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GENDER IN HUMANITARIAN ACTION

MYANMAR TOOLKIT: OBSERVATIONAL GENDER REVIEW

Adapted from the rapid gender assessment tool.

UNFPA
GENDER IN HUMANITARIAN ACTION WORKING GROUP (GiHA WG) Myanmar
care
UN WOMEN

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1. Background and Introduction

UN Women, grounded in the vision of equality enshrined in the Charter of the United Nations, works for the elimination of discrimination against women and girls, the empowerment of women and the achievement of equality between women and men as partners and beneficiaries of development, human rights, humanitarian action and peace and security. Placing women's rights at the centre of all its efforts, UN Women leads and coordinates gender mainstreaming across the United Nations system to ensure that commitments on gender equality and gender mainstreaming translate into action throughout the world. In 2022, UN Women officially became a member of the Inter-Agency Standing Committee, affirming a stronger commitment to incorporate a gender lens in humanitarian action.

In Myanmar, UN Women and the United Nations Population Fund (UNFPA) co-lead the Gender in Humanitarian Action working group (GiHA WG), which evolved from the need to respond to the increasing demand for technical support for gender mainstreaming humanitarian action. Its membership includes UN agencies, international and local non-governmental organisations (NGOs), women-led and women-focused civil society organizations (CSOs), and other organizations that are working in humanitarian response with gender mandates or implementing gender-related activities. The primary goal of the GiHA WG is to promote the integration of gender considerations into humanitarian actions across operations and analysis, including sectors, clusters and cross-cutting themes.

The international humanitarian organization, CARE, developed the Rapid Gender Analysis (RGA) Toolkit to help humanitarian actors understand the different needs, capacities and coping strategies of women, men, boys and girls in crisis situations. RGAs have been conducted in more than 30 countries and can be adapted to focus on protection, urban areas or remote data collection settings.

In Myanmar, however, collecting data via traditional methods (interviews, surveys and group discussions) is highly complex, sometimes not possible and puts people (both data collectors and affected populations) at risk. Observational data collection can help mitigate these risks and does not rely on people's ability or willingness to provide information. Instead, it relies on what the data collector can see and observe in the community. With this in mind, in 2023, CARE and the GiHA WG together adapted the RGA to the Myanmar context, creating the Observational Gender Review (OGR).

An OGR informs humanitarian responses by developing nuanced data and information on the impacts of a crisis on different groups. It helps to identify gender dynamics, assess gendered impacts, and support gender-responsive programming without directly questioning members of the affected community.

Conducting either an RGA or OGR allows humanitarian actors to collect important information about gender roles and responsibilities, capacities and vulnerabilities after a shock, as well as potential protection risks among women and girls. RGAs are conducted rapidly and in circumstances where resources are scarce. RGAs, and therefore OGRs, build on existing primary and secondary information in addition to collecting new primary data. Finally, both RGAs and OGRs aim to inform programming by providing operational recommendations to meet the different needs of women, men, girls and boys.

2. Context

It has become increasingly difficult to obtain humanitarian data in Myanmar due to access constraints, security risks and communication challenges.

Increased access and data collection challenges faced by humanitarians result in a lack of sufficient, timely and updated information on crises and the situations faced by crisis-affected populations. This affects data-driven, evidence-based decision-making. Operating without data severely affects both the quality and relevance of humanitarian responses. Reliable gendered needs and impact assessments ensure that responses are in line with humanitarian principles, and address the specific impacts and needs of different gender groups. Given that more than one-third of the Myanmar population requires humanitarian assistance, which must be planned and delivered within an increasingly restrictive operating environment,[1] observational data collection should be considered as an alternative to direct data collection. The OGR tool provides humanitarians with such an alternative, minimizing risk both to the data collectors and affected communities.

Working with community-based and grassroots organizations is crucial to localizing the delivery of humanitarian aid and reaching those at risk of being left behind. To support this, it is critical to enhance the capacities of community-based and grassroots organizations to conduct rapid gender analysis and to adapt tools and strategies to the complexities of the operational environment, ensuring humanitarian workers' safety and security.

It is also important to note that although data collecting staff may not be directly participating in community activities, their mere presence alters the setting being studied. Staff must therefore seek to be as unobtrusive as possible, while recognizing that their presence may bias findings.

3. Objectives

This toolkit provides step-by-step guidance for undertaking rapid observational field data collection for gender analysis in the early stages of an emergency or during project monitoring.

An OGR can be used for at least two purposes:

1. **As a data collection tool in environments that are not conducive to data collection; and**
2. **As a complementary tool to an RGA, providing additional ethnographic data on the gendered impacts of crises.**

The OGR is conducted during the assessment and the monitoring and evaluation phases, with additional information collected throughout the programme cycle. The key issues and findings of the OGR should be incorporated into humanitarian needs analyses to ensure a gender-sensitive response where humanitarian interventions are designed from the start to meet the distinct needs and priorities of different population groups.

The OGR guides organizations, humanitarian responders, and data collectors on how to undertake rapid data collection with a gender lens in environments where standard existing data collection tools cannot be used. It seeks to harmonize the collection of information on changes in living conditions, availability of facilities and services, and protection risks faced by women, girls, men and boys. The OGR seeks to understand changes **after** a given shock has occurred. An OGR can be complemented by other assessment analyses collected by other humanitarian organizations.

