Briefing note

Adapting data collection and utilisation to a Covid-19 reality

Monitoring, evaluation and learning approaches for adaptive management

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Key messages

- When planning for remote data collection during the Covid-19 pandemic, first determine what information is still necessary, because data needs may have changed, e.g. if programming has pivoted or needs to pivot due to Covid-19. Then identify how the programme's information needs align with existing data sources and what gaps remain, which will guide the need for remote data collection.
- Also consider what data is 'good enough' for current decision-making needs in order to provide sufficient information to the right people at the right time to an acceptable standard of rigour.
- There may be pragmatic reasons to reduce the number or scope of monitoring, evaluation and learning (MEL) activities, such as logistical constraints or ethical considerations introduced by the pandemic.
- MEL activities should be accompanied by frequent feedback loops and pause points to reflect on emergent needs and challenges, information needs that have been met, and contextual changes that may affect MEL.
- Be clear with decision-makers about the assumptions and gaps in the data, including proxies used and their limitations, sampling changes, and how these changes and assumptions may affect the decisions/options being discussed.

The Covid-19 pandemic has restricted your access to the field. How do you manage MEL adaptively in response to this?

The Covid-19 pandemic has impacted our work in ways small and large, and introduced a great deal of added uncertainty into our programmes. There is a need to consider how to implement planned interventions differently to meet existing development needs, as well as looking at how the pandemic affects what we work on and how. All of this creates increased demand for information, data and evidence so we can proceed safely and effectively. However, the pandemic has also created challenges to obtaining information. So how can donors and programmes use monitoring, evaluation and learning approaches for adaptive management (MEL4AM) to manage and adapt their programmes? How can we adapt remote data collection approaches to support and inform adaptive decision-making in a Covid-19 reality?

This briefing note[1] focuses on the remote collection and use of data for adaptive management during the pandemic, setting out key considerations to help practitioners think through a transition from more 'traditional' MEL to MEL4AM that reflects the unique data collection challenges presented by Covid-19.[2]

When deciding how to use remote data collection for adaptive management during the pandemic, decision-makers and other stakeholders need to answer three key questions:

- What information do you *really* need right now, and what is 'sufficient' or 'good enough' to inform your decision-making?
- Who has the information and how can you safely get it?
- How do you use the information you obtain to adapt programming?

This brief considers each of these questions and offers examples of how MEL practitioners are currently addressing them. It provides an overview of some key considerations in remote data collection, when this is required, and identifies other sources that address these issues in more detail. It concludes with a discussion of how to bring the information resulting from remote monitoring into decision-making to enable adaptive management. The final section of this brief provides links to additional resources.

Annex 1 sets out a table with the characteristics and pros and cons of the three most common forms of remote surveys: computer-assisted telephone interviewing (CATI), interactive voice response (IVR) surveys and short message service (SMS) surveys.

What information do you really need right now, and what is 'sufficient' or 'good enough' to inform decision-making?

Step 1: Determine what information is still important for you to collect. An important first step is to determine what information you really need right now in order to manage your programmes during the pandemic. Even if you have a strong MEL plan in place, it is important to revisit the question of data needs because they may have changed, e.g. if programming has pivoted or needs to pivot due to Covid-19. One framework for considering this is to review the outcomes in your theory of change/results framework: do some need to be 'paused' and others amplified in the face of Covid 19? Determining which outcomes should be prioritised is critical to deciding how you move

1 This briefing note was originally written for the Global Learning for Adaptive Management (GLAM) initiative's programme donors: United States Agency for International Development (USAID) and the UK Foreign, Commonwealth and Development Office (FCDO). In light of the closure of the GLAM programme, it was agreed to make the note publicly available. It is targeted at other donors and practitioners who would like to know more about these methods and their practical implementation.

2 Remote data collection usually refers to data collection activities where the donor and/or implementing partner does not engage directly and in person with programme participants, and therefore can include activities such as third-party monitoring. In the context of the Covid-19 pandemic, we are referring to monitoring and data collection that do not involve any in-person interaction.

forward to achieve them, and which information you will need to support the programme. For those activities that are 'paused', it is likely acceptable to pause data collection until activities are able to resume, though you may need to continue monitoring context indicators through secondary sources to inform readiness for programme activities to resume.

