
SOPs for Data Collection during COVID-19

April 2020



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Executive Summary

The coronavirus disease (COVID-19) which originated in the Wuhan city of China in December 2019 was **characterized as a pandemic by the World Health Organization (WHO) on 11 March 2020**.¹ By the time of writing, more than 3 million confirmed cases and 200,000 deaths have been reported globally.² Common symptoms of the disease include fever, dry cough, shortness of breath, fatigue, and other symptoms. While the majority of cases are mild, people with underlying health conditions (diabetes, heart and lung diseases, HIV, etc.) and from elderly age groups are thought to be at highest risk. Affecting almost every country in the world,³ many governments have enforced and physical distancing measures, ordered closure of borders, imposed nationwide shut-downs of non-essential services and restriction of movements. The most vulnerable populations are the hardest hit with limited access to health-care facilities and no social support system for covering loss of income due to disrupted livelihoods.

The rapid spread of the disease globally is linked to the ease of human to human infection. According to [WHO](#), *“the disease can spread from person to person through small droplets from the nose or mouth which are spread when a person with COVID-19 coughs or exhales. These droplets land on objects and surfaces around the person. Other people then catch COVID-19 by touching these objects or surfaces, then touching their eyes, nose or mouth. People can also catch COVID-19 if they breathe in droplets from a person with COVID-19 who coughs out or exhales droplets”*.

Given the potentially devastating consequences of COVID-19 on already vulnerable crisis-affected populations which we already support, **IMPACT has decided to mobilise its teams in order to support planning and coordination by humanitarian and other relevant actors responding to the spread of COVID-19.** Given the ease of infection coupled with the contexts in which humanitarian actors are normally conducting data collection activities, **this requires us to adapt the way in which we operate.**

Due to the rapid spread of COVID-19, the specific risk to already vulnerable communities, the importance of the humanitarian principle of “Do No Harm” as well as general considerations for “Duty of Care” (i.e. ensuring both field staff and local communities are not spreading and/ or exposed to the risk of contracting COVID-19 due to data collection activities), **IMPACT, with inputs and review support from WHO and Global Health Cluster colleagues, has developed these Standard Operating Procedures (SOPs) to guide research teams on how to undertake data collection during the COVID-19 outbreak.** However, the views expressed herein are solely those of the authors and do not necessarily represent the views of the World Health Organization or partners.

The content within the SOPs have been structured in four sections in line with the decision tree shown below:



In line with these objectives and the steps shown in the graphic above, the SOPs are structured as follows:



¹ See also: [WHO Director-General's opening remarks at the media briefing on COVID-19](#) (11 March 2020)

² WHO; [COVID-19 Situation Report #101](#) (30 April 2020)

³ While cases of coronavirus were mostly found in China until early 2020, the disease is highly contagious confirmed cases have been registered in at least 184 countries as of early April. See also: European Centre for Disease Prevention and Control; [Situation update worldwide \(as of 7 April 2020\)](#); and [Al Jazeera: Coronavirus: Which countries have confirmed cases?](#) (last updated on 8 April 2020)

1. **Assessing risks associated with data collection during COVID-19 (pages 3-8):** The first section outlines how to conduct a risk assessment for data collection during COVID-19, including some tips on (i) key elements to include in a COVID-19 context analysis (ii) how to assess risks in a particular context and (iii) what are the specific risks of conducting in-person data collection during COVID-19
2. **Deciding on the type of data collection based on risk assessment (pages 9-11):** This second section will outline what types of data collection should be conducted (if any) based on the initial risk assessment.
3. **Measures to be taken for face-to-face data collection during COVID-19 (pages 12-15):** This section will provide guidance on considerations that need to be made if implementing in-person data collection during COVID-19, including any specific considerations based on the type of data collection method (household surveys, key informant interviews, focus group discussions).
4. **Considerations for remote data collection during COVID-19 (pages 16-23):** Finally, the last section of these SOPs will outline key considerations if the context requires teams to switch to remote data collection, with specific guidance if using phone-based data collection methods.
5. **Annexes (pages 24-26):** Annex 1 list all relevant resources that have been identified so far for these SOPs and Annex 2 includes a checklist of the pre-requisites for conducting phone-based data collection.

The key messages within these SOPs with regards to data collection during COVID-19 are as follows:

1. **Ensure protection and safety of both staff members¹ as well as members of local communities at all times**, while trying to provide key information on the humanitarian situation as well as respecting containment measures at all times
2. **Ensure all mandatory measures (based on both national and global guidance) for protection** of staff members and local communities are being taken
3. **Ensure only critical and essential data collection exercises are carried out during their period** i.e. those that will inform life-saving interventions and/ or strategic response prioritisation exercises; all other non-essential exercises can be put on hold until the risk subsides
4. **Ensure there is no unnecessary duplication of data collection efforts** by closely coordinating all such efforts with stakeholders of the humanitarian community and promoting Joint Needs and/ or Coordinated Needs Assessment wherever relevant
5. **Ensure all data collection efforts undertaken during this period are done so in the most reliable, transparent and methodologically robust manner possible given the circumstances** (for example, being aware of respondent biases that may result from remote data collection techniques, factoring these biases into the analysis and declaring all known biases and limitations within the information products), so as to be able to provide an accurate and reliable evidence base for decision-making
6. **Ensure there is stronger and more stringent data management systems and processes as a pre-requisite for switching to remote data collection**, specifically in terms of data protection and management of personally identifiable data as well as data cleaning and processing to ensure highest possible quality of data collected during this period
7. **Throughout, ensure adherence to the core values that are consistent with existing interagency guidance and commitments**, including the Grand Bargain Principles for Coordinated Needs Assessment Ethos, IASC Operational Guidance on the Coordination of Assessments in Humanitarian Emergencies, the IASC Commitments on Accountability to Affected Populations (AAP), the IASC Grand Bargain Participation Revolution Recommendations, the Core Humanitarian Standard, Protection Information Management Principles, Protection Mainstreaming principles, the Good Humanitarian Donorship initiative, and the UN Privacy Policy Group Personal Data Protection and Privacy Principles; these frameworks should be guiding all IMPACT country teams' risk assessments and operational decisions during this period

1. Assessing risks associated with data collection during COVID-19

a. IMPACT's commitment to Principles for Coordinated Needs Assessment Ethos during COVID-19

IMPACT is committed to adhering to the core values that are consistent with existing interagency guidance and commitments, including the Grand Bargain Principles for Coordinated Needs Assessment Ethos, IASC Operational Guidance on the Coordination of Assessments in Humanitarian Emergencies, the IASC Commitments on Accountability to Affected Populations (AAP), the IASC Grand Bargain Participation Revolution Recommendations, the Core Humanitarian Standard, Protection Information Management Principles, Protection Mainstreaming principles, the Good Humanitarian Donorship initiative, and the UN Privacy Policy Group Personal Data Protection and Privacy Principles. **These frameworks should be guiding all IMPACT's country teams' assessment of risk and operational decisions with relevance to the COVID-19 pandemic.**

The **Do No Harm** principle is a critical prerequisite to IMPACT's work across the globe. Therefore, all risks associated with data collection must be guided by this principle, and the threat that COVID-19 represents to it.

"A needs assessment does not result in harm to affected population, data collectors or any other staff or individual contributing to the exercise, nor does it constrict humanitarian space for actors participating in the assessment or in the entire response."⁴

In this case, IMPACT teams must determine whether aid-driven activities will have unintended negative effects; will enumerators, collecting life-saving information, unintentionally spread COVID-19 throughout the communities IMPACT is serving. Therefore, how do IMPACT teams understand these complexities and adapt programming accordingly. This is a critical element of the risk assessment. **A cost benefit analysis of the value of IMPACT's activities compared to the harm that may unintentionally be done to the communities must be assessed.**

b. Factors to consider when analysing risks of data collection during COVID-19⁵

See table below. Ultimately, the risk analysis should consider both operational context factors (outbreak, socio-cultural context, and risk of exposure) as well as mission capacity to implement globally and nationally recommended containment measures .

