

UNITED NATIONS POPULATION FUND

HUMANITARIAN THEMATIC FUND

ANNUAL REPORT
2024



© UNFPA/Chad/Karl Prinsloo. Geri Kodje (17) steers a canoe as his mother, Gloria Nadjlessen, tours her flooded compound after the Chari River flooded in the Toukora district of NDjamena, the capital of Chad, on 22 November 2024.

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FOREWORD

"The situation for women and girls has been catastrophic," said Eman, a midwife working tirelessly at a UNFPA-supported facility in Gedaref, Sudan. "Two years into the war, we're seeing many reports of rape, sexual violence, and unwanted pregnancies. Many survivors reach me after multiple displacements, weeks or months later, already experiencing consequences like advanced pregnancies, untreated trauma, and life-threatening infections."

Eman's words underscore the urgency and gravity of humanitarian crises that disproportionately impact women and girls, the number of which increased in both number and scale in 2024. For survivors seeking support from specialists like Eman, UNFPA's Humanitarian Thematic Fund (HTF) played a pivotal role in addressing such profound needs swiftly and decisively. As the only pooled funding mechanism dedicated specifically to the health and protection of women and girls, the HTF stands out amid competing priorities, rising humanitarian needs, and growing backlash against gender equality, making its existence and continued support more vital than ever.

"At its core, the HTF embodies UNFPA's steadfast commitment that no woman should lose her life giving birth and that no woman or girl should endure violence or live in fear."

Since it was established in late 2018, the HTF has experienced substantial growth. In 2024, the fund made \$48.6 million available across 37 countries and regional offices. These investments enabled the rapid and targeted delivery of sexual and reproductive health (SRH) services to over half a million people and reached nearly half a million individuals with gender-based violence (GBV) prevention and response initiatives.

At its core, the HTF embodies UNFPA's steadfast commitment that no woman should lose her life giving birth and that no woman or girl should endure violence or live in fear. HTF-supported interventions have encompassed diverse actions — from deploying mobile maternity units in conflict-torn Gaza and providing specialized training for healthcare workers confronting crises in Sudan to distributing life-saving dignity kits in emergencies spanning the world from Haiti to Myanmar. While more than 80 per cent of HTF resources in 2024 were directed toward conflict settings, the HTF also provided funding to responses addressing natural disasters and climate-related emergencies.

Crucially, the HTF's model of operations is deeply rooted in localization, ensuring that responses led by local actors, particularly women-led organizations, are not merely supported but actively prioritized. This commitment saw 44 per cent of the HTF's resources being channeled through

local and national actors in 2024, directly empowering communities and amplifying women's leadership in humanitarian contexts. Local and national actors accounted for more than 80 per cent of all the funding provided to implementing partners in 2024. This approach places communities at the heart of humanitarian response, ensuring that actions are locally led, context-specific, and rooted in the knowledge, priorities and leadership of those directly affected.

"Crucially, the HTF's model of operations is deeply rooted in localization, ensuring that responses led by local actors, particularly women-led organizations, are not merely supported but actively prioritized."

As the humanitarian sector continues to undergo transformative shifts — emphasizing contextualized, localized, people-centred and simplified coordination structures — the HTF's flexible pooled funding positions help strengthen UNFPA's ability to respond to this dynamic environment. The fund allows smaller contributions to generate significant impact, reduces administrative burdens, and complements other global financing mechanisms to efficiently reach affected populations. It offers donors a powerful and cost-effective means of humanitarian engagement. Its flexibility allows for rapid initial investments that can help unlock additional resources from instruments such as the Central Emergency Response Fund (CERF) and country-based pooled funds while emphasizing the provision of critical services for women and girls.

Our heartfelt gratitude extends to our donors and partners for their unwavering support and visionary investment in the HTF. Together, we are forging a future where the dignity, health and rights of women and girls remain central in building resilient communities capable of confronting today's crises and tomorrow's uncertainties.

Sincerely,

Shoko Arakaki

Shoko Arakaki
Director / UNFPA Humanitarian Response Division

THE HUMANITARIAN THEMATIC FUND IN 2024



680,000

People reached with sexual & reproductive health services



489,000

People reached with gender-based violence prevention, risk mitigation, & response



\$48.6M

Allocated to 37* countries



44%

of HTF resources spent by local & national actors

“Every day, I witness women battling menstruation, pregnancy and childbirth in degrading conditions. As a woman myself, I feel this deeply. These should be natural experiences, not sources of distress and pain.”

— Ruba, a doctor working in Gaza

* Excludes countries with allocations below \$10,000 related to small contributions received via the Individual Giving Programme or small balances from 2024.

HUMANITARIAN THEMATIC FUND

AN OVERVIEW

The Humanitarian Thematic Fund (HTF) is UNFPA's dedicated humanitarian pooled funding mechanism that ensures rapid, flexible support for emerging, underfunded, and protracted crises. It is uniquely focused on meeting the urgent SRH and protection needs of women and girls affected by conflict, disaster, and displacement. The HTF supports life-saving interventions, including access to maternal health care, family planning, GBV prevention and response, and dignity protection services.

All HTF resources are directed towards meeting the needs of women and girls. The fund also enables investments in preparedness and recovery, aligning with the humanitarian-development-peace nexus and helping communities transition toward resilience.

By design, the HTF supports UNFPA's global humanitarian appeals without geographic or time restrictions. As a non-core funding mechanism supported by public and private contributors, it streamlines contributions into a flexible pool — allowing UNFPA to reduce transaction costs, accelerate response times, and deliver consistent, principled assistance.

“In 2024 alone, 44 per cent of HTF funding went to local and national partners, with over half of that support reaching women-led organizations.”

Empowering Local Leadership & Women-Led Response

The HTF is rooted in the principle of localization, channeling significant resources to national actors and prioritizing women-led organizations as key implementing partners. In 2024 alone, 44 per cent of HTF funding went to local and national partners, with over half of that support reaching more than 35 women-led organizations globally.

This focus on local leadership not only aligns with UNFPA's localization commitments, but also ensures that humanitarian response is grounded in the realities of affected communities and led by those best placed to act quickly and sustainably. The HTF also embeds community accountability through inclusive planning, feedback mechanisms, and survivor-centred delivery.

A Strategic & Donor-Friendly Funding Model

The HTF offers a strategic entry point for donors of all sizes. It supports Grand Bargain commitments by increasing multi-year flexible funding, reducing reporting burdens, and ensuring funding reaches frontline actors. Its low indirect cost rate of 7 per cent further maximizes value for money.

“Collectively, the HTF is more than a funding mechanism; it is a commitment to protecting the rights, dignity, and futures of women and girls in crisis.”

As a pooled fund, the HTF complements other humanitarian financing tools such as the Central Emergency Response Fund (CERF) and country-based pooled funds. It is often used for catalytic investments that unlock additional resources and enable rapid scale-up in deteriorating or overlooked emergencies. Collectively, the HTF is more than a funding mechanism; it is a commitment to protecting the rights, dignity, and futures of women and girls in crisis, while strengthening local leadership at every level of response.



UNFPA Humanitarian Funding Mechanisms

The HTF operates alongside two other corporate funding mechanisms that together enable UNFPA to deliver timely, coordinated humanitarian responses: the Emergency Fund and the Humanitarian Response Reserve (HRR).

- **The Emergency Fund** is sourced from UNFPA's core resources and reflects the agency's institutional commitment to humanitarian action. Its annual ceiling is determined at the start of the year once regular resource distribution is finalized, and funding is tied to the calendar year. Like the HTF, it is available to all country offices engaged in humanitarian response and supports the same programmatic priorities. Due to high demand, the Emergency Fund is typically depleted within the first six months of the year.
- **The Humanitarian Response Reserve (HRR)** is a bridging mechanism that helps address the time lag between the signing of donor agreements and the receipt of funds. It provides short-term advances that are fully reimbursed once donor contributions are received, ensuring operations can begin or continue without interruption.

Depending on the scale and complexity of a crisis, all three mechanisms may be activated in sequence. The Emergency Fund often supports initial life-saving interventions; the HRR bridges funding gaps as donor contributions are processed; and the HTF provides flexible top-up funding later in the year to maintain continuity of services and extend response activities into the next cycle.

Life-saving supplies & equipment

The HTF plays a critical role in ensuring timely access to essential supplies in emergency settings. In 2024, over \$3.7 million in HTF funding supported the procurement and distribution of life-saving commodities, including Interagency Reproductive Health (IARH) kits, dignity kits, medicines, and pharmaceutical products.

These investments are often complemented by allocations from the UNFPA Supplies Thematic Fund, particularly for the procurement of IARH kits. In 2024, approximately \$1.2 million from the Supplies Thematic Fund was invested across 13 countries, amplifying the reach and impact of HTF-supported interventions.

Rapid deployment of specialized human resources

In 2024, the HTF contributed \$180,000 to UNFPA's surge mechanism, enabling the rapid deployment of specialized humanitarian personnel to four countries: Lebanon, Türkiye, Rwanda, and Moldova. These short-term deployments (ranging from one to three months) provided critical support in areas such as SRH service access, infectious disease control, humanitarian coordination, and warehouse logistics—delivered by a diverse, gender-balanced pool of experts.

In addition, the HTF allocated \$288,000 to fund five deployments from the UNFPA Global Emergency Response Team (GERT) — a standby mechanism of UNFPA staff ready for immediate mobilization. In Sudan, deployments focused on SRH access in hard-to-reach areas, mental health and psychosocial support, and the clinical management of rape. In Chad, GERT support included logistics, access, and supply chain expertise.

In most cases, the administrative and operational arrangements for these deployments are managed directly by the UNFPA Humanitarian Response Division, easing the burden on country offices actively engaged in crisis response. These targeted deployments ensure that UNFPA can respond swiftly and effectively, bringing the right expertise to the frontlines when it is needed most.



