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Undertaking rapid assessments in the COVID-19 context: Learning from UNICEF South Asia

A summary brief

August 2021

Introduction

Following the confirmation of the first COVID-19 cases at the end of January 2020, countries in South Asia implemented stringent mitigation measures from March 2020, including nationwide lockdowns, school closure and travel restrictions.[1] By May 2020, infection rates began to spike with the relaxation of restrictions on mobility in many countries.[2] Although infection rates began to ebb towards the end of 2020, since April 2021, countries across South Asia have witnessed a new surge in COVID-19 infections.[3] The COVID-19 pandemic and extended lockdowns have had a direct health impact, as well as adverse social and economic consequences, particularly for the well-being of the most vulnerable groups in the region, particularly children, women and adolescents.

As the COVID-19 crisis has been fast-changing and its impact far-reaching, information to quickly and repeatedly assess the situation on the ground was required, particularly with regard to vulnerable populations. In this context, UNICEF Country Offices across the South Asia region conducted a variety of rapid assessments and/or similar real-time evidence generating exercises on the COVID-19 pandemic. However, as lockdowns were in place, and the risk of transmission of the virus needed to be mitigated, traditional face-to-face approaches for data collection could not be adopted. This resulted in innovation and learning to adapt evidence generation to the context, needs and data collection constraints imposed by the pandemic.

The experimentation with and innovation around different methodologies for various UNICEF-led rapid assessments offer a wealth of learning for ongoing and future evidence generation activities. Drawing on the documented experiences of nine rapid assessments, covering six countries (Afghanistan, Bangladesh, India, Nepal, Pakistan and Sri Lanka), conducted in diverse contexts in South Asia during the first wave of the pandemic (March-December 2020), key learnings with regard to the design and implementation of rapid assessments in a pandemic context have been documented to facilitate cross-country learning. This initiative was led by the Evaluation Unit of the UNICEF Regional


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[1] Countries in South Asia comprise Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan and Sri Lanka. Nepal was the first South Asian country to report a confirmed COVID-19 case on 23 January 2020.

[2] According to WHO data, by 20 November 2020, the total number of deaths in South Asia (excluding India) was 16,597 and 1,098,005 confirmed COVID-19 cases. India alone accounted for 132,162 deaths and more than 9 million confirmed cases. BBC, ourworldindata.org https://coronavirus.jhu.edu/map.html

[3] By end July 2021, there were 35.66 million confirmed COVID-19 cases reported and 489,651 deaths in the region. https://ourworldinda-ta.org/covid-cases

Office for South Asia (ROSA) in collaboration with the Research and Evaluation team at the UNICEF India Country Office. The findings will provide guidance for the collection of rapid and robust data in future emergency situations, and would be of special interest to Monitoring and Evaluation (M&E) specialists, programme planners and other technical and non-technical audiences to inform future evidence generation activities.

This brief presents a summary of the key lessons and recommendations from the documented assessments. Short briefs summarizing the key information and lessons learned from each selected case have been prepared. In addition, the learning and recommendations from these rapid assessments have been synthesized in a report Undertaking Rapid Assessments in the COVID-19 context | UNICEF South Asia.

Methodology

The nine documented cases were selected to reflect diversity in geographical scope, focus areas, target population, data collection methodologies and partnerships for implementation of the assessments. The process of data collection, analysis and documentation of the case studies and synthesis of the findings was guided by a conceptual framework with multiple areas of inquiry, as presented in the figure below. Data was collected through desk review of available documents and interviews with key informants who were involved in the design and implementation of the rapid assessments. The documentation and synthesis process was conducted during August 2020-May 2021.

The study has some methodological limitations. Only nine cases were selected for documentation due to limitations of time and resources. Moreover, the sample was purposively selected to reflect a heterogenous mix of cases, for the purpose of learning. Hence the findings are not representative of all the rapid assessments conducted at the time across the South Asia region.

