Conducting nutrition surveys by phone presents opportunities and challenges. Learning from this experience can improve the use of this approach in the future.

**BACKGROUND/OBJECTIVE**

In October and November 2020, USAID Advancing Nutrition Kyrgyz Republic carried out the baseline assessment for an impact evaluation among women with children under 2 in intervention and comparison areas in Batken and Jalal-Abad regions. The survey will provide the baseline data for an evaluation of the impact of project interventions on nutrition behaviors. At the midpoint and end of the project, follow-up surveys will be conducted to determine whether nutrition practices improved.

Originally planned as a face-to-face survey, the project shifted to remote data collection using computer-assisted telephone interviewing (CATI) due to COVID-19 restrictions put in place prior to data collection. This method was chosen to:

- reach respondents while eliminating physical contact and spread of the COVID-19
- collect relatively valid and precise data
- meet the scheduled survey deadlines.

**METHODS**

The survey contained complex questions on 11 nutrition practices, including women's and children's qualitative dietary recall, breastfeeding, prenatal care, hand-washing, food storage and preservation, and other nutrition-related practices. The full questionnaire took 31 minutes on average. After obtaining the required number of responses to questions not dependent on the child's age, we asked the remaining respondents only questions related to exclusive breastfeeding and children's diet.

Since this shortened questionnaire took 13 minutes to administer, it was less subject to refusal or drop-offs. This produced a sufficient sample for an impact evaluation by region for most indicators.

The survey protocol was reviewed and approved by local and JSI Institutional Review Boards. Respondents who completed the interview received a phone credit (less than 1 USD).

Before data collection, enumerators received training and conducted a pilot test.

**OUTCOMES**

The project collected the telephone numbers of 18,000 women from health facility records if they completed at least one module. The final sample size was 2,091 women with children under 2 years of age. The project team had online access to recordings of the interviews throughout the data collection process from October 3–November 12, 2020.

The project successfully completed the survey in the desired timeframe, with reduced travel costs, and the opportunity to review the real-time data improved quality control. However, limitations of phone surveys include:

- A higher non-response rate than in person surveys, even with up to eight call-backs at different times of day
- Greater respondent difficulty keeping track of complex questions compared with in-person interviews, including some reluctance to ask for clarification
- Greater potential for privacy challenges and/or response bias when the number called belonged to the husband
- Not possible to verify some responses (e.g., checking for soap and water at hand-washing stations); interviewers could not show cards with types of iron supplementation.

**CONCLUSION**

It is possible to carry out a complex, population-based nutrition survey by phone using CATI. Response rates may be improved by building rapport at the start of the call. Interview length can be reduced by shortening the questionnaire after reaching desired sample size for some modules. Baseline levels of most indicators were similar to previous in-person surveys in the Kyrgyz Republic of the Kyrgyz project, suggesting CATI survey results can potentially provide similar estimates of nutrition behaviors.

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