GENDER EQUALITY AND SEXUAL & REPRODUCTIVE HEALTH AND RIGHTS IN HUMANITARIAN SETTINGS

LEARNING REPORT

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Photo: Maternity Foundation

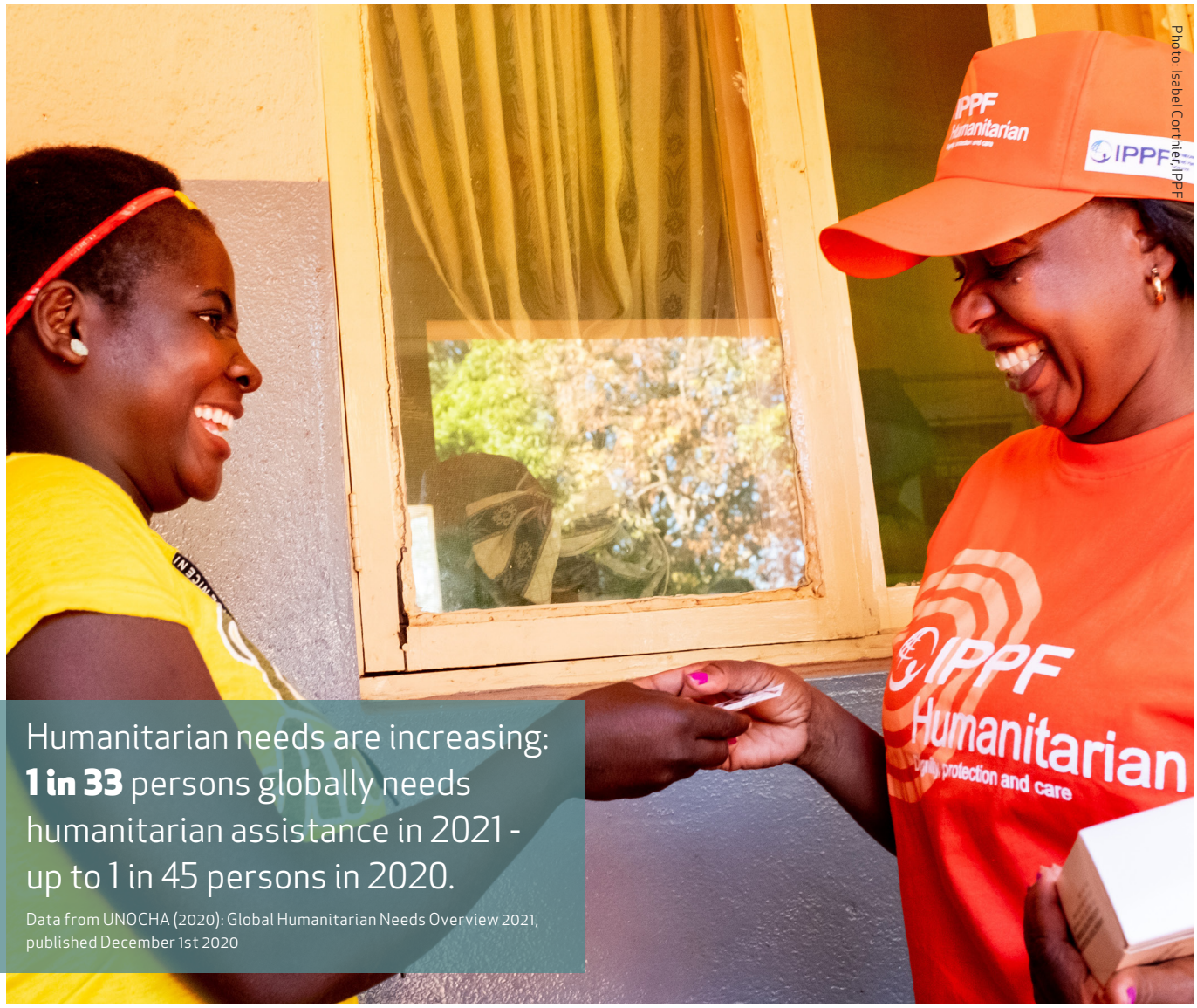


Photo: Isabel Corthier, IPPF

Humanitarian needs are increasing: **1 in 33** persons globally needs humanitarian assistance in 2021 - up to 1 in 45 persons in 2020.

