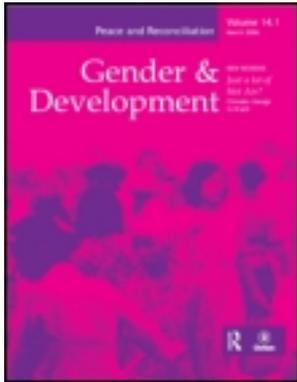


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## Using sex and age disaggregated data to improve humanitarian response in emergencies

Prisca Benelli, Dyan Mazurana and Peter Walker

*Drawing on relevant literature, case studies, and in-depth interviews with humanitarian practitioners, this article presents current practices concerning the collection and use of sex and age disaggregated data (SADD) and gender and generational analyses of SADD within the humanitarian community. Academic research and humanitarian practice amply demonstrate that gender and age differentiation exist in society and that these differentiations are particularly acute in situations of crisis, but that they are often not taken into consideration in response planning. The authors present illustrative examples of the impact of SADD collection and analysis (or lack thereof) on humanitarian assistance. The authors find that SADD are not systematically collected, analysed, or used to their full potential to inform humanitarian response. For humanitarian assistance to recognise and address real needs on the ground, this must change.*

*Cet article se sert d'écrits pertinents, d'études de cas et d'entretiens approfondis avec des praticiens humanitaires pour présenter les pratiques actuelles concernant la collecte et l'utilisation de données ventilées selon le sexe et l'âge (DVSA) et d'analyses de genre et générationnelles des DVSA au sein de la communauté humanitaire. Les recherches universitaires et les pratiques humanitaires démontrent amplement que la différenciation par sexe et par âge existe au sein de la société et que ces différenciations sont tout particulièrement marquées en situation de crise, mais que, souvent, elles ne sont pas prises en compte dans la planification des interventions. Les auteurs présentent des exemples illustratifs de l'impact de la collecte et de l'analyse des DVSA (ou de leur absence) sur l'assistance humanitaire. Les auteurs constatent que les DVSA ne sont pas systématiquement recueillies, analysées ou utilisées pleinement afin d'éclairer l'intervention humanitaire. Si l'on veut que l'assistance humanitaire puisse reconnaître et tenter de satisfaire les besoins réels sur le terrain, cette situation doit changer.*

*Este ensayo recurre a investigaciones, estudios de caso y entrevistas en profundidad para exponer las prácticas actuales de recopilación y uso de Datos Desagregados por Sexo y Edad (DDSE) y cómo se realizan los análisis de género y generacionales con*

*DDSE en la comunidad humanitaria. Las investigaciones académicas y las prácticas humanitarias demuestran que la diferenciación por motivos de género y edad existe en la sociedad y se agudiza en situaciones de crisis, pero a menudo no se toma en cuenta a la hora de proponer respuestas. Los autores presentan ejemplos ilustrativos de cómo influyen la recopilación y el análisis de los DDSE (o su ausencia) en la asistencia humanitaria. Asimismo, demuestran que los DDSE no se recopilan de forma sistemática y no se analizan ni utilizan en todo su potencial a la hora de planear la respuesta humanitaria. Esto debe cambiar para que la asistencia humanitaria identifique las necesidades reales sobre el terreno y pueda responder a ellas.*

*Key words:* sex and age disaggregated data (SADD); gender and generational analyses; relief; humanitarian assistance; humanitarian assessment; data collection

## Introduction

Over the last decade, analysts have given increased attention to improving the quality of humanitarian emergency relief (e.g. Macrae 2002), and the drive to improve assistance has been central to humanitarian sector reform.<sup>1</sup> However, decisions taken in humanitarian situations remain largely driven by anecdote and precedent, rather than by evidence. This is in part because humanitarian actors – mainly United Nations (UN) agencies and international and local non-government organisations (INGOs and NGOs) – show significant weaknesses in the collection, analysis, and use of sex and age disaggregated data (SADD) in all stages of a crisis or emergency. For instance, there is evidence to suggest that in recent disasters, UN Cluster leads have failed in their duty to collect SADD. Elsewhere, INGOs and local NGOs often argue that collecting SADD is complicated and time-consuming. In other cases, as our examples show, SADD are collected and used by agencies and authorities close to the affected communities. However, this sex and age related detail is lost as data are incorporated into larger datasets by higher-level authorities and organisations.<sup>2</sup> This is despite acceptance of the fact that collecting and analysing information based on sex and age in all phases of a crisis is a prerequisite to understanding vulnerabilities, needs, and issues of access, in regard to the provision of life-saving services (Mazurana *et al.* 2011).

