

GROUP 1

Existing Data

Gaps/ Barriers

Good practices

National data exists that could be used in the context of cc.

In the Philippines, there is a research conducted by the Phil. Institute and brief studies which shows that Filipino women spend substantially more time on care work than men, limiting women's participation in paid employment.

Metodology/road

→ connect them to climate reporting

study negats:

7 women spend 28 hours
weekly on unpaid care
vs 8.6 hours of men;
labor force participation
starts at 57% of the
population for women vs
72% for men
7. Most care continues unpaid
w/ household members only

- Just transition is understood from a limited point of view which lacks gender-equality and care work aspect.
- Gender-blind institutions reproduce gender gaps.
- Women are underrepresented in decision-making mechanisms.
- Symbolic inclusion does not help to integrate real problems in development & implementation of policies/projects.
- Carework is multidimensional, women are caring children, older adults, people with disabilities which seen private family issue.

① * What national data exist?

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- This (time uses surveys) will be arranged very soon.
Hopefully there will be some issues related to climate change for instance LULUCF, access to water/energy etc.
(How does the TUSD proceed?)

* No good examples we'll see when the TUS is announced

* no gas taxes

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Global Savings
People's Climate Summit
- Türkiye

Methodology/Approach

→ connect them to climate reporting

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vs 8.6 hours of men;
labor force participation
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population for women vs
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Existing Data

1. National data available.
Key: Time use survey $\rightarrow$ unpaid care & domestic work.

Measure:- circumference

- elderly care
- care for twins
- cooking & cleaning
- collection of water & fuel wood.

Survey captured activities directly observed by CC
1) collecting H₂O, firewood, food prep, care for sick fam. members, childcare
agric etc. 1. collection time

* How drought has water collection
 on duration has reduced collection time

- * Climate related diseases increase care responsibility.
- * Air pollution management burden.

Food insecurity

There are time-use surveys that help identify caregiving tasks as unpaid work.

KINDEGARTENS (NILDGARE)
FOR COMPANIE UNDERGOING
(ENERGY) TRANSITION
Childcare as JT indicator
Jugruay

Wiyi Yani
U Thangani
Report using
national statistics
& Indigenous
knowledge -

Beyond GDP report
of high level expert
group - proposing
methodology for
measuring national
wellbeing.

① Rates of school dropouts post-disasters
(often affected by increased burdens & care)

① Number of
hours spent on collecting
water, fuel, etc.
(250 million hours
p/day)
(UN women, 2024)
38 men boys

①
Time use surveys
pre vs. post disasters
e.g. hurricane Mitch
~~hitting~~
+ related to time taken
to re-enter the labor
market after disasters &
changes in earnings.

Gaps/ Barriers

Ethnic variable is missing - relevant to Indigenous Women from LATAM.

Women farmers
- need to count
their care
work

Disregard
rarely give
sex time
in men
Feb 2

Case would not acc
for, thus
ion to
GDP
The m
mandat
collect
case d
-limit

Exits $\uparrow$ need improvement
in Demography and Health Survey DHS
there are some question of how jobs
are shared at home. (for unpaid care)
Showing that unpaid work is mostly
for women / men
May be add new questions for that
DHS research.

VAciss s/C.C.
No este do b. 88
s/ sementes, mudas
interiores
- Tempo 4 m. de

Gaps/ Barriers

TIME USE SURVEY
DISCONNECTION WITH
CLIMATE REPORTS,
NDEC PREP

GAP:
It must be better
ensured that
caretakers have a
voice in decision-
making by collecting
their data on their
Priority 2-Lind Express

- ① Economic valuation of upland rain forest
 - (+ multiple perspectives in national level)
 - different stands exist
 - 9% of global GDP
 - A trillion USD
 - this figure is probably underestimated due to multiple delays in the calculation of the environmental impacts & a great deal
- LIMITING AVAILABILITY OF DATA
- DISAGREEMENT
- LIMITING RELEVANT INFORMATION ON HOW CLIMATE CHANGES AFFECT AND INCREASE RISK

- Lack of systematic gender disaggregated and intersected 100% climate data in Euro
- Unpaid carework remains largely invisible in climate governance systems.
- Care is too often framed as a private or social issue rather than as a central resilience and adaptation issue.
- Rushing climate negotiations focus on emissions

2. Banner

Jackie - Kenny

- 2001: Microsoft crashes was 2001.
- No regular price exists
- mean, consists - one images (hard to quantify how doing)
- books, less 1 one business
- business involvement data
- financial analysis
- invest one with largely absent in the calculations
- viewed as the value rather than development term
- limited financing to time use document, climate finance
- policy supports one research data growth

Natural Scenes.

National Census

Kenya Demographic Health Survey

Methodological and political barriers

people's climate change
debates today, climate
change part

it seems natural, essential to women people

women are not only unpaid and insecure for a lifetime in food
systems in rural areas these women are also responsible for
the work which is also unpaid, the social reproduction of
the world. It has to be always seen in private households, in
public life, public life policy formation, social life, political

climate policy heavily focus on emissions, technology, energy
instruments. Do not or often women related policies, gender
underestimated and not addressed, (gender related policy, gender
equality, women's rights, etc.)

policy documents are written from a patriarchal point
of view

the policy documents always identify the REAL people
of the world as male figures always identify the REAL people

gendered inequality must be taken into account in climate
methodological

- doing climate change research but only based on
sex differences (not with, with us, women, higher)

- use of standardized indicators impact climate change and
gender equality as national & international force.

① Number of
hours spent on collecting
water, fuel, etc.
(25) million hours
/ (day)
(LW women, 124)
38 men boys

②

Time use surveys
pre vs. post disasters
(e.g. hurricane Mitch)
~~before~~
related to time taken
to enter the labor
market after disasters &
losses in earnings.

Ekene
Variable is
missing - relevant
to Indigenous
Women from
LSTAW.

- There aren't official statisticians on care
- It's necessary to agree on the scope of the concept

Women farmers
- need to count
their care
work

Aggregation
rarely goes beyond
sex time spatially
women and girls
are segregated

Needs: Core workers require training in response to and impacts of CC

DIVISION OF CARE RESPONSIBILITIES BY INDIVIDUAL WITHIN HOUSEHOLDS AND COMMUNITIES

Case work is not accounted for, thus, its contribution to national GDP is often missing!

There is no provision mandated to collect or use care data for climate purposes

Exits $\uparrow$ ^{health improvement}
in Demography and Health Survey DHS
here are some questions of how jobs
are shared at home. (for unpaid care)
Strong that unpaid work is mostly
for women/ones -
May be add new questions for that
DHS Research.

VACIOS S/C.C.
No este dato Situación
S/ Similes, mudaciones,
intercambio,
- Tiempo q. nubl. se cae/
cuidado C. del Pacífico.

data spread
across
multiple agencies
& different
methodologies
- mostly not
disease
specific

Good practices

Annual Household
Income and
Expenditure survey
2005 provides data
on care work
in Ghana

No information about plastic waste from nappies - have gone back to cloth nappies

① ②
Regional example from
LAC:
Regional assembly for
Gender Equality
+
Repository on time use for LAC
+
"CENTAL" (Institution for
harmonization + standardization)
of data on time use surveys

2 - Mebeobogues
- Los sistemas est
mejor el Ciudad
dentro del hogar
forma de Ciudad
- Dificil medir
Smolovics.

