INTERIM GUIDANCE ON RESTARTING POPULATION LEVEL SURVEYS AND HOUSEHOLD LEVEL DATA COLLECTION IN HUMANITARIAN SITUATIONS DURING COVID-19 PANDEMIC

Version of October 8th, 2020; This guideline will be updated as new evidence becomes available.

INTRODUCTION

As the COVID-19 pandemic is still unfolding, most countries have introduced measures to cope with the increased caseload of severe COVID-19 patients while maintaining core health services and implementing measures to control the transmission of the virus. Partners involved in nutrition programming and specifically nutrition information systems in humanitarian contexts have also started exploring what adaptations should be made to existing nutrition information systems and primary data collection methods. In this context, the global SMART recommended pausing surveys in the guidance ("SMART during COVID-19") released on 29th April 2020.

The following guidance aims to outline considerations for when and how to resume data collection in the context of the evolving global pandemic.

Ensuring people affected by humanitarian crises are included in all COVID-19 outbreak readiness and response strategies may require assessing the needs at community and household levels. However, in the context of a pandemic there is a strong public health rationale to explore all options for assessing nutritional status before making the decision to embark on primary data collection at community and household level.

OBJECTIVE

This guidance addresses specific needs and considerations as they pertain to restarting SMART surveys at national, sub-national or local levels. **The guidance relates to population representative household level surveys that involve physical contact with household members (such as those involving anthropometric measurement and capillary blood samples for measurement of hemoglobin concentration).** This guidance does not directly address remote data collection using internet or mobile phones as an alternative to in-person surveys. Other survey platforms may use these guidelines if relevant.

The document aims to provide considerations for both:

1) When it is appropriate – given the evolving context in terms of both the pandemic/COVID-19 transmission as well as the nutritional situation – to restart SMART surveys; and

2) If surveys are planned, considerations for ensuring safe administration of surveys in the context of the global pandemic.

Finally, the guidance pertains primarily to implementation of surveys in humanitarian settings. People affected by humanitarian crises, including those displaced and/or living in camps and camp-like settings, are often faced with specific challenges and vulnerabilities that must be taken into consideration when planning for primary data collection at household level during this period of the COVID-19 outbreak. In the context of this guidance, the people in humanitarian situations affected by this guidance may include internally displaced persons (IDPs), host communities, refugees, and returnees. While further adaptations might be needed for some population groups, including those living in slums, this guidance is issued to assist field staff to immediately respond to urgent needs of data collection where it is extremely needed and critical.

PRINCIPAL CONSIDERATIONS FOR RESUMING SURVEYS

Note: Any decision to resume surveys should be agreed with local public health authorities

- Review the epidemiological situation of COVID-19 in the country (or local administrative region, if feasible) during the last 4 weeks. Specifically, the following points should be considered.
    - Current incidence of COVID-19 in the survey areas;
    - Trends of COVID-19 in the survey areas;
    - Percentage of positive cases among those tested in the survey areas;
    - Number of tests conducted per 100,000 population per week.

The epidemiological situation of COVID-19 should be reviewed in consultation with epidemiologists and public health officials in country from the Ministry of Health and World Health Organization. Implementation of surveys can likely be justified in contexts where there are no cases, sporadic cases, or clusters of cases of COVID-19 (Phases 1-3 of World Health

Organization COVID-19 categories for transmission pattern[1]). Much more scrutiny should be given as to whether there is justification to resume surveys where there is widespread community transmission (Phase 4 of World Health Organization COVID-19 categories for transmission pattern[2]). Please note that different countries may have different criteria for categorizing and managing COVID-19 situation and imposing corresponding restrictions on data collection activities and general movement.

- Consider and review national guidance and/or guidelines (if any such exists) regarding data collection at household level during COVID-19 epidemic.

- Consider whether the nutrition situation demands updated information and what programmatic actions are dependent on survey findings. This justification can be informed by reviewing the previous nutrition data. In contexts where the GAM prevalence was categorized as very low or low (i.e. <5% according to WHO thresholds for prevalence of wasting[3]) and there is no indication of notable change there is little justification to resume surveys during this period of COVID-19 especially in settings with widespread community transmission.

