

Section 6

Review of resource availability over time at the global level in support of Reproductive Health Services for refugees and internally displaced persons

This component of the Inter-agency Global Evaluation of Reproductive Health Services for Refugees and Internally Displaced Persons was undertaken by Mr Ali Buzurukov, Junior Professional Officer, UNFPA Humanitarian Response Unit, Geneva

Acknowledgements

Mr Ali Buzurukov, Junior Professional Officer, UNFPA Humanitarian Response Unit, prepared this report, with the guidance and support of Ms Judith O’Heir, Evaluation Coordinator, and Dr Wilma Doedens, HRU Technical Officer. Members of the IAWG Steering Committee provided valuable comments and advice relevant to the review process. The enthusiastic participation of the key informants, who gave their valuable time and shared their rich experience, knowledge and perspectives, is greatly appreciated.

Section Contents

Executive summary.....	235
Introduction	237
Methodology	237
Findings	238
<i>Findings from the review of literature</i>	<i>238</i>
Global funding for humanitarian assistance.....	238
Programme of Action of the International Conference on Population and Development.....	239
<i>Interviews with key informants.....</i>	<i>240</i>
Funding sources	240
Trends in funding.....	241
Factors affecting funding availability.....	241
Advocacy activities and / or strategies.....	243
Changes in practises and policies.....	245
The role of IAWG	246
Limitations	247
Discussion and conclusions	247

Tables and charts

Table 6.1 Funding for health sector through Consolidated Appeals Process (CAP).....	239
Table 6.2 International population assistance, by major donor category, 1994-2003	240
Chart 6.1: Humanitarian assistance in 1990-2000.....	238

Appendix 1: Interview Guide*

* This appendix will only be available on a CD-ROM containing the report and other documents related to the evaluation.

Executive summary

The purpose in this component of the Global Evaluation was to identify changes over time in resource availability, at the global level, for RH services for refugees and IDPs. A series of open-ended questions was used during interviews, conducted August to October 2003, with nine senior level staff members and experts who had been, or were still, involved in the mobilization of resources for RH for refugees and IDPs. The interview questions covered trends in funding, advocacy activities and/or strategies, changes in policies and practises affecting the availability of resources, and resources provided through IAWG. Seven of the key informants were present, and two were former, staff members of UNFPA, UNHCR, WHO, IOM, the Women's Commission for Refugee Women and Children, CDC, IFRC, ICMH. Seven interviews were conducted by phone and two were conducted face-to-face. Additional information was gathered through a review of publications on financing of humanitarian assistance and RH, from UNFPA, ODI and OCHA.

The findings indicate that major sources of funding include government agencies such as USAID, DFID, and SIDA and, more recently, ECHO. Other sources include private foundations such as the Mellon and Turner Foundations, and UN agencies such as UNHCR and UNFPA. A steady upward trend in funding was described following the ICPD in 1994, with a plateau in 1999-2000, followed by a continuing downward trend, possibly influenced by factors such as media and political bias, global economic recession, and increased competition in the area of humanitarian aid. On the other hand, factors thought to have had a positive effect on the availability of funds include international conferences (e.g., ICPD), humanitarian emergencies such as those in Yugoslavia and Rwanda, and the work of IAWG. In addition, support for initiatives under the leadership of UNHCR and UNFPA, aimed at providing RH services in refugee situations in the mid-1990s, was felt to have been critical to the successful integration of RH into the UN humanitarian response.

The most effective advocacy activities/strategies, which helped draw attention to the RH needs of refugees and IDPs, include the ICPD, the symposium organized in 1995 by UNHCR and UNFPA in collaboration with UNICEF and WHO, the formation of IAWG following the symposium, a paper released by the Women's Commission for Refugee Women and Children in 1994 on refugee women and RH care, the provision of research-based evidence relevant to RH in refugee situations, and the involvement of senior members of organizations in the drive to address the RH needs of refugees and IDPs. Nonetheless, it was agreed that more aggressive advocacy activities are needed if IAWG members want to keep RH on the humanitarian agenda. Advocacy efforts must be revitalized, better packaged and better targeted. Engaging senior management in advocacy and strategic planning activities was frequently recommended to increase donor and humanitarian partners' awareness. It was also recommended that more research be undertaken to provide solid evidence of RH needs; efforts should concentrate, for example, on demonstrating the consequences of not providing RH care to refugees and IDPs. Similarly, it was recommended that cost effectiveness estimates be developed for RH interventions in emergencies, to help demonstrate to donors the potential benefits of investing in RH of refugees and IDPs. Moreover, it was felt that advocacy workshops for policy makers could help to reverse the downward trend in funding.

