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About this project

In July 2020, iMMAP launched the Global COVID-19 Situation Analysis Project, funded by the Bureau of Humanitarian Assistance (BHA) of USAID. Implemented in Cox’s Bazar, Bangladesh, Burkina Faso, Colombia, Democratic Republic of Congo, Nigeria, and Syria, this project has produced monthly situation analysis reports that provide humanitarian stakeholders with comprehensive information on the spread of COVID-19 and related humanitarian consequences. Data is identified from humanitarian sources and coded using the project’s analytical framework, which is closely aligned with the JIAF framework. Data is stored in DEEP where it can be visualized, disaggregated and aggregated to respond to queries about humanitarian situations.

Based on Lessons Learned for the project, iMMAP commissioned a series of sector-specific lessons learned reports to assess data availability and quality, adaptations, challenges, opportunities that emerged in five humanitarian sectors: education, food security, livelihoods, protection, and water, sanitation and hygiene (WASH). Alongside this, seven thematic reports that focus on identified gaps in data were also commissioned.

It should be noted that the number of tagged documents on DEEP is an underestimation of the true value of documents available globally. Firstly, no system of literature identification and review will capture 100% of data sources. Secondly, there is a lag between date of publication of a document and date of processing and finalization into DEEP. This delay leads to an underestimation of the number of documents in recent time periods.

“This report is the result of a combination of primary and secondary data review exercises that cross-analyze a number of information sources. The views expressed herein do not necessarily reflect the views of USAID, the United States Government, the humanitarian clusters or any one of their individual sources.”

Author: Elizabeth Robinson
erobinson100@gmail.com
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In addition, the following iMMAP staff supported outreach to KII respondents: Alex Uchenna Nwoko and Tasauf Billah in Bangladesh, Silimane NGomo in Burkina Faso, Xitong Zhang and Emerson David Devia Acevedo in Colombia, Lucas Lukaso in DRC, Johnson Taremwa in Nigeria, and James Whitaker and Ali al-Bayaa in Syria.

In particular, the following individuals are thanked for their contribution to this report in the form of key informant interviews: Gilbert Kasereka Muyisa (UNICEF Education Cluster Coordinator – Bangladesh), Souleymane Sakande (UNICEF Information Management Specialist – Bangladesh), Amani Passy (UNICEF Education Sector Coordinator – Nigeria), and Kamal Hossain (Save the Children Education Advisor – Bangladesh). The author would also like to thank Luis Fernando Viánccha (iMMAP Information Management Expert, Education – Colombia), David Schoeller-Diaz (iMMAP Project Lead, COVID-19 Situational Analysis – Colombia), Emerson Devia (iMMAP Project Manager – Colombia), and Alberto Castillo Aroca (iMMAP Information Management Expert – Colombia) who provided written inputs based on his experience with the Education Cluster in Colombia.

I would also like to thank all of the key informants who wish to remain anonymous.
**List of Acronyms**

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>BAY</td>
<td>Borno, Adamawa, and Yoba</td>
</tr>
<tr>
<td>DEEP</td>
<td>Data Entry and Exploration Platform</td>
</tr>
<tr>
<td>DFS</td>
<td>Data Friendly Space</td>
</tr>
<tr>
<td>DRC</td>
<td>Democratic Republic of the Congo</td>
</tr>
<tr>
<td>EiE</td>
<td>Education in emergencies</td>
</tr>
<tr>
<td>EMIS</td>
<td>Education Management Information System</td>
</tr>
<tr>
<td>FGD</td>
<td>Focus group discussion</td>
</tr>
<tr>
<td>HNO</td>
<td>Humanitarian Needs Overview</td>
</tr>
<tr>
<td>HRP</td>
<td>Humanitarian Response Plan</td>
</tr>
<tr>
<td>JENA</td>
<td>Joint Education Needs Assessment</td>
</tr>
<tr>
<td>KII</td>
<td>Key informant interview</td>
</tr>
<tr>
<td>IDP</td>
<td>Internally displaced person</td>
</tr>
<tr>
<td>MoE</td>
<td>Ministry of Education</td>
</tr>
<tr>
<td>NGO</td>
<td>Non-governmental organization</td>
</tr>
<tr>
<td>OOS</td>
<td>Out-of-school</td>
</tr>
<tr>
<td>WASH</td>
<td>Water, sanitation, and hygiene</td>
</tr>
</tbody>
</table>
Executive Summary

The COVID-19 Situational Analysis Lessons Learned research project was launched by iMMAP in 2021 to document the changing data landscape during the pandemic. The project covered five humanitarian sectors—Education, Food Security, Livelihoods, Protection, and WASH—and six countries—Bangladesh, Burkina Faso, Colombia, DRC, Nigeria, and Syria. The research sought to understand how COVID-19 affected data availability and data quality, how humanitarian actors adapted to these changes, and what lessons learned can be gleaned from this experience. This report focuses on the Education sector.

The research approach included a desk review of iMMAP monthly reports on the pandemic and other sources, secondary analysis of quantitative data from the DEEP platform, and key informant interviews (KIIs) with Education Cluster Coordinators in the target countries. The research was conducted between mid-July and early September 2021.

The countries examined in this study had diverse experiences with data collection in the education sector during COVID-19. While it reasonably could have been assumed that data availability and data quality would have declined during the pandemic, this was not necessarily the case in all contexts; some countries found that the increased urgency of COVID-19 and resulting attention increased data collection efforts. However, the requirement for remote data collection in most countries led to a cascading series of challenges that required adaptation. Commonly cited challenges included the need for additional resources (human, financial, and time) to implement remote data collection approaches, and/or health protection measures during adapted in-person data collection; the inability to acquire a representative sample of respondents given the reliance on phone- or internet-based data collection methods; and access constraints due to lockdowns. Despite the additional resources dedicated to data collection in some cases, the quality of information was still generally below the pre-pandemic benchmark. Notwithstanding these difficulties, the planning and implementation of education activities proceeded during the pandemic. Educator actors reported making do with the information they had available, which in some cases was actually better than prior to the pandemic.

The challenges posed by data collection during the pandemic did provide an opportunity for education actors to develop new tools or ways of working. In Burkina Faso, Colombia, Nigeria, and Syria (Turkey Cross-Border Hub), the Education Cluster developed new frameworks and tools, and improved or initiated new remote data collection methodologies that will continue to be used in the future. In DRC, the shift to online Cluster meetings provided an opportunity for partners who previously did not join meetings to call in remotely; however, in several countries, online meetings proved difficult for some partners, and led to decreased Cluster communication and participation. In Nigeria, the increased reliance on national actors during the pandemic has jump-started a sustained localization effort.
The rest of the report will proceed as follows. First, an introduction on the project is presented, followed by an explanation of the research methods. Next, the key findings are presented, organized by data availability, data quality, and adapted ways of working. The conclusion offers cross-country observations and high-level takeaways, followed by recommendations and overall lessons learned.
1. Introduction

Rationale

Since March 2020, the COVID-19 pandemic has engendered a series of sudden restrictions and roadblocks affecting the operations of humanitarian stakeholders worldwide. In many cases, agencies have been unable to access target communities, and have been cut-off from traditional sources of in-person data and data collection opportunities. Given the reliance of humanitarian actors on timely, reliable, and high-quality data to inform decision-making, COVID-19 movement restrictions impacted agencies’ capacity to reach communities with emergency assistance.

To support humanitarian partners during the COVID-19 pandemic, iMMAP launched the COVID-19 Situational Analysis Project to provide the humanitarian community with timely and comprehensive information about how COVID-19 is affecting operations across six sectors: Education, Food Security, Livelihoods, Nutrition, Protection, and WASH. The project has focused on six countries—Bangladesh, Burkina Faso, Colombia, DRC, Nigeria, and Syria—and has produced monthly situational analysis update reports for each country, based on the aggregation and analysis of secondary data. During the second phase of this project, iMMAP launched a Lessons Learned component to examine in detail how the availability and quality of data for humanitarian actors has been affected by the pandemic, how these changes affected ways of working among partners, and what lessons can be learned from this experience. Separate Lessons Learned reports have been drafted for each of the six sectors.

Before proceeding, it is important to clarify the scope of the project. First, the Lessons Learned research did not intend to directly compare the six countries studied. The countries were selected to provide a variety of data points and contexts to consider as part of the analysis, not to draw direct comparisons between them. Second, the research focused specifically on data collection and quality, not programming itself. However, how changes in data availability and quality affected programming and how agencies have adapted is addressed in this report.

This document is the final report for the Education Sector under the Lessons Learned project. It presents the key findings from the research project, along with conclusions, recommendations, and lessons learned from the data collection and analysis. This report will be used by iMMAP to inform further analysis for the COVID-19 Situational Analysis Project, and will also be shared with Education Clusters and other partners in the six target countries to support their data collection.
2. Methodology

Analytical Framework
The research relied on an analytical framework to guide the overall approach, and to ensure alignment between research objectives, research questions, methods, data collection tools, and the structure of the final report. The analytical framework (Figure 1) comprised three data-related conditions that must be met in order to facilitate effective humanitarian action. First, data must be available in sufficient quantities and scope (e.g. disaggregated by demographic factors). Second, the quality of the data available must be sufficient (further detail on how “quality” is defined is presented below). Third, humanitarian actors must adapt their ways of working based on the quality and availability of data; coordination and decision-making should happen differently in situations where high-quality data is readily available, and in situations when it isn’t. This component will examine both how agencies adapted to the presumably new data landscape during the pandemic, and what challenges they faced in doing so. The final piece of the framework is lessons learned, which seeks to establish key best practices across the three other components of the framework that can continue to be used by humanitarian actors.

