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FROM THE AMERICAN PEOPLE



IDEAL

Discussion on Challenges and Strategies for M&E in the Time of COVID-19

Wednesday, April 1, 2020



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Funded by: USAID's Office of Food for Peace (FFP)

Duration: 5 years (2018-2023)

Consortium: Save the Children, The Kaizen Company, Mercy Corps, TANGO International

Goal: Improved overall effectiveness of FFP-funded development and emergency food security activities



Capacity
Strengthening



Small Grants

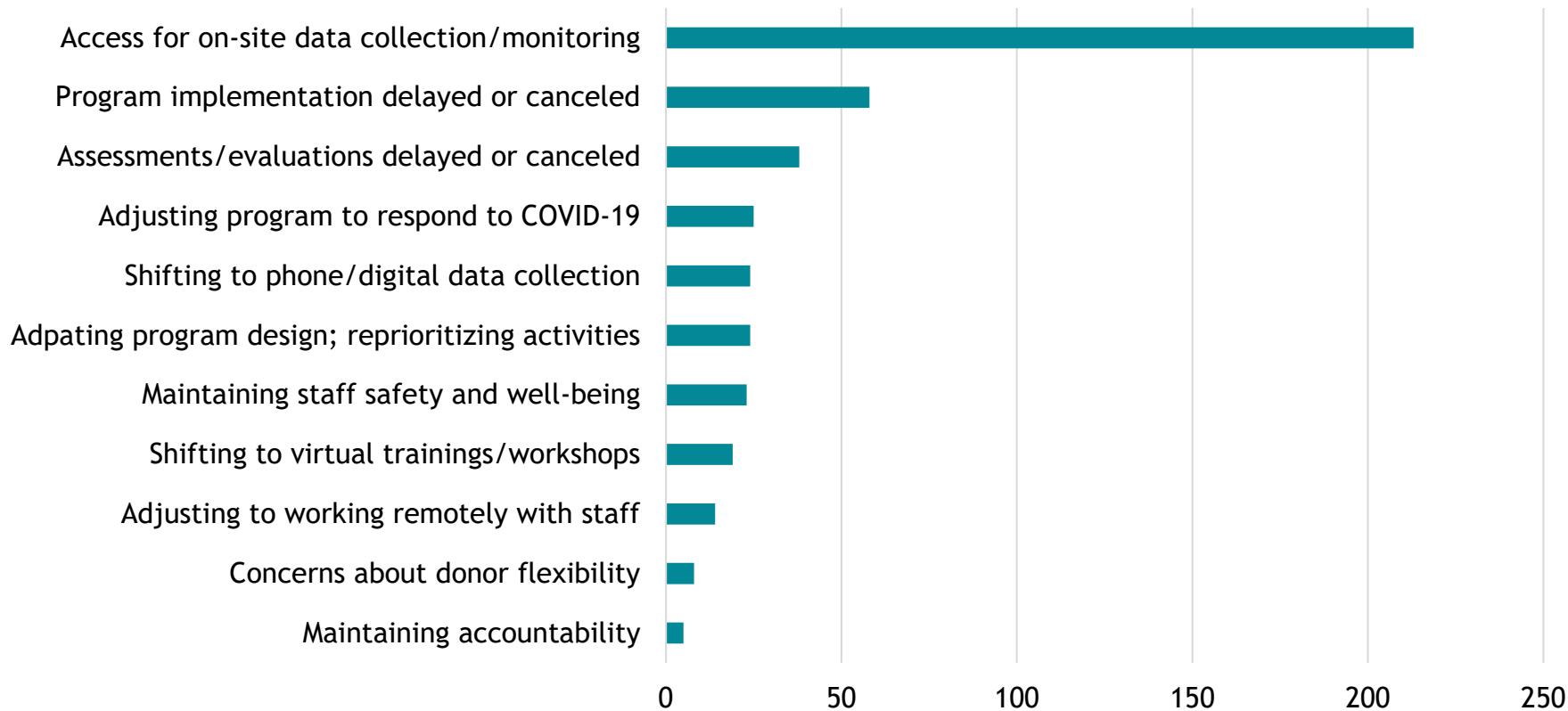


Stakeholder
Consultations



Peer-to-Peer
Learning

What challenges are you facing as a result of COVID-19?



