



Humanitarian Action

2023 Overview



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Pregnancies and birth don't wait for disasters. Sita gave birth to her baby during the heavy flooding in her country, Pakistan. Her village was buried under water. ©UNFPA/Pakistan/Shehzad Nooran

Foreword from the Executive Director

As crises escalate, women and girls are paying an unacceptable price

Around the world, 2022 saw deepening conflict, widespread hunger and major climate disasters. Today, more than 103 million people globally are refugees or forcibly displaced inside their country. The majority are women and children, many of whom are struggling to survive and face daily threats to their health, rights, safety and dignity.

When crisis strikes, women and girls face a heightened risk of sexual violence, exploitation and abuse. More girls drop out of school and harmful practices such as female genital mutilation and child marriage become more common as families struggle to meet basic needs. Access to services and support critical to women's and girls' health, survival and future is often disrupted or lacking altogether.

The increase in gender-based violence globally stems from multiple, overlapping crises, including the impact of the COVID-19 pandemic and the interplay between displacement, conflict, and food insecurity. Despite soaring needs, services to tackle gender-based violence are heavily underfunded, leaving millions of women and girls without the lifesaving services they need.

In emergencies, the rights and choices of women and girls are far too often trampled on or sidelined. They can face limited access to sexual and reproductive health care, including family planning. Health facilities become inaccessible, destroyed or damaged beyond repair. For pregnant women lacking essential reproductive and maternal health care, childbirth can end in tragedy. With humanitarian needs expected to double by 2030, it is critical that sexual and reproductive health and gender-based violence protection services are integral to every humanitarian response.

UNFPA is on the ground providing humanitarian aid in more than 60 countries. We are expanding our capacity to deliver integrated sexual and reproductive health and gender-based violence services at health facilities and mobile clinics, and through women - and girl-friendly spaces. In 2022, UNFPA provided life-saving assistance to more than 30 million women, girls and young people, including services and supplies for emergency obstetric care to prevent maternal and newborn deaths, family planning and emergency contraception, prevention of and response to sexual violence, including the clinical management of rape.

Yet, needs are growing and gaps remain. In 2023, UNFPA is appealing for US\$1.2 billion to provide life-saving services and protection to approximately 66 million women, girls, and young people in 65 countries.



Natalia Kanem

Dr. Natalia Kanem

Executive Director of UNFPA

©UNFPA/Rick Bajornas

We are grateful for the support of United Nations Member States, donors and humanitarian workers – together, they keep hope alive for millions of women and girls around the world. Together, let us do more to protect the health, well-being and rights of women and girls affected by humanitarian crises, and to support women leaders and front-line workers as they work to end human suffering and bring us closer to peace and justice.



In Somalia, women and girls are in a double crisis of violence and hunger. Nearly 8 million people are facing a severe hunger crisis. That is almost half the population of the country. Malnutrition among pregnant women has reached alarming levels.

“The current crisis has far-reaching impacts for women and girls across the region,” said Dr. Natalia Kanem, “Unless we act now, thousands will die and countless more will face other dangers and rights violations and suffer needlessly.” ©UNFPA/Somalia/Luis Tato



Executive Director Dr. Natalia Kanem meets Ukrainian Refugees in Chisinau, Moldova. ©UNFPA/Moldova/Siegfried Modola

Impact





Midwife Lucie Banionia, provides support in a maternity ward at the General Reference Hospital in Kinshasa, Democratic Republic of the Congo. The hospital is a UNFPA-supported maternity hospital where Lucie has worked for the past 27 years. ©UNFPA/DRC/Junior Mayindu

2022 results snapshot

Sexual and reproductive health

**22
million**

Total number of women, girls and young people reached with sexual and reproductive health services in **50 countries**

**1.4
million**

Women helped to deliver babies safely in UNFPA-assisted facilities in **39 countries**

36,000

Personnel trained on the minimum initial service package for sexual and reproductive health in **36 countries**

18,000

Quantity of inter-agency reproductive health kits, worth over **\$15 million**, dispatched to **50 countries**

4,500

Total number of health facilities supported by UNFPA in **46 countries**

6,300

Health-care personnel trained on clinical management of rape in **34 countries**

Information and awareness-raising

**6.5
million**

Total number of women, girls and young people reached in person with information and awareness-raising activities for reproductive health services and gender-based violence prevention in **50 countries**

Gender-based violence

2
million

Total number of women, girls and young people reached with GBV prevention, risk mitigation and response services in **46 countries**

525,000

Dignity kits distributed in **42 countries**

175,000

Women and girls reached with cash and voucher assistance in over **20 countries**

642

Youth-friendly spaces for recreation, vocational training and community outreach supported in **32 countries**

1,000

Safe spaces for women and girls supported by UNFPA in **42 countries**

Notes on results:

Results are estimated as of October 2022 and do not include every country in which UNFPA has delivered humanitarian services. Results will be updated on the [UNFPA humanitarian page](#) as new data become available.

