better manage gender-based violence prevention and response during crises.

Complementing the Global Emergency Response Team, UNFPA leverages an extensive network of over 600 pre-screened experts across essential humanitarian fields through its Surge Response Roster and Standby partnerships. In the past five years, the Surge Team has achieved record-setting deployment numbers, nearly doubling from 100 specialists in 2018 to a projected 185 deployments by the end of 2024. This expanded reach has enabled UNFPA to support responses in 43 countries, spanning major crises in Afghanistan,

Haiti, Lebanon, the Occupied Palestinian Territories, Sudan and Ukraine. With 63 per cent of deployments being women, the team reinforces not only UNFPA's operational capacity but also its commitment to gender equality, empowering women to lead humanitarian efforts in some of the most challenging environments.

Surge Team experts, typically deployed for three to six months after the initial deployment of the Global Emergency Response Team, specialize in areas including the response to gender-based violence, sexual and reproductive health, mental health and psychosocial support, logistics, information management, coordination and communications. This scaled-up response underscores UNFPA's capacity for agile, effective action in extending life-saving interventions to communities in urgent need. Many deployments are made possible by essential support from external donors, whose continued backing enables UNFPA to provide timely and impactful assistance.

“This partnership is unique, timely and essential for emergency response. Planning, preparation and training are critical for addressing disasters like these because we want victims and those affected by violence to have a means of recourse and a support system that helps them recover and cope. This collaboration enables us to achieve far more than we could alone.”

Sharon Coburn Robinson,
Principal Director of the Bureau of Gender Affairs, Government of Jamaica, speaking on the support received from the UNFPA Global Emergency Response Team

Essential supplies: A lifeline in crisis zones

UNFPA plays a vital role in making essential supplies for reproductive health and the response to gender-based violence available during emergencies. The availability of supplies – from medical equipment to non-food items – means that communities, especially women and girls, can access needed care. UNFPA maintains stockpiles of critical supplies and works closely with partners to send commodities to even the most remote and hard-to-reach service delivery points.

UNFPA supports critical infrastructure by providing mobile medical clinics, tents, ambulances for emergency referrals, and other essential medical supplies and non-food items. To swiftly and effectively deliver supplies, the Humanitarian Response Division and Supply Chain Management Unit coordinate closely to support strategic logistics and supply chain planning during emergencies, in close collaboration with inter-agency health and logistics partners.

UNFPA is scaling up its prepositioning of essential operational and security resources to enhance crisis response capacity. This includes mobile and container clinics designed for emergency obstetric and newborn care, ambulances, solar-powered generators, refrigerators, tents and inflatable cold rooms to support health service delivery. It is also equipping teams with critical security assets, including armoured vehicles and personal protective gear. These efforts bolster the reach and resilience of health and protection services, enabling quick, secure and effective responses to emerging humanitarian needs on the ground.

Throughout 2023 and 2024, UNFPA spearheaded a collaborative inter-agency effort to revise the Inter-Agency Emergency Reproductive Health Kits, aligning them with the latest World Health Organization recommendations and enhancing their adaptability to diverse contexts. Drawing on insights from an extensive survey of kit users, a literature review on updated treatment guidelines and valuable input from a technical working group of 86 experts, the revision process integrated practical field experiences to optimize the kits for real-world application. These enhancements pave the way for a more robust and responsive version scheduled for distribution by late 2025. As of October 2024, UNFPA had delivered 18,000 inter-agency emergency reproductive health kits to 39 countries, valued at \$10,120,000.

Flexible funding, lasting impact: Meeting the needs of women and girls in crisis

In 2024, UNFPA's Humanitarian Thematic Fund continued to play a pivotal role in the delivery of life-saving, immediate and flexible responses in emergencies.¹⁴ Funded by voluntary contributions, the Humanitarian Thematic Fund allows UNFPA to swiftly respond to crises and maintain essential services, particularly in underfunded humanitarian situations. As UNFPA's most flexible humanitarian funding mechanism, the fund provides timely, strategic and multi-year financing for rapid humanitarian interventions, preparedness efforts, and the integration of humanitarian and longer-term development initiatives. In 2023, the fund allocated almost \$41 million to over 35 countries, enabling interventions that reached 960,000 people with sexual and reproductive health services and 719,000 people with services related to gender-based violence prevention, risk mitigation and response.

