



Summary of policy and protocols for resuming data collection activities

OCTOBER 2020

Laterite's response to COVID-19

Following guidance. Laterite is following the advice of public health authorities in the countries where we work. As of March 16 2020, Laterite suspended all research activities involving in-person interactions and transitioned to computer-assisted telephone interviewing (CATI) to protect enumerators and study participants.

Innovation. We are re-inventing our way of working, collecting and analyzing data so we can continue to deliver impactful research during this period. We are [developing new analytical tools](#) to predict the trajectory of the crisis and working with clients to generate rapid, actionable insights on the impacts of COVID-19 on various stakeholder groups. Read more about our [ongoing COVID-19 projects](#).

Focus on remote working. Our team is equipped both technically and operationally to quickly mobilize a team to conduct phone surveys. Our pool of over 1,000 enumerators is ready to conduct phone surveys from their homes, and we provide them with the equipment and support they need to do this successfully. We've adapted our enumerator training so it can be carried out remotely using narrated presentations, conference calls, and Telegram/WhatsApp groups for communication. Supervisors maintain constant communication with enumerators throughout the day in addition to daily virtual briefing sessions.

Monitoring the situation. Our staff are based in Rwanda, Ethiopia, Kenya and Uganda, and they know the government response, restrictions and requirements first-hand.

Planning for a safe return to the field. This document summarizes Laterite's approach to resuming data collection across the countries where we work. This includes not only closely monitoring the situation in each country based on a variety of data sources, but also putting measures in place to ensure that a gradual return to the field can take place in way that protects our staff and respondents. Our approach to resuming in-person data collection activities focuses on ensuring the protection and safety of enumerators and study participants. We have drawn from publicly available resources, such as tools developed by IPA¹, to develop our this approach.

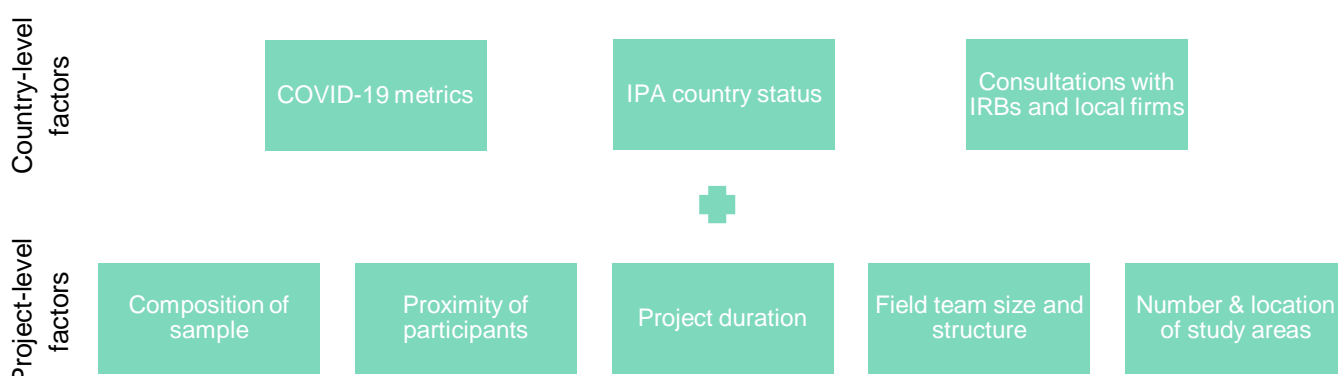
¹ See for example [this blog post](#).

Deciding whether to resume data collection

How will we decide to proceed with data collection projects?

Figure 1 outlines the country- and project-level factors we will consider when deciding whether to proceed with data collection projects. We will consolidate data on each factor into a single tracker. Laterite’s management team will review the tracker each week and decide whether to proceed with data collection on a project-by-project basis.

