JULY 2026

VOICE OUT LOUD

#41

WHAT MUST NOT BE LOST: PROTECTING PEOPLE-CENTRED HUMANITARIAN ACTION

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Editorial

Over the past year and a half, the humanitarian sector has undergone one of the most significant transformations in its recent history. Organisations have restructured, programmes have closed, and difficult decisions have become part of everyday humanitarian management.

Some lessons have been positive. The crisis has accelerated long-overdue discussions about localisation, challenged inefficient ways of working, and reinforced the need to base humanitarian action on evidence, effectiveness and accountability. It has accelerated changes that the humanitarian sector had debated for years. But it has also exposed a more uncomfortable reality. When resources shrink, humanitarian needs do not. Instead, humanitarian responses risk becoming narrower and, as the sector adapts to a new financial and political landscape, one question becomes increasingly urgent: **what must not be lost?** This question lies at the heart of this edition of **VOICE Out Loud.**

Humanitarian crises do not affect people in fragments, in "priorities". A child who survives conflict but loses access to education also loses protection, stability and hope. A survivor of sexual violence who is fed but cannot access healthcare is not receiving a complete humanitarian response. Communities cannot recover if only some of their needs are met. This hyper prioritisation and siloing approach risk perpetuating cycles of trauma and vulnerability, ultimately increasing humanitarian needs rather than reducing them. Ten years ago, at the World Humanitarian Summit, governments, UN agencies and humanitarian organisations committed to breaking these cycles by investing in resilience, strengthening the humanitarian-development-peace nexus, and placing affected people at the centre of decision-making. Today, that commitment is more relevant than ever.

The articles in this issue remind us that protection, education, mental health and psychosocial support, disability inclusion, and sexual and reproductive health and rights are not optional additions to humanitarian response but fundamental to principled, effective and people-centred humanitarian action.

The contributions in this issue also demonstrate that these are often the very services placed at risk when funding declines. While food, shelter and emergency healthcare understandably receive immediate attention, less visible interventions are frequently treated as expendable despite overwhelming evidence that they save lives, reduce risks and strengthen resilience. The consequence is that the humanitarian response becomes less inclusive and less able to support people through increasingly complex and prolonged crises.

Greater efficiency, stronger local leadership, simplified coordination and better use of resources are all important objectives. But reform should never come at the expense of the dignity and well being of the people we serve. Efficiency cannot become an end in itself if it leaves the most vulnerable behind.

For the European Union and its Member States, this is a moment of leadership. Europe has consistently championed principled humanitarian action, international humanitarian law and protection-centred responses. As global humanitarian financing contracts, these commitments must continue to be reflected in political decisions and funding priorities. Protecting people means investing not only in immediate survival but also in the services that preserve dignity, safeguard rights and enable recovery.

Ultimately, humanitarian action is about people, not programmes. It is about recognising that people need more than survival; they need the dignity, agency and opportunities to thrive.

Pauline Chetcuti
VOICE President

VOICE
OUT LOUD
#41

WHAT MUST NOT BE LOST: PROTECTING PEOPLE-CENTRED HUMANITARIAN ACTION

Magazine published by VOICE
Brussels – July 2026
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Cover photo: © World Vision

VOICE wishes to thank the contributors of this issue.
Views expressed herein do not necessarily reflect those of the VOICE network.

DISABILITY INCLUSION AT RISK:
NAVIGATING AID CUTS WITHOUT LEAVING PERSONS WITH DISABILITIES BEHIND

THE ISSUE

WHAT MUST NOT BE LOST: PROTECTING PEOPLE-CENTRED HUMANITARIAN ACTION

Haiti, Earthquake, 2021. © CBM/Nadia Todres

A DECADE OF PROGRESS

For decades, persons with disabilities, who make up at least 16% of the global population, remained largely invisible in humanitarian crises and responses. While the Geneva Conventions of 1949 called for humane treatment of the wounded and sick, including those with disabilities, the approach was largely charity-based, framing individuals as passive recipients of aid rather than rights holders. The paradigm began to shift with the United Nations (UN) Convention on the Rights of Persons with Disabilities (CRPD) in 2006, which introduced a rights-based approach and, in Article 11, establishes the obligation to protect persons with disabilities in situations of risk, including armed conflict and humanitarian emergencies.

It took another decade for this principle to translate into concrete humanitarian commitments: the Charter on Inclusion of Persons with Disabilities in Humanitarian Action, launched at the World Humanitarian Summit in 2016, marked the first global pledge to operationalize Article 11 in humanitarian practice. This was reinforced by the UN Security Council Resolution 2475 (2019), which affirmed the obligation to protect and ensure equal access for persons with disabilities in situations of armed conflict. Later in 2019, the IASC Guidelines on the "Inclusion of Persons with Disabilities in Humanitarian Action" were endorsed–the first system-wide guidance which provides practical steps for implementation across all sectors.

Over the past decade, these frameworks have driven measurable progress. Humanitarian Needs and Response Plans (HNRPs) increasingly reflect disability inclusion and in 2024, 85% included disability-related components, compared to just 10% in 2018.[1] Donors are more consistently requesting disability-disaggregated data and inclusive planning, and OCHA-managed Country-Based Pooled Funds (CBPFs) have significantly increased their reach to persons with disabilities: Since 2019, the number of persons with disabilities supported through these funds has nearly tripled.[2] At the same time, disability inclusion has become more visible in humanitarian coordination and dedicated coordination mechanisms increasingly influence needs assessments, planning and monitoring processes.[3]

DISABILITY INCLUSION AT RISK IN THE CONTEXT OF THE HUMANITARIAN RESET?

While recent years have seen remarkable progress, the "Humanitarian Reset" introduces significant risks of reversal. Efforts to simplify HNRP planning and prioritise "lifesaving" activities could weaken commitments to disability inclusion. Streamlined and shortened HNRP formats reduce sectoral depth and limit detailed risk analysis for persons with disabilities, while merging disability into broader cross-cutting themes risks sidelining specific requirements as consequence of new consolidated HNRP formats. This has become visible, e.g. in 2025 HNRPs through the decrease of cross-sectoral attention and gaps in disability-specific monitoring as well as targeted programming.

At the same time, funding cuts and staff reductions have already weakened technical capacity within UN agencies and many international and national NGOs. In some cases, previously well-established disability advisory teams have been fully dissolved, and responsibility for disability inclusion has been merged with other cross-cutting topics.

> "Efforts to simplify HNRP planning and prioritise "lifesaving" activities could weaken commitments to disability inclusion."

Zimbabwe,Cyclone Idai, 2019. © CBM/ Hayduk

Local Organisations of Persons with Disabilities (OPDs) are particularly affected and struggle to sustain their work due to reduced access to funding. They continue to experience ad hoc rather than systematic consultation. Structural barriers such as complex eligibility criteria, compliance burdens, inaccessible information, and language barriers limit their meaningful engagement. This highlights the need for dedicated support mechanisms beyond global norms, particularly as these are increasingly affected by global restructuring.[4] Without targeted financial support, specialised coordination mechanisms such as (Age and) Disability Working Groups risk continuing to exist in name only but without functioning as meaningful platforms within the humanitarian coordination system.

