March 2020

Gender in Emergencies Guidance Note

Rapid Gender Analysis (RGA) during COVID-19

This guidance note provides information and suggestions for how to adapt CARE's RGA approach **specifically for the COVID-19 public health emergency, where physical field primary data collection is restricted or prohibited**. The primary audience of this guidance note is Gender Advisors at Country and Regional Offices. This guidance note should be used with the CARE RGA toolkit and the Gender and COVID-19 Programme Guidance.

Why conduct an RGA for COVID-19

COVID-19 is a global crisis with unique challenges for humanitarian actors. Closed borders, movement restrictions and quarantines will change humanitarian programming and service delivery and our current ways of working, including how we approach RGA and assessment.

Overall, gender analysis in this crisis tells us:

1. Who is directly and indirectly affected by COVID-19 (women, men, boys, girls, elderly women, elderly men, other genders, people with disabilities)?
2. Who needs special protection during COVID-19 and how best to do that?
3. Who has access to what assets and services, and what prevents others from gaining access to those services?
4. What are the different capacities and coping strategies of people of all ages and all genders to respond to COVID-19?
5. Whether women and men participate equally in decision-making for COVID-19?

Five steps to RGA

The following are the core five steps for a RGA, with suggested ways to adapt to COVID-19.

1. Find existing gender information pre-COVID-19

It is important to understand gender roles and relations from before the current crisis. This allows for comparison about how things were and how they might change or be reinforced because of COVID-19.

Use the Preparing a RGA Guidance Note with the COVID-19 Secondary Data Review tool to learn more about the specific types of information to look for in this step. Here are some specific topics that need to be included:

- **Demographic data**: How many women, men, boys and girls were there in the population before the crisis?
- **Humanitarian context**: what is the existing humanitarian context (see Humanitarian Need Overview if available)?
- **Gender roles and relations:** What were roles, responsibilities and relationships generally like between women, men, boys and girls before the emergency?
- **Decision-making and leadership:** What social/cultural structures does the community use to make decisions?
- **Influence of beliefs/practices:** What is the role of gender in religious and cultural practices, beliefs and institutions in the community?
- **Access to technology and information:** How women, men, boys and girls accessed information before the pandemic including access to technology?
- **Safety and protection:** What are the key risks, safety concerns and priorities of women, men, boys, girls and at-risk groups?

2. Collect new gender information on COVID-19

It is critical to collect information on the direct and indirect impacts of COVID-19 on people of all ages and all genders.

Use the RGA Assessment Guidance Note with the RGA COVID-19 Assessment tools to learn more about how to conduct specific assessments for COVID-19 including Secondary Data Review.

Links with MEAL assessments: CARE's adapted qualitative COVID-19 RGA tools should ensure strong links with the **CARE MEAL COVID-19 Needs Assessment Tool** (developed for quantitative data collection - link coming soon). For further Gender and MEAL guidance visit the COVID-19 MEAL page which includes a tip sheet on Remote Data Collection during COVID-19.

Here are some topics that need to be included:

- **Update demographic data** on the crisis including the number of people affected, mortality rate disaggregated by sex, age and disability.
- **Gender roles and relations** for access to, decision-making about, and availability of health services including sexual and reproductive health.
- **Decision-making and leadership**: the participation of women and men and at-risk or minority groups engaged in the local and national preparedness and response mechanisms for COVID-19.
- **Influence of beliefs/practices:** Does this impact how messaging is being received by the community and acted upon?
- **Access to technology and information:** How do women, men, girls and boys receive information since the start of COVID-19?
- **Safety and protection:** COVID-19 brings with it new and exacerbated concerns over the safety of women, girls and at-risk groups. What are they?
- **Mental health and well-being**: How are social isolation and anxiety due to the crisis impacting men, women and different groups?

The use of technology for data collection and information sharing will become more important. Measures such as social distancing, lockdown and quarantines will reduce our face to face interactions. We may have to prioritise using remote data collection tools and approaches and harness technology to reach respondents, such as phone call interviews or the use of SMS, Whatsapp, Email or Skype.

