Aspirations and Realities

CARE's collaborative approach to remote monitoring

Overview

CARE International provides cross-border humanitarian assistance to people affected by the humanitarian crisis inside Syria through Syrian NGO and CSO partners. Low security and current access restrictions prevent CARE staff from direct access to project locations of implementation inside Syria. Therefore we rely on a collaborative approach to remote management of the delivery of humanitarian assistance

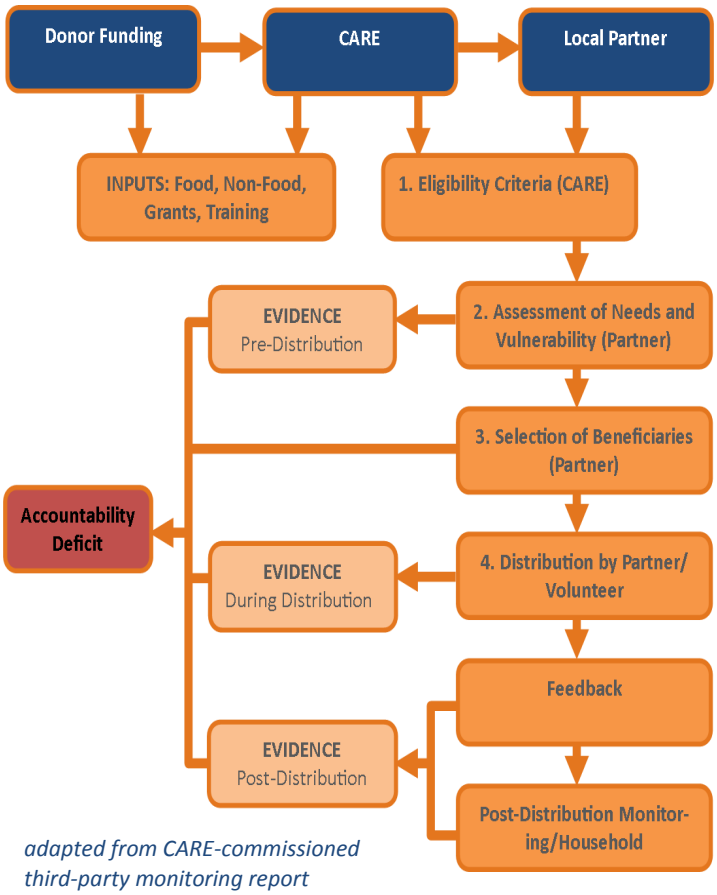
1) The Challenge

The fact that CARE operates through partners, combined with the high risk environment of Syria, problematises oversight assurance over the delivery of humanitarian assistance. It is inherently difficult for CARE staff to verify the deliverables at crucial stages in the program cycle: (i) identification of beneficiaries and needs, (ii) distribution of aid, (iii) feedback and complaints handling (iv) post-distribution use & satisfaction surveys. Technically speaking, this gap between delivery and oversight is termed as an '**accountability deficit**'.

In order to enhance accountability through evidence-based reporting, CARE developed a comprehensive MEAL framework for remote management of humanitarian interventions inside Syria benefiting from experiences with similar efforts by CARE and others in Somalia, Afghanistan, Sudan and Iraq.

Whilst faced with direct implementation challenges, CARE keeps its key commitment to ensuring program quality, accountability to affected populations, and reliable monitoring of project activities:

- sharing relevant and timely information;
- collecting and responding to feedback and complaints;
- involving stakeholders (including affected communities) in our work and decision-making;
- measuring and reporting on our performance and achievements against objectives;
- learning from experience and beneficiary feedback from one phase/project to the next.



adapted from CARE-commissioned third-party monitoring report by Integrity Research (May 2014)

2) The Idea: collaborative MEAL framework

CARE acknowledges that the operating environment in general and the conditions of remote management in particular, requires intensive collaboration with key stakeholders to deliver on aforementioned commitments. CARE has adopted three collaborative mechanisms that allow both monitoring program activities and ensuring accountability towards affected populations: (i) monitoring by **implementing partners,** (ii) **third-party** (specialised) monitoring agencies and (iii) **peer-to-peer** monitoring. **They complement and support CARE's direct engagement with the affected population through informal networks such as social media, diaspora or representative social structures.**

MEAL through implementing partners

We primarily rely on trusted partners for the implementation of our cross-border program activities—typically relatively new NGOs mostly formed by the Syrian diaspora (internationally registered).