Humanitarian Financing in 2022

Grand total	Funding required \$1 billion	Funding received \$435 million	Funded 43%
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Arab States

	Funding required	Funding received	Funded
Egypt	\$1,751,000	\$993,728	57%
Iraq	\$16,000,000	\$11,526,417	72%
Jordan	\$13,264,030	\$12,206,649	92%
Lebanon	\$19,241,373	\$7,048,603	37%
Libya	\$7,600,000	\$4,240,461	56%
Occupied Palestinian Territory	\$7,458,982	\$4,743,708	64%
Somalia	\$19,500,000	\$6,256,633	32%
Sudan	\$42,908,651	\$15,677,433	37%
Syrian Arab Republic	\$69,819,767	\$47,647,634	68%
Yemen	\$100,000,000	\$39,963,565	40%
Total	\$297,543,803	\$150,304,831	51%

Asia and the Pacific

	Funding required	Funding received	Funded
Afghanistan	\$251,940,000	\$81,107,156	32%
Bangladesh	\$37,220,583	\$21,493,928	58%
Iran, Islamic Republic of	\$6,826,900	\$2,436,640	36%
Myanmar	\$15,000,000	\$4,208,588	28%
Pakistan	\$42,300,000	\$6,379,924	15%
Sri Lanka	\$10,725,500	\$1,033,250	10%
Total	\$364,012,983	\$116,659,486	32%

Eastern Europe and Central Asia

	Funding required	Funding received	Funded
Belarus	\$660,000	\$102,912	16%
Moldova	\$15,700,000	\$11,467,435	73%
Poland	\$300,000	\$388,724	100%
Romania	\$300,000	\$529,617	100%
Slovakia	\$300,000	\$269,924	90%
Turkey*	\$10,905,809	\$26,917,325	100%
Ukraine	\$57,750,000	\$31,045,410	54%
Total	\$85,915,809	\$70,721,347	82%

Notes for 2022 funding tables:

*Numbers for Turkey include both the regional refugee response for Syria and the cross border operation from Turkey to north Syria.

**The sub-regional office for the Caribbean includes Aruba, Curacao, Guyana, and Trinidad and Tobago.

1. Countries in this report are linked to United Nations-coordinated inter-agency response plans and appeals, which are a key part of planning and coordinating emergency response at country level, and communicating the scope of operations. They include: humanitarian response plans (HRP), regional refugee response plans (RRP), refugee and migrant response plans (RMRP), flash appeals and joint response plans.

East and Southern Africa

	Funding required	Funding received	Funded
Angola	\$700,000	\$613,187	88%
Burundi	\$2,850,000	\$0	0%
Congo, Democratic Republic of the	\$53,866,666	\$13,390,547	25%
Ethiopia	\$29,998,329	\$13,725,817	46%
Kenya	\$5,100,000	\$1,962,072	38%
Madagascar	\$1,300,000	\$4,225,689	100%
Malawi	\$245,800	\$655,804	100%
Mozambique	\$5,000,000	\$4,855,127	97%
Rwanda	\$721,541	\$221,270	31%
South Sudan	\$13,000,000	\$5,147,094	40%
Tanzania, United Republic of	\$600,000	\$91,336	15%
Uganda	\$15,344,000	\$4,157,798	27%
Zambia	\$90,842	\$0	0%
Zimbabwe	\$9,000,000	\$2,093,021	23%
Total	\$137,817,178	\$51,138,762	37%

Latin America and the Caribbean

	Funding required	Funding received	Funded
Brazil	\$2,941,400	\$914,164	31%
Colombia	\$18,169,597	\$3,022,296	17%
Ecuador	\$3,000,000	\$801,941	27%
Haiti	\$4,399,803	\$4,292,910	98%
Honduras	\$3,600,000	\$891,534	25%
Peru	\$6,524,875	\$1,705,632	26%
Sub-regional office**	\$1,748,259	\$1,662,147	95%
Venezuela	\$17,712,000	\$6,042,933	34%
Total	\$58,095,934	\$19,333,557	33%

