Save the Children

TIPSHEET: REMOTE AND DIGITAL DATA COLLECTION & COVID-19

Adapting data collection methods

This tip-sheet serves as guidance to help country office, field teams and partners think through different ways to adapt data collection methods to mitigate the spread and impact of COVID-19.[1] If you need additional guidance this tip sheet does not address or have any feedback, please contact Eline Severijnen (COVID-19 MEAL focal point) eline.severijnen@savethechildren.org.

Make sure that all team members follow general COVID-19 guidance carefully - including frequent and thorough hand washing, equipment cleaning, and ensuring appropriate distance (2 meters recommended) from Program participants, community members, stakeholders, and other team members.

This tip sheet builds off existing guidance and should be used in partnership with it. Please see:
- COVID-19 Program Framework and Guidance
- COVID-19 Program Adaptations

Those documents provide guidance on actions across 1. Preparedness, 2. Initial response, 3. Large-scale response, and 4. Recovery phases. The documents can be found here.

You will find centralized information on COVID-19 on this OneNet site; key global documents by thematic and cross-cutting areas are stored on this site. More resources related to MEAL and COVID-19 can be found here (including risk assessment template and guidance on adapting feedback and reporting channels).

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[1] *This guidance builds on a COVID-19 tip sheet developed by Mercy Corps. We are grateful to Mercy Corps for allowing us to adapt their document.*

Introduction

With the fast changing developments globally of COVID-19, more of Save the Children's ongoing Programs are being impacted by the pandemic. New needs and vulnerabilities are also arising which require a specific response. Similar to Program activities, COVID-19 affects MEAL related activities as well. Refer to Save the Children's COVID Program Framework and Guidance for specific MEAL activities in different phases of response.

In general, there are two main considerations for preparedness and adaptation of MEAL activities: (1) shifting to more remote support; and (2) temporarily pausing less critical or time-sensitive MEAL exercises. The ability to delay MEAL activities depends on wider decision-making around project delivery and donor willingness to support delays. If the project delivery continues, the risks of conducting MEAL activities during project delivery must be carefully considered against the risks of stopping them.

In the case of moving to remote & digital data collection, remote support is dependent on the ability to use internet or cell phones. Even where this is available in a geographical area, it may not be accessible to more marginalised population groups.

This document highlights some of the considerations for remote and digital data collection approaches. A separate document discusses Adapting Feedback and Reporting Channels for COVID-19, and can be found here.

Top considerations before switching to remote data collection on existing projects

1. Map out all MEAL activities that are planned and identify critical and time sensitive activities; assess the impact and risks from COVID-19 for these MEAL activities, as well as impacts and risk of discontinuation. Involve relevant staff, such as the COVID-19 focal point and the Child Safeguarding focal point.
2. Review data that has already been collected for other projects or Programs that can be (re-used), when collecting new primary data is no longer possible.
3. Identify other sources of data (secondary sources, data collected by other organisations, etc.) that can be used to replace primary data collection.
4. In cases where face to face data collection is safe to continue, consider risks and mitigations (see Program Adaptations document for details). Face to face data collection can only go ahead in the initial response phase if the activity has been risk assessed and all relevant mitigation measures have been taken, to keep staff, as well as the children and communities we work with safe.
5. Identify and use remote data collection methods where possible (e.g. surveys done online or per mobile phone) and familiarize team members with Responsible Data Management practices as the increase in use of remote data collection can increase risks to data confidentiality and responsible use.
6. Where community access is still safe in the Preparedness phase, use that time to assess technologies used by communities and gather contact details of key informants.
7. Where community access is still safe in the Preparedness phase, if feasible for upcoming baselines or evaluations, use that time to conduct lighter, rapid data collection exercises that can be used as a proxy for larger-scale data collection scheduled to take place at a later time, taking a 'good-enough' approach.
8. Maintain regular context monitoring and analysis of different sensitivity considerations for data collection methods in different beneficiary groups.
9. Coordinate regularly and proactively with Program and PDQ teams and maintain close communication.
10. Plan for capacity building of staff for additional data requirements and/or methods.
11. Document all changes to your data collection approaches (e.g. using the COVID-19 and MEAL Activity Planning Tool).