In most situations, it is the government of an affected area that assumes the primary responsibility for emergency response. Research has documented the capacity of national governments to take into account sex and age when responding to catastrophes (David and Enarson 2012). However, INGOs coming into a new region in response to a disaster tend to apply uniform standards and common practices, paying scant attention to the specificity of the disaster context. Because of this, it is possible to draw generalised conclusions about INGOs' and UN agencies' practices when it comes

to SADD collection and analysis in a way that it is not possible to do for government responses. As such, it is the use of SADD by these actors that is the focus of this article.

Drawing on data from existing literature, and from interviews with key UN and INGO officials involved in humanitarian response, this article considers the collection and use of SADD, and gender and generational analyses of SADD, within the humanitarian community. The article advances three arguments. First, conflicts and natural disasters have differentiated impacts on women, girls, boys, men, children, adults, and older people. Second, in order to know what the specific needs of these people are, and if they have been met, it is necessary to collect data about/from each different group of people. Third, the humanitarian community has not invested enough time and resources in collecting and using SADD to inform its programming. We then go on to examine current practices for the collection and use of SADD and gender and generational analyses of SADD within the humanitarian community, as well as the main obstacles to collecting SADD. We then present three case studies in which such analysis either improved humanitarian response, or where the failure to do so resulted in negative outcomes. We conclude with key recommendations to improve the collection and use of SADD to inform and strengthen humanitarian programming.

## What are SADD?

SADD are data that are broken down according to a person's sex and age group. SADD can be collected using both quantitative methods (such as surveys, distribution lists, clinic records, and census samples) and qualitative methods (such as key informant interviews, focus group interviews, and one-on-one in-depth interviews).

While collecting and analysing sex disaggregated data is technically a straightforward activity, disaggregating data by age requires the creation of categories for analytical purposes. Such categories are in part context specific, and it is advisable to determine them in consultation with the local populations. For example, in some cultures a girl is considered a woman upon marriage, while a boy becomes a man when he builds his own house. The Sphere Project handbook contains the most agreed-upon age standards in humanitarian settings. The handbook suggests the following groupings:

- children: 0–5, 6–12, and 13–17;
- adults: in ten-year age brackets, e.g. 50–59, 60–69, and then a separate category for 80+ (The Sphere Project 2011, 63).<sup>3</sup>

Collecting SADD in a humanitarian situation is necessary but insufficient to provide a true understanding of who is affected by a disaster, how they are affected, what their needs are, and what resources they can and cannot access. As such, once SADD are collected, it is important to apply a gender and generational analysis to the data.

Gender analysis examines the relationships between males and females and among males and among females, while generational analyses examine the relationships among age groups. Combined, these analyses enable an examination of power dynamics and how they shape gender and generational roles and responsibilities, access to resources, and the constraints or advantages each group of people face in relation to others. Such information is vital in designing appropriate humanitarian assistance.

## Study methods

For this study we carried out a thorough review of academic research, as well as reports published by UN agencies, INGOs, NGOs, and civil society organisations (CSOs) on the effects of natural disasters and armed conflict on civilian populations. We focused on publications that used SADD and/or gender and generational analyses to document and analyse those effects. Within these publications we focused our attention on the sectors of education, food security, health, shelter, and water, sanitation, and hygiene (WASH). We also reviewed previous studies by academics and by UN agencies and INGOs on data collection and assessment methods during crises resulting from natural disasters and situations of armed conflict.

