



UNFPA HUMANITARIAN THEMATIC FUND
2020 ANNUAL REPORT





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Overview

[The Humanitarian Thematic Fund](#) (HTF) is a UNFPA co-financing mechanism launched in late 2018 that provides flexible, multi-year funding for the increasing number of UNFPA humanitarian programmes around the world, providing greater opportunities for “bridge” funding to ensure continued delivery of needed humanitarian assistance, especially during gaps in dedicated donor co-financing. It is administered by the UNFPA Humanitarian Office.

Lower Costs and Localization

The HTF is an un-earmarked pooled donor funding mechanism dedicated to UNFPA humanitarian operations that greatly reduces the transaction costs associated with management of individual donor agreements, allowing for a lower indirect cost rate (7 per cent in lieu of 8 per cent), while harmonizing and simplifying reporting requirements. Strengthened quality assurance over country office proposals ensures well-designed programme implementation and reliable programme reporting. In the spirit of the Grand Bargain¹, these actions enable UNFPA to flexibly provide rapid resource allocation in response to emergencies and opportunities to support underfunded crises.

Local actors are critical both as first responders in a crisis and the providers of long-term support. In all its humanitarian operations, UNFPA depends on local implementing partners, many of which are community-based organizations or local women’s organizations. In 2020, local non-governmental organizations (NGOs) played a critical role in UNFPA’s humanitarian response, including programmes supported by the HTF: 63% of all HTF funds provided to partners went to local NGOs, four times the share allocated to international NGOs. In 13 of the HTF supported countries, the totality of partner implemented funds went to local NGOs. The HTF has functioned well as a flexible, reprogrammable funding source for UNFPA to respond to humanitarian crises with maximum budget flexibility.

Flexible and Multi-Year Funding

As UNFPA’s most flexible humanitarian funding mechanism, the HTF provides timely, strategic and multi-year funding to support rapid and ongoing humanitarian response, preparedness and strengthening the humanitarian-development-peace nexus around the globe. During the course of the year, the HTF worked well in parallel with UNFPA’s Emergency Fund, which is funded from the core budget and which, like the donor contributions of the HTF, support under-funded humanitarian emergencies to provide life-saving funding in emergencies. The HTF has the advantage of being able to be spread out over multiple years, if necessary.

Rapid and Life-Saving Response

Because of its robust quality assurance workflow involving expedited but thorough technical reviews by the respective regional offices and the Humanitarian Office, as well as its low overhead structure, UNFPA advocated with partners to prioritize the channeling of all central COVID-related co-financing through the HTF. In 2020, the HTF supported UNFPA country offices around the world to respond to the pandemic quickly and effectively.

Therefore, as with much of UNFPA programming in 2020, the work of the HTF during the year was motivated by the urgent need to rapidly address the COVID pandemic, which threatened the health, social and economic spheres of every country in the world. The pandemic diminished social services, economic activity, financial resources and infrastructure and exacerbated people’s existing vulnerabilities – including those of low-income households with limited or no access to critical healthcare services and lack of safe and nutritious food, women at the frontline of the response, children, the elderly, people with disabilities, refugees and with limited livelihood opportunities, and migrant and informal sector workers.

¹An article on how HTF reduces transaction costs published on IASC Grand Bargain website: [The Grand Bargain in Practice: UNFPA’s pooled fund reducing the costs of humanitarian response](#)



Given the special context of the COVID-19 pandemic, effective and efficient humanitarian response was needed more than ever, and the HTF proved to be the most flexible and central funding source for UNFPA in response to the pandemic, especially to countries that were part of [the UN Global Humanitarian Response Plan](#) (GHRP) (an inter-agency plan that aggregated the pandemic appeals of several United Nations agencies, including UNFPA). Around \$5.3 million worth of personal protective equipment (PPE) was provided globally to countries in need using HTF funds, and this equipment proved to be of vital importance in ensuring the safe implementation of sexual and reproductive health (SRH) and gender-based violence (GBV) response interventions during the pandemic.

The response to COVID-19 also highlighted the value of cash and voucher assistance (CVA) in providing affected persons with the ability to meet basic needs, support

local markets and re-invigorate economies. There is a growing trend for cash to be used to provide assistance in a broader range of countries. For example, In Syria, UNFPA began providing monthly transfer amounts to women to cover the cost of a standard package of hygiene items that women could use for their urgent needs. The hygiene voucher was a top-up to WFP's general food assistance electronic voucher (e-voucher), using a prepaid card to buy goods at WFP-contracted retailers, based on feedback from women requesting an amount for hygiene items such as diapers, soap and tissues. The program reached over 70,000 women in 2020 and is continued into 2021. In the Philippines, more than 2,500 pregnant women were provided "cash for health" assistance to be able to access prenatal services, facility-based deliveries and postpartum check-ups. This cash-based assistance allows for rapid and flexible responses, supports autonomy and dignity, and is aligned with a growing global humanitarian use of CVA.

