



SUPPORTING CONTROL OF OUR BODIES IN THE HARDEST OF TIMES

Exploration of the potential for
**Canadian Leadership on Sexual
and Reproductive Health and
Rights** in Humanitarian, Fragile
and Conflict-Affected Settings

OUTCOMES REPORT FROM THE FUTURE PLANNING INITIATIVE
RETREAT, 11-12 OCTOBER 2023



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ADVOCATING FOR CANADIAN LEADERSHIP ON SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

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Exploration of the potential for Canadian Leadership on Sexual and Reproductive Health and Rights in Humanitarian, Fragile and Conflict-Affected Settings

Outcomes Report from the Future Planning Initiative Retreat, 11-12 October 2023

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The Future Planning Initiative is a coalition of six Canadian civil society organizations working globally and domestically to advance sexual and reproductive health and rights. Member organizations include Action Canada for Sexual Health and Rights, Canadian Partnership for Women and Children's Health, Cooperation Canada, Inter Pares, Global Canada and Oxfam Canada.

As the preparer of this report, Action Canada for Sexual Health and Rights gratefully acknowledges the traditional and unceded territory of the Anishinaabe Algonquin nation where Action Canada's central office is located and where this convening took place. Action Canada team members live, work, and organize on the unsundered and treaty territories of many Indigenous nations; nations who have, and continue to, steward the land known as Canada from time immemorial. It is vital that we center our work towards reproductive justice in reconciliation and decolonization.

Thank you to Kelly Bowden and Andrea Rodríguez for their strategic leadership as organizers of the retreat, as well as to facilitators Nora Sheffe and Jane Van Ryn, and to the logistics support team of Insiya Mankani and Shejuti Farook, and to speakers, panelists, panel chairs and our volunteer breakout group leaders.

Thank you to international participants from UNFPA, International Planned Parenthood Federation, International Rescue Committee, IPAS, Centre for Reproductive Rights, Women's Refugee Commission, and Fós Feminista for their excellent contributions and for making the time to travel to Ottawa for this important occasion.

This report presents recommendations emerging from discussions and presentations that occurred during the FPI Planning Meeting on October 11th and 12th, and do not necessarily represent the views of all participants.

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GLOSSARY

10YC:	10 Year Commitment to Global Health and Rights
CSE:	Comprehensive Sexual Health Education
FCS:	Fragile and Conflict Affected States
FIAP:	Feminist International Assistance Policy
FPI:	Future Planning Initiative
IAWG:	Inter-Agency Working Group on Sexual and Reproductive Health and Rights
INGOs:	International Non-Governmental Organizations
IRC:	International Rescue Committee
M&E:	Monitoring and Evaluation
MISP:	Minimum Initial Service Package
Neglected Areas:	The neglected areas of sexual health and rights as defined for the purposes of conversation in this paper include safe abortion care, comprehensive contraceptive care, advocacy for SRHR, and adolescent SRHR including comprehensive sexuality education, and sexual and gender-based violence (SGBV). These areas have been identified within Global Affairs Canada as priority areas and progress on spending is tracked as a part of the 10YC
SOGIE:	Sexual orientation, gender identity, and gender expression
SRHR:	Sexual and Reproductive Health and Rights
UNFPA:	United Nations Population Fund

BACKGROUND

The seventh FPI retreat was held on October 11 and 12, 2023 in Ottawa, Canada. The convening brought together civil society representatives and Canadian government stakeholders, encompassing the fields of sexual health and rights (SRHR), humanitarian action, and global health. They hailed from both Canadian and international backgrounds. Together, they aimed to address the following objectives:

- 1 Discuss best practices to inspire and catalyze Canadian programmatic and diplomatic leadership on SRHR in the context of humanitarian, fragile and conflict-affected states (FCS);
- 2 Build a shared consensus of concrete programming and advocacy opportunities to enhance Canada's role as a SRHR top donor and global champion;
- 3 Recognize and build upon the SRHR best practice that is being developed through the implementation of Canada's 10-Year commitment to Women and Children's Health for application in the humanitarian sphere.

Over two full-day in-person sessions, participants shared knowledge, discussed barriers and untapped opportunities, and learned from one another's experiences delivering quality and effective SRHR programming in humanitarian settings. Crucially, participants looked within to challenge each other to best articulate concrete, achievable and ambitious priorities to address the current challenges in advancing SRHR in humanitarian contexts. This retreat was FPI's first dedicated convening that focussed on humanitarian settings, and thus represented an initial and invaluable opportunity to widen the scope of ongoing conversations on Canada's role in the world in advancing sexual and reproductive health to include specialists working in humanitarian and nexus programs to identify new prospects for Canadian leadership.