Research Objective
The overall objective of this research was to document lessons learned that will promote the availability of high-quality data and responsive decision-making in the education sector during the pandemic and other crises moving forward.

Research Questions
To achieve the above research objective, the following six research questions were proposed. These questions are aligned with the analytical framework.

Data Availability:
1. What was the availability of data for humanitarian education actors during the pandemic?
2. What factors affected (positively and negatively) data availability for humanitarian education actors during the pandemic?

Data Quality:
3. What was the quality of data available to humanitarian education actors during the pandemic?
4. What factors affected (positively and negatively) data quality for humanitarian education actors during the pandemic?

Adapted Ways of Working:
5. How did humanitarian education actors adapt to changes in data availability and quality during the pandemic?
Lessons Learned:

6. What lessons has the sector learned from the challenges and adaptations during COVID-19 that can be useful in the future?

Approach Overview

The research methodology comprised three data collection approaches: 1) a desk review; 2) secondary review of quantitative data; and 3) Key Informant Interviews (KIs). Table 1, below, shows which data collection methods were used to address each research question; an X indicates that the method was used as a primary approach to address the research question, while a “\” indicates that the method was used as a secondary approach to address the research question.

Table 1. Alignment of Research Questions and Methods

<table>
<thead>
<tr>
<th>Research Question</th>
<th>Pillar 1: Desk Review</th>
<th>Pillar 2: Secondary Review of Quantitative Data</th>
<th>Pillar 3: Key Informant Interviews</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data Availability</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. What was the availability of data for humanitarian education actors during the pandemic?</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>2. What factors affected (positively and negatively) data availability for humanitarian education actors during the pandemic?</td>
<td>X</td>
<td>\</td>
<td>X</td>
</tr>
<tr>
<td>Data Quality</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. What was the quality of data available to humanitarian education actors during the pandemic?</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>4. What factors affected (positively and negatively) data quality for humanitarian education actors during the pandemic?</td>
<td>X</td>
<td>\</td>
<td>X</td>
</tr>
<tr>
<td>Adapted Ways of Working</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. How did humanitarian education actors adapt to changes in data availability and quality during the pandemic?</td>
<td></td>
<td>\</td>
<td>X</td>
</tr>
</tbody>
</table>
Lesson Learned

| 6. What lessons have the sectors learned from the challenges and adaptations that can be useful in the future |
|--------------------------------------------------|---|---|---|

Desk Review

The first component of the data collection was a desk review of existing documents. The desk review mainly focused on the monthly reports produced by iMMAP as part of the COVID-19 Situational Analysis project. A total of 52 reports were produced, including nine reports each from Bangladesh, Burkina Faso, Syria and Colombia covering September 2020 – May 2021; and eight reports each from DRC and Nigeria covering October 2020 – May 2021. Within these reports, the review mainly focused on the education sector section and the section on information gaps, but also took into account the broader context described in the report. The relevant sections of the reports from Colombia (originally in Spanish) and from DRC and Burkina Faso (originally in French) were translated into English using the DeepL software program. The desk review also included other relevant documents, including those shared by Education Clusters, which are compiled in the bibliography at the end of this report.

Secondary Review of Quantitative Data

The secondary review of quantitative data was based on the information available through the Data Entry and Exploration Platform (DEEP) database, compiled by project partner organization, Data Friendly Space (DFS). Over the past year, DFS identified, tagged, and coded relevant data sources covering the six target countries. Data sources included humanitarian assessments, news articles, research reports by NGOs and international actors, and documents from the Education Cluster. In particular, DFS used an analytical framework (see Annex 1) to tag the reports, and coded the documents according to a number of factors, such as which type of affected population they discussed. Humanitarian assessments in particular were also coded for overall quality, which was broken down into four dimensions: Fit for Purpose, Trustworthiness, Analytical Rigor, and Analytical Writing; each dimension also includes a number of sub-dimensions (Annex 2).

As part of the secondary review process, the data for the education sector in each country was exported from DEEP in order to facilitate further analysis in Microsoft Excel; this analysis process mainly focused on the humanitarian assessments, as they were deemed to be most relevant. iMMAP staff provided harmonized dashboards with initial analysis for each sector; the research then undertook further analysis when needed based on the DEEP exports provided by iMMAP. As outlined in Table 1, the secondary review of quantitative data was mainly used to address research questions 1 and 3, though some information also pertained to research questions 2, 4, 5 and 6.

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1 The data export included documents tagged by August 18th, 2021. Documents uploaded to or tagged in DEEP after this date are not reflected in the analysis.
Key Informant Interviews
KIIs were conducted with Education Cluster Coordinators in the target countries to triangulate and gather additional data. Please see Annex 3 for the draft of the guide used during these interviews. Contacts were identified through iMMAP’s existing relationships, and interviews were conducted online between August 5th and September 2nd 2021.

The interviews were audio recorded to facilitate note-taking. Explicit permission for recording was obtained from each participant. The researcher also took notes (on paper) during the call. All notes and recordings were saved on password-protected devices (laptop and/or mobile phone), anonymized, and will be deleted at the end of the project. The recordings were transcribed using the Otter software, and the transcripts were reviewed for accuracy by the researcher. The transcripts were then coded as per an analysis framework (Table 2) to identify key themes.

Table 2. KII Analysis Framework

<table>
<thead>
<tr>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Availability of data for humanitarian education actors during the pandemic</td>
<td>High availability / more available than before the pandemic</td>
<td>Specific locations</td>
</tr>
<tr>
<td></td>
<td>Low availability / less available than before the pandemic</td>
<td>Specific locations</td>
</tr>
<tr>
<td>Factors affecting data availability for humanitarian education actors during the pandemic</td>
<td>Factors positively affecting data availability</td>
<td>Collaboration between partners/sharing of data</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Increased resources available for COVID-19 data collection</td>
</tr>
<tr>
<td></td>
<td></td>
<td>iMMAP reports</td>
</tr>
<tr>
<td></td>
<td>Factors negatively affecting data availability</td>
<td>Remote data collection</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Limited collaboration between partners</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Evacuation of staff</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Unavailability of staff</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Lack of sufficient resources for COVID-19 data collection</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Delays related to COVID-19</td>
</tr>
<tr>
<td>Quality of data available to humanitarian education actors during the pandemic</td>
<td>High quality / higher quality than before the pandemic</td>
<td>Specific locations</td>
</tr>
<tr>
<td></td>
<td>Low quality / lower quality than before the pandemic</td>
<td>Specific demographic groups</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Specific locations</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Specific demographic groups</td>
</tr>
</tbody>
</table>
Factors affecting data quality for humanitarian education actors during the pandemic

Factors positively affecting data quality
- Increased focus/urgency around COVID-19 data collection
- Increased resources available for COVID-19 data collection and analysis

Factors negatively affecting data quality
- Remote data collection
- Time pressure to collect and analyze data
- Lack of sufficient resources for COVID-19 data collection and analysis

How ways of working among humanitarian education actors adapted to changes in data availability and quality during the pandemic

Decision-making adapted as needed
- New coordination/data sharing mechanisms/platforms

Decision-making did not adapt as needed
- Lack of needed coordination/data sharing mechanisms/platforms

Data availability/quality positively affected decision-making

Data availability/quality negatively affected decision-making

Lessons learned from COVID-19 that can be utilized in the future

Lessons on what should be done
- New coordination/data sharing mechanisms/platforms

Lessons on what should not be done
- Avoid delays

Data Security and Privacy

This research abided by the highest standards of data privacy and security for all primary data collected from key informants. Prior to data collection, key informants were provided with a data security and privacy statement that outlined the measures to be taken to protect respondents’ identity and ensure the security of all information provided.

Limitations

Several limitations were encountered during data collection and analysis. First, given time and resource constraints—as well as to avoid interview fatigue among iMMAP partners—Education Cluster Coordinators (including Co-Coordinators and Deputy Coordinators) were prioritized to participate in the KIs; other education sector partners, including local partners, were typically not requested to participate in KIs. In Colombia, inputs were received from the iMMAP team and in particular the Information Management Expert for the education sector, but not the Education Cluster itself. The perspectives of other partners—who would have played different roles in the education response during COVID-19—are not represented in this research.

The second group of limitations was related to the documents coded in the DEEP database. At the start of the research, the documents in DEEP had already been coded by staff from DFS, as per a separate analysis framework (available in Annex 1), and had been originally collected for different research purposes. When this data was reviewed and analyzed as part of the present research, this
original selection process and coding may have introduced bias or noise that could not feasibly be removed. As the documents were coded by different individuals, there were likely some differences between each person’s coding approach, which was not possible to adjust for in the analysis. For example, since documents could be coded with more than one tag per category (e.g., coded as focused on both “IDPs” and “displaced”), or no tags in a given category, the approach of each coder was likely slightly different. In addition, there were different coding frameworks for documents in general, and documents tagged specifically as humanitarian assessments. For example, humanitarian assessments were not coded by specific vulnerable groups, such as women or people with disabilities, while this was included in the coding framework for general documents. However, humanitarian assessments were the main focus of the DEEP analysis for this report. As mentioned above, as part of the original analysis process conducted by DFS, the documents were coded in line with four dimensions of data quality to determine an overview quality score. Naturally, quality in this context can be difficult to quantify and capture. As such, certain decisions were made regarding how quality was to be defined. It is possible that the dimensions of quality selected for this coding process did not fully capture all aspects of quality, in every situation. It is recommended that the “quality” of documents mentioned in this report should be interpreted as quality in this specific context of humanitarian data collection during COVID-19, including relevance to humanitarian actors.