If it is not possible to switch to remote non-contact activities and face to face data collection is unsafe, data collection must be suspended. Enumerators, consultants, etc. must be notified and instructed to halt all interactions with participants. Refer to Program Adaptations document for more details on risks and mitigations for data collection, as

well as for guiding the process of assessing the criticality of MEAL activity. Supporting members and donors must be informed as part of wider communications on program adaptations.

> **IMPORTANT: Finding alternative sources of data**
> We collect lots of data across our projects and Programs and so do our partners and other organisations. Using data already collected or secondary sources will help identify what primary data collection should be prioritised or replaced, when primary data is not possible. When using alternative sources of data, document them carefully for future reference.

MEAL & Program Considerations: adapting existing Programs

- MEAL teams should coordinate closely with Program teams as adjustments are made and new COVID responses initiated to ensure we are capturing information that informs the decisions (e.g. trigger indicators regarding availability of key food items, fluctuations in exchange rates, etc.) and track progress as much as possible. MEAL 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.

- Think about how to use existing monitoring data to identify and 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 (i.e. 65+)? 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.). (See below for ethical considerations).

- Plan regular data review meetings with Program and PDQ teams to discuss challenges, lessons learned, data quality risks, errors, and mitigation strategies. If teams are working from home, meetings can be conducted via phone, Skype, MS Teams, etc.

Planned MEAL Activity	Alternative Solutions
Surveys, assessments, key informant interviews, in-depth interviews and other one-on-one interview-based methods	Phone, email, SMS, and/or other internet-based communications platforms
FGDs or other group discussion-based methods	Internet-based video conferencing platforms

Please note: Not all online platforms have appropriate encryption and privacy protection measures, which could lead to unsafe programming and place participants at risk. These include the data or data collection activity being accessible to third parties, which could place participants at serious risk of harm. An initial list of secure and privacy-friendly software choices is in Annex 2, which will be expanded in the next iteration of this guidance.

Top considerations for remote data collection in new COVID-19 responses

New Programs initiated in contexts where travel and face-to-face contact are limited will be reliant on remote monitoring. With the exception of places where remote monitoring is already the norm, this will make MEAL more limited than normal. ***To maximise the likelihood of effectiveness therefore, it is more important than ever to invest in strong evidence-based designs and use theory of change to think through assumptions, anticipate and mitigate risks.***

1. Based on the response strategy and response activities, together with technical advisors identify what data needs exist and what type of remote or digital data collection methods could help collect this data. Assess whether any existing data sources provide the data required, e.g. from existing projects or Programs, or data from secondary sources or other organisations.
2. Risk assess remote or digital data collection methods, especially from a data protection and safeguarding perspective. Ensure comprehensive mitigation plans are in place, which include referral protocols for when participants disclose any safeguarding or protection concerns.
3. Familiarize team members with <u>Responsible Data Management</u> practices as the increase in use of remote and digital data collection can increase risks to data confidentiality and responsible use.
4. Deliver capacity building on remote and digital data collection methods and data quality for teams engaged in data collection.
5. Document strengths and limitations of your remote or digital data collection methods and how this may affect quality of data, for future reference (for example in the MEAL plan).
6. Regularly review data that has been collected for quality issues and address accordingly. You may also want to review data collection methods with the data collection team to adapt your approach based on what has gone well and what could be improved.
7. Maintain regular context monitoring and analysis of different sensitivity considerations for data collection methods in different beneficiary groups.
8. Coordinate regularly and proactively with Program and PDQ teams and maintain close communication.

