

Humanitarian Aid Funding to Sexual and Reproductive Health and Rights by European Donors

In 1994, the Programme of Action of the International Conference for Population and Development (ICPD) acknowledged for the first time the importance of sexual and reproductive health services for persons affected by humanitarian crises, particularly women and girls, and of them being protected from sexual and gender-based violence (SGBV).¹

Over the past two decades, initiatives at national and international levels have contributed to improving the availability and accessibility of Sexual and Reproductive Health and Rights (SRHR) among conflict and disaster-affected populations worldwide. In particular, the Sendai Framework for Disaster Risk Reduction 2015–2030 included the accessibility of SRHR as a critical component of strengthening individual and community resilience. In May 2016, the first World Humanitarian Summit placed empowering women and girls and catalysing action to bring about gender equality in humanitarian interventions among the priority issues for the sector; a total of 70 individual commitments focused on SRHR.

However, despite notable progress, SRHR services in humanitarian settings remain insufficient overall. UNFPA estimated that in 2019, out of nearly 132 million people in need of humanitarian aid and protection, 35 million women, girls and young people required life-saving SRHR services and interventions to prevent SGBV and respond to the needs of SGBV survivors.² Socio-economic and cultural barriers, gender inequality and a lack of information about the availability and benefits of care can often impede service uptake. Often, these challenges were present before a crisis and are then further exacerbated by the humanitarian situation. Addressing these challenges requires better harmonisation of efforts and improved organisational policies, and, most importantly, sufficient funding and adequate capacity. Despite some increases in financial support for SRHR in emergencies, funding is still inadequate to meet the needs of the growing number of crisis-affected communities and rarely prioritised

In light of all the above, Countdown 2030 Europe committed to work to increase financial and political commitments by European donor countries to SRHR in emergency settings. Among other initiatives, in mid-2019 Countdown 2030 Europe commissioned a study designed to get a better understanding of humanitarian finance streams. In particular, it aimed to gather evidence, information about trends and, where possible, data on SRHR funding in humanitarian assistance.



The study's methodology combined through desk research (an extensive variety of secondary sources and data on humanitarian aid funding and SRHR, policies and tools, publicly available reports and other materials were reviewed) and phone interviews with selected key informants representing governments/donors, UN agencies and civil society organisations. The study zoomed in on a group of nine donors that had been pre-selected based on the advocacy priorities identified by Countdown 2030 Europe (namely Belgium, Denmark, the Netherlands, Norway, Sweden, UK, Canada, Australia and the European Commission). Fifteen key informants were interviewed through semi-structured interviews focusing on key issues pertinent to the scope of the study.

¹ For the EU commitments at the World Humanitarian Summit on SRHR/SGBV in emergencies, see point 4: 'Women and girls: Catalysing action to achieve gender equality', https://ec.europa.eu/echo/partnerships/european-and-international-cooperation/world-humanitarian-summit/eu-commitments_en

² See the UNFPA, Humanitarian Action 2019 Overview, <https://www.unfpa.org/humanitarian-action-2019-overview>, and UNFPA, '10 things you should know about women & the world's humanitarian crises', 23 May 2016, <https://www.unfpa.org/news/10-things-you-should-know-about-women-world%E2%80%99s-humanitarian-crises>

The information publicly available on humanitarian funding for SRHR is very limited and the study confirmed that **there is neither reliable nor consistent knowledge on the extent of the funding gap**. The study represents one of the very few attempts that have been made to try and better understand this gap, start to describe the reasons behind it and provide examples of some initiatives that can potentially minimise and eventually resolve it.