⁴ GNA: Principles for Coordinated Needs Assessment Ethos (March 2019)

⁵ See also: WHO; [Rapid Risk Assessment of Acute Public Health Events](#) (2012)

Risk factor	Question points to assess risk factor
Operational context factors	
Number of confirmed cases	How many confirmed cases of COVID-19 are there, both nationwide as well as in the administrative areas where field staff is based and where data collection will be conducted? (<i>Note: Number of cases is not always a good indication of true risk levels since this depends on the testing and contact tracing capacity in each context</i>)
Implementation (or lack thereof) of infection prevention and control measures at the national level, as well as in places of data collection and in places where staff is based ⁶	<p>How many confirmed cases of COVID-19 are there, both nationwide as well as in the administrative areas where field staff is based and where data collection will be conducted?</p> <ul style="list-style-type: none"> ➤ <u>Infection prevention/ control campaigns implemented</u>: Handwashing, respiratory etiquette, hygiene practices, etc. ➤ <u>Physical distancing measures implemented</u>: <ul style="list-style-type: none"> ○ Individual-level measures: <ul style="list-style-type: none"> ▪ Isolation of people with symptoms ▪ Quarantine of their contacts ▪ Maintaining at least 1 metre distance (could be higher for some contexts) at all times⁷ ○ Measures affecting multiple people: <ul style="list-style-type: none"> ▪ Stay-at-home policies aimed at people who are at risk ▪ Closure of educational institutions and workplaces. ▪ Measures to limit outside visitors and limit the contact between residents of confined settings (e.g. long-term care facilities, prisons) ▪ Cancellation, prohibition and restriction of mass gatherings and smaller meetings ▪ Mandatory quarantine of inhabitants of buildings, residential areas ▪ Internal or external border closures ▪ Stay-at-home restrictions for entire regions or countries ➤ <u>Limiting transportation to and from the workplace, especially if it involves public transport/ shared means (e.g. taxis)</u>
Transmission scenarios WHO has defined four transmission scenarios for COVID-19: ⁸ <ol style="list-style-type: none"> 1. Countries with no cases (No cases) 2. Countries with 1 or more cases, imported or locally detected (Sporadic cases). 	<ul style="list-style-type: none"> ➤ <u>Response to confirmed cases</u>: Is the government currently undertaking surveillance, contact tracing, and implementing the isolation of confirmed cases⁹? If yes, are these measures in line with global guidelines? ➤ <u>Early patient detection/ early screening processes</u>: Are people being tested? Which groups are being tested? Can we trust the indicators of number of cases and infection rate?¹⁰ ➤ <u>Capacity of healthcare system</u>: Are patients being treated? Are severe cases being hospitalized and treated?

⁶ European Centre for Disease Prevention and Control (ECDC); Situation Reports: <https://www.ecdc.europa.eu/en/geographical-distribution-2019-ncov-cases>

⁷ See also: WHO; [Coronavirus disease advice for the public](#) (last updated 31 March 2020)

⁸ WHO; [Critical preparedness readiness and response actions for COVID-19](#) (March 2020)

⁹ ECDC; Situation Reports: <https://www.ecdc.europa.eu/en/geographical-distribution-2019-ncov-cases>

¹⁰ WHO; [Laboratory testing strategy recommendations for COVID-19](#) (March 2020)

<p>3. Countries experiencing case clusters in time, geographic location and/or common exposure (Clusters of cases)</p> <p>4. Countries experiencing larger outbreaks of local transmission</p>	<ul style="list-style-type: none"> ➤ <u>Ability to detect new cases:</u> Is the government currently implementing surveillance, contact tracing, and implementing the isolation of confirmed cases¹¹? ➤ <u>Vulnerability of population:</u> Is the population vulnerable to severe disease? What proportion of the population has underlying conditions¹² or a vulnerability based on age (i.e. elderly)¹³? ➤ <u>Compliance of population to COVID-19 measures and recommendations:</u> Is there information to determine whether population is abiding to recommendations and measures at the national level, in places where data collection will take place and in places where staff is based?
Factors associated with mission capacity to follow containment measures (both WHO and national government recommended)	
<p>Mission infrastructure and access to resources to enforce required containment measures</p>	<ul style="list-style-type: none"> ➤ <u>Access to resources:</u> Does the office have functional hand hygiene points? Does the mission have adequate access to hygiene equipment as per the WHO guidelines?¹⁴ In missions with remote bases, will they have adequate access to all required resources (including basic supplies, hygiene items, etc.) for a sustained period of time? ➤ <u>Overall office work environment:</u> Is the office/ workspace overcrowded such that physical distance cannot be maintained? Can some meetings, discussions take place without inviting people in person? Can you limit entry of people to office based on non-essential services? Can some staff work from home if full-time presence in the office is not needed? Has the decision been taken to grant leave for staff who are sick? ➤ <u>Awareness-raising and training of staff:</u> Are all staff aware of protocols to follow to prevent spread of COVID-19? Does the mission have the communication infrastructure to train staff on best practices and disseminate updates to information? Will the increased time spent on training due to COVID-19 (e.g. additional module on community messaging and measures to take during data collection) increase risk of exposure of enumerators to COVID-19 transfer scenarios? ➤ <u>Legal considerations in case of fatalities:</u> If field staff contract the disease while performing their duties during data collection and die, what would be the legal procedures in terms of coverage of compensation?
<p>Risk of exposure among staff members</p>	<ul style="list-style-type: none"> ➤ <u>Underlying vulnerabilities:</u> Does the staff's age and underlying health conditions¹⁵ increase their vulnerability? ➤ <u>Risk of exposure to COVID-19 and/ or risk of further spreading COVID-19 to local communities:</u> What mechanisms exist for the mission to daily monitor health of each staff member (non-touch thermometer, tracking self-reported symptoms, etc.)? Have staff who are sick already been directed to remain home until full recovery? Have staff been informed what to do if they become a contact of a confirmed or probable case? What mechanisms exist for staff to know if any beneficiary they have had contact tested positive for COVID-19? What mechanisms exist to get updates on COVID-19 situation in the relevant administrative area(s) on a daily basis? Does the mission have capacity to

¹¹ ECDC; Situation Reports: <https://www.ecdc.europa.eu/en/geographical-distribution-2019-ncov-cases>

¹² See also: Centers for Disease Control and Prevention (CDC); [People who are at higher risk of severe illness](#) (updated on 26 March 2020)

¹³ The threshold set for this varies country by country, but is typically set at more than 60, 65 or 70 years of age. See also: WHO Regional Office for Europe; "[Statement- Older people are at highest risk from COVID-19, but all must act to prevent community spread](#)" (2 April 2020), and Centre for Disease Control and Prevention; [People who are at higher risk for severe illness](#) (last updated 15 April 2020)

¹⁴ See also: WHO; "[Getting your workplace ready for COVID-19](#)" (March 2020)

¹⁵ See also: Centers for Disease Control and Prevention (CDC); [People who are at higher risk of severe illness](#) (updated on 26 March 2020)

	<p>decontaminate areas if exposure has occurred or knows how to proceed or who to contact to do so? What are staffs' usual method of travel on a day-to-day basis? Has a member of staff recently travelled to affected areas?</p> <ul style="list-style-type: none"> ➤ <u>Access to COVID-specific knowledge</u>: Are all staff trained on COVID physical distancing and hygiene measures? Are staff aware of how to respond if they, or someone in their surroundings, is infected by COVID-19? Are staff, including enumerators, clear that if feeling sick or present symptoms of COVID-19¹⁶, they should self-isolate and report symptoms and any contact with other field staff or respondents in the last 7 days to the line manager? ➤ <u>Access to healthcare</u>: Do staff have access to testing? Is staff insured in the local healthcare system? <i>(Note: It is very important to ensure that all staff, including enumerators, are covered with a local health insurance to provide treatment if infected)</i> Would staff be able to receive treatment if they get infected and it develops into severe stages of the disease? <i>(Note: In some countries the local government is advising individuals to self-isolate rather than visit hospital)</i>
Factors associated with undertaking field-based data collection	
Movement between geographical areas	<ul style="list-style-type: none"> ➤ <u>Risk of infection during travel</u>: Is there a risk of infection of staff who travel by car and/or public transport while travelling from their home to work? Will staff be able to keep the required distance between individuals (at least 1 metre) while travelling and avoid contact with objects in public and private spaces throughout? ➤ <u>Spread of COVID-19 across different parts of the country through data collection teams</u>: Is there a risk of staff spreading COVID-19 across regions while travelling to and fro different data collection locations? Could field staff that are undiagnosed but still carrying the diseases be unknowingly spreading COVID-19 to participants being interviewed and to wider populations, thus going against the core humanitarian principle of <i>do no harm</i>? Could field staff bring back the disease to their areas and local communities by being in contact with infected respondents (or their families) that we were not aware of? ➤ <u>Unclear conditions in areas of data collection</u>: If movement restrictions are in place, could staff be exposed to checkpoints during travel that result in aggression? Is there a risk of staff getting stuck in a location during data collection? What would happen if a staff member fell sick while in a remote data collection location?
Interaction between field staff and respondents/ local community members	<ul style="list-style-type: none"> ➤ <u>Awareness of risks and containment measures in areas of data collection</u>: Are participants and communities where data collection is taking place aware of COVID-19, where it is present and what measures need to be taken to prevent its spread? Is the population in this area generally complying with the required measures? ➤ <u>Perceptions of field staff by respondents and their communities</u>: Is there a security risk for field staff, for instance if they are perceived by local communities as travellers bringing the virus into their area? Is there a risk of mistrust in the local community due to our messaging of COVID-19 (for e.g. in some remote areas, communities might first hear of COVID-19 from our data collection teams which could lead to misperceptions of those carrying such messages)?
Robustness of research design and analysis	<ul style="list-style-type: none"> ➤ Will you be able to implement a good data collection exercise based on a robust research design and consistent data collection approaches while respecting the containment measures?¹⁷