An OGR can be used to inform programming and can be contextualized to fit different organizations' priorities and mandates. It can also be used alongside other assessment tools, incorporating observational data on the gendered impact of a shock and ensuring that gendered data analysis is included in the planning and delivery phases.

4. Ethical Considerations

Supervisors or organizations should provide enumerators with proper personnel monitoring and support when using the tool.

[1] Myanmar/Burma, European Commission, accessed 2 June 2024.

ROLES & RESPONSIBILITIES

The GiHA working group is responsible for:

1. Initiating an OGR when an RGA cannot be implemented for safety reasons;
2. Initiating gender profiling processes;
3. Conducting trainings on the use of the OGR, including presenting it to relevant stakeholders and disseminating it across available platforms; and
4. Documenting and sharing practitioners' experiences using the tool, and reviewing and adjusting the tool as needed.

In general, strictly observational data collection does not require informed consent, nor does it require consent from the community. However, consent to collect data from the community should nonetheless be obtained to maintain relationships and to avoid negatively affecting trust with communities, to ensure ongoing access and out of respect for crisis-affected populations.

If the data collection includes formal or informal interviews, then informed consent is required. Enumerators must be trained on when and how to obtain consent.

Consent procedures must follow the organizational or cluster procedures on conducting data collection. It is important to understand that consent is ongoing, meaning enumerators must remind participants of their rights to withdraw at any time and must check back and re-evaluate consent if there are changes in the operational environment that could affect the safety and security of the individuals involved.

5. Introduction to Observation as a Data Collection Method

Observation is a qualitative social scientific data collection method that relies on 'watching interactions, processes or behaviours as they occur'[2] and noting physical and non-physical characteristics in a given setting.[3]

Observation can be both overt and covert – in humanitarian contexts, it is almost always overt. Covert data collection brings with it a slew of ethical concerns because the people or community being studied are not aware they are being observed. Covert data collection is also often accompanied by the risk of being branded as 'spying'. In overt data collection, the presence of humanitarians in a setting likely alters peoples' behaviours, even if the data collection is purely observational.

Observation is a qualitative, structured data collection approach that documents daily behaviours, actions and situations. It can complement other qualitative data collection approaches, but can also be used when:[4]

- You are unable to conduct interviews;
- You are trying to understand a process or situation;
- You want to understand behaviours and interactions between people or groups of people;
- You need physical evidence of an issue or situation;
- You want to collect data in a manner that is unobtrusive; or
- You need to know about the physical characteristics of a setting.

Strengths include that it generates insights into social processes, allows for an understanding of information that cannot be captured or explained through quantitative data (such as the quality of a given

[2] Data Collection Methods for Programme Evaluation: Observation, CDC, August 2018.
[3] The Ultimate Guide to Qualitative Research – Part 1: The Basics, Atlas.ti, accessed 21 March2024.
[4] Participant Observation in Social Research, Revise Sociology, 31 March 2016; Data Collection Methods for programme Evaluation: Observation, CDC, 08/2018; Section 6: Direct Observation and Photovoice (Rapid Appraisal), UCLA Center for Health Policy Research, undated.

service or aid package), and allows for data to be collected without having to ask people questions.[5]

Weaknesses include the fact that the presence of the researcher may directly change the behaviours of the community being observed, the high degree of subjectivity and interpretation and that observational data misses anything outside of the observation (for example, events that occur after the enumerator has left the location are not recorded or included).[6] As in all data collection, these weaknesses can be mitigated.

6. Reflections on Positionality and Reflexivity

During all data collection, particularly observation-based data collection, it is imperative that the enumerators and analysts consider their **positionality** in terms of how they internalize, express and observe what they are recording. Enumerators and analysts should also practice **reflexivity**. Reflexivity means ongoing critical self-awareness and examination of how one's positionality shapes every aspect of the research process. This requires regularly reflecting on biases, assumptions and experiences to mitigate potential sources of bias and ensure the validity of the findings.

This entails thinking through how one's social, cultural, political and professional identities shape perspectives, biases and experiences while conducting research, and how these dynamics vary based on context and setting. It is imperative to remain open-minded, culturally sensitive and reflexive when collecting data. Some things for each researcher and/or enumerator to consider include:

- **Professional identity:** As humanitarian data collectors, how do their professional experiences and identities influence how they approach data collection and analysis? What are they prioritizing? What are they deprioritizing (and why)? How is their professional identity distorting what they observe?
- **Cultural identity:** What are the cultural links between the enumerators and the crisis-affected communities? What cultural beliefs, values and norms do the enumerators have that may be similar to or different from the norms within the communities they are observing? What do these mean, and how do they affect the data that is being collected?
- **Gender, age, and disability:** What is the enumerator's gender and age? Do they have a disability? How do these factors intersect with power dynamics in the communities they are observing? How does the enumerator's gender, age or ability influence interactions during data collection, including access to certain community members, access to decision-makers and decision-making spaces, and access to information? What biases does this create?
- **Power dynamics:** As humanitarian staff, what are the power dynamics between the enumerators and the community members? This includes gender and age. How do these power dynamics influence interactions during data collection, including access to certain community members, access to decision-makers and decision-making spaces and access to information?
- **Privilege:** What privileges do the enumerators have? This includes access to resources, education and institutional support relative to the communities they are observing. How does this affect the way they observe the communities and how community members might be influenced by their behaviour and communication? How does this affect or contribute to the power dynamics? Things to consider here are what is 'normal' to the enumerator compared to what is 'normal' in the community in terms of shelter, toilets, cooking facilities, etc.