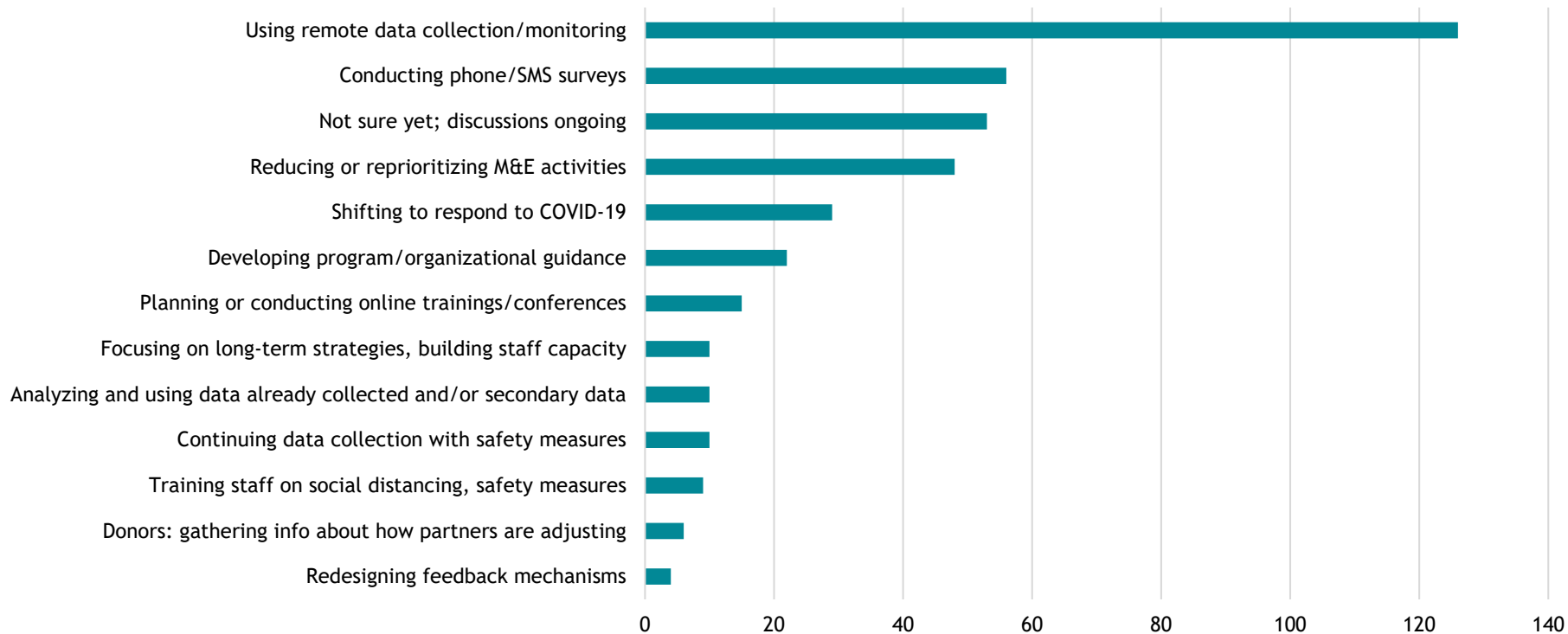
“In urban areas or contexts where participants may have access to phones and we can conduct surveys remotely, documenting informed consent is challenging.”

“Additional workload for adapting existing mechanisms for routine M&E as well as building mechanisms for COVID-19-related monitoring.”

“As we work to ‘do no harm,’ we are trying to balance the need to maintain accountability and reporting mechanisms ... while also minimizing the potential harm of having face-to-face contact.”

“Exploring innovative ways to collect third party monitoring data in the current environment.”

How is your program/organization adapting its M&E as a result of COVID-19?



“Taking advantage of the slow down in activities to focus on training, guidance, and capacity building in general.”

“We’re recommending usage of online platforms for client feedback (WhatsApp or Facebook) where feasible.”

