COVINFORM

CORONAVIRUS VULNERABILITIES AND INFORMATION DYNAMICS RESEARCH AND MODELLING

D4.2 Research design: Governmental responses

Project

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Executive Summary

The COVINFORM project aims to assess the current government, public health, community, and citizen responses as well as the role of information and communication at all stages of the COVID-19 pandemic. Through analysing and evaluating the existing strategies, the influential practices, measures, and tools via a multidisciplinary and intersectional approach, the project aims to develop an online portal and toolkit for stakeholders in the governmental, public health, and civil society/community domains and provide promising practices especially related to vulnerable populations.

This report is part of work package 4 on *Government responses and impact assessment*. This work packages focuses on governmental structures and responses, by reviewing them on a national level among the project target countries, as well as on a regional/local level in selected sub-national research sites and case studies, performing in parallel an in-depth analysis of key dimensions of governmental response impact in the project target countries.

This deliverable reports on task 4.2 *Conduct primary empirical research on governmental responses*. The document's main objective is to specify the research questions and methods of primary data collection and analysis to be utilised on the empirical research on governmental responses and the impacts these have on the target countries and to specific vulnerable populations. Specific ethical considerations will be also presented and assessed for the empirical research to take place.

After a short introduction of the aims and the objectives of the deliverable, the methodology is outlined. This includes a description of the aims and objectives of the research, as well as its purpose. A series of research questions have been defined to guide the research. The document further specifies the sampling criteria, and target population, as well as the specific qualitative methods utilised for the study (semi-structured interviews, focus groups). Finally the document defines the timeline for research activities, the foreseen research sites and responsible partners as well as all the ethical and legal considerations that must be taken into account.

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Acronyms & Abbreviations

Term	Description
COVID	Corona Virus Disease
CSO	Civil Society Organisation
FGD (s)	Focus Group Discussion(s)
NGO	Non-Governmental Organisation
WP	Work Package

1 Introduction

The COVINFORM project aims to assess the current government, public health, community, and citizen responses as well as the role of information and communication at all stages of the COVID-19 pandemic. Through analyzing and evaluating the existing strategies, the influential practices, measures, and tools via a multidisciplinary and intersectional approach, it aims to develop an online portal and toolkit for stakeholders in the governmental, public health, and civil society/community domains and provide promising practices especially related to vulnerable populations. Specific work packages are focusing on different actors and societal sectors, with this report belonging to *WP4: Government responses and impact assessment*, which focuses on the governmental structures and responses, by reviewing them on a national level among the project target countries, as well as on a regional/local level in selected sub-national research sites and case studies, performing in parallel an in-depth analysis of key dimensions of governmental response impact in the project target countries.

The main objective of this deliverable, which reports on T4.2 Conduct primary empirical research on governmental responses, is to specify the research questions and methods of primary data collection and analysis to be utilised on the empirical research on governmental responses and the impacts these have on the target countries and to specific vulnerable populations. Specific ethical considerations will be also presented and assessed for the empirical research to take place.

After a short introduction of the aims and the objectives of the deliverable (Section 1), Section 2 outlines the methodology followed for the WP4 empirical research including the aims and objectives of the research, its purpose, the sampling criteria, and target population, the specific qualitative methods utilised for the study, the timeline, research sites and responsible partners as well as all the ethical and legal considerations that must be taken into account. Section 3 concludes the document, while ANNEXES 1,2 and 3 outline the draft protocols guidelines and relevant materials for the research to be carried out on a legal and ethical manner.

2 Empirical Research – Methodological path

2.1 Aims and Objectives of the empirical research

When conducting empirical research across disciplines, its main aim is through using qualitative, quantitative, or mixed methods to gather primary data, thus draw specific assumptions and verify or falsify specific hypothesis driven by the relevant research questions under research. It is usually referred as scientific research that leads to scientific knowledge, which is "that particular form of practical human activity that is concerned with the advancement of knowing apart from concern with other practical affairs" (Dewey, 1948), or simply the knowledge that results from the scientific method, a process of objective reasoning and logic, based on observation and experimentation (Hepburn & Andersen 2021, see also [1]).

Empirical research can be defined as any research where the conclusions of the study are strictly drawn from solid empirical evidence, and thus "verifiable" evidence (Bradford 2017). For data collection, empirical research may utilize quantitative and/or qualitative methods.

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[1] https://www.lexico.com/definition/scientific_method

The main steps for conducting empirical research usually are:

- Defining the purpose of the research
- Supporting theories and relevant literature
- "Hypothesis generation and measurement" *(mainly in quantitative research)*
- Methodology, research design and data collection
- Data Analysis and results
- Concluding remarks and further recommendations for future research

The empirical research usually entails three methodological approaches (Steenhuis & Bruijn 2006). From the viewpoint of positivism and post positivism, the research participants and researcher are independent whereas a methodological course of action is either experimentation or manipulation and hypothesis testing. This approach emphasizes in quantitative analysis in utilizing large samples for hypothesis testing and statistical generalization, nevertheless, the utilization of surveys for the purpose of descriptive statistics is also plausible. This approach falls under the category of Survey research. The main aim is to have generalizable and reach objective results, as much as it is humanly possible, whilst heavily emphasizing in un-biased surveys. The evaluation criteria and the evaluation process are focused on the issue of survey objectivity, appropriate sampling selection, proper statistical method application to evaluate the findings. In sum, the methodological approach of Positivist and Postpositivist is orientated towards objective, generalizable results, whereas the main criteria of data collection are reliability and validity. The evaluation of data analysis is based on how appropriate the statistical methodologies are that are applied in the research[2].