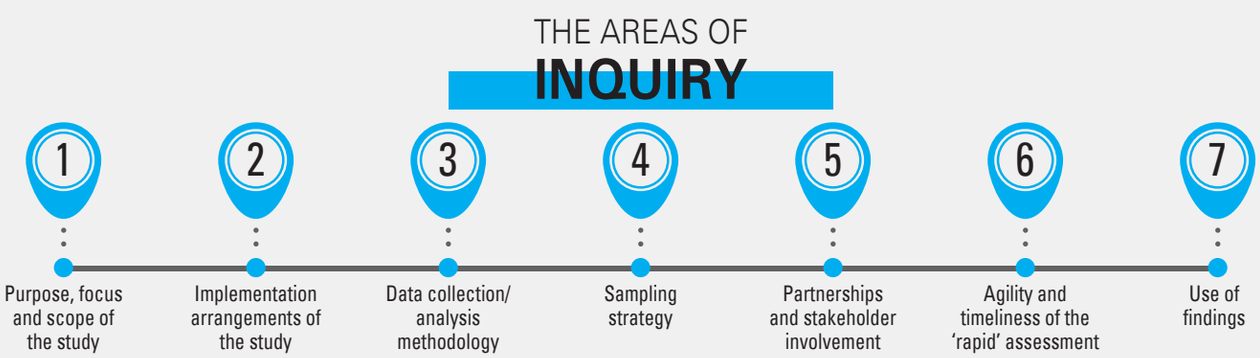
Key lessons from the documented assessments

Key lessons and recommendations for planning, designing and implementing rapid assessments in a pandemic situation, and the dissemination and use of the evidence in an emergency context are presented in this section.

Planning rapid assessments

When planning a rapid assessment, it is necessary to develop a concrete workplan with realistic timelines for the completion of activities. The time and mechanisms required for quality assurance, as well as the time for coordination with partners need to be factored into the timeline. Timelines need to be formulated in keeping with the scope of the assessments, and the available capacity to design, implement, analyse and report the data. A detailed Gantt chart with planned activities and estimates of the level of effort for the completion of the activities is a useful tool. Being clear about the objectives and scope of the study (thematic, geographical, target population) is therefore important and will help prioritize the data to be collected in the short time available. Identifying potential partners for collaboration as well as the intended users of the evidence, and engaging with them from the start of the study, are critical.

At the time of planning the assessment, ethical issues need to be considered, including the



potential harms of the data collection as well as issues of privacy and consent.[4,5] The COVID-19 context presented unique ethical challenges for data collection as reaching respondents in-person was often not possible, and even when it was physically possible, it may not have necessarily been ethical given the risk of causing harm. The principle of 'do no harm' in data collection should guide planning, design and implementation of the rapid assessment. Data collection needs to be necessary and result in clear benefits. Therefore, it is important to have the initial proposal or concept note reviewed by someone with expertise in the ethical dimensions of evidence generation. When required (e.g. surveys covering children and adolescents), a review by an Ethics Review Board should be included in the workplan.[6]

Potential evidence-generation partners should be mapped in advance, even before the onset of the emergency, so that they can be quickly mobilized for survey implementation. Collaborations can support speedy implementation of rapid assessments by leveraging complementary capacities. However, as the process of getting partners on board and coordinating inputs from multiple partners can constrain timely implementation, it is important to have a proper understanding of the capacity of potential partners before the start of the project. It is particularly helpful to have LTAs in place with potential partners that can support data collection and analysis, so that contracting their services can happen quickly.[7]

Designing rapid assessments

When designing a study, the information to be collected should be strategically prioritized, keeping in view the data that can and will be analysed and reported. The development of an analysis plan during the design phase can guide such prioritization.[8] To generate relevant data, research and survey questions need to be prioritized based on the objectives of the assessment and the intended use of the data.

Pre-testing the questionnaire among survey respondents should be factored into the study design. While pre-testing of data collection tools among the survey target population requires investment of time, it can improve the overall design in terms of the length, sequencing, formulation and translation of questions, resulting in better response rates, a reduction in cost and enhance the quality of data. This would ensure that the findings are more meaningful and robust/impactful.

Each remote data collection modality has its strengths and limitations (see table below). The selection of a remote data collection modality needs to be based on a consideration of multiple factors. These include the scope of the survey (and related length of the data collection tool), profile of the respondents, time and budget available, required response rate, type of data to be collected, technical survey capacity that can be mobilized, opportunity and the local context. For example, Interactive Voice Response (IVR) calls and online modalities are more appropriate in surveys with limited scope, where the

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[4] United Nations Children's Fund, UNICEF Procedure on Ethical Standards in Research, Evaluation, Data Collection and Analysis, UNICEF, New York, 2021.