KEY ACHIEVEMENTS & PROGRAMME HIGHLIGHTS

SEXUAL & REPRODUCTIVE HEALTH



680,000

Number of people reached with SRH services



15,000

Women & girls reached with cash & voucher assistance to access life-saving SRH services



601

Health facilities supported by UNFPA



4,210

Personnel trained on the Minimum Initial Service Package (MISP) for SRH

GENDER-BASED VIOLENCE



489,000

Number of people reached with GBV prevention, risk mitigation & response



19,500

Women reached with cash assistance for GBV case management / other prevention & mitigation services



157

Safe spaces for women & girls supported



159,000

Dignity kits distributed



SUPPORT PROVIDED TO THE ARAB STATES



284,000

People reached with
sexual & reproductive
health services



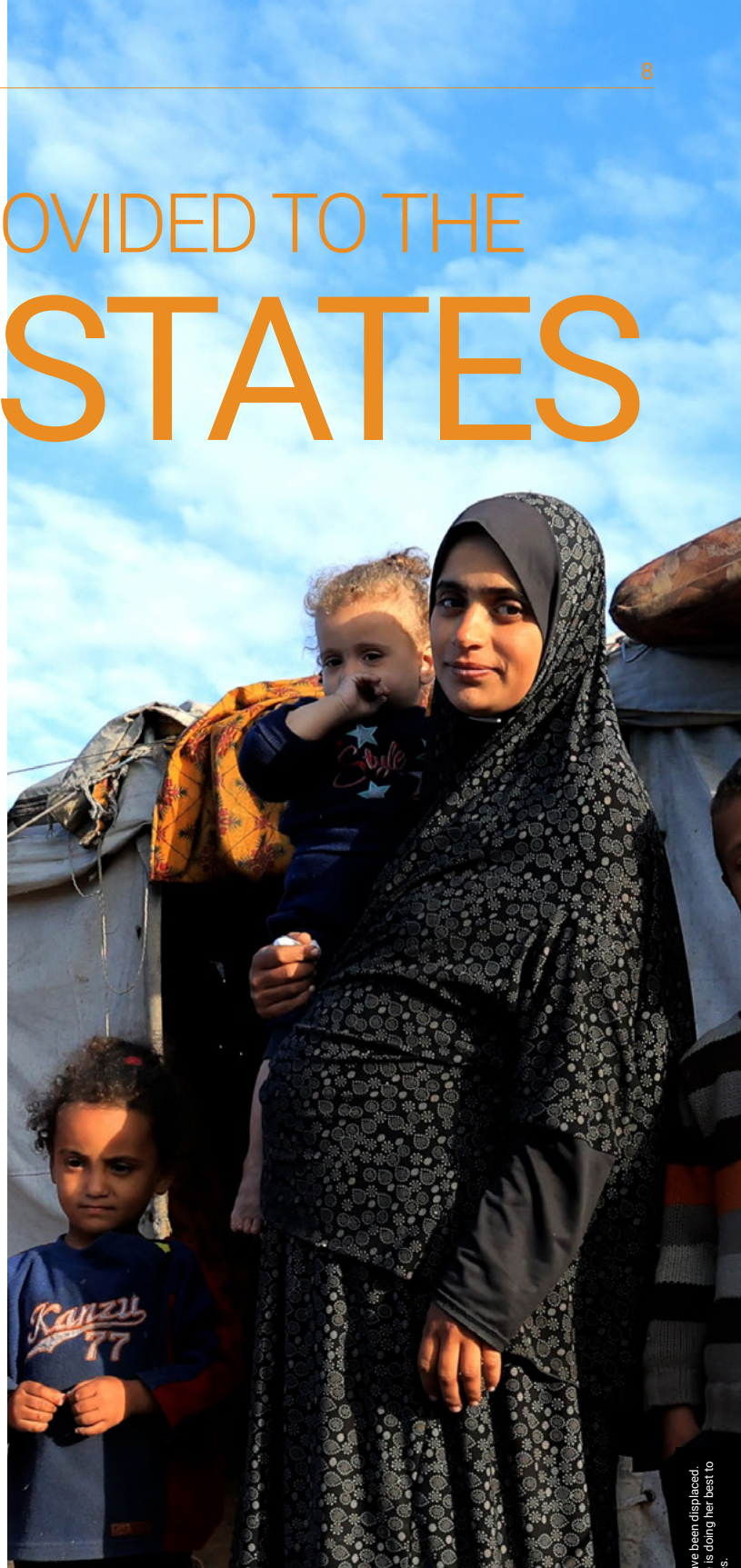
77,000

People reached with
gender-based violence
prevention, risk
mitigation, & response



\$12.88M

Allocated to **8 countries**



“Before finding this safe space, I was living in daily fear. I was seeing my abuser everywhere I looked and genuinely believed this fear would last forever. The kind specialists at the facility helped me find my way to a better place.”

— Reham, a woman living in Lebanon

Disclaimer: The photographs shown throughout this report are for illustrative purposes only and do not depict the individuals quoted.

Occupied Palestinian Territory

\$6.9M

MULTI-YEAR RESPONSE*

Continuing the work from 2023, funding from the HTF and the Emergency Fund enabled UNFPA Palestine to deliver critical, life-saving interventions across Gaza and the West Bank. UNFPA, in collaboration with other aid partners, was able to deliver critical supplies and services and pre-position stock for much of 2024, prior to the effective closure of access to Gaza in November. HTF funding allowed UNFPA to reach over 40,000 individuals with SRH services, including maternity services. This included expansion of services to Al Awda Hospital to support women giving birth in dire conditions. Support included distribution of IARH kits, provision of essential equipment and supplies, and deployment of SRH mobile medical teams across Gaza.

Moreover, postpartum visits were conducted for women in shelters, while adolescent SRH services were delivered in and out of schools in the West Bank and through youth-friendly health services in Gaza. The procurement of containerized maternity clinics and the expansion of services at Al Awda Hospital significantly improved access to SRH services at a time when such services were very limited.

GBV prevention and response reached over 8,500 individuals in Gaza and the West Bank through the distribution of dignity and menstrual hygiene kits, provision of cash assistance, and establishment/expansion of new and existing mobile safe spaces for women and children. UNFPA also partnered with the Center for Women's Legal Research and Consulting to support shelter services for survivors of GBV in Gaza.

Several of the HTF-funded initiatives targeted adolescents and youth, including the implementation of youth-led humanitarian initiatives and the provision of psychosocial support and comprehensive sexuality education activities. Youth groups received capacity building in emergency preparedness, mental health and first aid. Initiatives such as the youth peer group initiative, Y-PEER, led activities in Jerusalem and Gaza to help mobilize youth to respond to community needs during the crisis. Additionally, UNFPA continued to support the Mostashari virtual health platform and Shubbak Al Shabab helpline to ensure youth access to SRH services. Educational television content focusing on adolescent health was also developed to reach young people in remote and underserved areas.

With additional 2025 contributions, UNFPA is scaling up its ability to respond to the Gaza crisis, when possible, by sustaining healthcare services, expanding GBV protection, and upholding the dignity and rights of women and youth amid the ongoing conflict.

* Multi year responses are those which have been supported by the HTF for 24 month or more



Sudan

\$3.6M

MULTI-YEAR RESPONSE

In 2024, Sudan witnessed dramatic changes in the frontline of the conflict. During the first three quarters of the year, the insurgent Rapid Support Forces made major ground advances, capturing large swathes of land and getting closer to the towns of Damazine and Gedaref. The Sudanese Armed Forces started regaining territorial control in the south and centre of the country during the last quarter of 2024. The Rapid Support Forces increasingly resorted to drones to target civilian infrastructure such as electricity plants, dams and some agricultural infrastructure.

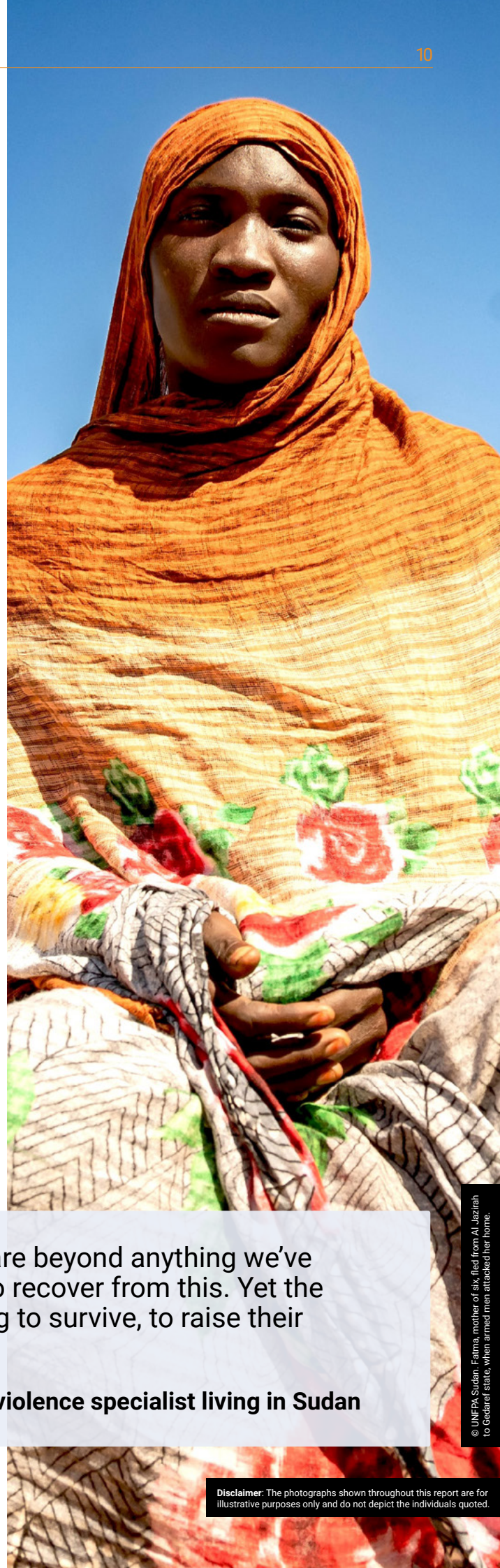
These changing dynamics generated displacements and new humanitarian needs while constantly impacting humanitarian access. Although the humanitarian crisis in Sudan has not been well covered by the media, major humanitarian actors considered it to be one of the largest and worst crises of 2024. By December 2024, out of a population of 47.5 million, 12 million people were displaced and there were twenty pockets of famine in the western and southern parts of the country. In April 2024, a famine prevention plan was launched to scale up response in the most affected areas.

Thanks to contributions from the HTF, the country office strengthened its cross-border operation from Chad to bring assistance into Darfur. This essential pipeline offsets some of the challenges that largely prevented humanitarian aid from crossing the frontline within the country. UNFPA now has independent functional warehousing capacities with a small team in place.

