Disability Inclusive Rapid Gender Analysis



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Austrian Development Cooperation



Your **guide to** conducting an **Inclusive Rapid Gender Analysis** for people with disabilities in emergency settings



Acronyms

- **CEDAW** Convention on the Elimination of Discrimination against Women
- CRC Convention on the Rights of the Child
- DWG Disability Working Group
- **GBV** Gender Based Violence
- **GWG** Gender Working Group
- INGO International Non-Governmental Organisation
- MERLA Monitoring, Evaluation, Research, Learning & Adapting
- NGO Non-Governmental Organisation
- **OPDs** Organisation of Persons with Disabilities
- **RGA** Rapid Gender Analysis
- **UN** United Nations
- **UNCRPD** United Nations Convention on the Rights of Persons with Disabilities
- **UPR** Universal Periodic Review
- **WASH** Water, Sanitation & Hygiene
- **WGQ** Washington Group Questions



What is a Rapid Gender Analysis?

A Rapid Gender Analysis (RGA) provides information about the different needs, capacities and coping strategies of women, men, girls and boys in a crisis situation. Results of a Rapid Gender Analysis are available quickly and are used to design the humanitarian response planning. The analysis report includes practical recommendations about how to put the findings into action. A RGA is conducted in response to large-scale emergencies and as part of emergency preparedness.¹

Why do we need an Inclusive Rapid Gender Analysis Guide focusing on people with disabilities?

A Rapid Gender Analysis gives you important information for your humanitarian response and gives recommendations on how to design or adapt your project/programme. Being aware of the differences between women and men and girls and boys with and without disabilities helps to make your response more relevant for the people most in need and ensure that nobody is left behind. Being aware of the differences between women and men and girls and boys in all their diversity. There are already many useful guides available for free on how to conduct a Rapid Gender Analysis. However, making sure that also people with disabilities are part of the assessment makes it necessary to consider certain steps when planning and carrying out the analysis. Thus, this document aims to provide a practical step by step guide on how to conduct an Inclusive Rapid Gender Analysis focusing on people with disabilities in emergencies whereby complementing already existing guides by other organisations, like CARE. Steps 1 to 2 show the actions to be taken before your primary data collection. Steps 3 to 10 describe the primary data collection process, while step 11 gives you useful tips for the presentation and dissemination of your results.

Who should use this guide?

This guide is primarily for M&E (Monitoring and Evaluation) and gender specialists who want to know more about how to include people with disabilities in a Rapid Gender Analysis. In addition, it can be also used by people working in a humanitarian response with a basic understanding of assessments, analysis and gender.

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How do I plan and conduct an Inclusive RGA for people with disabilities in emergencies? A step by step guide.

Preparatory Work

A few things to know before starting the process:

- The duration from Step 1 to Step 11 should be approximately three months. Remember that this is a rapid assessment, which aims to give crucial insight for the design of the implementation plan of your emergency project/programme. They usually have a short time frame and need to start implementation quickly.
- Assess the security situation. Is the area accessible for data collectors and researchers?
- Know the legal requirements for conducting an assessment in the given context. Do you need any permits or confirmations to be allowed to conduct an assessment in the area?
- Check the availability of staff needed for the assessment. Does your staff have sufficient time and commitment to conduct such an assessment?





Step 1 Desk/Background Research

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Collect already existing information on gender and disability for the relevant geographic areas.² If available, also consider thematic information on WASH, Livelihood, Shelter, Gender Based Violence (GBV) and other relevant topics. For this, use already existing reports, studies, documents and other sources from INGOs, local NGOs, UN-Clusters (DWG and GWG), Reliefweb, government sources, Inter Agency Working Groups, women's organisations and Organisations of Persons with Disabilities (OPDs) etc.

Formulating the right research questions at the start is key as these questions will guide you throughout the process. For Step 1 you will use them for your desk research.

Useful questions you should ask yourself are:

- What are the power relations between girls/women and boys/men with and without disabilities before and after the emergency?
- Who has access to which resources and who controls them in the family and in the community?
- What is the usual household structure and size now and during/after the emergency?
- What are decision-making processes like within the family and community?
- What kind of national and international policies already exist that address the rights/health/ disability/access to employment/protection from violence etc. of women and girls with and without disabilities? Select policies relevant to the scope of the project for which the RGA is being conducted. Keep in mind international conventions such as UPR, UNCRPD, CEDAW and CRC. Recommendations to the respective countries after reviews of the implementation of these conventions might also give you some additional information.
- How are people with disabilities participating in the social life of their families and communities? What roles do they usually play, especially girls and women with disabilities?

