

GUIDANCE FOR SAFE TRAINING OF ENUMERATORS AND DATA COLLECTION THROUGH HOUSEHOLD VISITS

VASyR 2020

1. Background

The 2020 Vulnerability Assessment of Syrian Refugees in Lebanon (VASyR) will be the eighth annual survey assessing the situation of a representative sample of registered Syrian refugee households to identify situational changes and trends as well as of Refugees of other nationalities (VARON). VASyR/VARON are the only high-frequency studies conducted yearly in Lebanon covering all sectors. VASyR/VARON2020 will provide significant insight on the impact of the economic crisis that hit Lebanon late 2019 on refugee households.

Due to the threat of person-to-person COVID-19 transmission and the resulting national lockdown of Lebanon from mid-March onward, the original 2020 VASyR data collection initially planned for the end of March was postponed till July 2020. Reason for delaying the data collection was the unpredictability of the situation, possible closure of some areas, fear of exposure and the lack of safety procedures in place. To cover urgent gaps in information, UNHCR, UNICEF & WFP started conducting phone surveys, but gaps remain as follow:

- Expenditure data: detailed household expenditure data, which is used yearly to estimate poverty levels and to revise the targeting formula.
- Food consumption and food security: A detailed module that examines the dietary diversity and household consumption in order to assess the level of food insecurity.
- Shelter and WASH Conditions: enumerators are trained to assess the physical condition of households by observing the area, the structure and WASH facilities. This information is used by Shelter and Water working groups to revise their targeting and priority districts.
- Protection: child labor, child marriage, access to documentation (including birth registration) and legal residency.

This information are difficult to collect by phone surveys and require a relatively lengthy face-to-face interview.

2. Timeline

- **1st to 19th June:** Coordinating with partners and local authorities on household visit resumption. Working with the Health sector to set safe data collection guidelines (which would need to be in place before recruitment)
- **19th June to 10th July:** Recruitment of additional enumerators. Finalizing the questionnaire and tools.

- **10th July to 17th July:** Enumerator training and field testing.
- **17th July to 17th August:** Data collection.

3. Field Work

Enumerators: 150

Teams: 75 (2 enumerators per team)

Household visits per team: 5 to 6 per day

Training venues: 4 (Beirut, Tripoli, Tyre, Zahle). Approx. 40 enumerators in each venue.

3 Weeks of data collection

4. Safety Guidelines

The safety guidelines cover the following 3 areas:

- Safe training of enumerators;
- Identification of risks pre-visit;
- Precautionary measures for enumerators and household members during the visit.

4.1 Safe Training of Enumerators

Online training

All enumerators will be invited to a mandatory online safety training that focuses on the following:

- Overview of COVID-19 and how it spreads.
- Precautions and safety measures to be followed at the enumerator in-person training.
- Enumerators will be asked to fill a screening questionnaire to see if they can attend the in-person training.

In person training:

| | Safety considerations |
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| Choice of Venue | <ul style="list-style-type: none"> ● Good air circulation. Preferably an outdoor shaded area. ● Should ensure at least 1.5 meters separation between each enumerator. ● No buffet. Prepackaged take away food. ● Toilets should be cleaned after every use. |

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| Items | <ul style="list-style-type: none"> ● Sanitizers on each table. ● Medical face masks. Staff need to be briefed on how to use it (how to put it on, not to touch it while it's on their faces, how to take it off and throw it, and how to perform hand hygiene before and after wearing the masks. ● Bins with lids. |
| Registration | <ul style="list-style-type: none"> ● Should be done online. No attendance papers or pens should be circulated. ● Temperature measurement for all trainers and trainees at the beginning of every day. |
| Coffee Breaks | <ul style="list-style-type: none"> ● No shared food stations. ● Keeping safe distance. ● Avoid coffee breaks if possible. |
| Toilets | <ul style="list-style-type: none"> ● Enumerators should maintain good hand hygiene practices before and after using the toilets. They need in addition to avoid touching common spaces in the toilets. After touching common spaces, staff should be asked to wash or clean their hands with hand gel sanitizers. |
| Safety Measures | <p>Hand hygiene</p> <ul style="list-style-type: none"> ● Regular and thorough handwashing with soap and water or hand hygiene with alcohol-based hand-rub before starting training, before eating, frequently during the training, especially, after going to the bathroom, after contact with secretions, excretions and body fluids, after contact with potentially contaminated objects (gloves, clothing, masks, used tissues, waste), and immediately after removing protective equipment but before touching eyes, nose, or mouth. ● Hand hygiene stations, such as hand washing and hand rub dispensers, should be put in prominent places around the training place and be made accessible to all trainers, trainees and staff with communication materials to promote hand hygiene. ● Contact with colleagues should be avoided. ● The use of gloves is not recommended as it creates a false sense of security. <p>Respiratory hygiene</p> <ul style="list-style-type: none"> ● Promote respiratory etiquette by all people at the training. Ensure that medical face masks and paper tissues are available along with bins with lids for hygienic disposal. ● Advise on wearing a mask or a face covering in line with national or local guidance. Masks may carry some risks if not used properly. Guidance to be provided based on the type of masks provided: surgical or fabric facemasks. ● If a person is sick, they should not come to the training. If a member of the training feels unwell while on site they should be asked to leave the training and should be provided with a medical mask so that they may |