Data from UNOCHA (2020): Global Humanitarian Needs Overview 2021, published December 1st 2020

1. The report focuses on "women and girls" while recognizing that non-binary gender identities also face heightened risk of violence, marginalization and discrimination during humanitarian emergencies, requiring dedicated analysis and action. Similarly, despite the focus on Women-Led Organizations and Women's Rights Organizations, it is recognized that LGBTI-led, girl-led and youth-led organisations as well as human rights defender movements are also relevant for the gender equality and SRHR agenda.

2. GBV refers to "any harmful act that is perpetrated against a person's will and that is based on socially ascribed (i.e. gender) differences between males and females. It includes acts that inflict physical, sexual or mental harm or suffering, threats of such acts, coercion, and other deprivations of liberty. (Definition from IASC GBV Guidelines 2015).

1. Why a project on Gender Equality and Sexual and Reproductive Health and Rights in Humanitarian Settings?

In the midst of the immediate threats to life, safety and wellbeing that a humanitarian crisis brings, women and girls[1] face additional grave risks and rights violations: Gender-Based Violence (GBV)[2], exploitation and abuse, forced and early marriage, preventable maternal deaths, in addition to limited access to – and often exclusion from - lifesaving services and decision-making structures. At the same time, women play a central role in crisis response and resilience building: Women and women's organizations take on additional responsibilities, often as "first responders", and women's representation and leadership make humanitarian action more inclusive and equitable. This combination of unique risks and needs but also their capacity as change agents makes women central to humanitarian action.

It was against this backdrop that the three Danish civil society organizations – DanChurchAid (DCA), Danish Family Planning Association (DFPA), and Maternity

Foundation (MF), with the support of Global Focus – set out to jointly strengthen capacities and alliances for an improved focus on gender equality and sexual and reproductive health and rights (SRHR) in humanitarian settings.

An even sharper focus on the gendered impacts of crisis was to materialize shortly after the project's inception in February 2020, as the consequences of the COVID-19 pandemic unfolded[3]: From an already high level of 245 million girls and women subjected to sexual and physical violence in 2019, sexual violence against women and girls has reached new alarming heights - referred to as the "shadow pandemic" by the UN Secretary General. Disruptions in family planning services are estimated to have caused 1.4 million unintended pregnancies, including among adolescent girls, and early estimates of the indirect effects of Covid-19 predicted that the pandemic may cause more than 100.000 additional maternal deaths over a one-year period.[4] Meanwhile, job losses and reduced access to income have in many cases hit women the hardest, in part due to gendered care burdens and precarious and informal employment conditions, and economic hardship threaten to make **more** girls child brides in the coming years. Concurrently, women have played a dominant role in the frontline pandemic response in health sector jobs or care giving roles, yet have not been afforded the same space in decision making forums and many COVID-19 recovery efforts are failing to be gender-responsive. As much as these COVID-19 consequences are extremely worrying on their own, they are appallingly similar to learnings from previous crises – adding both impetus and a sense of urgency to the project learnings. And currently, the situation in Tigray, Ethiopia, illustrate how women and girls continue to be critically underserved In humanitarian crisis: Less than 1 in 5 hospitals in the region provide maternal services, include antenatal care and birth delivery, and only 1 percent of health facilities in the region can provide full services to rape survivors - in a region where sexual violence is used as a weapon against an estimated 22,500 women and girls.[5]

About this report

This report aims to capture the learnings from the capacity strengthening project between DCA, DFPA and MF. It does so in two steps: First, it summarizes the key learnings from the project events held in 2020 and 2021. Second, it identifies actions needed to strengthen gender equality and SRHR. The report is informed by the five events organised under the capacity strengthening project and interviews with key actors. A list of project events and interview persons can be found in Annex A and B.

Local actors refer to the Grand Bargain definition of "Local and national non-state actors": *Organizations engaged in relief that are headquartered and operating in their own aid recipient country and which are not affiliated to an international NGO. A local actor is not considered to be affiliated merely because it is part of a network, confederation or alliance wherein it maintains independent fundraising and governance systems.*

WLOs/WROs refer to local actors that are Women-Led Organizations (WLOs) and Women's Rights Organizations (WROs). The Grand Bargain defined a WLO to be "one whose leadership is principally made up of women, demonstrated by 50% or more occupying senior leadership positions at board and staff level, though this definition is currently being revised by IASC.

