

1. Hi Lalan, Thank you. How did you identify the HH / children at risk of COVID-19 infection? As you mentioned, this could be a source of bias in survey results, so interested to know more details of the screening process. Was it just the fever question?

Response [Lalan]: Yes, we identified HH/children at risk but this rate was very low (1.5%) in the Makeshift camp with no exclusions in the other two registered camps. A standard health-screening checklist for interviewees was developed jointly in consultation with the Nutrition Sector and AIM-TWG members for the inclusion and exclusion of children and/or households. Body temperature was measured using an infrared digital thermometer and questions were asked as described in Table below. If any household met any of the four conditions as explained in Table below, the household was excluded from the survey. If any household had multiple eligible children but at least one child without fever or other COVID-19 signs/symptoms and no other family history of COVID-19 infection, these households were included in the survey. Any other household members with a high fever or other signs or symptoms were asked to isolate from the survey team but this was not considered a household exclusion criteria.

Health screening checklist for household inclusion/exclusion

Conditions	Response (Y/N)
1. Did eligible children (6-59 months) have a high temperature ($\geq 100.4\text{F}/38^{\circ}\text{C}$) and/or others symptoms of COVID-19 (e.g., dry cough, sneezing, shortness of breath, chest pain or pressure, loss of speech or movement etc.?)	
2. Did anyone in this household test positive for COVID-19 within the past 14 days?	
3. Was anyone in this household in close contact with a confirmed COVID-19 positive patient within at least 14 days?	
4. Is anyone in this household currently in home or centre quarantine for isolation?	

For more details: <https://www.enonline.net/fex/65/smartsurveycovid19coxsbar>

2. What specific IPC measures have H/H taken?

Response [Lalan]:

- During field implementation, all survey team members were provided with surgical facemasks and hand sanitiser. Measurer assistants were also provided with hand gloves to disinfect anthropometric equipment between interviews to avoid skin contact with disinfectant. Each team carried a safety disposal bag for used PPE which was properly disposed of at the end of data collection each day.
- All team members sanitised their hands immediately before entering a household and after completing each household data collection using alcohol-based hand sanitiser with at least 60% alcohol.
- During the interview, the interviewer and respondent maintained a distance of at least one metre (when possible in the confines of household spaces), even if wearing a mask, and the number of persons present during the interview was limited to a maximum of three. Respondents and all children over the age of two years were also given a mask to wear during the interview.
- Anthropometric measurements were mostly taken outside in an open, shaded area with enough space for proper physical distancing and air circulation.
- Anthropometric equipment (weighing scales, height boards and blank wooden boards) were disinfected between each household. New mid-upper arm circumference (MUAC) tapes were used

for each household and those previously used were left with each caregiver for use within the Family MUAC approach. Additional time was allocated to each household to ensure safety measures could be carried out.

- Well-functioning vehicles with enough space were hired for the survey teams to ensure social distancing during the field travel and these were disinfected regularly. All drivers were also provided with a face mask and hand sanitiser.

For more details: <https://www.enonline.net/fex/65/smartsurveyscovid19coxsbazar>

3. Are there any major changes in the nutritional status of children during COVID19? Is wasting increasing?

Response [Lalan]: There has not been much deterioration of nutrition situation observed due to COVID-19 pandemic and rates of malnutrition remained almost unchanged or stagnant compared to previous year. Prevalence of GAM by WHZ was below the 15% critical threshold of “Very High” in both makeshift and registered camps but still in the “High or Serious, 10.0%-14.9%” phase according to Round 5 findings. Both CDR and U5DR found low and were below 0.60 deaths/10,000/day in all three-survey locations. The rate of chronic malnutrition or stunting found to be above the “≥30%, Very High” critical threshold in Makeshift and Kutupalong RC. Full report is available here on google drive: https://drive.google.com/file/d/17fjpUcfnD3RWLHszew3C9I_kjl6Cg9O/view?usp=sharing

4. Was your decision eventually NOT to use gloves, and hand sanitizers only?

Response [Lalan]: We used both items but not for all surveyors. All team members sanitised their hands immediately before entering a household and after completing each household data collection using alcohol-based hand sanitiser with at least 60% alcohol. However, only measurer assistants were provided with hand gloves to disinfect anthropometric equipment between interviews to avoid skin contact with disinfectant. For more details: <https://www.enonline.net/fex/65/smartsurveyscovid19coxsbazar>

5. For the non-exclusion of children with high fever (as a proxy for COVID-19 infection) - was there a practical experience with this (i.e. did you come across such children in the survey)? And if so was there any concerns from the team about exposure to COVID-19 from these children, and were they confident that the PPE / Hand hygiene facilities made available to them gave them confidence to ensure they were being protected?

Response [Lalan]: Yes, we identified children with high fever and excluded from the survey. However, this percentage of exclusion was very low (1.5%) in the Makeshift camp with no exclusions in the other two registered camps. Team members were provided adequate PPEs and strictly followed IPC procedures during the field. All survey team members monitored their health using a health-screening checklist developed by ACF Bangladesh twice per day (morning and evening) during the survey period. If any individual met any of the conditions, they were requested to go into mandatory quarantine and were replaced by a member of the reserve team. However, any of team members were not infected by COVID-19 at the end of data collection. For more details: <https://www.enonline.net/fex/65/smartsurveyscovid19coxsbazar>

6. Seems like much of the IPC guidance focuses on droplet infection risk and surface spread, while there is a growing consensus on airborne spread of COVID-19 - has recognition of airborne transmission changed your IPC measures/recommendations for surveys?

Response [Lalan]: Team members only used facemask, hand sanitizer and maintain social distance along with other IPCs measures taken through the implementation as described in the article:<https://www.enonline.net/fex/65/smartsurveyscovid19coxsbazar>