¹⁶ See also: WHO: [Q&A on Coronavirus](#) (March 2020)

¹⁷ Example of things to consider: How biased would the sample be if teams are only able to collect information from specific areas or subsets of the population? Due to the methodology adapted, is there a risk of misinforming the response due to limited information and/ or inaccurate analysis?

c. Proposed definition of data collection risk levels (high/ medium/ low) from a do-no-harm and duty of care perspective¹⁸

*It should be noted that **what is outlined in the table below is not prescriptive but recommended definitions and thresholds only** based on existing information and guidelines at the global level. While these SOPs have been reviewed by WHO and Global Health Cluster colleagues, **it is important that all country teams consult local authorities, public health experts and all available guidelines when conducting these risk analyses and setting thresholds at the country level.***

See table below of how risk scenarios can be defined based on information available on the context as well as the mission capacities. However, **if there is a lack of clarity, temporary suspension of data collection is always recommended rather than putting staff and local communities at risk.** Additionally, **data collection must always be suspended in contexts where the situation of COVID-19 is believed to be of high risk despite the lack of vital data** on spread of the virus, testing and preventative measures, and transparency on management of the crisis.

	High	Medium	Low
Operational Context Analysis			
Vulnerability of population to severe disease¹⁹	A considerable proportion (threshold determined in country) of the population is vulnerable (e.g. elderly population/ with underlying diseases). This means that COVID-19 is more likely to develop into severe cases.		Low proportion (threshold determined in country) of the population is vulnerable (e.g. elderly population / with underlying diseases)
Risk of outbreak based on population behaviour	There is a high risk of outbreak in the country or area concerned based on information available on population density and general behaviours (e.g. lack of adherence to existing measures, lack of general awareness, existing travel practices, tourism, open markets, religious gatherings, etc.)		There is no risk of outbreak in the country or area concerned based on information available
Number of cases at the national level	<i>Threshold determined at the country level based on information available, while keeping in mind that the ability to detect cases is based on surveillance and testing capacity per country. As such, the number may not always be a reliable indication of true risk levels.</i>		
[If relevant] Number of cases at the site or area level	<i>Threshold determined at the country level based on information available</i>		
Screening methods	No early screening methods are being implemented: no testing for COVID-19 is being performed in people with mild or with no symptoms; only severe cases and cases who lie in the vulnerability population groups are tested.		Early screening methods are in place: testing for COVID-19 is being performed in people with mild or with no symptoms.
Response to confirmed cases: surveillance, contact tracing, and isolation of confirmed cases	No surveillance AND No isolation AND No contact tracing methods for confirmed COVID-19 cases are being implemented at the national level.	There is strict surveillance AND isolation for confirmed cases at national level, but NO contact-tracing of confirmed cases. If testing coverage is low, and there is no contact-tracing, it is likely that disease is spreading.	There is strict surveillance AND isolation AND contact tracing for confirmed COVID-19 cases at the national level. ²⁰

¹⁸ See section 2 below for detailed guidance on how these risk scenario definitions could be applied to determine the most appropriate type of data collection.

¹⁹ See also: Centers for Disease Control and Prevention (CDC); [People who are at higher risk of severe illness](#) (updated on 26 March 2020)

²⁰ This only applies to countries that are in the initial stage of the outbreak, but does not apply to countries where numbers of COVID-19 cases are already high (e.g. Italy)

Transmission Scenarios	Country is experiencing a large outbreak of local transmission (transmission between members in the country), with cases all around the country .	Country is experiencing a large outbreak of local transmission but is localized by geographical location and/or common exposures (cluster of cases). There are confirmed cases in the region(s)/state(s) where staff is based and where data collection will take place.	Country with no confirmed cases or country with one or more cases, imported or locally detected (sporadic cases).
Infection prevention and control campaign	No infection and control campaigns are being implemented OR Only small ad-hoc campaigns are being implemented with no government involvement	Large-scale, coordinated infection prevention and control campaigns are being implemented in the community, led by the government. This is helpful at the community level, but if strict surveillance, isolation, contact-tracing, and strict physical distancing measures are not in place, the effect of this intervention is low.	
Physical distancing measures <i>Refer to physical distancing measures described in “Key elements to include in a COVID-19 context analysis before assessing risk” section above</i>	No strict physical distancing measures are being implemented at the national level or in the region(s)/state(s) where staff is based and where data collection will take place. This means that the spread of the disease is probably high (even if confirmed cases are low).	Some strict physical distancing measures are being implemented at the national level or in the region(s)/state(s) where staff is based and where data collection will take place. The implementation of only some of the physical distance measures could decrease, to a small extent, the risk of infection in a country where there is an outbreak of local transmission.	All strict physical distancing measures are being implemented at the national level and in the region(s)/state(s) where staff is based and where data collection will take place.
Healthcare system capacity	Low healthcare system capacity to respond to COVID-19. Not all cases are being hospitalized and/or treated.	Healthcare system has capacity to respond to current COVID-19 cases but is unlikely to cope with an increase in severe cases	Healthcare system capacity is high and able to respond to COVID-19 current and predicted number of cases. Severe cases are being hospitalized
Analysis of risks to and from field staff			
Symptoms²¹	Staff presents symptoms of COVID	Staff does NOT present symptoms of COVID	
Mode of travel	Staff travels by public transport or shares a car with other people in a country with local transmission	Staff travels by public transport or shares car with other people while adhering to strict physical distancing measures (keeping the required distance, leaving a seat unused in between, etc.)	Staff does NOT travel by public transport / does NOT share a car with other people
Travel to infected territories²²	Staff has recently travelled to infected territories	Staff has recently travelled to infected territories but has quarantined for <i>at least</i> 14 days and not presented symptoms	Staff has NOT travelled recently to infected territories

For further guidance and recommendations on how to proceed with data collection based on risk scenario identified, see Section 2 below.

²¹ See also: WHO: [Q&A on Coronavirus](#) (March 2020)

²² See also: WHO: [COVID-19 Situation Reports](#) (updated on a daily basis since 21 January 2020)

2. Deciding on the type of data collection based on risk assessment

This section looks at the recommended ways to assess the appropriate methodology for data collection based on the three aforementioned risk scenarios:

- a. **Low risk**
- b. **Medium risk**
- c. **High risk**

The aim of planning data collection based on a risk assessment is to ensure 'do no harm' and 'duty of care':

- **To ensure safety of IMPACT staff and their families/ communities** by not increasing the risk of contracting the virus among data collection teams through their work and potentially passing this on
- **To ensure safety of population in affected communities** by safeguarding enumerator exposure, and assessing the risk of contagion through face-to-face data collection

For recommendations on how to proceed with data collection based on risk scenario identified, see the table on the following page. The table provides data collection recommendation based on three pillars per risk scenario: operational context analysis, do no harm analysis, and duty of care analysis. **The risk scenario should always be determined by whichever the highest risk scenario is looking at the criteria in each of the three pillars.** For example, according to the table below, if operational context analysis and duty of care analysis factors are low risk, but do no harm analysis factors are high risk, the overall data collection scenario should be considered high risk.

Additionally, it is important that the **review of the appropriate use of data collection is done on a regular basis as risk scenarios are likely to change** as the situation evolves in each context. The last column in the table below provides additional considerations to keep in mind when doing this review for each of the three risk scenarios.

