



# Progress and gaps in reproductive health-related GBV funding and programming in humanitarian settings

Presented on behalf of the IAWG  
by Sarah Rich (Women's Refugee Commission)



# Background: What's IAWG?

## Inter-agency Working Group on Reproductive Health in Crises (IAWG)

- Formed in 1995
- Mission: To expand & strengthen access to quality SRH services for people affected by conflict and natural disaster.
- Collaborative coalition of 20 Steering Committee member agencies including UN, government, NGO, research, donors
- Network of 2,100+ people from 450 agencies



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# IAWG Global Evaluation 2012-2014

- Ten-year evaluation of reproductive health (RH) in humanitarian settings globally
- Last evaluation conducted in 2002-2004
- Comprised of 7 complementary studies documenting progress and gaps in RH services, programming, and funding



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# IAWG Global Evaluation 2012-2014

**Advancing reproductive health on the humanitarian agenda: the 2012-2014 global review**

*Sarah K. Chynoweth*

**Evaluations of reproductive health programs in humanitarian settings: a systematic review**

*Sara Casey*

**Tracking humanitarian funding for reproductive health: a systematic analysis of health and protection proposals from 2002-2013**

*Mihoko Tanabe, Kristen Schaus, Sonia Rastogi, Sandra K. Krause, Preeti Patel*

**Tracking official development assistance for reproductive health in conflict-affected countries: 2002-2011**

*Mihoko Tanabe, Kristen Schaus, Sonia Rastogi, Sandra K. Krause, Preeti Patel*



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# IAWG Global Evaluation 2012-2014

## **Progress and gaps in reproductive health services in three humanitarian settings: mixed-methods case studies**

*Sara E. Casey, Sarah K. Chynoweth, Nadine Cornier, Meghan C. Gallagher, Erin E. Wheeler*

## **Reproductive health services for Syrian refugees in Zaatari Camp and Irbid City, Hashemite Kingdom of Jordan: an evaluation of the Minimum Initial Services Package**

*Sandra Krause, Holly Williams, Monica A. Onyango, Samira Sami, Wilma Doedens, Noreen Giga, Erin Stone, Barbara Tomczyk*

## **Retrospective analysis of reproductive health indicators in the United Nations High Commissioner for Refugees post-emergency camps 2007-2013**

*Jennifer Whitmill, Curtis Blanton, Sathyanarayanan Doraiswamy, Nadine Cornier, Marian Schilperood, Paul Spiegel, Barbara Tomczyk*

## **Developing Institutional Capacity for Reproductive Health in Humanitarian Settings: A Descriptive Study**

*Nguyen-Toan Tran, Angela Dawson, Janet Meyers, Sandra Krause, Carina Hickling, IAWG*



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# Overall Progress and Gaps

**Advancing reproductive health on the humanitarian agenda: the 2012-2014 global review**

*Sarah K. Chynoweth*

- 2002-2004 evaluation → GBV was the weakest component of RH responses
- 2012-2014 evaluation revealed **progress in funding and programming**
- Remaining **gaps** include: **program evaluation, prevention efforts, and clinical management of rape**



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# Funding

**Tracking humanitarian funding for reproductive health: a systematic analysis of health and protection proposals from 2002-2013**

*Mihoko Tanabe, Kristen Schaus, Sonia Rastogi, Sandra K. Krause, Preeti Patel*

GBV included in **45.9% of all RH proposals** (n=495) in humanitarian health and protection appeals (2009-2013)

