The use of remote modalities under the Protection Sector during movement restrictions: Stocktaking and recommendations (Q1/Q2 2021)

In insecure environments, humanitarian agencies are increasingly resorting to remote modalities to maintain aid delivery when the presence of staff is no longer possible in the field, or when beneficiaries face acute mobility challenges and movement restrictions.

Remote modalities have been used in Lebanon to ensure the delivery of protection services in the context of nationwide protests that broke out in October 2019 Revolution with the erection of **roadblocks across the country,** and then in response to **movement lockdowns and restrictive measures put in place due to the COVID-19 pandemic.** A Business Continuity Plan[1] was developed with specific guidance notes[2] under the Lebanon Crisis Response Plan in coordination with international and local partners in order to contribute to containing the spread of the virus while ensuring that humanitarian services, including protection interventions, were maintained. **Remote modalities were initially introduced as an ad hoc temporary measure; however, the context has required protracted use.** The Protection Sector has taken stock of the impact of remote modalities on the sectors' ability to meet needs, identified lessons learnt and set collective recommendations in order to adapt practice for the future.

Key findings

The use of remote modalities under the Protection Sector allowed most activities to continue, with some additional unexpected positive outcomes observed. However, overall, protection partners reported that the **challenges accompanying a shift to remote modalities had a mostly negative impact on the delivery of the protection services,** in comparison to normal practice. This was particularly pronounced for services to Persons with Specific Needs (PwSN) as well as community-based protection services.

Protection organizations noted **evolution over time,** including the increased **technical and language skills** of beneficiaries and staff of service providers and public institutions (especially in English) as well as improved **creativity and innovation** in the different activities (examples include organizing Sharia Court sessions on-line or strengthening women network through on-line cooking classes).

Methodology and profile of respondents:

The review of remote modalities was initiated by the Protection Core Group, under a specific Taskforce, including focal points from Ministry of Social Affairs, Danish Refugee Council, Humanity & Inclusion and sector coordination in Q1-2021. An online survey was completed by 41 organizations (comprising of national and international NGOs (75%), UN agencies (15%) and others (government, academics 10%). Further discussions were held by the Sector to gather qualitative inputs across 47 organizations, including experts in services for persons with specific needs (PWSN), community-based protection and legal services.

However, fatigue with the use of remote modalities was identified for both staff and beneficiaries alongside a **decrease in access to communication means.** Over time, the reduction in field presence and community-based activities negatively affected **the number of individuals identified** for - and subsequently receiving - individual support.

[1] Business Continuity Plan for COVID-19
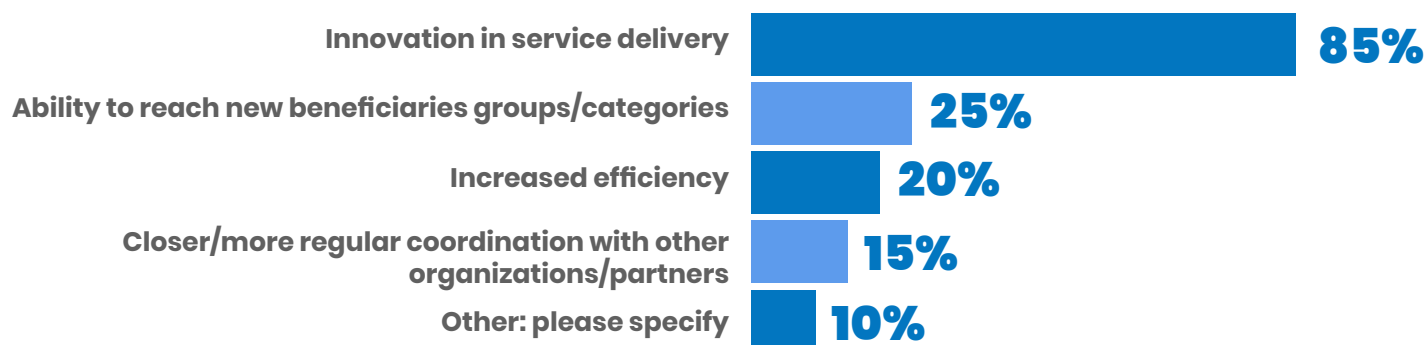[2] LCRP COVID-19 Business Continuity Guidance Notes

Positive Impact

The use of remote modalities ensured the maintenance of protection services despite restricted access, improved the provision of certain protection services through innovative approaches, and outreach to certain groups.

What positive impacts did you observe as a result of remote modalities?
Multiple-choice question. Responses for all sub-sectors.

