



Federal Foreign Office Strategy for humanitarian assistance in the health sector

2020-2025



Federal Foreign Office

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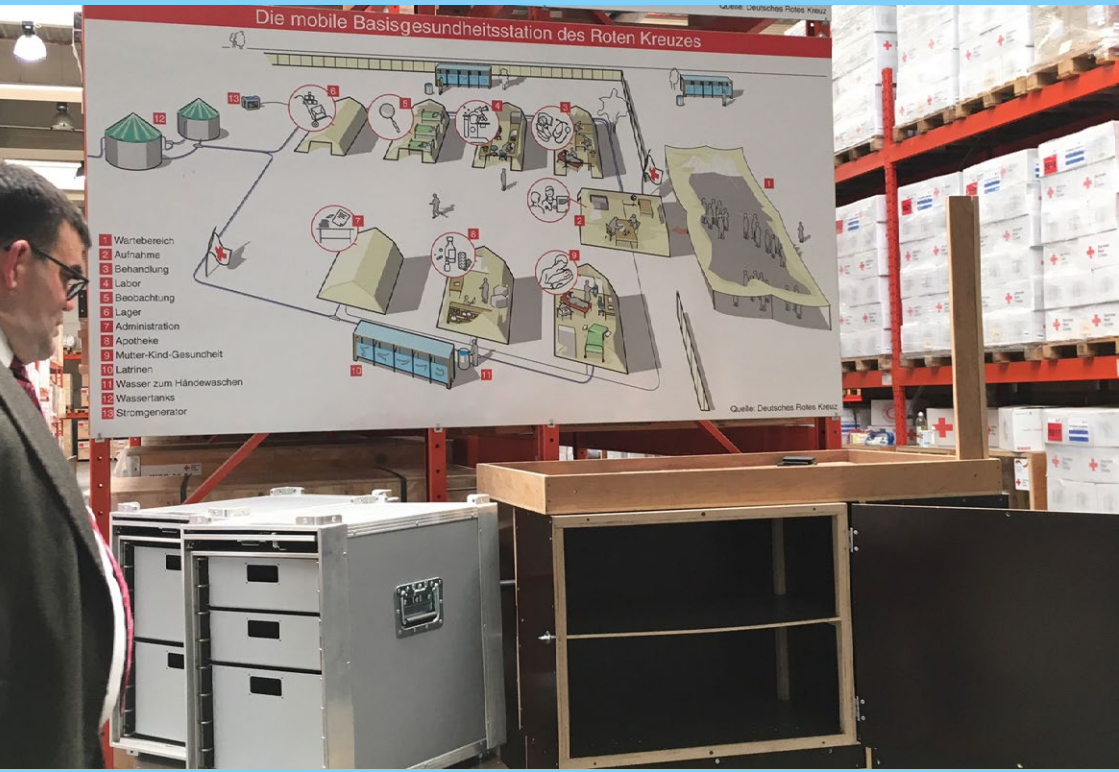
Testing blood for Ebola in Sierra Leone © OCHA/Tommy Trencards

1. Introduction

Health is a human right and a key aspect and focus of German humanitarian assistance. Almost a fifth of the German humanitarian budget is used for humanitarian health services. The aim is to provide people in severe emergencies and protracted crises with medical and supportive services to allow for survival in dignity. Humanitarian healthcare includes health services such as treating mental stress factors and trauma, vaccination campaigns and orthopaedic care for mine victims but also measures that make such services possible in the first place. This in turn requires providing expertise and supporting humanitarian coordination mechanisms. The objective is to ensure that rapid and effective support and services can be provided to the most vulnerable and those most in need. Account must be taken of the relevant context, while internationally recognised standards must be upheld. The humanitarian principles of humanity, impartiality, neutrality and independence provide the indispensable foundation for this.

A consistent focus on needs and adherence to the principle “leave no one behind” are prerequisites for the provision of German humanitarian healthcare. This means not just helping those who are easily reached but focusing in particular on those whose needs are neglected on the grounds of gender, age, disability or other factors.

