



COVID-19
RESPONSE

UN
WOMEN

Guidelines for Practitioners

Gender and Intersectionality in Rapid Assessments

Photo: UN Women/ Lauren Rooney

INTRODUCTION

COVID-19 has prompted the need to rapidly assess the knowledge, perceptions and experiences of relevant populations to inform policy responses, supports and services.

Important efforts have been made in Jordan by UN agencies using rapid surveys to understand the impact of COVID-19 on the health, education, livelihood, food security and protection of different groups within the population, especially refugees. The need for assessments will be ongoing as the economic, health and geopolitical impacts of COVID-19 continue to unfold.

While valuable resources exist to inform the development of rapid assessments (e.g., ACAPS 2016; CARE 2020; IASC 2015; IASC RGGHA 2018; UNHCR 2015; UN Women 2020a), this guidance note focuses on important considerations for ensuring that gender and intersectionality are fully integrated into the design of rapid assessment questionnaires and surveys. Both are essential for creating a more complete and nuanced understandings of the effects of COVID-19. Such evidence is essential for developing more equitable, inclusive, and effective responses and ultimately to work towards meeting the 2030 Agenda goal of leaving no-one-behind.

A gender lens sheds light on gendered norms and differential gendered impacts of COVID-19 and its corresponding mitigation measures such as increased care burdens and rates of gender based violence experienced by women. 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 gender interacts with not only age and disability but multiple factors such as nationality, ethnicity, underlying health conditions,¹ geography, socio-economic status, and migration or refugee status. It highlights that the impacts of COVID-19 cannot be understood without attention to the broader context – from political systems, laws, and policies to power structures such as patriarchy, racism, ageism, nationalism, and xenophobia. Combined, these dynamics shape vulnerabilities, advantages and capacities.

Intersectionality has been highlighted as central to adequately reflect and address inequalities among women, men, boys and girls of diverse backgrounds (e.g., ILO 2019; NAPGN & UNFCCC 2019; Plan International 2015; WHO et al. 2020; UNICEF et al., 2020; UNDRR 2020; UNODC 2020; UN Women 2020a; 2020b).

This guidance note seeks to assist policy and programme actors to conduct rapid assessments that are fully responsive to gender and intersectionality. It is focused on three critical steps: the development of assessment surveys/questionnaires, their implementation, the analysis of findings and resulting recommendations.

¹ This term is often used in WHO communications to include people with pre-existing medical conditions (e.g., <https://www.who.int/news-room/feature-stories/detail/who-delivers-advice-and-support-for-older-people-during-covid-19>).

SURVEY DESIGN

Stage 1: Developing your Survey/Questionnaire

1. Purpose: Consider the exact function of the rapid assessment. Questions to ask at this stage include:

- What kind of information are the questions intended to uncover and is it relevant to the agreed upon and defined objectives of the needs assessment?
- Are questions designed to collect general information or to evaluate existing services, supports or targeted interventions that have been put into place as a result of COVID-19?
- Are there specific sub-populations or vulnerable groups (e.g., women and girls of specific backgrounds) that are being targeted or granted attention? If so, why?
- How are gender and intersectionality going to be integrated into the survey design? Who are the end users of the information – e.g. UN and other international agencies – and how will they benefit from the information being collected in terms of the services and supports which they are mandated to cover?
- Consider plausible and possible policy responses (Himelein et al., 2020) and what information is needed to inform such concrete actions. Ideally data should feed into the policy cycle to enhance evidence-based policy making in all relevant policy areas.

2. Coordination: A lack of coordinated approaches vis a vis rapid assessments result in lost opportunities to develop standard approaches to integrating gender and intersectionality. It also results in undertaking unnecessary duplicate assessments among beneficiary communities. Key questions to reduce duplications and maximize rapid data collection efforts include:

- How can different UN agencies and other data collection bodies better coordinate and cooperate with each other for rapid assessment surveys and the use of data they generate?
- How can progress be made to harmonize definitions, categories, and data collection design to enable consistent and harmonized administration of data collection?