The HTF also allowed the country office to bring on board additional human resources to accelerate the scale-up of assistance – an access specialist, SRH specialist, clinical management of rape and mental health specialist, and a supply specialist. In addition, the HTF has brought the necessary financial support to purchase supplies and complement response gaps in recently accessible areas such as Gezira and Khartoum. It also supported underfunded areas of displacements such as Ad Dabbah where displaced persons from Darfur have sought refuge but received little aid.

“The scale and brutality of violations are beyond anything we’ve previously seen. It will take decades to recover from this. Yet the survivors we work with are still fighting to survive, to raise their voices, and to access justice.”

— Dina, a gender-based violence specialist living in Sudan



Lebanon

\$1M
MULTI-YEAR RESPONSE

The humanitarian crisis in Lebanon was significantly intensified by the escalation of hostilities in October 2023 and the heightened conflict from September to November 2024. These events resulted in widespread destruction, the displacement of one million individuals across Lebanon, and the disruption of essential services, severely hindering community recovery efforts and necessitating an urgent need for humanitarian assistance.

Over \$1 million from the HTF has complemented allocations from the Emergency Fund and bilateral donor funding for the Lebanon crisis. UNFPA utilized these resources for preparedness measures, including the stocking of dignity kits, which were subsequently distributed to women on the move and for displaced women and girls in collective shelters, primarily schools and universities, as well as for training on safe identification of GBV survivors and on referrals for specialized services. The HTF facilitated staffing by providing financing for deployment, by a third-party standby partner, of a humanitarian coordinator and a security advisor as well as a UNFPA Global Emergency Response Team mission focused on SRH coordination and communication. The HTF also funded a GBV coordinator for the GBV Working Group.

The fund also enabled the provision of financial support to two women-led local organizations, to provide such specialized GBV services as case management, psychosocial support and cash assistance to internally

displaced women and girls in Bekaa and Baalbek. Additionally, awareness-raising sessions on GBV and protection against sexual exploitation and abuse (PSEA) were conducted for displaced women, men, boys, and girls residing in collective shelters and host communities.

Similarly, HTF resources were used for the provision of medical services, midwifery care and information on SRH for displaced women in collective shelters and primary healthcare centres operated by UNFPA partners. As part of the emergency response, UNFPA Lebanon supported women in accessing institutional deliveries, including Caesarean-sections and coupled this with cash assistance and baby kits. The funding further enabled the scale-up of mental health and psychosocial support, addressing emerging needs during and following the crisis.

Furthermore, the HTF provided the required funds to conduct a refresher training on emergency obstetric care and the procurement of life-saving IARH kits and the distribution of essential obstetric medical equipment to government health centres that had sustained damage or destruction during the conflict. This initiative aimed to restore the capacity of these centres to provide critical maternal and other reproductive health services.

Syrian Arab Republic

\$500K
CROSS-YEAR RESPONSE*

The escalation of hostilities in Lebanon triggered a significant increase in the number of people crossing into Syria. By the end of 2024, over half a million people (both Lebanese and Syrians) are estimated to have crossed from Lebanon to Syria. Most of those fleeing were women, children, and people with disabilities, with around 60 per cent under the age of 18.

In response to the crisis and thanks to resources from the HTF and the Emergency Fund, UNFPA and its partners started expanding SRH and GBV risk mitigation and response services for incoming Syrian and Lebanese populations both at the border crossing and within

hosting centres and host communities. Mobile teams were deployed to provide SRH and mental health and psychosocial support services, while static SRH and GBV facilities were put into operation in Rural Damascus, Homs, Daraa and Tartous governorates.

UNFPA led the efforts to assess gaps in SRH services and coordinate with partners to distribute emergency supplies (including essential medications and non-prescription medications such as pain relievers) and to mitigate GBV risks. The response to the crisis extended into 2025 and has been adapted to the changing circumstances in the country.

* Multi year responses are those which have been supported by the HTF for 24 month or more

Yemen

\$272K

SEP - DEC 2024

Exceptionally heavy seasonal rains in 2024 caused significant damage and displacement across several regions in Yemen, exacerbating the dire humanitarian situation resulting from over nine years of conflict. The governorates of Al Mahweet, Al Hodeidah, Dhammar, Hajjah, Marib, Sa'ada, Sana'a, Ibb and Taizz were among the hardest hit. Local authorities and humanitarian partners reported that more than 500,000 people have been affected since July 2024. Women and girls, who were already among those most affected by the ongoing conflict in the country, saw vulnerabilities increased. This was particularly true of displaced female-headed households, who make up over 22 per cent of those receiving emergency relief in Yemen.

The response in Yemen benefited from a combined HTF/Emergency Fund allocation totaling \$500,000. The fund served as seed money to address immediate needs during and after the flooding. HTF and Emergency Fund funding was later complemented by a CERF grant of \$2.5 million. The HTF and Emergency Fund funding was instrumental in allowing the restoration of maternal health services in flood-impacted areas through the rehabilitation of 42 health facilities across multiple governorates, ensuring the continuation of essential healthcare services, particularly for maternal and neonatal health. The rehabilitation included the repair of critical infrastructure, including roofs, sewage systems, electrical systems and medical equipment in order to restore the functionality and safety of affected health facilities so that they could continue to provide emergency reproductive health services.

Funding also allowed the distribution of 4,900 "mama" kits to the supported health facilities, providing critical support to pregnant women and new mothers since the floods had swept away most of the belongings of these pregnant women. The availability of these kits at health facilities encouraged women to use the facilities for their births, contributing to improved outcomes.

Beyond the provision of critical services during the response, the interventions also helped to strengthen the infrastructure of supported facilities, enabling them to withstand future environmental shocks by improving drainage systems, reinforcing roofs and installing solar panels.

"I genuinely worried that I would not survive this pregnancy, and neither would my baby. But the expert care I received at this facility truly saved both my baby and me. We are forever grateful."

— Sana, a woman living in Yemen



Resilient infrastructure and future Disaster Risk Reduction (DRR)

Investing in durable and resilient infrastructure can significantly reduce vulnerability to future climate change disasters. Such investments include reinforcing buildings and improving drainage systems and implementing sustainable energy solutions, such as solar power. These alternative power sources can enhance the resilience of health facilities and ensure reliable service delivery during emergencies in case of fuel shortages. Disaster risk reduction, risk mitigation and anticipatory actions are essential for enhancing resilience to climate-related crises and mitigating their impacts on vulnerable populations. UNFPA will invest in these mechanisms, including through the HTF, and engage with other stakeholders at country, regional, and global levels to inform disaster risk reduction preparedness and response.

Other responses supported by the HTF in the region

Iraq

\$272K

CROSS-YEAR RESPONSE

Support to women and girl refugees entering Iraq as a result of military escalation in Lebanon.

Egypt

\$178K

CROSS-YEAR RESPONSE

Provision of life-saving GBV-RH services for Sudanese refugees and host communities through women and girls safe spaces in Egypt.

Libya

\$130K

CROSS-YEAR RESPONSE

Supporting the Sudanese refugee crisis response.



SUPPORT PROVIDED TO ASIA & THE PACIFIC



54,000

People reached with
sexual & reproductive
health services



40,000

People reached with
gender-based violence
prevention, risk
mitigation, & response



\$1.2M

Allocated to **6 countries**

“I wish to have continuous access to quality health services for my family, and I hope my children can one day go to school and become doctors, helping other mothers like me.”

— Nooria, a woman living in Afghanistan



© Andrea Bruce/NOOR. Nooriah smiles while recovering at a UNFPA-supported health facility in Kabul, Afghanistan, days after undergoing surgery.

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Myanmar

\$450K

CROSS-YEAR RESPONSE

The deteriorating security situation and escalating armed conflict since October 2023 have sharply increased humanitarian needs across Myanmar, displacing more than 3.1 million people as of June 2024. According to the 2024 Humanitarian Needs and Response Plan, 18.6 million people are in need of assistance. Intensified conflict and shifting territorial control have significantly constrained humanitarian access, with the situation further complicated by seasonal flooding during the monsoon—particularly in Kachin State, the South-East region, and Rakhine State.

To help address these growing challenges, funding from the HTF is being used to complement existing resources, including UNFPA's Emergency Fund, and to scale up efforts to reach women and girls in hard-to-reach and conflict-affected areas. Beginning in June 2024 and continuing into 2025, HTF resources are supporting the procurement and distribution of 19,500 dignity kits and 9,000 clean delivery kits. In addition, local partners are supplementing UNFPA's efforts through the local procurement of essential items, including menstrual hygiene supplies, or by providing cash assistance to enable women to purchase dignity items themselves. These flexible modalities help mitigate logistical challenges—particularly when crossing conflict lines controlled by various armed actors.

Where feasible, kit distributions — whether in-kind or cash-based — are linked to broader GBV programming that includes awareness-raising on gender-based violence, prevention of sexual exploitation and abuse, and information about available services. For example, in areas served by the UN's inter-agency initiative with the Joint Ceasefire Monitoring Committee, distributions are conducted as part of a 'no-regret' frontline response in light of the volatile security conditions. Targeted interventions focus primarily on ethnic-controlled areas, including Rakhine State and the North-West region, where newly displaced populations remain underserved by the broader humanitarian response.

These HTF-supported activities are ongoing in the first half of 2025. The scope of the response has since expanded to include additional support from the Emergency Fund to respond to the March 2025 earthquake.

"In the shadows of the conflict, we live with fear ... For women and girls here, the danger isn't only present during the crossfire; it's the gender-based violence that looms over our every step, and the struggle to find a safe place."

— Htoi, a displaced woman living in Myanmar



© UNFPA Myanmar. A mother pictured with her newborn in Kachin State where UNFPA provides support to midwives.

Bangladesh

\$250K

CROSS-YEAR RESPONSE

Bangladesh suffered significantly from major natural disasters in 2024, with widespread flooding in August across several eastern districts in the Sylhet and Chittagong Divisions, including the Chittagong Hill Tracts. The situation was particularly dire in the Feni district, where extensive flooding left almost the entire area submerged, isolating it from neighboring regions due to road access and telecommunications disruptions. UNFPA estimated approximately 1.6 million women of reproductive age, more than half a million of whom were adolescent girls (10-19), and almost 80,000 pregnant women among the affected population.

