

# TRENDS IN HUMANITARIAN DATA: DATA AVAILABILITY AND QUALITY DURING COVID-19 AND EFFECTS ON HUMANITARIAN ORGANIZATIONS

## COVID-19 SITUATIONAL ANALYSIS PROJECT



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## About this project

In July 2020, iMMAP launched the [Global COVID-19 Situation Analysis Project](#), funded by the Bureau of Humanitarian Assistance (BHA) of USAID. Implemented in Cox's Bazar, Bangladesh, Burkina Faso, Colombia, Democratic Republic of Congo, Nigeria, and Syria, this project has produced [monthly situation analysis](#) reports that provide humanitarian stakeholders with comprehensive information on the spread of COVID-19 and related humanitarian consequences. Data is identified from humanitarian sources and coded using the project's analytical framework, which is closely aligned with the JIAF framework. Data is stored in [DEEP](#) where it can be visualized, disaggregated and aggregated to respond to queries about humanitarian situations.

Based on Lessons Learned for the project, iMMAP commissioned a series of sector-specific lessons learned reports to assess data availability and quality, adaptations, challenges, opportunities that emerged in five humanitarian sectors: education, food security, livelihoods, protection, and water, sanitation and hygiene (WASH). Alongside this, seven thematic reports that focus on gaps in data were also commissioned.

*"This report is the result of a combination of primary and secondary data review exercises that cross-analyze a number of information sources. The views expressed herein do not necessarily reflect the views of USAID, the United States Government, the humanitarian clusters or any one of their individual sources."*

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## **Abbreviations**

DEEP	Data Entry and Exploration Platform
DRC	Democratic Republic of the Congo
HCT	Humanitarian Country Team
NGO	Non-governmental organization
RRRC	Government of Bangladesh's Refugee Relief and Repatriation Commissioner
SDR	Secondary data review
UN	United Nations
UNHAS	World Food Program's Humanitarian Air Service
UNHCR	The United Nation High Commission for Refugees
WHO	World Health Organization

## **Executive Summary**

The global spread of the novel coronavirus (COVID-19) has had devastating impacts on populations already in the grips of humanitarian crises. In Bangladesh, Burkina Faso, Colombia, the Democratic Republic of the Congo, Nigeria, and Syria, the pandemic has multiplied threats to civilian populations, exacerbated humanitarian needs, and impacted the availability of rigorous data from which to plan effective aid responses.

To reduce public health risks, governments and humanitarian organizations have had to adhere to strict guidelines that have resulted in halting or slowing down the movement of aid workers and supplies. This has forced data collection teams to adapt their methodologies to ensure they can get timely and accurate information on the pressing needs of the communities they aim to serve.

This report analyses how the COVID-19 has altered the humanitarian data landscape in each of the six case study countries and explores the challenges faced by organizations in terms of impacts on data collection, data quality, and data availability. This report is informed by a rigorous review of secondary data and a series of semi-structured key informant interviews conducted between July – September 2021.

The paper highlights that COVID-19 has presented obstacles and challenges that, despite best efforts, have prevented organizations from producing the same amount of quality data as they did prior to the outbreak of the pandemic.

## **Introduction**

The outbreak of the novel coronavirus (COVID-19) pandemic compounded pre-existing humanitarian crises and provoked systemic change to humanitarian action undertaken across the world. In many contexts where human-induced or natural disasters left people in need of assistance prior to the pandemic, the sudden scaling down of humanitarian programming and the reduction of aid staff to stem the spread of the virus has had a devastating impact on both service provision and the ability to collect data on humanitarian contexts and the needs that stem from these crises.

## **Rationale**

The purpose of this study is to explore and understand the extent of the impact the COVID-19 pandemic has had, and continues to have, on humanitarian decision-making, this report will explore how the collection, availability, and quality of humanitarian data were affected in Bangladesh, Burkina Faso, Colombia, the Democratic Republic of the Congo, Nigeria, and Syria.

## **Research Questions**

To meet these objectives, this paper will address the main research question: how did the COVID-19 pandemic impact the humanitarian data landscape? In order to answer this question, we will focus on if and how COVID-19 has impacted data collection processes, if there has been enough data available to organizations for decision-making, and whether COVID-19 impacted the quality of data being produced.

## Methodology

This mixed-methods case study examines the impact that the COVID-19 pandemic has had on humanitarian data availability and identifies how aid organizations have adapted and overcome data scarcity in Bangladesh, Burkina Faso, Colombia, the Democratic Republic of the Congo, Nigeria, and Syria. This report draws from a rigorous review of secondary data and a series of semi-structured key informant interviews conducted between July – September 2021.

A secondary data review (SDR) allowed for the collation, synthesis, and analysis of relevant information—both qualitative and quantitative— from sources ranging from humanitarian organizations, government bodies, academia, and media outlets. Part of this SDR was conducted using Data Friendly Space’s [Data Entry and Exploration Platform](#) (DEEP) to explore statistical trends in the availability and quality of data since the outbreak of the COVID-19 pandemic, and how these trends have evolved since April 2020. This SDR is also built on sector-specific analysis conducted and drafted by iMMAP’s team of Lessons Learned Sector Experts on food security, education, livelihoods, and protection in the same six countries.

Information gleaned from the SDR informed the drafting of questions in the qualitative questionnaire asked during the key informant interviews, determined the proper terminology to be used, and the context for ways to effectively probe interviewees. The SDR also helped identify trends in the availability and quality of data, and the ways humanitarians altered their approaches to overcome some of the ways the pandemic influenced the humanitarian data landscape.