AS OF SEPTEMBER 2024, THE HUMANITARIAN THEMATIC FUND HAS SUPPORTED **35** UNFPA COUNTRY AND REGIONAL OFFICES WITH OVER **\$40 MILLION**

All contributions to the Humanitarian Thematic Fund directly address the needs of women and girls, with forecasts indicating that in 2024, approximately 36 per cent of its overall funding will reach local and national organizations. As of September 2024, the fund has supported 35 UNFPA country and regional offices with over \$40 million, making resources available to meet urgent needs while fostering resilience and sustainable recovery.

The Humanitarian Thematic Fund provides essential early investments that are both flexible and rapid, complementing other funding mechanisms such as the United Nations Central Emergency Response Fund (CERF) and country-based pooled funds, and prioritizing the needs of women and girls. Additionally, the fund helps to keep life-saving services accessible even when gaps arise in other funding sources.

APPEAL FOR 2025



Democratic Republic of the Congo. Esther Okunia, 46, is a humanitarian midwife trained by UNFPA to support women and girls who are internally displaced due to conflict. © UNFPA Democratic Republic of the Congo/Junior Mayindu

¹⁴ More information on the fund can be found at: <https://www.unfpa.org/humanitarian-thematic-fund>

Planned results* **

TOTAL REQUIRED

\$1.4 BILLION

TO REACH

45 MILLION PEOPLE

IN

57 COUNTRIES

*Data shown are as of October 2024.

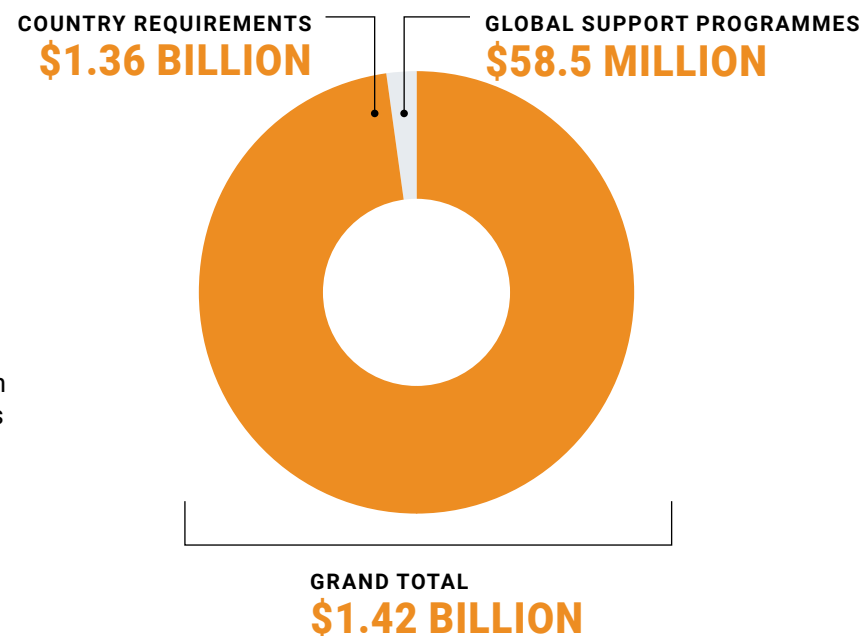
**People targeted for assistance include women of reproductive age (aged 15 to 49), some of whom are pregnant, as well as adolescents and young people (aged 10 to 24), internally displaced persons, refugees and migrants. Needs are estimated through inter-agency humanitarian needs assessments and are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

Required funding projections

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

For the latest response plans by country, go to: <https://fts.unocha.org/plans/overview/2024>