For Light for the World staff, more information on gender topics can be found on the LINK page: https://link.light-for-the-world.org/Gender

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Identification and registration of the target group for the RGA

Inform yourself through clusters, government sources and OPDs on the geographic layout of the communities you want to focus on in your analysis. This could be camp structures or transition centres where refugees/internally-displaced people live separately from their host communities or an integrated approach where they live among the host community. When following the Do No Harm approach³ it is usually recommended to also include the host communities as target groups in the data collection and project/programme to reduce tension between the groups and foster collaboration especially when the host communities are also in need of support.

When starting to **identify the target groups** for your analysis, work together with local OPDs, government, camp management, leaders and NGOs, as they are the most likely to have access to the target groups and know the local setting and dynamics. They can help you to pre-identify people with disabilities in their communities. Still be aware that personal bias can be involved during the selection. Be clear about your selection criteria and involve different people and institutions for the pre-selection.

Afterwards, use the **Washington Group Questions** (WGQs)⁴ to verify pre-identified target groups and to identify some of the main difficulties they face. The questions reflect advances in the conceptualization of disability and use the World Health Organization's International Classification of Functioning, Disability, and Health (ICF) as a conceptual framework. We recommend using the short set of questions. Still, the extended sets can be useful when focussing on children or areas around psychosocial support. The WGQs are not a diagnostic tool and do not serve to identify the medical condition of people. For initial registration you can work together with Field Workers (eg. Community-based Rehabilitation Workers), Disability Inclusion Facilitators (DIFs), trained data collectors, OPDs or local organisations.

Before starting the registration of the target group, conduct a **training** on how to use the WGQs and on Basic Disability Inclusion with the team conducting the registration.

In the end, a **databank** should be created which also shows geographic location, age, gender and disability of each identified person. This can be a system like Kobo toolbox. The databank will also be useful for other data collection activities and project/programme implementation later on.

Explanation on the Do No Harm approach: Do-No-Harm-A-Brief-Introduction-from-CDA.pdf (cdacollaborative.org)

4 More information on Washington Group short set can be found under the following link: https://www.washingtongroup-disability.com/question-sets/wg-short-set-on-functioning-wg-ss/

Step 3 Planning the primary data collection

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Start putting together a **time plan** for the implementation of the data collection of your Inclusive Rapid Gender Analysis. Be aware that this is a rapid analysis for emergencies. This means that the ultimate goal is to carry out the assessment as fast as possible to provide quality data for your humanitarian intervention, which usually have short time frames and aim to provide immediate support to people.

You also need to put together the right **team**. Include a gender and disability inclusion expert for checking data collection tools and providing advisory support during data collection. Be aware that traumas can be brought up again during questioning. If you are planning to ask sensitive questions, for example around Gender-Based Violence or traumatic events, make sure that you have experienced staff on psychological first aid with you or at least have access to and information on relevant services, so you can refer your respondents in case of need. For the data collection itself make sure you have a diverse team of women and men and local staff who are aware of the context. For example, if you are operating in a conflict between different groups, make sure that you have data collectors from each of those groups on your team to facilitate the interview process. Make sure that you have people on your team, who can take on the digitalisation of the collected data. Otherwise, you can also hire external data analysts to support you with this step.

Decide **which tools and means (paper or online)** for collecting the data are most appropriate for the objective of your RGA. (e.g. Key Informant Interviews, Household surveys, Focus Group Discussions, Storytelling etc.)



Step 4 Designing the tools

Work on asking the **right questions**. What is it you want to know? Put into focus the difference between groups on the basis of gender and disability. How are women and men and girls and boys with and without disabilities being treated and experiencing the emergency differently? Are there any risks which one group is particularly exposed to because of their gender and/or disability?

It is also important to keep in mind the **cultural, religious and social background** of your target groups when designing the questions. Knowing things like local literacy rate and average educational level of those being questioned is important so that the wording of the questions is relevant to the context and something that they can understand. It may also be necessary to translate the questions into one or several languages depending on your target group's needs. Think about preparing communication tools, which also include visual/ illustration cards to increase accessibility and comprehensiveness.

Possible data collection methods for an RGA are (this list is not exhaustive):

- Observations
- Story-telling

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Household Surveys

- Focus-Group Discussions
- Key Informant Interviews



Step 5 Reviewing and testing the tools

Ask several people to **review the tools**, min. 4-eye principle. Use specifically a gender and disability lens to check the questions for flow, relevance, clarity and accessibility. **Test** the tools before starting the Rapid Gender Analysis for at least one day with a sample group, preferably people with disabilities. It is recommended to work with the data collectors who are also conducting the main data collection when testing the tools to also receive relevant feedback from their side.