Remote and Digital Data collection method limitations
If your Country Office has decided to implement some remote MEAL practices, it is worthwhile to also be aware and consider some broad overall considerations in remote and digital data collection methods:

- **Accessibility in area** - Please note that not all offices, particularly in remote areas without good internet connectivity, will be able to implement much of this guidance.
- **Accessibility for the population** - Even where remote data collection is feasible, it may not be accessible to younger children and more marginalised population groups who may lack internet connectivity, or to those who are not literate or are living with disabilities which limit accessibility. See Annex 1 for more on including the most deprived and marginalised in remote data collection.
- **Quality of data** - As Program teams limit the frequency, proximity, and quantity of face-to-face MEAL activities, they must account for new data quality risks associated with remote monitoring. High non-response rates are expected with remote methods; sample size calculations should account for that. 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'.
- **Partial picture for progress monitoring -** Remote MEAL provides a partial picture of program progress and efforts should be made to validate findings through multiple sources. Triangulate the data sources and methods whenever possible, as this will further strengthen the validity of the data (e.g. key informant interviews and household interviews; comparison with secondary data; satellite imagery).

Responsible Data Management and Ethics

Before making the decision to switch to some of the remote and digital data collection options described below or to adopt them in new COVID-19 responses, you need to need to consider the risks and assess if you have the staff capacity needed to do so responsibly. Also consult your Child Safeguarding focal point during risk assessments of remote and digital data collection. If teams lack the capacity to assess or manage ICT security as well as data and privacy protection risks and safeguarding risks with diverse new digital tools, then cancelling data collection plans may be necessary.

Whether it is a first-time transition for a team, or just an expanded use of digital data collection, this change could bring increased risks of harm to beneficiaries and operational risks if Responsible Data Management principles aren't followed. Responsible Data Management is a new paradigm for 21st century humanitarian and development work that goes beyond the concepts of "data privacy" and "data protection" and entails a set of principles, and specific processes and tools that support the safe, ethical and effective management of data.

Why is Responsible Data Management Important?

1. **Do No Harm**: Some kinds of data we typically collect could put people at risk of harm if exposed. Sometimes the data is actively sought by governments, military intelligence, cyber criminals, and some companies like banks.
2. **Don't Break the Law**: National laws in your country of operation are likely to include some kind of Privacy Law, which we are obliged to adhere to. Recently, laws around the world have become stricter in response to contemporary data collection and management practices. In some jurisdictions breach of these laws can mean enormous financial penalties, or even the cancelation of your office's operating permit by the government.
3. **Protect Human Rights**: There are at least four internationally recognized human rights that underpin Responsible Data Management. These rights are also found in the Core Humanitarian Standard, which Save the Children has committed to adhere to.
   a. **The Right to Privacy** (Article 12, Universal Declaration of Human Rights).
   b. **The Right to Information** (Article 19, Universal Declaration of Human Rights, International Covenant on Civil and Political Rights).
   c. **The Right to Protection** (The Right to Life, Liberty and Security of Person, Article 3, Universal Declaration of Human Rights AND provisions for protected population in armed conflict in the Geneva Conventions).
   d. **The Right to Dignity** (Right to freedom from cruel or degrading treatment, or experimentation without informed consent) Article 7, International Covenant on Civil and Political Rights, and the Core Humanitarian Standards).

The Principles of Responsible Data Management

The six principles of Responsible Data Management below are drawn from both privacy law and international human rights law. If you would like to know more about these principles and how to incorporate them in your work, you can take the Save the Children 2-hour Responsible Data Management course on Kaya Connect.

1. Be fair, lawful, transparent, and get informed consent in the use of personal data and delete it when asked.
2. Only use the data for the purpose you explained to people when you collected their data.
3. Only collect the data that you need.
4. Make sure personal data is accurate and allow individuals to see and correct errors in your data about them and take responsibility for harms caused by errors in your data.
5. Once the data is no longer needed, destroy it.
6. Keep personal and sensitive operational data secure and confidential to protect people from harm.

