Interactive Digital Surveys

What we did

Interactive Digital Surveys (IDS) are a core component of the User-Centred Community Engagement methodology. They are designed to engage community members quickly and effectively to identify their main needs related to a given problem area. Interactive Digital Surveys can be tailored to a specific problem area. In addition to common survey question types, they also include questions based on smiley scales and interactive questions that allow respondents to provide their answers by tapping on digital illustrations. The insights from the surveys help the project team gain initial understanding of issues from a large sample of target community members and inform activities in the Co-Creation Sessions.

During the Ethiopia Pilot, IDS were implemented over the course of 4 working days by a team of 5 data collectors (2 male, 3 female) in a single project location in the village of Tukaley, Korahe Zone, Somali Region. During this time the team surveyed 524 children aged 5-12 and 312 caregivers. The Eclipse Experience (EE) team followed the data collectors on two out of the four days for in-context observations.

During the last day, one of the data collectors also tested collecting data with IDS that used photographs of latrines and handwashing facilities in the village instead of digital illustrations. This was tested with a further 42 children and 18 caregivers. The use of photographs had a positive response but the data from these surveys was deemed void to preserve data accuracy and consistency and was not used to inform the content of the Co-Creation Sessions.

See the questionnaires used in Interactive Digital Surveys in this pilot can be found here: Caregivers’ Survey and Children’s Survey.

What we learned

Interaction with tablets were sometimes challenging for respondents but not a barrier to participation

We observed some children initially being visibly shy and reluctant to use the tablets that the field team used to deploy the Interactive Digital Surveys. Data collectors explained that this was likely because many children in Tukaley didn’t know how to use tablets. However, once the children began taking the survey, they would relax and become very engaged, especially when responding to the interactive questions (i.e., tapping on illustrations of sanitation facilities and on the smiley scale questions).
We also observed some children and caregivers struggling with the action of tapping on the tablet to interact with the questions. For example, some respondents would press very hard on the screen, while others would touch it very lightly and then quickly pull away. In these cases the data collectors took time to demonstrate to the respondent how to interact with the tablet.

**Not all children understood the smiley scale questions**

For some questions (e.g., questions about satisfaction with facilities and perception of safety), we used Likert-scale questions with response options represented as smiley faces (“the smiley scale questions”) to help children express their views. However, in the pilot context, some children struggled to understand these response options. This meant that data collectors had to explain the smileys before soliciting responses, which they often did in a playful manner that also helped them build rapport with children.

Further, having several smiley scale questions on a single page at times contributed to confusion. In several cases we also observed data collectors encouraging a child respondent to change the response they initially gave on a smiley scale question. Upon being prompted for explanation, the data collectors told Eclipse researchers that the child didn’t understand the question due to a lack of education.

**Children showed a lot of interest in taking part in the surveys**

Several children often gathered around when they saw another child taking the survey and tapping on the tablet screen. At times the data collectors had to hold back the other children from tapping on the tablet while a survey was in progress and ask them not to say responses when their peer was taking the survey. Children, as well as their caregivers, found some of the survey questions amusing. Particularly this was observed for questions about the location of defecation and urination in both the children and the caregiver survey. The amusement was sometimes accompanied by hesitation to respond but the respondents continued with the survey in all cases. Generally, the reception of the surveys and the excitement about participating among children was high.

**Some data collectors weren’t confident in approaching and sampling households**

From observations and follow up interviews we found that not all data collectors developed sufficient understanding of how to approach and sample research participants, introduce the project and gain consent when surveying households. Some data collectors appeared to rush and skip through the project description and consent sections built into the survey scripts. Others appeared to be unsure about how to deal with household members who
were outside the survey sample (for example, children under the age of 5 or over the age of 12). In one case we observed a data collector wake up an apparently ill man to survey him as a caregiver of children in the household.

