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ANNUAL MEETING 2021

GNC Visioning the Future

Adaptations to SMART surveys in the context of COVID-19

Cox’s Bazar, Bangladesh

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BACKGROUND

- Cox's Bazar : highly disaster-prone coastal district of Bangladesh that inhabits more than 800,000 Rohingya refugees across 34 makeshift and registered camps
- Since refugee's influx in 2017: comprehensive package of nutrition services and regular monitoring of the health and nutrition situation by the nutrition sector
- Significant disruption of Nutrition programming, including nutrition surveys, as a result of the movement restrictions arising from the COVID-19 (C-19) pandemic
- New operational guideline for resuming population representative households (HH) surveys published in October 2020
- Adaptation by ACF Bangladesh under the leadership of Nutrition Sector of the interim guideline for conducting SMART surveys with pilot in Rohingya refugee camps during SMART Round-5 assessment in Nov/Dec 2020

OBJECTIVES

- To capture the experiences and operational adaptations while implementing interim guidance on resuming household surveys during COVID-19 by Global SMART Team

- To document and disseminate key lessons learned and recommendations to support further improvement of interim guidance and proper implementation of SMART surveys in other context affected by the COVID-19 pandemic

KEY ADAPTATIONS
At planning stage

- **C-19 situation monitoring and discussion with authorities:** To get necessary approval and ensure context is suitable for conducting the survey

- **Community sensitization prior data collection:** To avoid confusion, misinformation, rumors and fear due to C-19, therefore ensure maximum participation and cooperation

- **Limited indicators:** To minimize time spent in each HH and so decrease the contamination risk

- **Minimized sample size by adjusting precision level:** To reduce data collection duration

- **Higher Non-Response Rate (NNR):** To account for the possible high refusal and systematic exclusion due to C-19 procedures

KEY ADAPTATIONS
Related to HR

- **Experienced Staff:** To shorten the training duration and to skip the standardisation test
- **IPCs session during training:** To ensure team's comprehension and appropriate implementation of health and safety procedures in the field
- **Minimum staff per team:** To limit exposure and allow physical distancing
- **Reserve Team:** To recall at any point if a team member showed C-19 symptoms, was placed into quarantine or tested positive
- **Health Screening of Survey Team and Testing for C-19**: To confirm if any members need to be in quarantine/isolation
- **Additional Funds:** To procure necessary PPEs for the survey teams

KEY ADAPTATIONS
During field work

- **Exclusion of HH/children at risk:** To limit cross transmission between HH and for the survey teams

- **Digital Platform for data collection and daily feedback :** To reduce data entry time and unwanted physical contact

- **IPC Measures throughout the survey:** To ensure safety of community members and survey teams

KEY FINDINGS:

- **NNR:** Rates finally lower (5.4%-8.3%) than the assumption at planning stage (12-18%)
- **Exclusion:** Low exclusion rate of HHs due to C-19 related criteria (1.5%)
- **Required Extra Time:** Additional 3 to 5 minutes required per HH to allow for implementation of IPC health & safety measures
- **Data Quality:** High quality data achieved through good adaptation

KEY LESSONS LEARNED:

- **Evaluating epidemiological trends of C-19:** Importance of weighing up the risks and benefits of conducting surveys during the C-19 pandemic

- **Evaluating community perceptions:** Crucial to understand local context and community perceptions around C-19, including stigma, fear and misconceptions

- **Having experience staff:** Importance to have locally experienced, skilled enumerators who could understand the context

- **No children exclusion due to fever:** Potential source of bias particularly in the contexts where C-19 or morbidity (e.g. fever) rates are higher

KEY LESSONS LEARNED

- **Use of both hand gloves and sanitizers:** time consuming, resource-intensive and may create an extra waste management burden at field level
  - Only use hand sanitiser (aside from the use of gloves for those cleaning equipment)

- **Use of standard facemask size:** difficult to use with children.
  - Facemasks offered to all children ≥2 years

- **Survey time allocation:** A minimum of 20 to 25 minutes required on average per HH to complete the anthropometry and mortality components while applying IPC measures

RECOMMENDATIONS:

❑ Pre Survey Preparation:

- Gather survey approval from relevant authorities
- Sensitise local communities prior data collection
- Prioritize local in-country expertise for technical and survey management
- Carefully adapt and contextualise the interim global guidance

RECOMMENDATIONS:

❑ Pre Survey Preparation:

- **Exclude non-essential indicators**
- **Estimate NRR carefully for sample size calculations**
- **Do not directly use child fever prevalence based on a two-week recall period** for C-19 related NRR and sample size calculations
- **Include special session on IPC health and safety measures during training**
- **Allocate adequate funds, PPEs and vehicles for survey teams**

RECOMMENDATIONS:

❑ During Survey Implementation:

- **Allocate adequate time per household**
- **Closely monitor field work and IPC measures followed by survey teams**
- **Plan for additional survey days** to revisit all missed or excluded households either due to high fever or absenteeism
- **Keep 1-2 reserve teams on standby**

Please find details publication at ENN FEX 65:
https://www.ennonline.net/fex/65/smartsurveyscovid19coxsbazar

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