



# Investing in adolescent girls: mapping global and national funding patterns from 2016-2020

Report

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# Overview

Investing in adolescent girls can bring significant returns. There are currently 1.8 billion young people between the ages of 10 and 24 years globally, and most of them (90%) live in developing countries (UN, 2022). Adolescence is a key life stage that brings major social, physical and psychological changes, and lays the foundations for well-being later in life (Patton et al., 2018). This life stage has also been recognised as a key ‘window of opportunity’ during which adolescents are more likely to benefit from interventions (UNICEF, 2017). Research has found that funding adolescent health interventions can bring up to a tenfold return, and recommends that investment in adolescent health and well-being should be a high priority (Sheehan et al., 2017).

Although adolescence is often understood as a time when individuals gain more independence and autonomy, adolescent girls in low- and middle-income countries (LMICs) typically experience the reverse. For them, adolescence is often shaped by deeply entrenched gender and social norms, which serve to widen gender differences and present specific challenges to realising their full capabilities (Harper et al., 2018; Hunt, 2006). However, creating the conditions for adolescent girls to thrive can help girls overcome these challenges, bringing benefits for girls themselves but also helping to support the next generation by breaking cycles of intergenerational poverty and inequality (Pereznieto and Harding, 2013).

Women and girls can be disproportionately affected by budget cuts, as reductions in funding often affect programmes that target women and girls or programmes in which they are the main beneficiaries, such as social and community services (Care International UK, 2021; UNIFEM, 2008). Adolescents as a group have also been neglected historically within policy and programming. Child-focused investments typically focus on the first decade of life, while adult-focused investments are not appropriate for adolescents’ needs. This programming gap is beginning to be addressed in policy through a greater focus on adolescents as a priority population that has been left behind for many decades. The updated 2016–2030

Global Strategy for Women’s, Children’s and Adolescents’ Health included adolescents as a specific group for the first time. It recognised both the unique challenges facing adolescents and their role as key change makers (Every Woman Every Child, 2015). Additional momentum stemmed from the first ever Girl Summit, held in London in 2014, which saw increased commitments to end female genital mutilation/cutting (FGM/C) and child, early and forced marriage (CEFM). This momentum led to further funding commitments. For example, in 2016, the World Bank Group committed to invest \$2.5 billion for education projects benefiting adolescent girls (World Bank, 2016).

Despite the growing prioritisation of adolescent girls in policies and programming over the past decade, there is still limited overarching evidence on the state of financial investments in adolescent girls. In order to bridge this gap, this research study has mapped investments into adolescent girls to examine what investments there are and how funds are distributed. In this report, we present findings from this mapping exercise undertaken at the global and country levels (Ethiopia and Bangladesh), drawing on published data on donor official development assistance (ODA) flows complemented by key informant interviews with donors. The study aims to produce a comprehensive snapshot of investments in adolescent girls’ development, identifying which aspects of girls’ lives and well-being the funds are directed to, so as to facilitate a discussion on key priorities for future investments.



## Methodology

To map investments focused on adolescent girls<sup>1</sup>, we reviewed data from the largest ODA tracking dataset, the Organisation for Economic Co-operation and Development Creditor Reporting System (OECD-CRS) at the global and country level from 2016 to 2020. At the global level, we selected the top 10 gender equality bilateral donors (the United Kingdom (UK), Germany, the United States (US), European Union (EU) institutions, Japan, Sweden, Canada, Netherlands, France and Norway) (Donor Tracker, 2019) for all low- and middle-income (LMICs) countries. At the country level, we reviewed data from all official donors on the OECD-CRS system.

More specifically, in order to select ODA that focuses on women and girls, we used the OECD-DAC's (Development Assistance Committee) Network on Gender Equality (GenderNet) (the largest marker to track funding to gender equality) to identify ODA that supports gender equality and women's rights. This statistical tool uses a three-point scoring system to screen projects. A score of 0 (not targeted) is given to projects that have not been found to target gender equality; a score of 1 (significant) is given to projects that have gender equality as an important objective but where it is not the main reason for the project; and a score of 2 (principal) is given if gender equality is the main objective of a project and is fundamental to its design and results. Projects/programmes that have not been screened are left blank (GENDERNET, 2016). In this

review we only included ODA that has gender equality as a principal or significant objective of the project/programme.

This approach was complemented by key word searches of the available budgetary information (project titles and long descriptions in the OECD-CRS database) for gender- and age-specific terms (Annex 1, Table A1) to identify funding that goes towards adolescent-specific projects/programmes. (For further details, see Annex 1.) Projects were also screened for inclusion of marginalised adolescents. We focused on adolescent girls with disabilities as this group is often excluded and highly marginalised. In addition, as both Ethiopia and Bangladesh have a high number of refugee and internally displaced persons (IDPs) in their population, we also searched for young refugees at the country level. We screened ODA using key word searches related to disability and refugees (see Annex 1)<sup>1</sup>.

To complement our review of gender- and adolescent age-targeted expenditure by donors, we conducted key informant interviews (KIs) with bilateral, multilateral donors and ministry officials at the global and national levels. The key informants approached had expertise in funding gender- and adolescent-targeted programming in sectors such as education and sexual and reproductive health (SRH). The KIs aimed to unpack the underlying drivers of the key trends identified through the statistical data review.

<sup>1</sup> We only selected ODA that clearly focuses on young refugees and young people with disabilities.

# Investments into adolescent girls at the global level

## Overview of gender- and adolescent -targeted ODA

As we reach the midpoint of the 2030 Agenda for Sustainable Development, it is important to understand the current state of investment in adolescents, especially girls, if the global community is to deliver on its promise to 'leave no one behind'. In order to achieve this, the Gender and Adolescence: Global Evidence (GAGE) programme has first mapped investments in adolescent girls from the top 10 gender equality donors at global level from 2016 to 2020. As mentioned previously, all programming included in this review has gender equality as either a principal or significant objective, and includes young people<sup>2</sup> as one of the target populations.

Overall, we found that in 2020, 5.56% of total ODA (\$7.6 billion) from these the top 10 gender equality donors was gender- and adolescent -targeted (see Figure 1)<sup>3</sup>. With a population of 1.62 billion adolescents (10-19 years) and youth (15-24 years) in developing countries (UN, 2022), this represents an investment of \$4.70 per adolescent. We found that 21.4% of this ODA (1.19% of total ODA) clearly identified adolescents as one of the target age groups. The remainder of this ODA was either focused on older children only, youth only, or on all age groups. A large portion of this ODA (24.5%) used unspecific terminology such as 'young people' or 'girls', which makes it difficult to know whether the age group includes adolescents.

These findings suggest a higher investment compared to estimates from previous studies on ODA for adolescent health (a 2018 study found that from 2003 to 2015, only 1.6% of health ODA was adolescent focused) (Li, 2018). However, in the context of a growing adolescent and youth population, the current levels of investment are nevertheless low compared to the proportion of adolescents and youth in many LMICs (for example, averaging at 25% in less

developed countries and 32% in the least developed countries) (UNFPA, 2022).

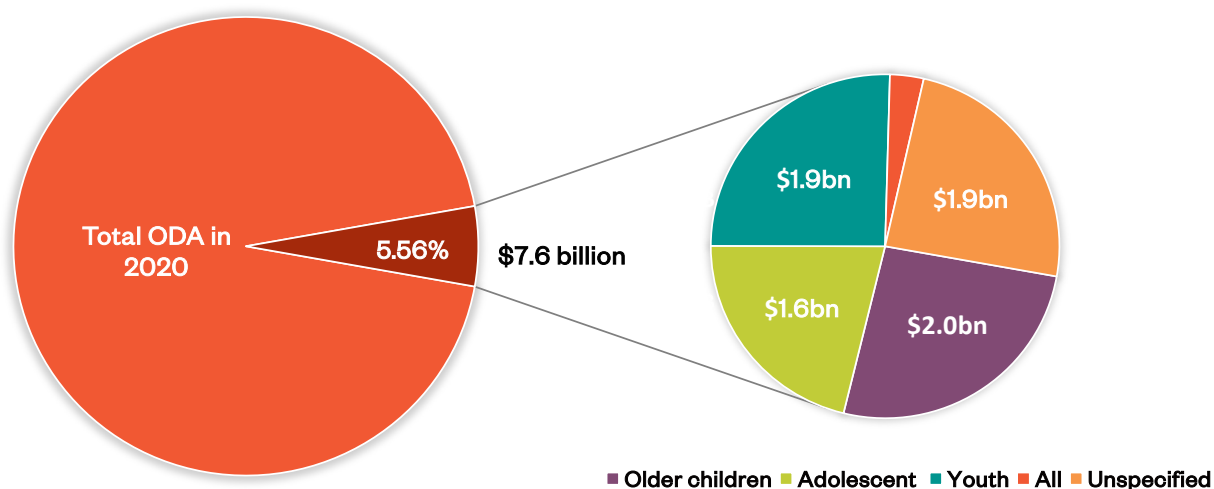
In comparison, data from SDG Funders (2016) found that in 2016, 2% of total funding provided by foundations (\$5 billion) goes towards SDG 5 gender equality and 'children and youth.' The largest foundation is the Bill and Melinda Gates Foundation, providing \$1.32 billion, followed by The Susan Thompson Buffett Foundation, who provide \$247 million.

From 2016 to 2020, the percentage of total ODA provided by the top 10 gender equality donors that is gender- and adolescent-targeted has stayed relatively stable, at around 5% (with a slight peak at 6.18% in 2019). However, the amount provided increased from \$5.84 billion in 2016 to \$7.62 billion in 2020 (see Figure 2). From 2019 to 2020, the amount of gender- and adolescent-targeted ODA was relatively stable, but there was a slight decrease in the percentage of gender- and adolescent-targeted ODA out of total ODA provided by these countries, most likely due to the Covid-19 pandemic diverting ODA to health and related measures. As well as the pandemic, key informants highlighted an overall deprioritisation of the adolescent agenda in more recent years, with one stating that: 'Clearly, the data shows that adolescents are not a priority, and I think it's like every decade there is a flavour and there was the decade of adolescents, too, and now it's not there, in my view'. In 2020, the top four donors that provided the largest amount of gender- and adolescent-targeted ODA were the UK (\$1.32 billion), Germany (\$1.20 billion), France (\$1.10 billion) and Canada (\$1.02 billion) (see Figure 3). The top four countries in relative terms were Canada, Sweden, Norway and the UK, which provided 26%, 20%, 12% and 11%

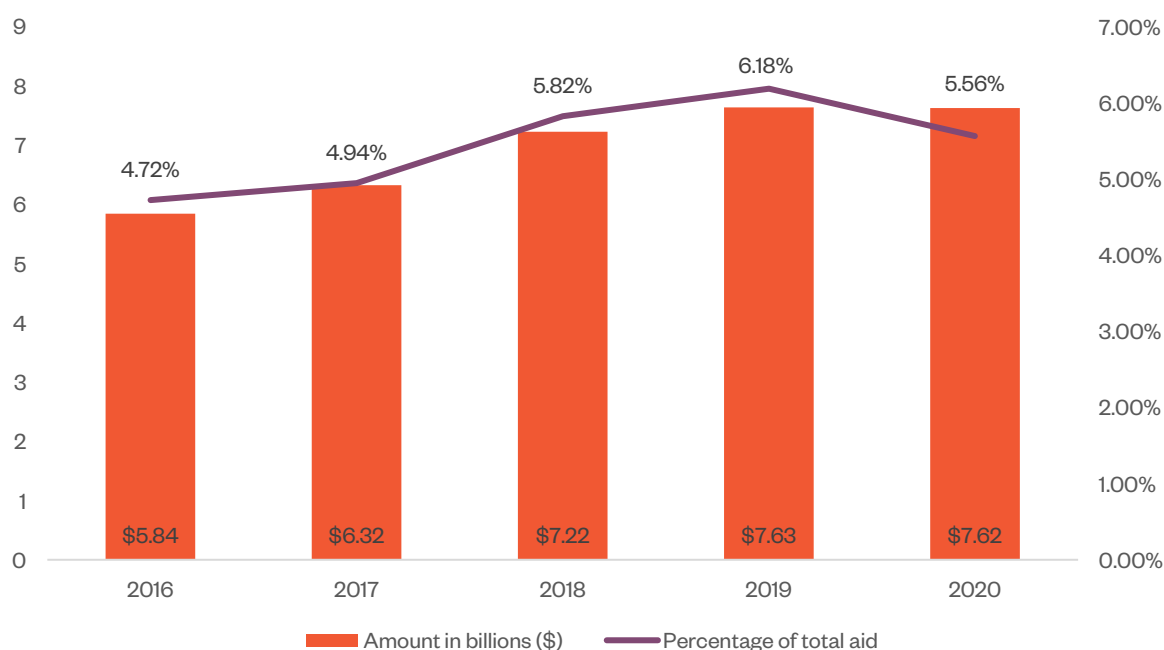
<sup>2</sup> In this report, we use the term 'young people' to refer to adolescents and youth aged 10–24 years.

<sup>3</sup> Throughout this report we use the term 'gender- and adolescent age-focused ODA' to refer to ODA that is tagged with the gender equality markers and that mentions young people.

**Figure 1: Percentage of gender- and adolescent-targeted ODA from the top 10 gender equality donors, out of their total ODA, 2020**



**Figure 2: Amount of gender- and adolescent-targeted ODA, 2016-2020**



respectively of their total ODA to projects/programmes that were gender- and adolescent-targeted (see Figure 4). The top four donors remained the same between 2018 and 2020, and the UK remained the top donor across all years; however, in 2016 and 2017, the US was included in the top four instead of Canada.

Canada has seen a rapid increase in the amount of gender- and adolescent-targeted ODA, from \$0.53 billion in 2016 to \$1.02 billion in 2020. Key informants attributed this increase to the 2017 Feminist International

Assistance Policy, which prioritised gender integration across programming and included gender equality and the empowerment of women and girls as a core area of work (Global Affairs Canada, 2017). While most donors increased their amount of gender- and adolescent-targeted ODA from 2016 to 2020, the US saw an overall decrease, from \$1.1 billion in 2016 to \$0.67 billion in 2020, most likely due to the Trump administration's cuts to foreign ODA spending during this time, and in particular cuts to investments in sexual and reproductive health.