[5] United Nations Children's Fund, Research on Violence against Children during the COVID-19 Pandemic: Guidance to inform ethical data collection and evidence generation, UNICEF, New York, 2020.

[6] UNICEF has a global LTA to obtain ethical review from an established Ethical Review Board.

[7] For example, UNICEF has a global LTA with Viamo.

[8] An analysis plan can be drafted alongside the development of the data collection tool. It can remain short and take the form of an analysis table. At the basic level it should a) map the questions in the data collection tool onto the research questions/objectives of the rapid assessment, and b) list per question how the data will be analysed (e.g. specifying the indicators that will be calculated and any data disaggregation that will be conducted). Furthermore, the use of the analysed data can be added.

Table: Strengths and limitations of different remote data collection modalities

Modality

Online survey

Strengths

- Very quickly reaches a large sample, to the extent that the survey link can be shared extensively
- Inexpensive and quickly designed using freely available software (e.g. Google Forms, ODK)
- Allows respondents to answer at their own convenience
- Questionnaire can be longer than an IVR, but best remains short to avoid non-completion

Limitations

- Response rate is generally low,[9] which requires an extensive spread of the online survey link to reach a sufficient sample size
- Often implemented through convenience sampling, which limits generalizability of findings
- Limited to respondents with internet/computer access and who are literate
- Due to short questionnaire format, difficult to probe sensitive issues and get detailed responses

Modality

IVR survey

Strengths

- Quickly reaches a large sample, to the extent that multiple calls can be placed at once
- Once technology is in place the cost is relatively low, although cost varies by country depending on airtime call costs in the country
- Reaches respondents who are not internet users and are not literate
- As the survey is self-administered, respondents may be more comfortable answering sensitive questions

Limitations

- Response rate is generally low, which requires a large number of calls to be placed to reach a sufficient sample size
- Questionnaire needs to remain short in terms of the number of questions and formulation of questions/answer options; this limits in-depth investigation of specific topics
- Selection of multiple answer options is not possible, which restricts question formulation
- While open-ended questions are technically feasible to include, the recorded data takes time to process

Modality

Phone survey

Strengths

- Response rate is generally higher as compared to IVR and online surveys as a rapport can be built with respondents
- Allows for somewhat longer questionnaires and selection of multiple answer options (although survey time needs to remain short)
- Better suited for inclusion of some open-ended questions and therefore for collection of complementary qualitative information
- Reaches respondents who are not internet users and are not literate
- More opportunity for data quality control through backchecks, spot checks and interview recording

Limitations

- Generally, more expensive than IVR and online survey because an enumeration team needs to be used (but less expensive than face-to-face interviews)
- Requires more time as the number of concurrent calls depends on the size of the enumeration team
- Requires investment in adequate enumerator training and capacity building to avoid enumerator errors/bias
- Asking and probing sensitive issues over the phone is challenging and may not be appropriate

[9] This includes partial response without the survey being completed.

questionnaire can be kept short and the objective is to quickly reach a large sample at a low cost.

Critical to improving the survey response is to keep the questionnaire short. However, designing a short questionnaire may be challenging because of the range of information needs and interests of different parties involved in designing the questionnaire. While longer questionnaires can be accommodated by spreading questions across multiple rounds and different respondents, this can come at the cost of lower completion rates and a longer data collection period. Longer questionnaires can be better administered through phone surveys as compared to IVR/online surveys, but phone surveys are equally subject to survey fatigue.[10]

Adopting a mix of data collection methods and targeting different respondents can provide a more complete and in-depth understanding of the thematic areas of interest, help keep data collection tools short and permit data triangulation. However, generating data from multiple sources requires that the necessary capacity is available to process, analyse and report the data in a mixed/triangulated way. When including qualitative interviews as part of rapid assessments, it is important to carefully select informants who are knowledgeable and can provide insights about the situation on the ground.