Several critical immediate needs included the distribution of essential non-food items (NFIs) such as clothing, sanitary pads, candles, lighters, water jerrycans, tarpaulins, and mobile latrines. Additionally, local partners emphasized the importance of addressing protection concerns, with a particular focus on ensuring the safety and security of women and girls in evacuation centres. Most health facilities were inundated with limited access by the patients, and health services were severely interrupted. The combination of these factors necessitated a coordinated and comprehensive response to mitigate the impact on the affected populations.

HTF funding has helped scale up activities that were kickstarted by available donor and regular resources, complement funding in the pipeline and address critical gaps in Feni, Noakhali, and Khagrachari where the needs

were highest. HTF funding has also been made available to support interventions in Cumilla, where no humanitarian actors were prioritizing the GBV and SRH needs of the affected women and girls.

On the SRH side, the HTF-enabled interventions have included key coordination tasks in the SRH and GBV areas, the deployment of midwives and provision of essential medical supplies and logistics, the procurement and distribution of 500 baby kits, the implementation of 15 emergency SRH mobile camps, the distribution of 3,700 menstrual health management (MHM) kits among vulnerable adolescent girls, cash support to 1,000 adolescent girls and the provision of remote mental health and psychosocial support (MHPSS) services.

On GBV, HTF funded interventions include the procurement and distribution of 2,000 dignity kits, unconditional cash for purchasing dignity kit items for 4,000 women and transgender women, the dissemination of life-saving integrated GBV information among 6,000 women including persons with disabilities and transgender people. Capacity strengthening of GBV response service providers in the affected districts, the provision of GBV case management (both face-to-face and remote) and mental health and psychosocial support in existing facilities and the provision of conditional cash support to prevent child marriage and keep girls at school.

Lao People's Democratic Republic

\$141K

CROSS-YEAR RESPONSE

In August 2023, persistent heavy rainfall triggered extensive flooding in the central and southern regions of the Lao People's Democratic Republic. The floods resulted in significant damage to both agricultural lands and residential properties, impacting over 100,000 people, including approximately 55,000 women. The response to the crisis extended into the first semester of 2024 and included the procurement and distribution of customized dignity kits, the establishment of women and girls safe spaces, the distribution of IARH Kits, and orientation on the Minimum Initial Service Package for reproductive health for 20 provincial and district health providers.

Disaster struck again in September 2024 when Typhoon Yagi impacted 16 provinces in the country, with four provinces being severely affected – Vientiane Capital, Luang Namtha, Luang Prabang, and Houaphanh. The storm caused widespread flooding, displacing thousands and damaging infrastructure, affecting more than 200,000 people. Following a comprehensive assessment, the Ministry of Health, in collaboration with UNFPA and

local authorities, worked towards continued provision of essential SRH services and life-saving information and services on GBV risk mitigation and response. Services were delivered not only in the most severely affected provinces but also extended to other impacted areas with limited access to essential SRH services.

As part of the HTF-supported response, which continued into the first months of 2025, a total of 5,500 women and girls in the four severely affected provinces received essential SRH services through the Minimum Essential Service Package (MISP), 300 women received counselling and psychosocial support through women and child friendly spaces while 600 women received information on GBV risk mitigation. Interventions included integrated SRH and GBV outreach and services, training on the Minimum Initial Service Package, prepositioning of supplies, the development of information, education and communication materials, the procurement and distribution of dignity kits, and awareness sessions on GBV and SRH.

Other responses supported by the HTF in the region

Democratic People's Republic of Korea

\$160K

CROSS-YEAR RESPONSE

Life-saving SRH commodities for reducing maternal morbidity and mortality.

Timor-Leste

\$104K

CROSS-YEAR RESPONSE

Response to floods including distributing dignity kits, deploying mobile health teams for SRH services, and establishing safe spaces for affected women and girls.

Vietnam

\$93K

CROSS-YEAR RESPONSE

Emergency response in four northern provinces of Vietnam affected by Typhoon Yagi.

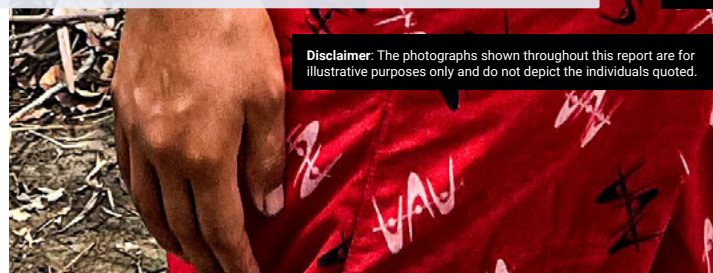


“We fled with nothing; just the clothes on our backs and the fear in our hearts. My due date was near, and the contractions had started. I didn’t know what to do. I can’t express my gratitude enough; the midwife and these kits saved us — both me and my baby.”

— Soe, a woman living in Myanmar

© UNFPA, Myanmar. Nway Nway Soe receives pre-natal services at a UNFPA-supported site in Myanmar.

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SUPPORT PROVIDED TO EAST & SOUTHERN AFRICA



41,000

People reached with sexual & reproductive health services



81,000

People reached with gender-based violence prevention, risk mitigation, & response



\$1.63M

Allocated to **6 countries**



“We carry so much pain in silence. The war took our homes, our husbands, even our children. But what hurts most is that no one sees us. Women here need more than food and shelter. We need safety, dignity, and a system for crimes against us to be stopped.”

— Rabia, a woman from South Sudan

© UNFPA DRC/Junior Mayindu. Pregnant women in the community near the Turunga Health Center in Goma, North Kivu Province.

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South Sudan

\$624K
CROSS-YEAR RESPONSE

The HTF has supported two concurrent responses in South Sudan in 2024 and into 2025: the provision of integrated GBV and SRH services to Sudanese refugees and host communities and the response to alternating floods and drought events that affected Rubkona, Pibor and Aweil East counties.

Since the devastating conflict broke out in Sudan in mid-April 2023, the magnitude of displacement within Sudan and into neighbouring and other countries has continued to grow. According to the 2024 Sudan emergency regional refugee response plan, South Sudan was host to more than 460,000 refugees, with approximately 90,000 people in host communities also requiring assistance. Climate events, such as the alternation of droughts and floods, have worsened the situation.

Funding from the HTF and the Emergency Fund complemented other available funds to allow UNFPA to continue working with its partners to provide life-saving interventions through integrated GBV and SRH interventions, including in static and mobile service delivery points, women and girls friendly spaces, one-stop centres and safe houses. UNFPA has also invested in IARH kits and dignity kits that were distributed through different partners. In addition, UNFPA has played key roles in humanitarian coordination, including leading the GBV sub-cluster at national and sub-national levels.

HTF-funded interventions in South Sudan continue in 2025 as the humanitarian crisis continues to deepen, with over two-thirds of the population in need of assistance. The ongoing influx of refugees from neighbouring Sudan is placing further strain on already overstretched resources, while continued violence within South Sudan is disrupting aid delivery and limiting access to critical services. The healthcare system remains overwhelmed and underfunded, leaving many women without access to maternal care or the ability to access GBV prevention and mitigation services.

Uganda

\$328K
CROSS-YEAR RESPONSE

Uganda is Africa's largest refugee-hosting country with more than 1.8 million refugees and asylum seekers, especially from Sudan, South Sudan, the Democratic Republic of Congo, Burundi, Rwanda, Somalia, Eritrea, Sudan and Ethiopia, and with increasing numbers of refugees arriving in 2024 given the worsening crises in Sudan, South Sudan and the Democratic Republic of the Congo. Existing services are operating beyond their capacity, and shortfalls in terms of coverage and quality of critical services continue to grow.

In 2024, financial support from the HTF and the Emergency Fund facilitated the establishment of outreach posts with health partners in Kiryandongo refugee settlement and host communities.

Consequently, nine midwives, two medical officers, four volunteer health workers, and ten interpreters were deployed across eight health facilities. Additionally, 1,630 menstrual health management kits and 1,250 dignity kits were distributed, and a 24/7 ambulance service facilitated 428 obstetric emergency referrals. Cash voucher assistance was provided to 1,200 beneficiaries. Training initiatives encompassed 32 healthcare workers on the Minimum Initial Service Package, 36 care providers on clinical management of rape and mental health and psychosocial support, and 22 stakeholders on GBV case management, protection from sexual exploitation and abuse and on SRH concepts. Over 500 community leaders and volunteers received training and mentorship on SRH and GBV topics, including protection from sexual exploitation and abuse. Furthermore, three women and girls safe spaces were established, serving over 6,000 women and girls.



Rwanda

\$315K
CROSS-YEAR RESPONSE

Rwanda reported the first confirmed case of the Marburg virus disease in September 2024, triggering a significant alarm and launching a decisive response to enhance preparedness and respond to the outbreaks while strengthening coordination mechanisms nationally and locally. UNFPA participated in the response effort to provide technical assistance to safeguard the health and safety of frontline workers, including healthcare workers, and by helping to ensure continuity of integrated SRH and GBV services.

Rwanda's Marburg virus disease pandemic response was swift and strategic, focusing on both immediate containment and long-term resilience through a range of interventions and activities. The Marburg outbreak response plan prioritized the integration of sexual and reproductive health and rights needs. Recognizing that public health emergencies like Marburg outbreaks disproportionately affect women and girls, and can disrupt access to essential SRH services, the response plan incorporated specific actions to address these vulnerabilities. Using HTF funding, UNFPA support included the development of standard operating procedures for community health workers and health facilities to guide service provision during the outbreak.

They were translated for community use to ensure understanding and have been approved by the Ministry of Health.

In a collaborative effort with the Rwanda Biomedical Center and other partners, 110 healthcare providers in Rwanda received training on the Minimum Initial Service Package for SRH. This initiative aimed to equip the healthcare providers with the skills to deliver comprehensive, empathetic, and confidential SRH services during emergencies.

To enhance mental health support during and after the epidemic, capacity-building training was conducted for mental health professionals and emergency department nurses in psychological first aid and mental health and psychosocial support. The training reached 94 health professionals, including mental health and general emergency nurses from 48 hospitals. UNFPA worked with partners on the ground, including community-led organizations, to boost community awareness and involvement in outbreak prevention and to leverage existing SRH and GBV prevention programmes to support the response.

Other responses supported by the HTF in the region

Lesotho

\$181K
CROSS-YEAR RESPONSE

Response to El Niño drought.