The Ten Steps for Responsible Data Management

All data collection activities, whether they are surveys, biometric recordings, virtual interviews and focus group discussions, systematically collected photographs of persons' faces, or automated data generation from things like cash voucher cards and sensing devices should follow this 10-step process. The six principles of Responsible Data Management listed above need to be addressed at each of the 10 steps shown below. Steps 4 through 9 each have unique risks and threats to breach of data protection and privacy law that should be identified separately for each unique data collection activity. To learn more, you can refer to the short Savehre Children Responsible Data Management course or see this guidance manual from UN OCHA.

Covid-19 Related Data Management risks

Health and personal data: lessons from Ebola

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.

Cyber-attacks target health data

Both cybercriminals and cyber-espionage-for-hire groups have ramped up attacks on health targets since the onset of the COVID-19 pandemic and while health facilities[3] and the WHO[4] are the first to be hit, humanitarian organizations and INGOs are also likely targets, as has been observed in other emergency settings.[5]

The use of 'Ransomware' against health facilities has been an increasing trend for several years and so the use of the same technology to extort money from health facilities and COVID-19 patients and survivors, while despicable, should come as no surprise. This means that the security of sensitive medical or personal data in storage on Save the Children servers and staff computers is now facing greater threats than in normal times and ICT security measures need strict compliance.

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[2] McDonald, S. (2016). Ebola: A Big Data Disaster. *The Centre for Internet and Society*. Retrieved from http://cis-india.org/papers/ebola-a-big-data-disaster

[3] 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

[4] Winder, D. (2020). 'Elite Hackers' Thought Behind Cyber Attack On World Health Organization. Retrieved March 26, 2020, from https://www.forbes.com/sites/daveywinder/2020/03/25/hackers-target-world-health-organization-as-cyber-attacks-double-during-covid-19-pandemic/#5fb8a1cd2e5c

[5] Haden-Pawlowski, V. (2019). In search of better data protection for those caught in conflict. *OpenCanada.Org*. Retrieved from https://medium.com/futuresin/can-we-stop-exposing-refugees-to-military-surveillance-5c56f0701cfd

Secondary use of Program data for pandemic response coordination and research and 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 Save the Children 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 Save the Children 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.

Remote Data Collection Methods

Even under normal circumstances, remote data collection as an alternative to data collection via mobile teams and staff, is a way to save time, reduce costs, and potentially improve the quality and usefulness of data you collect. MEAL teams who are now considering using remote options for primary data collection and validation may be considering options like: phone calls, SMS systems, video conferencing for focus group discussions, email, online surveys, and many other tools. In general, when making this transition you should keep in mind:

- In case remote methods are used, teams must continue to get Informed Consent for any collection of personal data or participation in MEAL and research.
- Teams should consider inherent bias, limitations, and data quality issues that may occur as a result of using each different technologies. For more on reaching the most deprived and marginalised, see Annex 1.
- More data means more risk, so apply strong precautions to prevent security breaches and inappropriate management or sharing of data, both with internal and external parties.

> **IMPORTANT: Documentation and Learning on alternative methods**
> Ensure you document what alternative data sources you decide to use, and what the limitations or strengths are. This will be useful especially when evaluating projects at the end of their cycle and when reporting to donors. Additionally, this will also inform you on usefulness of these methods and the challenges experienced.

Considerations for remote MEAL involving children

When developing remote MEAL involving children, you will need to consider the following:

1. **Child-friendly**: use child-friendly language and child-friendly design in the tools you develop.
2. **Age-appropriate**: determine what methods and tools to use depending on the age group.
3. **Safety**: ensure the data collection activity is safe for children to participate in (e.g. is the platform safe? are the questions we ask appropriate for children?).
4. **Inclusivity**: understand what groups of children we reach through digital tools; who may be left out and what extra steps could be taken to include them
5. **Information sharing**: use any data collection opportunity as an opportunity to also share key messages about COVID risk communication.
6. **Consent:** ensure provision is made to gain assent from children and informed consent from parents or other guardians

For all data collection activities, including those with children, a clear protocol must be established to deal with any safeguarding issues raised during data collection, and staff must be trained to be familiar with and act according to this protocol.

