MODULE SIX

Aug 19
10am – 12nn

Disaggregated Data-Collection & Gender Analysis as a Way of Practice
Workshop Culture

We are all teachers, we are all learners
Assume best interests, ask questions to clarify
Speak up, step back
Monitor our airtime
Help name issues, help find solutions
Let’s stretch, let’s experiment!
Virtual Small Group Practices

- Take turns in answering, use the participant list to call on everyone esp those who are quiet
- Screen share the worksheet so people can see the progress of the discussion
- Help document along
- Monitor and keep time
Co-Facilitator

John Ryan ‘Rai’ Buenaventura
Humanitarian Coordinator
United Nations Population Fund
Objectives

- To understand sex and age-disaggregated data and information illustrates the gendered impacts of disaster
- To use and leverage data in advocating for and designing gender and GBV-responsive humanitarian interventions
- Strengthen humanitarian workers' understanding and commitment to collecting data in safe, ethical and confidential ways
Agenda

- Goal Setting: 5 Minutes
- Introduction: 10 minutes
- Group Activity: 30 Minutes
- Discussion/Key Points: 65 Minutes
- Evaluation/Announcement: 10 Minutes
Three Operational Issues on Mainstreaming Gender in Humanitarian Data
Gender-Related Data

DATA IS SEXIST
Gender Lens
Women in Leadership
PHIVOLCS raised Alert Level 4 over Taal Volcano and reiterated a total evacuation of Taal Volcano Island and other areas at high-risk to pyroclastic density current, volcanic tsunami, and heavy and prolonged ash fall within a 14-kilometer radius from the main crater (DSWD, 2020).
Instruction:

• Please click the link to the group assignment.
• There is a specific task in the group assignment. The group is expected to provide possible responses.
• To do this, the group needs to assign a facilitator, a documenter, and a reporter.
• The group has 30 minutes to accomplish the tasks. During the plenary, the reporter is expected to share the result for 3 minutes max.
Each group will receive their mission to respond to the needs of the IDPs of the Taal Eruption.

- Group 1 & 2: Use of Pre-Disaster Data for Gender Programming
- Group 3 & 4: Mainstreaming Gender in Humanitarian Assessments
- Group 5 & 6: Designing Rapid Gender Analysis
- Group 7 & 8: Gender-based Violence Assessment and Ethical Considerations
- Group 9 & 10: Use of Data in Gender-Responsive Humanitarian Interventions

The missions are experiential and will reflect the learnings from the previous sessions. Feel free to share your thoughts!
Mission Number 1

According to the report, the Municipality of Talisay is severely affected. Your organization decided to respond to the evacuation centers nearby Talisay. You reached out to the local government but they cannot provide data on population immediately. What are practical ways that you can do in surfacing gender-responsive programming and address the lack of data?

Use of Pre-Disaster Data for Gender Programming
### I. POPULATION INFORMATION

<table>
<thead>
<tr>
<th>Age Groups</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-4</td>
<td>2,423</td>
<td>2,219</td>
<td>4,642</td>
</tr>
<tr>
<td>5-9</td>
<td>2,324</td>
<td>2,278</td>
<td>4,602</td>
</tr>
<tr>
<td>10-14</td>
<td>2,238</td>
<td>2,173</td>
<td>4,411</td>
</tr>
<tr>
<td>15-19</td>
<td>2,255</td>
<td>2,118</td>
<td>4,373</td>
</tr>
<tr>
<td>20-24</td>
<td>2,193</td>
<td>2,075</td>
<td>4,268</td>
</tr>
<tr>
<td>25-29</td>
<td>1,922</td>
<td>1,948</td>
<td>3,870</td>
</tr>
<tr>
<td>30-34</td>
<td>1,818</td>
<td>1,798</td>
<td>3,616</td>
</tr>
<tr>
<td>35-39</td>
<td>1,643</td>
<td>1,539</td>
<td>3,182</td>
</tr>
<tr>
<td>40-44</td>
<td>1,332</td>
<td>1,283</td>
<td>2,615</td>
</tr>
<tr>
<td>45-49</td>
<td>1,199</td>
<td>1,266</td>
<td>2,465</td>
</tr>
<tr>
<td>50-54</td>
<td>1,031</td>
<td>970</td>
<td>2,001</td>
</tr>
<tr>
<td>55-59</td>
<td>803</td>
<td>839</td>
<td>1,642</td>
</tr>
<tr>
<td>60-64</td>
<td>616</td>
<td>693</td>
<td>1,309</td>
</tr>
<tr>
<td>65-69</td>
<td>393</td>
<td>332</td>
<td>925</td>
</tr>
<tr>
<td>70-74</td>
<td>230</td>
<td>335</td>
<td>565</td>
</tr>
<tr>
<td>75-79</td>
<td>149</td>
<td>254</td>
<td>403</td>
</tr>
<tr>
<td>80 and over</td>
<td>128</td>
<td>284</td>
<td>412</td>
</tr>
<tr>
<td><strong>Total population</strong></td>
<td>22,697</td>
<td>22,604</td>
<td>45,301</td>
</tr>
</tbody>
</table>

