



# Guidance on MEAL in the COVID-19 Context

APRIL 21, 2020

# Acronyms

<b>COVID-19</b>	Coronavirus disease 2019
<b>CRS</b>	Catholic Relief Services
<b>IASC</b>	Inter-Agency Standing Committee
<b>ICT</b>	information and communications technology
<b>LQAS</b>	lot quality assurance sampling
<b>MEAL</b>	monitoring, evaluation, accountability and learning
<b>NFC</b>	near-field communication
<b>NGO</b>	nongovernmental organization
<b>OFDA</b>	Office of U.S. Foreign Disaster Assistance
<b>SILC</b>	Savings and Internal Lending Communities
<b>SMS</b>	short message service
<b>UNDP</b>	United Nations Development Programme
<b>WHO</b>	World Health Organization



**Catholic Relief Services** is the official international humanitarian agency of the United States catholic community. CRS' relief and development work is accomplished through programs of emergency response, HIV, health, agriculture, education, microfinance and peacebuilding. CRS eases suffering and provides assistance to people in need in more than 100 countries, without regard to race, religion or nationality.

**Catholic Relief Services**  
228 West Lexington Street  
Baltimore, Maryland 21201-3413  
1.888.277.7575  
crs.org

This work is licensed under a Creative Commons Attribution 3.0 Unported License. Users are free:

- to share — to copy, distribute and transmit the work
- to remix — to adapt the work

under the condition that they attribute the work to the author(s)/institution (but not in any way that suggests that the authors/institution endorse the user or the user's use of the work).



# General COVID-19-related Guidance

In undertaking programming activities, teams may want to consider the following:

- ▶ **Ask how critical it is** to carry out the activity, weighing up the potential risk to staff, partners and participants.
- ▶ **Adopt a Do No Harm approach.** Partners need to understand how COVID-19 is transmitted and implement general basic preventative measures to protect themselves and reduce the risk of spreading the virus during program implementation.<sup>1</sup> These measures include the following for all people with whom we work, including CRS staff, partners, volunteers, program participants and community members, service providers, vendors, etc.
  - **Maintain physical distancing.** Maintain at least 1 meter (3 feet) between yourself and others.
  - **Follow recommended hygiene practices,** especially hand washing, coughing etiquette, and not touching your eyes, mouth and nose.
  - **Do not participate in program activities when feeling unwell.** Anyone who is feeling unwell should stay home. If exhibiting signs and symptoms of COVID-19, they should follow health ministry protocols for seeking medical support and advice (e.g. calling before seeking medical care in person at a doctor's surgery, clinic or hospital).
  - **Everyone should operate under the assumption that anyone they encounter is a suspected COVID-19 case.**
  - **Maintain transparent communication with communities** about activities, changes, and the community's comfort level and needs related to the health implications of continued programming.
- ▶ **Keep up-to-date with and follow World Health Organization (WHO) and government or health ministry protocols and messaging around COVID-19:**
  - Follow government restrictions and request authorization for carrying out essential services and activities, as needed.
  - Work with local health actors and cluster to ensure health messaging related to COVID-19 is consistent and contextualized.
- ▶ **Adapt programming guidance to your context and be ready to further adjust as the situation evolves.** Elements of the guidance may need to be modified based on community risk levels, types of programming undertaken, perceptions, local capacities, operating environment and feedback from donors.

.....  
**Everyone should operate under the assumption that anyone they encounter is a suspected COVID-19 case.**

**Disclaimer:** CRS COVID-19 program resources and guidance are developed after consideration of international guidance from relevant international organizations such as WHO, the Inter-Agency Standing Committee (IASC), and other humanitarian bodies. The CRS COVID-19 program resources and guidelines are updated regularly as new information becomes available. Partner and peer organizations wishing to refer to and use CRS resources and guidance should ensure that they are also referring to the latest information available from WHO and the IASC.

1. See [Coronavirus disease \(COVID-19\) Pandemic](#), WHO.

# Introduction

This document offers guidance on determining whether to carry out monitoring, evaluation, accountability and learning activities in the context of COVID-19 and, if so, how to safely conduct them. It provides additional recommendations based on CRS' experience, to be used in conjunction with and to supplement guidance provided by the IASC, WHO and the local health ministry as relevant.

With the spread of COVID-19, a contagious respiratory disease caused by a novel coronavirus, the World Health Organization and many national health authorities have advised significant restrictions on travel, meeting in groups, and other interactions. To prevent transmission of the virus, many countries where CRS and its partners operate have issued restrictions on mobility and gatherings.

Monitoring, evaluation, accountability and learning (MEAL) activities generally entail interactions among NGO staff, project participants, community members and service providers. Such interactions risk increasing COVID-19 transmission. For example, project staff who unknowingly have COVID-19 and carry out data collection or other MEAL activities can transmit the virus to community members. Conversely, project participants or other community members may transmit COVID-19 to project staff through MEAL-related interactions. Some MEAL activities involve community members interacting with each other, such as in focus group discussions. Other activities involve staff and partners interacting, such as during quarterly data reflection meetings, which also increases the risk of transmission.