In addition, we carried out 37 in-depth interviews with humanitarian officials. Interviewees included UN Inter-Agency Cluster leads, focal points, and key officers for agriculture/food security, education, health, protection, shelter, and WASH, as well as focal points for gender and age, which are cross-cutting issues within the Cluster system.<sup>4</sup> We also interviewed advisers from the Gender Standby Capacity Project (GenCap) with experience in crisis assessment and response around the globe, and lead actors from the Needs Assessment Task Force (NATF) and the Assessment Capacities Project (ACAPS), which are joint UN and INGO-led initiatives to improve assessment to enhance evidence-based humanitarian response. Finally, we interviewed key academic humanitarian experts in the relevant sectors, and key specialists on monitoring and evaluation.

## Why sex/gender and age matter for evidence based programming and response

Over 30 years of academic study and humanitarian practice clearly demonstrate that gender and age are among the key factors that determine how people are affected by both natural disaster and armed conflict (Enarson and Morrow 1998; Ormhaug *et al.* 2009). As stated in an Oxfam study, 'pre-existing structures and social conditions determine that some members of the community will be less affected while others will pay a higher price' (Oxfam International 2005, 2). Yet large scale quantitative datasets on these differences are still undeveloped. For example, according to a recent report by

the International Peace Research Institute in Oslo 'there are practically no global data available . . . to investigate conflict mortality disaggregated by gender' (Ormhaug *et al.* 2009, 3).

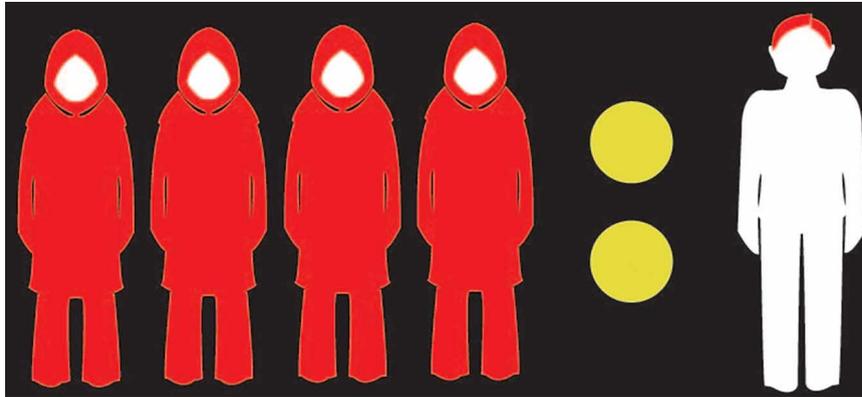
Elsewhere, however, case studies of particular crises provide evidence that sex and age influence the way individuals are affected by, and respond to, crisis. Thomas Plümper and Eric Neumayer, in a large econometric analysis on the gendered effects of armed conflicts, found that:

*[O]n average women are overall more negatively affected . . . than men, suggesting that the indirect consequences are stronger than the direct effects . . . The indirect effects of militarized conflicts result from, among others, reduced access to food, hygiene, health services, and clean water . . . Women suffer more severely from the damage to health and other infrastructure and the wider economic damage, as well as from displacement and dislocation during and after conflict. The breakdown of social order and the ensuing brutalization fuels male aggression against women, who suffer from gender-based and sexual violence both within and outside their domestic household. (2006, 724)*

In a subsequent article, the same authors examined data from 141 countries affected by natural disasters between 1981 and 2002. They found that, on average, natural disasters and their subsequent impact lower the life expectancy of women significantly more than that of men. They also note that more severe calamities lead to more severe impacts on female life expectancy as compared with that of males. They conclude that 'it is the socially constructed gender-specific vulnerability of females built into everyday socio-economic patterns that lead to the relatively higher female disaster mortality rates compared to men' (Neumayer and Plümper 2007, 551). For instance, women are likely to suffer more from food insecurity than men, since in male-dominated societies, boys and men get priority in food distribution at the expense of girls and women. Moreover, women and girls' roles in securing water, food, and fuel for the household often expose them to additional dangers (Neumayer and Plümper 2007).

