

GUIDE ON MONITORING, EVALUATION AND RESEARCH in Limited Resource Settings in the COVID-19 Context

June 1, 2020

This Guide serves as a companion to the <u>i-APS Global Guidelines for Adapting Third-Party Monitoring to the COVID-19</u>
<u>Context</u> 1 and is designed to offer practical considerations for working in limited resource settings with limited cellular and internet connectivity. ²

Limited resource settings: Contexts where there may be limited or no widespread access to mobile phones, cellular and/or internet service strong enough to support data uploads, making monitoring, evaluation and research activities that rely on mobile phones challenging.

Key Considerations



Do No Harm: ³ Care must be taken by actors at all levels (donors and organizations, third-party monitoring organizations, field staff and respondents) to minimize risk of transmission to themselves and others.



Add monitoring, evaluation and research activities to already planned program activities to minimize risk.

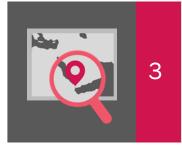


Conduct a Risk Analysis: Conduct a risk analysis of what monitoring activities are being planned, what data is needed, what activities can be postponed, for what purpose will data be used, and what data might be available to assess the impact of program activities.



Reduce data collection to the minimum necessary to answer monitoring, evaluation and research questions. E.g. avoid asking extra questions "just because you are doing a survey."

Select a minimum set of indictors or rotate data collection with different indicator sets to minimize physical contact with persons.



Understand the Local Context: Recognize that urban, rural and remote settings may be limited resource. Just because an area is urban does not mean that movement is unrestricted. COVID-19 compounds challenges already present in urban and rural and limited resource settings.

International Advisory, Products and Systems, Guide on Adapting Third-Party Monitoring to the COVID-19 Context, March 31, 2020. Available at: http://www.i-aps.com/pdf/Guidelines-for-Adapting-Third-Party-Monitoring-in-The-Context-Of-The-Covid-19-Outbreak.pdf.

² Given the focus on limited resource settings for this Guide, this Guide assumes that the targeted population does not have phone ownership, and thus SMS, Interactive Voice Response (IVR), Computer Assisted Telephone Interviews (CATI), other phone-based metholodogies, and/or web surveys may not be applicable.

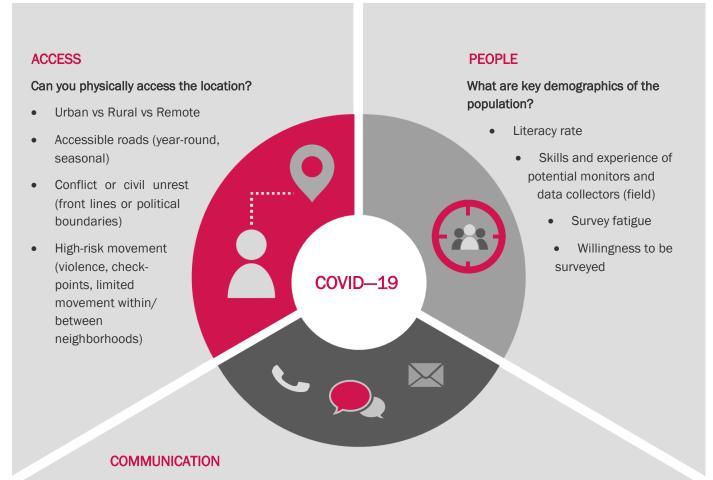
³Anderson, Mary B. *Do No Harm*. Lynne Rienner Publishers, 2010. Print.



Engage Community: While COVID-19 is a new threat, communities and organizations working in and with limited resources have already been adapting to support ongoing monitoring activities based on their context. Respect community and local authority restrictions and limitations on movement and social distancing. Complement and work with existing community structures to support monitoring and research.

Context Matters

There are three major cross-cutting considerations when identifying approaches to monitoring and research in limited resource settings, which can be compounded by COVID-19.



Is the population connected?

- Mobile phone ownership and service and differences by sex
- Cellular/Internet service (2G vs 3/4G 2G does not allow uploading of data)
- Controls over technology (blocking internet or websites)
- Safety and security of devices and data
- Context of data collection (human rights questions may have to be coded)



www.i-aps.com Page 2 of 6

Options and COVID-19 Adaptations

In limited resource settings with low mobile phone ownership, service or internet connection, methods such as SMS text, online surveys, Interactive Voice Response (IVR) or phone-based surveys may not be available. With these constraints, the following options may be considered with COVID-19 adaptations.



