CRS COVID-19 Recommendations

GUIDANCE ON MONITORING, EVALUATION, ACCOUNTABILITY, AND LEARNING (MEAL)

INTRODUCTION

With the spread of COVID-19, a contagious respiratory disease caused by a novel coronavirus, the World Health Organization (WHO) and many national health authorities have advised significant restrictions on travel, meeting in groups, and other interactions. To prevent transmission of the virus, many countries continue to place restrictions on mobility and gatherings.

Monitoring, Evaluation, Accountability and Learning (MEAL) activities generally entail interactions among NGO staff, partner staff, project participants, community members, and service providers. Such interactions can risk increasing COVID-19 transmission. For example, project staff who unknowingly have COVID-19 and carry out data collection or other MEAL activities can transmit the virus to community members. Conversely, project participants or other community members may transmit COVID-19 to project staff through MEAL-related interactions. Some MEAL activities involve community members interacting with each other, such as in focus group discussions, and other activities involve staff and partners interacting, such as during quarterly data reflection meetings, which also increases the risk of transmission.

Given these risks, this guidance is being shared to support teams in determining whether and how to carry out MEAL activities safely. In addition, the pandemic is affecting program implementation in significant ways, and adjustments in MEAL are needed to capture and learn from these effects. The COVID-19 situation is rapidly evolving, with medical knowledge about the virus continuing to emerge and with situations and risks changing in many countries. Therefore, this guidance will continue to be updated and refined as new information becomes available and as new field approaches and practices emerge.

PRINCIPLES

The following principles should guide decisions on whether and how to carry out MEAL activities, some of which are also in the general principles above.

- **Do No Harm.** We must ensure that our activities are not harming the health or safety of people. We should ensure that project staff carrying out MEAL activities are not acting as vectors spreading COVID-19; that we are not encouraging behaviors that increase the risk of transmission; and that MEAL activities are not exposing project staff to COVID-19 infection.

- **Protect participants, partners and staff.** Protecting the health and well-being of project participants, other community members, and project staff should always be prioritized over program data collection. This especially pertains to the protection of vulnerable individuals, such as those most vulnerable to the health impacts of COVID-19 and those vulnerable to abuse or exploitation. Feedback and response mechanisms are an essential means of protecting vulnerable individuals and can be refined to use remote methods.

- **Maintain transparent communication**. It is essential to maintain transparent communication with communities about activities, changes, and the community's comfort level and needs related to the health implications of continued programming, including MEAL activities. In some cases, communities may prefer less contact with project teams than official guidance advises. Maintaining communication can be challenging when in-person visits cannot occur. Consider using SMS, WhatsApp, or other forms of remote or distanced communication to maintain regular contact with targeted communities. CRS guidance for partners on community engagement in the context of COVID-19 is available [here](#).

- **Follow health authorities' recommendations**. WHO issues guidelines and recommendations on protocols for safe interactions, and many health ministries and other government authorities also provide guidelines. [WHO](#) provides information at a global level. We should remain aware of these recommendations and ensure that any MEAL activities we undertake adhere to them.

- **Consider which MEAL activities are essential**. In determining whether and how to proceed with any MEAL activity, project teams need to ask themselves how critical the activity is to the project, especially considering programming delays that may occur due to COVID-19. For data collection, consider what is *"need to know"* versus what is *"nice to know"*. As MEAL staff discuss with program managers, donors, or partners to determine the criticality of scheduled MEAL activities, consider the following questions:

  o Can the activity be delayed? What would be the implications for the project and its participants?

  o Has programming changed or paused due to COVID-19? If so, is the planned data collection or other MEAL activity relevant and needed now?

  o Is the activity required by the donor? Would the donor be amenable to modifying, delaying or cancelling it because of COVID-19?

  o Is the activity needed to comply with the organization's MEAL policy? Can exemption be sought?

  o If the activity involves data collection, what types of results would likely lead to programming changes? If it is unlikely that the data will lead to program changes, the data collection may be less critical.

  o For MEAL activities that are determined to be essential, can they be modified to become safer and still meet the MEAL needs? (Table 1 presents options for modifying activities.) If not, a decision will need to be made whether the benefits of carrying out the activity are worth the risks that may be incurred.