3. Key Stakeholder Representation: If questions are not shaped and informed by the best technical expertise, knowledgeable service and program provider and most importantly, affected population groups assessment questions and wording may be produced that do not reflect the specific needs or self-understandings of the persons under study. It can also reduce trust in the purpose of data collection. To avoid these scenarios ask:

- Is there adequate representation within and across agencies and technical expertise in the areas of qualitative and quantitative research, gender and intersectionality to develop an effective rapid assessment survey?
- Are community groups, specialized NGOs and voices of marginalized segments of communities, involved in an iterative process of questionnaire design, including the identification of key issues and problems to be evaluated, plans for implementation and data analysis and recommendations regarding policy solutions?

4. Sample: From the outset, the targeted population should be defined to ensure that the sample is appropriate and representative. The term 'representativeness' is often used to indicate that a sample mirrors a population group, reflecting all its essential properties in a correct way. Representativeness can be negatively affected if the sample size is too small, when it does not include a sufficient number of persons belonging to a targeted population group, or if specific subgroups of the population are systematically excluded from data collection in the first place. Samples should be adequate in size to allow for comparison and prioritization between affected groups, sectors and areas.



Photo: UN Women/ADVISE



Photo: UN Women/ Christopher Herwig

Because vulnerable groups are neither homogeneous nor static (UNDRR 2020, p 4), data should be sex- and age-disaggregated data at minimum (UNICEF et al., 2020). But limiting disaggregation to sex and gender can lead to imbalances and a lack of evidence on the extent to which people experience multiple and intersectional discrimination. Ideally, to be fully gender and intersectionality-inclusive the following should be asked:

- Is data disaggregated by sex, age, disability, nationality, race/ethnicity, language spoken, socio-economic status, health status, migration and refugee status and geographic location?

Such factors and diversity considerations are increasingly called for and acknowledged (e.g. UN 2019, UNHCR, 2018, OHCHR 2018). 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. For example, in a movement to leave no one behind in the current COVID-19 pandemic response, organizations have underscored that data disaggregation by sex, age, disability and pregnancy status, “is a prerequisite to understand vulnerability profiles, address inequalities and build a picture of how multiple disadvantages reinforce discrimination and exclusion” (UNDRR 2020, p. 4). Better capturing multiple and intersecting dimensions of identity and vulnerability can increase the representation and inclusion of certain vulnerable and marginalized groups and individuals in policies, programming and responses (ODI 2019).

5. **Head of Household surveys:** Most rapid assessment questionnaires target head of households. And yet, head of household surveys have been criticized for being insufficient for collecting enough granular and timely data on the circumstances of disadvantaged

and marginalized groups (UNESCO 2017). Given that this survey approach will likely continue to be widely used, there are key questions that can improve their efficacy:

- Is a proportionate number of female heads of households (FHHs) (from the overall population) included in the sample? Does the information capture whether these women are widowed, divorced or single?
- If data is collected from both male heads of households (MHHs) and FHHs, is data analyzed to capture both differences and similarities in experiences and needs? In particular, are the specific challenges of FHHs taken into account when planning, implementing and monitoring programmes? (UNHCR 2014)
- Is there any attempt to reach individuals in households? Often the assumption is made that heads of households have perfect recall to share information about their household when in reality, there exist different perceptions and lived realities of contributions and needs among other members of the household. Surveys should reach individuals within households (instead of only HHs) and ensure an equal number of female and male respondents in its sample and interview them separately.
- Finally, care should be taken to understand that using only gender as a key factor in differentiating experiences of heads of households can lead to overemphasizing differences between male and female headed households and underplaying differences within both male and female household groupings (e.g. in camps, outside of camp settings, among different ethnic groups, among people with disabilities, across different ages).

6. **Disability:** While many rapid assessments explicitly ask about disability, this is not in line with best practices, which recommend avoiding using the word 'disability' and instead suggest asking questions to identify people with a disability. For example, The Washington Group short set of questions below (designed for integration into questionnaires or surveys) focus on six core functional domains that can restrict participation in day to day life if appropriate accommodations are not made.