Innovation in service delivery	**85%**
Ability to reach new beneficiaries groups/categories	**25%**
Increased efficiency	**20%**
Closer/more regular coordination with other organizations/partners	**15%**
Other: please specify	**10%**

More specifically, protection organizations highlighted that remote modalities allowed them to:
- Reduce **costs and time associated with transportation** for beneficiaries (and service providers);
- Maintain **more regular contacts with beneficiaries and communities**: an aspect that is particularly important for services related to individual case support and community engagement;
- **Overcome taboos associated with mental health** and psychosocial (MHPSS) needs of beneficiaries, encouraging them to reach out more spontaneously for psychosocial support as well as to speak more freely about their situation and concerns during remote sessions than they would do in face-to-face interactions;
- Achieve **higher engagement of beneficiaries in legal awareness sessions** as these sessions are provided on a one-on-one basis remotely rather than in groups, allowing individuals to ask questions confidentially and receive more tailored information;
- Ensure a greater **engagement of parents and caregivers in sessions targeting children or persons in need of special care,** including physiotherapy and psychosocial support as families learned how to support their dependents or children when in person sessions were not possible.

Protection organizations found that the shift in modalities also helped with increased engagement of certain groups, including **women and specifically female headed households** who are often less likely to participate in activities outside of their home due to traditional roles and gender norms. Beyond movement restrictions related to lockdowns and roadblocks, remote modalities were used to circumvent other types of mobility constraints and travel restrictions impacting persons of concerns, including: challenges related to the **lack of valid residency and fear of arrest for refugees,** as well as barriers for some **persons with disabilities** (especially those with mobility impairment) **and/or medical conditions.**
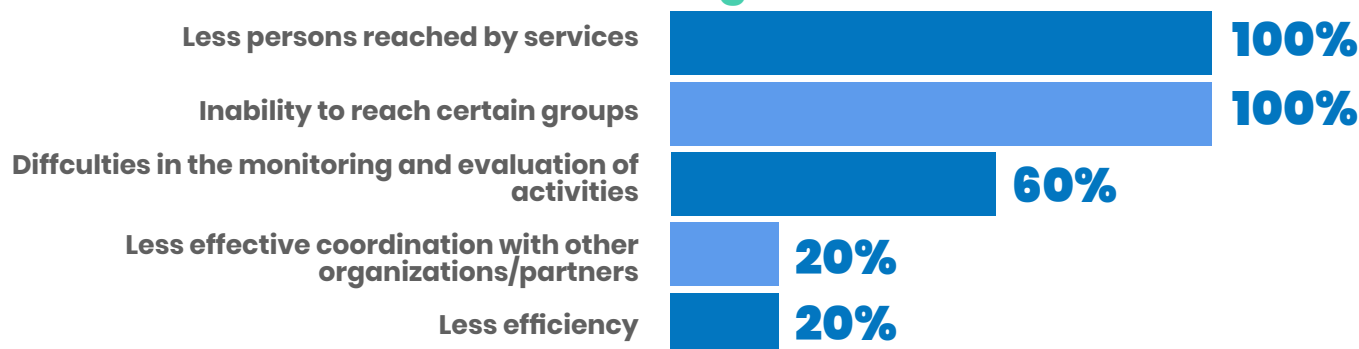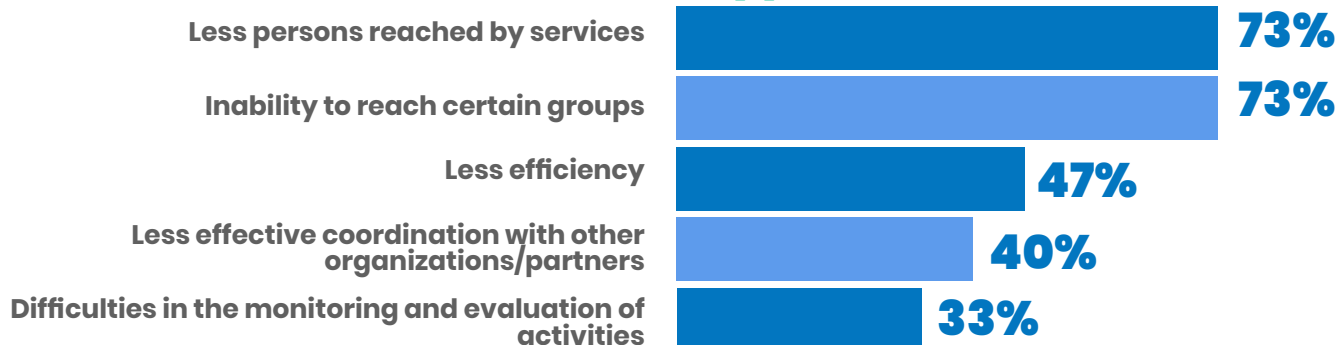
Negative Impact

Protection organizations however identified multiple challenges in the use of remote modalities, both in terms of the **volume and profile of persons who could benefit** from remote service provision, as well as concerning the **quality of the services** provided.