3. **Key Findings**

**Data Availability**

This section discusses the availability of data during the pandemic, including specific gaps in data, and factors that affected data availability. While this section aims to focus mainly on availability, it should be noted that the discussion here also inevitably touches on data quality, which is further explicated in the following section.

As explained below, some data for the education sector was not available at the start of the pandemic. To address the gaps identified by the Cluster and education partners, iMMAP worked with PREMISE and RiWI to conduct primary data collection in the six target countries, based on the inputs of the Education Cluster and NGOs.

*Figure 2*, below, shows the total number of sources for each country that were uploaded to DEEP for the education sector between March 2020 and August 2021, including showing the portion that were tagged as humanitarian assessments. Across all countries, 1686 documents were identified, including 301 (17.9%) that were tagged as humanitarian assessments. INGOs were the most common sources of assessments, with 183 (60.8%) tagged as published by INGOs, followed by UN Agencies (108; 35.9%).

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2 Many assessments were tagged for multiple authors.
Figure 2. Number of Sources by Country

![Number of Sources by Country (March 2020 - August 2021)](chart)

Figure 3, below, shows how many assessments were published for each country per quarter, from Q2 2020 – Q2 2021. Overall, the availability of assessments peaked in Q1 2021, when roughly a third of all assessments were published; this pattern is seen across several countries.

**Bangladesh**

Between April 2020 and August 2021, a total of 286 documents were uploaded to and coded in DEEP for the education sector in Bangladesh. Of these, 19 were tagged as humanitarian assessments. The highest number of assessments (10) was reported in Q2 2021. Bangladesh had the fewest assessments coded in DEEP of any country in the study, and nearly all assessments focused on Chittagong, where the Cox Bazar camp for Rohingya refugees is located. All assessments focused on one of two demographic groups: either refugees (79.0%), or host communities (47.4%). The main topics covered by the assessments included the scope and scale of impact (73.7%), humanitarian

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3 For all countries, documents could be tagged (and often were) for multiple sectors.
conditions (63.2%), current and forecasted priorities (47.4%), and response and capacities (42.1%).\textsuperscript{4} Notably, not a single assessment was reported to cover humanitarian access, despite this being a major barrier to service provision and data collection (especially for the education sector) in Cox Bazar during the pandemic.

There was less data available for the education sector during the pandemic, due to several factors. When the pandemic broke out in Cox Bazar, the Government of Bangladesh only allowed access for “essential” sectors and activities, which did not include education. The Government itself also did not provide any data on the education sector for the camps, as authorities were more focused on host communities. However, even in host communities, NGOs were discouraged from conducting educational activities, as it was feared that gathering children together could promote the spread of the virus. While this atmosphere in general was not conducive to data collection, REACH and Translators Without Borders were reported to have provided useful data during the pandemic.

Lockdowns of varying degrees also led to restricted access, though Bangladeshi staff could still enter the camp during more flexible lockdown periods. While data could sometimes be gathered through parents and teachers via mobile phones, a ban on internet and mobile data in the camp frequently made this difficult for most areas. In addition, many communities were not comfortable with remote and technology-assisted data collection.

In terms of specific gaps, there was a lack of information on the efficacy and quality of remote learning, how much time children were spending on remote classes, and the impact of school closures on learning outcomes and drop-out rates. This information was harder to collect in part because children were studying at home, instead of in school, making it more difficult to reach them for data collection. Another gap was information on children with disabilities: education partners are aware that there are many children with disabilities in Cox Bazar, but the data on child participants in their education programs do not reflect this demographic reality.\textsuperscript{5}

The limited availability of data on the education context continued until spring 2021, when several new assessments were published that provided information on the impact of COVID-19 on access to education (including distance education), the impact of school closures, and challenges faced in accessing remote education.

\textit{Burkina Faso}

Between April 2020 and August 2021, a total of 337 documents were uploaded to and coded in DEEP for the education sector in Burkina Faso. Of these, 80 were tagged as humanitarian assessments, the most of any country in the study. In general, the number of assessments per quarter increased over time, peaking at 29 in Q1 2021, and then declining to 22 in Q2 2021. Most assessments focused on the north and west of the country—mainly Est, Sahel, Nord, and Centre-Nord; information was less available for the Central Plateau, South Central, South West, and Cascades regions, as well as for populations living in hard-to-reach areas. The majority of assessments (63.4%) focused on IDPs, though more general “displaced” persons was the focus of 23.8% of assessments, and another

\textsuperscript{4} Percentages may not sum to 100% as multiple tags could be assigned to each document.

\textsuperscript{5} There are two possible reasons for this: either teachers do not want to enroll children with disabilities because they are more difficult to teach, or family members do not want them to enroll, given concerns about safety and other issues. However, during COVID-19, it was easier for children with disabilities to participate in home-based learning activities.
22.5% focused on the host community. Nearly all (95.0%) assessments mentioned humanitarian conditions, though displacement (75.0%) was another common category, as was context (63.8%).

The Education Cluster reported that data collection in Burkina Faso was largely unaffected by the pandemic, mainly because there were few COVID-19 cases. While some actors relied on telephone surveys during the pandemic, many continued with in-person data collection, modified to accommodate social distancing. It was also noted by the Cluster that there was no need to collect data because all schools were closed—and thus basic information, such as the number of children out of school, was already known. The iMMAP Situational Analysis reports noted that COVID-19 prevention measures during data collection were rarely followed by rural populations, as some do not believe the virus is real. On the other hand, some respondents in data collection exercises were reluctant to have contact with anyone outside their family, for health reasons.

The October 2020 iMMAP Situational Analysis report (iMMAP, 2020) mentioned that some data collection activities had been suspended by donors, and that due to quarantine measures in some cities, primary data could not be collected in person. The Situational Analysis reports also mentioned that covering the cost of COVID-19 protective measures was a challenge for organizations. Partners needed to provide personal protective equipment to both data collection teams and respondents, as well as budget for additional rooms and days during training exercises. It was reported that extra costs amounted to approximately 5% of budgets.

The iMMAP monthly Situational Analysis reports identified several areas where data was missing, including: the impact of the pandemic on the mental health and well-being of school children and educational personnel; the number of children who dropped out of school as a result of the pandemic (including disaggregation); prevalence rates of COVID-19 in schools; number of schools with proper hygiene facilities and schools that have implemented COVID-19 protection measures; the impact of school closures on teachers and their income; the status of distance education; and information on coping mechanisms adopted by communities. Data disaggregated by specific demographic groups, such as adolescent girls, was mostly absent, and there was a lack of data on children without access to distance learning platforms. It should be noted that the needs and priorities mentioned were mostly reported by humanitarian organizations, and not directly by affected populations. The Education Cluster mentioned that information was not available on the risks children faced when not in school, such as gender-based violence or child marriage, as well as information on children who did not return to school after COVID-19; it is expected that some boys may have joined non-state armed groups, and some girls may have become pregnant and/or were subjected to early marriage.

To address some of these gaps, the Education Cluster launched the first Joint Education Needs Assessment (JENA) in 2020. The JENA was preceded by a desk review, which was used to identify gaps in information that the JENA then filled. The Education Cluster confirmed that the JENA successfully filled the needed gaps on the topics of access and learning environment, teaching and teachers, protection, and COVID-19, though the JENA aimed to focus on overall trends, not detailed information.

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6 While official statistics confirm this, it is possible that cases have been underreported.
**Colombia**

Between April 2020 and August 2021, a total of 262 documents were uploaded to and coded in DEEP for the education sector in Colombia. Of these, 30 were tagged as humanitarian assessments. The number of assessments per quarter increased from Q2 2020 to Q1 2021, peaking at 15 that quarter before declining again to five in Q2 2021. The assessments were distributed relatively evenly around the country, with the most common areas being Norte de Santander (4) and Antioquia (4). However, Norte de Santander and Arauca were identified as areas where there has been less information available relative to before the pandemic. In addition, the lack of disaggregation by rural and urban areas led to concerns that data collected in the latter was also assumed to represent the former. About a quarter of assessments (26.7%) focused on migrants, while 16.7% focused on refugees. Notably, 26.7% focused on “others of concern,” suggesting that there may have been demographic groups that were not reflected in the DFS coding framework. Half of assessments reported on humanitarian conditions, 36.7% reported on the scope and scale of impact, and 23.3% discussed displacement.

The Education Cluster in Colombia benefits from a strong, centralized government information system (such as [https://www.datos.gov.co/](https://www.datos.gov.co/)) as well as other reliable sources of education data. These systems—which partners are required to submit their data to—track students in all education levels and geographic areas, and include data such as enrollment and drop-out rates. While this system continued to function during the pandemic, the fact that students were no longer attending in-person education led the sector to adopt new strategies and tools, such as digital platforms and applications. However, such approaches had limited utility for rural areas where connectivity was low; for these areas, alternative methodologies were developed.