MEAL through third parties

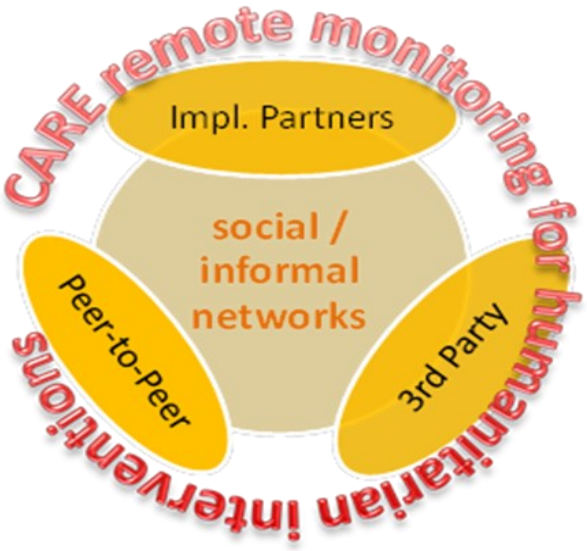
Independent '3rd parties' conduct verification and triangulation of information generated through partners. They provide an independent perspective on the quality of our work and offer beneficiaries an additional feedback channel less prone to bias or manipulation. CARE is the first INGO in Turkey to have employed this methodology.

MEAL through peers

CARE engages with other agencies responding to the Syria crisis in an approach referred to as peer-to-peer (P2P) monitoring. In practice and by default, P2P monitoring often involves 'cross-partner monitoring' and carried out by the implementing partners of the INGOs contributing also to 1) enhancing the technical capacity of Syrian based M&E staff; 2) broadening the scope of accountability mechanisms in place for humanitarian response in Syria; and 3) improving monitoring and accountability practice in remote management settings.

3) The practice: how do we actually do it.

Which MEAL practices, mechanisms or components of



the framework can actually be implemented, will ultimately depend on a) the nature of the activities, on b) the capacity of the partners operating inside Syria as well as on c) the (volatile and unpredictable) situation inside Syria (including safety & security and the communications infrastructure).

To support such decisions, the framework distinguishes between 'mandatory', 'essentials' and 'recommended'. **Mandatory** refers to tasks and deliverables that are contractual requirements and thus are, in theory, non-negotiable. It is possible that the tasks cannot be performed for some of the challenges mentioned above. **Essentials** as per the humanitarian standards should be fulfilled in priority unless there is a compelling reason not to. **Recommended** are important measures that are worthwhile taking and that capacity we try to develop with our partners. Over time, as CARE partner develop adequate capacities for the expected MEAL systems and practices, recommended measures might be upgraded to essentials.

This is also to support partners in learning and implementing agreed monitoring, evaluation and accountability mechanisms. The structure (see table at the end of this paper) covers the areas of assessments, information sharing, distribution and post-distribution monitoring, feedback and complaint mechanisms.

4) The realities of remote monitoring

In the implementation of these mechanisms in Syria and similarly complex locations like Somalia, CARE has encountered a number of challenges which can be mitigated to certain degree but often are simply unavoidable:

Security is paramount:

Many essential and even some mandatory actions are dependent on the security and safety context. None of the MEAL mechanisms should put implementing partners, third party, peers or CARE staff in harm's way beyond the generally agreed degree of risk. E.g. Information on the timing of distributions will not be shared publicly in advance but representatives of the local council or community volunteers will be given 1-day notice.

If an accumulation of safety and security concerns hinder the implementation the mandatory MEAL tasks a suspension of operations should be envisaged. Otherwise the risks for causing harm due to insufficient transparency and inappropriate management decisions is too high.

Other security challenges concern the transmission of beneficiary related data or any other sensitive information (e.g. concerning implementing partners) between locations. CARE therefore works with coded information, electronic transmission of partial databases only and other information management mechanisms which reduce traceability of data. At the same time such mechanisms increase the risk of manipulation and thus reduce accountability.

Time is of essence

Timeliness of the mechanisms has been a serious challenge to real-time MEAL. Due to the operational constraints on the ground such security, communication, movement of affected populations etc. information and data cannot be transferred rapidly outside Syria by the implementing partners or third party.

