

# ANALYSIS OF THE ADAPTATION, INNOVATION, AND COPING MECHANISMS OF HUMANITARIAN ORGANIZATIONS IN THE CONTEXT OF LIMITED ACCESS TO INFORMATION DURING THE COVID-19 PANDEMIC

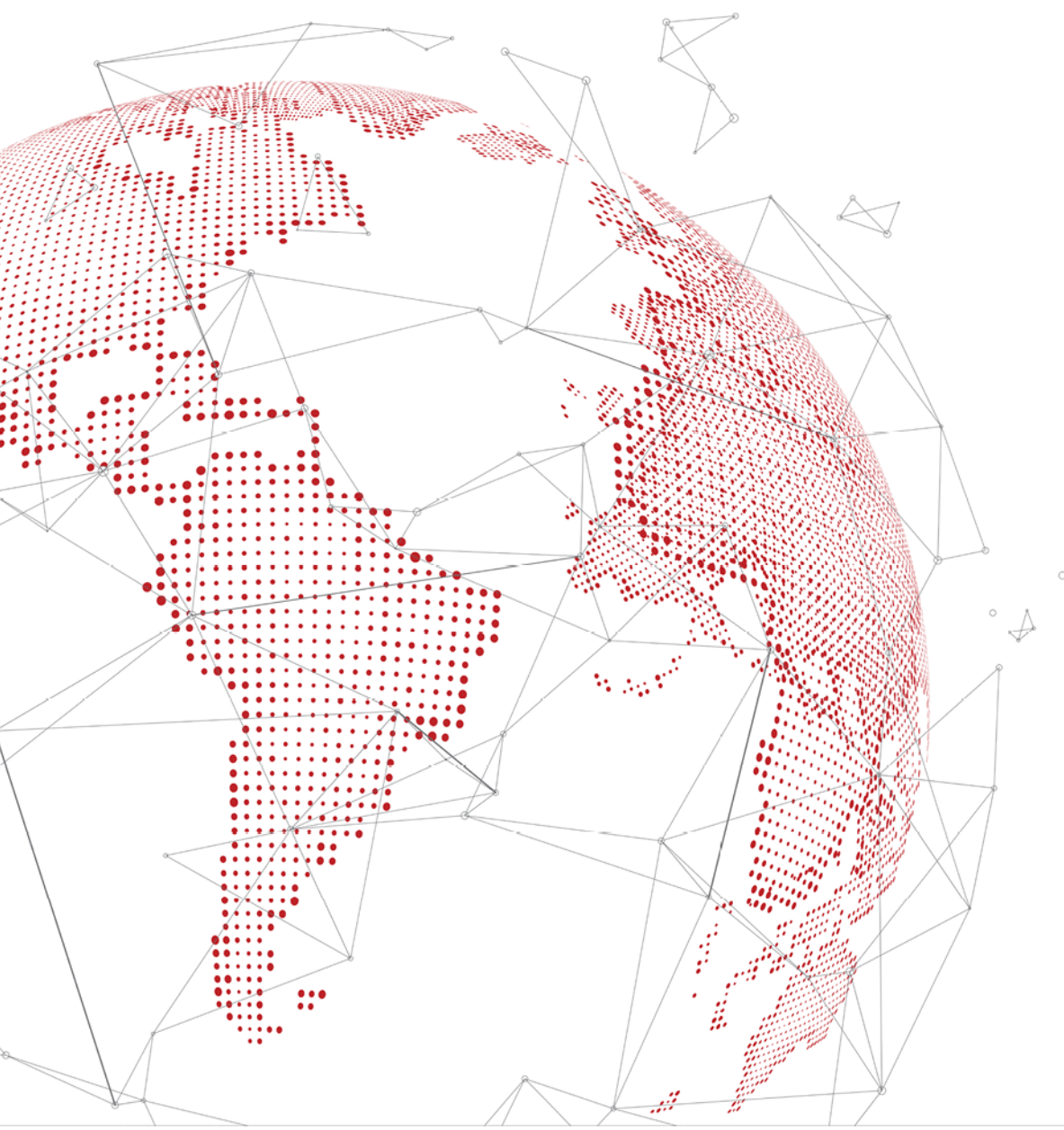
COVID-19 SITUATIONAL ANALYSIS PROJECT



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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,1 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 projects 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

COVID-19	Coronavirus Disease 2019
DEEP	Data Entry and Exploration Platform
DRC	Democratic Republic of the Congo
HCT	Humanitarian Country Team
NGO	Non-governmental organization
OCHA	Office for the Coordination of Humanitarian Affairs
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 and exacerbated their needs and impacted the availability of rigorous data.

