

Presentation of National guide for field sales during the epidemic in Norway

By:

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Introduction



Oslo - mai 2020

Due to the spread of covid-19, all field sales in Norway were stopped in week 11 this year. This decision was made by the industry's own volition and there are no state mandates or prohibitions against field sales as of now.

Field sales and regular donors are an important source of income for many organizations, so a potential stop to such activities over a longer period could have large consequences for an organizations ability to fulfill their goals. There is therefore a need to be able to conduct field sales in a manner that *is* and is *experienced* as infection-safe for both the public and the fundraisers.

This document is compiled after a mandate from the board of the Norwegian Fundraising Association. Representatives from The Norwegian Air Ambulance Foundation, Norwegian Red Cross, Doctors Without Borders, The Norwegian Association of the Blind and Partially Sighted (NABP) and UNICEF have compiled the document. The contents are based the workgroup's comprehensive experience with field sales, insight obtained the field sales test done from 05.05.2020 until 15.05.2020, along with professional medical guidance from the workgroup's medical experts consisting of Stephen Sollid (NAAF), Karine Nordstrand (MSF) and Olav Aasland (Red Cross)

DATA



Data: Methodology



The aim of the data collection was to highlight 1) the fundraisers' experience with carrying out field sales during the epidemic in Norway, and 2) highlight the public's reaction to field sales. The data collection is controlled by the committee mandated to create *National guide for field sales during the epidemic in Norway* by the board of the Norwegian Fundraising Association.

The data is collected through a structured, schematic, digital study (CAWI), carried out by the fundraisers after each conversation with a potential donor has come to a close. The study was comprised of closed quantitative questions with the option of qualitative elaboration. A conversation is defined as follows: *When you have initiated dialogue with a potential new donor where you continue the conversation after you have presented yourself and your organization.* The study is conducted with the help of SurveyMonkey ADVANTAGE. The committee consider the methodology necessary given the time proximity of observations.

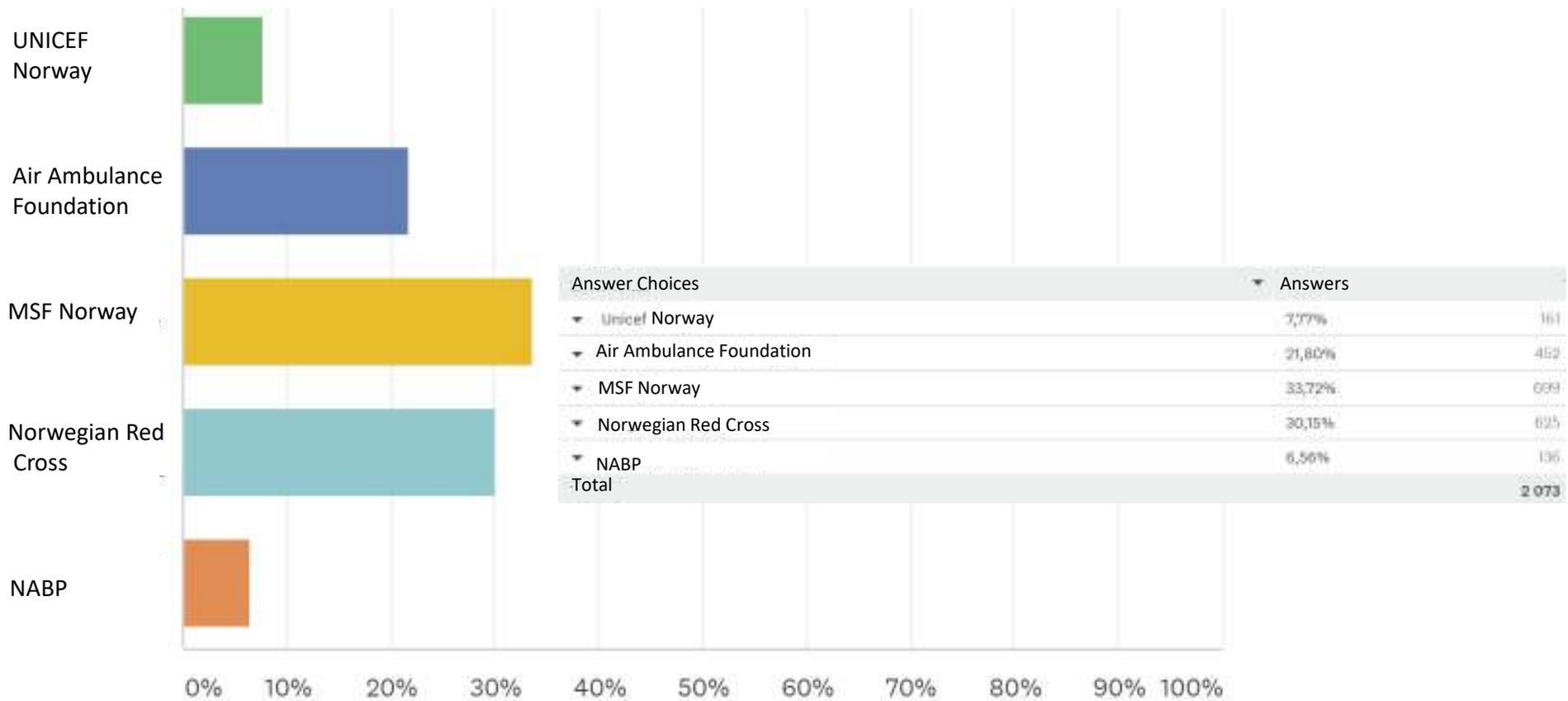
In order to increase the labors total validity, monitoring of inquiries to the organizations and press release mentions, were also conducted. Press releases were monitored through the media surveillance program Retriever. Inquiries to an organization were reported to the committee from the organizations respective service centers.

Sources of error in the data collection is primarily that answers are based on the fundraiser's own perception and the fact that fundraisers experience questions and situations differently or are not objective in their answers. Aside from giving clear instructions and emphasizing the importance of filling out the survey correctly, no measures were taken to secure the quality of data. The committee considers the study to have a high degree of reliability on the basis of instructions given, the size of the data collected and the number of records of absolute frequency.

