



# 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

Preeti Patel, Maysoon Dahab, Mihoko Tanabe, Lydia Ettema,  
Samantha Guy, Bayard Roberts

# Research purpose

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



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# 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.



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# 18 conflict-affected countries

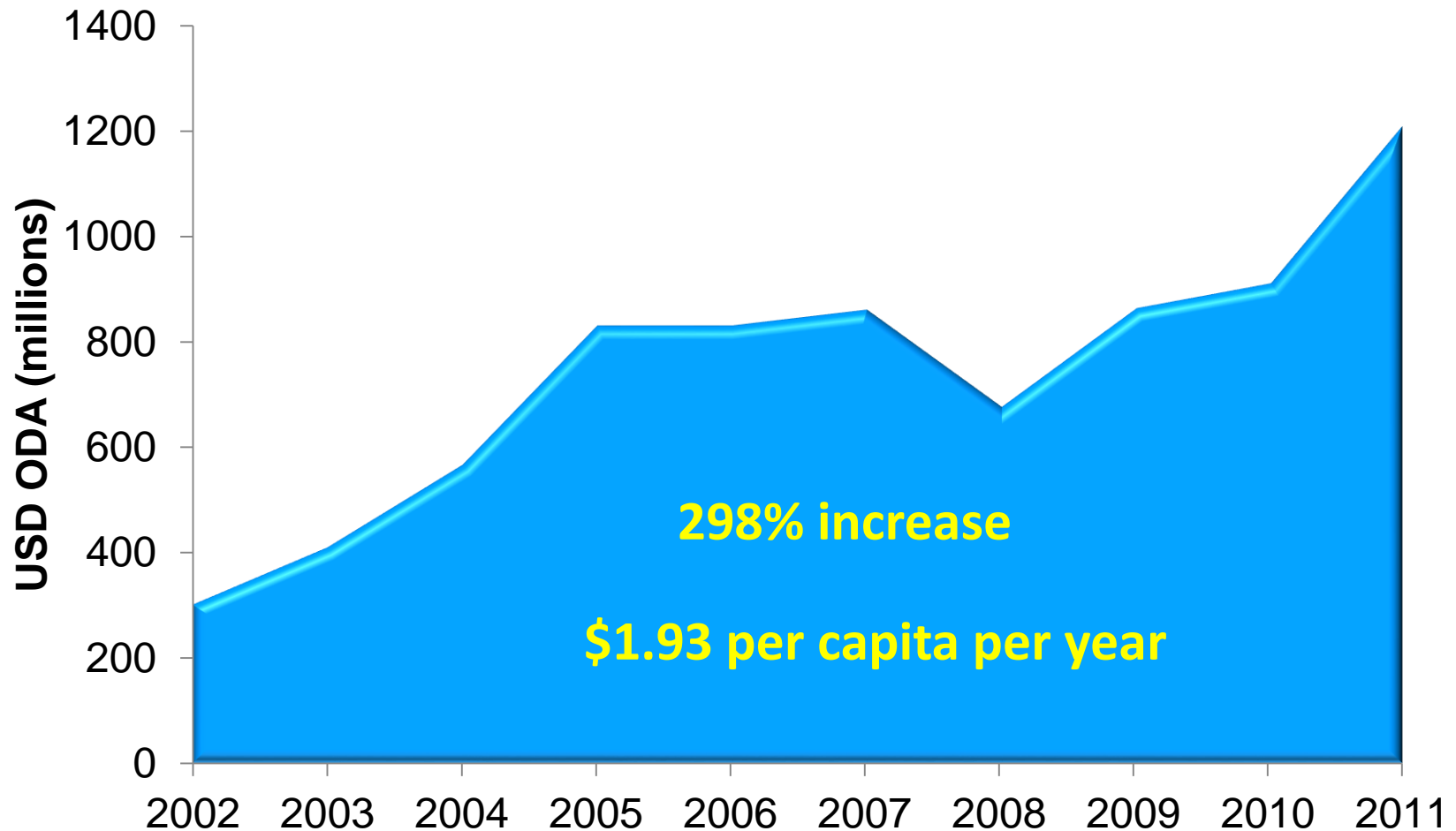
- Afghanistan
- Angola
- Burundi
- Central African Rep.
- Chad
- Colombia
- Democratic Republic of the Congo
- Eritrea
- Iraq
- Liberia
- Myanmar
- Nepal
- Sierra Leone
- Somalia
- Sri Lanka
- Sudan
- Timor-Leste
- Uganda