Step 2: Assess how MEL activities are affected. Regardless of whether some objectives within your results framework are paused or not, there may be pragmatic reasons to reduce the number or scope of MEL activities, such as logistic constraints introduced by the pandemic that make it difficult to move around freely and collect data in person. One useful exercise to determine how MEL activities are affected is to use *scenario planning* (see Box 1). Scenario planning for MEL involves looking at all planned MEL activities to anticipate the circumstances under which they could either

Box 1 Methods spotlight: scenario planning

To conduct a scenario planning exercise, you will need to look at importance, feasibility and timeliness for each MEL activity under different possible situations (e.g. if the pandemic worsens, if things improve and restrictions begin to ease, or if the current status quo holds for a significant period of time).

Application: Use when you need to make decisions about whether and how to go forward with certain activities that will be significantly affected by circumstances outside your control and you are uncertain about how those circumstances will play out in the future.

Considerations:

- Consider best-case, worst-case and most likely scenarios for how Covid-19 might affect you, programme participants and other stakeholders.
- Scenario planning is not about trying to predict the future but can be used to 'stress test' planned or proposed interventions. If the intervention will only succeed in the best-case scenario, you may need to re-examine the risks of that strategy.
- It often helps to involve several stakeholders in scenario planning in order to bring different perspectives into the process. Others may have insight into how the pandemic might affect the context that you might not have considered. ParEvo is an online participatory scenario planning tool that may be helpful in crowdsourcing this information remotely during the pandemic.[1]

Scenario planning in practice: In one MEL support programme providing analytical and advisory services to USAID in West Africa, the MEL provider conducted the scenario planning exercise described above for all their planned MEL and advisory activities.[2] For this exercise, the MEL provider considered two scenarios – one in which there were fewer than 200 cases detected in the country, and another in which more cases were detected, with that number continuing to rise. The MEL provider discussed the implications of each scenario on their MEL activities, and captured these considerations and decisions in an addendum to the annual work plan (see Figure 1, which reflects the second scenario described). Based on this scenario planning exercise, they looked into innovative ways to hold activities virtually, such as conducting MEL training sessions via Google Hangouts. They also decided to postpone a decentralisation assessment, as the data collection methodology required extensive field work and was no longer feasible because of the pandemic. Rather than designing a new approach, the implementer and USAID determined that it would be better to reallocate resources to conduct on-demand Covid-related assessments as needed.

The programme also proposed several activities to further support USAID's during the pandemic. As a result, the Democracy and Governance Office has asked for their help in improving donor coordination to reduce duplication of effort in pandemic responses. Other potential activities currently under discussion include an assessment of the effects of, and responses to, the pandemic on the education system, including moving educational programmes to online platforms; an assessment of disaster response capacity; an assessment of the capacity of the health system to continue providing routine health services during the pandemic; and an assessment of the impact of Covid-19 on the agricultural sector.

1 See https://parevo.org.

2 The illustrations used throughout this briefing note in the 'methods spotlight' boxes come from a programme implemented by one of the GLAM consortium partners, but were provided under conditions of confidentiality.

Figure 1 Extract from workplan addendum with Covid-19 considerations for scenario-planning exercise conducted by MEL support programme providing analytical and advisory services to USAID in West Africa