Donor Contributions

In 2020, its second year of operations, the HTF's contributions increased exponentially reaching a total of \$29.96 million thanks to financial contributions from the United Kingdom, Denmark, Norway, Australia, Finland, Canada, Republic of Korea, UNFPA's "Individual Giving Programme," and Iceland. These generous contributions allowed UNFPA to reach a milestone in its humanitarian work during 2020 – responding to the largest number of countries facing humanitarian emergencies within a given year in the past decade.

Table 1 - Donor Contributions in 2020

Funder	Amount
United Kingdom	\$12,500,000
Denmark	\$5,786,476
Norway	\$3,380,663
Australia	\$2,988,048
Finland	\$2,389,486
Canada	\$1,073,729
Republic of Korea	\$500,000 ¹
Iceland	\$136,556
Individual Giving Programme	\$1,203,862
Total:	\$29,958,820

¹In 2020, the Republic of Korea committed 2.5 million USD to the HTF to fund projects for the years 2020 to 2022. In 2020, the HTF received 500K USD.



Allocations Overview

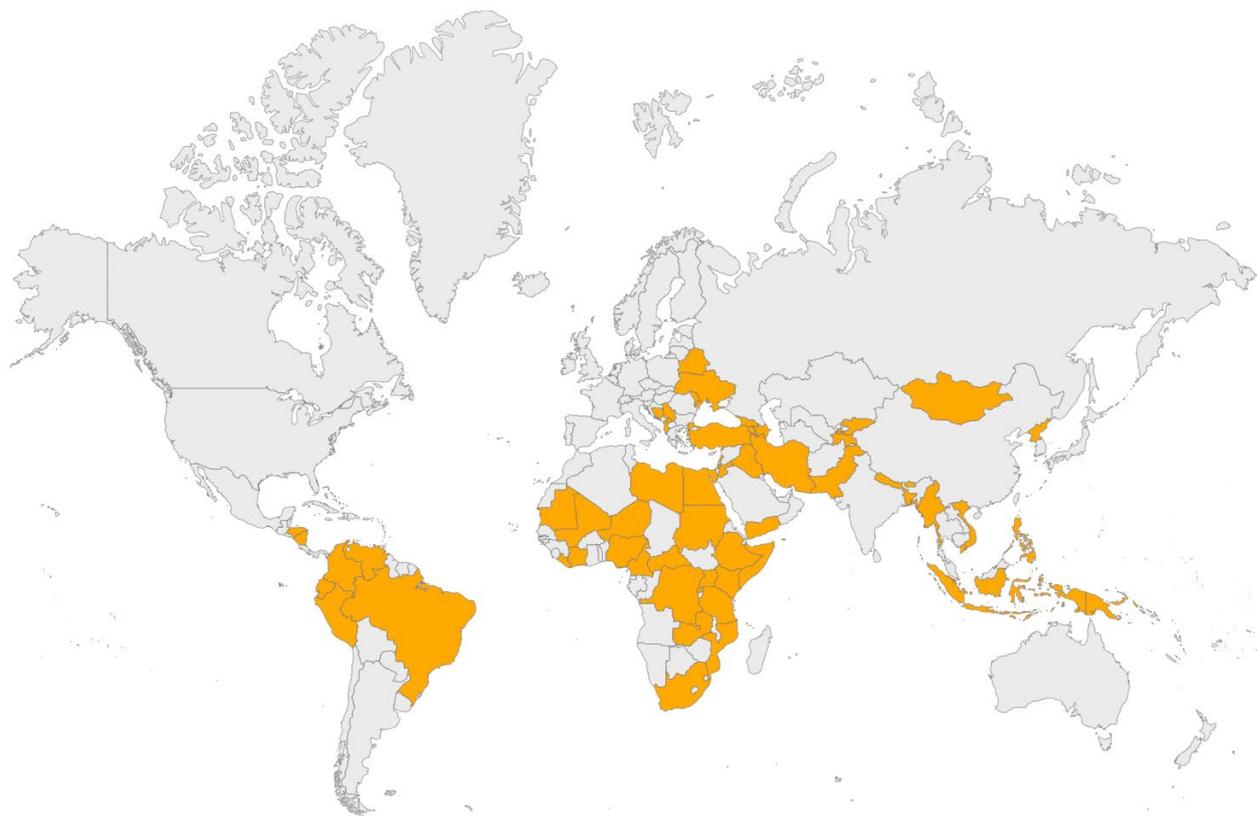
2020 Allocations by Country

In 2020, the [HTE](#) allocated a total of \$25.6 million to provide time-critical and life-saving humanitarian support in 69 countries (including through UNFPA regional offices), which is a significant increase compared to the [HTE allocations of 2019](#).