Recent qualitative and quantitative studies also confirm that sex and age are significant determinants of the effects of natural disasters (Figure 1). For example, a study on the aftermath of the 2004 Tsunami in Aceh found that two-thirds of those who died were female, and it was primarily people nine years and younger and 60 years and older who were killed. According to the research, this was the result of a combination of several factors, including differences in upper body strength to pull oneself out of the currents, the fact that many women and children were inside their homes while men tended to be in open spaces when the tsunami hit, and the fact that women's attempts to rescue their children tired them out more quickly (Rofi *et al.* 2006). The researchers also collected SADD on the survivors of the Tsunami in Aceh province. They found that among displaced families a significantly higher proportion

Figure 1: Proportion of death, by sex, in the heaviest Tsunami-affected locations: four dead females to one dead male.



of female headed households were living as displaced persons in villages and towns instead of camps for internally displaced persons, in part due to the fact that many perceived the camps as unsafe.

The consequences of the lack of SADD collection and gender and generational analyses in the aftermath of the Tsunami were severe. According to GenCap adviser Linda Pennells, there were few initial efforts to collect SADD; instead humanitarian actors responded based on assumptions about what they believed had happened, which included misconceptions about who died, who survived, whose livelihoods were affected and how, and who had what needs. Had they ensured basic SADD and gender and generational analysis in their assessment efforts, they would have immediately noted the significantly higher death rates among women and older people. Likewise, applying a gender analysis would have enabled them to think through the likely social and household implications of higher mortality rates among women and older people. They could have then worked to help mitigate, for example, the resulting increase in early marriage, which occurred as a consequence of widowed men looking to remarry quickly, so that they would have someone to cook and look after them and their orphan children. Organisations could have designed projects to assist the men in other ways, to provide support with child care and cooking, without their resorting to early marriage of young girls and the subsequent negative impacts on their reproductive health and access to education.<sup>5</sup>

### Current practices in humanitarian SADD collection and analysis

Increased awareness of the gender and/or age-specific impacts of violent conflict and natural disasters began to build momentum within the aid community in the

mid-2000s. Several key international studies by the UN General Secretary, the UN Development Fund for Women (UNIFEM), and the International Committee of the Red Cross (ICRC) drew attention to the issue of armed conflicts and gender/age (ICRC 2001; UN 2002; UNIFEM 2002). Similarly, symposia were organised and reports released on the link between gender and natural disasters (Enarson 2000; International Strategy for Disaster Reduction 2001).

The vast majority of the interviewees we spoke with were familiar with the arguments made in these reports, and were aware of the need to collect information based on sex and age in order to best understand and respond to needs in both situations of armed conflict and natural disaster. The respondents confirmed that having information gaps on sex and age limits the effectiveness of humanitarian response in all phases of a crisis, while proper collection, analysis, and use of SADD allowed operational agencies to deliver assistance more effectively and efficiently.

Representatives of other organisations are, at least in theory, also aware of the importance of collecting and using SADD, as reflected in a vast number of guidelines for UN agencies and NGOs alike (Mazurana *et al.* 2011). For example, The Sphere Project handbook notes that 'detailed disaggregation is rarely possible initially but is of critical importance to identify the different needs and rights of children and adults of all ages', and recommends that organisations '[a]t the earliest opportunity, further disaggregate [data] by sex and age' (2011, 63). Clusters also have guidelines for assessments that include some SADD elements, but the reality is that these are rarely implemented in the field.

Similarly, according to DARA, an independent organisation committed to improving the quality and effectiveness of humanitarian aid, 61 per cent of the Development Assistance Committee (DAC) of the Organization for Economic Cooperation and Development (OECD) donors have gender policies. Yet, 'very few actually monitor and follow-up with their partners in the field on how gender is integrated into programming' (DARA 2011). In this context, the failure to collect SADD appears to be symptomatic of a general failure to integrate a gender perspective into humanitarian work.

Our research found that while some degree of awareness is present, and guidelines exist on how to disaggregate data, SADD are not systematically collected, analysed or used to their full potential to inform humanitarian response to natural disasters and situations of armed conflict. In other instances, SADD and gender and generational analyses are being used to show there are problems, but not to inform a programmatic response (Mazurana *et al.* 2011).

