

COVID-19 REMOTE MERL GUIDANCE

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As program teams limit the frequency, proximity, and quantity of face-to-face MEL activities they must account for new data quality risks associated with remote monitoring. This tipsheet is intended to help MEL teams think through and mitigate the spread and impact of COVID-19 as program approaches adapt to ensure teams have the information they need to continue to improve programming within changing operational contexts. Teams should note that remote MEL provides a partial picture of program progress and efforts should be made to validate findings with multiple sources.

Please note that not all offices, particularly in remote areas will have the connectivity to implement much of this guidance. **If it is not possible to switch to remote non-contact activities, data collection must be suspended.** Contractors, data collection firms etc. must be notified and instructed to halt all interactions with participants. **If you have reason to believe MEL activities resulted in the transmission of COVID-19 inform Mercy Corps HR and your supervisor immediately.**

For any questions or support needs please contact Carly Olenick, MEL Advisor: colenick@mercycorps.org

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COVID 19 Local Context

As a first step, understand the most up to date regulations in your country on COVID-19. Make sure that all team members follow general COVID-19 guidance carefully—including hand washing, equipment cleaning, and proximity to program participants, stakeholders, and other team members. This tipsheet builds off existing guidance and should be used in partnership with it. *This guidance may be updated as new information related to COVID-19 emerges.* You will find centralized information on the Hub's [COVID-19 Information Hub](#). Additionally the WHO has updated [guidelines and information](#) in several languages.

Top 4 Actions to Switch to a Remote MERL System

1	Work with the RPT to communicate with your donor on postponing all data collection efforts which require contact with communities (e.g. baseline, endlines, assessments, etc.) Donor language is available if needed.
2	Work with program teams and technical experts to revisit indicators and targets, and make adjustments that take into account program adaptations
3	Review MEL plans and adjust for remote monitoring for critical program activities that will continue
4	In the case of research where teams have sought ethics review, modifications to the study in response to COVID-19 should be submitted to the appropriate contact at review board <u>immediately and prior to implementation</u> . Please be sure to consult with your individual ethics board to verify this process.

MEL & Program Considerations

- **MEL teams should coordinate closely with program teams** as adjustments are made to ensure we are capturing information that informs teams and their decisions (e.g. trigger indicators regarding availability of key food items, fluctuations in exchange rates, etc.) and track progress as much as possible. Teams should also coordinate with finance teams if finance records can be used for activity validation. It is not advisable to continue program activities where monitoring cannot also be conducted. Include MEL in the [program contingency planning](#). **Carefully document all changes to your data collection approaches (e.g. alternative data sources you decide to use, and what the limitations or strengths are) in addition to programmatic changes. Ensure all changes are incorporated into work plans.**
- **MEL teams should identify which monitoring information is critical** to validate progress, track key context indicators that would trigger programmatic changes, identify red flag issues, as well as meet donor requirements and decide if monitoring activities can be delayed. Consider developing a red, yellow, and green flag system for key trigger indicators based on risks outlined in program



contingency plan. If programming is continuing as usual and certain monitoring activities cannot be delayed, teams should explore remote options. (See below for remote monitoring options.)

- **Think about how to use existing monitoring data to alert at-risk participants.** What do you already know about your households that might indicate they have pre-existing health conditions and/or family members within high-risk age brackets (ie. 65+)? Do you have access to data from health care systems that we can use to inform outreach, targeting, or program activities? Consider working with program teams to identify these groups and reach out to them directly to understand their needs and create separate protocols for recipient households which may already be self-isolating.
- **Ensure all team members handling program data are aware of data protection systems and policies** (e.g. encrypting datasets, proper data sharing procedures, masking personally identifiable information, not sharing login information, etc.) Review the [Data Protection Tipsheet](#) for guidance on typical data risks and mitigation activities.
- **Plan regular data review meetings with teams** to discuss challenges, raise red flags identified through monitoring, lessons learned, data quality risks, errors, and mitigation strategies. If teams are working from home, meetings can be conducted via phone, Skype, Google hangouts, etc.
 - Have a clear meeting agenda accessible to all parties before the scheduled time
 - Consider using a powerpoint with visual aids to guide the discussion
 - Engage staff in the conversation. Ask for their experience to identify obstacles and potential data quality risks.
 - Take clear notes disseminated to all attendees for their reference and accountability
 - At the end of each meeting identify clear action points and timelines for completion
 - Follow up on these action items at the beginning of each subsequent meeting