Table 2 - List of Recipients in 2020

	Country	Region	Allocation		Country	Region	Allocation
1	Afghanistan	Asia and the Pacific	\$ 1,218,706	36	Maldives	Asia and the Pacific	\$ 321,000
2	Albania	Eastern Europe and Central Asia	\$ 25,806	37	Mali	Western and Central Africa	\$ 179,964
3	Asia Pacific regional office	Asia and the Pacific	\$ 107,000	38	Mauritania	Western and Central Africa	\$ 380,397
4	Armenia	Eastern Europe and Central Asia	\$ 430,266	39	Moldova Republic	Eastern Europe and Central Asia	\$ 25,806
5	Azerbaijan	Eastern Europe and Central Asia	\$ 312,198	40	Mongolia	Asia and the Pacific	\$ 151,983
6	Bangladesh	Asia and the Pacific	\$ 566,290	41	Mozambique	East and South Africa	\$ 328,881
7	Belarus	Eastern Europe and Central Asia	\$ 25,806	42	Myanmar	Asia and the Pacific	\$ 267,500
8	Bhutan	Asia and the Pacific	\$ 230,909	43	Nepal	Asia and the Pacific	\$ 472,408
9	Bosnia and Herzegovina	Eastern Europe and Central Asia	\$ 284,658	44	Nicaragua	Latin America and the Caribbean	\$ 365,404
10	Brazil	Latin America and the Caribbean	\$ 351,075	45	Niger	Western and Central Africa	\$ 353,857
11	Cameroon	Western and Central Africa	\$ 625,689	46	Nigeria	Western and Central Africa	\$ 192,600
12	Caribbean sub-regional office	Latin America and the Caribbean	\$ 107,000	47	Pacific sub-regional office	Asia and the Pacific	\$ 332,005
13	Central African Republic	Western and Central Africa	\$ 194,184	48	Pakistan	Asia and the Pacific	\$ 229,361
14	Chad	Western and Central Africa	\$ 7,729	49	Palestine	Arab States	\$ 256,800
15	Colombia	Latin America and the Caribbean	\$ 486,524	50	Papua New Guinea	Asia and the Pacific	\$ 741,695
16	Comoros	East and South Africa	\$ 32,100	51	Peru	Latin America and the Caribbean	\$ 241,820
17	Congo	Western and Central Africa	\$ 759,879	52	Philippines	Asia and the Pacific	\$ 885,304
18	Côte D'Ivoire	Western and Central Africa	\$ 192,654	53	Latin America regional office	Latin America and the Caribbean	\$ 508,641
19	Democratic People's Republic of Korea	Asia and the Pacific	\$ 329,804	54	Rwanda	East and South Africa	\$ 192,600
20	Ecuador	Latin America and the Caribbean	\$ 347,446	55	Serbia	Eastern Europe and Central Asia	\$ 25,806
21	Egypt	Arab States	\$ 300,109	56	Somalia	Arab States	\$ 1,011,533
22	Ethiopia	East and South Africa	\$ 990,891	57	South Africa	East and South Africa	\$ 107,000
23	Georgia	Eastern Europe and Central Asia	\$ 25,806	58	South Sudan	East and South Africa	\$ 435,411
24	Haiti	Latin America and the Caribbean	\$ 123,460	59	Sudan	Arab States	\$ 1,483,505
25	Honduras	Latin America and the Caribbean	\$ 538,826	60	Tajikistan	Eastern Europe and Central Asia	\$ 55,225
26	Indonesia	Asia and the Pacific	\$ 803,832	61	Tanzania, United Republic of	East and South Africa	\$ 267,500
27	Iran, Islamic Republic of	Asia and the Pacific	\$ 121,292	62	Turkey	Eastern Europe and Central Asia	\$ 453,771
28	Iraq	Arab States	\$ 186,278	63	Uganda	East and South Africa	\$ 210,469
29	Jordan	Arab States	\$ 53,556	64	Ukraine	Eastern Europe and Central Asia	\$ 25,806
30	Kenya	East and South Africa	\$ 389,230	65	Venezuela, Bolivarian Republic of	Latin America and the Caribbean	\$ 295,033
31	Kosovo	Eastern Europe and Central Asia	\$ 25,806	66	Vietnam	Asia and the Pacific	\$ 438,700
32	Kyrgyzstan	Eastern Europe and Central Asia	\$ 77,418	67	Yemen	Arab States	\$ 3,374,821
33	Lebanon	Arab States	\$ 321,000	68	Zambia	East and South Africa	\$ 160,500
34	Liberia	Western and Central Africa	\$ 137,896	69	Zimbabwe	Eastern Europe and Central Asia	\$ 11,930
35	Libya	Arab States	\$ 139,986				
						Grand Total:	\$ 25,656,145