“Looking to reduce scope, use more remote data collection methods, and make more use of monitoring data already collected rather than collecting new evaluation data.”

“Prioritize phone-based data collection and request program teams collect beneficiary cell phone numbers during registration when applicable.”



Colombia Cash Program Example

Introduction

- IRC: Intl humanitarian response and recovery + refugee resettlement in US
- M&E support: Measurement Unit (global) + M&E advisors (sector-specific), regional and country M&E coordinators

Our Principles for COVID:

- Do no harm – staff + clients wellbeing #1
- Follow govt regs and IRC country policy
- Critical activities (PC1/2):
 - If possible, shift to remote monitoring
 - If not, follow health/safety procedures
- Non-critical activities (PC3/4): pause monitoring
- Communicate with funders, staff and communities about changes

Overview

- Pre-existing cash program for Venezuelan refugees in northern Colombia
 - CCD Consortium (IRC, Save, MC, WVI)
 - 6 months of transfers
 - Prepaid ATM cards, large natl bank
 - Commcare for registration + M&E
- [COVID in Colombia](#): 798 cases, 5000 ICU beds, lockdown started March 20
- UN: Cash/food aid is PC1 (life-saving)

Challenges

- Rapid upheaval: Very little time to prepare, inconsistent messaging/response, lives of staff/bnfs directly impacted
- Nation-wide shelter in place order was imminent (now enforced)
- Lots of contact points:
 - Eligibility screenings, site monitoring, client feedback/PDM
 - Each ATM card distribution, trip to ATM and trip to spend cash involves physical contact
- Remote communication/access to info is limited (gender implications, rural-urban divide)

Adaptations for COVID-19

- Multiple tranches of cash → one
- Distribution date moved forward
- Existing bnfs: Electronic top-up of ATM cards
- New bnfs: Distributions modified per IRC guidelines
 - Staggered arrival of beneficiaries/social distancing
 - Personal protective equipment for staff
 - Handwashing stations
- Remote monitoring using phone surveys:
 - Eligibility screening (abbreviated version)
 - PDMs (in process of abbreviating it!)
- Distribution site monitoring continued in-person
 - No physical contact, distribution already in-person
- Used bulk-SMS features in Commcare to communicate COVID messages and sharing hotline # for questions/feedback

Cash Distribution

Handwashing Station



PPE and social distancing during information session



Success Factors

- IRC Colombia acted really fast!
- Flexible funder and IRC team
- Digital systems for cash transfers and M&E data already in place
- Mobile penetration and tech literacy high – for both men and women
- Smaller scale project (several hundred HHs)
- Strong coordination between cash team and M&E

Going Forward/Unknowns

- How do we manage staff risk/wellbeing?
- How do we proceed when the success factors aren't in place?
- How do we do we manage survey administration by phone?
- How do we manage gender inequalities in access to info/tech?

COVID Resource:

[J-PAL: best practices for phone surveys](#)



Q&A Session



**Multi-Purpose
Cash 'Plus'
Assistance to
Vulnerable
Venezuelans in
Peru**

Context

Goal: Provide emergency assistance to vulnerable and at-risk Venezuelan migrants in Peru, cover basic needs, promote their inclusion into the local economy/society, preventing development of negative coping strategies.

Duration: April 2019 – June 2020 (Joint OFDA-FFP funded award)

Target: 37,404 Venezuelans

Location: Lima, Piura, Lambayeque, La Libertad, Arequipa (Urban)

Type of Intervention: Multi-purpose cash assistance (MPCA) with complementary ('plus') nutrition and child protection activities

Selection Criteria: Vulnerable Venezuelan migrant HHs (single-headed, female-headed, households with PLW, persons with disabilities, elderly persons, persons sleeping in public spaces, households with rCSI scores consistent with IPC 3 or above)

Context cont.

Selection of Beneficiaries:

- Cash Promoters (enumerators) go out to various Venezuelan “hot spots” such as bus stations, informal and formal shelters, dining halls, and markets to find and interview Venezuelan migrants.
- Targeting survey is filled out, which automatically calculates a vulnerability score and determines eligibility.
- Eligible individuals are informed by phone and given logistics information for date and place for registration and distribution.

