

Measures to mitigate the impact on ongoing and planned census and surveys

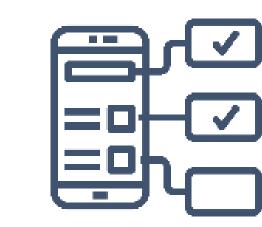
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Population and Housing Census 2020

• INEGI carried out the Population and Housing Census from March 2 to 27, 2020.



- The capture of the information was by:
 - Direct interview with Mobile Computing Devices (MCD)
 Computer Assisted Personal Interviewing (CAPI)
 - Internet self-enumeration
 Computer Assisted Web Interviewing (CAWI)
 - Telephone assisted interviewing
 Computer Assisted Telephone Interviewing (CATI)









Impact of the COVID-19 pandemic

March 23, the
General Health
Council (GHC)
recognizes the
seriousness of the
disease and
establishes the
social-distancing
campaign

March 31, Ministry of
Health (MH) issues an
Agreement
suspending all nonessential activities,
including census and
face-to-face surveys

April, May and June, working in coordination with the MH makes the importance of statistics clear

July, the General
Guidelines for the
Mitigation and
Prevention of COVID19 in the Generation
of Statistical and
Geographic
Information are issued





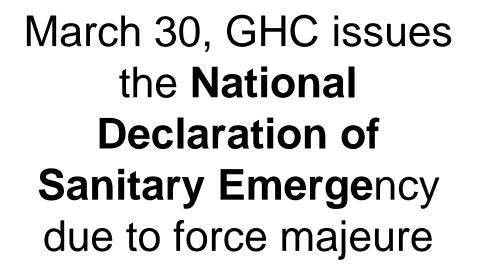












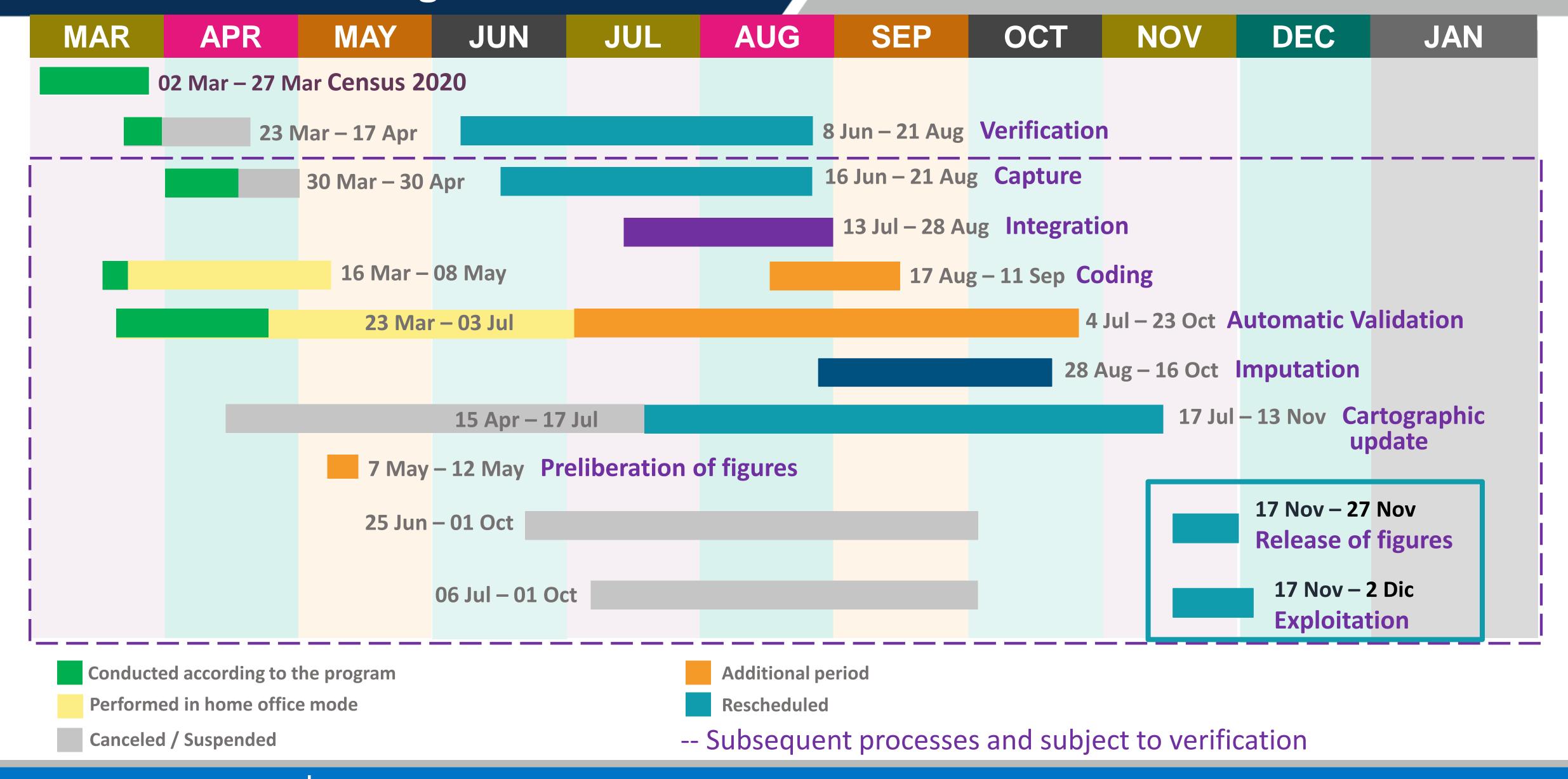
April 1, INEGI
launches
telephone
information
gathering
scenarios during
the pandemic