Semi-structured interviews with key informants allowed for the triangulation of data collected and served to collect qualitative data on the experience of the informants in the country where they operate. The questionnaire (included in the annex) was intended, in part, to be open-ended and to stimulate a free-flowing discussion. These questions served to help probe key informants for more detailed accounts and information. Key informants were interviewed remotely, in either English or French, by telephone or video-conferencing software.

Informants were selected based on their professional profiles: aid workers, data collection teams, information management officers, interagency and inter-sector coordination leads, among others. More interviewees were then selected using a snowball sampling technique, where initial key informants may recommend other people. This study involved the participation of 33 humanitarian practitioners, data-collection experts, and decision-makers. Between four and eight key informants were selected for each case-study country<sup>1</sup>.

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<sup>1</sup> Total interviews per country: Bangladesh (5), Burkina Faso (6), Colombia (8), the Democratic Republic of the Congo (5), Nigeria (5), and Syria (4).

## **Research Limitations**

This research faced limitations in both the primary data collection phase and the secondary data review using DEEP. Though the study benefited from contributions from humanitarian colleagues based in all six countries included in the study, the limited sample size of interviewees means their views and experiences cannot be considered representative of how humanitarian data, its collection methods, availability, and quality have been impacted in these countries, or other humanitarian contexts. Additionally, given that the working languages of the study were French and English, the depth of conversations in instances where the interviewee did not speak either fluently may have been limited.

In the process of reviewing and analyzing documents collated and coded in DEEP, two main limitations presented themselves: inconsistencies in how information was classified and graded, and a lag in the inclusion of documents. In practice, this means that information may be missing if it has been inconsistently, or in some cases incorrectly, tagged by staff, or has yet to be added to the database and reviewed by staff.



## Research Context: Pre-Existing Humanitarian Crises

### Bangladesh

Since the 1970s, persecution of Rohingya Muslims in Myanmar's Rakhine State has forced people to flee into neighboring Bangladesh in search of safety. In 2017, these flows dramatically increased and as a result, 884,000 refugees ([ISCG](#), 01/05/2021) have sought refuge in Bangladesh since then. Most of the Rohingya refugees live in 34 densely populated camps ([ISCG](#), 01/05/2021) and rely heavily on aid for basic services and provisions.

### Burkina Faso

Conflict in Burkina Faso has instigated one of the world's fastest growing displacement crises and the country's first humanitarian crisis of this scale. Fighting between violent non-state actors and government forces, mounting intercommunal tensions and chronic resource scarcity have left 3.5 million Burkinabès in need of humanitarian assistance ([OCHA](#), 26/07/2021).

### Colombia

Despite a 2016 peace deal, Colombia has continued to witness violence from non-state armed groups and criminal enterprises, resulting in a protracted protection crisis, highlighted by the continued growth of one of the largest populations of internally displaced persons worldwide and a worsening humanitarian situation. Against this troubled backdrop, there has also been an influx of 1.74 million Venezuelan refugees in recent years ([UNHCR](#), 3/08/2021). Together, these two crises have left 6.7 million people requiring relief assistance ([OCHA](#), 26/04/2021). Colombia is also highly vulnerable to natural and socio-natural disasters, including flooding, landslides, drought, etc.

### Democratic Republic of the Congo

Across the DRC, populations are threatened by the presence of armed violence, chronic food insecurity, and recurrent health crises including Ebola, measles, cholera, and now the coronavirus. These have catapulted the country into one of the world's longest-running complex humanitarian crises, impacting 19.6 million people ([Humanitarian InSight](#), 21/05/2021).

### Nigeria

Since 2009, the presence of Boko Haram in North-eastern Nigeria has fueled cycles of violence, displacement, and humanitarian need. Twelve years on, many rural areas fall under insurgent rule and violence complicates the provision of relief supplies. In the worst-affected states of Adamawa, Borno, and Yobe, 8.7 million civilians require humanitarian aid ([OCHA](#), 28/04/2021).

### Syria

For just over a decade, widespread protracted conflict throughout Syria has had devastating consequences for its population. Violence has displaced 6.7 million people who are internally displaced within the country, pushed 6.6 million to leave the country, and severely hinders the provision of aid for the 13.4 million Syrians who require assistance ([UNHCR](#), 26/08/2021).

## COVID-19 and the Humanitarian Data Landscape

The spread of COVID-19 to these countries—already in the throes of humanitarian crises—had acute impacts on the civilian population and the aid groups working to assess and respond to their needs. Aid responses were interrupted as humanitarian groups navigated varied stay-at-home orders, restrictions on movements of people and goods, masks mandates, physical distancing protocols imposed by local and national authorities, and aid groups themselves. An interviewee working on the crisis in the DRC expressed frustration about these many hurdles and explained that they caused “*enthusiasm to wane*” and that “*the lack of contact with the population impacted staff morale.*”

Interview participants all noted that traditional mechanisms for primary data collection, such as face-to-face interviews, visiting households, and leading focus group discussions were disrupted by the pandemic. The obstacles to collecting and producing data subsequently impacted the availability and quality of information available for aid groups to plan their programming.

Despite the numerous challenges listed in this report, it is vital to state that respondents in all case study countries indicated that organizations were still able to gather the necessary information to be able to effectively focus their efforts. More information on the many ways organizations adapted in this difficult context can be found in iMMAP’s report *Analysis of the Adaptation, Innovation, and Coping Mechanisms of Humanitarian Organizations in the Context of Limited Access to Information During the COVID-19 Pandemic*.