Phone-based Interviews

Phone-based interviews can be arranged both for quantitative survey interviews and qualitative phone interviews.

1. Quantitative survey interviews can be used for different MEAL activities, such as: baseline, end-line, evaluation surveys, satisfaction surveys, pre- and post-training surveys, etc. This is feasible when the team already has contact phone information for beneficiaries available, and that telephones are largely accessible and safe to use.

2. Qualitative phone interviews can be used as Key Informant Interviews, or for triangulating data for quantitative surveys.

Below are some main considerations for phone-based interviews:

- **Informed Consent:** Make sure to obtain informed consent relating to the purpose(s) of the data collection exercise. If you are planning to record the call, obtain additional consent for this as well.

- **Simplify and shorten the questionnaire**: Prioritize "must have" rather than "nice to have" information. 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).

- **Pilot the process**: Devote time to piloting the tool and training staff/phone bank operators in order to catch and mitigate potential issues.

- **Quality Assurance and learning**: Touch base with phone bank operators (or whoever is the team conducting the phone interviews) frequently to talk about issues and trends and catch problems early.

- **Monitor and document response rate**: If you notice higher than normal drop rates or non-response rates you 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, try calling at different times of the day. If data collection teams note that particular target groups are not responding, identify reasons for this such as time of day, gender of caller, etc. If MEAL team (or PDQ TAs) choose to continue with analysis they should account for non-response rate increase and document this trend clearly.

- **Triangulate evidence**: You can use qualitative data collection (e.g. phone) to delve deeper into key quantitative findings and triangulate your methods. If you are using qualitative interviews as a complementary method for quantitative survey, carefully consider sampling strategy to ensure that the follow-up qualitative data broadly reflect the different sub-populations of interest.

- **Sensitivity considerations**: the MEAL team 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. Use program staff or phone bank operators to conduct the survey in order to avoid issues related to phone provision and management with enumerators.

- **Bias considerations**: the MEAL team 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. MEAL team 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.

- **Data entry**: the team can use an online survey tool (for example iFormbuilder, Survey Monkey) to go through the survey and immediately enter the data, so that the database is created in real time with as little time needed for this as possible.

- **Quality check / data verification:** You can 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.

- **Target group:** 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 are 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. Also, children below 18 (e.g. adolescents) can only take part in phone interviews if they have assented and their caregivers have provided informed consent.
  - o **Note on age and gender considerations in phone interviews**: the phone interviews can be more appropriate for some age groups than others (for example, young children data collection will not be possible with phone interviews). Also, the equal accessibility to phone by men and women should be well considered before the data collection.
  - o 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.
- **Participant safety**: 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. Do not encourage participants to use shared phones.
- **Safeguarding considerations:** a clear protocol must be established to deal with any safeguarding issues raised during calls, and interviewers trained to be familiar with and act according to this protocol.

Qualitative Phone interviews

The logistical considerations for qualitative interviews are broadly similar as above. The time for interviews can be longer than for the quantitative survey, but typically not more than 30 minutes unless prior agreement for a longer interview has been secured. Overall guidance on simplicity and sensitivity should remain the same.

Focus Group Discussions

Synchronous online focus groups (i.e. where participants can talk/ message at the same time) can be used in place of face-to-face focus group discussions. Skype, MS Teams, Adobe Connect, and Collabito.com (for text-based focus groups) can all support focus group discussions or online training. Please be sure to select a platform that allows for recording for transcription purposes (if calls are recorded, the informed consent process should include consent for the recording). Please keep in mind the following:

- Obtain informed consent and if you are planning to record the call, obtain additional consent for this.
- 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 face-to-face 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.
- Multiple local languages can be a bigger problem in case of online methods rather than if conducting the FGD face to face.
- In general, it will be also recommended to have smaller number of participants in online FGD, as compared to face to face FGD, with approximately 5-6 participants.
- A clear protocol must be established to deal with any safeguarding issues raised during calls, and interviewers trained to be familiar with and act according to this protocol

- Most platforms, such as ThinkTank, are specifically designed to support focus group discussions require a membership fee.