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 details the many ways organizations sought to overcome the barriers presented by the pandemic to collect the data necessary for effective humanitarian responses, in the midst of complex and evolving situations. Organizations in the six countries adapted their ways of working, from their data collection methodologies, and the technologies they use, to increasingly hiring local staff to fill crucial information gaps and ensure the continuation of humanitarian planning and, in turn, aid delivery. This study draws from a rigorous review of secondary data and a series of semi-structured interviews conducted between July – September 2021 with key informants working on all six examined contexts.

# 1. Introduction

In humanitarian contexts across the globe, the onset of the coronavirus pandemic has had devastating effects on populations reliant on assistance and on aid organizations working to meet their needs. Government and organizational requirements to follow mitigation measures aimed at limiting the spread of the virus, protect vulnerable groups, and humanitarian workers severely limited their ability to provide for those in need and collect relevant and up-to-date information on their situations.

Given the magnitude of the crisis, and its unprecedented nature, when the World Health Organization (WHO) declared the COVID-19 outbreak a global pandemic on March 11, 2020 ([WHO, 11/03/2020](#)), many humanitarian operations came to a sudden stop. Within a few weeks, organizations were adapting their planning, implementation, and data collection efforts in accordance with new government restrictions on movement, public gatherings, and physical proximity to ensure the continuation of their activities. This report explores the ways humanitarian groups in Bangladesh, Burkina Faso, Colombia, the Democratic Republic of the Congo, Nigeria, and Syria sought to surmount the varied obstacles posed to data collection and evidence-based decision making through adaptation and innovation.

## *Rationale*

This study aims to identify and highlight the many ways organizations adapted their approaches not only to abide by precautionary health measures, but also to ensure a base level of data to identify the needs of target communities and effectively plan their responses. This research focuses on data collection and decision-making, not humanitarian programming itself. This report showcases and draws on the experience of humanitarian workers in Bangladesh, Burkina Faso, Colombia, the Democratic Republic of the Congo, Nigeria, and Syria.

## *Research Questions*

This paper analyses how humanitarian organizations altered their practices to overcome the challenges posed by the COVID-19 pandemic, specifically as they relate to hindered ability to collect data, and limited data availability and quality. This question will be addressed by exploring how organizations adapted their data collection methods to maximize the quality and availability of data and, if faced with scarce data, how organizations modified their decision-making methods.

## 2. Methodology

This mixed-methods case study explores the impact of the COVID-19 pandemic on humanitarian data collection and seeks to demonstrate the many ways groups adapted and overcame data scarcity in Bangladesh, Burkina Faso, Colombia, the Democratic Republic of the Congo, Nigeria, and Syria. 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.

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 examine statistical trends in the methods of data collection and production since the onset of the pandemic, and how these methods have changed since April 2020. This SDR also built on sector-specific analysis conducted and drafted by iMAP’s team of Lessons Learned Sector Experts.

The SDR also served to identify lines of inquiry for the qualitative questionnaire and provided contextual knowledge to help effectively probe interviewees. The SDR also helped identify difficulties in data production, trends in the availability and quality of data, and the ways humanitarians altered their methodologies to overcome challenges.

Semi-structured interviews with key informants allowed for the triangulation of data collected and provided qualitative data on the experience of the informants in the country where they operate. The questionnaire (see [Appendix 1](#)) 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>.

### *Research Limitations*

This research faced limitations in both the primary data collection phase and the SDR using DEEP. Though the study benefitted 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.

