



Fund for Innovation
and Transformation

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COVID-19 Adaptations

Learnings from FIT SMOs



COVID-19 Adaptations

Over the past year, COVID-19 has posed unprecedented challenges to the international development sector, with significant impacts on Canadian small and medium-sized organizations (SMOs) working on development projects. Organizations who typically travel to the field have been compelled to adapt their approaches to data collection and monitoring and evaluation. Many have also changed the way they work with their local partners and found new ways to collaborate remotely.

While the pandemic has made development work more difficult in many ways, it has also provided an opportunity for adaptation and creativity. Given that FIT supports shorter-term testing environments, the ability to adapt and be creative are key to testing success.

At FIT, we have seen many of our funded SMOs adopt more innovative approaches to testing to ensure they can continue with activities and gather evidence about the effectiveness of their solutions.

This resource provides a snapshot of some of the trends FIT is seeing as a program and includes a few adaptation case studies from FIT funded SMOs. We expect to update and expand on this resource as we gather new stories and creative approaches to COVID-19 management.

How are SMOs Coping with the COVID-19 Situation?



 HAD TO ADAPT ORIGINAL BASELINE PLANS



 HAD TO MOVE TRAININGS FROM IN-PERSON TO DIGITAL



 HAD TO CANCEL/ALTER INTERNATIONAL TRAVEL PLANS

Emerging Themes

More Time Required

- Using digital means to contact networks and stakeholders, reach baseline and activity participants is taking more time than expected.
 - o 3 potential contributing factors: 1-staff having to learn new online tools, 2-friction in remote management (i.e. how much supervision required, working across time zones, not managing in-person), 3-changing realities for participants changes their accessibility and interest in the innovation.
- Local partners are having to translate, in writing, correspondence and documentation into multiple local languages.
- Time required to set up and troubleshoot technologies.
- Time required to follow local health measures – setting up social distancing, sanitization etc.
- Ethics reviews at Canadian post-secondary institutions were prioritizing Covid research versus general research, therefore pausing start dates.

Adapting In-Person Interactions to Online

ONLINE TOOLS AND SOFTWARE

- Digital literacy levels vary among staff and beneficiaries, important to find appropriate software, provide training etc.
- Different digital tools appropriate for different tasks
 - o WhatsApp good as daily communication channel but not useful for more complex discussions (i.e. budget updates)
 - o Zoom and Google docs for collaboration with project coordinators



 **HAD TO AMEND THEIR BUDGET DIRECTLY RELATED TO COVID ADAPTATIONS**



- o Use of asynchronous training (i.e. modules of 10-16 minutes) and creating powerpoints to be engaging on small phone screens
- o Regular phones have been more effective than smart phones for remote data collection
- Important to identify software early to incorporate into project, partners may have shareable software licenses.
- Access to internet in rural areas a challenge.
- Re-adapting all work to be effective in virtual format with different devices has been challenging, remains to be seen how it will work.

COMMUNICATION OPPORTUNITIES & CHALLENGES

- Canadian staff unable to attend project inception meetings, making it more difficult to get to know colleagues, build trust and momentum.
- Regular/ongoing communication system between Canadian SMO and local partner to mitigate major risks when communication / internet down for extended periods.
- Some SMOS are relying more heavily on international staff already in their networks – less time onboarding and training if you tap into existing networks, but tradeoff is moving away from hiring local staff and consultants
- Adapting to more visual approach to convey messaging to staff about activities and expected results (i.e. Youtube video on gender equality without dialogue)
- Multiple language adjustments with online materials - much more time consuming and requires more human resources than verbal interpretations.
- Canadian rep originally planned travel at the beginning and end of the project to provide staff onboarding/ training. Relied on local partner to provide the training online instead – this training had to be cancelled due to confusion with in-person versus online and participants thinking it was in-person.



EXPERIENCED MAJOR DELAYS IN ACTIVITIES



- The training was redone in-person by local staff. The entire process took much more time than anticipated.
- Remote management creates some communication issues/language barriers - unable to navigate the language nuances that you can in person
- Power shift – from Canada to country partner. Allowing partners to take the full responsibility – unleash this power! Engage your colleagues to take the responsibility and power of testing.

Navigating Health Regulations

- “Low transmission approach” planning for baseline (i.e. adapting written consent to verbal, using open air public space such as market)
- Limitations - accessing more semi urban participants who may have greater decision making power than rural populations. To mitigate, verified against baseline data from similar project which targeted rural participants.
- Good relationships with local government and health officials in the region minimized activity delays and increased access to areas and participants.
- Masks given as an incentive to baseline participants.
- Rented hotel rooms 3 days prior to staff arrival to decrease risk of Covid-19 transmission
- Utilized traditional spaces (such as raised houses in Indonesia) to meet outdoors and with social distancing.
- Navigating government curfews which impact local staff travel planning. Have to ensure they are able to get home before curfew. Conducted a one-week training for participants – had staff and trainee participants stay locally (rather than commute daily) which made it logistically easier for the staff and trainings.

Questions SMOs are asking:

What are the risks of adaptation and how can they be mitigated? (i.e. who might be excluded by the use of digital tools?)

Is our innovation still relevant and appropriate? Are we offering what people need/want in this changing context?

How can we make implementation and communication more efficient?

How can we overcome slow outreach and data collection?



COVID-19 Adaptation Case Study

Canadian Physicians for Aid and Relief for Aid and Relief

Canadian Physicians for Aid and Relief is testing increased access to antenatal ultrasound imaging for women in rural Ethiopia with the goal to improve the quality of obstetrical care.

CPAR was scheduled to complete their baseline assessment in July 2020 but faced challenges due to a communications shutdown in the country and health and safety issues related to COVID-19.