Figure 3: Donors' gender- and adolescent-targeted ODA, 2020, by amount (\$ billions)

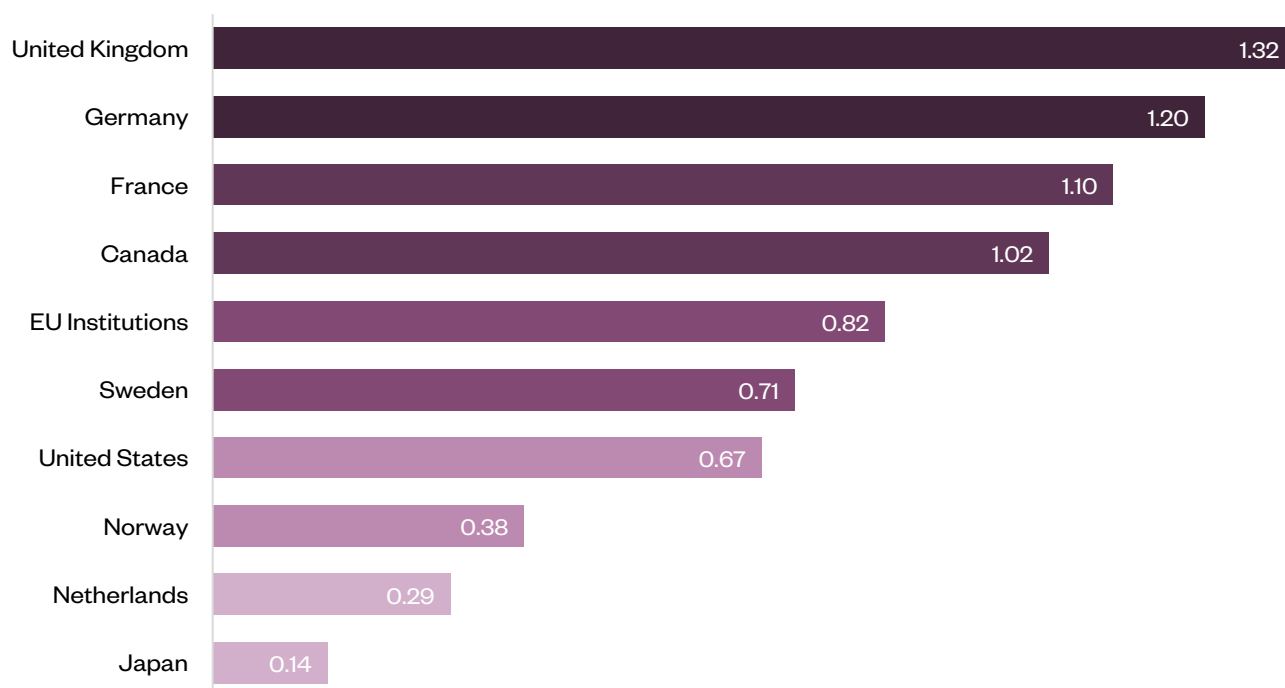
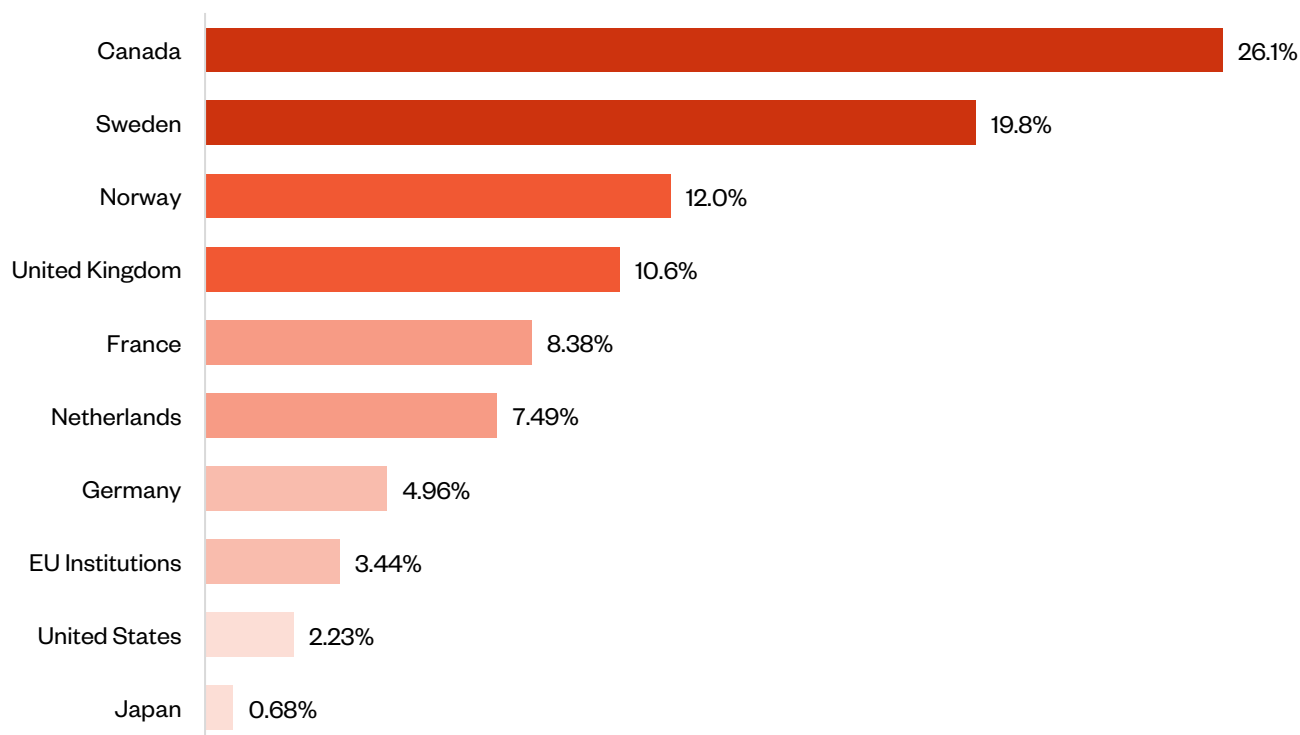


Figure 4: Donors' gender- and adolescent-targeted ODA, 2020, by percentage of donor's total ODA





A newly married adolescent girl who works at her family's shop. Bangladesh © Nathalie Bertrams/GAGE 2022

## Breakdown by sector, channel of delivery and recipients

When looking at the sectors that gender- and adolescent-targeted ODA targets, it is clear that these investments are not distributed equally; just over half (51%) goes to the education sector (Sustainable Development Goal (SDG) 4). The other main sectors were health<sup>4</sup> (SDG 3), at 14%; gender equality (SDG 5), at 11% (this included projects/programmes tackling violence against women and girls); and poverty alleviation (SDG 1), at 11%, which included social protection measures (see Table 1 and Figure 5).

Despite evidence on the impact of climate change on women, girls and young people (Devonald et al., 2020), only 1% of the gender- and adolescent-targeted ODA went to climate change-related sectors. Additionally considering SDG 6.2 'achieve access to adequate and equitable sanitation and hygiene' calls for special attention to the needs of women and girls, the percentage spent on SDG 6 is low at 0.76%. Interestingly, only 0.5% of gender- and adolescent-targeted ODA went towards decent work and economic skills (which included technical and skills training), suggesting a lack of investments in economic empowerment programming. This finding was reinforced by key informants, who highlighted this as an underfunded area. As one interviewee explained:

*Work around employability and the links to economic empowerment... I still feel there's very little work in understanding what are the really effective pathways in different contexts for adolescents to transition into work and economic empowerment.*

Within the programmes that contribute towards SDG5, 181 million USD of this funding went towards ending violence

against women and girls and only 4 million USD went to participation in decision-making in political, economic and public life (target 5.5). That being said, key informants emphasised the importance of engaging adolescent girls in decision-making platforms in order to ensure global policy priorities align with their actual needs. In particular, the role of adolescent and youth-friendly participatory grant-making was described as one essential modality for achieving this. Adapting these platforms to fit adolescent girls' specific needs, especially the most marginalised, was also highlighted as being very important. A key informant described:

*For inclusive and meaningful participation in partnership with girls, safeguarding measures should be in place to ensure the safety and well-being of the girls. Young people have specific dedicated needs. It's not even for us to tell them what those are, but to bring them into the process to design programming and agendas, in the form that works for them.*

However this type of grant-making still remains rare, as the same key informant explained:

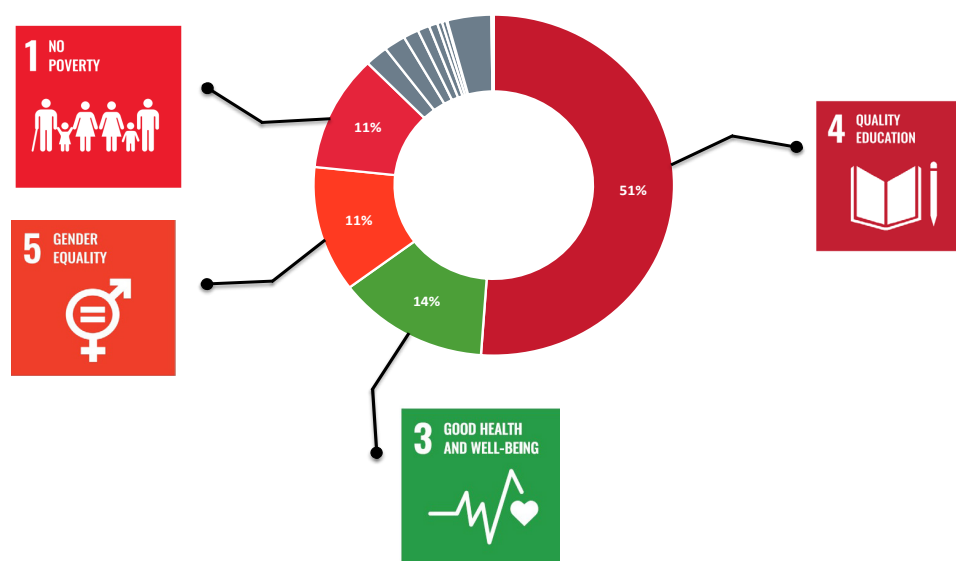
*Adults generally don't feel comfortable with young people in true decision-making power, and so a lot of the grant-making ends up going to adult-led organisations and maybe they have special programming that's devoted to youth. All of these things are important, but it's not the same thing as having meaningful youth participation in terms of decision-making about where funding goes and how that funding could best support young people.*

4 Key informant interviews also highlighted that sexual and reproductive health may not be accurately represented in this, as many projects focus on adolescents as well as women but may not specify this in their project descriptions.

Table 1: Overview of the amount and percentage of gender- and adolescent-targeted ODA by sector and SDG

Sustainable Development Goal	Sector	Amount (\$ millions)	Amount total	% of gender- and adolescent-targeted ODA
SDG 4 Quality education	Basic education	1402	3894	51.1
	Post-secondary education	1278		
	Secondary education	671		
	Education, level unspecified	544		
SDG 3 Good health and well-being	Population policies/ programmes & reproductive health <sup>5</sup>	667	1037	13.6
	Basic health	283		
	Health, general	81		
	Non-communicable diseases (NCDs)	6		
SDG 5 Gender equality	Government & civil society – including violence against women & girls	779	779	11.0
SDG 1 No Poverty	Emergency response	604	836	11.0
	Other social infrastructure & services	232		
SDG 9 Industry, innovation and infrastructure	Business & other services	72	158	2.07
	Industry	58		
	Communications	8		
	Transport & storage	18		
	Construction	0		
SDG 15 Life on land	Agriculture	144	149	1.96
	Forestry	5		
SDG 2 Zero hunger	Development food assistance	105	105	1.38
SDG 16 Peace, justice and strong institutions	Conflict, peace & security	131	131	1.07
SDG 13 Climate action	General environment protection	37	81	1.07
	Reconstruction relief & rehabilitation	33		
	Disaster prevention & preparedness	11		
SDG 6 Clean water and sanitation	Water supply & sanitation	58	58	0.76
SDG 8 Decent work and economic growth	Banking & financial services (including skills training)	23	33	0.44
	Trade policies & regulations	8		
	Mineral resources & mining	1		
	Tourism	1		
SDG 7 Clean and affordable energy	Energy generation, renewable sources	5	30	0.40
	Energy distribution	2		
	Energy policy	23		
SDG 14 Life below water	Fishing	6	6	0.08

<sup>5</sup> This also contributes to SDG5

**Figure 5: Percentage of gender- and adolescent-targeted ODA by top four SDG focus**

The main channel of delivery for donors' gender- and adolescent-targeted ODA was through United Nations (UN) organisations (27%), followed by central government (20%), while 12% went through donor country-based non-governmental organisations (NGOs) and 7.9% went through international NGOs. Only a small percentage of this ODA (1.8%) was delivered through NGOs based in developing countries (see Table 2).

Interviews with key informants highlighted that the focus on larger international organisations was on account of due diligence requirements for larger investments, which make approvals for smaller organisations more difficult. They instead rely on indirectly supporting smaller local organisations or do so through smaller funds (such as the Canada Fund for Local Initiatives, or The Support Fund for Feminist Organizations). One key informant explained that:

*The expectation that we have of our international partners is that they will work at the grassroots level with local community organisations and that those organisations are actually informing the design and implementation of these projects, or we support them through small funds that we have at the embassy.*

That being said, the amount going to smaller community based- organisations or adolescent-led initiatives still appears low, as a key informant highlighted: *'The very small community-based programmes are still not getting the kind of attention that they could and they are the ones who are probably working closest to communities.'*

We also explored which regions and countries this gender-and adolescent-targeted ODA goes towards.

Over a third of the gender- and adolescent-targeted ODA (37.8%) goes to the South of Sahara region (\$2.88 billion), whereas 11.8% goes to the Middle East (\$0.9 billion), and surprisingly, given its population size only 8.2% goes to South and Central Asia (\$0.6 billion) (see Figure 6). Comparing this to the total overseas ODA from DAC countries, while South of Sahara is the top region for both, South and Central Asia receives a greater amount of total ODA than the Middle East (OECD-DAC, 2020).

The top three countries that receive gender- and adolescent-targeted ODA are South Sudan, Ethiopia and Morocco (see Figure 7). Due to large differences in adolescent and youth population size, the amount spent per adolescent varies significantly by country. In Lebanon, for example, it is around \$116 per adolescent and youth<sup>6</sup>; and although Ethiopia receives the second highest amount, it is only \$5.64 per adolescent and youth. Comparing this to the countries that have received the most in terms of gross ODA (OECD-DAC, 2020), while India received the largest amount, it is not included in the top 10 for gender- and adolescent-targeted ODA, and only received an investment of \$0.12 per adolescent and youth. Surprisingly, Afghanistan also received a low amount of gender- and adolescent-targeted ODA. However, when reviewing the data, it appears that this is due to a lack of transparency and detail in the reporting on Afghanistan within the OECD-CRS database.