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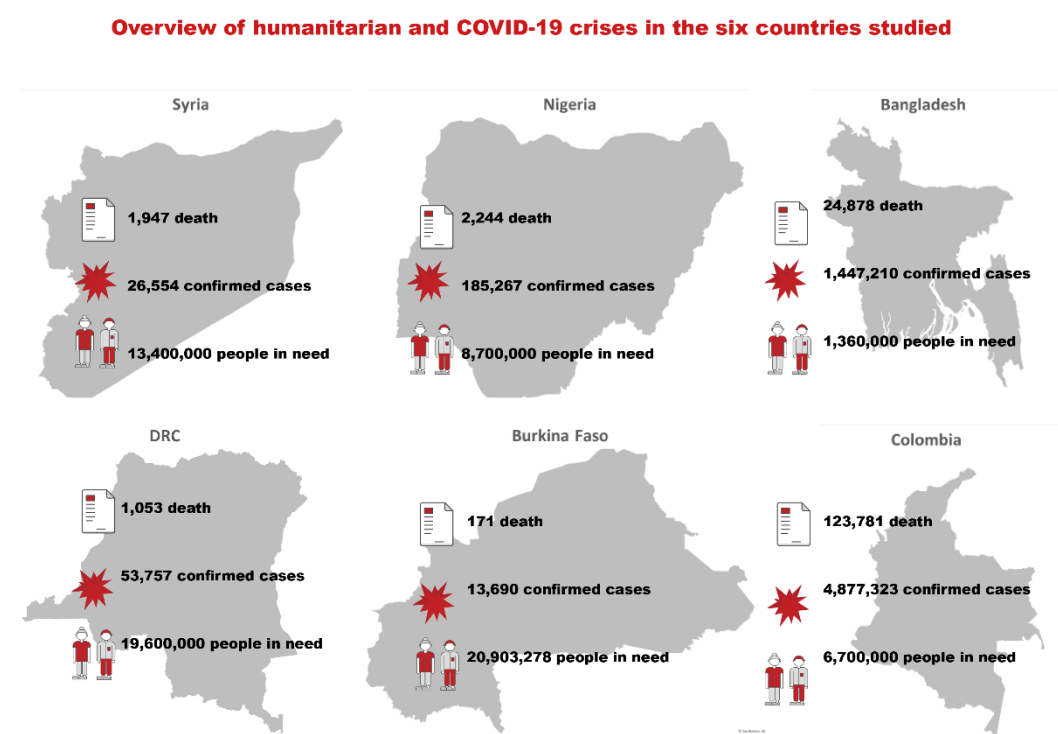
<sup>1</sup> Total interviews per country: Bangladesh (5), Burkina Faso (6), Colombia (8), the Democratic Republic of the Congo (5), Nigeria (5), and Syria (4).

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 have yet to be added to the database and reviewed by staff.



### 3. Research Context: Pre-Existing Humanitarian Crises

Figure 1: Overview of the humanitarian and COVID-19 crises in the six countries studied



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 have sought refuge in Bangladesh since then ([ISCG](#), 01/05/2021). Most of the Rohingya refugees live in 34 densely populated camps and rely heavily on aid for basic services and provisions ([ISCG](#), 01/05/2021).

#### 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 armed criminal groups, resulting in a severe protection crisis, widespread internal displacement, 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).

## 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 internally, 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).

## **4. COVID-19 and Humanitarian Data Collection**

To respond to the threat of COVID-19, aid organizations and national authorities in Burkina Faso, Bangladesh, Colombia, the Democratic Republic of the Congo, Nigeria, and Syria implemented protocols and mitigation efforts. Unfortunately, many of these new rules and regulations unintendedly limited the ability of humanitarian data collection teams to move freely through the country, meet with crisis-affected populations, deliver aid, and gather detailed and nuanced information on their needs. In countries where ongoing violence and environmental barriers already limited humanitarian access, COVID-19 has amplified the difficulties—preventing groups from reaching many areas that used to be easier to access.

As noted in iMMAP's Trends in Humanitarian Data: Data Scarcity and Data Quality during COVID-19 and Effects on Humanitarian Organizations report, the outbreak of the pandemic, and efforts to stymie its spread challenged the ability of organizations to collect data. In-person data collection methods, including individual or household interviews and focus group discussions continue to be disrupted by the pandemic and restrictions—such as physical distancing, regional or national lockdowns, stay-at-home orders.