<u>Planned MEL Activity</u>	<u>Alternative Solutions</u>
Surveys, assessments, key informant interviews, in-depth interviews and other one-on-one interview-based methods	Phone, email, SMS or IVR, and/or other internet-based communications platforms (e.g. Skype, WhatsApp, Zoom, Google Hangouts, etc.)
FGDs or other group discussion-based methods	Internet-based video conferencing platforms (e.g. Skype, WhatsApp, Zoom, Google Hangouts, etc.)
Onsite/context monitoring, observation visits, and other activities (market assessments) requiring physical presence	<ul style="list-style-type: none"> ● Peer monitoring or coordinated program monitoring ● Secondary data ● Participant or community-based monitoring/feedback via standard CARM feedback channels or phone, email, SMS or interactive voice response (IVR), and/or other internet-based communications platforms (e.g. Skype, WhatsApp, Zoom, Google Hangouts, etc.) to capture audio and/or video data ● Use of Personal Protective Equipment (PPE) for in-person visits ● Remote sensing and unmanned aerial vehicles (UAVs)
Training, workshops, and other in-person	Internet-based video conferencing platforms (e.g.

gatherings (e.g. participant or enumerator training, partner workshops, etc.)

Skype, WhatsApp, Zoom, Google Hangouts, etc.)

Health and Personal Data: Lessons from Ebola¹

During an outbreak, responsible sharing of data can save lives. Humanitarian NGOs missed this opportunity during the 2014 West African Ebola outbreak because each organization had their own digital infrastructure and made little effort to ensure interoperability and synchronization of formats and definitions with other NGOs to enable collation of diverse data sets that could have helped stem the epidemic.

At the same time, data was shared that was initially anonymous, but it was later possible to re-identify individuals when it was combined and collated with other datasets. In the Ebola outbreak this was understood to be the case with Call Detail Records (CDRs) that were collected from mobile phone networks for the purpose of tracing the spread of the disease. So while a person may have originally consented to the sharing of their anonymous data, that data may later be de-anonymized and put the person at risk of social or physical harms as a result, and the organization that shared the data potentially in a legal quagmire.²

In the case of the Ebola outbreak, survivors of the disease faced serious stigmatization, comparable to that known to be faced by persons living with HIV around the world. A breach or inappropriate disclosure of data that either directly or indirectly identifies a person as a COVID-19 survivor or as a person who had contact with others who had the virus, could cause a person significant harm such as termination of their employment and social isolation which can seriously impact their mental health.

Data Collection

- **Teams should consider remote options for primary data collection and validation.** Teams may consider phone calls, SMS, IVR, WhatsApp, Skype, Zoom, email, remote sensing, and any other contextually appropriate tools.
 - Teams may consider increasing qualitative data collection and analysis such as key informant interviews or focus group discussions through phone calls, Skype, Zoom, etc.
 - Teams may want to consider expanding their data collection systems to utilize telephone surveys, SMS-based inquiry, or IVR technology which uses a recorded message that instructs listeners on how to respond to questions, either by pressing the keypad or speaking into the phone. These methods should be used to gather information for a small number of short questions, as opposed to complex indicators. These methods are most successful with literate communities where participants are familiar with this survey method.
- When allowed in the country context, teams should consider standardizing observation data (e.g. drive by observations from a distance)
- Teams should consider inherent bias, limitations, and data quality issues that may occur as a result of using these outreach technologies. Clearly document the risks and biases. Given the current



¹ This section has been adapted from Save the Children's COVID-19 guidance

² Winder, D. (2020). COVID-19 Vaccine Test Center Hit By Cyber Attack, Stolen Data Posted Online. Retrieved March 26, 2020, from

<https://www.forbes.com/sites/daveywinder/2020/03/23/covid-19-vaccine-test-center-hit-by-cyber-attack-stolen-data-posted-online/#5c67650618e5>

limitations teams likely will not be able to eliminate all potential biases, it is important to clearly outline these limitations for later use and analysis.