However, the overall picture is not entirely bleak. Evidence from CBM's research on CBPFs suggests that attention to disability inclusion within these mechanisms has increased significantly in recent years. This trend is particularly relevant as the US government has recently shifted most of its humanitarian funding towards pooled funding mechanisms. As CBPFs grow in importance, they will continue to shape humanitarian priorities. While it is too early to draw proper conclusions, there are indications that progress on disability inclusion within these funds may help sustain at least current levels of disability inclusion despite broader financial constraints.

1. Disability Advisory Group (2024): Review of Disability Inclusion in 2024 Humanitarian Needs Overviews (HNOs), Humanitarian Response Plans (HRPs) and Humanitarian Needs and Response Plans (HNRPs); available at: https://disabilityreferencegroup.org/wp-content/uploads/2025/10/4.2.-Review-of-Disability-Inclusion-in-HNO-HRP-2024-DAG.pdf
2. Nino Gvetadze (2025): Disability Inclusion across OCHA's Country Funds, CBM/ UN OCHA; available at: https://www.cbm.org/dam/jcr:ef3018f3-30a0-4b5a-a65d-feedd00d6082/Disability%20Inclusion%20across%20OCHA%20Country%20Funds%20-%20accessible.pdf
3. Stephen Perry (2023): Global Mapping of Disability Inclusion Coordination Mechanisms in Humanitarian Contexts, Humanity & Inclusion; available at: https://www.hi.org/sn_uploads/document/HI-Report-Global-Mapping-of-Disability-Inclusion-Coordination-Mechanisms-in-Humanitarian-Contexts-2023.pdf
4. Disability Reference Group (2026): Summary Report – Information Session on Humanitarian Reset for Organizations of Persons with Disabilities, available at: https://disabilityreferencegroup.org/wp-content/uploads/2026/03/Summary-Report-DRG-Humanitarian-Reset-OPDs-.pdf

> "Ensuring that persons with disabilities are included is not an optional consideration"

Shrinking resources are reshaping how organisations operate. There are emerging signs that some large humanitarian actors are becoming more open to partnerships with specialised organisations, including OPDs and disability-focused NGOs such as CBM and Humanity & Inclusion (HI). Rather than maintaining all expertise in-house, organisations are increasingly seeking collaboration and complementary capacities.

In times of constraints, priorities become clearer. Ensuring that persons with disabilities are included is not an optional consideration but it is a test of whether the humanitarian community remains committed to its core principles.

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BEYOND PRIORITISATION:
SAFE AND RESILIENT SCHOOLS AT THE HEART OF HUMANITARIAN ACTION

THE ISSUE

WHAT MUST NOT BE LOST: PROTECTING PEOPLE-CENTRED HUMANITARIAN ACTION

Ukraine, Destroyed School. © Educo-WeWorld

The humanitarian sector is entering one of the most difficult periods in recent decades. Across Europe and globally, humanitarian organisations are being asked to do more with less, at precisely the moment when needs are escalating dramatically. Conflicts are becoming longer and more complex. Forced displacement is reaching historic levels. Climate-related disasters are increasing in frequency and intensity. At the same time, recurrent disease outbreaks and fragile health systems are exposing millions of children and families to heightened risks and deepening existing vulnerabilities. And children are paying the highest price.

In this context, humanitarian funding cuts are not merely budgetary adjustments. They are political decisions with immediate consequences for people's lives. They determine whether a school remains open in a refugee camp, whether psychosocial support reaches children affected by war, whether adolescent girls remain protected from violence, or whether entire communities lose one of the few structures that still provide stability amid crises.

Too often, when resources become scarce, safe and resilient schools are treated as secondary - something important, but not essential. Food, shelter and medical care are understandably prioritised. Yet this framing fundamentally misunderstands what schools represent in humanitarian contexts. Schools are not simply places of learning that can be restored once an emergency has passed. They are protective spaces that sustain children's wellbeing, dignity and future prospects in the middle of chaos. They also serve as critical platforms for delivering health and nutrition services and, in times of crisis, can become safe shelters and community hubs that support entire families and communities.

> "At the same time, recurrent disease outbreaks and fragile health systems are exposing millions of children and families to heightened risks and deepening existing vulnerabilities."

When children lose access to safe learning environments during emergencies, they lose far more than academic continuity. They lose routine, protection, social con-

Valencia Spain, Destroyed school, DANA Floods. © Educo

nection and hope. Schools and community learning spaces frequently become the only stable environments children can rely on during conflict, displacement or disaster. They create a sense of normality in situations defined by fear and uncertainty. They reduce exposure to exploitation, child labour, trafficking, early marriage and recruitment into armed groups.

This protective role becomes even more critical during prolonged crises. Today, many humanitarian emergencies are no longer short-term events. Children spend years - sometimes entire childhoods - living through conflict, displacement or climate-related disruption. A generation growing up without safe, resilient and protective schools is not simply facing an educational crisis; it is facing a social, political and economic crisis with profound long-term consequences for recovery, peace and social cohesion.

Through our work on the ground and as a member of ChildFund Alliance (CFA), we are already witnessing these effects across multiple contexts where children are facing increasing fragility and crisis. In Ukraine, attacks on schools and repeated displacement have deeply disrupted children's learning and emotional wellbeing. In Lebanon, economic collapse combined with regional instability has placed enormous pressure on families and education systems alike, while refugee children remain especially vulnerable to exclusion. Across the Sahel, insecurity and attacks on education continue to force schools to close, depriving children not only of learning but also of safety and emotional support.

The impact is not limited to conflict settings. Climate emergencies are increasingly disrupting education systems worldwide, including in Europe. Following the devastating floods caused by the DANA storm in Spain, many children experienced anxiety, fear and prolonged interruptions to their schooling. Our teams worked to provide psychosocial support, educational recovery activities and safe recreational spaces where children could reconnect with peers and regain a sense of normality after weeks surrounded by destruction and uncertainty.

These experiences reinforce a simple but essential reality: safe and resilient schools are inseparable from children's protection and mental health. Children affected by crisis cannot learn if they do not feel safe. At the same time, safe learning environments are themselves part of the healing process. Humanitarian action must therefore avoid false distinctions between "basic survival" and interventions that sustain dignity, emotional wellbeing and social stability.

This is precisely why the concept of safe, resilient and protective schools must remain central to humanitarian policy and funding discussions. A safe school is not only a building protected from physical attack or climate hazards. It is a space where children can continue learning, receiving psychosocial support, rebuilding social ties and recovering a sense of predictability in the middle of crisis. A resilient school system is one that understands the risks children and communities face, takes steps to prevent and mitigate them wherever possible, and is prepared to respond when crises occur. It can adapt to emergencies

> "... safe and resilient schools are inseparable from children's protection and mental health."

COX'S BAZAR: EDUCATION AS A FRONTLINE PROTECTION RESPONSE

In Cox's Bazar, home to the world's largest refugee settlement, more than 1.16 million Rohingya refugees continue to live in overcrowded camps marked by insecurity, climate vulnerability and prolonged uncertainty. More than half of the population are children. Nearly eight years after the massive displacement from Myanmar in 2017, the crisis has evolved from an emergency into a protracted humanitarian situation with increasingly fragile support systems.

Humanitarian aid in Cox's Bazar has declined sharply over the past year. Many humanitarian organizations have faced significant funding cuts or, in some cases, have been forced to suspend their operations in the camps altogether. In our case, our funding has not been reduced; however, the growing scale of needs has placed increasing pressure on our teams and operations.