[5] The Ultimate Guide to Qualitative Research – Part 1: The Basics, Atlas.ti, accessed 21 March 2024.

[6] Performance Monitoring and Evaluation Tips, USAID, 1996; How and When to Collect Observational Data, Humans of Data, 13 February 2018.

7. Analysis Techniques

The OGR is a qualitative tool that allows for the employment of several analysis techniques, either on their own or simultaneously. All OGRs should include the following analysis techniques:

- **Thematic analysis** includes identifying, analysing and reporting on patterns or themes that arise in the data, such as recurring themes around power dynamics, decision-making processes, access to resources and gender roles.
- **Intersectional analysis** considers how multiple aspects of social identities, such as age, ability/disability, or ethnicity, intersect and interact before, during and after a crisis to shape individual experiences and opportunities. An intersectional lens is crucial to understanding the complexity of gender dynamics and the unique needs of different groups. These groups may be constituted differently depending on the theme being examined, and the enumerators and people engaged in data analysis must be attentive to these differences and understand them in the context of the area they are studying.
- **Participatory analysis** engages enumerators and key stakeholders in the entire process, from training and tool verification to testing and data analysis processes. This ensures the inclusion of diverse perspectives and relevant, meaningful and accurate findings. It also provides an avenue for researchers to check their biases and have their interpretations challenged.

8. Data Collection Techniques

Observational data collection encompasses a variety of techniques for recording events, circumstances, conditions and behaviours, including taking descriptive notes. Some relevant techniques include:

- **Frequency method**, or counting the number of occurrences of a data point or behaviour of interest during a given interval of time, for example, how many posters with a specific message are spotted or how often a child is seen carrying water during the period of observation.
- **Duration method**, or the duration of an activity, includes elements such as how long people spend engaging in specific livelihood activities, how long a distribution runs for, or how long it takes to walk to a market or water point.
- **Behavioural coding** involves assigning predetermined codes to key behaviours that enumerators aim to observe. The enumerator then uses these codes to record the behaviours when they are observed. For example, 'WW' might be the code for 'woman working,' or 'NLB' might be the code for 'no lights in bathroom.'

9. Using the Tool

These points are specific to using the OGR; this is not a comprehensive guide to conducting primary data collection.

Each organization has its own operational policies and procedures for conducting research; an OGR should only be carried out by teams already trained in data collection, registration or recording in accordance with data management and protection protocols, and qualitative and quantitative analyses.

The points included below are additional considerations when using the OGR and should be rolled into existing research and analysis plans. To guide planning, research design, and implementation, use CARE's Assessment Planning Checklist and Accountability to Affected Population (AAP) Do's and Don'ts for Assessments; the Good Enough Guide; and the Inter-Agency Standing Committee's Guideline on Coordinated Assessments in Humanitarian Crises.

Remember, it is better to be approximately right than precisely wrong. Think of/include the following:

- **Temporal conditions:** When did you reach the community? Factors such as the time of day, the season and who is doing what are important to understanding the daily activities of people in the community. Other factors that can impact activities include the day of the week and whether it is a weekend,

a working day or a holy day, and whether it is harvest season.

- **Maintain a low-key approach:** This is an observational tool, so keep a low profile to minimize disruption and ensure that activities flow naturally in the community. Make sure you know in advance what information you are going to collect. If possible — and you can accurately recall information — write your notes down later, such as when you are in the car, on the toilet or as text messages on your phone, etc. Always consider your safety as the top priority and before writing notes ensure it is safe to do so in your current location.
- **Daily routine:** Pay attention to what may be routine tasks and note the timing of certain tasks as well as the gender dynamics in play in household responsibilities, community interactions, etc. Note who engages in activities such as childcare, cooking or livelihoods.
- **Communication and information sharing:** Pay attention to the presence of flyers or informational materials; these can provide insights into community initiatives, services or interventions. Examine the content, language and placement of these materials in order to understand their intended audience. Attempt to identify the source of the information (for example, is there a logo, the name of a government agency or NGO, or a phone number?).
- **Engagement with community members:** Engagement should be as non-intrusive as possible. Casual conversations with residents can supplement observational data and provide deeper contextual understanding.

RESOURCES

On the following pages you will find a checklist to follow through out every step of an OGR, from training enumerators through to analysing the collected data.

