Rapid Gender Analyses – Participatory Data Analysis workshop

TO BE CONTEXTUALISED FOR EACH COUNTRY

Workshop Objectives

1. Review all primary and secondary data collected to date
2. Determine the key themes and findings from all the data collected
3. From these key findings, discuss key recommendations

Workshop preparation

- Decide how much of the review and analysis will be completed during the workshop and how much should be started beforehand. This could be based on how practical remote calls are, whether in person sessions are possible and the level of data and analysis required.
- Prepare a Zoom meeting and invite all participants, or those who are not able to attend in person, to meeting. If you have not reviewed the data before the workshop, you may want to include breakout sessions as part of the zoom call to allow for smaller group discussions. Develop a presentation on secondary data highlights under each of the themes identified for the RGA. This will help triangulate with primary data as it is being reviewed.
- Prepare primary data compilation sheets in themes e.g. gender roles and responsibilities, women's leadership and decision-making, Access to Health and SRHR etc.
- Determine teams for small-groups, either in person or through the break-out rooms. Provide them with primary data sheet and request they discuss the findings and the impacts of these findings as team. This can either be conducted in advance of the main workshop or as a section of the workshop itself – depending on how much time is available. The teams should present their theme to the wider group in the workshop
- Assign one person to compile all a) key findings and b) suggested recommendations during the workshop.
- Assign note taker for the workshop

The following guidance notes could be shared with participants prior to the workshop to frame the workshop and the outputs:

- How to conduct an RGA for COVID-19 Guidance Note
- RGA COVID-19 Ethical Considerations for RGA's during COVID-19
- RGA COVID-19 Final Report Template
- GiE Guidance Note: Analysing RGA data
- GiE Guidance Note: Recommendations for RGA

Session 1: Introductions, workshop methodology and objectives (30 mins)

Session Objective: To introduce the RGA process and explain the purpose of the workshop

Time required	Facilitation notes

30mins	1. Open the workshop
	2. Thank everyone for attending
	3. Introductions (if people do not know each other already)
	4. Introduce RGA **purpose:**
	    • RGA is a standard CARE International tool that is used in disasters and crisis to identify the different impacts, priorities, capacities and needs for women, girls, men, boys and other marginalised groups including people with disabilities
	    • The purpose of the [insert country] RGA was to determine how COVID-19 has impacted women, men, boys and girls.
	    • Due to the context, this RGA has a focus on [insert specific geographical location, at-risk groups, sectors etc]
	5. The RGA **process** to date has included secondary data analysis conducted by CARE team and [insert as necessary with the help of a consultant / external team members / partner organisations] and primary data collection.
	6. The purpose of the workshop today is to discuss and analyse the primary and secondary data, agree what the key findings are and to formulate recommendations. The recommendations need to be practical and should be focused on agencies responding to COVID-19 including CARE, partners, and as relevant government and local authorities
	7. The outcomes from this workshop will be incorporated into the RGA report. We hope to have this report drafted by [insert timeframe]
	8. Insert here any logistical considerations for the team

Session 2: Secondary Data review (30 mins)

Session objective: Validate secondary data findings

Time required	Facilitation notes
10mins	1. Present findings from secondary data analysis

20mins	2. Plenary session. Ask participants:
	    • What stood out for you from the presentation?
	    • What resonated for you?
	    • What surprised you?
	    • Was there anything missing from the presentation that you were expecting?
	
	Ensure the note taker takes notes of this discussion.
	Identify follow up actions if needed. E.g. if there is someone in the team who works on / specialises in particular areas that were missing from the data or needed more evidence / sources, identify who can support with the information.

Session 3: Review of respondents / key stakeholders: Primary Data review (20mins)

Session Objectives: Review KII / Individual Story data collected to identify if there are any stakeholder groups missing

Time required	Facilitation notes

10mins	1. Give a small presentation that outlines the primary data collected. The slides should include a summary of:
	    • How many surveys were conducted
	    • What kind of informants – Govt, NGO, Community members etc
	    • How many male / female / people with disabilities/ people of diverse SOGIESC respondents / minority or at-risk groups
	    • The age range of respondents
	
	2. Ask participants if they think there are any gaps in stakeholders based on the presentation.

10 mins	• In plenary, ask data collectors what difficulties they faced when conducting interviews and collecting data. • Discuss the limitations in including certain groups raised by the team e.g. maybe they were not planned for specifically, limited time, limitations in access to populations due to technology etc. • These limitations can be noted in the RGA report and if agreed with the team, a recommendation that future RGA updates should include attention to these groups.