Activity	Status	Expected Date Range	COVID-19 Considerations Green = no delays Yellow = delays with strategies
Component I: Collaborating, Learning and Adapting			
1.1 Project Planning and Analysis			
Design Support	In progress	March – August 2020	
DRG Land Activity Design	In progress	October 2019 – August 2020	
KM Portal Knowledge Transfer	In progress	January – October 2020	
Closeout Learning Events	COVID-19 delay	December 2019 – January 2020	Can be done virtually
Development Policy Seminar	COVID-19 delay	June – September 2020	University may request to continue virtually
KM Strategy	Not started	May – November 2020	
1.2 CLA			
Mural Launching	COVID-19 delay	May 2020	Considering launching via Facebook live when State of Emergency ends
Environmental Compliance Training	COVID-19 delay	TBD	Can be done virtually
Development Awards	COVID-19 delay	June 2020	Postponed until it can be held in person
Component II: Data Collection, Analysis, Performance Monitoring, and Human and Institutional Capacity Development			
2.1 Information and Data Collection			
A&E Services	In progress	March – June 2020	Alliance will need a pass and support from CHTs in the counties. If COVID-19 spreads rapidly in these counties, there will be high risk for completing the tasks.
Rice Study	In progress	December 2019 – May 2020	All field work was completed before the onset of COVID-19.
GIS Data Collection Update	Not started	TBD	Consider adding COVID-19 response data
2.2 Analysis and Reports			
Food Security Mapping	Not started	TBD	
Private Sector Mapping	Not started	May – July 2020	Consider adding COVID-19 lens for businesses impacted by the state of emergency
2.3 Performance Monitoring			
FARA Verifications	In progress	January – October 2020	Majority of field data collection takes place in health facilities. If COVID-19 spreads into the counties, there will be high risk for completing future verification.
DQA Training and Support	COVID-19 delay	May – August 2020	Can be done virtually, but conducting DQAs will be delayed

continue as planned or with adjustments or should be postponed or cancelled due to the pandemic.

Step 3: Determine what constitutes 'good enough' data. Even under normal circumstances, it is rarely possible to have complete and perfect information. The pandemic has made this even harder; however, imperfect information can still be useful when limitations are well understood. When determining what data can be considered 'good enough', the goal should be to provide sufficient information to the right people at the right time to an acceptable standard of rigour. With 'good enough' data, you need just enough information at just the right time in order to make good decisions on your programmes, while being confident of the strength of the evidence and its limitations.

In practice, this may mean relying on different sources of information to gather evidence, different methods of collecting and verifying data, and/or commissioning special studies to rapidly fill information gaps. For example, where a donor would usually rely on the results of an in-person survey to fully understand the effects of the pandemic on target populations, it may be more feasible and 'good enough' to conduct a series of targeted key informant interviews via virtual platforms with frontline partners to gain their expert perspective on how the pandemic is affecting communities and sectors.

Any determinations you make on what constitutes 'good enough' data should be informed by how quickly you need to make the decision, the consequences of getting it wrong, and whether you are able to draw on other streams of evidence (formal or informal) to triangulate and boost your confidence or contextualise the data.

Step 4: Keep a tight focus on your information needs. During the pandemic, reducing the amount of information collected can help ease the burden on programme staff and those undertaking remote monitoring, as well as the target population from whom information is being collected. It is important to be strategic and selective when considering what information to collect through remote modalities, especially considering cost implications, data quality issues and ethical

considerations. Many of the resources in the 'Additional resources' section below discuss these challenges more specifically, and some illustrative considerations are presented in Figure 2.