BEFORE ENUMERATOR TRAINING	COMPLETED (Y/N)
Conduct a secondary data review. During the secondary data review, it is important to pay attention to the credibility of the source, the methodological approaches in data collection, and the validity of the data. Data triangulation is key[7]. The secondary data review should collate: • Information on the prevailing conditions in the community prior to the current shock whose impact is being assessed; and • Humanitarian and other data that has been collected since the shock whose impact is being assessed.	
Coordinate with other humanitarian response actors to identify current and planned data collection activities. Effective coordination avoids duplication of efforts, encourages complementarity, and addresses identified gaps in existing knowledge identified during the secondary data review. Additionally, coordination and collaboration allow for the modification of the tool by adding or removing relevant questions.	
Select the enumerators. Take into consideration: • **Experience:** Prior involvement in data collection, especially qualitative and gender-specific data collection. • **Knowledge:** Familiarity with humanitarian response and programming priorities, ensuring the ability to identify relevant issues, regardless of their inclusion in this guide. • **Cultural Sensitivity:** Even though data collection is observational, enumerators must have contextual knowledge of the area that they are observing (including on the area's gender norms) and must be discreet and respectful. • **Attention to Detail:** Collecting observational data requires significant attention to detail and the ability to retain information. Enumerators should also have experience taking part in previous data collection exercises. • **Notetaking Skills:** Enumerators should have a proven track record of meticulous notetaking. • **Language skills:** Although the data collection is observational, enumerators should be able to communicate with affected populations, especially if asked questions. Language skills, including language(s) spoken in the target area, also allow enumerators to understand the interactions they observe. • **Diversity:** The enumeration team should be gender balanced and, if possible, exhibit other diversity markers (socioeconomic, religious, cultural, ethnic, etc.) in line with the observed context. People from different backgrounds may notice different things; however, the selection of enumerators should be relevant to and respectful of the community in which data is being collected and must consider enumerator safety (for example, they should not be put at risk if they belong to a demographic group that may make them unsafe when collecting observational data).	

[7] An assessment is more credible if the data used comes from different sources or is collected using different methods. Triangulated data is more valid and accurate than data from a single source or method.

DURING ENUMERATOR TRAINING	COMPLETED (Y/N)
Present the enumerators with all available data and information on the conditions prior to the shock. This allows for comparison between before and after conditions, which is important since the OGR seeks to understand how shocks affect community members differently.	
Ensure training curricula includes details of all data collection activities being undertaken or planned. The OGR is based on the premise that other data exists and that other data collection activities will be undertaken.	
Review the OGR tool with the data collection team and gather their feedback. Enumerators are a helpful resource. They are often from the communities and understand the subtleties that indicate change in a given community. Enumerators should help refine the tool, correct what is incomplete or inaccurate, and ensure that subtle nuances relevant to the community are recognized when collecting the data.	
Emphasize that this is an observational tool. Enumerators are not required to fill in the tool while in the community unless it is absolutely safe for them to do so. Enumerators should have an excellent understanding of the contents of the questionnaire, which will allow them to take mental notes and fill in the tool later.	
Provide training on notetaking and techniques for remembering information. If it is safe to do so, enumerators can carry a small notebook with them to jot down key terms or phrases to jog their memory later. This can be done in public (if safe) or in private areas (like restrooms). Enumerators should take more detailed notes immediately afterwards in a vehicle or in other safe spaces.	
Provide training on bias, positionality and intersectionality in research. Because this is an observational review, there is a high degree of personal interpretation involved. Training on this will help enumerators recognize their biases and understand how these biases might influence their understanding of their observations and what they choose to focus on during the process. Conduct scenario-based training exercises that include guidance on the subjectivity of peoples' interpretation of what they observe. This will help enumerators understand how they affect the environment and the people they are observing simply by being there.	
BEFORE DATA COLLECTION	**COMPLETED (Y/N)**
Test the tool. After integrating enumerator feedback, code the tool into Kobo[8] or the preferred data collection platform and conduct a small pilot exercise. This can be done in the immediate surroundings or in a nearby location, but it must take place in an area where enumerators will not be conducting the actual data collection, as this introduces another level of bias. Every enumerator should test the tool at least once (preferably twice) in a location that is relatively new to them.	
Refine the tool. Review the data collected during testing and hold a session with the enumerators to understand what did and did not work, what prompts/areas that needed to	

[8] KoboToolbox is a data collection tool that is free for nonprofit organisations and widely used in humanitarian and challenging settings. Available here: https://www.kobotoolbox.org/

be observed were misunderstood, and what data is necessary or unnecessary. Use this feedback to refine the tool and make changes before starting field data collection. This should be done within one day of the pilot exercise and five days before the planned data collection activities start.	
Reflect on enumerators' level of comfort. Ask them to discuss the situations, spaces and places where they felt uncomfortable or awkward and how this relates to the data they collected and the insights they drew from it. Where possible, adjust the tool for actual data collection to decrease discomfort (for example, stay out of sensitive spaces).	
Secure permission from communities to conduct observational data collection. Do this even if you do not plan to ask questions directly. It is generally not unethical to conduct observational data collection without permission if not asking questions, but some communities may be unhappy with this, and it may jeopartize the trust between the organization and communities. If securing permission in advance is not possible or is dangerous, assess the risks of collecting information even without permission. Do not collect data if it will put enumerators or community members at risk.	
DURING DATA COLLECTION	**COMPLETED (Y/N)**
Review collected data daily. The national-level data collection supervisor should review the data collected daily to ensure quality, identify issues or needs early on, and adjust timelines and approaches as necessary.	
Debrief within data collection team daily. These daily debriefing sessions are an opportunity to share experiences. They are also a source of information; record these sessions and take notes for use during the analysis.	
Intervene immediately if issues are identified. Get in touch with the enumerator or enumerators where issues in data collection have been found, and collaboratively identify the problem and possible solutions. Make any necessary changes and continue monitoring the data as it is collected. **All changes must be recorded**, including what changes were made, when and why. This is essential to allow for a robust understanding of what data is comparable and from which point.	
Do not interview people unless it is absolutely safe to do so. If safe opportunities to speak with people arise, use the questions added within the tool. The enumerator should keep questions to a minimum due to the amount of information that needs to be recalled and to protect their safety.	
DURING ANALYSIS	**COMPLETED (Y/N)**
Refer back to the tool. The tool and its themes should guide the initial coding framework. This will be refined and elaborated upon as trends in the data are identified during the analysis process.	
Use an iterative process that refers back to the OGR tool to guide iterative cycles of coding, analysis and interpretation and to ensure the analysis remains grounded in the research framework.	
Reflect on your own biases and make sure you identify where your biases may be influencing your analysis.	