Extern has a account of
Rapid Care Analysis on paid household
work & household care
of Mex 20% of GDP.
\$ur very ~~low~~

household survey data
 NCS
 employment data
 demographic survey $\rightarrow$ Youth / elderly
 surveys

Bolivia
- El trabajo es considerado
visto como una
Reproch. por la vida
familiar, especial.
- Perfecta convivencia
de género

- Strengthening coordination between climate, health, social protection, and statistical institutions.

Equality
In efforts -
individual level
measurement
across 16
dimensions
allowing
more use of local
input

Collaborative
universities
combining
methodological
strengths
and knowledge
methodologies

(HLSA) Strategy
Workplace
Gender
Equality
Agency (WGA)
data on care
sector.
AUSTRALIA

Good practice
- Assist with national planning & resource
allocation
- Agriculture (to ensure technology transfer)
to support women taking care of the vulnerable
be ~~some~~ members of the society

Good practices

Annual household
income and
expenditure
survey
in Ghana

1 2
Gender example from
LAC
Regional strategy for
Gender Equality
- Re-orienting on time use for LAC
- Gender (Gender for
Gender Equality - Gender Equality
- Gender Equality - Gender Equality
- Gender Equality - Gender Equality

2. Mexico
- El Sistema Estatal
mejor el cuidado
dentro del hogar y otros
espacios de cuidado comu-
nitario
- Digital media tools
- Smartphone
- Smartphone

Mexico
- El Sistema Estatal
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Methodological innovations
- Strengthening coordination
between climate, health,
social protection, and education
institutions
- Integrating unpaid care
considerations into just
transition frameworks
- Integrating care indicators
into climate and disaster
impact data

GENDER
ECOLOGICAL
CARE / ENVIRON-
MENTAL
HEALTH

World survey data
- Employment data
- Demographic survey -> Youth / Elderly
- Survey

Oxfam has
Rapid Care
Household
Survey tool

(Ghana)
Developing tool
for collecting
on care work
activities

1 STREET
UN

Activities
of
health
workers
- Improve data on
health workers
- Improve data on
health workers

IMPROVE DATA ON
HEALTH WORKERS
AGE, ETHNICITY

INCLUDE CARE INDICATORS
ADAPTATION PLANS AND
POLICIES

UN Women resources &
Women Count programme ->
Outlook; Time-use survey

UN Women Gender Equality
Policy Scorecard -> An
monitoring tool that assesses how
national climate policies address
inequalities; unpaid care work
of the six dimensions

Good practice:
Analysis of care needs
in vulnerable populations
Such as children and
the elderly, in context
affected by cc

TIME USE
AND
CLIMATE
CHANGE
Guatemala

Guatemala
NATIONAL
TIME USE
SURVEY
IS GOOD
OPTION - HOW
address climate

ADDRESS INTERSECTIONAL
LENS
(RACIAL, ETHNIC,
AGE, INCOME, SEX
GEOGRAPHIC
LOCATION, LGBT+)

Recommendation
Use mixed methods
(including qualitative)
to better understand
how the climate crisis
is impacting care
workloads -> e.g.
analysis of time spent

CARE POLICIES AND
SERVICES AS PART
OF RESILIENCE INTER-
STRUCTURE TO CLIMATE
CHANGE -> HOW CHILD-
CARE, ELDERCARE AND
DISABILITY SUPPORT IMPROVE
COMMUNITIES' CAPACITY
TO ADAPT AND RECOVER

ENSURE CAREWORKERS
HAVE A VOICE IN
DECISION MAKING
BY COLLECTING THEIR
DATA ON LIVED
EXPERIENCES, PRIORI-
TIES AND RECOMMEN-
DATIONS

Datta Me
Framework for use
all time (ENV 2021)
INVEST
- ENV makes decision
- Impact of climate change
- Impact of climate change
- Impact of climate change
- Impact of climate change

1. Use of (local) women
- It provides feedback
- It provides feedback
- It provides feedback
- It provides feedback

Integration of the
climate change perspective
into the training curricula
for care sector, in order
to ensure the adequacy
of knowledge and skills
related to climate
emergencies.

Methodological innovations
- In the EU, Spain's NAP
provides a good example of
gender mainstreaming in
adaptation policy
- It aims to avoid reduce
vulnerable groups to vulnerable
groups, instead gender
analysis could capture
differentiated exposure,
but also agency and leadership
resilience

Specific section
dedicated for gender
in our National
Adaptation Plan.

3. Opportunities, in order
- GGA
- Care indicators
- Gender indicators
- Gender indicators

Question 1
- no standalone national time-use survey exist, but we get survey
on employment and the informal sector (2021) gives us a better share
of daily time spent on unpaid domestic and care work for men and
women; as well as time spent (holidays)

- Water scarcity increases care burden
- longer dry seasons
- reduced water availability
- greater variability in rainfall
- fuel wood collection becomes more time intensive - deforestation, forest degradation
- encourage care needs during climate-related health shocks - floods, heat
waves, droughts and changing disease patterns can increase child
illness, elderly care needs, care for injured or displaced family
members
Gender &
Good practice
- The Ministry of Women Empowerment and the Family encourage especially
those women of homes to be registered social insurance fund such
that their work is monitored and paid accordingly
- training centres

Available support

Gender disag data reporting tool

Community networks
↳ need to recognize the fundamental work that they are doing

National JT commissions

Collaboration/ Coordination

need for global standards for gender data
ie. in NDCs

Knowledge sharing

Climate + Care initiative

Care Pact - EU - LatAm

Communication btwn. ministries

Global Alliance for CARE
Parliamentarians
Civil Society

Most significant gaps

Disseminating info about existing tools
keeping data updated - resource gaps

Financing

Recognition

Agricultural realities

Actors who may support

IPCC STWP
UNDP Academia - incl. Social Science!

National Gender Focal Points
could coordinate info sharing
Ministries - econ, gender, labour