Data basis: 2.073

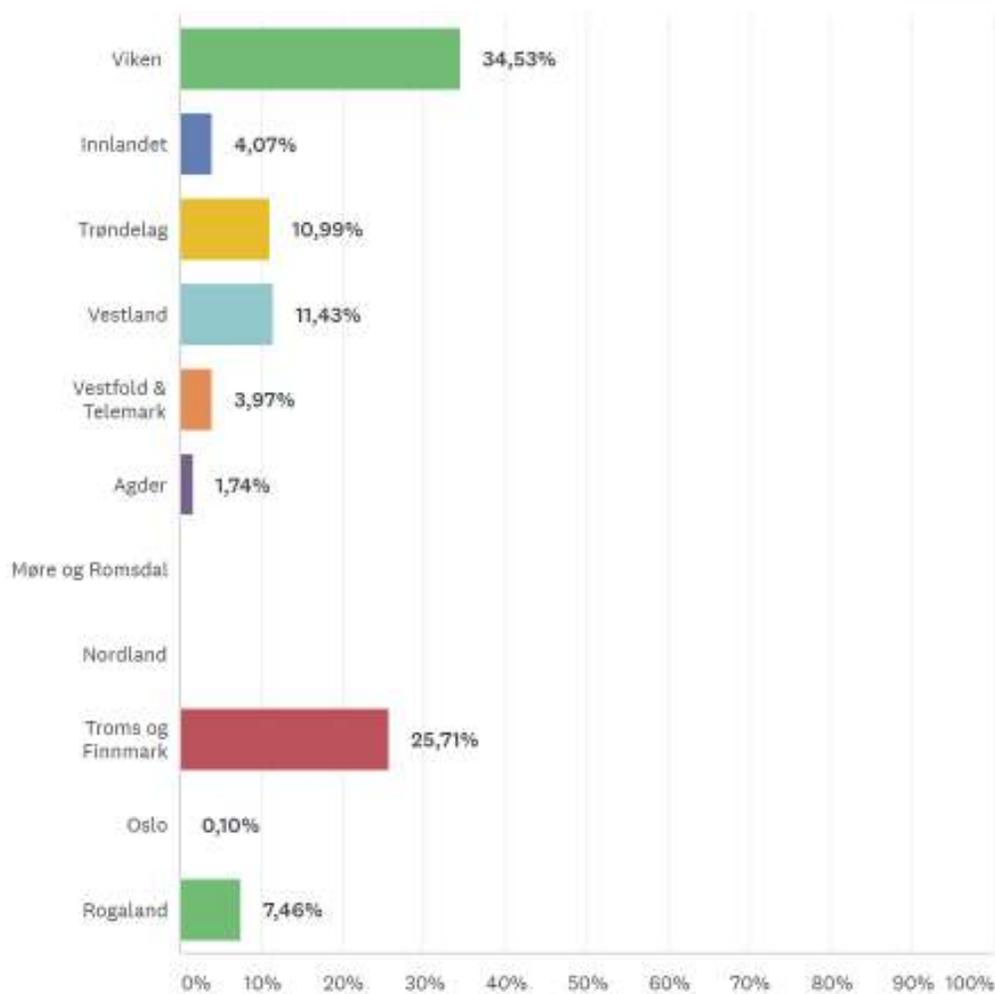
Data: Aggregated data

- Data retrieval per organization

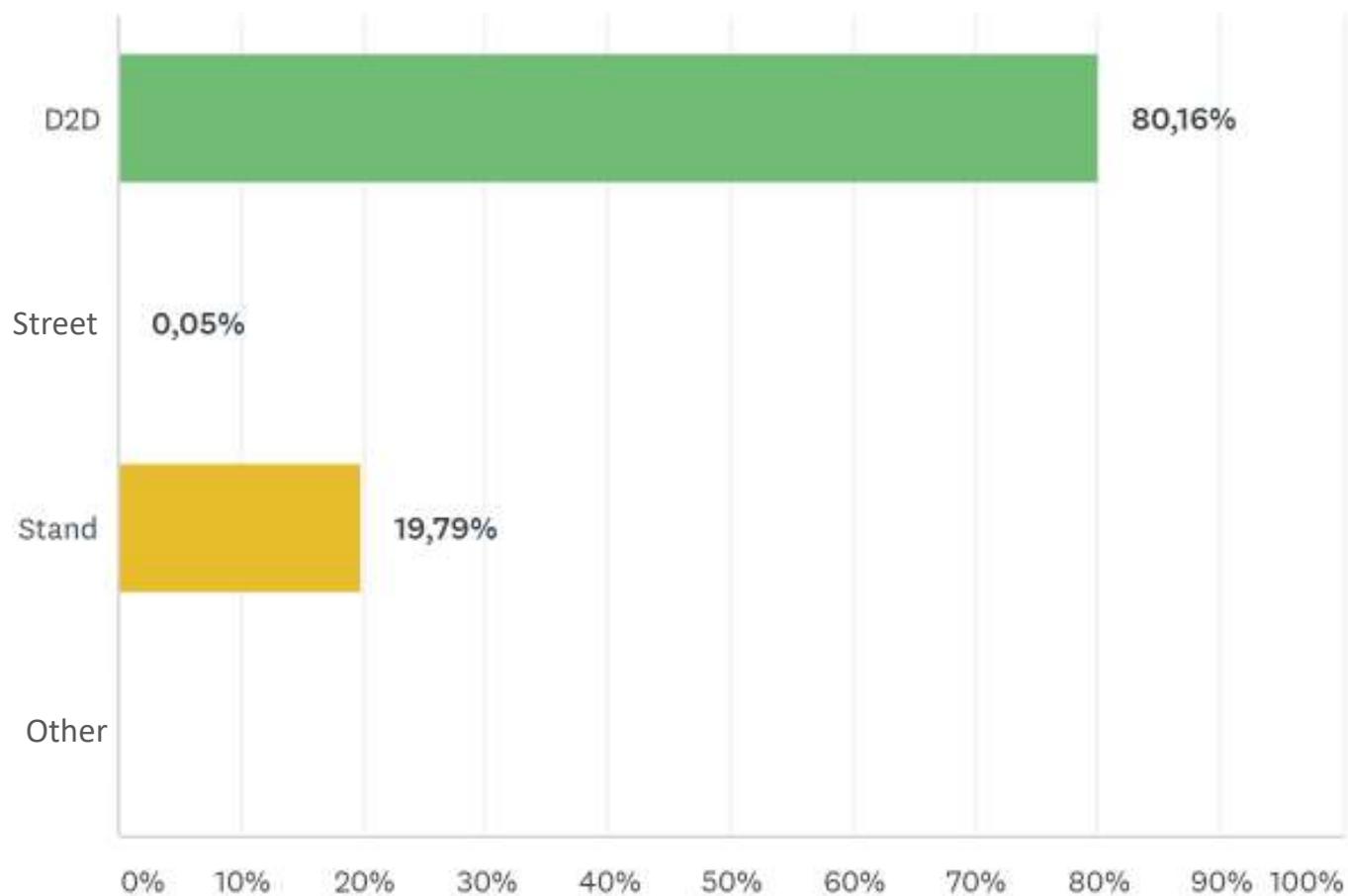


Data: Aggregated data

- Geography

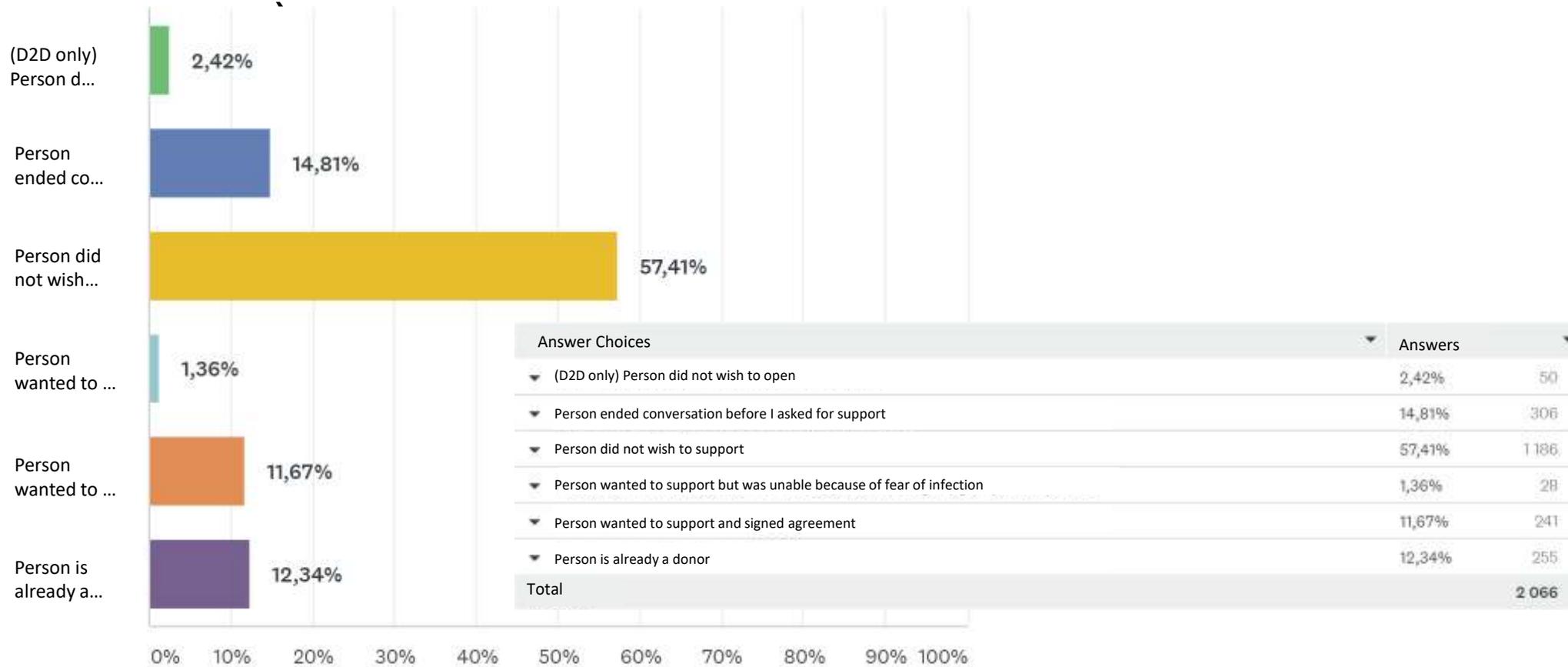


Data: Aggregated data - Field Sale Method



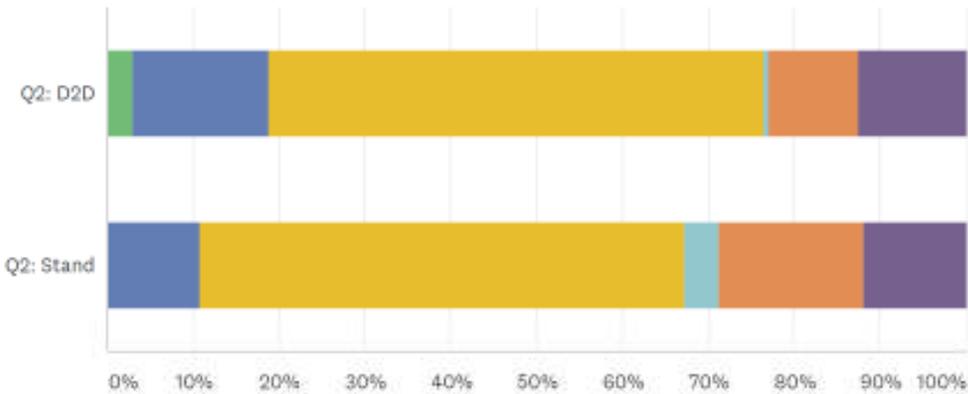
Data: Aggregated data

- Result of conversation (method



Data: Aggregated data

- Result of conversation (method specific)

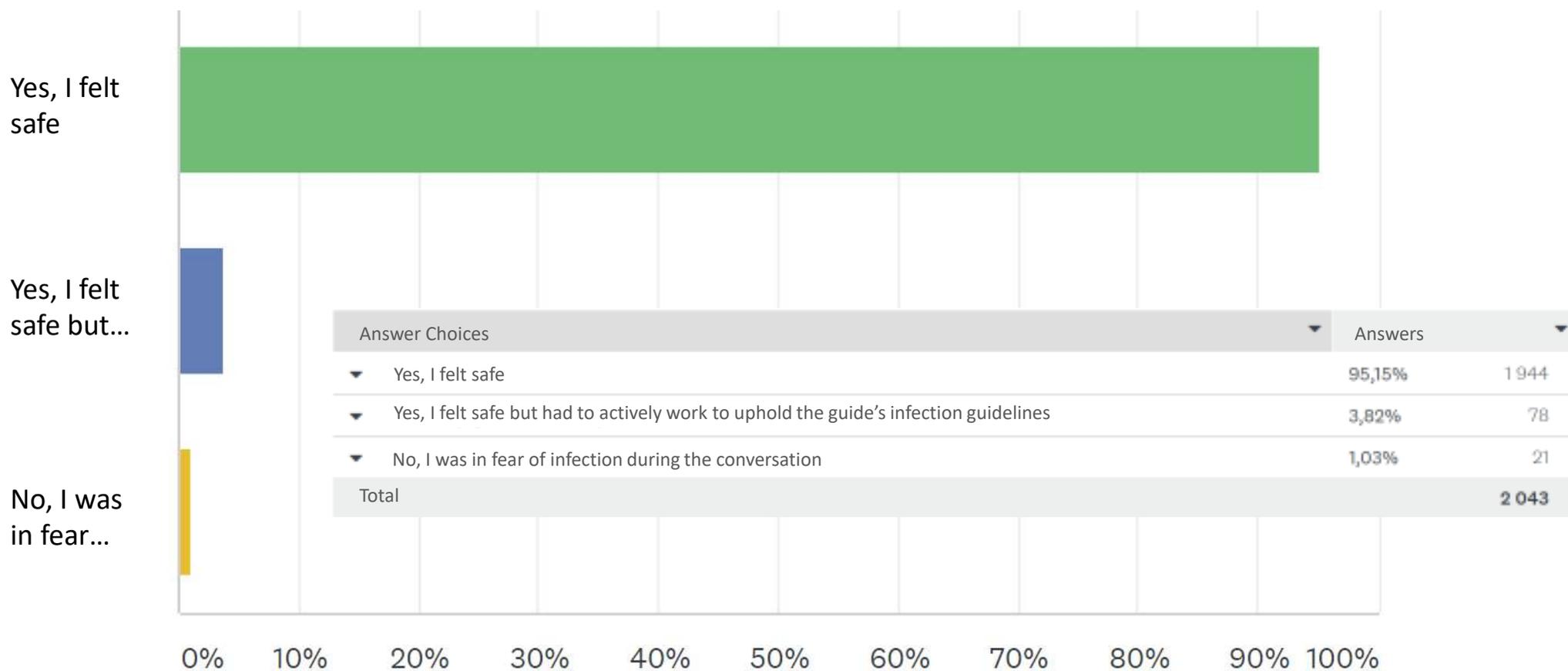


| | (D2D only) Person did not wish to open | Person ended conversation before I asked for support | Person did not wish to support | Person wanted to support but was unable because of fear of infection | Person wanted to support and signed agreement | Person is already a donor | Total |