3. UN Women and UN DESA (2021): Progress on the Sustainable Development Goals: The Gender Snapshot 2021.

4. The Lancet Global Health (2020): Early estimates of the indirect effects of the COVID-19 pandemic on maternal and child mortality in low-income and middle-income countries: a modelling study

5. IAWG (2021): Women, adolescents, girls and other groups facing discrimination are critically underserved in the Tigray Humanitarian Response. Statement by the Interagency Working Group for Reproductive Health in Crisis, June 2021.

Women and girls in humanitarian settings are **twice as likely to experience GBV** as the global average.

Data from UNOCHA (2020): Global Humanitarian Needs Overview 2021, published December 1st 2020

Photo: Tine Sletting, DanChurchAid

2. Key learnings from Gender Equality and Sexual and Reproductive Health and Rights events

The capacity strengthening project has delivered a series of five events with participants from Global South partners, knowledge experts, the Danish NGO community and other relevant actors to gather evidence and nuance challenges, opportunities and best practices for strengthening gender quality and SRHR in humanitarian actions. The events centred around the following themes: SRHR and GBV, Gender and Localisation, digital solutions for SRHR, local actors and crisis affected communities, and women's rights in crisis. Across the events, two commonalities stand out:

- **Empowerment and accountability:** Central in all the events runs a deep commitment to further strengthen empowerment and accountability to women and girls in crisis-affected communities

- **Relevant across the humanitarian-development-peace nexus:** The learnings are relevant across the humanitarian-development-peace nexus, including protracted crisis, rather than being technical nor highly specific to the humanitarian sector or emergency response.

With these two commonalties in mind, four distinct thematic areas of learning are identified and elaborated below. For each thematic area, examples and voices from the project events are included to illustrate discussions and learnings.

2.1. Gender aspects still out of focus

Insufficient attention to gender aspects in crisis responses have been a recurring theme across all events. Crisis responses have historically been largely gender-blind, and in recent decades humanitarian, development and government actors have attempted to rectify these failings through making gender mainstreaming a priority. Yet despite these considerable efforts, crisis responses are still lacking gender consideration – participants shared multiple examples of such failings, which were all the more worrying due to the recentness of the examples (2019-2020).

Recent crisis responses lacking gender considerations

- Quarantine centers without consideration to the needs of women, including women's safety
- COVID-19 recovery plans with little attention to sectors where women are overrepresented – e.g. the informal sector
- Crisis response with little, if any, explicit gender focus placing women at risk both as rightsholders and responders

In fact, the gender lens is so absent that some participants talk about "away-streaming", i.e. that gender mainstreaming has diluted the focus on the needs of women and girls, instead allowing it to be absorbed and made invisible – and thus failing to lead to

tangible changes for women and girls in practice. Renewed efforts are urgently needed to strengthen the gender lens across sectors, both as mainstreaming and through "stand-alone" gender programs. During project event 2, a Lebanese WLO/WRO shared a Charter of Demands for a Gendered Response to the Beirut Explosion, signed by 44 WLOs/WROs and feminist activists.[6]

Demanding a gendered response plan – Lebanon
The Charter of Demands for a Gendered Response to the Beirut Explosion is signed by 44 WLOs/WROs and feminist activists. The Charter calls for humanitarian assistance to conduct gender assessment to ensure that all women and girls' needs and priorities are met, ensure women's representation, leadership and inclusion in decision-making and coordination at all levels, provide food security, shelter, livelihoods for all groups, prevent and respond to GBV, and ensure access to health services and sexual and reproductive health rights.

Contributing to the insufficient gender lens is a lack of data and measurability. Within the humanitarian sector, robust gender analysis is not possible if age- and gender disaggregated data is not collected in the first place. At wider societal levels, the unpaid care work in families – typically shouldered by women – goes underreported and undervalued in statistics, and therefore rarely factored into policy decision making. At a global scale, progress on six out of 18 SDG indicators under Goal 5 for Gender Equality cannot not be tracked due to unavailable data, including targets on sexual violence against women and girls, female genital mutilation, access to ownership and control of land, women's empowerment through technology.[7] The data gaps make it harder to challenge the status quo and hold duty bearers accountable to women and girls. According to UN Women, only 14% of COVID-19 Emergency Response by WLOs/WROs is funded.

2.2. Digital tools as a catalyst

Presenters at the project events have showcased multiple examples of how digital tools can be leveraged towards strengthening women's empowerment and SRHR service delivery. Examples included an app that supports skilled birth attendants to improve quality of maternity care, a partnership with Ugandan fintech Ensibuuko on digitalization of rural saving schemes, and development actor's digital maternal health system that integrates patient records with diagnostic decision-support tools for labour and childbirth care, family planning, post-natal care and maternal health.