- **Adapt as the situation evolves.** The COVID-19 situation is rapidly changing in many contexts. We need to be prepared to quickly adapt our activities, including project interventions, associated MEAL activities, communication efforts, and community engagement. This may mean reducing or modifying activities to reduce the risk of transmission, and it may mean incorporating new components to address the immediate needs of communities and individuals affected by the virus. Resources developed by other organizations on conducting MEAL in the context of COVID-19 are available here.

UNDERSTAND RESTRICTIONS

- **Different contexts have different degrees of restrictions,** and it is important to understand what specific restrictions apply in our program areas. Restrictions may include limitations on *mobility, physical proximity (distancing), number of people meeting, entering others' homes, protocols for interacting, and operation of businesses and organizations including NGOs*.

- **Multiple sources of restrictions** need to be considered:

    o   National and in some cases local advisories and rules

    o   The organization's policies and advisories at the country level and possibly at the regional or global level

    o   Global guidelines from WHO

    o   Partner organizations' policies and advisories for their staff and activities

    o   Community expectations and openness to interactions and visits from outside the community

- **The degree of restrictions required or recommended may be dynamic and change** over time. Therefore, it is important to remain up-to-date and adapt MEAL related plans and approaches as needed, especially if the situation worsens and restrictions become tighter. Currently, a range of restrictions exist, from complete lockdowns (e.g., stay-at-home orders) to continued mobility and interactions.

- **Avoid in-person MEAL activities when possible.** MEAL activities generally rely heavily on in-person interactions, so it is important to understand whether in-person interactions are allowed in the context in which you are operating. The section below includes some options for MEAL activities that involve in-person interactions and some that do not. Note that even in contexts where they are allowed, it is generally advisable and safer to avoid in-person interactions where feasible alternatives can be found and negotiated with donors and other actors, such as remote data collection or delaying a MEAL activity. When in-person interactions do occur, it is critical to follow safety protocols – see references and information below.

- **Avoid convening face-to-face group meetings for MEAL activities when possible.** Based on existing global guidance and national guidance in many countries to prevent COVID-19 transmission, it is recommended that MEAL activities not convene groups at this time if an alternative method can be used or if the activity can be delayed. Based on the principle mentioned above, projects should consider how essential focus group discussions or other group activities are, and whether – given the current risks associated with gathering in groups – individual or remote data collection can be used instead. Suggestions are given in the table below for alternatives to group activities. If it is essential to meet in a group, distancing, reducing the size of the group, and other steps should be taken to ensure safety and prevent transmission.

ADJUST MEAL ACTIVITIES

Most of MEAL activities entail some form of interactions among people. Table 1 outlines options for carrying out MEAL activities while reducing the risk of transmission. If MEAL and program teams determine that it will be difficult or infeasible to carry out the activity safely and following recommendations for safe interactions, then we should **consider postponing the activity**.

MEAL staff should communicate with program managers, other colleagues and partner staff to prepare contingency plans, assess which scheduled MEAL activities need to continue (communicating with the donor as needed), and identify how to adapt MEAL plans and activities accordingly. USAID has issued a [Guide for Adopting Remote Monitoring Approaches during COVID-19](#) with guidance on remote monitoring approaches.

