

# **IPA Policy on Restarting Face to Face Data Collection**

#### I. General statement

IPA is committed to our mission of generating evidence to promote policies that improve the lives of the poor. Visiting communities and gathering data in face to face settings is at the center of this mission, so we must find a way to resume face to face data collection without compromising the health and safety of study participants, our staff, or their families. In order to do this in the presence of highly contagious diseases like COVID-19, we must assess risks and manage uncertainty. We can never eliminate risk entirely, but our job is to determine how the proposed research adds to existing risk and how to minimize and mitigate those risks until they are outweighed by the benefits of the research itself.

Our approach is to create an approval and monitoring system that continuously uses the best available country, local, and project level information to approve and, if necessary, pause or halt at any signs of potential adverse effects on staff or the public, and to resume only once the issue has been addressed and re-approval granted. This process is summarized in Figure 1, which shows how these information inputs are used to inform approval for a project to go forward. An approved project must still do a series of final checks to ensure that it is ready to launch, then continuous monitoring at the country and project level provide opportunities to report adverse events so they can be addressed before reapproval can be granted.



Information Inputs **Approvals** Monitoring **OD** monitors country status, Government updates weekly Adverse events restrictions **Country Status** reported to RD. Red: Applications discouraged affected projects halted until issue resolved and projects re-approved National COVID-19 Green: Applications accepted health data Project Approval Project Launch Conduct by Regional Approval by field work Director **Country Director** Local COVID-19 RA monitors

IRB Approval

project

protocols, updates daily

Adverse events

reported to CD and

IRB, project halted

and re-approved for

Figure 1. Approving and Monitoring Face to Face Field Work at IPA

## II. Details of Approval Process for Restarting Face to Face Data Collection

**Project Application** 

Form

Completed by project team

### a. Approval Process

health data

Other local

experts/observers

/government data

Safe field protocols

IPA has instituted a three-part approach to resuming face to face data collection: country status reports issued by global teams, project applications to be approved by regional directors, and a project launch checklist to be approved at the country level.

- i) **Country status reports** are based on a variety of indicators, including government restrictions, reported cases of COVID-19, cases per 100,000 residents, and growth rate in cases, all taken from Our World in Data, which in turn obtains the data from the European CDC (as of summer 2020). The status of each country is coded as red, yellow, or green.
- A red status means that project applications are discouraged and would not likely be approved except in very unusual circumstances and with detailed justification.
- A yellow status means that project applications will require careful justification and risk-benefit analysis. It will typically apply to countries where selected regions are safer, for example, excluding large cities where outbreaks might be present but contained. It is important that project applications provide evidence specific to the region where data will be collected (and where enumerators will be coming from).

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A green status means that projects have already been approved in this country and the conditions are somewhat favorable. Each project will still have to apply, but applications will have a greater presumption of being approved.

- ii) **Project approval** must be obtained from Regional Directors (RDs). These approvals will be based on information from the country status as well as the project application form, a 16-item questionnaire to be completed by each project representative. This application solicits key information needed to assess risks and benefits of the project, as well as the project's readiness to implement safe data collection protocols and monitoring.
- iii) **Project launch approval** must be obtained from the project's Country Director (CD)/Representative. At project launch, the Research Manager or a delegated project staff member must go through the study protocols with the country director to ensure that everything is in place to implement safety protocols such as use of masks and social distancing, a safe transportation plan, and careful screening of enumerators for symptoms or contacts with individuals who are COVID-19 positive or symptomatic.

A designated project staff member, typically the Research Associate, must monitor conditions daily while staff are in the field. Should conditions change beyond that which was approved in the project proposal they could be required to re-halt before seeking approval to re-start again if/when conditions move back to the approved state. It is expected that this will be an iterative process for some projects/ project locations. Any adverse findings, such as COVID-19 symptoms or a positive test for any enumerator, study participant, or their direct contacts, should be reported to the CD and the IRB and must receive re-approval from the CD before resuming. Often re-approval may simply be obtained by agreeing that the affected individual and their contacts be isolated from the study to avoid further contamination.

b. Face-to-Face Data Collection Project Approval Request

The "Project Approval Form for Face-to-Face Data Collection" is to be completed and submitted to IPAs Global Operations Director, Bianca Verrilli, and your Regional Director. The Project Approval Request Form is designed to give flexibility for individual projects to propose context specific planning considerations. The submission should be viewed as a guide for discussion between the proposal submitter and the RD. It can be revised as conditions or study design change.

c. IPAs Guidance on Protocols for Restarting Face to Face Data Collection

IPA has developed guidance on planning and budgeting for restarting in-person data collection and for conducting safe interview protocols. This includes guidance on both required and recommended elements. It is presented in checklist form. This guidance meant to facilitate the conversation between the project representative and the country representative, e.g. country director, to ensure that everything is in place for safe launch.



## III. Monitoring and Halting Work

COVID-19 metrics must be monitored throughout the data collection period. If all three of the monitored metrics used in the project approval are exceeded, then in-person activities should be halted until the project can be re-approved by the RD. The three metrics are:

- a. The new COVID-19 case doubling rate is <10 days, or
- b. Daily reported new cases is < 100/day average over the previous 3 days, or
- c. Total COVID-19 cases are < 50/100,000 people

The same is true of project-level metrics, which are the following:

- a. Case count by region (if available) meets above criteria
- b. Enumerators clear the health, symptoms, and contacts check
- c. No new respondent COVID-19 symptoms observed



### IV. Questions and Answers

Q. What if the official government data used as inputs to country status is not reliable?

Inputs to the country status condition dashboard can and will be overridden by the global operations director based on any other information, such as a lack of confidence in official reporting or locally sourced health information that contradicts national reports.

Q. What if the government "lockdown" is not enforced and local norms allow for small gatherings of strangers?

IPA's policy is to follow the local laws in all cases, regardless of norms.

Q. How will the required safety protocols affect my budget?

Budgeting needs and impacts to be considered are listed in IPAs Guidance on Protocols for Restarting Face to Face Data Collection. Projects should plan for possible increased costs of personal protective equipment (PPE), transportation, lodging, local recruitment of enumerators, and in some cases enhanced benefits for enumerators. There may be other new costs as well. It is important to communicate with donors and PIs about the higher costs of doing safe in-person data collection during a pandemic.

Q. I am working on a proposal. How will I know if I can collect data at some point in the months ahead when the proposed work will be ready to go into the field?

The best available information is the trend of COVID cases over the last 30-60 days. Please feel free to contact Bianca, Bruce, and your RD with any questions you have on how to approach your planning

Q. If I have an IRB approval obtained before the pandemic, do I have to notify the IRB before proceeding?

Depending on your IRB's requirements, you may have to submit an amendment or additional documentation. Please check with the IRB and build their requirements into your plans. In some cases, IPA can assist with communication with local IRBs or IPA's IRB.

Q. What if my protocol requires that both enumerator and respondent wear a mask and the respondent refuses to wear one during the interview?

You should treat them as we would any other nonrespondent. You can try refusal conversion but if they become a hard refusal just code them as a nonrespondent for mask refusal, thank them, and leave. If it happens often, you should want to learn why. Depending on the answer, you may want to be more prescriptive about teams distributing masks, maybe experiment with creative designs and logos. If the problem is masked enumerators (particularly with children), then investing in face shields, if they can be obtained, might be a solution.



Q. Can I collect data that requires being closer than two meters, for instance to take anthropometric measurements or pass devices back and forth?

Data collection that cannot be conducted with two-meter separation may be approved under certain circumstances but must provide more detail on the protocols and the justification for taking the risk of violating social distance guidelines.