This Strategy substantiates the Federal Foreign Office *Strategy for Humanitarian Assistance Abroad* and the Federal Government’s *Global Health Strategy* in the field of humanitarian healthcare and provides guidance to the Federal Foreign Office in its funding decisions. At the same time, the Strategy is designed to provide partners of the Federal Foreign Office with guidance on our aims and priorities. Last but not least, as a major humanitarian donor, we record standards for humanitarian healthcare with this Strategy which we will resolutely advocate also in international steering bodies dealing with humanitarian assistance.



Graphic of a mobile medical center © DRK

2. Focuses

The Federal Foreign Office's humanitarian healthcare is context-based and geared to the humanitarian needs of a population affected by crisis. Especially in the case of protracted crises, this also increasingly includes treating chronic and non-communicable diseases. Due to their particular importance, the Federal Foreign Office pays special attention to the fields of emergency and basic care, sexual and reproductive health, mental health, as well as infection prevention and control.

Emergency and basic care

The Federal Foreign Office is supporting classic services of emergency and basic care including medical examinations, treatment of chronic diseases and rehabilitation measures. Here, the Federal Foreign Office is taking guidance from the *Essential Packages of Health Services* of the *World Health Organization (WHO)* for the respective country. Services are generally provided through emergency and basic health care establishments but they can also be provided through home care or the provision of mobile medical service units. It is through emergency and basic healthcare establishments that referrals to local specialised services are made insofar as these are available. A link between basic and specialised health services that is taking account of available capacities at the level of community-based humanitarian basic healthcare is thus crucial. In regions without functioning healthcare systems or in the context of protracted humanitarian crises, specialised services can be supported, particularly when capacity-building measures to reconstruct the health system are not possible in the short and medium term.

Sexual and reproductive health

The Federal Government is working internationally to ensure account is taken of the special needs of women and girls, also in the field of *sexual and reproductive health and rights (SRHR)*. Sexual violence, forced or early marriage and other violations of the sexual and reproductive rights of women and girls are particularly frequent in humanitarian contexts. At the same time, access to information, products and services of sexual and reproductive health is often particularly restricted during humanitarian crises. An increase in sexually transmitted infections, unplanned and unwanted pregnancies as well as fatalities amongst mothers and newborns are the result. Complications during pregnancy and childbirth as well as unsafe terminations often have long-term and/or life-threatening

impacts on the mental and physical health of girls and women. More than half of all cases of avoidable maternal mortality occur in humanitarian contexts. By providing humanitarian health services in this field, we are making an important contribution to making SRHR a reality. To guarantee quality and minimum standards, the Federal Foreign Office expects its partners to fully comply with the guidance provided by the *Inter-Agency Working Group (IAWG) on Reproductive Health in Crises*, including the *Minimum Initial Service Package (MISP)*.

Mental health and psychosocial support

People who have experienced disasters and conflicts have often had traumatic experiences. The loss of family members, of their home, their existence, fleeing their homes, or experiencing sexual violence, torture or other atrocities leave deep mental wounds. Stress, fear or other mental health conditions can result and have a long-term impact on the health of those affected. Children and young people are particularly at risk. Mental health and psychosocial well-being are essential for living dignified lives and a prerequisite for recovery and the ability to survive. Therefore, timely, appropriate and long-term provision of support in the field of *Mental Health and Psychosocial Support (MHPSS)* is a key component of humanitarian assistance. The Federal Foreign Office requires all its partners to have basic expertise in this field, for example regarding psychosocial emergency care. Furthermore, where possible, assistance is available to provide relevant specialised support structures. Community-based approaches and local blueprints are essential here. Just as important is work to promote social cohesion within but also between different communities who often need to get along with one another in cramped conditions in humanitarian emergencies. In addition, the connection to needs in other sectors such as nutrition¹, protection, shelter and education is important as the lack thereof is often a decisive factor triggering desperation and mental stress. Alongside providing MHPSS measures for the affected population, the Federal Foreign Office is also promoting support for the staff and volunteers of humanitarian organisations who often work under severe

1 cf. Guidelines for cooperation between the Federal Foreign Office and its partners in the realm of humanitarian assistance – Principles, criteria and best practices in the field of humanitarian food assistance

mental and physical pressure and frequently face great risk and traumatic experiences. The Federal Foreign Office requires its partners to make available MHPSS services for all its staff as part of their duty of care.