West and Central Africa

	Funding required	Funding received	Funded
Burkina Faso	\$3,658,848	\$4,751,679	100%
Cameroon, Republic of	\$12,500,000	\$3,379,534	27%
Central African Republic	\$6,000,000	\$2,268,832	38%
Chad	\$17,100,000	\$6,085,631	36%
Congo Brazzaville	\$2,855,000	\$262,352	9%
Mali	\$3,500,000	\$2,919,236	83%
Niger	\$3,900,000	\$2,766,289	71%
Nigeria	\$27,000,000	\$4,844,463	18%
Total	\$76,513,848	\$27,278,016	36%

2. The following countries are linked to various inter-agency plans and appeals: Belarus, Moldova, Poland, Romania, and Slovakia (Ukraine RRP); Egypt, Iraq, Jordan, Lebanon, and Turkey (Syria RRP); Brazil, Ecuador, Peru and the Sub-regional Office (Venezuela RMRP); and Angola, Burundi, Congo Brazzaville, Rwanda, Tanzania, Uganda and Zambia (Democratic Republic of the Congo RRP).

3. Data for all countries are provisional – estimated as of October 2022.

4. Funding received includes new contributions received from donors in 2022, funds rolled over from previous years, and internal transfers between UNFPA departments.

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

Three Women. Three Stories.

In 2022, over 30 million women, girls and young people received life-saving assistance, including emergency obstetric care to prevent maternal and newborn deaths, family planning and emergency contraception, prevention of and response to sexual violence, and clinical management of rape.

But the magnitude of the needs is immense and significant gaps remain.



Amira Suliman was once displaced. Today she is a business owner, thanks to training in a center supported by UNFPA. Amira is also a volunteer who gives back to her community, raising awareness on women's health and empowerment in the same centre.
©UNFPA/Sudan



One year after the Taliban takeover in Afghanistan, 17-year-old Mursal, a UNFPA-supported peer counsellor, is still in disbelief that she can't go back to school. "It's not right that they're ordering us to hide our faces and stop going to school. I hope that young girls will not give up," she says.
©UNFPA/Afghanistan



Nadia is 17 years old and from Chernihiv, a Ukrainian city on the border with Russia and Belarus. Her city suffered constant fire from the beginning of the full-scale invasion of her country. Despite what she went through, Nadia looks to the future with hope.
©UNFPA/Ukraine/
Maksym Pichkur

Humanitarian Donors in 2022

Predictable and flexible humanitarian financing underpins UNFPA's ability to prepare for and respond to increasing conflicts and disasters worldwide. UNFPA is grateful to all of its partners for their financial contributions in support of the needs of women and girls in humanitarian settings.

1. **United States of America**
2. **United Nations inter-agency transfers**
3. **United Kingdom**
4. **Australia**
5. **Norway**
6. **Canada**
7. **European Commission**
8. **Denmark**
9. **Japan**
10. **Italy**

Notes on donor list:

1. Donor ranking is based on preliminary reporting through 31 October 2022 and is subject to change
2. United Nations inter-agency transfers Includes the Central Emergency Fund, Country-Based Pooled Funds and other inter-organizational funds.



OU VIKTIM VYON
POTE PLE



Planned results

To reach

66

million

women, girls and young
people in need of
humanitarian
assistance

In

65

countries

Notes for planned results:

1. People targeted for assistance include women of reproductive age (15–49), some of whom are pregnant, adolescents and young people (10–24), internally displaced persons, refugees and migrants.
2. Needs are calculated through inter-agency needs assessment.

Required funding

Grand total

\$1.2
billion

Global support
programmes

\$58
million

Country
requirements

\$1.1
billion

Aerial view of El Jale 1 IDP Camp,
Kismayo in Somalia. ©UNFPA/Somalia

Arab States

	Funding required
Egypt	\$3,425,000
Iraq	\$14,000,000
Jordan	\$12,661,200
Lebanon	\$20,500,000
Libya	\$3,504,500
Occupied Palestinian Territory	\$6,690,500
Somalia	\$63,100,000
Sudan	\$62,420,500
Syrian Arab Republic	\$73,278,500
Yemen	\$70,000,000
Total	\$329,580,000