The pandemic is affecting program implementation in significant ways, and adjustments in MEAL are needed to capture and learn from these effects. The COVID-19 situation is rapidly evolving, with medical knowledge about the virus continuing to emerge and with situations and risks changing in many countries. Therefore, this guidance will continue to be updated and refined as new information becomes available and as new field approaches and practices emerge.

.....  
In the context of COVID-19, this document offers guidance on determining whether to carry out MEAL activities and, if so, how to safely conduct them.

# Principles

The following principles should guide decisions on whether and how to carry out MEAL activities.

- ▶ **Follow health authorities' recommendations.** WHO issues guidelines and recommendations on protocols for safe interactions, and many health ministries and other government authorities also provide guidelines. The WHO provides [information](#) at a global level. We should remain aware of these recommendations and ensure that any MEAL activities we undertake adhere to them.
- ▶ **Do No Harm.** We must ensure that our activities are not harming the health or safety of people. We should ensure that project staff carrying out MEAL activities are not acting as vectors spreading COVID-19, that we are not encouraging behaviors that increase the risk of transmission, and that MEAL activities are not exposing staff to COVID-19 infection.
- ▶ **Protect participants, partners and staff.** Protecting the health and well-being of project participants, other community members, and partner and project staff should always be prioritized over program data collection. This especially relates to the protection of vulnerable individuals, such as those most vulnerable to the health impacts of COVID-19 and those vulnerable to abuse or exploitation. Feedback-and-response mechanisms are an essential means of protecting vulnerable individuals and can be refined to use remote methods to reduce risk of transmission.
- ▶ **Consider which MEAL activities are essential.** In determining whether and how to proceed with any MEAL activity, we need to ask ourselves how critical the activity is to the project, especially considering programming delays that may occur due to COVID-19. For data collection, consider what is “need to know” versus what is “nice to know.” As MEAL staff hold discussions with program managers, donors or partners to determine the criticality of scheduled MEAL activities, they should consider the following questions:
  - Can the activity be delayed? What would be the implications for the project and its participants?
  - Has programming changed or been postponed due to COVID-19? If so, is the planned data collection or other MEAL activity relevant and needed now?
  - Is the activity required by the donor? Would the donor be amenable to modifying, delaying or cancelling it because of COVID-19?
  - Is the activity needed to comply with the organization's MEAL policies? Can exemption be sought?
  - If the activity involves data collection, what types of results would likely lead to programming changes? If it is unlikely that the data will lead to program changes, the data collection may be less critical.
  - Can MEAL activities that are considered essential be modified for increased safety and still meet the MEAL needs? The table on Page 6 presents options for modifying activities.

► **Maintain transparent communication.** It is essential to maintain transparent communication with communities about activities, changes and the community's comfort level and needs related to the health implications of continued programming. In some cases, communities may prefer less contact with project teams than official guidance advises. Maintaining communication can be challenging when in-person visits cannot occur. Consider using texts, WhatsApp or other forms of remote or distanced communication to maintain regular contact with targeted communities.

► **Adapt as the situation evolves.** The COVID-19 situation is rapidly changing in many contexts. We need to be prepared to quickly adapt our activities, including project interventions, associated MEAL activities, communication efforts and community engagement. This may mean reducing or modifying activities to reduce the risk of transmission, and incorporating new components to address the immediate needs of communities and individuals affected by the virus.

# Understand the Restrictions

- ▶ **Different contexts have different degrees of restrictions**, and it is important to understand what specific restrictions apply in our program areas. Restrictions may include limitations on mobility, physical proximity (distancing), number of people meeting, entering others' homes, protocols for interacting, and operation of businesses and organizations including NGOs.
  
- ▶ **Multiple sources of restrictions need to be considered:**
  - National, and in some cases, local advisories and rules
  - The organization's policies and advisories at the country level and possibly at the regional or global level
  - Global guidelines from WHO
  - Partner organizations' policies and advisories for their staff and activities
  - Community expectations and openness to interactions and visits from outside the community
  
- ▶ **It is important to keep abreast of the restrictions and adapt MEAL-related plans and approaches** because the degree of restrictions required or recommended may be dynamic and change over time.
  
- ▶ **It is advisable and safer to avoid in-person interactions** where feasible alternatives can be found and negotiated with donors and other actors, such as remote data collection or delaying a MEAL activity. MEAL activities generally rely heavily on in-person interactions, so it is important to understand whether these are allowed in the context in which you are operating. The section below includes some options for MEAL activities that involve in-person interactions and some that do not. When in-person interactions do occur, it is critical to follow safety protocols (see references and information below).
  