- 2<sup>nd</sup> highest of the technical areas

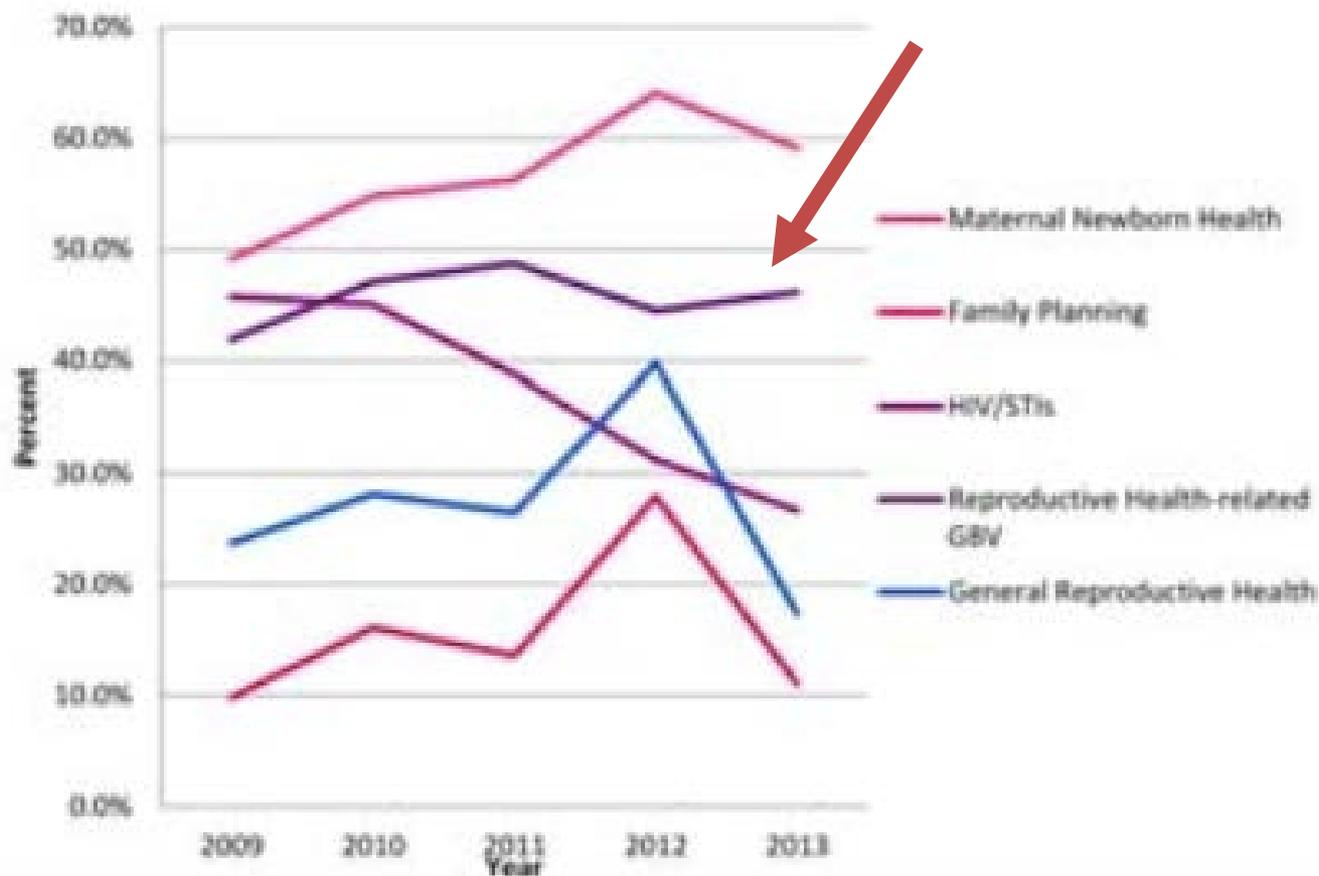


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## Components of Reproductive Health Proposals 2009-2013



**Tracking humanitarian funding for reproductive health: a systematic analysis of health and protection proposals from 2002-2013**