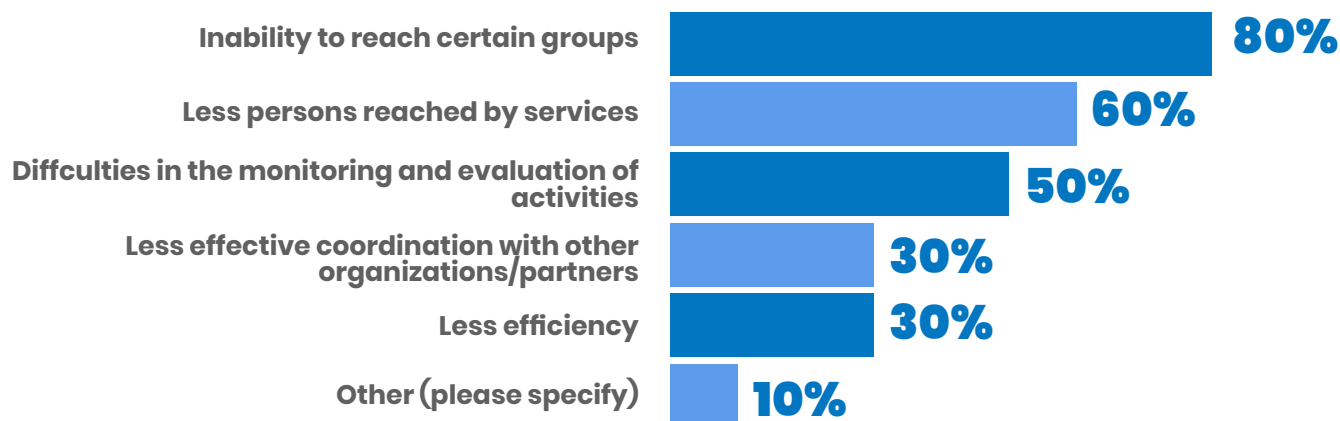## how did remote modalities negatively impact programming?

Legal

Less persons reached by services	100%
Inability to reach certain groups	100%
Diffculties in the monitoring and evaluation of activities	60%
Less effective coordination with other organizations/partners	20%
Less efficiency	20%

Support to PwSN

Less persons reached by services	73%
Inability to reach certain groups	73%
Less efficiency	47%
Less effective coordination with other organizations/partners	40%
Difficulties in the monitoring and evaluation of activities	33%

CBI

Inability to reach certain groups	80%
Less persons reached by services	60%
Diffculties in the monitoring and evaluation of activities	50%
Less effective coordination with other organizations/partners	30%
Less efficiency	30%
Other (please specify)	10%

Key challenges included:

 • **A limitation in the number of beneficiaries** receiving these services given the required **switch from group delivery to individualized services** (e.g. for information provision, psychosocial support) as well as **onward referrals** for additional services that would normally be offered to those identified during group sessions (for instance legal assistance or case management);
 • Persons with **hearing and/or speaking impairment** among those with disabilities and **elderly** were particularly difficult to include, as well as individuals **with limited literacy.** Due to the communication costs implied (e.g the use of the phone or internet), the **most economically vulnerable** (for instance the broad majority of refugees) were also most likely to be excluded;
 • A lack of **privacy and confidentiality created challenges with building trust and discussing sensitive or complex information,** for example in the context of (individualized) legal counselling, psychosocial support sessions and case management. This was often impacted by beneficiaries' crowded living conditions and the need to share communication devices;

 • **Social distancing was also compromised** by the practice of beneficiaries gathering together to access on-line sessions (in order to share the devices and reduce the communication costs);
 • **Data protection issues** emerged with the need to share legal documents online;
 • Traditional **monitoring and evaluation modalities** were no longer effective to adequately assess the overall quality and impact of the services provided.

Recommendations

While remote modalities are required in the short to medium term, service providers should:
 - **Enhance safe identification and referrals** through:
       o Continuous support to expand and build the capacities of community focal points networks to identify and refer persons in need;
       o Liaison with other sectors to foster cross-sector referrals (supported through inter-agency training);
       o Regular updating of the inter-agency online service mapping in order to ensure appropriate and timely referrals;
       o Continuous development of innovative ways to safely identify persons at risk remotely;
 - **Systematically improve advance communication with beneficiaries** and regularly reconfirm the best way to reach them (including cases where they lose connection or cannot access their phone);
 - Provide beneficiaries with **specific support to cover costs associated with remote activities** (data bundle, device): these should be integrated in program costs by donors and service providers. The Sector should engage in further discussions on the standardization of estimated communication costs;
 - **Identify alternative measures to reach persons facing specific challenges** including hearing and speaking impairments, elderly and persons with limited literacy;
 - **Adapt awareness material to ensure suitability to different audience groups** (including youth, women, persons with various disabilities, older persons, those who are illiterate) and to maintain beneficiaries interest over time through the use of more interactive modules and adapted videos (including legal awareness);
 - **Seek to address confidentiality, privacy and data protection challenges** including through the review of case management remote guidelines and selection of online platforms;
 - **Develop innovative and adapted monitoring and evaluation modalities** for services offered remotely;
 - Actively identify **emerging relevant global guidelines and good practices** to share within the Protection Sector.

Longer-term, a mixed in person and remote approach should be maintained for some specific activities, in order to:
       • Ensure more regular contacts with **community focal points;**
       • Establish and maintain communication with **persons facing mobility concerns** (persons with disabilities, older persons) and movement restrictions (refugees with no legal residency or subjected to restrictive measures, women due to gender roles and norms);
       • **Increase access to MHPSS support,** especially for adolescent and youth;
       • Support **basic legal counselling and mediation** in case of housing, land and property rights issues.