|------------------|--|--|--------------------------------|--|---|---------------------------|----------------|
| Q2: D2D | 3,02% 50 | 15,78% 261 | 57,68% 954 | 0,73% 12 | 10,34% 171 | 12,45% 206 | 80,25% 1054 |
| Q2: Stand | 0,00% 0 | 10,81% 44 | 56,51% 230 | 3,93% 16 | 16,95% 69 | 11,79% 48 | 19,75% 407 |
| Total Responents | 50 | 305 | 1184 | 28 | 240 | 254 | 2 061 |

- (D2D only) Person did not wish to open
- Person ended conversation before I asked for support
- Person did not wish to support
- Person wanted to support but was unable because of fear of infection
- Person wanted to support and signed agreement
- Person is already a donor

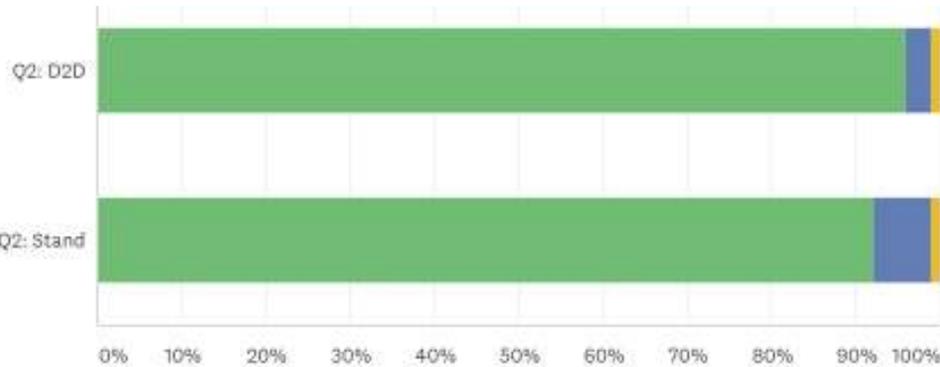
Data: Aggregated data

- Fundraiser's fear of infection (Method seperate)



