Gender and reform: getting the right data right

by Henia Dakkak, Lisa Eklund and Siri Tellier

The international community has been mandated to mainstream gender into humanitarian response ever since the landmark Beijing conference in 1995. The current humanitarian reform process provides unique opportunities to accelerate this integration.

Taking gender issues into consideration in planning and implementing emergency responses is not only a question of protecting the human rights of the persons affected. It is also a means to make emergency aid more effective. It is thus natural that ensuring gendersensitive responses should be at the heart of humanitarian reform

Gender has been identified as a crosscutting issue to be mainstreamed into the Cluster Approach. The IASC Task Force on Gender and Humanitarian Assistance has been transformed into an IASC Sub-Working Group (as of December 2006), expanding its mandate to become more operational. This includes promoting the Five Ways to Strengthen Gender Mainstreaming in Humanitarian Action:²

- **1.** developing gender equality standards in a field-friendly handbook
- **2.** ensuring gender expertise in emergencies
- **3.** building capacity of humanitarian actors on gender issues
- **4.** getting the right data using sex and age disaggregated data for decision-making
- building partnerships for increased and more predictable gender equality programming in crises.

This article discusses the background to and challenges presented by the fourth of these 'Five Ways' – that in order to make humanitarian action more gender-responsive and efficient it is imperative to strengthen the work of collecting, analysing, disseminating and using data by age and sex. A recent UNFPA review – which assessed more than 80 evaluation reports, academic literature and interviews – found that gender issues are still often falling between cracks in emergency responses. This is mostly due to lack of capacity, time and resources constraints, vagueness about roles and lack of political will. There is no accountability system specifying who is responsible for gender mainstreaming.

Lack of disaggregated data

Another striking result of our survey was the lack of data by age and sex. We know that it is vital to identify and learn from good practice how the use of data by age and sex can contribute to more effective emergency responses. Although there are rich and detailed accounts of how women have been disproportionately hit by disasters and unfairly treated during recovery, such information is almost exclusively anecdotal.

When we looked for data on gender disparities in disaster mortality, data from only two disasters in recent times were available. In the 2004 tsunami, between 1.2 and 2.1 times more women than men died.

The 1991 floods in Bangladesh killed four times as many women as men among the age group 20-44. The main reason the gender disparity was so marked was the fact that early warnings were predominately passed on by men in the public arena, only belatedly reaching women. Furthermore women were expected to stay in the house waiting for their husbands to arrive back home before leaving the house. Although the reasons for women being more vulnerable to death than men were complicated, the relief worker community took action to address one aspect of the vulnerability of women. In order to mitigate the impact of future disasters, radios were distributed to all households. People were then told that, in an emergency, warning messages would be broadcast and women should leave the house regardless of whether

there were male relatives around or not. Although it is hard to isolate the impact of this new warning system, subsequent flooding did not cause as many fatalities, suggesting that it was at least partially successful.

While we found little evidence of the use of sex and age disaggregated data in emergency responses - a marked contrast to their more routine uses in development interventions - there is one example where existing demographic data was used to plan for relief and support to disaster-hit populations. After the 2005 Pakistani earthquake, one of the immediate needs was to provide reproductive health (RH) services and supplies for women. Being viewed as a typical 'women's need', RH issues are often ignored in emergencies even though lack of such services can lead to serious illness, complications, abuse and even death. In order to make support more effective, data already available from demographic and health surveys was used to estimate the numbers of adolescent girls and boys, lactating mothers and pregnant

women. Data on contraceptive use and prevalence was also used to estimate the unmet need, which often becomes even larger in the aftermath of crises as couples want to postpone childbearing. Based on these data, hygiene kits consisting



of soap and towels were distributed to women to ensure their dignity and mobility, safe delivery kits were supplied, and contraceptives, including condoms, were made available to prevent unwanted pregnancies and sexually transmitted infections, including HIV/AIDS.

Stereotyping gender disparities

In the early 1990s it was common for those advocating on behalf of female refugees to argue that 80% of refugees were women and children. This was based on loose estimates. Since then, more systematic data has shown that women account for approximately the same number as men among refugee populations. This is also supported by a recent preliminary compilation of the availability of data on IDPs by age and sex made by the Norwegian Refugee Council. Most IDP populations have sex compositions that are relatively balanced.