Finally, as previously outlined in section 1d above, it is **important to note that what is outlined in the table below is not prescriptive but recommended definitions and thresholds only** based on existing information and guidelines at the global level. While these SOPs have been shared for review with WHO at the global level, it is important that all country teams **consult local authorities, public health experts and all available guidelines when conducting these risk analyses and deciding on most appropriate way forward for data collection.**

In addition to the risk analysis outlined, decisions to proceed (or not) with data collection should always take into consideration the following key aspects:

1. ***What is the overall purpose and objectives of the research activity? What are the main information gaps and needs and why is it important to fill these gaps? How critical is meeting these objectives and conducting data collection during this period?***
2. ***Can you conduct data collection activities under coordinated assessment frameworks so as to avoid unnecessary duplication, minimise movement of data collection teams across the country and reduce assessment fatigue? See also: [IASC Operational Guidelines for Coordinated Assessments in Humanitarian Crises](#) (March 2012)***
3. ***Have you given respondents an opportunity to refuse to talk to enumerators face-to-face if they don't feel comfortable doing that during the outbreak period? i.e. Have you sought informed consent from the respondents (and given them all the required information) before proceeding with the face-to-face interview?***

Risk Level	Operational context analysis	Do no harm analysis	Duty of care analysis	Type of data collection	Data Collection Methodology Justification	Considerations for data collection
Low	<p>1. Country with no cases</p> <p>2. Country with <100 confirmed cases, imported or locally detected (sporadic cases)</p>	<p>1. Staff does not present symptoms of COVID-19</p> <p>2. Staff has not recently travelled to affected areas</p> <p>3. Staff has not been in contact with anyone showing symptoms/ tested positive for COVID-19</p>	<p>1. Staff is not from the demographic vulnerable to severe disease</p> <p>2. Staff does not travel by public transport or does not share a car with more people to get to work</p> <p>3. Staff are fully aware of risks associated with COVID-19 and relevant measures that need to be taken to prevent its spread</p>	Face-to-face (as a last resort, and only if data collection has been identified as crucial to inform the response, specifically for strategic prioritisation exercises and/ or life-saving interventions)	The likelihood of any member of staff contracting the virus, and then this being transmitted to the participant- or vice versa - is presumed to be low. Therefore, if data collection is crucial to fill urgent information gaps within the response, with appropriate implementation of hygiene practices and physical distancing measures (see section 3 below), face to face data collection can continue.	<p>1. Has the government already closed borders and enforced movement restrictions? <i>If yes, the risk is no longer low</i></p> <p>2. Is COVID-19 suspected to spread soon in your area of operation based on incoming information? <i>If yes, risk is no longer low</i></p> <p>3. Are the local authorities still allowing for data collection to take place? <i>If no, face-to-face data collection can't take place</i></p> <p>4. Does this mean that individual interviews (one individual, face-to-face) can take place, but not focus group discussions (i.e. more than 2 people)? <i>If yes, adjust methodology accordingly</i></p>
Medium	<p>1. Country is experiencing a large outbreak of local transmission but is localized by geographical location and/or common exposures (cluster of cases – e.g. in mass religious gatherings)</p>	<p>1. Staff does not present symptoms of COVID-19</p> <p>2. Staff has recently travelled to infected territories but has quarantined for at least 14 days after</p>	<p>1. Staff is from the demographic vulnerable to severe disease</p> <p>2. Staff travels by public transport or shares a car with other people to get to work</p>	Remote	<p>Even if there are no other reported cases in the rest of the country, data collection should switch to remote for the following reasons:</p> <ul style="list-style-type: none"> - The region where sporadic cases have been identified is part of the geographic area of interest 	<p>1. Are the current government measures in place adequate for containing the spread? Are citizens complying with these measures? <i>If no, the risk may no longer be medium but should be high</i></p>

	<p>2. There are confirmed cases in the region(s)/state(s) where staff is based and/ or where data collection was meant to take place</p> <p>3. The country has successfully implemented infection prevention and physical distancing measures to contain further spread of the virus</p>	<p>and has not presented any symptoms of COVID-19</p> <p>3. Staff has not been in contact with someone showing symptoms/ tested positive for COVID-19</p>	<p>however strictly adheres to physical distancing measures (keeping the required distance, leaving a seat unused in between, etc.)</p> <p>3. Staff are fully aware of risks associated with COVID-19 and relevant measures that need to be taken to prevent its spread</p>		<p>for the research i.e. where data collection activities are to be conducted</p> <p>- Even if data collection activities are not in the region where sporadic cases have been identified, there is still a risk of spread to other regions based on other contextual factors, thus increasing the risk of exposure through face-to-face data collection for both staff and respondents</p>	<p>2. Does the local health care infrastructure have the capacity to carry out early screening, test suspected cases, disease surveillance, and contract-tracing of confirmed cases? <i>If no, the risk may no longer be medium but should be high instead</i></p> <p>3. Does data collection need to continue despite the risks identified? <i>If yes, see section 4 below for guidance on remote data collection implementation. If no, put data collection on hold till risk re-assessment</i></p>
<p>High</p>	<p>Country is experiencing a large outbreak of local transmission (transmission between members in the country), with 100 or more cases all around the country.</p>	<p>1. Staff presents symptoms of COVID-19</p> <p>2. Staff may have recently travelled to affected areas (or information of this is lacking)</p> <p>3. Staff may have been in contact with anyone showing symptoms/ tested positive for COVID-19 (or information of this is lacking)</p>	<p>1. Staff is from the demographic vulnerable to severe disease</p> <p>2. Staff travels by public transport or shares a car with more people for travel to work</p> <p>3. Staff is not aware of risks associated with COVID-19 and relevant measures that need to be taken to prevent its spread</p>	<p>Remote</p>	<p>With a high number of cases that seem to be spreading at a fast rate, there is little guarantee that enumerators and participants will not be at risk to either contracting or spreading the disease. Data collection must go to remote to ensure safety of staff and the local community.</p>	<p>Does data collection need to continue despite the risks identified? <i>If yes, see section 4 below for guidance on remote data collection implementation. If no, put data collection on hold till risk re-assessment</i></p>

3. Mandatory measures to be taken for face-to-face data collection during COVID-19²³

The decision to proceed with face-to-face data collection should be based on the risk analysis as outlined in sections 1 and 2 above. If it is indeed deemed safe to proceed with face-to-face data collection, the measures outlined below are mandatory and will need to be followed by all field teams.

a. **Summary of measures** (Note: see following page for details on what each of these measures entail)

Before data collection



Check movement restrictions and **obtain required clearance** to move between areas



Ensure everyone in the team are **up to date on the most recent information** and measures to be followed



Procure relevant **supplies for staff screening and sanitation**



Plan data collection efficiently to ensure all required measures, precautions are followed

During data collection



Remind teams of the general guidance and protocols **on a daily basis**



Approach respondent(s) for interviews/ discussions in line with the required measures



Conduct the interviews/ discussions following the required measures



Ensure measures are being **followed within the team throughout as well** (i.e. not just between enumerators and respondents during the interview or discussion process)

After data collection



Ensure all staff returning from data collection (enumerators, drivers, etc.) **thoroughly wash their hands with soap** (at least 20 seconds)



Ensure enumerators are **reporting back** to line managers as outlined in the protocols



Ensure enumerators **submit the data collected and clean devices** on a daily basis

²³ See also: WHO [COVID-19 Advice for public](#) (last updated 18 March 2020)