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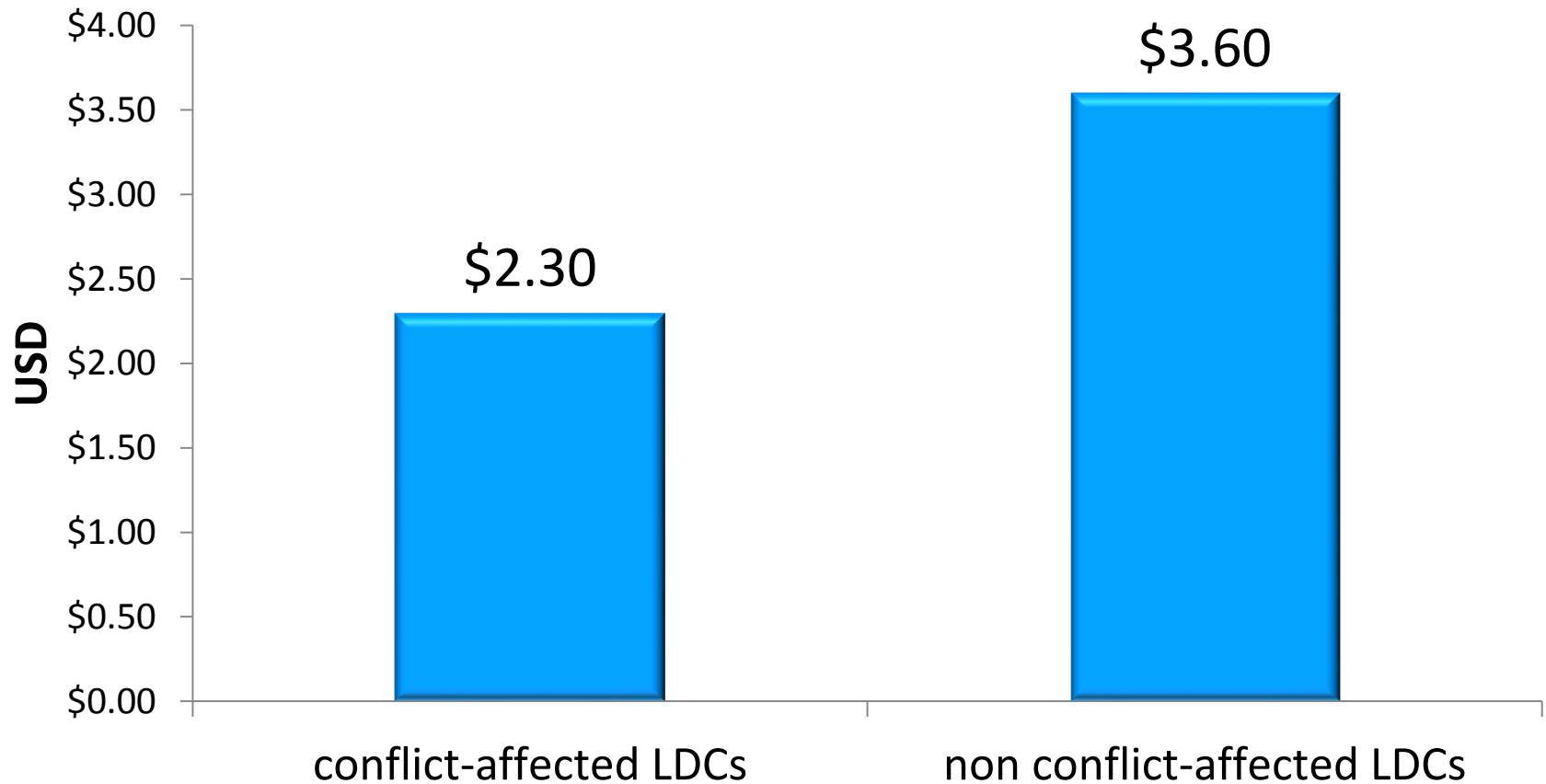