It should be noted, however, that out of 50 countries with internal displacement problems, only 20 reported on the estimated number of IDPs. While 19 of them disaggregate IDPs by gender, only two countries systematically do so by sex and by age cohort. The disaster literature often mixes different sources, definitions and indicators. An interview with an expert in the

field of nutrition revealed that data is systematically disaggregated for children under five but not by sex and for other age groups. The lack of agreed set of indicators and methodologies is a major impediment during assessments, making data from different sources incomparable.

Woman receiving UNFPA hygiene kit after the 2005 earthquake, Pakistan.

Gender concerns reduced to women's concerns

Whereas there is increasing recognition of the fact that women and girls are more vulnerable than men and boys in emergencies, there is sometimes lack of clarity as to why this is so. Most of women's vulnerabilities both during emergencies and the recovery phase are attributed to gender inequalities, rooted in socio-economic, political and cultural power imbalances, putting women

in a disadvantaged position vis-à-vis men. To mention a few, those include poorer health status due to less access to nutrition and health-care services, low literacy levels, limited mobility due to gender norms and stereotypes, mobility restrictions keeping women out of public spaces and restricting dress codes (such as long skirts/saris and high-heeled shoes, which impede flight from danger).

We reviewed the appeals in the 2007 Consolidated Appeals Process³ and found that none have data disaggregated by sex although some have specific indicators for women. There is a problem with universally categorising women without paying attention to age, class, caste, ethnicity, income, education, religion and other variables. Talking about women's issues may thus conceal more than it reveals. For example, there is limited attention to the specific needs, vulnerabilities and capabilities of older persons and young people.

Men and boys may also have particular vulnerabilities, related

to gender norms and expectations, which put them at risk. Recent literature has also pointed out that the socio-psychological wellbeing of men is often ignored due to the perception that men are strong and independent. However, men's vulnerability was barely elaborated on in the reports and evaluations we reviewed.

Very few organisations have clarified roles and divisions of labour and who is responsible for the provision of timely and accurate data by age and sex in emergency situations. Terms of Reference for players in the field on data collection is very rare and few evaluations have specific outputs related to assessing the impact of the emergency operation from a gender point of view.

Recommendations

UNFPA suggests the urgent need to:

disaggregate all relevant data by age and sex

- develop indicators that are sensitive to gender and age differences
- collect data in gender-sensitive ways (e.g. using enumerators of same sex when needed, paying attention to what time and location is more suitable to women and men and girls and boys)
- analyse data from a gender perspective, by people who have gender analysis skills
- involve partners in utilising, analysing and disseminating data by age and sex
- feed results into planning, implementation and evaluation of activities
- strengthen cooperation between emergency aid actors to ensure harmonisation of definitions, indicators and methodologies

- set up accountability systems, including terms of reference, to ensure timely availability of data by age and sex
- be practical: identify ways to implement existing policies, guidelines, tools and checklists.

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- 2. http://ochaonline.un.org/humanitarianappeal/webpage.asp?MenuID=8187&Page=1412
- 3. http://ochaonline.un.org/humanitarianappeal

Funding challenges for the CCCM cluster

by Jane Wanjiru Muigai

Camp coordination and camp management (CCCM) is one of the new clusters which have grown out of the humanitarian reform process. UNHCR is cluster lead in the case of conflictinduced displacement but are other agencies expecting too much of it? Can NGOs obtain the funding required to ensure CCCM improves the lives of IDPs in camps?

As the Humanitarian Reform process evolves, there is much debate and uncertainty about the role of a cluster lead agency. There is an emerging consensus that being a cluster lead does not mean being 'the cluster provider' but, instead, means coordinating support and working with various stakeholders to improve humanitarian response for displaced people. However, in the case of the CCCM cluster, there is an emerging trend expecting UNHCR to be more than a coordinator. In several conflict situations it is uncertain where funding for the

management of camps is to come from. If NGO partners and host governments continue to be unable to access funding, there are serious doubts about the sustainability of the cluster's partnership approach.

The main focus of the CCCM cluster is improvement of the lives of IDPs living in camps. Since its inception the cluster has identified three distinct but related areas of camp response – camp administration, camp coordination and camp management. The three components are complementary but require three

different actors: camp administrator (the national government), camp coordinator (the lead agency) and camp manager (an NGO). These three actors form a triangular CCCM partnership. None of the three components can stand on its own without the other two.

National governments are responsible for ensuring systems are in place for designation of camps or sites to host IDPs, oversight and supervision of all relief efforts, provision of security, registration and issue of civil documentation to camp residents on an equal basis as other non-displaced national citizens, and clarification of land tenure issues for the designated sites. In discharging its responsibilities, the government is expected to designate a camp administrator for each camp to take charge of these functions and create