Data: Aggregated data

- Fundraiser's fear of infection (method specific)

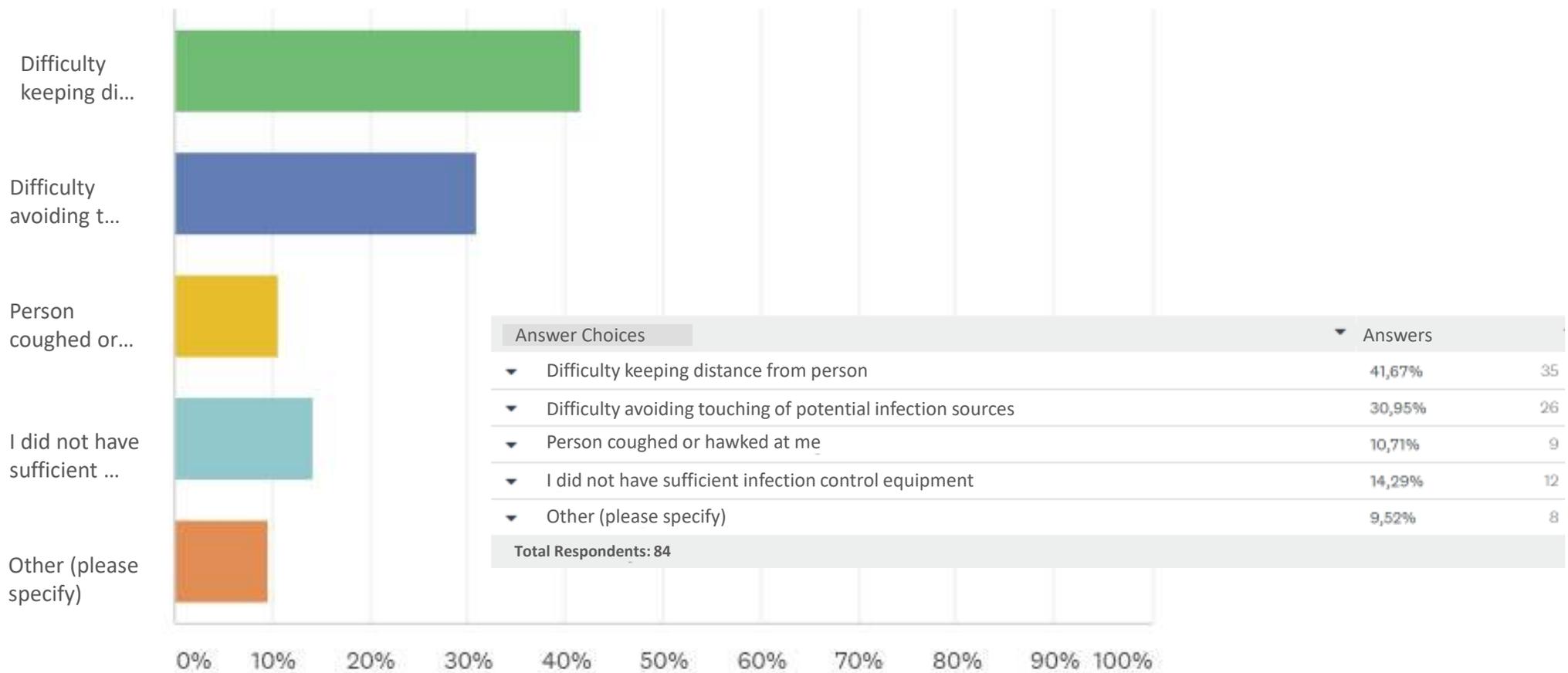


| | Yes, I felt safe | Yes, I felt safe but had to actively work to uphold the guide's infection guidelines | No, I was in fear of infection during the conversation | Total |
|-------------------|------------------|--|--|----------------|
| Q2: D2D | 95,90% 1566 | 3,06% 50 | 1,04% 17 | 80,13% 1633 |
| Q2: Stand | 92,10% 373 | 6,91% 28 | 0,99% 4 | 19,87% 405 |
| Total Respondents | 1939 | 78 | 21 | 2038 |

- Yes, I felt safe
- Yes, I felt safe but had to actively work to uphold the guide's infection guidelines
- No, I was in fear of infection during the conversation

