

**Special Webinar – Phone Surveys for Health: Methods and Opportunities**  
**Tuesday, May 5, 2020 | 8 – 9 AM EDT**  
**ICAP at Columbia University**

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**Presented by:**

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**Q&A Section answered by Abigail Greenleaf:**

*To revisit questions that were answered during the webinar, view the video recording and access the slides here.*

**1. Please share how informed consent was sought using these methods.**

Abbreviated verbal consent is the best practice for phone surveys

**2. How do you ensure confidentiality if the parent/guardian insists to be present when the adolescent is being interviewed on the phone?**

This is not a problem I have yet encountered. For the research in Burkina Faso, we did not specifically ask if the respondent (ages 15-19) was alone.

**3. Any studies focused on adolescents? How do you conduct phone-based interviews with adolescents aged between 13-16?**

We conducted a study among 15-49 year olds in Burkina Faso. The ease with which you can enroll 13-16 year olds depends on rules in individual countries and you should try to align with the ages that would be covered in the face-to-face surveys.

**4. What is your experience with IRB approvals in phone surveys? Are IRBs in SSA less likely to approve a phone than non-phone survey?**

There were a lot of questions from the IRB in Burkina Faso about the phone-based survey, but the protocol was accepted without issue.

**5. How is recruitment done in these types of surveys?**

See the sampling section of the presentation (slides 17-20)

**6. And how can we reduce social desirability bias in the responses?**

We do not know if phone or FTF surveys have less social desirability in SSA. You should follow best practices for FTF interviewers and adapt to phone surveys using common sense and resources available online and in books.

**7. How are the respondents' numbers obtained for SMS, telephone and IVR surveys?**

See sampling section of the presentation (slides 17-20)

**8. Do you have any ideas on how to deal with phone sharing – to avoid impersonators particularly if you have a specific follow up respondent at your target?**

There is no evidence that falsifying identity is any greater in a phone survey than a FTF survey. Phone sharing is a common phenomenon, and some studies have quantified how much phone sharing there is, so you can try to get an estimate. In my experience, people who pick up the phone are honest and helpful.

**9. Considering that we have a high proportion of numbers that are not active when using RDD, especially in SSA, are there any effective/innovative ways I can think of to reduce the numbers of hits to non-existing numbers in the sampling frame?**

Yes. For the Burkina Faso RDD study, Viamo, the organization whose software we used for the study, pinged phone numbers (a quick call that doesn't fully ring) and then provided us a list of phone numbers. However, the pick-up rate didn't differ that significantly between the list of phone numbers that were categorized as valid (pinged) and a list that wasn't validated.

**10. I am concerned about using phone surveys when asking questions that are sensitive (e.g. on transactional sex or intimate partner violence). You don't know who is listening, you don't know if the phone belongs to the partner as a number of young women in rural areas use partner phones. Any advice would be helpful.**

This is valid, important concern. I suggest training your interviewers to pick-up on settle cues that may indicate that now is not a good time for an interview, and train the interviewers to not push the respondent to complete the survey if the respondent says now isn't a good time. Certainly, phone sharing is prominent in some areas. The interviewers should be trained how to handle a gatekeeper (person who picks up the phone) who seems too suspicious or uncomfortable with the call.

**11. How do you confirm that the person you are interviewing is the right (recruited) participant?**

I have had success asking for the respondent by name. You could include age, and you could ask a few questions with answers that shouldn't have changed over time during the phone survey that were asked during the FTF survey and see if the answers match.

**12. How do you bypass data privacy? Mobile network operators are not supposed to share their customers' phone numbers with a third party**

I don't have experience with this. I have never obtained phone numbers from a MNO.

**13. I wish to collect qualitative data by phone among adults with chronic disease. How do I go about sampling and data collection by phone?**

I don't have experience with qualitative data collection by phone but there is quite a bit written about this in the US context.

**14. How do these surveys address privacy issues?**

Please review the article below:

- Ali, J., M. J. DiStefano, I. Coates McCall, D. G. Gibson, G. M. Al Kibria, G. W. Pariyo, A. B. Labrique, and A. A. Hyder. "Ethics of Mobile Phone Surveys to Monitor Non-Communicable Disease Risk Factors in Low- and Middle-Income Countries: A Global Stakeholder Survey." *Glob Public Health* 14, no. 8 (Aug 2019): 1167-81.

