**Data Work Group**

**Meeting Notes**

**Date:** Friday, May 28, 2021

**Time:** 11:00a-12:00p EST (10:00-11:00a hora de Pereira)

1. Baseline questionnaire has been submitted to PIRE’s IRB. Once package is approved, PIRE will discuss methodology and begin preparation for field administration.
2. Status of Protests in Colombia
* There is no clear plan of when the negotiations will be finalized
* Pereira colleague confirmed marches are no longer daily, but main roads are still blocked which prevents many activities. People are mobilizing in the center. Currently everything is on standby.
* The municipality is still working normal business hours and continuing direct office work. From a public health standpoint, they are continuing to vaccinate. However, there are blockades and mobility restrictions in certain areas.
* WG member explained it is best to have an idea of timeline to understand how best to move forward and prepare.
* The protests will affect administration, but the methodology of survey administration will play a big role. WG member asked if the survey in-person or can it be administered online?
	+ Dr. Courser explained PIRE is currently on a holding pattern with IRB, but next steps include closely monitoring protests. The hope is that there will be a change in the next few weeks that will allow the team to move forward as planned. The best situation would be that the protests are resolved/reduced at about the same time PIRE’s IRB is approved.
	+ Survey will be administered in-person, on tablets, and sampling will be done in person, through geo-spatials mean. Residents may have the opportunity to complete over the phone or online. But sampling will primarily occur in the field.
* WG member asked how the current situation on the ground may affect the responses of the surveys.
	+ Dr. Courser explained they have been discussing that but not sure at the moment how protests may impact responses and behaviors, e.g., being safe in ones neighborhood, as there’s not great literature on that.
* WG member explained that having tablets to administer the surveys is helpful, but asked what is the safety protocol for the interviewer and the person being interviewed given the context of Covid-19. WG member explained different households will have different situations on social distancing.
	+ Dr. Courser provided a brief recap of what will occur on the field. Wearing masks, face shields, and observing social distancing. Field workers will hand a sanitized tablet to the respondent. If unable to maintain social distancing or may not feel safe, in those cases, the data collection team will try to follow-up with a phone call.
* WG member asked what the possibility is of doing only online survey administration as there are two situations that are problematic – the vaccination process is slow in Colombia, hospital rooms are at capacity, there are going to be future quarantines, in addition to the social protests. Program administration will also likely have to be online. This is not a quick solution- it is going to be 1-2 more years.
	+ Dr. Courser explained that it is not possible to do online only as not all households have internet access which will lead to an underrepresentation of lower stratus households.
	+ Phone interviews have been considered. The data collection field team shared with PIRE that there is not currently a good way to sample mobile phones.
	+ It is anticipated that the data collectors may encounter literacy issues. The tablets will include computer assisted interviewing where computer reads questions to participant.
	+ There will be a pre-test/slow roll out of baseline so we can adjust as needed
1. Data Collection Field Team- Update
* PIRE team has not yet hired a field team; currently in the process of working on an agreement.
* The survey will take anywhere from 8-12 weeks, but an exact timeline will be developed once data collection starts. A more detailed discussion will take place about data collection once it is IRB approved.
1. Special populations
* Dr. Courser asked the WG: Which special populations are most critical to include and what do we know about those populations in terms of size, characteristics, health status? Do we have any existing data on those populations?

WG members suggested the following:

* Displaced and migrant populations internally and internationally.
* Existing data collection: Pereira has a large number of displaced populations due to violence; data on who benefits from social programs like shelters is managed by the Municipality of Social Development, and WG member has access to that data.
* WG member also suggested that data related to refugees and/or international migrant populations can also be accessed through the various organizations that work with those populations.
* A few WG members emphasized the importance of working with incarcerated persons, including incarcerated females and adolescents involved with the juvenile justice system. For example, there is a large female facility near Pereira that is about the size of a neighborhood in Pereira (1,000-1,200 persons). Although the facility is not in Pereira, almost 80% of the inmates are residents of Pereira.
	+ WG member explained the Ministry of Justice has conducted two studies (2019-2020) focused on females who have drug offences and searching for alternative methods of incarceration. M of J can work on obtaining that data.
* Other 2 populations include – sexual workers (male and females) and homeless populations (not just those who live on the streets but also those who are all day outside
* Families parenting in stressful situations. Most are parenting under Covid-19 which is challenging and stressful, but it is designed for families that fall under subgroups identified earlier – migrant, displaced, refugee, socially disadvantaged populations. Focus on interventions and how interventions may help with identifying special populations.
* Pregnant women
* Indigenous populations
1. Closing Remarks/Next Steps
* Notes will be posted on ISSUP forum
* Next meeting, focus on baseline data collection effort, context, and how to move forward; we will hope to be able to involve the data collection organization as well.
* Dr. Courser requested secondary data sources- additional data sources that already exist on special populations, specifically, the type of source, how to access, etc. The plan is to create an exhaustive list of those secondary data sources.