Since 2018, Educo has developed an integrated humanitarian response focused on education, child protection, gender-based violence prevention, psychosocial support and community resilience. What began as an emergency intervention has progressively expanded into a long-term strategy aimed at building child-friendly and protective environments for Rohingya children and adolescents.

Over the past six years, Educo's humanitarian programme in Cox's Bazar has reached more than 289,000 direct beneficiaries and mobilised over €6 million in funding through partnerships with international donors including AECID, ChildFund Korea, ChildFund New Zealand, ChildFund Australia, UNFPA and Community Partnership International. As other humanitarian actors have reduced their presence due to funding cuts, Educo has continued expanding its operational footprint, becoming one of the organisations communities increasingly rely on.

More than 6,400 learning centres have closed due to funding shortages, leaving hundreds of thousands of children without access to education. The deterioration of conditions in the camps has been particularly devastating for children and girls. Cyclones, monsoon floods, fires and landslides repeatedly destroy classrooms and shelters, while rising insecurity and economic desperation are driving increases in child labour, child marriage, trafficking and gender-based violence.

In this context, education is far more than academic learning. Learning centres function as safe spaces where children receive psychosocial support, protection monitoring and a sense of routine in environments shaped by trauma and instability. Teachers are often the first adults able to identify signs of abuse, distress or exploitation.

Yet education continues to be deprioritised within the humanitarian response, despite its central role in protection and resilience. The experience of Cox's Bazar demonstrates that in protracted crises, education cannot be treated as secondary assistance. It is a life-saving intervention that protects children from violence, restores dignity and helps communities preserve hope for the future.

while continuing to protect children and preserve access to learning, whether through temporary classrooms, flexible schedules, digital tools, community networks or alternative education models.

The danger of this "back to basics" approach is that it risks dismantling years of progress in areas that are fundamental to effective humanitarian response. Protection, gender equality, mental health and safe learning environments are sometimes framed as complementary. In reality, they are central to whether humanitarian responses succeed in protecting lives and supporting recovery.

For children, schools are often the thread that connects emergency response to long-term resilience. A child who remains connected to learning during crisis is more likely to recover emotionally, less likely to face protection risks, and more likely to contribute to rebuilding their community in the future. Schools help preserve social cohesion at moments when societies are under immense strain.

This is particularly important in fragile contexts where social fragmentation can deepen rapidly. When education systems collapse or remain inaccessible

Bangladesh, Education for Resilience. © Educo

for prolonged periods, inequalities widen. The most vulnerable children, especially girls, displaced children and children with disabilities, are often the first to be excluded and the least likely to return. Once children permanently leave school, the consequences can last a lifetime.

Protecting safe and resilient schools therefore requires political commitment as much as humanitarian funding. International actors, including the European Union and its Member States, have played an important role in advancing recognition of schools as essential protective infrastructure during emergencies.

Humanitarian funding should reflect the reality that protection, mental health and safe learning environments are deeply interconnected. Investments in resilient schools should not be viewed as competing with other humanitarian sectors, but as reinforcing them. Safe schools support child protection outcomes. Psychosocial support improves educational continuity. Community-based education programmes strengthen resilience and recovery.

At the same time, humanitarian organisations must continue strengthening public trust and accountability. In a context where NGOs face increasing scrutiny, transparency is essential. We must clearly explain not only how resources are used, but why these interventions matter and what is at stake when they disappear.

The consequences of underfunding are not abstract. They are visible in children who stop attending school after displacement because no safe learning spaces remain. They are visible in adolescents losing hope for the future after years of interrupted schooling. They are visible in communities struggling to recover because an entire generation has been left without support.

Humanitarian action cannot become solely an exercise in short-term survival management. If we reduce our ambitions to immediate life-saving assistance alone, we risk abandoning the very foundations that allow societies to recover and rebuild.

In moments of crisis, children need food, shelter and healthcare. But they also need safety, stability, belonging and hope. Schools provide all of these. That is why protecting safe and resilient schools is not peripheral to humanitarian action. It is central to it.

Pilar Orenes,
Director General of EDUCO

SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS IN HUMANITARIAN CRISES: A LIFESAVING INVESTMENT WE CANNOT AFFORD TO ABANDON

THE ISSUE

WHAT MUST NOT BE LOST: PROTECTING PEOPLE-CENTRED HUMANITARIAN ACTION

As humanitarian needs reach unprecedented levels, a troubling paradox is emerging: sexual and reproductive health and rights (SRHR) are becoming increasingly politicised and deprioritised precisely when they are most needed.

The humanitarian sector is facing incomparable pressure. Protracted conflicts, climate-related disasters, forced displacement, collapsing health systems and economic instability are stretching resources thin.

Yet humanitarian funding decisions are often shaped by a narrow understanding of what constitutes a life-saving intervention, where sectors such as food assistance, shelter or water are prioritised, and sexual and reproductive health and rights (SRHR) services are frequently viewed as secondary.

This hierarchy of needs is both false and dangerous. Crises do not suspend people's sexual and reproductive health needs; they make them more urgent.

> "Crises do not suspend people's sexual and reproductive health needs; they make them more urgent."

These are not secondary concerns. SRHR must be recognised as a core, lifesaving and non-negotiable component that cannot be separated from broader humanitarian objectives of protecting life and reducing suffering.

THE COST OF GETTING PRIORITIES WRONG

Humanitarian crises are systemic and multidimensional. They compound pre-existing vulnerabilities and deepen inequalities, with impacts that are profoundly gendered and shaped by factors such as age, sex, disability, sexual orientation, legal status and socioeconomic conditions.

Health facilities may be damaged or destroyed, supply chains interrupted, and healthcare workers displaced, while risks increase dramatically. Women and girls continue to become pregnant. Babies are still born. Sexual and gender-based violence (SGBV) often rises sharply and survivors need immediate medical care, psychological support and access to justice.

Contraceptives, HIV treatment, maternal healthcare, and access to safe abortion services remain essential. When these services break down, the consequences are immediate: rapid increase of sexually transmitted diseases, more maternal and newborn deaths, more unintended pregnancies, more unsafe abortions.

A POLITICAL TARGET IN A TIME OF CUTS

Drastic reductions in development and humanitarian funding are colliding with the rise of anti-rights movements across the world. Sexual and reproductive rights are often among the first targets. Unlike other sectors, SRHR remains politically contentious, making it particularly vulnerable when governments come under pressure to justify aid spending.

The suspension of significant US funding streams and reductions in development assistance from several traditional donors have already led to shortages of contraceptives, HIV treatments and reproductive health commodities in multiple countries, while health facilities have been forced to scale down or close services.[1]

Such disruptions increase the risk of unintended pregnancies, unsafe abortions, maternal deaths and sexually transmitted infections. As an example, a complete cessation of US funding could, by 2030, produce 40–55 million additional unplanned pregnancies and 12–16 million additional unsafe abortions across 51 countries.[2]

1. Global health after USAID cuts - The Lancet
2. Effects of reductions in US foreign assistance on HIV, tuberculosis, family planning, and maternal and child health: a modelling study - The Lancet Global Health

Democratic Republic of the Congo, Cliniques Mobiles. © 3Tamis, Médecins du Monde

INVESTING IN SRHR STRENGTHENS RESILIENCE

Investing in SRHR is also essential to effective humanitarian-development-peace nexus programming, helping communities recover, rebuild resilience and address the structural inequalities that often increase vulnerability in times of crisis.

Evidence consistently shows that gender equality contributes to social stability, stronger communities and more sustainable development. Conversely, denying women access to healthcare and reproductive rights weakens resilience and entrenches poverty and inequality.

Investing in contraception, maternal healthcare and SGBV prevention and response are also cost effective. They help prevent avoidable health complications, reduce future humanitarian needs and strengthen communities' ability to withstand and recover from crises.

LIVING PROOF: MÉDECINS DU MONDE'S INTERVENTIONS IN SOUTH KIVU, DRC

South Kivu Province in the Democratic Republic of Congo is a protracted humanitarian crisis. Armed conflicts, massive population displacements, food insecurity, and epidemics have put the health system under severe strain and hindered access to health services and protection mechanisms. SRHR face in addition, the weight of customs and traditions, religion and taboos surrounding sexuality.

Addressing sexual and gender-based violence is a key priority of Médecins du Monde's work in DRC. In 2025 alone

- more than 1,100 survivors of sexual violence received medical care, including psychosocial support and tailored assistance
- 11,500 assisted childbirths
- 24,000 people educated on sexual and reproductive rights, the prevention of sexually transmitted infections and access to family planning

Médecins du Monde teams have supported 52 health centres and 10 hospitals with medicines, equipment and technical support for healthcare staff, implementing a project based on a 'nexus' approach, combining community engagement, health-system strengthening and responding to security crises. As part of efforts to strengthen community-based prevention, case referral and medical and psychosocial care for survivors of sexual violence since 2020, Medecins du Monde's support in Uvira has enabled the survivors to organise themselves into the 'Movement of Victorious Women'. They have become a key player: between March 2025 and January 2026, they referred 78 sexual and reproductive health (SRH) cases out of a total of 379 cases received by the facilities.

FAMILY PLANNING AWARENESS PROVIDED BY MEDECINS DU MONDE: A LIFE CHANGER

"Previously, the messages I heard at church and in my community led me to believe that family planning was a sin and that having many children was seen as a blessing. But after two miscarriages, my health was deteriorating, we were struggling financially, and I live with a disability. Following training sessions by Médecins du Monde, my husband and I decided to adopt a family planning method. Our two children are five years apart and we are better able to manage our family life." Nancy Bora, aged 42.

EUROPE MUST LEAD: MATCHING COMMITMENTS WITH INVESTMENTS

The EU has repeatedly demonstrated political leadership and made clear commitments to SRHR through its Global Health Strategy, Gender Action Plan III, the Youth Action Plan, development cooperation instruments as well as the upcoming launch of the SHIELD initiative (Sexual and Reproductive Health in Emergencies and Life in Dignity).

Yet funding levels have not kept pace with policy ambitions.

In 2024, only 2% of the combined official development assistance (ODA) spending of EU Institutions and its Member States went to SRHR, a marginal increase from 1.9% in 2023.[3]

South Kivu, Democratic Republic of the Congo. © Thomas Cytrynowicz, Médecins du Monde

The EU and Member States together accounted for only 16.3% of the total SRHR spending in 2024. Within their overall ODA, only 3.2% was allocated to Reproductive, Maternal, Newborn and Child Health (RMNCH), while Family Planning (FP) received just 0.4%.[4]

The European Union has both the capacity and the responsibility to step forward. Political commitments must now be matched by financial and diplomatic leadership.

The EU and Member States are in a position to:

- Protect and increase funding for contraception, maternal healthcare, safe abortion care, HIV services, SGBV prevention and response, and facilitate the systemic implementation of the Minimum Initial Services Package,[5] in every humanitarian response.
- Strengthen the humanitarian-development-peace nexus as core across humanitarian and development instruments to ensure continuity of SRHR services in fragile and crisis settings.[6] This includes maintaining SRHR as a standard component of humanitarian response while linking emergency interventions to longer-term health system strengthening.[7]
- Ensure that humanitarian funding reflects gender-specific vulnerabilities and the needs of marginalised groups.
- Strengthen political leadership in support of a comprehensive, rights-based approach to SRHR nationally and at the United Nations.
- Support local and international organisations that deliver services in crisis settings as committed,[8] with a particular focus on women's organisations.
- Invest in data and health information systems that allow countries to monitor needs and respond effectively.[9]

In a world marked by overlapping crises, shrinking resources and growing political hostility toward women's rights, SRHR is not an add-on to humanitarian response nor a neutral budgetary decision. It is a prerequisite for survival, dignity, equality and lasting recovery, and a choice with profound consequences for millions of people: "life or death is a political decision".[10]

Médecins du Monde

3. Donors Delivering_Report2026_Update.pdf
4. idem
5. https://www.unfpa.org/resources/minimum-initial-service-package-misp-srh-crisis-situations
6. European Union: Multiannual financial framework • Medecins du Monde
7. The Future of SRHR Financing and EU Global Leadership
8. joint_communication_on_humanitarian_aid.pdf
9. European Union: Multiannual financial framework • Medecins du Monde
10. Statement of Commitment (2024), International Parliamentarians' Conference on the Implementation of the International Conference on Population and Development Programme of Action

WHY SHOULD WE CARE ABOUT THE INVISIBLE WOUNDS OF AFFECTED PEOPLE IN HUMANITARIAN EMERGENCIES?

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Children participating in EASE intervention in Kiryandongo Refugee Settlement in Western Uganda. EASE (Early Adolescent Skills for Emotions) is an evidence-based method designed to help children (ages 10–15) struggling with distress, particularly in communities affected by humanitarian crises. © WarChild

People affected by conflict, displacement, or violence, often experience intense psychological distress with immediate and potentially lasting effects on their emotional wellbeing, social relationships, and ability to function in daily life. Children and young people are particularly vulnerable, as exposure to traumatic events can disrupt their development, with lasting consequences into adulthood. People with pre-existing and severe mental health conditions are also at heightened risk as medication, care, and protection systems may no longer be available to them. These impacts extend beyond individuals. Prolonged distress, and untreated trauma can affect families and communities across generations, undermining social cohesion, economic development, and prospects for peace.

> "Community-based approaches are particularly important in humanitarian emergencies, as they underpin the restoration of social connections and local coping capacity"

MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT AS A CRITICAL COMPONENT OF LIFE-SAVING HUMANITARIAN RESPONSE

Humanitarian emergencies undermine the social and emotional foundations that allow individuals and communities to cope and recover. Families may be separated, support networks disrupted, and communities fractured. In humanitarian settings, overwhelming stress and trauma can lead to harmful coping mechanisms, family breakdown, social isolation, and increased protection risks for women, children and adolescents.

MHPSS is delivered through layers of support ranging from safe and dignified basic services and community-based interventions to focused psychosocial support and specialised mental health care for people with severe mental health conditions. Integrating MHPSS into humanitarian action is essential alongside the provision of food, shelter, healthcare, and protection.

In humanitarian settings, MHPSS encompasses a wide range of interventions including community-based psychosocial support, safe spaces for women, children and caregivers, peer and family support networks, psychological first aid, structured group activities, caregiver and teacher support programmes, outreach and referral systems, and access to specialised mental health services for people experiencing severe distress. Community-based approaches are particularly important in humanitarian emergencies, as they underpin the restoration of social connections and local coping capacity, helping to reduce isolation while fostering inclusion and collective recovery. When delivered in culturally appropriate and inclusive ways, MHPSS interventions contribute to stronger, safer, and more resilient communities.

In humanitarian emergencies, access to MHPSS interventions is essential for restoring a sense of agency, dignity, stability, and hope among affected people and communities. By supporting individuals in processing distress and rebuilding confidence, these interventions help strengthen resilience and reconnect people with their social environment. This, in turn, enables them to re-engage in education, livelihoods, and community life. At the same time, MHPSS contributes to reducing the risk of violence, abuse, neglect, self-harm, substance misuse, and suicide. In contexts where formal protection systems break down, are weakened or overwhelmed, MHPSS services are frequently one of the few accessible forms of support available to vulnerable people. Strengthening these services is therefore critical not only for mental wellbeing, but also for survival, protection, and long-term recovery.

A GROWING MENTAL HEALTH CRISIS EXACERBATED BY FUNDING CUTS

The need for MHPSS has become increasingly urgent as the global mental health crisis deepens. Globally, one in eight people lives with a mental health condition such as depression, anxiety, or post-traumatic stress disorder, while among adolescents aged 10–19 the rate rises to one in seven[1]. In conflict-affected settings, the burden is significantly greater, with an estimated one in five people experiencing mental health conditions[2].

Despite the scale of the need, mental health remains chronically underfunded. Even before recent aid cuts, governments allocated on average only around 2% of health budgets to mental health, with only a small proportion reaching the most vulnerable groups, including children and adolescents[3]. International funding has reflected a similar pattern. Child and family MHPSS has long been deprioritised, receiving only a fraction of overall aid. In 2019, just 0.31% of official development assistance and 1% of private development finance was directed toward these services[4].

Recent reductions in humanitarian funding have pushed an already fragile MHPSS system into crisis. In 2025, a survey covering 131 programmes across 32 countries found that approximately 750,000 people, around three-quarters of beneficiaries, immediately lost access to mental health care[5]. Furthermore, the same survey found that nearly three-quarters of mental health staff reportedly lost their jobs, 75% of people receiving treatment lost access to essential medication, and many child protection programmes identified MHPSS and group-based activities for child, family and community wellbeing as among the most affected interventions.

The impact extends far beyond the closure of individual services. Aid cuts are disrupting entire MHPSS systems, including referral pathways, outreach activities, supervision structures, and community-based support networks that are essential for identifying and supporting vulnerable people. Many programmes are also losing trained MHPSS staff and local expertise that have been built and invested in over several years, weakening the long-term capacity of communities and national systems to respond to mental health needs. It is important to recognise that effective MHPSS interventions build on existing community resources, cultural practices, and local support systems, while simultaneously strengthening national and community capacities to ensure support can be sustained beyond the emergency phase.

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4. The MHPSS Collaborative. (2021). Follow the money: Global funding of child and family MHPSS activities in development and humanitarian assistance, Copenhagen.
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Children participating in MHPSS activities as part of War Child's emergency response in Gaza. © War Child

IMPACTS ON CHILDREN AND ADOLESCENTS ARE PARTICULARLY SEVERE

The consequences for children are immediate and long-lasting. Already facing conflict, displacement, and instability, many children are left to cope with severe psychological distress without adequate support. Prolonged exposure to adversity, violence, and uncertainty can lead to toxic stress — a sustained and overwhelming activation of the stress response system that can disrupt healthy brain development and negatively affect children's cognitive, emotional, and social development. Without protective relationships and appropriate support, toxic stress can impair learning, memory, emotional regulation, and physical health, with impacts that may continue into adulthood.

Trauma and psychological distress can profoundly disrupt children's ability to engage with their daily environments, affecting how they learn, relate to others, and take part in activities that are critical for healthy development. Over time, these challenges can weaken recovery and resilience, ultimately shaping future opportunities and increasing the likelihood of long-term mental health difficulties, social exclusion, and poverty.

Caregiver mental health is equally critical to child wellbeing and protection outcomes. Parents and caregivers experiencing high levels of stress may struggle to provide consistent care, emotional support, and protection for children during crises. Improving caregiver wellbeing contributes directly to children's safety, development, and recovery by creating more stable and nurturing environments, thereby lowering the risks of neglect, violence, and harmful coping behaviours.

Community-based psychosocial support reinforces these protective effects by easing family stress and fostering healthier relationships and coping patterns. In doing so, it contributes to stronger child protection outcomes, including reduced exposure to violence, exploitation, and harmful practices.

Access to trusted adults and supportive environments helps provide children and young people with a sense of stability, safety, and belonging, reducing their likelihood of engaging in harmful or high-risk behaviours. Where adequate MHPSS services are lacking, however, vulnerabilities to violence, exploitation, and other harmful practices increase. These effects extend beyond individuals, undermining social cohesion, resilience, and the long-term stability of communities affected by crisis

Mental health and psychosocial support are critical components of humanitarian response and recovery, as well as across the humanitarian-development-peace nexus. Mental health needs are rising rapidly - especially in conflict-affected settings - while funding and services continue to decline. Without urgent and sustained investment in integrated and community-based MHPSS, millions of children, families and communities will be left to cope with invisible wounds alone. The consequences will be long-lasting, affecting not only individual wellbeing but also social cohesion, recovery, economic prospects, and the stability of societies for generations to come. MHPSS should therefore be integrated into humanitarian response and recovery, and across humanitarian–development-peace nexus, at the outset and not treated as a secondary need or a luxury. Failure to do so risks reversing years of progress and leaving millions of children, families, and communities without the support needed to recover, adapt, and thrive..

Tiina Vahtras,
Senior Advocacy Advisor
War Child Alliance

WHY CUTTING CHILD PROTECTION IS A FALSE ECONOMY

IN HUMANITARIAN CRISES TODAY, A DANGEROUS PARADOX IS EMERGING

THE ISSUE

WHAT MUST NOT BE LOST: PROTECTING PEOPLE-CENTRED HUMANITARIAN ACTION

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At the very moment when risks to children are intensifying through conflict, hunger, and displacement, the systems designed to protect them are being scaled back. Recent estimates show that **nearly half of child protection programmes globally have lost over 40% of their funding,** with frontline actors reporting declining access for children and a systemic deterioration in protection capacity (Alliance for CPHA, 2026). At the same time, children are increasingly exposed to violence not as collateral victims, but as direct targets of crisis dynamics (The New Humanitarian, 2026).

Despite this, child protection (CP) continues to be treated as a cross-cutting approach, rather than recognized as integral to each sector.

This contradiction is now intersecting with a major system-wide shift. The UN's Humanitarian Reset is pushing for stricter prioritisation of resources into narrowly defined "life-saving" activities. While protection is formally included, there is a growing risk that it is interpreted in its most minimal form, reduced to basic safeguarding rather than comprehensive protection systems.

> "Child protection is often framed as something that follows survival. The evidence suggests the opposite."

The risk is clear: Cutting child protection is not a cost-saving measure, it is a false economy that shifts the burden of crisis onto children, weakens already fragile systems, and perpetuates the cycles of instability humanitarian action seeks to break.

TWO PILLARS OF CHILD PROTECTION AS DETERMINANT OF SURVIVAL

Child protection is often framed as something that follows survival. The evidence suggests the opposite. World Vision's evaluation on Global Hunger Response (GHR) shows that families facing acute food shortages are often pushed towards harmful coping strategies such as child labor, early marriage, and unsafe migration, exposing children to heightened risks of exploitation, abuse, and tension within households (Naal et al., 2025).

INTEGRATION IN PRACTICE CASE STUDY: DEMOCRATIC REPUBLIC OF CONGO (DRC)

In the DRC, the integration of child protection (CP) within food security and livelihoods (FSL) programming followed a sequential, riskinformed approach, where CP was primarily used to identify and mitigate risks associated with the delivery of food and cash assistance. Rather than fully embedding services, CP interventions were delivered ahead of distributions, focusing on predistribution awareness, safer targeting, and community sensitization. As noted in the evaluation, *"CP services preceded cash distribution… to avoid harmful repercussions on children"* (Naal et al., 2025).

This model reflects enhanced protection mainstreaming rather than deep integration. It contributed to measurable improvements in the safety and quality of assistance delivery, including safer handling of aid, reduced risks during distribution, and increased caregiver awareness of child protection concerns. Qualitative findings indicate behavioral shifts, such as reduced child neglect during distributions and reported reductions in child labor and abuse.

However, the DRC case also highlights the limits of integration in underresourced systems. Access to specialized CP services remained extremely low, with fewer than 5% of households accessing referrals or case management (Naal et al., 2025). Interventions were largely confined to awarenessraising and prevention, with limited capacity to provide sustained, individualized support to children facing acute risks.

As a result, while integration helped reduce immediate risks, it did not address deeper protection needs. The absence of adequately funded, dedicated CP services constrained the overall impact, underscoring a broader system challenge: risk mitigation cannot substitute for protection provision.

The DRC case therefore illustrates both the value and the limits of integration. While riskinformed approaches can improve safety, effective child protection requires both integration and sustained investment in core services, including case management and referral systems, alongside clearer accountability for protection outcomes.

This evidence challenges a linear view of needs, showing that protection risks emerge simultaneously with, and can directly undermine, basic survival.

Protection is therefore not separate from survival; it is a condition for it. A truly resilient child protection strategy cannot rely on a one-dimensional approach. Two pillars that enable effective child protection include urgent response and proactive prevention. When a crisis strikes, a sustained child protection system should provide urgent and continuous interventions to children who have been exposed to trauma. If funding constraints cause theses responsive services to lapse, the immediate safety net for the most vulnerable children vanishes.

At the same time, prevention is the true cornerstone of any sustained response. Prevention mitigates the deep, systemic risk that crisis compounds. Humanitarian actors must recognize the deeply intertwined relationship among sectors that contribute to child protection issues. When assistance is siloed, the pillars fail, and the system collapses.

WHAT WORKS: EVIDENCE FROM INTEGRATED PROGRAMMING

Against this backdrop, one question becomes critical: how can protection be delivered effectively in a resource-constrained system?

The GHR evaluation provides a clear answer. Across Ethiopia, DRC, and South Sudan, integrating child protection within food security and livelihoods (FSL) programming has led to measurable gains: 76% of caregivers reported improved school attendance, 68% improved concentration, 43% reduced household tension, and 16% reductions in child labor, alongside improvements in food consumption and household wellbeing (Naal et al., 2025).

These findings show that integration works, not as a technical addon, but as an approach that tackles the economic drivers of risk while improving child protection outcomes. However, integration is not a substitute for child protection systems; it acts as a multiplier of impact when protection capacity exists and is adequately funded.

A FALSE PROMISE OF DOING 'MORE WITH LESS'

With 84% of child protection actors reporting budget cuts and half losing over 40% of funding (Alliance for CPHA, 2026), integration is increasingly used to compensate for declining investment in core services such as case management, psychosocial support, and referrals.

At the same time, treating child protection as a shared responsibility across sectors has blurred accountability. Responsibility is often shifted–from national systems to humanitarian actors, from donors to implementers, and ultimately to frontline staff–while the structural drivers of risk, including public spending constraints and funding priorities, remain unaddressed.

This creates a fundamental mismatch: risks are systemic, but responses are fragmented. Even in integrated programs, access to specialized services remains limited (~11–14%), and protection risks persist (Naal et al., 2025).

Integration can reduce risk, but it cannot replace or sustain critical protection functions on its own. As investment declines, there is a growing risk that integration becomes a substitute for services it was never designed to replace, rather than a complement to them. Integration becomes a partial solution to a structural problem—and a false economy that shifts the burden onto children.

A CRITICAL MOMENT FOR EU LEADERSHIP

This debate is particularly relevant for the European Union. The recent EU Humanitarian Communication marks important progress, recognizing protection as a core pillar and prioritizing children—committing to prevent grave violations, strengthening child protection and education in emergencies, and uphold the best interests of the child.

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> "This creates a clear risk: protection remains a policy priority, but not a funding or implementation priority."

However, these commitments remain broad and are not yet matched by measurable targets, dedicated funding benchmarks, or clear accountability mechanisms. At the same time, EU humanitarian action is increasingly shaped by geopolitical and budgetary pressures linked to global prioritization debates. This creates a clear risk: protection remains a policy priority, but not a funding or implementation priority.

FROM INTEGRATION TO INVESTMENT: WHAT MUST CHANGE

The challenge is not a lack of evidence, but a lack of consistent investment and accountability. To ensure child protection remains central, three priorities stand out:

1. **Protect child protection in prioritization frameworks**
   Ensure protection—particularly the food–protection nexus—is treated as core and life-saving, not optional.
2. **Invest in child protection capacity, not only integration**
   Ensure sustained support for case management, psychosocial support, and referral pathways. Integration should extend the reach of these services, not stand in for their absence.
3. **Strengthen accountability for outcomes**
   Establish clear responsibility, measurable targets, and explicit inclusion of child protection across EU funding and policy frameworks.

CONCLUSION: PROTECTING CHILDREN IS A POLITICAL CHOICE

This is not a technical challenge, but a political one. The evidence is clear: integration of CP improves outcomes for all, but without investment in core protection capacity, its impact remains inherently limited.

The question is no longer what works, but whether it will be funded, prioritized, and enforced. Cutting child protection is not a saving, it is a transfer of cost from systems to children.

If protection is treated as optional in funding decisions, it will remain optional in outcomes, and children will pay the price.

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Gabriela Degen, Technical Advisor Education and Child Rights, World Vision Germany

ADRA BRINGS HOPE
TO VENEZUELA FOLLOWING DEVASTATING EARTHQUAKE

A CLOSER LOOK

Venezuela, Collapsed buildings following the earthquake, 2026.
© Elisamuel Devis Fermin ADRA

When a powerful twin earthquake measuring 7.2 and 7.5 magnitude struck Venezuela on 24 June 2026, it became the country's strongest earthquake in more than a century. Occurring just 39 seconds apart and at a shallow depth of only 10 kilometres, the quakes unleashed catastrophic destruction across Caracas, La Guaira, Yaracuy, Carabobo, Miranda, Aragua, and Falcón, leaving thousands of families grieving, displaced, and in urgent need of assistance.