The top 10 recipient countries of gender- and adolescent-targeted ODA have low levels of gender equality. Most of these countries fall into group 5 of the Gender

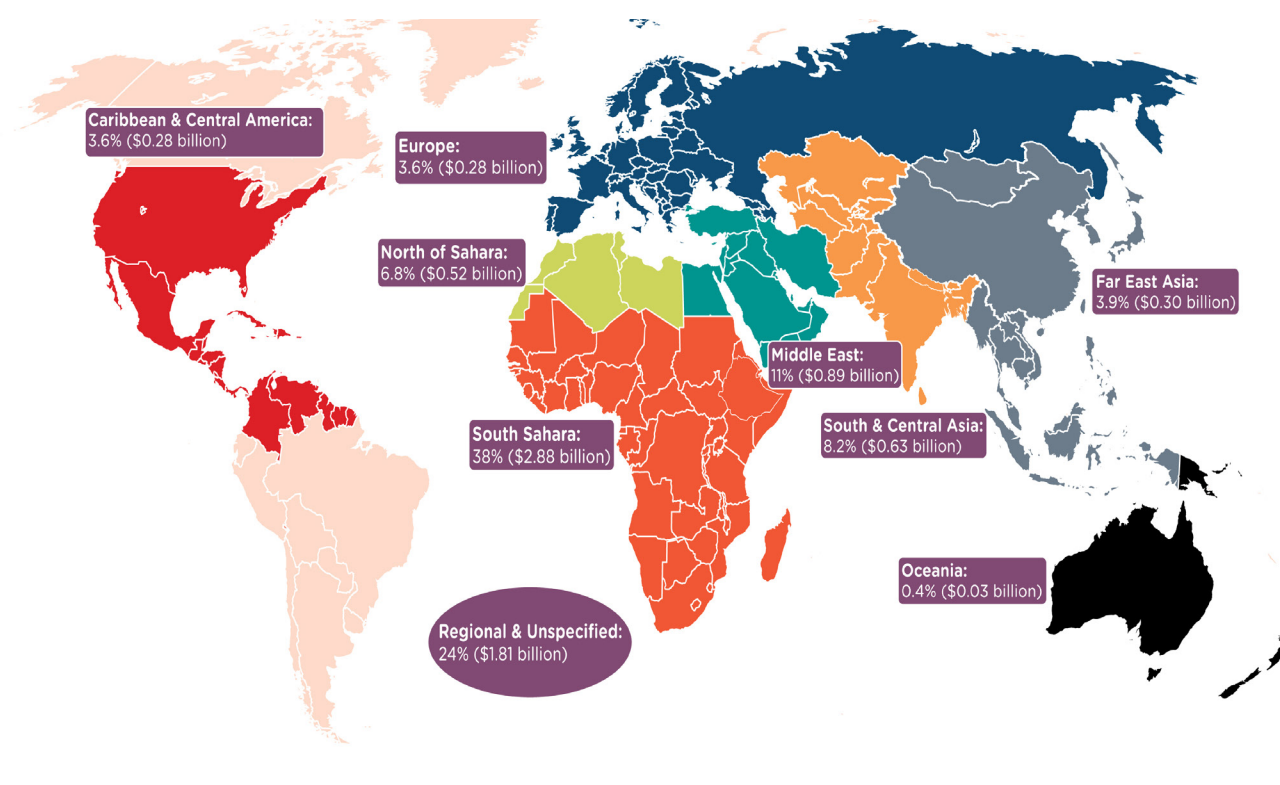
<sup>6</sup> This is mainly on education and the refugee response.



Table 2: Percentage and amount of gender- and adolescent-targeted ODA by channel of delivery, 2020

Channel of delivery	Amount (\$ millions)	% of gender- and age-focused ODA
UN organisations	2049	26.9
Central government	1490	19.6
Donor country-based NGO	911	12.0
International NGO	604	7.93
Public corporations	584	7.66
Multilateral organisations	539	7.07
Other	351	4.61
Private sector	270	3.55
University, college or other teaching institution, research institute or think tank	250	3.28
Recipient government	209	2.74
Developing country-based NGO	136	1.78
Third-country government (delegated cooperation)	98	1.28
Donor government	70	0.92

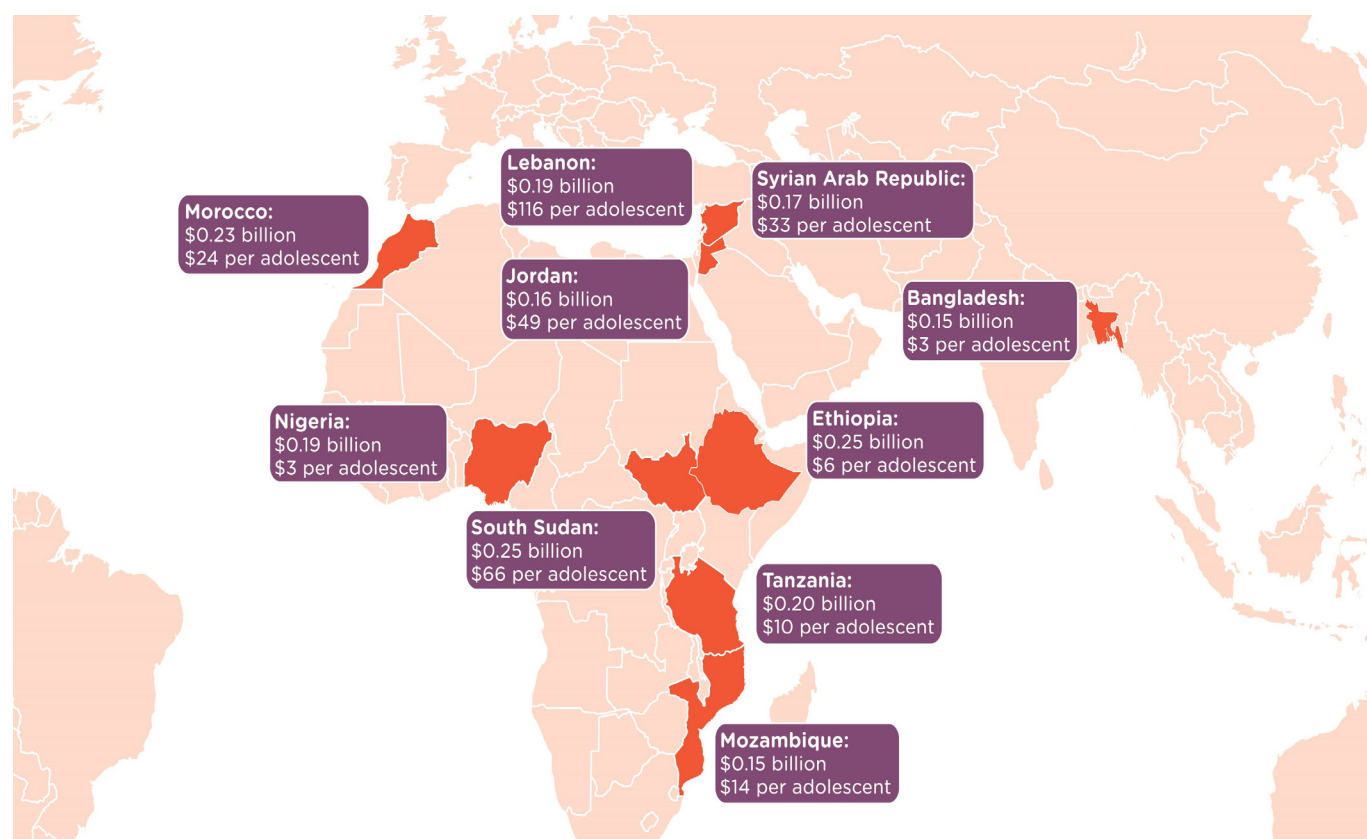
Figure 6: Breakdown of gender- and adolescent-targeted ODA by region, 2020



Development Index (GDI) (the furthest from gender parity), except for Tanzania and Mozambique, which fall into group 4 (the second furthest group from gender parity). All of the top 10 recipient countries have a 'high' or 'very high' rating on the Social Institutions and Gender Index (SIGI), which indicates a high level of discrimination against women in social institutions. Interestingly, six of

the countries with the largest gender- and adolescent-targeted ODA score in the top 30 (out of 179 countries) on the Fragile States Index (See Annex 2, Table A7).

**Figure 7: Top 10 recipient countries of gender- and adolescent-targeted ODA by amount (\$ billions) and amount spent per adolescent, 2020**



## Investment into gender, adolescents with disability, child marriage and female genital mutilation/cutting (FGM) programming



A young mother and her child, Amhara, Ethiopia © Nathalie Bertrams/GAGE 2022

The 2030 Agenda for Sustainable Development is centred on the principle of ‘leave no one behind’. In order to examine how far ODA for young people reaches the most marginalised adolescents and youth, we also identified the amount of ODA within the gender- and adolescent-targeted ODA that goes towards young people with disabilities. We found that in 2020, only 1.5% of the ODA identified in this review included young people with disabilities as a target population (\$106 million) (see Figure 8). This is despite global population estimates indicating that among young people, approximately 5% of the population have a disability. Moreover, this proportion of ODA accounts for just 0.08% of total ODA from these countries. We found that the country that donates the most to young people with disabilities (in terms of absolute amount) is the UK (\$34 million). However, the highest in relative terms is Norway, which spent \$20 million in 2020 – 5.49% of its gender- and adolescent-targeted ODA. The amount of ODA targeting young people with disabilities peaked during 2019 in line with the first Global Disability Summit, which was held in 2018 (see Figure 9). This historic event for disability

inclusion appears to have acted as a driver for prioritising young people with disabilities within global ODA, resulting in a higher investment in young people with disabilities during 2019. However, this support rapidly decreased in 2020, most likely due to the Covid-19 pandemic and the short-term nature of these global policy priorities. Key informants described how sudden shifts in political and global policy priorities can have large impact on funding and can result in challenges in long-term sustainability.

All of the ODA included in this review included gender as either a principal or significant objective of the project/programme. However, we found that the majority of the gender- and adolescent-targeted ODA had gender as a significant objective of the project programme, but not as the primary goal. We found that only 22% of the gender- and adolescent-targeted ODA was marked with gender as a principal reason for undertaking the project/programme.

We also looked at the amount of ODA that focuses on child marriage and female genital mutilation/cutting (FGM/C), and found that around 2.5% and 1.6% of this gender- and adolescent-targeted ODA was spent on child marriage and FGM/C respectively<sup>73</sup>. This again is extremely

<sup>73</sup> However, it is worth noting that these are programmes where the main focus is on child marriage; other programmes may also contribute to the elimination of child marriage but it may not be the main focus of the description in the OECD-CRS database.

low and this lack of investment can have significant impacts on achieving the SDGs. However, key informants noted that interventions that include child marriage as a component of a broader package might not be visible in the OECD-CRS data, and suggested that the numbers in reality may be higher.

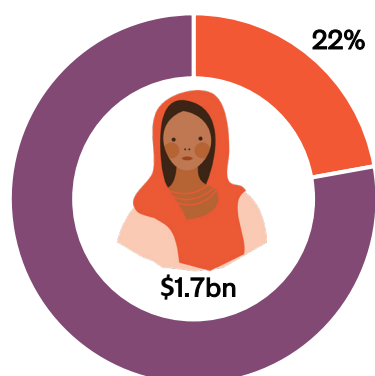
Although out of the scope of this review, we also recognised other marginalised groups of adolescent

girls that are also left behind within global investments. In particular, key informants highlighted out-of-school adolescents, refugees and migrants, those from rural areas, and LGBTQIA+ adolescents, as key groups that are often excluded. A key informant explained:

*Disability inclusion is just one piece of it. Looking at it from the intersectionality dimension is another issue that is given little attention. I think that should be our ultimate goal.*

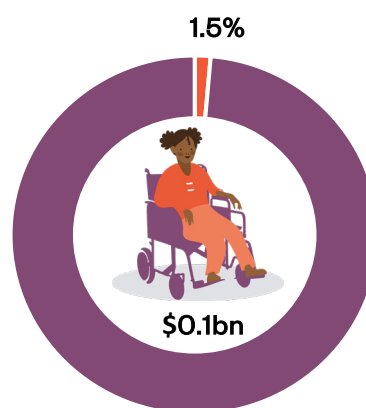
**Figure 8: Gender- and adolescent-targeted ODA by gender, disability, child marriage and FGM/C in 2020**

### Gender principal vs. significant



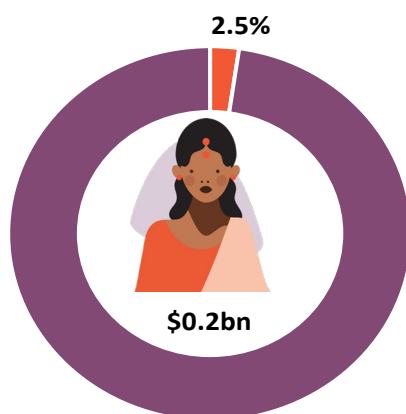
■ Gender principal ■ Gender significant

### Young people with disabilities



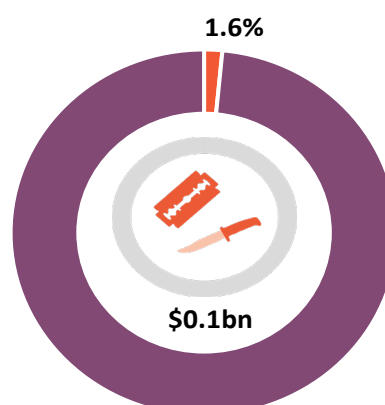
■ Young people with disabilities ■ Gender-adolescent-targeted ODA

### Child marriage



■ Child marriage ■ Gender-adolescent-targeted ODA

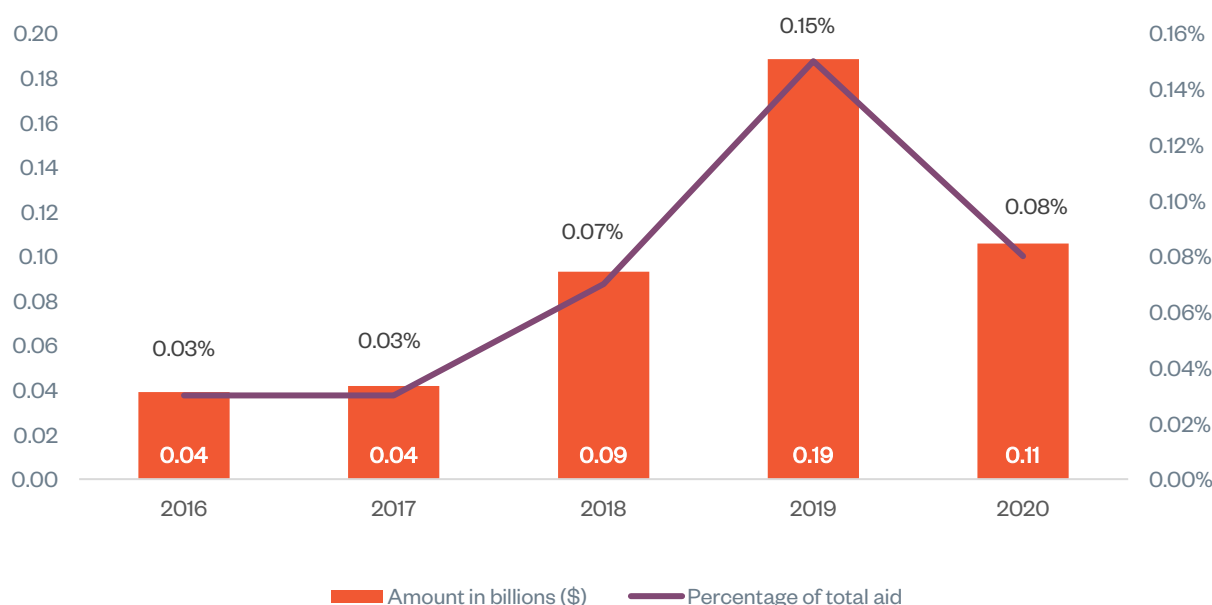
### FGM/C



■ FGM/C ■ Gender-adolescent-targeted ODA



Figure 9: Gender-, age- and disability-related ODA, 2016–2020



## Investments into adolescent girls at the national level: Bangladesh and Ethiopia

*Economic evaluation of adolescent programming is very important. If we evaluate and implement high impact interventions on adolescent health, it has triple dividends of benefits for adolescents now, for their future life and for the coming generations. This concept should be advocated at all levels.*