**15. Can you please speak to the logistics of targeting specific populations (e.g. HCWs, people with chronic diseases)? Second, could you please speak to how/when participant incentives are included in these surveys?**

Targeting specific populations is probably best done via FTF enrollment rather than via RDD. If the characteristic you are looking for is rare in the population, it would take quite some time to enroll via RDD.

See answer to Question 24 to learn more about incentives.

**16. Kindly revisit FTF just to make it clear if it is used for data collection or only for enrolment of participants**

FTF can be used for both data collection (interviews) and to enroll participants. The World Bank handbook on phone surveys can explain this further:

- Dabalen A, Etang A, Hoogeveen J, Mushi E, Schipper Y, von Engelhardt J. *Mobile Phone Panel Surveys in Developing Countries: A Practical Guide for Microdata Collection*. Directions in Development. Washington, DC World Bank 2016.

**17. What are the ethical considerations for these types of surveys?**

I suggest the article referenced in response to Question #14 to learn more about ethical considerations.

**18. How do you compare credibility of responses between in-person FTF and phone interviews?**

Re-ask questions that should have the same answer as the FTF survey or an answer with a predictable change (age, number of children, occupation).

**19. What can you share on the best ways of data quality issues and how can we improve during the data collection process?**

I suggest the report below:

- Greenleaf, A.R., et al., *Comparison of remote data collection modes to monitor family planning progress in Burkina Faso: representativeness, data quality, and cost* P.M.a.A.P. Project, Editor. 2019, Bill & Melinda Gates Institute for Population and Reproductive Health, Johns Hopkins Bloomberg School of Public Health: Baltimore, MD.  
[https://www.pma2020.org/sites/default/files/PMA2020\\_RDC\\_Phase2\\_report\\_06March2019-web.pdf](https://www.pma2020.org/sites/default/files/PMA2020_RDC_Phase2_report_06March2019-web.pdf)

**20. Reverse billing is not effective in all countries or networks, how have you effectively refunded respondents of any money they have spent when responding to the smses?**

Do not have experience with this.

**21. I would like to use the CATI for a qualitative study, roughly how long should the interview length be and how do you capture the non-verbal cues?**

I don't have experience with qualitative phone interviews. I suggest looking at US literature about remote qualitative work.

**22. Have you compared responses between a cellphone interview and face-to-face interview with short intervals in between to see similarities in responses?**

Yes, please see the report below:

- Greenleaf, A.R., et al., *Comparison of remote data collection modes to monitor family planning progress in Burkina Faso: representativeness, data quality, and cost* P.M.a.A.P. Project, Editor. 2019, Bill & Melinda Gates Institute for Population and Reproductive Health, Johns Hopkins Bloomberg School of Public Health: Baltimore, MD.  
[https://www.pma2020.org/sites/default/files/PMA2020\\_RDC\\_Phase2\\_report\\_06March2019-web.pdf](https://www.pma2020.org/sites/default/files/PMA2020_RDC_Phase2_report_06March2019-web.pdf)

**23. How are targeted populations encouraged to attend these kinds of surveys?**

- To date, I do not know of any random digit dial surveys that have conducted any sort of community mobilization. For follow-up to FTF, I suggest having the FTF interview clearly explain during the FTF interview that the respondent will be receiving a call.

**24. In any of these countries, were any incentives employed to gain high cooperation with the telephone respondents?**

Please see the article below about incentives:

- Gibson, D. G., A. C. Wosu, G. W. Pariyo, S. Ahmed, J. Ali, A. B. Labrique, I. A. Khan, et al. "Effect of Airtime Incentives on Response and Cooperation Rates in Non-Communicable Disease Interactive Voice Response Surveys: Randomised Controlled Trials in Bangladesh and Uganda." *BMJ Glob Health* 4, no. 5 (2019): e001604.

**25. Can surveillance surveys (e.g. PHIA, BBS) with biological components (blood draws, etc.) be done via phone surveys?**

Biological components can only be done FTF.

**26. Phone interviews are likely to exclude those who do not want to be contacted by phone, how do you handle this kind of bias?**

First, you should assess frame error and decide if a phone survey is a good idea based on the amount of bias under-coverage introduces for your outcome of interest. If you decide to proceed with a phone survey, you should continually assess error and bias (sampling and response) and report carefully. In some cases, weighting could help with bias but should be approached with caution.