While this subsequently impacted the quality and availability of data used by aid groups to prioritize and plan their programs, organizations have worked tirelessly to find ways to work around these hurdles. An interview respondent in the DRC explained that aid groups “had to make sure the data they [we] share is verified and that this information is able to help them [us] plan much more realistically” . In the same vein, data collection teams in all six contexts studied reported finding ways to safely gather the necessary data or using other means to inform their decision-making process to plan their aid response.

## **5. Adaptation, Innovation, and Coping Mechanisms**

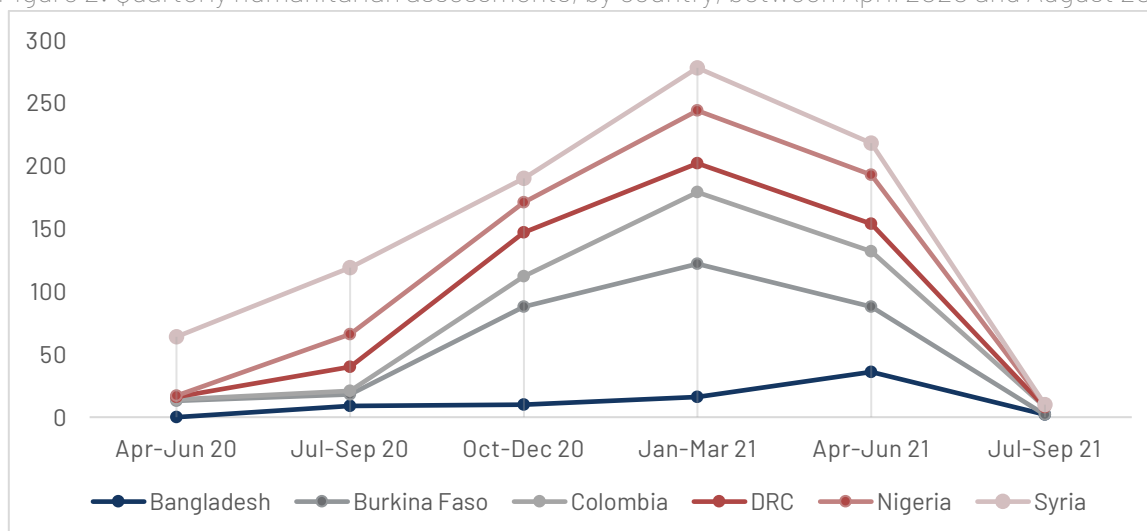
### **Opportunities for Coordination and Cooperation**

Although the aid sector faced a great deal of challenges as a result of the coronavirus pandemic, it offered an opportunity to improve some ways of operating. Most respondents noted that information sharing, cooperation, and coordination among aid organizations improved over the course of the pandemic. A senior UN representative in Burkina Faso reflected that, in their experience, “the pivot to online has saved time and money and allowed people to solely focus on the response”. This finding was also noted in iMMAP's Lessons Learned reports on the education, livelihoods, and protection sectors.

Aid workers in all countries explained that staff tried to make the most of working remotely and attendance increased as coordination meetings switched from being in-person to online. Many noted that this, along with a shortage in data available for response planning, increased information sharing, pooling of resources and capacities, and coordination between organizations. According to an assessment specialist, humanitarian assessment teams in Syria from many organizations “that hadn't been working together came together, and increased emphasis in joint efforts and collaborations” to ensure they could maintain the quality of the information they published.

## Evolving Methodologies

Figure 2: Quarterly humanitarian assessments, by country, between April 2020 and August 2021.



Graph 2, above, shows that although assessments significantly decreased during the initial months of the pandemic (April-June), organizations in all countries quickly adapted their assessment processes. One of the many ways they adapted was by pivoting to new data collection methods, or by tweaking their existing approach to ensure the safety of staff and affected populations alike. As displayed in Graph 3 and 4, below, each country has experienced different adaptations and evolutions of their approach to data collection as COVID-19 cases have increased or decreased, new waves and variants of the virus spread across the country, restrictions eased or tightened, or as staff testing and vaccination has become available.