UNFPA requirements: humanitarian response plans

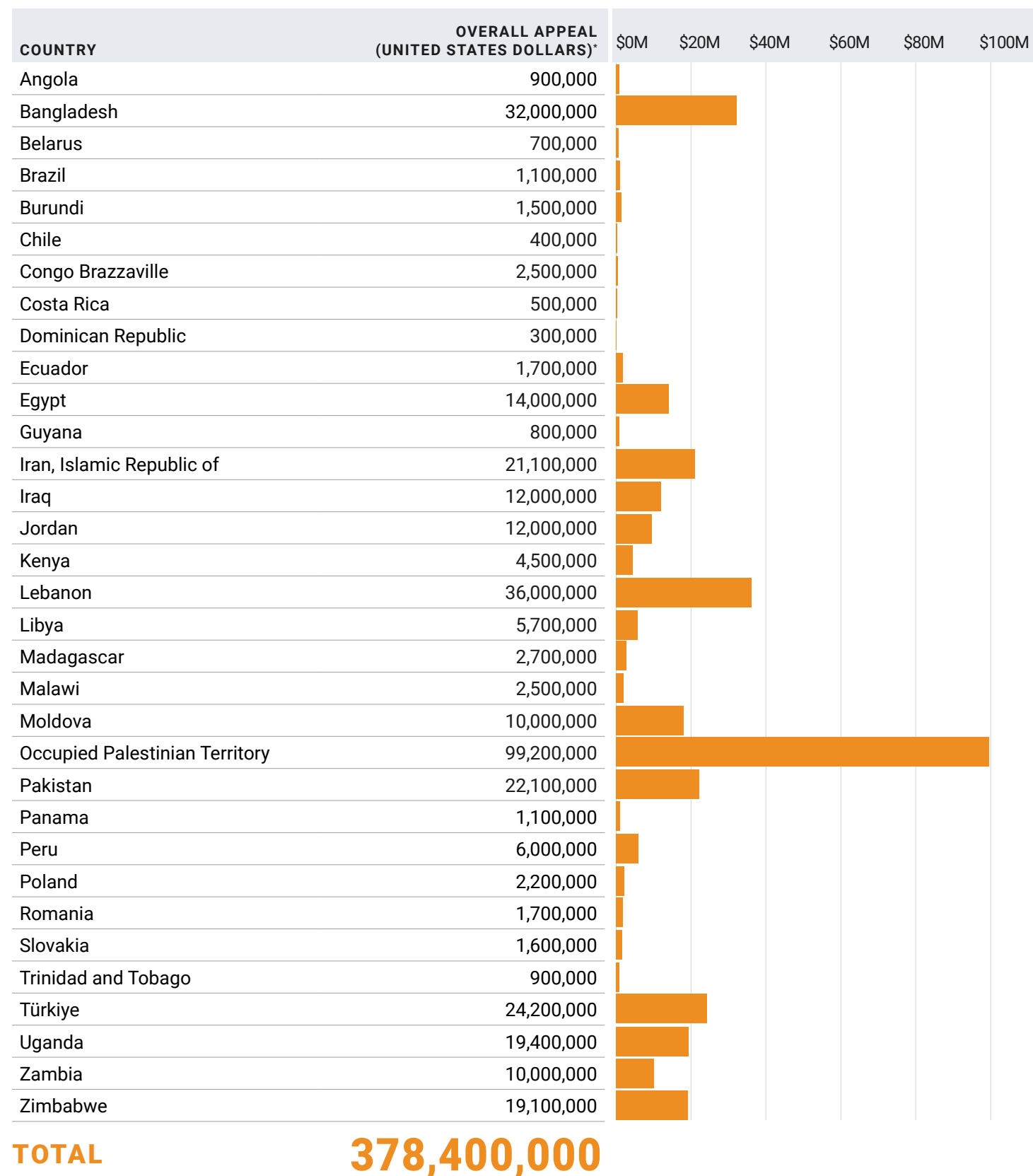
COUNTRY	OVERALL APPEAL (UNITED STATES DOLLARS)*	\$0M	\$50M	\$100M	\$150M	\$200M	\$250M
Afghanistan	254,400,000	[Bar extending past \$250M]					
Burkina Faso	7,200,000	[Small bar]					
Cameroon	9,000,000	[Small bar]					
Central African Republic**	16,600,000	[Small bar]					
Chad**	27,800,000	[Small bar]					
Colombia**	25,700,000	[Small bar]					
Congo, Democratic Republic of the	40,000,000	[Small bar]					
El Salvador	1,200,000	[Very small bar]					
Ethiopia	45,000,000	[Small bar]					
Guatemala	5,600,000	[Small bar]					
Haiti	28,900,000	[Small bar]					
Honduras	11,300,000	[Small bar]					
Mali	16,500,000	[Small bar]					
Mozambique	16,000,000	[Small bar]					
Myanmar	39,400,000	[Small bar]					
Niger**	9,200,000	[Small bar]					
Nigeria	19,600,000	[Small bar]					
Somalia**	45,200,000	[Small bar]					
South Sudan**	17,500,000	[Small bar]					
Sudan	119,600,000	[Bar extending past \$100M]					
Syrian Arab Republic	68,200,000	[Small bar]					
Ukraine	68,000,000	[Small bar]					
Venezuela	28,200,000	[Small bar]					
Yemen	70,000,000	[Small bar]					