Asia and the Pacific

	Funding required
Afghanistan	\$289,111,500
Bangladesh	\$32,933,900
Iran, Islamic Republic of	\$6,757,300
Myanmar	\$15,900,000
Pakistan	\$31,600,000
Sri Lanka	\$15,000,000
Total	\$391,302,700

Eastern Europe* and Central Asia

	Funding required
Belarus	\$660,000
Moldova	\$14,350,000
Poland	\$1,720,800
Romania	\$1,624,600
Slovakia	\$950,000
Turkey	\$8,395,000
Ukraine	\$70,125,000
Total	\$97,825,400

East and Southern Africa

	Funding required
Angola	\$2,350,000
Burundi	\$3,000,000
Congo, Democratic Republic of the	\$62,000,000
Ethiopia	\$45,000,000
Kenya	\$7,600,000
Malawi	\$270,400
Mozambique	\$16,000,000
Rwanda	\$1,200,000
South Sudan	\$9,887,100
Tanzania, United Republic of	\$600,000
Uganda	\$16,041,000
Zambia	\$124,000
Total	\$164,072,500

Latin America and the Caribbean

	Funding required
Bolivia	\$494,000
Brazil	\$1,987,500
Chile	\$130,000
Colombia	\$19,618,700
Dominican Republic	\$231,000
Ecuador	\$11,000,000
Haiti	\$23,868,800
Honduras	\$3,800,000
Panama	\$1,049,000
Paraguay	\$498,000
Peru	\$6,175,200
Sub-regional office**	\$405,000
Regional office***	\$2,422,000
Venezuela	\$21,561,600
Total	\$93,240,800

West and Central Africa

	Funding required
Burkina Faso	\$6,000,000
Cameroon, Republic of	\$13,597,500
Central African Republic	\$20,153,000
Chad	\$17,100,000
Congo Brazzaville	\$2,200,000
Mali	\$3,500,000
Niger	\$6,000,000
Nigeria	\$30,000,000
Total	\$98,550,500

Notes for 2023 funding tables:

*The inter-agency Refugee Response Plan, coordinated by the United Nations High Commissioner for Refugees, outlines the comprehensive response and activities to support countries' efforts to protect and assist refugees coming from Ukraine. The host countries include Hungary, Moldova, Poland, Slovakia and others.

**The sub-regional office for the Caribbean includes Aruba, Curacao, Guyana, and Trinidad and Tobago.

***Regional component of the response to refugees and migrants from Venezuela.

1. Funding needs are estimated as of October 2022, and are based on United Nations-coordinated inter-agency response plans: humanitarian response plans (HRP), regional refugee response plans (RRP), refugee and migrant response plans (RMRP), flash appeals and joint response plans.

2. The following countries are linked to various inter-agency plans and appeals: Belarus, Moldova, Poland, Romania, and Slovakia (Ukraine RRP); Egypt, Iraq, Jordan, Lebanon, and Turkey (Syria RRP); Brazil, Bolivia, Chile, Dominican Republic, Ecuador, Panama, Paraguay, Peru and the sub-regional office (Venezuela RMRP); and Angola, Burundi, Congo Brazzaville, Rwanda, Tanzania, Uganda and Zambia (Democratic Republic of the Congo RRP).

3. Countries supported by the UNFPA Pacific Sub-regional office, located in Fiji, do not have inter-agency humanitarian response plans but the needs are high. The Pacific island states are ranked among the highest-risk countries in exposure to extreme natural events including tropical cyclones, rising sea levels and prolonged droughts due to the increasing impacts of climate change. Health systems in these countries remain fragile and national protection mechanisms are highly vulnerable to disruptions during emergencies. UNFPA supports the governments and national partners in preparedness and in the provision of reproductive health and protection services for women and girls during disasters. Countries and territories include: the Cook Islands, the Federated States of Micronesia, Fiji, Kiribati, the Marshall Islands, Nauru, Niue, Palau, Samoa, Solomon Islands, Tokelau, Tonga, Tuvalu and Vanuatu.