Figure 3: Quarterly evolution of data collection methodologies between April 2020 and August 2021.

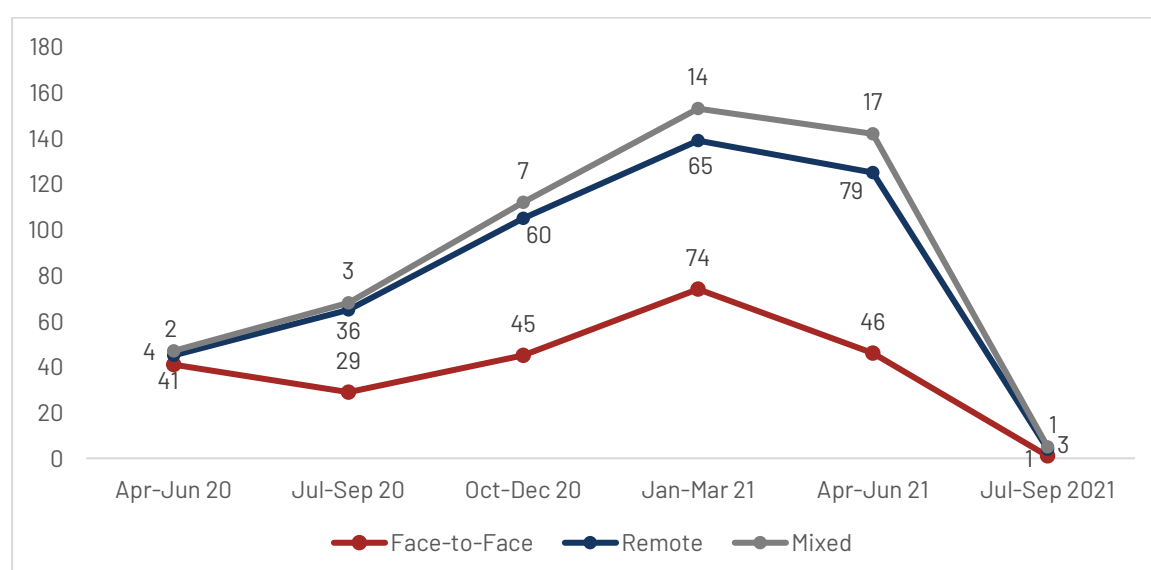
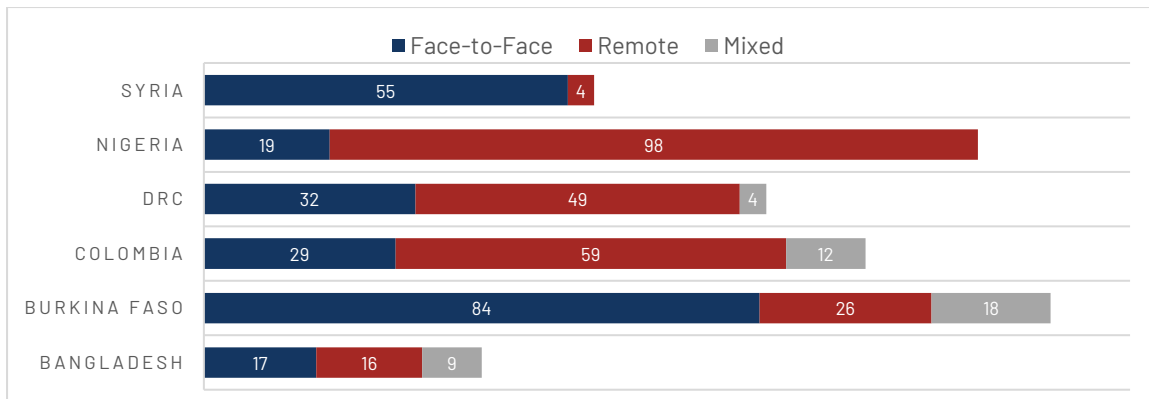


Figure 4: Type of data collection method used, by country, between April 2020 and August 2021.