TOTAL \$990,100,000

*Data are as of October 2024 and are subject to change.

**Humanitarian appeals for these crisis-affected countries include funding requirements for both humanitarian and refugee response plans, highlighting the combined needs within each country. For the Central African Republic, total funding requirements include \$13,553,893 for the Humanitarian Response Plan and an additional \$3,012,668 for the Refugee Response Plan. In Chad, the appeal comprises \$15,280,773 for the Humanitarian Response Plan and an additional \$12,500,000 for the Refugee Response Plan. Colombia's needs are covered by \$14,244,300 for the Humanitarian Response Plan and an additional \$11,429,865 for the Refugee Response Plan. Niger's appeal combines \$6,950,000 for the Humanitarian Response Plan, \$1,250,000 for the Refugee Response Plan and an additional \$1,000,000 from other sources. Somalia requires \$35,200,040 for the Humanitarian Response Plan and \$10,023,000 for the Refugee Response Plan. South Sudan's appeal includes \$14,982,969 for the Humanitarian Response Plan and \$25,600,000 for the Refugee Response Plan. These figures represent the full funding requirements across multiple appeals in each country, underscoring the extensive resources needed to address the layered humanitarian challenges they face.

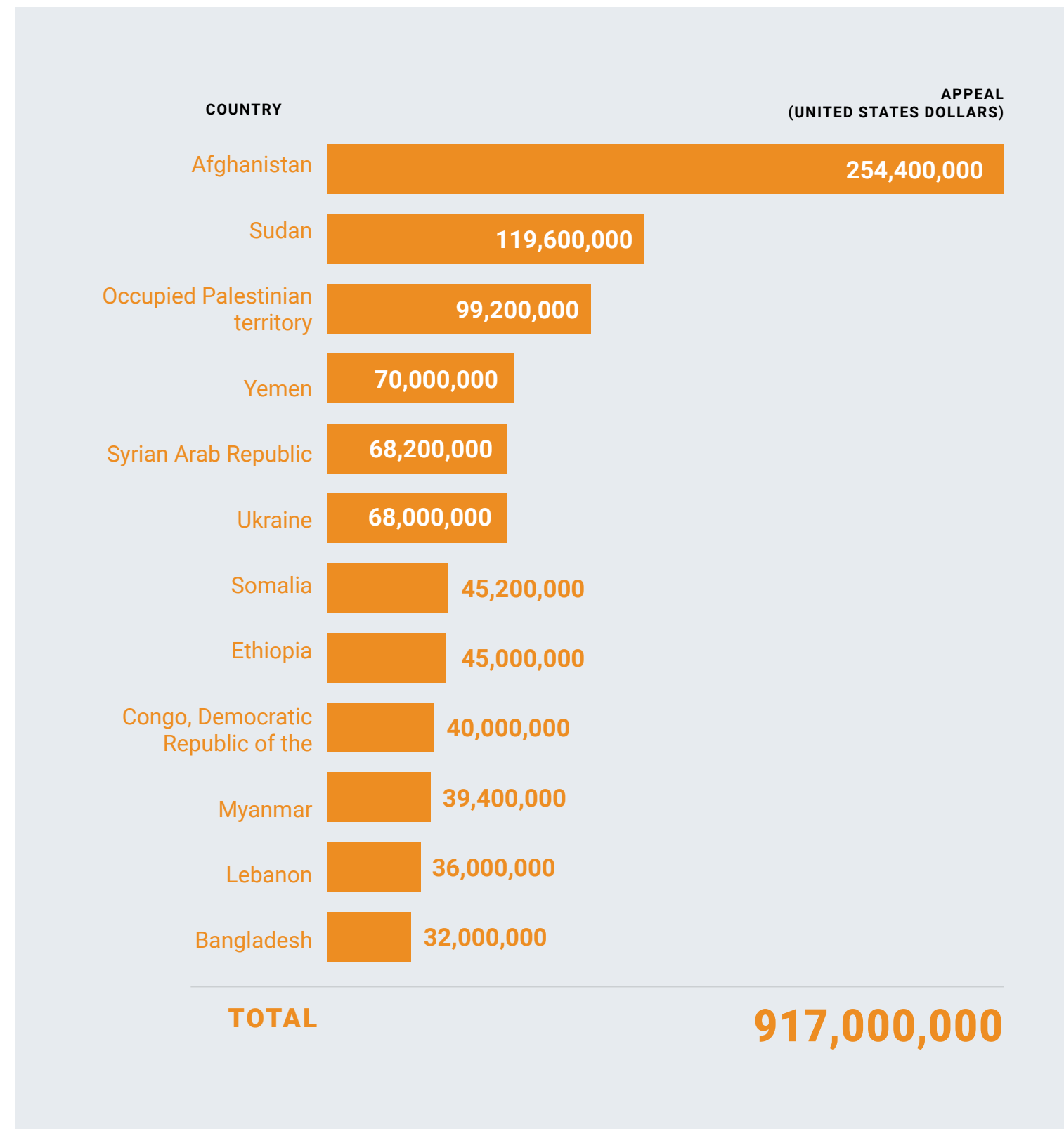
UNFPA requirements: Flash appeals and regional response plans