With regard to changes in policies and practises, the most significant policy improvement relevant to RH during the past decade involved a change in direction from a demographically driven agenda to a human rights based approach. This change was thought to help underscore the RH needs of various populations, including refugees and IDPs. Additionally, creation of IAWG was considered critical to triggering policy changes; IAWG, together with the RHRC Consortium, provided forums that facilitated collective conceptualisation of RH in emergency situations. Other important activities of IAWG were seen to include the provision of guidelines/standards (e.g. the *Inter-agency Field Manual*), the MISP/RH Kits, and RH training courses. However, it was concluded that IAWG should strive to improve its coordination, information flow and planning, and also allow more involvement of local NGOs from the field. Moreover, it was suggested that IAWG must accelerate its work, particularly since funding to support RH services for refugees and IDPs is decreasing.

Introduction

1. In support of the Inter-agency Global Evaluation of Reproductive Health Services for Refugees and IDPs, the United Nations Population Fund (UNFPA) undertook a review of resource availability at the global level for RH services for refugees and IDPs. The purpose of the review, which was the sixth component of the Global Evaluation, was to identify changes over time in resource availability.
2. A global picture of resource flow for RH for refugees and IDPs is important to understand the extent to which needs are being met and the existence of constraints to resource flow for RH services. Senior staff and programme managers need this information to improve the integration of RH services into the humanitarian response, strengthen project planning, and better target their advocacy activities.

Methodology

3. Nine key informants were identified by members of the Steering Committee through consultation with other members of IAWG. The key informants were senior level staff members and experts who had been or were still involved in the mobilization of resources for RH for refugees and IDPs; seven were present and two were former staff members of the UNFPA, United Nations High Commissioner for Refugees (UNHCR), World Health Organization (WHO), International Office of Migration (IOM), Women's Commission for Refugee Women and Children, Centres for Disease Control (CDC), International Federation of the Red Cross and Red Crescent Societies (IFRC) and the International Centre for Migration and Health (ICMH). A letter of invitation was sent to each key informant, introducing the Global Evaluation and inviting participation in a telephone interview. Seven interviews were conducted by phone and two interviewees, based in Geneva, preferred face-to-face interviews. Most of the interviews lasted thirty to forty minutes and were conducted over a period of 3 months, from August to October 2003.
4. A list of nine open-ended questions was used during the interview process. The questions were developed in collaboration with the coordinator of the evaluation and reviewed by members of the Steering Committee. The aim in the questions, which were pre-tested before being finalized, was to encourage interviewees to speak freely about their views and experiences. The questions focused on the following topics with respect to RH services for refugees and IDPs: trends in funding at the global level; advocacy activities and/or strategies at the global level; changes in policies at the global level affecting the availability of resources; and resources provided through IAWG.
5. All interviewees agreed to having their interview tape-recorded and were informed that they would not be personally quoted in the evaluation report. After each interview was completed it was transcribed for further analysis. The interview transcripts were then analysed to identify common themes and linkages. As themes emerged from the data, a number of parallel concerns, together with similarities and dissimilarities, were identified.
6. Additional information was gathered through a review of publications on financing of humanitarian assistance and RH, from UNFPA, Overseas Development

Institute (ODI) and the UN Office for Coordination of Humanitarian Affairs (OCHA). The review was conducted to facilitate interpretation of the funds available for RH services for refugees and IDPs within the broader context of resource flow for humanitarian emergencies and RH at the global level since the mid-1990s.

Findings

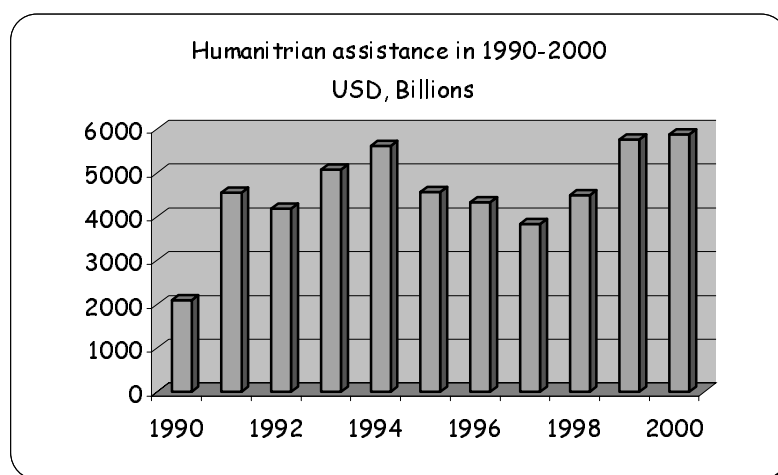
7. The following sections present a summary of the main themes emanating from the nine interviews with key informants and review of the literature. The key data from the review of several publications on humanitarian and RH financing is presented before the interview data to provide the context within which the interview data was interpreted.