ILO

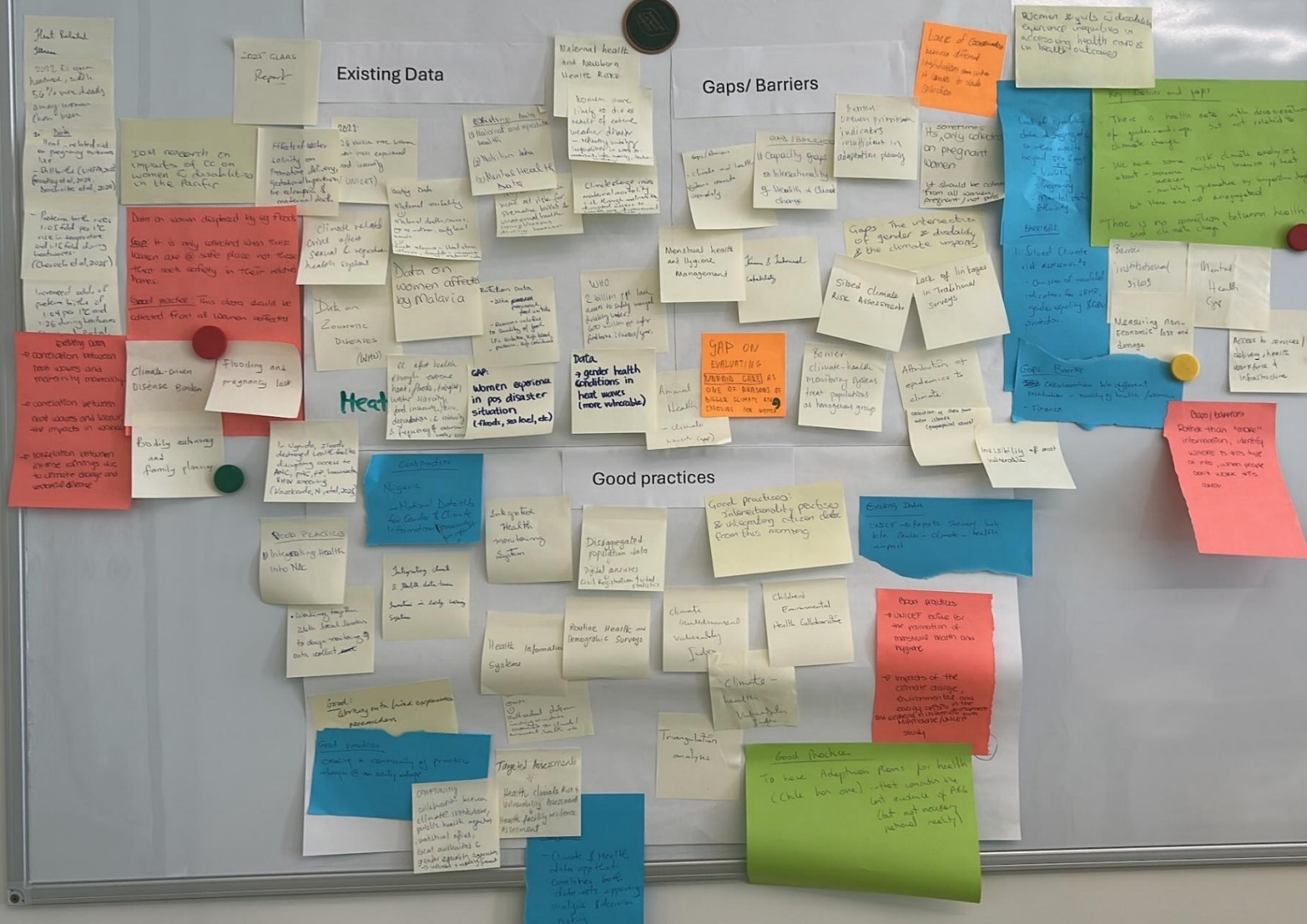
UN Women

WB

UNFCCC

CGIAR

GROUP 2



Heat Related Illness

2092 European heatwave, with 56% more deaths among women than men

1. Data

Heat-related risk on pregnancy outcomes like:
- Stillbirth (UNFPA 2023)
(Moodley et al, 2024, Bernheim et al, 2024)

- Preterm birth rises 1.05 fold per 1°C rise in temperature and 1.16 fold during heatwaves (Cherich et al, 2025)

Increased odds of preterm births of 1.04 per 1°C and 1.26 during heatwaves (Cherich et al, 2025)

Existing Data

→ correlation between heat waves and maternity mortality

→ correlation between heat waves and labour, the impacts in workers

→ correlation between intense rainings due to climate change and vectorial disease

2025 GLAAS Report

Existing Data

2021:

Effects of water salinity on premature delivery, or insecurity, gestational hypertension, pre-eclampsia & maternal death (UNICEF)

1.6 million more women and men experienced

Existing Data

Maternal mortality:
① Maternal deaths, causes, of mother, sufficient to cause
Climate related - Heat stress, floods, drought, maternal risk

Data on women affected by malaria

Data on Zoonotic Diseases (WHO)

Climate related crises affect sexual & reproductive health systems

10M research on impacts of CC on women & disabilities in the Pacific

Data on women displaced by eg floods

Gap: It is only collected when these women are @ safe place not those that seek safety in their relatives homes.

Good practice: This data should be collected from all women affected

Climate-Driven Disease Burden

Flooding and pregnancy loss

Bodily autonomy and family planning

In Uganda, floods destroyed health facilities disrupting access to ANC, PNC, FP, immunization & HIV screening (Kasekende, N., et al, 2025)

Heat

CC affect health through extreme heat, floods, droughts, water scarcity, food insecurity, env. degradation, & intensity & frequency of extreme weather events

Good practices

Nigeria

- National Data Hub for Gender & Climate

Existing Data

① Maternal and reproductive health

② Nutrition data

③ Mental Health Data

more at risk for premature births & maternal health complications during heatwaves

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Maternal health and Newborn Health Risks

Women more likely to die as result of extreme weather disaster - reducing vulnerability requires action on women, info, training, skills

Climate change raises maternal mortality risk through malnutrition, disrupted access to health services, displacement

Gaps/ Barriers

Gaps/ Barriers - climate and health systems operate separately

Capacity on Intersection of Health & Climate

Menstrual health and Hygiene Management

Knowledge & Information

WHO: 2 billion ppl lack access to safely managed drinking water! 600 million ppl suffer from water illnesses/yr.

Data → gender health conditions in heat waves (more vulnerable)

Animal Health

- climate change (agg)

GAP ON EVALUATING UNPAID CARE AS ONE OF REASONS OF BIGGER CLIMATE RISK ENGAGE FOR WOMEN

Good practices

Good practice Intersection of Health & Climate

Maternal health
and Newborn
Health Risks

Women more
likely to die as
result of extreme
weather disaster
- reflecting underlying
inequalities in access to
resources, info, money, decision
making power

Climate change raises
maternal mortality
risk through malnutrition,
disrupted access to
healthcare services, etc.

Gaps/ Barriers

Gaps/Barriers

- Climate and health
systems operate
separately

Capacity gaps
on Intersectionality
of Health & Climate
change

Barriers:
Uneven prioritisation
indicators
insufficient in
adaptive planning

sometimes
HS only collect
on pregnant
women

It should be collect
from all women
pregnant / not pregnant

Gaps: The intersection
of gender & disability
& the climate impacts

Menstrual health
and Hygiene
Management

Knowledge & Technical
Capability

WHO:
2 billion ppl lack
access to safely managed
drinking water.
600 million ppl suffer
from water illness/years.

Data
→ gender health
conditions in
heat waves
(more vulnerable)

Animal
Health
- climate
needs (gap)

GAP ON
EVALUATING
UNPAID CARE AS
ONE OF REASONS OF
BIGGER CLIMATE RISK
EXPOSURE FOR WOMEN

Barrier:
climate-health
monitoring systems
treat populations
as homogeneous groups

Attribution of
epidemics to
climate
collection of data from
at-risk islands
Geographical issues?