2020 Country Recipients

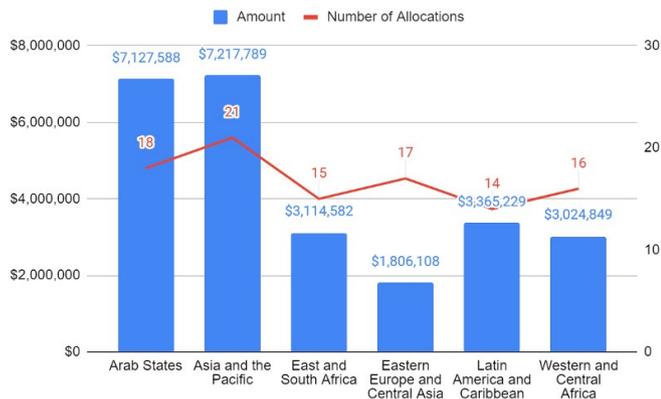


Albania, Asia Pacific regional office, Armenia, Azerbaijan, Bangladesh, Belarus, Bhutan, Bosnia and Herzegovina, Brazil, Cameroon, Caribbean sub-regional office, Central African Republic, Colombia, Comoros, Congo, Côte D'Ivoire, Democratic People's Republic of Korea, Ecuador, Egypt, Ethiopia, Georgia, Honduras, Indonesia, Iran, Islamic Republic of, Iraq, Jordan, Kenya, Kosovo, Kyrgyzstan, Lebanon, Liberia, Libya, Maldives, Mali, Mauritania, Moldova Republic, Mongolia, Mozambique, Myanmar, Nepal, Nicaragua, Niger, Nigeria, Pacific sub-regional office, Pakistan, Palestine, Papua New Guinea, Peru, Philippines, Latin America regional office, Rwanda, Serbia, Somalia, South Africa, Sudan, Tajikistan, Tanzania, United Republic of, Turkey, Uganda, Ukraine, Venezuela, Bolivarian Republic of, Vietnam, Yemen, Zambia

2020 Allocations by Region

In total during 2020, 101 allocations were distributed to 69 recipient UNFPA country offices. In part due to a softly-earmarked contribution of close to \$3 million by Australia to support the Asia and Pacific regional COVID-19 humanitarian response plan, the Asia Pacific region received the largest portion of the HTF's total allocations of \$7.2 million. The Arab States region was the second largest recipient, followed by Western and Central Africa, East and South Africa, and Latin America and Caribbean. During 2020, around 82 per cent of HTF funding was used for COVID-19 response related programming.

As part of its regional funding, UNFPA and its partners continue to provide technical support utilizing Latin America and Caribbean regional office's roving GBV and SRH specialists in Brazil, Colombia, Ecuador, Guyana, Peru and Trinidad and Tobago as a regional response to the Venezuelan migrant crisis. In this regional crisis, UNFPA is working on improving access to SRH services, distribution of reproductive health kits, establishing GBV referral pathways and safe spaces, and in leading GBV working groups both regionally and at national levels. Through the HTF, UNFPA's Latin America and the Caribbean regional office was able to provide regional time-critical, life-saving SRH and GBV assistance in response to the regional Venezuela refugee and migrant crisis.



Expenditure Analysis

In 2020, the total expenditure across all countries was 17.5 million USD.

Expenditure by Strategic Plan Output

Most of the funds (around 90 per cent) went to Output 2: Integrated SRH services, Output 4: Supply chain management, and Output 11: Prevention and addressing of GBV. This is in line with the increasing trend in HTF funding for integrated SRH and GBV services. This indicates a strength of UNFPA programming – combining its role as a reproductive health agency aligned with its responsibilities as the lead GBV response agency in humanitarian settings by leading the GBV “Area of Responsibility” and the GBV sub-cluster at the global level. Table 3 shows the complete list of 2020 expenditures in terms of the outputs specified in UNFPA’s Strategic Plan.