### Face-to-Face

Respondents in most countries reported that once assessments were able to resume, organizations sought to collect data in-person where possible. This required groups to adjust their practices and provide personal protective equipment for themselves and the target communities. As efforts were made to maintain in-person data collection in some parts of Syria, an expert explained that to decrease the likelihood of spreading the virus among interviewees and staff, they wore masks, maintained appropriate distance, and limited the number of interviewees conducted to 3 per day, per enumerator. When possible, they met with respondents outside. In Burkina Faso, where face-to-face interviews are still the primary form of data collection, aid workers explained that similar measures were being taken, and added that they take the added precaution of making sure that enumerators travel by road in small groups to decrease the likelihood of contracting the virus from colleagues. These adaptations allowed organizations to continue collecting vital information in person for 53 percent of the total assessments collated in DEEP.

### Remote

The majority of interviewees in all six countries signaled that the biggest adaptation has been the shift to remote data collection tools and practices to conduct assessments. This approach refers to collecting data on a crisis and/or on the needs of the affected population without being physically present with the interviewee. They indicated that in their respective countries, this was done by either gathering information over the phone with a person who speaks on behalf of themselves and/or their household, or through key informants, or focal points, who speak on behalf of the population being assessed. Despite being reported as the main changes in all countries of this study, the reliance on remote data collection was more significant in Colombia, DRC, and Nigeria (see Graph 3 above), and only 32 percent of the assessments recorded in DEEP were based solely on remote data collection methods.

As one data expert from Nigeria noted “I feel that COVID somehow opened our eyes to adopting new technology”. IMAP’s Lessons Learned reports similarly highlight that the shift to remote data collection provided an opportunity for groups working on education, livelihoods, and protection to improve and train staff on more effective remote methodologies. In Colombia, data collection teams were able to establish online platforms for key informants to provide information on the needs of their community when they could.

Due to the presence of acute violence that often disrupts humanitarian access in Colombia, Nigeria, and Syria, respondents in these countries explained that the shift to remote data collection was

done with relative ease. Similarly, data experts in the DRC indicated that the wide network coverage and common use of SMS and messaging platforms (WhatsApp, Signal, etc.) have eased the process of conducting surveys over the phone. Interviewees working in the DRC also reported that the country's experience with other health epidemics (cholera, Ebola, and measles) somewhat prepared organizations for a shift to remote data collection that adheres to strict sanitary measures that limit contagion.

Interviewees in Bangladesh recounted a different experience with this change, though persistently found ways to work around hurdles. Since March 2020, the Government of Bangladesh's Refugee Relief and Repatriation Commissioner (RRRC) has restricted access to Bangladesh's 34 refugee camps to only permit aid groups who provide "essential services and assistance only [...]" to reduce staff footprint of the operation, and to minimize risk within the camp setting" (RRRC, 24/03/2020). This prevents data collection teams and other humanitarian sectors staff who are not considered 'essential services and assistance' from accessing camps themselves. To overcome this impediment, many data collection exercises are now being conducted through phone-based surveys. But this is not without its limitations.

Aid workers in Bangladesh explained that not only do refugee camps have poor network service, but it is incredibly difficult for Rohingya refugees to acquire SIM cards for their phones. Though this is slowly changing, another issue arises as men tend to own phones more than women; thus, skewing the result and introducing biases into findings collected over the phone. In an attempt to rectify this issue, some organizations have begun to attribute more weight to the answers given by women in the hopes of obtaining a more balanced perspective of the situation and their needs overall.

### *Sampling*

With a switch to remote data collection, the ways interviewees were chosen and how many also had to change. Fearing that respondents would lose interest while answering a long survey over the phone, organizations in Colombia and Bangladesh chose to keep surveys short and vary the questions to ensure all sectors of the response would be covered. In order to do so, these data collection exercises had to have much larger sample sizes. While this increased the quality of the data, it slowed down the collection process. Additionally, organizations came together to ensure that they were not all surveying the same groups of people. Doing so decreased the likelihood of respondents providing inaccurate or not detailed information due to survey fatigue.

### *Mixed Methods to Improve Decision-Making*

COVID-19 undoubtedly forced organizations to alter their data collection and, in turn, their decision-making processes. While this shift may have limitations, organizations continue to evolve their approaches to overcome the changing obstacles to gather more data and ensure the information they collect is increasingly trustworthy.