The viewpoint of interpretivism highlights that the research participants and the researcher cannot be independent due to human interaction, thus, objectivity cannot possibly have the same meaning as in positivist and postpositivist studies. Moreover, interpretivist studies do not prefer surveys as the latter only offer a glimpse of interpretation on a complex content, leading to idiographic research which emphasizes on understanding whilst conducting in-depth research on limited cases. The main objective of this approach is to offer rich descriptions and generate theoretical generalizations, thus it is more focused on the context of discovery rather than justification. Another difference of interpretivism is that it tends more towards theory building than theory testing, therefore it is expected to end with hypotheses but not actually test these hypotheses. Main evaluation criteria can be authenticity, trustworthiness, and credibility. Issues may rise in regard to data quality due to sampling and techniques of data analysis. In sum, interpretivism suggests that evaluation ought to be based on credible interpretation, which are necessary to have detailed information about data collection, data analysis techniques and the role of the researcher. This approach also suggests that in this type of research, data analysis and collection cannot be strictly separated.

The third empirical approach, Design science viewpoint differs from the previous approaches as it emphasizes on designing solutions for practical problems, thus follows a regulative cycle. Van Aken (1994) suggests that the interaction between scientists and professionals generate knowledge in a design science context, while scientists analyze how professionals can solve practical problems. Scientists aim at developing knowledge to be used to solve several similar problems whereas professionals focus on solving a specific problem. One of the main characteristics of the reflective cycle is the utilization of several cases for developing design knowledge which is based on reflection of the

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[2] Responsible Conduct of Research (RCR). (n.d.). *Data Analysis.* Northern Illinois University. Retrieved August 26, 2021 from https://ori.hhs.gov/education/products/n_illinois_u/datamanagement/datopic.html

results. The main objective of this approach is the design of solutions to improve a situation, mainly in a business setting. The main evaluation criteria for design sciences are less established, similar to interpretivism rather than positivist and post positivism. Design sciences emphasize in practicality, credibility and relevancy. Another characteristic of this approach is that it concerns single cases that offer in-depth knowledge, similarly to interpretivism.

Concluding, all three approaches have specific characteristics, different objectives, and purposes, should be evaluated differently, however, they can be utilized to offer valuable insights from different viewpoints.

The main objective of the empirical research as part of this task under WP4 is to capitalise on the findings from the desktop research executed and reported in D4.1 Baseline report: Governmental responses and conduct specific research within 10 of the 15 target sub-national units, one sub-municipal unit (urban neighbourhood, rural village, etc.), thus to specifically explore the social, economic, health, mental and general impact governmental responses had on the relevant community, the way they had been adapted to certain needs as well as the lessons learnt not only from specific unintended consequences but also form promising practices against COVID-19 pandemic.

2.2 Defining the purpose of the research

2.2.1 Main findings of the desktop research

As has been already reported in "D4.1 Baseline report: Governmental responses", the main research questions that drove the desktop research, cluster around:

- the indicators that led governments adopt specific COVID-19 related responses /measures,
- the way these were shaped, the main incentives and core approach during the first and the second wave of the pandemic,
- the main differences between these two periods,
- if any alterations from the usual governmental practices before the pandemic have been occurred,
- if they were diversified by target-population,
- which were the particular responses relevant to economy, social welfare, health system, security
- which were the main economic, social, health and educational effects.

Summarizing the main findings, we can conclude that, in the majority of the target countries similar measures were implemented in the effort to minimize the effects of COVID-19. More precisely, all countries have a centralized point of authority with some levels of regional power. Hence, all the decisions regarding COVID-19 were primarily taken by the central point of authority whereas some countries established specialized official bodies mainly with scientific background. All countries adopted measures quite early and the most common were the ones limiting citizens movement such as lockdowns, physical distancing, mandatory mask use etc. Regarding social, economic, cultural, and legal factors, countries emphasized on the economic issues, mental and physical health of the population, in the protection of legal and human rights as well as identifying and implementing adapted measures for vulnerable population. For instance, all countries provide monetary benefits to citizens affected by COVID-19 measures and support businesses. Further, there were countries that identify the risk for older adults and provide extra measures such as prioritizing their vaccination or offering extra assistance in everyday life, whereas other countries put a lot of emphasis in the mental