Table 1: Options for Modifying MEAL Activities

INTERACTION TYPE	MEAL ACTIVITIES	ALTERNATIVE APPROACHES
Household data collection	- Needs assessments - Participant registration - Annual monitoring surveys - Evaluations	- Use phone calls, texts/SMS, messaging services like WhatsApp or email where feasible. Consider if this will affect the sample (which households have access to the technology) and the need to shorten survey or other data collection forms. Conducting population-based surveys using these methods may be difficult if phone numbers of non-participants are not known. - Telerivet, a service that integrates with CommCare and RedRose, can send mass messages, text and voice surveys to participants. Subscription fees are waived for COVID-19 responses, though data fees would still apply. - When carrying out data collection over the phone, scripting and practice by interviewers is important. Best practices for conducting phone-based surveys from JPAL is here and a remote survey toolkit from 60 Decibels is here. - Consider the use of mobile data collection tools, such as CommCare, without biometric or near field communication (NFC) confirmation to reduce the risk of transmission. - Use existing project data, recognizing it may not provide as much information as new data. - Use secondary data in place of primary data - If local community members or service providers will continue making in-person visits (following distancing and with training on prevention messaging and safe interactions), consider what data they can collect instead of having multiple data collection visits. - Conduct household visits following distancing and other safety protocols – see IDinsight guidance on data collection. Reduce sample size using methods such as lot quality assurance sampling (LQAS) and shorten questionnaires to minimize interactions. - For evaluations in the context of COVID-19, see UNDP's guidance.
Team/partner meetings	- SMILER (MEAL system design) - Quarterly reflection meetings - Data interpretation workshops - After-action reviews	- Hold conference calls by phone or using video conferencing tools like Skype or Zoom, or team collaboration platforms like Microsoft Teams, or Miro. - Circulate ideas, input or documents. electronically using email, WhatsApp, etc. - Post on-line to enable shared input.
Review of records	- Ongoing monitoring, e.g. schools, SILC, marketing groups	- Send photos by phone - Set up calls to talk through entries

INTERACTION TYPE	MEAL ACTIVITIES	ALTERNATIVE APPROACHES
Data collection during service provision (e.g., health care workers, teachers, agriculture extension agents, financial service providers, traders)	- Annual monitoring - Evaluations - Key Informant Interviews for assessments - Market monitoring - After action reviews	- Use phone calls, texts, WhatsApp, email or Telerivet. - Use digital surveys through data collection tools that require minimal or no in-person contact. - Consider existing data from service providers. - Conduct in-person interviews following distancing and other safety protocols. Reduce the sample size – consider adjusting parameters used to calculate sample size or using LQAS or other methods that require smaller samples. Shorten tools.
Data collection from project participants	- Needs assessment - Participant registration - Ongoing monitoring - After-action reviews	- Use phone calls, text, WhatsApp, Telerivet, or other electronic methods where feasible. - If community agents, leaders, or project volunteers are already interacting with participants (by phone or with distancing), consider what they can collect.
Participant groups	- Focus group discussions - Community feedback sessions - Ongoing monitoring of group activities	- Avoid convening in-person groups for MEAL activities when possible. - Consider whether a conference call, video conference, or other remote method is feasible. - Assess whether group-based data collection is required. If not, substitute it with individual calls or interactions and triangulate information. - Refer to community engagement guidance - If meeting in a group is essential, apply distancing, group size reduction, and other steps based on local and WHO guidance to ensure safety and prevent transmission.
Community feedback and response	- Feedback and response mechanisms	- Establish or continue using remote options such as hotlines and expand these to include SMS and other options. - Suspend in-person options.
Field observations	- Monitoring of agriculture programs, schools (if in session), institutions, other - Donor reporting	- Use remote monitoring, e.g., drive-by, satellite imagery - Ask participants to send photos by phone - Defer observations so as not to encourage convening of groups in schools, institutions, etc.

A number of the options in Table 1 involve using **ICT applications** instead of in-person interactions. Digital data collection is often more feasible than paper-based collection when visits and physical proximity need to be minimized. A range of technologies can be used to enable certain MEAL activities to continue while reducing risks from in-person interactions. When using these technologies, teams should consider, where possible, limiting the use of NFC and biometric data collection to ensure a safe physical distance between enumerators and participants. Personally identifiable information should be removed data are shared, following data privacy norms. When using SMS or other electronic methods, it is important that older adults, women, the disabled, and other vulnerable populations are included, as they may lack access to mobile phones or other technology.

When MEAL staff interact with community members either in-person or remotely, they should be prepared to **share relevant information about precautions** to prevent COVID-19 transmission, based on health ministry and/or WHO guidelines. MEAL staff may also hear about misinformation circulating in communities where they work and can help provide accurate information and share instances of misinformation with program staff to address.

In cases when it is necessary and safe for MEAL activities to proceed with in-person interactions, **safety protocols should be adhered to** by organization staff, partner staff, or others carrying out the activities. IDinsight provides guidance on safe data collection.