- ▶ **it is recommended that convening face-to-face group meetings for MEAL activities is avoided**, based on existing global guidance and national guidance in many countries to prevent COVID-19 transmission. Projects should consider how essential focus group discussions or other group activities are, and whether—given the current risks associated with gathering in groups—individual or remote data collection can be used instead. Suggestions are given in the table below for alternatives to group activities.

# Adjust MEAL Activities

MEAL requires projects to carry out a range of activities to create and apply effective MEAL systems that contribute to high-quality programming and learning. Most of these activities entail some form of interaction among people. The table below outlines options for carrying out MEAL activities while reducing the risk of transmission. If MEAL and program teams determine that it will be difficult or infeasible to carry out the activity safely and following recommendations for safe interactions, then they should consider postponing the activity.

MEAL staff should communicate with program managers, other colleagues and partner staff to prepare contingency plans, assess which scheduled MEAL activities need to continue (communicating with the donor as needed), and identify how to adapt MEAL plans and activities accordingly.

## OPTIONS FOR MODIFYING MEAL ACTIVITIES

Interaction type	MEAL activities	Alternative approaches
<b>Household data collection</b>	<ul style="list-style-type: none"> <li>■ Needs assessments</li> <li>■ Participant registration</li> <li>■ Annual monitoring surveys</li> <li>■ Evaluations</li> </ul>	<ul style="list-style-type: none"> <li>■ Use phone calls, texts, messaging services like WhatsApp, or email, where feasible. Consider if this will affect the sample (which households have access to the technology?) and the need to shorten survey or other data collection forms. Conducting population-based surveys using these methods may be difficult if phone numbers of non-participants are not known.</li> <li>■ Telerivet, an instant SMS and voice platform, that integrates with web-based platforms like CommCare and RedRose, can be used to send mass messages and surveys to participants.</li> <li>■ When carrying out data collection over the phone, scripting and practice by interviewers is important. <a href="#">Best practices for conducting phone-based surveys</a> are available from J-PAL.</li> <li>■ To reduce the risk of transmission, consider the use of mobile data collection tools, such as CommCare, without biometric or near-field communication (NFC) confirmation.</li> <li>■ Use existing project data, recognizing it may not provide as much information as new data.</li> <li>■ Use secondary data in place of primary data.</li> <li>■ If local community members or service providers will continue making in-person visits (observing distancing and with training on prevention messaging and safe interactions), consider what data they could collect instead of having multiple data collection visits.</li> <li>■ Conduct household visits following distancing and other safety protocols—see IDinsight’s <a href="#">Data collection practices and recommendations for COVID-19</a>. Reduce sample size using methods such as lot quality assurance sampling (LQAS) and shorten questionnaires to minimize interactions.</li> <li>■ For evaluations in the context of COVID-19, see UNDP guidance, <a href="#">Evaluation during crisis – COVID 19</a>.</li> </ul>



Interaction type	MEAL activities	Alternative approaches
<b>Data collection from service providers (e.g., health care workers, teachers, agricultural extension agents, financial service providers, traders)</b>	<ul style="list-style-type: none"> <li>■ Annual monitoring</li> <li>■ Evaluations</li> <li>■ Key informant interviews for assessments</li> <li>■ Market monitoring</li> <li>■ After action reviews</li> </ul>	<ul style="list-style-type: none"> <li>■ Use phone calls, texts, WhatsApp, email or Telerivet.</li> <li>■ Use digital surveys through data collection tools that require minimal or no in-person contact.</li> <li>■ Consider existing data from service providers.</li> <li>■ Conduct in-person interviews following distancing and other safety protocols. Reduce the sample size—consider adjusting parameters used to calculate sample size or using LQAS or other methods that require smaller samples. Shorten tools.</li> </ul>
<b>Data collection from project participants</b>	<ul style="list-style-type: none"> <li>■ Needs assessment</li> <li>■ Participant registration</li> <li>■ Ongoing monitoring</li> <li>■ After action reviews</li> </ul>	<ul style="list-style-type: none"> <li>■ Use phone calls, texts, WhatsApp, Telerivet or other electronic methods where feasible.</li> <li>■ If community agents, leaders or project volunteers are already interacting with participants (by phone or with distancing), consider what they can collect.</li> </ul>
<b>Participant groups</b>	<ul style="list-style-type: none"> <li>■ Focus group discussions</li> <li>■ Community feedback sessions</li> <li>■ Ongoing monitoring of group activities</li> </ul>	<ul style="list-style-type: none"> <li>■ Do not convene groups that will meet in person.</li> <li>■ Consider whether a conference call, video conference or other online method is feasible.</li> <li>■ Assess whether group-based data collection is required. If not, substitute it with individual calls or interactions, and triangulate information.</li> </ul>
<b>Team/partner meetings</b>	<ul style="list-style-type: none"> <li>■ SMILER</li> <li>■ Quarterly reflection meetings</li> <li>■ Data interpretation workshops</li> <li>■ After action reviews</li> </ul>	<ul style="list-style-type: none"> <li>■ Hold conference calls by phone, or using video conferencing tools like Skype or Zoom, or team collaboration platforms such as Microsoft Teams or Miro.</li> <li>■ Circulate ideas, input or documents electronically using email, WhatsApp, etc.</li> <li>■ Post online to enable shared input.</li> </ul>
<b>Community feedback and response</b>	<ul style="list-style-type: none"> <li>■ Feedback-and-response mechanisms</li> </ul>	<ul style="list-style-type: none"> <li>■ Establish or continue using remote options such as hotlines, and expand these to include texts and other options.</li> <li>■ Suspend in-person options.</li> </ul>
<b>Field observations</b>	<ul style="list-style-type: none"> <li>■ Monitoring of agricultural programs, schools (if in session), institutions, other</li> <li>■ Donor reporting</li> </ul>	<ul style="list-style-type: none"> <li>■ Use remote monitoring, e.g., drive-by, satellite imagery.</li> <li>■ Ask participants to send photos by phone.</li> <li>■ Defer observations so as not to encourage convening of groups in schools, institutions, etc.</li> </ul>
<b>Review of records</b>	<ul style="list-style-type: none"> <li>■ Ongoing monitoring, e.g. schools, SILC groups, marketing groups</li> </ul>	<ul style="list-style-type: none"> <li>■ Send photos by phone</li> <li>■ Set up calls to talk through entries</li> </ul>

