Data Summary

Dataset name: Premise Infant and Maternal Health COVID-19 Health Services Disruption Survey 2020

Project name: COVID-19 Health Services Disruption Survey 2020

Date of release: November 5, 2020

Summary:

The COVID-19 Health Services Disruption Survey 2020 is a series of surveys developed to assess the level of disruption to a range of health services resulting from the COVID-19 global pandemic and subsequent government mandates and changes in behavior to mitigate the spread of the disease.

This survey was conducted in 76 countries using the smartphone-based Premise data collection platform. Respondents were individual members of the general population who were pregnant or had given birth within the past 6 months at the time of the survey. Data were collected from 2,129 respondents. The survey focused on the level of disruption to the provision of antenatal care and delivery services for pregnant women.

The survey was developed specifically to assess the change in levels of service delivery prior to, and immediately following, the onset of the COVID-19 global pandemic. Data generated from this survey is not intended to be used as an overall estimate of the level of health service delivery.

Relevant publications and visualizations:


Acknowledgements

Contributing organizations:

- Institute for Health Metrics and Evaluation (IHME)
- Bill and Melinda Gates Foundation (BMGF)
- Premise Data Corporation

Funders:

- Bill and Melinda Gates Foundation (BMGF)

Suggested Citation:

Data Files Information

File Inventory

<table>
<thead>
<tr>
<th>File Name</th>
<th>Description</th>
<th>Version Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>IHME_PREM_INF_MAT_HEALTH_2020_Y2020M11D05.CSV</td>
<td>Data</td>
<td>November 5, 2020</td>
</tr>
<tr>
<td>IHME_PREM_INF_MAT_HEALTH_2020_CODEBOOK_Y2020M11D05.CSV</td>
<td>Codebook</td>
<td>November 5, 2020</td>
</tr>
<tr>
<td>IHME_PREM_INF_MAT_HEALTH_2020_QUESTIONNAIRE_Y2020M11D05.PDF</td>
<td>Questionnaire</td>
<td>November 5, 2020</td>
</tr>
<tr>
<td>IHME_PREM_INF_MAT_HEALTH_2020_INFO_SHEET_Y2020M11D05.PDF</td>
<td>Data Release Information Sheet</td>
<td>November 5, 2020</td>
</tr>
</tbody>
</table>

Data Structure

Each row represents one respondent. The respondent is uniquely identified by the variable observation_id.

Codebooks

This contains variable names, questions (variable labels), numeric values and labels for coded values, and question types. The codebook is provided in a machine-actionable CSV format.

There are six types of questions found in the codebooks: Built-in data, IHME generated, Select multiple, Select one, Text, and Date. These question types are determined by the survey software program and can be grouped into the following categories:

- **Check all that apply**: The check all that apply questions are labeled as Select multiple. When multiple responses are selected for “Select multiple” type questions, the “^” character is used as a delimiter between distinct response options
- **Single response option**: The single response options are labeled as Select one
- **Text response**: The text response is labeled as Text
- **Date**: The date response is labeled Date
- **Calculated or pre-populated variables**: Any variable that is created by the survey software system, such as time it takes to complete the survey, is labeled as Built-in data. Any variables constructed or calculated by IHME are labeled as IHME generated.

Variable names, labels, and value coding can be found in the file

IHME_PREM_INF_MAT_HEALTH_2020_CODEBOOK_Y2020M11D05.CSV.
Methodological Statement

Data Collection
Data were collected using the COVID-19 Health Services Disruption Survey 2020 throughout July 2020 using the Premise platform. Premise is a smart-phone based application which provides data collection capabilities throughout the world. The survey was designed by IHME in collaboration with the BMGF, and was implemented by Premise.

Incoming data were reviewed and validated by Premise and then transferred to IHME, where they underwent further verification and were stored in secure databases maintained by IHME.

Sampling/Population
As this survey is intended to capture the level of disruption to health services for pregnant women and women who recently gave birth, inclusion criteria for respondents included country of residence and pregnancy/birth history. Implementation of these inclusion criteria were achieved through two phases of sampling.

Premise has developed a network of users around the globe and maintains basic demographic characteristics, such as age range, gender, and country of residence, for each of its users. First, the survey was limited to users in Premise’s network who identify as women and who were associated with any of the 76 countries where the survey was conducted. A full list of countries for the COVID-19 Health Services Disruption Survey 2020 can be found below.

Second, all users satisfying the above criteria received a short survey with questions to determine whether or not the user was currently pregnant or had given birth within the past 6 months.