Burundi

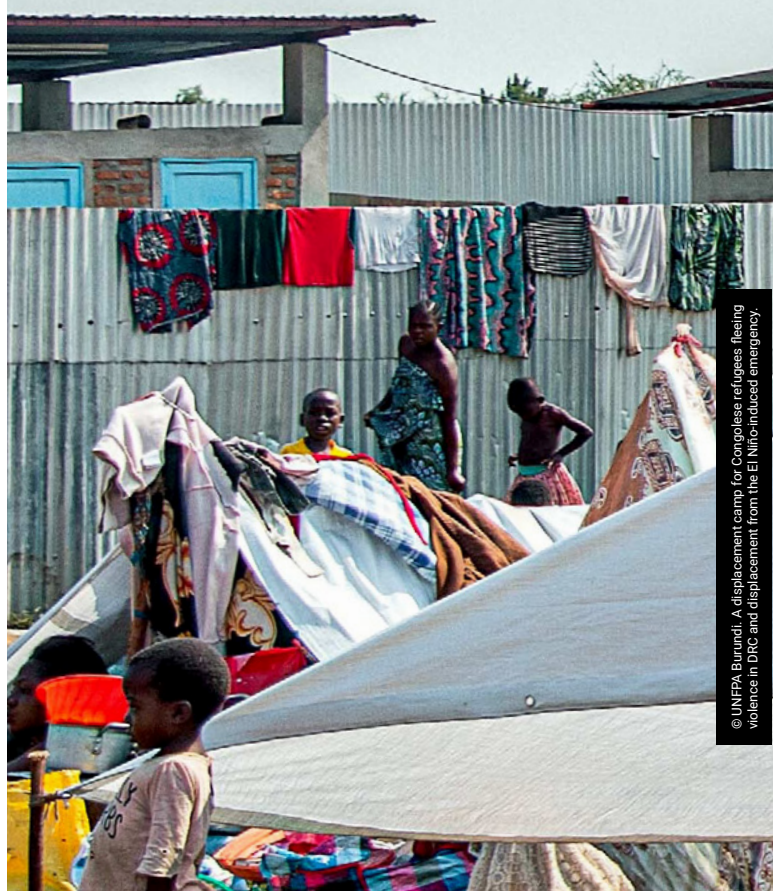
\$150K
CROSS-YEAR RESPONSE

Continuity of GBV and SRH services to the population affected by the effects of El Niño effects.

Malawi

\$125K
CROSS-YEAR RESPONSE

Food crisis, drought, flood response, and early recovery.



SUPPORT PROVIDED TO EASTERN EUROPE & CENTRAL ASIA



100,000

People reached with
sexual & reproductive
health services



134,000

People reached with
gender-based violence
prevention, risk
mitigation, & response



\$26.9M

Funding made available to
5 countries plus the multi-
country regional response



“They didn’t judge me — they helped me. They gave me warmth, shelter, and they listened. It’s an incredible feeling when you realize there’s a place you can go.”

— Olha, a woman living in Ukraine

UNFPA Ukraine/Tanya Levchenko. Olha Burenko, an obstetrician-gynecologist, pictured at work in Ukraine's Sumy Region.

Disclaimer: The photographs shown throughout this report are for illustrative purposes only and do not depict the individuals quoted.

Ukraine Regional Response

\$27.1M

MULTI-YEAR RESPONSE

The crisis resulting from Russia's invasion of Ukraine drastically deteriorated throughout 2024, putting a heavy toll on the lives of millions of people with continuous hostilities driving further population displacements and worsening the humanitarian situation.

Ukraine's healthcare system is buckling under the weight of over 2,250 attacks since February 2022, jeopardizing the lives of patients and healthcare providers. These attacks, coupled with power outages, psychological distress from constant shelling, broken supply chains and restricted mobility are creating a humanitarian crisis within a crisis. Women and girls affected by the war are at increased risk of life-threatening GBV, while ongoing hostilities further complicate access to SRH and maternal services. The regional scope of the Ukraine crisis remains extensive, with humanitarian needs affecting not only Ukraine but also neighbouring and host countries, including Moldova, Belarus, Poland, Romania, and Slovakia. As of December 2024, an estimated 6.8 million people have been forced to flee Ukraine, with nearly 6.3 million refugees (93 per cent) of them hosted in European countries. The number of internally displaced people in Ukraine remained at approximately 3.7 million.

Flexible funding from the HTF allocated to Ukraine, complemented by funding from the Emergency Fund and bilateral donor contributions, has allowed UNFPA to continue strengthening the healthcare system by equipping 25 regional perinatal centers and maternity hospitals with high-frequency ventilation units and essential lifesaving drugs. Furthermore, funding allowed the procurement of medical equipment for the rehabilitated, bunkerized facility of the maternity hospital in Kherson City. The funding was also used to ensure the work of 17 mobile clinics in 15 regions of Ukraine. These efforts ensured access to SRH services for over 65,000 people.

To enhance access to GBV prevention and response services, UNFPA supported the establishment of 78 service delivery points providing GBV prevention, risk mitigation and response services to vulnerable groups. Through the service delivery points supported by HTF, around 187,000 people received tailored GBV prevention, mitigation, and response services. Among those service delivery points, 12 Survivor Relief Centres were supported in regions hosting large numbers of internally displaced persons (IDPs) and in frontline communities, providing safe, accessible, and stigma-free spaces for individuals to receive psychosocial, legal, and social support in cases of conflict-related sexual violence. In addition, 9,600 dignity kits were distributed to women and girls along the contact line and in the areas most affected by the war.

Moreover, UNFPA continued to support the innovative six 'TatoHubs' (men's engagement and family-friendly spaces) through humanitarian funding, positioning them as non-specialized GBV prevention services reaching almost 17,000 individuals. By offering psychosocial support, educational sessions on GBV prevention, and community-

based outreach activities, the TatoHubs contributed to strengthening family and community resilience, promoting responsible fatherhood, and advancing GBV prevention efforts in targeted communities.

UNFPA also played a crucial role in developing legislation addressing conflict-related sexual violence and implementing interventions to support youth resilience and mental health. Additionally, partnerships with other UN agencies, such as UNHCR and WFP, ensured integrated support including generators for UNFPA Day Centres and food boxes for survivors in over 50 centers.

In 2024, Moldova was estimated to host more than 110,000 Ukrainian refugees, many of them being women and girls. In response to the sustained needs of the population, UNFPA Moldova reached more than 1,000 government and non-government service providers across Moldova with capacity-building efforts grounded in survivor-centred and refugee-sensitive approaches. UNFPA and its partners trained more than 970 village-level social workers and over 600 specialized service providers on inclusive communication, disability-sensitive support, and technology-facilitated GBV prevention and response.

Since the onset of the Ukraine refugee response, UNFPA has established a network of 32 static and mobile safe spaces across Moldova to provide inclusive and empowering environments for individuals at risk of GBV — particularly refugees, women and girls, older persons, people with disabilities, and minority communities such as the Roma. Mobile safe spaces have played a critical role in extending services to remote and underserved areas, helping bridge persistent gaps in protection and access. Since the beginning of the war, these spaces have reached over 110,000 unique users. In 2024 alone, more than 8,000 individuals accessed tailored GBV response services — ranging from psychosocial counselling and legal support to case management and referrals — while nearly 20,000 people participated in prevention initiatives delivered through the safe space network.

Cash and voucher assistance and dignity kits served as vital entry points for engaging individuals in protection services. These kits were tailored to the specific needs of women and girls of reproductive age, and included items for men, boys, and older persons. During the winter months, kits were adapted to include thermal blankets and other cold-weather essentials.

UNFPA Moldova also strengthened SRH services across the country, including for refugee populations. In 2024, the organization helped equip seven Perinatal Centers and the Institute of Emergency Medicine with life-saving obstetric and gynecological equipment, benefiting an estimated 20,000 women annually. It also supported the provision of three neonatal intensive care ambulances, the modernization of 200 gynaecological examination rooms across 71 primary health centres, and the delivery of a mobile gynaecological clinic that reached over 3,000

refugee and rural youth through the youth-friendly health centres network. More than 1,100 healthcare professionals were trained to provide inclusive, high-quality SRH services, particularly for underserved groups.

In Belarus, the HTF funded the expansion and strengthening of six Orange Safe Spaces (OSS) that provided survivor-centred, inclusive, and confidential GBV services to more than 1,600 women. The OSS provide psychosocial assistance, legal aid, referral to health and social protection institutions, and empowerment-based group activities. Through targeted outreach, informational campaigns, and collaboration with community-based organizations and safe spaces, HTF funded interventions improved awareness of SRH rights and services and supported referrals and integrated care pathways between SRH, and GBV services. In addition, 600 hygiene kits were delivered to the Orange Safe Spaces to support refugees in Brest, Gomel and Vitebsk regions.

Meanwhile, the situation in the EU neighbouring countries hosting Ukrainian refugees remains critical. While regional solidarity has been strong, the ongoing influx has placed immense pressure on essential services in host countries. According to the 2024 Regional Socio-Economic Inclusion Survey (SEIS), healthcare access remains a top concern, ranking as the second most urgent need for 33 per cent of surveyed households – following employment and livelihood support. The SEIS GBV chapter highlights troubling trends, including low awareness of available GBV services, which has contributed to reduced disclosures and help-seeking among refugees.

With support from the HTF, UNFPA continued to deliver life-saving SRH and GBV services for vulnerable Ukrainian refugees across Poland, Romania, and Slovakia throughout 2024. Partnerships with local civil society organizations advanced localization, expanded outreach, and increased the participation of women-led organizations in the response. UNFPA also leveraged digital tools to scale up GBV prevention, including the expansion of the SafeYou app in Romania and Poland. In Slovakia, a 10-week awareness campaign successfully reached approximately one million people, promoting the Nezabudka Helpline. At the regional level, UNFPA's Eastern Europe and Central Asia Regional Office (EECARO) remained active in coordination platforms and provided technical support to partners across national and regional response efforts.

"I felt like giving up... I told myself I wasn't good enough, that I was somehow lesser. But the psychologist kept reminding me that I hadn't found my true place yet. The safe space eventually became a second home for me."

— Irina, a woman living in Ukraine



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

Armenia

\$242K

CROSS-YEAR RESPONSE

The Nagorno-Karabakh crisis led to thousands of refugees arriving in Armenia at the end of 2023, with a continuing deterioration of the situation in 2024. More than half of the refugees in Armenia were reported to be women and girls, indicating an increased need for SRH services including obstetric care, prevention of HIV and sexually transmitted infections and treatment, and access to contraception. UNFPA's response to the crisis started in 2023 and continued in 2024 with funding from the HTF and the Emergency Fund.