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| | <p>get home safely.</p> <ul style="list-style-type: none"> ● Keep an online attendance sheet and a seating chart. This is useful for contact tracing later if a case was diagnosed with COVID. <p>Physical distancing</p> <ul style="list-style-type: none"> ● Introduce measures to keep a distance of at least 1.5 meters between people and avoid direct physical contact with other persons (i.e. hugging, touching, shaking hands), strict control over external access, queue management. ● Physical spacing at least 1.5 meters apart for common spaces, such as entrances/exits, lifts, pantries/canteens, coffee and lunch breaks, stairs, where congregation or queuing might occur. <p>Regular environmental cleaning and disinfection</p> <ul style="list-style-type: none"> ● Keep regular cleaning and disinfection of objects and surfaces that are touched regularly, including all shared rooms, surfaces, floors and bathrooms. |
| <p>Safety Training</p> | <ul style="list-style-type: none"> ● VASyR Training will include a new session on safety measures: <ul style="list-style-type: none"> ○ Identification of risks pre-visit. ○ Precautionary measures for enumerators and households during the visit. ● (This session could be given by the Lebanese Red Cross. Contact person: Kassem Chaalan Kassem.chaalan@redcross.org.lb. Stephanie from IA can help liaise.) <p>To incorporate into enumerators' training:</p> <ul style="list-style-type: none"> - rehearse scenarios/ conversations / role play for how to opt out of or end an interview (if it is deemed necessary) based on the above guidelines. <p>General precautions and take-aways:</p> <p>Safety comes first. It is our responsibility to ensure our own health as well as the health of the refugee households. Hence,</p> <ul style="list-style-type: none"> - Excellent hygiene to be practiced; - Physical distancing; - Contact time to be kept at a minimum; - Do not conduct the activity if <ul style="list-style-type: none"> ○ Precautionary measures cannot be taken due to environmental constraints; ○ Any concerned party is unwilling to comply with precautionary measures; ○ There are concerns about the frail health or enhanced health risks to any party involved. - It is better to cancel the interview if there are any health concerns rather than to feel at risk. |

4.2 Identification of risks pre-visit

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| | Safety considerations |
| Risks at village / cluster level. ex: COVID19 cluster | <ul style="list-style-type: none"> - VASYR team need to inform MOPH and WHO of which regions they will be visiting and ask for information if clusters exist in these regions. - If a sampled cluster falls within an active COVID-19 cluster, a replacement cluster will be used. |
| Pre-visit phone risk assessment | <ul style="list-style-type: none"> - Enumerators to call each households before the planned visit and discuss a pre-visit checklist containing the following points: <ul style="list-style-type: none"> ○ Explain purposes of data collection - what we are planning to do & why is it important. ○ check whether the family is comfortable with an in-person visit, and whether they have any questions. ○ explain which precautionary measures we are planning to take (social distancing, hand sanitization, etc.) Clearly communicate to the household that their aim is to protect themselves as well as the surrounding communities. ○ Enumerators should ask the family if they have any family members who was identified with COVID-19 in the previous 14 days or who have been in contact with a positive case. (If yes, do not conduct the visit) ○ Enumerators should ask households if they have any family members who are feeling unwell/ any self-isolating family members and, if yes, not to conduct a visit to these households. ○ Make sure family is OK with temperature check. ○ Should enumerators ask if there are any household members who may fall into a risk group. It is preferable that the interview is conducted with a person who is not at risk. ○ If a person at risk is identified in a household, we can advise the family to inform this at-risk person about the visit and therefore to take extra measures in this case. However, it would be still important to have the visit. Avoiding visits to households having at risk individuals will affect results in the Health chapter. ○ At-risk groups can include: <ul style="list-style-type: none"> ▪ Those over 60 (regardless of health status). ▪ Those under 60 with an underlying health condition, such as: <ul style="list-style-type: none"> ● Chronic (long-term) mild to moderate respiratory diseases, such as asthma or bronchitis. ● Chronic heart disease, such as heart failure. ● Chronic kidney disease. ● Chronic liver disease, such as hepatitis. |

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| | <ul style="list-style-type: none"> ● Chronic neurological conditions, such as Parkinson’s disease, multiple sclerosis (MS), or cerebral palsy. ● Diabetes. ● A weakened immune system as the result of certain conditions or medicines they may be taking. ● Being seriously overweight (a body mass index (BMI) of 40 or above). ● Other serious underlying health condition - see list here. <ul style="list-style-type: none"> ▪ Pregnant women. <ul style="list-style-type: none"> ○ Based on the results of the pre-visit checklist/ assessment, and if the family consents to the visit, enumerators will agree with the family on a suitable time and date for the household visit. ○ The checklist will be evaluated based on a scoring sheet |
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4.3 Precautionary measures for enumerators and households during the visit

Household visit plan:

Household visits are envisaged in teams of two enumerators per team. Each team will visit between 5 and 6 households per day. Team members travel together in the same car.