- Ensure phone-based or internet-based survey processes are in place so participants are not charged for airtime or data.
- For teams planning for long-term remote monitoring they may consider using satellite imagery or unmanned aerial vehicles (UAV) to assess outputs and outcomes (e.g. crop production, new construction, etc.) For guidance regarding analysis and data sources contact **Michael Dawson**, Senior T4D Advisor, at mdawson@mercycorps.org.

Phone-based Surveys

- **Obtain informed consent.** As the pandemic continues to spread, the call may grow louder for re-purposing and sharing of any household or community data we have, including non-health data. Doing this may help teams to respond to the crisis, or support health authorities to stem the spread.



It is important to be prepared to do this, but this means that data collection consent statements need to be revised NOW in order to ensure that all persons providing us data have consented to the additional purpose of using their data for COVID-19 preparedness and research as well as consent to sharing data with other health actors. Doing this ensures that it will not be illegal to later share household or personal data with other Mercy Corps teams or external parties for secondary purposes. However, risks assessments to evaluate the ethics and risks of harm need to be carried out for each case of data sharing and re-purposing.³



- Where there is cell phone coverage but the populations are extremely poor and don't have phones, see if your budget permits you to buy and distribute cheap phones with prepaid credits to key informants.
- If your team is considering implementing phone-based surveys consider the following to reduce data quality risks:
 - Prioritize “must have” rather than “nice to have” information
 - Use program staff or phone bank operators to conduct the survey in order to avoid issues related to phone provision and management with enumerators.
 - Consider scaling up remote qualitative data collection (eg. phone, WhatsApp, etc.) to delve deeper into key quantitative findings. In this effort, carefully consider sampling strategy to ensure that the follow-up qualitative data broadly reflect the different sub-populations of interest. Likely, those who are vulnerable (e.g. low socio-economic status, living in areas without connectivity etc), will not be able to participate and the absence of their perspectives should be accounted for in future reporting.
 - Simplify surveys to reduce time commitment as participants are more likely to hang up or not complete longer surveys. Research shows that phone surveys should take approximately 15 minutes to ensure meaningful engagement from participants. However, for Key Informant Interviews who are known contacts or with whom has been agreed to an interview prior to a call, your interview may take longer (45 minutes to an hour).
 - If teams notice higher than normal drop rates or non-response rates they should identify obstacles and adjust as necessary. For example, if you identify connection or network issues that are resulting in dropped calls or frustrated/confused participants,



³ This guidance has been adapted from Save the Children's COVID-19 guidance

try calling at different times of the day. If teams note that particular target groups are not responding, identify reasons for this such as time of day, gender of caller, etc. If teams choose to continue with analysis they should account for non-response rate increase and document this trend clearly.

- Teams should consider and reduce the sensitivity of survey content as participants and surveyors cannot control factors influencing the privacy of the call such as where the respondent takes the call.
- For Post Distribution Monitoring (PDM), focus on simple key questions that help teams adjust operations (e.g. Are household water needs met? Are individuals able to spend vouchers?)
- At the end of the survey participants should be instructed to wash their hands for 20 seconds with soap and water or an alcohol-based solution if they are using a shared phone. Teams should not encourage participants to use shared phones
- If the donor is not receptive to postponing activities and teams feel they must collect more complex outcome indicators either for an annual survey or evaluation (e.g. to understand dynamics after major contextual shifts or in response to donor requirements) they should devote time to piloting the tool and training staff/phone bank operators in order to catch and mitigate potential issues.
 - Teams should consider inherent bias in results as they will only be able to contact households that have the resources to own a phone and keep it charged. Teams should weigh this bias against the value of this data now. For example, if the target participants are primarily women and we know that women, especially rural women are less likely to have a phone or access to a phone, then teams should consider postponing the exercise as results will not be representative of the target population.
- Touch base with phone bank operators frequently to talk about issues and trends and catch problems early.
- Use digital data collection platforms to gather information about time spent on surveys. This will ensure that the data we collect can be validated and allow managers to track real time for survey completion vs expected time.
- For more in depth guidance and examples from other organizations check out the JPAL Poverty Action Lab [Best Practices for Phone Surveys](#)
- Find an example of a phone survey protocol from the JPAL UBI Kenya project [here](#).