Asynchronous Online Focus Groups
- Asynchronous online groups, with text-based discussions occurring not in real-time, e.g. via bulletin boards, or discussion forums, are useful when participants cannot join at a set time or where time may not permit everyone to have their say. Private/ anonymised forums are useful for discussing personal or sensitive subjects when participants do not 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.

IMPORTANT: Responsible Data Management tip

Interviews and focus group discussions in an online environment have very unique privacy and confidentially 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.

For recommended platforms, see Annex 2.

Online Surveys
Some traditional mobile surveys tools, such as KOBO and ODK have web versions (Enketo) that respondents can access themselves, which may make transition and transformation of your existing survey tools easier. However, platforms designed for web surveys like SurveyMonkey and Qualtrics are more secure and sophisticated and better suited for online surveys. iFormbuilder is a secure commercial software option which supports both offline data collection and online web surveys (for secure online platforms, please see Annex 2).

These survey tools can be used for cases like baselines and applied research activities and monitoring such as pre-post training questionnaires, etc. The survey links can be shared either through email or through WhatsApp communication. Some of the main considerations include:
- The main consideration is the availability of these communication channels and accessibility of internet. Online methods will only work with those communities that have mobile phone network and internet connection.
- This option is not appropriate for communities with low literacy rates or may exclude the specific groups who have low literacy rates.
- This may be less appropriate for younger children.

> **IMPORTANT: Secure Online Survey Options**
>
> Consider the sensitivity of any data you collect through surveys. Can any data be used to identify who the respondent was? Minimizing identifying or sensitive data collected through surveys is always best, but if you need to collect it, take special precautions in selecting the survey software/platform you will use.
>
> Free tools like KOBO and ODK are not good for collecting personal or sensitive data because by default they do not offer encryption on data collected and in general are less reliable for their security than paid and professionally maintained software options. In the case of tools like KOBO without encryption, survey responses can be accessed by their host server administrators, your internet service provider, and any government agency surveilling internet communications between your survey respondent and the survey data's physical server location. Also ensure good practice of password controls for staff who may access survey responses, and de-link identifiable data from response data before sharing raw data for analysis to other staff.
>
> See Annex 2 for recommended platforms.

Considerations for face to face data collection

In case some face to face data collection is still implemented (such as for critical activities during the preparedness and the initial response phase, when remote options are not feasible), the following mitigation measures must be taken:

- Staff to maintain social distancing (no touch, safe distance of 2 meter).
- Collect data outside or in wide-open, well ventilated space rather than inside the household, but do assess whether this is appropriate in case of sensitive concerns.
- Provide staff with supplies for hand hygiene (alcohol hand-gel) and protection (depending on nature of the visit could be a facemask).
- Strict staff sickness policy implemented – staff to not attend work if displaying cough or fever or shortness of breath. Must be discussed and agreed with HR and communicated to all staff to remove the incentive to attend work sick.

Without these mitigation measures in place, face to face data collection should not take place. For more on this, please see the Program Adaptations document.