Infection prevention and control

Infectious diseases can trigger new crises or exacerbate existing ones. Alongside measures to prevent outbreaks of infection or to minimise their impact, strengthening local humanitarian capacities for early identification of infections and steps to contain and control an outbreak are key components of humanitarian infection prevention and control. Of central importance are measures in the WASH sector, such as sufficient water, wastewater and sanitation provision, as well as good hygiene practice. Appropriate hygiene and infection prevention are to be established in clinics, particularly in the case of infection outbreaks. This is important to prevent healthcare institutions themselves becoming infection hotspots and includes sufficient protective measures for healthcare staff. At the same time, other humanitarian health needs, including chronic and non-communicable diseases, must not be neglected during the outbreak of an infectious disease. This is not just important with a view to preventing humanitarian consequences in other health sectors but also to ensure acceptance and the success of infection-related services and measures.



Tents for emergency shelters in a warehouse of a hospital © Federal Foreign Office

3. Tackling global challenges

Humanitarian crises have a major impact on the health of the affected populations. Protracted crises compromise even well-functioning healthcare systems and time and again lead to their partial or often even complete collapse. Not just the duration of crises and conflicts increase the complexity of humanitarian crises but also mutually reinforcing risks which often emerge in parallel. These have a severe impact on healthcare. The growing number of refugees and displaced persons² and the increasing shift of humanitarian needs to densely populated areas due to urbanisation, as well as the growing number of refugee camps, create completely new challenges for humanitarian healthcare, particularly in the field of infection prevention and control.

Comprehensive approach

Action in protracted and complex crises requires a comprehensive approach, as also expressed in the Humanitarian-Development-Peace Nexus³. Alongside efforts to meet humanitarian needs more efficiently and effectively, Federal Government actions aim to prevent the emergence of crises and thus resulting humanitarian needs. Other policy fields need to be involved at an early stage to reduce humanitarian needs or to prevent them emerging in the first place thus preserving advances of development cooperation. This means that humanitarian assistance, in line with the humanitarian principles of humanity, impartiality, neutrality and independence, must be effectively linked to local structures and the work of other actors wherever possible and sensible. The Federal Foreign Office thus expects its humanitarian partners to further improve coordination with actors and projects working on development cooperation and peacebuilding in line with the respective roles and mandates, as well as with other key players in the healthcare sector such as the *Centre for International Health Protection (ZIG)* of the *Robert Koch Institute (RKI)*.

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- 2 Federal Foreign Office humanitarian aid strategy in situations of flight and displacement outlines relevant measures for humanitarian healthcare in such contexts.
 - 3 In the spirit of the HDP nexus, humanitarian, development-oriented and peacekeeping measures are wherever possible to be implemented in coherent fashion with a view to achieving shared results in order to reduce, meet and end humanitarian need. In its role as donor, the Federal Government follows the OECD DAC recommendations to implement the HDP nexus.

Humanitarian assistance and development cooperation

The Federal Foreign Office supports humanitarian healthcare to ensure that people in humanitarian crises have access to healthcare services which protect their lives, alleviate their suffering and preserve their dignity. This means humanitarian healthcare is also making an indirect and temporary contribution to achieving relevant development goals, such as *universal health coverage (UHC)*.

Humanitarian healthcare promoted by the Federal Foreign Office is not designed to be a permanent fixture. It is launched when there is no other way of saving lives and preserving people's health. Care is taken to ensure that the assistance does not create new dependencies and to find options at the earliest possible stage for capacity-building assistance. Ending humanitarian healthcare is particularly challenging in contexts in which humanitarian needs have existed for many years – often due to a difficult security situation or ongoing displacement.