**Data collectors faced a steep learning curve in using the interactive components of the surveys**

Interactive Digital Surveys use illustrations and images to facilitate interaction between data collectors and respondents. This was new to all data collectors working on the project. Even data collectors with previous experience in conducting surveys reported a steep learning curve when first using the interactive components of IDS. Some data collectors were unsure of which survey questions and answers they had to read out to a respondent (as they would in a traditional survey) and which they had to show to respondents to tap on. Similarly, data collectors weren’t always able to confidently deal with out-of-ordinary and out-of-scope responses that came up during the surveys, which highlighted a clear gap in the IDS training.

**Learning by doing led to quick improvements in data collectors’ survey skills**

We saw data collectors’ confidence and skills improve dramatically once they began surveying the community. These observations were confirmed during follow-up interviews with data collectors, who commented on the value of learning by doing for becoming more confident in conducting the Interactive Digital Surveys.

**Most data collectors intuitively found ways to engage both keen and shy children in surveys**

Data collectors took initiative in finding ways to engage both keen and shy children in the Interactive Digital Surveys. They patiently introduced and explained different parts of the survey to children and engaged them by making jokes and establishing initial rapport with friendly introductions and handshakes. Data collectors’ actions ensured that children felt comfortable and excited about participating in the surveys.

**Use of photographs in surveys was found promising but requires further testing**

During the Ethiopia pilot we were able to run the first field test of using photographs instead of illustrations in the interactive components of IDS. Initial findings suggest that children in Tukaley found it easier to engage with photos of existing latrines rather than with illustrations because the photographs were less abstract. Caregivers found illustrations and photographs equally easy to understand. Because the sample for testing photo surveys was
very small and the findings were based on a single data source (a follow-up interview with the implementing data collector), further testing is required.

**What this means for UCCE development**

**Explore including ‘practice’ questions at the start of the surveys**

One way to help data collectors introduce interactive components to survey respondents could be by adding ‘practice’ questions at the start of the surveys, before the main questionnaire. These questions can be focused on easy topics that can be understood by children and caregivers and would be designed to introduce respondents to the use of illustrations and images in the survey as well as to using tapping as a way of giving a response to an interactive question. For example, a practice question for children could be an illustration of several familiar animals accompanied by several ‘tasks’, such as ‘Tap on the camel’, ‘Which of these animals is your favourite?’, ‘Which animal do you see most often in your village?’, etc. Practice questions can be tailored for the caregiver surveys. Creating a bank of practice questions in the UCCE Web Hub should also be explored.

**Create guidance on using interactive components in surveys**

Separate guidance on creating Interactive Digital Surveys will be required in preparation for UCCE scale-up. More specifically, the guidance should provide clear instructions on using interactive components in digital surveys, covering such details as when interactive questions are appropriate, how to build them into the survey structure and how to make them user-friendly for the respondents and the data collectors. The latter should include specific points around having only one smiley scale question per page to make it less confusing and overwhelming for children and clearly labelling interactive and non-interactive questions for data collectors.

**Research alternatives to smiley scales**

Ethiopia was the second pilot in which the ‘smiley scale’ questions were not always understood by the survey respondents. This points to the need of exploring alternative designs to the smiley scales currently used in IDS, e.g. signs and symbols that are more familiar across different cultures, more expressive representations of smiley faces, etc.

**Strengthen IDS training components that cover consent, sampling and survey research ethics**

We are developing UCCE to be used by all humanitarian staff, including those who may not have prior experience with data collection through interactive surveys. Our research in
Ethiopia clearly indicates the need for strengthening IDS training components that relate to respondent sampling, informed consent and general research ethics. The run-through of surveys during the training should also include role-playing these components (e.g., approaching a potential respondent and screening them for eligibility before starting the surveys). Related to this, we are interested to explore ways to design sampling into the IDS structure through the UCCE Digital Tool and of supplementing in-person IDS training with a take-home guide.

**Conduct further exploration of using photographs within IDS**

The promising findings about the use of photographs in Interactive Digital Surveys warrant further testing of this approach to determine how photographs compare to illustrations in Interactive Digital Surveys and establish clear parameters for using either or both of these options in future projects.