Information about the education sector in Colombia was generally scarce during the pandemic. In October 2020, it was noted that of all humanitarian sectors, the least information was available for the education sector. What’s more, sources that did provide education data were either out of date, or were primarily focused on other sectors, so did not provide detailed education data. Missing information within the education sector included: the impact of school closures on children; drop-out rates (in particular by age and level of education); how the pandemic has affected access to education; the capacity of schools and households to support remote learning; schools’ compliance with COVID-19 protocols, and how these have affected children’s learning; and the specific impact of the pandemic on children’s learning, especially since many young people were out of school prior to the pandemic. In addition, it was often reported that information about the needs and priorities of affected populations was rarely provided by those populations themselves (presumably, the information was instead reported by humanitarian agencies).

Data on populations with special needs—such as unaccompanied minors—were also rare. Prior to the pandemic, dedicated data collection efforts had been undertaken to ensure information on these vulnerable groups was available, but those exercises slowed during COVID-19. Age-disaggregated data on migrants was missing for the education sector, making it difficult to understand whether migrant children were out of school because they were of working age and

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7 In the Colombia context, there are different types of migrants, including migrants from Venezuela and internally displaced migrants. It is not clear which group the DFS coders were referring to when selecting the tag “migrants.” It is also possible that internally displaced migrants would fall under the tag of “IDPs.”
engaged in a livelihood, or whether they were young enough that they should still be in school. There was originally a lack of information on IDPs, though this was addressed in June 2021.

Most organizations switched to remote data collection during the pandemic, though some continued with in-person data collection, adapted to abide by COVID-19 precautionary measures. However, the limited capacity of some organizations to implement these mandatory measures led to delays in data collection. Data availability was also negatively affected by access limitations, and the lack of alternative options for data collection in rural areas. A governmental decree in March 2020 limited the movement of humanitarian agencies and their access to the field. Between March and August 2020, access to the field was restricted to only essential personnel. In October and November 2020, insecurity also limited organizations’ access and data collection efforts.

**DRC**

Between April 2020 and August 2021, a total of 259 documents were uploaded to and coded in DEEP for the education sector in DRC. Of these, 65 were tagged as humanitarian assessments. In general, the number of assessments per quarter increased steadily between Q2 2020 and Q3 2021, peaking at 26, suggesting that data became more available as the pandemic went on. Most assessments focused on the eastern provinces of DRC—mainly Tanganyika, Sud-Kivu, and Nord-Kivu; Kinshasa was also cited as an area where information was generally available. However, far fewer assessments focused on the north, south, and west of the country (outside of Kinshasa), as well as hard-to-reach areas. While this pattern roughly reflects the distribution of people with educational needs, there was still a need for additional data outside these areas, and data disaggregated by province.

The assessments largely focused on populations affected by displacement: 41.5% centered on IDPs, and 30.8% covered returnee populations. By comparison, only 9.2% explicitly focused on host communities. Information was reported to be lacking on specific demographic groups, including children with disabilities and women/girls. The main topics covered by education assessments included humanitarian conditions (72.3%), displacement (60.0%), and context (27.7%). Notably, current and upcoming priorities were far less well documented, and the priorities that were mentioned were typically communicated by humanitarian organizations, and not by affected populations themselves.

Prior to the pandemic, education data in DRC was already limited. Given the Education Cluster’s focus on integrating children affected by conflict into government schools, the Cluster relies on the Ministry of Education’s (MoE) Education Management Information System (EMIS) for basic information such as enrollment. However, the EMIS does not allow for disaggregation (such as by displacement status) and is often not up-to-date. Education sector partners also collect data on a regular basis. However, given the large number of partners—there are over 100 organizations contributing to the DRC Education Cluster—is it difficult to disseminate new information to all stakeholders in a timely and organized fashion, as well as compile the information in a systematic manner.

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way. This means that even if information exists, for all intents and purposes it may not be available to decision makers when they need it.

Given the Cluster’s focus on formal education, one piece of desired information—generally and during the pandemic—is enrollment in schools. The closure of schools due to COVID-19 presented a double-edged sword in this regard: all children were out-of-school (OOS)—clearly a massive problem—though data was highly “available” in this sense: partners could be certain that enrollment was effectively 0% while schools were closed. Data was also missing for several specific topics, including: the psychological impact on children of being out of school, children’s participation in distance learning, children who left school permanently during the pandemic, basic information about schools that remained closed after they could have re-opened, adoption of COVID-19 preventive measures in schools that did re-open, and enrollment in schools after they re-opened. In addition, there was a lack of data on survival strategies adopted by children—such as forced labor (work in the mines was specifically mentioned)—that may affect their return to or participation in education.

Despite these gaps in data availability, the urgency of the pandemic did contribute to improved coordination between development and humanitarian partners, and also galvanized partners to ramp up data collection on the impact of COVID-19 on children more broadly. Indeed, it was reported that large, international partners contributed to data collection more regularly during COVID-19 than before the pandemic. However, as the urgency of COVID-19 is receding at the time of this writing, so is the interest of these partners: the increase in data collection seen during the pandemic has not been maintained. The increase in short-term interest did spur the collection of new data on child protection risks, which highlighted the role that schools play in minimizing such risks; this new data—which would not have been collected had there not been a pandemic—in turn was used by the Cluster to advocate for prioritizing education. Indeed, the pandemic provided an opportunity for education actors to better make the case that education is a critical aspect of humanitarian response, given the protection risks children face when OOS. Lastly, while the focus of data collection had shifted during COVID-19 to address how children were affected by the pandemic and being OOS, there has not been a corresponding shift back to standard topics (e.g., population movements, children affected by armed conflict) now that children are back in school. This is creating an information gap that was not present before the pandemic.

**Nigeria**

Between April 2020 and August 2021, a total of 224 documents were uploaded to and coded in DEEP for the education sector in Nigeria. Of these, 42 were tagged as humanitarian assessments. The number of assessments per quarter increased from Q2 2020 to Q4 2020, when 15 were recorded, and then declined in the following two quarters. Most assessments were concentrated in the BAY states (Borno, Adamawa, and Yoba). Populations affected by displacement were the main topic of assessments, including IDPs (71.4%), refugees (26.2%), and returnees (23.8%). Host communities were also discussed in 42.9% of assessments. The assessments mainly focused on humanitarian conditions (92.9%), impact (81.0%), displacement (59.5%), and COVID-19 containment measures (52.4%).

Due to the lack of an annual school census post-COVID, data on school reopening was largely absent. This included the number of schools expected to re-open, the number of children able to return and attendance rates, whether COVID-19 prevention measures had been adopted, and teacher
absences. School attendance/enrollment disaggregated by gender and age was also missing, making it difficult to determine the detailed impact of the pandemic on different demographic groups. These gaps were later addressed through a Joint Education Needs Assessment (JENA), which was one of the first assessments to be conducted after the pandemic. Hard to reach areas were specifically cited as locations where more data was needed; however, even if more data were available, humanitarian actors still may not have been able to intervene. That is, the lack of data was not the single—or even the key—factor limiting action.

Data availability in Nigeria was limited by several factors. First, community networks—comprised of stakeholders such as teachers and volunteers—have historically been used to gather data, such as data on attacks on schools. However, even prior to the pandemic, it was difficult to keep these networks active and reporting, though having focal points in each state helped in this regard. When COVID-19 began, many participants in these community networks were no longer available to contribute to monitoring efforts. In some cases, they needed to pursue other livelihoods when NGOs put their programming on hold and could not pay these volunteers. In addition, teachers are often not from the community where they teach, so when schools closed, they returned to their home communities and no longer were available to participate in monitoring networks. Data was also limited by the evacuation or restricted movement of international staff, limiting the capacity of NGOs.

Another factor limiting data availability and the functionality of monitoring systems was the government’s lack of commitment to these processes. The Government did not consider programs such as distance learning to be part of formal education, and therefore did not believe they had a responsibility to report on these programs, or develop tools to monitor the programs. More broadly, in Nigeria, it was difficult to separate the how the pandemic affected humanitarian needs from how ongoing conflict and insecurity has affected those needs. Existing data did not provide the necessary nuance on this matter.

**Syria**

Between April 2020 and August 2021, a total of 318 documents were uploaded to and coded in DEEP for the education sector in Syria. Of these, 65 were tagged as humanitarian assessments. The number of assessments per quarter increased from Q2 2020 to Q1 2021, peaked at 23 in Q1 2021, and then declined in Q2 2021. While most assessments were focused on the North-East (19) and al-Hasakeh (8), the North-West (15), and government-controlled areas (10), other regions still had several assessments; central and southern Syria generally had the least data available, and information was typically less available for government-controlled areas, likely due to access issues, compared to northern Syria. IDPs were the most commonly mentioned group, featuring in 41.5% of assessments, and returnees were the focus of 12.3% of assessments. Perhaps recognizing the all-encompassing nature of the Syria crisis, 44.6% of assessments were coded as mentioning “all” affected groups. Over half (53.9%) of assessments focused on COVID-19 containment measures, though nearly as many (47.7%) discussed humanitarian conditions; 23.1% focused on displacement.