b. Measures to be taken BEFORE data collection

- ✓ Obtain required clearance from relevant authorities, especially if movement restrictions in place
- ✓ Make sure everyone in the team (team leaders, enumerators, drivers, logisticians etc.) are up to date on the most recent information from the WHO and national health authority in your country and adhere to their guidelines
 - Prior to data collection and training of enumerators, **collect information about specific referrals system** for suspected COVID-19 cases and ensure that **all enumerators have updated information** (e.g. leaflets from the government or other relevant organisations) to share with respondents if asked
 - Make sure that the **relevant IEC materials** on COVID-19 (factsheets, brochures, etc.) are available and shared with all staff
 - **Develop and train staff on appropriate reporting and communication channels** to ensure safety and early response (if needed). Team leaders must be informed in case any enumerator develops COVID-19 symptoms, or visits a household or respondent who may have shown symptoms or respondent has/ develops any COVID-19 symptoms as stipulated by WHO
 - **Inform everyone involved in data collection of the following protocol** and clarify that this applies both during and outside of data collection activities:
 - **Check your temperature every morning.** In case of a high temperature (above 37.5 Celsius), or any other mild symptoms such as tiredness, dry cough (common symptoms), shortness of breath, aches and pains, sore throat, or runny nose (other symptoms), inform the team leader. Any person with these symptoms should not engage in data collection and self-quarantine for 14 days.
 - Team leader to ask if enumerators have **been in contact with anyone with confirmed or suspected case of COVID-19**. If yes, the person should not be participating in the activity and self-quarantine for a minimum of 14 days.
 - **Wash hands** thoroughly and regularly (ideally every 1 to 2 hours and definitely in between each interview conducted) with soap and water or alcohol-based hand rub.²⁴
 - Follow the recommended **cough etiquette** at all times²⁵
 - **Do not touch your (or anyone else's) face** – particularly eyes, nose and mouth.
 - **Keep at least 1 metre distance from other people at all times.** Close-up contact should be limited to less than 15 minutes. Keep distance also in cars, i.e. use enough cars so you are maximum 3 people per car. If not enough cars, see if you can use fewer enumerators and extend data collection time.
 - **Don't have any physical contact with other people.** That includes, no greetings such as handshakes, cheek kissing, hugs, etc.
 - **Sanitize all data collection items** prior to each interview (pens, phone, tablets, notebooks, ID cards, etc.)
 - Ensure **items are not shared** among team members
 - Provide pens for each individual staff member
 - Provide zip-locked bags to place enumerator phones/devices
 - Ensure enumerator phones have internet so that they themselves can upload the forms on a daily basis to the server. Alternatively, ensure that enumerators can access Wi-Fi at the end of the day.
 - **Don't spit** in public
 - **Inform your line manager immediately** if feeling unwell
 - [For line managers] Ensure you know the **protocol to follow and referral mechanisms to use to inform the right people** about any observations of symptoms or sickness among field staff during data collection
- ✓ **Procure relevant supplies for staff screening and sanitation (for individuals as well as of common and personal objects):**
 - Thermometers
 - Hand hygiene items (hand sanitisers and soaps, ideally liquid soap instead of soap blocks)
 - Each staff travelling to the field should have their own hand sanitiser with them
 - Enough soap should be available at all times in the office and for all staff (this includes drivers, gardeners and others who might not be frequenting the office space)

²⁴ See also: WHO; [Coronavirus disease \(COVID-19\) advice for the public](#) (last updated 31 March 2020)

²⁵ This includes: Coughing or sneezing in tissue or flexed elbow; if using tissue, throw it away in a bin or a closed container (e.g. plastic bag) immediately after; clean hands with alcohol-based hand rub after if there is no access to soap and water.

d. **Measures to be taken AFTER data collection**

- ✓ **Ensure all staff returning from data collection (enumerators, drivers, etc.) thoroughly wash their hands with soap (at least 20 seconds)**
- ✓ **Ensure enumerators are reporting back to line managers as established in the protocols**
 - Enumerators should **report to team leaders any health symptoms** such as a high temperature (above 37.5), or any other mild symptoms such as tiredness, dry cough (common symptoms), shortness of breath, aches and pains, sore throat, or runny nose (other symptoms). If any staff is experiencing symptoms they should self-quarantine for at least 14 days/ until recovered.
 - Enumerators should **confirm location and report of any interaction with an interviewee that exhibited symptoms** of fever, cough or shortness of breath²⁷
 - Field manager to **prepare a daily report on any interaction with interviewee that exhibited symptoms** of fever, cough or shortness of breath to be sent to Area Coordinator and Country Management → relevant concerns should **be reported through the appropriate referral mechanisms** as established/ identified during the planning stage (i.e. prior to data collection)
- ✓ **Ensure enumerators submit the data collected and clean data collection devices on a daily basis**
 - Enumerators to **upload their forms to the server on a daily basis** (this needs to be covered in the training)
 - Enumerators to **wipe off all devices with disinfectant or soap and water** before handing them back and place all phones in a zip-locked plastic bag with their name written on it. This is to ensure that devices change hands as little as possible.

²⁷ In some instances, depending on country-specific referral mechanisms in place, this may require passing on such information (including respondent's personally identifiable information) to relevant actors. However, this should only be done if all the requirements in [IMPACT's Data Protection SOPs](#) are being respected.

4. Considerations for remote data collection during COVID-19

Overview of remote data collection

a. What is it?

Remote data collection is a **means of gathering data without a physical presence in the data collection location** and without in-person contact with the respondents. It is thus a good way of acquiring the required information when face-to-face data collection with the population of interest is not possible.

b. When is it useful?

Remote data collection is **useful whenever it is not possible to conduct in-person visits to the locations / populations of interest**. For instance:

- There are physical distancing measures in place due to a disease outbreak (e.g. COVID-19 situation)
- There are time or human/ financial resource constraints for data collection (e.g. not enough budget to hire enumerators to cover all areas for face to face interviews within the required timeframe)
- There are access constraints which could be related to: security concerns; COVID-19 travel restrictions; physical access barriers such as lack of infrastructure; severe weather conditions which limits travel possibilities; etc.
- Severe weather conditions (e.g. winter) limits travel possibilities

c. Pros and Cons of remote data collection

	Pros	Cons
Planning efficiency	More time and resource efficient; if necessary logistics already in place, could be fairly straightforward to deploy	Challenging and time consuming to set up correctly (e.g. identifying respondents, organizing necessary logistics, etc.), difficult to apply stratification in sampling; challenging to monitor progress
Implementation efficiency	Easier to implement even with limited time, access and resources (assuming planning and design is robust)	Higher likelihood of low response rates; limited means of verifying responses/ data quality assurance; more challenging to build trust with the respondents; difficult to deploy long or complicated questionnaires
Coverage	Ensures maximum possible coverage of areas and population of interest despite access/ security constraints	Difficult to have the “full picture” as it could introduce potential sampling biases (e.g. based on phone network coverage) and results in exclusions/ oversight of certain population groups or areas

d. Some types and applicability of remote data collection methods²⁸

	Explanation	Relevance and applicability	Type of sampling
Phone-based household or community-level data collection	This is the most common type of remote data collection method that has been used by IMPACT till date, sometimes also referred to as Computer Assisted Telephone Interviewing (CATI). In this method, questions are displayed through an app or software (e.g. KOBO) on an electronic device such as a mobile or computer screen, which the interviewer then reads to a respondent over a phone call, and enters the respondent's answers directly into the electronic device. This method typically involves setting up of "call centers" where enumerators make phone calls to respondents from. However, depending on risk levels in country, "call centers" may not be recommended given the current advisories on managing the spread of COVID-19. More details on the implementation of phone-based data collection are provided in the following section.	<p>Depends on research objectives and information needs;</p> <p>Most relevant for needs assessments (household surveys, individual perception surveys or community-level KI interviews), humanitarian situation monitoring (community-level KI interviews), post distribution monitoring (household surveys or individual perception surveys);</p> <p>See pre-requisites for implementation in Annex 2: Feasibility checklist for phone-based data collection.</p>	Both probability (random) or non-probability (purposive and snowballing) sampling possible – see <i>pre-requisites for both in see Annex 2: Feasibility checklist for phone-based data collection</i>
Face-to-face data collection in an alternative location based on "Area of Knowledge (AoK)"	In contexts where REACH Humanitarian Situation Monitoring (HSM) activities are implemented, a nuanced remote data collection methodology - internally referred to as "AoK" – is used to collect data from inaccessible, hard-to-reach areas. In the AoK method, if it is not possible to contact key informants in the areas of interest via phone to gather the required information, this information is instead collected by interviewing key informants (in person or via phone) who may not be in the area at the time of data collection but have good reason to have the required knowledge of that area nonetheless. This method has been applied in several countries till date including Afghanistan, Central African Republic, Nigeria, Somalia, South Sudan and Syria. For more details, see terms of reference from	<p>Depends on research objectives and information needs;</p> <p>Most relevant for community-level needs assessments and/ or humanitarian situation monitoring (KI interviews);</p> <p>Only applicable if it is possible to identify respondents who have the required knowledge of the area(s) of interest; this could include: an internally displaced person (IDP) who left the area of interest 1 month ago; an IDP who has regular contact at least once a day with family members or acquaintances in the area of interest; a person who resides somewhere else but</p>	Only non-probability (purposive or snowballing) sampling possible, as it requires identifying the respondent most likely to have the required knowledge, which is not possible to achieve through random sampling