COVID-19 Adaptations:

To manage these risks and complete the baseline assessment in a timely manner, CPAR developed a strategy for low-risk data collection in collaboration with their local partners:

- Original plan involved in-person/door-to-door surveys and focus group discussions, but this was found to be inappropriate in the context of the pandemic given the probability of transmission.
- CPAR decided to collect data from women at the local public market to minimize unnecessary risk.
- Details of the approach:
 - Provided masks to survey participants as incentive for participation;
 - Confirmed acceptability of verbal rather than written consent of survey respondents with the Zonal Health Authority in advance, allowed staff and participants to avoid physical contact;
 - Stationed staff on the perimeter of the market to avoid densely populated areas and allow for more private conversations;
 - Rented hotel room 3 days prior to staff arrival in city to lower risk of potential Covid-19 transmission from previous guests.

Limitation & Mitigation:

- As most survey participants were from more urban Weredas, some concern that the sample may not be sufficiently representative of project participants (which include semi-urban and rural populations).
- Urban beneficiaries generally have greater autonomy with respect to decision-making about their own health.
- Used baseline data from a January 2020 sexual and reproductive health project that contained significant coverage of semi-urban and rural participants to provide context on decision-making authority and common barriers to antenatal care (i.e., distance, money, time).

Outcomes:

- Able to complete baseline survey in safe and effective manner.
- Further developed relationship with Zonal Health Authority in navigating these challenges.
- Able to utilize secondary baseline data from another project.





COVID-19 Adaptation Case Study

Lessons Learned Simulations and Training

LLST is testing the use of local, participatory simulation design in Jordan to improve the quality of humanitarian training in the context of localization, with particular emphasis on learning-through-doing, increasing empathy, failing safely, and building understandings of differing epistemologies and ways of knowing. They began their 12-month testing in October 2020.

Due to travel and gathering restrictions in Jordan put in place as a result of COVID-19, LLST has been working on adapting their simulation workshops for humanitarian workers to be delivered completely online and managed remotely.



COVID-19 Adaptations:

Given the ongoing uncertainty related to COVID-19, LLST decided early on to move to a fully online format rather than continue with their initial plan to deliver in-person training, as they felt that this plan might have to be revised repeatedly due to the rapidly changing, unpredictable context in Jordan.

To prepare for the move to online delivery, which is an unprecedented training approach for LLST, they took the following steps:

- Identifying and testing the software and tech tools required for online delivery as quickly as possible,
 - Partners very helpful in this process due to different software licenses, experience using various tools;
 - Difficult to decide on priorities for software – many different options and different benefits and drawback to each.
- Restructuring the team to make use of more highly experienced, globally disbursed expertise already in LLST's networks (including those with relevant experience in online training delivery),
 - Fewer people working in Jordan, drawing on capacity in networks;
 - Saves on HR time but trade-off in that less local and national staff.
- Migrate coursework from in-person to online format (using Kaya open-source platform).

Limitation/Challenges:

Quickly migrating in-person training to a virtual, remote approach has proved challenging for LLST in a number of ways:

- More time required for all aspects of programming,
 - Learning new training and project management tools;
 - Developing approach for effective remote management (different time zones & less opportunity for informal check-ins, communication needs to be more deliberate);
 - Outreach is a challenge – slow uptake and less interest in online format;
 - Changing needs of beneficiaries - Differential impact of Covid-19 across beneficiary population & questions about whether this training is relevant in current context.

Outcomes & Ongoing Questions:

- LLST becoming more adaptive, responsive to beneficiary needs.
- Ongoing questions about testing approach that will continue to guide adaptations:
 - How can we make things more efficient?
 - How can we ensure this innovation and testing is appropriate, relevant and geared toward participants' changing needs?





COVID-19 Adaptation Case Study

Lestari Sustainable Development Consultants

Lestari Sustainable Development Consultants is testing whether the distribution of climate-smart agricultural innovation (i.e., newly developed drought-tolerant coffee varieties) that employs women as agents of change will lead to women's increased agricultural technology access, skills, leadership and climatic adaptive capacity. The innovative solution will be tested over 15 months, with target sites in Tana Toraja and Enrekang districts, South Sulawesi Province, Indonesia.

Lestari had to re-evaluate the ethics of international travel during COVID-19. They decided to cancel travel plans for their Canadian experts, and instead increase their local partner's involvement in leading project activities.



COVID-19 Adaptations:

- Project site is considered a COVID-19 green zone so it's safe for project partners to go into the field – has resulted in minimal delays.
- Lestari continuing to refine communications strategy to ensure effective communication between Canadian staff and project partners. Key elements include:
 - Strategic technology use of WhatsApp (for day-to-day communication and general project updates, including photo and video sharing) & Google Meet (for internal management, coordination around more serious project issues i.e., budget discussions);
 - Use of visual rather than written tools for remote activities - Simple visual representations allow for building common understanding despite language and knowledge barriers;
 - Social distancing/safety measures in place - Meetings typically held in open-air spaces under traditional homes, while wearing masks. Allows for safer interactions between project participants.

Limitation/Challenges:

- Challenges managing different time zones (only 2-hour overlap in workday between Canadian and Indonesian staff).
- Potential for confusion with remote communication (i.e., WhatsApp not well-suited to more serious project conversations).
- Anticipating facing greater challenges delivering training and capacity building to farmers who have limited internet access, 12-hour time difference and no knowledge of English.

Outcomes & Ongoing Questions:

- Ongoing monitoring of communication effectiveness and efficiency between Canadian and local staff, continued relationship building.
- Ongoing exploration of effective communication and management software, tools and best practices.





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