*Data on flash appeals for Malawi, Syrian Arab Republic, Zambia and Zimbabwe are not available yet. All other countries are covered by regional response plans, including Afghanistan, Bangladesh, Democratic Republic of the Congo, South Sudan, Sudan, Syrian Arab Republic, Ukraine, Venezuela and The Horn of Africa to Yemen and Southern Africa (regional migrant response plan).

Top 12 estimated country requirements

These 12 countries represent 68 per cent of UNFPA's overall appeal, by amount from greatest to lowest.



RESULTS ACHIEVED IN 2024

UNFPA assisted millions of women, girls and young people with a range of life-saving services, supplies and information in 2024.



Zambia. Drought response at a UNFPA-supported mobile clinic operated by the Mazabuka District Health Office. ©UNFPA Zambia/Carly Learson

2024 results at a glance*

Sexual and reproductive health



10 MILLION

people were reached with sexual and reproductive health services in 49 countries.



2.9 MILLION

people accessed family planning in UNFPA-supported facilities in 37 countries.



1.8 MILLION

adolescents and youth, aged 10 to 24, were reached with adolescent sexual and reproductive health services in 45 countries.



824,900

women were assisted in delivering babies safely in UNFPA-assisted facilities in 37 countries.



3,500

health facilities were supported by UNFPA in 55 countries.



32,800

women and girls were reached with cash and voucher assistance to enable access to life-saving sexual and reproductive health services in 17 countries.



1,135

mobile clinics were supported by UNFPA in 39 countries.



11,000

personnel were trained on the MISRP for sexual and reproductive health in 46 countries.

Gender-based violence



3.6 MILLION

people were reached with gender-based violence prevention, risk mitigation and response services in 53 countries.



673,600

dignity kits were distributed in 43 countries.



43,400

women were reached with humanitarian cash assistance for gender-based violence case management and other response and risk mitigation measures in 23 countries.



27,200

non-specialized humanitarian or front-line workers were trained or oriented on core concepts and guidelines related to gender-based violence in 51 countries.



1,600

safe spaces for women and girls were supported in 49 countries.