### Overview of gender- and adolescent-targeted ODA, 2020

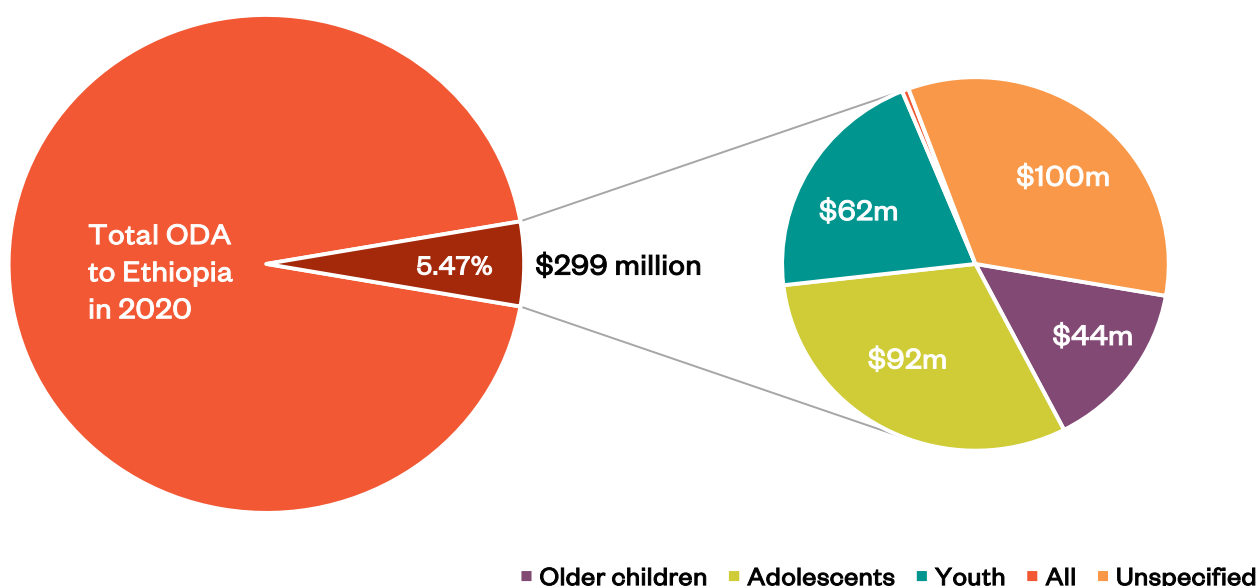
In addition to exploring global-level trends, we also wanted to take a detailed look at national-level trends in LMICs. We selected two of GAGE's core focal countries: Ethiopia, a low-income country; and Bangladesh, a lower middle-income country. Both are in the top 10 countries receiving gender- and adolescent-targeted ODA. We also reviewed all official donors included in the OECD-CRS database from 2016 to 2020. Overall percentages were similar to the global level. We found that 5.47% of ODA (\$299 million) to Ethiopia in 2020 was gender- and adolescent-targeted

(see Figure 10). A slightly smaller percentage of total ODA to Bangladesh was gender- and adolescent-targeted (4.95%) but the absolute amount provided was larger (\$321 million) (see Figure 11). However, considering that in both contexts, adolescents and youth account for more than a quarter of the population (33% for Ethiopia and 27% for Bangladesh) (UNFPA, 2022), the percentage of ODA spent on those groups does not seem proportionate.

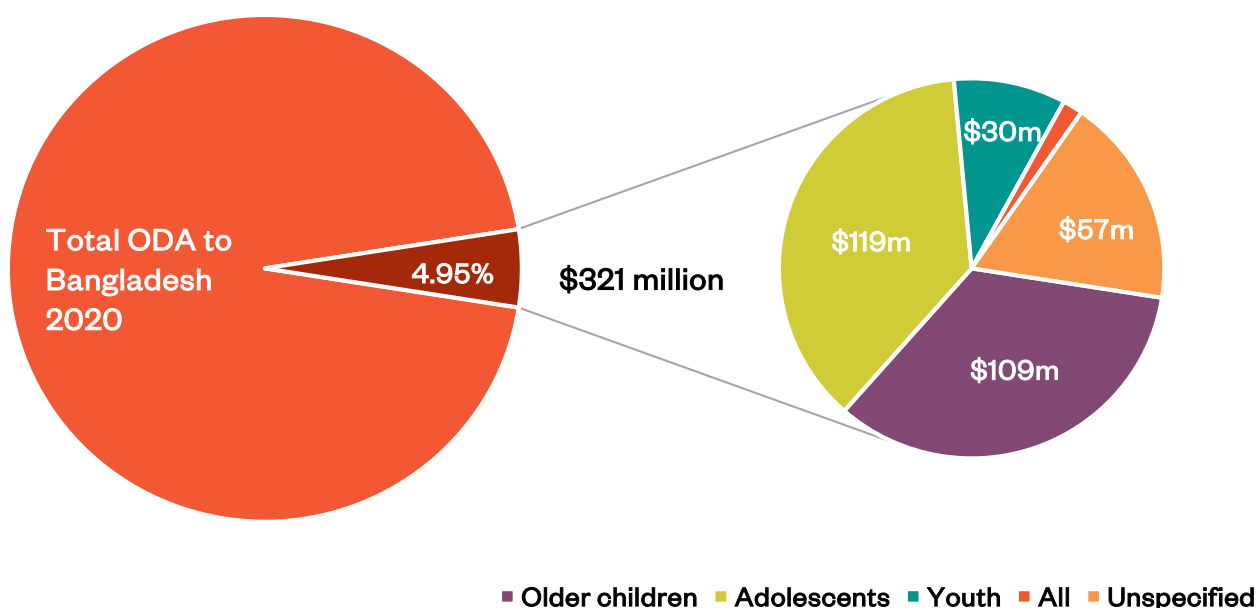
Compared to the global level, a higher percentage of the gender- and adolescent-targeted ODA clearly used the term 'adolescent' in their title or programme description (31% for Ethiopia and 37% for Bangladesh, compared to 21% at the global level). This amounts to 1.68% of total ODA to Ethiopia (\$92 million) and 1.83% of total ODA (\$119 million) to Bangladesh. While in Ethiopia, a large proportion (33%) of the gender- and adolescent-targeted ODA did not specify the age category either in project titles or in their long descriptions.

For the country level, we reviewed all official donors to Ethiopia and Bangladesh in the OECD-CRS database.

**Figure 10: Percentage of gender- and adolescent-targeted ODA to Ethiopia, 2020 (\$ millions)**



**Figure 11: Percentage of gender- and adolescent-targeted ODA to Bangladesh, 2020 (\$ millions)**



In 2020, the majority (88%) of gender- and adolescent-targeted ODA to Ethiopia came from the top 10 gender equality donors that were reviewed at the global level (see Annex 2). When looking only at these 10 donors, 12% of ODA is gender- and adolescent-targeted, suggesting that at the global level, if we were to include all official donors on the OECD-CRS database, the overall percentage of gender- and adolescent-targeted ODA would be lower. The majority of ODA (99%) comes from DAC donors.

The top three gender- and adolescent-targeted donors to Ethiopia in 2020 by amount were the UK (\$96 million), the US (\$71 million) and Germany (\$39 million) (see Figure 12). A high proportion of the gender- and adolescent-

targeted ODA was provided by these three top bilateral organisations (69%). This is important to consider in the context of political and economic shifts within these donor countries – such as the reduction of ODA from 0.7% to 0.5% of gross domestic product (GDP) in the UK in 2021 – which could have a large impact on investments in young people. In relative terms, (out of the top 10 donors by amount), the donors with the highest percentage of gender- and adolescent-targeted ODA compared to their total ODA were Finland (52%), the UK (27%) and Canada (27%).

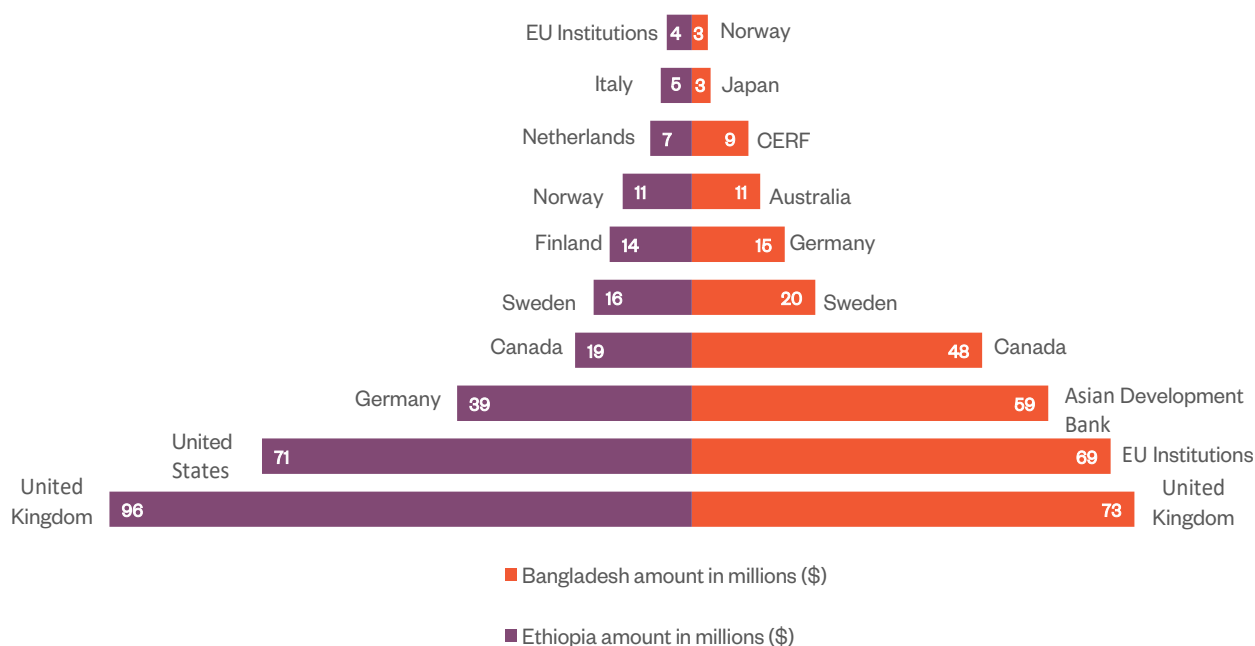
In Bangladesh, a smaller percentage (76%) of this ODA – although still the majority – ODA came from the

top 10 gender equality donors that were reviewed at the global level. When looking at these 10 donors only, 7.48% of ODA is gender- and adolescent-targeted. Of this ODA, 81% ODA came from DAC countries; this is due to larger amounts of ODA provided by non-DAC donors such as the Asian Development Bank (ADB) and the UN's Central Emergency Response Fund (CERF). The top three donors in terms of gender- and adolescent-targeted ODA by amount in 2020 were the UK (\$73 million), EU institutions (\$69 million) and the ADB (\$59 million). Compared to Ethiopia, Bangladesh's top three donors include the ADB, which was not included in the global review. Out of the top 10, the donors with the highest percentage of gender- and adolescent age-focused ODA compared to their total ODA

were Canada (70%), Sweden (36%) and the UK (28%). Surprisingly, UNICEF had a low percentage of gender- and adolescent-targeted ODA (7%) in both countries. However, this is most likely due to a lack of detailed reporting in the OECD-CRS database (most descriptions did not specify a target age group) rather than a lack of ODA going towards adolescent girls (See Annex 3 Table A11).

Looking at trends from the available data for the past five years, the amount of gender- and adolescent-targeted ODA that goes to Ethiopia has increased only slightly from \$272 million in 2016 to \$299 million in 2020 (see Figure 13). However, the percentage gender- and adolescent-targeted ODA within total ODA to Ethiopia has decreased from 6.01% in 2016 to 5.47% in 2020. The amount of

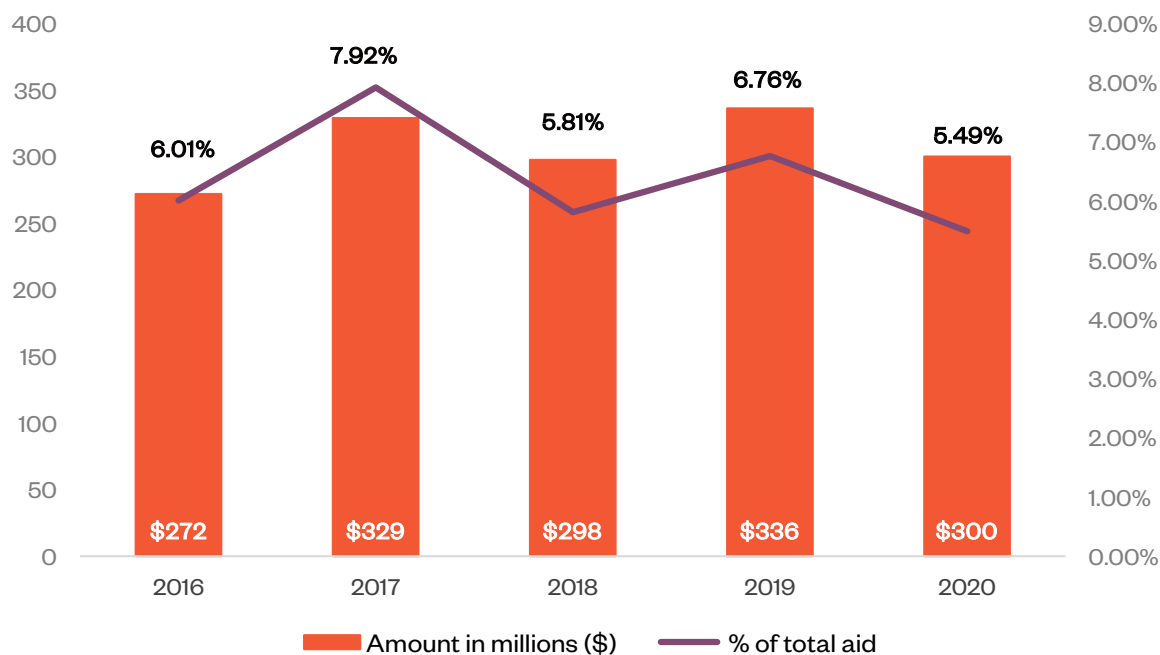
**Figure 12: Percentage of gender- and adolescent-targeted ODA to Bangladesh, 2020 (\$ millions)**