- **Total number of households**: 9,825
- **Average household size**: 4.6
- **Total number of housing units**: 9,685
- **Total urban population**: 6,215
<table>
<thead>
<tr>
<th>Sectoral Groups</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of women of reproductive age (WRA) (15-49)</td>
<td>12,027</td>
</tr>
<tr>
<td>Number of elderly population (60+)</td>
<td>3,614</td>
</tr>
<tr>
<td>Number of young children (0-5)</td>
<td>5,547</td>
</tr>
<tr>
<td>Number of children (0-17)</td>
<td>16,240</td>
</tr>
<tr>
<td>Number of young adolescent girls (10-14)</td>
<td>2,173</td>
</tr>
<tr>
<td>Number of older adolescent girls (15-19)</td>
<td>2,118</td>
</tr>
<tr>
<td>Number of all adolescent girls (10-19)</td>
<td>4,291</td>
</tr>
<tr>
<td>Number of all adolescent boys (10-19)</td>
<td>4,493</td>
</tr>
<tr>
<td>Number of adolescents (10-19)</td>
<td>8,784</td>
</tr>
<tr>
<td>Number of adult men (18+)</td>
<td>14,353</td>
</tr>
</tbody>
</table>
## II. FERTILITY INDICATORS

<table>
<thead>
<tr>
<th>Basic statistics</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Estimated number of live births in the next 12 months</td>
<td>706</td>
</tr>
<tr>
<td>Estimated number of live births in the next month</td>
<td>59</td>
</tr>
<tr>
<td>Estimated number of currently pregnant women</td>
<td>529</td>
</tr>
<tr>
<td>Modern contraceptive users (WRA 15-49)</td>
<td>4,504</td>
</tr>
<tr>
<td>Total WRA with unmet need for family planning (15-49)</td>
<td>2,487</td>
</tr>
</tbody>
</table>

## III. NUTRITION INDICATORS

<table>
<thead>
<tr>
<th>Basic statistics</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Estimated number of stunted children (0-5)</td>
<td>1,528</td>
</tr>
<tr>
<td>Estimated number of underweight children (0-5)</td>
<td>1,048</td>
</tr>
<tr>
<td>Estimated number of wasted children (0-5)</td>
<td>419</td>
</tr>
</tbody>
</table>

## IV. PROTECTION INDICATORS

<table>
<thead>
<tr>
<th>Basic statistics</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women who experienced physical violence (15-49)</td>
<td>2,005</td>
</tr>
<tr>
<td>Women who experienced sexual violence (15-49)</td>
<td>408</td>
</tr>
</tbody>
</table>
Common Operational Dataset (COD) for Humanitarian Settings: Philippines

Region: REGION IV-A [CALABARZON]
Province:
City/Municipality:
Barangay:
Total Affected Population: 45,301

Demographic profile of total population:

- TOTAL POPULATION: 14,414,774
- FEMALES: 7,193,286 (50%)
- MALES: 7,221,488 (50%)
- SEX RATIO: 100
- POP GROWTH RATE: 2.5
- DEPENDENCY RATIO:
  - CHILD: 45.7
  - OLD-AGE: 6.5
  - TOTAL: 52.1

Households: 3,395,383
Average HH Size: 4.2
Average Monthly Income: ₱32,014.15

Age-Sex Population Pyramid

Sources: 2015 Census on Population and Housing and 2018 Family Income and Expenditure Survey (average monthly income), Philippine Statistics Authority.
Mission Number 2

The Humanitarian Country Team plans to do a coordinated Rapid Assessment in Batangas to determine the immediate needs of the affected population. Since you are the gender-focal for the HCT, what are your practical advice to mainstream Gender in the Rapid Needs Assessment?

Mainstreaming Gender in Humanitarian Assessments
Four P’s of Gender Mainstreaming

**People**
- Who is affected?
- Needs and vulnerabilities
- Coping strategies and capacities
- Displaced? Mobile?
- What are affected people’s priorities?