These tools share a number of characteristics that contributes to their successful application:

- **Contributes towards Leaving No One Behind:** The tools can be used in low-resource or hard-to-reach areas, thus improving quality of care for underserved populations.
- **Integrates with national systems:** The tools integrate with existing national systems, e.g. national clinical guidelines, thus enhancing and supplementing existing capacities.
- **Is deeply contextualized:** The tools are adapted to the specific context at a highly detailed level, including not only language, word choice and use of imagery, but importantly also designed with context-specific risks, capacities and vulnerabilities in mind.

6. Charter of Demands by Feminist Activists and Women's Rights Organisations in Lebanon: A Gendered Disaster Response Plan: Learning from the Past. Dated August 27th 2020.

7. UN Women and UN DESA (2021).

- **Contains learning opportunities for users:** The tools include tangible learning elements, either as e-learning elements and gamified certification processes, or as training of trainers for subsequent peer-to-peer trainings.

Concurrently, participants and presenters also discussed rights-based good practices when developing digital tools[8]:

- **Design with inequalities in mind:** Digital tools are likely to reinforce preexisting power imbalances, unless inequalities are made central to the design process: Who are reached and importantly, who are not reached/who cannot access the tools are critical questions. Gender differences in digital literacy, in access to IT equipment/ smart phones, mobile data may also be among the considerations.
- **Be conscious of human rights vulnerabilities:** Data management, data sharing protocols, digital safety are potentially critical for the safety of human rights defenders, but also for users engaging on sensitive topics including health information.

Financial Inclusion through digitalization – Uganda
A project of digitalized Village Saving and Loans Associations illustrated how digital tools can be a catalyst for empowerment: Besides continuing the existing VSLA with greater accountability, the digital version builds credit history with the formal financial sector, thus improving longer-term financial inclusion for women and strengthening both economic and social empowerment in the process. The digitalization project has been designed to accommodate and address context-specific gender inequalities around smartphone ownership and digital skills, placing women's leadership at the heart of the implementation strategy.

Applying an existing tool in a humanitarian setting
The Safe Delivery App was already part of Ethiopia's National Guidelines for maternal health, when its reach was extended to its first humanitarian setting: refugee response in Western Ethiopia. The digital tool could be applied immediately and helped fill critical capacity gaps in emergency obstetrics and neo-natal care.

2.3. Gaps in health and protection

A humanitarian crisis is an immediate protection and health crisis for many women and girls: Rapes, sexual exploitation and abuse, early and forced marriages, and human trafficking are among the grave threats that women and girls face, in addition to increased risks of unwanted pregnancies, complications during pregnancy and delivery, STI/HIV infections, and grossly insufficient care for survivors of GBV. The root causes of these severe gendered impacts include social norms that shape gender roles and stereotypes, leading to power imbalances and marginalization – and influence harmful practices.

This link between discriminatory social norms and women's health and protection was discussed and nuanced for SRH service delivery in the health sector, including response to GBV survivors in the first event. It is well known that gender-specific health services, including family planning and maternal health services but also specialized response to GBV survivors, are often deprioritized during humanitarian crisis. As much as some resource diversion to emergency health service may be expected, the deeply entrenched social norms that do not value women's reproductive

8. For more on technology and innovation in the humanitarian settings, see: Fejerskov, A. M. & Fetterer, D. (2020): Innovative responses to COVID-19 – future pathways to techvelopment and innovation. DIIS, November 2020.

health and rights also affect decision-making. The resulting diversion of resources have longstanding consequences for women, girls, and their families.

> *Relief agencies prioritize security and basic needs such as shelter, food and water. Every refugee setting has a lead partner on health, but even the lead partner tends to prioritize only primary care, such as immunizations, malaria prevention & treatment, emergency obstetrics, while the Family Planning package is missing. It is also our experience that supply of family planning commodities is inadequate, and that the medical staff in emergencies lack knowledge in family planning.* *SRH service provider, Uganda*

GBV during COVID-19 - Kenya:
"During COVID-19, we saw a sharp surge in GBV cases, including very young girls. In lockdown, some were locked in with their abusers, and it was not possible for them to access services for their medical and psychosocial needs. Others resorted to transactional sex to be able to buy sanitary pads and other essentials, when they lost their jobs. We have seen a lot cases of unwanted pregnancies after the lockdown." SRH service provider, Kenya