Validate the preliminary findings with the data collection team. Validation sessions are crucial and should be done routinely (or integrated into the daily debriefing sessions). **If possible, the data collection team should be involved in the analysis** — they are the ones who collected the data, made observations in the affected communities, and put together the information. The final data and the analysis should reflect the reality that the teams experienced and observed.	
Triangulate and compare findings with other sources of information. Refer back to the literature review, reflection sessions, and validation sessions. Other sources for triangulation include the data collected by humanitarian actors that were coordinated with before the enumerator training.	
Remain open to emergent themes. Issues or themes may arise during the research that were not foreseen in the planning and training phases yet are important to understanding a crisis' gendered impacts and dynamics. Although you should not stray too far from the research questions, remaining flexible and adaptive and incorporating new insights will enrich your overall understanding of the subject. You should identify and discuss any emergent themes and issues during the debriefing, reflection and validation sessions.	

10. Observational Gender Review Tool

Most of the OGR does not require the enumerators to ask questions. The tool does include suggested questions for 'informal' interviews, but these should be asked only if it is safe to do so. The OGR focuses on observations made in the present moment; however, enumerators should, as much as possible, include their reflections on what has changed since the advent of the disaster.

Not all subsections will be relevant to all organizations using the tool, nor will all points in each subsection be relevant to all organizations or contexts. Users of the tool should select the pertinent observation points that are in line with their information needs for programming.

Because this tool depends on the enumerator's ability to recall high volumes of information, it is imperative to adapt it to the needs of the implementing organisation and the capacities of the individual enumerator.

Because authorities may grant limited approval for access with tight time constraints, it is unrealistic to assume that one person can collect all the information listed below. Each organization should prioritize the observation points that are most necessary, considering the data collection timeframe.

RESOURCES

On the following pages, you will find the Observational Gender Review Tool and a list of suggested questions to help guide any informal conversations you may have during the review.

Please adapt these guides and tools to your specific needs and context.

OBSERVATIONAL GENDER REVIEW TOOL

Geographic Location:	**Observer(s) name:**
Observer(s) gender:	**Observer(s) age:**
Date:	**Setting:**

GENERAL IMPRESSIONS OF THE SITE OR LOCATION

These should be used in all OGR initiatives:

- What is the site (a school, community hall, religious building)? Is it **overcrowded**?
- Are there particular **secluded areas** that could pose risks to women's and children's safety?
- Are **women and girls of all ages visible** in the same numbers as men and boys? Note whether **adolescent girls** appear to be more or less visible than before the shock.
- What **specific tasks are women, girls, boys, and men conducting?** How do these activities interfere with existing work/responsibilities, including school attendance?
- What types of **cooking stoves/facilities** are being used and by whom? Who collects **firewood/the fuel source**?
- Is there a **burial site** in or close to the village? If possible, identify the **sex, age, and date of death** of recent graves.

SHELTER[9] AND NON-FOOD ITEMS

- Does there appear to be **enough shelters** available for all the people at this site?
- **Where are people sleeping, cooking, and eating**? Are some spaces segregated by gender?
- Is there **overcrowding in any of the shelters or rooms**?
- Is there evidence of **two or more households sharing the same shelter**?
- Do the shelters and rooms have **functional internal locks**? Describe the locks.
- Is there **space** between shelters that provides adequate **privacy** for occupants?
- Are there any functioning **dedicated or ad hoc spaces for women and girls** to gather? **What about for men and boys**? Describe these places.
- **Who is making shelter repairs**? Are women/girls helping? How many shelters are repaired/being repaired versus how many have been abandoned?
- **What materials are temporary shelters constructed from**? Are they constructed near or far from damaged houses?
- **Do people have cooking utensils**? What do they have left? What other items do they still have?
- **Do people have mosquito nets**?

[9] Shelter means temporary structures (such as tarpaulin, refurbished houses, etc.) used as housing by a family or number of families.

- **Do people have hygiene items (including soap, toothbrushes, toothpaste, sanitary pads, and underwear)**? Are they available in the markets? How far are the markets?

