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
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
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
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 Zaatri 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 Schilperoord, 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
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
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)
• 2nd highest of the technical areas
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
Funding

- Donor support to GBV totaled **308.9 million USD** between 2009-2013
  - Significant amount; 2\textsuperscript{nd} 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.
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
Services

Reproductive health services for Syrian refugees in Zaatri 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.
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
Proportion of rape survivors who received PEP within 72h of incident
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
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
Thank you very much!