The Federal Foreign Office and the Federal Ministry for Economic Cooperation and Development are working closely to ease the transition from humanitarian assistance to regular healthcare and to avoid gaps. The Federal Foreign Office also expects its partners to coordinate closely with development cooperation actors where possible and sensible both at the planning and implementation stage. Humanitarian assistance by the Federal Foreign Office is designed in such a way that development cooperation actors, building on humanitarian healthcare, can get involved as early as possible and push ahead with strategies to end humanitarian needs.

Anticipatory action

As well as providing care for those in acute need, humanitarian healthcare is also designed to prevent foreseeable humanitarian needs in the immediate future. Federal Foreign Office action is thus forward-looking, that is, it does not only respond when a crisis or a disaster has occurred, but also works in advance to take precautions and minimise foreseeable humanitarian impacts. In the health sector, this is done above all by using measures to ensure sufficient preparedness and to strengthen institutional capacities of relevant humanitarian actors to enable them to prevent and respond to humanitarian health crises (readiness), such as epidemics. The Federal Foreign Office supports and facilitates early

action, such as for the International Red Cross and Red Crescent Movement using the *Forecast-based Action by the DREF mechanism* or for the NGO network START using the *START Fund Crisis Anticipation Window*.

Humanitarian access and protection of medical institutions

The need to protect medical institutions and services during armed conflict is firmly anchored in international humanitarian law. The number of attacks on healthcare staff and institutions has increased in recent years, also beyond conflict situations. This poses a threat to acute medical care and makes implementation of humanitarian assistance as a whole very problematic. The Federal Government is thus working in cooperation with the *International Committee of the Red Cross (ICRC)* and in the *United Nations Security Council* to promote and strengthen the implementation of international legal norms for unrestricted protection of medical institutions and humanitarian actors.



Hygiene products for emergency relief are being prepared to ship © DRK

4. Quality benchmarks for humanitarian healthcare

Humanitarian healthcare financed by the Federal Government is to be delivered in such a way as to help meet existing and urgent needs, prevent and/or reduce impending needs without damaging side effects (do no harm). At the same time it should enhance the resilience of those affected, strengthen the capacities of humanitarian partners for the future and, where possible, create links with development cooperation measures. Adherence to relevant standards including the Sphere Handbook and international guidelines provided by the *Inter-Agency Standing Committee (IASC)* is a prerequisite for financial support by the Federal Foreign Office.

Localisation and strengthening of local humanitarian capacities in the health sector

Local actors play an important role when it comes to providing immediate support in emergencies. Nonetheless, they remain insufficiently involved in coordination mechanisms of the international humanitarian system and too rarely benefit from its financing mechanisms. This can mean that the particular knowledge and skills of local actors are not sufficiently taken into account. As part of the Grand Bargain, Germany is thus working hard to promote localisation, also when it comes to humanitarian healthcare. The aim of the Grand Bargain is for some 25% of all global humanitarian funding to be passed on to local and national aid organisations as directly as possible. The Federal Foreign Office also expects its partners to involve national and local partners in planning and implementing humanitarian assistance programmes while upholding humanitarian principles. For example, as part of its humanitarian assistance, the Federal Government promotes extending and strengthening awareness-raising and treatment capacities of local humanitarian actors and facilitates improved planning security by providing support over a period of several years.

In crisis situations, international humanitarian assistance makes an important contribution to saving lives by making available key health services at short notice. To avoid the emergence of parallel systems and harm being done to existing local structures, the Federal Foreign Office requires its partners in humanitarian healthcare to establish coherent links with national and local health services while upholding humanitarian principles. A key principle of German humanitarian assistance is for its work to be as local as possible, as international as necessary.