Findings from the review of literature

Global funding for humanitarian assistance

8. Since 1990 humanitarian aid has increased both in real terms and as a percentage of Official Development Assistance (ODA), from \$2.1 billion in 1990 to \$5.9 billion in 2000 (Chart 6.1).

Chart 6.1: Humanitarian assistance in 1990-2000



Source: Overseas Development Institute December 2002

9. Despite the fact that humanitarian assistance is traditionally dominated by food aid, donor funding for non-food items has also increased. If trends in donor funding through the Consolidated Appeals Process (CAP) can serve as an indicator for overall humanitarian assistance, allocations for health-related projects also increased in the last seven years, averaging around 15% in the last three years (Table 6.1).

Table 6.1 Funding for health sector through Consolidated Appeals Process (CAP)

Year	Amount USD	Total Contributions
1999	18,796,465	65 contributions
2000	140,832,442	334 contributions
2001	233,612,656	648 contributions
2002	298,120,408	825 contributions
2003	350,698,719	693 contributions

Source: OCHA Financial Tracking System. <http://www.reliefweb.in/fts>

10. The increase in funding for humanitarian emergencies has also been accompanied by the proliferation of humanitarian organizations, particularly in the NGO sector, which has now become the major channel for donor funds for humanitarian emergencies. As a result the competition for donor funding in emergency situations has grown significantly.¹

Programme of Action of the International Conference on Population and Development

11. The ICPD programme of action recognized that refugees and IDPs have the same needs for RH services as general populations but may face additional risks to their health: "Migrants and refugees and displaced persons in many parts of the world have limited access to RH care and may face specific serious threats to their reproductive health and rights."² This implies that resources needed for provision of RH services to refugees and IDPs might be even greater than those needed for the general population. Most of the refugees and IDPs live in the least developed countries with limited resources available for RH. Furthermore refugees often have limited or no access to national health systems of the host countries and, as a result, depend heavily on international donor assistance for their basic needs, including RH services.

12. In 1994, the ICPD called upon the international community to attain an adequate level of resource mobilization and allocation, at the community, national and international levels, for population and other related programmes. Estimates of the resources needed for implementation of its agenda were also provided, including those for research, data collection and policy analysis. In 1994 it was estimated that implementation of the ICPD agenda would require 17 billion USD by the year 2000.³ Two thirds of this amount was expected to come from domestic sources and one third (5.7 billion) from the donor community. Even though donor funding grew after 1994, this goal has never been achieved. In 2000, for example, the total external donor funding for RH related activities was only \$ 2.6 billion (Table 6.2).

13. According to UNFPA, funding peaked in 2000 and has steadily declined since then. In 2001 the estimated figure was just over \$2.5 billion. The U.S.A. is the largest

¹ OCHA. External Review of the CAP (<http://www.reliefweb.int/cap> April 2002)

² Programme of Action. International Conference on Population and Development (ICPD), Paragraph 7.11.

³ Programme of Action. International Conference on Population and Development. Cairo, 5-13 September 1994

donor, providing approximately 41% of the global donor assistance for RH, and the Netherlands is the second largest with 11% of total funding, followed by the U.K., Germany, Sweden, Norway, Denmark and Canada.⁴

Table 6.2 International population assistance, by major donor category, 1994-2003
(Millions of USD)

Donor Category	1994	1995	1996	1997	1998	1999	2000	2001
Developed Countries	977	1,372	1,369	1,530	1,539	1,411	1,598	1,720
United Nations System	107	111	18	49	35	31	77	96
Foundations / NGOs	117	85	141	106	124	240	299	241
Development Banks Grants	-	6	8	9	10	9	1	3
Subtotal	1,201	1,574	1,536	1,694	1,708	1,691	1,975	2,060
Development banks loans	436	460	509	266	426	540	604	461
Total	1,637	2,034	2,045	1,960	2,134	2,231	2,579	2,521

Source: UNFPA, 2002 financial resource flow for population activities in 2001 and UNFPA/NIDI resource flow project database.

