

## Implementation Research Series:

### *Remote and Hybrid Monitoring and Evaluation (M&E) Activities of the USAID Health Project in the Philippines<sup>1</sup>*



#### ***What is hybrid and remote M&E?***

Monitoring and evaluation (M&E) activities have been a core component of the United States Agency for International Development (USAID) Philippines Health Project in implementing its activities and assessing progress toward its goals. With the persistence of the COVID-19 pandemic, the Health Project had to adjust its usual M&E activities considerably, shifting to largely remote and hybrid approaches. Remote and hybrid M&E in the Health Project is generally characterized by the following:

- Its use of digital technologies.
- Its implementation plan is based on the need of the implementing partner.
- The adapted M&E approaches rely heavily on external partners.
- The implementation of remote and hybrid monitoring during the pandemic is dynamic.

USAID's Collaborating, Learning, and Adapting for Improved Health (CLImHealth) conducted an implementation research that aims to document and assess the effectiveness of remote and hybrid M&E practices adopted by the USAID/Philippines Health Project implementing partners during the COVID-19 pandemic. A total of 17 remote and hybrid M&E practices were classified into six categories: 1) phone-based, 2) web-based, 3) videoconferencing, 4) information management system, 5) remote access software, and 6) hybrid practices.

#### ***Why is this approach important?***

The COVID-19 pandemic has changed ways of working in conducting M&E. It has been particularly challenging for those working in public health and managing public health programs, given the need for face-to-face interaction in providing a health service, supervision, and engagement of multiple local community stakeholders. The current situation forces program implementers to innovate, either by using technologies to create a new product/process, or by repurposing old technologies. Digital technologies are being used more frequently in M&E to allow remote and hybrid monitoring, augmenting face-to-face M&E activities to minimize physical contact.

<sup>1</sup> USAID/Philippines Collaborating Learning and Adapting for Improved Health (CLImHealth) Activity. Remote and Hybrid Monitoring and Evaluation Activities of the USAID Health Project in the Philippines. December 2021. [https://pdf.usaid.gov/pdf\\_docs/PA00ZBJT.pdf](https://pdf.usaid.gov/pdf_docs/PA00ZBJT.pdf)

**What are the different remote and hybrid M&E approaches?**



**Phone-based.** This utilizes the use of a phone for one-on-one interview surveys or open-ended interviews through WhatsApp calls or other online calling platforms. It was found to be the most cost-effective and efficient approach, especially in cases where in-person facility visits are not possible.



**Web-based.** This is the use of web-based data collection tools such as Google Forms and Kobo Toolbox. This is typically used in the conduct of online surveys.



**Video conferencing.** This involves activities with a group using video conferencing tools such as Zoom, Microsoft Teams, and WebEx. This can be used in pause and reflect sessions where stakeholders reflect on key learnings and offer feedback on the implementation of a project or the conduct of an activity.



**Information management system (IMS).** This focuses on developing the data management system of an implementing partner. An IMS allows implementing partners to manage massive amounts of M&E data and accelerates the data collection and analysis process.



**Remote access software.** Full remote access during the pandemic has improved data analysis due to ease of use and full access to government data.



**Hybrid practices.** These are activities that combine face-to-face and remote M&E methods. This has been the most common type of practice across the implementing partners of the USAID/Philippines Health Project, usually involving on-site facility visits coupled with phone calls.

## **Recommendations for Program Implementers**

- 1** Support additional workload demands with commensurate investments in resources, capacity, training, and support, such as personal protective equipment and mental health support. Most remote methods require an initial upfront investment but are more time-efficient compared to face-to-face methods. One of the facilitating factors identified in the research was the provision of communications allowance to respondents.
- 2** Generate confidence in the data collected via remote monitoring. This involves the development of a manual or verification guide for data collected remotely and virtually. Preference for field visits is mostly rooted in mistrust of remotely collected data, with participants citing the lack of data verification activities and questionable data quality. However, the quality of data collected remotely has not been formally tested in this study.
- 3** Keep abreast of the various emerging methodologies for data security and protection. Data protection could be enhanced by limiting the people with data access, limiting the collection of sensitive and/or personal information, conducting risk-benefit assessments, establishing a data sharing agreement with relevant partners, and ensuring data security, from data collection (e.g., end-to-end encryption) to data disposal.
- 4** Reduce complexity of the practice by improving the acceptability and appropriateness of digital technologies. This is best done by testing and validating the tools with end users and health partners before implementation. Complexity arises from the data that are collected and the competencies and capabilities of the stakeholders expected to use the technology. With respect to the latter, the competency of the external health partner in using the technology was found to be a major barrier, especially considering that video conferencing apps and digital technology could fail in remote areas.
- 5** Engage external partners and stakeholders more inclusively and ensure their early buy-in. Ensure their active participation in developing tools and decision making from the start, such as by including them in stakeholder consultation meetings during the planning stage. Their participation and buy-in must be sustained throughout implementation, as external partners play a vital role in sustainability.

## **Contact us to learn more about Remote and Hybrid M&E Activities of the USAID Health Project in the Philippines:**

The implementation research (IR) on Remote and Hybrid M&E investigated the adaptations of the USAID/Philippines Office of Health and its implementing partners in using remote and hybrid technologies to continue their M&E activities for their interventions on family planning, tuberculosis, and community-based drug rehabilitation during the COVID-19 pandemic.

USAID's Collaborating, Learning, & Adapting for Improved Health (CLAimHealth) activity identified and directed this IR study, in collaboration with its consultants, particularly Dr. Michael Caampued (project leader), Dr. Ezra Valido, Miguel Camacho, Chiqui de Veyra, Kristine Alvina, Joseph Aaron Joe, and Lynnel Alexie Ong, of the Alliance for Improving Health Outcomes, Inc. (AIHO).

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