Thus analysis, decisions and feedback on the data received by CARE is often based on only very partial information and incomplete evidence. On the other hand delayed decision making could compromise the whole intervention and make it useless, irrelevant or potentially risky.

Therefore information management that facilitates the rapid transmissions of available data through electronic means while respecting basic security considerations is essential. CARE uses open data kits or similar mechanisms that allow for immediate transfer of data through conventional communication channels.

Early Accountability Deficit

Affected communities inside Syria rely on social-political, para-military and activist groups who act as liaison with humanitarian organisations on an ad-hoc basis. Organizational and operational structures of such groups are fluid and opportunistic. Evidence gaps do often appear already at the stage of needs assessment and beneficiary selection. Existent power relations and marginalization do contribute to this deficit, while rapidly changing social-political-military contexts make an efficient mitigation of discrimination mechanisms almost impossible. The fact that in many cases CARE is not and cannot be named to beneficiary communities further widens this accountability deficit.

Therefore information sharing and feedback mechanisms become critically important. When a wide range of local stakeholders including representatives of marginalized and particularly vulnerable groups are well informed and do understand critical criteria and implementation mechanisms misuse and abuse are detected more rapidly. Information sharing does however only contribute to reducing targeting deficits if combined with access different channels of feedback and complaints through independent parties. Creative use of social media and anonymous hotlines, e-mail accounts, etc. as well as safe spaces for providing verbal feedback contribute to enhancing trust and confidentiality.

On-the-Job Capacity Building and Learning

Training of implementing partners' staff and local councils or relief committees in the use of the MEAL tools needs to go beyond formal structured training. Consistent and real-time feedback by CARE on the information provided through the MEAL mechanisms is needed in order to address gaps, misunderstandings and misapplications as quick as possible.

The aforementioned debriefings, regular capacity assessment and performance reviews allow for a structured support but which always need to be complemented by backstopping through experienced staff. The use of standardized data and information management tools across the different parties involved facilitates the detection of performance gaps and functional inefficiencies as well as process flaws.

However, the often informal nature of many groupings and structures which serve as counterparts and implementing agents inside Syria undermines systematic capacity building and formal accountability mechanisms. Therefore, CARE uses informal networks to reach individuals amongst the affected communities inside Syria with critical information and knowledge related to potential humanitarian interventions. These networks then can be mobilized and temporarily formalized when a specific intervention can be carried out.

Resources for remote MEAL

There is generally a lack of experienced, credible, reliable organisations and individuals who have the local acceptance, knowledge and networks AS WELL AS the methodological rigour to serve as 3rd party monitoring agencies. The few existing resources are under high demand and therefore not always readily available because overbooked and/or are highly expensive.

This calls for more concerted efforts by CARE and its peer organizations to develop and favour more effective and well planned joint monitoring mechanisms which could include relatively expensive 3rd party monitoring but at a much more cost-efficient scale.

At the same time, greater recognition by donors of the cost implications from remote MEAL is required in order to allow for the implementation of basic mechanisms. Remote humanitarian management in general and remote monitoring in particular also requires higher flexibility in the budgetary and related contractual arrangements for such operations to adapt quickly and efficiently. As the detection of gaps and the identification of emerging needs usually takes longer to reach the relevant decision makers and are supported by a lesser degree of confidence in the available evidence, decision making needs to be faster and more tolerant to information gaps than for direct implementation. could include relatively expensive 3rd party monitoring but at a much more cost-efficient scale.

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5) Conclusion

Consistent messaging, recurrent communications and incremental strengthening of local capacities are key ingredients for efficient MEAL from the start in a remote management setting. The delivery of these ingredients requires multiple channels and mechanisms need to be activated and deactivated as dictated by the fluid operational context. This call for highly experienced managers and continuous and close collaboration as well as a high degree of flexibility between the different parties involved including donors.

Once such channels have been established and used successfully in a particular location, their reactivation is relatively easy and thus facilitates the initiation of subsequent steps even after an interruption of activities. That calls however also for a high level of continuity and consistency amongst staff involved. The efficiency of the MEAL triangle consisting of implementing partners including CARE, third party agencies and peers strongly builds on a common vision and a solid understanding over agreed principles and protocols.

	A. Assessments – Intervention design
Mandatory	**A-1. Household Registration** – document basic profile for database entry – SADD – HH ID a. Full profile head of household; d. displacement status (IDP or local) b. current location (governorate, district etc.); e. if IDP: where they are originally from c. current housing/shelter situation; f. Composition of household members;
Mandatory	**A-2. Household Needs** – collected during registration and/or individual visits (sample): Use standardized rapid need assessment guides (MIRA, 48hrs, GEGA)
Mandatory	**A-3. Data Analysis Reporting:** Sample of household profiles + Assessment report
Essential	**A-4. Pre-assessment preparations** a. Agree on the **assessment plan**, team composition (gender balance!) and format b. Introduction to the **local council / relief committee**, establish network of contacts c. Agree and document **vulnerability criteria** with main stakeholders
Essential	**A-5. Central Household Database** with full SADD & vulnerability profile
	B. Information sharing
Mandatory	**B-1. Basic project management information for partners** a. Contractual obligations c. Budget information b. Reporting requirements (fin. + prog.) d. Reporting timeline
Mandatory	**B-2. Each activity / distribution kit will be accompanied by:** a. Flyer with essential information about nature of activity and key deliverables / entitlements b. List of kit contents with pictures to check items – gender specific infos to be included c. Beneficiary selection criteria
Essential	**B-3. Additional information about partner** its mission, its activities and (and possibly how the partner organisation can be contacted)
Essential	**B-4. Practical information** related to the contents of the kit e.g. essential hygiene practices or shelter repair / winterization instructions
	C. Activities
Mandatory	**C-1. Distribution / beneficiary lists** with HH ID (no-name codes) per distribution site Lists have to be countersigned by local authority and beneficiary representatives / councils
Mandatory	**C-2. Activity Reporting** by day and activity a. **Quantitative:** outputs per activity c. **Incident report:** complaints, security etc. b. **Process:** flow of activities d. **Activity debriefing:** team, committees etc.
Essential	**C-3. Activity monitoring: Independent M&E team (CARE, 3rd party, peers)** surveys activity (e.g. sample check of kits, beneficiary lists, activity protocols.
Essential	**C-4. Beneficiary Report:** Analysis of household based SADD database by activity
Essential	**C-5. Feedback Request:** with kits or during activity distribute questionnaires to beneficiaries
	D. Post-distribution monitoring
Mandatory	**D-1. Post-distribution Surveys:** Conducted by implementing partner (IP) and third party monitors (3rdP). (2-3 weeks after distribution/activity); HH survey with random sample by beneficiary cluster. a. Feedback questionnaires (in kits) – IP c. Focus Group Discussions – 3rd P or b. Household Survey – IP d. Structured / key informant interviews – 3rd P
Essential	**D-2. Post-distribution meeting:** with field staff, local authorities, beneficiary committees; check relevance, appropriateness, scale and coverage of assistance provided; discuss PDM findings
Essential	**D-3. Feedback & Complaints handling:** evaluate response provided for all complaints received during distribution and on key areas of feedback (see also feedback & complaints below).
	E. Feedback & Complaints
Mandatory	**E-1. Partner Liaison:** Local councils/relief committee and main stakeholders have the means to contact the IP. a. IP Email address and/or phone number c. Contact details on flyers, posters etc. b. Embedded liaison officers d. Feedback / complaints recording
Essential	**E-2. Formal accountability mechanism:** independent (3rd party or CARE) hotline / survey mechanism with trained complaint officer as well as rapid analysis and response processing a. IP Email address and/or phone number c. Phone surveys b. 3rd party or CARE complaints manager d. Structured interviews / FGD
	F. Learning
Essential	**F-1. Debriefings:** CARE and/or 3rd party provides debriefing to IP after very monitoring visit or activity. a. **Verbal debriefing** b. **Written debriefing**
Essential	**F-2. Reviews / Assessments: hold capacity assessments and performance reviews** a. **Performance Review** b. **Capacity assessment**

Founded in 1945, CARE is one of the leading international humanitarian organizations fighting global poverty. CARE International is an independent, non-partisan, non-religious confederation comprised of 13 member organizations and one affiliate member, with the CARE International Secretariat based in Geneva, Switzerland. In the fiscal year od 2013, CARE worked in 86 countries around the world, supporting 927 poverty-fighting development and humanitarian aid projects, to reach 97 million people.

For more information, please visit www.care-international.org or contact emergencyQA@careinternational.org

Uwe Korus & Juliana Ghazi, CARE International Emergency Group - February 2015