Some sectors (and the agencies that work within them) are better than others in collecting and analysing SADD, as well as pushing their implementing partners to do so. The education and shelter sectors are among the best in ensuring SADD and gender and (to a lesser extent) generational analyses in their assessments. However, the health sector, along with WASH, and agriculture and food distribution sectors

have shown the least ability to include SADD in data collection and gender and generational analyses to inform their response (GenCap 2010; Mazurana *et al.* 2011). Notably, the protection cluster, followed by WASH, are two of the main sectors in which GenCap Advisers are most frequently requested to work, while the Education Cluster is often not prioritised precisely because capacity and tools are stronger (GenCap 2010).

### Obstacles preventing relief actors from collecting and analysing SADD

One of the aims of our research was to document and analyse the reasons why agencies were not more routinely collecting SADD and using gender and generational analyses in their assessments during crises. Some of the reasons, as identified by the interview respondents, are structural. For instance, currently, the humanitarian system shows significant weaknesses in data collection and analysis in all stages of a crisis or emergency. This is attributed to several factors. First, there is no harmonised way to collect, manage and analyse the data and use it to inform programming. Second, Cluster leads often lack training in and do not understand the need for SADD, and how to collect, analyse, and translate it into programming. Third, without a strong commitment and leadership by Cluster leads and donor agencies, it is harder for organisations to become proficient in collecting, sharing, analysing, and using SADD.

Other reasons cited were pragmatic. Cluster leaders and donors are at times unaware of the existing resources, most notably the excellent Inter-Agency Standing Committee *Gender Handbook* (IASC 2006). The practical difficulties present in crisis settings often impinge on agencies' ability to travel, access, and interview affected populations, and find qualified staff and researchers to carry out the work. In particular, there is difficulty in finding qualified local, female employees willing to travel and interview women; in many cultures it is inappropriate to have men interview women. Similarly, agencies that require staff to have specific technical skills for certain sectors (such as WASH and agriculture) often have difficulty achieving a gender balance in their local personnel, because of the gender division of labour in many professions.

Finally, some of the difficulties are conceptual. There is a misunderstanding among some agencies regarding the scope of what SADD and gender and generational analyses can encompass, so that if their programmes include only women or only men they may believe they do not need SADD. Other agencies, furthermore, assume collecting SADD is about 'women', rather than realising how it can improve the relevance of a programme overall, and can help humanitarian actors better assist all types of people in need. There is a strong need to ensure the purpose and benefits of SADD and gender and generational analyses are clearly understood if they are to be adopted and used by humanitarian actors.

## Case studies: SADD in health, WASH, and shelter sectors

In this section, we provide three illustrative case studies to underscore the causal connections between SADD collection, gender and generational analyses, and the quality of assistance provided. The first two case studies demonstrate how lack of SADD collection and gender and age analysis resulted in inefficiencies in the assistance provided and placed some people at risk. The third offers a positive example of how SADD collection can lead to improvements in the quality of the relief provided.

### *Protection and WASH in Haiti*

This example concerns the WASH response to the 2010 Haiti earthquake, and shows how serious issues relating to protection can result from failure to understand key gender, cultural, and generational aspects of WASH.

Between February and March 2010, the International Organization for Migration (IOM) carried out a WASH assessment in the main camps in Haiti for people displaced following the earthquake. IOM's data showed that 33 per cent of all latrines built were not being used, and 57 per cent were only occasionally used. The reasons were almost entirely due to gendered cultural constraints: respondents complained that latrines were not separated by gender nor granted sufficient privacy for females, were too far away from living areas, were not lit, and lacked locks. Alarming, instances of sexual violence were reported at 29 per cent of the latrine sites (Blay 2011).

The reasons for these inappropriately designed facilities lie in the failure of initial WASH assessments to consider gender. According to the Assessment Capacities Project (ACAPS) Operations Manager and two regional GenCap Gender Advisers in Haiti, the initial assessment for water and sanitation needs largely overlooked gender and cultural factors.<sup>6</sup> In addition, much of the limited SADD that were collected were lost when the data were synthesised. In this case, failure to collect or analyse SADD and carry out a gender analysis hampered the effectiveness and cost efficiency of the relief effort, and also put women and girls at risk due to poorly planned facilities.