Top 10 country requirements

	Country	Funding required
1.	Afghanistan	\$289,111,500
2.	Syrian Arab Republic	\$73,278,500
3.	Ukraine	\$70,125,000
4.	Yemen	\$70,000,000
5.	Somalia	\$63,100,000
6.	Sudan	\$62,420,500
7.	Congo, Democratic Republic of the	\$62,000,000
8.	Ethiopia	\$45,000,000
9.	Bangladesh	\$32,933,900
10.	Pakistan	\$31,600,000
	Total	\$799,569,400



Global support



Distribution of emergency relief in the form of a rapid response kit to flood-affected families in a temporary settlement in Al Jawf, Yemen. UNFPA leads a multi-agency Rapid Response Mechanism, together with UNICEF and WFP. The kits contain women's clothing and essential hygiene items such as soap and sanitary pads, along with jerry cans and ready-to-eat food. Each kit is designed to cover a family's basic necessities for five to seven days. ©UNFPA/Yemen

Snapshot of global support in 2022

UNFPA humanitarian action in countries is supported by offices at regional and headquarter levels. This includes support in quality programming, human resources, safety and security, supplies and logistics, finance and administration, communications and advocacy, and resource mobilization. In 2022, the Humanitarian Response Division and the regional offices coordinated and facilitated the scaling up of humanitarian action, particularly in high-profile emergencies such as Ukraine, Afghanistan, northern Ethiopia, Somalia, Yemen, Syria, the Horn of Africa and Central Sahel.



Midwives being trained by UNFPA to care for newborns at Banadir Hospital in Mogadishu, Somalia. ©UNFPA/Somalia/Luis Tato





Young woman receiving a dignity kit in the north-central region in Burkina Faso where conflict has led to displacement. ©UNFPA/Burkina Faso

Humanitarian supplies and supply chain management

UNFPA plays a critical role in providing life-saving sexual and reproductive health (SRH) kits on behalf of the international community. UNFPA procures and manages Inter-Agency Reproductive Health kits including pharmaceuticals, medical devices, and other non-medical supplies that are needed for SRH in humanitarian crises.

The largest kit is the comprehensive emergency obstetric care kit that supports the establishment of a surgical maternity ward capable of providing Caesarean sections to save the lives of women and newborns.

The smallest kit is the clean delivery kit that is provided to pregnant women, especially displaced women and refugees, to support safe birth. Contraceptive kits contain condoms, intrauterine devices and other contraceptives.

As part of integrated SRH and GBV services, UNFPA provides post-rape treatment kits to health centres, hospitals and trained providers.

UNFPA also procures and deploys key supplies and infrastructure to remove barriers to access services and improve quality of care, including mobile maternity clinics, and supplies to increase service-seeking behaviour and mitigate risks for GBV.

To increase operational efficiency, UNFPA addresses gaps in the availability of life-saving supplies through targeted work on humanitarian logistics and supply chain management. Through global and regional prepositioning and supply preparedness, timely distribution of life-saving supplies to the last mile in sudden-onset emergencies, and sustainable supply chain strengthening initiatives in protracted crises, UNFPA works to ensure that the right product, reaches the right place, at the right time, at the right quality, in the right quantity and for the right cost.

- **Disbursed** 18,000 inter-agency emergency reproductive health kits to over 50 humanitarian operations to ensure access to SRH supplies.
- **Supported** alignment and coordination of interagency partners in delivery and quality of health commodities through coordination of the Humanitarian Health Supplies Group.
- **Reinforced** capacity of UNFPA country offices, partners and national actors in pharmaceutical supply chain management and humanitarian logistics management.
- **Increased** timeliness of delivery of supplies in scale-up emergencies through new processes and collaboration with humanitarian partners.

Sohaila Sona, UNFPA mobile health team, providing services to women and girls, Gayan District, Paktika in Afghanistan. ©UNFPA/Afghanistan/Zaeem Abdul Rahman



Sexual and reproductive health in emergencies

During conflicts, climate disasters and public health emergencies, SRH needs increase as health facilities are disrupted, damaged and destroyed. The consequences are devastating. Without access to delivery and obstetric care services, pregnant women risk life-threatening complications. They are also exposed to unintended pregnancies in these conditions as they are likely to lose access to contraception. In addition, they become more vulnerable to sexual violence, exploitation and HIV infection.

- **Reinforced** the capacity of midwives and other front-line service providers on Basic Emergency Obstetric and Neonatal Care and Long-Acting Reversible Contraceptives.
- **Provided** regular online training that allows UNFPA staff to expand skill sets to better respond to SRH needs in emergencies.
- **Built** capacity for clinical management of rape (CMR) and intimate partner violence (IPV) and training of trainers at country and regional levels, both online and in person, in multiple languages.
- **Strengthened** coordination of CMR and IPV training by co-chairing the CMR-IPV sub working group in the Inter-agency Working Group for SRH.
- **Continued** to integrate SRH and GBV services in humanitarian settings.