Agreement for the resumption of the census and surveys in the national territory, which involve the mobilization of people and their physical interaction

Currently there are hybrid methodologies that combine face-to-face and telephone surveying



Census Rescheduling





Census Rescheduling

- The enumeration stage was completed, as well as the first week of verification.
- By the end of the enumeration operation, nearly 95% of the identified private dwellings had already been counted. Related to the population, we have counted 98.3% up to now and still working on the integration of information.
- 98% of the interviews were conducted via CAPI, CAWI or CATI, compared to
 2% via PAPI.
- Questions to identify March 2020 residents were added to the census questionnaire.
- The post-enumeration survey was modified.





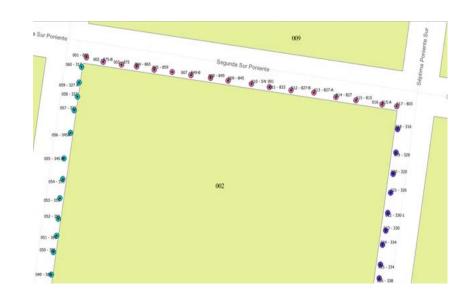


Measures taken in response to the pandemic

- The **period** to respond via **self-enumeration** was **extended**.
- User experience was impacted by excessive telephone calls to the CATI system. There were no saturation problems with the CAWI system.
- Strategy: to send by post-mail the invitations to pending dwellings, which had not received them during the operation.
- The **confinement affected** the **verification** stage: it was **rescheduled** according to the **health alert stoplight system** applied in the country's states.
- GPS and virtual maps were used to verify dwellings remotely.
- Strategies implemented and the government's sensitivity to the need of information will make possible to conclude the Census: December 2