**27. What are the expenditure items in the cost per respondent? Any payment to MNO for obtaining the list of cell phone owners?**

Cost information for one study is available in the report below. I don't know about payment to MNO for list of cell phone owners.

- Greenleaf, A.R., et al., *Comparison of remote data collection modes to monitor family planning progress in Burkina Faso: representativeness, data quality, and cost* P.M.a.A.P. Project, Editor. 2019, Bill & Melinda Gates Institute for Population and Reproductive Health, Johns Hopkins Bloomberg School of Public Health: Baltimore, MD.  
[https://www.pma2020.org/sites/default/files/PMA2020\\_RDC\\_Phase2\\_report\\_06March2019-web.pdf](https://www.pma2020.org/sites/default/files/PMA2020_RDC_Phase2_report_06March2019-web.pdf)

**28. Can you talk about how length of interview impacts results comparing phones to F2F?**

I haven't seen a publication about phone survey length maximum. My guess is that after 20 minutes, respondents will lose interest and data quality will decrease. If you have a long survey, you can divide the survey into sections and call the respondent once a week or month to complete the survey in sections.

**29. How can we correct for the technological bias, I mean those who do not have access to phones or, if with a smartphone, access to cheap internet? How does it affect the reliability of our results?**

Using the Total Survey Error framework, this would be frame error, and specifically under-coverage. Please see slides and answer to Question 26 above.

**30. Are there any adverse events directly related to phone interviewing that have been reported as a result of conducting phone interviews?**

The adverse effects reported below were not part of a survey but of an automated (IVR) service promoting contraceptive use:

- Reiss, K., K. Andersen, E. Pearson, K. Biswas, F. Taleb, T. D. Ngo, A. Hossain, et al. "Unintended Consequences of Mhealth Interactive Voice Messages Promoting Contraceptive Use after Menstrual Regulation in Bangladesh: Intimate Partner Violence Results from a Randomized Controlled Trial." *Glob Health Sci Pract* 7, no. 3 (Sep 2019): 386-403.

**31. How do you interact with people who cannot speak English language well but you need to get information from them without a third party?**

You should hire interviewers (or record your IVR survey) in languages representative of the country. The number of languages the survey is reported in needs to be clearly specified in the article.

**32. In some settings, may it be that some people hesitate taking a call out of concern they may be charged for it?**

I think phone owners in SSA have a good understanding of what costs them money and what is free to do.

**33. I am interested to know how the respondent's cellphone numbers were obtained for SMS and calls? Also, in this survey, acceptance rate from rural areas was higher than in urban – how can this be scientifically explained?**

See sampling section of the presentation (slides 17-20). Response rates for FTF surveys in rural areas are also higher than in urban areas in SSA.

**34. How do you handle duplication or collecting data from the same respondents who owns SIM cards from different network providers?**

Please see article below to understand why contacting the same respondent twice is very improbable:

Labrique A, Blynn E, Ahmed S, Gibson D, Pariyo G, Hyder AA. Health Surveys Using Mobile Phones in Developing Countries: Automated Active Strata Monitoring and Other Statistical Considerations for Improving Precision and Reducing Biases. *J Med Internet Res.* 2017;19:e121.

**35. Do you have any ideas of how to deal with phone sharing and how to ascertain identity if it's a follow up and you need a specific, non-random participant?**

We have called participants back and identified the participant by name only. Although multiple people may go by the same name in the household, so you could have a hard time finding the correct respondent, but this did not prove to be an issue during follow-up survey in Burkina Faso. One way to avoid this is to also ask the respondent his or her age. Also, if you completed a household line list, you can look before placing the call at households that recorded more than one person with the same name.

**36. How do you account for non-response due to technical issues, power issues in some settings?**

It is difficult to quantify the cause of non-response. If you have FTF data about electricity in the home, you can look at whether respondents and non-respondents differ on electricity which could give you an indirect estimate of impact of electricity on response.

**37. How long does it take to call 40,000 participants?**

~1 month, 20 interviewers, working 4-5 hour shifts a day

**38. What can you share on the best ways of data quality issues and how we can improve during the data collection process?**

To keep data quality high, I would suggest CATI over IVR or SMS. If you are following-up from a FTF survey, I would suggest asking a few questions from the FTF survey so you can assess reliability of answers. Monitoring supervisors can help improve data quality, if done well. Daily de-briefs with interviewers also helps improve data quality.