MEAL FOR COVID-19 RESPONSE

Organizations are responding to the COVID-19 pandemic by supporting countries to prevent transmission and mitigate the health and economic impacts. Monitoring, evaluating, learning, and ensuring accountability to participants, partners, and donors are critical to ensuring a high quality response, especially because the nature of the pandemic and its health and economic impacts are in many ways unprecedented.

USAID's Office of Foreign Disaster Assistance (OFDA) and Office of Food for Peace (FFP) have issued a set of mandatory **indicators** for COVID-19 activities funded by these offices. These are available on p. 32 of the Interim Guidance for Applicants Engaging in COVID-19 Humanitarian Response, and performance indicator reference sheets (PIRS) for some of these indicators are available here. Other institutions have also identified indicators for COVID-19 activities, such as these from Blood:Water.

To ensure safety and minimize risk of transmission, **adapting MEAL activities** as described in Table 1 should be considered when carrying out MEAL for COVID-19 response programming, as well as USAID's guidance for remote monitoring. Some accountability measures for distributions of commodities, cash or vouchers may need to be reduced or relaxed in order to ensure participant safety and reduce the risk of transmission.

 MEAL for COVID-19 Impacts on Existing Programs

COVID-19 is having significant impacts on projects in many countries through disruptions and delays to activities, repurposing of activities to address the pandemic, and direct health and economic impacts on participants, service providers, communities, and partners. Guidance on adjusting specific sectoral programs due to COVID-19 is available here. Other non-CRS resources can be found here. *Monitoring* and *evaluating* these impacts enable organizations, partners and participants to understand and mitigate the negative effects, inform donors, and better prepare for future shocks. Maintaining or adapting *accountability* mechanisms for participants is important to ensure program services benefit and do not harm vulnerable community members. *Learning* is critical given how unprecedented the current crisis is.

In some projects there may be a need to integrate COVID-19 sensitive indicators into existing MEAL plans in order monitor whether vulnerable and affected populations receive essential services. Because the impacts of the pandemic may differ for women and men, disaggregating indicators by gender may be called for. Table 2 presents issues to consider when adjusting project MEAL plans to reflect the impact of COVID-19 on existing programming.

Based on experience with other large emergencies, including the Ebola outbreak, after the crisis subsides, affected communities will require additional types of support to restore health, livelihood, education. Humanitarian and development organizations will work with communities in this recovery process. Refining MEAL systems for these efforts will inform and strengthen recovery programming and generate knowledge about effective recovery from such a large and unprecedented emergency.

Table 2: Considerations for MEAL Adjustments to Capture COVID Impacts on Programs[1]

QUESTION	TOPIC	CONSIDERATION
How is the project's theory of change (ToC) impacted?	Project logic	- Review the project's ToC and determine how any COVID-19 related changes to the programming affect the logic - Document any changes to project outcomes, outputs, activities and assumptions
How are existing indicators and targets impacted?	Indicator definitions	- Modify the definitions of existing indicators so that new or adjusted activities can be counted (in coordination with donor)
	New indicators	- Include new indicators to capture outputs and outcomes of any project activities that were added to the project as a result of the COVID-19 crisis - Consider adding new indicators to monitor and document the context in which the project is operating (e.g., number of food markets closed in project areas, number of schools closed in project areas, etc.)
	Targets	- Modify targets based on changes in program coverage due to the crisis - Set multiple targets based on different scenarios for the impact of COVID-19 in the project areas (i.e., scenario planning based on different lengths of time in which physical distance measures are imposed)
How are data collection methods impacted?	Mode of data collection	- Describe changes in how the data are collected (e.g., change from in-person to remote data collection, change in survey to key informant interviews, etc.)
	Timing of data collection	- Document any delays or changes to the timing of data collection for monitoring and/or evaluation activities
	Sampling	- Review the current sampling design for any evaluation activities and consider/describe what the changes mean for the interpretation and comparability of data collected over time
What can we learn from the pandemic?	Learning agenda	- How is the project adapting in response to COVID-19? - What factors influence the success of project adaptation? - How are project adaptations affecting sub-groups differently? - How does access to mobile technology affect different regions/sub-groups differently?

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[1] This table was modified from a presentation given by *Yvonne Cao, Technical Advisor for Research and Evaluation at FHI360.* The presentation can be accessed here (approximately minutes 10-20).