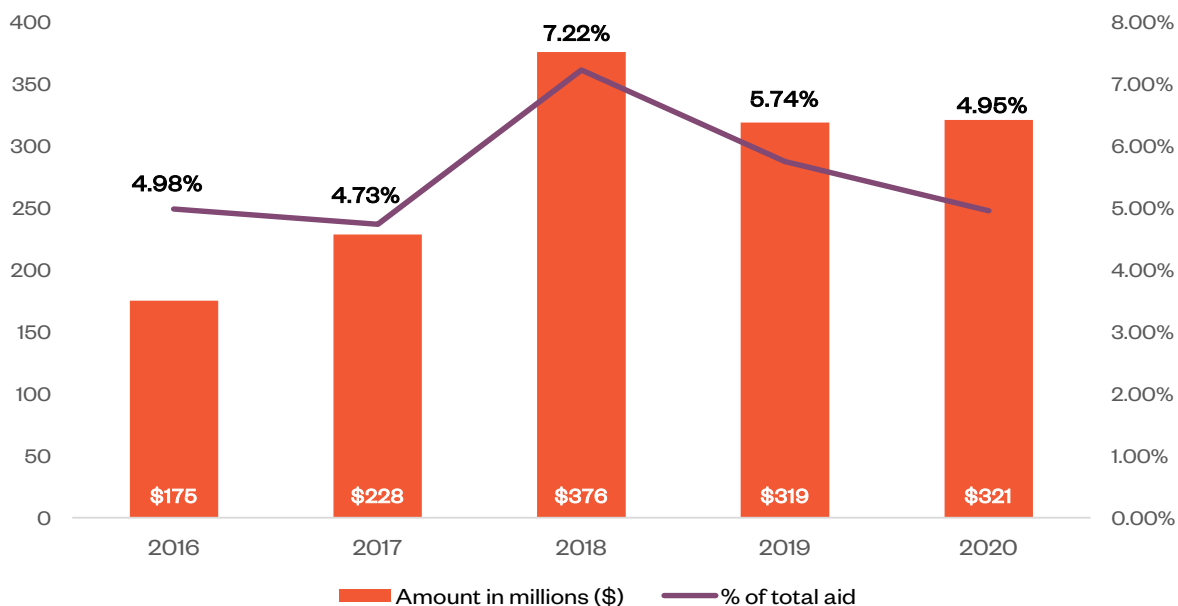
gender- and adolescent age-focused ODA that goes to Bangladesh has increased more significantly, from \$175 million to \$320 million over the same period (see Figure 14). However, for Bangladesh, the percentage of gender- and adolescent-targeted ODA (within the total ODA)

has stayed around the same (4.98% in 2016, 4.95% in 2020). Both the amount and percentage of this ODA peaked in 2018, when 7.22% of ODA went towards gender- and adolescent-targeted project/programmes.

**Figure 13: Gender- and adolescent-targeted ODA to Ethiopia, 2016–2020**



**Figure 14: Gender- and adolescent-targeted ODA to Bangladesh, 2016–2020**





## Breakdown by sector and channel of delivery

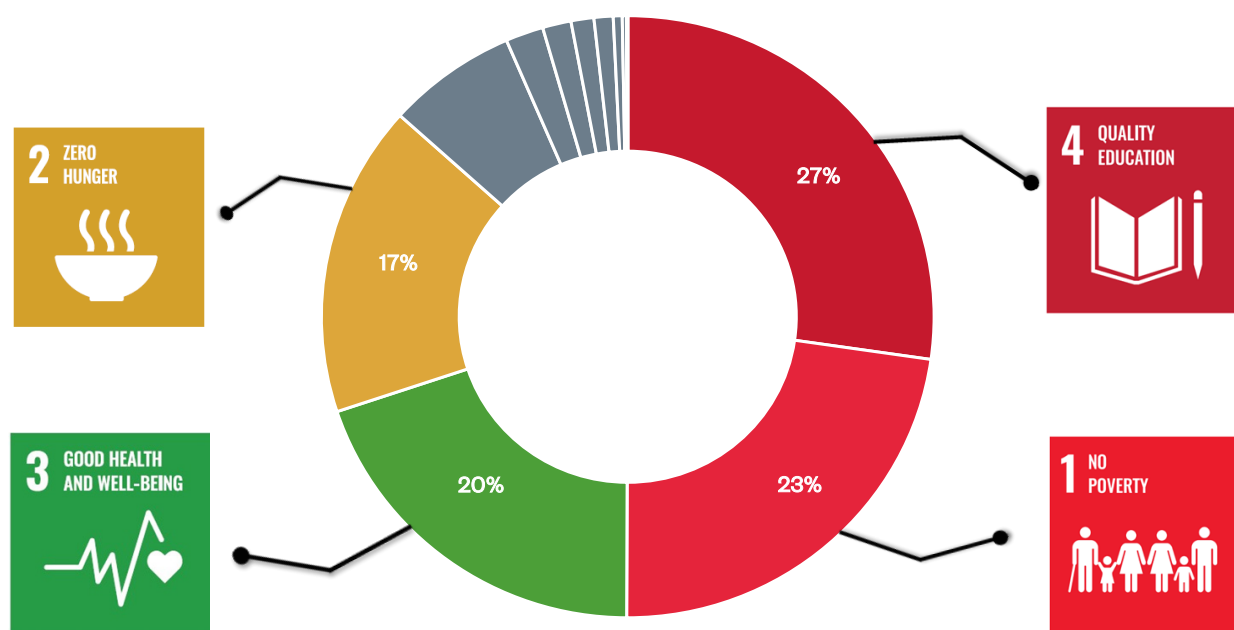
In 2020, in Ethiopia, the top sectors for donors' gender- and adolescent-targeted ODA were education (27%) (although this was a much smaller percentage compared to the global level), poverty alleviation (23%), health (20%) and food assistance (17%) (see Table 4 and Figure 15). Comparing this to the global level, Ethiopia's gender- and adolescent-targeted ODA has a higher proportion going to sectors such as emergency response and development food assistance. This is probably largely comprised of support for young people impacted by the

country's ongoing civil conflict, as well as drought and other humanitarian disasters.

In Bangladesh, we found a similar pattern to the global level, with over half of the gender- and adolescent-targeted ODA going to the education sector (52%), 14% going to health, 13% going to peace and justice, and 7% going to poverty alleviation (see Table 5). We did not find any gender- and adolescent-targeted disaster prevention and preparedness projects/programmes in Bangladesh which was surprising considering Bangladesh

**Table 3: Overview of the amount and percentage of gender- and adolescent-targeted ODA by sector and SDG, Ethiopia**

Sustainable Development Goal	Sector	Amount (\$ millions)	Amount total	% of gender- and adolescent-targeted ODA
SDG 4 Quality education	Basic education	27.2	81.6	27.3
	Post-secondary education	6.47		
	Secondary education	41.8		
	Education, level unspecified	5.58		
SDG 1 No Poverty	Emergency response	60.1	68.2	22.7
	Other social infrastructure & services	8.09		
SDG 3 Good Health and well-being	Population policies/ programmes & reproductive health	35.2	59.4	19.8
	Basic health	19.3		
	Health, general	4.88		
SDG 2 Zero hunger	Development food assistance	50.2	50.2	16.8
SDG 5 Gender equality	Government & civil society – general	20.2	20.2	6.68
SDG 15 Life on land	Agriculture	4.51	4.51	1.51
	Forestry	0.01		
SDG 9 Industry, innovation and infrastructure	Business & other services	1.73	3.61	1.21
	Industry	1.83		
	Communications	0.05		
	Transport & storage	18		
	Construction	0		
SDG 6 Clean water and sanitation	Water supply & sanitation	3.02	3.02	1.01
SDG 13 Climate action	General environment protection	1.41	1.41	0.47
SDG 16 Peace, justice and strong institutions	Conflict, peace & security	0.37	0.37	0.12
SDG 7 Clean and affordable energy	Energy policy	0.01	0.01	0.00

**Figure 15: Percentage of gender- and adolescent-targeted ODA to Ethiopia by top 4 Sustainable Development Goal (SDG) focus****Table 4: Overview of the amount and percentage of gender- and adolescent-targeted ODA by sector and SDG, Bangladesh**

Sustainable Development Goal	Sector	Amount (\$ millions)	Amount total	% of gender- and adolescent-targeted ODA
SDG 4 Quality education	Basic education	18.6	166	52%
	Post-secondary education	6.21		
	Secondary education	80.2		
	Education, level unspecified	61.2		
SDG 3 Good Health and well-being	Population policies/ programmes & reproductive health	22.8	44.5	14%
	Basic health	19.9		
	Health, general	1.77		
SDG 5 Gender equality	Government & civil society – general	35.6	35.6	11%
SDG 1 No Poverty	Emergency response	15.71	23.1	7%
	Other social infrastructure & services	7.41		
SDG 15 Life on land	Agriculture	5.47	7.18	2.24%
	Forestry	1.71		
SDG 13 Climate action	General environment protection	4.78	6.66	2.08%
	Reconstruction relief & rehabilitation	1.88		
SDG 16 Peace, justice and strong institutions	Conflict, peace & security	5.13	5.13	1.60%
SDG 2 Zero hunger	Development food assistance	2.90	2.90	0.90%

SDG 7 Clean and affordable energy	Energy generation & renewable sources	0.01	1.95	0.61%
	Energy policy	1.94		
SDG 6 Clean water and sanitation	Water supply & sanitation	0.40	0.40	0.12%
SDG 9 Industry, innovation and infrastructure	Business & other services	0.23	0.24	0.07%
	Industry	0.01		
SDG 14 Life below water	Fishing	0.07	0.07	0.02

is one of the most vulnerable countries to climate change.

Again, as with the global level, for both Ethiopia and Bangladesh, the majority of ODA goes through UN organisations. However, whereas in Ethiopia the next highest amount goes to donor country-based NGOs and

only a small amount of ODA goes through developing country-based NGOs, in Bangladesh a large proportion goes to developing country-based NGOs, largely due to absorption of funding by the leading and long-established national NGO BRAC (see Table 5).

**Table 5: Overview of the amount and percentage of gender- and adolescent-targeted ODA by sector and SDG, Bangladesh**

Ethiopia		Bangladesh	
Channel of delivery	Amount (\$ millions)	Channel of delivery	Amount (\$ millions)
UN organisations	96.0	UN organisations	75.7
Donor country-based NGO	50.0	Developing country-based NGO	65.1
Recipient government	38.0	Recipient government	59.0
Central government	36.3	Central government	54.9
International NGO	36.0	Developing country-based NGO	26.6
Private sector	18.8	International NGO	9.58
Other	11.7	Private sector	7.14
Public sector institutions	9.03	University, college or other teaching institution, research institute or think tank	7.01
Multilateral organisations	1.78	Public corporations	6.17
Donor government	1.12	Multilateral organisations	5.23
Developing country-based NGO	0.75	Other	3.82
Third-country government (delegated cooperation)	0.32	Third-country government (delegated cooperation)	1.54

## Investments in gender, child marriage and FGM/C programming, Ethiopia and Bangladesh

In Ethiopia, only 11% of gender- and adolescent-targeted ODA (\$34 million) was marked as having gender as a principal project/programme objective (gender equality marker 2); the majority of the ODA has gender as a significant rather than principal objective (gender equality marker 1). This percentage is much lower than that at the global level (21%) (see Figure 16). In Bangladesh, a higher

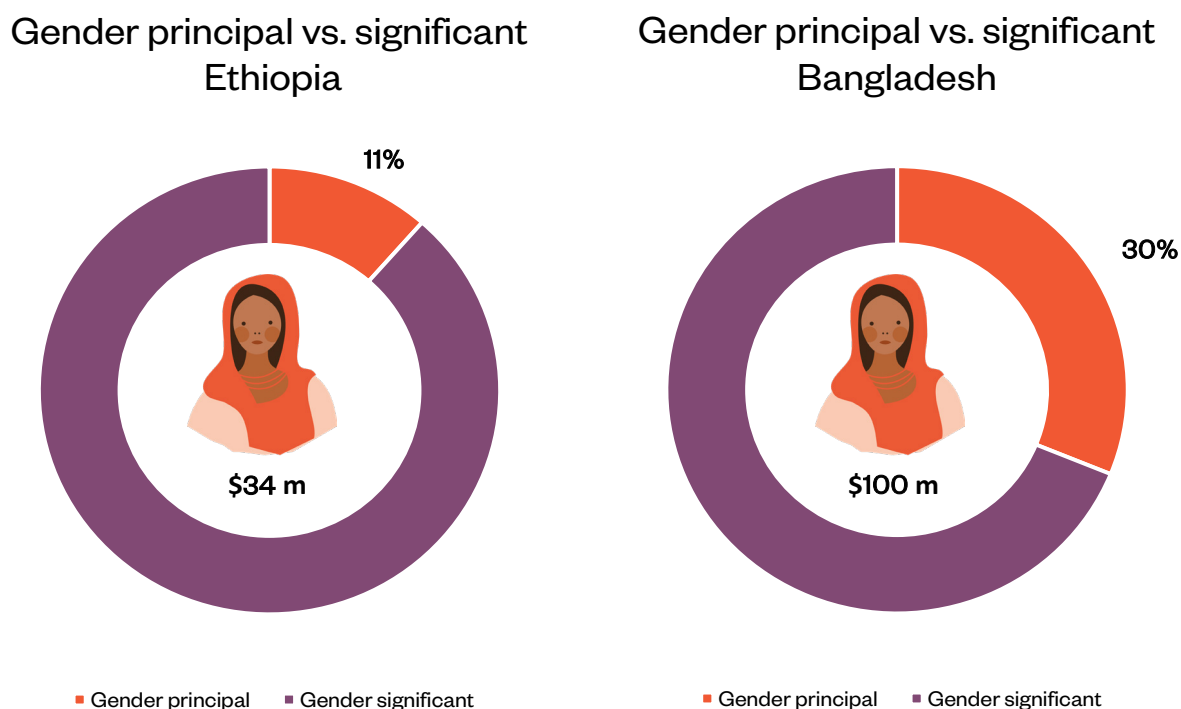
percentage (30%) of this ODA has gender equality as a principal project/programme objective (\$100 million).

Since the introduction of the National Roadmap to End Child Marriage and FGM/C, Ethiopia has seen increased investment in programming on both those areas. Our findings show an increase in investment from around \$1 million in 2016 to \$6 million in 2020 for both child marriage

and FGM/C. However, compared to Bangladesh (which received \$16 million worth of investment in programming on child marriage in 2020, see Figure 18 and 19) – the investment in programming on child marriage in Ethiopia is still very low. The burden of child marriage is extremely high in both countries. Ethiopia has the 14th highest prevalence

of child marriage in the world; 14% of girls are married by the age of 15 and 40% are married by the age of 18. Bangladesh has the third highest prevalence of child marriage in the world; 22% of girls are married by the age of 15 and 59% are married by the age of 18 (Girls Not Brides, n.d.).

