

The spread of the novel COVID-19 virus stands to impact every facet of humanitarian and development program design and implementation. With new emergency aid and modifications of ongoing aid and development programming, Third-Party Monitoring (TPM) remains even more important as physical access becomes restricted. Donors and organizations use TPM to ensure both accountability in program implementation and continued learning. At the same time, TPM providers must do their part to limit human-to-human transmission of COVID-19 and ensure protection of staff and others by taking preventive measures.

This document aims to provide actionable guidelines for adapting TPM approaches in the current COVID-19 pandemic, but is applicable to any new emerging epidemic or pandemic, and is designed to be used with country- and program-level risk assessments to minimize the risk of exposure while ensuring program accountability.

Third Party Monitoring: Program management tool where third-party monitors collect independently verifiable data. Used to verify program implementation and strengthen monitoring and evaluating systems, particularly in crisis, conflict and non-permissive contexts.

## Key Considerations



1

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



2

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



3

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

<sup>1</sup> Interagency Standing Committee Guidelines Interim Guidance, Scaling Up COVID-19 Outbreak Readiness and Response Operations in Humanitarian Situations, Version 1.1. recommends a conducting a site-specific risk assessment in humanitarian situations, "based on the national risk assessment, the epidemiological situation of the area where the site is located, the travel and trade connections between the site, its host communities and areas reporting COVID-19 cases, as well as the characteristics of the site which may act as amplifiers of transmission." March 17, 2020. Available here: <https://interagencystandingcommittee.org/other/interim-guidance-scaling-covid-19-outbreak-readiness-and-response-operations-camps-and-camp>.



4

**Understand the Local Context:** Recognize that camp settings and urban and peri-urban centers may be particularly vulnerable to COVID-19 and will require more extensive modifications. Non-permissive and conflict settings already had existing challenges that may now be compounded by COVID-19. Access to water, sanitation and hygiene materials are critical to respond to COVID-19 and yet may be limited in settings where TPM is often used.



5

**Engage Community:** Communicate planned activities with local authorities/actors and/or community liaisons. Respect community and local authority restrictions and limitations on movement and social distancing.

## Responsible Actors

According to *Do No Harm*, “The location of the various decisions between headquarters and the field highlights who has the responsibility and power...”<sup>2</sup>

1. In engaging and requesting TPM services, **donors and organizations** are responsible for clearly articulating the needs and requirements of TPM services.
2. **TPM providers (organizations)** are responsible for their staff and the impact of monitoring activities. TPM providers should be empowered to recommend modifications to donors and organizations regarding activities that could put program beneficiaries, TPM staff, or the community at large at an increased risk.
3. **Field staff**<sup>3</sup> can be positioned to have a better understanding of the risks and opportunities at the local level.
  - a. Field staff should be **provided with public health information** in order to be able to make their own decisions.
  - b. Field staff should have the opportunity to **engage TPM institutional decision makers** and their perspectives should be included in decision making.
  - c. Field staff should be **empowered to disagree and not participate** in actions that they believe could make them, their community or program participants less safe,

<sup>2</sup> Anderson, Mary B. *Do No Harm*. Lynne Rienner Publishers, 2010. Print.

<sup>3</sup> Field Staff include management, operations, researchers, monitors, evaluators and enumerators.



## Phase 1: Desk Review

**Introduction:** The ability to perform a desk review remains the same, but reliance on desk review will become more important as TPM providers adapt to COVID-19. For example, if the desk review normally accounts for 10% of the overall process or data collection, TPM providers may need to rely more heavily on desk review (e.g. 20-30%) during COVID-19.

Action	Pre-COVID-19	COVID-19 Adaptions
Desk Review	Define purpose and goals	Maximize use of desk research by relying on published and grey literature from local, national and international partners; context reports published by country-level media
	Review all means of verification, indicator tracking and reporting	Focus on what data is needed that you do not already have and then determine what is possible to collect immediately or what can be delayed until a later date when risk is reduced
Methodology Development	Source of evidence	Revise based on: <ul style="list-style-type: none"> <li>• Site-specific risk assessment <sup>4</sup></li> <li>• Physical access</li> </ul>
	Methods for data collection (qualitative and quantitative)	<ul style="list-style-type: none"> <li>• Local authorities</li> <li>• Identify sources of evidence and contacts needed: phone numbers of beneficiaries; social media outreach for surveys</li> </ul>
	Sample size	<ul style="list-style-type: none"> <li>• Responder characteristics: who will respond to the survey/ interview? How convenient must the data request be to the respondent?</li> <li>• Can social distancing be implemented for data collection to minimize risk?</li> </ul>
	Method of analysis	<ul style="list-style-type: none"> <li>• Do these data require human or in-person contact? If so, can data be delayed or collected by alternative methodologies due to local health recommendations?</li> </ul>
Staff Training	Basics of TPM training (safety and security, field operations, data collection methods) and program-specific training	Add World Health Organization guidelines for personal protection to staff training
		No physical contact between TPM monitor and beneficiaries
		Consider possible fever checks/hand washing/PPE <sup>5</sup> if local law/ policy permits and procurement is possible
		Follow social distancing local guidelines

<sup>4</sup> *Idib.*

<sup>5</sup> Personal protective equipment.