Focus Group Discussions for Assessments, Evaluation and Research

Synchronous online focus can be used in place of in person focus group discussions. Skype, Google hangouts, Zoom and Adobe Connect can all support focus group discussions or online training. Please be sure to select a platform that allows for recording for transcription purposes. Please keep in mind the following limitations:

- Participants can have technical problems logging in, which can disrupt the whole group
- Moderators do not have time to probe in the way they do in asynchronous groups. It is difficult to gauge non-verbal responses and participants are likely to have fewer interactions
- Moderators cannot ensure privacy, as they cannot control where the participants will remotely join the discussion and/or who else may be listening and sharing the discussion.
- Most platforms such as ThinkTank specifically designed to support focus group discussions require a membership fee.

Asynchronous Online Focus Groups

- Asynchronous online groups are useful when discussing personal or sensitive subjects. Participants don't see each other and can answer privately just to the moderator. The challenges with asynchronous focus groups is that participants could drop out, misinterpret questions and the moderator does not have any insight into the non-verbal cues.

At the end of the focus group discussion, participants should be instructed to wash their hands for 20 seconds with soap and water or an alcohol-based solution if they are using a shared device.

NEW Important Responsible Data Management Tip

Interviews and focus group discussions in an online environment have very unique privacy and confidentiality risks in comparison to real-life face-to-face scenarios. You should ensure that no unauthorized persons can join the virtual meeting and eavesdrop. Also try to ensure no participant in a focus group can record the discussion audio.

Use of conference call platforms that have a waiting room/lobby is ideal so that you can verify the identity of individuals before admitting them to the call, and then lock the call to prevent other people with the invitation link from entering.

Online Training and Workshops

- **If it is not possible to conduct a planned training remotely, consider postponing the activity.**
- If there is a possibility of conducting planned training and other workshops online please use a platform that enables you to take a screenshot of the participants (Skype, Zoom, Blackboard) and make sure all participants provide email addresses. Polling functionality within the platform or a complementary polling tool such as [polleverywhere](#) or [Mentimeter](#) can be used to get feedback on the training and to collect SADD.
 - If participants require materials to participate, consider digital copies, home deliveries, or distribution at a predetermined time and location as appropriate and possible based on local COVID-19 guidelines.
- Remote enumerator training should seek to engage participants, provide examples, and leave time for practice.
 - Platforms such as Zoom allow trainers to break participants up into groups, which can facilitate partner practice exercises.
 - Trainers should allow for plenty of time for piloting phone based tools with target populations that are not within the identified sample list.
 - Trainers should build in time to debrief after each piloting session to talk about trends, obstacles (e.g. translations, wording), and lessons learned.

Onsite Monitoring

- If other Mercy Corps program teams have access to the same locations they may wish to coordinate for simple verification (e.g. new infrastructure builds are present in the correct location) to reduce the number of face-to-face contacts Mercy Corps has with participants. Ensure individuals keep a safe distance (2 meters) during in-person engagements.

- If Mercy Corps has strong ties with other implementing partners in the same operating area, consider peer monitoring to triangulate data. However, teams should only select peers with whom they have strong relationships and trust, as these peers will be representing Mercy Corps and the program to communities and other actors.
 - If program partners engage in data collection it is critical that they use the standard Mercy Corps monitoring forms.
 - Mercy Corps should coordinate with peer organizations to identify opportunities to coordinate data collection that meets common data needs using clearly defined data security standards.
- Use existing relationships with community-based monitors, agents, or leaders. Consider contacting them remotely (e.g. phone, Skype, WhatsApp, etc.) to triangulate trends and issues.
- If you must access a program site, please follow the general, country, and Mercy Corps recommended guidance on COVID-19 Fieldwork Safety Essentials [here](#).

Context Monitoring

- If possible, consider phone-based contact and, where possible, observational (from a car) to collect key context information (e.g. price data, environmental monitoring, conflict monitoring, etc.) Teams should gather data from a variety of stakeholders (e.g. vendors, suppliers, consumers) to triangulate data and better understand trends.

Third Party Monitoring

- If your program engages with donor-funded third party monitors, touch base with them to talk about changes and expectations moving forward as well as steps the team is taking to reduce the risk of transmission while maintaining quality monitoring systems. Keeping a close working relationship mitigates any risk of misunderstanding and facilitates shared expectations.
- Teams may not wish to begin enlisting the services of a third party monitor as it is expensive and transfers risk from Mercy Corps employees, but does not reduce risk of transmission for participants.