Remote surveys, particularly when using IVR calls, are subject to considerable non-response; however, if the sample frames are of sufficient size to engage a large number of respondents, and the survey can be done quickly and at a low cost, the intended sample size can be achieved (for example, a vast database of Mobile Network Operators can be leveraged for an IVR survey). Nevertheless, non-response remains an issue as it may introduce bias in the sample as respondents with certain characteristics, for example, women from rural areas, are less likely to respond.

While one-off surveys can meet the objective of generating immediate evidence, the collection of longitudinal data is particularly important in the context of a rapidly evolving pandemic situation with long-term consequences. However, in a

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longitudinal panel telephone survey it can be a challenge to keep respondents engaged as panel households become less responsive to the survey due to repeated rounds. This can be addressed by adopting a community-based approach and organizing data collection through local Community Volunteers (CVs). This approach has the advantage of developing an ongoing, personal engagement with respondents and at the same time, the potential of establishing a relationship of trust, which can lower attrition across rounds.

Where available, leverage rapid and efficient access to existing sampling frames with the desired population coverage; however, recognize the possible limitations in representativeness. The use of existing databases of potential respondents with contact details (e.g. previous survey databases or Government lists) allows for the quick roll-out of data collection. However, such databases may have limitations in terms of their representativeness and size, which may require an effort to expand the database, which in turn may influence selection of the sampling strategy and data collection modalities to be used.

Limitations in the representativeness of the sample frame can be mitigated by applying different sampling techniques. The geographical coverage of the sample and its distribution, according to the characteristics of the target population, can be improved by applying sampling techniques such as stratification (e.g. by state,

[10] The telephone surveys in the cases were limited to 20-30 minutes, with direct questions and limited answer options.

province, district, rural/urban setting and respondent characteristics)[11] and grid-based sampling.[12] The efficiency of applying stratification techniques depends on easy access to relevant information during the sample design. The comparability and representativeness of the data can also be improved by the application of population weights and post-stratification calibration.[13] However, the calibration of sample weights is not a panacea as it cannot reweight respondent groups that could not be covered in the sample.

While remote data collection has an inherent limitation in reaching the most vulnerable, particularly women, who are less likely to have mobile phone/internet access in South Asia, sampling techniques can be used to improve the representation of vulnerable groups. Techniques that can be adopted include stratification, purposeful sampling, the use of sample quotas, recruiting respondents with a vulnerability profile in the sample frame, building a data collection and sampling strategy with a focus on reaching the vulnerable populations (as in a CBM approach), ex-post weighting and using a well-represented sample frame/making sample frames more inclusive. However, the use of such techniques may require additional investment of time and resources. Moreover, the application of non-probability sampling techniques (e.g. purposeful sampling, use of sampling quotas) reduces the randomness of the sample, and can introduce bias, therefore affecting the generalizability of the findings. If necessary, the study limitations in terms of representation of vulnerable groups and the sample profile should be acknowledged.

Implementing rapid assessments

Depending on data collection modality and approach selected, ensure that appropriate resources and capacities are available to implement the survey. Different data collection modalities and approaches require different levels and types of capacities to implement the survey. The availability of sufficient capacity to recruit, train and supervise enumerators is important for phone surveys. IVR surveys require technical capacity and technology to adequately record and transmit the survey. A community-based approach of organizing data collection through local networks can

[11] Details of stratified sampling are available in the Sri Lanka case study (CV19-Sri Lanka Impact of the COVID-19 crisis on households in Sri Lanka.pdf (unicef.org).

[12] Grid-based sampling is discussed in the Nepal study (CFT-Nepal Child and Family Tracker: A case study in Nepal.pdf (unicef.org)

[13] Details of post-stratification calibration of data are available in the RCCE-Pakistan case brief COVID-19 Related RCCE Behavioural Change Study in Pakistan.pdf (unicef.org).

effectively gather data among vulnerable populations but requires considerable upfront investment in training and follow-up.