Invisibility of most
vulnerable

Lack of coordination
between different
institutions on when
it comes to data
collection

Women & girls w/ disability
experience inequalities in
accessing health care &
in health outcomes

Key Barrier and gaps
- There is health data with disaggregation
of gender-and-age, but not related to
climate change
- We have some risk climate analyses
about - increase morbidity because of heat
waves
- morbidity imperative by temperature days
but these are not disaggregated
"There is no connection between health
and climate change"

Lack of granular
data disaggregation
on other aspects
beyond sex & age
eg
- Disability
- Pregnancy
- Marital status
- Ethnicity

Barriers

1. Siloed Climate
risk assessments
- Omission of vulnerable
indicators for SRHR,
gender equality & GBV
protection.

Barrier:
institutional
silos

Mental
Health
Care

Measuring non-
Economic loss and
damage

Access to services /
delivery, health
workforce &
infrastructure

Gaps/Barriers
- Collaboration w/ different
institutions - ministry of health / women
- Finance

Good practices

Good practices:
Intersectionality practices
& integrating citizen data
from this morning

Existing Data

UNICEF → Reports showing links
b/n Gender - climate - health.

Gaps/ barriers
Rather than "more"
information, identify
WHERE is this type
of info, when people
don't work this
area.

Good practices

Good practices

Nigeria

- National Data Hubs for Gender & Climate Information Transparency

Integrated Health monitoring System

Disaggregated population data
↓
Digital censuses
Civil Registration & vital statistics

Good practices:
Intersectionality practices & integrating citizen data from this morning

Existing Data

UNICEF → Reports showing link b/n Gender - climate - health impact

Good Practices

1) Integrating Health into NAC

• Working together with local leaders to design monitoring & data collection

Integrating climate & health data-bases

function in early warning system

Health Information Systems

Routine Health and Demographic Surveys

Climate vulnerability Index

Children's Environmental Health Collaborative

Good practices

→ UNICEF guide for the promotion of maternal health and hygiene

→ Impacts of the climate change, environmental and energy crisis in the and widening information gap with women/UNICEF study

Good:
Working with lived experience researchers

Good practices

creating a community of practice through @ an early stage

Opportunity for collaboration between climate institutions, public health agencies, statistical offices, local authorities & gender equality agencies → relevant & meaningful

Targeted Assessments

Health climate risk & vulnerability Assessment
↓
Health facility resilience Assessment

- Climate & Health data approach combines both data sets supporting analysis & decision making

Good Practices

To have Adaptation plans for health (one for one) - that consider the best evidence of AR6 (but not necessarily national reality)

Triangulation analyses

Climate - health Vulnerability Index

Non-communicable diseases
↓
Integrating non-communicable diseases exposure data for climate & environment health etc

In Uganda, floods destroyed health facilities disrupting access to ANC, PNC, FP, immunization & HIV screening (Kasende, N., et al, 2023)

& frequency of extreme weather events

- climate hazards (not)

water islands geographical issues

low visibility of most stakeholders

Chaps
Rottger + international
where
ch. 10
2023

GROUP 2

Available support

Collaboration/ Coordination

- ATACH ^{Indicators}
- Belem HAP / GAP
- NGCCFPs
- Conv of PWD - reporting
- UNFPA CVA integrate SRHR, GBV
- GESI platform tools (Rwanda)
- Regional Statistics Hub (e.g Pacific) ^{Hub} $\leftarrow$
- Rights-based research design
- AI for data processes
- Citizen + Community generated data
- Foundational datasets: DHS, MICS, CRVS, COD-PS
- Standardized methodology for C+H+G+Intersectional data collection ^{data collection}
- GGF / GGF / FRID / AF.

- C3H Technical WG (Ministries/CSO/ Uganda Prime)
- C + Gender CoP (Ethiopia)
- Nat. Gender WG (Kenya)
- G.C.DRR (Multi stakeholder)
- SWISSH Official Statistics requirement ^{Sex/Indiv.}
- Academia + Researchers + Grassroots
- Gender & Climate Committee (Min of Gender - Uganda)
- Gender FP across all Ministries (Kenya) but as coherence $\leftarrow$
- GGA Indicators
- GEDA
- SRHR + CJ Coalition
- Global Climate + Health Alliance

Most significant gaps

Actors who may support

- User needs + data disaggregation
- National data ^{data}
- Attribution of data (health) to C Impact
- Technical + financial capacity gap for data collection/analysis
- Lack of integrated multi-sectoral/multi hazard risk assessment ^{collection + analysis}
- Technological gaps in climate/health data esp in remote, vulnerable areas / most marginalized
- Intersectional disaggregation
- Lack of trust from communities to participate in data collection/research / data fatigue
- Lack of gender data FP across thematic areas / sectors

- WHO, UNFPA, UN Women, UNICEF
- National Statistics Bodies / Offices
- Min of Health + all relevant Ministries
- Youth-led orgs
- Local leaders
- Local governments / local health plans
- Health focused NGOs
- UN Statistical Divisions + Inter-agency ^{Support on SDGs} Group 2
- Health/Climate Philanthropies
- IPCC
- Friends of Climate + Health Funders Coalition
- Friends of Climate + Health (UK)
- Feminist Organization
- GEDA
- SRHR + Climate Justice Coalition

Health & Gender in the climate context

GROUP 2



Inputs to the COP 32 Global Dialogue on Gender and Environment

→ UN Statistical ^{Commission} ~~Commission~~ + national statistics office

↳ involvement of respective ministries

- ^{env. degradation} ^{food} **Hems: heat**, water related, SRHR esp. maternal health, disaggregation disability/age, menstrual health, mental health

↳ intersectional

↳ interaction between these & their impacts on children, young people, and all members of our community

- Standardized frameworks → nat./int. & int. ↔ int.

↳ rights based design → establish trust + reach communities

silos

GROUP 2



Knowledge platforms – international, regional
national

- UN Statistics Division / UN Statistical Commission
- IPCC
- UNFPA Population Data Portal
- UNICEF Children Climate Risk Index

GROUP 3

Existing Data

every degree increase in temperature = increase in CGU

France - only found data related to cold

Spain - 70% increase of GHU in Madrid during heat wave

comes from civil society or the governments

Brazil - data from journalists + no official data during floods

Burkina Faso - data collected by NGOs + not by government

Chad - studies from military + women + humanitarian organisations

Indigenous women - not enough age disaggregated data / no community

Data is shared after incidents

strong evidence on CC acts as risk multiplier ex. CGI

data on status of women in drought systems

Not enough data on youth

More data is available in humanitarian contexts ex. the most long term do make impact

Other intersections - age + easy transition of bio-dispersing to

data on recovery after disasters

collecting new data is very difficult + lack of resources - "data" - "data"

lack of replication when sharing the data

robust ethical standards

lack of awareness

lack of resources + limited capacity in rural areas

lack of gov. capacities

narrow audience base - over-reliance on gov. data

Good practices

more integration community-led approaches

strong partnership w/ journalists + NGOs + government + NGOs

different forms of violence + other capacities for collecting data (e.g. online)

safe-guarding mechanisms

Use data as predictor of violence

trauma-informed care

turning women in rural ex communities + set up places where women who are displaced

ethnographic approaches

long-term data / digital data

Group 3

Available support

Creating a platform for including this data in the statistic structure

- UN Agencies
- UN Women
- CEPAL
- UNFPA

methodological strategy (what else)