354

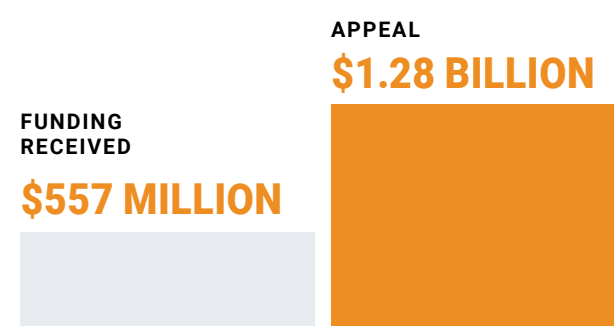
youth-friendly spaces for recreation, vocational training and community outreach were supported in 32 countries.

*Results shown are as of September 2024.

Humanitarian funding in 2024

Funding for 2024 supports countries involved in United Nations-coordinated response plans that address emergencies requiring international humanitarian assistance. These include humanitarian response plans, regional response plans, refugee and migrant response plans, and flash appeals. OCHA updates these inter-agency plans as new information becomes available.

As of October, UNFPA's 2024 appeal was 43 per cent funded.



UNFPA funding in 2024

COUNTRY	APPEAL REQUIREMENT		TOTAL FUNDING REQUIREMENT	TOTAL FUNDING RECEIVED	% FUNDED				
	Humanitarian response plans	Flash appeals/ other appeals				\$0M	\$100M	\$200M	\$300M
Afghanistan	216,000,000	-	216,000,000	161,200,000	75%				
Burkina Faso	7,000,000	-	7,000,000	3,100,100	44%				
Cameroon	11,100,000	-	11,070,664	3,200,000	29%				
Central African Republic	15,700,000	3,500,000	19,300,000	10,100,000	52%				
Chad	18,500,000	5,200,000	23,700,000	8,600,000	36%				
Colombia	15,300,000	14,100,000	29,400,000	1,200,000	4%				
Congo, Democratic Republic of the	34,000,000	-	34,000,000	12,700,000	37%				
El Salvador	1,500,000	-	1,500,000	-	0%				
Ethiopia	55,000,000	-	55,000,000	16,900,000	30%				
Guatemala	7,300,000	-	7,300,000	-	0%				
Haiti	28,000,000	-	28,000,000	3,600,000	13%				
Honduras	11,600,000	-	11,600,000	-	0%				
Mali	15,000,000	-	15,000,000	8,400,000	56%				
Mozambique	16,000,000	3,000,000	19,000,000	2,100,000	11%				
Myanmar	18,000,000	-	18,000,000	4,000,000	22%				
Niger	9,300,000	-	9,300,000	4,200,000	45%				
Nigeria	20,900,000	-	20,900,000	5,600,000	27%				
Somalia	30,000,000	24,000,000	54,000,000	6,300,000	12%				
South Sudan	15,400,000	3,300,000	18,700,000	3,200,000	17%				
Sudan	82,900,000	-	82,900,000	16,200,000	20%				
Syrian Arab Republic	65,400,000	7,500,000	72,900,000	58,100,000	80%				
Ukraine	75,000,000	-	75,000,000	39,900,000	53%				
Venezuela	21,700,000	-	21,700,000	7,400,000	34%				
Yemen	70,000,000	-	70,000,000	47,500,000	68%				