A number of the options in the table involve using **ICT applications** instead of in-person interactions. Digital data collection is often more feasible than paper-based collection when visits and physical proximity need to be minimized. CRS uses a range of technology to support MEAL, and this can be used to enable certain MEAL activities to continue while reducing risks from in-person interactions. When using these technologies, teams should consider, where possible, limiting the use of NFC and biometric data collection to ensure a safe physical distance between enumerators and participants. Personally identifiable information should be removed before data are shared, following data privacy norms. When using texts or other electronic methods, it is important to ensure that older adults, women, the disabled, and other vulnerable populations are included, as they may lack access to mobile phones or other technology.

When MEAL staff interact with community members either in person or remotely, they should be prepared to **share relevant information about precautions** to prevent COVID-19 transmission, based on health ministry and/or [WHO advice](#). MEAL staff may also hear about misinformation circulating in communities where they work and can help provide accurate information and share instances of misinformation with program staff to address.

In cases when it is determined to be necessary and safe for MEAL activities to proceed with in-person interactions, **safety protocols should be adhered to** by CRS staff, partner staff or others carrying out the activities. IDinsight provides [data collection practices and recommendations for COVID-19](#).

# MEAL for COVID-19 Response and Impacts

In addition to adjusting MEAL for ongoing programs, there will also be a need to design and carry out MEAL activities directly related to the response to the crisis and related to COVID-19 impacts on projects. While this document focuses on adjusting MEAL for ongoing programming, guidance on these issues—which are briefly described below—will be developed in the future. MEAL staff and other members of program teams are encouraged to share needs, experiences and approaches as they emerge to help inform this guidance.

- ▶ **MEAL for COVID-19 response.** As CRS, its partners and other organizations mount a response to protect people, mitigate impacts, and prevent transmission, we will monitor, evaluate and learn from the response, as well as ensure accountability to participants, partners and donors. COVID-19 response activities are considered immediate emergency responses. OFDA and other donors are exploring indicators to use. Given the unusual nature of the COVID-19 emergency, we may need to consider alternative MEAL approaches to minimize transmission risk, such as video documentation of distributions instead of signatures or thumbprints.
- ▶ **MEAL for COVID-19 impact on existing programs.** The COVID-19 crisis will have significant impacts on projects in many countries, including disruptions and delays to activities, health impacts on participants and service providers, and economic impacts on communities. Monitoring, evaluating and learning from these impacts will enable implementing organizations and participants to understand and mitigate the impacts, inform donors, and better prepare for future shocks. In addition, in some projects there may be a need to integrate COVID-19-sensitive indicators to support affected populations and vulnerable populations to receive essential services.
- ▶ **MEAL for post-crisis efforts.** Based on experience with other large emergencies, including the Ebola outbreak, affected communities will require additional types of support to restore health, livelihoods, education and other services after the crisis subsides. Humanitarian and development organizations will work with communities in this recovery process. Refining MEAL systems for these efforts will inform and strengthen recovery programming and generate knowledge about effective recovery from such a large and unprecedented emergency.

**faith. action. results.**

Catholic Relief Services, 228 West Lexington Street, Baltimore, Maryland 21201-3443  
[crs.org](http://crs.org)