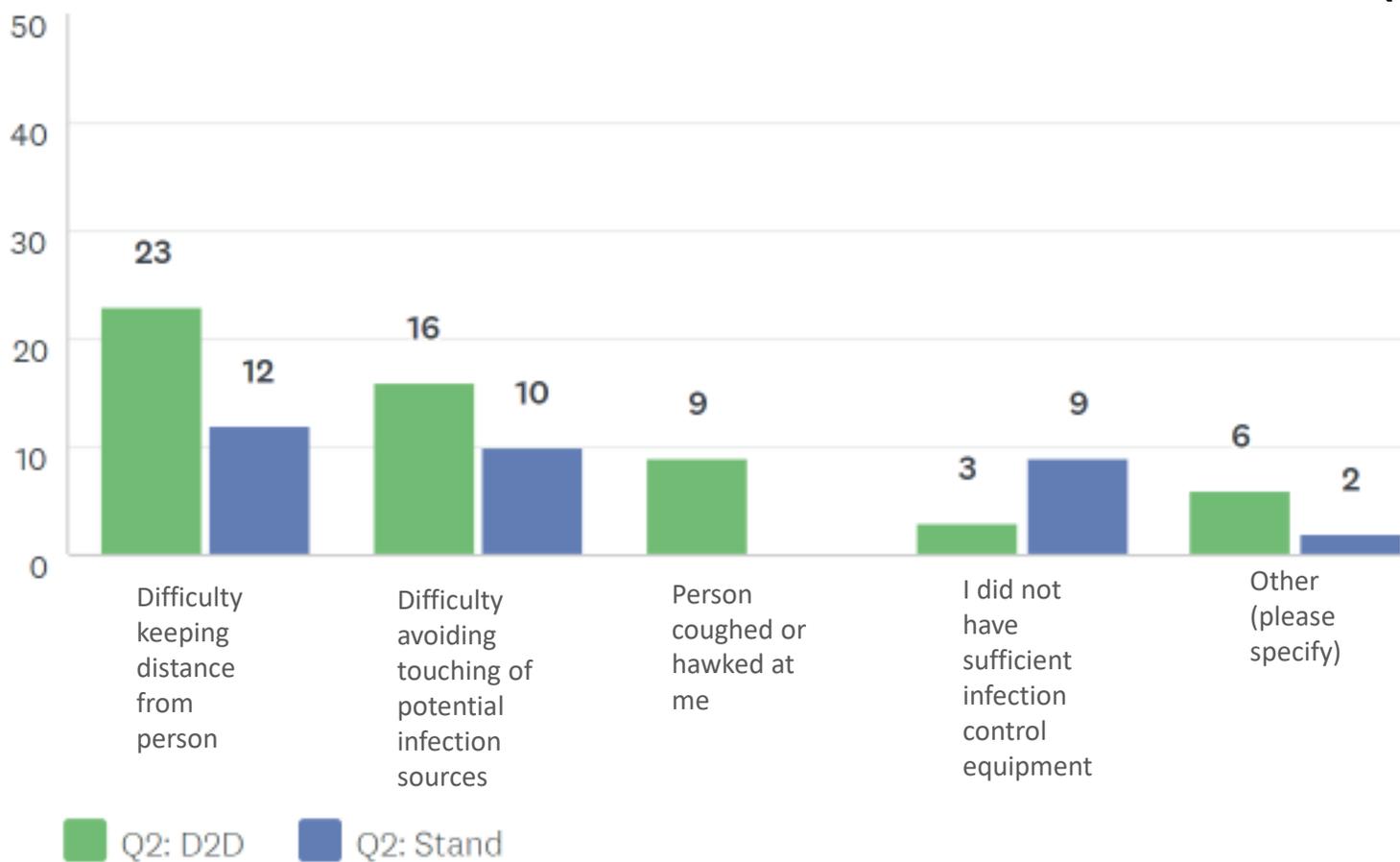
Data: Aggregated data

- Fundraiser's basis for fear of infection



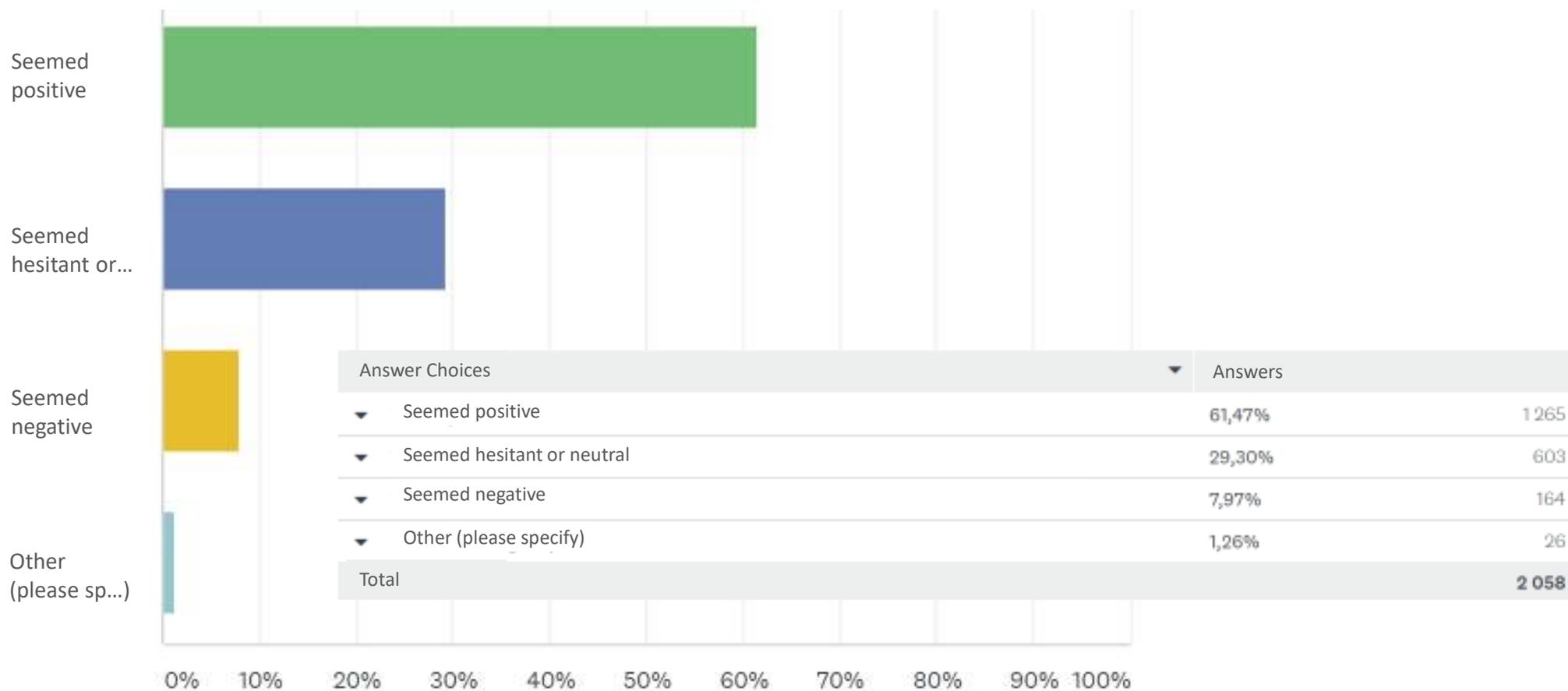
Data: Aggregated data

- Fundraiser's basis for fear of infection (method



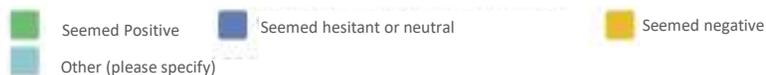
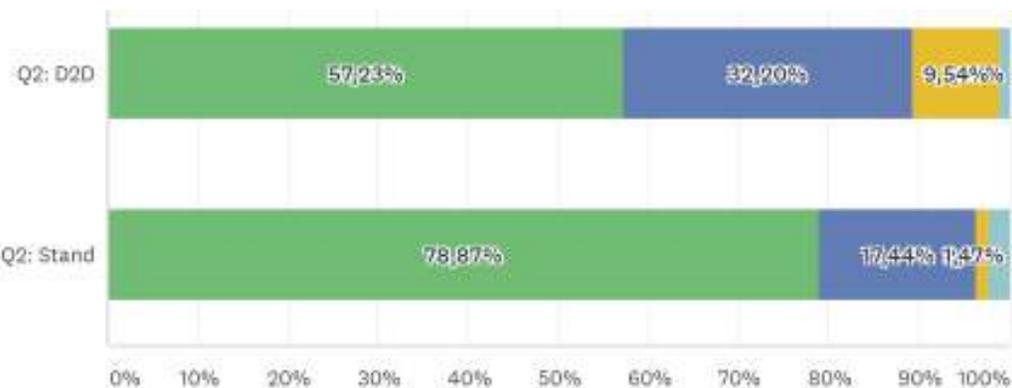
Data: Aggregated data

- Fundraiser's interpretation of public's reaction (method separate)



Data: Aggregated data

- Fundraiser's interpretation of public's reaction (method specific)



| | Seemed positive | Seemed hesitant or neutral | Seemed negative | Other (please specify) | Total |
|-------------------|-----------------|----------------------------|-----------------|------------------------|----------------|
| Q2: D2D | 57,23% 942 | 32,20% 530 | 9,54% 157 | 1,03% 17 | 80,18% 1646 |
| Q2: Stand | 78,87% 321 | 17,44% 71 | 1,47% 6 | 2,21% 9 | 99,99% 407 |
| Total Respondents | 1263 | 601 | 163 | 26 | 2053 |