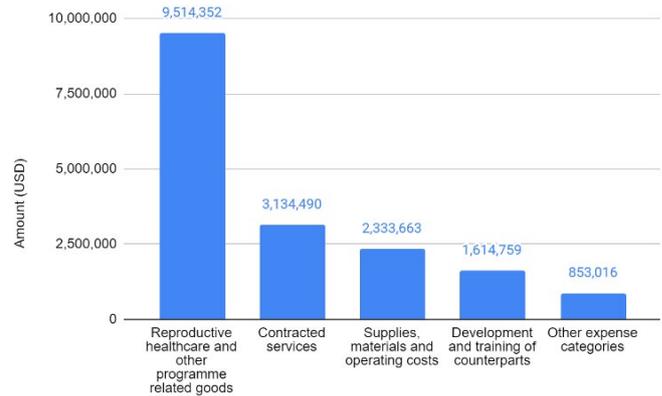
Table 3 - Expenditure by Strategic Plan Output (2018-2021)

Strategic Plan Output	Disbursement
02 - Integrated SRH services	5,403,389.42
04 - Supply chain management	5,410,149.68
11 - Prevention and addressing of GBV	5,083,774.09
Other	1,607,160.68
Grand Total:	17,504,473.87

²UNFPA Strategic Plan (2018-2021) Outputs 01- 05 are counted under SRH, Outputs 11 and 12 are counted under GBV, all the rest are counted under “Other”.

Expenditure by Budget Line

Out of the total HTF expenditure in 2020, more than \$9.5 million were used for reproductive healthcare and other programme related goods, representing more than about 50 per cent of the total expenditure. This category of expenses reflects the procurement of items such as PPE, dignity kits and medicines. The second biggest expense category was contracted services, which includes costs like the salaries for IP staff, local consultants and other services rendered by contractors. The supplies materials and operational costs category came next, reflecting costs like the land transportation of commodities, the printing of communication materials and the purchase of ICT equipment. The development and training of counterparts category, which includes costs such as travel, DSA and venue rentals for workshops was the fourth largest group. Usually this category would take a larger share of the funds, but COVID-19 related restrictions meant many activities had to be cancelled or postponed for 2021, and development and training of counterparts. Other expense categories represent less than 5% of the total expenses.



Programme Highlights

Arab States Region

Yemen

After almost six years of protracted conflict and economic blockades in Yemen, the capacity of families to cope with their lives and livelihoods continues to be eroded. Yemen remains the world's largest humanitarian crisis, and the cumulative impact of the conflict, economic decline and institutional collapse has left 24 million people in need of humanitarian aid and protection. Yemen has historically suffered from poor reproductive health indicators, including low levels of skilled birth attendance (45 per cent) and high maternal and newborn mortality. The project funded by the HTF was successful in maintaining UNFPA's GBV and rapid response mechanism in Marib, an interior city greatly affected by the conflict. The project managed to provide 35,000 newly displaced women and girls with Rapid Response Mechanism dignity kits. It also provided outreach through mobile teams to 6,220 women and girls, mainly those in the collective sites sheltering displaced persons. Safe spaces in these sites provided case management, psychosocial, medical, legal and livelihood support for women and girls. They also provided multi-sectoral services and referral pathways to prevent and respond to GBV incidents timely in 7 municipalities. In total, the \$1.3 million HTF allocation helped the UNFPA Yemen country office reach more than 100,000 women and girls in need.

Sudan

UNFPA Sudan received a total of \$738,300 of funding in response to the intercommunal tensions in Geneina, West Darfur, the COVID-19 response, and interventions to support Ethiopian refugees in eastern Sudan. The HTF helped Sudan to ensure risk reduction and mitigation of GBV consequences among vulnerable women and girls and helped female health workers in isolation quarantine centres by providing GBV, SRH, and COVID-19 risk mitigation information. The HTF helped the Sudan

country office to conduct systematic sessions on GBV referrals and case management for 211 health providers and trained 60 social workers to distribute 16,762 dignity kits to displaced women and girls along with sensitization sessions on GBV referrals and personal hygiene. Through the HTF, more than 50,000 people were reached in 2020, and at least 10,000 more will be reached in 2021 through the ongoing refugee project.

Somalia

Somalia continues to have one of the most complex and protracted humanitarian crises in the world. Somalia received \$738,300 in 2020 to support life-saving reproductive health and gender-based violence services for women and girls affected by floods and cyclones in the context of the COVID-19 pandemic. Even prior to the pandemic, an estimated 5.2 million people required humanitarian assistance. Flash and riverine floods have affected nearly a million people, and the COVID-19 pandemic worsened the situation. Through HTF-funded projects, UNFPA supported the provision of six integrated emergency obstetric and newborn care services (which also addressed GBV) including isolation of pregnant mothers to prevent possible COVID-19 infections. UNFPA also improved access to GBV services through four GBV one-stop centres within emergency obstetric facilities in four of the most affected regions, and provided counselling, clinical management of rape, psychosocial support and referrals targeting displaced persons in hard to reach areas. About 9,324 births were attended by skilled birth attendants in the emergency obstetric and new-born care facilities that had adopted new approaches in order to respond to COVID-19. Over 3,500 dignity kits were distributed to vulnerable women and girls in the target locations, with a total of 91,723 people benefiting from sexual and reproductive health and multisectoral GBV services.