Equipment for each team needed:

- Electronic thermometer.
- Hand sanitizers.
- Sanitizing wipes.
- Face masks.
- Tissues.
- Plastic bags to discard tissues and face masks when needed.

| Conditions | Measures |
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| Immediately before the visit: | <ul style="list-style-type: none"> - Supervisors check the enumerator's temperature each day before leaving to the field for data collection. - Enumerators to make sure they have all equipment needed. - If any enumerators exhibit COVID-19 symptoms, he/she should not continue with VASyR activities. - Enumerators will put on face masks and keep them on during the interviews. Enumerators should respect the protocol of wearing a mask and should not re-put a mask after removing it. - Enumerators will sanitize their hands at the start of the workday, before and after each household visit and after contacting a possibly infected surface. |

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| | <ul style="list-style-type: none"> - Tablets or other data capturing devices are to be sanitized with a sanitary wipe before and after each of the household visits. The sanitary wipe needs to be discarded in a sealed plastic bag afterwards. |
| <p>During visit:</p> | <ul style="list-style-type: none"> - The interview is to be conducted outdoors (wherever possible), in a suitable shaded area allowing enough privacy for the interview (as much as conditions allow) and while respecting the 1.5 meters social distancing. - Enumerators to avoid / discourage handshaking or any other physical contact with the household and replace it with a hand gesture, such as hand over heart. - Enumerators to avoid and minimize touching of house items (furniture, avoid accepting water/coffee, etc.) especially while sitting down and try to choose a seating option that can be less touched or used by the householder members. - Enumerators to avoid touching their personal or field mobile phones or personal items during the visit. - Enumerators to check (by visual observation) that no household members appear visibly unwell (e.g. not experiencing continuous cough/ shortness of breath/ a high temperature) - Enumerators will ensure at least a 1.5meters (two arms-length) distance between themselves and the interviewee. - Enumerators will sanitize their hands before each household visit and offer hand sanitization to the interviewee and family members. - Enumerators to practice excellent respiratory hygiene, such as avoiding touching their face, sneezing/ coughing into the elbow or into a tissue, avoid touching their face coverings. - Enumerators will wear a protective medical mask during the interview. - Masks will also be provided to the refugee household member(s) being interviewed. - When a mask is provided, it should be kept in a hygienic condition and the household member who will wear it should collect it themselves from the box. Care should be taken for the mask to be touched by enumerators beforehand. - Enumerators to check the temperature of the interviewee - Enumerators to ensure that the interview is conducted with the minimum number of people deemed necessary. Ideally, only the interviewee and the two enumerators should be present for the interview. - Enumerators to ensure that the interview is conducted side-to-side as opposed to face-to-face, whenever possible. - The interview time is to be kept as short as possible. Enumerators should avoid spending more time during the household visit and leave as soon as the interview is completed and any follow-up questions that the refugee family might have are answered. However, this is not to take time away from any referral to specific services that might be |

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| | <p>required. Any critical information should be shared with the refugee family during the household visit as required (limited to a referral – no counselling will be given).</p> <ul style="list-style-type: none"> - If the interviewee is deemed to be of a very frail health/ clinically extremely vulnerable, another member of the family will be asked to conduct the interview. If that would not be possible, the interview should not take place. |
| <p>Immediately after the visit</p> | <ul style="list-style-type: none"> - Enumerators to sanitize their hands as well as any data capturing devices used during the visit - Enumerators to sanitize their work-related items, field and personal mobile phones prior to reaching the car as well as to spray their clothes/vest. - Preferably, the enumerators must change their facemasks after every visit. Masks should be discarded in a sealed double plastic bag to avoid cross-contamination. - Cars windows need to remain open to allow air circulation. - Drivers to remain in the acre and avoid direct contact with the population. - Cars to be cleaned and sanitized at the end of the day. |
| <p>Under what circumstances does the interview need to be terminated?</p> | <ul style="list-style-type: none"> - If the refugee family expresses discomfort with the in-person visit (even if they have previously consented to it) - if the interview cannot be conducted outdoors or in a well-ventilated space - If social distancing of a min. 1.5m cannot be ensured during the interview - If the interviewee or their family members do not agree to take basic precautionary measures (e.g. are not willing to have their temperature checked or to sanitize their hands) - If the person about to be interviewed is in critical medical condition and there is no other HH members that can be interviewed. - If any of the refugee family member(s) are showing respiratory symptoms such as a new continuous cough, a high temperature, a loss of, or change in, their sense of taste or smell, or are feeling unwell (while this not being related to any chronic illnesses) - If more people than strictly necessary want to take part in the interview |