- Theory vs. practice:** SRHR is now integrated in government humanitarian strategies, policies and commitments and has finally been acknowledged internationally as a life-saving sector of activities. However, SRHR activities/projects are still less visible within multi-sectoral humanitarian funding plans and reporting than are other sectors of activity such as Nutrition and Education and are often integrated into other forms of response like Health. **GBV was only recognised as its own separate sector within OCHA's Financial Tracking Service (FTS) in 2016.**⁵ Now that GBV now has its own space in the FTS, the funding and overall 'tracking issue' becomes even more serious when considering the wider spectrum of SRHR activities in emergencies, because the funding data on SRHR offers very limited reliability and accuracy. This is because SRHR activities (and many SGBV ones) continue to be recorded under the umbrella of the Protection or Health sectors. As a result, figures cannot be considered to be accurate; rather, depending on how these sectoral budgets are read, the SRHR figures are often inflated as they are included in overall Protection and/or Health budgets, or simply hidden within these broader categories.
- Tracking:** data on funds for SRHR is as yet neither projected nor tracked by the donors interviewed and remains hardly traceable at government level. There are several commonly reported reasons for this, including:

 - ◇ **The prerogative of un-earmarked funding** is to be highly flexible; therefore, the figures reported are often indicative figures and subject to changes as UN agencies may re-allocate them to other emergencies or activities (for instance, whenever earmarked funds have already been received).
 - ◇ Most donors adopt **a needs-based approach** and rely on partners to identify the actual needs at the time of the proposal development, making it difficult to financially prioritise any humanitarian sectors – including SRHR – beforehand.
- SRHR is still considered to be a 'complex concept'** that has traditionally been funded by most of these government donors through development core funds and dealt with at diplomatic/policy level rather than by humanitarian departments. Development and humanitarian funding for SRHR is often interlinked, and therefore more difficult to financially track across different line ministries.
- SGBV vs. SRHR?** It is still more common that humanitarian interventions and funding include gender considerations and SGBV-related activities, while overall all other SRHR activities remain disregarded and insufficiently funded.⁶

The lack of consistent planning and reporting approaches and tools on SRHR funding across the humanitarian sector means the visibility of activities varies between emergencies, actors and years, making any attempts at either analysis or planning extremely difficult.



⁵ OCHA's FTS is currently the primary provider of data on humanitarian funding. It includes projects and funds that are directly committed to specific emergencies within countries, although these are reported by implementing agencies and donors in a voluntary manner. <https://fts.unocha.org/>

⁶ This is because of an overall tendency to simplify the complexity of the range of SRHR activities. They are often categorised into those relating to development interventions and/or support to national health systems, and those relating to the humanitarian sectors. Activities with more pronounced 'medical/health-related' connotations (such as primary health care, STIs and HIV/AIDS, neonatal care, menstruation, adolescent pregnancy, access to safe abortion, child, early and forced marriage, FGM/cutting and even family planning/contraception) are often categorised as part of development interventions and/or support to national health systems, while preventing and responding to SGBV is more clearly recognised as a humanitarian issue and categorised as part of the Gender and Protection humanitarian sectors.

OPPORTUNITIES AHEAD AND FUTURE INVESTMENTS

PART 3

Building on the momentum gained, and learning from the challenges that the study identified, there are several opportunities that could be turned into future investments to step up SRHR funding in humanitarian aid:

- **Planning:** the limited amount of data currently available results in a lack of clarity on actual SRHR needs. Priorities in this area should be **improving both the quantity and the quality of data collection/primary data on crises** (e.g. the quality of needs assessments and context analyses) and adopting a gender lens going further than sex and age-disaggregated data. Most of the donors interviewed are committed to working with partner INGOs to improve their data collection systems as a prerequisite to making the case for and consistently scaling up the regular integration of SRHR in humanitarian aid.
- **The Humanitarian-Development Nexus:** the experiences of and progress made with the Nexus offer interesting opportunities regarding funding the transition from humanitarian MISP interventions to the comprehensive roll-out of services and SRHR programming in humanitarian settings. Donors and INGOs/civil society organisations could initiate stronger collaboration to work towards this, aiming to shift in time from a supply management approach (such as the mere distribution of dignity kits and contraceptives in emergency responses) to more capacity building efforts at local level.
- **Funding:** SRHR is a core humanitarian need. It includes a spectrum of topics that is wider than GBV-related activities, is closely related to the Health and Protection sectors and – very importantly – relies on support to national health systems during all phases of a disaster (prevention/mitigation, preparedness, response, reconstruction/rehabilitation). **The fact that the traditional development-humanitarian budget divide appears to be softened when it comes to SRHR may represent an opportunity both at programming and funding levels.** It allows the allocation of development core funds to essential SRHR activities in fragile and conflict-affected countries which are eligible for development funds. These activities can include training health workers, strengthening infrastructure and improving access to emergency care and hospitals.