### Impacts on the ability to collect and produce data

#### *Reduced Humanitarian Access*

When the World Health Organization (WHO) declared the COVID-19 outbreak a global pandemic on March 11, 2020 ([WHO, 11/03/2020](#)), humanitarian groups across the world suspended operations. In the hopes of preventing the arrival or stopping the spread of COVID-19, government-imposed restrictions limited movements within countries and reduced access into some countries as a whole. In addition to local and national government restrictions, many aid groups created and implemented guidelines to reduce risk of infection during aid delivery ([Sphere, 26/02/2020](#)) and in the process of collecting data ([IMPACT Initiatives, 04/2020](#)). Aid workers interviewed for this study reported that the precautions, while well-intentioned, had negative impacts on their ability to collect and produce data.

#### *Access into Countries*

During the first few months of the pandemic, governments severely restricted entry into their borders by mandating quarantine periods, limiting, or halting passenger flights and closing land borders. As a result, respondents from all six countries explained that aid workers who were on leave could not return to their duty stations, and many staff that had reached the end of their contracts were not allowed or able to fly out of the country. Interviewees in all countries indicated that these travel restrictions not only prevented the return of their team members but of the arrival of new qualified staff. These constraints left significant gaps in many organizations.

According to respondents in the DRC, transporting humanitarian staff and relief supplies was also impacted by the closure of land borders with neighboring Uganda and Rwanda. These respondents explained that in eastern DRC, humanitarian staff and convoys have long used roads that weave between the DRC, Uganda, and Rwanda. The closure of their shared borders prevented data

collection teams from traveling along these roads and complicated their access to numerous communities in need.

### *Access within Countries*

National and regional lockdowns, stay-at-home orders, curfews, and prohibitions on internal travel also hindered the humanitarian response and assessment processes. When such restrictions were adopted at the beginning of the pandemic in Burkina Faso and DRC, staff were left stuck wherever they were at the time; employees who were out on field visits could not return to their usual locations. In Colombia, some indigenous communities adopted their own precautions and prohibited all outsiders, including aid staff, from entering.

Government stay-at-home orders, as well as precautionary measures adopted by humanitarian groups, have also forced many to work from home. Although some staff have been able to return to the office, or resume activities in some fashion, respondents in Burkina Faso, Colombia, DRC, and Nigeria indicated that many, if not most, aid groups are limiting the number of staff that can be present in their offices to between 30 and 70 percent capacity, depending on the organization.

In addition to national containment measures, in March 2020, the Government of Bangladesh's Refugee Relief and Repatriation Commissioner (RRRC) announced that aid groups could only provide "essential services and assistance only [...] to reduce staff footprint of the operation, and to minimize risk within the camp setting." ([RRRC](#), 23/03/2020). This regulation has been repeatedly renewed since its initial implementation and has severely limited the ability of data collection staff to enter refugee camps in Bangladesh. With the country's 28 June 2021 national lockdown having been the strictest, there is little hope for improvement or the easing of restrictions in the near future ([IMMAP](#), 07/2021).

In many humanitarian crises, the World Food Program's Humanitarian Air Service (UNHAS) is key to overcoming access challenges by transport aid workers and carrying out medical evacuations and security relocations by air. At the onset of the COVID-19 pandemic, UNHAS flights were suspended in the DRC but were quickly re-launched. In light of the government's suspension of commercial passenger flights in the country, UNHAS quickly became a lifeline for aid groups to travel safely throughout the country to meet and respond to the needs of populations ([WFP](#), 06/2021). In Nigeria and the DRC, respondents noted that for years, UNHAS has been the only means of access to certain communities but that COVID-19 restrictions on how many passengers could fly at once created delays and long wait lists for data collection staff to reach remote areas.

### *Delays*

The many factors listed above have disrupted and delayed humanitarian assessments for various reasons. In Bangladesh, data collection teams indicated that they postponed assessments by a few weeks in the hopes that they would eventually be able to conduct in-person interviews. When that did not happen, they resorted to collecting information remotely instead. Another group in Bangladesh explained that they experienced delays in gathering and publishing data because of their efforts to improve the nuance, detail and quality of data collected remotely by then triangulating information in small focus group discussions, that adhered to COVID-19 protocols, in refugee camps.

Where in-person data collection could safely continue in Nigeria and Syria, respondents explained that assessment teams decreased in size and their daily number of interviews was limited to

decrease the risk of contagion. This, however, prolonged the data collection period and delayed its availability for organizations to utilize the data for planning purposes.

### **Telecommunication Challenges**

In regions where access is limited due to violence or an inability to physically access these communities (poor road systems, ecological barriers, etc.), it is increasingly common practice for humanitarian organizations to use remote data collection methods as a means of gathering information. One of the most common remote data collection methods is phone-based data collection, which is usually achieved by conducting interviews over a voice call, text message, messaging platforms (WhatsApp or Signal), or through a survey application on a smartphone.

While these data collection methods have proven to be effective, data collection teams in Bangladesh, Burkina Faso, Colombia, and the DRC struggled to use them in their respective countries due to the sudden onset and magnitude of the pandemic. Respondents in these four countries indicated that poor or non-existent cell phone services in parts of the country, or limited access to telephones for some of the populations in need, hindered their ability to collect data safely from afar. An aid worker in Burkina Faso reflected that it is *“difficult to find a good key informant, that has a cell phone, that can speak when needed and that is within cell service”*.