Washington Group Short Set of Questions on Disability

The next questions ask about difficulties you may have doing certain activities because of a HEALTH PROBLEM.

1. Do you have difficulty seeing, even if wearing glasses?
2. Do you have difficulty hearing, even if using a hearing aid?
3. Do you have difficulty walking or climbing steps?
4. Do you have difficulty remembering or concentrating?
5. Do you have difficulty (with self-care such as) washing all over or dressing?
6. Using your usual (customary) language, do you have difficulty communicating, for example understanding or being understood?

The following options are provided to answer each of the 6 questions:

- a. No – no difficulty
- b. Yes – some difficulty
- c. Yes – a lot of difficulty
- d. Cannot do at all.

(Washington Group 2016, pp. 1-2)

7. **Domains:** Ideally, surveys designed to assess COVID-19 experiences and resulting needs should provide a core set of information across a variety of interconnected domains (including demographics, income/employment, education, health, food security, access to essential goods and services, supports and assistance, and technology) because they can generate valuable information on how policies can be better targeted towards improving gender and intersecting inequalities.

In the COVID-19 context where a range of mitigation measures are used – from lockdowns, curfews and physical distancing, it is of critical importance to

find out about access, knowledge, confidence and use of a variety of digital technological devices. Remote communication is essential for information sharing about COVID-19, contact tracing, services and support knowledge (e.g. gender based violence hotlines), and for education and training yet it is well known that girls, women and marginalized groups are least likely to have access to technology.

Some domains are more sensitive than others. This is especially the case for gender-based violence (GBV). To ensure safety and security of respondents, refrain from asking directly questions about GBV experiences. UN Women and WHO (2020) recommend the following in relation to data collection on violence against women during COVID-19:

Do not proceed with data collection if there are any risks of harm. Note that the risk of harm may be heightened in a crisis. Be clear about the objectives and rationale for data collection and weigh the risks of harm against the anticipated benefit. Do not prioritize data over women's safety. 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. The IASC's [Identifying & Mitigating Gender-based Violence Risks within the COVID-19 Response](#) is a useful tool for non-GBV specialists to help establish good practice to assess and mitigate risk.

- **Do not include questions about women respondents' experiences of violence as part of population-based rapid assessments.** This is especially the case when using remote data collection methods (i.e. SMS/phone calls/web platform), as it can potentially put survivors at risk. Specifically: "Questions about violence experienced by third parties/others, that are often used as an alternative to avoid putting interviewed women at risk of violence, are unlikely to yield useful data and responses are not easy to interpret. If questions to understand the impact of the pandemic on VAWG are considered necessary, broader questions about the respondents' feelings of safety in different situations, e.g. when walking alone in the community, and at home are safer" (UN Women & WHO 2020, p. 4).
- **Collect data from alternative sources.** Instead of asking individual women anything about GBV, approach service providers, front line workers or access service-based data and media reports to generate information about incidence and prevalence.

8. The importance of open-ended questions: The lack of qualitative data generated from open-ended questions, impedes insights, trends and patterns in relation to understanding gendered and intersectionality-based experiences, needs, access, and barriers to services, strategies for coping and resilience. This information is essential for COVID-19 related interventions to identify obstacles and strengthen service and support processes and systems. Effective open ended questions include:

- What has been the hardest thing about the pandemic for your life and that of your family?
- What would be the most helpful/useful in supporting you and your family to respond and cope with COVID-19?
- What strategies have you found for coping with COVID-19 and its effects?

Stage 2: Implementation

1. Guidance for Interviewers: It is important that interviewers chosen to conduct rapid assessments not only have experience and knowledge of the communities that they are engaging with but that they have adequate knowledge of the purpose of the assessment, interview methods and techniques, and gender and intersectionality. Preparation for interviewers should include the following steps and approaches²:

- **Describe of the entire study.** Interviewers need to know more than simply how to conduct the

interview itself. They should learn about the background for the study, previous work that has been done, and why the study is important.