Grand Bargain signatories are committed to greater transparency and accountability, and to publishing “timely, transparent, harmonised and open high-quality data” to improve the efficiency and effectiveness of humanitarian responses. At the end of 2017, the vast majority of Grand Bargain signatories (or their members or affiliates) were publishing data on their humanitarian activities using the **International Aid Transparency Initiative (IATI) Standard**. An updated version of the **IATI Standard (2.03)** was launched in 2018 aiming to enable organisations to publish data on specific Grand Bargain commitments, such as earmarking, Cash Transfer Programming, and how funding is channelled. The Financial Tracking Service (FTS) and IATI teams are working with the Centre for Humanitarian Data to pilot the automated use of published IATI data as a primary data source for the FTS. This aims to reduce the reporting burden for participating organisations and to support faster data processing and analysis by the FTS. **The evolution of the IATI could offer an opportunity to create/adapt tools and systems eventually enabling SRHR-related tracking: this opportunity could be worth exploring.**

- **Implementation and capacity:** overall, there is **a need for all stakeholders to keep investing in further developing expertise** on SRHR/SGBV in emergencies at all levels. By doing so, donors will be able to integrate the whole spectrum of SRHR interventions into their technical approaches and funding. For INGOs/civil society organisations, enhanced expertise is the prerequisite for developing more robust and compelling project proposals and funding requests, and advocating for SRHR/GBV to receive a greater percentage of humanitarian funding.
- **Tracking and transparency:** overall, government donors need to keep working on **improving their indicators and reporting** on SRHR humanitarian funding.



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Canada offers a unique experience in terms of SRHR monitoring and fund-tracking that could be observed in time and potentially referred to for replication.

- ◇ Canada's *Feminist International Assistance Policy* commits to improving evidence-based decision making by investing in better data collection and evaluation for *gender equality*. This is also being achieved by developing stronger and more relevant *performance indicators* to track the performance of Canada's international assistance programming. Global indicators, which relate to policy, in fact reflect a number of SRHR topics.
- ◇ Steps have been taken to operationalise the policy, including: 1. all proposals require a gender equality and risk analysis based on quantitative and qualitative evidence, and partners must demonstrate how they will address these issues through the proposed project; 2. all data needs to be sex and age disaggregated; 3. results and indicators must be gender sensitive; 4. there are specific SRHR sections mainstreamed throughout the proposal templates.
- ◇ Importantly, the last updated version of the Canadian Government's Funding Applications Guidelines for NGOs (available at <https://www.alnap.org/help-library/annex-14-srhr-key-performance-indicators>) included **SRHR key performance indicators** and made it mandatory for partners to use them in proposal logframes.

- **Coordination and representation:** over the years, UNFPA has scaled up its humanitarian programming, becoming the leading UN agency on SRHR also in emergencies. Within the UN system, UNFPA leads the GBV Area of Responsibility, being the de facto face of the UN on SRHR. However, the rich, multi-disciplinary nature of SRHR touches upon many thematic areas and it is **imperative that SRHR starts to be represented in this way at the Clusters**. This is a prerequisite for increasing capacity on SRHR as well as for ensuring that it receives adequate, timely and flexible funding.

Countdown 2030 Europe is a Consortium of 15 leading European non-governmental organisations working to ensure advancement of human rights and investment in family planning, acting as Europe's leading collective voice on the importance of addressing the global unmet need for family planning. To respond to the rapidly changing context of international cooperation, the Consortium expanded its expertise to also look at SRH and family planning in humanitarian assistance (for instance by building partners' capacity and enhancing knowledge, disseminating lessons learned on ensuring SRHR in humanitarian settings and initiating advocacy to mobilise European funding for SRHR in humanitarian settings from domestic and international sources).

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