In addition to poor network service, remote communication with Rohingya refugees in Bangladesh is complicated by their struggle to get SIM cards *“due to a lack of access to required forms of ID”* (UNHCR, 04/2019) and the sale of SIM cards to refugees who do not have the proper identification *“has been banned by the government, with severe penalties for those who contravene the ban”* (UNHCR, 04/2019). While aid workers indicated that some of these restrictions had been eased in the Autumn of 2020, they bemoaned that refugee women still struggle to acquire SIM cards, or often relied on the male of the household who owned a cell phone. As a result of this digital divide, respondents believe that phone-based data collection methods may not be effective to gather information with these groups (more on this below).

It is crucial to note that technological barriers also hindered communication between organizations and their local partners when the latter were in areas with limited cell phone signal or internet connection. Moreover, as humanitarian coordination meetings shifted to an online model, and assessment specialist working on Syria lamented that *“it became difficult for local actors to participate in meetings and share relevant information”*. Key informants in Burkina Faso, Colombia, and DRC noted the similar exclusion of local groups after the onset of the pandemic.

### **Deprioritizing Data Collection**

Interviewees in both Nigeria and Bangladesh lamented that efforts to mitigate the risks and stop the spread of COVID-19 had negative effects on the humanitarian crisis because data collection was not seen as a priority aspect of the response. In these cases, humanitarian access was limited to “life-saving” humanitarian programs, but respondents explained that what fell into this category was highly contested by humanitarian groups.

At the end of March 2020, Nigeria’s Humanitarian Country Team (HCT) created and validated a “Programme Criticality Level” list which ranked all aspects of the response in terms of their necessity within the context of the pandemic. Unfortunately, efforts to collect data on displaced

groups and humanitarian needs were ranked as secondary and tertiary priorities by the HCT. While this list was being created, however, all movements were prohibited.

Similarly, in Bangladesh, the RRRC's efforts to stymie the spread of COVID-19 in refugee camps prioritized some aspects of the humanitarian response—mainly water, sanitation, and hygiene (WaSH) and health in its list of essential services, but interviewees explained that notable absence of data collection and needs assessment staff prevents them from accessing camps ([RRRC](#), 24/03/2020).

### *Stigmatization of COVID-19 and Humanitarian Staff*

As noted by InterAction's [Countering Stigmatization in the Humanitarian Response to Covid-19](#) report, the societal stigma surrounding COVID-19 not only "disincentivize[d] people to engage in health-seeking behavior" but also increased reluctance to engage with outsiders, which in some cases has included relief groups and data collection teams ([InterAction](#), 10/10/2020). Key informants in Burkina Faso, Colombia, DRC, Nigeria, and Syria indicated that data collection efforts were hindered by the stigma around COVID-19 and the perception among local populations that the virus is predominantly being brought into their countries by wealthy citizens and/or foreign aid staff. In these five countries, interviewees reported that this fear translated to many aid recipients being reluctant to engage with humanitarian staff.

In the DRC and Nigeria, this stigma has physically endangered humanitarian groups. Interview participants confirmed reports that attacks on aid workers, especially those working in the health sector, have increased because of backlash against aid workers stemming from the stigma associated with outsiders ([Insecurity Insight](#), 17/05/2021). As a result of these troubling dynamics, mistrust of aid workers has increased and limited their ability to collect the necessary information. Alarming, respondents expressed frustration with the governments of Bangladesh and Colombia as they believed that they were utilizing this stigma to limit humanitarian access to those in need.

### *Push to focus on COVID-19*

In all six target countries, key informants indicated that given the magnitude of the pandemic, organizations have—at some point since its onset—felt obligated or compelled to highlight COVID-19 data, or information on its effects on other humanitarian sectors, at the expense of other sectoral needs.

In Burkina Faso, respondents indicated that this was a result of donors overly prioritizing COVID-19. Interviewees expressed deep frustration with this emphasis. For example, one aid worker explained that donors initially wanted aid groups to "publish more COVID-19 specific analyses than were not conducive to effectively covering all other humanitarian sectors", but that this insistence faded over time.

A data collection expert in Nigeria said that "because of the nature of the pandemic, and the magnitude of the problem [aid groups decided that] we'd now prioritize health over all other sector interventions". The expert explained, however, that this prioritization faded over time and data collection teams were able to maintain the necessary levels of data collection on COVID-19 without it being at the expense of other needs. This trend is highlighted in DEEP, which shows that there were 19 assessments on COVID-19 and related containment measures between April and December 2020, and between January and August 2021, there were 20 assessments and a substantial increase in assessments dealing with other topics.

In the DRC, interviewees explained that they initially felt duty-bound to highlight COVID-19 related needs as they feared that the impacts on the country's already dire humanitarian crisis would be devastating. These interviewees also explained that in hindsight, this fear may not have been necessary given that the negative forecasts of COVID-19's impact on humanitarian needs and programs, including data collection, did not come to reality.

Although interviewees in Syria did not indicate that they felt as though COVID-19 related assessments had overshadowed other humanitarian sectors, data extracted from DEEP shows that humanitarian assessments that focused on the pandemic and containment measures accounted for 61 percent of assessments between April and December 2020, and 41 percent of total assessments between January and August 2021.

### ***Deterioration of Security***

The spread of COVID-19 and containment measures compounded pre-existing crises and exacerbated violent tensions. In all six countries, interviewees explained that the pandemic and efforts to limit contagion have had unintended consequences on the humanitarian situation. Stay-at-home orders cut people off from their livelihoods and increased economic hardship. These measures also prevented people from accessing agricultural lands, which impacted their food security as well as their sources of income. Not only did this negatively impact populations who already relied on aid, but this also left more people in need of assistance.