14. There is no unified financial data collection system for RH activities. Nevertheless UNFPA regularly collects and reports data on flows of international assistance on RH and population activities. Since 1997, through collaboration with the Netherlands Interdisciplinary Demographic Institute (NIDI),⁵ UNFPA compiles and reports information on resource flow using a system of classification reflecting the “costing package” of the ICPD Programme of Action. However this system does not collect information separately on financial allocations for RH care for refugees and IDPs.

Interviews with key informants

Funding sources

15. Most of the interviewees said that the USA is the largest donor supporting RH programmes for refugees and IDPs, followed by several European countries: Netherlands, Belgium, UK, Sweden, Norway and Italy. Funds were said to be frequently channelled through specialized government agencies such as USAID, DFID and SIDA. In addition, the perception of some interviewees was that, during the last few years, ECHO had become a growing source of humanitarian funding in general and also a source of support for some RH programmes in emergencies. Private foundations, particularly the Andrew Mellon Foundation and the UN Foundation (funded by Ted Turner), were reported as providing significant financial support in this area for several years following the ICPD and creation of the IAWG. For NGOs and the Red Cross Movement, UN agencies such as UNHCR and UNFPA are important sources of funding for RH activities, especially in chronic emergencies.

⁴ Global Population Policy Update. Issue #2. UNFPA. April 2003.

⁵ <http://www.nidi.nl>

Trends in funding

16. Even though the interviewees were from agencies that derive their funds from different sources and have different budget sizes and cycles, there was a consensus among them regarding perceived funding trends for RH in emergencies since 1994. For instance, a steady upward trend was described in the years following the ICPD, with a plateau in 1999-2000, followed by a dramatic downward trend, which has continued through to the present time. With the exception of a few private foundations that have decreased or completely withdrawn their support in this area, interviewees indicated that, in their view, the downward trend was not a result of a decreasing number of funding sources; the same donors remained the key sources of funding but reduced their support for RH programmes in emergencies, perhaps in favour of other areas of humanitarian assistance. All but one interviewee believed that future funding is likely to stagnate or decrease further unless IAWG members undertake vigorous advocacy efforts to increase visibility of the RH needs of refugees and IDPs.

17. While almost all interviewees agreed that there had been a funding shortfall for RH for refugees and IDPs in the last few years, the shortfall might also have been aggravated by greater demand for funding on behalf of IAWG members as a result of their growing involvement in field activities. In this regard, one interviewee suggested that, initially, the activities of IAWG members were largely focused on building technical capacity in the area of RH for refugees and IDPs, which did not require large funds. When IAWG members began to expand their field activities the funding shortage became more obvious.

Factors affecting funding availability

18. According to the interview data, there appears to be two main issues that influence the availability of funds for RH programmes. The first issue has to do with the availability of donor resources for relief programmes in any emergency or crisis situation in general. For example, political interests primarily determine how much funding donor governments are willing to commit for a specific emergency. Funds are, therefore, not necessarily provided on the basis of need but, rather, on the basis of the political priorities of the donor community.

19. The second issue relates to media bias, wherein emergencies that get better media coverage tend to attract more public interest and consequently more funding. For these reasons (media and political influence), for the last seven years, each year two major emergencies would attract more than half of the total donor funding available for all emergencies that year.⁶ The issues described above may positively or negatively influence the availability of funds for an individual agency or programme, depending on whether the priorities of the agency and/or programme match those of donors and the media. The state of the global economy was mentioned by many interviewees as having a similar impact on humanitarian funding. In times of economic recession, for example, governments often cut foreign aid budgets and private foundations may be forced to scale down their programmes because of

⁶ OCHA. External Review of the CAP (<http://www.reliefweb.int/cap> April 2002)

depreciating assets. Economic recession was seen by many of the interviewees as one of the major reasons for a decline in funding for some members of IAWG after 2000.

20. Other factors influencing the availability of funding are those that impact on, in particular, funding for RH care in crises situations. All interviewees stressed that the ICPD was a milestone in advancing the RH agenda to all populations including refugees and IDPs. The ICPD defined RH as a human right and explicitly highlighted the RH needs of refugee populations. The interviewees considered that the commitment of UN member states to the ICPD Programme of Action has, together with general progress in recognition of women's rights, created a positive environment to push donors to accept refugees' rights to have access to RH services.