Community-based approaches

It is often local actors from affected communities who make the most important contribution to providing direct assistance in emergencies. They are familiar with local structures, language, cultural customs and traditions. Particularly in the health sector where trust plays an important role, this is a central prerequisite if those affected are to be treated and provided with medical care appropriately. In low-resource countries, involving trained *community health workers (CHW)* is often the most effective way of promoting health and providing healthcare. The Federal Foreign Office therefore explicitly supports training and involving local and community-based humanitarian partners and health staff. Account should be taken of the role and importance of traditional practitioners, including midwives, by involving them in planning. Particularly in the field of infection prevention and control, measures are most effective when they start directly at community level. Often, the success of humanitarian measures depends on the involvement of volunteers, for example for awareness-raising measures, for early identification of infection cases and for contact tracing.

Participation

Only if people can participate effectively and on the basis of equality in the planning and implementation of humanitarian assistance can their needs be identified and adequately met. This is a *sine qua non* if assistance is to be effective and undesired side effects avoided (do no harm). A lack of participation can for example trigger mistrust and a lack of acceptance amongst the local population which can create considerable challenges for project implementation (as seen for example in efforts to combat Ebola in the Democratic Republic of the Congo). When it comes to planning and implementing humanitarian healthcare, the involvement and participation of the affected population is an important prerequisite for the quality and feasibility of assistance. It is important here not just to engage local authorities but particularly to involve those who are often excluded from political participation and local power structures on the grounds of gender, age, disability or other factors. *Accountability to affected populations (AAP)* and *community engagement and accountability (CEA)* are important approaches here.

Multi-sectoral approach to ensure humanitarian needs can be met

Humanitarian healthcare cannot be successful independently from other key sectors of humanitarian assistance. Safe water, waste water, sanitation supplies and hygiene practice, for example, are key prerequisites when it comes to preventing diseases such as cholera, Ebola or COVID-19. Malnutrition makes those affected more susceptible to diseases, an issue that in turn cannot be addressed by humanitarian health services alone. Protection also plays a major role in the health sector, given that trust is an indispensable feature of relationships between those affected and medical and care staff. This is particularly important when it comes to preventing, combating and providing follow-up care in cases of sexualized and gender-based violence. Health can thus only be effectively secured when access to clean water, adequate sanitary facilities, nutrition and protection is provided. It is also important to recall that health is influenced by a large number of socioeconomic and environmental factors. Due to its importance for infection prevention and control and humanitarian food security, livestock health is also of great importance.⁴ The Federal Foreign Office thus requires its partners to perform multi-sectoral planning, coordination and implementation of health-relevant measures. Such measures in the health sector need to consider links to other sectors, be planned in an integrated fashion and, where appropriate, be implemented by a single actor. Account is to be taken here of relevant sectoral strategies and basic documents drawn up by the Federal Foreign Office (see Annex).

Parity and inclusion

Various social groups have different needs and capabilities and are exposed to differing risks which must be borne in mind when planning and implementing humanitarian healthcare. Humanitarian assistance is only effective and relevant if it takes due account of the specific situation of all affected, with and without a disabilities, regardless of age and gender. The Federal Foreign Office supports targeted measures for people who are particularly disadvantaged or threatened, for example a fast track system for persons with disabilities and the elderly in health institutions as well as the provision of equipment.

4 One Health is a multi-sectoral and transdisciplinary approach which takes heed of the link between the health of humans, animals and the environment.

Similarly, the Federal Foreign Office requires its project partners to perform inclusive planning and implementation of *all* humanitarian measures (mainstreaming of parity and inclusion). This means recognising and removing the physical, structural, age- or gender-specific barriers to equal access to healthcare and health institutions. This is why the Federal Foreign Office insists that project partners provide gender, age and disability disaggregated data on the people who are to benefit from project measures (anonymised if possible) also in the field of humanitarian healthcare. Furthermore, the Federal Foreign Office asks for information on gender, age and disability specific barriers and risks and for information on appropriate participation in project planning and implementation, as well as the respect of relevant standards (for example, humanitarian inclusion standards for older people and people with disabilities as well as the *IASC Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action* and its special guidelines for the health sector and the *IASC Guidelines for Case Management & Child Protection* and the *IASC Gender Handbook for Humanitarian Action*).