Context cont.

Data Collection Software/Hardware:

- Selection / Registration / Baseline / PDM surveys are collected through standardized KoBo forms, which are applied using Android tablets.

Who Collects Data:

- Selection / Registration / Baseline are conducted by the same enumerators (Cash Promoters); the data is then validated by the MEAL Officers for their respective regions.
- PDM surveys are conducted by the MEAL staff by phone. Due to the high cell phone ownership among migrants and the transient nature of the population.

The M&E Challenge(s)

Challenges faced due to COVID-19:

- Government and local restrictions prohibiting movement and access to services, closures of schools and markets → suspension of implementation
- Shift to more remote MEAL support for activities that (typically) require face-to-face interaction
 - Selection
 - Registration
 - PDM
 - Accountability mechanisms
 - Evaluation

Strategies and Approaches

- Selection of beneficiaries:
 - Set up an online form where potential beneficiaries can provide contact info
 - Combine selection and registration of beneficiaries/conduct via phone
 - Consider providing settlement packages to recipients of transit assistance
 - Encourage referrals by partners and other organizations
- Reduce personnel/number of beneficiaries at distribution
- Launch WhatsApp Channel, in addition to e-mail, for complaint/feedback management
 - Provide current beneficiary communities with info on limitations of SC activities
 - Sensitization via WhatsApp to help beneficiaries stay informed
- Final Evaluation: Collection of quantitative data by phone, delay or omit qualitative portion, include questions about COVID's impact on the HH.
- Maintain an open dialogue with donors and MEAL TAs

#Comunicado

Save the Children Perú informa que las actividades que se realizan en campo (evaluaciones, entregas de tarjetas y talleres) quedan temporalmente suspendidas por el Estado de Emergencia declarado.

👉 Estamos trabajando para poder brindarles el apoyo necesario. Si desea más información lo invitamos a visitar nuestra página:

[savethechildren.org.pe/AyudaHumanitaria/](https://www.savethechildren.org.pe/AyudaHumanitaria/)

📞 escribe a nuestra línea de WhatsApp:

+51 981 760 000

👉 Si usted ha sido beneficiario del programa de ayuda humanitaria de **Save the Children** anteriormente y ha cambiado su número de teléfono, actualice sus datos en este link:

<https://www.savethechildren.org.pe/ActualizaDatos/>

*Este es el único canal donde podrá actualizar sus datos, recuerde no dar sus datos personales en otros canales.

Tu salud es importante, quédate en casa y si tienes síntomas, comunícate con el 113.

👉 También puedes escribir a la línea de WhatsApp informativa sobre el COVID-19 de la Cruz Roja: +51 953 746 543

Comparte esta imagen



Save the Children

¿Necesitas apoyo u orientación?

20/03/20

Si eres una persona refugiada o migrante en el Perú y necesitas orientación durante estos 15 días de aislamiento social, contacta con las siguientes líneas de atención:

Para atención general y/o información sobre trámites legales					
ACNUR	Encuentros	HIAS	Unión Venezolana	OIM	RET
☎ 959-968-341	☎ 981-224-821 @veninformadope @veninformado	☎ 932-491-881	Casos de vulnerabilidad: vulnerabilidad@unionvnp.com @unionvenepetu Asesoría migratoria: migraciones@unionvnp.com @unionvenepetu @oscarabp	☎ 989-365-000 ☎ 993-597-569 iomperuatencion@iom.int	☎ 922-559-696 ☎ 922-557-879

Para orientación y asistencia socioemocional					Dudas o preguntas sobre el COVID-19	
Encuentros	HIAS	Unión Venezolana	CAPS	RET		
Oficina central Breña ☎ 993-510-666 ☎ 913-194-590					IFRC ☎ 953-746-543 Esta no es una línea de consultas médicas o descartes	
CAREMI SJM ☎ 946-346-569 ☎ 946-390-314	CAREMI SMP ☎ 946-394-484 ☎ 946-351-163	☎ 932-493-538	☎ psicoliados@gmail.com	☎ 961-366-610		☎ 922-559-696
CAREMI CALLAO ☎ 946-394-804 ☎ 946-580-667	CAREMI S.L. ☎ 946-375-594 ☎ 946-386-193					

Casos de violencia contra la mujer	Policía Nacional	Emergencias médicas (SAMU)	Bomberos
☎ Línea 100	☎ 105	☎ 106	☎ 116

#YoMeQuedoEnCasa

¿Tienes síntomas del COVID-19?