The disaster struck a nation already facing significant humanitarian challenges. Before the earthquake, nearly 7.9 million people in Venezuela required humanitarian assistance. The earthquake compounded existing vulnerabilities, damaging homes, hospitals, schools, and critical infrastructure while disrupting water systems, food supplies, and public services. As of 7 July, authorities had confirmed 3,700 deaths, 16,700 injuries, and nearly 18,000 people left without housing. More than 850 buildings were damaged - including 190 total collapses - amid over 1,000 aftershocks that continued to threaten already traumatised communities.

> "Disasters affect more than physical needs. Children separated from their families, survivors experiencing trauma, and people living in overcrowded shelters."

Within hours of the disaster, the Adventist Development and Relief Agency (ADRA) activated its emergency response mechanisms, mobilising both national staff and international surge capacity to support affected communities. Leveraging its existing presence in Distrito Capital and La Guaira, where it has long worked in water, sanitation, protection, and food security, ADRA was uniquely positioned to respond quickly to the growing crisis. ADRA's response focuses on three life-saving priorities: Water, Sanitation and Hygiene (WASH), Food Security, and Protection. The organisation established its operational headquarters in Caracas while deploying Emergency Response Team personnel to coordinate relief efforts alongside local authorities, churches, humanitarian partners, and community leaders. An initial response budget of US$600,000 was allocated to launch emergency operations.

One of ADRA's first priorities has been restoring hygiene and preventing disease through WASH interventions. The agency is distributing 6,000 personal hygiene and water purification kits to families living in temporary shelters across Libertador, Caraballeda, and Catia La Mar. Each kit contains soap, toothpaste, toothbrushes, shampoo, sanitary products, water containers, and purification tablets that help families maintain hygiene despite damaged water systems. Water purification support and sanitation assessments are also reducing the risk of disease outbreaks.

Catia la Mar, Distribution of 300 hygiene kits and 600 jerricans, 2026.
© Elisamuel Devis Fermin, ADRA

> "Protecting the core of humanitarian action therefore also means protecting those who deliver it."

Food security represents another critical pillar of the emergency response. ADRA plans to distribute 10,000 food kits to earthquake-affected households, prioritising families with young children and elderly members. Working closely with humanitarian partners and local actors, the agency is ensuring assistance reaches those with the greatest needs while supporting coordinated relief efforts across affected communities.

Disasters affect more than physical needs. Children separated from their families, survivors experiencing trauma, and people living in overcrowded shelters - along with older people, people with disabilities, and those living alone - require specialised care. ADRA is providing mental health and psychosocial support, establishing child-friendly spaces, assisting unaccompanied children, and strengthening referral pathways, guided by the principle that assistance must be based on need and delivered with dignity. Even when resources are stretched, this means ensuring people affected by crisis are not just assisted, but seen, heard, and respected.

Even during the first weeks of the response, ADRA achieved significant early results. The organisation completed the distribution of 1,000 hygiene kits through its National Emergency Management Plan and provided specialised hygiene kits to 400 unaccompanied children living in shelters in Caracas. ADRA has also delivered equipment and water purification tablets for 100,000 liters of safe water while continuing to expand operations.

The response also depends on the courage, commitment, and local knowledge of national staff, volunteers, churches, and community partners. In major emergencies, local actors are often the first to respond and the last to leave. Protecting the core of humanitarian action therefore also means protecting those who deliver it: ensuring that staff and volunteers are supported, trained, coordinated, and able to serve safely in a complex and demanding environment.

Venezuela, Volunteers from Caracas and San Bernardino providing water, food and psychosocial support to first responders moving rubble, 2026. © Elisamuel Devis Fermin, ADRA

Looking ahead, ADRA aims to assist 90,000 people during the first three months of the response, focusing on families in temporary shelters across Caracas and La Guaira. Additional food security, WASH, and protection projects totaling nearly US$3.9 million are already in the pipeline. Through compassionate service, strategic partnerships, and the generosity of supporters around the world, ADRA remains committed to standing alongside Venezuela's communities — meeting immediate needs while laying the foundation for long-term recovery.

ADRA

Interview with Julia Steets,
Director at the Global Public Policy Institute (GPPi)

> 1. In your recent articles, you describe the current funding crisis as a "perfect storm" for humanitarian action. Beyond shrinking budgets, what do you see as the most significant challenge facing the humanitarian system today?

I used the image of the "perfect storm" to help explain why the humanitarian sector faces such an extreme funding crisis at the moment. The legitimacy of aid has been under attack from all sides at the same time: right-wing movements portray aid as wasteful and against national interest, left-leaning critics point to dependency and power imbalances it can reinforce, and a broad political center simply doubts whether aid delivers any results. That erosion of legitimacy is what created the political space for funding to collapse the way it did when state budgets came under pressure everywhere.

However, the legitimacy challenge is not just an issue for funding. It also affects how humanitarian aid is received. The Red Cross emblem and other symbols marking aid workers and goods as humanitarian used to be quite powerful in ensuring that aid workers were not harmed and able to bring the goods and services to those who needed them. This humanitarian space has equally been under attack: The number of aid workers killed or injured keeps rising year by year. At the same time, host governments, de facto authorities and armed groups have become more blatant in denying humanitarian access and more skilled at extracting rents and manipulating aid to suit their aims. Sudan and Gaza are probably the most extreme examples, with parties to the conflict besieging areas where large numbers of civilians live and denying them access to the most basic necessities, creating famine in the process.

It's tragic that the humanitarian system is caught so badly between these different fronts just when we need it so much – with the climate crisis triggering so many and such severe disasters and there being so many and such brutal conflicts.

> 2. Calls for a "humanitarian reset" often focus on efficiency, prioritisation and doing more with less. In your view, what should be the guiding principles for reform, and what should humanitarian actors avoid sacrificing in the process?

There have indeed been many people touting Churchill's bon mot to "never waste a good crisis" and calling for humanitarians to "do more with less". This is cynical. When organizations face budget cuts between 30 percent and 60 percent, this has a destabilizing effect. The process of downsizing also swallows a lot of resources, making the humanitarian system less (rather than more) efficient, at least in the short-term.

That said, I agree that the humanitarian system has so far not been very strategic in implementing the cuts. Initiatives like the Humanitarian Reset that make it clear that we need to set priorities are therefore very welcome: Rather than implementing cuts across the board, we need to double down on approaches that have been proven to work – like cash assistance and anticipatory action – while we step back from other areas. Should we, for example, really continue to provide humanitarian assistance in areas that are not affected by any acute shocks, but permanently in need? And does it make sense to meticulously register and assess large groups of people if we are only able to help a handful in the end?

> 3. You argue that decades of evaluations show that humanitarian action saves lives and delivers measurable results, as illustrated by the Somalia drought response. Yet the current debate often focuses on the failures of the humanitarian system. How can the sector ensure that evidence of what works informs the debate on humanitarian reform?

I wouldn't be so harsh on the humanitarian sector here. If you compare it to other sectors like development, the humanitarian system actually has quite a strong evidence base: We have come a long way on how we assess needs and rank their severity. There is also a strong practice of evaluating humanitarian responses – not just project by project or agency by agency, but also humanitarian responses as a whole. As a result, we have ample material showing both what works and what doesn't.