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Summary table for online data collection considerations, including risks related to COVID-19

Method	Risks	Mitigation	Target population:	Resources needed:	Examples:
Phone based interview	• **Low risk of virus transfer** • Potential transfer between individuals using the same phone	• 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.	• Consider phone accessibility and gender dynamics • Target population has access to smart devices and internet	• Short and simple questionnaire • Can be used for more sensitive topics • Larger sample due to high non-response or drop-out	• Survey with head of households • Key informant interviews with representatives of local authorities
Online FGDs	• **Low risk of virus transfer** • Starting and administering the FGD may be more challenging and more time-consuming	• 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	• Consider phone/internet accessibility and gender dynamics; • Target population has access to smart devices and internet	• Non-sensitive topics • Area with internet connectivity	• FGDs with local council; • FGDs with teachers;
Online surveys (KoBo, ODK, etc.)	• **Low risk of virus transfer** • Potential transfer between individuals using the same phone • Safety of the tool used and Program used	• 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	• Consider phone/internet accessibility • Literate population • Not relevant for children • Target population has access to smart devices and internet	• Simple and close-ended questions • Area with internet connectivity • Larger sample to account for low response rate	• Youth pre-post or satisfaction survey after training
Face to face *only possible during initial response phase if all mitigation measures can be implemented*	• **High risk of virus transfer** • Potential transfer between staff and individuals sharing feedback	• 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.		• Paper or tablet-based	

Other Remote MEL activities

Please find key considerations for other remote MEL activities below. More guidance to follow on Remote Monitoring.

Activity	Consideration
On-site Monitoring	- If other Save the Children 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 Save the Children has with participants. Ensure individuals keep a safe distance (2 m) during in-person engagements. - If Save the Children 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 Save the Children and the program to communities and other actors. - If program partners engage in data collection it is critical that they use the standard Save the Children monitoring practices. - Save the Children 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) to triangulate trends and issues. - If you must access a program site, please follow the general, country, and Save the Children recommended guidance against transmitting COVID-19, including the use of Personal Protective Equipment (PPE).
Context Monitoring	If possible, consider phone-based contact to collect key context information (e.g. price data, environmental monitoring, conflict monitoring, school closure, etc.). MEAL should gather data from a variety of stakeholders (e.g. vendors, suppliers, consumers, school principals, relevant ministries or local authorities) 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 Save the Children employees, but does not reduce risk of transmission for participants.
Project Specific Baseline, Midline, and Endline Surveys & Final Evaluations	- If the program is scheduled to complete a grant-required evaluation, the program should coordinate with the Operations and Awards teams 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. - MEAL 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.

MEAL for Partner Projects	- Work with partner staff to develop risk assessments and mitigation plans for their activities, to ensure the safety of partner staff, as well as children and communities they work with. Go through a similar process of identifying existing, alternative data sources that could replace primary data collection. - 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 Save the Children 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 (i.e. receipts and photos) rather than duplicative (e.g. thumb print and registration list). Outline a plan for Save the Children 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 previous month of implementation and plans for the coming month - Finance report (e.g. budget vs actual, key transactions, etc.) - IPTT or Output Tracker - Aggregate beneficiary numbers disaggregated by sex, age, and activity - You may also consider remote training options (e.g. Skype, Zoom) to address partner capacity gaps or data quality concerns. These activities are most successful if they are designed to be participatory and engaging.
Online Training and Workshops	- If it is not possible to conduct a planned training remotely, consider postponing the activity. Without training, our staff and/or enumerators will not receive the critical information they need to ensure 'do no harm' - including information on COVID-19 prevention and (child) safeguarding. - 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. Use online tools for collecting feedback. - 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.

If you come up with a good practice or innovative solution that you think other country offices could learn from, please share this with Eline
eline.severijnen@savethechildren.org.

Annex 1: Inclusion of the most deprived and marginalised in remote MEAL – risks and mitigations

