



GUIDANCE NOTE



CONDUCTING COVID-19 RAPID ASSESSMENTS IN JORDAN: INTEGRATING GENDER AND INTERSECTIONALITY

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What's the Issue?

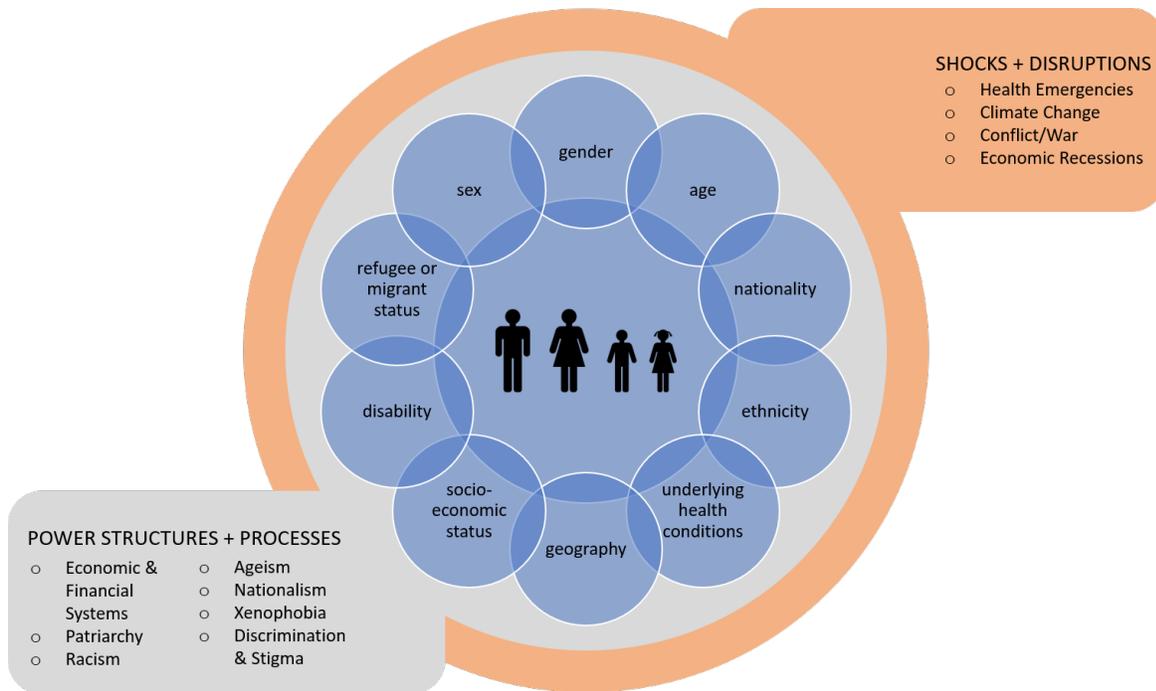
Disease outbreaks and crises including the COVID-19 pandemic affect people differently. Understanding who is most at risk or affected involves focusing on identifying vulnerable groups such as girls and women, people with disabilities, older people, and migrants and refugees. However, there is no such thing as uniform vulnerable groups. Vulnerable persons can belong to more than one group at the same time because people are shaped by a variety of interacting factors and influences (e.g. an elderly refugee woman with disabilities). To capture such realities and complexities requires a gender and intersectionality informed assessment of COVID-19. The value added of this approach is two-fold:

- Attention to gender uncovers the importance of biological sex differences in rates of COVID-19 infection and severity. A gender lens also sheds light on gendered norms and differential gendered impacts of mitigation measures such as increased care burdens and rates of gender-based violence. It raises awareness of unequal access to prevention information and preventative resources, essential

basic needs, health services (e.g. sexual and reproductive health), and social and economic support measures.