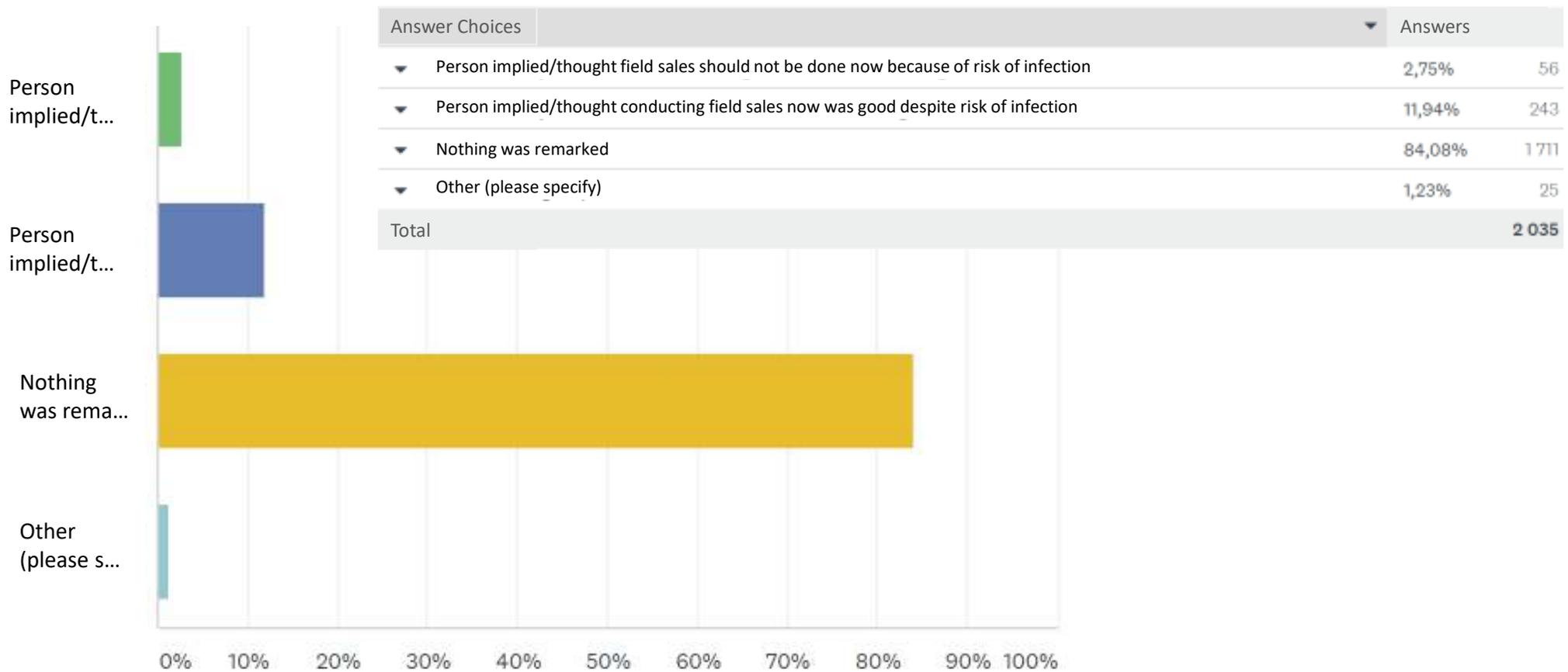
Data: Aggregated data

- Fundraiser's interpretation of public's reaction (geographic)

| Region | Answers | Total |
|-----------------|----------------------------|------------|
| Northern Norway | Seemed positive | 42,39% |
| | Seemed hesitant or neutral | 46,98% |
| | Seemed negative | 30,39% |
| | Other (please specify) | 0,27% |
| | Total | 639 |
| Midle of Norway | Seemed positive | 47,88% |
| | Seemed hesitant or neutral | 39,00% |
| | Seemed negative | 3,68% |
| | Other (please specify) | 0,45% |
| | Total | 224 |
| Eastern Norway | Seemed positive | 58,89% |
| | Seemed hesitant or neutral | 22,22% |
| | Seemed negative | 1,56% |
| | Other (please specify) | 1,33% |
| | Total | 673 |
| Western Norway | Seemed positive | 66,57% |
| | Seemed hesitant or neutral | 23,18% |
| | Seemed negative | 0,38% |
| | Other (please specify) | 0,88% |
| | Total | 384 |
| Southern Norway | Seemed positive | 66,67% |
| | Seemed hesitant or neutral | 13,89% |
| | Seemed negative | 0,00% |
| | Other (please specify) | 19,44% |
| | Total | 30 |

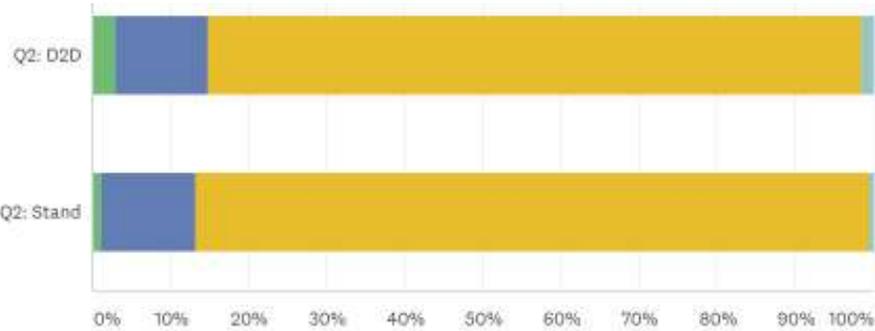
Data: Aggregated data

- Publics remarks to field sales during the epidemic (method separate)



Data: Aggregated data

- Publics remarks to field sales during the epidemic (method specific)

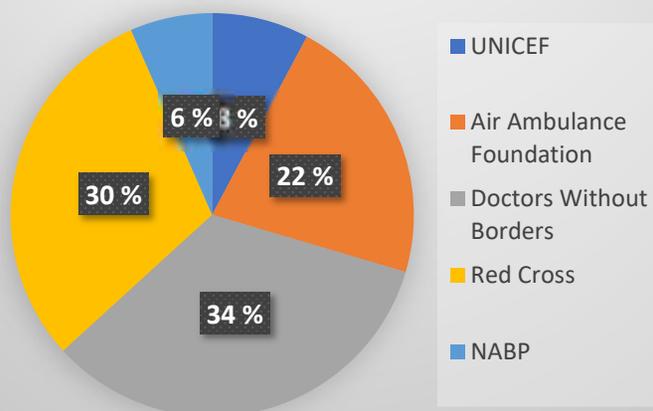


- Person implied/thought field sales should not done now because of risk of infection
- Person implied/thought conducting field sales now was good despite risk of infection
- Nothing was remarked
- Other (please specify)

| are... | Person implied/thought field sales should not done now because of risk of infection | Person implied/thought conducting field sales now was good despite risk of infection | Nothing was remarked | Other (please specify) | Total |
|-------------------|---|--|----------------------|------------------------|----------------|
| Q2: D2D | 3,08% 50 | 11,84% 192 | 83,66% 1357 | 1,42% 23 Svar | 79,90% 1622 |
| Q2: Stand | 1,23% 5 | 12,01% 49 | 86,27% 352 | 0,49% 2 Svar | 20,10% 408 |
| Total respondents | 55 | 241 | 1709 | 25 | 2030 |