Collaboration/ Coordination

Civil Society Women org

Local level: trust / communication

How does it use "gossip" / rumors / (base community neighborhoods)

UN Agencies learn to coordinate ♡

whole-of-society evidence base

bureaucratic barriers

Most significant gaps

Why data is important. Why "this" data is relevant

Indigenous women inclusion / disaggregation

Lack of \$

training

silos across agencies

readiness before dialogue

GBV-indicator

Actors who may support

UN Agencies

- UN Women
- UNFPA
- CEPAL

Governments: Including c.c/ gov in regular surveys

Strengthen ~~the~~ dialogues among women organization: data objective

Migration displacement

Available support

legislators

multi-stakeholder
mechanism
to bridge
knowledge
areas

UK women

multilateral
banks

Collaboration

St Kitts &
Nevis
a Ph.D. student
in the
ministry

Safe
consultation w/
diverse and
multiple stakeholders

Stakeholders
on
board
- line ministries
- academia
- civil society
- private sector

lots of activity
but requested

NASA data
layered over
social data

Cross Sector
approach
Min & C
create with
Ministries of
Energy, Housing,
Local Government

Establishment
of the Gender
Directorate in the
Ministry of
Environment in
provincial level
inadequate

Mexico, NGOs -
breakdown
consultations
with different
social groups
- safe space
understanding of
different needs

Having Gender focal
Point from state
department of
Gender, and another
from climate
Change Directorate

Kenya -
2 national
local points -
one in the
gender ministry
one in the climate
area

Australia's
requirement
of a gender
and climate
strategy for
investments over
\$20m

larger national
mechanisms
- Belm GAP
- opportunity

Most significant gaps

lack of systemic
gender data &
disability disaggregated
climate data
- fragmented data

Maximal
technical
challenges
in mapping
data to
integrate

Silos -
require a
national
commitment
- political
will - attitude
to be key

Male dominated
conservation/forest
structure
(lower redistribution)

Pakistan -
gender W.G. -
gender unequal
decision making
technical gaps
Capacity
building needed

EC Institute
for G.E.
report that
work was done
once but not
institutionalized

Data needs
understanding
of decision
- funding going
to technology
rather than IP

There is data
but it is
fragmented
not related
to CC

Institutional
gaps - no
market for
gender-disaggregated
data on Paris
Agreement

academic
work behind
pay walls

Leverage existing
bodies like the
Collaborative on
Citizen Data to
build connections b/w
NSO & CSOs

Legislators

Pakistan -
Meng erap
and 2014

2 local
points
- one from
Civil Society

Academia
under utilized
- Ph.D. students
as a resource
- peer reviewed

Exchange of
academic
research

Tech
companies/
Private sector

Religious based
organizations

Access
tech company
data for
public good

Existing data (Health)

Take a sticky note:

Demographic and Health Surveys (DHS): These offer very rich data disaggregated by gender, age, and geographical area. We can observe, for example, spikes in child malnutrition following a drought, or an increase in waterborne diseases after floods. It's a goldmine for retrospective analyses.

sources / systems

ClimaHealth

Lancet Countdown Data Explorer

WHO *International Statistical Classification of Diseases and Related Health Problems*

meta-analysis studies bringing together qualitative studies e.g. on care & health

What about qualitative data?

participatory/ creative methodologies e.g. journaling

maternal health, pregnancy & pregnancy loss, maternal mortality

Wellcome has funded a significant portfolio on pregnancy and lactation and heat

Impact of climate change on maternal mortality

Academic Research Data: Specific research projects (e.g., European projects, ANR) have produced high-quality data on the health-climate nexus, but they are often ad hoc, geographically limited, and poorly integrated into national systems.

Brazil National Mortality Data System

research by the George Institute

Clean Air Fund - quite a lot on pollution and women's health

Like UN and Oxfam reports? There was a report from the UN in my country about the feminization of poverty and the quality aspects of the climate crisis on women

Heat-related risks on maternal health

Flooding and pregnancy loss

Water salination and miscarriage

National Health Information Systems (NHIS): In the Sahel, Ministry of Health data (e.g., via DHS2) exists but is rarely cross-referenced with climate indicators. They provide disaggregated data on maternal mortality and disease prevalence (malaria, meningitis), but correlation with heatwaves, floods, or air quality is rarely done systematically.

NGO and UN System Data (e.g., OCHA, WFP): During humanitarian crises (often climate-linked), a significant amount of data is collected on health, nutrition, and reproductive health. They are often highly localized and intervention-specific, but very precise.

broader climate impacts

GBV and climate fragile contexts - significant data

some studies into heat and workforce /livelihoods

Use of climate data to prevent health events for instance UV index monitoring, air pollution monitoring, water quality monitoring, climate

SRHR & climate impacts, LGBTQI+ specific data

Displacement and contraceptive access

Climate-driven disease burdens (HIV/STIs, environmental pollutants)

Some studies on transgender experiences of heat and health

There is general data on maternal health, reproductive health, mortality, vector-borne diseases, mental health and emergency care. However, this data still needs to be better linked to specific climate-related events, such as floods, heatwaves, droughts or landslides. It also needs to be disaggregated by disability, rare diseases, support needs, territory and conditions of vulnerability.

Gaps/barriers (Health)

Take a sticky note:



context challenges esp conflict

Inaccessibility and Security: In many areas of the Sahel (e.g., Liptako-Gourma), insecurity simply prevents the collection of reliable and continuous data, whether for health or climate.

underreporting of climate-health related issues in underserved or conflict affected regions

climate impacts/disasters e.g. flooding & fires mean fieldwork/research impossible / inaccessible

inequalities & systemic issues

Due to inequities and inequalities Indigenous peoples (in Canada) have limited access to healthcare, therefore the quantitative data may not capture the full picture, therefore qualitative data and community based research methods should be prioritized.

Data Exclusion of Sexual and Gender Minorities

Lack of Data Granularity: Climate data is often at too broad a scale (national, regional) to be useful at the local health center level. Conversely, health data is not always accurately geolocated enough to be correlated with a micro-climate or local risk.

Safety risks for interviewees, especially on GBV

Lack of intersectionality / siloes/lack of integration

Institutional Fragmentation and Silos: This is the #1 barrier. Meteorological services (climate), Ministries of Health (health), and DRR agencies (risks) work in silos. Their data systems do not communicate. A heatwave indicator is not automatically linked to an alert in the health system.

Lack of Linkages in Traditional Surveys: Existing national surveys, such as Demographic and Health Surveys (DHS) and Multiple Indicator Cluster Surveys (MICS), generally do not capture the direct linkages between climate hazards and SDRR or health outcomes

siloes within governments & research communities

another challenge would be lack of integrated health and climate database

Intersectionality (programming in OneHealth is starting to bridge this gap)

missing topics

Gap in understanding mental health and neurological impacts

Gap in understanding - puberty, (early) menstruation, menopause

Do we know about impacts on nutrition - e.g. goes climate affect anaemia?