☎ 113 ☎ 952-842-623 infoasalud@minsa.gob.pe

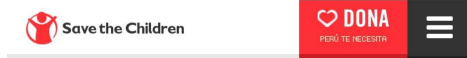


RESPUESTA A VENEZOLANOS



Un agradecimiento especial a los donantes que brindan fondos a la Situación Venezolana:

EE. UU | CERF | Unión Europea | Suecia | Reino Unido | Noruega | Países Bajos | Dinamarca | Suiza | Francia | Alemania | Italia | Irlanda | Canadá | República de Corea | España | Australia | Donantes privados de: España, República de Corea, Italia, Japón, Suecia, Australia, Santa Sede.



¿Qué puedo hacer en esta página?

1. 🗳️ **POSTULAR:** Si nunca antes has postulado al programa, inicia tu inscripción. El botón lo encuentra al final de la página.
2. 👤 **ACTUALIZAR TUS DATOS DE CONTACTO:** Si te has registrado en nuestro formulario anteriormente, aquí nos puedes dejar tu nuevo número para llamadas y WhatsApp. El botón lo encuentra al final de la página.

¿Todos reciben la ayuda?

No. **Save the Children prioriza a las familias migrantes más vulnerables y que pertenezcan a los grupos antes mencionados.**

¿En qué partes del Perú brinda la Ayuda?

Solo en 5 regiones: **Piura, Lambayeque, La Libertad, Arequipa y Lima (lugares focalizados).**



🗳️ ¡Empieza tu postulación haciendo click en tu región! ⬇️
(Suspendido hasta que termine la cuarentena)

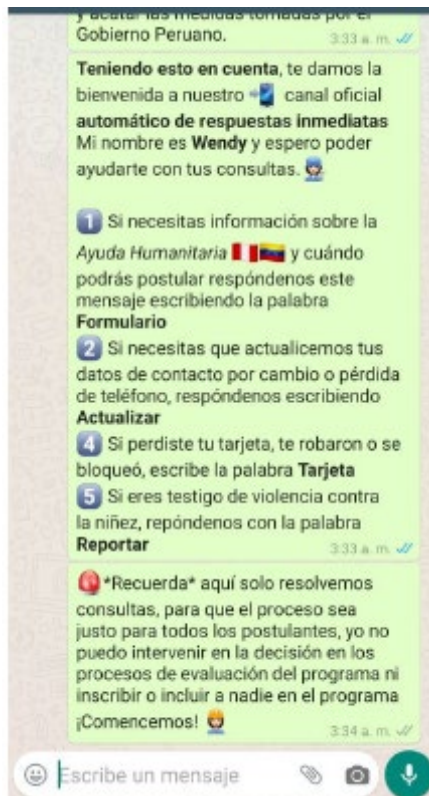
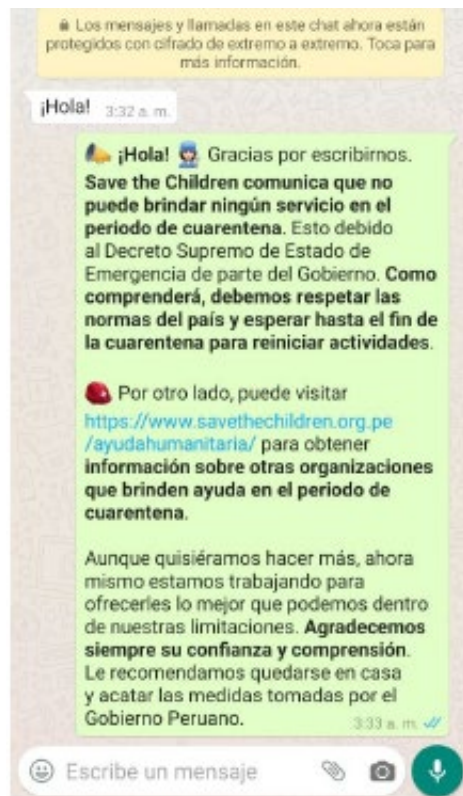
🗳️ Estoy en LIMA