²⁸ Readers should note that this is not an exhaustive list of all possible remote data collection methods out there. Instead, what is listed here are some examples of methods that IMPACT has some prior experience with. There may be a lot of other innovative approaches out there which have not been covered in this table. For instance, see also: (1) World Bank; [Data Collection in Fragile States: Innovations from Africa and Beyond](#) (January 2020) (2) NVIVO; [Conducting Qualitative Field Work during COVID-19](#) (March 2020) (3) Salmons, Janet; [Webinar: When the Field is Online](#) (March 2020) and (4) Salmons, Janet; [Doing Qualitative Research Online](#) (March 2020)

	the Afghanistan Hard to Reach Assessment (here) and South Sudan Monthly Situation Monitoring (here).	regularly travels back and forth to the area of interest (such as a vendor to sell his goods or an internally displaced person going back to check on his agricultural lands; etc.).	
Internet-based data collection²⁹	<p>This type of data collection involves the use of internet-based communication platforms (e.g. online surveys, social media, WhatsApp or other instant messaging platforms, etc.) to collect the required data without necessarily speaking to the respondent.</p> <p>Some tools used for this type of data collection include:</p> <ul style="list-style-type: none"> • Social media monitoring and analysis³⁰ • Dissemination (via email, social media, messaging, etc.) of online survey links using communication platforms like Mail chimp, Survey Monkey or similar • Online group discussion fora (e.g. on Facebook or other social media platforms) • Chatbots i.e. “a computer programme that uses artificial intelligence to interact with users through a messaging service in a way that is designed to seem like a conversation”. As example of the use of chatbots in humanitarian context includes World Food Programme’s mobile Vulnerability Analysis and Mapping (mVAM), piloted in 2013. 	<p>Depends on research objectives and information needs;</p> <p>Most relevant for community-level needs assessments and/ or humanitarian situation monitoring (KI interviews); post distribution monitoring (individual perception surveys) – <i>recommended as an alternative if phone-based data collection or AoK method not feasible</i>;</p> <p>Only applicable if it respondents have access to internet.</p>	Both probability (random) or non-probability (purposive and snowballing) sampling possible – see <i>pre-requisites for both in see Annex 2: Feasibility checklist for phone-based data collection</i>
Remote sensing	It is the “process of detecting and monitoring the physical characteristics of an area by measuring its reflected and emitted radiation at a distance (typically from satellite or aircraft).” ³¹	<p>Depends on research objectives and information needs;</p> <p>Not relevant for in-depth needs assessments or humanitarian situation monitoring (household or community-level), but could be relevant if the aim is to gain an understanding based on specific physical characteristics of an area. Some examples of this</p>	Depending on scope both probability sampling or census could be possible (e.g. if using shelter footprints to determine shelter destruction of a random sample or census of an area)

²⁹ See also: (1) Hine, Christine; “Ethnographic fieldwork across online spaces” (Webinar, April 2020) (2) Salmons, Janet; [Doing Qualitative Research Online](#) (March 2020) and [Webinar: When the Field is Online](#) (March 2020) and (3) Caliendo, Alessandro and Gandini, Alessandro; [Qualitative Research in Digital Environments: A Research Toolkit](#) (2017).

³⁰ See also: Anson et al; “Analysing social media data for disaster preparedness: Understanding the opportunities and barriers faced by humanitarian actors”; International Journal of Disaster Risk Reduction Volume 21 (March 2017); pages 131-139

³¹ See also: U.S. Geological Survey (USGS); [“What is remote sensing and what is it used for?”](#)

		include: Bangladesh Environmental Impact by NDVI Analysis (January 2018), Haiti Vegetation Health Analysis after Hurricane Matthew (May 2017), Syrian Cities Damage Atlas (March 2019), Yemen Flood Susceptibility Mapping (August 2019), and Yemen Winterisation Study (June 2019).	
Secondary data review and “expert” consultations	It is “a rigorous process of data collation, synthesis and analysis building on a desk study of all relevant information available from different sources such as the government, NGOs, UN agencies, media, social media, etc.”. ³²	<p>Depends on research objectives and information needs</p> <p>Most relevant for needs analysis or humanitarian situation monitoring, especially if phone-based data collection or AoK not possible. Could also be combined with some internet or phone-based “expert” KI interviews (thematic/ subject matter experts or context experts) as relevant.³³</p> <p>Only applicable if there are at least a few reliable and timely data sources available for the topic(s) and area(s) of interest.</p>	N/A (although the sampling methodologies used for the secondary data sources should be reviewed and their implications well understood before using these data sources for analysis)
Data collection through paper form submissions	One of the older forms of remote data collection, paper form submissions through things like suggestion boxes or postal forms are sometimes used to collect data in some humanitarian contexts, especially for community feedback mechanism (CFM) purposes. However, given the logistical needs of using such a method, it is not the most time and resource efficient modality for remote data collection.	<p>Depends on research objectives and information needs;</p> <p>Most relevant for community-level needs assessments and/ or humanitarian situation monitoring (KI interviews); OR post distribution monitoring (individual perception surveys) – <i>not strongly recommended given the logistical and time requirements</i>;</p> <p>Only applicable if it respondents have no movement restrictions and are able to send paper forms through the required means.</p>	<p>Non-probability (purposive or snowballing) sampling most feasible, as we have no way of ensuring equal probability of selection for each unit within the population of interest.</p> <p>Probability sampling could be feasible if there is an address database for the population of interest where forms are shared via post. However, this could be difficult to implement in a crisis context and there could be an inherent bias/ non-response since people will not fill forms unless they have a specific complaint.</p>

³² See also: ACAPS; [Secondary Data Review: A Technical Brief](#) (May 2014)

³³ See also: ACAPS; [Expert Judgement- The use of expert judgement in humanitarian analysis: Theory, methods and applications](#) (August 2017)

Key Steps to be Taken when Setting Up Phone-based Data Collection (Household survey, KI interviews or individual interviews/ perception surveys)

For a checklist of the key things that need to be in place for implementing phone-based data collection (overall and based on type of sampling strategy) see Annex 2: Feasibility checklist for phone-based data collection

a. Before data collection

- ✓ Map out planned data collection activities and **coordinate assessments with all relevant stakeholders** to avoid respondent fatigue → even more important for phone-based data collection where interest and motivation already likely to be lower compared to in-person contact
- ✓ Prepare a **clear operational plan** (how many interviews, where, by whom, etc.) based on accessibility mapping and sampling
- ✓ Prepare the **list of respondents with phone numbers per enumerator** (limiting access to this list to only those who need it) based on the type of sampling strategy
 - Including a buffer in the sample (at least 30-40%) is recommended anticipating higher risk of non-responses
 - Ensure there is a clear protocol in place on what enumerators need to do if first attempt unsuccessful i.e. try again, seek another appointment, go to buffer in sample, etc.
 - For data protection reasons, contact lists given to respondents should ideally be in hard copy that can be returned after data collection and only limited to those they need personally; if sharing soft copies, share only the details each enumerator needs and ensure the list is destroyed after data collection is completed
- ✓ Ensure **questionnaire design is well-suited for phone-based interviews**
 - Design questions based on a preliminary analysis plan → 3-5 research questions and only the key indicators needed to answer these research questions
 - Keep it short! No more than 20-30 minutes maximum
 - Simplify language and phrasing of questions as much as possible → keep technical terminology to the minimum
 - Ensure the questionnaire is well translated (test, test, test!)
 - Keep open ended questions to the minimum; try to have questions with clear choices
 - Avoid self-reported questions as this can create confusion (e.g. “Has anyone in your settlement faced safety or security issues in the past 30 days” instead of “How would you rate the safety levels in your settlement”?)
 - Keep recall periods as consistent as possible throughout
 - Carefully evaluate and take out questions which cannot be implemented remotely (e.g. questions about shelter conditions which may require visual verification OR sensitive questions which may require in-person trust-building first)
 - Add a meta question to capture information on call status (Not answered; Incorrect number; Call disconnected midway; etc.)
 - Add screening questions to ensure if the respondent is of the right profile and eligible for the survey (depends on what the sampling strategy is)
 - [For purposive/ snowball sampling] Add a question in the end seeking respondent's willingness to share contact details for another key informant → information should be kept within the survey and raw database and not on paper for personal use of enumerator)
 - Ensure questionnaire reflects COVID-19 developments if relevant to your context e.g. if asking about ability to access education for children among household, should have a response option on “closures due to COVID-19”
 - Pilot and test the questionnaire prior to data collection through “mock” interviews
 - For particularly difficult questions (i.e. questions for which getting straightforward responses might be either too difficult or too sensitive over the phone), it is recommended to try a test- retest approach i.e. measure the same concept twice in slightly different ways for triangulation and ensure consistency of responses
 - [If semi-structured questionnaire] Add sufficient probes and ensure enumerators are well-trained in the required facilitation techniques
- ✓ Ensure all the **required logistical arrangements** are in place
 - Arrangements in place to recruit enumerators remotely if needed
 - Discuss how best to proceed with in-country ACTED HR team
 - Some tips on additional skills to look out for: experience with mobile data collection software like KOBO; belongs to or is familiar with area of interest;

familiarity with local dialect; interviewing skills and ability to navigate unexpected questions; clarity of diction and voice; ability to build trust, rapport

