IAWG on Reproductive Health in Crises: Findings from Two Funding Studies

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Tracking Official Development Assistance (ODA) for Reproductive Health (RH) in Conflict-Affected Countries: 2002-2011

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Research purpose

• To provide longer-term trends in patterns of ODA disbursement for RH activities in 18 conflict-affected countries from 2002 to 2011.
Methodology

• **Data source**: Creditor Reporting System (CRS) maintained by the Organization for Economic Cooperation and Development.
  - Covers 100% of ODA to developing countries.
  - Mandatory donor reporting using standard criteria.

• **18 country inclusion criteria**: In war at a point between 2000 and 2009 (Uppsala Definition).

• **Analysis method**: ODA data analyzed on Stata and Excel; CRS purpose codes used for categorization.
18 conflict-affected countries

- Afghanistan
- Angola
- Burundi
- Chad
- Colombia
- Democratic Republic of the Congo
- Eritrea
- Iraq
- Liberia
- Myanmar
- Nepal
- Sierra Leone
- Somalia
- Sri Lanka
- Sudan
- Timor-Leste
- Uganda
Absolute ODA for RH to conflict-affected countries

298% increase

$1.93 per capita per year
RH ODA between conflict-affected countries and non-conflict-affected countries

**Average annual per capita RH ODA**

- **conflict-affected LDCs**: $2.30
- **non conflict-affected LDCs**: $3.60
Distribution of RH ODA to conflict-affected countries 2002-2011

ODA (USD$ millions)

- Indirect activities
- STD control, including HIV/AIDS
- Social mitigation of HIV/AIDS
- Reproductive health care
- Family Planning
- Population policy and administrative management
- Personnel development for population and RH
RH ODA disbursement by donors

- Main bilateral donors (absolute amounts)
  - USA, Japan, Germany and the United Kingdom
- Main bilateral donors (proportion)
  - Ireland, Denmark and Iceland
- New donors
  - Czech Republic, Korea and the United Arab Emirates
- Main multilateral donors (absolute amounts)
  - World Bank and the European Union
Limitations

General
• ODA to countries rather than specific conflict-affected regions within a country.
• National expenditure data not included.
• Donor disbursement data rather than actual expenditures.

CRS
• No purpose code for gender-based violence (GBV).
• Cannot determine beneficiaries of ODA.
• Not all donors report to CRS.
• Data completeness/accuracy; some descriptive data missing.
• Time lag in reporting.
Tracking Humanitarian Funding Appeals for Reproductive Health: A Systematic Analysis of Health and Protection Proposals from 2002-2013

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Objectives

To examine for the 2002-2013 period:

• To what extent have agencies appealed to implement various RH activities in humanitarian health and protection appeals?

• To what extent have the appeals been funded?
Methodology

- Extracted publicly available data from the UN Office for the Coordination of Humanitarian Affairs’ financial tracking service (FTS)
- Systematic review and categorization of each health and protection proposal via key word searches and analyses, especially of program activities and collected indicators.
Cross-cutting:
Adolescents (10-19 yrs)
Elderly
Disability

General RH
MISP
MNH
FP
STIs/HIV
GBV
Non-RH GBV
Overview for 2002-2013

- Total # launched appeals: 345 emergencies
- Total # issued health and protection proposals: 11,347
- Total # health proposals: 7,284
- Total # protection proposals: 4,063
- Relevant RH proposals: 3,912 (34.5%)
Relevant RH health and protection proposals, 2002-2013
Funding for relevant RH proposals, 2002-2013
Limitations

• Detailed proposals only available for 2009-2014.
• Analysis is accurate in-so-far as agencies report their planned activities.
• Some RH activities may be missing if embedded in other sector proposals.
• Inability to link funding to exact proposals.
• Analysis based on desk research and not a reflection of actual programming.
Key takeaways

ODA Analysis

• Substantial increase (298%) in ODA for RH to 18 conflict-affected countries in 2002-2011; however, majority of the increase is from increased ODA for HIV/AIDS activities.

• Average annual per capita ODA for RH activities to non-conflict countries was 57% higher than to conflict countries.

FTS Analysis

• Increased awareness of the need to implement RH services, as represented by the 21.9% average increase per year in the number of proposals that included RH.

• Limited attention to family planning and abortion care.