It is true that the debate tends to focus on the latter. That's human: Failure makes for a better story than success. It's also useful if we want the system to focus on and fix what is not working. But we need to do a better job at also communicating the positive sides to ensure the overall picture is fair. The available evidence on the positive impact of humanitarian action is solid. In the evaluation of the drought response in Somalia you mentioned, for example, we show that humanitarian assistance saved tens, if not hundreds, of thousands of lives. Several million children were treated for acute malnutrition and 96 percent of them recovered thanks to the assistance provided. An earlier evaluation from Ethiopia shows something similar: during Ethiopia's 2015-2018 drought, three-quarters of malnourished children recovered.

We need to make sure that these results don't remain hidden in long, complex reports. More direct conversations with decision-makers on the findings and their implications is as important as bringing these insights into the public debate. This sounds simple, but we still don't do enough of this. I am also worried that it might become even more difficult to do this in the future as evaluators and think tanks also struggle to make ends meet and may have to concentrate more on work they get paid for.

> 4. Your work highlights practical reforms such as simplifying coordination, strengthening pooled funds and supporting locally led responses. What do you think has prevented the sector from implementing them more systematically, and what could finally make reform happen?

At the risk of sounding banal: It is the balance between what is proven to work and institutional interests that determines whether reforms happen. Cash is a fascinating example. We know that it is often more efficient, more effective, and more dignified to give people cash rather than in-kind assistance. For a while, the share of assistance provided in cash was increasing, even though powerful stakeholders had interest to keep providing in-kind assistance – from the American farmers getting their surplus production bought, to large humanitarian organizations with the expertise and infrastructure in place to deliver it. What is becoming apparent now is that this worked as long as the overall amount of humanitarian aid was growing and cash was provided in addition to (not instead of) traditional forms of aid. Unfortunately, this has reversed now that the sector is downsizing, and cash is shrinking in both absolute and relative terms.

Localisation is another clear example: It means, quite literally, that funding, decision-making power and visibility should shift from established international humanitarian organisations to local and national actors. It is no surprise that little has structurally changed even though the sector has been making promises for a decade.

Both examples show that the ability of the humanitarian sector to reform itself from within is limited even if the funding cuts create a lot of pressure for change. This is why I think donors have a key role to play. They need to coordinate and to create facts, rather than abstractly ask for reforms. If they really want to promote localisation, for example, they need to shift more of their funding into pooled funds at country level and request that these funds be channelled directly to local organisations. The new US contributions to pooled funds, unfortunately, do not fit this bill. Their restrictions prevent them from reaching local organisations directly. If we don't want pooled funds to become just another channel reproducing the international intermediary model rather than using them as the localisation lever they could be, other donors need to provide a counterweight to the American approach.

To make reform happen, we need donors to take action, rather than leaving reform to emerge from within a system that has strong incentives not to change. This funding crisis could be the kind of shock that forces a fundamental restructuring. Whether it does, depends on donors using this moment deliberately.

> 5. Looking ahead, if today's funding crisis becomes the "new normal", what kind of humanitarian system should the sector aspire to build?

It would be foolish to expect funding levels to go back to where they were. While some Gulf states have become important contributors, they cannot make up for the shortfalls created by the traditional donors and other key economic powers like China or India have not increased their contributions substantially. To adapt, we should build a system that is anticipatory and local, and that sets its priorities based on evidence. Building that system means real trade-offs: Some organisations and roles that exist today and that have been providing good work in the past, especially those built around long intermediary chains, will not have a place in it. We should make these choices deliberately, based on evidence of what works, rather cut everything a little bit, risking that nothing will work properly any longer.

Donors and the senior leadership of aid organisations need to take tough decisions for this: They need to articulate what the future humanitarian system's key functions are and who is best placed to deliver them under different conditions. In protracted crises, delivery should shift to local organisations. Internationals should concentrate on quality control, diplomacy and fundraising, as well as on responding to acute shocks. In doing so, we need to protect what we already know works, such as cash and anticipatory action, rather than letting these achievements be cut along with everything else.

Interview conducted by VOICE

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- CARE Österreich
- Caritas Österreich
- SOS Kinderdorf International

BELGIUM
- Caritas International Belgium
- HIAS Europe
- Médecins du Monde (MDM) Belgium
- Oxfam Solidarité - Solidariteit
- Plan Belgium

CROATIA
- International Medical Corps Croatia

CZECH REPUBLIC
- ADRA Czech Republic
- Caritas Czech Republic
- People in Need (PIN)

DENMARK
- ADRA Denmark Nødhjælp og udvikling
- CARE Denmark
- DanChurchAid (DCA)
- Danish Refugee Council (DRC)
- Mission East Mission Øst
- Save the Children Denmark

FINLAND
- Fida International
- Finn Church Aid
- World Vision Finland

FRANCE
- Action Contre la Faim
- ACTED Agence d'Aide à la Coopération Technique et au Développement
- CARE France
- Handicap International Humanity and Inclusion
- La Chaîne de l'Espoir
- Premiere Urgence International
- Médecins du Monde (MDM) France
- Relief International
- Secours Catholique - Réseau Mondial Caritas
- Secours Islamique France
- Secours Populaire Français
- Solidarités International
- Télécoms Sans Frontières (TSF)

ITALY
- Caritas Italiana
- CESVI
- COOPI
- INTERSOS Organizzazione Umanitaria Onlus
- Jesuit Refugee Service
- Oxfam Italia
- Terre des Hommes Italy
- WeWorld

IRELAND
- Christian Aid Ireland
- Worldwide
- GOAL Global
- Trócaire

GERMANY
- ADRA Deutschland
- Aktion gegen den Hunger
- Arbeiter-Samariter-Bund (ASB) Deutschland
- CARE Deutschland
- Christian Blind Mission (CBM)
- ChildFund Deutschland
- Deutscher Caritasverband Caritas Germany
- Diakonie Katastrophenhilfe
- International Rescue Committee Germany
- Johanniter-Unfall-Hilfe
- Malteser International
- Medico International
- Plan International Germany
- Welthungerhilfe
- World Vision Germany

THE NETHERLANDS
- CARE Nederland
- Cordaid
- Mercy Corps
- World Vision Netherlands
- Oxfam Novib
- Save the Children Netherlands
- The Netherlands Refugee Foundation
- War Child
- ZOA

NORWAY
- CARE Norway
- Norwegian Church Aid
- Norwegian Refugee Council (NRC)
- Save the Children – Redd Barna

POLAND
- The Polish Center For International Aid (PCPM)
- Polish Humanitarian Action (PAH)

ROMANIA
- Heks Heper Romania

SLOVAKIA
- Habitat for Humanity International
- People in Peril

SPAIN
- Acción Contra el Hambre
- ActionAid Spain
- Ayuda en Acción
- Caritas Española
- EDUCO
- Médicos del Mundo
- Oxfam Intermón

SWEDEN
- ADRA Sweden
- Islamic Relief Sweden
- LM International (Läkarmissionen)
- PMU Interlife
- Svenska kyrkan - Church of Sweden

SWITZERLAND
- Geneva Call
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Funded by
European Union
Civil Protection and
Humanitarian Aid

This document has been produced with the financial assistance of the European Union through its Humanitarian and Civil Protection department. The views expressed herein should not be taken, in any way, to reflect the official opinion of the European Union, and the European Commission is not responsible for any use that may be made of the information it contains.

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