🗳️ Estoy en PIURA

🗳️ Estoy en Arequipa

🗳️ Estoy en La Libertad

🗳️ Estoy en LAMBAYEQUE



Strategies and Approaches

Key Considerations:

- SC will include appropriate child safeguarding measures at every phase and within every activity.
- SC will include appropriate measures to mitigate increased risk of gender-based violence and particularly to protect women and girls from sexual exploitation, abuse, harassment or any other form of misconduct.
- Ensure assessment and monitoring data identifies the needs, rights violations, views, and experiences of children, in particular those from deprived and marginalized groups as well as those highest at risk of being affected by COVID-19.



Q&A Session

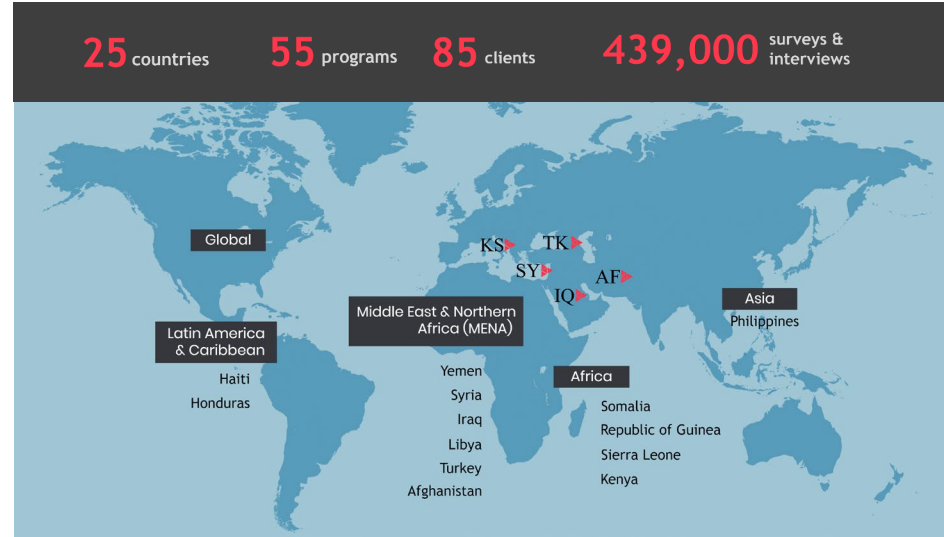


Example from
International
Advisory,
Products and
Systems Ltd.
(i-APS)

Introduction

International Advisory, Products and Systems Ltd. (i-APS) is a woman-owned and managed consulting firm that leverages global expertise with local presence to transform organizations and communities into partners for change.

We turn data into actionable knowledge and strengthen the capacity of organizations and communities through innovative solutions that enhance program impact and accountability.



The M&E Challenge(s)

COVID-19 requires multiple levels of adaptation to provide Third-Party Monitoring:

Country (movement restrictions, curfews)



Programs & Donors (changes in activities)



Field Enumerators (training, ability to work)



Remote Management (planning & staffing)



The M&E Challenge(s) cont.


What We Found:

- Operating contexts in non-permissive areas were already harsh and COVID just adds to that (***Afghanistan, Yemen, Syria***)
- Need to leverage systems of data that already exist on the ground (***Honduras, Syria***)
- Delayed beneficiary feedback and participation (***Yemen***)
- Field staff are stressed, and many are scared if not able to work from home; want PPE (***Yemen, Syria, Serbia***)
- Costs of TPM work may increase due to need for remote technology + PPE (***Afghanistan, Yemen***)
- Beneficiaries/KIIs have other pressing concerns that impacts response rates (***Yemen***)

Strategies and Approaches

Available here:


<http://www.i-aps.com/pdf/Guidelines-for-Adapting-Third-Party-Monitoring-in-The-Context-Of-The-Covid-19-Outbreak.pdf>