21. Some interviewees pointed out that heightened public attention given to several high profile crises of the 1990s helped to change the perception of the humanitarian community that RH services are non-essential in emergency situations. In particular, a great deal of media attention to the condition of refugee women during and after the crises in Rwanda and former Yugoslavia caused global indignation in response to reports of the enormous incidence of sexual violence and of high maternal mortality rates. Furthermore, in response to NGO reports during the conflict in former Yugoslavia of refugees demanding family planning and other RH services which were available to them before the crisis, donors developed a more positive attitude towards provision of RH services in emergencies. According to one interviewee, one European government even approached several international NGOs to initiate provision of RH services to refugees in former Yugoslavia.

22. Interviewees also viewed the creation of IAWG as a positive step that facilitated the advocacy efforts of various agencies and groups and attracted more resources for RH. In addition, the support for initiatives under the leadership of UNHCR and UNFPA, which were aimed at providing RH services in refugee situations in the mid-1990s, was referred to by interviewees as critical to the successful integration of RH into the UN humanitarian response. This support has allowed the use of UNHCR and UNFPA regular budget resources for RH programmes for refugees and IDPs.

Key factors supporting funding availability

ICPD, other UN conferences

High coverage and awareness of humanitarian emergencies
(Yugoslavia and Rwanda)

Work of IAWG

Backing for initiatives under leadership of UNHCR and
UNFPA

23. Some of the negative factors mentioned by interviewees, thought to have influenced the downward trend in funding after 2000, included lack of donors' and partners' understanding of the importance of RH in refugee situations. This was explained by low visibility of RH needs for the donor community and a perception of RH services as non-essential in emergency situations. —According to two interviewees, the poor quality of RH project implementation eroded some of the

initial donor interest in this area and is one of the reasons that donors steered their support away from RH. The poor quality of project implementation was explained by the lack of training and operational experience of implementing agencies.

24. Ironically, one of the factors mentioned by interviewees that may be responsible for a decrease in funding is the growing donor contribution towards controlling the HIV/AIDS epidemic. In the view of many of the interviewees, HIV/AIDS is becoming a popular area of intervention for various agencies that see it as a promising area to obtain funding, despite their lack of expertise and capacity in this area. Unfortunately, donors and humanitarian agencies often do not see HIV/AIDS as part of the RH agenda but rather as a separate issue.

25. The overall impression shared by almost all interviewees was that the initial momentum in support of RH in emergencies created in the mid- nineties is waning, with a subsequent decrease in funding.

Key factors opposing funding availability

Differing media and political interests
Global economic recession
Increased competition in the area of humanitarian aid
Donor perception that RH services are non-essential in emergencies
Lack of support from top management within UN agencies

Advocacy activities and/or strategies

26. Most of the interviewees emphasized that several global initiatives and conferences of the 1990s, particularly the ICPD and the Fourth World Conference on Women (Beijing) in 1995, led to overall progress in application of a human rights-based approach as the guiding principle for addressing development and humanitarian problems. These developments have also helped to draw attention to RH needs of refugees and IDPs. Several interviewees acknowledged that the Women's Commission for Refugee Women and Children's report: *"Refugee Women and Reproductive Health Care: Reassessing Priorities"*, released in 1994, was the first major publication to advocate for the provision of RH services to refugees and had a very positive impact on the donor community.

27. Some interviewees indicated that a small group of motivated advocates from several agencies played a key role in ensuring that the issue of RH for refugees moved forward. Initially they had to advocate within their own agencies and, in this regard, all interviewees thought that involvement of senior members of the organizations was a decisive factor that helped to overcome opposition from within the organizations and to enable them to adopt new policies. In June 1995, the first symposium on RH in refugee situations was organized jointly by UNHCR, UNFPA, in association with UNICEF and WHO, and was attended by more than 50 UN agencies and NGOs. An output of the symposium was the creation of IAWG, which

interviewees viewed as one of the most important developments in support of RH services for refugees, as it brought various agencies together who jointly formulated the problem and planned actions.

28. Several interviewees suggested that the dearth of data on RH in refugee situations was an impediment to advocacy and that providing research-based evidence would help to demonstrate the scope and the burden of the problem to humanitarian actors and donors. Bringing such evidence to the attention of the media and providing hard data on the problem to donors and the public were mentioned as other activities that worked effectively.