## Phase 2: Inception

**Introduction:** Inception and work planning may need to change from on-site to remote (web-based meetings, video and/or audio calls).

Action	Pre-COVID-19	COVID-19 Adaptions
Inception and Work Planning	Standard operating procedures (in-country meetings)	Revise based on: <ul style="list-style-type: none"> <li>• Site-specific risk assessment <sup>6</sup> to determine feasibility of in-country work planning</li> <li>• Physical access (ability to travel to and within country)</li> <li>• Local authorities</li> <li>• Identify sources of evidence and contacts needed: phone numbers of stakeholders; social media outreach for work planning</li> <li>• Consider on-line work planning</li> <li>• Consider possible fever checks/hand washing/PPE if local law/policy permits and procurement is possible</li> <li>• Follow social distancing local guidelines</li> </ul>
	What is the learning agenda/questions that should guide data collection?	What is the learning agenda/questions that should guide data collection?

<sup>6</sup> Interagency Standing Committee Guidelines Interim Guidance, Scaling Up COVID-19 Outbreak Readiness and Response Operations in Humanitarian Situations, Version 1.1. March 17, 2020. Available here: <https://interagencystandingcommittee.org/other/interim-guidance-scaling-covid-19-outbreak-readiness-and-response-operations-camps-and-camp>.



### Phase 3: Methodologies and Modalities

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

#### Decision making in a new crisis:

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

Action	Pre-COVID-19	COVID-19 Adaptions
Survey	Conduct surveys of beneficiaries using statistically relevant sample; often conducted in-person	Revise length and sample size, recognizing there will be reduced power and/or data availability for conclusions
		Phone
		SMS/Text with defined questions (short) via mobile data collection software/apps
		Web link (longer)
		Local social isolation requirements may make in-person surveys impossible.
		Consider delay in planned methodology or change methods (e.g., conduct survey outside of the home for household survey)
		Consider possible fever checks/hand washing/PPE if local law/policy permits and procurement is possible
Follow social distancing local guidelines <sup>7</sup>		

<sup>7</sup> 1- 2 meters depending on local recommendations.

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



## Phase 4: Data Validation and Reporting

**Introduction:** In the COVID-19 context, in-country data mining from data not easily accessed remotely will require a risk assessment. Data may only be available if accessed remotely and will inform data quality checks. Reporting may require discussion of how COVID-19 has impacted or will impact the report.

Action	Pre-COVID-19	COVID-19 Adaptions
Data Quality Checks	Purpose and goals	<p>Maximize use of desk research by relying on published and grey literature from local, national and international partners; context reports published by country-level media</p> <p>Focus on what data is needed that you do not already have access and then determine what is possible to collect</p>
	Review all means of verification, indicator tracking and reporting	<p>Revise based on:</p> <ul style="list-style-type: none"> <li>• Site-specific risk assessment <sup>8</sup> to determine feasibility of in-country work data mining or availability of remote access to data</li> <li>• Physical access</li> <li>• Local authorities</li> <li>• Assess access (ability to travel)</li> <li>• Consider possible fever checks/hand washing/masks if local law/policy permits</li> <li>• Follow social distancing local guidelines</li> <li>• Consider remote data access only</li> </ul>
Reporting	Tailored to client and program request	Explain methodology and changes based on COVID-19 and resulting limitations

<sup>8</sup> Interagency Standing Committee Guidelines Interim Guidance, Scaling Up COVID-19 Outbreak Readiness and Response Operations in Humanitarian Situations, Version 1.1. March 17, 2020.

**Not business as usual:** While TPM has many advantages in being able to provide independent and verifiable data collection in complex, conflict and proacted humanitarian crises, TPM must be adapted to the presence of the urgent COVID-19 public health risk. Re-evaluate data collection methods prior to sending monitors to the field and recognize that adapted methods will require changes in staffing, resources and additional time.

This document was produced by **International Advisory Products and Systems, Ltd. (i-APS)** with support by **Lynn Lieberman Lawry MD, MSPH, MSc**, Associate Professor, Division of Global Health Department of Preventive Medicine and Biostatistics, F. Edward Hebert School of Medicine, Uniformed Services University of the Health Sciences; **Paul B. Spiegel MD**, Director for Center for Humanitarian Health, Professor of the Practice, Johns Hopkins Bloomberg School of Public Health; and **Shannon Doocy PhD**, Associate Professor, Johns Hopkins Bloomberg School of Public Health.



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