Data on the education sector in Syria was generally available. Following the re-opening of schools in October 2020, by early 2021 approximately 20% of assessments conducted in Syria were related to the education sector. It was possible to disaggregate information by geographic area, and data was generally available for different demographic groups, such as displaced populations or female-headed households. By Q2 2021, it was reported that information on COVID-19 preventive measures
in schools, including school closures, and consequences on education, was largely available. On the other hand, country-wide, information about the psychological impact of the pandemic on students and teachers was missing, along with updated attendance information from the last school year. Nevertheless, it was difficult to isolate the impact of COVID-19 on humanitarian needs, given the complexity of the Syrian crisis.

During the pandemic, data collection country-wide largely shifted to remote modalities (online or by phone), which did limit data availability relative to before the pandemic, as not all households have access to a phone or the internet. This shift generated ripple effects on the scope and scale of data collection activities, and many were postponed. The urgency to collect data to inform COVID-19 response efforts was, in some cases, tempered by fears of contributing to the spread of the virus by deploying enumerators in the field. Nationwide, non-field staff shifted to remote working, and data collection trainings were conducted online and in a more limited capacity than before the pandemic; this reduced the capacity of some partners to conduct data collection activities. Additional time and resources were also required to train staff on COVID-19 preventive measures, and some agencies struggled to cover the additional costs. Access limitations—on the part both of organizations and authorities—also restricted data collection activities.

For the Turkey Cross-Border Hub, based in Gaziantep, data for the education sector was limited—both during COVID-19 as well as during the outbreak of conflict in north-west Syria in late 2019—and the gap was attributed in part to the perception that education is not considered to be life-saving assistance. The priority—for funding, programming, and data collection—is instead sectors such as Health, WASH, and Shelter. Often, the main perceived benefit of education in emergencies (EiE) programming is that attending school mitigates child protection risks and provides benefits such as psychosocial support. That is, the importance of EiE within a humanitarian response is often framed in terms of protection, not education itself. Nevertheless, programming directly linked to the Protection sector was still prioritized over education programming during the pandemic.

The Turkey Hub Education Cluster did have data on families’ access to internet and access to a router. One education partner collected data on exam results following remote learning, and other partners were able to collect information on distance learning through joining WhatsApp groups being used by teachers and students while schools were closed. Additional information that was not available, but which could have helped the Cluster prepare a response strategy, included the number of children with tablets and smartphones, the number of children with access to internet, and how many children need internet support.

To address the gaps in data collection, the Education Cluster in the Turkey Hub formed a COVID-19 Task Force. In terms of remote data collection, the Turkey Hub Education Cluster found that using tablets and software such as Kobo generated skepticism among both respondents and government officials. Cluster coordinators and members coordinated with each other, as well as with Education authorities on the ground, in order to document the number of schools fully open, partially open, or closed.

Data Quality
This section discusses how the quality of data was affected by the pandemic. Across all countries, it should be noted that it is difficult to fully untangle availability—detailed in the previous section—and quality. Many of the factors that limited the availability of data during the pandemic—such as
remote data collection—also limited the quality of the resulting information. The factors mentioned in the section above on data availability are not repeated here for the sake of brevity, but should be fully kept in mind when considering this section.

The quality scores of humanitarian assessments coded in DEEP are also presented in this section. Overall, average quality scores in each country ranged from 4.57 – 6.33 on a scale from 0 (low quality) to 10 (high quality), with standard deviations ranging from 0.84 – 1.68. Taking into account both the average scores and the standard deviations, this set of quality data is fairly concentrated, and does not represent dramatic changes in quality over time, or differences in quality between countries.

**Bangladesh**

The quality of education data in Bangladesh—as per the coding of DEEP assessments conducted by the DFS team—generally remained consistent over time, though analytical rigor increased in Q2 2021. The average final quality score across assessments was 5.92 out of 10, with a standard deviation of 1.69.

A relatively wide variety of data collection techniques were used. A secondary data review was included in 42.1% of assessments, KIIs were included in 36.8%, household and individual interviews were each included in 32.6% of assessments, and FGDs featured in 21.1%. A plurality of assessments (36.8%) were conducted remotely, though 26.3% were conducted face-to-face, and 21.1% used mixed modalities.9

While the quality of data was generally poor during COVID-19, this was also the case prior to the pandemic. Barriers include that, often, NGO staff in Bangladesh do not speak the Rohingya language fluently, and that Rohingya families frequently move to new locations, which can pose challenges when NGOs try to follow-up with specific households.

**Burkina Faso**

The quality of education data in Burkina Faso—as per the coding of DEEP assessments conducted by the DFS team—peaked in Q2 2020 (though there were only two assessments that quarter) and then decreased and remained fairly steady. The average final quality score across assessments was 5.57 out of 10, with a standard deviation of 1.00.

The most common type of data collection technique was KIIs, used in 73.8% of assessments, while FGDs were used in 43.8% of assessments, and household interviews used in 35.0%. Over half (55.0%) of assessments relied on face-to-face data collection, while 20.0% used remote data collection. Only 2.5% of assessments used mixed methods.

The Education Cluster noted that in-person data collection continued during the pandemic with social distancing measures, which did not affect the approach in any meaningful way. The iMMAP Situational Analysis reports (iMMAP, 2021a) (iMMAP, 2021b) mentioned that remote data collection did take place, which led to several issues with the quality of data. Surveys were shortened and sometimes postponed, and the resulting gaps in 2020 made it difficult to compare indicators across

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9 Across countries, not all assessments were tagged with the type of data collection (remote/face-to-face/mixed), so the sum of the percentages may be less than 100%.
time. Remote data collection also meant that enumerators could not observe respondents’ non-verbal reactions. However, the pandemic did provide an opportunity for the Cluster to improve and update its context analysis with new risks that emerged. New tools were also developed to better capture risks that children face at school.

**Colombia**

The quality of education data in Colombia—as per the coding of DEEP assessments conducted by the DFS team—stayed relatively even from Q3 2020 – Q2 2021. Scores were slightly higher in Q3 2021, though only two assessments were tagged for that period. The average final quality score across assessments was 6.33 out of 10, with a standard deviation of 1.28.

Household interviews were conducted for 30.0% of assessments, while KIIs and individual interviews each comprised 16.7% of assessments. No assessments used FGDs. Most assessments (43.3%) used remote data collection, while 16.7% used face-to-face and 3.3% used mixed data collection methods.

The switch to remote data collection in Colombia negatively affected the quality of data. Reliance on phone surveys meant that data collection was less representative, as the most marginalized and most in-need households may not have phones, and thus could not be reached; it can also be difficult to achieve a random sample with phone polling. There is also a need to increase human resource capacity and information systems to provide quality data within schools, which provide the primary information about students’ enrollment and status. At the same time, new tools, such as social network platforms, are also needed to collect quality data from populations outside the formal school system.

**DRC**

The quality of education data in DRC—as per the coding of DEEP assessments conducted by the DFS team—generally remained consistent over time, though analytical rigor increased slightly but consistently between Q2 2020 and Q2 2021. The average final quality score across assessments was 5.73 out of 10, with a standard deviation of 1.06.

KIIs were the most common data collection technique by far: 70.1% of assessments used this method. The next common method was household interviews, used in only 9.2% of assessments. In addition, 58.5% of assessments used remote data collection, while only 15.4% used face-to-face methods, and 4.6% used mixed methods. The overreliance on KIIs—both during and prior to the pandemic—led to a concern that partners often relied on key informants to report on the situation in their communities, instead of collecting data directly from affected populations themselves. It can also be difficult to aggregate information provided through KIIs; for example, ten key informants may mention that schools are still closed, but it can be tricky to determine how many schools those key informants are referring to, and even whether or not they’re referring to the same set of schools.

The quality of data collected by Education Cluster partners depended on which specific partner was doing the data collection: there was a range of capacities among the over 100 members, and efforts were not always coordinated. For example, data collection tools were not standardized (though this is underway), making it difficult to compare the data collected by different partners over time, thus reducing overall quality. During the pandemic, data collection exercises to monitor the
implementation of the response (e.g. distance education) were mostly conducted remotely, which led to low quality data.

There are also differences in quality between international partners and local partners. While local partners did not necessarily have methodologically robust and standardized tools, as international partners did, local partners were able to provide highly useful, qualitative information, on top of what was presented in their reports, at a level of localized detail that international partners were not able to provide.

**Nigeria**

The overall quality of data in Nigeria—as per the coding of DEEP assessments conducted by the DFS team—was consistent over time. The average final score across assessments was 4.75 out of 10, with a standard deviation of 0.84. Analytical rigor was notably higher in Q2 2020 than in other quarters, though only one assessment was conducted in Q2 2020.

KIIs were commonly used in Nigeria, featuring in 73.8% of assessments. This raises some concerns about an overreliance on KIIs, as the prevalence of needs and issues may not be properly represented through KIIs. The next most common data collection method was household interviews, used in 28.6% of assessments. The majority (64.3%) of assessments were conducted remotely, while 31.0% were completed in-person.

When COVID-19 began, new educational activities—such as distance education via radio programming—were initiated, but the government did not establish a common approach to count the children reached through radio programming, or a reporting mechanism. As such, implementing partners developed different methodologies for monitoring these programs, which were challenging to merge and compare, limiting the quality and usability of the data available. Eventually, the Education Cluster developed a common methodology, which was utilized by all partners.\(^{10}\)

Similarly, data quality was affected by the difficulties in confirming the figures reported by each education partner, some of which were collected through different methodologies; data collected over the phone was particularly hard to verify. The lack of a common framework and approach led to challenges comparing data reported by different agencies. The government was keen on creating consensus around statistics, but this was challenging to achieve.