Lots of biological risks, less on structural impacts

Fewer studies on 'solutions'

Measuring Non-Economic Loss and Damage

Data/research ownership

Projects are not lead by women and/or gender experts. And no focused on local communities

Research and data collection in indigenous communities should be led by Indigenous scholars and healthcare professionals for accuracy and holistic approaches to healthcare

active silencing of research e.g. higher rates of cancer in oil extracting locations in Canada

weak climate-health surveillance systems

A key barrier is that health, disaster risk management, disability, social protection and climate change systems often work separately. This makes women with disabilities, people with rare diseases, older persons, girls, caregivers and people who need support to evacuate, communicate or continue treatment less visible. In addition, many databases do not record accessibility, mental health, medication, personal support needs or barriers faced during emergencies

Funding & Capacity

Are health funders only interested in biological impacts. missing the fuller picture?

underfunded health sectors in the global south

Lack of funding and interest from funders in health/gender related issues.

Cost and Sustainability of Collection Systems: Setting up climate sensors (air quality, temperature) in health centers or systematically collecting data incurs costs that Sahelian health systems, which are often underfunded, cannot sustain in the long term without external assistance.

Limited Technical and Human Capacities: Health workers in rural areas are not trained to collect or interpret climate data. Similarly, climatologists are not trained in public health issues. There is a glaring lack of data analysts capable of cross-referencing this information.

extra time, \$\$, resources required for dealing with climate-related research challenges

Good practices (Health)

Take a sticky note:



Climate Impact Awards that take a research design to impact approach - funded from concept to impact

The Lancet report can be a key in understanding the links between health and climate to governments

links to DRR / early warning

National DRR Evidence (Canada)
Background: This guidance, which provides a practical framework for "what" the evidence is, is being applied to a range of "how" questions about the health impacts of climate change. It is a key part of the National DRR Evidence project, which is a joint effort of the Government of Canada and the private sector.

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intersectional approaches

Consider class-based income intersectional approaches as determinants of health. Employment and income deeply impacts access to healthcare, especially for poor women.

multi-stakeholder alliances across thematic areas e.g. GEDA

Indigenous Evidence Report (Govt Canada) - holistic study with case studies

As a personal example, I was a patient in the Indigenous pregnancy clinic in Canada, and they had a primary healthcare team

The "MORIS" Project in Senegal (in evidence synthesis) - a national evidence synthesis project that is a key part of the National DRR Evidence project, which is a joint effort of the Government of Senegal and the private sector.

Bangladesh (Bridging National Survey Data and Climate Variables)



"One Health" Approach This approach, integrating human, animal, and environmental health, is a key part of the National DRR Evidence project, which is a joint effort of the Government of Canada and the private sector.

methodologies

Working with the academic community and civil society, Indigenous communities (e.g. on intersectional studies and action)

Research and data collection should be based on the needs, interests, and priorities of Indigenous peoples. The same can be said about using data, research or system studies, methods when working with these communities.

Research with Indigenous communities should be based on respect, reciprocity, responsibility, and decolonization. Building relationships at the beginning will take time, but will yield rich data and stories.

Use of Mobile Technology (evidence synthesis) - a key part of the National DRR Evidence project, which is a joint effort of the Government of Canada and the private sector.

Work with local experts and knowledge keepers, do not do extractive research. In Canada, there are many Indigenous knowledge keepers, and they are a key part of the National DRR Evidence project, which is a joint effort of the Government of Canada and the private sector.

Available support (Health)

Take a sticky note:



Demographic Intelligence Portals:
Utilizing spatial and population data platforms to map population density, age, and gender against climate hazard maps to safeguard infrastructure and supply chains

Reports on climate and health from academic community, Indigenous organizations, UN Women, global databases, national research centers)

there is available health and climate systems .

National health systems, epidemiological surveillance systems, public statistics, disaster risk management frameworks and some climate reports already exist. There is also experience from organizations of persons with disabilities, women's organisations, academia and civil society which can provide evidence from local territories.

support still needed

Opportunity to learn from those who have implemented with success

Political resistance - this challenges the status quo - how do we make the right case for meaningful action?

theres need for digital systems that combine climate disaster and health information in real time, theres also need for dedicated funding for climate and health data collection, need to develop climate-health indicators that are disaggregated properly by age and sex.

also, theres need for capacity building for ministries and statistical agencies reporting on gender-responsive climate reporting

address systemic issues, politically

funding and support for Indigenous scholars to do Indigenous research

funding

knowledge exchange

infrastructure for join-up across siloes

recognition of data including Indigenous, local, Afrodescendant community data by official systems including UN

knowledge mobilization efforts across methodologies & acceptance of those as data

creative & cultural advocacy (including funding)

Technical and financial support is needed to integrate data on health, gender, disability, rare diseases, mental health and climate change.

Collaboration / Coordination (Health)

Take a sticky note:



recommendations & examples that could be scaled up

national

Parties can work with different ministries who collect data (e.g. climate, health, international affairs, statistics)

Formalizing Inter-Ministerial MoUs: A major opportunity is establishing formal Memorandums of Understanding (MoUs) for data sharing between the National Meteorological Agency, the Ministry of Health, and the National Disaster Protection Agency. This legally typifies institutional roles and mandates the sharing of gender- and age-disaggregated data.

Decentralized Coordination Committees: At the local/municipal level (e.g., within communes or greater districts), the opportunity lies in operationalizing joint monthly data-sharing meetings between local mayors, heads of local health centers (CS), and DRR focal points. This turns macro-data into actionable, localized community interventions.

Leveraging National DRR Platforms: Using the National Platforms for DRR (mandated by the Sendai Framework) as the central clearinghouse for integrated data. Since these platforms already convene multi-sectoral actors, they are the ideal hub to host a unified "Climate-Health-Risk" data dashboard.

there's need for improved statelevel and even local level monitoring and evaluation systems on climate-health issues

Integrating Health into National Early Warning Systems (SAFs): Expanding existing National Early Warning Systems (like the *Systeme d'Alerte Précoce* in Niger) to become truly **Multi-Hazard Early Warning Systems (MHEWS)**. This means overlaying flood or drought predictions directly with epidemiological vulnerability maps (e.g., malaria or cholera hotspots).

Partner with LGBTQ+ CSOs and trusted community clinics to collect safe, non-extractive data on health access during climate shocks.

regional

Empowering Sahelian Regional Climate Hubs: Leveraging regional centers of excellence like **Adapt'NET (CILSS)** based in Niamey. While they excel in climate, agriculture, and food security data, there is a massive opportunity to expand their mandate to integrate regional public health databases, creating a unified Sahelian climate-health observatory.

Cross-Border Data Integration for Fragile Zones: In areas like the *Liptako-Gourma* or the *Lake Chad Basin*, climate shocks and disease outbreaks do not respect borders. There is an opportunity to use regional bodies (like the *Liptako-Gourma Authority* or *LCDC*) to harmonize and share climate and health displacement data across borders to track climate-induced health crises among displaced populations.

global

Aligning Global Monitoring Frameworks: The opportunity to create interoperability between the **Sendai Framework Monitor (UNDRP)**, the **Global Health Observatory (WHO)**, and WHO databases. Standardizing indicators globally ensures that national governments report the same gender- and age-disaggregated metrics across all platforms, reducing reporting fatigue.

