Sector Reflections on working with remote modalities

With the COVID-19 outbreak, Lebanon Crisis Response Plan (LCRP) partners are increasingly resorting to remote modalities to maintain delivery of critical interventions. Initially, remote modalities were introduced as an ad hoc temporary measure however the context has required protracted use. For the 2021 LCRP, the blended or hybrid approaches are mainstreamed across sectors where possible, recognizing that for some interventions in-person modalities must be maintained. During Q1 2021, sectors were asked to take stock of the impact of remote modalities on the sector's ability to meet needs, identify lessons learnt and set collective recommendations in order to adapt practice for the future. Reflections across the Protection, Livelihoods, Education, Basic Assistance and Social Stability sectors include:

Positive Impact

• In general, **higher participation** in specific activities as it is possible to increase number of participants for activities such as meetings, training and workshops.

• It is possible to **increase outreach for some groups** (men, PwSS, mobility impaired and youth).

• **Ability to maintain more regular and/or frequent contact with beneficiaries** and communities (including those otherwise difficult to reach such as those with disabilities).

• Allows for **better inclusion of beneficiaries who are normally hampered by mobility constraints**/travel restrictions (for example those who lack valid residency or fear arrest.

• **Quicker and lower cost** due to for example reduced cost and time spent on transportation for beneficiaries and service providers.

• For **some topics, online modalities are even preferred** (such as graphic designer training).

• **Data collection is less costly** and more time efficient.

Negative Impact

• **Decrease in number of people reached,** in particular in remote areas with bad connectivity. Barriers include lack of access to internet and availability of confidential spaces.

• **Challenging to reach older persons, children** (including those with disabilities, younger children and those engaged in child labour), **persons with disabilities** (mental, hearing) as well as highly sensitive cases.

• **Lower engagement of participants** with remote fatigue, leading to dropouts and non-active participation (in particular for women).

• **Costs associated with communication** (devices, cards etc.) **leading to lack of proper devices** – for example, many people use WhatsApp instead of dedicated learning platforms.

• **Lack of learning readiness** (including for children), leading to learning gaps.

• **Online modalities** are having a negative impact on refugee-host community relations due to the limited social interaction. It is difficult to manage sensitive topics during online training or outreach.

• **Remote monitoring and quality assurance is challenging.** do remote monitoring and quality assurance. Surveys and assessments are being postponed, leading to considerable data gaps.

• **Staff and frontline workers' wellbeing affected** due to limited capacity building, self-care options and direct coaching and supervision.

• **Particularly challenging interventions:** awareness sessions; legal aid on complex cases or with review of documents; rehabilitation services for PwDIS and older persons; MHPSS.

• **Some interventions are not possible to do online** and have been suspended (infrastructure, some distributions, validations and CfW).

Recommendations for working with online modalities

Continue to advocate for and **ensure in-person support to high-risks cases** even during lockdown/further outbreak.

Beneficiaries should be more involved in choosing the best way to reach them and to come up with backup plans if this modality is not possible. Ensure adequate feedback and complaints mechanisms.

Develop **guidelines for populations to be safe online** including for data protection.

Even beyond COVID-19, **remote modalities are preferred for certain activities.** For example to reach out to and maintain communication with persons facing mobility concerns. For more activities, hybrid/blended approaches are preferred (but more guidance on this is needed).

Digital literacy and coaching are needed - training facilitators, trainers, municipalities and local 'leaders' on how to engage participants online. More interactive modules to be developed to maintain interest. Proper induction to any training or learning is key.

Continue to **provide devices and internet cards.** Look into possibility of "tech hubs", for example at Municipalities to be used by local community members.

Disseminate lessons learned and good practices within sectors and across inter-sector. Adapt awareness material including for youth, women, persons with disabilities and elderly.

Develop M&E toolkit for remote modalities to better measure quality of online services, coupled with capacity building.

Prioritize mental health support across activities. Provide mental health support to staff and frontline workers. Collect and disseminate experiences/good practices on staff wellbeing and increase psychosocial support and self-care sessions.