Humanitarian assessment staff in Bangladesh, Burkina Faso, Colombia, and DRC indicated that to increase the detail and nuance of the information or verify gathered remotely, their teams would conduct thorough secondary data reviews and, project needs, and trend with thematic experts based on factors such as political and security context, COVID-19 cases, and environmental factors. These additional analyses permitted organizations to identify priorities and plan their operations based on more thorough information.

Similarly, organizations in Bangladesh explained that once their remote data collection was finalized, volunteer teams in refugee camps hosted small COVID-safe focus group discussions (FGDs) to triangulate information and obtain more qualitative information. In Colombia, information gleaned from remote collection processes was then verified by comparing key informants' accounts to satellite imagery.

### *Increased Localization*

At the onset of the pandemic, the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) launched its *Global Humanitarian Response Plan COVID-19* ([OCHA](#), 04/2020) which identified how the humanitarian community intended to address the COVID-19 crisis and its impacts on communities already experiencing humanitarian needs. This plan highlighted the "importance of involving and supporting local organizations is emphasized given the key role they are playing in this crisis, which is increasingly being characterized by limited mobility and access for international actors". Many participants in this study indicated that efforts were made to meet this goal.

In Colombia, respondents indicated that UN agencies and other aid groups had hired more local data collection and information management staff that lived in remote areas to ensure they could have up-to-date information on these populations.

A respondent working on the refugee crisis in Bangladesh was pleased that "localization became central to innovation" and believed that the pandemic had offered "an interesting opportunity to utilize the skills of people with the necessary cultural and linguistic knowledge". To overcome some of the limitations of the Bangladesh context, data collection teams enlisted the help of refugee volunteers in the camps to collect data on their behalf and relay it back to aid organizations.

Data collection specialists working on Burkina Faso indicated that even prior to the outbreak of the coronavirus pandemic, local data collectors and key informants had played a key role in needs assessments in the country. iMMAP's Lessons Learned report on the education sector noted that the education cluster's inability to travel within the country "led to strengthened communication channels between national and local actors". However, aid workers in the country reflected that COVID-19 mitigation protocols somewhat limited the ability of local staff from gathering information from their communities. Nevertheless, their expertise and proximity to the affected populations continue to prove vital to collect information for needs analysis and decision-making.

### *Financial Support for Adaptations*

When asked if funds were made available for organizations to pivot to new ways of working that followed COVID-19 measures and ensure their ability to collect detailed data on the evolving situation, respondents had varied answers. Aid workers in Colombia, DRC, and Syria felt that donors responded quickly and were very flexible. On the other hand, interviewees working in Burkina Faso lamented that donors overprioritized projects to collect data related to COVID-19, at the expense of maintaining data quality for other sectors of the response. As mentioned in iMMAP's Lessons Learned report on the impacts of COVID-19 on the education sectors in the same six countries, these adaptations, and the need to provide personal protective equipment (such as masks) to both data collection teams and respondents came at an unexpected cost. While groups in Bangladesh believe that funds were available to change data collection methods, they expressed a desire for funds to increase local capacities and, in turn, improve the quality of their data.

## **6. Conclusion**

The six countries explored in this study have faced varied experiences with COVID-19, which has created different challenges to data collection and humanitarian response planning. Over the course of the last 18 months, aid groups responding to these six humanitarian crises, and others worldwide, demonstrated their ability to operate in an unprecedented global health emergency. Despite numerous challenges, organizations have been able to maintain and collect the necessary levels of information needed to highlight and prioritize various humanitarian needs—while ensuring the safety of staff and target populations. The swift, resourceful, and innovative solutions should be applauded, and the process of adaptation is still ongoing. More remains to be done by data collection teams and all other aid actors, with much-needed donor support, as humanitarian needs persist against the backdrop of the ever-evolving global COVID-19 pandemic.



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## Appendix: 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		
DATA SCRACTIY & DATA QUALITY AND EFFECTS ON HUMANITARIAN ORGS				
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?			
General impacts of COVID-19 on humanitarian activities	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?			
Impacts of COVID-19 on assessments and needs assessments	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		

Quality of Data	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.		
Availability of data	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.



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