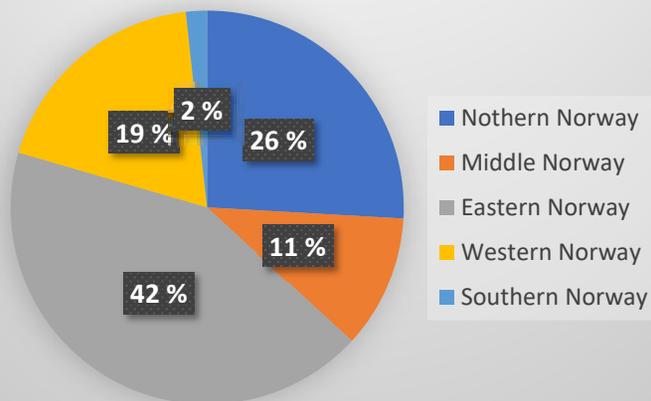
Simplified data 1/3 - About the study

Distribution of collected data

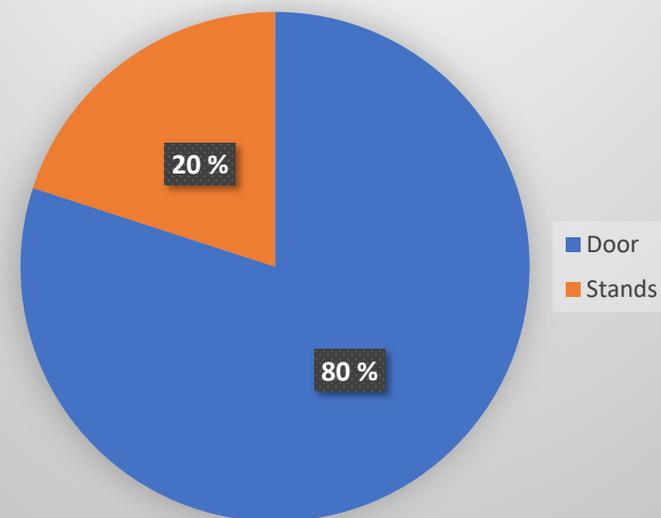


Respondents: 2.073

Geographic distribution



Distribution of field sales methods

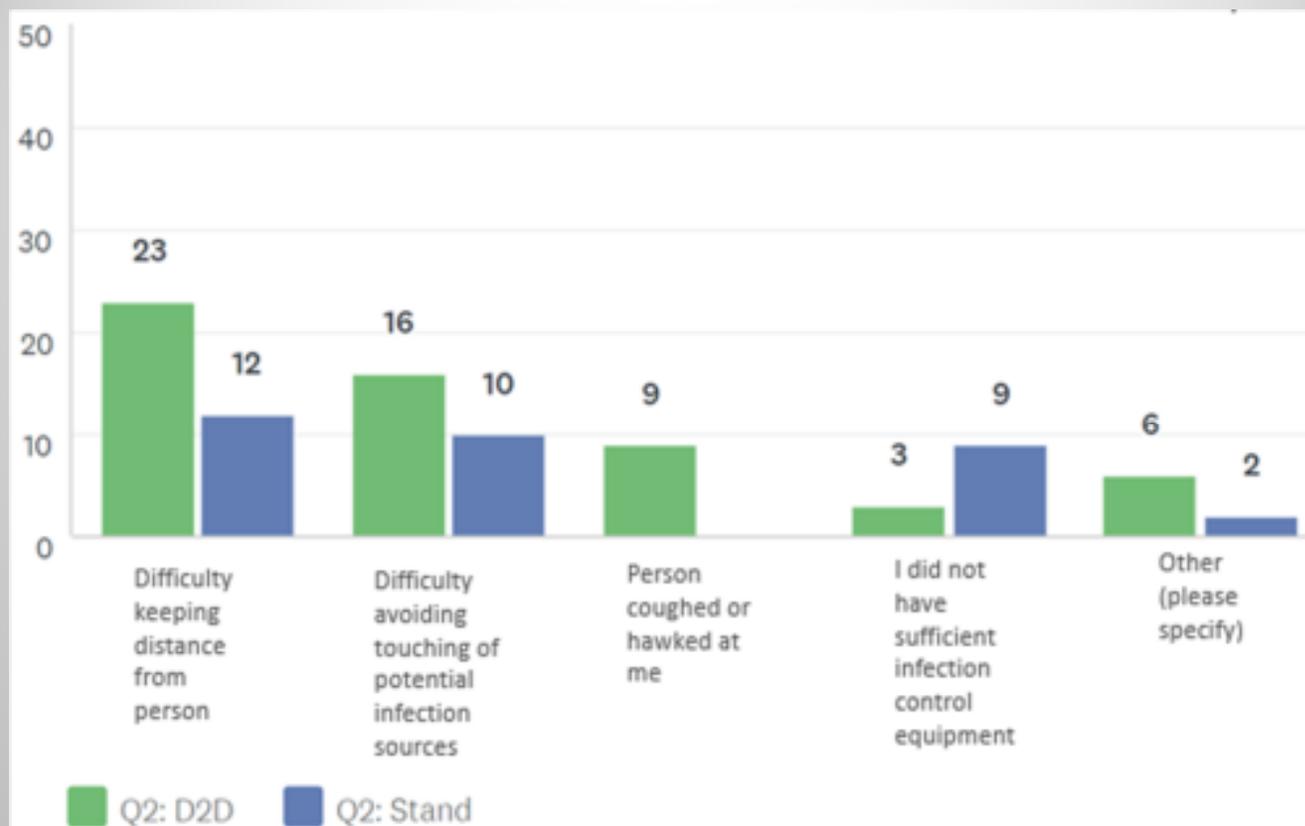


Simplified data 2/3 - Fundraiser safety

Fundraiser's fear of infection

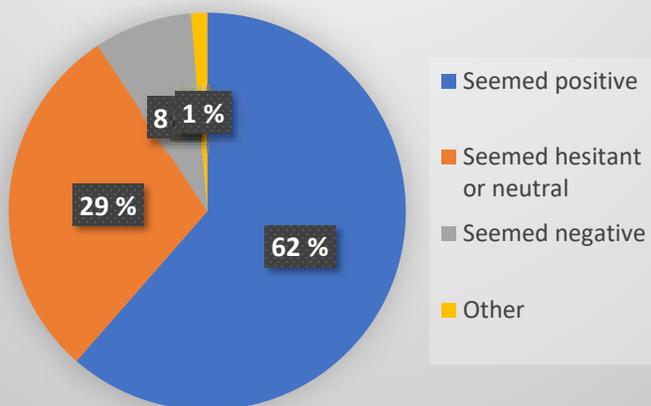


Basis for fear of infection

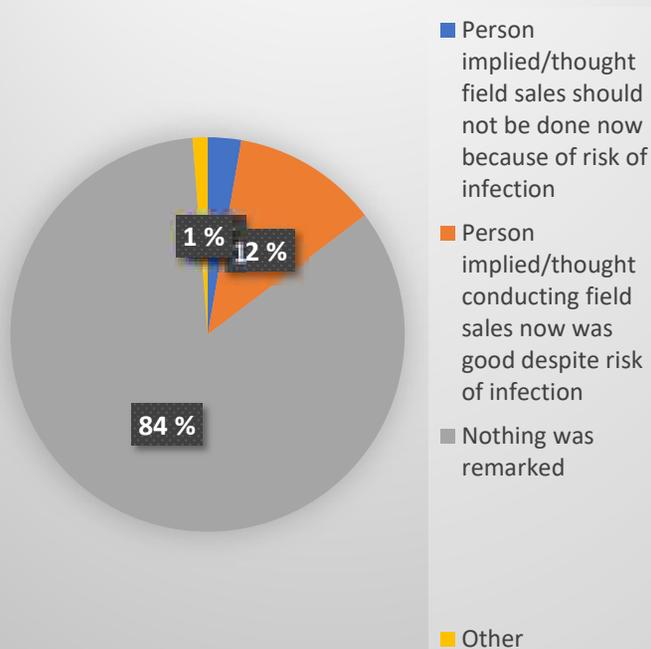


Simplified data 3/3 - Public response

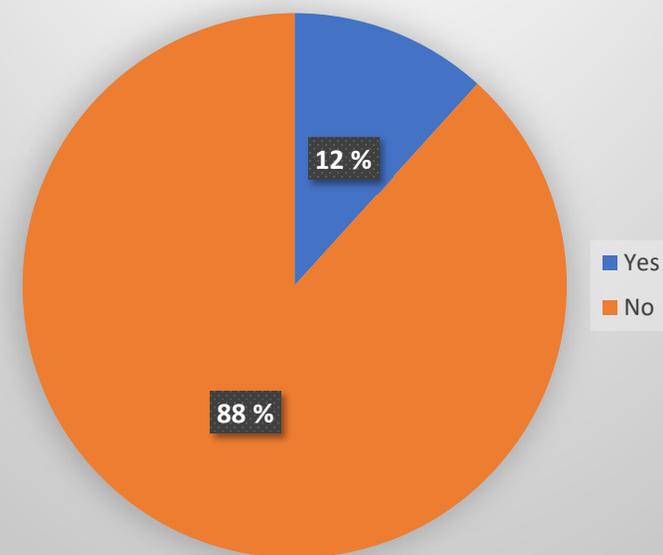
Perceived reaction



Actual feedback



New donors



A fundraiser must complete between 8 and 9 conversations for each new donor

Complaints Recieved

| | UNICEF | AAF | MSF | RC | NABP |
|-----------------------------------|--------|-----|----------|----|------|
| Complaint by oral inquiry | 1 | 0 | 0 | 2 | 0 |
| Complaint through social media | 0 | 0 | 1 | 0 | 0 |
| Written complaint | 0 | 0 | 0 | 0 | 0 |
| Total number of complaints | | | 4 | | |