- Enumerators' working arrangements are clear and well established i.e. call center or working from home (latter currently recommended due to COVID-19 situation)
- If working from home, enumerators have the required setup to conduct phone-based interviews, including a quiet space to work from during the day
- Enumerators have phones, SIM cards (with required balance), and functioning headphones to make the phone calls
- Enumerators have phones/ tablets/ laptops to complete questionnaires using mobile data collection software (KOBO)
- Arrangements for real-time translation made if language barriers exist (this should be avoided and ideally all enumerators should speak the relevant local dialects)
- ✓ Ensure all the required arrangements are in place to **train enumerators remotely**
 - Skype, Zoom, WhatsApp or similar communication platforms can be used
 - Make the training as interactive as possible
- ✓ Develop **data cleaning SOPs** in line with [IMPACT's Data Cleaning Minimum Standards Checklist](#) where all the required checks are clear → keep in mind that data quality assurance is more challenging for phone-based data collection compared to in-person data collection
- ✓ Ensure all **required data protection measures** are being taken to secure sensitive, personally identifiable data
 - Minimise collection/ consolidation of personal data to only what is absolutely necessary
 - Draft Data Sharing Agreement if requesting personal data (e.g. beneficiary lists) from partners for the purpose of data collection (template available from HQ upon request)
 - Interviews should not be recorded (and ensure respondent is aware of that)
 - Devices used for data collection should be password protected
 - Ensure all other key steps outlined in the [IMPACT SOPs for Management of Personally Identifiable Information](#) are duly followed
- ✓ Set up **communication structure for remote working** i.e. tracking data collection progress and providing feedback to data collection staff on a biweekly basis at least
 - Skype, Zoom, WhatsApp or similar communication platforms can be used
- ✓ Create **tracking sheets to keep track of data collection progress**
 - Log daily progress against intended sample
 - Log number of attempts made per phone number if first attempt unsuccessful
 - Track call success and non-response rates on a daily basis
 - Ensure workflow is clear for how and at what frequency follow-up on tracking logs will be needed between the data collection team and assessment officer/ project focal point
- ✓ If **incentives need to be provided to respondent** to account for opportunity cost of time and wearing their phone down, discuss internally how to proceed (e.g. airtime/ balance incentives)

a. During data collection

- ✓ Develop a **pre-call checklist** i.e. things enumerators need to have/ know before starting the call
 - Data collection plan for the day (based on overall sample and operational plan)
 - The final and most updated version of the data collection tool (especially important to check in areas with poor internet connection)
- ✓ Seek **informed consent verbally**; it is important the enumerator is given a clear script for the informed consent statement that he/ she reads out each time, and which clearly outlines:
 - Who the enumerator is and works for
 - Why he/ she is contacting the respondent and what the selection process was
 - What is the purpose and scope of the assessment (why, for whom, how will the information be used, overall relevance, etc.)?
 - Length of interview (and possibility to schedule an appointment if current time not good)
 - Guarantee of anonymity
 - Guarantee of reversible consent if respondent is uncomfortable or seeks to stop the interview mid-way
- ✓ Establish clear protocols on **how respondents need to be identified**
 - Who should be answering the survey (for e.g. a household could only have one phone and you'll need to make sure you are talking to the right person)
 - What to do if person answering the phone is not your target respondent, especially in the case of probability sampling (e.g. seek alternative contact detail or appointment)
 - What to do when there is no answer or if the phone number is incorrect (e.g. how many attempts before moving to next phone number in the list)

- What to do and how to determine the final answer if the respondent starts consulting others around him/ her when answering the question
- ✓ Establish **clear communication channels** on how enumerators need to follow-up on issues encountered during data collection
- ✓ Conduct **daily tracking and data cleaning checks** to monitor progress, identify issues and provide relevant feedback to data collection teams on a regular basis
- ✓ Provide enumerators with **tips on how to keep respondents engaged**
 - Keep it short!
 - Inform respondents in advance about the length of the interview, give them the option to pause and reschedule for a later time if needed
 - Clarify the larger purpose of the survey and how the information will be used
 - Use a clear and friendly voice
 - Listen carefully and engage in the conversation (rather than flooding the respondent with questions one after another)
 - Practice!
- ✓ Ensure **all information from the respondent is kept confidential** and only entered on the form directly not on paper or recorded
- ✓ Develop a **post-call checklist** for enumerators e.g. to check that there were no pending forms (except for later appointments) or recordings from a particular day and all call attempts had been duly recorded by doing a quick check against their tracking sheets

b. After data collection

- ✓ **Final check of tracking sheets** against original sample and operational plan to ensure the intended sampling strategy was followed (and there is a clear reason if not)
- ✓ **Final data quality checks** to ensure all the key issues have been identified and corrected
- ✓ Ensure the list of phone numbers and other respondent details provided to enumerators for sampling purposes have been **destroyed/ removed from storage**
- ✓ Ensure any **sampling biases or data collection limitations** (e.g. population in certain areas not covered due to limited phone network coverage) are clearly acknowledged during analysis and reporting of findings

Frequently asked questions (FAQs) related to implementing phone-based data collection

- a. I can no longer conduct in-person household surveys or individual interviews/ perception surveys as planned. The findings need to be statistically representative i.e. based on probability sampling. How can I keep the surveys as planned while switching to phone-based data collection?**
- ➔ Confirm you will be able to ensure all the general pre-requisites for phone-based data collection (see Annex 2 for details)
 - ➔ Confirm you will be able to ensure all the pre-requisites specifically needed for probability sampling with phone-based data collection e.g. have a comprehensive sampling framework with telephone numbers for all units within your population of interest (see Annex 2 for details)
 - ➔ Take all the steps outlined above (pages 16-18) for setting up phone-based data collection (before, during and after)
- b. I can no longer conduct in-person key informant interviews as planned. The original design was based on non-probability (purposive/ snowball) sampling. How can I keep the design as planned while switching to phone-based data collection?**
- ➔ Confirm you will be able to ensure all the general pre-requisites for phone-based data collection (see Annex 2 for details)
 - ➔ Confirm you will be able to ensure all the pre-requisites specifically needed for non-probability sampling with phone-based data collection e.g. having a key informant network covering the area(s) of interest (see Annex 2 for details)
 - ➔ Take all the steps outlined above (pages 16-18) for setting up phone-based data collection (before, during and after)
- c. I can no longer conduct in-person focus group discussions as planned. The original design was based on non-probability (purposive/ snowball) sampling. How can I keep the design as planned while switching to phone-based data collection?**
- ➔ Although not impossible, it will be extremely difficult to facilitate a group discussion remotely and via phone. It is therefore recommended to re-visit your analysis plan and adapt your research design to data collection methods that are more conducive to phone-based data collection. For example, one suitable alternative could be semi-structured individual interviews (gathering

information on individual experiences, perspectives, etc.) conducted via the phone. Alternatively, you could also consider group discussions through other online, digital platforms.³⁴

- d. Phone network coverage is sparse but there is coverage at least in some areas. Can I still somehow conduct KI interviews over the phone?**
 - a. You can explore the AoK methodology (see explanation in table above) and see if you can collect the required information through respondents in areas where phone network coverage is available.
 - b. Alternatively, if there is internet coverage, you could consider some of the internet-based data collection methods outlined in the table above.

- e. Both phone-based and internet-based data collection seems completely impossible for my assessment. What can I do?**
 - a. You could consider the applicability of other remote methods such as remote sensing, if most of your research questions can be answered by understanding the physical characteristics of an area. Do note, however, that it can be quite expensive and time consuming to acquire the required satellite imagery so if this method is preferred, ensure to get in touch with relevant HQ colleagues as soon as possible.
 - b. You could also consider analysis based on a mix of secondary data review (assuming there are at least a few reliable and timely data sources available for the topic and area(s) of interest)³⁵ and expert judgement (can be gathered remotely through phone-based KI interviews with thematic and/or context experts). If this method is being adopted, a clear protocol and analysis plan should be developed first in terms of how expert judgement will compliment secondary data or vice-versa, and what base data or evidence will be used for the purpose.³⁶

³⁴ See also: Caliandro, Alessandro and Gandini, Alessandro; [Qualitative Research in Digital Environments: A Research Toolkit](#) (2017).