The Minimum Initial Service Package for Sexual and Reproductive Health (MISP) is a crucial tool for SRH service implementation, including family planning and services for GBV survivors, during a humanitarian crisis. MISP is the international standard of care, and it is developed by the Inter-Agency Working Group on Reproductive Health During Crisis (IAWG) based on evidence of lifesaving reproductive health needs in crisis. MISP has equal importance as child immunizations, injury and trauma care, yet in practice MISP is not always prioritized from the onset of the crisis. One practical barrier consistently mentioned in project events is a lack of awareness of MISP among humanitarian workers and insufficient capacities in supporting systems, particularly supply chains, to enable MISP implementation. An added layer of complexity in practice lies in the humanitarian coordination structures: SRH – and MISP ownership – is in the Health cluster/sector, while GBV is in the GBV sub-cluster under the Protection cluster – resulting in a need for inter-cluster coordination, including advocacy to address gaps.

The way forward to address gaps in women's health and protection is to work systematically with the Gender Transformative Approach, GTA. The aim of GTA is to tackle the structural inequalities and power imbalances deliberately, transforming them towards gender equality. This can include working with men and boys as allies in GBV prevention and women's leadership, and efforts – including leveraging digital tools - to deliberately enhance women's empowerment.

> *In order to provide the appropriate support to women and girls on GBV in the refugee camps, we also engaged the men, boys and faith leaders. We provided issue-based trainings – e.g. positive fatherhood, gender norms, GBV awareness – and then involved them in GBV prevention interventions, including support groups. We found that this was very positive, and gradually they became a support – which enabled women and girls to engage more too, across prevention, mitigation and response if needed.* *INGO staff, Bangladesh*

MISP – a SPHERE standard
The Minimum Initial Service Package for Sexual and Reproductive Health (MISP) is part of the minimum standard for humanitarian response (SPHERE) and contains four clinical service priorities that include 1) prevent sexual violence and respond to the needs of survivors, 2) prevent transmission, reduce mortality and morbidity of HIV and STIs, 3) prevent excess maternal and newborn morbidity and mortality, and 4) prevent unintended pregnancies.

2.4. Local leadership and WLOs/WROs

The need to accelerate local leadership in humanitarian settings was a recurring theme across all events, often framed in the context of "Localisation" as the Grand Bargain commitment to shift leadership and resources to local actors in humanitarian action. Despite some progress on localisation, humanitarian action and coordination structures remain dominated by UN agencies and INGOs in many contexts. The barriers are multifaceted, ranging from entrenched mindsets of westernized expertise to language proficiency and resources needed for meeting participation, and more efforts are needed to enable meaningful participation of local actors in decision making processes that affect their communities.

> *COVID-19 has brought localisation discussion to the center, shed light on successes and opportunities for improvement. But localisation should not be limited to humanitarian response: There are opportunities for localisation across the humanitarian-development nexus and tapping into development funds.* *INGO staff member, MENA region*

At the same time, however, there is a distinct gender angle to localisation: Localisation may perpetuate power imbalances among local actors, unless gender and diversity considerations are taken into account - but it may also potentially enhance gender equality if women are empowered locally as agents of change.

> *We need more women in decision making structures. We have mostly men in local government, and women's issues are being neglected.* *WLO/WRO from Nepal*

With input from WLOs/WROs, quality increases
When WLOs/WROs are consulted, there is a higher likelihood that Humanitarian Response Plans include:
- Gender analysis of needs and risks by subgroups
- Specific provisions on GBV, women's livelihoods, and SRH services

61% - the percentage of humanitarian planning processes that consult with at least one WROs/WLOs and integrate their input.
Data shared by UNWomen

Gender-responsive localisation therefore entails shifting resources and leadership to WLOs/WROs, women's movements and networks. This contribution to transforming gender equalities is a key part of empowerment and accountability to women and girls

in crisis-affected communities. Moreover, women play central roles as first responders and resilience builders in their families and communities, making them critical change agents. And finally, WLOs/WROs possess deep contextual insights on the risks and vulnerabilities faced by women and the enablers for building resilience at both family and community level, thus significantly increasing the quality and the efficiency of the humanitarian response.