As resources became increasingly scarce in all six countries of this study, tensions between communities were magnified. As a result, based on KIs and secondary sources, Burkina Faso, *Colombia, Nigeria*, and Syria witnessed a deterioration in their security contexts. In Colombia, an iMMAP report explained that recent "*tensions and clashes between armed groups [...] made it difficult for humanitarian actors to access data, collect primary data, monitor data, monitor their projects and carry out regular activities*" (iMMAP, 11/2021). Similar consequences were experienced by assessment teams in Burkina Faso, Nigeria, and Syria, where increased violence between communities and between armed factions, both state and non-state actors, severely hampered efforts to collect data on humanitarian needs.

### **Impacts on the availability of data**

As a result of the many obstacles and challenges mentioned above, data for effective humanitarian response planning became scarce at the onset of the pandemic. An analysis of Data Friendly Space's Data Entry and Exploration Platform (*DEEP*) highlights the impact that COVID-19 and efforts to limit the public health risks of the pandemic have had on the humanitarian data landscape. DEEP is a large humanitarian repository and currently centralizes, collates, and annotates humanitarian data and information from all contexts of this study. Through DEEP, we have found that at the beginning of pandemic, between April and June 2020, the total number of assessments carried out in all target countries plummeted.

Table 1: Quarterly humanitarian assessments, by country, between April 2020 and August 2021.

Country	Total Number of Assessments					
	April - June 2020	July - September 2020	October - December 2020	January - March 2021	April - June 2021	July - September 2021
Bangladesh	0	9	10	16	36	2
Burkina Faso	13	9	78	106	52	0
Colombia	1	3	24	57	44	6
Democratic Republic of the Congo	2	19	35	23	22	0
Nigeria	1	26	24	42	39	2
Syria	47	53	19	34	25	0
Total	64	119	190	278	218	10

The DEEP data shows that while organizations were initially severely impacted, many overcame some of the challenges posed by COVID-19 and its related public health measures to increase the number of assessments over time—assessments in all countries other than Syria more than doubled from the period of April–June 2020 to January–March 2021. During an interview, a humanitarian aid worker in Bangladesh explained that “COVID-19 has changed the entire research environment” and that “this is a learning process, but organizations are adapting”.

This adaptation must be constant as aid workers face new setbacks. Organizations reported having to repeatedly change their data collection methods as new waves of the pandemic have swept across the globe, causing a tightening of governmental and organizational restrictions, and as violence has intensified in places like Burkina Faso, Colombia, Nigeria, and Syria. These dynamics have caused an ebbing and flowing of the number of quarterly assessments, in general and by specific humanitarian sectors. And, even when data was made available to humanitarian groups, respondents in all countries in this study explained that information was often contested by other agencies. The data in *Table 2*, below, shows how the availability of sectorial humanitarian data evolved over time in all six countries, by virtue of their ability to produce data. This illustrates that organizations were able to adapt their approach within a few months of the pandemic’s onset to collect and publish more data—having only published 7 documents featuring vital information on humanitarian needs between April and June 2020, to 385 publications during the same period a year later.

Table 2: Quarterly publications on humanitarian needs, by sector, between April 2020 and August 2021.

Sector	April - June 2020	July - September 2020	October - December 2020	January - March 2021	April - June 2021	July - September 2021	Total
Agriculture	1	0	2	2	1	0	6
Cross	0	3	30	24	26	1	84
Education	1	1	19	24	25	0	70
Food Security	0	4	9	18	25	0	56
Health	1	0	41	52	55	4	153
Livelihoods	0	2	42	58	49	1	152
Logistics	0	0	9	2	5	0	16
Nutrition	0	0	3	1	7	0	11

Protection	2	1	76	138	143	15	375
Shelter	0	0	15	27	31	2	75
WASH	2	0	7	12	18	2	41
Total	7	11	253	358	385	25	

Respondents in Colombia noted that as a result of the pandemic and increased violence in the country, “humanitarian needs have increased, as has the need for more data”. This trend highlights the continued need for adaptation and innovation. Although organizations continue to adapt their methodologies to overcome challenges posed by COVID-19 all while protecting vulnerable populations and their staff, new approaches to generating data have their limitations which, as seen above, vary depending on the country and the organizations. If we explore the publications on humanitarian needs in the six countries collated by DEEP, the number of publications by organizations tell an interesting story. *Table 3*, below, illustrates that United Nations (UN) agencies, such as the UN Refugee Agency, the UN Office for the Coordination of Humanitarian Affairs, the World Food Program, the UN Children’s Fund, among many others, published 2,671 documents touching on the humanitarian crises explored in this study. This high number may be, in part, because UN agencies tend to have significant funds and capacity to complete their work.

Similarly, national non-governmental organizations (NGOs), who can often enjoy more local acceptance and access because they are from the same communities, were also able to publish a substantial number—1,756—of publications dealing with the needs of communities in their countries. It is important to note that while media agencies appear to have published the most on the humanitarian crises, these types of publications often draw from the data shared by humanitarian organizations.

Table 3: Publications on humanitarian crises in the six countries, by type of organization, between April 2020 and August 2021.