- Consider existing national guidelines regarding restriction on movements within and between the communities that may impact feasibility of the teams reaching data collection sites.

- Consider the availability of qualified staff to manage the survey when making the decision to resume surveys. Specifically, partners should consider.
    - Ability to engage trained survey managers who are locally available (in-country or in the survey areas).
    - In case of unavailable local survey managers, plans should be put in place for remote technical support from a qualified survey manager (International or outside the survey area)

- Consider availability of personal protective equipment and supplies for ensuring appropriate infection prevention and control as outlined in this guidance, and whether local supply is sufficient for the survey without diverting from health facilities.

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[1] Public health surveillance for COVID-19 – Interim guidance. Geneva: World Health Organization, August 2020. https://apps.who.int/iris/bitstream/handle/10665/333752/WHO-2019-nCoV-SurveillanceGuidance-2020.7-eng.pdf?sequence=1&isAllowed=y

[2] Public health surveillance for COVID-19 – Interim guidance. Geneva: World Health Organization, August 2020. https://apps.who.int/iris/bitstream/handle/10665/333752/WHO-2019-nCoV-SurveillanceGuidance-2020.7-eng.pdf?sequence=1&isAllowed=y

[3] Recommendations for data collection, analysis and reporting on anthropometric indicators in children under 5 years old. Geneva: World Health Organization and the United Nations Children's Fund (UNICEF), 2019. Licence: CC BY-NC-SA 3.0 IGO.

- Consider current community attitudes and beliefs regarding COVID-19 especially if there are reports of instances where communities are unwilling to accept visiting teams of outsiders making visits to the households

TECHNICAL AND OPERATIONAL RECOMMENDATIONS TO ENSURE SAFETY WHEN SURVEYS ARE RESUMED.

SURVEY DESIGN CONSIDERATIONS

- The number of questions and indicators to be included in a survey should be kept to an absolute minimum. When designing the survey objectives and questionnaire, survey managers are encouraged to **keep the total interview time as short as possible** (ideally under 15 minutes).

- The survey manager should **keep the sample size to a necessary minimum** to ensure minimally acceptable precision as per the SMART guidelines. A higher non-response rate may be considered to account for household refusal as well as household exclusion given COVID-19 exposure or symptoms.

- All surveys should **follow the usual methods for measuring MUAC, weight, height and age** using trained measurers as per the SMART guidelines.

- Ideally **enumerators should be <65 years of age and without comorbidities** known to increase the risk of COVID-19 complications (see list available here).

PROCEDURES DURING FIELD WORK

- **All survey team members** should be provided with **face masks and gloves**.[i] Where possible, surgical/medical masks should be provided to teams. Eye protection may additionally be considered but is not required. Each team member should be provided at least **three masks per day** to be changed after lunch and whenever damaged/soiled. **Gloves should be changed after each household assessment**. (See section on supplies for quantity recommendations.)

- **Household members** who are directly in contact with the survey team (survey respondent and measured children/adults above 2 years of age) should be requested to **wear a face mask** during the entire household interview process. The best practice is for survey teams to offer a face mask to the key household members prior to the start of the interview if they are not available in the household.

- Introduction, consent, interviews, and measurement should be done **outside** in an open, shaded area with enough space for proper physical distancing wherever feasible while

still respecting a persons' privacy. Recognizing this may be difficult especially in urban settings where household structures are very close to each other, proper social distancing should still be practiced inside the household. The largest best ventilated room should be used if possible.

- During the interview, the interviewer and respondent should **maintain a distance of at least 1-meter**

- **Prevent congregation** of others (household or community members) around the place of interview.

- Before the interview, the team members should **screen respondents and all measured subjects**. If <u>any</u> individual in the household meets any of the following conditions, the household should be excluded from the survey. NOTE: Households excluded for this reason should be clearly marked in the cluster control forms and the **percentage of non-response due to COVID** specific reasons outlined below should be included in the final report.