**Figure 16: Percentage and amount of gender- and adolescent age-focused ODA that has gender as a principal objective of the project/programme, Ethiopia and Bangladesh in 2020**



**Figure 17: Child marriage and FGM/C-targeted ODA, Ethiopia, 2016–2020**

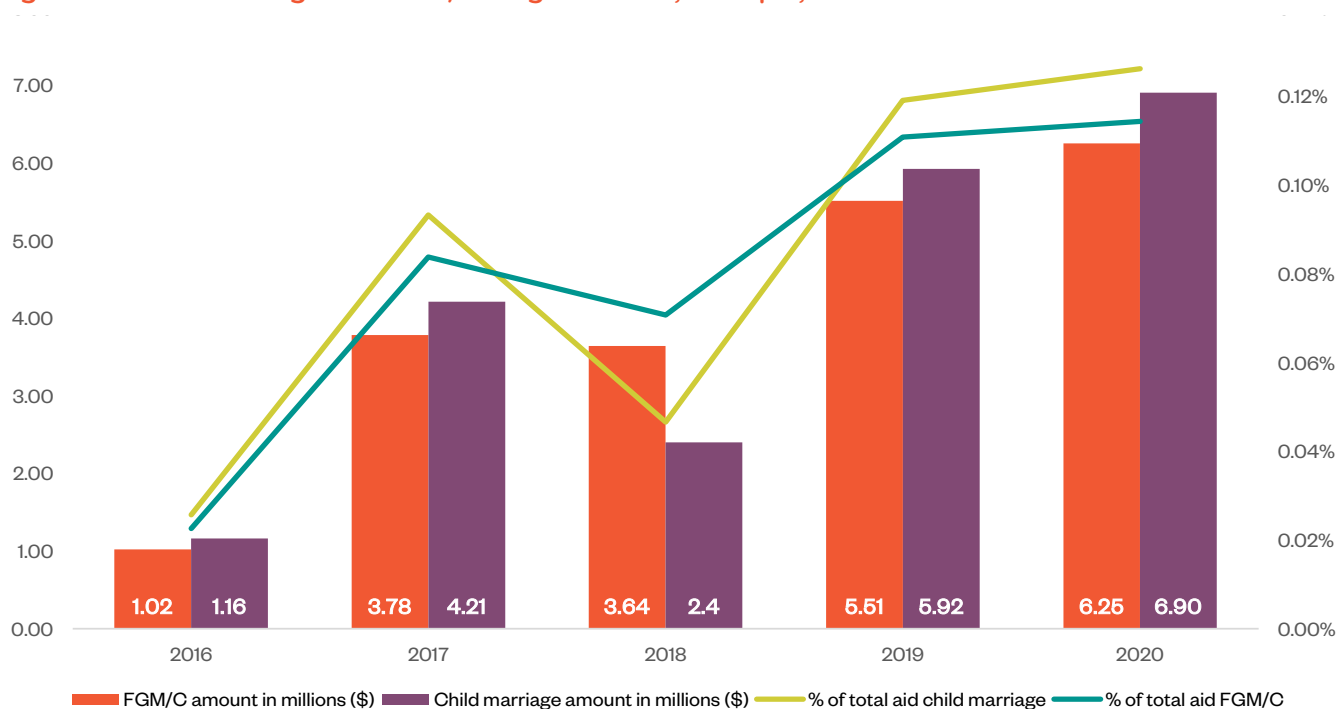




Figure 18: Child marriage-related ODA, Bangladesh, 2016–2020

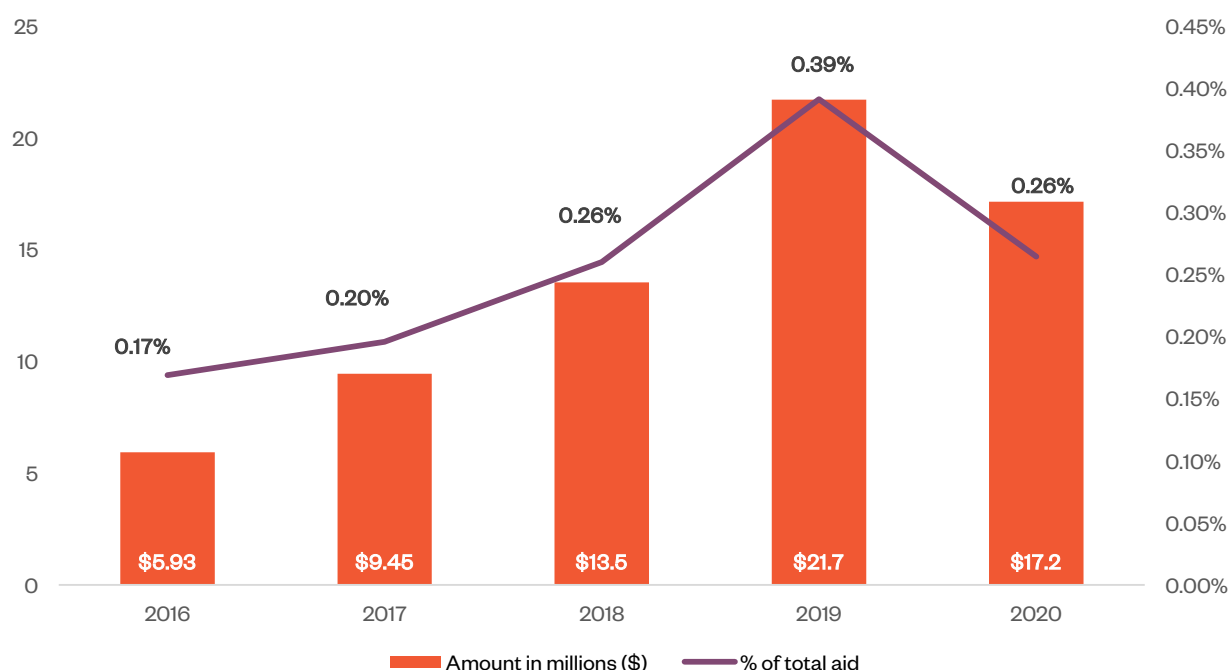
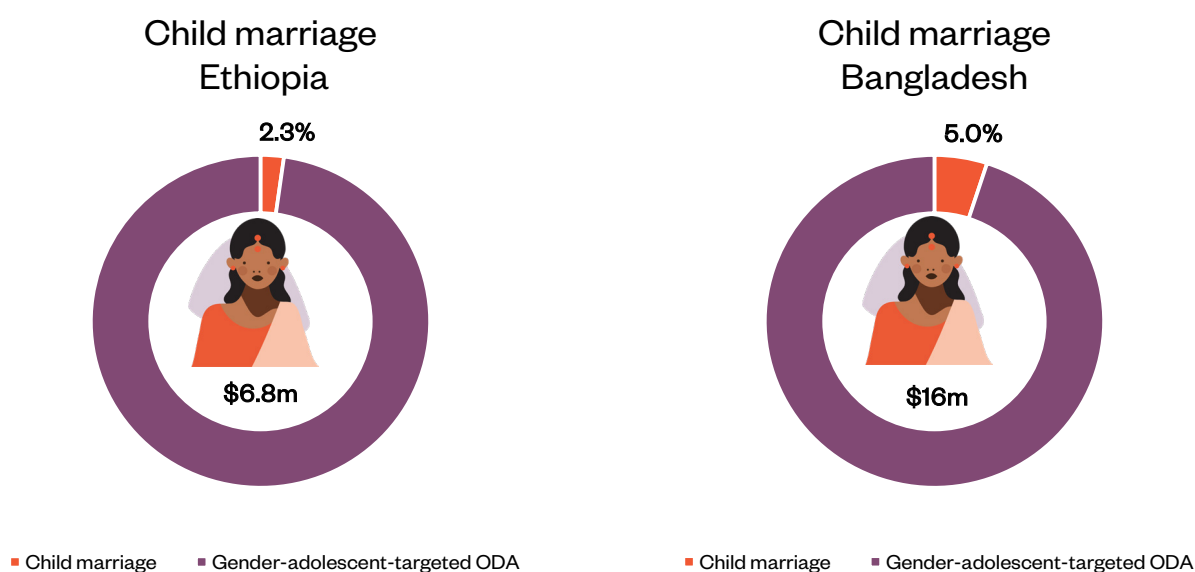


Figure 19: Percentage and amount of gender- and adolescent-targeted ODA targeting child marriage, Ethiopia and Bangladesh in 2020



## Investments into adolescents with disabilities and refugee adolescents, Ethiopia and Bangladesh

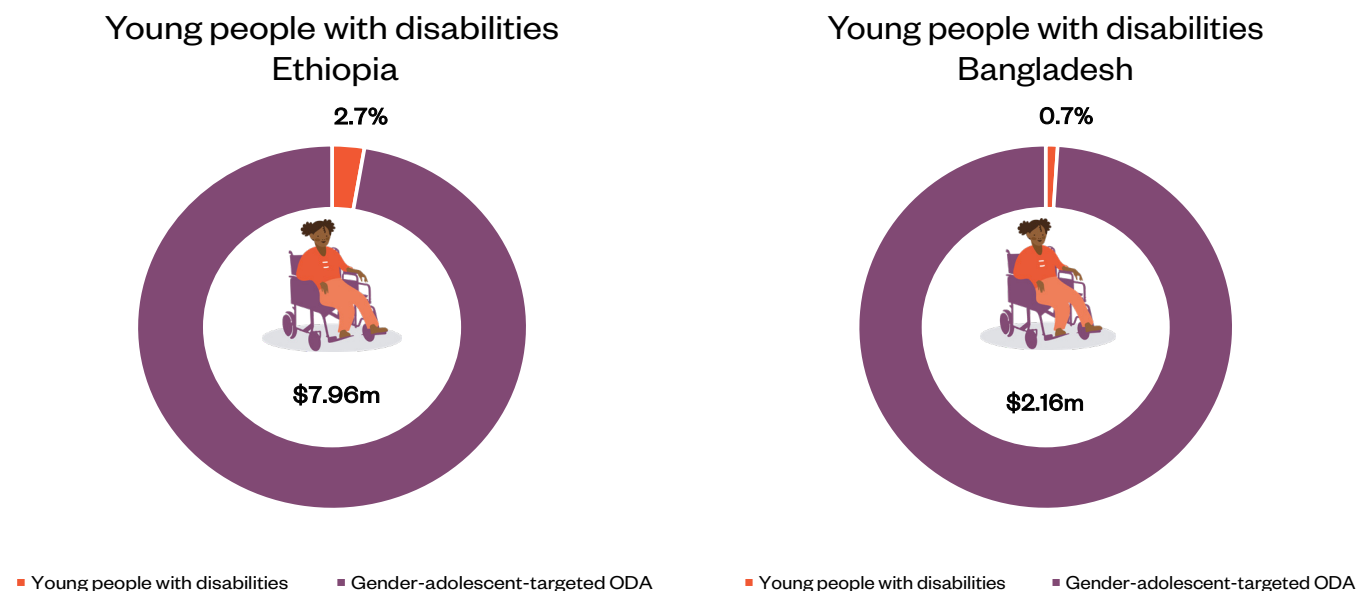
Of the total gender- and adolescent-targeted ODA provided to Ethiopia, 2.67% included projects that involve young people with disabilities (\$7.96 million), accounting for 0.15% of total ODA to the country in 2020 (see Figure 20). The majority of this ODA targeted older children; only 0.36% of total ODA targeted adolescents with disabilities. From 2016 to 2019, there has been an increase in both the amount and the percentage of total ODA focused on young

people with disabilities, although 2020 saw a large fall in both the amount and percentage of total ODA going to young people with disabilities (see Figure 21). This mirrors the pattern identified at the global level, where there was a large increase in disability-related ODA in 2019 following the Global Disability Summit. In Bangladesh, in 2020, a smaller percentage (0.66%) of the gender- and adolescent-targeted ODA identified included projects that involve

young people with disabilities (\$2.16 million), accounting for 0.03% of total ODA to Bangladesh (Figure 20). Again, this

follows the same pattern identified at the global level, with a large peak in disability-related ODA in 2019 (see Figure 22).

**Figure 20: Percentage and amount of gender- and adolescent-targeted ODA targeting young people with disabilities, Ethiopia and Bangladesh, 2020**



**Figure 21: Gender-, age- and disability-related ODA to Ethiopia, 2016–2020**

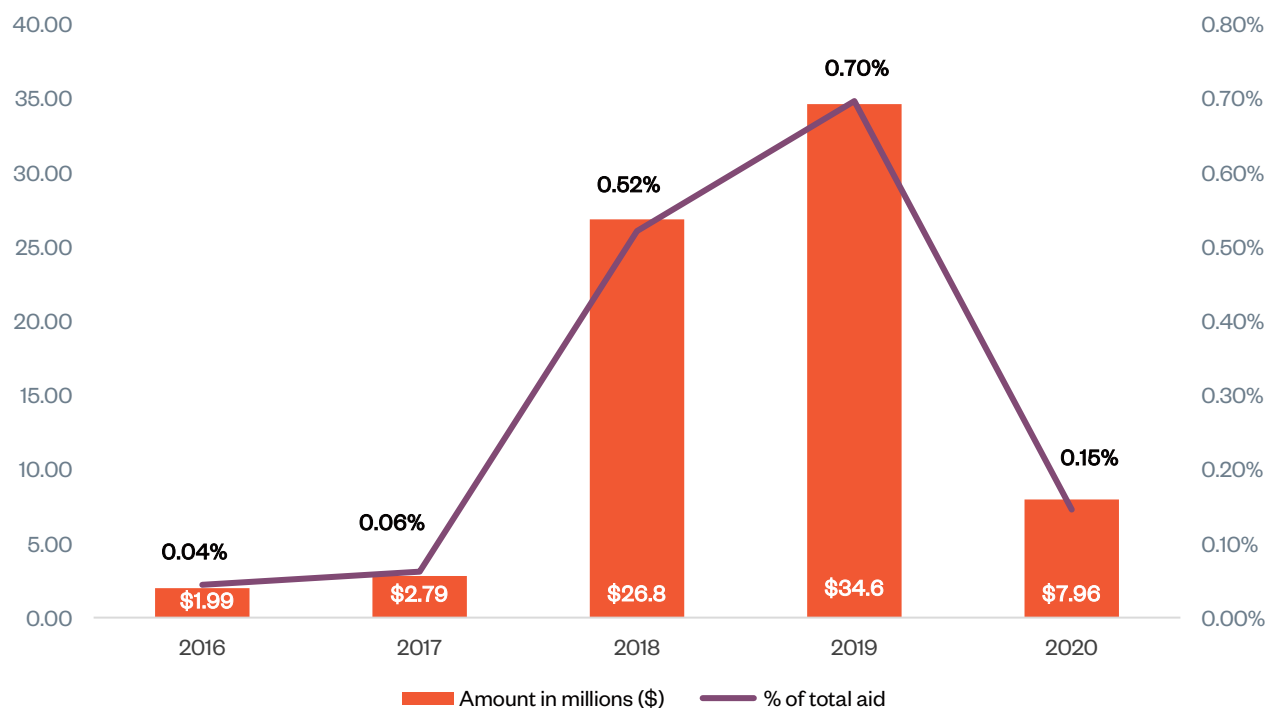
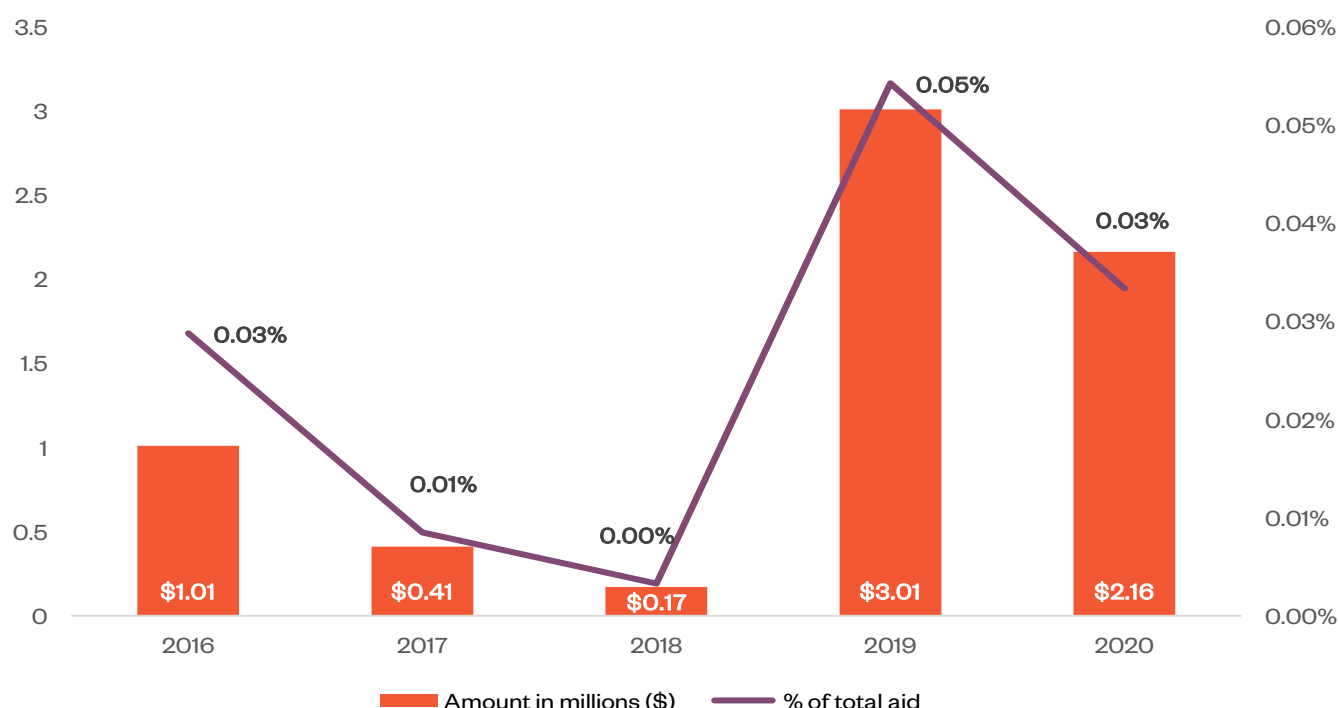