UNFPA and partners work to ensure that the minimum initial service package (MISP) for reproductive health in emergencies is available at the onset of the emergency. MISP services include emergency obstetric care to prevent maternal and newborn deaths, contraception, prevention of and response to sexual violence, and provision of clinical management of rape. These services are gradually expanded to more comprehensive care.

To provide strategic leadership on SRH in humanitarian crises, UNFPA supports the Health Cluster* with coordination of SRH programming, including by leading SRH working groups in countries for effective programming, and globally through the Inter-agency Working Group on Reproductive Health in Crises. As the global custodian of the Inter-Agency Emergency Reproductive Health Kits, UNFPA ensures that reproductive health supplies are available from the onset and during emergencies.

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

Gender-based violence in emergencies

Gender-based violence is widespread and exacerbated during crises, whether due to natural disasters or conflict. To prevent, mitigate risk, and respond to GBV, UNFPA provides life-saving services and information and coordination mechanisms at country level.

- **Supported** women-led organizations to take on coordination roles; the knowledge gained will also support other contexts.
- **Provided** \$11 million in cash and voucher assistance to women and girls for GBV prevention and response and SRH in over 20 countries.
- **Piloted** in various contexts a [toolkit for GBV risk mitigation in cash and voucher assistance](#) that contributes to global evidence on the importance of doing no harm with cash interventions. This has helped to position UNFPA as the “go-to agency” for GBV-sensitive cash and voucher assistance programming globally.
- **Developed** a three-year GBV in emergencies capacity development plan to address needs for GBV prevention, risk mitigation and response and foster evidence-driven progress.
- **Led** the roll-out of inter-agency GBV case management guidelines through the GBV case management capacity building initiative in six countries resulting in 104 certified trainers.
- **Piloted** GBV case management E-learning in four countries with newly developed module on GBV case management with survivors of sexual and exploitation and abuse.
- **Produced** a “tip sheet” on defining linkages to better assist survivors of sexual exploitation and abuse.
- **Released** guidance to support staff in navigating the transition between the Inter-Agency Minimum Standards for GBV in Emergencies (prevention and response) and the Essential Service Package in fragile settings and across the humanitarian-development-peace nexus.

Using an integrated approach with SRH, UNFPA provides specialized services, including clinical management of rape, psychosocial support and case management, for survivors of GBV. UNFPA supports safe spaces and shelters for women and girls, which offer an entry point to access care and support, including information and awareness sessions. Dignity kits, containing menstrual health and hygiene products, are distributed to women and adolescent girls along with life-saving information, including available services.

UNFPA also provides cash and voucher assistance to help survivors access appropriate services and take independent decisions around their living situation, or rebuild their lives following incidents of violence. In this regard, UNFPA has increased its efforts to integrate cash assistance within GBV case management at the global level to guide and support GBV and cash practitioners in designing and integrating cash assistance in GBV case management programming.



Community outreach and awareness sessions led by volunteers after devastating flooding across Nigeria. ©UNFPA/Nigeria/Adamu Hamman

Gender-based violence area of responsibility leadership

UNFPA leads the GBV area of responsibility (AoR) on GBV prevention, risk mitigation and response in humanitarian settings, as part of the Global Protection Cluster*. The GBV AoR coordinates and provides global-level inter-agency policy advice and guidance to country GBV subclusters for response to GBV in non-refugee humanitarian crises. Comprising more than 2,000 organizations, across 32 cluster countries, the field GBV subclusters take a survivor-centered approach. Ongoing technical support and operational missions are provided by senior inter-agency GBV in emergency advisers and information management specialists across five regions.

Humanitarian Data Exchange

In 2022, UNFPA continued to improve the Common Operational Datasets on Population Statistics (COD-PS) in support of the United Nations humanitarian system. Between January and September, UNFPA produced 15 COD-PS updates in operational response settings (including Ukraine, Myanmar, Cameroon and Palestine) and 61 COD-PS updates in preparedness countries. Nearly 58,000 datasets were downloaded by 13,077 individual users on the OCHA Humanitarian Data Exchange (HDX) — one of the most widely-used data products on the HDX platform.

The GBV AoR governance structure includes two women-led organizations to respond to field priorities. The GBV AoR continues to track funding to local organizations, is scaling up support for women-led organizations to lead coordination in two new contexts, and setting up a network of peer exchange between local actors.

In 2022, the GBV AoR supported GBV coordination in 42 humanitarian contexts.