Along with ensuring that essential medical services were provided to refugees, UNFPA prioritized the provision of mental health and psychosocial support to refugees, particularly women and girls. The coordination of SRH activities within the UNFPA emergency response project with the Ministry of Health was pivotal in ensuring alignment with national health priorities.

UNFPA established a pool of certified trainers on the Minimum Initial Service Package through a training-of-trainers programme. This initiative enabled the roll-out of trainings for healthcare providers in the Ararat, Vayots Dzor, Tavush, and Gegharkunik regions, ensuring the provision of quality SRH services to both refugees and host communities. Additionally, UNFPA supported capacity enhancement and clinical refresher training for regional obstetrician-gynaecologists and midwives on emergency obstetric and neonatal care.

Enhancing the capacity of regional healthcare providers in delivering effective psychological first aid and stress self-management was crucial for ensuring trauma-sensitive communication and providing quality interventions. UNFPA conducted training for 137 medical professionals, mainly SRH service providers, to improve their knowledge and skills in these areas. Essential psychological emergency support, psychiatric consultations and referrals for further specialized assistance were provided in partnership with leading local mental health organizations.

Cash and voucher assistance was provided to over 2,000 pregnant and lactating women in collaboration with the Armenian Progressive Youth organization. The beneficiaries received pharmacy vouchers, along with a comprehensive information package that included usage instructions, guidance on breastfeeding and positive parenting, and materials from UNFPA on SRH. The package of materials also covered prevention of sexually transmitted infections, GBV, and safeguarding against sexual exploitation and abuse. IARH kits were procured and distributed to the relevant regional SRH health facilities to ensure the uninterrupted provision of quality SRH services to refugees and host communities.

Aligning humanitarian efforts with national health and social priorities in Armenia

UNFPA engaged with government partners, including the Ministries of Health and Labour and Social Affairs, and local NGOs on the design and decision-making of the humanitarian initiative. This localized approach ensured that the efforts were well aligned with national health and social priorities, fostering collaborative and effective solutions for the communities. Furthermore, close collaboration with the Ministry of Health was important for an effective emergency response, helping UNFPA to navigate local regulatory challenges such as customs clearance.

Bosnia & Herzegovina

\$242K

CROSS-YEAR RESPONSE

Devastating floods struck Bosnia and Herzegovina in early October 2024, affecting almost 4,000 people, including 800 women of reproductive age. Recognizing the urgent need for targeted support, UNFPA launched an integrated response in 2024 that continues into 2025. The response focused on the prevention, mitigation and response to GBV.

To ensure safe and accessible support for women and girls, UNFPA established two women and girls safe spaces in the hardest-hit communities. To date, over 550 women and girls have been reached through such life-saving activities as in-person awareness sessions, dissemination of GBV-related information, and group psychosocial

support. Additionally, more than 200 women and girls received SRH information and services, supporting their health and dignity during the emergency. UNFPA distributed 400 dignity kits and, as part of preparedness efforts, a further 500 dignity kits were prepositioned to enable the swift distribution of essential hygiene supplies in the event of a future emergency.

SUPPORT PROVIDED TO LATIN AMERICA & THE CARIBBEAN



14,000

People reached with
sexual & reproductive
health services



13,000

People reached with
gender-based violence
prevention, risk
mitigation, & response



\$867K

Allocated to **2 countries**

“People sometimes taunt me because I was raped. I managed to hold on because of the help and support I have received. I feel alive again, thanks to the hospital and mobile clinics; they raise awareness and give us advice on how to cope.”

— Minouche, a woman living in Haiti

Disclaimer: The photographs shown throughout this report are for illustrative purposes only and do not depict the individuals quoted.

Haiti

\$450K

MULTI-YEAR RESPONSE

Haiti continued to face multiple and complex political, security and humanitarian crises in 2024. While the southern peninsula has not yet fully recovered from the consequences of the 2010 earthquake, the economy is in great difficulty along with the blockage of gasoline deliveries by armed gangs, which has virtually paralysed the country. Insecurity, including kidnappings and murders, is commonplace and has sparked massive displacement, particularly in the capital. The humanitarian situation in Port-au-Prince continues to deteriorate due to ongoing displacement of people, increasing risk of GBV and the vulnerability of residents.

UNFPA has deployed a GBV mobile team for provision of services and medical supplies; strengthened the SRH and GBV service provision within nine health facilities, established women's safe spaces for provision of GBV case management and psychosocial support, provided cash assistance, and conducted dignity kit distribution and awareness raising on GBV.

UNFPA provided IARH kits to nine health facilities and supported ten mobile clinics held in displaced sites. A total of 14,200 people were reached with SRH services and 4,000 adolescent girls received SRH services. A total of 3,700 deliveries were assisted within the nine supported health facilities and 11,300 people were reached with family planning services. In addition, 34 medical staff were trained on emergency obstetric and newborn care and the Minimum Initial Service Package.

With funding from the HTF, women and girls including displaced persons from areas affected by humanitarian crisis, including armed gang violence, particularly in metropolitan Port-au-Prince and Artibonite, Northern and Southern departments, have access to survivor-centred life-saving GBV services particularly in the four women's safe spaces supported as entry points for GBV services, case management and referrals. A total of 12,500 people accessed GBV services and mitigation activities, and over 21,000 were reached with awareness-raising activities on GBV services and GBV consequences. Cash was provided to over 290 women survivors of GBV, and 5,200 women and girls received dignity kits, including displaced persons and survivors

"We've lost our homes and our safety, but we still carry life. Coming here, I was able to see a midwife, ask questions, and feel like my health mattered."

— Marie-Danise, a pregnant woman living in Haiti



© UNFPA Haiti/Wendy Desert. Lucienne Saint-Juste, 79, attends the mobile clinic arranged by UNFPA's partner, PAD-HRIS, at the Joseph Bernard High School in Route Frères, Port-au-Prince, which has been converted into a camp for people who have been internally displaced.

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Cuba

\$252K

CROSS-YEAR RESPONSE

HTF funding enabled the Cuba country office to enhance the availability of life-saving SRH services in the aftermath of hurricanes Oscar and Rafael, which affected the country just weeks apart in October-November 2024. Hurricane Oscar affected four municipalities in the Guantanamo province in eastern Cuba, with winds surpassing 130 km/h, in the context of a national electricity crisis. The western part of the country was hit by hurricane Rafael two weeks later, with winds reaching 185 km/h, battering nine municipalities in the provinces of Artemisa and Mayabeque. Both hurricanes brought flooding, landslides, damages to the housing, health and social services infrastructure as well as further disruptions to electricity and water services.

As part of the implementation of the United Nations system's action plan, UNFPA, within the health cluster, contributed to the revitalization of essential services in ten primary healthcare institutions and six referral hospitals, focusing on obstetric and neonatal care. These efforts reached 16 municipalities in the provinces of Guantanamo, Artemisa and Mayabeque. A crucial component of this intervention involved UNFPA managing the procurement and distribution of 130 IARH kits, vital for managing childbirth complications, preventing and treating sexually transmitted infections, preventing unintended pregnancies through the provision of a range of contraceptives (including long-acting methods) and for addressing complications related to abortions and the clinical management of rape.

Furthermore, 900 dignity kits were procured to meet the hygiene needs of women of reproductive age, adolescents, and other vulnerable individuals. Twenty healthcare providers and decision-making personnel have been trained on the Minimum Initial Service Package for reproductive health, a key element in strengthening the quality of SRH care in emergency contexts. The HTF contribution enabled UNFPA to respond quickly in the emergency while it mobilized funding from other donors such as CERF and the European Union.

HTF funding enabled the Cuba country office to enhance the availability of life-saving SRH services in the aftermath of hurricanes Oscar and Rafael, which affected the country just weeks apart in October-November 2024.



SUPPORT PROVIDED TO WEST & CENTRAL AFRICA



187,000

People reached with
sexual & reproductive
health services



144,000

People reached with
gender-based violence
prevention, risk
mitigation, & response



\$2.6M

Allocated to **9 countries**



“After losing my legs to Boko Haram, I might have given up — but I received care and training through UNFPA’s support. Now I work as a paralegal in Bol, helping other women who have faced violence. We are survivors; we will rebuild.”

— Halima, a woman living in Chad

Chad

\$565K

MULTI-YEAR RESPONSE

Chad was affected by floods that began in late July 2024. As of December 2024, almost 2 million people had been affected with many families being displaced, and essential services, including SRH and GBV services, were disrupted.

There were approximately 1.8 million people forcibly displaced in Chad in 2024. This population was made up of 71 per cent refugees and asylum seekers, 12 per cent internally displaced persons, and 17 per cent migrants. Of the displaced, 88 per cent were women and children, who are highly affected by reduced access to SRH services and are vulnerable to GBV and sexual violence in the uncertain context facing the country. The floods, coupled with the influx of Sudanese refugees and returnees, have strained the healthcare system, leading to shortages of essential

reproductive health supplies, disrupting access, and increasing protection and maternal mortality risks.

Funding from the HTF was made available complementary to funding from the Emergency Fund to support the response to the multiple overlapping crises affecting Chad throughout 2024. The response included training and deployment of midwives to ensure safe births and psychosocial support workers to provide medical care for survivors of violence. Life-saving reproductive health supplies, including for emergency obstetric care, were procured and distributed to health facilities while essential hygiene items were provided to displaced women and girls.

Niger

\$470K

CROSS-YEAR RESPONSE

Severe flooding in Niger caused a catastrophic situation in the country. Maradi, Dosso, Zinder, and Tahoua regions were particularly impacted, experiencing widespread destruction of homes, crops, and infrastructure. The floods impacted more than 1 million people, including more than 450,000 of whom were displaced. The devastation was widespread with more than 100,000 houses collapsed, 150 classrooms destroyed, eight health centres damaged, and over 13,000 hectares of cultivated land flooded, wiping out essential crops. The floods were the worst Niger had seen in 30 years, further exacerbating food insecurity and malnutrition, especially for pregnant and lactating women. The flooding came against the backdrop of a worsening economic and security situation affecting the country so that by December 2024 an estimated 4.6 million people were in need of humanitarian assistance, almost 1 million of whom were women of reproductive age.