Type of Organization	Total
Media Agencies	2389
UN Agencies	2671
Clusters	364
Red Cross/Red Crescent Movement	85
Government Entities	713
International NGOs	1065
International Organizations	564
Academic & Research Institutions	141
National NGOs	1756
Donors	30
Others	93

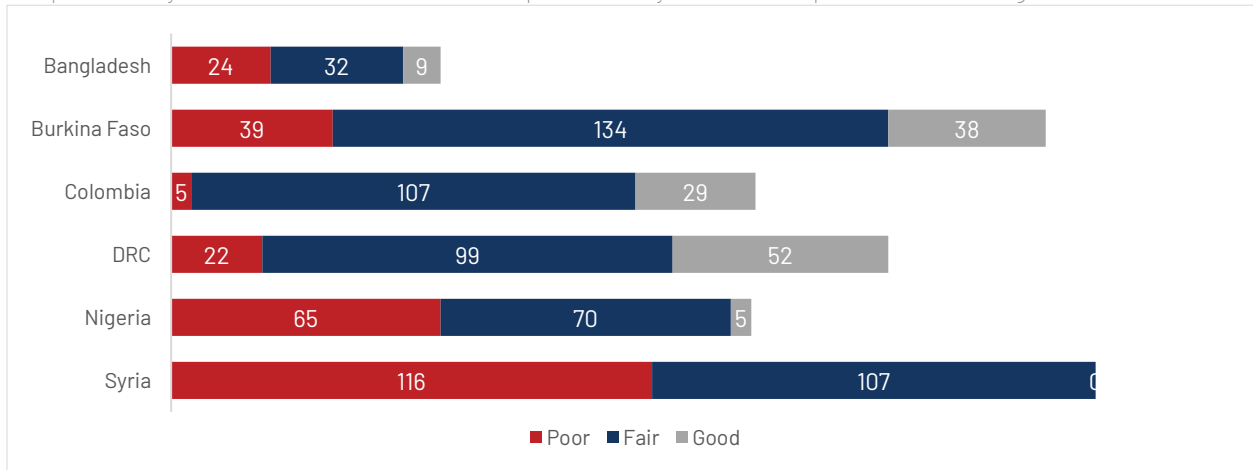
## Impacts on the quality of data

For the purpose of this study, Data Friendly Space staff tagged and coded documents deemed to be humanitarian assessments of the crises in the six countries explored. Not only did they collate and classify assessments published after April 2020, but they also graded the overall quality of the



publications based on four elements: fit for purpose, trustworthiness, analytical rigor, and analytical writing. Using this detailed framework, reports that many of the challenges posed by pandemic impacted the quality of the data being produced can be confirmed. Alarming, the data in Graph 1 shows that in all countries, the majority of the published humanitarian assessments considered “poor” or “fair”, with substantially less being graded as “good”. This section features some of the main reasons respondents felt that the quality of assessments had suffered.

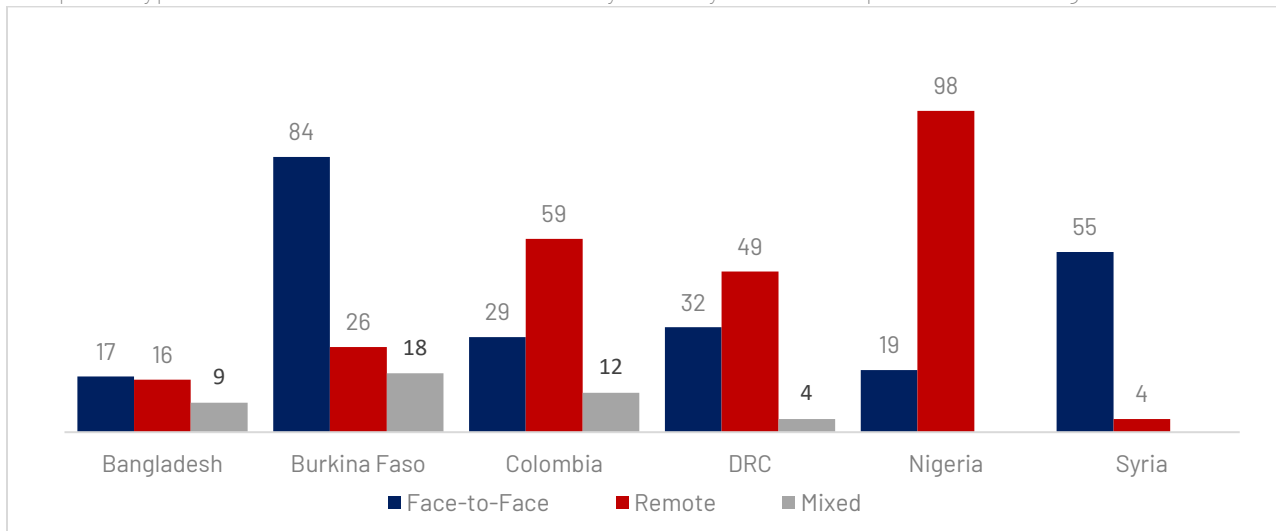
Graph 1: Analytical score of assessments, per country, between April 2020 and August 2021.



### Challenges to New Methods

In an effort to continue generating the necessary data, respondents in all crises in this study noted that at the onset of the crisis, assessments partially—if not completely—pivoted to a remote data collection model. These methods involve collecting data on the situation and needs of crisis-affected populations without being physically present with the interviewee. Most commonly, this is done either by gathering information over the phone with a person who speaks on behalf of themselves and/or their household or through key informants who speak on behalf of the broader affected community.

Graph 2: Type of data collection method used, by country, between April 2020 and August 2021.



After the immediate interruption at the beginning of the pandemic, data collection staff in Burkina Faso, Colombia, DRC, and Syria reported that they were able to resume face-to-face interviews in certain regions, while maintaining social distancing protocols and mask mandates. Despite some easing of restrictions in Nigeria, the volatile security context coupled with the threat of COVID-19 have translated to a continued prioritization of remote data collection. Organizations in Bangladesh were prohibited from entering refugee camps, and Colombian groups could not access indigenous communities or places experiencing upticks in violence. To overcome this challenge, they either pivoted to remote methods or delegated in-person interviews to refugees living in the camps who volunteered their services, allowing them to continue gathering primary data. The different dynamics in each country are highlighted by breaking down types of assessments since the onset of the pandemic using the DEEP data (see *Graph 2* above). With so many data collection teams being pressed to resort to secondary data reviews and remote data collection, aid workers reported being concerned that these methods fail to obtain qualitative information to complement and verify findings.