health of their citizens which was affected from the long periods of lockdowns, which also increase domestic violence. Thus, countries identified teenagers and women as vulnerable groups, since the first were highly affected emotionally by lockdowns, while the latter were often victims of domestic violence. Two of the most recognized vulnerable groups were migrants and people with mental health issues. Both those groups received attention not only from the Governments but also from NGOs and citizen initiatives. Furthermore, health workers, which are in the center of the fight of the pandemic, were recognized as a group which had to be protected both from work overload and from getting infected. As for the communication plans all countries created, since the beginning of the pandemic, communication campaigns which were later adapted to the upcoming waves or measures that COVID-19 demanded. All countries communicate through traditional and digital channels in an effort to inform timely and successfully all citizens. There were countries that also implemented daily briefings by scientific personnel in order to inform accurately and professionally the public. Great emphasis was particularly given to language and means of communication. Since most of the EU countries are hosting immigrants, it was highly important to translate the message to other languages to improve their access to information about COVID-19.

Undoubtedly, the main findings from the desktop research are insightful and provide an adequate overview of the Governmental responses among the target countries. However, since COVINFORM's WP4 is committed to explore and analyse the latent reasons of the policy making process and produce actionable results, further empirical research is necessary. In such a way, the project will not only describe the responses but also enable itself to analyse the impact and consequences on the target populations by examining their points of view. Additionally, the findings did indeed shed light on the actors involved in the decision making but it is still to be determined how their role and internal communication were affected by the pandemic. The main findings also indicate that a number of novice strategies and unprecedented measures were taken during the crisis. This raises the question of how implementation and effective application were achieved in such a short period of time, during which decisiveness and preparedness were critical. Another significant aspect from the findings was the elevation of the issues that vulnerable groups face at the centre of the political agenda. The desktop research indicated that all the countries took certain measures to protect their vulnerable populations, albeit having different definitions on vulnerability and on which groups can be categorized as such. Nevertheless, the rationale behind each government's identification and treatment of the vulnerable groups is still to be discovered, while it is of particular interest to examine how will those groups be viewed by Governments in the years to come.

2.2.2 Main research questions

As the findings from the desktop research indicate, there has been a need for a more in-depth examination on the reasons behind the adoption of the governmental responses in each country during the different pandemic phases, the way they have been received, the consequences and on the levels of trust towards governmental actors and policy makers.

As it has been already stated in *D3.2: Multi-site research design and methodological framework*, the overreaching questions of the empirical research across all WPs 4-7 can be summarised as:

1. How did national and local COVID-19 responses impact human behaviour, social dynamics, economic wellbeing, and physical and mental health outcomes across diverse local contexts?
2. How were local responses to COVID-19 adapted to and shaped by the local health, socioeconomic, political and community contexts?

3. Which policy failures, unintended consequences, trade-offs and promising practices can be identified in COVID-19 responses across diverse local contexts?

Having as basis these 3 main questions, and with the population of interest (see. Section 2.3) being Governmental actors, public authorities, and policy makers (e.g., Ministries of Health, of Citizens Protection, and generally with decision making powers during the pandemic), some more specific research questions can be also posed by the researchers, related to WP4 and also adapted to the Ostrom's Multitier framework for analysing Socio-Ecological Systems (Ostrom and Cox 2010), which can be summarised as such:

A. Governance Systems

i. How have Governmental actors, public authorities and policy makers adapted its role to COVID-19 crisis? Did this adaptation have an impact to their overall role?

ii. What was the impact of COVID-19 to their mental/psychological/ health/ everyday life?

iii. How did they manage to communicate effectively the main COVID-19 responses across different community members/vulnerable groups etc. (in each specific country)?

iv. What kind of data did they manage to gather and how often to adapt their decisions around COVID-19 pandemic? From what sources?

v. How did they manage to implement effectively the COVID-19 responses/policies etc.?

vi. How were the former altered across the different pandemic phases and throughout the vaccination period?

vii. In what way did the COVID-19 crisis affect the overall view of vulnerable groups in the Governments' political agenda?

viii. What are the main issues Governmental actors, public authorities and policy makers have faced during the pandemic that has influenced the levels of trust of vulnerable populations towards them?

B. Users

i. How have the governmental responses been perceived across different community members/vulnerable groups etc. (in each specific country)?

ii. What have been the consequences of the COVID-19 pandemic across different community members/vulnerable groups etc. (in each specific country)?

iii. What views did different community members/vulnerable groups etc. (in each specific country) had for the Government before and after the pandemic?

iv. Have these levels of trust changed in the last 2 years compared with the pre-COVID-19 situation? If yes was COVID-19 pandemic a catalyst?

C. Social, economic and political settings

i. In what way certain governmental responses have addressed the consequences of the COVID-19 pandemic across different community members/vulnerable groups etc. in each specific country?

ii. In what way have governmental responses addressed specific vulnerabilities and inequalities (social and economic)?

iii. How has been vulnerability generally defined in the agenda of measures/policies etc. against COVID-19 pandemic?

D. Interactions

    i.   How has cooperation been affected among Governmental/public representatives/policy makers, health care representatives and the general public due to Government responses?

    ii.   What were the levels of cooperation of Governmental/public representatives/policy makers with other stakeholders (e.g., NGOs/CSOs, existing services and support systems?)