# Absolute ODA for RH to conflict-affected countries

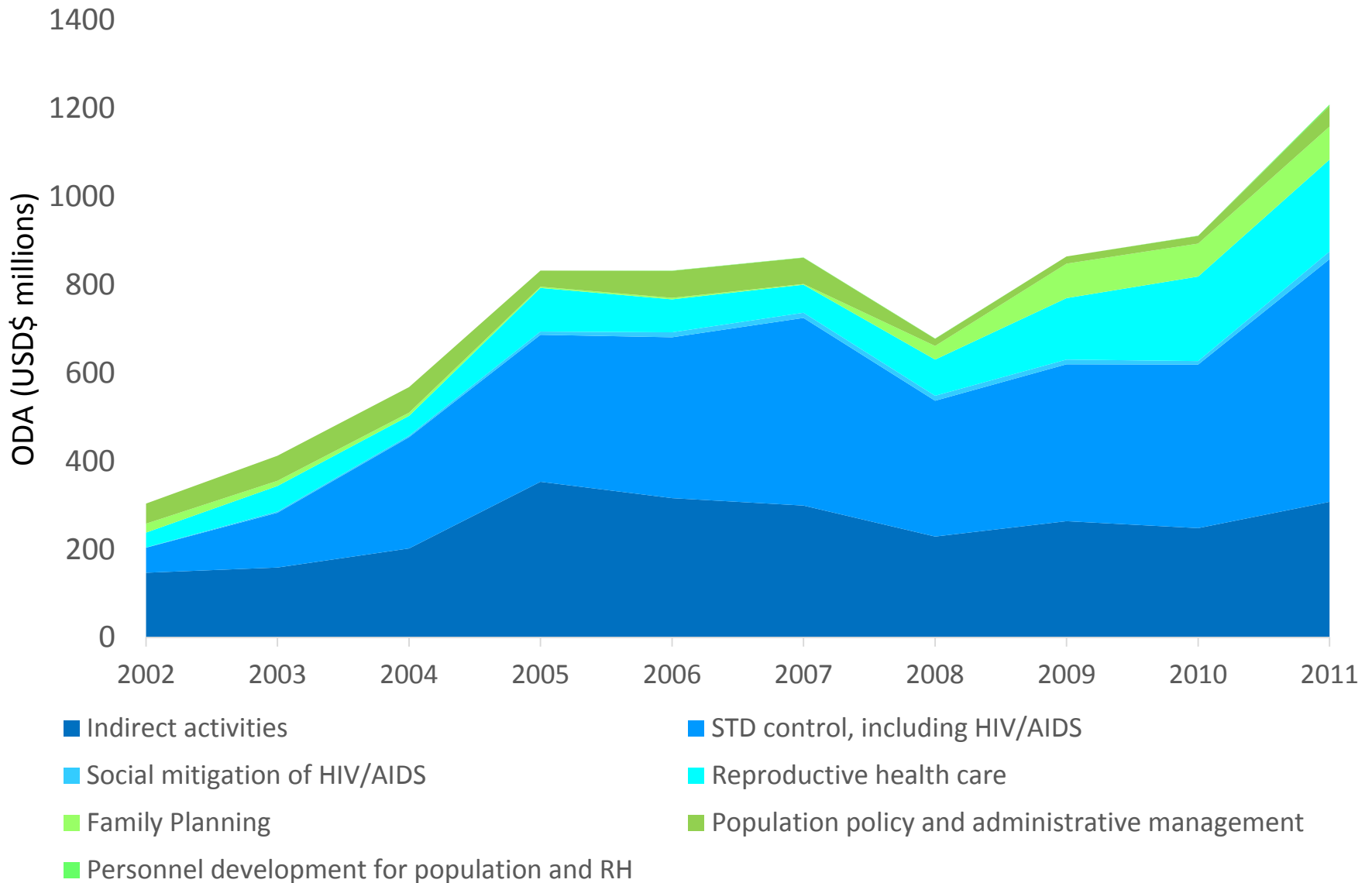


# RH ODA between conflict-affected countries and non-conflict-affected countries

**Average annual per capita RH ODA**



# Distribution of RH ODA to conflict-affected countries 2002-2011





# 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



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# 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