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Training and preparation of data collectors

Set up a one to two-day workshop with the data collectors to prepare them on how and what to ask your target group. Also use team-building techniques and make sure to address any doubts which might come up.

Some things to address during the workshop could include:

- Basic Training on Disability Inclusion (if necessary depending on the prior knowledge of the data collectors)
- Basic Gender Training (if necessary depending on the prior knowledge of the data collectors)
- Washington Group Questions (if not done before)
- Training on how to use the tools for the Rapid Gender Analysis including observatory tools. Here it is important to clarify any open questions the data collectors might have. This can be around the usage of tools or the content itself. The session can also serve as a final opportunity to make some corrections to the tools, depending on the feedback.
- Prepare a session on the code of conduct and any other important ethical consideration, for example around confidentiality and informed consent on the usage of data, photos etc. as well as considerations to be taken into account when interacting with the target group and their family members.
- Safeguarding training, with specific focus on Protection from Sexual Exploitation and Abuse (PSEA). Inform the data collectors also about referral pathways of GBV cases they might encounter in the field. In general, you should make sure to provide basic information on what to do in such a case and make sure you have Psychological First Aid (PFA) specialist on your team.

Step 7 Finalisation of tools and set-up before data collection

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Decide on the **sample size** for your RGA and specify the target group. Assign tasks, samples and routes to the data collectors to avoid overlap during the collection.

Inform the target groups and relevant stakeholders about the data collection in advance. Relevant stakeholders can be government institutions, OPDs, grassroot organisations, women's organisations, community and religious leaders, etc. Make sure that they know when and for what reason you are conducting the RGA. You can also provide a background of the project. Also ensure that the information is provided in an accessible format and that everyone in your target group can understand the information provided. Also inform your respondents on how the data will be handled, processed and distributed considering confidentiality.



Step 8 Conduct the data collection

General Points for the data collection:

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It is important that we collect sex, age and disability disaggregated data. Data collection should be conducted in a gender-sensitive and disability-sensitive manner, meaning:

Ask girls/women with/without disabilities separately from boys/men with/without disabilities when doing focus group discussions. Make sure that you have a representative group and that all people in the group are heard. Address people directly, if you have the feeling that discussions are dominated by one or only a few people. It might be necessary to create separate groups from your intended target group, if too many people want to contribute to the discussion. However, they can also provide some interesting observations and inputs to your RGA.

Ensure that the place and time of data collection is accessible for people with disabilities and safe for girls/women to attend. Also avoid times when people are usually occupied with other activities. Inform yourself beforehand about the daily schedule, for example, avoid days of food distribution, time for food preparation and consumption.

Also make sure that people with disabilities or caregivers of children with disabilities can receive and understand the information about when, where and for what the data collection is being conducted. For example, be prepared to engage sign language interpreters or use pictures/easy language to communicate key information.

Remember data protection especially when it comes to data collection from minors or youth with or without disabilities. Parental consent for child participation and use of data collected from minors needs to be obtained and documented.

For the process itself, conduct team building exercises (games) with the data collectors before sending the data collectors into the field. Provide them with a checklist, timetable and instructions for the day. Try to check-in with data collectors during the day and make sure that somebody from your team is reachable throughout the process to provide instructions and support when needed. At the end of each day, organise a reflection and feedback meeting with the team to address any issues which might have come up and provide mental support and opportunities for the team members to share their experiences of the day. Close with a teambuilding exercise.

Step 9 Analyse data

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As mentioned before it is important to have put together the right team for the analysis or have resource persons available who can support with analysing the data. Share the guidance questions and objectives with the team but make sure that the outcome of the analysis is not biased towards the expected outcome. Remember that the analysis should guide you in the planning of your activities and not your activities the outcome of the analysis.

Step 10 Validation workshop

After the initial data analysis has been finalised, organise a validation workshop to discuss the preliminary findings and give your team an opportunity to provide feedback. You can also invite other relevant members of your organisation or stakeholders to the workshop to receive external input and reflections.



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Presentation of key findings and recommendations

Identify the right target group and medium for the final report. It is important to use the data collected to draw useful and practical recommendations for the project/programme and also to inform other external actors. Make sure that the final reports are easy to understand and accessible for people who are not specialists and for people with disabilities. Also state the limitations and context of the assessment.

Possible points to be addressed by the recommendations could be:

- How has the emergency affected the community, especially girls, women, boys and men with disabilities?
- How should our programme be adapted to better serve the needs of our target group?
- What targeted programs are needed to make sure that women, men, boys and girls with and without disabilities all have access to assistance and are able to meet their needs?
- What specific risks has the emergency caused?
- Is there any information still needed? Also make sure that you share the results of your findings and recommendations with your target group.

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