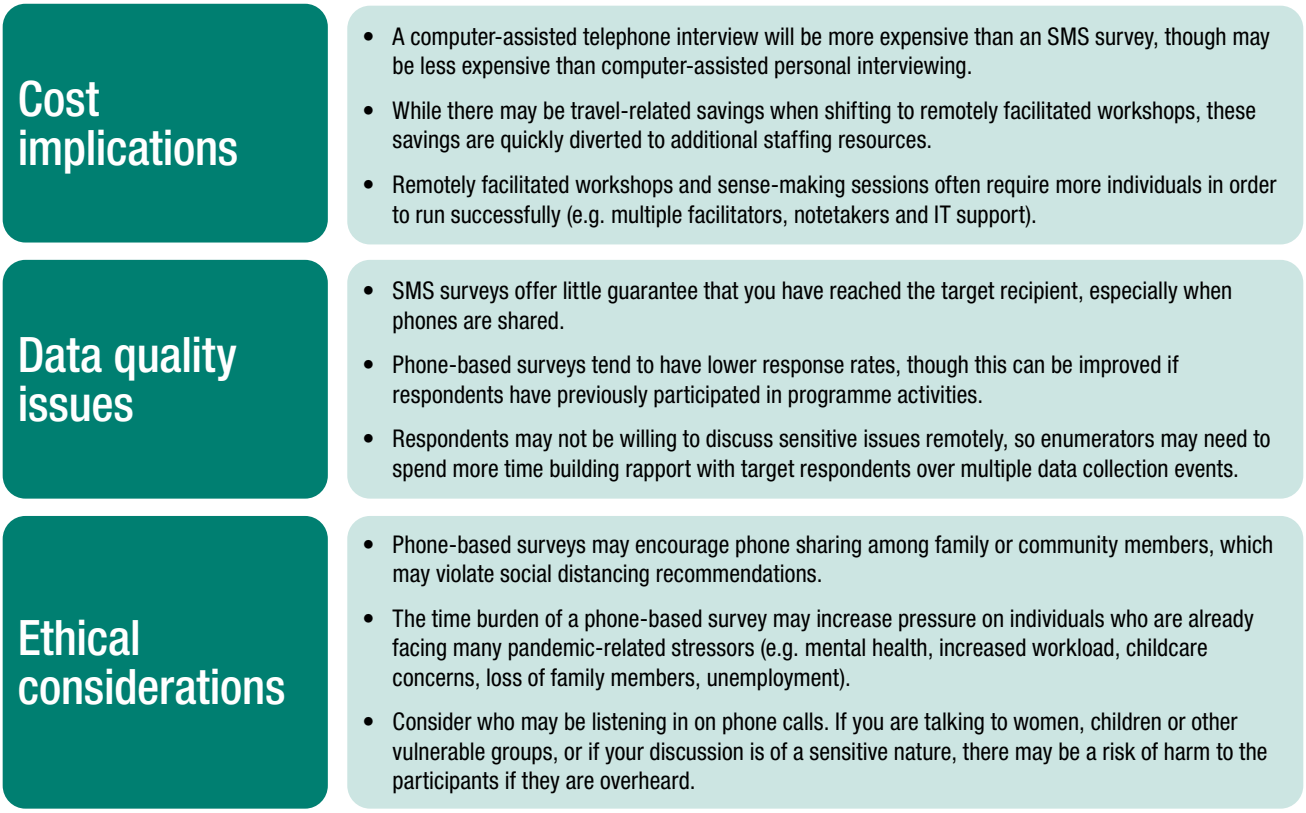
If enough information cannot reasonably be collected within the timeframe needed to inform decisions, you may have to rely on existing information and make some informed assumptions. Whether you are using existing information or collecting new data, you should understand the limitations and what they might mean for your decisions.

Who has the information and how can you get it remotely?

Once you've identified your priority information needs and determined what data will be sufficient to meet those needs, the next step is to assess the best sources of the information and how you can access it. In many cases, you may not need to undertake a large remote monitoring effort. For example, the following options might be available to you:

- **You already have data you can leverage.** A good place to start is with the data you already have. What can existing information and evidence tell you about the current context? Take another look at the data you have already collected, as they may provide sufficient insight to inform adaptations; for example, you may use existing geospatial data and maps to help identify possible hotspots or Covid-19 response facilities.
- **Information is available through existing data sources.** Knowledge-sharing and drawing on public-domain resources might provide a way to access the necessary information without having to do primary data collection. Synthesising information from publicly available GPS data, population health information, donor and/or government datasets, data from remote sensing or media content might shed light on the decisions you face (see Box 2). It is important to engage with other donors, programmes or actors to learn what data they have that you may be able to draw on (see Box 3).

Figure 2 Examples of cost, data quality and ethical considerations faced in remote data collection



Box 2 Methods spotlight: geographic information system (GIS) mapping

Maps can be a very powerful planning tool. During the pandemic, they can help visualise possible outbreak hotspots based on population density and other contributing socioeconomic factors, locations of health facilities, programme locations and much more.

