Research Terms of Reference

Rapid Market Assessment of the impact of COVID-19 on Local Markets in eastern DRC DRC2002

Democratic Republic of the Congo (DRC)

March 2021 V2



1. Executive Summary

Country of	DRC						
intervention	DKC						
Type of Emergency		Natural disaster		Conflict			
Type of Crisis	X	Sudden onset ¹	<u> </u>				
Mandating Body/	Cash Working Group (DRC), FSL Cluster DRC						
Agency							
Project Code	21EI`	Y					
Overall Research							
Timeframe (from research design to final outputs / M&E)	03/03/2021 to 31/03/2021						
Research Timeframe	1. Sta	art collect data: 04/03/2021		5. Outputs sent for validation: 23/03/2020			
Add planned deadlines	2. Da	ta collected: 15/03/2020		6. Outputs published: 30/03/2020			
(for first cycle if more than	3. Da	ta analysed: 16/03/2020		7. Final presentation: 31/03/2021			
1)	4. Da	4. Data sent for validation: 17/03/2020					
Number of	X Single assessment (one cycle)						
assessments		Multi assessment (more the	an c	one cycle)			
Humanitarian	Miles	tone		Deadline			
milestones		Donor plan/strategy					
Specify what will the assessment inform and		Inter-cluster plan/strategy					
when	Х	Cluster plan/strategy (strate around COVID-19)	egy	y 31/03/2021			
e.g. The shelter cluster will use this data to draft	Х	NGO platform plan/strategy (Covid-19 response)	У	31/03/2021			
its Revised Flash Appeal;		Other (Specify):					
Audience Type &	Audi	ence type		Dissemination			
Dissemination Specify who will the assessment	x Stra			x General Product Mailing (e.g. mail to NGO consortium; HCT participants; Donors)			
inform and how you will disseminate to inform the audience	x Operational			x Cluster Mailing (Shelter and WASH) and presentation of findings at next Cash Working Group meeting			
				x Presentation of findings (e.g. at HCT meeting; Cluster meeting)			
				x Website Dissemination (Relief Web & REACH Resource Centre)			

¹ Covid-19 public health emergency

Detailed dissemination plan required		Yes		x No			
General Objective	The main objective of this rapid assessment is to understand and evaluate the socio- economic impact of COVID-19 on the functionality and capacity of markets in eastern DRC, one year after the start of public health measures related to COVID-19.						
Specific Objective(s)	 To understand the functionality, structure and capacity of local markets to supply basic needs related to food and hygiene products one year following the implementation of public health measures related to COVID-19. Explore whether there were price fluctuations for key food and non-food commodities one year following the implementation of public health measures related to COVID-19. 						
Research Questions	 What are the traders' stock levels for key commodity categories and to what extent are they currently able to replenish themselves? What are the challenges, if any, faced by traders in restocking since the implementation of public health measures related to the COVID-19? Do traders report experienced price fluctuations as a result of COVID-19 health measures? If so, which items were affected? How have official social measures around COVID-19 (i.e. social distancing, increased hygiene measures, etc.) influenced the willingness and ability of traders to continue buying and selling commodities? What is the impact of COVID-19 and public containment measures on market structure and capacity (number, profile and geographical distribution of traders, overall market capacity)? What are the adaptation strategies adopted by traders as a result of COVID-19 health measures? What are trader perceptions on the impact of covid-19 on consumer behaviour, if any? 						
Geographic Coverage		rban markets in border areas a and Beni (North-Kivu Provinc			•	•	
Population(s)		IDPs in camp			IDPs in informal	sites	
Select all that apply	Х	IDPs in host communities			IDPs [Other, Spe	ecify]	
		Refugees in camp			Refugees in info		
		Refugees in host communiti	es		Refugees [Other	r, Specify]	
04 4161 41	X	Host communities	<u> </u>	Х	[Market traders]	1000 0 10 10	
Stratification Select type(s) and enter number of strata	X	in eastern DRC Population size per strata is known? □ Yes X No	Pop stra	ulat ta is	ion size per known? No	□ [Other Specify] #: Population size per strata is known? □ Yes □ No	
Data collection tool(s)	X	Structured (Quantitative)			Semi-structured	'	
Church we didet -	Sampling method			Data collection method			
Structured data collection tool # 1	X Pu	X Purposive			X Key informant interview (Target #): 35		
Select sampling and data	□ Probability / Simple random			surveys per larger city (Goma, Bukavu), 30			
collection method and	□ Probability / Stratified simple random			surveys per smaller city (Beni, Uvira)			
specify target # interviews	□ Probability / Cluster sampling			□ Group discussion (Target #):			