*The GBV AoR is the global-level forum for coordinating GBV prevention, risk mitigation and response in emergencies and humanitarian contexts, as part of the Protection Cluster. The cluster approach is used for coordinating humanitarian action when a national government requests international support. UN and non-UN organizations form the clusters that represent each of the main sectors of humanitarian action: health, protection, water, food security, logistics, early recovery, shelter, education, nutrition, telecommunications and camp management.

Emergency deployments

The UNFPA surge mechanism is the agency's principal means of deploying qualified humanitarian professionals to support humanitarian response and meet demands in multiple, simultaneous, complex, sudden-and slow-onset emergencies.

In 2022, UNFPA deployed 136 surge personnel, a 20% increase from 2021. Sixty per cent of the personnel deployed were women. Profiles deployed included GBV response and prevention, SRH programming and coordination, mental health and psychosocial support, humanitarian coordination, information management, security, human resources, communications and logistics. Funded by Denmark, after a two-year hiatus due to COVID-19, UNFPA was able to reinstate its in-person surge preparedness and simulation training programme in 2022, with the participation of nearly 70 experts representing 40 countries. Such initiatives enable UNFPA to remain ready and responsive to rising humanitarian emergencies.

- **Deployed** 136 surge personnel to 28 countries to support humanitarian response, including scale-up emergencies in Afghanistan, Ethiopia, Somalia and Ukraine.
- **Added** 68 humanitarian experts to the UNFPA emergency surge roster.
- **Initiated** the Humanitarian Leadership Programme reinforcing capacities of UNFPA leadership in 16 countries. Launched two cohorts in 2022 and will deliver additional cohorts in 2023. The programme equips leaders with skills needed in emergencies.

UNFPA staff member Dr. Farhat meeting with community members affected by the earthquake in Afghanistan on 21 June 2022. He talks to men about the provision and need for reproductive health services. Since the earthquake, UNFPA has been visiting affected communities in the Paktika region in Afghanistan. ©UNFPA/Afghanistan/Zaeem Abdul Rahman





Emebet and her 7-month-old baby are some of the conflict-affected people that received dignity kits from UNFPA with financial support from UN CERF. ©UNFPA/Ethiopia/Paula Seijo

UNFPA humanitarian financing facilities

UNFPA relies on public and private sector partners to support its life-saving humanitarian work. In 2022, UNFPA's partners provided \$348 million (as of 31 October 2022) in co-financing, as well as core funding. UNFPA's Humanitarian Thematic Fund (HTF), a non-core instrument, and Emergency Fund (EF), which is core-funded, provide rapid, flexible, catalytic funding for emergency response at the country level. Over the past four years, the HTF has attracted more than \$77 million, supporting humanitarian responses to over 80 crises each year, with most resources going to national and local partners, including women-led organizations.

The funds support country and regional offices to prepare for, and respond to, the acute phase of emergencies and protracted humanitarian situations. The main purpose is to provide immediate financing for country offices to enhance timely, life-saving humanitarian assistance.

As a multi-year co-financing instrument, the Humanitarian Thematic Fund has also been used beyond a calendar year to support ongoing interventions. The flexibility is of vital importance in supporting country offices in planning their response in a more efficient and predictable manner, ensuring resource availability at the start of the calendar year, when humanitarian funding is often limited.

UNFPA continues to diversify its donor base and has made progress in generating revenue from diverse sources, leveraging approaches for innovative financing and individual giving, and making efficiency improvements so that more funds reach affected populations when support is needed most. As of October 2022, more than 50 country offices have received over \$23 million newly allocated funds from EF/HTF.