**Power Relation**
- Stakeholders and power relationships
- Capacity and intent of responders
- Response plans of authorities and other actors
- Role of host population

**Protection**
- Protection threats and risks
- Security situation and rule of law
- Access to assistance
- Access to people in need?
- Seasonal variations in hazards

**Provisions**
- Available goods and services
- Market systems and supply chains
- Capacity of infrastructure
- Service providers (financial and others)
- Logistics capacities, constraints
Mission Number 3

After one-week, the Gender-based Violence sub-cluster decided to conduct a Rapid Gender Analysis. You organized a group to focus on planning the RGA – map out areas of inquiry for the RGA. Provide as many as you can.

Designing Rapid Gender Analysis
Rapid gender analysis is a tool to conduct gender analysis quickly during an emergency response. A simple four-step process, it can be used throughout the HPC and adapted for different sectors using the relevant guidance on needs analysis.

1. **Find** gender information that is already available.
2. **Collect** gender information since the crisis began or that is related to the programme that is not already available.
3. **Analyse** collected gender information.
4. **Recommend** future design or action planning based on the analysis.
Mission Number 4

In conducting the RGA, one of the interviewers shared that there are possible cases of GBV. It is said that a referral network needs to be established prior to the assessment to ensure that once a respondent needs support, the assessment team has a ready intervention. What are other considerations you think are needed in handling assessment that can cover GBV?

Gender-based Violence Assessment and Ethical Considerations
Five general activities involved in managing survivor data

Data collection
Informed consent
Data storage
Data analysis
Data sharing

Minimum Requirements for GBV Survivor Data Management

- Services (e.g., health or psychosocial support) must be available to GBV survivors if data are to be gathered from them.
- Survivor/incident data must be collected in a way that limits identification, and, if shared for analytical/reporting purposes, must be non-identifiable.
- Survivor/incident data can only be shared with the informed consent of the client.
- Identifiable case information (i.e., referral forms or, in situations of a case transfer, relevant portions of the case file) are only shared within the context of a referral and with the consent of the survivor.
- Client data must be protected at all times and only shared with those who are authorized.
- Before data are shared, an agreement must be established in collaboration with service providers to determine how data will be shared, protected, used and for what purpose.

Source: GBVIMS Steering Committee n.d., p. 2.
Indicators

- All staff involved in data collection are trained on the *Ethical and Safety Recommendations for Researching, Documenting and Monitoring Sexual Violence in Emergencies* and on participatory approaches.
- WHO ethical and safety recommendations are met in all routine data collection (as measured against an agreed checklist).
- Women make up 70 per cent of GBV-related assessment teams.
- At least one post-assessment participatory consultation with women and girls to share results and strategize on improvements to interventions is included in every assessment plan and budget.
EIGHT GENERAL PRINCIPLES
for assessing, monitoring and researching violence against women and girls

1. Analyse risks and benefits
2. Methodology
3. Referral services
4. Safety
5. Confidentiality
6. Informed consent
7. Information gathering team
8. Children
Mission Number 5

Your organization provides cash for work in the temporary shelters in the Ibaan Temporary Shelter. In the past two months, your organization covers 50 individuals – 30 men, 20 women. You are set to do a gender analysis in the middle of its implementation. What key questions you would ask to surface the gender issues?

Use of Data in Gender-Responsive Humanitarian Interventions
# Building Quality and Accountability

<table>
<thead>
<tr>
<th>Essential lenses</th>
<th>Communication and accountability</th>
<th>Monitoring context, process, progress and results</th>
<th>Transition and exit strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Disaggregate data by sex, age and disability</td>
<td>- Feedback and complaints mechanisms</td>
<td>- Selection of indicators</td>
<td>- Local engagement and ownership</td>
</tr>
<tr>
<td>- Vulnerabilities and protection</td>
<td>- Coordination</td>
<td>- Appropriate data disaggregation</td>
<td>- National systems and ownership</td>
</tr>
<tr>
<td>- Sustainability or transition</td>
<td>- Systematic community engagement</td>
<td></td>
<td>- Partnerships</td>
</tr>
</tbody>
</table>
Synthesis

• Humanitarian Data can be made more gender-inclusive if:
  (a) Gender-related Data is available and collected,
  (b) Gender-lens is applied among other intersectionalities, and
  (c) Leadership is Gender-Responsive.
• There are tools developed to support humanitarians to include Gender in Data-collection, to see Gender in Analysis-building and to elevate Gender in Decision-making.
• Data is not just an academic exercise but to strengthen accountability, improve quality of response and reflect our equity values.
References

https://www.gihahandbook.org/
EVALUATION

Kindly provide feedback on this workshop using this workshop evaluation form.

Remember to identify the correct module and date for this workshop.

The link to the evaluation is provided in the chat box and can also be accessed in the PDF learning guide for Module 6.