    - **Measure temperature** with an infrared thermometer. Exclude if anyone in the household has a temperature ≥100.4 °F/38 °C.
    - Inquire about **prior diagnosis of COVID-19**. Exclude if anyone in the household has tested positive test for COVID-19 within the past 14 days.
    - Ask if any household members that have been in **close contact with a confirmed COVID-19 patient** within the last 14 days. A close contact is anyone who was within 2 meters of an infected person for at least 15 minutes. An infected person can spread COVID-19 starting 48 hours (or 2 days) before the person has any symptoms or tests positive for COVID-19.[ii]

- All team members should **sanitize their hands immediately before entering a household** using soap and water or alcohol-based hand sanitizer with at least 60% alcohol.

- Anthropometric equipment (scales, height boards and MUAC tapes) should be disinfected between households. Where supplies allow, new MUAC tapes may be used for each household instead. For disinfecting, 70% alcohol or 0.1% (1000ppm) chlorine solution can be used.[iii] As chlorine is corrosive, alcohol is recommended where feasible.

GENERAL TEAM PROCEDURES (DAILY MONITORING AND PRECAUTIONS FOR THE TEAMS)

- Individual survey teams should be clearly defined at the start of the survey and there should be no interchanging of team members between teams or close contact between members from different teams

- Every team member should monitor his/her symptoms twice a day and report those to the team lead (morning before field work and after return from the field). Self-assessment (ideally supervised by another team member) should at least include reporting of temperature check for fever (i.e. temperature ≥100.4 °F/38 °C) and reporting of new/worsening cough. It is recommended to additionally ask about any other symptoms included in the national case definition such as shortness of breath, sore throat, diarrhea, muscle or body aches, or a change in taste or smell.

- Each team lead should record and report to the survey manager the results of the screening of team members for symptoms twice a day. The survey manager should maintain a special tracking sheet to log the health information of each enumerator provided by every team twice a day.

- In case a team member develops symptoms that are consistent with the local suspect COVID-19 case definition the survey manager should withdraw the entire team from field work for the remaining duration of survey or until it can be confirmed that all team members are negative for SARS-COV-2 and replace it with a reserve team[4] or other team available. The suspected case should be tested for SARS-COV-2 antigen (the virus that causes COVID-19) by Polymerase chain reaction testing (PCR test) or nationally approved rapid test as soon as possible. All team members should remain in isolation (self-quarantine at home is preferred) until the outcome of tests are confirmed as negative. In the case a team is replaced the information should be noted in the survey report.

- In identifying whether someone fits the definition of a suspected COVID-19 case, the national case definition for a suspect case of COVID-19 should be applied. In case this does not exist, the survey manager should apply the WHO COVID-19 case definition for a suspect case[5].

- In case of positive test results should be reported to public health authorities for immediate action. Survey managers can support public health contact tracing by

[4] Reserve teams should include trained enumerators who have negative results for COVID-19 antigen in the last 72 hours before being engaged with the survey.

[5] WHO COVID-19 Case definition. Geneva: World Health Organization, August 2020. https://www.who.int/publications/i/item/WHO-2019-nCoV-Surveillance_Case_Definition-2020.1

additionally providing information on households/villages visited prior to the positive test result.

OPERATIONAL CONSIDERATIONS FOR TRAINING.

STANDARDIZATION EXERCISES

- Measurers who conform/satisfy the following criteria of being an "**experienced measurer" (≥ 2 surveys in the last 3 years and have passed a standardization test in the last 12 months)** can receive only short refresher instructions (possible to use instructional remote/video training) on measurement techniques and common mistakes.

- The survey manager should make every effort to recruit as many "experienced measurers" as possible to simplify anthropometry training.

- Measurers who do not conform/satisfy the "experience measurer" criteria stated above should undergo full training on measurement techniques and pass a standardization test.