SETTING THE STAGE: THE STATE OF SRHR IN GLOBAL CRISES

In 2023, the world is emerging from the COVID-19 pandemic amidst a global climate emergency, with increasing conflicts and disasters that growingly impact the most marginalized groups. This marks an important moment to reflect on how crises and instability impact our lives. The last four years have seen an uptick in crises with 339 million people currently in need of humanitarian assistance¹, and 2 billion living in areas affected by fragility, conflict, and violence². We are living in a time of “polycrises” marked by pandemics, the climate emergency, growing conflicts, and instability worldwide. In this context, the links between sexual and reproductive health and rights and humanitarian action are becoming more apparent. Supporting SRHR in emergencies is a matter of rights, as well as a practical necessity that contributes to the stability and recovery of affected communities. Yet, support for SRHR in emergencies remains challenging and is often underfunded.

The provision of comprehensive SRHR services is particularly challenging in times of crisis. The WHO estimates that 32 million women and girls of reproductive age live in emergency situations³. Being pregnant and giving birth become increasingly dangerous in emergencies, with over 500 women dying each day in humanitarian and fragile settings⁴. People who are displaced or on the move experience disrupted access to resources and established coping strategies, while unintended pregnancies climb as access to family planning methods are increasingly scarce. In Afghanistan, for example, disruptions to the health care system caused by war are expected to lead to 4.8 million unintended pregnancies by 2025, impacting the overall peace, stability, and recovery of the country⁵. Risks of violence against women and girls also increase in emergencies, with estimates in some settings suggesting that over 20% of refugee women and girls will face SGBV⁶.

Damage to, and interruptions in, healthcare infrastructure are often addressed immediately during crises, however SRHR is not universally understood as an essential priority and is therefore often excluded from the scope of these interventions. To this end, the Minimum Initial Service Package (MISP) has sought to clarify and address this. However, even the MISP has not been comprehensively applied in all humanitarian responses. The impact of crises on SRHR is undeniable and requires concerted and resourced efforts to ensure access to lifesaving SRHR services and information.

The Minimum Initial Service Package (MISP)

The Minimum Initial Service Package (MISP) in crisis situations is a series of crucial, lifesaving activities required to respond to the SRH needs of affected populations at the onset of a humanitarian crisis to prevent excess sexual and reproductive health-related morbidity and mortality.

The MISP is designed to serve as a starting point for SRHR programming, and a respectful quality of care must be ensured from the start. However, 'minimum does not mean 'only' – if the context makes it possible to provide more SRH services, then this should be done. These services should be sustained and built upon as soon as possible (ideally 3-6 months) with comprehensive SRH services and supplies throughout protracted crises and recovery.⁷

Resourcing the capacity of international NGOs and relief organizations to deliver the MISP is essential because it allows for geographically flexible funding to deliver the MISP, increasing the ability to reach crisis-affected populations regardless of location. As humanitarian actors become familiar with the priority activities of the MISP, they recognize that it can and should be provided within the context of other critical priorities, such as water, food, cooking fuel and shelter. To learn more about the MISP, please visit the resources developed by the IAWG [here](#).

Practitioners reflected on the unique challenges of advancing SRHR in conflicts and emergencies. The persistent lack of global recognition of the lifesaving, critical nature of SRHR persists and is particularly acute in humanitarian settings where the ‘tyranny of the urgent’ often means SRHR is deprioritised in the face of other vital services. Advancing SRHR in emergencies is also affected by the larger funding trends across development, including downswings in support for SRHR, for example, to the Inter-Agency Working Group on Reproductive Health in Crisis (IAWG). In addition to the complexities of addressing SRHR in emergencies, the rise in anti-rights and anti-gender movements in both the Global South and Global North creates additional barriers to progress.

In terms of successes to be celebrated, international experts agreed that the current state of evidence of the impact of SRHR interventions in humanitarian settings has improved greatly, and the focus is now centered around improving the rigour of evidence. There has also been notable progress on mainstreaming key operational guidelines, manuals and resources which have now been adopted at the highest levels of humanitarian coordination, such as the New Guidelines on Newborn Care and Adolescent Sexual Health and Rights⁸. There was also recognition of the overall progress of situating SRHR within the wider humanitarian system for coordination with the establishment of the SRHR Task Team within the Global Health Cluster.

In addressing challenges and barriers to the optimal delivery of SRHR interventions in emergency contexts, several key opportunities emerge:

- » Legal avenues present a potent tool to advocate for and advance SRHR in humanitarian settings, such as mobilizing Human Rights Law to address accountability gaps during conflicts, emergencies, and peacetime alike
- » Borrowing principles from human rights defenders and learning from their effective strategies for persuasion, access, and community trust-building
- » Investing in preparedness and prevention is a prudent investment that can mitigate reduced or delayed access to hard-to-reach communities.

In this context, Canada stands as a leader in the international community and is uniquely positioned to meaningfully address the neglected areas of safe abortion care, comprehensive contraceptive care, advocacy for SRHR, and adolescent SRHR including comprehensive sexuality education, and sexual and gender-based violence (SGBV). Fortifying Canada’s commitment and leadership, both financial and diplomatic, to advance sexual health and rights has never been more urgent.

THREE ESSENTIAL CONSIDERATIONS TO EFFECTIVELY ADDRESS SRHR IN EMERGENCIES

- **Preparedness**
- **Localization and Feminist Approaches**
- **Humanitarian/Development Nexus**

During the retreat, discussions of SRHR interventions in humanitarian contexts were focused on three crucial considerations: preparedness, localization, and the humanitarian/development nexus. Expert panelists shared insights on how these considerations are practically applied and implemented in various settings to provide context on opportunities that Canada may build on or gaps that we may seek to address.

Preparedness

Preparedness is paramount for effective crisis response. Working with a network of local partners on preparedness ensures that when crisis hits, the right people, materials, and systems are in place to respond most efficiently. Preparedness involves creating plans that include considerations for sexual and reproductive health and the MISP, strengthening key systems, monitoring, and evaluating responses, prepositioning supplies, and cultivating meaningful partnerships before a crisis hits so that communities are best places to respond. Participants highlighted that the most marginalized communities must not be forgotten during crises, and that identifying opportunities for partnership, support, and advocacy is inextricably linked to delivering an effective and inclusive humanitarian response as well as addressing larger structural issues that impede overall SRHR progress in times of stability. In The Cook Islands, for example, a technical working group for SOGIE⁹ communities in emergencies was formed by IPPF'S local Member Association, the Cook Islands Family Welfare Association, which contributed significantly to the reform to decriminalize homosexuality in 2023. This partnership not only ensured the voices of historically marginalized communities were heard in a time of crisis, but also strengthened the community's organization to advocate for overall change. Preparedness sits at the nexus of humanitarian and development and is not a one-off activity. It requires ongoing planning, investment, coordination, monitoring, and dedication.

Localization and Feminist Approaches

Building a strong localization agenda that centers on women’s rights includes securing flexible, long-term and rapid response funding, pursuing the institutional strengthening of national women’s rights organizations, and creating alliances with feminist organizations in the Global South to promote humanitarian policies with a feminist approach. Working with aligned social movements in a given context, such as environmental and economic justice actors, is a strategic move that recognizes that rights are interconnected. Recognizing the indivisibility of rights underscores that the advancement of reproductive rights is intertwined with broader systemic reforms and strengthening.

Applying feminist approaches means adopting feminist principles, including embodying an ethic of care, pursuing political analysis and rights-based responses, collaborating on community-led solutions, and forging deep and lasting trust with communities and stakeholders. In practice, this may look like fostering meaningful partnerships with local health partners, rights-based educators, grassroots activists, local and international advocates.

Humanitarian - Development Nexus

Several challenges were identified by participants related to programming at the intersection of humanitarian and development sectors, known as the humanitarian development nexus. Nexus programming is often translated into primary health care delivery with a short 12-month cycle of funding that is spread too thinly to make an impact. Systems strengthening for fragile settings are also typically underfunded and spread over too many settings to have a real impact; and specialized, while vertical programming with a learning component is desirable yet difficult to scale up and sustain. Participants asserted that there is already existing consensus on what is needed: multi-year, flexible funding, strengthening systems alongside ensuring access to basic services, investing in social norms change, including emergency response funds within longer term programs, earmarking funding for the MISIP and neglected areas and hold implementers accountable, funding partnerships for preparedness and response in order to break down development-humanitarian silos, and reimagining coordination mechanisms to break down these siloes. The challenge is how to advocate for, enact and implement all of these changes.

CANADA'S BUILDING BLOCKS TO ADVANCE SRHR IN EMERGENCIES

Canada has a strong track record as a supporter of SRHR globally. Building on a decade-long legacy of investments in global health, in 2019 Prime Minister Trudeau announced the 10-Year-Commitment to Global Health and Rights, which specifically pledges an annual allocation of \$1.4 billion CAD to global health, of which \$700 million CAD is to be dedicated to SRHR by the end of fiscal year 2023-2024. With \$564.5 million CAD disbursed to SRHR programming in 2021-2022, steady growth can be anticipated. This progress was acknowledged and celebrated by participants, who also emphasized the significance of the robust accountability framework governing these investments. It is important to note that the 10YC funds are designated for development interventions, not for humanitarian initiatives. With such a strong foundation in support of SRHR in development assistance, there was a consensus on the value of Canada demonstrating equivalent leadership and commitment in advancing SRHR in humanitarian endeavors.