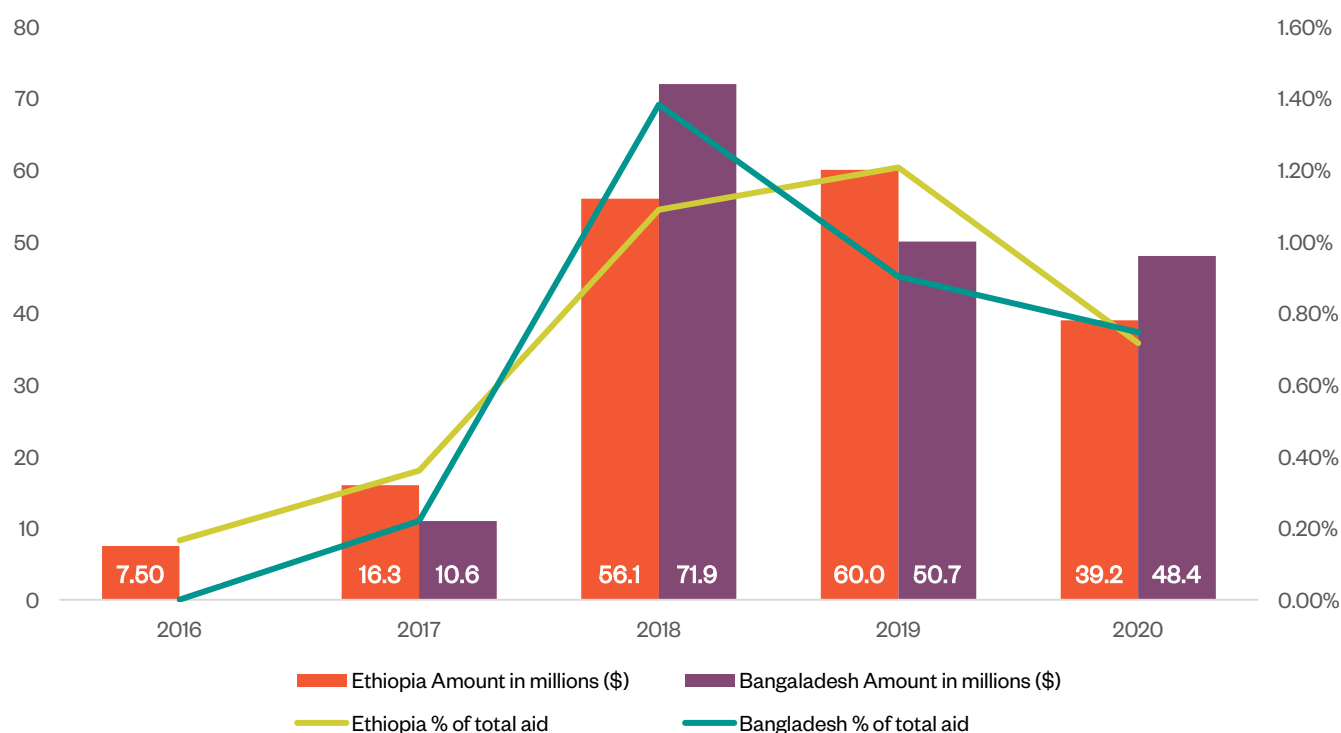
Figure 22: Gender-, age- and disability-related ODA to Bangladesh, 2016–2020



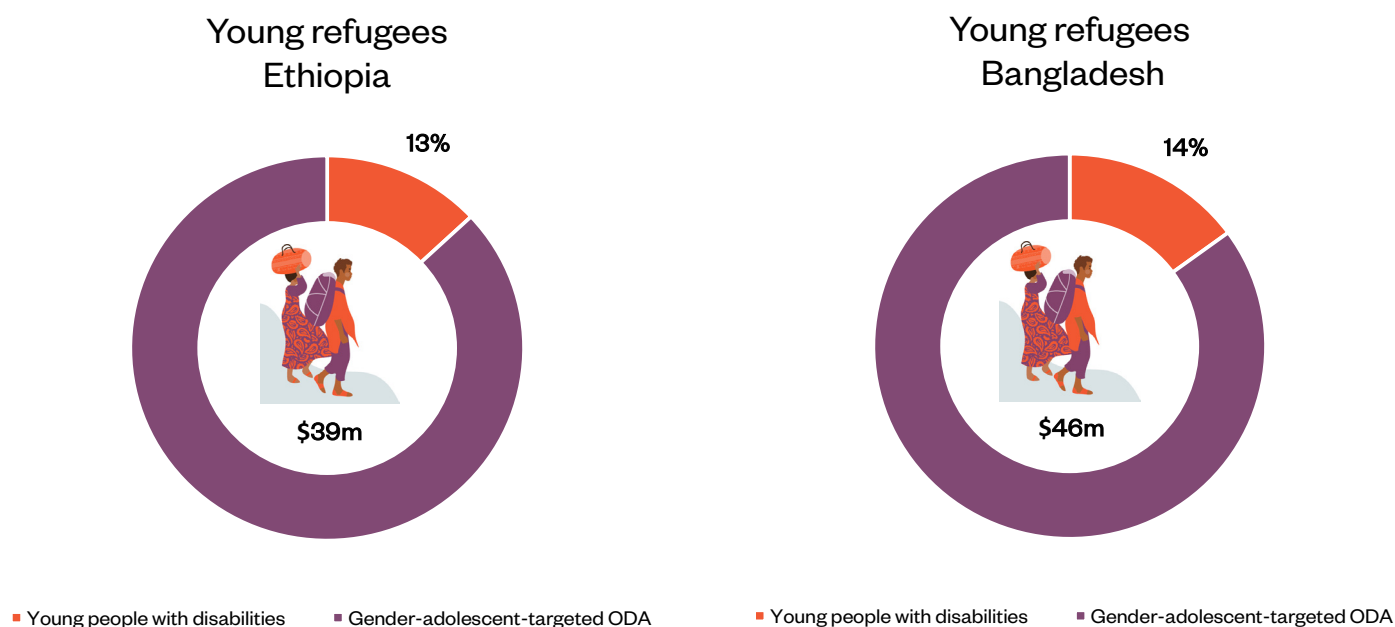
As Bangladesh and Ethiopia both have high proportions of internally displaced persons (IDPs) and refugees, we also wanted to explore the amount of gender- and adolescent-targeted ODA that goes to young refugees. In Ethiopia, in 2020, this figure was \$39 million (13% of gender- and adolescent-targeted ODA and 0.72% of total ODA to Ethiopia) (see Figure 24). The amount of ODA that focuses on refugees and IDPs increased by \$53 million from 2016 to 2019, and then fell in 2020 (see Figure 23). In Bangladesh, 14% of the gender- and adolescent-

targeted ODA focuses on refugees, \$46 million. ODA to young refugees peaks in 2018, corresponding to the forced displacement of Rohingya refugees from Myanmar during 2017 and 2018 (UNHCR, 2022). The level of investment fell by \$20 million over the next two years (see Figure 23). In Ethiopia there is a large increase in young refugee-targeted ODA in 2018 following the civil conflict that internally displaced around 3 million people (IOM, 2021).

**Figure 23: Gender- and adolescent-targeted ODA to refugees in Ethiopia and Bangladesh, 2016-2020**



**Figure 24: Percentage and amount of gender- and adolescent-targeted ODA that focuses on refugees, Ethiopia and Bangladesh in 2020**



# Conclusions

Although our research paints a more positive picture of investments in adolescent girls compared to previous research from 2003 to 2015 (Li, 2018), considering the large adolescent and youth populations in many LMICs today (ranging from 25%-30%), the percentage spent on adolescents and youth (5.56%), in 2020 still remains low. We found that the distribution of ODA is also highly unequal; some sectors receive the majority of this funding, particularly education which received 51% of the gender- and adolescent-targeted ODA at the global level. Sectors such as climate change, economic empowerment and skills-building, and particularly child marriage and FGM/C receive comparatively little gender- and adolescent-targeted funding, which means it is difficult for these sectors to respond adequately to the specific needs of adolescent girls. These investments also appear to be unequally distributed between countries, with some

countries receiving a much higher amount compared to their total adolescent population. The provenance of investment also differs greatly – Ethiopia also receives most of its gender- and adolescent targeted ODA from three bilateral organisations (UK, US and Germany) and as a consequence funding towards adolescents in this country are sensitive to changes of ODA prioritisation within these donor countries. Globally, marginalised adolescents, such as adolescents with disabilities, have been, and continue to be, left behind, with only 1.5% of the gender- and adolescent-targeted ODA going to young people with disabilities. Our findings highlight the need for an intersectional approach within adolescent funding to address their needs and also the needs of other groups that face marginalisation such as out of school adolescents, refugees and migrants and LGBTQIA+ adolescents.



Girls prepare breakfast outside their home, Somali Region, Ethiopia © UNICEF Ethiopia/2015/Bindra



# Key actions to accelerate progress

To increase and accelerate investments in the most marginalised adolescents, in line with the SDG commitments and the leave no-one behind agenda, we propose the following five policy priorities to donors, policy-makers and governments:

- **Ensure that all donors provide complete, consistent and comparable reporting on funding for programming targeting adolescents within the OECD-CRS database.** Our review underscores that in many of the descriptions and titles of ODA inputted into the database, the age range of the target population was not specified. To more accurately analyse age-specific trends for investments in this vital juncture in the life course, clearer reporting is urgently needed. Donors should also publish annual figures on the amount invested per adolescent, disaggregated by group (such as gender and disability) and set targets over time to increase investments in the most disadvantaged young people.
- **Introduce an age-related marker in OECD-CRS reporting,** which would also make it easier to analyse trends in funding for adolescent programming. However, as noted by Development Initiatives (2020), because current markers (such as the disability marker) are not always accurately used, the OECD should provide clear guidance to mitigate this risk and to ensure that donors accurately use all markers in the OECD-CRS.
- **Increase advocacy and evidence on the importance of funding programming that targets adolescent girls.** Key informants highlighted the importance of giving funders strong evidence on the

importance of investing in adolescent girls, especially the most marginalised, through longitudinal studies, economic assessments and programming evaluations. Advocacy efforts should be stepped up to continue to build momentum for investing in adolescent girls through widely sharing and clearly communicating these findings.

- **Provide greater investments to sectors and recipients that are under-invested in when it comes to gender- and age-targeted ODA.** We found that some sectors including economic empowerment and skills training, and climate change adaptation receiving very little gender- and age-targeted ODA and need greater investments. It is also important to increase participatory grant-making with adolescent girls so that investments reflect their needs. Furthermore, there was a lack of funding to community-based and adolescent-led organisations and these channels require greater investments. Marginalised adolescents, such as those with disabilities, have received and continue to receive very low investments, so they should also be prioritised for programme funding.
- **Increase funding for programming to tackle child marriage and FGM/C,** particularly in countries with an extremely high burden of both harmful practices such as Ethiopia and Bangladesh. Given the low levels of funding for child marriage and FGM/C that we found in this review, it is vital to step up investments in both areas, especially given their importance to achieving the SDGs.

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# Annex 1: Methodology

When searching for gender- and adolescent-targeted ODA, we coded project/programmes focused on children only as 1, projects/programmes clearly focused on adolescents as 2, and projects/programmes focused on youth only as 3. Programmes that use unspecific terminology such as 'young people' or 'girls' were coded as unspecified. Projects/programmes that focused on children, adolescents and youth were coded as 'all'.