Figure 1 / Factors we will use to decide whether to proceed with data collection projects



Country-level factors

The senior management team will provide clearance for data collection in countries where:

- 1. COVID-19 metrics are below established thresholds**

The IPA has established the following thresholds for when it may be safe to carry out data collection:

- new COVID-19 case doubling rate: <10 days;
- average number of daily reported new cases over the previous 3 days: < 100/day;
- total number of COVID-19 cases: < 50/100,000 people.

We will refer to IPA’s dashboard² for data from Rwanda, Kenya and Uganda; and we will compute data from Ethiopia with reference to updates from health officials.³ We will monitor these metrics for deviations from the thresholds in our tracker.

² [IPA Country Status Dashboard](#)

³ [COVID-19 daily status updates from Ethiopia](#). IPA is not operational in Ethiopia.

2. the IPA’s country status is either green or yellow according to their [country status report](#), provided that study areas are not part of identified outbreak areas

IPA’s dashboard tracks the latest quantitative (national COVID-19 health data) and qualitative information (government restrictions) for countries where IPA operates. We will refer to IPA’s dashboard for data from Rwanda, Kenya and Uganda.

3. IRBs are not actively discouraging field data collection.

Finally, we will consult with local IRBs on specific guidelines for data collection during COVID-19 to guide the design of research applications. In addition, we will schedule weekly calls with local research firms that resume data collection activities to discuss their experiences and guide the continuous update of our policy and protocols.

Project-level factors

If Laterite’s management decide it is safe to proceed with data collection in a country, they will then review project status on a case-by-case basis. This review will take the parameters and risk factors of specific projects into consideration.

These include factors such as the degree of vulnerability in the sample, the methodology and level of proximity with study participants, the project duration, the field team size and structure, and location and number of study areas. Table 1 gives examples of project-level factors that will be taken into consideration.

Table 1 / Examples of lower and higher risk projects based on project-level risk factors

Lower risk projects	Higher risk projects
Non-vulnerable study participants (less than 60 years of age)	Vulnerable study participants (more than 60 years of age)
One-on-one interviews with 2 meters physical distancing	Data collection requiring close contact in contained settings (e.g., anthropometric measurements)
Short projects (1-2 weeks)	Long projects (more than 2 weeks)
Fewer enumerators, allocated across different study areas	Big enumerator team sizes, concentrated in the same or few study areas

The management team will use these factors to determine the risk-level of a project and decide whether to proceed with data collection. Decisions made at this stage will be closely discussed with the client to ensure all options and possible risk factors have been taken into account. This exercise will also inform the mitigation strategies that will be implemented for projects that do proceed.

Health & safety protocols for fieldwork

How will we ensure the safety of respondents and staff during data collection?

General health & safety requirements

Laterite staff will comply with government requirements and guidelines at all times during data collection. This includes social distancing requirements, requirements regarding the number of people who can meet in a space, transport requirements and curfews. Laterite staff will following the following guidelines at all times:

- Avoiding any physical contact such as shaking a participant's hand when greeting them
- Enumerators and participants maintain a two-meter physical distance
- Enumerators and participants wear masks throughout the interview
- Enumerators and participants sanitize their hands before and after the interview
- Enumerators clean data collection materials (e.g., tablets) before and after each interview
- Enumerators work to maximize ventilation by opening windows and doors or carrying out interviews outdoors where possible, depending on sensitivity of data and comfort and permission of respondents
- Enumerators to fill out a 'symptoms and exposure' screening form every morning of training and data collection and will stay home if unwell.
- Enumerators will report COVID-19 related symptoms and any contact with symptomatic, suspected or confirmed COVID-19 cases to supervisors.

In addition, we will work in accordance with specific guidelines and protocols developed by our data team. These include measures to take into consideration during planning of data collection projects (Table 2), as well as measures to implement during data collection (Table 3).

The tables below provide an overview of our protocols, and are not comprehensive lists of all measures we will implement. We are providing clients with our full policy and protocols and working closely with them to ensure data collection can resume safely. Please [contact us](#) for more information.

