

EUROPEAN DONOR COORDINATION IN DEVELOPING COUNTRIES AND SEXUAL REPRODUCTIVE HEALTH / FAMILY PLANNING

LESSONS LEARNT FROM ETHIOPIA, BURKINA FASO AND ZAMBIA



EUROPEAN DONOR COORDINATION: WHY DOES IT MATTER?

In the spirit of the international aid effectiveness agenda, the EU is committed to better coordinate, align and harmonise its development assistance with that of its Member States and other like-minded donors. But how does this coordination look like in-country? And how might it benefit the attention for sexual and reproductive health and family planning (SRH/FP) in the EU's bilateral, government-to-government, collaboration? A Countdown 2030 Europe* commissioned study, conducted during the Summer of 2018 sought to answer these questions. The document at hand presents the main findings of this study which analysed the coordination mechanisms used by European donors in three case study countries: Ethiopia, Burkina Faso and Zambia.



METHODOLOGY:

Information and data collection under this study involved both a desk research, as well as field visits to Burkina Faso, Ethiopia and Zambia. The case studies were selected on the basis of a number of criteria, notably EU and Member States presence within the health sector and related coordination mechanisms. The field phase involved semi-structured individual or small group interviews with stakeholders from the EU Delegations, Member States, national governments, UN agencies, civil society, including youth representatives, and other development partners.

EUROPEAN DONOR COORDINATION: HOW DOES IT WORK?

There are different ways in which the EU and EU member states coordinate their actions at country level.

→ **National coordination mechanisms**, which usually involve all development partners in country, align with national priorities and may function as accountability mechanisms to ensure partner country government policy implementation.

→ **EU-partner coordination mechanisms**, such as, most notably¹, EU Joint Programming, joint CSO roadmaps and gender strategies, which primarily aim at ensuring that European development assistance and policy dialogue within the partner country is done in a more coherent, effective and inclusive manner. These mechanisms can therefore have their own added value in a partner country context.

• EU JOINT COUNTRY STRATEGIES:

As a core component of EU Joint Programming processes, joint country strategies include a set of shared development objectives and results for a given partner country. They involve EU institutions plus EU Member States and 'like-minded' donors, such as Switzerland and Norway.

• JOINT CSO ROADMAPS:

Document the structured dialogue between the EU institutions and member states, so as to improve the support for and increase the participation of CSOs at country level.

• JOINT EU GENDER STRATEGIES:

Jointly agreed strategy, results and indicators to be used by the EU institutions and member states at partner country level in order to ensure the follow up on the EU Gender Action Plan II (GAP II), endorsed at headquarter's level by EU and EU member states.

IS EUROPEAN COORDINATION ON SRH/FP WORKING AND HOW?

1. EU JOINT COUNTRY STRATEGIES

→ In **Burkina Faso**, the EU Joint Programming group indicatively selected 'demography' as one of its strategic objectives. A coordinated joint policy dialogue between the EU, France and UNFPA, with backing from other EU member states, led the government to put SRH/FP high up on the development agenda as a means to tackle demographic challenges.

→ In **Ethiopia**, health was, but is no longer included in the current EU joint country strategy; this new version has nonetheless kept gender equality as a cross-cutting priority and civil society as an objective. Yet, EU donors are engaged in the health sector, together with other development partners, through the national coordination mechanisms, within which SRH/FP figures prominently, in accordance with Ethiopia's national strategy. These mechanisms help advancing joint policy dialogue in the health sector, which has proven to benefit also the promotion of SRH/FP in other sectors, such as education, through life skills training.

→ In **Zambia**, EU joint programming is at its preliminary stage. However, the EU and EU member states present on the ground are coordinating their activities within the health sector, including coordination and follow-up in the field of SRH/FP specifically, through an EU Joint Sector Programme.



Ethiopia, © IPPF / Chloe Hall

2. JOINT CSO ROADMAPS

EU donors in all 3 countries have CSO roadmaps, which have recently been reviewed.

→ In **Burkina Faso and Zambia**, CSO involvement within the roadmap process is all too often limited to the participation of bigger national CSO platforms and international NGOs receiving EU funding. Local grassroots NGOs are not sufficiently heard, and according to many interviewees, national CSO platforms are not representing enough the SRH/FP community and their concerns. Consequently SRH/FP sector issues are rarely addressed within EU CSO roadmap consultation processes.

→ Dialogue with CSOs is not only kept around the roadmap. In **Ethiopia** the EU funds a Civil Society Fund which mainly supports local NGOs and allows a broader group of NGOs to participate in the discussions with the EU. The Fund has moreover supported SRH projects specifically and its new phase starting in 2019 has a renewed focus on gender equality. In its support to meaningful involvement of CSOs, the CSO roadmap in Ethiopia also considers synergies among the various programmes.

3. JOINT EU GENDER STRATEGIES

→ In **Burkina Faso**, a joint EU-member states gender strategy was elaborated in the framework of the EU GAP II, which has “women’s and girls’ physical and psychological integrity” (including reproductive health) as one of three key priorities. The joint EU gender strategy provided the basis for the selection of gender as one of the strategic objectives for joint programming. Agreeing on a joint approach between EU donors on how to address gender issues across sectors and within the policy dialogue is particularly important in the Burkinabe context, since gender – seen as a cross-cutting issue by the government – does not have its own national coordination group.