*Mihoko Tanabe, Kristen Schaus, Sonia Rastogi, Sandra K. Krause, Preeti Patel*



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# Funding

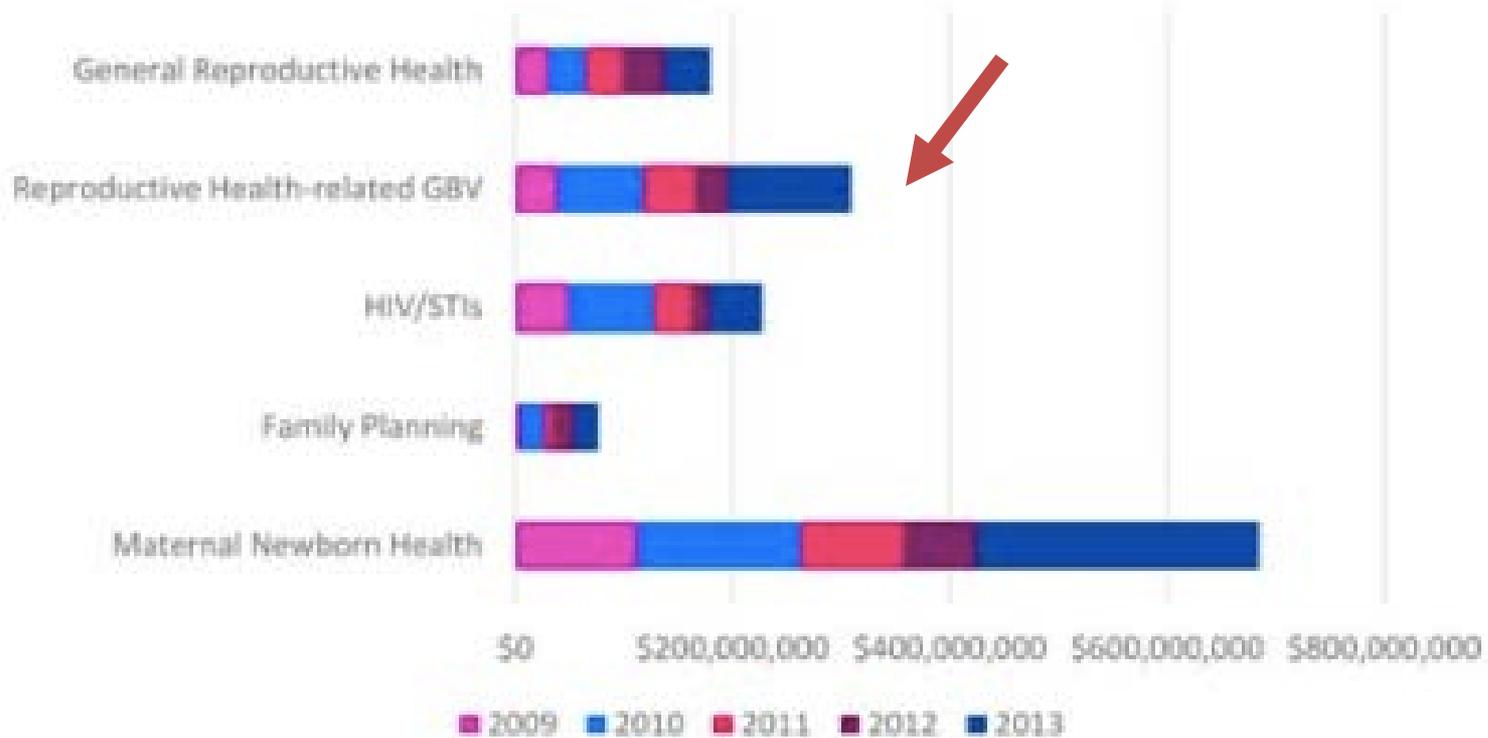
- Donor support to GBV totaled **308.9 million USD** between 2009-2013
  - Significant amount; 2<sup>nd</sup> largest among other RH components
  - Donors are willing to fund GBV activities
- But...**only 37%** of funds were received.
  - Lowest *proportion* compared with other RH components.



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## Funding Received for Reproductive Health Components, 2009-2013



**Tracking humanitarian funding for reproductive health: a systematic analysis of health and protection proposals from 2002-2013**

*Mihoko Tanabe, Kristen Schaus, Sonia Rastogi, Sandra K. Krause, Preeti Patel*



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# Services

## Reproductive health services for Syrian refugees in Zaatari Camp and Irbid City, Hashemite Kingdom of Jordan: an evaluation of the Minimum Initial Services Package

*Krause, Williams, Onyango, Sami, Doedens, Giga, Stone, Tomczyk*

- Prevention & treatment of sexual violence were inadequate
- Limited access to clinical mgmt of rape:
  - Low knowledge of services among providers and women
  - Only 1 site had staff & supplies for clinical mgmt. of rape
- In focus group discussions, women reported fears of GBV and many barriers to accessing services.



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# Services

## **Progress and gaps in reproductive health services in three humanitarian settings: mixed-methods case studies**

*Casey, Chynoweth, Cornier, Gallagher, Wheeler*

- 63 facilities assessed in Burkina Faso, DRC, & South Sudan
- Only 3 (all in DRC) provided adequate clinical mgmt of rape
  - All settings reported lack of supplies (PEP, EC)
  - Limited availability of trained providers, especially in Burkina Faso and South Sudan
- Limited awareness of existing services or reasons to seek care in Burkina Faso and South Sudan



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# Services

## Retrospective analysis of reproductive health indicators in the United Nations High Commissioner for Refugees post-emergency camps 2007-2013