In order to develop these maps, data needs to be standardised and geocoded with location information. Once it is, GIS specialists can use programmes such as ArcGIS and Esri to generate highly customisable maps, often including data or 'layers' that can be overlaid on one another to better understand co-location.[1]

Application: Use GIS Mapping when visualising geocoded or spatial data as a map would be helpful in quickly identifying patterns and answering questions that are location-specific.

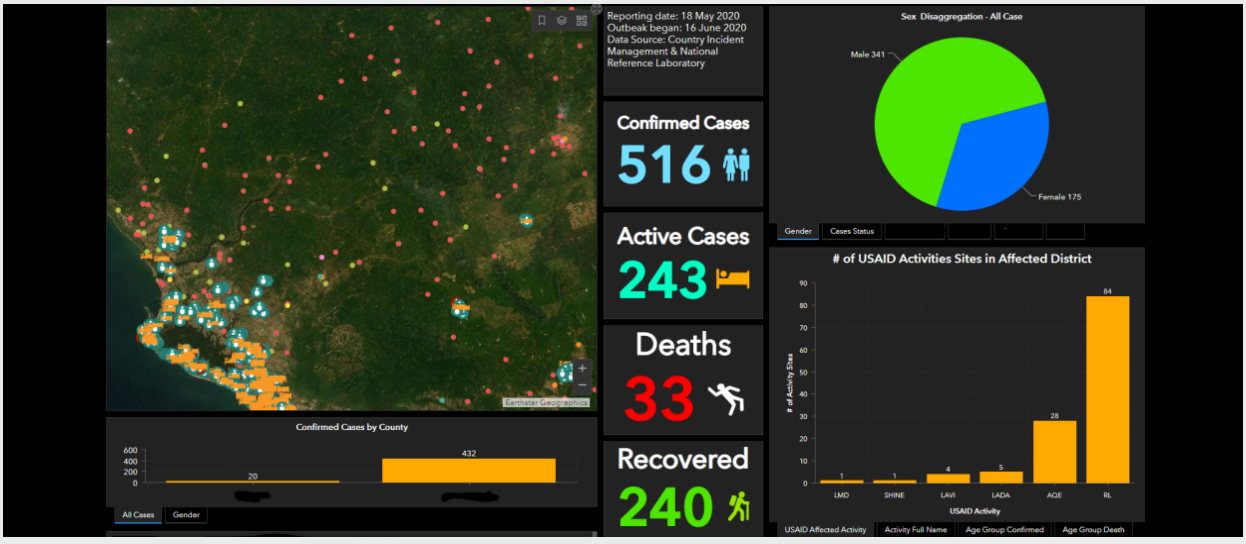
Considerations:

- This method usually requires a skilled GIS specialist and appropriate software, but there are a growing number of web tools that are intended to make it easier for non-coders to create and share GIS web applications (one example is Mango).[2]
- Because printed maps can quickly become outdated, especially in contexts like the pandemic, where the situation is evolving rapidly, it is helpful to link map visuals to a database and update the display whenever new data is entered.

GIS mapping in practice: In 2017, the programme in West Africa discussed in Box 1 undertook a significant campaign to collect GIS data as part of its support to the USAID Mission's strategy development process. While they primarily focused on collecting and inputting GIS data from USAID's implementing partners in the country, they also included other data sources where available. Information without GIS coordinates was included if it could be mapped at district or county level.

During the pandemic, the programme has been able to use their existing geospatial data to build ArcGIS maps that display Covid-19 cases, donor programme locations and partner field offices, health facilities, population density and other factors. These maps are helping inform USAID's strategy for safely reopening field offices, restarting programmes and resuming field visits. The programme recently updated the database with 2019 Ministry of Health facilities data for the country. The programme is thereby making use of existing and publicly available data sources to inform decision-making in the face of constraints on additional data collection. The programme has also made their Covid-19 dashboard publicly available online. It has also been featured in USAID's GIS Community of Practice.

