



GUIDANCE NOTE:

UNDERSTANDING PUBLIC PERCEPTIONS ON NEW SARS COV-2 VARIANTS – KEY QUESTIONS TO ADDRESS DATA NEEDS

BACKGROUND

As part of the global RCCE strategy, the RCCE Collective Service (CS) aims to support partners to generate, analyse and use evidence about the social context, communities' capacities, behaviours and perceptions.

To respond to the emergence of new SARS CoV-2 variants and generate data and evidence on the public's perceptions of these new variants, the RCCE CS set up an inter-agency working group to develop a set of questions across a range of socio-behavioural variables. These questions can be considered as a continuum to the RCCE CS existing question bank in relation to emerging factors in the COVID-19 pandemic.

ACKNOWLEDGEMENT

This resource (guidance note and questions) is written by members of the RCCE CS working group facilitated for this specific purpose.

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INTRODUCTION

This resource seeks to facilitate the collection of quality data on community's capacity, behaviours, practices and perceptions in relation to the new SARS CoV-2 variants. It can be used by field / local research teams in communities with COVID-19 transmission and those at risk adhering to safety and protection protocols.

Gathering and using quality data on people's perceptions on the new variants of concern (VoC) is vital:

1. To understand how the emergence of the new VoC and related information affects people's capacity, motivation and behaviour in relation to individual responses to the pandemic;
2. To support evidence-based decision-making on communication and engagement strategies that address people's needs and priorities in an evolving context;
3. To provide data that decision-makers can use to adapt Public Health and Social Measures (PHSMs);
4. To enhance the knowledge of public health promoters and outreach workers and support them in clearly communicating on the new COVID-19 variants of concern;
5. To inform the design and adaptation of information content / messages shared and discussed with the local population.

This resource is intended to support operational social science research undertaken by:

- Social scientists and operational actors designing and implementing operational social science research on public perception on COVID-19
- Field-level staff: implementation staff of local and international NGOs, local national public health authority staff, national MOH staff.

EXISTING KNOWLEDGE GAPS AND PRIORITY THEMES FOR DATA COLLECTION AND RESEARCH

The inter-agency working group identified several priority themes: knowledge on COVID-19 variants of concern, information and communication, risk perception, perceptions of vaccine, adherence and practice of PHSMs, perceptions of and experience of stigma, trust and social factors. For each of these themes, knowledge gaps were identified and socio-behavioural variables developed and/or further adapted in line with the RCCE behavioural framework.

THEME	VARIABLE
A: INFORMATION AND COMMUNICATION	Information sources
	Information access
B: KNOWLEDGE	Knowledge on new SARS CoV-2 variants
	Knowledge on new SARS CoV-2 variants - mutability
C: RISK PERCEPTION	Perception on disease susceptibility
	Perception on self-efficacy

THEME	VARIABLE
C: PERCEPTIONS ON VACCINE	Perception on vaccine efficacy and acceptance
C: PERCEPTIONS ON PHSMS	Perception on appropriateness of PHSMS
	Perception on the mask efficacy
C: ADHERENCE TO PHMSs	Practice of PHSMS
	Practice of mask wearing
D: PERCEPTION OF STIGMA	Perception of the risk of stigmatisation
E: STIGMA	Experience of Stigma
E: TRUST	Experience of trust
E: SOCIAL FACTORS	Individual impact - mental health and emotional wellbeing
	Individual impact - socio-economic

OVERVIEW OF THE RESOURCE

The resource consists of a set of qualitative and quantitative questions across a range of socio-behavioural variables (see priority themes for data collection and research above).

It is intended that partners will identify the relevant area of research according to local priorities, define the appropriate data collection method, select most relevant questions in line with existing knowledge gaps and adapt those questions to match the local needs and context. At this stage, this resource is **not intended to provide a template for a comprehensive survey questionnaire or a qualitative interview guide**. It is also strongly recommended that the questions are integrated with other data collection activities rather than being implemented as a standalone assessment.

The questions are structured across five sections reflecting the dimensions of the RCCE CS behavioural model:



A. Information and Communication



B. Knowledge, awareness and understanding



C. Perceptions



D. Practices



E. Social Environment

ETHICAL CONSIDERATIONS

Exploring how COVID-19 affects trust in government and authorities, trust in government's response to COVID-19 as well as trust in national and international partners supporting the COVID-19 response and/or perceptions around national recommended measures is sensitive and data protection mechanisms need to be put in place which avoids harm to research participants.

The field team / local research team should ensure to have obtained the necessary permits and/or ethical approvals prior to data collection. An ethical approval process is unlikely to be required for standard programmatic surveys (e.g., KAP surveys), rapid assessments or ongoing project monitoring - however the process must avoid harm to the research / study participant.