Although remote data collection always has its challenges, an aid worker in Bangladesh explained that the COVID-19 pandemic adds “*an extra layer of complication*”. Usually, remote data collection is used to save time and money or when factors such as extreme weather, lack of infrastructure, or security threats limit the possibility of travel to collect data from a population in need. Humanitarian assessment specialists in Bangladesh, Burkina Faso, Colombia, DRC, and Nigeria explained that within the context of the pandemic, remote data collection was no longer reserved for these extreme cases, but instead was employed to assess populations that could otherwise be reached. As such, concerns with the quality of data were more widespread than the norm.

In Bangladesh, the Government-imposed restrictions on accessing refugee camps have prevented organizations from collecting data themselves. Data collection teams noted that not being able to meet interviewees face-to-face prevents organizations from building a rapport with the communities which alters their relationship crisis-affected groups and negatively impacts the depth and detail of interview responses. To collect data without entering the camps, aid groups have relied on phone-based surveys or volunteers who reside in the camps to collect and relay information to them. Humanitarian agencies argued that using volunteers to collect data face-to-face bolsters their efforts because they speak the same language and understand cultural customs, but this approach also comes with its downfalls as these volunteers have limited data collection training and therefore the information they generate may not be of high quality. A humanitarian coordinator explained that while these new methods may have enabled humanitarian planning, they “*affect[ed] the credibility of data*”.

Humanitarian assessment experts explained that collecting data through knowledgeable local key informants has limited the granularity of the findings. Data experts in Bangladesh and Colombia explained that the information gleaned from key informants is often broad, and they are not necessarily well-positioned to provide information for all sub-groups of their community. This has led to a significant lack of disaggregated data, especially by gender, age, and disability. This gap in detailed data highlights the difficult trade-off organizations have had to make for informed decision-making.

When discussing phone-based assessments, an expert from Bangladesh explained that while they are a great solution when physical access is cut off, it is easier to conduct a long interview in person,

than it is to maintain the focus of the interviewee for the same length of time over the phone. Many believe that this may have hindered the level of detail in interviewee responses. Moreover, phone-based remote methods tend to be less reliable or thorough because they “*may be biased towards those with access to a phone and digital network [and] the identity of the respondent may be difficult to verify*”. In turn, the exclusion of those without phones skews the findings and introduces biases (ICRC, 06/2017).

Aid groups in Bangladesh worried that given the limited number of refugees with access to phones may mean that the same people are being repeatedly interviewed by different organizations. This reality may have caused substantial survey fatigue among interviewees—which could hinder the quality of the information they provide—and limit and repeat the sample of people being interviewed. This could make data available less representative compared to a usual random selection of interviewees. It is important to note that while this was expressed as a concern for some groups, other data collection groups noted that they were actively trying to overcome this limitation by randomly selecting respondents from their list of possible respondents with phones.

### *Lack of training for new methods*

Respondents in Nigeria and Syria noted that remote data collection was already taking place prior to the pandemic because of their complex security environments and restricted humanitarian access. As a result, they reflected that adapting their methods did not entail a significant learning curve for many of their data collection staff. This was not the case for staff and regions unfamiliar with remote data collection methods.

Given staffing gaps and restrictions on movements, some organizations opted to rely on people within the affected communities, as noted above, this was the case in Bangladesh where groups were forced to rely on volunteers. While these volunteers have been applauded and hailed as the “*saving grace*” for their support, many volunteers have not been trained on proper, effective, and ethical interview tactics. Similar problems arose in Colombia and Nigeria. International aid workers expressed their great frustration with the lack of funding made available by donor governments and institutions to increase the capacity of local interlocutors.

### *Gender Gaps*

As data was being collected over the phone, in-person or outdoors, data collection staff in all researched countries noted the significant difficulty in discussing and gathering sensitive information, especially related to gender-specific protection issues such as domestic and gender-based violence, sexual and reproductive health.

In Colombia, aid staff in-country reported that the pandemic prevented Profamilia, a national NGO, from gathering data in 2020 for its 5-year demographic survey on sexual and reproductive health. This gap is especially present in data collected through phone-based interviews on refugee women in Bangladesh where, as stated above, women have limited access to phones. As a result of this commonly occurring problem, data-collection teams and information management staff reported that they do not believe that gender-specific data published since the onset of the data can be deemed representative of the situation or needs faced by refugee women in Bangladesh.

## **Conclusion**

While the measures adopted by governments, communities, and aid groups to prevent and mitigate the risks related to the coronavirus are likely to have limited the spread of the virus, these efforts have had unintended consequences on humanitarian responses—from aid provision to data collection.

In the six contexts explored in this paper, and crises across the world, aid groups were faced with the daunting task of protecting the communities they have a duty of care for, mitigating risk for staff, and maintaining their ability to collect data that is vital to their decision-making processes. Although organizations made valiant efforts with significant success, many of the challenges presented by COVID-19 have limited the ability of organizations to produce quality data. Regardless, aid groups have demonstrated their willingness to overcome obstacles to ensure they can produce base-level data to support evidence-based decision-making.