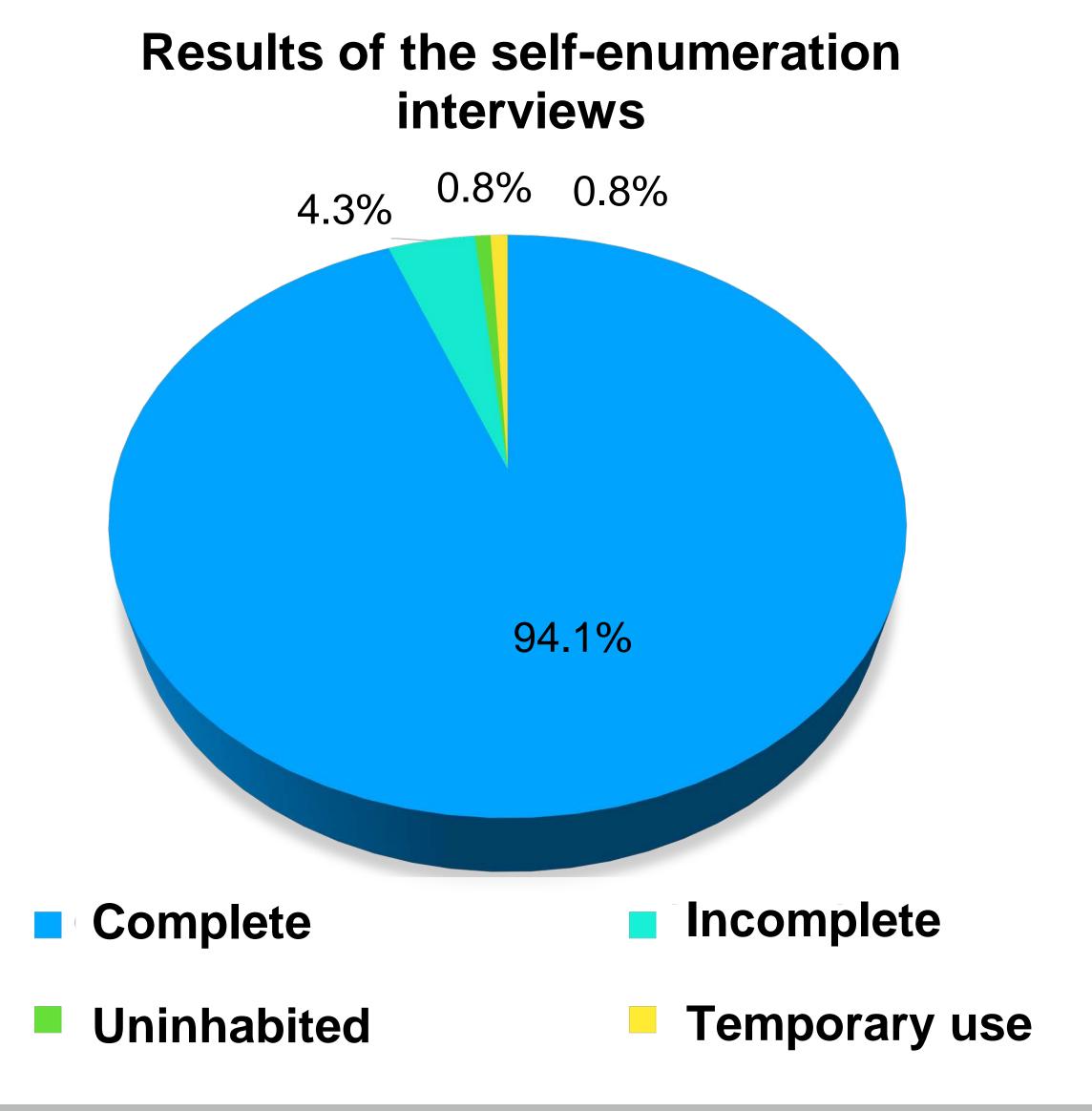


Self-enumeration response

 A total of 103,531 dwellings have responded by self-enumeration.

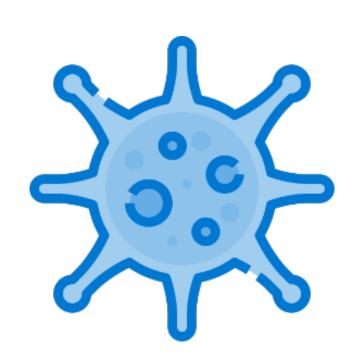
Of those, 97,378 (94.1%) have been completed interviews.

Of the incomplete dwellings, 87.7%
 have registered people.





It was necessary to redesign the methodology of the surveys to maintain the ability to generate statistical information in this context.