Session 4: Primary data analysis: key findings

Methodology:

1. Before the workshop you will have pre-determined groups who will have either met to prepare this session in advance or will now enter breakout rooms to discuss the qualitative primary data analysis and prepare for their presentation back to the wider team. The smaller RGA team will have pre-prepared spreadsheets with compiled data under each theme and sent this to the groups.
2. Determine groups based on a) ability to group together and discuss; b) interest group (ie. male, female, female headed households, people with disabilities etc) and c) size of group
3. Place people into groups. Each group is to look through the data for their theme and develop what they feel to be the main key findings. e.g. A list of the most common topics are listed below, however please add if your RGA includes additional themes:
   o Gender roles and responsibilities
   o Decision-making, participation and leadership (with a focus on women's meaningful participation and leadership before and after the crisis and as part of the COVID-19 response)
   o Health, including Sexual and Reproductive Health and Rights (SRHR)
   o Access to services and resources
   o Access to information and technology
   o Safety and protection (including gender-based violence)
   o Capacity and coping mechanisms
   o Opportunities

- Sector specific findings (these can be split based on the specific sectors the RGA focused on. Common sectors have included: Economic empowerment of women & livelihoods; WASH – access and control over clean water, sanitation systems and household/community hygiene; Education; Food Security and Nutrition;

4. Each group is to look through the data for their theme. As they do this, it is important to disaggregate information for the analysis by 'type of respondent' and start to note any differences in responses between the types of respondents. For example, did female community members discuss an issue more frequently that male community members.
   - Male community members
   - Female community members
   - People with disabilities
   - Govt workers
   - NGO representatives
   - Health workers
   - Rural women versus rural male respondents
   - Urban women versus rural male respondents
   - Ethnic minority groups
   - Host community m/f and refugee community m/f

*For example, **Group 1** is given 'Safety and Protection: **Gender Based Violence'**. They then go through the primary data spreadsheet and filter '**Male community members'** and read through the data collected from male community members for their theme.*

In addition to the 'type of respondent' it is also important to note the change due to the crisis (in this case COVID-19) that was seen for each type of respondent under the theme, for example: the change in gender roles for women pre-covid compared to today, the change in gender roles for men pre-covid to today and the changes in gender roles for men and women noting any intersectionality analysis raised from the RGA (e.g. urban vs rural / PWD / Host community vs refugee etc).

They need to discuss and agree their key findings and write one finding per large card / or powerpoint slide if this is being conducted online. Where possible if the finding can link back to the secondary data findings to triangulate between primary and secondary.

Once they have all their findings on cards, they then should group those that are similar and then summarise them.

They are then requested to provide a short 1 page presentation in bullet point on their key findings from looking at the theme across the different types of respondents. If possible, the key findings should be presented in order of importance or most significance.

The team can note here gaps in the data and gaps in findings where the data does not seem to be strong enough. This can also be recorded for the RGA report as recommendations for future analysis.

5. Once groups have gone to every table, they need to sit and look through all of their findings. They then need to see if any can be collated (that are maybe saying the same thing) and agree the top 5 findings

6. Each group then presents their findings. For example, **Group 1** will present on **Gender Roles & Responsibilities** and present their key findings. Then **Group 2** will present on **Decision making** and so on.

7. Large group discussion. Back in the large group plenary discuss:
   o What stood out for you heard the presentations?
   o What resonated for you?
   o What surprised you?
   o Was there anything missing from the presentations that you were expecting?

If quantitative data was collected as part of the RGA process, this could be pre-analysed by the RGA team and presented at the start of this session to provide some context to the themes. Or facilitators may decide to present theme by theme, as the teams present their qualitative findings.

Session 5: Data Analysis (90 mins)

Session Objectives: To present data analysis and key findings

Time required	Facilitation notes
60 mins	Each group to give a 5-10 minute presentation of their key findings. If the number of groups / themes are many, each group could limit to the top 5 findings. ●

30 mins	Plenary Large group discussion. Back in the large group plenary discuss:
	    o What stood out for you heard the presentations?
	    o What resonated for you?
	    o What surprised you?
	    o Was there anything missing from the presentations that you were expecting?
	    o Do you have any observations to add from your own data collection experience
	
	Ensure the note taker takes notes of this discussion.

Session 6: Agreeing recommendations (60 mins)

Session Objective: Formulating key recommendations

Once all the presentations have been finished, the groups then need to determine what are the key recommendations. To support this session share the RGA guidance note on making practical recommendations with the team (if possible before the workshop as recommended reading)

Time required	Facilitation notes

30 mins	1. Place participants back into their groups
	2. Ask them to reflect on everything they have heard today and to look at their findings.
	3. Ask them to discuss what recommendations they think should be in place to help address those findings. You can give some examples from the CI Global and other RGAs (See Annex 2)
	4. Tell them they have 30 minutes to discuss and agree 3-4 key recommendations for their set of findings. Remember the recommendations should be concise, practical and SMART (Specific, Measurable, Achievable, Relevant and Timebound). Remind participants to consider:
	    o Time bound recommendations (ie. is this an immediate actionable recommendation compared to more short term or long term recommendations)
	    o Who is the audience of the recommendation (ie. CARE staff, humanitarian agencies, government and local authorities, donors, public health workers, etc)