    - The standardization test should aim to measure at least 10 children twice. However, the organization of the test should be adjusted in a way where no more than 5 children are being measured at any one point. In addition, the survey manager should limit the number of survey teams participating at any point in time to a maximum of 5 teams (each team consisting of measurer and assistant measurer). Below is an example of a recommended structure:

        - ***1st half of the day:*** 5 children measured twice by maximum 5 teams (Group 1). The same 5 children are measured twice by the remaining teams (Group 2) maintaining the limit of 5 or fewer teams at a time.

        - ***2nd half of the day:*** 5 new children measured twice by Group1. The same 5 children are measured twice by Group 2.

- Caregivers participating in the standardization test should agree to: wear a face mask; have their child wear a mask if 2 years of age or older; and bring only the child participating in the standardization exercise with them on the day of the test. Caregivers participating in the standardization test should not include individuals ≥65 years of age and should not have any of the comorbidities (assessed by self-report) known to increase the risk of COVID-19 complications (see list available here). Caregivers and children should be screened for fever and asked if they have been in contact with any positive case of COVID-19 in the last 14 days (follow procedures for screening the household members during survey described above in the section "procedures during field work") .

- It is strongly advised to conduct the standardization exercise outdoors in a well shaded and private location. If not feasible, a large, well ventilated room should be identified.

OTHER TRAINING COMPONENTS AND CONSIDERATIONS

- All survey team members should receive training on modules necessary for implementing a SMART survey (e.g. Logistics, Objectives etc.) as well as a **review of additional field safety procedures** during COVID-19 as described above.

- To limit training exposures, only interviewers need to be trained on the survey questionnaire module.

- It is advisable to conduct the enumerator trainings in person preferably outdoors or in large rooms respecting social distancing guidelines.

- It is recommended that all survey staff working in the field (enumerators including all reserve teams, drivers etc.) should be tested for SARS-COV-2 antigen (the virus that causes COVID-19) by Polymerase chain reaction testing (PCR test) or nationally approved rapid test before the first day of data collection making sure that the period of time required to receive the test results does not exceed 72 hours.

- Survey data collection should only start once results have been received and all test results are reported as COVID-19 negative. While waiting for test results, team members should self-quarantine if possible or practice strict physical distancing and other protective measures to minimize the risk of COVID-19 infection.

- In situations where it is possible and resources are available, all team members should ALSO be tested before starting the training, and at an interim point during data collection if the duration of the survey exceeds several weeks. Survey teams should exercise maximum precautions and observe social distancing for the entirety of the training.

SUPPLIES CALCULATION TABLE

Supplies	**Calculation (Minimum Requirements)**
Hand-held Thermometer	# of total teams
Gloves for team members	# of team members per team x total # of HH in the survey *For example, 3 team members per team x 450 total HH visited*
Face Mask for team members	# of total team members x total number of survey days x 3 masks per day

	For example, 24 team members x 14 days x 3 masks per day
Face Mask for household members	# of households x (average number of individuals to be measured + respondent) x proportion of households anticipated to not have masks available *For example, 450 households x (1.5 children + 1 respondent per household) x 50% anticipated to not have masks on hand*
Hand Sanitizer (60% alcohol)	average # of enumerators per team x # of households x 7 mL
Disinfectant supplies for equipment (70% alcohol or 0.1% (1000ppm) chlorine solution)[6]	0.13kg / team / day

For the above supplies, it is recommended to calculate the minimum requirement and then add a 10-15% additional buffer to account for supplies required during training as well as any damaged supplies. In addition, ensure teams have adequate supplies to safely dispose of used personal protective equipment.

[i] https://www.who.int/publications/i/item/rational-use-of-personal-protective-equipment-for-coronavirus-disease-(covid-19)-and-considerations-during-severe-shortages

[ii] https://www.cdc.gov/coronavirus/2019-ncov/faq.html#:~:text=For%20COVID%2D19%2C,for%20COVID%2D19.

[iii] https://www.who.int/publications/i/item/cleaning-and-disinfection-of-environmental-surfaces-inthe-context-of-covid-19

[6] Guidance on preparation of 0.1% chlorine solution available here: https://www.cdc.gov/coronavirus/2019-ncov/downloads/global-covid-19/Chlorine-Solution-non-healthcare-settings.pdf