Select partners for implementing the survey strategically, taking into account the timeliness and purpose of the rapid assessment, as there may be trade-offs in collaborating with different partners. While collaborations allow technical expertise, networks and resources of partners to be leveraged to meet the short timelines, promote inclusiveness and contribute to the robustness of the study findings, partnerships also require effort and time for coordination and to meet the interests of multiple partners. Therefore, the time invested to create partnerships needs to be weighed against the objective of generating evidence in a timely manner as well as the purpose of the assessment. For example, bringing Government partners on board may take time, and it may be worth investing time in building the partnership if early buy-in of the Government is critical to achieve the study purpose (e.g. inform Government policy) and the data will remain relevant even if collected at a slower pace. On the other hand, if quick generation of evidence is of essence for its use, it may be better to collaborate with other partners, and build engagement with the Government over time.

Longitudinal surveys should be designed to be flexible so that they can be adapted to the changing context and priorities of a pandemic over time. Adjustments in the survey tools need to be balanced with the value of retaining certain questions across rounds to create a timeseries dataset that allows for a comparable trend analysis. While longitudinal surveys with rounds at short intervals can generate information quickly and regularly, they allow only limited time between the rounds to analyse and interpret the data, and adapt the instrument; in such cases sufficient capacity needs to be foreseen for quick analysis and reporting and an interim review can help recalibrate the study and make it more meaningful.

Proactively use strategies and incentives to improve participation and interest in the data collection exercise. Several measures, such as providing respondents a top-up for their mobile phone to compensate for their time, adding an introductory text to highlight confidentiality, anonymity and the voluntary nature of data collection, using local language and introducing the survey as a UNICEF research initiative can be adopted to keep respondents engaged in remote surveys. The response rate in IVR surveys can be improved by informing respondents, prior to the survey via an SMS, that they will receive a call shortly to seek their participation.

To ensure timeliness of the data collection process and the collection of meaningful evidence, constantly monitor and review the survey roll-out. Debriefing sessions after each data collection round offer an opportunity to discuss findings and their ongoing relevance, review data quality and take decisions to make changes in methodology and tools.

Dissemination and use of findings

Formulate a systematic dissemination plan that aims to reach a range of audiences to facilitate effective dissemination and use of survey findings. A dissemination plan can help identify different types of audiences and users of the information (technical and non-technical) and optimize uptake of findings. This is especially critical in an emergency context so as to meet situational needs, work within resource constraints and ensure ethics (i.e. maximizing the benefits of evidence generation). The plan should take into consideration the timing of dissemination, which is important, particularly in a fast-changing pandemic situation. **As the use of findings is more concretely demonstrated when studies are implemented with a specific user in mind and the survey has a specific area of focus, identify and engage with**

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the intended users of evidence from the start of the study.

The buy-in of partners (e.g. the Government or UN agencies) facilitates easy sharing and uptake of survey findings; however, strategic decisions around collaborations need to be made at the start of the project to consider any restrictions on dissemination that partners may require. For example, while Government partnerships and buy-in can support the uptake of evidence to inform emergency response, the Government may be reluctant to widely disseminate findings if they are perceived to be politically sensitive. Therefore, a strategic decision needs to be made as to how to maximize the impact of findings: through direct Government engagement and uptake of findings but with limited public dissemination, or by collaborating with alternate partners to ensure wider dissemination.

Report the key methodological features and their limitations as part of the dissemination. It is important to be transparent about the sampling strategy used and the representativeness of the sample in order to avoid unfound generalizations, misinterpretation and inappropriate use of findings. Limitations such as potential biases in findings need to be recognized. Ethics requires to disclose any limitations of evidence generation and whose voices are represented and excluded.

Multiple products can be developed and different channels used to aid the dissemination of findings. Survey findings can be shared with a range of stakeholders during formal and informal events, through a range of materials (e.g. advocacy briefs, fact sheets and policy briefs), and more widely on websites and media (e.g. newspapers and radio) as well as with respondents in the community during the survey.[14]

[14] The results of some of the surveys are available on the UNICEF website. For example, the CFT-Nepal study findings are available at https://www.unicef.org/nepal/reports/covid-19-child-and-family-tracker-findings; findings from Sri Lanka (CV19-Sri Lanka) are available at https://www.unicef.org/srilanka/reports/covid-19-crisis-household-impact; and report for YPS-Pakistan survey is available at https://www.unicef.org/pakistan/reports/understanding-youth-perceptions-covid-19

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