

DATE

18 February 2021



SUBJECT

Criteria for permitting in-person research during covid-19

The Freedom Fund is committed to using data and evidence to drive more effective actions to identify vulnerable individuals and protect victims of modern slavery. People who are most at risk are also least likely to be reachable by remote data collection efforts, and therefore in-person data collection is sometimes necessary to ensure that marginalised voices are reflected in vital programming and policy decisions. At the same time, however, we need to carefully balance the potential 'benefit' of in-person data collection versus the 'risk' of gathering it. In contrast with program participants, research participants receive almost no direct benefit from engaging in our studies (bar a modest 'thank you gift') and therefore the consideration of benefits vs. risks for this group is more intricate.

To help determine if and when in-person research can be carried out during covid-19, we need to have a methodical, fact-based approach to guide our research projects around the world. The approach that is set forth in this memo draws heavily on the guidance from other credible organisations, including [Innovations for Poverty Action](#), [Johns Hopkins University](#) and the [U.S. Centre for Disease Control](#). Altogether, the criteria and procedures are designed to minimise risks to project team members and research participants, by taking into account the best-available national- and project-level information, as well as the latest public health and hygiene recommendations. The approach adopted by the Freedom Fund should be periodically reviewed to ensure that it is in line with the practices of other peer organisations and remain fit-for-purpose.

Section A. Criteria for determining if in-person fieldwork can be carried out

1. Is the data collection likely to violate the restrictions put in place by national or local governments?	➔ Yes	No in-person data collection permitted, remote data collection can continue.
↓ No		
2. Is the data collection likely to violate the organisational guidance issued by the relevant project stakeholders? (such as FF, donor and in-country research partners)	➔ Yes	No in-person data collection permitted, remote data collection can continue.
↓ No		
3. Is the data collection taking place in a high risk environment based on the latest covid information?	➔ Yes	<p>Note, specifically this means one or more of the following are <u>not</u> met:</p> <ol style="list-style-type: none"> 1. Confirmed cases in past 28 days per 100,000 people <= 50; 2. Weekly change in confirmed cases <= 50%, that is, cases doubling than every 11 days or longer; OR 3. Local guide(s) has checked that there has been no known localised outbreak in the study sites during the past two weeks. <p>(Daily data for #1 and #2 is readily available online, see links above)</p> <p>In such instances:</p> <ul style="list-style-type: none"> • Remote data collection can continue. • <u>Very limited forms</u> of in-person data collection can continue, namely research that does not involve group meetings, nor involve any recruitment of respondents 'on the street', 'at their workplace' or 'in the home'. Health & safety procedures must be followed (see Section B).
↓ No		

The risk of spreading covid-19 is considered medium or lower, but the risk of spread is still present. In-person fieldwork can proceed, as long as health & safety procedures are followed (see Section B).

Standard procedures to be added to other existing procedures (such informed consent and safeguarding)

Before commencement of in-person field work

- a. Revise interview procedure, such as reducing group size and limiting where recruitment and interviews can take place (for example, only outside the home and preferably outdoors).
- b. Revise consent forms and questionnaires to add health screening & contact tracking questions, as well as intermittent reminders to follow health and safety procedures throughout the interview.
- c. Pre-select a local medical care provider who can receive referrals from the research team, and provide over-the-phone consultations. Their fees can be charged to the project budget. Have their details printed on business cards for handy distribution during field work.
- d. Provide sick-leave/income protection to all field team members to incentivise reporting of symptoms. Health insurance to be purchased for all research team members by the in-country research partner (and can be charged to the project budget).
- e. Revise reporting of adverse events to explicitly include reporting and referral of symptomatic individuals.
- f. Purchase sufficient quantities of PPE for the scale for the field work. Masks and disinfectant at a minimum, infrared thermometers if available locally.
- g. Organise field teams to remain in assigned groups all throughout to avoid re-mixing of field teams.
- h. Plan the research to minimise in-person interaction with outside suppliers. For example, printing of forms to be done in partner's office rather than using external printers, encourage use of private taxi services and avoid the use of public buses, train or light rail.
- i. Incorporate health & safety procedures into training of data collectors.