Baseline, Midline, and Endline Surveys & Final Evaluations

- **If the program is scheduled to complete a grant-required evaluation, the program should coordinate with the RPT to communicate expectations with the donor** and potential options for delaying evaluation timelines.
- **If the program plans to hire a consultant, consider the risks associated with travel disruption and delays.** Consider reducing the scope of the consultancy, for instance by shifting some functions in-house, or changing the consultancy as local or remote.
- **Teams should account for a higher non-response rate when designing a sampling strategy** as there will likely be a higher non-response rate or a higher likelihood of interviewing the incorrect person. Teams may consider the non-response rate observed during the piloting period to inform how they wish to adjust their standard non-response rate figures.
- **Conduct a follow-up call to 5%-10% of participants to verify key information** already collected by phone bank operators. This should be done by a different operator. Major discrepancies should be discussed and addressed.
- **Conduct quality checks on partially submitted data** to identify any major discrepancies. Re-train staff/phone bank operators with discrepancies. Consider pairing a weaker staff member/operator

with a stronger staff member/operator, while ensuring they maintain a safe distance (2 meters), if they are working in the same building.

- **Provide clear guidelines for staff/phone bank operators on who is acceptable to interview.** This should be reflected in the informed consent script. Depending on the context the person answering the phone may not be the intended target of the survey. For example, It is clear that we're interviewing the wrong person if a man answers a call meant for a woman, but this would require a bit more screening if a person of the same sex answers the phone.
- **Teams should continue to confirm [informed consent](#)** over the phone.

Example text:

- Hello. My name is **[name]** and I work with Mercy Corps. Mercy Corps is an international non-governmental organization that **[include description of program activities in this area]** in **[state, prefecture, etc.]**. We are conducting **[description of the activity e.g. a survey of households and have randomly selected yours]**. The purpose **[include purpose of activity e.g. of the survey is to learn more about your community so that we can improve our programs in the area]**. Participation in the survey is voluntary and you are free to decline to answer any or all questions. We will use the information provided to **[how data will be used e.g. used by the research team to help Mercy Corps do better work in this area]** but will not release your name or any identifying information to anyone. This survey usually takes about **[estimated length of time]** to complete and will not affect your participation in **[other programs/upcoming programs - or it will help determine eligibility into a program]**. If you have any questions, comments or would like us to change or delete any information about you, please contact **[name of point of contact]** at **[phone]** or **[email]**⁴. Are you willing for us to spend approximately **[estimated length of time]** with you carrying out an interview?

MEL For Partner Projects

- **Work with partners to develop a remote verification plan** that includes the tasks and documentation that will document that each activity occurred to the quality agreed upon by Mercy Corps and the implementing organization. This may include pictures, video, activity reports, receipts, attendance lists, quality checklists, etc. Verification proof should be complementary and provide different details that verify completion/quality (ie. receipts and photos) rather than duplicative (eg. thumb print and registration list). Outline a plan for Mercy corps staff to review the documentation and follow up with the partner for clarification if necessary.
- **Create a plan for regular communication about progress.** This may include reports that can be checked against monitoring data so teams can work together to understand any differences between the monitoring data and report. Consider regular partner reports that include:
 - Narrative of the previous month of implementation and plans for the coming month
 - Finance report (eg. budget vs actual, key transactions, etc.)
 - Indicator Progress Tracking Table (IPTT) or Tola IPTT if partners use Tola
 - Aggregate beneficiary numbers disaggregated by sex, age, and activity
- Teams may also consider remote training options (eg. Skype, Zoom) to address partner capacity gaps or data quality concerns. These activities are most successful if they are designed to be

⁴ If phone or email are not used widely in your context, consider a comment box or other specific point of contact

participatory and engaging. If you would like more advice on how to conduct a successful remote training, please reach out to the MEL team.

Frequently Asked Questions

How can we reduce sampling bias in contexts where women may not have access to phones?

When collecting contact information, try to get as many points of contact as possible within the household, ask for numbers of other members of the household, ask if they have multiple SIM cards. This way if the target does not have a phone it increases your chances of being able to contact them through other means. However, this introduces COVID risk as individuals are using a shared device. If you encounter individuals using shared household devices recommend that they wash their hands for 20 seconds after using the device and recommend that they disinfect devices after shared use.