GUIDELINES FOR ADAPTING THIRD-PARTY MONITORING in the Context of the COVID-19 Outbreak

March 31, 2020

Key Considerations

- 

Information is Paramount: Train all staff about the risk of COVID-19 transmission and self-protection measures to minimize the risk to themselves, beneficiaries and other parties. Practitioners may need a higher degree of understanding of COVID-19 risk associated with their particular work or communities they interact with in order to prepare for field work.
- 

Modify and Adapt Methodologies and Modalities: TPM researchers and evaluation providers and practitioners may need to engage in a higher degree of communication and transparency with their partners and stakeholders, including being up-front about and describing risks and how TPM should be adjusted. When necessary, revise sample size and methodologies to ensure scientific rigor while adapting modalities to minimize risk.
- 

Continuously Coordinate and Plan to a Fluid Context: Entities should conduct a site-specific risk assessment.¹ Planning must be iterative as no single recommendation will account for changes required due to COVID-19. It is likely that modifications will evolve over time in accordance with the stage and severity of the pandemic in a particular setting as well as national guidance.



Phase 3: Methodologies and Modalities

Introduction: COVID-19 may require changes in how interviews are conducted, such as moving to outside venues where social distancing can be implemented and potentially coupled with fever checks and hand washing. Some methodologies may need to be suspended or delayed and sample sizes may need revisions to adjust for changes in planned methodologies.

Decision making in a new crisis:

New Context (i.e. arrival of global COVID-19 pandemic)				
Options	Dividers	Intervention	Connectors	Options
Redesign	Systems	Targeting?	Systems	Redesign
	Values	Resources?	Values	
	Experiences	Staffing?	Experiences	
	Attitudes	Partnering?	Attitudes	
	Actions		Actions	
	↑ ↓		↑ ↓	

Action	Pre-COVID-19	COVID-19 Adaptions
Survey	Conduct surveys of beneficiaries using statistically relevant sample; often conducted in-person	Revise length and sample size, recognizing there will be reduced power and/or data availability for conclusions
		Phone
		SMS/Text with defined questions (short) via mobile data collection software/apps
		Web link (longer)
		Local social isolation requirements may make in-person surveys impossible.
		Consider delay in planned methodology or change methods (e.g., conduct survey outside of the home for household survey)

Action	Pre-COVID-19	COVID-19 Adaptions
Key Informant Interview (KII)	Conduct key informant interviews as per standard operating procedures	Phone
		SMS/Text with defined questions (short) via mobile data collection software/apps
		Web link (longer)
		Community contributor/liason as proxy who conducts interviews outside of home/office
		Follow social distancing local guidelines: maintain 1-2 meter distance from key informant; consider conducting in-person surveys outside
		Consider possible fever checks/hand washing/PPE if local law/policy permits
Focus Group Discussion (FGD)	Conduct FGDs of beneficiaries or other stakeholders; often in groups of 8-12 people conducted indoors in closed settings	Local social isolation requirements may make FGDs impossible, or limited to fewer people with sufficient distancing
		Conduct FGDs via three-way or multi person audio/video call if technology permits
		Community contributor/ liaison as proxy
		<i>If a community contributor/ liaison as proxy is able to conduct FGDs:</i>
		<ul style="list-style-type: none"> Consider possible fever checks/hand washing/PPE if local law/ policy permits Follow social distancing local guidelines: maintain 1-2 meter distance from key informant; minimize size of in-person FGDs; conduct in settings that minimize risk (outside)
Observation/ Monitoring	Observation and monitoring of activity, usually conducted on-site	Maintain social distancing minimum 1-2 meter from activity points
		Utilize long-range cameras to maintain physical distance and/or phone camera zoom feature
		Remote sensing geospatial technologies
		Consider delaying study and/or consider possible fever checks/hand washing/masks if local law/policy permits and procurement is possible



Q&A Session



What's next?

- Go to <https://discourse.fsnnetwork.org/>
- Event recording, notes, Q&A, and resources will be shared
- Complete our brief evaluation at www.ideal.events/eval



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Thank you!

Questions?

Please email us at info@fsnnetwork.org

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