Amend daily procedures to

- j. On prior day, field supervisor/coordinator to check covid-stats to ensure they're all within threshold, and consult with the local guide(s) to check that there are no known outbreaks or other adverse events in the study locations being visited.
- k. Record the names of field team members and the locations being visited each day. Avoid re-mixing of field teams.
- l. Health screening to be completed for all data collectors at the beginning and end of each day (symptoms check, temperature check if possible and contact details for tracing). This can be done away from the office, as long as long the forms are completed and sent back (electronically) to the field supervisor/coordinator.
- m. Ensure a sufficient amount of PPE is distributed to each field team.
- n. All above daily documentation must be kept on file, and randomly checked to ensure compliance.

Remind data collectors to constantly follow safety procedures

- o. Proper wearing of face masks at all times when conducting data collection, including when travelling in between study sites and to/from office. Good hygiene behaviour should also be practised outside of work.
- p. Interviews should never be done inside the home, and ideally outdoors or an indoor space that allows for two-meter distancing. Two-meter distance must be maintained at all times, with the exception of required brief exchanges of equipment/materials/gifts or temperature checks where applicable.
- q. Use hand disinfectant prior to each interview, tablets and voice recorders (where applicable) should be wiped down with disinfectant.

-
- r. As part of recruitment:
 - Participants should be first given a face mask and hand disinfectant, and politely asked to use them;
 - Health screening (symptoms check, temperature check if possible, and contact details for tracing) must be completed; and
 - If the respondent is unwilling then it will be marked as a refusal, data collection should not proceed.
 - s. If gifts are included as incentives, consider providing a stock of soap. Materials to be left behind should include a business card with contact number(s) The contact number(s) are for reporting of inappropriate behaviour as part of safeguarding, or if the participant has covid-related symptoms later on. These items should be wiped down with disinfectant before passing over (following social distancing) to the respondent.

Procedures for adverse event: Research team member reports covid-related symptoms

- a. Team member is removed immediately from research activities and asked to self-quarantine with compensation.
- b. All other members in contact with the symptomatic individual in the past five days are removed immediately from research activities and asked to self-quarantine with compensation. As part of any contact tracing activity, care must be taken to protect the identity of the symptomatic individual(s).
- c. The Principal Investigator (PI) is immediately contacted and safeguarding procedure is activated. This includes the referral of the symptomatic individuals to the pre-selected medical service provider and offered access to testing. Cost of basic medical treatment & hospitalisation are expected to be covered through health insurance paid for by the in-country research partner (and can be charged to the project budget). If further treatments are critically needed beyond what is covered under health insurance, this will be determined by the PI and FF on a case-by-case basis.
- d. Contact should be made with respondents visited by the symptomatic data collector over the last five days, they will be given details of the medical service provider and have access to free phone consultation. As part of any contact tracing activity, care must be taken to protect the identity of the symptomatic individual(s).
- e. IRB(s) are informed of the adverse event, as well as FF and other parties (e.g. funder).
- f. Team member may resume working with field teams 14 days after symptoms disappear.
- g. If a team member is suspected to have come into contact with a covid-positive individual, then they will also asked to self-quarantine with compensation. If covid-related symptoms develop then the above steps should also be followed.

Procedures for adverse event: Research participant reports covid-related symptoms

- (Note: Research participant includes anyone who is physically present during the interviews, even if they are not directly involved in the interview. This includes other adults who may be providing permission/consent or children being held by/standing alongside the main study participant.)
- a. Note, by the time the participant(s) reports symptoms, they should already be wearing a mask, have used disinfectant and maintaining a two-meter distance.
 - b. No data collection should proceed with this individual.
 - c. Participant will be asked for consent for research team to share their contact details for a free phone consultation with a medical care provider.
 - d. If gifts are included as incentives, consider providing a stock of soap. Materials to be left behind should include a business card with contact number(s). The contact number(s) are for reporting of inappropriate behaviour as part of safeguarding, or if the participant has covid-related symptoms later on. These items should be wiped down with disinfectant before passing over (following social distancing) to the respondent.
-