Whitmill, Blanton, Doraiswamy, Cornier, Schilperood, Spiegel, Tomczyk

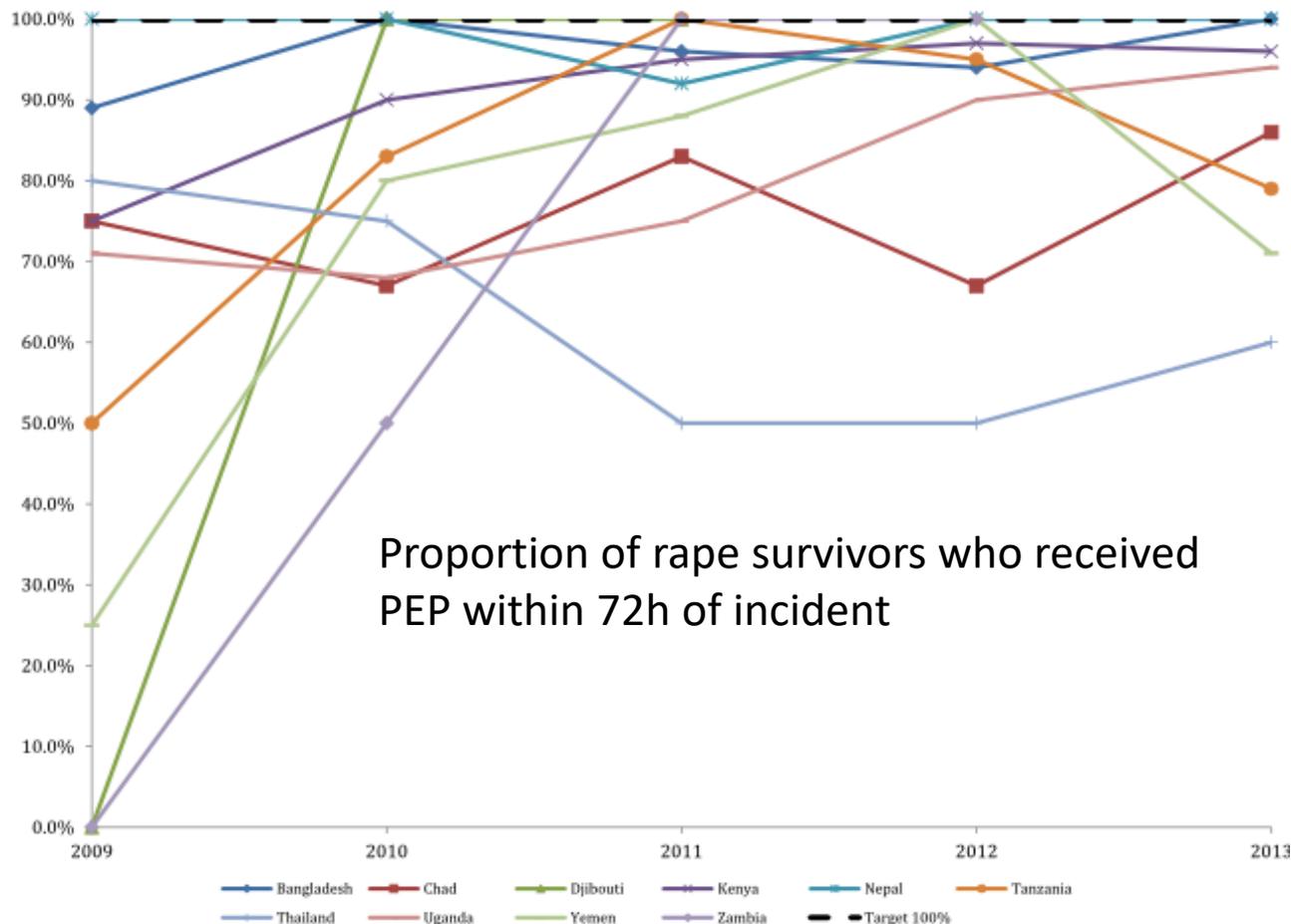


Fig. 7 Proportion of rape survivors who received post-exposure prophylaxis (PEP) within 72 h of an incident occurring. UNHCR target is 100 %



# Evaluation

## Evaluations of reproductive health programs in humanitarian settings: a systematic review

*Sara Casey*

- Review of peer-reviewed articles published 2004-13 with quantitative evaluation of RH programs in crisis settings
- 36 papers met the criterion; **only 3 addressed GBV**
  - All focused on care for rape survivors
  - But none evaluated effectiveness of clinical mgmt of rape
- Notably: Among 93 descriptive studies (excluded from the review), 1/3 reported prevalence and types of SV



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# Discussion

- Increased funding for and attention to GBV may be the result of strong emphasis and collective advocacy to flag GBV
- Considerable gaps remain, notably clinical care for rape and GBV prevention, as well as rigorous program evaluations to understand what works



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Thank you very much!