In-Person Data Collection

Option	Pre-COVID-19	COVID-19 Adaptions
Community Liaison/Focal Point as Data Collector	Identified Community Liaison/Focal Point utilizes existing phone (with Airtime provided) or is supplied with phone/tablet (prepaid SIM).	If Community Liaison/Focal Point did not have phone/tablet prior to COVID-19, consider impact that introducing the technology may have on the local community and integrate explanation for use to build trust.
	Phone/tablet has mobile-based survey tool (e.g. Kobo ToolBox) that allows for offline data entry.	If there are multiple Community Liaisons/Focal Points in a single area, ensure individuals do not share phones as doing so can risk transmission.
		Follow social distancing local guidelines while conducting survey (mobile or paper) and maintain 2 meter distance. ⁴
	Acts as a data collector to conduct survey via target audience using mobile device or paper with target audience.	Conduct survey outside of dwellings (ideally outdoors) or in well-ventilated area, ensure privacy of responses, and ensure persons other than respondent do not congregate.
		Community Liaisons/Focal Point should consider wearing masks and encourage respondent to do so as well. ⁵
	At agreed points, travels to site with cellular and/or internet service for data upload.	Paper surveys: COVID-19 requires adaptations to minimize risk of transmission given potential physical contact with survey data (paper):
	Paper option of survey available in case of technology failure or used as primary method of data collection.	 Consider limiting the number of focal points to minimize the number of persons having contact with paper to minimize risk of COVID-19 transmission.
	Transport of paper surveys via local transport to headquarters/regional office at routine intervals. Can be used for surveys and monitoring/ observation of outputs.	 Instead of distributing printed surveys to the target population (which has implications for literacy and requires assistance in completing them), have Community Liaisons/Focal Point conduct the survey on paper.
		 Community Liaisons/Focal Point can take photos of paper surveys or use mobile-based scanner app to transfer paper survey to electronic format to minimize number of persons in
		 If paper survey results are transported from field to another location, anyone handling the paper should be provided with personnel protective equipment (e.g. gloves and mask).

⁴Chu, Derek, et al, Physical Distancing, Face Masks, and Eye Protection to Prevent Person-to-Person Transmission of SARS-CoV-2 and COVID-19: A Systematic Review and Meta Analysis, *The Lancet*, June 1, 2020. Available at: https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)31142-9/fulltext?fbclid=lwAR1h4BVkjzugdUBkUr1DC9BmVZNlpZPF31ctuxkXeTH4ALBIN3oEr5E5D4c.

^{5°}Societal norms and government policies supporting the wearing of masks by the public, as well as international travel controls, are independently associated with lower per-capita mortality from COVID-19." Leffler, Christopher & Ing, Edsel & Grzybowski, Andrzej & McKeown, Craig & Hogan, Matthew & Lykins, Joseph, Association of Country-wide Coronavirus Mortality with Demographics, Testing, Lockdowns, and Public Wearing of Masks, Virginia Commonwealth University, June 2, 2020. Available at: https://www.researchgate.net/publication/341913770 Association of country-wide coronavirus mortality with demographics testing lockdowns and public wearing of masks Update June 2 2020.



www.i-aps.com Page 3 of 6

Option	Pre-COVID-19	COVID-19 Adaptions
Community Liaison/Focal Point as Contributor	Acts as contributor who aggregates data from target community.	Follow social distancing local guidelines while conducting survey (mobile or paper) and maintain 2 meter distance. ⁶
	Requires higher level of training.	Community Liaisons/Focal Point should consider wearing masks and encourage respondent to do so as well. ⁷
	Possible feedback loop to provide Community Liaison/Focal Point with learnings from data.	Conduct survey outside of dwellings (ideally outdoors) or in well-ventilated area, ensure privacy of responses and ensure persons other than respondent do not congregate.
	Only used for non-sensitive data.	
	Community health workers, local committees (e.g agricultural) or collectives.	Follow social distancing local guidelines while conducting survey (mobile or paper) and maintain 2 meter distance. 8
Leverage Existing Community-Based Approaches	Can be leveraged to respond to and provide monitoring data.	Consider wearing masks and encourage respondent to do so as well. ⁹
	Community health works, local committees (e.g agricultural) or collectives.	Conduct survey outside of dwellings (ideally outdoors) or in well-ventilated area, ensure privacy of responses and ensure persons other than respondent do not congregate.

Working with Focal Points, i-APS learnings from working in complex settings:

- Identify multiple focal points per location to assist in data triangulation
- Have a short memorandum of understanding, available in local language
- Train on humanitarian principles
- Concordance of focal point with local community (gender, ethnicity, religion)
- Involve focal points in review of learning from data

© Chu, Derek, et al, Physical Distancing, Face Masks, and Eye Protection to Prevent Person-to-Person Transmission of SARS-CoV-2 and COVID-19: A Systematic Review and Meta Analysis, *The Lancet*, June 1, 2020. Available at: https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)31142-9/fulltext?
https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)31142-9/fulltext?
https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)31142-9/fulltext?
https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)31142-9/fulltext?