### *Gender and shelter in Uganda*

Collecting and analysing SADD can also illuminate important needs and concerns in the shelter sector, a crucial sector within emergency response. The standard procedure in providing shelter assistance is to register the households in need of assistance, and then to distribute material for the construction of temporary shelters. However, both physical strength and skills determine an individual's ability to physically assemble a temporary shelter; both are in large part the product of age and gender.

Several case studies reveal that unaccompanied older people and children tend to lack the strength to physically assemble a shelter. The division of responsibility for this task, and consequently the skills, are often gendered, but in very context-specific ways.

For instance, in Kenya, Somali women are responsible for constructing shelters in the Dadaab refugee camp (UNHabitat-IFRC 2009). Elsewhere, in a study on northern Uganda, World Vision reported that construction is traditionally a male responsibility. In this context, women lacked the skills to build shelters; this meant that women living in single female-headed households ended up having to trade unwanted sex in exchange for the required male construction skills (Katwikirize 2001). Therefore, knowing how many single male and single female heads of households are present in a population, and the gender dynamics regarding shelter construction, is crucial information to accurately plan practical and effective shelter assistance, carefully allocate resources, and ensure protection.

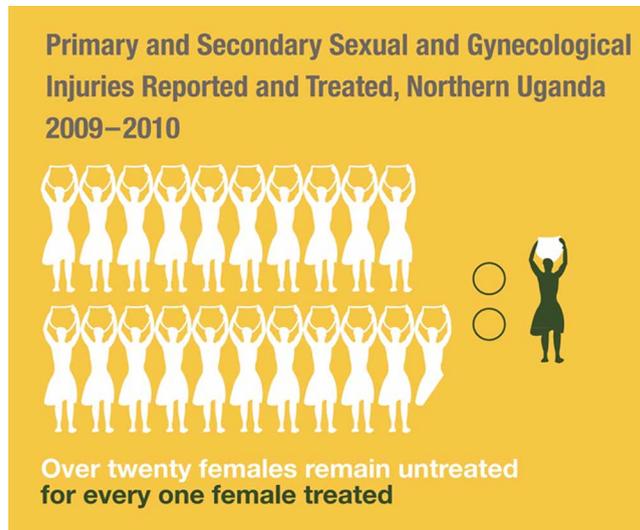
#### *Treating conflict-related injuries in Northern Uganda: the role of SADD*

The African Youth Initiative (AYINET) is a local NGO that works in northern Uganda, a region heavily affected by over 20 years of war. AYINET's case exemplifies the way in which SADD can lead to important modifications within programming, and at the same time debunks the myth that collecting basic SADD is too complicated, expensive, or time intensive. The case illustrates that even local organisations with relatively small budgets can proficiently collect and analyse SADD to improve humanitarian response.

AYINET provides surgical and medical rehabilitation to war victims.<sup>7</sup> In the period 2009–2010, AYINET screened 1020 patients for treatment and for each recorded his or her sex, age, and type of injury. Based on the data, they began noticing a pattern: the kinds of injuries people suffered, and whether or not they were able to receive necessary treatment from AYINET, were often largely influenced by a victim's sex and age. Of the 1,020 people registered for treatment of primary injuries, 400 were females and 620 were males. The majority of primary injuries among females were burns and resulting contractions (the spontaneous closure of open wounds in ways that shortens skin or muscle tissues), and injuries resulting from sexual violence and/or affecting reproductive health. Moreover, 75 per cent of mutilation victims were female, and the vast majority of these were adult women. Males, conversely, had much higher rates of retained foreign bodies and bomb shrapnel and injuries that resulted from gunshots or bomb wounds, and torture. Through a generational analysis of the data, AYINET also identified children of both sexes as the main victims of burn injuries and contractions.