		○ How can the target audience take the recommendation and practically implement this
30 mins	5.	Ask groups to present their recommendations
	6.	Participants then to vote for their top 6 recommendations
	7.	Votes are counted and you can then confirm which recommendations got the highest votes

Session 6: Wrap up and Close – 5 mins

1. Explain next steps (drafting of report, review, and sign off as well as any dissemination processes)
2. Thank everyone for their participation

CARE COVID-19 Recommendations matrix

Theme	CARE International Global RGA	CARE Pacific Regional RGA	CARE Vanuatu RGA
Assessments and data collection	Collect sex- and age-disaggregated data for COVID-19	Ensure availability of sex and age disaggregated data, including on differing rates of infection, differential economic impacts, differential care burden, and incidence of domestic violence and sexual abuse	Ensure availability of sex, age and disability disaggregated data, including on differing rates of infection, differential economic impacts, differential care burden, and incidence of domestic violence and sexual abuse
	Include gender indicators in sectoral assessments for COVID-19		
Data Analysis	Support the development of local and regional Rapid Gender Analyses on COVID-19	Conduct Country Specific Gender, Disability and Inclusion Analyses with contextualised response recommendations	Continually update the Gender, Disability and Inclusion Analysis with contextualised response recommendations as the crisis continues
	Provide inter-agency, multi-sectoral gender analyses		
COVID 19 Awareness and messaging		Commence COVID-19 risk communication and awareness immediately, engaging women in the development, design and delivery of risk communication and awareness materials	Commence COVID-19 risk communication and awareness immediately, ensuring that women, people with a disability and other marginalised groups including displaced communities, are engaged in the development, design and delivery of risk communication and awareness materials
Prevention of Sexual Exploitation and Abuse (PSEA)		Ensure that essential protection policies and mechanisms are in place for the protection of community members and responders	Ensure that essential protection policies and mechanisms are in place for the protection of community members particularly women and girls with a disability and responders
Inclusion in decision-making, planning and implementation		Ensure response teams include men, women and people with disabilities and that essential protection policies and mechanisms are in place	

		Response teams to include men, women, people with disabilities and other marginalised groups	
	Build on local community capacities of women, men, and adolescent boys and girls	Ensure meaningful engagement of women and girls in all COVID-19 decision making on preparedness and response at the national, provincial and community levels, including their networks and organizations, to ensure efforts and response are not further discriminating and excluding those most at risk.	Ensure meaningful engagement of women, girls and boys and people with a disability in all COVID-19 planning and decision making on preparedness and response at the national, provincial and community levels, including their networks and organizations, as well as implementation of activities to ensure activities are adapted to the needs of each group and response is not further discriminating and excluding those most at risk.
		Ensure preparedness and response activities target men, women, boys, girls, people with disabilities and other marginalized groups and include specific SRH and economic recovery initiatives	
	Establish and/or strengthen inclusive community outreach strategies		
	Support two-way, community-based risk communication and accountability approaches		
	Address gaps in women's participation in decision-making in the workplace		
	Ensure coordination and decision-making bodies are gender-balanced and inclusive		
	Use existing gender analysis and include gender specialists		
WASH		Ensure that public health messages properly target men, women, people with disabilities and the most marginalized	Ensure that WASH services and facilities are safe and accessible for women, girls and people with a disability
Health, including Sexual and	Provide gender-sensitive support to frontline health workers at facility and community-levels:		

Reproductive Health and Rights	Offer additional financial, human, or logistical support to female health workers		
	Ensure continuity for the provision of life-saving health services including SRHR in line with the MISP	Protect essential health services for women and girls, including SRH services	Protect essential health services for women and girls, including SRH services during the response to COVID-19
	Ensure inclusion of SRHR experts in coordination and planning		
	Address stigma, xenophobia, and other power dynamics		
Economic empowerment		Develop mitigation strategies that specifically target the economic impact of the outbreak on women and build women's resilience138	Develop mitigation strategies specifically targeting food security and the economic impact of the outbreak on women, people with a disability and other marginalised groups and work to and build economic resilience
Prevention, mitigation and response to GBV	GBV prevention and response are life-saving interventions: Include them as part of the initial COVID-19 responses. This includes, but is not limited to, the clinical management of rape, psychological first aid, and referral to other services, including case management.	Prioritize services for prevention and response to gender-based violence in communities affected by COVID-19139	Prioritise services for prevention and response to gender-based violence in communities affected by COVID-19 and consider different ways people can access services in isolation and how services can be more inclusive of people with disabilities
	Plan for an expected increase in domestic violence and other forms of GBV cases		
	Liaise with GBV service providers and actors. .		
	Partner with women's organizations and local GBV service providers		
	Explore how technology can provide support to those in quarantine to access GBV services		
	Closely monitor GBV trends and protection risks		
	Use a GBV risk mitigation approach		
	Apply a zero-tolerance approach to sexual exploitation and abuse		