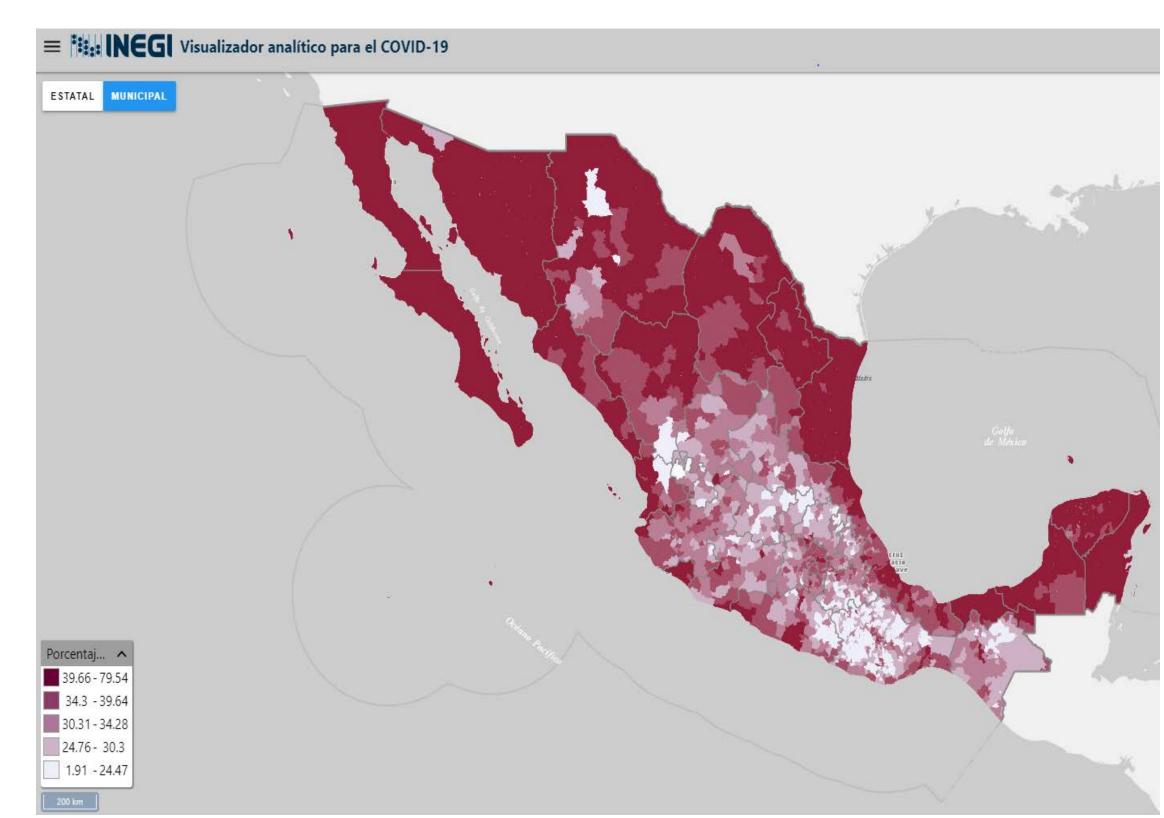
- The new methodological designs imply changes in:
 - The size of the samples
 - The resources for their application
 - The interpretation of the results
- The statistics generated from the new methodologies are not a continuity of the original series.



Traditional survey	Latest survey	Main specifications
ENOE National employment and occupation survey	March 2020	 On June 15, face-to-face interviews were resumed in states with orange lights in the health alert stoplight system. On July 17, a Ministry of Health Agreement was issued, allowing for face-to-face surveys throughout the country. From these dates onwards, the collection of information for surveys was carried out in a combined way: partly face-to-face and partly by telephone. Normal activities will be resumed until indicated by the authorities.
ENCO National consumer confidence survey		
New survey	First / last survey	Main specifications
ETOE Telephonic employment and occupation survey	April / July 2020	 Last survey in July 2020. Used during the period of confinement and suspension of face-to-face activities. This project is now part of the hybrid survey called ENOE^N.
ETCO Telephonic consumer confidence survey	April / July 2020	 Last survey in July 2020. Used during the period of confinement and suspension of face-to-face activities. This project is now part of ENCO and will be maintained until the traditional activities of ENCO are fully resumed.
ECOVID-ML COVID and labor market survey	April 2020	Its objective is to generate complementary information to the ETOE on: • the impact of the COVID-19 pandemic on the labor market • the situation of the workforce during the health contingency period • the adoption of sanitary measures to contain the contagion caused by COVID-19
ENOE ^N National employment and occupation survey, New Edition	July 2020 / until now	 Hybrid scheme, combining face-to-face and telephone surveys. It will be maintained until the traditional activities of ENOE are resumed.



- The prevalence of **Obesity**, **Hypertension** and **Diabetes** was estimated for municipalities using **Small Area Estimation techniques**. **There is no source** of information **with such a level of geographic disaggregation**.
- The dependent variables are the percentage of population of 20 years and older with obesity, either with a previous diagnosis of hypertension or diabetes.*
- The auxiliary variables were selected from Mortality
 Statistics, the Intercensal Survey of 2015 and population projections.
- This complements the statistical information from primary sources that only provide national o state data (or bigger domains than the municipality).



Heat maps for municipalities in Mexico



Collecting information under protocol





Edgar Vielma, Director General of Sociodemographic Statistics, setting the example at collecting information in the last week with the pandemic in its start and implementing the protocol of health distance.



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