Mihoko Tanabe, Kristen Schaus, Sonia Rastogi, Sandra Krause, Preeti Patel

# 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?**



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# 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.



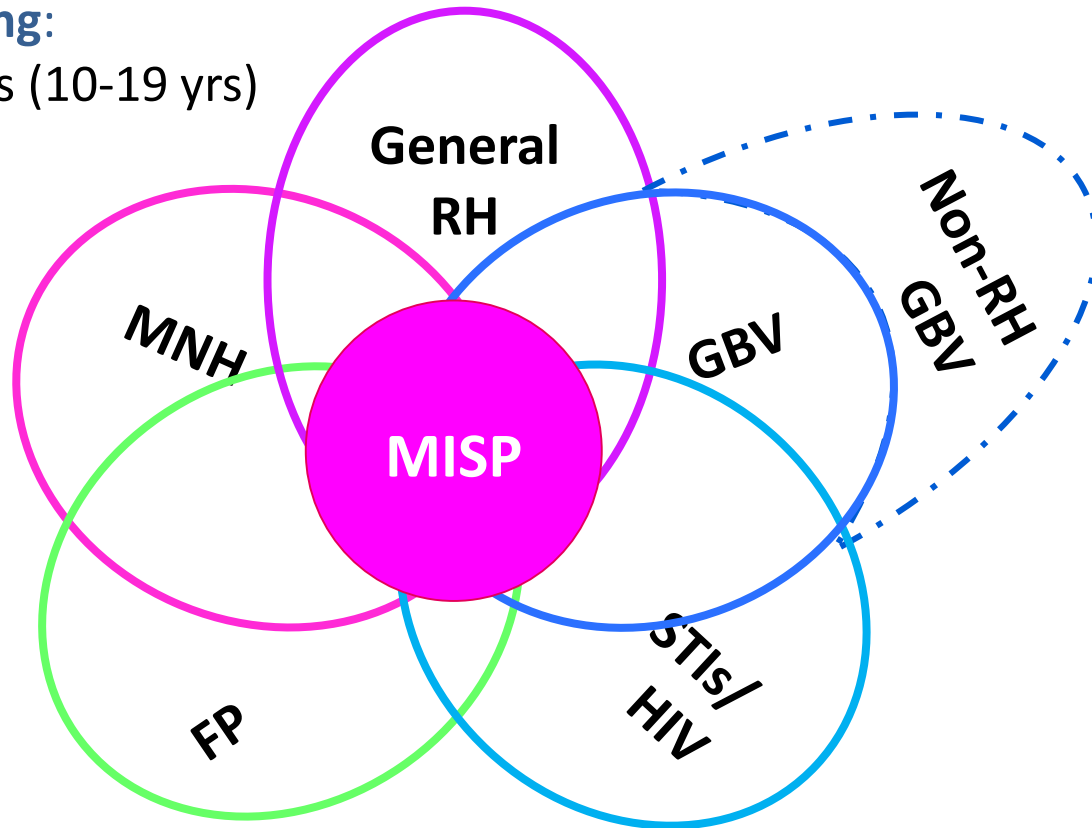
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# RH classifications