Making use of HTF funding, UNFPA reached 140,112 beneficiaries with SRH services (including 4,209 males) through support for 62 health facilities. The support included tents, "mama" kits, mobile clinics, and the services of professional midwives. A total of 204 cases of obstetric complications were supported with cash and voucher assistance to facilitate transportation to healthcare facilities.

Four safe spaces for women and girls vulnerable to or affected by violence were established. During the project period, these spaces hosted 2,143 beneficiaries (1,368 girls and 775 women) while 1,856 women and girls received dignity kits, and 634 adolescent girls received menstrual hygiene kits. Coordination mechanisms were strengthened through the establishment of departmental GBV working groups in 11 flood-affected departments.



© UNFPA Chad/Eric Diepart/temphoto. UNFPA-deployed humanitarian midwives in the Miez site provide health services to women displaced by flooding.

Cameroon

\$330K
CROSS-YEAR RESPONSE

The Far North region of Cameroon grappled with the aftermath of severe flooding that ravaged the area in July and August 2024. The deluge impacted over 130,000 people, with Mayo-Tsanaga, Mayo-Danay, and Logone-and-Chari divisions bearing the brunt of the disaster. Houses, infrastructure and farmland were washed away, forcing many to flee their homes and disrupting access to essential services, including for SRH. Displacement, lack of access to SRH services, lack of hygiene and menstrual products, and the breakdown of community support systems have heightened the risk of maternal and neonatal deaths and GBV. The flooding impacted over 448,000 people, compounding existing challenges triggered by the violence and security crisis that has resulted from multiple overlapping conflicts.

The needs spanned multiple sectors including SRH and protection and particularly affected women and girls. UNFPA was actively involved in addressing the SRH and GBV needs of the affected population, being the unique actor with presence in these overlapping areas. Funding from the HTF, complemented with funding from the Emergency Fund enabled a comprehensive response in Cameroon, through which 45,500 individuals were sensitized on GBV and SRH issues. This extensive sensitization effort reached 25,000 females and girls, 17,600 males and boys, 440 pregnant women, 1,240 lactating women and more than 80 women with disabilities.

A total of 14,980 SRH consultations were provided through HTF funding. This encompassed diverse essential services, including 11,570 consultations to address medical issues, 1,780 antenatal care sessions and 1,110 post-natal care sessions. Additionally, 370 family planning counselling sessions were provided as well as 150 HIV and sexually transmitted infection services. The response also ensured the distribution of various SRH kits to health centres, specifically IARH kits for clean delivery, post-rape treatment, management of sexually transmitted infections, and essential midwifery supplies.

UNFPA's support facilitated mental health and psychosocial support services for 130 individuals. Of these, 33 individuals received psychoeducation, over 600 individual therapy sessions were conducted, and almost 40 group therapy sessions were held. In addition, 356 individuals were reached with skills-building initiatives in order to provide mental health and psychosocial support for affected populations.

Other responses supported by the HTF in the region

Central African Republic

\$273K
CROSS-YEAR RESPONSE

Emergency life-saving SRH and GBV services for refugees, returnees and displaced people impacted by the Sudan conflict.

Nigeria

\$252K
CROSS-YEAR RESPONSE

Addressing urgent GBV and SRH needs of women and girls displaced by flooding in the north-east.

Cote D'Ivoire

\$218K
CROSS-YEAR RESPONSE

Response to the influx of refugees from Burkina Faso and Mali.

Mali

\$190K
CROSS-YEAR RESPONSE

Increasing access to SRH and GBV services in flood-affected areas.

Togo

\$155K
CROSS-YEAR RESPONSE

Response to influx of refugees from Burkina Faso.

Benin

\$120K
CROSS-YEAR RESPONSE

Response external and internal population displacements due to the spillover of insecurity and crisis from the Sahel

HUMANITARIAN THEMATIC FUND

FINANCIAL OVERVIEW

The opening balance of the HTF as of 1 January 2024 totalled \$39.3 million, out of which \$22.2 million was already allocated as part of cross-year responses and approximately \$9.1 million was being held in reserve for indirect costs (\$2.6 million) and the potential scale-up of allocations (\$4.5 million) and for HTF operational costs (\$2 million), leaving a balance of \$8 million available for new allocations at the beginning of 2024.

Contributions to the HTF in 2024 totaled \$44.1 million, which is the highest annual amount recorded to date. However, 40 per cent of the contributions were received during the last quarter of the year, particularly in the month of December, which impacted the amount of funding rolling over, already softly earmarked, for allocations early in 2025. The following table provides a high-level summary of the HTF operations in 2024.

Despite having an estimated closing balance of \$57.1 million as of 31 December 2024, more than two thirds of those funds were already committed or rolled-over allocations and softly earmarked allocations to be made in early January 2025 or were being held in reserve. Unlike other sources of funds, unspent balances and HTF allocations are automatically rolled over into the following calendar year, as long as those allocations are related to cross-year humanitarian responses. This characteristic of the HTF allows for uninterrupted humanitarian operations across calendar years and is the reason that significant amounts exist in the roll-over category at the beginning of each year.

OPENING BALANCE 2024

\$39.3M

CLOSING BALANCE 2024

\$57.1M

New contributions (unearmarked)	\$12.3M
New contributions (softly earmarked to specific regional crises)	\$31.8M
Collections of unspent balances	\$0.1M
New allocations	\$26.4M

Allocations rolling over to 2025	\$18.1M
Softly earmarked to specific regional crises	\$11.1M
Indirect costs reserve for 2025	\$4.0M
Scale-up reserve for 2025	\$4.5M
HTF operations reserve for 2025	\$2.0M

AVAILABLE FOR NEW ALLOCATIONS IN 2025

\$17.4M

Regional Funding Details

The total volume of funding made available to UNFPA offices (rolled over from 2023 + new allocations in 2024) reached \$48.6 million in 2024 and was distributed as follows:

Regional Funding Details (\$million)			
UNFPA region	Opening balance	New allocations	Total funding in 2024
Arab States	1.1	11.8	12.9
Asia & the Pacific	0.3	0.9	1.2
Eastern Europe & Central Asia	18.0	9.0	27.0
Eastern & Southern Africa	0.1	1.5	1.6
Latin America & the Caribbean	0.6	0.3	0.9
Western & Central Africa	0.6	2.0	2.6
Global Support	1.5	0.9	2.5
Grand Total	22.2	26.4	48.6

The large proportion of funding going to the Eastern Europe and Central Asia region is strongly linked to significant contributions from donors softly earmarked for the response in Ukraine and the neighbouring countries.

Localization funding

Governments and civil society organizations play critical roles as first responders when disasters strike, and are instrumental in ensuring delivery to the 'last mile'. Local NGOs in particular play a critical role in implementing UNFPA's humanitarian response everywhere in the world.

Local and national actors implemented 44 per cent of the totality of HTF funds in 2024, far surpassing the Grand Bargain target of 25 per cent. Local and national actors accounted for more than 80 per cent of the total funding made available to all HTF implementing partners in 2024. Local and national partners received HTF funding in 25 countries, demonstrating UNFPA's strong investment in localized responses.

The HTF has functioned as a flexible means of financing adaptive programming that strengthens meaningful partner interaction and coordination, working with both governmental and non-governmental actors. In responses such as Egypt, the Lao People's Democratic Republic and Nigeria, more than 90 per cent of the HTF funding was channeled to local and national partners who played a key role in the provision of SRH and GBV services to women and girls.

A significant portion of UNFPA's direct implementation of HTF funds relates to the central procurement of IARH kits and related medicines, dignity kits, medical equipment including such life-saving equipment as mobile clinics and maternity units, which are ultimately transferred to partners for their use in humanitarian responses. Likewise, UNFPA direct implementation includes the deployment of specialized human resources via the Global Emergency Response Team and the surge mechanism.

* UNFPA's Individual Giving Programme seeks donations from the public – from one-time gifts from individuals to major contributions from non-governmental donors. It carries out digital fundraising and explores innovative funding streams other than government donors to support UNFPA's mission, including for the HTF.



HUMANITARIAN THEMATIC FUND

OUR DONORS

The work of the Humanitarian Thematic Fund is made possible thanks to the generous contributions of multiple donors

In 2024, the HTF benefited from contributions from eight donors plus UNFPA's Individual Giving programme, totalling approximately \$44.1 million.

With generous and entirely flexible contributions totaling \$12.3 million, several key donors enabled swift and strategic funding allocations to the most critically underfunded humanitarian responses. These unrestricted funds provided the agility necessary to address urgent needs as they arose, ensuring that essential aid could be delivered promptly and efficiently.

The financial support directly facilitated operations in regions experiencing the greatest shortfalls, thereby maximizing the impact of available resources and supporting vulnerable populations amidst crisis situations.

This significant financial commitment from donors proved pivotal in sustaining and expanding humanitarian efforts in areas with the highest need and lowest funding.

FULLY UNEARMARKED FUNDING



GERMANY
\$4.9M



NORWAY
\$3.6M



REPUBLIC OF
KOREA
\$1.5M



CANADA
\$1.5M



OPEN SOCIETY
FOUNDATIONS
\$0.8M

Fully flexible, multi-year funding commitments provide the HTF with predictable resources for more effective planning and allocation. In 2024, Germany contributed EUR 4.5 million (approx. \$4.9 million), completing a 2022-2024 funding agreement totaling EUR 11 million. Norway provided NOK 40 million (approx. \$3.6 million) as part of a NOK 160 million commitment for 2022-2025. Korea contributed \$1.5 million under its \$4.5 million agreement for 2023-2025.

Canada's CAD 2 million (approx. \$1.5 million) marked the first tranche of its 2024-2025 fully flexible funding agreement. The Open Society Foundation contributed \$800,000, the third tranche of its \$3.2 million commitment covering 2022-2025.

\$12.3M
UNEARMARKED
CONTRIBUTIONS IN 2024

SOFTLY EARMARKED FUNDING

The following contributions, while softly earmarked to specific regional crises, provided a degree of flexibility that enabled strategic resource allocation to priority responses. By channeling these funds through the HTF toward broader regional efforts, UNFPA was able to respond to interconnected crises across multiple countries, ensuring more coordinated and effective interventions.

Notably, the contributions listed below — received throughout the year — played a crucial role in sustaining and scaling up operations in several complex emergencies. They reflect a strong commitment from donors to support regional approaches and enhance UNFPA's capacity to address cross-border humanitarian challenges.