The final proposed questions will be further refined and added to the common Fieldwork Manual that will be prepared and used across WPs4-7 empirical research, so as for the researchers to have a poll with specific question that can capitalise on and move the discussion forward (please also see Section 2.5 of this document)

2.3 Sampling criteria and target population

Since all WPs 4-7 aim to include citizens/community members' perspectives in their empirical research, this group is accessed as a 'shared' sample of n≥12. This sample of n≥12 is split in half to divide it between the work packages, in such a way that n≥6 citizens/community members will participate in joint interviews or FGDs centred around the research questions of WPs 4 and 5, and the other n≥6 citizens/community members participate in joint interviews/FGDs that address research questions of WPs 6 and 7. In addition, as WP4 main population of interest are Governmental actors, public authorities, and policy makers (e.g., Ministries of Health, of Citizens Protection, and generally with decision making powers during the pandemic), each of the respective partners of the 10 Sub-municipal research sites is going to approach at least N≥5 representatives from this population of interest. The main pool for the participants can be either on a national level, or on a regional/municipality level, based on the reality of each country, as long as the potential participants belong to authorities that shape policies and have a decisive role during the COVID-19 pandemic. More in particular each research site should have at least:

    ✓ **N≥3** representatives from the respective **Ministry of Citizens Protection** or the **Ministry/authority responsible for shaping the main policies towards COVID-19 pandemic** and being also in charge of the relevant communication strategy[3].

    ✓ **N≥2** representatives from the respective **Ministry of Health** and from the respective authorities responsible for the Vaccination initiatives in each country.

An alternative would be to conduct at least one Focus group discussion with participation of the above-mentioned specialties.

Participants will be identified and recruited through snowball (expert purposive) sampling, based on the professional networks and contacts stemming from the consortium partners. Purposive sampling methodology generally focuses and selects participants that present specific characteristics of a population that is of interest (in this case governmental representatives etc.), which will best enable researchers to address the specific research questions of interest (Ostrom & Cox 2010; Bryman 2012). This sample is of course not representative of the population, but for the qualitative or mixed methods research designs, this is not considered to be a weakness, as participants with specific expertise are the desirable ones to be sharing their knowledge on the studied subject.

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[3] In these interviews there should be at least one representative from already existing governmental authorities before the COVID-19 pandemic and at least one coming from authorities particularly established to address the COVID-19 pandemic.

Gender balance is also sought, and for that reason at least two female representatives should be included if possible. All participants must be adults and they have to sign the common consent form (as it will be created for all WP4-7 empirical research) to participate to the relevant interviews/focus group discussions

Table 1 gives the overview of the sampling population with reference to specific demographic criteria where possible.

Table 1: Sociodemographic criteria for WP4 sampling population[4]

Criteria	Minimum sample
Representative of a governmental authority/ministry etc. established before the COVID-19 pandemic	N≥1
Representative of a governmental authority/ministry etc particularly established to address the COVID-19 pandemic	N≥1
Self-identifies as female	N≥2
Work is directly related to, and/or works directly with, vulnerable groups	N≥1

2.4 Research methodology

As it has been mentioned above, empirical research utilizes qualitative and quantitative research methods regarding data collection.

Quantitative research methods (Babbie 2010) emphasize on deriving insights/information through statistical, mathematical, or numerical analysis from surveys or other forms of data collection[5]. This approach is used to quantify behaviors, opinions, and other defined variables (Creswell 2013). These generally have a structured format and are predetermined prior to data collection. Common methods employed are survey research, experimental research, correlational research, longitudinal studies, cross-sectional studies, causal-comparative research, and polls. **Qualitative research methods** emphasize on gathering information from non-numerical data (ibid.). This approach is employed to identify opinions, meanings, and the underlying reasons from its case subjects. These methodological approaches are semi-structured or unstructured. This type of research utilizes a small sample size and is more of a conversational type of method in order to provide more insight as well as in-depth information about the existing issues. The most common research methods are the **observational method, case studies, one-on-one interview, focus groups and textual analysis** (Bachman & Schutt 2020)**. A mixed approach combining methods** from both the quantitative and qualitative spectrum can be also used for a well-rounded understanding of the problem under research.

As Table 2 outlines, from the comparison among the two main research methods, the methodology that will be utilised to address the WP4 empirical research will be based **on the qualitative approach**. More in particular, the WP4 research is mainly focused in exploring the more complex responses, and

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[4] These criteria overlap with each other, as e.g., one participant could identify as female and be a representative of governmental authority/ministry etc. established before the COVID-19 pandemic.

[5] QuestionPro. (n.d). Empirical Research: Definition, Methods, Types and Examples. Retrieved on August 25, 2021, from https://www.questionpro.com/blog/empirical-research/.

lessons learned related to COVID-19 impact with input from governmental actors, public authorities, and policy makers as specific target populations. It aims to identify the reasons why specific decision have taken place, specific responses have been assessed as well as specific measures have been imposed, trying in that way to produce a generalised knowledge for addressing similar situations, utilising semi-structured research methods such as interviews and/or focus group discussions with experts from the field.