³⁵ See also: ACAPS; [Secondary Data Review: A Technical Brief](#) (May 2014)

³⁶ For some tips on how to use expert judgement for humanitarian analysis, see [this ACAPS publication](#) from ACAPS from 2017.

Annex 1: List of relevant resources

a. Assessing COVID-related risks of data collection

- a. Global resources:
 - i. European Centre for Disease Control and Prevention (ECDC) [Situation Reports](#), [Dashboards](#) and [Daily Data Tables](#) (updated on a rolling basis)
 - ii. Financial Times '[Coronavirus tracked: the latest figures as the pandemic spreads](#)'
 - iii. Global Polio Eradication Initiative (GPEI); [Interim guidance for the polio surveillance network in the context of Coronavirus](#) (April 2020)
 - iv. INFORM; [COVID-19 Risk Index](#) (April 2020)
 - v. Inter-Agency Standing Committee (IASC); [Interim Guidance: Scaling-up COVID-19 Outbreak Readiness and Response Operations in Humanitarian Situations](#) (March 2020)
 - vi. John Hopkins University [COVID-19 Dashboard](#)
 - vii. OCHA Centre for Humanitarian Data [COVID-19 Pandemic](#) webpage
 - viii. Roser et al; "[Coronavirus Disease \(COVID-19\)- Statistics and Research](#)" (last updated on March 30, 2020)
 - ix. Sphere; [The Sphere standards and the coronavirus response](#)
 - x. WHO [COVID-19 Advice for public](#) (last updated 18 March 2020)
 - xi. WHO [Situation Reports](#) (updated daily since 21 January 2020)
 - xii. WHO [Health Emergency Dashboard](#) for COVID-19
 - xiii. WHO; "[Getting your workplace ready for COVID-19](#)" (March 2020)
 - xiv. WHO; "[Rapid risk assessment of acute public health events](#)" (2012)
- b. In-country resources:
 - i. National government publications and guidelines (Ministry of Health, Bureau of Statistics, etc.)
 - ii. Local government/ municipality publications and guidelines
 - iii. Other humanitarian organisations (UN, NGOs, etc.) contingency plans and resources related to COVID-19 (especially helpful to ensure IMPACT's approach in country is aligned with existing procedures and measures)
- c. What to do if country-specific (government or otherwise) guidelines is not available?
 - i. Consult global resources (see above)
 - ii. Consult WHO regional offices webpages and related guidelines (available for [Africa](#), [Americas](#), [Europe](#), [South-east Asia](#) and [Western Pacific](#))
 - iii. Consult national guidelines from neighbouring countries/ other countries in the region
 - iv. Consult humanitarian organisations' contingency plans and resources related to COVID-19 (helpful to ensure IMPACT's approach in country is aligned with existing procedures)

b. Remote data collection

- a. ACAPS; [Expert Judgement- The use of expert judgement in humanitarian analysis: Theory, methods and applications](#) (August 2017)
- b. ACAPS; [Secondary Data Review: A Technical Brief](#) (May 2014)
- c. Anson et al; "Analysing social media data for disaster preparedness: Understanding the opportunities and barriers faced by humanitarian actors"; International Journal of Disaster Risk Reduction Volume 21 (March 2017); pages 131-139
- d. Bhajbhakare et al; [Transitioning to CATI: Checklists and Resources](#) (March 2020)
- e. Caliandro, Alessandro and Gandini, Alessandro; [Qualitative Research in Digital Environments: A Research Toolkit](#) (2017).
- f. Dabalen et al (World Bank Group); [Mobile Phone Surveys in Developing Countries: A Practical Guide for Microdata Collection](#) (2016)
- g. Hine, Christine; "[Ethnographic fieldwork across online spaces](#)" (Webinar, April 2020)
- h. J-PAL; "Adaptations for phone surveys" (March 2020) – presentation [here](#) and webinar [here](#)
- i. NVIVO; [Conducting Qualitative Field Work during COVID-19](#) (Webinar, March 2020)
- j. Salmons, Janet; [When the Field is Online](#) (Webinar, March 2020)
- k. Salmons, Janet; [Doing Qualitative Research Online](#) (March 2020)
- l. WFP; [mVAM: The Blog "Introducing our Chatbot"](#) (July 2016)
- m. World Bank; [Data Collection in Fragile States: Innovations from Africa and Beyond](#) (January 2020)

Annex 2: Feasibility checklist for phone-based data collection

a. Prerequisites for phone-based data collection: Overall

- ✓ **Availability of a team of strong capacity, well-trained enumerators** who are able to undertake data collection efficiently with minimal supervision
- ✓ **Availability of phones** (and specifically smartphones if using chatbot methods) among the population of interest
- ✓ **Availability of phones (one general for calling and one tablet or smartphone for data collection software) and other additives (headphones, SIM cards, etc.)** among enumerators or resources to procure all of this within the intended timeline
- ✓ **Decent phone network coverage for intended respondents** in the areas of interest
 - Map out phone network availability as early as possible, with such mapping done at the unit that you will be considering “strata”
 - The GSMA publishes network coverage maps globally (available [here](#)) based on their members’ latest network coverage data.
- ✓ **Decent phone network coverage for enumerators** (either at home or place of data collection)
- ✓ **Sufficient airtime on different networks** to ensure you can reach respondents that use different mobile networks with wide coverage
- ✓ **Mobile internet coverage for enumerators** to enable remote management via Skype, WhatsApp or similar web-based platform and ensure data collection forms are submitted on time
- ✓ **Strong capacity in country to set up the required data cleaning process** and ensure data quality minimum standards (see IMPACT Data Cleaning Minimum Standards Checklist available [in English](#) and [in French](#))
- ✓ **Ability to set up the required data protection measures** and take all the steps to ensure personal and sensitive data (e.g. names and contact details) are securely managed within the team (see [IMPACT SOPs for Management of Personally Identifiable Information](#))
- ✓ **Type of information being sought is appropriate to collect via phone-based interviews** (e.g. not too sensitive, more close-ended rather than open-ended questions, etc.)

b. Prerequisites for phone-based data collection: Probability (random) sampling

- ✓ **Availability of reliable, anonymised and comprehensive lists reflecting the sampling frame** to ensure equal probability of selection for all units (e.g. households) within population of interest
 - What is it: Using existing lists (e.g. consolidated, anonymised beneficiary lists from humanitarian partners with phone numbers) to enable randomised list-based selection
 - Pros: If available and contains the required information, the most straightforward way to randomise respondent selection
 - Cons: Unavoidable sampling bias towards those with a functioning phone and in a phone network area; difficult to apply stratification if additional metadata (e.g. location, displacement status) unavailable
- ✓ **[If list is not available] Ability to apply random digit dialing (RDD) techniques to construct the list** and the required sampling frame
 - What is it: RDD is a technique used to draw a sample of households by using a randomly generated telephone number as a link to the respondent. In other words: the population of interest consists of all possible phone numbers in the area and all of these numbers have an equal probability of selection. For an example of how we have used a sampling approach like this in the past, please see pages 3-4 of [this report](#).
 - Pros: Enables random sampling even if Option 1 above is not feasible
 - Cons: Non-existent/ unassigned numbers sampled; higher chance of non-response; for household surveys, potential duplication of households (although this should be possible to mitigate by checking at the start if the household has already been interviewed either by simply asking or verifying against a household unique identifier such as refugee registration ID); difficult to implement any type of stratification (more than ten calls could be made till you find the respondent with the profile you are looking for)

- ✓ **Prerequisites for phone-based data collection: Non-probability (purposive or snowball) sampling**³⁷
 - ✓ **Availability of reliable key informant (KI) networks and contact details** to gather the required type of information
 - ✓ **Ability to diversify KI profiles** as needed/ based on research objectives e.g. both males and females; different age groups; minorities or vulnerable demographic groups; etc.
 - ✓ **Ability to ensure as wide a coverage of the population of interest as possible** using existing KI networks (for e.g. snowballing to ensure most settlements within a district are covered)

³⁷ In some cases, it might also be worth considering the feasibility of respondent driven sampling (RDS) which is essentially a variation of snowball sampling which uses social network theory to overcome the respondent bias limitations associated with snowball sampling. Specifically, RDS uses information about the social networks of participants recruited to determine the probability of each participant's selection and mitigate the biases associated with under sampling or over sampling specific groups. For more on RDS, see also: WHO & UNAIDS; '[Introduction to HIV/ AIDS and sexually transmitted infection surveillance Module 4](#) Unit 1: Introduction to respondent-driven sampling' (2013), p.17-25