WASH – TOILETS, WASHING/BATHING FACILITIES AND WATER POINTS

- Are there **enough functioning toilets and showers/bathing facilities** for the number of people using them? Refer to the SPHERE Planning Guidelines for the minimum number of toilets (Appendix 3) and consult with the WASH Cluster leads for any specific/contextualized WASH facilities designs.
- Are the toilets and bathing facilities **separated by sex**?
- Is there any evidence of people **defecating outdoors**?
- Are the toilets, bathing facilities and water points in **safe locations**, or are there obvious **security risks**?
- Do toilets and bathing facilities **provide user privacy**? Note coverage on all sides, space under/over doors, holes in walls, etc.
- Do the toilets and bathing facilities have **functional interior locks that are low enough to be accessible for children and people with some types of disabilities**? Describe the locks.
- Do the toilets and bathing facilities have **working interior lighting**? **How** is electricity generated?
- Is the path leading to the toilets and bathing facilities **well-lit and clear**? How far are the toilets and bathing facilities from people's shelters?
- Do the toilets and bathing facilities have **sufficient water and/or are close to a water source**?
- Are at least some toilets and bathing facilities **adapted for people with disabilities and older people**? What do these adaptations look like?
- Who — men, boys, women or girls or mixed groups — **manages and maintains the toilets and bathing facilities**?
- **What is the current state of the toilets and bathing facilities?** For example, functional, not functional, clean, dirty, etc.?
- **Where are the water points**? Are they in the same or new locations since the shock?
- **Is the water potable**? Can people drink this water?
- **Who is fetching water** (consider both age and gender)? If there are **queues at water points**, **who is in the queue** — women, girls, boys, men, or a mixture?
- **How far are the water points** from the community?
- **What times of day** are the water points open/operational?
- If **children are collecting water**, is it primarily **boys or girls or both**? Are they around a certain **age group**?
- What are people using to **carry water**?
- If the OGR is being conducted after a flood or cyclone, what are the water levels in the community? Have water levels receded to pre-disaster levels?

HEALTH

- Note the **number, type and condition** (fully, partially, or not functional) of healthcare facilities in the area. If you have access to healthcare facilities, note the **proportions of women, girls, boys and men**;

older people; and persons with a disability and the **ratio of male to female healthcare providers**. Note the time period, day of the week and number of facilities visited.

- Do you see many pregnant women? What about children under the age of five?
- Are people waiting for medical attention **segregated by sex** or any other factors?
- Are there **specialized sexual and reproductive health (SRH) services** and **services for pregnant and lactating women**? What are the available services? Available services may include SRH education sessions in health facilities/communities.
- Are **specialized psychosocial support services** advertised — for women, men, or both — at the health centre? How are they advertised (posters, fliers, radio)?
- Are **the consultancy and treatment rooms private** (both visually and in terms of people being able to speak confidentially)?
- Is there evidence of any communicable diseases, such as people coughing or having rashes? Are there enabling conditions for the spread of communicable diseases? Consult the Health Cluster lead regarding observational data to identify the risk of communicable diseases.

FOOD AND NUTRITION

- Are women, girls, boys, and men **present at food distribution points**? Are the **queues for distributions segregated by gender**? Is there seating or a separate line available for the elderly, pregnant women or people with disabilities?
- Did the distribution team put in measures to ensure that food distribution is **accessible, equitable and appropriate to/for all**?
- **Where are the distribution points**? How far are they from the community? What is being distributed? Who is receiving the assistance (including age, gender, and ability/disability)?
- Have there been any noticeable **changes/deterioration in food collection, storage or cooking?** For example, destruction of or damage to food storage facilities and cooling/fridges capacity or an increase in communal cooking, lack of water for food preparation and handwashing.
- Have any **therapeutic feeding centres** been established, either independently or within a health facility? If so, note the **general profile of who is in the centre.** For example, pregnant women, young mothers with their infants, young children, older women and/or men or persons with disabilities. Note who is providing the service (for example, are female and male staff available?). Note over what time period this is and how many centres were visited.
- **Where is the market**? How far is it from the community? What is being sold there? What are the prices of key commodities if they are available (rice, oil, salt, etc.)? Who is shopping for food (consider both age and gender)?
- **What food are people eating**? What kind of food are people cooking? Where/how is food being stored?

LIVELIHOODS

- Identify **livelihood assets** in the community (for example, farming land, livestock, fishery, and farming equipment). Is agricultural farmland accessible? Is it being used?
- Note what **income-generating activities are being carried out and by whom** (for example, women, men, ethnolinguistic groups, etc.). Describe the activities (such as agriculture, shops in the market, cafés, food manufacturing, tailoring, etc.).

- Are there any **obvious signs of a loss of livelihoods?** For example, destruction or damage of assets or a seemingly larger number/proportion of men or women not engaged in activities than anticipated or seen before the shock?
- Are there any signs of **recovery works** going on? For example, debris removal, building repairs or rebuilding? Who is carrying out this work?
- Are **cash-for-work activities** taking place? If so, **who is engaged in this work** (women, men, or both)?
- Are more or fewer **children than usual engaged in livelihood activities**? What are **girls** doing? What are **boys** doing?
- Noting that the **'invisibility' of girls may mean they are engaged in domestic work**, are there any identifiable changes in the number of girls engaged in domestic work and any changes in the nature of that work?