Table 2: Qualitative vs Quantitative Research[6]

	Quantitative Research	Qualitative Research
Aims of the research	Confirmatory Exploratory, looking of general patterns	Complexity
Types of research questions	Measuring the size of effects	Exploring the reason why all these effects exist
Scientific methods	Deductive (mainly)	Inductive (mainly)
Research methodology	Structured	Semi-(un) structured
Epistemological bases	Positivist (mainly)	Interpretivist (mainly)

In the following subsections the main qualitative research methods that will be used in the empirical research of WP4 will be outlined. For all of them, researchers will utilise the abovementioned research questions (Section 2.2.2), and they will be also provided with a protocol (both for Interviews and Focus Group Discussions) including specific guidelines, as well as important material to conduct the interviews/focus group discussions (e.g., informed consents and information sheets etc.).

All the above-mentioned materials will be provided in English[7], and they will be common for WP4-7 empirical research. More in particular WP4-7 leaders will form a shared Fieldwork manual[8] including all WP-specific sections (sampling, recruitment, topic guides) as well as standardized information and consent sheet, along with a standardized 'findings template' for each WP in which research can report their findings in English.

In addition to that, a series of interactive trainings through Skype will be also provided by WP4 leaders (KEMEA), in cooperation with the other WP5-7 leaders respectively wherever is needed, to further support the researchers with the organisation of the interviews/focus group discussions. Regular bi-weekly meetings will be also arranged under WP4-7 among all consortium participants for experience exchange, discussion on any emerging issues, as well as updates on the interviews/Focus group discussion, etc.

2.4.1 Semi-structured interviews

The research method for this study was chosen under the concept of phenomenological interviewing. This type of interviewing is established under the philosophical paradigm of phenomenology, which is based on the perception that people's lived experiences shape their world view (Becker, Bryman, &

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[6] Table originally taken from "Unit 8 - Qualitative Research Methods I: Rationale, epistemology and research design", UCL Lecture paper form the "Research methods" subject of Year 2011-2012.

[7] Wherever it is required translations will be also provide with the assistance of the consortium partners.

[8] A sample version for this manual adapted to WP4 reality is provided in Annex A.

Ferguson 2012). The phenomenological argument focuses on the idea that social phenomena can be interpreted by exploring the perspectives of those that construct them. The main objective when using this form of interviews, is to describe concepts through experiences that the individuals share (Marshall & Rossman 2014). Therefore, in order to get a better understanding of the Governmental Responses to COVID-19, the researchers will interview a wide range of Governmental actors, public authorities, and policy makers (for more specific details on the recruitment procedures please see Section 2.3.). By following this method, they can gain access to the meaning that those actors give to their decisions and acquire knowledge regarding their involvement.

The interviews will be formatted in a semi-structured manner. They are chosen as a method as they are essential in one-on-one discussions that include the examination of "how" and "why" something happens (political decisions, laws, guidelines etc.). They are also optimal when interviewing service providers and administration actors, with whom further follow-up questions might be necessary (Adams 2015). Moreover, semi-structured interviews are best suited for discussions with state actors and political personnel, since they provide space for narrations and storytelling that have to do with decision-making, motivation, and behaviour (Lilleker 2003). Finally, since the goal of the research is to delve deeper to the why's and how's related to the governmental responses towards COVID-19 pandemic, based on the experiences and opinions of the actors involved in them, one cannot limit the questions to a questionnaire but rather opt for semi-structured discussions where other topics or subcategories of relevance might come up (Galletta 2013).

2.4.2 Focus groups

A Focus group discussion (FGD) usually utilises interactions among purposely selected experts, thus gain a well-rounded understanding for the issues under discussion[9]. They differ from individual interviews, as the degree of detail is not very deep, but this is balanced by the variety of perspectives and expertise stemming from the participants. Focus groups are, in their majority, comprised of a sample of people that share common characteristics, and have a solid grasp on the topic at hand. The number of participants in the groups may vary and is dependent upon the nature of the topic. However, scholars have recommended that the essential number of participants should be between 6 and 12 (Becker, Bryman, & Ferguson 2012). The discussion follows a semi-structured guide, in order to allow opinions and views to be adequately expressed and lasts for about one to two hours.

Focus groups were chosen as an additional method for this study as they are optimal for researching health-related policy topics (Kahan 2001). The monitored conversations taking place in the groups will not only provide the researchers with insights regarding the measures taken during the pandemic but also with perceptions and opinions regarding the responses. Supplementary to that, focus groups are particularly helpful when examining strategy plans. This is because the conversation between the participants can evolve from being solely descriptive to evaluative thus providing the study with another aspect for analysis. Finally, by employing the "focus group" method, the researchers will also be able to identify similarities and disagreements between the participants' narratives, which could lead to comparable data and more sophisticated research outcomes (Stanley 2016).