## Cross-cutting:

Adolescents (10-19 yrs)  
Elderly  
Disability



# Overview for 2002-2013

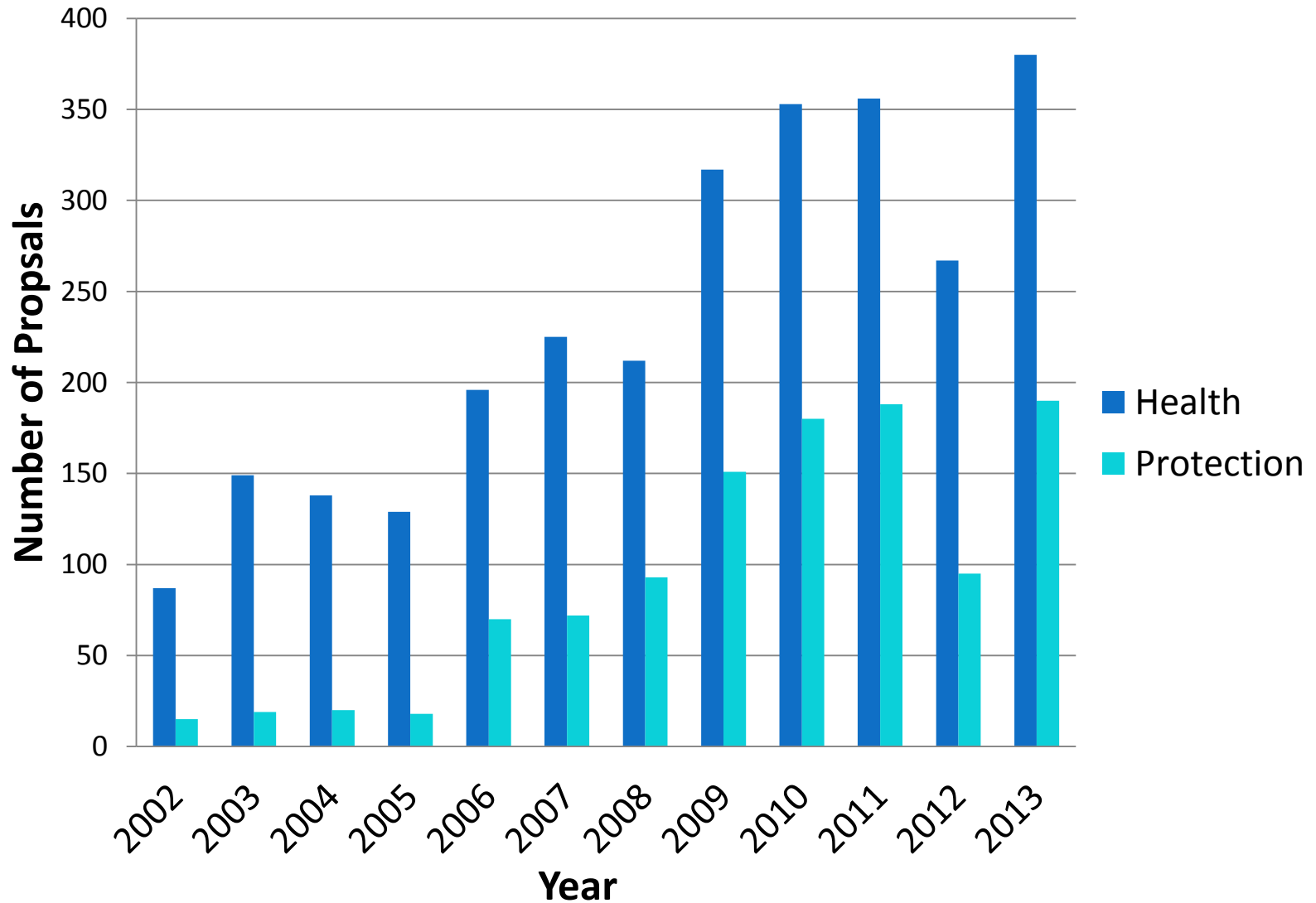
- Total # launched appeals: **345 emergencies**
- Total # issued health and protection proposals: **11,347**
- Total # health proposals: **7,284**
- Total # protection proposals: **4,063**
- Relevant RH proposals: **3,912 (34.5%)**