PROTECTION:

- Note any functional spaces dedicated to women and girls (for example, safe spaces, centres, safe houses). Describe the condition they are in. For example, are they staffed adequately? Do they have separate or private rooms for counselling/case management, etc.? Is there evidence of awareness-raising activities on protection, including GBV, child protection and mine action? Are there ongoing individual or group information sessions? Are there any psychosocial support activities, such as individual counselling and group learning sessions, or activities aimed at stress management or reduction through social activities like sports and handicrafts, etc.? Are there any other activities organized by the facilities?
- Note any functional spaces dedicated to children (child-friendly spaces) and/or adolescents (youth-friendly spaces). What is the number or proportion of children/adolescents by sex and age over which period of time are they using the facility (and in how many facilities)? What are the conditions? For example, are they staffed adequately? Is there evidence of awareness-raising activities on protection, including GBV and child protection? Are there ongoing individual and group learning sessions? Are there any psychosocial support activities? Are there other activities organized by the facilities?
- Are children attending school? Are the schools completely damaged, partially damaged, or not damaged? Are most children in school? Is there a difference between girls' and boys' school attendance? If children are not in school, what are they doing, and are there any differences between girls and boys?
- Note any information about GBV, child protection and mine action prevention and response services on posters displayed in public spaces and facilities, including health facilities.
- Note any information about GBV, child protection and mine action shared in humanitarian assistance, including cash assistance, the distributed food and non-food items packages.
- Note any visible information about coping mechanisms, both positive (for example, social support) and negative (for example, alcohol or drug use).

PARTICIPATION

- Who is engaged in which activities? Consider caregiving, domestic work, house repair and working in other fields. **What activities do you see carried out by women, men, girls and boys?**
- If any **public gatherings or information sessions** take place during your visit, who – women and/or men – **leads the sessions, who speaks the most and who speaks the least**? Do the youth participate and speak, and is there any difference between girls and boys?

- Thinking about older women and men, women and men with disabilities, young girls and boys, and any minority groups in this community, do you notice the **absence of any particular group**? Do people with disabilities participate, and are they assisted with necessary support? [10] What about transgender and/or gender non-conforming people? People from the LGBTQIA+ community?
- If there is an opportunity to **speak with women, does it appear that they speak comfortably with you without their husbands or male family members present**? Where are they speaking with you? Describe the surroundings (including whether it was a private or public place).
- If you are part of a review team, **are there women on the team**?
- If you are part of a team, with **whom does the team speak** (for example, men and/or women)?

COMMUNICATIONS

- How are people receiving information? Is the **radio** playing? If yes, what is it playing? What is the content? Who is listening? Where are they listening to this content? Do people have access to **televisions** or other information sources? Is information being broadcast via vans or loudspeakers?
- Do you observe people having/holding **mobile phones**? Is it men, women, boys, or girls? Is there reliable cellular telephone and/or data signal or service? How far do people have to travel before there is signal or service? Is the service very slow (for internet data)?
- Regarding **public service message posters or flyers**, where are they posted (for example, public places, in health facilities, at distribution points, at toilet/bathing facility blocks, etc.)? What language(s) and images are used? Do they show women, girls, boys and men of different ages and abilities **participating (equally) in activities**? What are the posters or flyers about? Describe the format they are in. Do you think they are accessible to people with different impairments? Do you think they are **easily understood by children**? Why or why not?
- Is there any information on psychosocial support services for women, men, girls, boys and/or children displayed? What is this information about?
- Is there any information on GBV services for women, men, girls, boys, or children displayed? What is this information about?
- Is there a functioning **feedback mechanism** available to the community? If so, what is the format of these mechanisms (for example, phone, suggestion box, etc.)? What languages are they in? Do you observe any people using the feedback mechanisms? Are they accessible to children, the elderly and those with disabilities? Why or why not?

[10] Support includes allowing caregivers to attend and arranging suitable access and seating, such as ensuring enough space for a person with a wheelchair.

SUGGESTED QUESTIONS FOR INFORMAL CONVERSATIONS

Geographic Location:	**Observer(s) name:**
Observer(s) gender:	**Observer(s) age:**
Date:	**Setting:**

SHELTER

- Do you feel safe in your shelter and in any formal or informal 'safe spaces' available? Why or why not?

WASH – TOILETS, WASHING/BATHING FACILITIES AND WATER POINTS

- Do the toilets allow you to meet all your menstrual hygiene needs with sufficient privacy?
- Do you have access to menstrual hygiene products? If not, how does this affect your daily life?
- Who collects the water for your household?
- If water sources are not visible, ask: 'How far away is the water source from the community?'
- What, if any, risks are there along the route to and from the water point?

HEALTH

- Are there any **additional healthcare facilities outside this area** that you or anyone you know goes to? Where are they? Why do you go there? How long does it take to travel there? Is the route passable/safe?
- Do mobile clinics come to the community? If yes, what services do they provide?

NUTRITION

- Where there is not enough food, are households sharing food differently than before the shock? For example, are women eating least/last?
- Have there been any changes in your habits regarding going to the market and/or what you purchase there?
- Have you encountered any challenges when receiving nutritional or food support, for example, when going to the distribution site or while waiting in a queue?

LIVELIHOODS

- How has the **shock affected the community's livelihood assets** (for example, loss of land, livestock, equipment)?
- Which social group is affected the most? The least? How and why? What about women, men, children, and youth? Minority groups?
- If there is **less work for men** in particular, what are they doing instead, and what is the impact of this on families and the community?

- Have women, men, girls, or boys engaged in any **new or additional responsibilities** in their homes since the shock?
- How has the change in livelihoods affected the coping strategies used by men, women, boys and girls?