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[9] The use of focus group discussion methodology: Insights from two decades of application in conservation (wiley.com)

Both interviews and FGDs will be conducted either face-to-face or virtually (e.g., via Microsoft teams, Webex, Go-To-Meeting etc.), based on the situation each of the research site faces due to COVID-19 pandemic and the relevant restrictions on physical meetings.

2.5 Timeline, Research sites and responsible partners

Given the fact that the empirical research is a joint effort among WPs4-7, the respective WP leaders have already initiated common virtual meetings and discussions, under the guidance of WP3 leader, in order to align all the guidelines and the general research, so as not to have any overlaps among WPs.

The fieldwork for WP4, and more in particular under the task T4.2 Conduct primary empirical research on governmental responses, will follow the general timeline of the joint empirical research, aiming to officially initiate in the mid-October, of course taking into consideration the feedback from the partners from all research sites. To begin with, during September 2021, as it has been already mentioned, all research sites will be provided by WP4-7 leaders with a shared Fieldwork manual including all WP-specific sections (sampling, recruitment, topic guides) as well as standardized information and consent sheet, along with a standardized 'findings template'. They will send on their site till the beginning of October their sample plan to WP4/T4.2 leader (KEMEA)[10]. The interviews and/or FGDs will be held during October and November and at the beginning/mid of December all researchers will send their transcripts back to KEMEA, using the standardized 'findings template' for the analysis to occur. The analysis will be done in cooperation with Trilateral, who will be responsible for the report of the final results in *D4.3 Analysis: Government responses to COVID-19 and impact assessment* (M15 – January 2022). Table 3 gives an overview of the timeline while Table 4 indicates the specific research sites and the responsible consortium partners.

Table 3: Indicative timeline of WP4 empirical research

Timeline/Deadlines	Activity	Partner responsible
Till mid-September	Information sheet and Consent form to the Research sites (+ translation request where needed)	KEMEA (along with the respective partners for the translations and the WP leaders from WPs 5-7)
Till end of September	✓ Interview/FGD protocols, Participants final information and preparation booklet, Transcript templates and indicative questions etc. to the Research sites ✓ Finalize the translations for the consent forms and Info sheet	KEMEA (along with the respective partners for the translations and the WP leaders from WPs 5-7)
Till beginning/mid of October	Participants recruitment and invitations/ Finalize the sample plan	Research sites
Mid October- End November	✓ Organisation of interviews/FGDs	Research Sites and KEMEA

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[10] All the personal information from the sample will be removed when entered to any shared document/spreadsheet among the researchers, with the latter to be responsible for the proper pseudonymization of the participants.

	✓ Organisation of bi-weekly calls with Research sites ✓ Training and any other support wherever needed	
Till beginning/mid of December	Send all standardized transcripts of the research activities (in English) to KEMEA	Research sites
Mid December – Mid January	Analysis of the findings	KEMEA and TRI
Mid-January	Initial draft of D4.3	TRI (with KEMEA assistance)
End of January	Submission of D4.3	TRI (with KEMEA assistance)

Table 4: Research sites and partners responsibility

A/A	Partner	Country
1	SYNYO	Austria
2	UANTWERPEN	Belgium
3	TRI	England
4	SINUS	Germany
5	KEMEA	Greece
6	UCSC & SAPIENZA	Italy
7	FS	Portugal
8	SAMUR & URJC	Spain
9	UGOT	Sweden
10	SWANSEA	Wales

2.6 Ethical and other legal issues

The methodology to be followed is elaborated upon in the respective deliverables of WP10, and specifically D10.2 H – Requirement No. 2.

Templates of the Participants Information Sheet for the participation in the project's research activities and the processing of personal data and the Informed Consent Form for the research participants' participation and for the data subjects' processing of personal data are going to be tailored in accordance with the needs of the WP4 empirical research as well as in accordance with the rest of WPs5-7, as the aim is to produce joint material (as described above).

Finally, the whole research will follow and respect the ethical framework of the project, as outlined in D1.4 Ethical Framework, in strict compliance with the highest ethical principles and fundamental rights.

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Annex A: Interview/Focus Group Discussion Booklet for the researchers (TOC and draft outline)[11]

A. Introduction

The aim of this booklet is to provide to researchers detailed instructions on the way to conduct the semi-structured interviews and/or focus group discussions (FGD) as part of Tasks 4.2 and 4.3 of WP4 of the COVINFORM project.

