



Institute for Health Metrics and Evaluation

Data Release Information Sheet

Data Summary

Dataset name: Premise Child Health COVID-19 Health Services Disruption Survey 2020

Project name: COVID-19 Health Services Disruption Survey 2020

Date of release: November 5, 2020 Date of update: October 11, 2021

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 served as caregiver to at least one child under the age of two years. Data were collected from 7,230 respondents. The survey focused on the level of disruption to the provision of vaccines and general health services for children under the age of two.

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:

- <https://www.gatesfoundation.org/goalkeepers/report/2020-report/#GlobalPerspective>

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:

Institute for Health Metrics and Evaluation (IHME), Bill and Melinda Gates Foundation (BMGF), Premise Data Corporation. Premise Child Health COVID-19 Health Services Disruption Survey 2020. Seattle, United States of America: Institute for Health Metrics and Evaluation (IHME), 2020.

Data Files Information

File Inventory

File Name	Description	Version Date
IHME_PREM_CH_HEALTH_2020_Y2021M10D11.CSV	Data	October 11, 2021
IHME_PREM_CH_HEALTH_2020_CODEBOOK_Y2021M10D11.CSV	Codebook	October 11, 2021
IHME_PREM_CH_HEALTH_2020_QUESTIONNAIRE_Y2020M11D05.PDF	Questionnaire	November 5, 2020
IHME_PREM_CH_HEALTH_2020_INFO_SHEET_Y2021M10D11.PDF	Data Release Information Sheet	October 11, 2021

Update Information

The data file and codebook were updated on October 11, 2021, to include the variable `user_id` to link respondents over time in the [COVID-19 Health Services Disruption Survey](#) series.

Data Structure

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

Codebook

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 five types of questions found in the codebooks: Built-in data, IHME generated, Select multiple, Select one, and Text. 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
- 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_CH_HEALTH_2020_CODEBOOK_Y2021M10D11.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 children under the age of two years old, inclusion criteria for respondents included country of residence and status as a caregiver to at least one child under the age of two. 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 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 within the relevant countries received a short survey with questions to determine whether or not the user served as a caregiver to one or more children under the age of two years old.

Users within the relevant countries who indicated that they served as a caretaker for at least one child under the age of two years old were eligible for the full survey on child 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

user_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.

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.

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:

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