**Syria**

The overall quality of data in Syria—as per the coding of DEEP assessments conducted by the DFS team—was consistent over time. Trustworthiness and analytical writing were notably higher in Q2 2020, though only four assessments were conducted that quarter. The average final score across assessments was 4.57 out of 10, with a standard deviation of 1.00.

As in other countries, KIIs were very commonly used, featuring in 86.2% of assessments. The next most common data collection techniques were household interviews and direct observation, each used in 4.6% of assessments. While only ten of the 65 assessments were coded for type of proximity, nine of these (13.9% of all assessments) were conducted with face-to-face data collection. One

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\(^{10}\) *Learners Reached with Remote Learning via Radio Broadcast: Methodology*. Nigeria Education in Emergencies Working Group, September 2020
assessment was conducted using mixed data collection. As per the coding, no assessments used remote data collection, though this is likely inaccurate.

Nation-wide, the pivot to remote data collection led to lower-quality data, due to replacement methodologies (such as KIs conducted by phone), as well as shortened data collection tools that could not capture as much detailed information as previously. However, all phases of assessments—including preparation, data collection, cleaning, and quality control—required more time and resources, which created a burden on organizations. In particular, ensuring that enumerators and respondents are following proper safety measures can be time- and resource-consuming. Some contexts, such as in IDP camps, make such measures difficult to implement.

For the Turkey Hub Education Cluster, the need to conduct remote data collection affected the quality of the data, as it was harder or impossible to reach some households, thus limiting the representativeness of the sample. Remote data collection also made it more difficult to form a personal connection with respondents, which can help in eliciting important details or sensitive information during a survey. Challenges in reaching children—and receiving parental consent—through remote data collection also limited the quality of data.

Adapted Ways of Working

**Bangladesh**

The Education Cluster provided a key coordination forum during the pandemic that helped to mitigate some of the data collection and quality challenges faced by partners. The Cluster met remotely every 15 days, and together identified challenges and how to address them. When needed, the Cluster flagged issues with the government (such as the Refugee Relief and Repatriation Commissioner), or higher-level humanitarian authorities, such as the Inter-Sector Coordination Group. Participation in the Cluster meetings increased during the pandemic, as a result of the switch to online meetings, instead of face-to-face. However, remote meetings did remove the opportunity for partners to speak bi-laterally to each other before or after in-person meetings, for example to coordinate on specific activities or share information.

**Burkina Faso**

The Education Cluster conducted remote meetings to abide by the government’s social distance regulations; now, members can join meetings either in-person or remotely. The Cluster reported this change did not lead to any challenges vis-à-vis working mechanisms. The Cluster also had to put visits to other regions on hold for two months, which did lead to strengthened communication channels between national and local actors as an adaptation measure. Remote communication and coordination have now been established as a realistic option, alongside in-person activities, and this new modality has enabled the Cluster to save time in its work.

The need to conduct some remote data collection also provided an opportunity to improve the Cluster’s remote data collection tools and methodologies, such as Kobo, and third party monitoring through local organizations. For example, local organizations can now send reports on school closures by SMS. This practice existed prior to the pandemic, but was improved and expanded by because of COVID-19.

The JENA also played a significant role in providing needed information to shape the Cluster’s decision making. The fact that the first JENA was conducted shortly after the end of the COVID-19
restrictions may have enabled the Cluster to “recover,” information-wise, from the pandemic, and make informed decisions going forward. The Education Cluster also noted that the pandemic provided an opportunity for renewed collaboration between sectors going forward, which improved the response.

**Colombia**

Several alternatives were developed in Colombia to mitigate data collection challenges. One approach included relying on key informants to report on needs through online platforms (such as Premise\(^{11}\) and Riwi that iMMAP used for its remote Primary Data Collection). The data collected was then compared with satellite imagery over time to understand how local conditions have changed. iMMAP has played a significant role in these adaptations, and has spearheaded the development and implementation of other forms of alternative data collection methods. The Education Cluster also participated in joint research through partnerships and new coordination mechanisms. The Cluster also standardized data collection dashboards and defined shared indicators to facilitate coordination.

Coordinated analysis workshops and other activities that previously had been conducted in person were held remotely during the pandemic, but with far reduced participation.\(^ {12}\) The Humanitarian Needs Overview (HNO) and Humanitarian Response Plan (HRP) for Colombia were still developed, virtually, reportedly with wide participation. However, given the difficulties with data collection during the pandemic, several organizations in Colombia had to adapt their strategies and develop a response without having conducted a needs assessment.

The focus on data collection for the pandemic may have inadvertently limited the data available on other long-term issues in Colombia, such as endemic diseases. The effects and data gaps resulting from this re-prioritization may not be clear for several months or years.

**DRC**

As mentioned above, the Cluster saw increased participation in data collection from international partners during the pandemic, given the urgency and interest in COVID-19. However, as the pandemic is turning into a long-term issue rather than a crisis situation, this interest in data collection among some international partners is receding.

The Education Cluster reported that participation in cluster meetings increased during the pandemic, due to the ability to join meetings remotely. It is expected that this new modality will continue after the pandemic, hopefully encouraging a long-term increase in cluster participation.

The decision-making context in DRC during COVID-19 was, naturally, shaped by norms in place prior to the pandemic. It was reported that the humanitarian response is rarely designed based on objectively-reported needs, but rather that the needs are reported in a way to support the desired response.

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\(^{11}\) This is the same platform that iMMAP used itself for primary data collection

\(^{12}\) It was not specified what caused the reduced participation; positions options include that partners’ had limited internet access, or preferred face-to-face meetings.
Nigeria

In Nigeria, the Education Sector took the lead on developing a common methodology for how to measure and count children reached through distance education, such as radio programming. Because these programs were newly initiated during COVID-19, common methodologies and reporting mechanisms did not previously exist. By developing a new set of standards, the Sector ensured that the data available could be compared across partners, thereby increasing the value and utility of the information available.

While the capacity of international NGOs was highly affected by movement restrictions and staff evacuations, national NGOs maintained their ability to operate. Therefore, national organizations were very well positioned to step up and take on some of the work previously spearheaded by INGOs. This commitment and shift towards localization deepened in the following months, with the target that next year, local NGOs should receive 25% of funding and implement 25% of activities, and increase to 50% in 2022. As one key informant explained, “the response should be as national as possible, and as international as necessary.”

Syria

In Syria, nation-wide coordination and communication between clusters and hubs shifted to online modalities, which led to slower processes of information sharing and decision-making. In some cases, additional training and coordination was necessary to ensure all members were able to participate. Such learning curves also affected coordination and communication around data collection.

The Turkey Cross-Border Education Cluster did establish a COVID-19 Task Force, in part to streamline data collection during the pandemic. The Cluster collected information from Task Force members and Cluster members on a regular basis and coordinated the response accordingly. However, limited financial resources and capacities to address this new type of emergency made it difficult for the Task Force to collect all required data. Nevertheless, the Task Force enabled education partners to receive updated information, which helped to shape a joint response during the pandemic, and produce needed reports. Although comprehensive data could not be collected, some Cluster members independently collected data for specific locations, which was helpful for the sector as a whole.

Despite limited data availability, the Cluster continued to develop education strategies, guidance notes, and other documents, which were based mainly on general context, information from other sectors, the HNO, pre-existing information, as well as information collated from partners and Education authorities on a weekly basis (though this information was not necessarily collected first-hand). This process did result in a HRP strategy that the Cluster felt was logical and responded to needs.

Traditional 4W tools used by the Turkey Hub Education Cluster were not relevant for the COVID-19 response, as these tools did not include distance learning and other activities that were initiated during the pandemic. To address this, the Cluster created a new reporting tool that included the new interventions and how many children have been reached through them, which is now included in the Cluster database.
4. Conclusion

The countries examined in this study had diverse experiences with data collection for the education sector during COVID-19. While it could have been assumed that, for a variety of reasons, data availability and data quality would have declined during the pandemic, this was not necessarily the case in all contexts. In DRC, for example, there was an increased interest among partners in collecting data related to COVID-19, though this engagement has faded over time. In Burkina Faso, the Education Cluster reported that the pandemic did not have a significant impact on data collection, in part because the country had few confirmed cases (though likely many more unconfirmed cases).

Regarding data availability and quality, the need for remote data collection in most countries led to a cascading series of challenges that required adaptation. Commonly cited challenges included the need for additional resources (human, financial, and time) to implement remote data collection approaches, and/or health protection measures during adapted in-person data collection; inability to reach a representative sample of respondents given the reliance on phone- or internet-based methods, and access constraints due to COVID-19 lockdowns. Despite the additional resources dedicated to data collection in some cases, the quality of information was still below the pre-pandemic benchmark. In particular, the overreliance on KIIs as a data collection method in some contexts may have reduced data quality, though this approach was also used prior to the pandemic.

In spite of the challenges related to data availability and quality, the planning and implementation of education activities proceeded during the pandemic. Educator actors reporting making do with the information they had available, which in some cases was actually better than prior to the pandemic. Given the all-encompassing impact of COVID-19—that is, in most cases, all children were out of school for several months—the needed response was often clear, despite a lack of data.