PROTECTION

- Do you feel safe in your shelter and moving around? Do you feel safe when the power is out?
- Is your situation better or worse than before the shock? In which ways is it better or worse? What fears do you have for the future that you did not have before the shock? What hopes and/or opportunities do you have for the future that you did not have before the shock?
- Do you have or know someone you can talk to when you observe things like GBV and violence against a child or children? Who do you go to in such cases?
- Do you go to centres or safe spaces for women and girls or to child-friendly spaces? If yes, which activities do you find useful or not useful, and why?
- Do you see any changes in the coping strategies used by men, women, boys, and girls?

COMMUNICATIONS

- Do you receive **information about the availability of humanitarian goods and services**? **From whom** do you receive the information? Do you trust this information? Do you have a **preferred and trusted source of information** about the community and about humanitarian goods and services?
- Do you know you have the right to **provide feedback on goods and services as well as the behaviour of humanitarian workers without affecting your eligibility to receive the goods and services**? If you wanted to **provide feedback, how would you do it?**
- Do you know you have the right to report any humanitarian workers who have attempted to engage or have engaged in sexual exploitation, abuse, or harassment? Do you know where to report them?

11. Aides-Memoires

Because observational data collection requires a lot of remembering until the enumerator is in a place where they can safely record the data they have collected, some tools can be used to help jog one's memory, or as an aide-memoire. The use of the aide-memoire helps ensure that the data collected is detailed, accurate, consistent, and complete.

Aide-memoires should be developed for each data collection exercise and will likely vary as the data being collected in the OGR may vary depending on the organization collecting the data and/or the context.

Some suggested tools include:

1. **A short, discrete checklist/list of key terms** that the enumerator can consult while observing the community and its settings to jog their memory of what they should be looking for while in the field, and then jog their memory once again when taking notes.
2. The development of **an acronym or mnemonic** to hit all areas that need to be covered in a section of the review. An example of this is 'MARCH' used in first aid, which stands for massive haemorrhaging, airway, respiratory, circulation, head injury/hypothermia. This is used to help someone remember what they must cover and in which order when responding to an accident.
3. **Visual cues** in the form of a chart or illustration help illustrate the data that needs to be collected and assist the enumerator in remembering the process.
4. **A list of key questions** to ask community members in the event that interviews are possible (the list should be limited to key questions rather than the entire survey tool).

12. Checklist of Terms to Ensure a Common Understanding of the OGR

During all research, but especially qualitative and observational research, it is imperative that there is a common understanding of terms and concepts used in the research tool. This is especially the case in humanitarian contexts, where jargon is often misunderstood and poorly explained and where existing standards (such as the SPHERE Humanitarian Standards) are not always explained to data collection staff.

Language and comprehension of terms are not routine considerations in most humanitarian research, but misunderstandings or different understandings of terms and concepts can have a significant impact on decisions made as a result of the evidence collected. For more information on and examples of language considerations in humanitarian research, CLEAR Global has a number of tools and reports.

Some of the terms used in the tool should be first discussed and elaborated upon during the training, and then they should continue to be discussed and reflected upon during the data collection and analysis phases. The discussion should include ensuring terms are accurately translated and understood in local languages and applied to a local culture in the target location. The checklist below provides terms and concepts that are frequently contextual, along with a standard definition.

A common understanding of what these terms and concepts mean, especially those that are subjective or contextual, must be established **before** data collection. Otherwise, what may be understood as appropriate, sufficient, functional, or even safe by the enumerators may not be considered as such by humanitarian programming staff.

This checklist on the following page is not an exhaustive list. Additionally, it may be necessary to validate relevant technical terms in the organization's operation. There are terms that will arise during the training and data collection and should be added to the checklist.

TERM	DEFINITION	COMMON UNDERSTANDING
Accessible	Easily reached or entered by all people, including people with disabilities, children, pregnant women, and older people. It can refer to physical adaptations (such as ramps) and location (considerations for distance and/or safety).	
Appropriate	Refers to terms of conditions of use or access regarding the local context. For example, do facilities need to be segregated by gender? Placed in specific locations? Adapted to a specific sociocultural norm? For example, what does 'appropriate food distribution' look like?	
Functional (in terms of facilities and services)	Working as intended, to a certain standard. It can be subjective (for example, is the lock a nail with a string or is it a metal bolt — what is considered 'functional'?), and thus a common understanding of what is considered functional needs to be established prior to data collection.	
Overcrowding/ overcrowded shelter	The presence of more people in a space than comfortable, safe, or permissible. According to the Sphere Minimum Standards for Shelter, this is a minimum of 3.5 square metres of living space per person, excluding cooking, bathing and sanitation, and a minimum floor-to-ceiling height of at least 2 metres at the highest point (2.6 metres in colder climates).	
Privacy	In terms of understanding 'sufficient' or 'adequate' privacy (the condition of being free from being observed or watched), it is important to understand in the cultural context of what is considered private.	
Risk	Exposure to danger. Risk is often subjective and contextual; therefore, it is important to understand what things constitute 'risk' in a given context.	
Safe/Safety	Protected from or not exposed to risk, danger, or injury; unlikely to be harmed. What constitutes 'safe' varies from one context to another, and thus, a common consensus on what 'safe' means in said context needs to be established.	
Sufficient (in terms of food, water, services, etc.)	Enough. In this case, consider what is considered 'sufficient' (food, menstrual products, water) in the context where data is being collected.	

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