29. Some of the interviewees noted that once the work on *Inter-agency Field Manual* and the RH kits was completed, the initial momentum was lost. A few even believed that advocacy for RH in emergencies deteriorated to the extent that “today we are no further down the road than when we started”. Donors’ turning their support away from RH was seen as a symptom that advocacy efforts were failing. Interviewees agreed that more aggressive advocacy strategies needed to be developed if IAWG members aimed to keep RH on the humanitarian agenda. Advocacy efforts must be revitalized, better packaged and better targeted, and engaging senior management in advocacy and strategic planning activities was frequently recommended to increase donor and humanitarian partners’ awareness.

30. It was also recommended that more quality research must be undertaken to provide solid evidence of RH needs. Advocacy should concentrate on demonstrating the consequences of not providing RH care to refugees and IDPs. Similarly, the importance of developing cost effective estimates for RH interventions in emergencies was emphasized. This would help to demonstrate to donors the potential benefits of investing in RH for refugees and IDPs.⁷ In addition, emphasis was placed on the importance of increasing the visibility of RH through publications in professional humanitarian, policy, and social science journals, and presentations at global and professional conferences. Organizing advocacy workshops for policy makers was identified as one measure that could lead to a reversal in the downward trend in funding. Also, providing regular training for staff and partners was seen as essential for advocacy as well as for improving the quality of projects and increasing implementation capacity.

⁷ According to World Bank estimates RH services are among the most cost effective public health interventions. With investment of only US \$0.90/capita for family planning, US\$3/capita for antenatal and delivery care, and US\$0.20/capita for STD care could avert an estimated 8% of the total global burden of disease. In addition, investing US\$1.70/capita in HIV/AIDS prevention could avert an additional 2% of the global burden of diseases (\$ 5.8 versus 10% of GBD in total). However evidence to suggest that provision of RH services is as cost-effective intervention in the context of population displacement is missing.

Effective advocacy activities ICPD (1994) Women's Commission report (1994) RH symposium sponsored by UNHCR, UNFPA, UNICEF, WHO (1995) Research-based evidence on RH in refugee situations Involvement of senior staff
--

31. Integrating RH into the UN system's humanitarian response should become one of the primary objectives of IAWG advocacy efforts. Several interviewees specifically recommended that the Humanitarian Response Unit at UNFPA should continue to advocate within the organization to amend UNFPA programme policies to ensure that refugees and IDPs are included in regular country programmes. The same interviewees thought that UNHCR, as the primary agency responsible for refugees, needs to ensure that the regular refugee "health package", in addition to safe motherhood, includes other vital RH services. It was recommended by interviewees that IAWG members should improve information sharing and coordination and develop an articulate multi-year advocacy strategy. In addition, monitoring and evaluation of projects and sharing of evaluation reports were activities thought to improve operational effectiveness of IAWG members.

Changes in practises and policies

32. During the last decade, growing attention was given to international policies dealing with refugees and IDPs. However, conflicts now increasingly take place within, rather than between, states, resulting in a growing number of IDPs over refugees. Some of the interviewees believed that the application of rigid definitions to various migrant and displaced populations results in inconsistent humanitarian practises and policies, and they recommended that IAWG should advocate for a more inclusive humanitarian approach as the same population groups may change their status over time.

33. According to interviewees, the most significant policy change regarding RH in the past decade was a shift away from a demographically driven agenda and toward the human rights-based approach. This was thought to help underscore RH needs of various populations, including refugees and IDPs.

34. In the opinion of interviewees the following developments represent the key changes in policies and practises applicable to RH for refugees and IDPs since ICPD in 1994. The formation of IAWG was seen as one of the most significant developments, which triggered changes in policies of various agency members of IAWG. Further, the Reproductive Health Response in Conflict Consortium (RHRC) was created to unite several North American and European NGOs. These fora facilitated collective conceptualisation of RH in emergencies and agreement on minimum standards of RH care (MISP). Interviewees saw the value of IAWG, in being able to advocate as a group, as providing moral support to individuals who were advocating for institutionalisation of RH in emergency situations within their own organizations.

Key factors in changing policies and practises

Move from demographically driven agenda to rights-based approach

Creation of IAWG

Formation of RHRC Consortium

35. Some interviewees saw the creation of the RH coordinator post at UNHCR and the Emergency Response Office (ERO) at UNFPA as significant victories for RH advocates. They also noted that membership of UNFPA in the Inter-Agency Standing Committee (IASC) was indispensable for operational reasons but also, symbolically, as formal recognition of the importance of RH in humanitarian emergencies. In addition, it was thought that there was some progress among IASC members in recognizing HIV/AIDS as a serious threat for refugees and IDPs. For example, responding to growing concerns over HIV/AIDS among IDPs and refugees, IASC created a sub-working group on HIV/AIDS in conflict situations, which produced practical guidelines for addressing HIV/AIDS, which were endorsed and field-tested by IASC.