Yet WLOs/WROs are often not afforded the visibility of their efforts, while projects and funding tend to be short-term with little institutional capacity building prioritized. This results in reinforcing power imbalances between INGOs and local actors, including WLOs/WROs, and diminishes their critical contributions in humanitarian actions. In the longer-term it also undermines the viability of the WLOs/WROs, impacting their ability to fund raise directly from donors.

> *When the INGOs scaled down due to COVID 19, we, the local actors, stayed with the refugees. As a WLO, we mobilized women's groups and trained them in making reusable masks, which allowed them to move from their homes to access essential services. When the INGOs returned after the easing of the lockdown, they used the same women's groups to make masks, without recognizing our contribution and without considering widening support to our efforts. WLO Uganda*

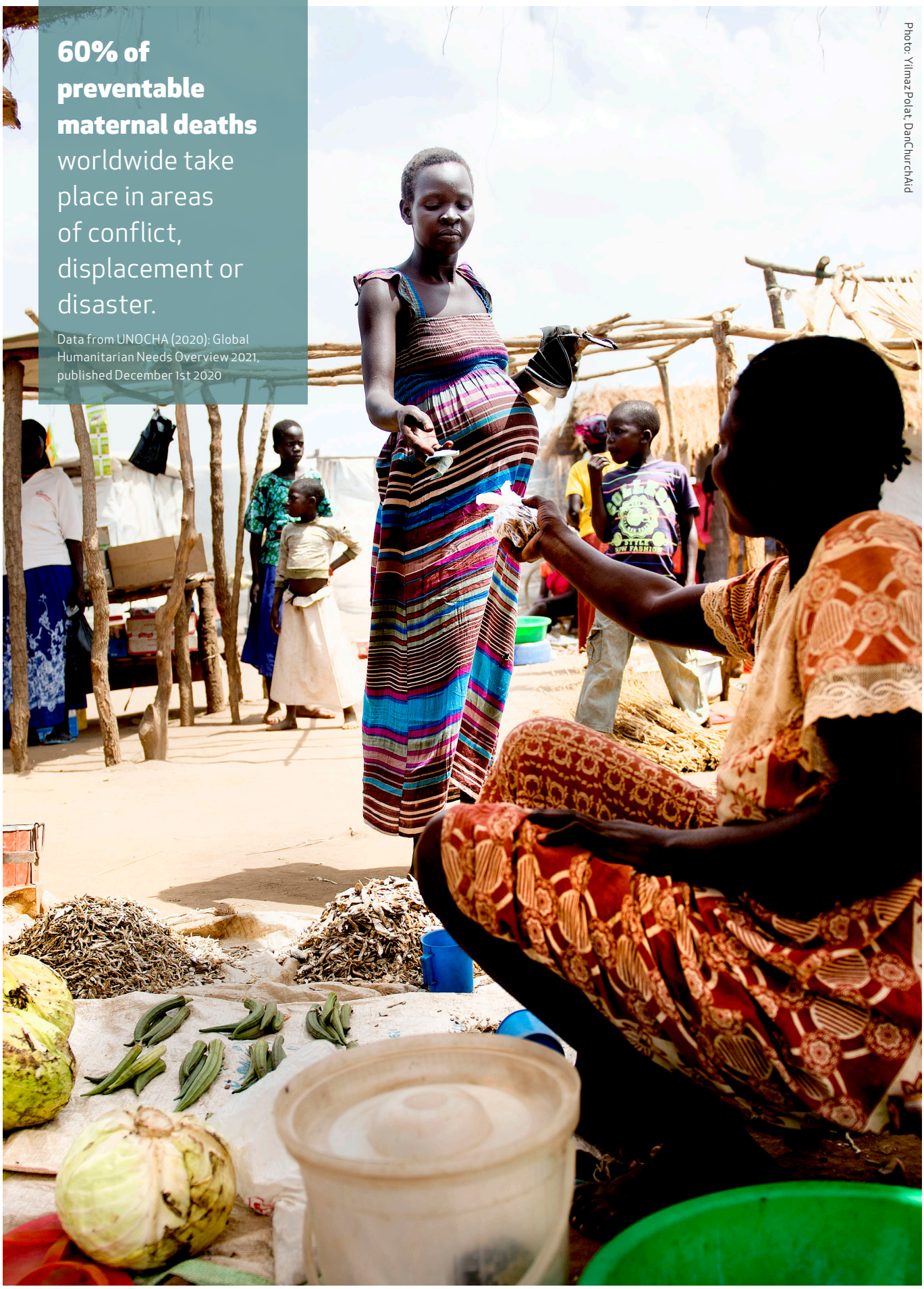
At a donor level too, gender equality remains underprioritized, and a lack of measurability or lack of available data often means that there is little accountability in the humanitarian system as to how much funding WLOs/WROs receive – and whether short-term, project-specific funding tend to dominate rather than institutional capacity investments and predictable, multiyear funding.