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

Method	Poverty	Literacy	Language	Gender	Disability
Phone based interview/ survey *Higher penetration of mobile phones than of most remote technologies, but still gaps*	• Risks: poorest lack access to phone, but coverage better than other options; cost of participation off-putting • Mitigations: safe shared use of phones only in preparedness phase; survey or text approach; free-phone number use; explicitly ask key informants about this group	• Risks: text-based surveys won't be used by those who are illiterate • Mitigations: use interviews where literacy is low or where illiterate individuals are a target group; explicitly ask key informants about this group	• Risks: those using minority languages could be left out if another language used in interviews or text • Mitigations: be aware of prevalent/ minority languages; use interviewers with local language skills; translate surveys into local languages; explicitly ask key informants about this group	• Risks: women/ girls may have less access to phones or may be responding in the presence of men • Mitigation: review gender distribution of phones; use female interviewers; avoid asking questions that could put women at risk or ask if men are present; explicitly ask key informants about this group	• Risks: people living with disability may have less access to phones or may have specific impairments (visual/ oral/ physical/ mental) that would limit participation in certain methods • Mitigation: use mix of interviews/ text surveys; explicitly ask key informants about this group
Online FGDs *Penetration varies by context, but high likelihood of exclusion of most marginalised*	• Risks: often very low access of poorest to online technology; cost and safety issues with accessing shared computers/ smartphones • Mitigations: limited possibilities if safe access to shared computers/ smartphones is limited by distancing; explicitly ask key informants about this group	• Risks: inter-sectionality with poverty makes access for illiterate people even less likely; if safe access to shared technology is possible, verbal FGDs better than text/ message-based • Mitigations: limited possibilities if safe access to shared computers/ smartphones is limited by distancing; explicitly ask key informants about this group	• Risks: those using minority languages could be left out if another language used in interviews • Mitigations: be aware of prevalent/ minority languages; use interviewers with local language skills; explicitly ask key informants about this group	• Risks: women/ girls may have less access to computers/ smartphones or may be responding in the presence of men • Mitigation: use women interviewers; avoid asking questions that could put women at risk or ask if men are present; explicitly ask key informants about this group	• Risks: people living with disability may have less access to phones or may have specific impairments (visual/ oral/ physical/ mental) that would limit participation in certain methods • Mitigation: use mix of interviews/ text surveys; explicitly ask key informants about this group

Online surveys (KoBo, ODK, etc.) *Penetration varies by context, but high likelihood of exclusion of most marginalised*	
• Risks: often very low access of poorest to online technology; cost and safety issues with accessing shared computers/ smartphones • Mitigations: limited possibilities if safe access to shared computers/ smartphones is limited by distancing; explicitly ask key informants about this group	• Risks: inter-sectionality with poverty makes access for illiterate people even less likely; can't participate if text-based surveys • Mitigations: limited possibilities; explicitly ask key informants about this group	• Risks: those using minority languages could be left out if another language used in surveys • Mitigations: be aware of prevalent/ minority languages; translate surveys to local languages; explicitly ask key informants about this group	• Risks: women/ girls may have less access to computers/ smartphones or may be responding in the presence of men • Mitigation: avoid asking questions that could put women at risk; explicitly ask key informants about this group	• Risks: people living with disability may have less access to computers/ smartphones or may have specific impairments (e.g. visual, physical, mental) • Mitigation: use mix of interviews/ accessible text surveys; explicitly ask key informants about this group

Annex 2: Online platforms for data collection

When selecting an online platform for your data collection, it is important to consider whether the platforms are safe to use. The platforms below ensure encryption of data in transit and privacy protection benefits that not all other platforms have. This list will be expanded in the coming weeks.

Mobile Surveys:
iFormbuilder
https://www.zerionsoftware.com/iformbuilder

WebSurveys:
SurveyGizmo with response encryption turned on
https://www.surveygizmo.com/
https://help.surveygizmo.com/help/response-data-encryption
or iFormbuilder (web survey function)

Video Conferencing and Video Call Interviews and Focus Groups:
Microsoft Teams (included in office 365)
https://products.office.com/en-us/microsoft-teams/group-chat-software

Cloud Data Storage:
MEGA.nz
https://mega.nz/

Dashboards:
Microsoft PowerBI
https://powerbi.microsoft.com/en-us/

Paper survey automatic data capture (OCR and OMR):
Papersurvey.io
https://www.papersurvey.io/