Screenshot of Covid-19 online dashboard using existing geospatial data



1 See www.arcgis.com and www.esri.com.

2 See https://mangomap.com.

If the information does not already exist in a database, it may reside in the *wisdom of the group*. You can fill knowledge gaps through group dialogues and discussions remotely by using online meeting platforms or discussion fora, provided that participating stakeholders have computer or smartphone access and sufficient internet bandwidth. If well facilitated, these online meetings can bring together a great deal of tacit knowledge, perception data and other qualitative information quickly and cheaply in order to inform the adaptive management of your programme.

If these approaches will not meet your critical information needs, you may decide to collect primary data by contacting individuals via remote data collection methods. First determine how many people you need to include – whether you can reach out to a few trusted key informants, or you really need a broader sample.[3] Because of ethical considerations (for instance challenges in gaining informed consent), logistical issues and the sampling biases inherent in mobile phone surveys, they should only be undertaken if truly necessary.[4] Mobile phone surveys tend to over-represent young, male, urban and educated people, as shown by research in Nigeria (Lau et al., 2019) and Ghana (L'Engle et al., 2018).

The need for rapidly available and regularly updated, sometimes 'almost real-time' information will drive the choice of data collection approaches. Ongoing, rapid remote collection of a much more limited set of data, for example through high frequency phone surveys every two or three weeks, may be more useful than a more comprehensive but slower baseline/midline/endline data collection scheme. Better integration of qualitative and quantitative approaches may also help deliver high priority information quickly, for example through identifying a sample of respondents for in-depth qualitative phone interviews from those known to have a phone in a survey baseline.

Remember, data collection involves time for respondents, who will themselves be affected by the health, social and economic effects of the pandemic. A number of resources offer tips and good practice advice for conducting remote surveys (see, for example, 60 Decibels, 2020; Bhajibhakare et al., 2020; Hughes and Velyvis, 2020).

How do you use the information you obtain to adapt programming?

Like all MEL, the qualitative and quantitative data generated by remote monitoring should be used to manage programmes within the context of the pandemic and to adapt as needed. Regardless of which approaches you use, you will need to manage your remote MEL activities adaptively. Covid-related data helps in understanding areas for not just programmatic adaptation but also for planning and implementation of remote data collection. Because of the rapidly changing and uncertain context of the pandemic and the imperfect information available, it is important to build in feedback loops and pause points to revisit how things are working more frequently than usual. This will include checking in on whether the data collection process you have designed is working as expected *and* that you are generating the information you need to inform your decision-making.

As you bring remotely collected data into decision-making processes, design ways to conduct data synthesis and sense-making jointly with key stakeholders (such as using online meeting platforms) and feed the findings back into decision-making. Consider what types of Covid-related changes are likely to affect your programme, then overlay the Covid-19 data to inform discussions about possible contingencies, time horizon forecasts, resource shifts, etc. Some key questions to ask include:

3 How broad a reach will be determined by need. As a recent World Bank blog on sampling explains, 'the reason you are doing a Covid-19 survey will affect what sampling strategy you need' (Himelein et al., 2020a). The blog discusses these strategies, as well as how to create a sample frame for mobile phone surveys and ideas for how to make samples more representative.

4 See Mani and Barooah (2020) for some reasons why caution is required when interviewing people during the pandemic.

- What does the data tell you about what you should continue doing, start doing, stop doing or do differently?
- Are there emergent needs or opportunities that your programme can respond to?
- What type of adaptation is needed? Do you require changes to ways of working, target beneficiaries, geographies, resourcing or sequencing of activities?

During your sense-making exercises, it is important to clarify to decision-makers the assumptions and blind-spots or gaps in your data. Be clear about any proxies used and their limitations. Explain to decision-makers the assumptions behind the data, any sampling changes and how these changes and assumptions may affect the decisions/options being discussed. While these concerns should not stop you from using the data to inform decisions, take care to interpret that data in accordance with the limitations and allow the space to learn iteratively as the situation and context evolve.

Finally, it is rare that one round of data will satisfy decision-making needs, especially as conditions related to the pandemic continue to evolve. Be prepared for another round of remote data collection. Also, think about the time lag and feedback loops more critically – remote monitoring data collection can be time-intensive. Do you have the resources and time to do a second round? If so, take an iterative approach to decision-making and revisit how things are working when new information comes in.