- Intersectionality directs attention to the fact that sex and gender never operate in isolation (see diagram below). They interact with not only age and disability but also factors such as nationality, ethnicity, underlying health conditions, geography, socio-economic status, and migration or refugee status. An intersectional lens emphasizes that intersecting factors experienced at individual and group levels are shaped by processes and structures of power such as economic and financial systems, patriarchy, racism, ageism, nationalism, xenophobia, and in a broader context of shocks and disruptions (e.g. climate change, conflict/war, health emergencies such as COVID-19, and economic recessions) - to create an interplay of vulnerabilities, advantages and capacities (e.g. social and physical resources, attitudes and beliefs) that influence coping abilities and well-being (see Figure 1 below).

Figure 1



Accounting for the full range of inequalities in COVID-19 analysis advances accurate, inclusive and effective responses and recovery efforts. A rapid response that integrates considerations of gender within a broader intersectionality lens also aligns with the UN 2030 Sustainable Development Goals Agenda which calls on all countries to identify who is left behind across income, gender, age, race, ethnicity, migratory status, disability and geographic location and requires addressing intersecting disadvantages experienced by vulnerable groups.

Steps in a Rapid Gender and Intersectionality Assessment

The Rapid Gender and Intersectionality Assessment can be adapted to different contexts and builds on state-of-the-art guidance for rapid gender analysis¹, and is informed by policies, frameworks and tools calling for attention to gender and its intersections with diversity (see the Resource Annex). It consists of 4 steps designed to produce an in-depth picture of the situation, needs and capacities of women, men, boys and girls of diverse backgrounds to inform recommendations and actions that leave no one behind. Each step should involve experts with capacity and skills in the fields of gender and intersectionality (in addition to sectoral expertise). Gender balance and representation of marginalized

populations, such as persons with disabilities, should be sought on all rapid assessment teams. In the case of gender-based violence, data collection should only occur in accordance with global guidelines. Collecting data on GBV could put respondents at further risk² and should only be conducted by specialized actors with the appropriate capacity and expertise (see Resource Annex).

STEP 1 baseline data collection: gather information on what was known/available before the outbreak.

Step 1 involves creating an inventory of available background information, including qualitative and quantitative data on the state of gender and other intersecting forms of inequality.

¹ This includes Care International’s guidance on Rapid Gender Analysis is widely used (e.g., in the IASC’s Gender Handbook for Humanitarian Action, 2018) and can be found, with supporting resources, on their [website](#). IASC GenCap (2015). “ANNEX 2: Humanitarian Needs Overview Guidance 2015 – Tips for Developing Gender, Age, and Diversity Sensitive Humanitarian Needs Overview” in [Gender Equality in the 2015 Strategic Response Plan](#) (pp. 53-57).

² “If the data collection exercise cannot ensure privacy and confidentiality; if referral of women to support services if needed is not possible; if it puts the woman at greater risk of harm or causes undue distress, do not proceed with data collection” For more recommendations please see [here](#).

This information can form a part of emergency preparedness planning as a country-specific Gender and Intersectionality in Brief.³ Step 1 is central in creating baseline knowledge to determine which inequalities, vulnerabilities and capacities have changed since the COVID-19 pandemic began (Step 2). It can also reveal important gaps in data and knowledge that should be addressed in Step 2. Questions to explore include:

- How many women, men, boys and girls were there in the population before the pandemic? What was the average household size? What other diversity-relevant demographic information is available?
- What were relations like between women, men, boys and girls of diverse backgrounds before the pandemic? (e.g. Who had access to and control of resources including mobile technology and internet connectivity? Who was responsible for productive and reproductive activities? Who experienced inequality and discrimination? Who was experiencing gender based violence?)
- How did women and men of diverse backgrounds participate in decision making at the household and community levels?
- What was the role of social norms, attitudes and behaviors in the community? How did these affect roles for women, men, boys and girls of diverse backgrounds including their ability to move around freely?
- What were some of the obstacles and barriers (e.g. individual, social, economic, legal, political, cultural) experienced by women, men, boys and girls of diverse backgrounds in relation to education, health, basic needs, livelihood, food assistance, WASH (water, sanitation and hygiene), and protection/shelter?
- What types of services and programmes were available for women, men, boys, and girls of diverse programs to support health and well-being? (e.g., primary health care services (including sexual and reproductive health services), mental health supports, etc.)
- What resources, strengths and capacities have been identified within these different groups in relation to health, economic, and social challenges?