In 2019, **0.4%** of humanitarian funding went to GBV, and **0.5%** of humanitarian funding went to WRO/WLOs and women's institutions.[9]

The target of 4% to WROs/WLOs and women's institution by 2020, set at 2016 World Humanitarian Summit, is unlikely to be met (final data for 2020 still pending) and progress to date is assessed to be "Unsatisfactory".[10]

9. Data from OECD (2021): Donor Charts. Aid in support of gender equality and women's empowerment. Statistics based on DAC Members' reporting on the Gender Equality Policy Marker, 2018-2019. Published March 2021.

10. Care (2021): Time for a Better Bargain: How the Aid System shortchanges Women and Girls in Crisis. February 2021.



60% of preventable maternal deaths worldwide take place in areas of conflict, displacement or disaster.

Data from UNOCHA (2020): Global Humanitarian Needs Overview 2021, published December 1st 2020

Photo: Yilmaz Polat, DanChurchAid

3. Action for Gender Equality and Sexual and Reproductive Health and Rights in humanitarian settings

This final section zooms in on the key advocacy messages for humanitarian and development actors in the work ahead to strengthen gender equality and SRHR for empowerment and accountability:

Sharpen the gender lens for empowerment and accountability to women and girls

Renew efforts to strengthen the gender lens at every level: Despite years of gender mainstreaming, gender considerations remain underprioritized and must be brought to the forefront – programmatically, organizationally, in partnerships, in localisation, in coordination structures, in alliances.

Systematic and measurable indicators for accountability to women and girls in crisis-affected communities: Lack of sufficient gender data render the needs and priorities of women and girls invisible, making targeted programs and accountability near-impossible. Better gender data cannot in itself enable meaningful participation and leadership of women and girls, but it can contribute to holding humanitarian, development and government actors accountable until the gaps are addressed.

SRHR and women's economic and social empowerment are deeply interlinked: Access to sexual and reproductive health services allow women and girls to stay healthy, to participate in education, to allow spacing between pregnancies and to attain higher levels participation in social and economic life. Moreover, women who have higher economic independence often have reduced risks of GBV, including intimate partner violence.

Address underlying norms through the Gender Transformative Approach: Economic and social empowerment of women and girls through access to education, skills building and reproductive health services and through engaging men and boys in dismantling social and cultural norms that prevent women from achieving leadership skills and equal decision-making.

Raise the bar for health and protection

Recognize unmet family planning needs as a gender injustice: Lack of family planning services have long-term consequences for women and adolescent girls, denying them opportunity to safely stop or delay pregnancies and placing them at greater risk of poor maternal health – but also avoiding longer-term implications of increasing vulnerability to poverty. Gaps in family planning services in humanitarian action needs to be urgently and consistently closed.

Insufficient response has long-term negative outcomes on GBV survivors, adding further to the violation: In addition to the grave violation that GBV is, an insufficient response – medically, legally and psychosocially – add further layers of long-term impacts on survivors, e.g. chronic physical outcomes, unwanted pregnancies, STIs including HIV/AIDS, long-term fertility impacts, and negative mental health outcomes. Given that the vast majority of GBV survivors are women and girls, this insufficient response too has a clear gender dimension.

Resource and invest for MISP implementation as a gender priority action: Implementing MISP is not optional or negotiable. Nonetheless, sexual and reproductive health needs are often under-resourced in emergencies, giving way to acute health emergencies, infectious diseases and primary care – that tend to be gender-blind. But failing to implement MISP from the onset of a crisis means failing the crisis-affected populations, and particularly women and girls with reproductive needs. The priority action should include making the needed pre-crisis investments in supply chains and skilled staff to enable MISP implementation at the onset of crisis.

Overcome coordination barriers in Health and Protection clusters/sectors: Efficient response to women's SRH and GBV needs in humanitarian emergencies require coordination within the protection and health clusters, as well as between the sectors.