Box 3 MEL4AM in practice: donor coordination for pandemic response

As donors and implementers adapt their programming to respond to Covid-19, there is a continued need for donor coordination to maximise the effectiveness of each donor's contributions and to identify emergent gaps as resources are shifted to emergency response needs.

The MEL provider referenced above has begun attending country donor coordination meetings to understand how GIS mapping services can support donor coordination, and will soon respond to requests for bespoke maps that inform donor decision-making and support coordination efforts. Including data from other donors will enable mapping across multiple sectors, so that gaps in programming and areas of donor saturation can be easily identified and addressed.

Additional resources

- The International Initiative for Impact Evaluation (3ie) has published an important blog post of reasons to be extra thoughtful during Covid-19, and whether remote data collection should take place (Mani and Barooah, 2020).
- The Abdul Latif Jameel Poverty Action Lab (J-PAL) has an excellent resource that draws on its networks of expertise to crowdsource best practices on switching from in-person to online or phone surveys (Kopper, 2020). This is a live document and is being continually updated with additional links. Mathematica also has a blog on switching from face-to-face to phone interviews (Hughes and Velyvis, 2020).
- A recent World Bank blog post discusses the sampling and mode considerations for using mobile phone surveys to understand Covid-19 impacts (Himelein et al., 2020a). A follow-up post covers a range of practical issues and steps to improve the quality of data obtained from these surveys (Himelein et al., 2020b).
- The UN Statistics Division has produced guidance on carrying out telephone surveys (UN DESA, 2020), and IDinsight has written a blog on how to maximise phone surveys for remote data collection (IDinsight, 2020).
- On mode effects, the UN Economic and Social Commission for Asia and the Pacific (UNESCAP) has produced a short brief (Bidarbakhtnia, 2020).
- USAID has a page of resources for MEL during the pandemic (USAID, n.d.).
- 60 Decibels has created a practical Remote Survey Toolkit containing a helpful decision tree and quick-reference cheat sheets (60 Decibels, 2020).

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Annex 1

Table A1 Remote survey techniques: characteristics of CATI, IVR and SMS modalities

	Computer-assisted telephone interviewing (CATI)/phone	Interactive voice response (IVR)	Short message service (SMS)
Type	Voice: Interviewer-administered	Voice: Self-administered	Text: Self-administered
Length (Note that there is significant variation in this guidance)	10–15 minutes 30–40 questions	~10 questions	~15 questions ~160 characters each
Literacy needed	No	No	Yes
Cost	Most expensive	Moderate	Least expensive
Speed	Slowest	Moderate	Fastest
Pros	• Well-suited for a mix of qualitative and quantitative questions • Can get to the 'why' with open-ended qualitative questions • When well-executed, can get very high (50%+) response rates	• Works in low-literacy areas • Can elicit honest responses to sensitive questions • Much less expensive than calls from enumerators	• Cost • Speed • Customer can complete at their convenience • May get more honest responses to sensitive questions
Cons	• Cost • Speed • Requires high-quality training of survey team	• Typically low response rate • Limited number of questions (preferably <10, ideally <5) • Respondents do not enjoy the experience • Multiple choice only, not able to analyse qualitative feedback easily • Less respondent control over timing of survey	• Surveys cannot be longer than 15 questions • Data is much less rich than by phone • Difficult to verify who the respondent is

Source: Based on Himelein et al. (2020a) and 60 Decibels (2020)

60 Decibels (2020) offers helpful resources on the above modalities, including a list of service providers. Where conditions permit, SMS surveys, unstructured supplementary service data (USSD) and web-based surveys may also be options to consider. Time and resources permitting, you do not need to limit yourself to only one modality. As explained by Himelein et al. (2020a), you can also contact respondents using one modality and contact those that do not respond using another; make multiple modalities available and give respondents the choice; or start out using one modality (i.e. CATI) and follow up using another (IVR or SMS). These strategies may improve response rates and data quality, but will require extra resources. Care is also needed in considering the possible effects of the mode used on the responses obtained (mode effects).

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