Consider weighting results to ensure our expected representation of groups is reflected in the results. However, we have to be aware that our sample may be completely different from the women we didn't sample. For example, maybe women we weren't able to get in contact with don't have connectivity and live in a more rural location or have a lower income. If teams are not comfortable with weighting, please clearly document the potential biases and state them when presenting results.

Sampling possibilities will also depend on whether you have existing data and contact details for the population in question. Purposive sampling and snowballing approaches may be more practical and 'good enough' if teams do not have any existing data or contact information.

What are recommendations for teams in low bandwidth areas where there is no network or a spotty network?

Not all remote monitoring tools and technology solutions require high and stable bandwidth. While using video conferencing may not be an option, mobile data collection functions well - with a bit of patience and persistence - in low bandwidth areas as it requires internet connectivity at the time of data submission only.

Phone-based data collection for surveys, KIs or rapid assessments does not require internet connectivity, although considerations around mobile credit should be taken into account when planning. Similarly, SMS and IVR do not require internet connection.

How can we conduct monitoring activities in locations where people do not have phones or connectivity?

Teams may consider conducting very simple assessments without engaging face-to-face with the community. These assessments will be extremely limited in scope and be focused on easy to view patterns such as what kind of people are out and engaging, are markets busy (what is being sold where), are people selling productive assets, are stores and kiosks open, are people going to water points? You can map out these observations to inform programming.

If program teams are continuing to engage with teams in person, provide them with a simple checklist style monitoring form with key variables and can supplement with photos as appropriate. Consider providing

these checklists to literate community members that you can pick up at a later date (ideally you would organize a system that removes direct contact e.g a dropoff box.) At regular intervals you can give them new sheets to complete.

How can we continue market monitoring in a context where vendors are frequently closing?

Given the rapidly changing context it is likely not possible to have complete information about vendors 100% of the time. Develop a system to check in with vendors on a regular basis, this may be a short call to identify a few pieces of key information (e.g. Are you open? What are your prices? Are you experiencing any obstacles to operation such as supply or health concerns?)

How to adapt to remote market assessments?

With the assumption that the market does not reach a standstill, it is still possible to gather market information from different sources.

- a) Explore the most appropriate secondary sources based on your context: peer agencies, local media (e.g. radio, newspaper) and clusters may be collecting the information or proxies to what you may look for. Use data or information to inform your analysis;
- b) Map the existing actors in the market and use available contacts to gather sellers and vendors information;
- c) Move up and down the value chain if vendors are unavailable or unreachable via phone;
- d) Prioritize contacting business unions and trade associations to gather a snapshot of what is happening at the market as a whole and what the outlook may look like.

Refer to the [Tip Sheet COVID-19 & Markets](#) for key factors to assess in market analysis and program adaptation.

Is it acceptable to use enumerators (service contract not MC staff) for formal phone surveys since we must share the names of beneficiaries? Or is it better to use Mercy Corps Staff?

Contracted enumerators may introduce complexities around device management and network connectivity from home. These should be considerations as you weigh whether or not to contract enumerators. If you decide to use enumerators consider alternative respondent verification methods. For example, maybe it is acceptable to remove a name, but include gender and age, which can be validated at the beginning with SADD questions in conjunction with verification that the individual speaking has received the goods and is the participant. If this combination of information is too revealing for the context, consider only providing the phone number, alternative phone numbers, and gender to enumerators.

How should we approach remote baseline data collection for new distributions in connected contexts and contexts without connectivity?

If you have connectivity, consider a remote baseline survey, teams may decide to pair this with validation activities. For example, baseline data questions can be added to the validation survey for a random sample of respondents. Limit baseline questions to key components identified with the donor and program teams. Teams who have weighed the risks and decided to do in-person validation may also consider adding select

baseline questions to this process. If you must access a program site or household, please follow the general, country, and Mercy Corps recommended guidance on COVID-19 Fieldwork Safety Essentials [here](#).

How do we count participants for online events/workshops and video streaming?

Polling tools such as [polleverywhere](#) or [Mentimeter](#) can be used to get feedback on the training and to collect SADD for participants that are actively engaged and listening, as well as participant names.