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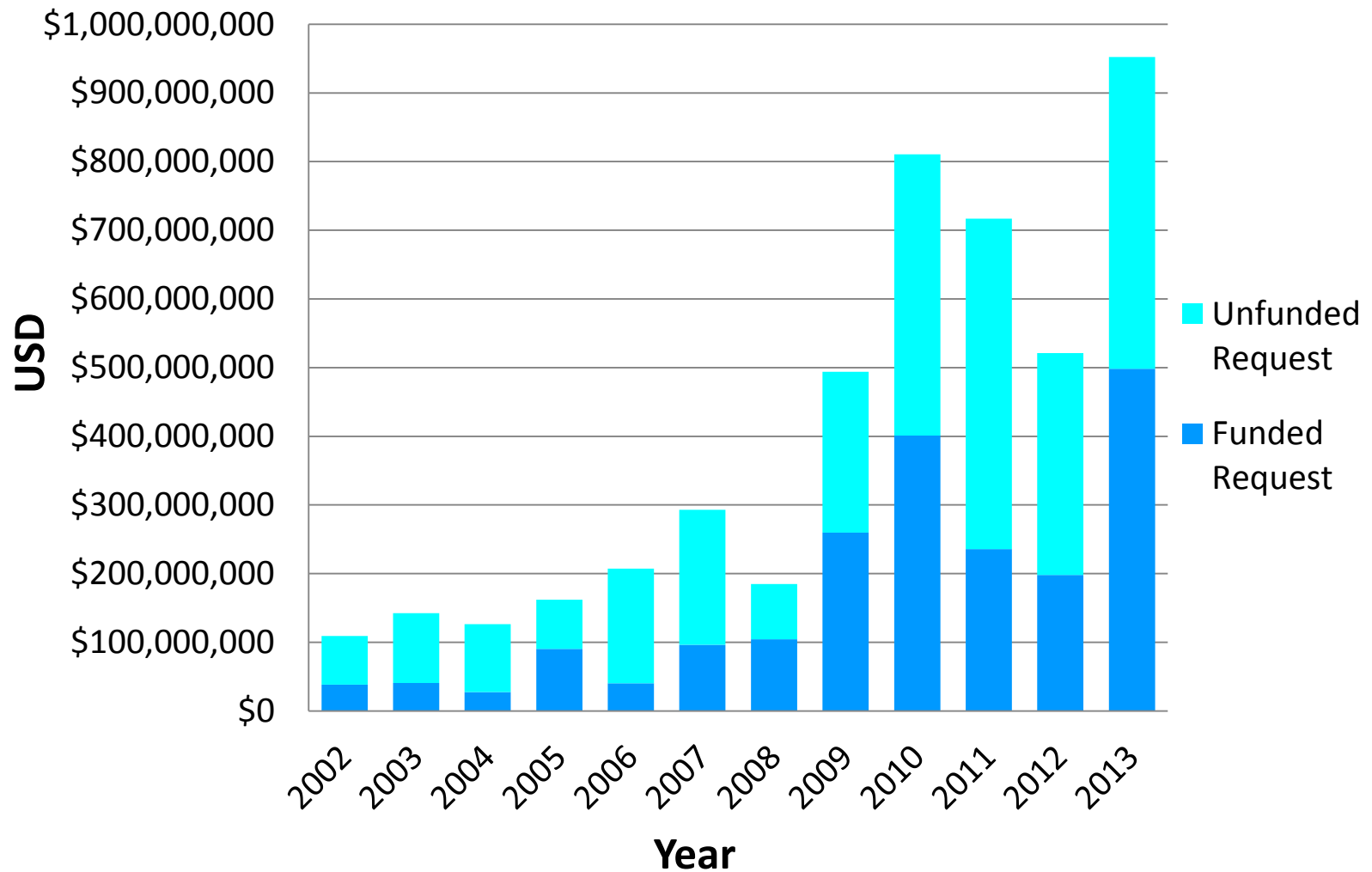