Measures during planning of data collection projects

Table 2 / Measures for planning of data collection projects

Theme	Approach
Enumerator training	<ul style="list-style-type: none"> • Training locations will be selected to enable social distancing. This may mean multiple parallel training sessions or several rounds of training with sub-teams. • Training will include modules on health and safety protocols; use of PPE; and COVID-19 symptom monitoring, screening, reporting and referral, including consent processes..
Personal protective equipment (PPE)	<ul style="list-style-type: none"> • Laterite will procure and provide enumerators with PPE, including cloth face masks, hand sanitizer gel, disinfectant and trash bags. Laterite will also provide enumerators with disposable face masks and gloves to provide to study participants if needed.
Transport	<ul style="list-style-type: none"> • Laterite will aim to use privately-hired transport to minimize potential exposure and ensure social distancing of enumerators is possible. • We will consider the use of motorbikes for projects involving single enumerators working across large areas, including the provision of personal helmets.
Field team size and structure	<ul style="list-style-type: none"> • We will work to minimize movement between study areas, and reduce contact between enumerators as well as between enumerators and participants. • This will include remote briefing sessions, basing sub-teams in specific locations to minimize travel, ensuring any central data collection facilities booked are sufficiently large, and booking individual rooms for enumerators where accommodation is required.
Enumerator screening, testing and sick leave	<ul style="list-style-type: none"> • We will test enumerators for COVID-19 at the start of training activities, and monitor symptoms daily during training, pilot and data collection. Suspected cases will be offered a COVID-19 test based on assessments and referrals by health officials as required. • Laterite will provide enumerators with paid sick leave in the event that an enumerator feels unwell, is waiting for a test result, has tested positive for COVID-19, or otherwise needs to self-isolate or quarantine.

Measures during data collection

Table 3 / Measures during data collection

Theme	Approach
Consent and screening processes	<ul style="list-style-type: none"> • Enumerators will explain the health risks of in-person data collection to respondents, and request their consent to administer a 'symptoms and exposure screening survey' prior to the main survey. Based on responses, enumerators will either conduct the main survey or refer suspected cases in line with government guidelines. • Enumerators will specify limits to confidentiality associated with the duty to report positive COVID-19 cases, and will collect contact details to facilitate contact tracing if required. • We will discuss with clients on a project-basis how this screening will affect replacement protocols.
Field supervision	<ul style="list-style-type: none"> • Fewer enumerators and sub-teams will be allocated per field supervisor to limit the impact of potential exposure in the field. Daily briefing and debriefing sessions will be conducted remotely.
Data monitoring	<ul style="list-style-type: none"> • We will explore the use of SurveyCTO sensor meta-data to monitor enumerator adherence to health protocols. This may include using the light sensor to confirm that interviews took place outdoors. • We will also monitor the outcomes of the symptoms and exposure screening survey to ensure enumerators do not conduct interviews with suspected cases.
Data auditing	<ul style="list-style-type: none"> • We will increase the use of audio audits to assess conformity to survey protocols due to reduced in-person field supervision.
Adverse events	<ul style="list-style-type: none"> • If an enumerator suspects they have COVID-19, they will be required to immediately self-isolate and report this to the field supervisor and local health authorities as required in order to obtain a COVID-19 test. The enumerator will be required to share a list of contacts who were within two meters of them for at least 15 minutes within 2 days before the onset of symptoms. • If the result is negative, the enumerator will be able to resume data collection activities and contacts will be informed. • If the result is positive, the enumerator will be directed to a treatment center or subject to home-based isolation in accordance with requirements. Contacts will be informed and offered a test. • Testing costs for suspected cases and quarantine costs for confirmed cases are fully funded by the government of Rwanda and Ethiopia. Laterite will cover these costs in Uganda and Kenya. • We will inform IRBs of such adverse events as they happen, and alternate enumerators will replace confirmed cases.

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