Chu, Derek, et al, Physical Distancing, Face Masks, and Eye Protection to Prevent Person-to-Person Transmission of SARS-CoV-2 and COVID-19: A Systematic Review and Meta Analysis, *The Lancet*, June 1, 2020. Available at: https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)31142-9/fulltext? fbclid=lwAR1h4BVkjzugdUBkUr1DC9BmVZNIpZPF31ctuxkXeTH4ALBIN3oEr5E5D4c.

9 "Societal norms and government policies supporting the wearing of masks by the public, as well as international travel controls, are independently associated with lower per-capita mortality from COVID-19." Leffler, Christopher & Ing, Edsel & Grzybowski, Andrzej & McKeown, Craig & Hogan, Matthew & Lykins, Joseph, Association of Country-wide Coronavirus Mortality with Demographics, Testing, Lockdowns, and Public Wearing of Masks, Virginia Commonwealth University, June 2, 2020. Available at: https://www.researchgate.net/publication/341913770 Association of country-wide coronavirus mortality with demographics testing lockdowns and public wearing of masks Update June 2 2020.



www.i-aps.com Page 4 of 6

⁷ "Societal norms and government policies supporting the wearing of masks by the public, as well as international travel controls, are independently associated with lower per-capita mortality from COVID-19." Leffler, Christopher & Ing, Edsel & Grzybowski, Andrzej & McKeown, Craig & Hogan, Matthew & Lykins, Joseph, Association of Country-wide Coronavirus Mortality with Demographics, Testing, Lockdowns, and Public Wearing of Masks, Virginia Commonwealth University, June 2, 2020. Available at: https://www.researchgate.net/publication/341913770 Association of country-wide coronavirus mortality with demographics testing lockdowns and public wearing of masks Update June 2 2020.



Remote Data Collection

Option	Pre-COVID-19	COVID-19 Adaptions
Remote sensing	Use of satellite imagery or drones and other geospatial technology.	Increasing remote sensing options requires a high level of location data, which can be collected while minimizing contact between data collection staff and the local population. Ideally this information may have been collected prior to the pandemic.
	Take into account local context, community perception, and laws regarding drones in particular and appropriateness in humanitarian settings.	

Limitations and Recommendations

The below are illustrative limitations and recommendations for addressing data collection challenges through the referenced methods. Many of these existed pre-COVID-19.

Issue	Challenge	Recommendation
Data quality and integrity	Sex differences in phone ownership/use.	Community Liaison/Focal Point model can conduct surveys/ collect data via mobile or paper data entry even in areas with low mobile penetration with sex differences in phone ownership.
	Accuracy of data collected.	Combine multiple data collection methods and sources to triangulate data.
		Add verification questions (i.e. same question asked in different ways to ensure validity).
		Pretest survey.
		Add internal validity (Chronbach's Alpha Formula).
		Determine adequate sample size.
	Paper survey challenges: missing questions, illegible, lost surveys.	Ensure adequate training on process and content of survey, including skip logic.
		Consent must be clearly marked on the survey.
	Maintaining independence and impartiality: Influence of Community Liaison/Focal Point by local dynamics; influence of target audi- ence by local dynamics.	Data tagging: Community Liaison/Focal Point uses mobile survey platform (e.g. Kobo ToolBox) with time and GPS stamps.
		Train on humanitarian principles of ethical data collection.
		Combine multiple data collection methods and triangulate data.



www.i-aps.com Page 5 of 6

Issue	Challenge	Recommendation
Postponement, modification, or cancellation of non- lifesaving activities and associated monitoring	The need for accountability is not lessened by the pandemic.	Identify non-lifesaving activities that can be postponed or modified to limit the spread of COVID 19.
		Communication to the community should address the change in expectations to limit issues when programming re-starts.
		Non-lifesaving activities, and the associated monitoring, may be postponed or modified at the same time.
		Donor flexibility is needed to extend deadlines and contracts.
Operations	Sensitivity of data (e.g. gender-based violence or mental health/substance use or abuse).	Ensure data is encrypted if using mobile surveys.
		Anonymize data if collecting data on sensitive topics via paper.
	Logistics w/ paper surveys.	Use mobile scanning app to transfer paper data to electronic forms and allow for off-site/remote analysis.

This document was produced by International Advisory Products and Systems, Ltd. (i-APS) in consultation with Lynn Lieberman Lawry MD, MSPH, MSc, Associate Professor, Division of Global Health Department of Preventive Medicine and Biostatistics, F. Edward Hebert School of Medicine, Uniformed Services University of the Health Sciences.

The contents, views or opinions expressed in this publication are those of the author(s) and do not necessarily reflect official policy or position of Uniformed Services University of the Health Sciences or the Department of Defense (DoD).



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. Contact i-APS at:



