



Introducing remote programmatic visits: UNICEF South Sudan's experience in COVID-19

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Chacha (8 months) sits on her mother Awach's lap at a nutrition clinic in Pibor, South Sudan. Early and heavy seasonal caused flooding in several parts of South Sudan, with Upper Nile, Lakes and Jonglei being hardest hit. Ensuring access to clean water and sanitation was a priority together with ensuring continuation of essential services such as nutrition and health.

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Abstract

UNICEF introduced a remote monitoring modality to address movement limitations for programmatic monitoring introduced by COVID-19. The South Sudan team was already familiar with field monitoring using digital platforms. The Nutrition Programme developed a methodology based on the existing Field Monitoring Standard Operating Procedures (SOPs) in May 2020. The Deputy Representative requested a Task team of Social Policy, Planning, Monitoring, and Evaluation (SPPME) and Nutrition to develop an updated SOP that covered both on-site and remote Programmatic Visits (PV) in response to lesson learning around the remote PV pilot. The SOP was updated and adopted in September 2020. Language was introduced into partnership documents to institutionalize remote monitoring as an option. A PowerBI dashboard was introduced to support management of remote monitoring. The remote monitoring modality for PV remains relevant in South Sudan, where access may be limited by conflict, natural disaster and COVID-19.

Lessons learned for consideration

- **Pilot, learn and adapt.** The modality of remote monitoring was developed through piloting, learning, and adapting. Starting with Nutrition allowed the team to improve the tools, processes, and engagement with partners during the roll out.
- **Invest in hardware as well as software.** Remote monitoring and digital data collection relies on the system, staff, and hardware. UNICEF SPPME secured in-kind donation through Information, Communication and Technology (ICT) ESARO from partnership with Google for tablets to scale up digital field monitoring.
- **Partnership and monitoring.** UNICEF and WFP have many joint partners in Nutrition and Education. There are opportunities to work together in joint monitoring, including that both agencies use the ONA platform.
- **Take care of the basics consistently.** Programmatic visits, whether remote or in person, require common planning steps like communication with partners.
- **Train and coach.** Orientation and coaching on monitoring processes enabled implementing partner (IP) staff to more fully participate in and lead to follow up actions. Staff and partners both benefited from ongoing support with digital platforms, for example accurate time and date stamps on digital evidence.
- **Invest in your thinking.** Improvements have been made in tracking and managing action points. Further work is needed to ensure that action points are clear and actionable when recorded, so that UNICEF sustains and improves programme quality.

Timeline

-  18 Mar: UNICEF fully remote
-  20 Mar: Schools close
-  25 Mar: curfew introduced
-  4 April: First case diagnosed
-  16 Apr: Global L3 declared

Methodology Development Pilot Task Team SOP approved

    Office wide: on-site and remote monitoring modalities available



Context

South Sudan faced multiple challenges at the beginning of 2020. Intercommunal violence, rainy seasons and large-scale flooding continued to undermine access to and availability of fragile basic services. The political situation was unsettled as South Sudan re-established a 10-state structure. The first case of COVID-19 was confirmed on 5 April 2020 and followed by suspension of flight and public transport between all states. Flights from countries affected by COVID-19 had already been suspended since 14 March 2020. Schools had been closed and a curfew introduced in March 2020.

Continued delivery of services alongside prevention and mitigation of COVID-19 as part of the national response were priorities for UNICEF. While programmes continued to be delivered by partner agencies in the field, UNICEF’s ability to undertake direct programmatic visits became more complex. UNICEF had adopted a teleworking modality in April 2020 for its team of more than 400 staff across the 10 states in South Sudan. Technical support to partners to enable them to deliver services safely and effectively was needed more than ever.

Programmatic visits: on-site to remote

The “South Sudan Field Monitoring SOP for Programme Assurance” was introduced in November 2019 to enhance

field monitoring and translate the UNICEF Field Monitoring Guidance (2018) into action. The aim was to encourage going beyond UNICEF’s Harmonized Approach to Cash Transfers to Implementing Partners (HACT) minimum requirements for PV and maximizing geographic coverage by PV. The SOP also defined clear roles and responsibilities aligned with the 2018 Office Accountabilities Framework.

The South Sudan team was already familiar with field monitoring using digital platforms. UNICEF field office staff used tablets and smart phones to directly collect observations using the ONA standardized questionnaires since 2019 for PVs and recorded their trips and action points in the eTools Trips Module and Action Tracker¹. In 2021, a PowerBI Dashboard was developed to better track the status of field monitoring visits against the quarterly office field monitoring plans. ONA use has helped in standardization of PV reports where all program staffs are uploading their ONA reports to eTools. The CO is working on the PowerBi to capture the ONA observations in the same PowerBi platform. The SPPME Unit engaged with all programme sections and field offices to ensure that all action points recorded in eTools were taken and closed since July 2019.

Nutrition was the first programme to explore a remote monitoring modality. The Nutrition programme already had a broad geographic footprint through partnership with 38

¹ ONA and eTools are linked through PowerBi dashboard. R coding has been used to link both systems and track PV status and findings in a real-time manner.

civil society organizations providing nutrition services to children and women in 80 counties. UNICEF also had a team of 24 dedicated nutrition monitors, already located in each of the 13 Field Offices with access to eTools, to undertake PVs where UNICEF staff capacity was over-stretched.

Defining the methodology

The Nutrition team :

- reviewed **internal and external literature** for examples of remote monitoring. Internal sources included COVID-19 Programme Performance Monitoring.
- defined **activities** for remote monitoring based on the steps for PV using direct observation (Figure 1).
- developed **tools** to conduct remote monitoring, including a Nutrition Programme Field Monitoring Checklist and Reporting Template for the PV.
- developed **materials to introduce the new modality and support partners**, including a standard powerpoint presentation and basic guidance on using digital platforms (e.g. WhatsApp and SMS to communicate; photos, videos and GPS coordinates with mobile phones to document).

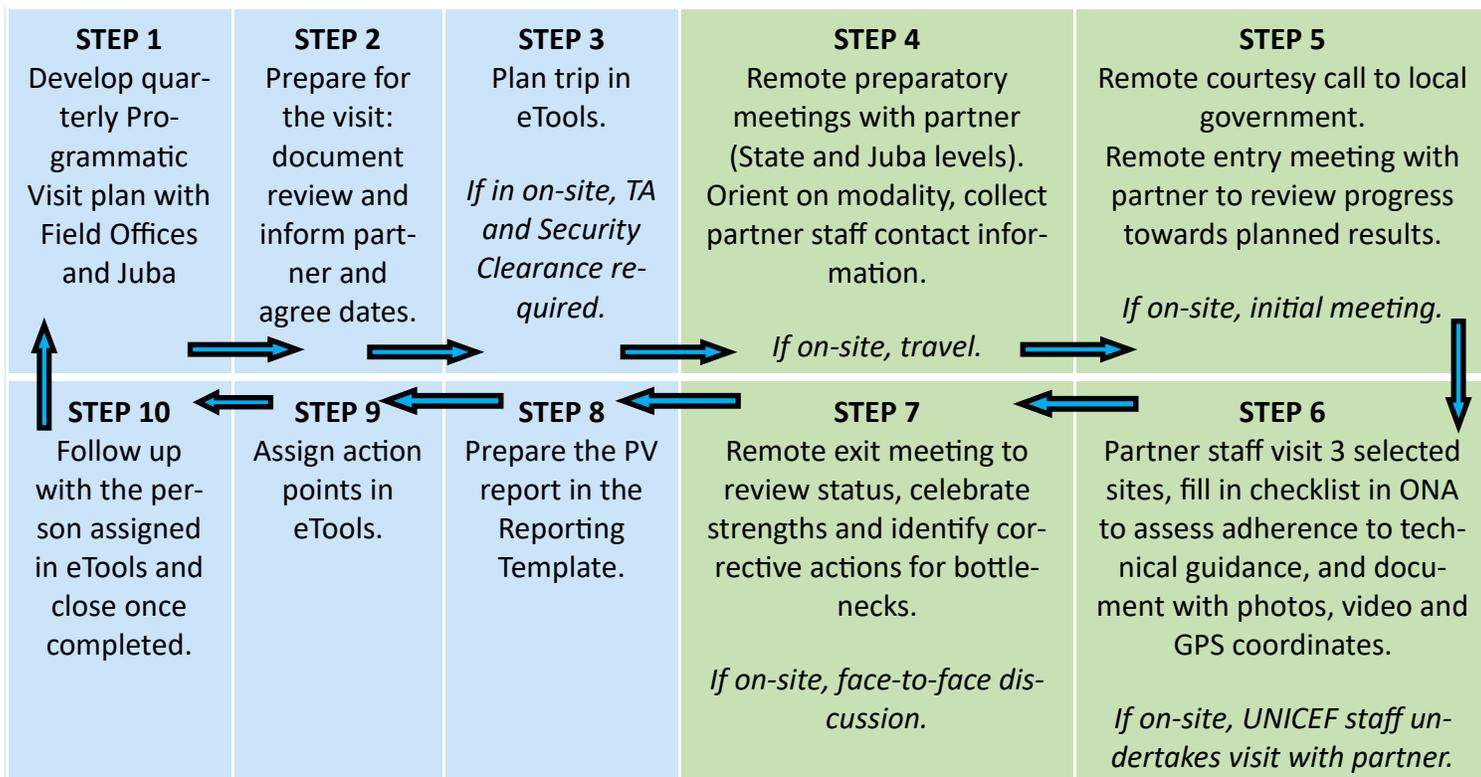
Learning by doing: introducing remote programmatic monitoring

The Nutrition Programme piloted the remote monitoring modality in 14 counties in June. Locations were chosen based on field office presence and activities being implemented. Teams of 3 supported the roll-out in each county. Teams included a Nutrition Field Monitor, a field office Nutrition Officer (NOB), and zonal Nutrition Specialist (P3) or international Nutrition Supervisor. The roll out process started with an orientation of the UNICEF nutrition team on the new tools and digital platform use before engaging with IPs. SPPME engaged in the trainings for field monitors on the tools together with Nutrition.

The Nutrition Programme found that overall, implementing partners were supportive of the remote monitoring modality. In some cases, County Health Department focal points also joined the entry and exit meetings. In addition:

- **The tools and workflow for remote monitoring were clear** and addressed some pitfalls encountered in remote monitoring. For example, the first preparation

Figure 1: Modified steps for remote programmatic monitoring visits



meeting with IP programme manager (Step 4) helped the UNICEF Nutrition Teams to have updated contact details, such as Skype ID and WhatsApp numbers.

- The **systematic orientation of UNICEF Nutrition Teams and each IP Nutrition team** prior to their first remote PV were critical in the roll out. Independent use of the remote monitoring modality however would take more time than initially planned. **UNICEF and IP staff both benefited from ongoing coaching and supportive supervision** in applying the remote monitoring modality, tools and digital platforms (in particular video and photo use).
- The remote visit **was more productive when both UNICEF and IP staff were familiar with the expected results, targets and planned activities** outlined in Programme Documents (PD).
- The involvement of **more team members improved the level of problem solving**. UNICEF also found that the **IP staff were able to self-assess based on their own review against the PD prior to the remote visit**. While self-reporting bias was identified, it could be addressed through triangulation of information by UNICEF.
- The IP staff reported that the **new Nutrition Programme Field Monitoring Checklist was useful** because it outlined basic quality standards (like provision of water per person per day and distance to health facilities) for their own programming in addition to fulfilling the UNICEF monitoring requirements.
- **Remote monitoring still faced known challenges** of limited mobile phone networks and limited internet connectivity in some areas.

In the July 2020, the Nutrition Programme presented its lessons learned to the Programme Monitoring Team (PMT). The experience demonstrated that remote monitoring could gather useful data for action despite limitations. The Deputy Representative asked that a task team to develop

an office-wide approach to remote PV that could be included in a revised South Sudan Field Monitoring SOP. The joint SPPME and Nutrition task team considered:

- Remote programmatic monitoring **remains relevant in the context of COVID-19 and beyond** in the South Sudan context where geographic access is constantly changing.
- Remote programmatic monitoring **did have some limits in comparison to direct programmatic monitoring**. For example, direct programmatic monitoring visits by UNICEF could more spontaneously explore issues that arose since the IP conducted the actual monitoring activities according to a checklist. Remote programmatic monitoring by IP would also require triangulation of data by UNICEF to address potential biases in reporting.
- Partners might need **additional support in using digital platforms**, such as Zoom. UNICEF would need to broaden its support to address these capacity gaps, for example providing Zoom licenses to partners.
- **Third party monitoring (TPM) was not considered** for remote monitoring of programmes beyond HACT compliance due to South Sudan's previous experience with programmatic TPM and existing presence of UNICEF staff in field locations. UNICEF had found that the training, management, and logistical costs that were higher than the value of the reports received by TPM for programmatic visits. The office had intentionally focused instead on building standing capacity for field monitoring system managed and implemented by UNICEF. In the case of Nutrition, the Nutrition Field Monitors and Nutrition staff were able to effectively coach and mentor IP on programming in a way that TPM could not.

Adopting the approach office-wide

The revised Programme Assurance SOP was adopted in September 2020. It included an option for all programmes to use on-site and remote monitoring, noting that on-site was preferred where possible (Box 1). Field Offices took the

initiative to roll out the remote monitoring modality with SPPME support and based on the lessons gathered in each roll out.

In practice, access and programme commitments determined whether UNICEF or the implementing partner would undertake the in-person component of monitoring. For Nutrition, the remote monitoring modality was taken on board across IP from 3rd Quarter 2020. Nutrition monitors and Chief of Field Office in consultation with the Juba Nutrition Section developed quarterly plans outlining direct or remote programmatic monitoring visits. The Yambio Field Office also took on the remote monitoring modality due to persistent access issues, with UNICEF staff making the visits.

Data processing, visualization, and institutionalization

The SPPME team introduced a way to visualize coverage of field monitoring in 2020, which supported teams in managing the remote monitoring modality. Information on partners and programmes visited was available in Excel format from both ONA and eTools. Excel tables were less user friendly when it came to identifying geographic gaps in monitoring coverage. This was particularly problematic in South Sudan which had one of the largest partnership throughputs in the region, with many high-risk partners as well as partners with limited capacity.

The SPPME team translated the Excel information into a PowerBI dashboard that was more usable at Juba and Field Office levels to manage remote monitoring on a monthly basis. The central analysis by SPPME included risk rating, geographic coverage of PD and involved sectors. Sectors that were not meeting their monitoring plans in terms of coverage or partners were flagged. The eTools platform, while useful, was limited in terms of visualization.

Box 1: Revised Programme Assurance SOP extract

Modalities for Programmatic Visit

- Direct observation of activities or results at the site of implementation conducted by UNICEF programme staff is the primary method of obtaining assurance.
- Remote monitoring can also be employed for programmatic visits where relevant.
- Depending on the nature of the programme and the operating environment, assurance may be obtained through numerous methods, including confirmation from beneficiaries of receipt of services/goods, use of technology or other verification methods.
- Where there is no physical location of programme implementation, such as in upstream programming, quality review of draft and final deliverables is the primary method of conducting programmatic visits.

The SPPME team also handled Civil Society Organization (CSO) partnership management. PCA agreements were adapted so that the remote monitoring modality was an option in CSO partnership documents. The SPPME team reviewed the HQ guidance simplified partnership management in the context of COVID-19 and added text in all Programme Documents developed from mid-2020 and onwards (Box 2).

Box 2: Sample language from Programme Document

Section 4. 4. 1.

Section 4. Partnership management plan (To be completed with UNICEF as part of finalization of the programme document)

4.1 HACT programmatic visit: “The Assurance Activities shall be conducted using a blend of on-site, remote or a combination of both modalities depending on the situation at the time of carrying out the assurance activity.

Results

Women and children were able to access nutrition interventions through programming adapted to the context of COVID-19. For example, nutrition service points were increased from 1,145 to 1,171 to improve geographic access. Over 1.6 million caregivers of children below two years of age were supported with infant and young child feeding counselling and 198,000 children accessed treatment for severe acute malnutrition (106,000 girls).

The remote monitoring modality supported the delivery of quality, contextualized programming. UNICEF surpassed the HACT monitoring requirements in 2020, with 169% of PVs as per HACT. An estimated 40% of PV were conducted by Nutrition and the majority of those PV were conducted using the remote modality. The majority (89%) of the 1,410 action points in eTools in 2020 were closed.

Enabling factors

- **Several digital platforms were already in place**, including eTools (CSO module, Trip module and Partner Reporting Portal) and field monitoring in ONA. The South Sudan team had also added an additional level of disaggregation (to payam level) in eTools to support more localized monitoring.
- **Staff had experience using digital data collection** for assessments and field monitoring with ONA as well as the use of standardized checklists. In addition, the office trained UNICEF staff and partners on skills required (e.g. Zoom) to operate in a digital environment.
- **The geographic footprint of UNICEF** with 13 field offices which meant that even if there was no physical travel from Juba to field offices, field office teams could still move locally. Roles and responsibilities across sections and offices in relation to monitoring were already detailed in the Accountability Framework.
- **Collaborative work to adapt ways of working.** Before COVID-19, there was a mechanism for coordinating between M&E and partnerships within UNICEF that defined programmatic visits using ONA. The joint SPPME and Nutrition task team led discussions on the remote monitoring modality and facilitated inputs from the whole office through the September 2020 PMT.

Challenges

- **Insecurity** led to the suspension of programmes, destruction of financial and programmatic records, loss of supplies and property. These factors hindered programme operations as well as ability to conduct monitoring.
- **The need for continued training and mentoring** in the monitoring and HACT procedures to address limited understanding and high turnover of implementing partner staff.
- **The nature of operations in South Sudan** with decentralized delivery of services in remote geographic locations with limited infrastructure meant that continuous efforts were needed to reduce programmatic risks. It was important to **prioritize high risk partners** and to ensure that PVs are conducted to reduce overall risk.

Next Steps

South Sudan is continuing to roll out remote monitoring. While travel restrictions have lessened since their peak in July and August 2020, remote monitoring remains relevant in the context of South Sudan where access issues related to the rainy season, floods, sub national conflict, threats to humanitarian staff remain. The SPPME team will refine the link with eTools and power BI dashboard, for launch mid-2021 to enable Sections and Field Offices to use the information that is updated on a daily basis.