- What policies, legal and institutional frameworks existed to protect and promote human rights of different societal groups and how effective were they?

Where to look? Census data, national demographic and health surveys, gender and intersectionality-relevant analysis reports, humanitarian assessment reports, needs assessment reports, protection and sector reports, as well as country profiles (related to gender equality), such as those produced by UN and others.

STEP 2: Collect COVID-19 related gender and intersectionality data.

This step involves repeating the questions in Step 1, and addressing the data and information gaps required to accurately capture how the outbreak of the pandemic, corresponding measures to mitigate it as well as social protection measure and financial aid are impacting women, men, boys and girls of diverse backgrounds. Step 1 questions should be augmented and overlaid by the following COVID-19 specific probes:

- Who is most at risk for COVID-19 exposure, serious illness and death?
- Who is experiencing challenges related to prevention and mitigation strategies and why? Who is benefiting from and who is being missed in these responses and why?
- Who is experiencing or at risk of experiencing gender-based violence?
- What are the coping strategies being used by different populations to address: limited information or misinformation about COVID-19, food insecurity, psychological distress, limited financial resources, mobility constraints (e.g. lockdown and curfew implications), inadequate resources, social stigma, participation and decision-making at family and community level, as well as changes to service access, primary health care services, and humanitarian aid?
- Who will be able to easily access and benefit from testing, treatment and recovery measures and responses? Who might be more difficult to reach or face access barriers and why?

³ This brief would present this information in a two-page document, which contains sex and age disaggregated statistics where possible and gender and intersectionality analysis from before the crisis. It can include recommendations until more up-to-date gender and intersectionality analysis becomes available. It can also make links to key reference documents and existing programmes and resources.

Methods of data collection or information gathering should be both quantitative (e.g. surveys, questionnaires, review of statistics) and qualitative (e.g. interviews and observations). **Data disaggregated by sex, gender and age (e.g. SADD) is widely accepted as an essential minimum. However, these fall short of the requirements of intersectionality.** Data should be disaggregated by sex, age, disability, nationality, race/ethnicity, language spoken, socio-economic status, health status, migration and refugee status and geographic location. Comprehensive data collection is not only essential for a thorough and inclusive review of experiences and needs, it sends a powerful signal that no one will be left behind.

Where possible, prioritize gender and diversity-sensitive consultation with individuals and groups affected – particularly those who are missing from evidence. This includes people who may experience multiple forms of discrimination or vulnerability and often excluded from policy and programme input. To facilitate consultation connect with existing networks and people working on the ground (e.g., community-based advocacy groups, women’s groups and organizations, community leaders, health authorities, gender and intersectionality analysis experts, etc.). Consultation and assessment should involve people who represent the communities they serve where possible. They should be gender-balanced and include representatives of diverse populations, such as persons with disabilities and older persons.

Because of COVID-19 physical distancing, some forms of qualitative data collection (e.g. focus groups, in person interviews) are not possible. Alternative mechanisms may need to be used to collect information and evidence paying attention to groups that may be missed using these approaches (e.g., people without limited technology access, language or literacy barriers). Employment of methods suggested by community representatives to engage with groups that may be hard to reach (e.g., migrant workers, people with pre-existing conditions, women and girls who may face gendered mobility restrictions) is imperative.

STEP 3: Analyze the collected information

Step 3 includes making comparisons to data collected at earlier stages, including pre-pandemic data, examining the differential impact of COVID-19 on women, men, girls and boys of diverse backgrounds over time. This is important for providing stakeholders with an understanding how changes and impacts affect policies and programmes as well as in assessing which groups may be missed in current COVID-19 prevention and mitigation efforts.