	□ Probability / Stratified cluster sampling			□ Household interview (Target #):				
	□ [Other, Specify]				□ Individual interview (Target #):			
				□ Direct observations (Target #):				
		□ [Other, S			[Other, Specify	her, Specify] (Target #):		
Target level of precision if probability sampling	N/A	N/A			N/A			
Data management platform(s)	Х	IMPACT				UNHCR		
Expected ouput type(s)		Situation overview #:		Rep	oort #:			Profile #:
	X	Presentation (Preliminary findings) #: 2 (Regional Inter-Cluster in North-Kivu and South Kivu)			#:		X	Factsheet #: 4 (one output per city)
		Interactive dashboard #:_		Web			Map #:	
	Χ	[Other, Specify] #: Joint Bull	etin ²	2				
Access	Χ	Public (available on REACH resource center and other humanitarian platforms)					manitarian platforms)	
		Restricted (bilateral dissemination only upon agreed dissemination list, no publication on REACH or other platforms)					mination list, no	
Visibility Specify which	REACH							
logos should be on	Donor: ECHO, DFID							
outputs	Coordination Framework: CWG, FSL Cluster Partners: ACTED, Mercy Corps							

2. Rationale

2.1. Rationale

On March 11, 2020, the World Health Organization (WHO) declared the Coronavirus COVID-19 a pandemic, due to the speed of its spread globally, urging states to take urgent preventative measures for containment and to mitigate the spread, such as isolation, case monitoring and dissemination of information related to health and safety practices. In DRC, as of April 7th, a total of 183 confirmed cases of COVID-19 have been reported in Kinshasa, North Kivu, South Kivu, Ituri and Kwilu provinces, with 20 fatalities recorded, according to the DRC COVID-19 taskforce.3 In an effort to prevent further spread of COVID-19, on March 19th the DRC government ordered the closure of educational facilities, churches, restaurants and other public spaces and banned gatherings of more than 20 people.4 On March 20th flights from at risk and transit countries were halted, with the exception of cargo freight. On 21 March, neighbouring Rwanda and Uganda, which represent key commercial supply hubs for eastern DRC, closed their borders and cancelled all international flights. On 24 March, the DRC government declared a countrywide state of emergency, including the closure of national borders to stop the spread of COVID-19.5 As most cases have been identified in Kinshasa, the DRC government has also banned all travel of persons

² In light of health measures implemented to contain the spread of COVID-19 and their expected impact on trade and markets, REACH and partners are working on a joint market bulletin, consolidating existing market monitoring price data for eastern DRC and supply chain analysis. Information gathered from this market functionality assessment will contribute to this joint bulletin.

Radio Okapi, April 8th.
 UNHCR DRC, Update on COVID-19 Response, April 2nd 2020.

⁵ Ibid.

from Kinshasa to the provinces and vice versa, and is only allowing cargo shipments, with the exception of some humanitarian air travel. With the spread of covid-19 to other provinces domestic travel to other areas in DRC, including air travel has also been partially restricted. Whilst cargo flights and trucks are exempt from these measures and essential cargo continues to be imported from neighbouring countries, informal cross-border trade is likely to have been negatively impacted by these measures.