The challenges posed by data collection during the pandemic did provide an opportunity for education actors to adapt and develop new tools or ways of working. In Burkina Faso, Nigeria, and Syria (Turkey Cross-Border Hub), the pandemic led to the development of new frameworks and tools, and improvements in remote data collection methodologies that Clusters plan to continue using in the future. In DRC, the shift to online Cluster meetings provided an opportunity for partners who previously didn't join meetings to join remotely; however, in several countries, online meetings proved difficult for less tech-oriented partners, and led to decreased Cluster communication and participation. In Nigeria, the increased reliance on national actors during the pandemic has jump-started a sustained localization effort.

In many cases, pre-existing conditions and challenges had negatively affected data collection for years. Issues such as conflict, limited access, lack of resources, and coordination challenges were present in these contexts long before COVID-19. This can make it difficult both to understand the isolated impact of COVID-19 on data collection, as well as identify the specific impact of the pandemic on humanitarian needs.

It was also reported that the focus on COVID-19 related data collection has created a gap vis-à-vis other data collection needs. In Colombia, COVID-19 data collection supplanted data collection on endemic diseases that will continue to be relevant after the pandemic. In DRC, the focus of data
collection has not shifted back to non-pandemic topics, despite the fact that children are now back in school, leaving a gap.

**The at-times difficult positioning of the education sector within humanitarian aid can affect the Cluster’s ability to mobilize resources for data collection.** Education’s role in emergency response has long been debated, with critics gently reminding the aid sector that education is not a life-saving service. In response, education actors have often positioned their work as supporting child protection, health, and food security, as schools can be a strategic touch point to provide these services to children during emergencies. However, this approach may also dilute the perceived importance of education as a critical service in and of itself (and certainly may limit the resources dedicated to the quality of education, if the priority is getting children into schools so they can receive other services, rather than what they actually learn while there). What’s more, key informants from DRC and Syria (Turkey Hub) noted that even framing education in terms of a child protection intervention failed to attract the needed resources and attention, leaving the sector in a difficult “in-between” grey area.
5. Recommendations and Lessons Learned

The following recommendations and lessons learned have been identified based on the above research and conclusions. These are most relevant for Education Clusters and partners, though should also be considered by other actors, such as donors. The first section presents general recommendations that apply across contexts. The second section presents country-specific recommendations.

General Recommendations and Lessons Learned

1. **Supporting both in-person and remote options for Cluster meetings can enhance coordination and participation.**

   Nearly all countries reported shifting to online Education Cluster meetings during the pandemic. While some challenges emerged from this change—mainly technology difficulties—in DRC and Bangladesh online meetings actually saw increased participation. For example, in DRC, remote meetings provided an opportunity for local partners and those outside of Kinshasa—where the nation cluster is based—to contribute more to discussions. Education Cluster stakeholders in Bangladesh, Burkina Faso, and DRC already reported an intention to enable partners to join future meetings either remotely or in-person. This option is worth exploring in other contexts as well, as improved participation and in Cluster meeting is likely to facilitate coordination and exchange of information vis-à-vis data collection.

2. **Remote data collection should continue to be used—when appropriate, and likely along-side in-person data collection methods—in order to provide more options and flexibility for education partners to collect quality data.**

   In several countries it was reported that education partners strengthened existing or developed new data collection modalities during the pandemic, as a result of the impossibility of in-person data collection.

   In Bangladesh, if access is restricted again in the future, it is expected that education partners will feel more comfortable switching to online and remote options, rather than delaying operations until access is restored; COVID-19 has shown that postponing activities is not a feasible strategy, as lockdowns and restrictions have now lasted for 18 months. For example, despite some of the challenges reported with data collection using mobile phones, this was reported as a new modality available to the Cluster following the pandemic. In particular, reaching parents over the phone and relying on staff from Myanmar to act as facilitators were cited as best practices.

   The Turkey Hub Education Cluster for the Syria response reported that some members monitored and (virtually) observed remote learning by joining WhatsApp groups that were being used by students and teachers while schools were closed to collect information such as the number of students participating and completing homework. Such adaptations, while simple, are a good example of how data collection systems can adjust to new program modalities.
In Burkina Faso, local organizations can now send reports on school closures by SMS, which has the potential to be useful beyond the pandemic. In Colombia, the Education Cluster also mentioned that new technologies, including social media, have allowed for improved data collection capacities.

In Colombia, the use of new technologies for data collection allowed partners to easily disaggregate data by geographic area and sector. In particular, data from social media was used to track trends. Open data provided by the government is also a useful source of information, but must be properly analyzed in order to support decision making.

3. **Project budgets should be developed to take into account the potentially higher costs of remote data collection, as well as associated activities such as remote training of enumerators, and the provision of PPE.**

The increased costs of remote data collection and training were noted in Burkina Faso. Often, increased costs were also accompanied by a reduction in staff (due to lockdowns, evacuations, or movement restrictions), which created increased resource pressure on partners overall. While it is possible that costs for remote data collection may decline over time as partners become accustomed to remote data collection, identify cheaper alternatives, and have already made one-off purchases, any reoccurring additional expenses should be budgeted for in advance.

4. **Remote data collection and COVID-19 prevention should be included in all data collection trainings in the future, which should be conducted in-person when possible.**

While this recommendation was specifically mentioned in the context of Burkina Faso, it is relevant across contexts. Given that COVID-19 and related lockdown measures will likely be a risk for the foreseeable future, ensuring all data collection teams are fully trained on remote data collection and health and safety measures would increase partners’ capacity to switch to remote data collection on short notice. However, in Burkina Faso it was noted that remote trainings were not considered as effective as in-person trainings. Thus, partners should take advantage of opportunities to conduct in-person trainings when available.

5. **Develop standardized methodologies, tools, and reporting mechanisms to streamline data collection and analysis**

This was mentioned in the context of Nigeria and Syria, especially given that new data collection approaches for new educational activities had been developed during the pandemic. In Nigeria, shared tools and frameworks made the existing data more immediately comparable, and therefore more useful. In this case, the Cluster took the lead on that coordination effort, reflecting one of the key roles of such actors during humanitarian responses. In addition, traditional 4W tools used by the Turkey Hub Education Cluster were not relevant for the COVID-19 response, as these tools did not include distance learning and other activities that were initiated during the pandemic. To address this, the Cluster created a new reporting tool that included the new interventions and how many children have been reached through them, which is now included in the Cluster database.
Country-Specific Recommendations and Lessons Learned

1. **In DRC and Syria, education partners should re-focus advocacy efforts on framing education itself as a life-saving response, in part to support data collection efforts.**

An important lesson learned that was mentioned in DRC and Syria was the need to reconsider the advocacy strategy of the education sector, to better position education as a critical intervention in and of itself during emergencies, and not solely because education can support child protection or other sectors. In Syria, framing education as a vehicle for child protection was not as successful as hoped for in terms of mobilizing support for data collection on education needs. In DRC, the pandemic provided new data and evidence as to the risks children face when not in school, which now need to be utilized to support advocacy and fundraising approaches.

2. **In DRC, strengthen linkages and coordination between the MoE and the Education Cluster**

A second lesson from DRC is the need to strengthen linkages and coordination between the MoE and the Education Cluster, which is especially important during crisis situations, and in particular when the MoE had needed data on formal schools. UN Heads of Agencies should play a larger role in coordinating between government entities and the Cluster, to ensure the Cluster is well-positioned to support the government’s efforts.

3. **In Nigeria and DRC, continue to rely on local partners for data collection**

Amid an ongoing debate worldwide about the need for localization in humanitarian and development contexts, in Nigeria the pandemic further emphasized that local organizations are often more adaptable, reliable, and fast-acting than their international counterparts, especially during unexpected crises. In DRC, the nuanced qualitative information that local partners could provide added substantial value to data collection activities. Both local and international stakeholders should commit to capacity building of national partners in advance of emergency situations, so the humanitarian system is well-positioned to mobilize when the need arises.

4. **In Colombia, partnerships should be leveraged to support data collection**

The Education sector in Colombia emphasized the value of creating spaces and opportunities for partners to share information to support decision making around strategies for community response. This includes information on partners’ complementary capacities to support collaboration and mutual support. Data collection through partnerships can also assist in accessing specific areas.
6. References


COVID-19 Analyse de Situation – Burkina Faso, October 2021, iMMAP (2020, November 2020

COVID-19 Análisis de Situación – Colombia, Abril 2021 iMMAP (2021a), May, 2021

COVID-19 Análisis de Situación – Colombia, Marzo 2021 iMMAP (2021b), April 2021


## Annex 1: DEEP Analytical Framework

1. **Context**

<table>
<thead>
<tr>
<th>Political</th>
<th>Security</th>
<th>Socio cultural</th>
<th>Demographic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal &amp; policy</td>
<td>Economics</td>
<td>Infrastructure</td>
<td>Environment</td>
</tr>
</tbody>
</table>

2. **Events/Shock/Ongoing Conditions**

<table>
<thead>
<tr>
<th>Type &amp; Characteristics</th>
<th>Drivers &amp; Aggravating factors</th>
<th>Mitigating factors</th>
</tr>
</thead>
</table>

3. **COVID19 - Containment related measures**

<table>
<thead>
<tr>
<th>Physical distancing</th>
<th>Movement restrictions</th>
<th>Public Health measures</th>
<th>Lockdowns</th>
</tr>
</thead>
</table>