SWEDEN
\$17.5M

Ukraine regional response, occupied Palestinian territory, Sudan regional response



NORWAY
\$7.8M

Ukraine regional response, Syria regional response



IRELAND
\$3.7M

Ukraine regional response, Sudan regional response



INDIVIDUAL GIVING
\$2.8M

Yemen, Ukraine, Türkiye/Syrian Arab Republic, occupied Palestinian territory, others

SOFTLY EARMARKED
CONTRIBUTIONS IN 2024

\$31.8M



LOOKING AHEAD

FLEXIBLE FUNDING IN A TIME OF COMPOUNDING CRISES

Midway into 2025, the HTF remains a cornerstone of UNFPA's ability to deliver timely, life-saving assistance to women and girls in humanitarian crises. With approximately \$48.7 million already allocated to 28 countries this year, the HTF continues to play a vital role in ensuring that flexible, unearmarked funding is available for both rapid-onset emergencies and protracted, complex crises. These allocations include rolled-over funds from 2024 to support multi-year responses, as well as new disbursements made in the first half of 2025, enabling sustained and adaptive programming where needs are most acute.

The humanitarian landscape in 2025 is increasingly defined by the convergence of protracted armed conflicts and escalating climate-related shocks. Conflicts continue unabated in Ukraine, the occupied Palestinian territory, and Sudan, with no clear pathways to resolution. At the same time, extreme weather events — including floods, droughts, and heatwaves — are placing growing strain on already vulnerable communities across sub-Saharan Africa, the Horn of Africa, and parts of the Asia-Pacific region. These intersecting crises have created cascading effects on access to health services, protection systems, and livelihoods, placing even greater pressure on humanitarian actors and financial systems.

Although the HTF has benefited from generous contributions in 2025 totaling over \$31.8 million from donors including Sweden, the United Kingdom, Norway, Korea, Canada, Austria, and Spain, funding levels remain significantly below what is needed to meet the scale of global demand. The widening gap between needs and resources threatens the continuity of core interventions in sexual and reproductive health and gender-based violence prevention and response, particularly in underfunded and neglected crises.

In such a volatile and challenging context, the HTF is uniquely positioned to support the broader reform agenda within the humanitarian sector. Its emphasis on flexibility, localization, and integrated programming allows UNFPA to bridge the humanitarian–development–peace nexus and contribute meaningfully to sector-wide commitments under the Grand Bargain and the humanitarian reset initiatives. As the global humanitarian system undergoes much-needed transformation, the HTF stands out as a proven mechanism for delivering principled, effective, and responsive support to those most in need.



“Many survivors come to our safe spaces after giving birth to a child born of rape. They were never prepared, either physically or emotionally.”

— Samia, a woman living in DRC

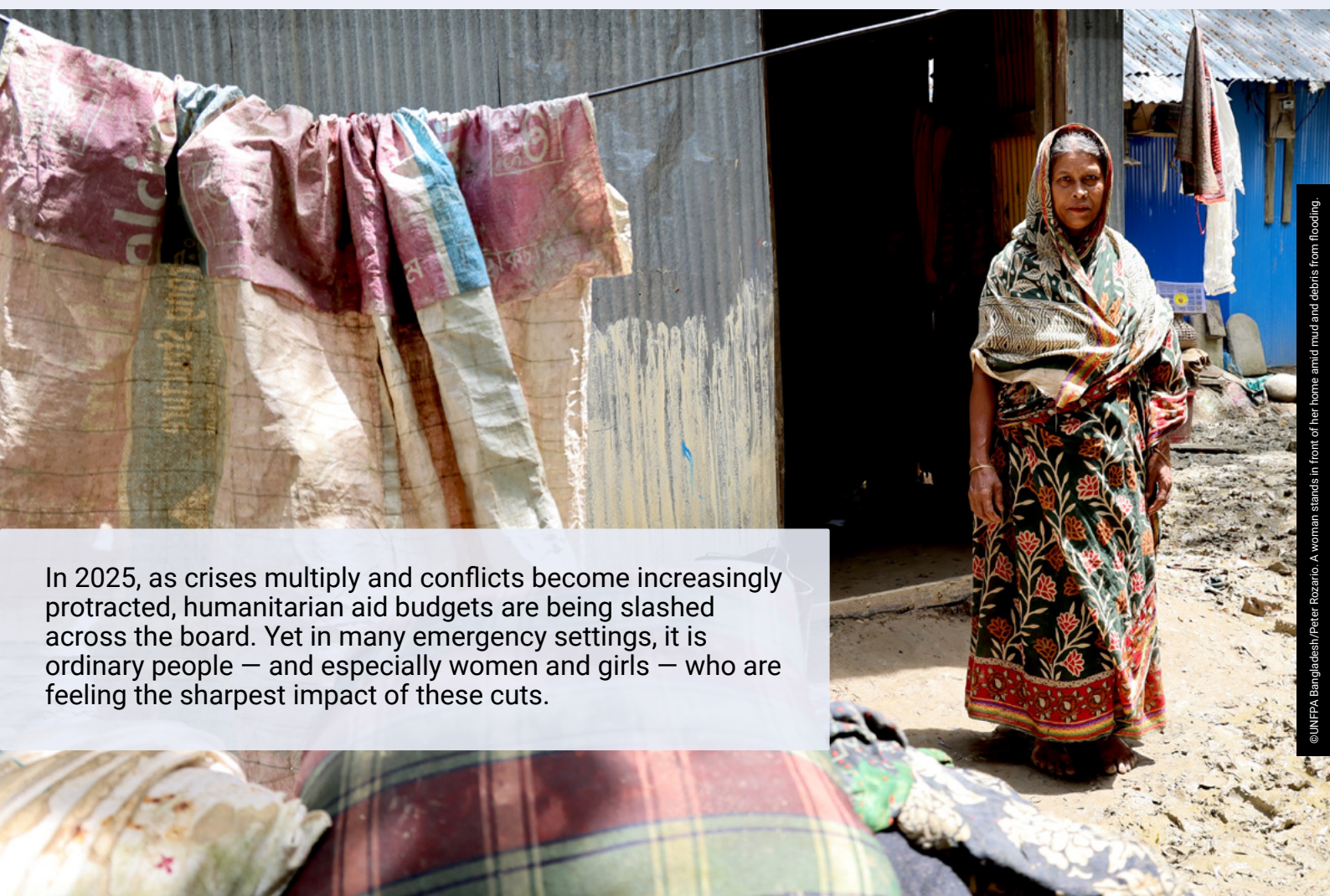
ANNEX

OPENING BALANCES, NEW ALLOCATIONS AND TOTAL FUNDING MADE AVAILABLE FOR 2024 PER COUNTRY

UNFPA region	UNFPA country	Opening balance	New allocations	Total funding
Arab States	Egypt	-	\$178,372	\$178,372
	Iraq	-	\$210,015	\$210,015
	Lebanon	-	\$1,042,000	\$1,042,000
	Libya	\$8,365	\$120,378	\$128,743
	Yemen	-	\$272,402	\$272,402
	Occupied Palestinian territory	\$755,210	\$6,157,365	\$6,912,575
	Sudan	\$231,475	\$3,397,171	\$3,628,646
	Syrian Arab Republic	\$114,373	\$384,603	\$498,976
Arab States Total		\$1,109,423	\$11,762,306	\$12,871,729
Asia & the Pacific	Bangladesh	-	\$250,000	\$250,000
	Democratic People's Republic of Korea	\$159,659	-	\$159,659
	Lao People's Democratic Republic	\$18,150	\$123,000	\$141,150
	Myanmar	-	\$449,700	\$449,700
	Timor-Leste	\$104,330	-	\$104,330
	Viet Nam	-	\$93,000	\$93,000
Asia & the Pacific Total		\$282,139	\$915,700	\$1,197,839
Eastern Europe & Central Asia	Armenia	-	\$242,353	\$242,353
	Belarus	\$350,402	\$11,419	\$361,821
	Bosnia and Herzegovina	-	\$85,164	\$85,164
	Moldova	\$2,557,884	\$1,194,273	\$3,752,157
	Eastern Europe and Central Asia Regional Office	\$685,543	\$100,000	\$785,543
	Ukraine	\$14,389,547	\$7,321,469	\$21,711,016
Europe & Central Asia Total		\$17,983,376	\$8,954,678	\$26,938,054
East & Southern Africa	Burundi	-	\$150,000	\$150,000
	Lesotho	-	\$90,850	\$90,850
	Malawi	-	\$125,000	\$125,000
	Rwanda	-	\$315,501	\$315,501
	South Sudan	-	\$624,315	\$624,315
	Uganda	\$105,222	\$223,000	\$328,222
East & Southern Africa Total		\$105,222	\$1,528,666	\$1,633,888
Latin America & Caribbean	Cuba	-	\$252,000	\$252,000
	Haiti	\$614,527	-	\$614,527
Latin America & Caribbean Total		\$614,527	\$252,000	\$866,527

OPENING BALANCES, NEW ALLOCATIONS AND TOTAL FUNDING MADE AVAILABLE FOR 2024 PER COUNTRY

UNFPA region	UNFPA country	Opening balance	New allocations	Total funding
Western & Central Africa	Benin	\$120,000	-	\$120,000
	Cameroon	\$80,181	\$250,000	\$330,181
	Central African Republic	-\$32,470	\$305,000	\$272,530
	Chad	\$2,114	\$562,744	\$564,858
	Cote D'Ivoire	\$218,000	-	\$218,000
	Mali	-	\$189,858	\$189,858
	Niger	-	\$470,000	\$470,000
	Nigeria	\$16,313	\$236,400	\$252,713
	Togo	\$154,850	-	\$154,850
	Western & Central Africa Total	\$558,988	\$2,014,002	\$2,572,990
Subtotal country support		\$20,665,117	\$25,443,115	\$46,081,026
Global Programme		\$1,544,112	\$910,488	\$2,454,600
Grand Total		\$22,209,229	\$26,353,603	\$48,562,830



In 2025, as crises multiply and conflicts become increasingly protracted, humanitarian aid budgets are being slashed across the board. Yet in many emergency settings, it is ordinary people — and especially women and girls — who are feeling the sharpest impact of these cuts.

UNITED NATIONS POPULATION FUND

HUMANITARIAN THEMATIC FUND

ANNUAL REPORT
2024



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