Global Digital Public Goods & AI: Scaling up open-source digital public goods (like *AI4DHS*) that use satellite imagery and AI to predict climate hazards, and integrating them with global health databases. This allows for predictive modeling that alerts health actors globally before a climate-triggered health crisis occurs.

Global use of secondary data analysis on wealth and mortality (WHO, others?) - comparative analysis

Donor-Mandated Data Integration: Global financing mechanisms (Green Climate Fund, GEF, UNDP core funding) can use their leverage to mandate cross-sectoral MEAL frameworks as a condition for funding. For instance, climate adaptation grants should require integrated health-impact data tracking.

Organisations of persons with disabilities and women's organisations should participate from the design of indicators, not only as sources of information.

Most significant gaps (Health)

Take a sticky note:



capacities
for data
collection

involvement of
communities in
data collection
& sharing their
own info

Lack of granular
disaggregation
of data

knowing how
to act on data
-what
solutions
'work'

Qualitative data
on experienced
realities not
necessarily
reported

intersec
tionality

systemic
issues

lack of
understannding
of Indigenous
holistic health
approaches/
practices

learning from
others'
practice in
parallel
contexts

differences in
data approaches
/ methodologies
(official vs. non-
official etc)

The most significant gaps are related to the lack of intersectional data. It is not enough to disaggregate by sex and age: information is also needed on disability, type of disability, rare diseases, mental health, territory, poverty, ethnicity, support networks and accessibility barriers during emergencies.



There are programmes in place to integrate data on climate and health - how do we also account for gender data in these?

Limited evidents
linking climate
disaters and
access to
reproductive
health

Afrodescendant
representation

Actors who may support (Health)

Take a sticky note:



specific research institutes
eg Yellowhead Institute in
Canada, Center for
Indigenous Knowledges &
Languages, U Manitoba -
climate policy institute, U
BC has indigenous health
group

Health institutes
at universities;
like dahdaleh
institute for
global health
research, etc

Indigenous research
institutes: Centre for
Indigenous
Knowledges and
Languages,
Yellowhead Institute,
FNIGC.

Ministries of health,
environment, women's affairs
and social inclusion can provide
support, as well as national
statistics offices, disaster risk
management agencies,
academia, international
organisations and, especially,
organisations of persons with
disabilities, women, caregivers
and affected communities.

Systems like DHIS2 -
supporting local
information
systems -
intersection with
gender data?

Professional medical
organizations, like CMA or
CAPE in Canada, or Black
Physicians of Canada, or
Canadian Indigenous
Nurses Association, or
Canadian Federation of
Nurses Unions.

Individual local Indigenous
communities (like First Nations
in Canada). For example, some
First Nations have Health
Commissions based in
Indigenous knowledges and
health practices, or Indigenous
urban health organizations (like
Anishnaabe Health Toronto)

Territorial Indigenous
organizations (like
Treaty 6 or Treaty 8 in
Canada), which
develop their own
territorial health and
climate policies.

National Indigenous
organizations that
have developed
climate policies (e.g.
in Canada like AFN,
MNC, NWAC, etc)

Take a sticky note:



Inputs to the COP 32 Global Dialogue on Gender and Environment Data (Health)

identify
Barriers to
accessing data
and solutions

Synthesis of some
of what has
'worked' in data
solutions in
delivering on the
commitments of
the Beken GAP

Ramp up the
level of
accountability

Inclusion of
afro-
descendent
groups as
focal point

spotlight
Indigenous
knowledge &
methodologies at
the forefront /
structurally

How to work
with women,
local and
Indigenous
organizations

Invite indigenous studies
scholars, queer studies
scholars, gender studies
scholars, climate policy
experts, both qualitative
and quantitative experts,

also invite traditional
knowledge keepers
and those with lived
experiences as experts
to speak and
represent the issues.

**Mandated Intersectional
Assessments:** Integrating
health, gender equality,
and sustainable practices
promotes directly into
national and regional
climate risk and
vulnerability frameworks.

Use of
creative/cultural
data methods to
capture realities
and adaptations

How different groups
experience health impacts
of climate change (e.g.
Indigenous women and
girls, pregnant women,
LGBTIQ+ communities)

expanded multi-
stakeholder &
multi-ministerial
work on this

concrete
initiatives to
fund data at
this
intersection

Measure specific barriers
to climate vulnerability:
Access to clean, safe
evacuation, accessible
shelters, coordination,
continuity of treatment
and psychological support.

Include data
disaggregated by
gender, age, disability,
type of disability, rare
diseases, mental
health, territory and
socioeconomic status.

Include data on
women with
disabilities,
caregivers, older
persons, girls and
people with chronic
or rare diseases.

Ensure that
organizations of
persons with
disabilities and women
participate in the
design, collection and
analysis of data.

Create common
indicators across
health, climate,
gender, disability
and disaster risk
management.



Take a sticky
note:



Knowledge platforms – international, regional, national (Health)



Existing data (Violence against women and girls – VAWG)

Take a sticky note:

STUDIES & EVIDENCE

SPECIFIC INITIATIVES & THINK TANKS

GEDA

Evidence from Disaster Displacement Setting
e.g Typhoon Haiyan, 2013 evacuation centers;

Two quantitative studies in Ethiopia and Burkina Faso using the pro-weal and a climate resilience outcome indicator (measuring both attitudes to VAWG and climate shocks/resilience outcomes)

Evidence from the Spotlight Initiative

Cross-National Climate Shock and IPV Study

NATIONAL & ADMINISTRATIVE DATA

GBV data from the Gender unit of statistical office

GLOBAL DATADASHBOARDS

GBV Dashboard - UNHCR

Global Child Hazard Database - UNICEF

Upcoming Population and Climate Risk Data Dashboard - UNFPA

Global Database on Violence against Women and Girls - UN Women

Geospatial dashboard on Intimate Partner Violence - UNFPA

Gaps/barriers (VAWG)

Take a sticky note:

CULTURE
&
NORMS

Stigma

Underreporting

CAPACITY

Lack of
trained
enumerators
and data
analytics

Informal and Remote Reporting: There is a lack of effective, ethical methodologies for remote data collection in environments without strong digital infrastructure, leaving the experiences of the most marginalized and isolated rural women largely unrecorded.

MISSING
METHODOLOGIES

More data is not
always better >
keep survivor-
centred and do-
no-harm
principles in mind

HH level
surveys may
exclude
women most
affected

Silos for
GBV/VAW
and climate
change

Missing
longitudinal data
on the
intersection of
climate change
and GBV/VAW

Intersectional
meth.

Slow
onset
events

SYSTEMIC
GAPS

Political
will

Limited
Institutional
Capacity

Missing
integration
of data
systems

Financing
Gaps

Good practices (VAWG)

Take a sticky note:



Climate Change
Gender Action
Plans •
Methodology •
IUCN

UNFCCC GAP encourages
Parties to integrate
disaggregated data
collection and gender
analysis in climate policy,
adaptation planning and
reporting mechanisms.