Remember the global gender-gap in access to technology and literacy rates. As a result we need to find innovate ways to identify and consult the hardest to reach in our communities. This is vital because these individuals are often the ones likely to be most at-risk of exclusion from programmes or services if their needs and priorities are not considered. Key groups to talk to include:

- Women, men, boys and girls from community groups in your existing programming.
- Women and men community leaders, health workers and teachers from the communities where you already work.
- Project staff, those on stipends, and community volunteers living in the communities in which you work.
- Local women's groups, may have information from the communities and individuals they work with. They may also be the safe contact point for vulnerable or at-risk individuals.

Training methodologies: You may need to consider adapted ways of training enumerators for example via Zoom or Skype. In areas where the internet connection is not strong enough, one to one sessions may need to be organised, as well as off-line training applications for example the IRC ROSA application.

Gender-balanced teams: COVID-19 increases the care-burden on women. This may mean a reduced/unequal gender-balance in your teams. Tips for ensuring a gender-balanced team can be found here.

Ethics and safety considerations in data collection during COVID 19. In all contexts, our first priority is Do No Harm; protecting the people and communities we serve and our staff.

Refer to the specific COVID-19 Guidance on Ethical Considerations, PSEA Guidance, and the Guidance on Personal Protective Equipment.

3. Analyse the gender information

Focus on the impact of COVID-19 on women, men, girls and boys. Compare how gender issues were, prior to the crisis with how gender issues have changed since. Use the RGA Guidance Note: Analysing Data. For COVID-19 note that:

- Much of the data collected at the start of the crisis may be secondary data. Ensure that sources are referenced with the date published/accessed. This will help keep track of the evolving situation and changes that occur.
- Primary data on the gender impacts of COVID-19 will be limited. This is the stage where triangulation between primary data and secondary data sources will be crucial to build a more complete picture.
- Use Global and Regional RGAs and external resources to extrapolate key findings to a specific current context.
- Highlight what is missing from the information gathered through the gender analysis.

4. Make practical recommendations

A critical part of any RGA is the programme and organisational recommendations. Use the RGA Guidance Note: Making Recommendations.

Based on the context you may wish to organise recommendations by sector relevant to your context or by audience e.g. government, humanitarian actors, public health workers, internal to or external to CARE.

Due to the rapidly changing context, it is useful to highlight immediate actionable recommendations as well as short and long-term recommendations.

5. Share the RGA reports

Information can be presented using the Adapted COVID-19 RGA Template. The Template is not a rigid document and should be adapted to include information specifically relevant to your context.

It will be important to share the report:

- Internally with CARE colleagues, across sectors and programme departments, Regional Leadership Teams, with gender teams including the GiE team.
- Externally through aid teams including cluster working groups, NGO forums, public health actors, government and local authorities.
- Back to the community through key messages on the actions CARE and partners will take based on consultations. This is likely to be through existing initiatives, ongoing outreach and communication. It is important that this is tailored to reach women and men as well as other groups in the population.

It is useful to develop a **short dissemination plan** to ensure you capture all key actors and the most relevant key messages.

Capture key findings and recommendations in a short PowerPoint to share with teams, or interested external actors such as humanitarian agencies, donors and government stakeholders.

Use the opportunity of sharing your findings to ask for feedback and update your findings.

What support is available?

CARE's complete tools and resources for RGA can here found here. Online RGA training is available (link coming soon).

Online resources such as the Global RGA, Regional and Country-specific RGAs and general guidance and information can be found on CARE's Sharepoint site for COVID-19.

The Global GIE team, the Gender Justice Team and the Gender Cohort are available to support country and regional-level RGA processes.

Due to the unprecedented nature of the crisis this section of the guidance note is still in development as we explore new and innovative ways to reach those most isolated/at-risk in the communities. If you have tested any methods in your context please do get in touch.

Please contact Isadora Quay for more information at quay@careinternational.org