Asia and the Pacific Region

Philippines

Allocations by the HTF enabled the Philippines country office to facilitate timely implementation of life-saving SRH, GBV and mental health and psychosocial support activities in responding to COVID-19. This included an innovative “cash for health” programme that enabled 50 GBV survivors in North Cotabato to access needed services. UNFPA also supported the Philippine Society for Responsible Parenthood Cash and Voucher Assistance project for 3,429 pregnant women whose expected date of delivery was between June to December 2020. Two mental health and psychosocial support advocacy campaigns were conducted, five youth-driven innovations were supported to address the impact of COVID-19 in their communities, and dignity kits were delivered to GBV survivors. The HTF enabled the UNFPA Philippines country office to facilitate timely implementation of

time-critical, life-saving activities in response to the displacements caused by the Marawi City siege in the southern Philippines and law enforcement operations against non-state armed groups.

Nepal

In the context of COVID-19, Nepal took early steps to prevent a widespread outbreak of the disease, including procuring essential supplies, setting up quarantine and health infrastructure, and spreading public awareness. COVID-19 arrived in Nepal against a backdrop that includes violence against women and girls, early marriage, harmful traditional practices, and high levels of maternal deaths. Through the HTF funding, UNFPA and its partners were able to address issues related to the coordination of the response to these challenges. Ten GBV sub-cluster meetings were organized on relevant

thematic topics and on coordination efforts, allowing more than 30 partner organizations to continue to actively engage in GBV prevention and mitigation activities. In Nepal and elsewhere, the GBV sub-clusters have been shown to have an important role in emergency situations in coordinating the activities of all humanitarian actors who work to prevent GBV and mitigate its consequences. Through the sub-cluster communications channels were established with GBV focal points at the provincial level and a data collection and information management team was set up. The \$795,808 HTF has helped the Nepal country office to support more than 100,000 women and girls.

Indonesia

In 2020, the HTF allocated \$803,832 to the UNFPA Indonesia country office, providing SRH and GBV services to women and girls during the COVID-19 pandemic, filling critical gaps in the response. The project is still under implementation. Through this funding, personal protective equipment has been distributed to selected midwives and frontline health workers who would otherwise not have had access to this lifesaving material. Capacity building on SRH and GBV in emergencies and mental health and psychosocial support services along with clinical refresher training for midwives were conducted. Technical assistance on implementing the Minimum Initial Service Package (MISP) for SRH and GBV interventions in emergencies was provided, taking into account the need to adapt services during the COVID-19 pandemic. UNFPA is working with multiple implementing partners, including provincial health offices, the Indonesian Midwifery Association, the Pulih Foundation and the Ministry of Women Empowerment and Child Protection. A total of 35,670 people will be reached through these interventions, including 2,320 women and pregnant mothers who received SRH and GBV information.



Eastern Europe and Central Asia

Turkey

As a result of the conflict in neighbouring Syria, Turkey has been facing a protracted refugee crisis for almost a decade. There are about 4.9 million Syrians in Turkey, of whom 3.5 million are registered. The need of this large population for services and assistance is significant and ongoing. An allocation of approximately \$1.1 million from the HTF has enabled the UNFPA Turkey country office to support the most vulnerable refugees by providing SRH and GBV and protection services. The HTF supported Turkey in distribution of 12,500 dignity kits and commodities to respond to the most urgent basic needs of refugee women and girls at the border of Turkey. The kits provided an effective entry point to other lifesaving GBV services during distributions, referred high risk cases to other essential services and provided information on available services including women and girls safe spaces and reproductive health facilities. The funds have reinforced UNFPA resources to fill gaps in its emergency response to the multiple population displacements seen in north-west Syria in 2020 affecting approximately 1 million individuals.

Armenia

The Humanitarian Office allocated a total of \$430,266 to the Armenia country office in 2020 to respond to humanitarian needs caused by the escalation of the Nagorno-Karabakh conflict and a drastic increase in COVID-19 cases. The 2020 Nagorno-Karabakh conflict resulted in about 90,000 people moving to Armenia, the majority of whom are women, including elderly women, and children. More than 7,000 dignity kits were distributed while providing SRH services to displaced persons, and information on SRH and GBV was shared with 10,000 women and girls. As part of the COVID-19 response, personal protective equipment, including surgical masks and gloves, was provided to service providers in maternity hospitals and social workers in women's safe spaces.