Users within the relevant countries who identified as women and who indicated that they were currently pregnant or had given birth in the past 6 months were eligible for the full survey on Infant and Maternal Health.

The sampling strategy utilized for this survey does not yield a representative sample.

IHME, BMGF, and Premise determined target quotas for each country prior to data collection. Target quotas were based primarily on the size of the Premise user network in a given country. Progress towards target quotas were monitored over the course of data collection. In locations where the number of responses fell significantly below target quotas, Premise actively promoted the survey through measures such as re-engagement campaigns and targeted advertisements in order to increase the number of respondents.

COVID-19 Health Services Disruption Survey 2020 Countries: Afghanistan; Albania; Algeria; Argentina; Bahrain; Bangladesh; Benin; Bosnia and Herzegovina; Brazil; Burkina Faso; Cambodia; Chile; Colombia; Costa Rica; Côte d'Ivoire; Democratic Republic of the Congo; Dominican Republic; Ecuador; Egypt; El Salvador; Ethiopia; France; Ghana; Guatemala; Honduras; Hong Kong; India; Indonesia; Iraq; Italy; Jamaica; Jordan; Kazakhstan; Kenya; Lebanon; Liberia; Lithuania; Malaysia; Mali; Mexico; Morocco; Mozambique; Nicaragua; Niger; Nigeria; Oman; Panama; Peru; Philippines; Poland; Rwanda; Saudi Arabia; Senegal; Serbia; Sierra Leone; Somalia; South Africa; South Korea; Spain; Taiwan; Tanzania;
Thailand; Trinidad and Tobago; Tunisia; Turkey; Uganda; Ukraine; United Arab Emirates; United Kingdom; United States; Uruguay; Venezuela; Vietnam; Yemen; Zambia; Zimbabwe

**Weighting**

Weights were not calculated for this survey.

**Imputed Variables and/or Constructed Variables – What was Imputed/Constructed and How**

*observation_ID*: This variable is automatically generated by the Premise system and then reformatted by IHME. This variable serves to uniquely identify each observation in the data.

*submitted_time*: This variable is automatically generated by the Premise system and contains the date and time of submission for each observation in the data.

Demographic Information: Premise maintains basic demographic information for all users on the Premise platform. The variables listed below are included in the basic demographic information maintained by Premise, and as such, they do not represent information collected at the time of the survey. Demographic variables maintained by Premise: *gender, age, geography, financial_situation, education, employment_status, ethnicity, religion, country*.

**Known Data Quality Issues**

The dataset generated by Premise contains response labels rather than coded values. As a result, this dataset similarly contains response labels rather than coded values. The codebook contains numeric values for response labels so that users of the data have the option to convert string values to coded values for data management or analysis.

Values which were outside the range of reasonable responses were identified. These responses represent the information provided by respondents and may result from typographical errors, misinterpretation of the question, or another reason. These data were not removed or revised so that users of the data may determine how to resolve these issues.

Responses were received for the Infant and Maternal Health survey in which the respondent indicated their gender as “Male”. These responses are the result of errors in the specification of sampling criteria and were not eligible for the survey. These responses have been removed from the Infant and Maternal Health survey dataset.

Select variables for a small proportion of records take on a value of “did not exist”. This is the result of an error in the implementation of the electronic survey.

Ethiopia was experiencing internet blackouts during a significant portion of the data collection time period. The survey remained available to respondents in Ethiopia for an extra week after the close of the survey in other locations, however the number and timing of responses may have been affected by difficulty accessing the internet.
Public Use Dataset Notes
This is a public use dataset. The data have been de-identified. No personally identifying information was collected for his study, however, some variables with open-text response have been replace with “XXXX” to remove potentially sensitive information or unrelated comments, in accordance with IHME's microdata release protocol. The protocol's determination for variables that constitute identifiable private information is based primarily on HIPAA'S De-identification Standard.

Additional Information

Terms and Conditions
http://www.healthdata.org/about/terms-and-conditions

Contact information
To request further information about this dataset, please contact IHME:

Address:
Institute for Health Metrics and Evaluation
Population Health Building/Hans Rosling Center
3980 15th Ave. NE, Seattle, WA 98195 USA
UW Campus Box #351615

Telephone: +1-206-897-2800
Fax: +1-206-897-2899
Email: data@healthdata.org
Website: www.healthdata.org

These files may be updated periodically, so we appreciate hearing feedback or additional information about how these data are being used.