Zoom

Organizers can take a screenshot of participants to keep track of attendance. Polling functionality within the platform can also be used to get feedback on the training and to collect SADD.

Facebook Live

You can receive notification or live updates of who is watching your videos. If they are interacting with the video, you will be notified on that as well. However, this is only while the video is ongoing, once the live session has ended you will not have access to the list of viewers. In addition to the individual conducting the live video, task another member of the team to screenshot the list of viewers. Unfortunately it is not possible to track who has viewed the video later on, after it was completed.

As a last option, Facebook users in some countries are given the option to republish the Facebook Live recordings as Facebook videos after the live streaming has ended. If you have this option, you will be able to capture all the engagement done during the video.

Facebook Recorded Video

It is not possible to view a list of who has seen your video on Facebook. However, you can ask viewers to interact with the post to try to get a better idea of who viewed the video. Options include asking viewers to engage with the post through a comment or emoji. Teams may consider asking for that engagement within the video near the end or after key information is presented to ensure these viewers have seen the key information.

Do donors expect activities to be monitored? Have they shared any guidance?

Yes, implementation must be monitored. Switching remote monitoring is your best way to monitor activities when there is limited or no access to the implementation area. If not even remote monitoring is viable, teams should consider whether implementation itself is still feasible.

As of today - 30th of March 2020 - donors have not shared centralized guidance on monitoring adaptation and remote monitoring. However, we expect to be the case in the foreseeable future, especially as this condition becomes the new normal. We are aware of teams being approached by donors in country.

How to reflect data protection in remote monitoring? What about partners and subcontractors?

The [Data Protection Tipsheet](#) provides an overview of best practices in collecting and handling data. Remote Monitoring should adhere to these best practices and comply with [Mercy Corps Responsible Data Policy](#). When working with partners, a Data Sharing Agreement (as outlined in the Policy with an example [here](#)) should be in place between Mercy Corps and its partner.

Examples from Teams

One program in DRC is piloting engagement with their existing market contacts as well as having staff spouses who generally go to the market once a week fill out simple forms based on what they see. This information is then fed into program data systems so program teams can quickly see key trends in market activities.

The Syria team is using volunteers who are already living in camps to conduct monitoring at water sites.

The Haiti team has had effective results in replacing face-to-face trainings with Google Classrooms that include MC-catered content + message boards and online "office hours" through WhatsApp groups.

Another DRC team is using unique QR codes on Mercy Corps IDs to validate identities from a meter away during emergency cash distributions. Once verified, the system electronically confirms receipt including the time and location for the transaction.



Summary Table: Inclusion of the most deprived and marginalized in remote MEAL – risks and mitigations¹

In general, marginalized groups will be further marginalized in their access to and ability to use technology. However this varies by context, by the nature of marginalization and by type of technology and approach used (e.g. verbal vs written engagement). Inclusion can be optimized by thinking through different options and using a mixture of approaches.