# Relevant RH health and protection proposals, 2002-2013

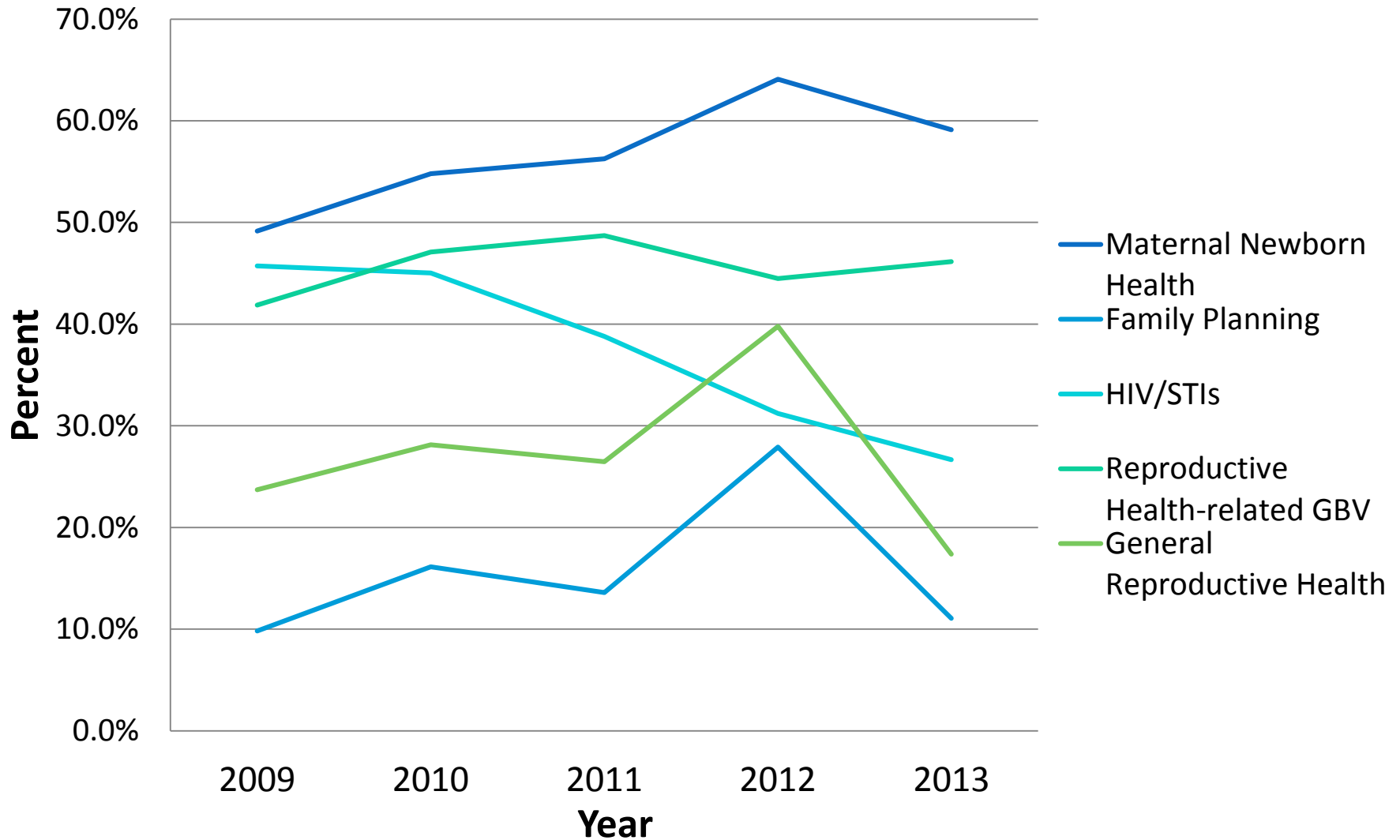




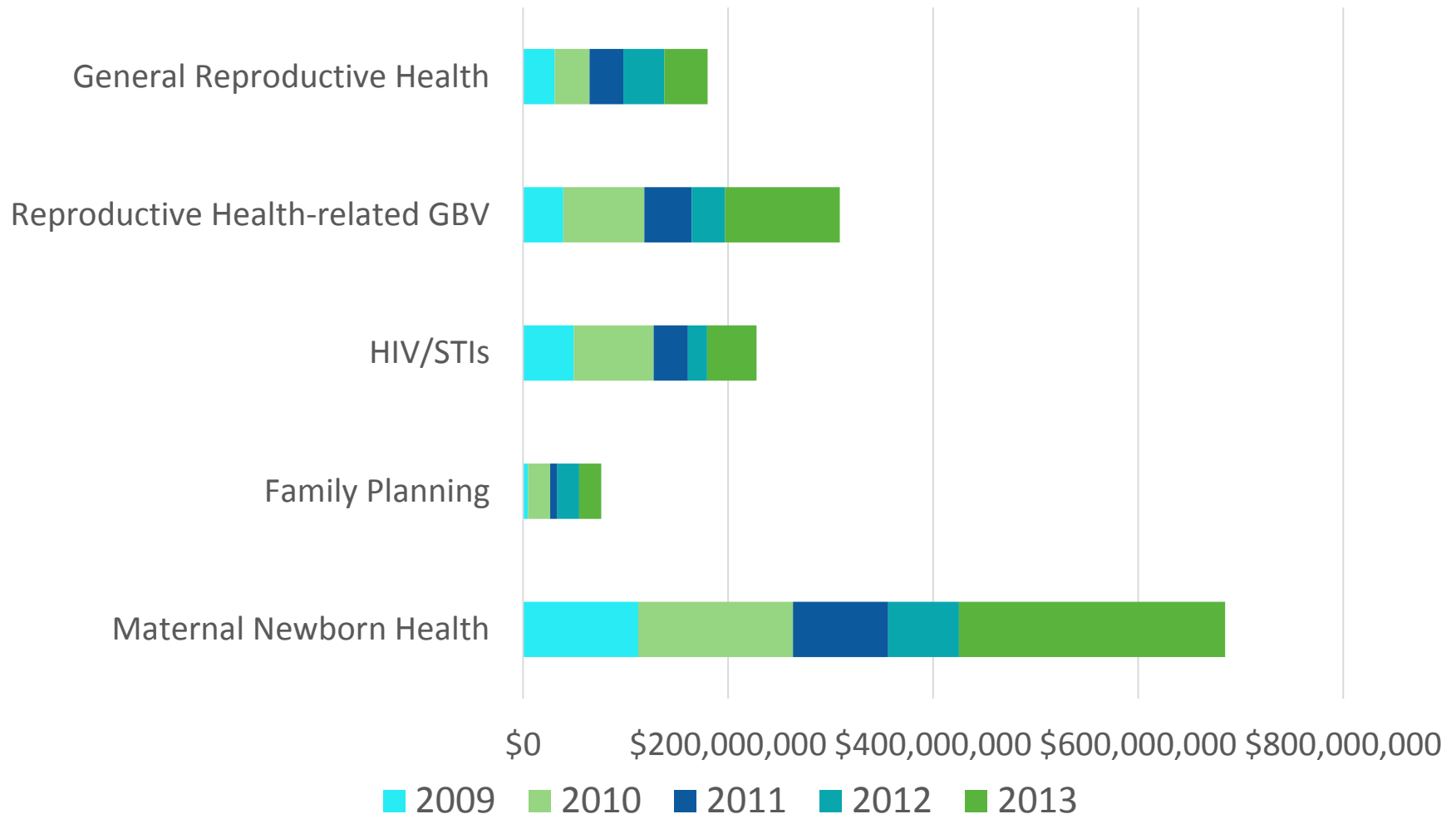
# Funding for relevant RH proposals, 2002-2013



# Components of RH proposals, 2009-2013



# Funding received for RH components, 2009-2013



# 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.



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# 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.**



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