- **Disclose who is conducting the rapid assessment.** Interviewers and respondents should know what agency or multiple agencies are conducting the research and for what purpose.
- **Provide enough information about survey research.** For a rapid assessment there is not enough time for comprehensive training on survey research methods but interviewers need to know enough to understand the questions that are being asked and why they are being asked in a particular way. Interviewers need to understand the rationale for how the instrument was constructed. Similarly, they will need to be fully apprised as to why a sample has been chosen and why the process is critical for generating useful knowledge and evidence.
- **Ensure familiarity with gender and intersectionality.** Not all interviewers will have adequate background in this area. A useful reference is UN Women. (2020). [Conducting COVID-19 Rapid Assessments in Jordan: Integrating Gender & Intersectionality](#).
- **Discuss interviewer bias.** Interviewers need to know the many ways that they can inadvertently bias the results. And, they need to understand why it is important that they not bias the study and how doing so can jeopardize the entire rapid assessment results.



Photo: UN Women/ Lauren Rooney

² This guidance is based on Knowledge Base written by Prof William M.K. Trochim, M. K. Knowledge Base last modified on 14 Apr 2020 and Global Protection Cluster Rapid Protection Assessment Toolkit Guidance note, December 2011.



Photo: UN Women

- **Walk through the interview.** Before pilot testing, it is a good idea to walk through the entire protocol so the interviewers can get an idea of the various parts or phases and how they interrelate.
- **Introduce guiding principles for conducting rapid assessments.** These should include the following considerations:
 - ▶ **Do no harm and the protection of interviewees.** The safety of the interviewees is of foremost importance, and this especially is the case for women who are at risk of GBV. Protection referral information, including GBV referral information needs to be readily available to share with interviewees.
 - ▶ **Credibility.** When interviewing affected populations, the purpose of the RPA should be clearly explained including how the information will be used (e.g. only for the purpose for which data was originally collected).
 - ▶ **Confidentiality and informed consent.** Interviewees must be assured that their identity is protected, that the information they provide is confidential. They must also be explicitly asked if they agree to the interview. It must be made clear that they are free to end the interview at any point should they not wish to continue.
 - ▶ **Objectivity.** Interviewers should maintain an objective attitude and appearance at all times
 - ▶ **Sensitivity.** Interviewers should be sensitive to the stress and hardships which the affected population may have or continues to experience. Each interviewee should be treated with decency and respect.

2. **Pilot Testing:** While often very time sensitive, rapid assessment questionnaires should be pilot tested to ensure the feasibility and efficacy of the study protocol and to identify any weaknesses in the structure and clarity of the questions.

3. **Follow up Assessments:** The determination of how often to conduct follow up assessments is very much determined by how dynamic is the context, speed, rate, direction and scope of change is? (ACAPS 2016). Typically, in early stages of an emergency or pandemic, multi-sectoral and rapid needs assessments are the most common ways to collect information safely and quickly. Subsequent assessment can be used to measure changes from the baseline assessments conducted and in later stages, it may also be possible to undertake more comprehensive, and in-depth situational analyses (<https://www.endvawnow.org/en/articles/1541-rapid-assessments.html>).

Stage 3: Analysis and Evidence Generation

1. **Capacity and Expertise of Team:** Qualifications and experience of assessment teams is critical. Analysis should involve and be driven by experts with capacity and skills in the sector(s) of concern and survey research and gender and intersectionality. Data analysis also requires input from affected communities to ensure proper interpretation of the data and the creation of accurate and robust evidence that mitigates the reifications of existing inequities and divisions (ODI 2019).
2. **Key outcomes:** From the analysis phase, the team should be able to answer:
 - What has changed since the onset of the crisis.
 - What differences exist in the experiences and needs between subgroups or places, taking into account gender and intersectionality considerations. Charts, maps and graphs are effective for relaying such information and data.
 - What priority protection concerns and inadequacies exist in the current crisis context.
 - What are the sources of strength and resilience within affected communities for dealing with the crisis in their day to day lives.
 - What strategic directions - short, medium and longer term - may be needed to address and improve the identified needs and gaps.
 - How proposed actions will affect or improve the status, health, well-being and safety of women, men, boys and girls of diverse backgrounds.

ENDNOTES

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