36. One interviewee suggested that the open debate on ‘Women, Peace and Security’ at the UN Security Council in October 2002 was a benchmark for recognizing the importance of addressing specific concerns and needs of refugee and internally displaced women. This was the first time in the history of the UN that the Security Council had devoted an entire session to a debate on women's experiences in conflict and post-conflict situations and their contributions to peace. Consequently, the resolution 1325 (2000) was adopted where it *inter alia* urged member states to “incorporate ... HIV/AIDS awareness training into their national training programmes for military and civilian police personnel in preparation for deployment.”⁸

37. All of these developments combined provided solid legal, technical, and moral grounds for the provision of RH services for refugees and IDPs and underscored the role of women in conflict resolution.

The role of IAWG

38. All interviewees saw the formation and subsequent work of IAWG as a positive factor for improving availability of resources for RH in conflict situations. Firstly, IAWG helped to save resources by avoiding duplication and improving coordination among members. IAWG also allowed members to access each other's information and advocacy resources and to exchange experiences. Furthermore, IAWG members have conducted a significant number of trainings on RH for refugees and IDPs, which helped to create a pool of qualified RH coordinators.

39. Almost all interviewees mentioned and stressed the importance of the development of the *Inter-agency Field Manual*, the MISRP, and RH Kit; they considered these products as the most important achievements of IAWG as a group. This collective work allowed for more than 50 representatives from UN agencies,

⁸ http://www.un.org/events/res_1325e.pdf

governments, and NGOs to agree on standards of RH care in situations of displacement. The *Inter-agency Field Manual* has become a reference tool for RH professionals and programme managers in a large number of countries. The formal endorsement of the manual was also viewed as a powerful advocacy message demonstrating that so many organizations were supporting it.

40. However, it was also suggested that IAWG should strive to improve its coordination, information flow and planning and, in addition, allow the involvement of more local NGOs from the field. There was unanimous agreement amongst interviewees that IAWG must accelerate its work, particularly as funding is decreasing.

Role of IAWG
Developing guidelines and standards (Inter-agency Field Manual)
Establishing MISP/RH kits
Promoting RH training courses
Exchanging information and experiences
Joint planning and policy formulation

Limitations

41. As with all studies that rely on self-report data, this study has its limitations. Subjective recall and selection bias on the part of interviewees, and subjective bias on behalf of the researcher with respect to interpretation of the findings, may affect the generalizability of the results. While the study had a global rather than an agency-specific focus, some interviewees felt unable to speak from a global perspective in response to some of the questions asked and, therefore, provided the perspective of their particular agency.

Discussion and conclusions

42. The same major donors that support international RH programmes in developing countries also appear to support RH programmes in emergencies. Therefore it is not surprising that, after 2000 when funding for RH programmes globally began to decline, so did the funding for RH programmes in emergencies. As the data on humanitarian financing show, in the last decade the overall funding for humanitarian assistance has grown significantly. The share of assistance spent on health has grown too, but it seems that RH programmes in emergencies did not benefit from this trend. One possible explanation is that those donors that support RH in emergencies allocate their funding from their development budgets, rather than from budgets specifically reserved for emergencies. If this is the case then donors still may not see RH as a part of humanitarian assistance but mainly as development aid.

43. An important observation from the interviews was that various components of RH care seem to enjoy very different levels of donor support and acceptance in emergency situations. In fact, safe motherhood had been generally provided to refugees as a part of primary health care even long before 1994. This, however, was

not the case for treatment of STIs, family planning, or management of the consequences of sexual violence. Unfortunately, even the serious policy attention given to HIV/AIDS in the last few years did not help much to raise the profile of RH in emergencies, possibly because it is still not viewed as a part of RH. Multi-billion dollar donor pledges to fight HIV/AIDS have attracted numerous actors who offered donors their interpretation of the HIV/AIDS problem, dictated by their agency's specific mandate. Perhaps that is why the calls of RH advocates to address HIV/AIDS in the light of ICPD's broader RH concept were met with a lukewarm response.

44. The role of international NGOs in the humanitarian response to emergencies has grown significantly over the last decade and they now manage more than half of the humanitarian assistance funds. However, with few exceptions, they increasingly depend on government funding and hence lack the capacity to respond to crises where donor support is weak. As several interviewees pointed out, donor support in emergencies appears to be far from impartial and often politically motivated. Therefore, funding for RH programmes from UNHCR and UNFPA regular budgets is extremely important to ensure funding to meet the RH needs of refugees and IDPs.