Leverage digital tools to amplify access to SRH services and transform gender inequalities

Digital tools hold transformative potential to reach those furthest behind: Digital tools are central to unlocking a transformative potential of innovation in humanitarian response: Increasing efficiency and effectiveness in reaching more people with faster, scalable and quality responses. Digital tools designed for low-resource environments can be suitable for reaching crisis-affected people in hard-to-reach areas.

Integrate with national/local ecosystem for sustainability: Digital tools that integrate with existing resources and capacities such as national guidelines or skills development programs contribute to strengthen institutional capacities, e.g. of national health systems.

Pay attention to inequalities and power imbalances: Design and implementation must carefully identify existing inequalities and take steps to deliberately avoid perpetuating existing inequalities, especially inequalities affecting those furthest left behind.

Accelerate Local leadership and mind the gender gaps

Deliberately apply a gender lens to Localisation: Deliberate and explicit attention to gender and diversity is needed in localisation, to mitigate the risk of perpetuating pre-existing power imbalances locally and nationally.

Shine a light on the contributions of WLOs/WROs and women: Make the efforts and contributions of women, their movements and organizations visible and recognized, including with donors.

Shift resources to WLOs/WROs: Strengthen WLOs/WROs's access to long-term and

flexible funding, institutional capacity strengthening, representation and meaningful participation in decision making forums at all levels – globally, nationally and locally.

Hold actors accountable to commitments made to WLOs/WROs and gender equality: Hold humanitarian, development and government actors accountable for commitments made to WLOs/WROs and for transforming gender inequalities, including resources to WLOs/WROs, GBV and MISP implementation.

Advance women as agents of change: Recognizing that women are already filling critical gaps in humanitarian responses in their capacities as first responders and agents of change, support their representation, voice and agency in humanitarian decision-making forums.

Gendered impacts of crisis are not new, yet the consequences of the global pandemic has placed the gendered impacts firmly into the light. This comes at a time where humanitarian needs are increasing, inequalities are widening, and development gains are either stalling or being reversed. Concurrently, women's representation and leadership in humanitarian action hold the key to transformative change, enabling empowerment and accountability to women and girls in crisis-affected communities. This makes the capacity strengthening project for Gender Equality and SRHR in Humanitarian Setting was not only relevant but also timely.

Annex A: Project events

TITLE	PARTICIPANTS	PRESENTERS
SRHR in Humanitarian Settings – what we know and what to do September 2, 2020	32	Senior Capacity Development and Partnerships Advisor, IPPF Senior SGBV & Gender Advisor, IPPF
Gender and Localisation in Humanitarian Settings October 22, 2020	30	Program Specialist and coordinator of the Friends of Gender Group, UNWomen Program Coordinator at the Women's Peace and Humanitarian Fund, UNWomen Executive Director, African Women and Youth for Development, Uganda Founder and Director, ABAAD, Lebanon Program Coordinator of Dalit Women Rights Forum, Nepal
The role of digital solutions in promoting SRHR – the silver bullet? January 19, 2021	30	Senior researcher, Danish Institute for International Studies Health Program Coordinator and Health Advisor, Terre des Hommes, Burkina Faso Founder and CEO, Ensibuuko Digital and Innovation Coordinator, DCA Uganda Health Nutrition and Protection Coordinator, Alight Somalia CEO, Maternity Foundation
Women's rights in global hotspots May 21, 2021	250	Minister for Development Cooperation, Denmark Gender Equality Network, Myanmar General Director, Women's Centre for Legal Aid, Palestine Director, Gender Based Violence Recovery Centre, Kenya Middle East correspondent for Berlingske, Denmark General Secretary DanChurchAid, Denmark General Secretary DFPA, Denmark Executive Director, Maternity Foundatio
The role of and space for civil society and local communities in humanitarian coordination and accountability mechanisms September 30, 2021	58	Regional Representative for Asia and the Pacific, ICVA Program and Partnership Coordinator, AMEL, Lebanon YMCA, Palestine MENA Regional Representative, ICVA
	400 in total	

Annex B: Interviews

Dalit Women's Organization:	Program Coordinator
DCA HQ:	Senior Gender Advisor and Senior Humanitarian Policy Advisor
DCA Bangladesh:	GBV Program Manager
DFPA:	International Project Officer and Global Policy Advisor
MF HQ:	Program Coordinator and Program Director
MF Ethiopia:	Country Director, MF Ethiopia
Reproductive Health Uganda:	Humanitarian Response Medical Lead
Reproductive Rights:	Associate Director for Global Advocacy