AYINET used SADD, and gender and generational analyses of the ways in which violence against certain sexes and age groups was carried out by parties to the conflict, to understand why there were significant differences in injuries experienced by females and males, adults and children. The data, however, did not simply demonstrate that sex and age influenced the kinds of injuries people were likely to suffer; it also showed how sex and gender had an influence on who was able to receive treatment. At the time, AYINET's international donor placed a cap on the amount of

Figure 2: Primary and secondary sexual and gynecological injuries reported and treated, Northern Uganda 2009–2010.



money that could be spent treating each patient, and how long she or he could spend in the hospital. The complex surgery and treatment needed for women who had suffered sexual violence and injuries affecting their reproductive health surpassed those caps, meaning they were effectively denied access to treatment. While the medical personnel screening patients recommended gynaecological surgery for 228 girls and women, only ten could be assisted due to donor restrictions (Figure 2).

In this case, the data gathered helped AYINET to demonstrate the real needs of females and the *de facto* discrimination in place. This led in 2011 to a change in programming, with a new emphasis on surgically treating reproductive and sexual-related injuries, and hence the treatment of many more female victims (AYINET 2011).

## Conclusion

More research is needed to improve our understanding, both at a macro level and within each sector, of where SADD and gender and generational analyses matter and can best contribute to effective programming. It is also important for practitioners and co-ordinating bodies to improve their own data collection and analysis mechanisms and capacities. The present study identified a general gap related to the collection and analysis of SADD, a gap that restricts and hinders critical decision-making in humanitarian response in all phases of an emergency. By contrast, in those

cases where SADD and gender and generational analyses were used, humanitarian actors were able to provide more relevant, appropriate, and effective assistance.

While the methods of data collection used will look different in different sectors, contexts and phases, collecting SADD to inform response is not only possible, but necessary. We found no valid justification for not collecting and analysing SADD to inform humanitarian response. As noted, SADD can be gathered in many different ways, so the actual data collection can be adapted to what is possible and useful based on the context and the stage of the emergency (as detailed in Mazurana *et al.* 2011).

Donors and Cluster leads have the greatest potential to push the effort toward a more evidence-based humanitarian response. Their unique position makes it possible for them to require that their implementing partners, and the organisations whose work they coordinate, systematically collect, analyse and use SADD to improve their response. When necessary, donors and Cluster leads also have the capacity to advise and train on the collection and analysis of SADD, and the difference it can make in programming. Furthermore, as the examples present here and elsewhere (Mazurana *et al.* 2011) demonstrate, even small NGOs and CSOs can collect SADD and benefit from what the analyses reveal to improve programming. These joint efforts have great potential to improve humanitarian assistance for conflict and disaster-affected populations.

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## Notes

- 1 To increase co-ordination and co-operation, the main UN agencies and non-government organisations (NGOs) have established various committees and offices, such as the United Nations Office for the Coordination of Humanitarian Affairs (UN-OCHA) and the Inter-Agency Standing Committee (IASC); deployed various processes, such as the Consolidated Appeals Process; and pushed for the use of standards, such as the Sphere Standards in humanitarian response.
- 2 A dataset, or data set, is any organised collection of data.
- 3 In its 'Health' chapter, the Sphere handbook suggests different age groupings based on physiologically related characteristics.
- 4 The Cluster Approach was introduced in 2005, with the goal of strengthening co-ordination among humanitarian actors in any country with a resident humanitarian co-ordinator and ensuring consistent leadership in all the main sectors/areas of emergency response. Nine key sectors of disaster response were thus identified and an organisation or UN agency permanently appointed as the lead for each of these sectors. Each Cluster lead generally relies on the establishment of co-ordination meetings, usually held on a weekly basis. In major crises, these meetings are sub-divided into working groups on specific tasks (which can lead to an unwieldy proliferation of meetings).
- 5 L. Pennells, regional GenCap Gender Adviser, interview with authors, 8 February 2011, Geneva.
- 6 P. Chataigner, ACAPS Operations Manager, interview with authors, 9 February 2011, Geneva; C. Blay and N. Kinyanjui, regional GenCap Gender Advisers, interview with authors, 8 February 2011, Geneva.
- 7 All data presented in this section are drawn from AYINET (2011).

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