Interpreting data is often a difficult task but essential for understanding and responding to complex needs and vulnerabilities in relation to COVID-19 and to avoid a one size fits all approach that can reinforce inequality, exclusion and perpetuate vulnerabilities. Robust data analysis requires the input of both gender and intersectionality and statistical experts to ensure proper interpretation of the data and the creation of accurate and robust evidence. Many tools and resources are available to guide such analysis (see Annex) but it is also important to ensure that the capacity exists within teams to undertake this type of analysis of the data.

STEP 4: Make and share practical recommendations

Step 4 is developing recommendations that are short, accessible to diverse actors, aligned with the crisis context and prioritize actions that address inequalities. Both the data analysis and recommendations should be shared with diverse internal and external stakeholders. The following considerations should inform Step 4:

- Make recommendations that can leverage and complement existing resources, programmes and services. Consider what actions are possible (e.g. logical entry points) and what capacity exists among various actors (governments, partners, community groups) to support and be involved in proposed interventions.
- Ask who stands to gain and who stands to lose from each recommendation? How will proposed actions affect or improve the status and health of women, men, boys and girls of diverse backgrounds? For example, recommending digital interventions related to COVID-19 without concerted effort to promote digital inclusion for multiple groups, can worsen inequalities for refugee populations, and deny potential benefits of such intervention to the most vulnerable groups.
- Integrate gender and intersectionality informed indicators and targets that can help measure who is participating or benefitting and who is being missed.
- How will actions be implemented/monitored and assessed? Who needs to be mobilized and directly involved (e.g. decision makers, gate keepers, community leaders on the ground, practitioners)? Ensure social mobilization, community engagement, and surveillance mechanisms are developed in conjunction with representatives of affected groups.

- Ensure communications use a variety of mechanisms (e.g. technology, social media, radio, TV, print), adopt appropriate language and consistent messaging and do not reinforce stereotypes, discrimination or vulnerability (e.g., that COVID-19 is a “problem” of particular populations). It is important that information and services reach diverse groups, without stigmatizing effects.
- Institute feedback and response systems related to recommendations, including complaint mechanisms.
- Ensure knowledge exchanges with diverse internal and external stakeholders (in the case of Jordan, HPF, sector working groups and HDPG in particular). Interagency, and intersectoral sharing are essential for advancing the importance of gender and intersectionality-informed responses to COVID-19, establishing alliances across organizations, groups, and communities that represent vulnerable groups of women, men, boys and girls of diverse backgrounds and promoting buy-in (including donor support and leadership) for gender and intersectionality-informed research, policies and programmes.

KEY RESOURCE ANNEX

Note: All resources listed are relevant to gender and the intersections of gender and may fall under more than one subheading. This list is not intended to be exhaustive.

Information on gender, diversity and COVID-19

- CARE Intl and IRC. (2020). [Global Rapid Gender Analysis for COVID 19](#).
- Hankivsky, O. & Kapilashrami, A. (2020). Beyond sex and gender analysis: an intersectional view of the COVID-19 pandemic outbreak and response. [Policy Brief](#).
- IASC Reference Group for Gender in Humanitarian Action. (2020). [Interim Guidance: Gender Alert for COVID-19 Outbreak](#). March 2020.
- UNHCR. (2020). Age, Gender and Diversity Considerations–COVID-19. March 21, 2020.
- GiHA Asia-Pacific. (2020). [The COVID-19 Outbreak and Gender: Key Advocacy Points from Asia and the Pacific](#).