Research / study participants should be given full details of the research (background, objectives, methods, use of data) in the appropriate local language.

Research / study participants should be informed that they can withdraw at any time and for any reason without penalty. Participants should be informed that involvement is voluntary.

Research / study participants should be informed that participation or non-participation will not affect access to any future services needed or provided.

OVERVIEW OF QUANTITATIVE QUESTION

Each section provides a set of questions including response options. There might be equally several options to select from (defined as optional question). Field / local research teams can select further follow-up questions to collect additional information.

Each quantitative question should include the answer option 'No answer'. This should be checked if a respondent does not know the answer or does not provide an answer to a question.

When relevant, questions include the answer option 'Other'. This enables additional answer options and more qualitative (open-ended responses) to be captured.

OVERVIEW OF QUALITATIVE QUESTION

Each section does include a set of qualitative questions which can be used for example within Focus Group Discussions, Key Informant Interviews, Public Health Promotion Sessions and / or Community Workshops.

Questions include examples for probing to understand how people experience the situation and understand socio-behavioural drivers.

RECOMMENDATION FOR THE USE OF THE QUESTIONS

The questions on public perceptions on new SARS CoV-2 variants were carefully developed and aim to contribute to harmonise and streamline data collection processes across a variety of contexts. To allow greater flexibility the working group opted at this stage to provide partners with a set of questions rather than a structured questionnaire and/or qualitative interview guide and partners may choose to add new questions which they consider as locally relevant.

ADAPT THE QUESTION TO THE LOCAL NEEDS AND CONTEXT

Quantitative survey questionnaires and qualitative interview guides as well as the data collection procedure need to be piloted in advance involving the targeted research population. This can be done at a small scale and will help to refine the tools and process and ensure that the translation is accurate.

Pre-testing: It is strongly recommended that partners undertake a rapid testing (pre-testing) of the selected questions and data collection procedure. This is vital to ensure that questions, methods and tools reflect the local culture and social context and are well understood by both researchers and research participants. This could involve cognitive interview which is a 'process to improve the quality of the survey to ensure questions and response options are understood as intended, are well-adapted to a local context, and measure what they are designed to measure'.¹

Translation: Each question including probing examples (qualitative approach) or answer options (quantitative approach) needs to be carefully translated into the local languages. This is critical to ensure that questions are well understood by both researchers and research participants. Accurate translation is equally important to ensure that concepts (e.g. trust or risk) keep the intended meaning as in the original language.

provide the advantage to quickly develop baseline data and gather information on what people know and do but not usually on why - and in most contexts, there is a gap between what people say they do and what they actually do.

Data collection methods can vary between telephone, in-person interviews or an online survey. Prior to using an internet-based method or phone survey, the partner should consider if the targeted research population has access to the internet and/or phones and is digitally literate (able to use digital technology) or if there is a risk of excluding specific population groups. If there is a risk, the survey findings are not representative for the broader population and can't be generalized.

(Rapid) qualitative research can help to explore these complexities by highlighting context-specific issues and gaining an in-depth understanding of how people make meaning and sense of the situation, explain motivations, shed light on the needs of particular marginalised groups, reveal stigma, identify how social and economic conditions impact on infection risks among certain population groups and why certain public health intervention work and others fail. It also provides an opportunity to listen to people and make connections with local communities for further interaction and engagement.

Data collection methods may consist of Focus Group Discussions (FGD), Key Informant Interviews (KII), Community Workshops, Community Mapping etc. In the context of COVID-19, there have been increasing attempts to explore digital qualitative methods (e.g. digital ethnographies, online FGDs) it is recommended that qualitative methods are applied in-person - by adhering to appropriate safety and protection measures.

When assessing risk perceptions, partners should also consider the interaction with other disease outbreaks and threats which can impact on the risk perception in relation to COVID-19.

THE APPROPRIATE DATA COLLECTION TOOL AND METHOD

Public perceptions and people's local experience of the situation can be assessed using qualitative (e.g. FGD) or quantitative methods (e.g. perception surveys) or both using a mixed-method approach.

Quantitative research using for example perception surveys

¹ WHO, UNICEF (2021): Data for action: achieving high uptake of COVID-19 vaccines. Gathering and using data on the behavioural and social drivers of vaccination. A guidebook for immunization programmes and implementing partners. Interim Guidance, p.37: <https://apps.who.int/iris/bitstream/handle/10665/339452/WHO-2019-nCoV-vaccination-demand-planning-2021.1-eng.docx>

DATA PROTECTION

Data entry, cleaning and coding will depend on the method and system of administration used by partners.

Data management will also depend on the partner agency. However, data should be protected and stored according to good practice and in-line with policies on the confidentiality and anonymity of respondents.

HOW CAN I GET INVOLVED?

For more information about how to get involved please contact:

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