From April 9-11 2019, the Implementing Best Practices Initiative (IBP) in partnership with the Inter-agency Working Group on Reproductive Health in Crises (IAWG), UNFPA, IPPF, and WHO convened 70 participants from over 40 different organizations in Istanbul to share experiences, tools, and resources about sexual and reproductive health and rights (SRHR) programming across the humanitarian development nexus.

Participants representing international NGOs, local civil society organizations (CSOs), UN partners, country governments, and young professionals shared expertise implementing SRHR programs in both humanitarian and development settings. Examples from local NGOs working in Lebanon and Syria and from Eastern European countries like Ukraine and Georgia reminded us that the idea of transitioning from post conflict or emergency settings to integrating into more stable health systems, or the “humanitarian-development nexus” is not new but rather an existing part of many country programs.

Interactive sessions allowed participants to openly discuss and reflect on key issues and themes needed to help move the “humanitarian development nexus” agenda forward. A participatory exercise was conducted to assess perceptions of current SRHR programming across the humanitarian-development nexus and key themes to address challenges were identified and validated by participants.
One word to describe current SRHR programming efforts across the humanitarian development nexus:

Based on perceptions and challenges identified at the meeting, the following ten key issues emerged as priorities to consider when implementing SRHR programs across the humanitarian development nexus:

1. **Localization**: Support local solutions driven by local institutions! It is estimated that only 3% of funding for humanitarian efforts are given to local organizations yet local organizations conduct a large amount of field-based implementation. Efforts to prioritize local engagement through civil society organizations, faith-based groups and other local networks will help facilitate solutions that are locally developed and owned.

2. **Integrated Approaches across Programming**: Think within and beyond health! Integration of SRHR programming within and beyond the health sector are important to ensure that the range of SRHR needs are met. Linking reproductive health efforts with the broader maternal and child health agenda can allow for sensitive topics like contraception and others to be addressed in the context of healthy maternal and child health behaviors. In addition, linking with non-health sectors such as security efforts, environment, education, and gender, mental health and violence can also strengthen the provision of services.

3. **Flexible Funding**: Support funding for local partners! Donor support has been important to move SRHR services in humanitarian settings forward. However, generous support often flows to the largest international NGOs and little is provided directly to the local NGOs and CSOs working on the ground. Adjusting funding cycles and providing opportunities for smaller organizations to receive funds directly will help foster the implementation of local solutions driven by local partners.

4. **Transfer, Translation and Adaptation of Materials**: Make materials adaptable and user friendly! Global development partners have created numerous tools and approaches to support SRHR programming across the HD-Nexus. Tools like the MISP and others are widely known and promoted at global levels. However, these tools are only as good as their use and many are not translated into the local languages needed to facilitate use. In addition to language translation, tools are complicated, big, and bulky. Efforts to create derivative tools compatible with the realities of field-based settings are warranted.

5. **Context and the Existing Environment**: Country context matters! Translating lessons learned from humanitarian settings to development settings and vice versa can be efficient and mutually beneficial. However, country context is important and interventions that work in one country setting may not work or translate easily in another. Efforts to contextualize interventions between development and humanitarian settings can yield interesting results. For example, lessons learned working with nomadic populations in development settings can inform approaches relevant to humanitarian settings where populations are also often on the move.
6. **Coordinated Planning:** Explore joint workplans and budgets between humanitarian and development partners! Coordinated planning through joint workplans and/or funding models can better facilitate implementation of interventions across the humanitarian development nexus. It is said that “Development partners have no entry strategy, and humanitarian partners have no exit strategy”. If these partners can leverage the strengths of each other through coordinated efforts, SRHR services introduced in emergency setting can be better mainstreamed into recovery and development.

7. **Sustainability:** Build on existing systems and prevent parallel structures! As the world moves towards institutionalizing universal health coverage and strengthening primary health care services, efforts to strengthen and work within existing systems becomes even more important. Joint earning from development and humanitarian partners on how to integrate emergency response systems into preparedness and recovery programming can support sustainability efforts.

8. **Monitoring & Evaluation & Documentation (M&E&D):** Measure, evaluation and document the impact! Monitoring and evaluation can not only help explain how interventions are working but importantly help identify what efforts are not working. And, documenting such field based programmatic experiences will help ensure this information is included as part of the evidence base when assessing the impact of various SRHR interventions across the humanitarian development continuum.

9. **Partnership and Mentoring:** Harness the power of partnership and mentorship for individuals and organizations! Partnership between local and international organizations, donors and implementing partners, governments and civil society will strengthen efforts to program SRHR interventions across both humanitarian and development settings. In addition, it is important to provide spaces for a new generation of leadership in the humanitarian and development space. Mentorship should not be reserved only for individual young professionals, but also for development organizations that are newly entering the humanitarian space and for humanitarian organizations that are increasingly finding needs for more development support. Supporting opportunities for peer learning exchanges and supporting new a generation of professionals in leadership roles will help strengthen SRHR programs across both humanitarian and development settings.

10. **Meaningful Youth Engagement:** Youth as Leaders, not Tokens! Meaningful youth engagement means inclusion of young people in the development, implementation and evaluation of SRHR programs in humanitarian settings. It means engaging a diverse group of young people from young professionals to youth activists to young citizens and beneficiaries. And, it means providing platforms to promote young people as leaders and equal partners rather than token representatives.
About IBP
The Implementing Best Practices Initiative (IBP) is a network of 70+ NGO, and CSO, academic, donor and UN partners dedicated to supporting the dissemination and use of evidence-based guidelines and practices in family planning and reproductive health through innovative knowledge exchange, implementation and partnership. IBP is hosted at WHO and governed by a Steering Committee currently chaired by IPPF. For more information, visit www.ibpinitiative.org preparedness and response mechanisms.

About IAWG
The Inter-Agency Working Group on Reproductive Health in Crises (IAWG) is a broad-based, highly collaborative coalition representing UN, government, non-governmental, research, and donor organizations committed to advancing the sexual and reproductive health of people affected by conflict and natural disaster. The IAWG is hosted at the Women’s Refugee Commission and is led by a Steering Committee of 20 member agencies. For more information, visit www.iawg.net.

For further information, please contact:
IBP Secretariat: Nandita Thatte, WHO (thatten@who.int)
IBP Chair: Sarah Onyango, IPPF (sonyango@ippf.org)

Published May 2019