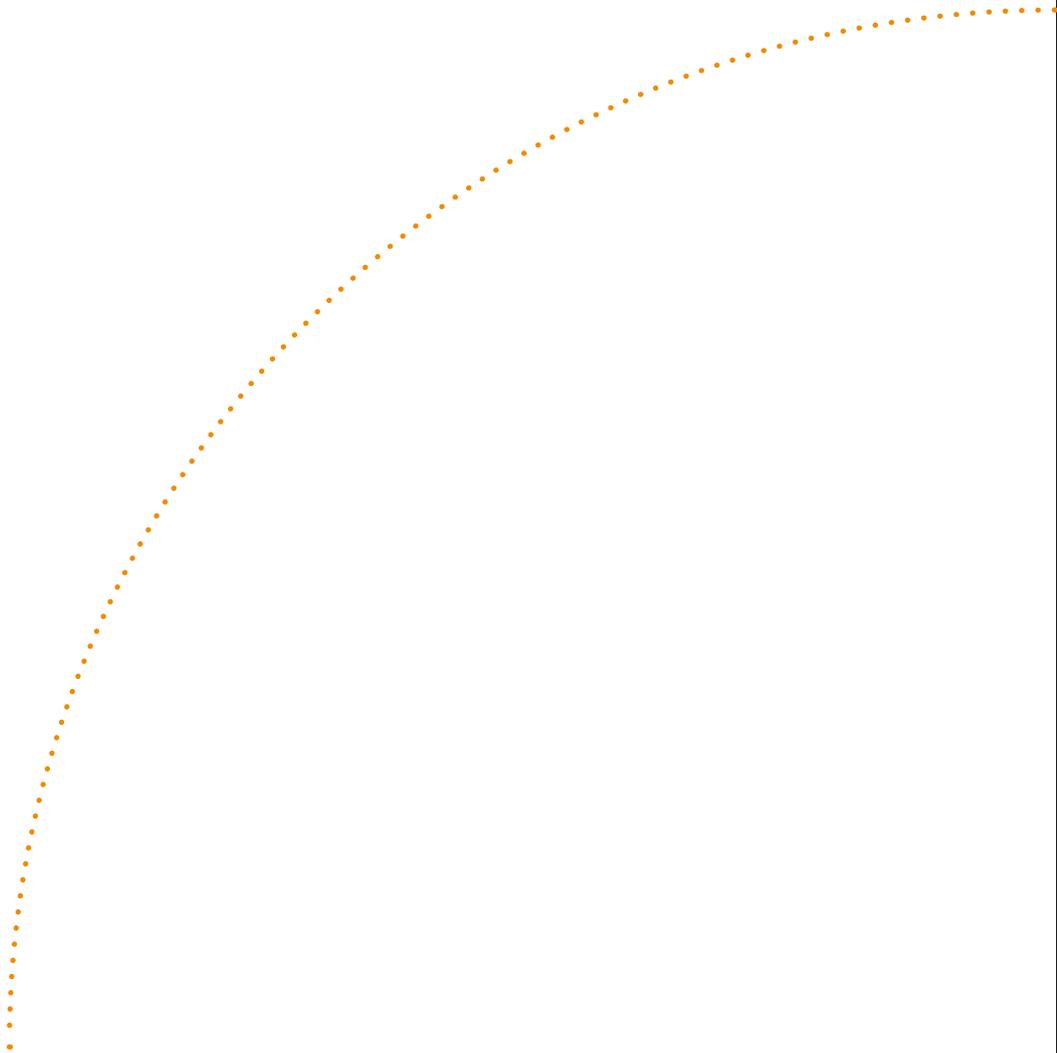


An adolescent girl expresses her thoughts through drawing at a women-friendly space located in one of the Rohingya refugee camps. This is part of the psychosocial care being provided by UNFPA to displaced people. ©UNFPA/Bangladesh/Fahima Tajrin

Looking ahead

The UNFPA Strategic Plan 2022-2025 guides UNFPA humanitarian action to prepare and respond effectively with life-saving services to meet today's needs and challenges. UNFPA remains committed to:

- Emergency humanitarian response for the first phase, at the onset of a crisis.
- Protection of women, girls and adolescents in humanitarian contexts.
- Delivery of integrated SRH and GBV services at health facilities, mobile clinics and GBV safe spaces.
- Strengthened humanitarian supply chain and logistics capacity.
- Youth and women's leadership in humanitarian action and peacebuilding.



Front cover photo:

Deka, 13, had to drop out of school to support her family, in the Somali Region of Ethiopia. Every day she walks hours from home to fetch a few gallons of salty water. Schools in the region are either fully or partially closed, and girls are increasingly forced into child labour and early marriage as their parents search for ways to make ends meet. Ethiopia is facing the worst drought in 40 years, which threatens to derail gains made in many sectors, including maternal and newborn health. ©UNFPA/Ethiopia/Paula Seijo

Back cover photo:

A woman walking through El Jale 1 IDP Camp, Kismayo in Somalia. Makeshift huts can be seen in the background. Many of the people in the IDP camp have been displaced by the ongoing drought in the Horn of Africa. ©UNFPA/Somalia



2023 OVERVIEW

HUMANITARIAN ACTION

UNFPA



United Nations Population Fund ©UNFPA/Yemen
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