There have been steps taken in this direction, setting the stage for Canada to increase its leadership in emergency settings. Through its Feminist International Assistance Policy (FIAP), Canada has adopted a focus on gender-responsive humanitarian action through targeting and cross-cutting approaches in four key areas, including SRHR during humanitarian interventions and SGBV in the context of humanitarian crises¹⁰. Further, according to Global Affairs Canada “In 2022, Canada’s humanitarian assistance included \$329.3 million in funding to UN agencies for programming with SRH and prevention and response to SGBV as core aspects of their interventions. This included \$16.8 million to the United Nations Population Fund (UNFPA) for humanitarian interventions. GAC also contributed over \$25.5 million towards specialized SGBV prevention and response services and SRH services in emergencies through 64 non-governmental organization (NGO)-led projects, which helped to prevent death, disease and disability related to unwanted pregnancies, obstetric complications, reproductive disorders and SGBV¹¹. It is also worth noting that in the 2023 Consolidated Appeals Process for International Humanitarian Assistance Funding the integration of SGBV and SRHR were prioritized.

There is undoubtedly an interest in pursuing support for SRHR in the most complex of settings which should be leveraged. Despite this, right now, in Canada much of the humanitarian assistance that is delivered through our International Assistance Envelope (IAE) is for life saving support only, which leaves out preparedness. In parallel participants reflected that there is often a lack of engagement from the development side on matters considered too close to humanitarian, which means that the “in between” state of preparedness programming results in a notable lack of financing opportunities from Canada. Participants acknowledged Canada’s presence globally as critical to keeping SRHR on the international agenda and aspired that that leadership could be translated to conversations on global humanitarian imperatives.

MOVING FORWARD: RECOMMENDATIONS FOR STRENGTHENING CANADA'S IMPACT ON SRHR INTERVENTIONS IN EMERGENCIES

Based on the shared learning of strategies between international and domestic practitioners, salient lessons emerged as recommendations to move forward and address the challenges of SRHR humanitarian action. There are roles for multiple actors in strengthening Canadian leadership on SRHR: Global Affairs, the department charged with implementing Canada's positions, political decision-makers and parliamentarians, civil society advocates and programmers and the private and philanthropic sectors.

Underlying all of the recommendations were three fundamental beliefs:

- » that support for innovation and flexibility would increase the effectiveness of SRHR responses in emergencies
- » that understanding and addressing power structures is key to the advancement of SRHR, even in times of crises
- » that the interconnection between rights must be seen and heard as an antidote to the unhelpful narrative of competition and a scarcity mindset

Zooming into Canada's role in advancing SRHR in emergencies, participants identified a number of opportunities for further exploration. A notable number of these are shifts that are not specific to SRHR, but would improve overall development and humanitarian practice, which impacts the ability to deliver and realize SRHR. Recommendations for further exploration include:

- » **Explore** potential for how donor funds could be more organized in support of the prioritization of funds for SRHR in emergencies, for example:
 - The dedication of donor funds to be earmarked for preparedness efforts in development programs
 - The increased earmarking of donor funds for the MISP in humanitarian and development settings, strengthening capacity to deliver the MISP globally
 - The active dismantling of the siloes between humanitarian and development programming funding sources/envelopes.
 - The increased use of and consideration of crisis modifiers in programming

- » **Rethink** as CSOs the distribution of resources from donors to ensure that a bold ratio of overseas funding reaches communities and does not remain in Canada.
- » **Reduce** the “red tape” or administrative burden created by both Northern CSOs and donors on localized organizations
- » **Develop** better knowledge and strategies to counter anti-rights movements that appear in many different spaces, as these actors are increasingly making it difficult to implement SRHR programming on the ground, as well as creating a disabling political environment.

The highest priorities of participants can be viewed as addressing two, mutually reinforcing streams. Firstly, those areas for action that address the larger humanitarian/development ecosystem, and secondly, those that will advance a broad and strong consensus on SRHR as a fundamental set of rights interconnected with others such as water, food and security.

In conclusion, to be bold and ambitious in how we can strengthen the space and resourcing that can exist to enable people to be in control of their bodies during the hardest of times, we need to work to ensure consensus on the fundamental connection of all human rights and to build a system of global support and solidarity that effectively enables that vision.

ENDNOTES

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