

ANNUAL MEETING

**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





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#### **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



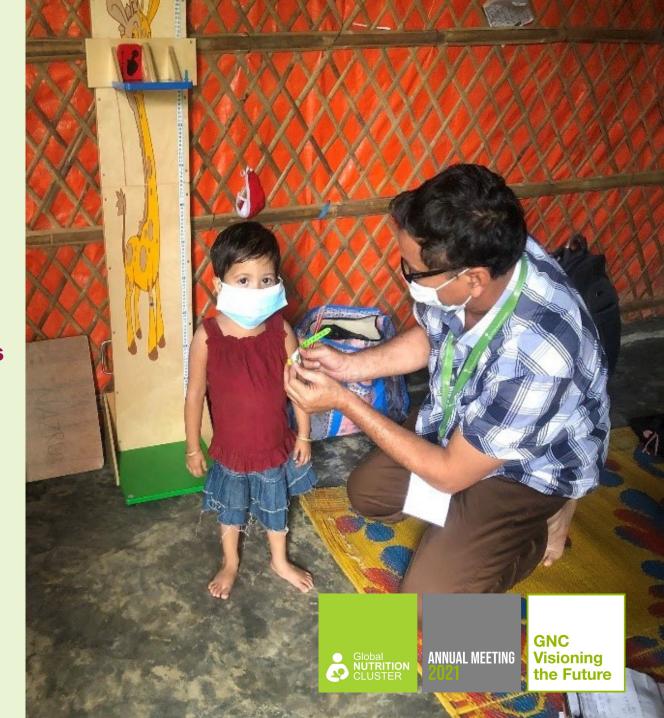
#### **KEY FINDINGS:**

- ❖ 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, resourceintensive 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





## Thank you