Gender-related climate change
action is essential to meet a
climate change goal of
sustainable development
and
resilient societies.
Gender-related climate change
action is essential to meet a
climate change goal of
sustainable development
and
resilient societies.

Do No
Harm
Principle

Gender-related climate change
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and
resilient societies.

Survivor-
centered
and ethical
approaches

Gender-related climate change
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and
resilient societies.
Gender-related climate change
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and
resilient societies.

Comprehensive
administrative
data systems

Asking about
attitudes
instead of
actual
incidents

Gender-related climate change
action is essential to meet a
climate change goal of
sustainable development
and
resilient societies.
Gender-related climate change
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climate change goal of
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and
resilient societies.

Intersectional
approaches

Gender-related climate change
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resilient societies.
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and
resilient societies.

Non-
extractive
data
collection

Gender-related climate change
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climate change goal of
sustainable development
and
resilient societies.
Gender-related climate change
action is essential to meet a
climate change goal of
sustainable development
and
resilient societies.

Integrating
VAWG
modules into
existing
surveys

Gender-related climate change
action is essential to meet a
climate change goal of
sustainable development
and
resilient societies.
Gender-related climate change
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climate change goal of
sustainable development
and
resilient societies.

FAO
guidelines
around
gender

Gender-related climate change
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climate change goal of
sustainable development
and
resilient societies.
Gender-related climate change
action is essential to meet a
climate change goal of
sustainable development
and
resilient societies.

Information
management
systems for
GBV

Available support (VAWG)

Take a sticky note:



Existing
Support
Available

Gender +
Environment
Data Alliance
(GEDA)

UNFCCC
Mechanisms (GAP)
for integrating
gender
considerations into
climate policy and
reporting

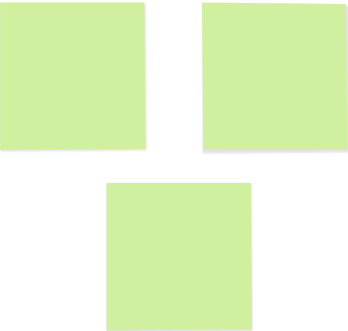
UNFCCC -
Women and
Gender
Constituency

UN Agencies
with
according
mandates

Technical assistance
on gender-
responsive climate
action, capbuild for
national
institutions
-UN Women

National
Gender &
Climate
Change Focal
Points

IUCN RISE
grant
mechanism



Collaboration / Coordination (VAWG)

Take a sticky note:



SBs &
COPs

Women
Deliver

UNFCCC
mechanisms

Development
Partners
Coordination
Groups

Climate
Action
Weeks

Climate &
Gender
Constituencies

Whole-Of-
Government
Approaches

Synergies
between 3 Rio
Conventions >
making use of
resources

Cross-UN
collaboration

Strategical alliances
with women
networks and GBV
Organisations
working in remote
areas



Most significant gaps (VAWG)

Take a sticky note:



Indicators in reporting instruments (GBV-sensitive indicators for NDCs, NAPs, GGA, BTRs etc.)

Data on topic areas but missing intersections

Parties need common definitions, standardized indicators and reporting templates

many Parties need further technical assistance and methodologies to consistently collect, analyze, and manage multidimensional, gender- and age-disaggregated data.

collecting data is not enough - must be contextualized to inform actionable policy

Existing data not utilised because of capacity lack to extract disaggregated data

For most developing countries, sustainable financing and dedicated funding

Coordination

Long-term institutional support

Better utilisation of administrative data (improving quality etc.)

Lack of centralised database for data sharing

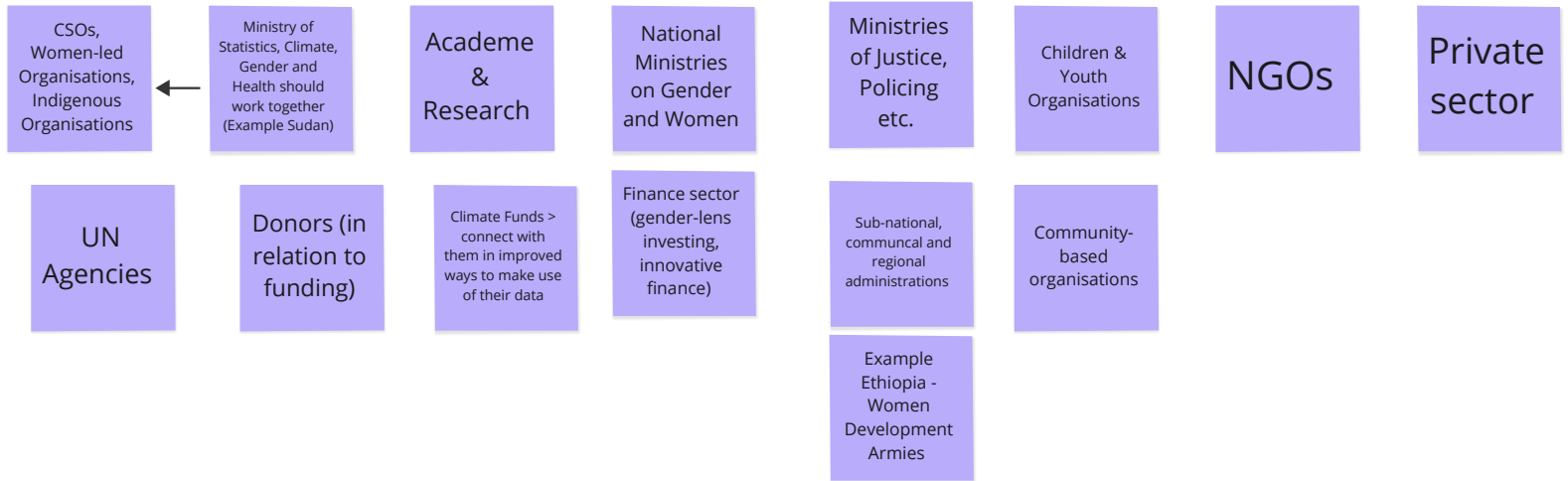
Lack of synergies between the different stakeholders, working in siloes

Lacking capacity of service providers of conducting studies (supply side issue) > credible local research data (collection & analysis)

Political will and collaboration

Actors who may support (VAWG)

Take a sticky note:



Inputs to the COP 32 Global Dialogue on Gender and Environment Data (VAWG)



Access to methodologies and good practices (request for presentations)

Collaboration & Coordination opportunities between Ministries (Whole-of-Government Approach)

Needs of national statistic administrations to tackle the intersections (what capacity & support they need)

Developing common, standardised framework for data collection

Centralised database /platform

Means of implementation for support and finance

Processes of capacity building for Parties, CSOs and all concerned actors around climate and VAWG/GBV

Development of Guidelines on the intersection of VAWG/GBV and climate change

Knowledge platforms – international, regional, national (VAWG)

Take a sticky note:



GEDA

UN
Agencies

CSOs, women-
led
organisations,
CBOs

National,
Regional and
international
statistics
offices

UNFCCC
spaces

Pushing
international
knowledge fora
to national
institutions

Academia

IPCC