Bosnia and Herzegovina

To respond to the migration crisis in Bosnia and Herzegovina, \$284,658 was allocated. Refugees, asylum seekers and migrants travelling through and present in Bosnia and Herzegovina are continuously exposed to a number of vulnerabilities, including food deprivation, exhaustion and health issues. A total of 12,836 women and girls received empowerment and psychosocial support in women and girls' centres; 2,709 dignity kits containing hygiene and sanitary items were distributed to women and girls; and 1,750 SRH medical examinations and consultations were provided. In addition, 500 front-line health care workers (nurses, family physicians, epidemiologists, gynecologists, etc.) who were operating under increased physical risk and psychological pressures as a result of the COVID-19 were provided with professional counselling while survivors of violence received continuous, uninterrupted psychosocial care and support throughout the pandemic. A total of around 50,000 people were directly and indirectly reached with measures made possible by funding from the HTF.



East and Southern Africa

Ethiopia

In 2020, the Humanitarian Office allocated \$990,891 from the HTF to the UNFPA country office in Ethiopia to provide personal protective equipment, dignity kits to vulnerable women and girls, and technical assistance and coordination on SRH and GBV prevention and response services at national and regional levels. The HTF provided support for Ethiopia to prevent the spread of the COVID-19 virus across the country through a multi-sectoral collaboration and integration approach. A total of 5,333 dignity kits were distributed to ensure the hygiene and protection needs of most vulnerable women and girls, including those who were in quarantine and isolation centers. Eight surge personnel (GBV, SRH, data, logistics) supported Ethiopia; women friendly spaces were built; psychological first aid training was conducted for front-line NGO and government staff; three regional health bureaus and partners were supported to activate and operationalize the SRH working group: reproductive health kits were provided to at least 37 health centers and eight hospitals; and capacity building on emergency SRH programming was provided to 300 service providers. The HTF helped strengthen UNFPA's preparedness and response to deliver timely humanitarian assistance to over 25,500 vulnerable women, girls and young people in 2020, and it will keep supporting the country office in 2021.

Uganda

In response to flooding and landslides in Bundibugyo, Sironko and Bududa districts in 2020, Uganda received a total of around \$500,000 from the HTF, reaching more than 93,093 women and girls. A total of 3,386 mothers received antenatal care in the 18 facilities supported by the programme; 3,679 mothers received delivery services in the supported facilities; and 8,839 youth and adolescents aged 10-24 years received SRH services, including antenatal care, postnatal, delivery and family

planning services, at these supported facilities. In addition, 54 health workers were trained on COVID-19 infection prevention, and 5,586 women and girls were reached with GBV/SRH information. Personal protective equipment worth \$250,000 was provided for the health workforce in 12 districts affected by humanitarian crises in Uganda.

Mozambique

In the last few years, Mozambique has experienced a significant increase in humanitarian needs due to extreme climate events including cyclones, droughts and floods that have most severely affected the central and northern provinces. Moreover, Cabo Delgado province in the north has been experiencing escalating violence and attacks by armed groups on civilians and an increased number of clashes between security forces and armed groups. The COVID-19 pandemic arrived in Mozambique at a time when humanitarian needs were already rising. UNFPA Mozambique used the Minimum Initial Service Package (MISP) to implement crucial actions required to ensure the continuity of SRH services and respond to the reproductive health needs of displaced women and girls by providing emergency obstetric care, supporting SRH services, supporting the management of the consequences of sexual violence, and as by providing reproductive health supplies. A total of 24 health facilities were supported with equipped emergency tents for provision of SRH and GBV services. One of the UNFPA interventions was to provide a boat ambulance to provide a link to the mainland for an island off the coast of Cabo Delgado province: pregnant women in affected and hard-to-reach areas with obstetric and neonatal complications had access to the boat ambulance, and were able to access specialized services through a referral system. Programme activities were implemented in a timely, effective and coordinated manner addressing the SRH and GBV needs of around 200,000 of the most vulnerable populations.

Latin America and the Caribbean

Colombia

In 2020, Colombia received \$607,027 from the HTF to ensure life-saving services on SRH and GBV for migrants and refugees from Venezuela by strengthening humanitarian coordination, advocacy and technical assistance and by providing needed supplies. In recent years, the socio-economic crisis in Venezuela has led to an influx of refugees and migrants into neighbouring countries, including Colombia. The main achievements of the HTF-funded activities included strengthened interagency coordination to support the implementation of the MISP and the provision of life-saving GBV services, including improved access to safe, survivor-centred GBV prevention and response services. UNFPA also provided quality prenatal and postnatal services directly through mobile brigades and fixed clinics with medical response teams in La Guajira and other areas, and procured and distributed supplies to health facilities. UNFPA supported training on GBV national guidelines and protocols as well as delivery of survivor-centred GBV case management services.