→ In **Ethiopia**, there is a joint EU gender strategy in line with the EU GAP II, but this tends to be overlooked in detriment of the existing all-partner gender coordination mechanism established by the national government. All interviewees nonetheless confirmed that efforts to mainstream gender have always been carried out, be it individually or jointly, but including SRH/FP issues depends on the existing cooperation priorities.

→ In **Zambia**, while no official joint EU gender strategy exists, between 2010 and 2016, the EU delegation and EU member state representations had over 30 active projects contributing to gender equality, worth over € 450 million.



Ethiopia, © IPPF



Zambia, © IPPF / James Oatway

ARE THE EU AND MEMBER STATES READY AND ABLE TO TALK ABOUT SRH/FP ISSUES?

Expertise within EU member states representations in all 3 studied countries is closely linked to donors’ respective priorities and to project management tasks at country level – although gender focal points (for those EU delegations which have a designated one) can also play a role in promoting SRH/FP as part of efforts to link health and gender issues.

MISSING LINKAGES BETWEEN EXPERTISE AND PROGRAMMING COMPETENCIES

In some countries, a **clear split of expertise** was identified between the **EU member states embassies and their respective implementing agencies**. In **Burkina Faso**, for example, it is mostly the implementing agencies which manage global, regional or country-specific funding for SRH/FP who have the relevant expertise, whereas as embassies (together with their Headquarters) are in charge of programming the bilateral cooperation envelope. This split of competencies has, however, meant that **EU joint programming processes have not sufficiently benefitted from the available SRH/FP expertise on the ground**, as implementing agencies are rarely invited and/or consulted.

GUIDANCE AND TRAINING

The level of guidance provided tends to depend on whether SRH/FP is selected for cooperation. Where health is a focal sector for cooperation or gender is a priority, there can be guidance on the topic. However, there does not seem to be specific **guidance nor training on SRH/FP** received from either headquarters or experts in the field, even if when SRH/FP is an objective under priority sectors. EU headquarters do offer specific training programs on health and gender equality open to all EU and increasingly also to EU member states staff at country level. However, these trainings are not always comprehensive (i.e addressing SRH/FP), and usually take place in Brussels and country-level travel budget restrictions often impede staff from participating. Expanding the curriculum on a regular basis and providing in-country training could help overcome this problem.

DOES DIVISION OF LABOUR MEAN SECTOR EXIT?

It has sometimes been assumed that the aid effectiveness principle of division of labour and sector concentration, as promoted within certain EU coordination mechanism (namely EU joint programming) may lead donors to exit certain sectors, which may negatively affect health funding. However, this has not been observed in any of the case study countries analysed in this report. Rather, **in Ethiopia and Zambia**, the coordination has improved donors’ geographic division of labour, helped identify funding gaps and prevent duplication.

RECOMMENDATIONS



CONTINUE TO PARTICIPATE

actively with EU and EU member state staff in national coordination mechanisms on health and gender, so as to address SRH/FP.



USE TOPICS SUCH AS DEMOGRAPHY, GENDER OR YOUTH

as an entry point to bring non-health actors on board. Advocate for the creation of specific cross-sector coordination groups on these issues, at the highest possible levels within the partner country government, by promoting it as a key precondition for sustainable development.



LEVERAGE EU JOINT PROGRAMMING

for EU donors to develop joint positioning around the topics of health, demography, gender or youth which can provide backwind to raising SRH/FP issues across sectors within the national coordination mechanisms. To incentivise progress on joint programming at country level, it needs to be integrated into staff terms of reference and performance evaluations.



INVEST IN EU GENDER STRATEGIES AT COUNTRY-LEVEL,

specifically in those countries where no specific gender coordination mechanism exists, by including specific attention for SRH/FP.



PROMOTE A MORE INFORMED PARTICIPATION IN COORDINATION MECHANISMS

- Advocate for improved communication, information and expertise-sharing on SRH/FP between donors' thematic and geographic units at headquarters level, as well as between embassies and agencies at country level.
- Untap the SRH/FP expertise at country-level by engaging SRH/FP experts from implementing agencies in the policy dialogue and the discussion over the bilateral programme envelopes.
- Include attention for SRH/FP and their interlinkages with sustainable development, poverty reduction and gender equality in the trainings of diplomats in capital.
- Make available staff training and coaching on gender, demography, health, youth and SRH/FP mainstreaming, not only at capital but also at the country level, and open to participation from all European donors.



CSO'S ROLE

Promote more diverse participation within Joint EU member states CSO roadmaps and other CSO consultation processes, particularly inviting young people to participate as well as smaller (local) NGOs and SRH/FP specific NGOs. Consider dedicated EU or member states funding to increase the legitimacy and representativeness of CSO participation, whilst ensuring that its impact is adequately monitored and evaluated.

NOTES: 1. There are other ways of coordinating – e.g. EU participating in partner-only mechanisms which are not always part of the national coordination mechanisms, or in those around a concrete pooled funds (e.g. EU Trust Funds). However, for the purpose of this study, the analysis is centered around EU-only mechanisms established for the purpose of improving coordination more broadly-speaking, around a specific topic or shared policy objectives – rather than the management of a concrete pool of funds.