45. Support for IAWG activities was unanimous among the interviewees and it was stressed that IAWG advocacy was fundamental to the institutionalisation of RH for refugees and IDPs, specifically within UNHCR and UNFPA. Significant progress in this direction was marked by the creation of the RH coordinator post at UNHCR and the Humanitarian Response Unit at UNFPA. Such institutionalisation helped to make at least some funds available for RH of refugees and IDPs from regular budget funds in situations where donor support was lacking. Nonetheless, there are certainly more challenges ahead to sustain and further promote such institutionalisation. One positive development in this regard was UNFPA's decision to create a working group to integrate the emergency response into their regular country programmes. This would certainly help to address the RH needs of refugees and IDPs, with UNFPA regular country programme resources. Integration of RH into the overall UN and IASC humanitarian response must therefore become one of the main priorities for IAWG. IAWG members should monitor and participate in the process of strengthening the UN and IASC response and coordination mechanism. This should provide additional opportunities to include RH concerns in the international humanitarian response.

46. As several interviewees suggested, one promising area for IAWG might be research on cost effectiveness of providing RH care in emergency situations. Such cost and effectiveness estimates could be useful for advocacy as well as for setting up operational priorities in the post-emergency phase. Some interviewees felt that despite the existence of the *Inter-agency Field Manual* there was a lack of practical guidance on determining priorities and integrating RH in PHC in emergencies, leading to poor quality of project implementation. One possible explanation for this fact might be a lack of trained RH coordinators, high staff turnover in the field, and relatively limited operational experience in implementing RH programmes for refugees and IDPs. Poor operational performance carries potentially serious negative consequences for donor funding and advocacy and it merits in-depth discussion among IAWG members.

47. The main factors that influence the availability of funding for any emergency, such as political considerations or global economic recession, are obviously very important but of limited practical importance to IAWG since these factors rest beyond their control. The capacity of IAWG to mobilize resources will depend mainly on its members' success in getting more media attention, involving senior staff members, and providing more evidence of RH needs of refugees and IDPs. In this regard IAWG needs to develop an advocacy strategy - a group plan - which will help to package, target and disseminate advocacy messages more effectively.

48. Another important consideration emerged from this discussion. No estimate for annual global funding requirements for RH services for IDPs and refugees exists, making it impossible to measure whether and to what extent actual resources are adequate. Such important estimates, even if only rough, could be a departure figure for IAWG members to advocate for global resource mobilization. In addition, these estimates, coupled with annual data on the funding situation of individual IAWG members, would help to monitor the global funding trends and measure progress in the future.

49. The formation of IAWG has been and continues to be vital to advancing RH for refugees and IDPs. It seems however that IAWG was more successful as a group in its efforts to develop technical standards and guidelines than in the area of advocacy and coordination of its field activities. As the funding problem is likely to continue and demand for greater field presence persists, it is paramount for IAWG to have a better coordination mechanism for its field activities by setting up operational priorities and developing a commonly agreed advocacy strategy.

50. A prerequisite for better coordination among IAWG members is regular information flow among its members particularly in times of humanitarian emergencies. IAWG fundraising efforts need to adapt to an evolving global humanitarian system characterized by ever-increasing competition, donor involvement, and the growing role of the media.

51. In conclusion, the results of the study demonstrate some useful lessons learned and raise important questions regarding the future of RH in conflict situations. As perceived by the majority of interviewees, the funding sources for RH for refugees and IDPs remain unchanged; however, funding has declined since 2000 and is unlikely to increase in the near future. The major reasons for this are weakening political support to RH programmes in general, the continued perception of RH services as non-essential in emergency response, and absence of a strategic advocacy plan on behalf of IAWG. IAWG's advocacy strategy should focus on providing evidence of RH needs in conflict settings to donors and the public, integrating RH into the UN system's humanitarian response mechanism, involvement of senior staff in advocacy and fundraising, and working with media to increase the visibility of the problem. IAWG is critical for achieving further progress. Therefore, better coordination, exchange of information and experience and joint operational planning are required if IAWG is to impact on resource mobilization in a competitive environment. IAWG should establish a system for regular collection of information on project implementation, evaluation and financing data to facilitate analysis of trends and monitor the progress in meeting the RH needs of refugees and IDPs globally.