COUNTRY	APPEAL REQUIREMENT		TOTAL FUNDING REQUIREMENT	TOTAL FUNDING RECEIVED	% FUNDED				
	Humanitarian response plans	Flash appeals/ other appeals				\$0M	\$35M	\$70M	\$105M
Angola		1,300,000	1,300,000	-	0%				
Armenia		2,000,000	2,000,000	230,000	10%				
Bangladesh		31,000,000	31,000,000	26,500,000	85%				
Belarus		700,000	700,000	0	0%				
Brazil		3,500,000	3,500,000	1,500,000	43%				
Burundi		3,000,000	3,000,000	700,000	23%				
Chile		500,000	500,000	-	0%				
Congo Brazzaville		2,200,000	2,200,000	500,000	23%				
Costa Rica		1,100,000	1,100,000	0	0%				
Dominican Republic		300,000	300,000	400,000	133%				
Ecuador		8,000,000	8,000,000	-	0%				
Egypt		11,000,000	11,000,000	1,500,000	14%				
Guyana		2,000,000	2,000,000	-	0%				
Iran, Islamic Republic		17,800,000	17,800,000	2,600,000	15%				
Iraq		12,000,000	12,000,000	4,200,000	35%				
Jordan		8,300,000	8,300,000	5,500,000	66%				
Kenya		15,800,000	15,800,000	2,000,000	13%				
Lebanon		19,800,000	19,800,000	12,500,000	63%				
Libya		8,100,000	8,100,000	3,100,000	38%				
Madagascar		7,300,000	7,300,000	600,000	8%				
Malawi		300,000	300,000	0	0%				
Moldova		23,600,000	23,600,000	13,100,000	56%				
Occupied Palestinian territory		90,200,000	90,200,000	34,400,000	38%				
Pakistan		31,100,000	31,100,000	11,400,000	37%				
Peru		7,000,000	7,000,000	300,000	4%				
Poland		2,000,000	2,000,000	200,000	10%				
Romania		1,000,000	1,000,000	-	0%				
Rwanda		400,000	400,000	-	0%				
Slovakia		1,000,000	1,000,000	100,000	10%				
Trinidad and Tobago		500,000	500,000	-	0%				
Türkiye		10,300,000	10,300,000	6,900,000	67%				
Uganda		16,500,000	16,500,000	4,000,000	24%				
Zambia		7,100,000	7,100,000	700,000	10%				
Zimbabwe		15,300,000	15,300,000	900,000	6%				

Humanitarian donors in 2024

UNFPA relies on both public and private sector partners to support its life-saving humanitarian work. Partners contributed \$295 million in co-financing for humanitarian efforts as of 30 September 2024. Predictable and flexible humanitarian funding is essential for UNFPA to prepare for and respond to the growing number of conflicts and disasters worldwide. UNFPA extends its gratitude to all partners for their financial contributions in addressing the needs of women and girls in humanitarian settings.

Top 10 donors to UNFPA humanitarian action in 2024¹⁵

- 01 **UNITED STATES OF AMERICA**
- 02 **EUROPEAN UNION**
- 03 **AUSTRALIA**
- 04 **UNITED NATIONS INTER-AGENCY¹⁶ TRANSFERS**
- 05 **JAPAN**
- 06 **UNITED KINGDOM**
- 07 **CANADA**
- 08 **SWEDEN**
- 09 **REPUBLIC OF KOREA**
- 10 **NORWAY**

Donors and partners of the Humanitarian Thematic Fund in 2024

The work of the Humanitarian Thematic Fund is made possible thanks to generous contributions from the donor community. Contributions received in 2024 amounted to \$29 million.

UNFPA seeks to mobilize at least \$30 million for the fund in 2025 to maintain the current level of funding to responses across the globe. Fully unearmarked, flexible and multi-year funds are key to ensure that resources remain available to be deployed when needed, especially for critically underfunded and forgotten emergencies.

- SWEDEN**
- NORWAY**
- IRELAND**
- GERMANY**
- UNFPA INDIVIDUAL GIVING PROGRAMME**
- REPUBLIC OF KOREA**
- CANADA**
- OPEN SOCIETY FOUNDATIONS**
- SPAIN**



Occupied Palestinian territory. As war continues in Gaza, mass displacement has a devastating impact on women and girls. ©UNFPA Palestine

¹⁵ The donor ranking is based on preliminary reports and the size of contributions as of 30 September 2024, and is subject to change.

¹⁶ United Nations inter-agency transfers include contributions from the CERF, country-based pooled funds and other interorganizational funding sources.



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

www.unfpa.org

December 2024

Front cover photo

Occupied Palestinian territory. Adolescent Rahaf was injured while fleeing her home. Now, she and her family live in a tent in Mawasi Khan Younis that lacks basic necessities. © UNFPA Palestine/ Media Clinic

Back cover photo

Haiti. Mariline Azard has two children. She lives with her husband who has another two children. She is six months pregnant. The family is staying at the Joseph Bernard High School in Route Frères, Port-au-Prince, which has been converted into a camp for people internally displaced by gang violence. © UNFPA Haiti/ Wendy Desert