Digital transformation and data protection

Technological advances and digital communication provide many opportunities for humanitarian healthcare. The electronic collection of personal data on diagnostics and treatment can for example make significant contributions to effective healthcare. In particular when it comes to outbreaks of infectious diseases, the collection of personal data is important to identify and break infection chains and thus to be able to contain and control the disease. New digital solutions and the increasing availability of mobile telephones mean those affected can be contacted, assistance provided and resources checked more quickly. New opportunities are also emerging in the field of participation.

Health data is however sensitive and a lack of due diligence can trigger considerable risks for the patients involved. In particular in the health sector, data on disabilities, gender, underlying health problems or sexual violence are relevant to ensure appropriate treatment of patients. However, passing this data on to third parties, for example to security authorities, can contribute to acts of repression against the persons involved. The Federal Foreign Office therefore requires its partners to deal responsibly with the considerable opportunities and risks of the digital transformation also in relation to

humanitarian healthcare. This includes protecting patient data appropriately and in line with relevant legislation and standards⁵ in all phases of collation, transmission, analysis and storage, regardless of whether they are in analogue or digital form.

5 In the absence of other standards, the EU General Data Protection Regulation should apply.



Warning sign for Ebola in Sierra Leone © OCHA/Tommy Trencards

5. Joint, coordinated and flexible action

Strengthening global responsiveness in humanitarian health crises is a key priority of German humanitarian healthcare. The Federal Foreign Office is thus working to bolster humanitarian coordination structures, increase the responsiveness of humanitarian actors and to promote efficient support modalities.

Coordination structures

The aim of the Federal Foreign Office is the most effective and efficient use of funds available for humanitarian healthcare. This can only happen with close coordination and common standards. The Federal Foreign Office thus supports and advocates effective coordination of international humanitarian healthcare particularly through the humanitarian cluster system. In the field of humanitarian healthcare, priority attaches to further strengthening and enabling the WHO in its coordinating role and with its overall responsibility for humanitarian health clusters at global level and in individual health crises on the ground. In line with the aforementioned needed multi-sectoral cooperation, the Federal Foreign Office is supporting increased inter-cluster coordination, in particular with the clusters for WASH, nutrition, shelter and protection. At the same time, it must also be ensured that actors relevant to the health sector are also included in other clusters with a view to guaranteeing the coherence and complementarity of measures.

Responsiveness

An important instrument when it comes to guaranteeing systematic, high-quality and coordinated humanitarian healthcare in acute crisis situations are mobile units which can at short notice provide medical assistance in the case of national or international health crises. These include in particular the *Emergency Medical Teams (EMTs)* certified and coordinated by the WHO and the *Emergency Response Units (ERUs)* of the *International Red Cross and Red Crescent Movement*⁶. A crucial feature of the EMTs is the WHO comprehensive classification procedure which they complete to ensure

6 ERUs are used independently in accordance with the principle of the movement but in line with WHO technical standards.

treatment quality and operative capability. Depending on the situation and context, EMTs can also be used on a modular basis for example in the form of special cells or in combination with other teams.

The Federal Foreign Office supports the further development and deployment of German EMTs where they offer significant added value compared to local capacities. The underlying principle is: as local as possible, as international as necessary. To ensure this is the case, the Federal Foreign Office advocates a sustainable mechanism to finance the deployment of EMTs and strengthening the EMT Secretariat at the WHO responsible for coordinating global deployment. A key partner here is the *Robert Koch Institute (RKI)* which serves as Germany's National Focal Point of the EMT initiative. The Federal Foreign Office also supports the operational availability and further development of the European Medical Corps (EMC)⁷ regarding its contribution to humanitarian healthcare. The Federal Government is already playing a leading role here. Important components that Germany has made available include a mobile isolation hospital of the *German Red Cross (GRC)*, mobile lab capabilities of the *Bernhard Nocht Institute for Tropical Medicine (BNITM)* and relevant logistic and technical support provided by the *Federal Agency for Technical Relief (THW)*.