The main objective of the empirical research as part of this task under WP4, is to capitalise on the findings from the desktop research executed and reported in D4.1 Baseline report: Governmental responses and conduct specific research within 10 of the 15 target sub-national units, one sub-municipal unit (urban neighbourhood, rural village, etc.), thus to specifically explore the social, economic, health, mental and general impact governmental responses had on the relevant community, the way they had been adapted to certain needs as well as the lessons learnt not only from specific unintended consequences but also form promising practices against COVID-19 pandemic

B. Interviews/FGDs

B.1. Target population/Participants

WP4 main population of interest are Governmental actors, public authorities, and policy makers (e.g., Ministries of Health, of Citizens Protection, and generally with decision making powers during the pandemic). For that reason, each of the respective partners of the 10 Sub-municipal research sites is going to approach at least N≥5 representatives from this population of interest. The main pool for the participants can be either on a national level, or on a regional/municipality level, based on the reality of each country, as long as the potential participants belong to authorities that shape policies and have a decisive role during the COVID-19 pandemic. Each partner should conduct N≥5 qualitative interviews with:

- N≥3 representatives from the respective Ministry of Citizens Protection or the Ministry/authority responsible for shaping the main policies towards COVID-19 pandemic and being also in charge of the relevant communication strategy.
- N≥2 representatives from the respective Ministry of Health and from the respective authorities responsible for the Vaccination initiatives in each country.

An alternative would be to conduct at least one Focus group discussion with participation of the above-mentioned specialties.

Participants will be identified and recruited through snowball (expert purposive) sampling, based on the professional networks and contacts stemming from the consortium partners. Gender balance is also sought, and for that reason at least two female representatives should be included if possible. (Table x) All participants must be adults and they have to sign the relevant consent form (ANNEX x) to participate to the relevant interviews/focus group discussions

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[11] This booklet is just a sample on what it can be included in the Joint Fieldwork booklet. It will be further enhanced and updated with the collaboration of WP4-7 leaders and the final outcome will be included in Dx.3 reporting deliverables.

Table 1 gives the overview of the sampling population with reference to specific demographic criteria where possible.

Table x: Sociodemographic criteria for WP4 sampling population

Criteria	Minimum sample
Representative of a governmental authority/ministry etc. established before the COVID-19 pandemic	N≥1
Representative of a governmental authority/ministry etc particularly established to address the COVID-19 pandemic	N≥1
Self-identifies as female	N≥2
Work is directly related to, and/or works directly with, vulnerable groups	N≥1

B.2. Indicative Research questions (for both interviews and FGD)

i. How have Governmental actors, public authorities and policy makers adapted its role to COVID-19 crisis? Did this adaptation have an impact to their overall role?

ii. What was the impact of COVID-19 to their mental/psychological/ health/ everyday life?

iii. How did they manage to communicate effectively the main COVID-19 responses across different community members/vulnerable groups etc. (in each specific country)?

iv. What kind of data did they manage to gather and how often to adapt their decisions around COVID-19 pandemic? From what sources?

v. How did they manage to implement effectively the COVID-19 responses/policies etc.?

vi. How were the former altered across the different pandemic phases and throughout the vaccination period?

vii. In what way did the COVID-19 crisis affect the overall view of vulnerable groups in the Governments' political agenda?

viii. What are the main issues Governmental actors, public authorities and policy makers have faced during the pandemic that have influenced the levels of trust of vulnerable populations towards governmental actors, policy makers etc.?

ix. How have the governmental responses been perceived across different community members/vulnerable groups etc. (in each specific country)?

x. What have been the consequences of the COVID-19 pandemic across different community members/vulnerable groups etc. (in each specific country)?

xi. What views did different community members/vulnerable groups etc. (in each specific country) had for the Government before and after the pandemic?

xii. Have these levels of trust changed in the last 2 years compared with the pre-COVID-19 situation? If yes was COVID-19 pandemic a catalyst?

xiii. In what way certain governmental responses have addressed the consequences of the COVID-19 pandemic across different community members/vulnerable groups etc. (in each specific country?

xiv. In what way have governmental responses addressed specific vulnerabilities and inequalities (social and economic)?

xv.   How has been vulnerability generally defined in the agenda of measures/policies etc. against COVID-19 pandemic?

xvi.   How has cooperation been affected among Governmental/public representatives/policy makers, health care representatives and the general public due to Government responses?

xvii.   What were the levels of cooperation of Governmental/public representatives/policy makers with other stakeholders (e.g., NGOs/CSOs, existing services and support systems?)

B.3. Place and Duration

The Interviews/FGDs can be conducted either face-to-face or virtually (e.g., via Microsoft teams, Webex, Go-To-Meeting etc.), based on the situation each of the research site faces due to COVID-19 pandemic and the relevant restrictions on physical meetings. In case of virtual organisation, researchers should become familiar with the platform that they are going to select, testing the different features provided, being prepared to deal with any technical mishaps, and ensuring that the participants will have free access to it, being also comfortable with the platform.

The interviews are advised not to last more than 1-1 ½ hours in order for the interviewees not to be tired, while FGDs should last maximum 4 hours with one or two breaks of 10-15 minutes

B.5. Before the Interviews/FGDs

At least one week before the interview/FGD, invited participants should be sent a preparatory booklet, which will include specific information of the activity they have been requested to participate (e.g. the exact time and date, the place where the interview/FDS will take place, the link to the virtual platform where they can login to participate, the name of the moderators and some background information on them, the agenda of the FGD or indicative flow of the interview, as well as information about the COVINFORM project). Along with this booklet they will also receive an information sheet (Annex x) and a consent form (Annex X) which will be asked to return it signed at least three days before the interview/FGDs.