4. **Displacement**

<table>
<thead>
<tr>
<th>Type, #, Mvmt</th>
<th>Push factors</th>
<th>Pull factors</th>
<th>Intentions</th>
<th>Local integration</th>
</tr>
</thead>
</table>

5. **Casualties**

<table>
<thead>
<tr>
<th>Injured</th>
<th>Missing</th>
<th>Dead</th>
</tr>
</thead>
</table>

6. **Humanitarian Access**

<table>
<thead>
<tr>
<th>Access of affected population to assistance</th>
<th>Access of relief actors to the affected population</th>
<th>Security / physical constraints</th>
<th>People facing humanitarian access constraints</th>
</tr>
</thead>
</table>

7. **Communication and Information**

<table>
<thead>
<tr>
<th>Information channels and means</th>
<th>Information challenges</th>
<th>Information Needs</th>
</tr>
</thead>
<tbody>
<tr>
<td>8. Impact</td>
<td>Drivers &amp; Aggravating factors</td>
<td>Impact on people</td>
</tr>
<tr>
<td>-----------</td>
<td>--------------------------------</td>
<td>-----------------</td>
</tr>
<tr>
<td>9. Humanitarian Conditions</td>
<td>Living standards</td>
<td>Coping mechanisms</td>
</tr>
<tr>
<td>10. At Risk</td>
<td>People at risk/vulnerable</td>
<td>Number of people at risk</td>
</tr>
<tr>
<td></td>
<td>Priority needs (Hum.)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Priority interventions (pop)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>International actors</td>
<td>PIN not reached</td>
</tr>
<tr>
<td></td>
<td>National/local actors</td>
<td></td>
</tr>
</tbody>
</table>
**Annex 2: Dimensions of Data Quality**

<table>
<thead>
<tr>
<th>Dimension</th>
<th>Sub-Dimension</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fit for purpose</td>
<td>Relevance</td>
<td>Results answer the original research questions or objectives</td>
</tr>
<tr>
<td></td>
<td>Timeliness</td>
<td>Results were available on time to inform decision-making</td>
</tr>
<tr>
<td></td>
<td>Comprehensiveness</td>
<td>Results cover all affected geographical areas, groups and sectors</td>
</tr>
<tr>
<td></td>
<td>Granularity</td>
<td>Results are available at least for two levels of breakdown (sector/sub sector, Admin2/3, Affected groups level 2/3, etc.) and are broken down by relevant categories of analysis (sex, age, urban/rural, Conflict/no conflict, etc.)</td>
</tr>
<tr>
<td></td>
<td>Comparability</td>
<td>Results use or contribute to <strong>Common Operational Datasets (CODs)</strong>. Common Operational Datasets are the 'best available' datasets in a specific crisis, for instance the latest census or an outline of the administrative boundaries. If organizations use the same datasets, their data will be more comparable.</td>
</tr>
<tr>
<td>Trustworthiness</td>
<td>Source Reliability</td>
<td>Sources used for the report are reliable (Track record for accuracy, technical expertise, motive for bias)</td>
</tr>
<tr>
<td></td>
<td>Methods</td>
<td>Methodology/approach builds on a detailed analytical framework, including a conceptual framework, an analysis and a data collection plan</td>
</tr>
<tr>
<td></td>
<td>Triangulation</td>
<td>Efforts were made to use different methods, independent sources and triangulate results</td>
</tr>
<tr>
<td></td>
<td>Plausibility</td>
<td>Results are overall plausible internally (do not contradict other findings in the same survey) and externally (logical in context)</td>
</tr>
<tr>
<td></td>
<td>Inclusiveness</td>
<td>Priority problems identified by both the population and the assessment teams were captured and contrasted</td>
</tr>
<tr>
<td>Analytical Rigor</td>
<td>Assumptions</td>
<td>Key assumptions, information gaps and alternative explanations are identified, clearly communicated and caveated</td>
</tr>
<tr>
<td>-----------------------</td>
<td>------------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Corroboration</td>
<td>Results are corroborated and convergent across different independent sources</td>
<td></td>
</tr>
<tr>
<td>Structured Analytical Techniques</td>
<td>At least one structured analytical technique was used for each analytical level and for each assessment step</td>
<td></td>
</tr>
<tr>
<td>Consensus</td>
<td>Internal and external subject matter experts agree with the findings and results of the assessment</td>
<td></td>
</tr>
<tr>
<td>Reproducibility</td>
<td>Data, tools and methods are accessible and documented enough to allow reproducibility and further analysis if required</td>
<td></td>
</tr>
<tr>
<td>Analytical Writing</td>
<td>Clearly articulated results</td>
<td>Results are articulated using a clear line of analysis, a clear and simple structure and &quot;Bottom Line Up Front&quot;</td>
</tr>
<tr>
<td>Levels of confidence</td>
<td>Levels of confidence in findings and limitations are clearly communicated as well as reasons for uncertainty</td>
<td></td>
</tr>
<tr>
<td>Illustrations</td>
<td>Charts, tables and maps are used to illustrate results in a compelling and efficient way</td>
<td></td>
</tr>
<tr>
<td>Clearly stated outliers</td>
<td>Contrary information, outliers or inconsistencies not consistent with the line of analysis are clearly highlighted and communicated</td>
<td></td>
</tr>
<tr>
<td>Sourced data and evidence</td>
<td>Data and evidence supporting judgments are available, documented and clearly sourced</td>
<td></td>
</tr>
</tbody>
</table>
Annex 3: KII Guide

Introduction

Hello, thank you for meeting with me today! My name is Liz Robinson and I am talking to you on behalf of iMMAP. I believe you are aware of the COVID-19 Situational Analysis project being implemented by iMMAP. The project provides a solution to the growing global need for information, assessment and analysis among humanitarian stakeholders.

After several months of producing monthly situational analysis reports, the project is well placed to report upon lessons learned over the last year. This study is a sector-based lens with a focus on lessons gathered regarding data quality, availability, and how that data is used to inform humanitarian decision-making, that will improve humanitarian service delivery and learning for the future. Specifically, we are interested in your perceptions of the data available to the education sector, and how the sector has utilized that data, before and after the COVID-19 pandemic. We are also interested in hearing about challenges your sector faced, how you have adapted, and any lessons learned in the process.

Please note that we will not share your name or any other identifying information with anyone. We will collect answers from you and analyze them in aggregate, not individually. You are free to refuse to participate in this interview or to withdraw at any time during the interview.

In order to help me capture everything we discuss today, I would like to audio record our discussion. The recording can be stopped at any time and will be destroyed once the report is finalized. The recording will mainly be used by me to ensure my notes from our conversation have accurately reflected what you say. I will not share the recording with others without your explicit permission. Do you agree?

Thank you for agreeing to participate in this interview, I appreciate you sharing information with me. I will also take notes as back up in case the recording fails. There are no right or wrong answers to the questions.

Do you have any questions? If you have no questions for me now, I will begin the interview and the recording.

Introduction/Warm up

● How would you describe the availability and quality of data for the sector/cluster pre COVID-19? 
  [Probe: data sources/types, disaggregation, location; data on attendance/drop out rates, presence of teachers]

Data availability

Now, I’d like to talk about data availability during the pandemic

● How would you describe the availability of data during the pandemic, relative to what information was required for partners to make informed decisions? 
  [Probe: data sources/types, disaggregation, location; data on attendance/drop out rates, presence of teachers]
● In your opinion, what factors specifically related to COVID-19 have most influenced data availability – positively and negatively?
  
  [Probe: resource limitation, need for remote data collection, delays]

Data quality

Next, I want to discuss data quality during the COVID-19 pandemic.

● How would you describe the quality of data during the pandemic, relative to what information was required for partners to make informed decisions?
  [Probe: Standardization, sources of data, methodology, remote vs in person, data on attendance/drop out rates, presence of teachers]

● In your opinion, what factors specifically related to COVID-19 have most influenced data quality – positively and negatively?
  [Probe: delay, data integration, data management]

Data-Based Decision-Making

Now I’d like to discuss adaptations the Sector/Cluster made in order to continue to providing services and support during COVID-19.

● Can you describe how the sector responded to some of the challenges around data availability and quality?
  [Probe: communication/collaboration between sectors; shared analysis/dashboards]

● Reflecting on the challenges mentioned above regarding data availability and quality, how have these issues affected decision making within the cluster?
  [Probe: delays, shifts in programmatic focus]

Lessons Learned

Lastly, I’d like to discuss lessons learned.

● What lessons have you learned from COVID-19 that will support your work in the future?
  [Probe: Communication/collaboration between sectors; shared analysis/dashboards]

Is there anything else you think would be important for me to know that we haven’t discussed yet?

Thank you!
The outbreak of disease caused by the virus known as Severe Acute Respiratory Syndrome (SARS-CoV-2) or COVID-19 started in China in December 2019. The virus quickly spread across the world, with the WHO Director-General declaring it as a pandemic on March 11th, 2020.

The virus’ impact has been felt most acutely by countries facing humanitarian crises due to conflict and natural disasters. As humanitarian access to vulnerable communities has been restricted to basic movements only, monitoring and assessments have been interrupted.

To overcome these constraints and provide the wider humanitarian community with timely and comprehensive information on the spread of the COVID-19 pandemic, iMMAP initiated the COVID-19 Situational Analysis project with the support of the USAID Bureau of Humanitarian Assistance (USAID BHA), aiming to provide timely solutions to the growing global needs for assessment and analysis among humanitarian stakeholders.