Method	Risks	Mitigation	Target Population	Resources Needed	Examples
Phone based interview	<ul style="list-style-type: none"> Low risk of virus transfer Potential transfer between individuals using the same phone 	<ul style="list-style-type: none"> After the survey, advise the caller to immediately wash their hands for 20 seconds with soap and water or use an alcohol-based solution if they are using a shared phone. Staff using the phone should also wash their hands for 20 seconds with soap and water or use an alcohol-based solution after answering the phone. 	<ul style="list-style-type: none"> Consider phone accessibility and gender dynamics Target population has access to smart devices and internet 	<ul style="list-style-type: none"> Short and simple questionnaire Can be used for more sensitive topics Larger sample due to high non-response or drop-out 	<ul style="list-style-type: none"> Survey with head of households Key informant interviews with representatives of local authorities
Online FGDs	<ul style="list-style-type: none"> Low risk of virus transfer Starting and administering the FGD may be more challenging and more time-consuming 	<ul style="list-style-type: none"> Use a smaller group of participants Shorten the session duration Add the end of the sessions, advise the participants to immediately wash their hands for 20 seconds with soap and water or use an alcohol-based solution if they are using a shared device 	<ul style="list-style-type: none"> Consider phone/internet accessibility and gender dynamics; Target population has access to smart devices and internet 	<ul style="list-style-type: none"> Non-sensitive topics Area with internet connectivity 	<ul style="list-style-type: none"> FGDs with local council; FGDs with teachers;
Online surveys (KoBo, ODK, etc.)	<ul style="list-style-type: none"> Low risk of virus transfer Potential transfer between individuals using the same phone Safety of the tool used and Program used 	<ul style="list-style-type: none"> Avoid use for collection of sensitive data At the end of the survey, advise the user to immediately wash their hands for 20 seconds with soap and water or use an alcohol-based solution if they are using a shared phone 	<ul style="list-style-type: none"> Consider phone/internet accessibility Literate population Not relevant for children Target population has access to smart devices and internet 	<ul style="list-style-type: none"> Simple and close-ended questions Area with internet connectivity Larger sample to account for low response rate 	<ul style="list-style-type: none"> Youth pre-post or satisfaction survey after training
Face to face only possible during initial response phase if all mitigation measures can be implemented	<ul style="list-style-type: none"> High risk of virus transfer Potential transfer between staff and individuals sharing feedback 	<ul style="list-style-type: none"> Avoid all physical greetings with individuals (i.e. handshake, hug, etc.). Maintain a safe distance (2 meters) with any individual who wants to share feedback. Ensure staff have hand hygiene supplies and other protection materials where relevant. 		<ul style="list-style-type: none"> Paper or tablet-based 	

¹ This section has been adapted from Save the Children's COVID MEAL Guidance

Summary table for online data collection considerations, including risks related to COVID-19²

Method	Risks	Mitigation	Target Population	Resources Needed	Examples
Phone based interview	<ul style="list-style-type: none"> Low risk of virus transfer Potential transfer between individuals using the same phone 	<ul style="list-style-type: none"> After the survey, advise the caller to immediately wash their hands for 20 seconds with soap and water or use an alcohol-based solution if they are using a shared phone. Staff using the phone should also wash their hands for 20 seconds with soap and water or use an alcohol-based solution after answering the phone. 	<ul style="list-style-type: none"> Consider phone accessibility and gender dynamics Target population has access to smart devices and internet 	<ul style="list-style-type: none"> Short and simple questionnaire Can be used for more sensitive topics Larger sample due to high non-response or drop-out 	<ul style="list-style-type: none"> Survey with head of households Key informant interviews with representatives of local authorities
Online FGDs	<ul style="list-style-type: none"> Low risk of virus transfer Starting and administering the FGD may be more challenging and more time-consuming 	<ul style="list-style-type: none"> Use a smaller group of participants Shorten the session duration Add the end of the sessions, advise the participants to immediately wash their hands for 20 seconds with soap and water or use an alcohol-based solution if they are using a shared device 	<ul style="list-style-type: none"> Consider phone/internet accessibility and gender dynamics; Target population has access to smart devices and internet 	<ul style="list-style-type: none"> Non-sensitive topics Area with internet connectivity 	<ul style="list-style-type: none"> FGDs with local council; FGDs with teachers;
Online surveys (KoBo, ODK, etc.)	<ul style="list-style-type: none"> Low risk of virus transfer Potential transfer between individuals using the same phone Safety of the tool used and Program used 	<ul style="list-style-type: none"> Avoid use for collection of sensitive data At the end of the survey, advise the user to immediately wash their hands for 20 seconds with soap and water or use an alcohol-based solution if they are using a shared phone 	<ul style="list-style-type: none"> Consider phone/internet accessibility Literate population Not relevant for children Target population has access to smart devices and internet 	<ul style="list-style-type: none"> Simple and close-ended questions Area with internet connectivity Larger sample to account for low response rate 	<ul style="list-style-type: none"> Youth pre-post or satisfaction survey after training
Face to face only possible during initial response phase if all mitigation measures can be implemented	<ul style="list-style-type: none"> High risk of virus transfer Potential transfer between staff and individuals sharing feedback 	<ul style="list-style-type: none"> Avoid all physical greetings with individuals (i.e. handshake, hug, etc.). Maintain a safe distance (2 meters) with any individual who wants to share feedback. Ensure staff have hand hygiene supplies and other protection materials where relevant. 		<ul style="list-style-type: none"> Paper or tablet-based 	

² This section has been adapted from Save the Children's COVID MEAL Guidance