On July 21, the authorities announced the gradual lifting of measures, which included the opening of borders, and schools. Since August 15, the country's borders have officially reopened and movements between Provinces were allowed, followed in November 2020 with Rwanda partially reopening border-crossing with DRC. Nevertheless, this reopening is conditioned to allow for small-scale traders to resume business on both sides of the border, providing a valid passports and follow health protocols, including rapid COVID-19 tests, valid for 14 days. These measures, although allowing traders to resume businesses, results in traders having to use adaptation strategies in order to avoid heavy costs to cross the border. In December 2020, a new wave of measures was announced in DRC, including closure of schools, and a 9 pm curfew, due to a constant increase of confirmed cases in the country. Whilst school have re-opened in the country, the curfew remains in place. According to the WHO, from Jan 3 to 1 March 2021, there have been 25,791 confirmed cases of COVID-19 with 707 deaths in DRC.⁶

Under these circumstances, socio-economic impacts were very diverse. Amongst the various measures taken, allowing border crossing under several conditions represented a key concern for informal cross-country trade, making up a large section of the cross-border economy. Exemplary of this, in 2019, in response to reported Ebola cases in Goma Town, neighbouring Rwanda briefly closed its borders, creating confusion amongst traders and a reported immediate price increase for key items. As such, public health measures not only had a direct impact on the livelihoods of formal and informal traders operating in key urban areas but also had implications for the wider urban populations, often heavily reliant on purchase of food as primary food source. A report published by iMMAP in December 2020 analysed the impacts of COVID-19 in DRC, and showed that despite the gradual lifting of restrictive measures and the reopening of borders in early August, COVID-19 measures had heavy impacts on the economy and livelihoods, affecting all sectors and especially the informal trade one. Regarding cross-border trade, the report highlighted that border requirements such as mandatory screening tests and a quarantine were significant obstacles for the recovery of the trade sector. The combination of public health measures and the inflation resulted in 39% of households reporting being unable to carry out their income-generating activities and to access basic necessities. Moreover, it was reported that a large part of the population was turning to unsustainable adaptation strategies and coping mechanisms to meet their basic needs.

At the time of introduction of the first sanitary measures, and given the lack of information of their socio-economic impacts on the functionality of markets in eastern DRC (especially in urban markets with importance to regional food security and where cross-border trade is part of the economy), REACH Initiative (REACH), in coordination with the Cash Working Group (CWG) and FSL Cluster and in partnership with Mercy Corps set up a Rapid Market Assessment (RMA) to inform the humanitarian response around COVID-19 in DRC. Key findings of RMA conducted in April 2020 can be found in the section below, with links to each output. The findings of this assessment served to provide updated and evidence-based information to inform and support humanitarian organizations, government and other relevant actors in their response around COVID-19 in DRC. In march 2021, REACH proposes to conduct a second round of assessments, with the same partners, so as to provide up-to-date information on the socio-economic impact of COVID-19 on the functionality and capacity of markets in eastern DRC, one year after the start of public health measures related to COVID-19. Methodological limitations remain the same: Whilst the assessment aims to provide a broad initial overview over how COVID-19 measures have impacted overall market functionality in selected urban areas playing a key role in supplying other parts of eastern DRC, the assessment does not aim to entail a dedicated cash feasibility study, which response actors are encouraged to undertake when

⁶ WHO, Health Emergency Dashboard (COVID-19), consulted on the 3rd of March 2021.

⁷ The Guardian, Panic and confusion as Rwanda closes border with DRC over Ebola outbreak, published 1 August 2019.

⁸ iMMAP/DFS, COVID-19 Situation Analysis, Période Décembre 2020 - Democratic Republic of the Congo, December 2020

evaluating the feasibility and appropriateness of cash as response modality. Further, given the selected methodology for this assessment drawing on a purposively sampled key informant approach, findings are not statistically generalizable but should be considered as indicative only. To make findings as comparable as possible between the two rounds of assessment, REACH is planning to contact the same traders who were interviewed in 2020, and when not possible, to conduct interviews within the same markets.

Key findings from previous RMA (April 2020)

One RMA was conducted in April 2020 in the cities of Goma, Beni, Bukavu and Uvira. Concerning Goma, key findings included:

- Movement restrictions within DRC increased difficulty for traders to get their supplies, with traders being particularly vulnerable to the closure of the border with Rwanda. A majority of traders interviewed in Goma (31/36) reported difficulties to get supplies, mainly due to a lack of money, transportation difficulties within DRC, as well as obstacles to obtain supplies from abroad. At the time of data collection, 29/36 traders reported a negative impact of these measures on their activities, with the reduction of daily sales being the main consequence.¹⁰
- Regarding traders interviewed in Uvira, traders were particularly vulnerable to border closure, due to the high
 presence of cross-border trade with Burundi. A vast majority of traders (24/25) reported struggles to get supplies
 following COVID-19 measures, with border closure being the main barrier. At the time of data collection, the main
 impact was the decrease of day-to-day sales. A majority of traders (34/38) reported expecting a high increase in
 prices following COVID-19 measure, especially because of border closure.¹¹
- Concerning the RMA conducted with traders working in Beni, key findings included a high majority of traders (87%) reporting COVID-19 measures having a negative impact on businesses. Main impacts consisted of clients buying less products within seven days before data collection. A majority of traders also expected an increase of prices, for each items. Traders in Beni highly depends on importation from neighbouring countries, especially from food: 33% of traders reported importing products from outside DRC. Therefore, borders closure had a negative impact on the ability of traders to operate across borders, especially for informal traders. Furthermore, movement restrictions within DRC increases difficulties to obtain supplies for food and non-food items.¹²
- Regarding Bukavu RMA, all traders interviewed reported negative impacts on their business since the start of COVID-19 measures. A majority of traders reported anticipating price increase, with the main reasons being the depreciation of the Congolese franc, borders closure and lack of supplies. According to Bukavu traders, border closure also has a negative impact on informal traders who used to operate across borders, with 48% of travers reporting to import products outside of DRC.¹³

The second round of RMA will aim to give an update on the socio-economic impact of COVID-19 on the functionality and capacity of markets in the 4 cities. Whenever feasible, the same traders will be interviewed, so as to keep results - though indicative- as comparable as possible.¹⁴

3. Methodology

3.1. Methodology overview

The assessment will draw on a quantitative approach, consisting of a structured questionnaire to be applied to key informants which are traders, including wholesalers, retailers and informal small-scale petty traders. Due to the current situation and the limitations of mobility and face-to-face meetings, as well as restrictions due to security, data collection will be primarily collected through phone calling of key informants. Data collection will be conducted through phones using the contacts of

⁹ See UNHCR Cash Feasibility Toolbox and CaLP for guidance.

¹⁰ REACH, Rapid Market Assessment for Goma, April 2020.

¹¹ REACH, Rapid Market Assessment for Uvira, April 2020.

¹² REACH, Rapid Market Assessment for Beni, April 2020.

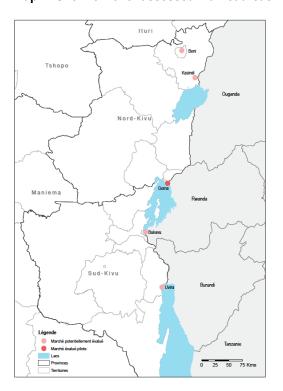
¹³ REACH, Rapid Market Assessment for Bukavu, April 2020.

¹⁴ Contact details were extracted from previous data collection conducted in April 2020.

the KI interviewed during the first round (so as to make results, though indicative, as comparable as possible), but might be complemented by a snowballing strategies and, last case scenario, face-to-face interviews in the same markets, depending on dropout rate. Throughout the study, the protection of personal data will be a priority, in line with <u>REACH Data Protection SOPs</u>.

For each city, a team of two field officer and / or enumerators will be conducting the interviews, supervised by a Senior Assessment Officer. Markets in Beni will be assessed by Mercy Corps teams, while markets in Goma, Bukavu and Uvira will be assessed by REACH teams. See Map 1 for more information on the localisation. In this set-up, REACH will lead on the design of the research and tools (that will mostly remain the same as those used in the first round so as to allow for comparison of results), provide training to partner data collection teams including on data protection and remote phone calling approaches and perform data cleaning and analysis, before sharing the main findings with the relevant response actors. In all assessment outputs, there will be visibility and recognition of the partner (Mercy Corps) that will participate in the data collection for this assessment.

Upon completion of the rapid market assessment, and depending on needs and partner's capacity, there may be further rounds of data collection to continue to monitor functionality of markets during public containment measures related to COVID-19. The analysis of data collected through this assessment will be presented in relevant response coordination fora.



Map 1: Overview over assessed market areas

3.2. Population of interest

In order to provide an initial understanding of the socio-economic impact of COVID-19 on market functionality, REACH will -as in the first round- collect information from traders, including retailers, wholesalers as well as small-scale petty traders, with the latter making up a large section of the informal economy.

• Traders: Formal shops, both retail and wholesale, are included in this assessment. An initial market mapping will be conducted for each area to gain an initial overview over which markets exist. As demonstrated below in Table 1, in Goma a total of 20 markets were found, with 4 of these classified as 'grand marchés' due to their trade volume, 5 'petit marchés', 1 'place commercial', and 10 'marchés de rue'. All of these markets include the sale and trade of

- food items, whilst 12 out of the 20 also trade non-food items. Given that the 'grand marchés' typically supply smaller markets, the assessment will focus on traders engaging on the 4 big markets, whilst at least 3 street markets and 2 smaller markets will also be covered. Please see the subsequent section on the sampling of key informants.
- For the second round, REACH aims to conduct interviews with the same traders, when possible. Data collection will aim to be conducted through phones using the contacts of the KI interviewed for the first round (so as to make results, though indicative, as comparable as possible) and to use a snowballing method as well. It might be complemented by face-to-face interviews depending on dropout rate.

Table 1: Type and location of markets in Goma Town, North Kivu Province

#	▼ Nom	▼ Catégorie	▼ Quartier	▼ Commune	▼ Principaux produits commercialisés
1	Kahembe	Grand marché	Birere	Goma	Produits alimentaires
2	Alanine	Grand marché	Katindo	Goma	Produits alimentaires, Vêtements, Quincaillerie et produits divers
3	Virunga	Grand marché	Virunga	Karisimbi	Produits alimentaires, Vêtements
4	Abattoir	Grand marché	Kituku	Goma	Produits alimentaires, Vêtements
5	CAGED	Marché de rue	Ndosho	Karisimbi	Produits alimentaires, Vêtements, Quincaillerie et produits divers
6	Station SIMBA	Marché de rue	Ndosho	Karisimbi	Produits alimentaires, Vêtements, Quincaillerie et produits divers
7	CEBK Ndosho	Marché de rue	Ndosho	Karisimbi	Produits alimentaires, Vêtements, Quincaillerie et produits divers
8	Nyabushongo	Marché de rue	Ndosho	Karisimbi	Produits alimentaires, Vêtements, Quincaillerie et produits divers
9	Marché de Cinquantenaire	Petit marché	Mapendo / Rd point BDEGL	Goma	Produits alimentaires
10	Mosqué	Marché de rue	Mapendo	Goma	Produits alimentaires
11	Sai sai	Marché de rue	Kyeshero	Karisimbi	Produits alimentaires
12	Bofin	Marché de rue	Kyeshero	Karisimbi	Produits alimentaires, Quincaillerie et produits divers
13	Binguruwe	Marché de rue	Katindo 2	Karisimbi	Produits alimentaires
14	Kisoko	Petit marché	Katoyi	Karisimbi	Produits alimentaires, Vêtements, Quincaillerie et produits divers
15	CCLK	Marché de rue	Lac vert	Karisimbi	Produits alimentaires
16	Birere	Place commercial / Autour du	u stade des Vo Mapendo	Goma	Produits alimentaires, Quincaillerie et produits divers
17	TMK	Marché de rue	Mabanga Sud	Karisimbi	Produits alimentaires
18	Camp militaire Katindo	Petit marché	Katindo	Karisimbi	Produits alimentaires, Vêtements, Quincaillerie et produits divers
19	Baba Jabuka	Petit marché	Katindo	Goma	Produits alimentaires
20	Carmel	Petit marché	Katindo	Goma	Produits alimentaires, Vêtements

3.3. Primary Data Collection

Interviews will be conducted with traders through a structured questionnaire, focusing on stock availability, replenishment problems, expected price fluctuations; and perceptions of official social measures around COVID-19 on the responsiveness of traders. To make up for the lack of consumer interviews, questions will also be included on traders' perceptions of potential changes to consumer behaviour since COVID-19.

For the purpose of this assessment, 'traders' shall include wholesale traders (those who sell to other traders and/or direct consumers) ¹⁵ and retail traders (those who sell only to the direct consumer). ¹⁶ Within the eastern DRC context, 'wholesalers' are generally regarded as formal traders due them having a trade register, whilst for retailers both formal ('registre de commerce') and informal ('avec patente') classifications exists. In addition to traders in the formal economy, informal small-scale petty traders make up a large section of the DRC cross-border informal economy. This group is expected to have been particularly impacted by COVID-19 measures as cross-border movement through official channels is no longer possible for this population given the absence of official commercial registration and licenses. As the informal sector plays a key role in cross-border and domestic trade in areas such as Goma, the assessment aims to balance trader selection, with about half of traders to be selected being petty traders, whilst others will include wholesalers and formal and informal retailers.

In light of COVID-19 measures and risks associated with direct data collection methods, REACH proposes that this data collection is carried out primarily remotely, through telephone calls. REACH will aim to interview the traders contacted during the RMA conducted in 2020, whenever feasible. A snowballing strategy will also be used so as to gather additional traders' contacts. Depending on dropout rate, this might be complemented by face-to-face interviews with similar type of traders, within the same markets as last year (so as to make results, though indicative, as comparable as possible). These traders will be identified on the day of data collection itself, at the market. Given the current context, REACH team will apply COVID-19 SOPs for data collection. REACH has worked closely with WHO and the health cluster to

¹⁵ CaLP (Cash Learning Partnership).

¹⁶ lbíd.

develop <u>data collection SOPs for ensuring do no harm during COVID-19</u>, whilst maintaining as rigorous as possible sampling and survey methods. These SOPs will be followed at all times and remote contingency methods will be implemented.

Whilst mobile phone access is estimated to be wide-spread among traders and mobile phone coverage is good in selected urban areas, there may be a bias through non-inclusion of traders without access to phones. This may translate into under-representation of the most vulnerable petty traders who are most likely to have no access to phones. Furthermore, given the remote approach, the tool has been designed in a manner that ensures that the type of information being sought is appropriate to collect via phone-based interviews (e.g. not too sensitive, more close-ended rather than open-ended questions, etc.). Please see Annex 1 for a detailed check-list on phone based data collection, to be followed for this assessment.

The number of trader interviews will depend somewhat on number of available markets in a given town, for provincial capitals which are larger urban hubs, at least 35 trader interviews will be conducted, whilst for smaller towns such as Uvira and Beni 30 surveys will be conducted. Based on this methodology, findings are non-generalizable, and indicative only (see table below).

Table 1: Resume of data collection for each city

Localisation	Number of surveys	Organisation conducting data collection
Goma (North-Kivu)	35 surveys	REACH (Goma base)
Beni (North-Kivu)	30 surveys	Mercy Corps
Uvira (South-Kivu)	30 survey	REACH (Kalemie base)
Bukavu (South-Kivu)	35 surveys	REACH (Bukavu base)

3.4. Data Processing & Analysis

Once the information has been collected, REACH will conduct data cleaning and remove any sensitive information based on REACH data protection SOPs. For partners joining during data collection, a cleaning and analysis tool will be used by REACH to track the quality of data and partner submissions; following data collection by each participating partner, the raw and anonymised data will be shared with REACH, with partners' data collection teams consulted as necessary regarding any inconsistencies or anomalies in the raw data. Data cleaning checks will be aligned with the Data Cleaning Minimum Standards Checklist.