B.6. During the Interview/FGDs

a. Interviews

The interview can start with an introduction on behalf of the interviewer, where he/she will explain to the interviewee the general purpose of the interview, asking them for any questions as well as ensuring the consent form his/her side. Some background questions on demographics etc could warm up the discussion. Then the discussion will continue, based on the proposed questions above. The Interviewer is responsible of **keeping track of time**, **allow and encourage** the interviewee to freely **express his/her opinion**. He/she ought to be **impartial**, **without guiding** the interviewee towards any specific replies, **emphasize or even judge** specific responses, on the contrary, he/she must **respect all points of view**. He/she **must listen actively** and provide any **clarifications** necessary which may be required by the interviewee, maintaining the **general flow of the discussion**. He/she should strive towards accomplishing the establishment of **a degree of trust** with the interviewee, while respecting the above-mentioned principles and by ensuring that the latter will comprehend that they share their opinions by their own volition and understand in parallel the principle of anonymity.

b. FGDs

The Focus group can start with a round table for all participants to get-to know each other (10-15 minutes, depending on the number of the participants). Then the moderator will set the "rules" of the

discussion, present the agenda, remind the aims and objectives of the FGD, and initiate the discussion. Based on the total duration of the FGD, one or two 10 minutes breaks can be also envisioned. It is crucial to highlight the **role that moderators have** during FGDs (*similar to the interviewers role with some alterations*). All moderators initially ought to communicate the objectives and aims of the FGD and the way that the outcomes will be utilized, thus, facilitating the ground and basis for the group discussion. They are responsible of **keeping track of time**, **allow and encourage** all focus group participants to freely **express their opinion** and give the floor so that constructive exchange of ideas can occur. They ought to be **impartial**, **without suggesting or even guiding** participants towards any specific replies, **emphasize or even judge** specific responses, on the contrary, moderators must **respect all points of view**. They **must listen actively** and provide any **clarifications** necessary which may be required by participants, thus, simultaneously **maintain a conversational style and the general flow of the discussion**. One of the most important characteristics that a moderator should have, is to strive towards accomplishing the establishment of **a degree of trust** with the focus group participants, while respecting the above-mentioned principles and by ensuring that all participants comprehend that they will delve into discussions and share their opinions by their own volition and understand in parallel the principle of anonymity.

It is suggested to engage one or two rapporteurs, who will be responsible to take notes as well as for assist the moderator in his/her role.

B.7. After the Interview/FGDs

Right after the interviews/FGDs, responsible consortium partners will compile their transcripts. These transcripts will summarize the main outputs of the Interviews/FGDs and highlight the most important points as emerged from the discussions and if possible, include direct quotes of major statements (also translated into English). All the reports will be compiled in the English language, utilising the standardized 'findings template' (Annex x), and will be sent back to KEMEA, which is responsible as referred in main contact section D. The Interviews/FGD reports shall be fully anonymized, and the consent forms will be kept separately and securely stored in the Interviews/FGDs responsible partners own secured machines with limited user access to the network and servers, the files will be password-protected, or they will be backed up securely on the cloud and, if requested, they will use encryption techniques proposed by the EC.

C. Timeline and checklist

Table x: Indicative timeline of WP4 empirical research

Timeline/Deadlines	Activity	Partner responsible
Till mid-September	Information sheet and Consent form to the Research sites (+ translation request where needed)	KEMEA (along with the respective partners for the translations and the WP leaders from WPs 5-7)
Till end of September	✓ Interview/FGD protocols, Participants final information and preparation booklet, Transcript templates and	KEMEA (along with the respective partners for the translations and the WP leaders from WPs 5-7)

	indicative questions etc. to the Research sites ✓ Finalize the translations for the consent forms and Info sheet	
Till beginning/mid of October	Participants recruitment and invitations/ Finalize the sample plan	Research sites
Mid October- End November	✓ Organisation of interviews/FGDs ✓ Organisation of bi-weekly calls with Research sites ✓ Training and any other support wherever needed	Research Sites and KEMEA
Till beginning/mid of December	Send all standardized transcripts of the research activities (in English) to KEMEA	Research sites
Mid December – Mid January	Analysis of the findings	KEMEA and TRI
Mid-January	Initial draft of D4.3	TRI (with KEMEA assistance)
End of January	Submission of D4.3	TRI (with KEMEA assistance)

Table x: Indicative checklist of WPx empirical research

What	Check if yes
Information Sheet (for participants)	
Consent Form (for participants)	
Preparation booklet (with indicative questions etc.)	
Notebooks/ pen/ laptop etc.	
Recording devices, charging cables, SDs, etc.	
Hand sanitizers, face masks, and any other required personal protective equipment (for face-to-face interviews/FGDs)	
Independent witness contacts (for verbal consent)	

D. Main Contacts

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E. Annexes

Here the Information sheet and the Informed consent forms will be inserted (one pair for the Interviews and one pair for the FGDs). In addition to that, in a different Annex the reporting template/transcript will be also included, as they will be formed by WP4-7 leaders