

OVERVIEW & GUIDANCE:

KEY INFORMANT INTERVIEWS as a component of GBV risk assessment¹

What: A key informant interview (KII) is often done with a structured or semi-structured questionnaire. KIIs can give both quantitative and qualitative data. A key informant interview can be done with experts (e.g. humanitarian staff) or members of the community (e.g. community leaders). Sometimes, key informant interviews are done in a more targeted manner for program evaluation (e.g. a key informant interview with a service user).

When integrating into large-scale data collection exercises such as [DTM](#), keep in mind that key informants are mostly done with members of the community/affected population.

Type of data that can be collected: KIIs lend themselves to obtaining data on most aspects of the [AAAQ framework](#). However, most KIIs that take place on a large scale will be collected in a quantitative way (i.e. structured interviews with set answer options). Thus, although you will have questions on e.g. ‘accessibility,’ your answers will be limited to set options such as “facility X is ‘accessible’ or ‘not accessible’”. Questions should therefore be carefully thought through to ensure that the data collected yields a useful response. For *safety perceptions and GBV risks*, this is also an issue as you may generate questions with answers of ‘very safe’ ‘safe’ ‘not very safe’ ‘unsafe’. In general, avoid putting in questions that probe for GBV risks.

Do’s and don’ts

- Train enumerators on referral pathways and ensure they have knowledge and skills to respond safely and appropriately to a disclosure of GBV should it happen
- Ensure a private space when interviewing people
- Use recall periods (recognizable timeframes) when asking questions, particularly when collecting data at different points in time
- Do not include direct questions on GBV. For example, do not include questions on whether someone experienced GBV, or knows someone who experienced GBV, etc.
 - If a female KII is interviewed, she could be experiencing trauma or harm from this question. It could be unsafe for her to answer
 - If a male KII is interviewed, they could be experiencing trauma or be offended or suspicious by the question

Integrating into multi-sectoral assessments: DTM²

IOM’s Displacement Tracking Matrix (DTM) is a large-scale multi-sectoral assessment where clusters usually have the possibility to feed in indicators and questions. As such, it is often used to inform the HNO. There are resources available on integrating GBV risk mitigation indicators (‘proxy indicators’) into DTM [here](#).

Analysis

Keep in mind that the sample size and strategy will influence how the data can be used. A non-random sampling strategy and non-representative sample size is oftentimes used when doing key informant interviews. This should be reflected in the analysis and write up of your report. In other words: your findings cannot be considered as representative of the surveyed population, but are indicative only.

¹ Excerpted from [UNICEF, 2021: GBV Risk Analysis Guidance](#).

² The DTM is chosen as one example of a key informant survey. It is chosen here as it is multi-sectoral and non-cluster specific. However, the same principles hold for integrating GBV risk mitigation into other key informant surveys, whether they are cluster-specific or not

Mostly, large-scale key informant interviews are quantified (i.e. structured surveys) - that will facilitate analysis. For open interviews (i.e. without set answer options), look for recurrent themes in the answers of participants.

When integrating into KII multi-sectoral needs assessments such as the DTM, do consider that most key informants will be *male*. In addition, there is often one voice speaking for an entire community. While this does not render data unusable or irrelevant, it does then require additional data collection particularly when it comes to GBV risks, as female voices and perspectives need to be included to properly assess and analyze them.