4. Roles and responsibilities

Table 3: Description of roles and responsibilities

Task Description	Responsible	Accountable	Consulted	Informed
Research design	SAO	RM	HQ (Research Design); CWG Focal Points; RM	Country Coordinator; CWG partners

Supervising data collection	Field Officer	SAO	CWG Focal points; RM	Country Coordinator
Data processing (checking, cleaning)	Data Officer	SAO	HQ (Data Analysis); RM	Country Coordinator
Data analysis	SAO	SAO	(HQ Data Analysis); RM	Country Coordinator
Output production	SAO / Field Officer	SAO	HQ (Research Design and Reporting); CC; RM	CWG focal points
Dissemination	SAO	RM	Country Coordinator; CWG focal points; RM	HQ (Research Design and Reporting)
Monitoring & Evaluation	SAO	RM	HQ (Research Design and Reporting)	Country Coordinator
Lessons learned	SAO	RM	HQ (Research Design and Reporting)	Country Coordinator

Responsible: the person(s) who executes the task

Accountable: the person who validates the completion of the task and is accountable of the final output or milestone

Consulted: the person(s) who must be consulted when the task is implemented **Informed:** the person(s) who need to be informed when the task is completed

NB: Only one person can be Accountable; the only scenario when the same person is listed twice for a task is when the same person is both Responsible and Accountable.

5. Data Analysis Plan



Annex 1: Feasibility checklist for phone-based data collection

a. Prerequisites for phone-based data collection: Overall

- Availability of a team of strong capacity, well-trained enumerators who are able to undertake data collection efficiently with minimal supervision
- ✓ Availability of phones (and specifically smartphones if using chatbot methods) among the population of interest
- ✓ Availability of phones (one general for calling and one tablet or smartphone for data collection software) and other additives (headphones, SIM cards, etc.) among enumerators or resources to procure all of this within the intended timeline
- ✓ Decent phone network coverage for intended respondents in the areas of interest
 - Map out phone network availability as early as possible, with such mapping done at the unit that you will be considering "strata"
 - The GSMA publishes network coverage maps globally (available here) based on their members' latest network coverage data.
- ✓ Decent phone network coverage for enumerators (either at home or place of data collection)
- ✓ **Sufficient airtime on different networks** to ensure you can reach respondents that use different mobile networks with wide coverage
- ✓ Mobile internet coverage for enumerators to enable remote management via Skype, Whatsapp or similar web-based platform and ensure data collection forms are submitted on time
- ✓ Strong capacity in country to set up the required data cleaning process and ensure data quality minimum standards (see IMPACT Data Cleaning Minimum Standards Checklist available in English and in French)
- ✓ Ability to set up the required data protection measures and take all the steps to ensure personal and sensitive
 data (e.g. names and contact details) are securely managed within the team (see IMPACT SOPs for Management of Personally Identifiable Information)
- ✓ Type of information being sought is appropriate to collect via phone-based interviews (e.g. not too sensitive, more close-ended rather than open-ended questions, etc.)

Prerequisites for phone-based data collection: Non-probability (purposive or snowball) sampling¹²

- ✓ Availability of reliable key informant (KI) networks and contact details to gather the required type of information
- Ability to diversify KI profiles as needed/ based on research objectives e.g. both males and females; different age groups; minorities or vulnerable demographic groups; etc.
- Ability to ensure as wide a coverage of the population of interest as possible using existing KI networks (for e.g. snowballing to ensure most settlements within a district are covered)

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¹⁷ In some cases, it might also be worth considering the feasibility of respondent driven sampling (RDS) which is essentially a variation of snowball sampling which uses social network theory to overcome the respondent bias limitations associated with snowball sampling. Specifically, RDS uses uses information about the social networks of participants recruited to determine the probability of each participant's selection and mitigate the biases associated with under sampling or over sampling specific groups. For more on RDS, see also: WHO & UNAIDS; 'Introduction to HIV/ AIDS and sexually transmitted infection surveillance Module 4 Unit 1: Introduction to respondent-driven sampling' (2013), p.17-25