Policies, frameworks & tools recognizing gender & intersecting factors

- Hankivsky, O., Grace, D., Hunting, G., Ferlatte, O., Clark, N., Fridkin, A., Giesbrecht, M., Rudrum, S., & Laviolette, T. (2012). Intersectionality-Based Policy Analysis. In O. Hankivsky (Ed.), [An Intersectionality Based Policy Analysis Framework](#) (pp. 33-45). Vancouver, BC: IIRP, Simon Fraser University.
- Care International. (2018). [CARE International Gender Equality Policy](#).
- Canadian Research Institute for the Advancement of Women (CRIAOW). (2009). [Everyone Belongs: A Toolkit for Applying Intersectionality](#). June 2009. Ottawa: CRIAOW.
- IASC GRG. (2018). [The Gender Handbook for Humanitarian Action](#) - Feb 2018.
- Islamic Relief Worldwide (IRW). (2018). [Leave no one behind in humanitarian programming: An approach to understanding intersectional programming - Age, Gender and Diversity Analysis](#).
- UNDP. (2018). [What does it mean to leave no-one behind? A UNDP discussion paper and framework for implementation](#). July 2018.
- UNHCR. (2018). [UNHCR Policy on Age, Gender and Diversity](#).
- UNHCR. (2020). [UNHCR Gender Equality Toolkit](#). January 2020.

Data Collection Resources

RE: Sex and Age Disaggregation

- ECHO. (2013). [Gender-Age Marker Toolkit](#).
- IASC GenCap (2018). Gender with Age Marker. <https://interagencystandingcommittee.org/system/files/iasc-gam-information-sheet.pdf> and <https://iascgenderwithagemarker.com/>
- Mazurana, D et al. (2011). [Sex and Age Matter: Improving Humanitarian Response in Emergencies](#) (funded by OCHA and CARE International). Feinstein International Center, Tufts University.

RE: Disaggregation of additional factors

- ADCAP. (2015). [Minimum Standards for Age and Disability Inclusion in Humanitarian Action](#).

RE: Gender-based violence

- IASC. (2020). [Identifying & Mitigating Gender-based Violence Risks within the COVID-19 Response](#).
- GBV AoR. (2019). [The Interagency Minimum Standards for Gender-Based Violence in Emergencies Programming](#).
- GBV AoR. (2019). [Handbook for Coordinating Gender-based Violence Interventions in Emergencies](#).
- UN Women & WHO. (2020). [Violence Against Women and Girls: Data Collection during COVID-19](#).

Community consultation & participation

- UNHCR. (2006). [The UNHCR Tool for Participatory Assessment in Operations](#).

Data analysis resources

- CARE International Gender Network. (2012). [Good Practices Framework: Gender Analysis](#)
- Hankivsky, O. (2012). [An Intersectionality Based Policy Analysis Framework](#). Vancouver, BC: IIRP, Simon Fraser University.
- IASC GenCap (2015). "[ANNEX 2: Humanitarian Needs Overview Guidance 2015 – Tips for Developing Gender, Age, and Diversity Sensitive Humanitarian Needs Overview](#)" in Gender Equality in the 2015 Strategic Response Plan (pp. 53-57).
- Islamic Relief Worldwide. (2018). [Leave no one behind in humanitarian programming: An approach to understanding intersectional programming - Age, Gender and Diversity Analysis](#).
- Status of Women Canada. (2018). [GBA+ Research Guide](#).

Making & sharing recommendations

- Caswell, J. (2019). [The Digital Lives of Refugees: how displaced populations use mobile phones and what gets in the way](#). GSMA.
- Regional Risk Communication and Community Engagement (RCCE) Working Group. (2020). [COVID-19: How to include marginalized and vulnerable people in risk communication and community engagement](#).

- IFRC, UNICEF, WHO. (2020). [RCCE Action Plan Guidance - COVID-19 preparedness and response](#).
- IFRC, UNICEF, WHO (2020). [A Guide to Preventing and Addressing Social Stigma Associated with COVID-19](#).
- IFRC, UNICEF, WHO (2020). [COVID-19 Key Tips and Discussion Points For community workers, volunteers and community networks](#).
- UNHCR. 2020. [Guidance Note - Connectivity for Refugees COVID-19. Risk Communication and Community Engagement](#). March 2020.