Complaints per every 100 new donors: 1,67

Press coverage

| | UNICEF | AAF | MSF | RC | NABP | General |
|--|--------|-----|----------|----|------|---------|
| Negative mentions in local press | 0 | 0 | 0 | 0 | 0 | 0 |
| Negative mentions in specialized press | 0 | 0 | 0 | 0 | 0 | 0 |
| Negative mentions in national press | 0 | 0 | 0 | 0 | 0 | 0 |
| Total number of negative press mentions | | | 0 | | | |

Curiosity



- Field sales conducted on stands is more effective than field sales conducted on doors
- Field sales conducted on stands perceived to be more accepted than field sales conducted on doors
- Field sales conducted on stands perceived to be safer for fundraiser than field sales conducted on doors
- 40% of all cases where fundraiser reported fear of infection during conversation ended with person becoming a donor
- Every 8th conversation resulted in a new donor during test. For some, this is higher than before the covid-19 outbreak in Norway
- Northern Norway appeared to be the geographical market most sceptical towards field sales
- Eastern- and the middle of Norway appeared to be the geographical market most positive towards field sales
- Difficulties keeping distance to people and difficulties avoiding touching unclean surfaces are the biggest challenges in regards to the fundraisers' feeling of safety

Recomendations



The committee's recommendations

- The following is emphasized
 - ✓ A low degree of reported cases where fundraisers felt unsafe during conversation (1,0%)
 - ✓ A low degree of negative remarks from the public (2,75%)
 - ✓ A high degree of reported cases where the public is perceived to be positive or neutral to field sales (91%)
 - ✓ A high degree of reported cases where the public unprompted gave positive remarks towards field sales (12%)
 - ✓ Relative low difference in results from the various field sales methods
 - ✓ A very low number of complaints about the activity: (4 cases or, 1,66 complaints per 100 new donors)
 - ✓ No negative press mentions
 - ✓ High degree of insight from the market with large geographic spread
- **On the background of this, the field sales committee can recommend resuming field sales given adherence to *National guide for field sales during the epidemic in Norway***
- The committee's medical specialists stand behind this recommendation
- The committee's medical specialists stand *National guide for field sales during the epidemic in Norway*
- Scenarios after resumption of field sales
 - Scenario 1: Field sales work fine without need to adjust the national guidelines. Based on the infection situation and together with medical specialists and the industry as a whole, the committee will at some point recommend continuation of field sales without the use of *National guide for field sales during the epidemic in Norway*
 - Scenario 2: Changes in the situation call for adjustments to the national guidelines, either in the form of softening or tightening
 - Scenario 3: Large scale changes in the situation call for recommendations from the committee about a new stop to field sales activities

Guide



Link to National guide for field sales during the epidemic in Norway

National guide for field sales during the epidemic in Norway is accessed through this link

Experiences



Committee's tips and tricks



During this study we have made some observations we believe worthwhile to share. These do not appear in the guide, as these experiences are not empirically founded, are situation specific or simply considerations we have made. We believe it is up to each organization to make assessments based on *National guide for field sales during the epidemic in Norway*.

The committee's experiences, tips and tricks

Regarding feeling og safety

Our experience:

The fear of infection is something we must accept. An outreach business such as field sales will, for some, be perceived as irrational, frightening, and dangerous. Everyone conducting field sales during an epidemic will receive direct complaints on the spot, through inquiries after the fact, or via concerned friends or family.

Others will have a different view on the epidemic and react in ways that could be unpleasant for the fundraiser. During the course of a normal work week, every fundraiser will experience situations where they feel at risk of infection, or that the person they are talking with approaches them and keeping a safe distance is impossible.

The organization can also expect that some fundraisers do not wish to continue working due to fear of infection.

Useful tips and tricks:

- Follow the guide. Memorize the content
- Feel free to describe to the public which measures you are taking to limit infection
- Use signature/payment options that allow for contact free sign-ups
- Use props to create distance between the fundraiser and the public. Some use mats on the ground indicating distance. Some use regular- or measuring tape on the ground. Others wear buttons with the text "I am keeping my distance" printed on them or stands with plexiglass.
- Though facemasks are not specifically recommended in the guide, the option of covering one's mouth and nose will contribute to the experience of safety for both the fundraiser and the public. This is especially true during transportation. Currently, there exists a buffer which reduces inhalation of the virus and bacteria more than 90%. Just remember to familiarize yourself with proper use



The committee's experiences, tips and tricks

Regarding restructuring and training

Our experiences:

In the beginning, we experienced that many fundraisers reported that they were fearful of their own safety regarding infection when meeting the public. The main challenges were keeping a safe distance from people and avoiding touching potentially unclean surfaces. Reported incidents of this fear decreased when we conducted a second review of the routines, and further decreased over time as the fundraisers began to readjust.

In the beginning, we saw some fundraisers being critical of decisions made regarding protective equipment. This was solved by providing good information and open discussions.

We also experience that the moment a person decides to become a donor is the moment it is most difficult to maintain the regulations. For fundraisers. This moment is experienced as especially critical.

Useful tips and tricks:

- It is not enough to simply say that fundraisers must keep a safe distance. Practice this with the fundraisers. Train for situations that could arise and how to react.
- Allow for open discussions around the use of protective equipment. Many will have opinions and experiences, and it is important that your organization make decisions it can stand behind and create an understanding for.
- It is OK to say that you want to keep a safe distance.
- Use a pen to ring doorbells. Disinfect the pen after.
- Follow-up your fundraisers regularly to ensure correct use of the guide and to reduce the feeling of fear. In a week, a fundraiser should experience less than one fear induced episode per day.

The committee's experiences, tips and tricks

Regarding cases of infection

Our experience:

Even though one follows the guide, infection could still occur. During the test, we experienced that some fundraisers developed symptoms. The correct handling of situations like this is critical both for infection control and reputation.

Firstly, no one wishes to infect themselves or others.

Secondly, it would be a significant hit, reputation-wise, to have to for example, call every address a door to door fundraiser has visited to explain they are infected.

Useful tips and tricks:

- Follow the guide, and in this case, especially the points regarding distance and limiting the use of time.
- Infection tracking will be easier if both the fundraiser and the person they have talked to are using the “smittestopp” app (app tracking cases of infection in Norway). We do not recommend, however, that using this app is to be made mandatory, and that is not our duty as fundraisers to recommend others download it.
- Cohort-solutions will contribute to reducing the scope of potential infection cases. Some organizations have chosen to work in groups of four or five. In this way, the groups can travel and work together. In the case of symptoms or outbreaks, that specific cohort can be placed in quarantine without it affecting the whole team.
- Registering the areas work is conducted can help simplify infection tracking. If the organization logs data that accurately can say where a fundraiser worked on a given date, the municipality can then use this information to track the infection in some cases.

Contact



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