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## Annex.1 Questionnaire

Questions		Possible options/probes	Respondent's answer	Notes
CONSENT	Do you consent to me recording this conversation or taking notes?			
	Do you give your consent to share this recording or the notes from our conversation with other iMMAP researchers?			
INTRODUCTION	This questionnaire aims to identify how humanitarian organisations were impacted by the COVID-19 pandemic, especially in terms of how they were affected by the limited availability of data and their ability to produce data. These questions will also explore the ways groups overcame these changes and possible challenges to continue to collect and generate data in order to plan and implement humanitarian responses.			
	Which of the following fields do you work in?	1) Aid delivery 2) Coordination 3) Assessment/M&E 4) Other		
	Which sector do you work in?	1)Health 2)Food Security 3)Education 4)WaSH 5)Shelter 6)Protection 7)Nutrition 8)Logistics 9)Camp coordination/management 10)Early Recovery 11)Emergency telecommunications		
<b>DATA SCRACTIY &amp; DATA QUALITY AND EFFECTS ON HUMANITARIAN ORGS</b>				
Pre-COVID	Are you in a position to tell us about the context prior to the outbreak of COVID-19? //// Did you work in the same country prior to the outbreak of COVID-19?			
	How would you describe the data availability and data quality prior to the COVID-19 pandemic?			

<b>General impacts of COVID-19 on humanitarian activities</b>	Have activities been hindered by COVID-19?			
	Which activities were hindered?	1) Data collection 2) Response planning 3) aid delivery 4) Coordination 5) M&E 6) Other		
	What were the main causes of challenges? (If many, please order)	1)Government restrictions 2)Local authorities restrictions 3)Org's own COVID-19 protocols 4)Reluctance of beneficiaries 5)Backlash on humanitarians		
	Did your organisation experience a reduction in staff or scale-down in operations? Was it sector-specific?			
	Did your organisation experience a surge in staff or scale-up in operations? Was it sector-specific?			
<b>Impacts of COVID-19 on assessments and needs assessments</b>	How were data collection efforts impacted, if at all?			
	Have some of your data collection colleagues faced any kind of reject, suspicion or violence linked with COVID-19 outbreak?			
	Did COVID-19 impact the frequency of needs assessment?	If yes, how?		
	Have there been delays in gathering and publishing data?			
	To your knowledge, were specific sectors of the response hindered more than others?	1)Health 2)Food Security 3)Education 4)WaSH 5)Shelter 6)Protection 7)Nutrition 8)Logistics 9)Camp coordination/management 10)Early Recovery 11)Emergency telecommunications		
<b>Quality of Data</b>	Do you believe the data available to you/your organisation was sufficient for effective decision-making?			

	Have there been challenges to quality control processes in data collection? If so, what were some of these challenges?	Trouble with remote supervision of data collection, delays, standardization, etc.		
<b>Availability of data</b>	To your knowledge, was data more readily available in specific sectors of the response more than others?	1)Health 2)Food Security 3)Education 4)WaSH 5)Shelter 6)Protection 7)Nutrition 8)Logistics 9)Camp coordination/management 10)Early Recovery 11)Emergency telecommunications		
	Did the lack of data impact specific population groups more than others?	Women, youth, IDPs, refugees, host communities, GBV survivors, etc.		
	Was data more readily available or easier to collect in certain areas?			
	Was interagency/inter-sector information sharing hindered by COVID-19?			
	How would you say the availability of data has changed since March 2020?			
	Over the last 18 months, has the available data been sufficient to meet information needs?			
	Was there a reallocation of funds to respond to the threat of COVID-19 that hindered data collection?			
	Was there a surge in funding or personnel to address the gap in data?			
<b>ADAPTATION, INNOVATION &amp; COPING MECHANISMS</b>				
	How did your organisation ensure the safety of staff and local communities alike while carrying out its activities?			
	How did your organisation or others overcome some of the challenges? How did your organization minimize the disruption, mitigate risks when collecting data?			



	Can you explain how these ways evolved or were refined over time since March 2020?			
	How did you maximise the value of available data?			
	How were the data collection methodologies changed to overcome these obstacles?	Pivoting to remote data collection: remote KI interviews, self-directed surveys, more secondary data, etc.		
	Were there increased or decreased joint efforts among humanitarian actors to overcome some of the challenges?			
	Were there efforts to pool capacities to collect and analyse data?			
	Do you believe any of the new ways of working should continue to be utilised after the COVID-19 pandemic? If so, which?			
	Do you believe the ways in which organisations adapted was sufficient and able to generate adequate data?			
	Did your organisation increase its investment in local capacities?			
	How can data collection continue to be improved in the context of the COVID-19 pandemic?			
	Was funding easily available to change the approach to data collection?			

The outbreak of disease caused by the virus known as Severe Acute Respiratory Syndrome (SARS-CoV-2) or COVID-19 started in China in December 2019. The virus quickly spread across the world, with the WHO Director-General declaring it as a pandemic on March 11th, 2020.

The virus' impact has been felt most acutely by countries facing humanitarian crises due to conflict and natural disasters. As humanitarian access to vulnerable communities has been restricted to basic movements only, monitoring and assessments have been interrupted.

To overcome these constraints and provide the wider humanitarian community with timely and comprehensive information on the spread of the COVID-19 pandemic, iMMAP initiated the COVID-19 Situational Analysis project with the support of the USAID Bureau of Humanitarian Assistance (USAID BHA), aiming to provide timely solutions to the growing global needs for assessment and analysis among humanitarian stakeholders.



**BETTER DATA | BETTER DECISIONS | BETTER OUTCOMES**

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