Primary education was coded with 1 for global and Ethiopia, but was not included for Bangladesh<sup>2</sup>. Secondary schools were coded as 2 and tertiary/technical and vocational education and training (TVET)/university were coded as 3. As we wanted to exclude ODA that focuses on younger children, we used the exclusion terms shown in Table A1 ODA

**Table A1: Inclusion and exclusion terms**

Inclusion terms			
Gender and age terms	Adolescent-specific sectors	Disability	Refugee (country level only)
Adolescent(s)	Primary/secondary	Disab*	Refugee
Adolescence	Child/early/marriage/CEFM	Handicap	IDP
Girl(s)	FGM/female genital mutilation	Pwd	Displace*
Youth		Blind/visual	Stateless
Young		Deaf/hearing	Asylum seekers
Daughter(s)		Special inclusive education	Migrant
Child		Learning difficulty/problem	Forced
Students		Impair*	Rohingya
Teenage		Special needs	
Jeunesse/Fille		Autism	
Enfant			
Jeunes			
Juventud			
Chica			
Muchachas			
Niña			
Specific sectors to include			
Education			
Unspecified			
Secondary education			
Post-secondary			
Exclusion terms			
Early/grade	Young/small child	Nutrition/Vitamin A/feeding	
Early childhood	Under 5/five 2/two 'under the age of'	Child birth/child bearing-age	
Pre-school	Months	Mother/maternal health <sup>1</sup>	
Kindergarten	First 1,000/Thousand days	Stunting/underweight	
Nursery	Infant/neonate/new-born		
Adult education	Years		

## Annex 2: Global-level tables

**Table A2: Breakdown of gender- and adolescent-targeted ODA by age category in 2020 (amount and percentage)**

Age range	Amount in \$ millions	% of total ODA <sup>3</sup>	% of gender- and age-focused ODA
Older children	2002	1.46	26.3
Adolescent	1632	1.19	21.4
Youth only	1880	1.37	24.7
Unspecified	1862	24.5	24.5
All	241	0.18	3.16
<b>Total</b>	<b>7616</b>	<b>5.56</b>	

**Table A3: Gender- and adolescent-targeted ODA by donor (amount, and percentage of donor's total ODA), 2020**

Donor	Amount in \$ millions	Amount in \$ billions	% of donor's total ODA in 2020
United Kingdom	1317	1.32	10.6
Germany	1196	1.20	4.96
France	1094	1.10	8.36
Canada	1023	1.02	26.1
EU institutions	825	0.83	3.44
Sweden	715	0.72	19.8
United States	675	0.68	2.23
Norway	376	0.38	12.0
Netherlands	281	0.28	7.49
Japan	114	0.14	0.68

**Table A4: Breakdown of gender- and adolescent-targeted ODA by gender, disability, child marriage and FGM/C in 2020 total ODA), 2020**

Breakdown by category	Amount in \$ millions	% of total ODA	% of gender- and adolescent-targeted ODA
Gender as principal objective <sup>4</sup>	1690	1.23	22.2
Young people with disabilities	106	0.08	1.49
Child marriage	176	0.13	2.48
FGM/C	116	0.08	1.63



Table A5: Gender- and adolescent-targeted ODA, 2016–2020

Date	Gender- and adolescent-targeted ODA		Gender-, age- and disability- focused ODA	
	Amount in \$ billions	% of total ODA	Amount in \$ billions	% of total ODA
2016	5.84	4.72	0.04	0.03
2017	6.32	4.94	0.04	0.03
2018	7.22	5.82	0.09	0.07
2019	7.63	6.18	0.19	0.15
2020	7.62	5.56	0.11	0.08

Table A6: Breakdown of gender- and adolescent-targeted ODA by region, 2020

Region	Amount in \$ millions	% of gender- and adolescent-targeted ODA
South of Sahara	2879	37.8
Middle East	896	11.8
South & Central Asia	628	8.24
North of Sahara	519	6.82
Far East Asia	300	3.93
Caribbean & Central America	278	3.65
Europe	275	3.61
Oceania	32	0.41
Regional and unspecified	1810	23.8

Table A7: Top 10 country recipients of gender- and adolescent-targeted ODA in 2020

Country	Amount in \$ millions	Population of adolescents and youth (\$ millions) <sup>5</sup>	Amount spent per adolescent and youth	Fragile States Index and rank 2022 <sup>6</sup>	OECD SIGI 2019 <sup>7</sup>	Gender Development Index (GDI) <sup>8</sup>
South Sudan	251	3.83	\$65.6	108 (3 <sup>rd</sup> )	N/A	0.84
Ethiopia	245	39.9	\$5.64	99.3 (13 <sup>th</sup> )	30%	0.92
Morocco	225	9.07	\$24.8	70.1 (85 <sup>th</sup> )	51%	0.86
Tanzania	199	20.8	\$9.58	78.2 (61 <sup>st</sup> )	46%	0.94
Nigeria	193	69.3	\$2.70	97.2 (16 <sup>th</sup> )	46%	0.86
Lebanon	187	1.61	\$116	91.3 (27 <sup>th</sup> )	56%	0.88
Syrian Arab Republic	168	5.04	\$3.33	108 (3 <sup>rd</sup> )	N/A	0.83
Jordan	156	3.19	\$48.9	76.6 (67 <sup>th</sup> )	57%	0.89
Mozambique	154	11.3	\$13.6	94.3 (21 <sup>st</sup> )	24%	0.92
Bangladesh	152	45.3	\$3.36	84.5 (38 <sup>th</sup> )	55%	0.90

Table A8: Top sector for each donor for gender- and adolescent-targeted ODA

Sustainable Development Goal	Sector	Amount (\$ millions)									
		Canada	EU institutions	France	Germany	Japan	Netherlands	Norway	Sweden	United Kingdom	United States
SDG 1 No Poverty	Emergency response	244	41		31	2.2	18	19	59	206	13
	Other social infrastructure & services	14	25	1.8	44	8.8	21	17	38	43	19
SDG 2 Zero hunger	Development food assistance	3.7	2.7	0.5	64		7.6			1.9	25
SDG 3 Good Health and well-being	Health, general	9.6	4.7	0.8	10			0.3	30	26	0.1
	Basic health	59	39	5.3	9.3	3.7	24	0.8	37	47	58
	Non-communicable diseases (NCDs)	1.1		0.2	4.8			0.1			
	Population policies/ programmes & reproductive health	151	15	0.4	12	5.5	70	28	86	155	
SDG 4 Quality education	Education, level unspecified	86	119	1.2	163	73	0.2	7.6	33	117	9.1
	Basic education	64.7	212	31	333	31	49	205	53	154	231
	Secondary education	41.8	196	65	210	9.4	9.2	9.2	4.4	102	2.2
	Post-secondary education	5.58	8.6	954	155	14	0.6	7.4	21	70	37
SDG 5 Gender equality	Government & civil society – general	131	91	9.1	49	14	25	64	217	112	69
SDG 6 Clean water and sanitation	Water supply & sanitation	6.4	8.2	0.4	1.1	2.4		1.1	11.9	21	5.7
SDG 7 Clean and affordable energy	Energy policy	2.4			11			4.2		5.4	0.5
	Energy generation, renewable sources	4.2	0.6							0.0	
	Energy distribution	0.4						2.0			
SDG 8 Decent work and economic growth	Banking & financial services	3.0	4.4	0.9	9.0			0.2	5.4	0.2	
	Trade policies & regulations								1.6	6.2	0.1
	Mineral resources & mining	1.2								0.2	
	Tourism	0.4	0.6		0.1						

SDG 9 Industry, innovation and infrastructure	Transport & storage	0.2							5.7	12	
	Communications	2.7	0.1	0.9	0.1				3.7	0.6	0.1
	Business & other services	14	7.6	9.4	14		5.5	0.1	2.0	6.1	14
	Industry	13	3.8	0.0	5.5		19		15	3.4	0.1
	Construction									0.5	
SDG 13 Climate action	General environment protection	5.8		0.3	0.3			3.6	9.9	15	1.6
	Reconstruction relief & rehabilitation	6.2	1.0		15	6.8			0.5	3.4	
	Disaster prevention & preparedness	0.9							0.4	10	
SDG 14 Life below water	Fishing	0.9		0.0	2.4		2.3	0.4			0.0
SDG 15 Life on land	Agriculture	42	6.5	1.4	23	0.7	9.6	1.3	13	7.1	39
	Forestry	3.0	0.2	0.0					2.2		
SDG 16 Peace, justice and strong institutions	Conflict, peace & security	28	21	0.3	22	8.7	2.4	4.3	23	16	4.2

# Annex 3: Ethiopia and Bangladesh tables

Table A9: Breakdown of gender- and adolescent-targeted ODA by age category in 2020, Ethiopia and Bangladesh (amount and percentage)

Age range	Ethiopia			Bangladesh		
	Amount in \$ millions	Total ODA <sup>9</sup>	% of total ODA	Amount in \$ millions	Total ODA <sup>10</sup>	% of total ODA
Older children	44		0.80	109		1.68
Adolescents	92		1.68	119		1.83
Youth	62		1.13	30		0.47
All	1.6		0.03	5		0.08
Unspecified	100		1.83	57		0.88
<b>Total</b>	<b>299</b>	<b>5467</b>	<b>5.47</b>	<b>321</b>	<b>6487</b>	<b>4.95</b>

Table A10: Gender- and adolescent-targeted ODA, Ethiopia and Bangladesh, 2016–2020 Ethiopia and Bangladesh (amount and percentage)

Date	Ethiopia		Bangladesh	
	Amount in \$ millions	% of total ODA	Amount in \$ millions	% of total ODA
2016	272	6.01	175	4.98
2017	329	7.92	228	4.73
2018	298	5.81	376	7.22
2019	336	6.76	319	5.74
2020	299	5.47	321	4.95

Table A11: Gender- and adolescent-targeted ODA by donor type, Ethiopia and Bangladesh, 2020

	Ethiopia			Bangladesh		
	Amount in \$ millions	% of gender- and adolescent-targeted ODA	% of total ODA to Ethiopia	Amount in \$ millions	% of gender- and adolescent-targeted ODA	% of total ODA to Bangladesh
Top 10 gender equality donors	264	88	12	243	76	7.5
DAC countries only	295	99	6	266	80	7.3
<b>All</b>	<b>299</b>		<b>5.47</b>	<b>321</b>		<b>4.95</b>

Table A12: Gender- and adolescent-targeted ODA by donor, Ethiopia and Bangladesh, 2020

Ethiopia			Bangladesh		
Donors	Amount in \$ millions	% of total ODA from donor	Donors	Amount in \$ millions	% of total ODA from donor
United Kingdom	95.8	29	United Kingdom	72.9	28
United States	70.7	9	EU institutions	68.9	25
Germany	38.6	9	Asian Development Bank	58.7	8
Canada	19.2	27	Canada	47.8	70
Sweden	16.2	27	Sweden	20.3	36
Finland	13.5	52	United States	15.3	5
Norway	11.4	14	Germany	11.3	6
Netherlands	6.85	6	Australia	9.30	12
Italy	5.11	16	Central Emergency Response Fund (CERF)	3.09	20
EU institutions	4.13	2	Japan	2.63	0.1
Ireland	3.56	8	Norway	1.72	12
CERF	2.21	6	France	1.45	5
Austria	2.04	17	UNICEF	1.40	7
Korea	1.74	2	Netherlands	1.16	4
Switzerland	1.41	7	Hungary	0.94	82
UNICEF <sup>11</sup>	1.40	4	Switzerland	0.81	2
France	0.99	3	Denmark	0.76	5
Spain	0.86	1	United Arab Emirates	0.75	23
Belgium	0.82	22	Korea	0.70	0.6
Czech Republic	0.80	15	Italy	0.30	11
Hungary	0.77	90	Finland	0.29	33
Denmark	0.57	1	Ireland	0.14	5
United Arab Emirates	0.34	3	Austria	0.10	2
Slovak Republic	0.15	54	Spain	0.10	10
UN Development Programme	0.9	0.8	New Zealand	0.10	90



Table A13: Gender-, age- and disability-focused ODA to Ethiopia and Bangladesh<sup>12</sup>, 2016–2020

Ethiopia				Bangladesh		
Date	Amount in \$ millions	% of total ODA	% of gender- and adolescent-targeted ODA	Amount in \$ millions	% of total ODA	% of gender- and adolescent-targeted ODA
2016	1.99	0.04	0.73	1.01	0.03	0.58
2017	2.79	0.06	0.85	0.41	0.01	0.18
2018	26.8	0.52	9.02	0.17	0.00	0.05
2019	34.6	0.70	10.3	3.01	0.05	0.94
2020	7.96	0.15	2.66	2.16	0.03	0.66

Table A14: Child marriage and FGM/C-focused ODA to Ethiopia and Bangladesh, 2016–2020

Ethiopia					Bangladesh			
Child marriage		FGM			Child marriage			
Date	Amount in \$ millions	% of total ODA	% of gender- and adolescent-targeted ODA	Amount in \$ millions	% of total ODA	Amount in \$ millions	% of total ODA	% of gender- and adolescent-targeted ODA
2016	1.2	0.03	0.43	1.02	0.02	5.9	0.17	3.39
2017	4.2	0.09	1.28	3.78	0.08	9.5	0.20	4.14
2018	2.4	0.05	0.81	3.64	0.07	13	0.26	3.60
2019	5.9	0.12	1.76	5.51	0.11	22	0.39	6.81
2020	6.9	0.13	2.30	6.25	0.11	16	0.25	4.96

Table A15: Young refugee/IDP-focused ODA to Bangladesh and Ethiopia, 2016–2020

Ethiopia				Bangladesh		
Date	Amount in \$ millions	% of total ODA	% of gender- and age-focused ODA	Amount in \$ millions	% of total ODA	% of gender- and age-focused ODA
2016	0	0.00	0.00	7.5	7.5	2.76
2017	11	0.22	4.65	16	0.36	4.95
2018	72	1.38	24.2	56	1.09	18.8
2019	50	0.90	15.7	60	1.12	17.9
2020	46	0.70	14.0	39	0.72	13.1

# Endnotes

- 1 This is because in Ethiopia and in many other low-income countries, due to delays starting school, many primary school students are over-age for grade and are, in practice, older children/adolescents. However, in Bangladesh, as a middle-income country, data suggests that primary education spending predominantly benefits younger children.
- 2 We removed ODA that focuses on maternal and child health as these types of project/programmes usually focus on younger children.
- 3 This is the total ODA provided by the top 10 gender equality donors included in the global review.
- 4 Gender- and age-focused ODA that has gender equality as a principal objective of the project/programme, the remaining ODA had gender equality as a significant objective of the project/programme but it was not the principal reason for carrying out the programme.
- 5 Source: UNFPA World Population Dashboard, 2022.
- 6 Source: The Fund For Peace (FFP), 2022. The Fragile State Index gives a score based on an annual ranking of 178 countries based on the different pressures (cohesion, economic, political and social) they face that impact their levels of fragility. The higher the score, the greater the level of instability. The maximum value is 120.
- 7 SIGI measures discrimination against women in social institutions. A score of 0–20 indicates very low levels of discrimination; 20–30 indicates low levels of discrimination; 30–40 indicates medium levels of discrimination; 40–50 indicates high levels of discrimination; and 50–100 indicates very high levels of discrimination (OECD, 2022).
- 8 GDI measures gender inequalities in human development achievements (UNDP, 2022).
- 9 Total ODA to Ethiopia from all official donors included in the OECD-CRS database in 2020.
- 10 Total ODA to Bangladesh from all official donors included in the OECD-CRS database in 2020.
- 11 This finding was surprising but it is likely due to a lack of detail in OECD-CRS reporting rather than a lack of ODA going towards adolescent girls. Most of the data that had been input into the OECD-CRS database did not specify target age group.
- 12 Due to the lack of prevalence of FGM/C in Bangladesh, we have only looked at child marriage in Bangladesh.



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## About GAGE

Gender and Adolescence: Global Evidence (GAGE) is a nine-year longitudinal research programme generating evidence on what works to transform the lives of adolescent girls in the Global South. Visit [www.gage.odi.org.uk](http://www.gage.odi.org.uk) for more information.

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Front cover: 15-year-old girl who work in the garment industry, Bangladesh  
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