Support modalities

Federal Foreign Office financing for humanitarian healthcare takes the form on the one hand of direct support for projects and programmes operated by humanitarian partner organisations. Where appropriate, the Federal Foreign Office also makes available support for humanitarian healthcare over a period of several years (multi-year funding), in particular in the case of protracted crises where humanitarian needs are foreseeable in the long term. On the other hand, humanitarian healthcare measures are also promoted indirectly through multilateral financing mechanisms such as the *UN Central Emergency Response Fund (CERF)* or through humanitarian *Country-based Pooled Funds (CBPFs)*. The *WHO Contingency Fund for Emergencies (CFE)* of which Germany is an important

⁷ Many EMTs in Europe are with the same capacities also part of the EMC. These are to be seen as complementary, not parallel structures. EMC capacities also thus make a European contribution to the WHO Global Health Emergency Workforce. However, the EMC system stretches beyond that of the EMTs as, alongside the EMTs, the EMC also includes mobile biosecurity labs and medical evaluation capabilities.

donor is particularly significant for the health sector. Furthermore, the Federal Foreign Office also provides important support for humanitarian healthcare and to strengthen the responsiveness of international humanitarian assistance by making available non-earmarked contributions to selected partners such as the ICRC.

Annex 1: List of abbreviations

AAP	Accountability to affected populations
BNITM	Bernhard Nocht Institute for Tropical Medicine
CBPF	Country-based Pooled Funds
CEA	Community engagement and accountability
CERF	Central Emergency Response Fund
CFE	Contingency Fund for Emergencies
CHW	Community health worker
DREF	Disaster Relief Emergency Fund
EMC	European Medical Corps
EMT	Emergency Medical Team
IASC	Inter-Agency Standing Committee
LAWG	Inter-Agency Working Group on Reproductive Health in Crises
ICRC	International Committee of the Red Cross
MHPSS	Mental Health and Psychosocial Support
MISP	Minimum Initial Service Package
NGO	Non-governmental organisation
RKI	Robert Koch Institute
SRHR	Sexual and Reproductive Health and Rights
THW	Federal Agency for Technical Relief
UHC	Universal health coverage
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization
ZIG	Centre for International Health Protection

Annex 2: Reference documents

Federal Foreign Office (2019):

Federal Foreign Office Strategy for Humanitarian Assistance Abroad

Federal Foreign Office (2016):

Federal Foreign Office Humanitarian Assistance Strategy in Situations of Flight and Displacement

Federal Foreign Office (2016):

Federal Foreign Office Strategy for Humanitarian Water, Sanitation and Hygiene (WASH)

Federal Foreign Office (2014):

Guidelines for cooperation between the Federal Foreign Office and its partners in the realm of humanitarian assistance – Principles, criteria and best practices in the field of humanitarian food assistance

Federal Foreign Office (2019):

Operations Manual Interministerial Approach to Preventing Crises, Resolving Conflicts and Building Peace

33rd International Conference of the Red Cross and Red Crescent (2019):

Resolution. Addressing mental health and psychosocial needs of people affected by armed conflicts, natural disasters and other emergencies

Age and Disability Consortium (2018):

Humanitarian inclusion standards for older people and people with disabilities

Directorate-General for European Civil Protection and Humanitarian Aid Operations (2014):

Thematic Policy Document n° 7. Health. General Guidelines

Inter-Agency Standing Committee (2019):

Guidelines, Inclusion of Persons with Disabilities in Humanitarian Action

[Inter-Agency Standing Committee \(2018\):](#)

Guideline, The Gender Handbook for Humanitarian Action

[Inter-Agency Working Group on Reproductive Health in Crises \(2018\):](#)

Inter-Agency Field Manual on Reproductive Health in Humanitarian Settings

[Inter-Ministerial Working Group to implement resolution 1325 of the United Nations Security Council \(2017\):](#)

Action Plan of the Government of the Federal Republic of Germany on the Implementation of United Nations Security Council Resolution 1325 on Women, Peace and Security for the Period 2017 – 2020

[Sphere Association \(2018\):](#)

The Sphere Handbook: Humanitarian Charter and Minimum Standards in Humanitarian Response

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