Peru

A total of \$589,960 was allocated from the HTF to Peru in 2020 to improve access to SRH care and to GBV protection and response services for Venezuelan migrants, focusing on women of reproductive age and adolescents. The funding has enabled UNFPA Peru to strengthen the response of SRH and GBV services to prevent avoidable maternal deaths and gender-based violence in the context of the COVID-19 epidemic. About 630 SRH/GBV health facilities were supplied with personal protective equipment; 5,887 beneficiaries received essential SRH/GBV services in areas where COVID-19 response had disrupted comprehensive SRH/GBV services; 1,839 health and GBV workers received personal protective equipment in UNFPA-supported facilities as well as orientation sessions on COVID-19 infection prevention control measures. The activities funded through the HTF reached a total of 60,219 migrant women and adolescents.

Ecuador

In the context of the COVID-19 pandemic, the HTF supported the Ecuador country office to ensure the continuity of essential GBV and SRH services for Venezuelan refugee women and adolescents, establishing protocols that allowed for non-face-to-face programming. The pandemic exacerbated the risks of GBV along with restrictions on accessing essential SRH services. Twenty training and awareness sessions were directed to health-care professionals; 1,364 dignity kits were distributed; personal protective equipment was provided to more than 728 health providers; and 27 SRH facilities were supported with integrated adolescent reproductive health kits and other life-saving medical devices and supplies. In addition, a communication strategy was developed and implemented on SRH and on prevention of GBV addressed to migrant women, adolescents and host communities. The HTF also supported more than 12,000 beneficiaries to receive lifesaving SRH services under the Minimum Initial Service Package (MISP) in areas where the spread of COVID-19 had interrupted comprehensive SRH services. A total of more than 100,000 people in Ecuador were reached in 2020.



West and Central Africa

Cameroon

In 2020, the Cameroon country office received \$785,911 to strengthen the life-saving response capacity in the Lake Chad basin region in the context of COVID-19. UNFPA provided empowerment centres for women and girls; strengthened the real time collection, analysis and dissemination of disaggregated data on the COVID-19 pandemic; and created a youth social media platform on prevention of COVID-19 and care for those who had been infected. Additionally, five integrated safe spaces are being supported to provide psychosocial support and case management for persons at risk of GBV and survivors of violence. Four adolescent friendly spaces are being supported for SRH information and services, GBV prevention, and for developing life-skills and peace-building skills. Six mobile clinics were supported to provide integrated SRH/GBV services in hard-to-reach communities. In addition, 7,000 information, education and communication materials on GBV and SRH with life-saving messages were produced and distributed, and 3,000 vulnerable women and adolescent girls were provided with culturally appropriate dignity kits. In total, more than 160,000 people were reached through the projects funded by the HTF in 2020.

Republic of Congo

The Republic of Congo benefited from two allocations from the HTF, totaling \$759,879. In an urgent response to 13 flooded, post-conflict affected localities, one allocation allowed for the deployment of midwives, psychologists, and social workers to implement strategies to provide access to SRH services and GBV protection for women, girls and other vulnerable people. Congo also received another HTF allocation in response to flooding that provided access to sexual and reproductive health services, including family planning, as well as awareness campaigns and dissemination of information for the prevention of sexually transmitted infections, HIV/AIDS,

and highly contagious diseases such as Ebola virus and cholera. Medical management and psychological support were provided to survivors of GBV. The HTF supported the UNFPA Congo country office to reach around 89,910 women, girls and young people.

Niger

The Niger country office received two HTF allocations in 2020, totaling \$353,857. More than 40,000 women, girls and young people have been displaced in Niger, and their access to health care, food, water, hygiene and protection are precarious. Moreover, incidents of domestic violence and sexual assault rape have increased. The COVID-19 pandemic has affected the availability of health services in general and reproductive health services in particular. One HTF-supported- project helped Niger to ensure provision of lifesaving SRH services and GBV interventions for displaced populations (both internally displaced and refugees) and host communities in the Maradi region. With the support of this funding, 2,640 pregnant women were provided access to safe delivery services while 950 survivors of GBV had access to medical treatment and psychosocial support, and 1,500 vulnerable women and girls received dignity kits. With HTF support, during the COVID-19 pandemic, Niger was able to ensure continuity of SRH services at health facilities by providing protection for both health personnel and service users during the COVID-19 pandemic. It also helped mitigate psychosocial consequences and increased awareness of safety precautions to prevent COVID-19. More than 30,630 people in Niger benefited from the HTF-funded projects.



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