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Practitioner Note 3: Inclusive communication, case management and accountability

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Practitioner Note 3: Inclusive communication, case management and accountability

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international policy centre for inclusive growth

unicef for every child

Research Report No. 72
Practitioner Note 3: Inclusive communication, case management and accountability
By Maya Hammad

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PRACTITIONER NOTE 3: INCLUSIVE COMMUNICATION, CASE MANAGEMENT AND ACCOUNTABILITY

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ACRONYMS AND ABBREVIATIONS

GBV	Gender-based violence
GRM	Grievance redress mechanism
MENA	Middle East and North Africa
UNDP	United Nations Development Programme
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund

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INTRODUCTION

Overview

The Middle East and North Africa (MENA) region has been facing and will probably continue to face the reverberating aftershocks of multiple humanitarian crises, unstable social protection financing, rising prices of basic commodities, high unemployment rates, increased civil unrest, and threats of climate change and water scarcity. The global COVID-19 pandemic has further exacerbated the situation and added to the negative socio-economic conditions in the region. Already vulnerable groups such as **children, women, persons with disabilities, informal workers, refugees, asylum-seekers, internally displaced persons and irregular migrants** are disproportionately affected.

Children in the region are twice as likely as adults to live in monetary poverty and are thus extremely vulnerable to crisis (UNICEF n.d.). Crises also negatively affect delivery of and access to basic social services that are fundamental to child well-being and development, including education, health and nutrition. Girls also face the added risk of child marriage during times of crisis and economic hardship (UNFPA and UNICEF 2021; UNICEF 2021a). **Women** also bear the brunt of shocks, given the realities of gender inequality in the region, as they are more likely to be unemployed.[1] If they are employed, they are more likely to earn less than men, lose their livelihoods, be exposed to domestic violence and experience an increase in unpaid care work (Holmes, Peterman, Sammon et al. 2020). Women in the Arab States region already spend, on average, 4.7 times more time on unpaid work than men—the largest difference among all regions globally (ESCWA and UN Women 2020. Shock-responsive social protection measures that are not gender-sensitive can also result in women's exclusion (UN Women 2020).

Furthermore, **people living with disabilities**, including those with functional and medical disabilities, are particularly vulnerable to health and economic risks, as they may have underlying health conditions that put them at greater risk of health complications from the pandemic, but also because they are overrepresented among people living in poverty (UNICEF 2020a). This is also applicable to **older persons**, who experience more poverty in older age as work opportunities become more sporadic and pension coverage remains minimal, especially in MENA, where only 27 per cent of older persons receive a pension, compared to 68 per cent globally (Juergens and Galvani 2020). The large number of **refugees, asylum-seekers, internally displaced persons and irregular migrants** (people on the move) due to armed conflicts and wars in MENA are also especially vulnerable to crisis due to limited access to labour markets and national social assistance programmes, and a lack of access to decent health care services. Irregular migrants often work in the informal market and are not protected by formal social protection systems. Finally, **informal workers**,[2] who are typically excluded from traditional poverty-targeted social protection programmes and government databases, become especially vulnerable in times of crisis, as they require both new identification mechanisms and adjustments to existing social protection programmes to be protected (Alfers 2020).

The strength of social protection systems in MENA, let alone their ability to respond to shocks, varies tremendously from one country to the next, with some countries suffering from limited financing, inadequate coverage, and a lack of coordination and digitised infrastructure (IBC-SP 2020). Generally, there was limited monitoring and evaluation of programmes or institutionalised grievance redress mechanism (GRM) processes prior to the pandemic and considerable gaps in the communication strategies implemented to inform the public of available benefits across the MENA countries. In some cases, existing GRM mechanisms and appeals committees were male-dominated, thereby restricting women's ability to comfortably make complaints. The COVID-19 crisis further aggregated this situation by disrupting important services, such as case management and GRM processes.

1. Female unemployment was estimated at 17.6 per cent in 2019, compared to 7.5 per cent for men in the region (World Bank 2021a; 2021b).

2. While information is scant, it is estimated that 68.6 per cent of all employment in the Arab States is informal, and this figure is 67.3 per cent in Northern Africa (ILO 2018).

Considering this context, strengthening social protection systems generally and making them more **shock-responsive**, and more **inclusive** of vulnerable and marginalised groups specifically, is vital to respond effectively to the volatile environment of the MENA region. A **shock-responsive social protection system** is one that can respond flexibly in the event of covariate shocks, such as natural hazards, economic crises and conflict, affecting large numbers of people or communities simultaneously (UNICEF 2019, 3; OPM 2015). In this Practitioner Note, however, the focus is particularly on ***inclusive* shock-responsive social protection,** which, in addition to responding flexibly to support large numbers of people, also **recognises that different groups of vulnerable people are impacted differently by shocks, and thus takes into account their heterogeneous needs in the design and implementation of the response**.

Consequently, this Practitioner Note is part of a **four-part series** providing MENA governments and practitioners in the fields of both social protection and disaster risk management with general guidelines for future shock response informed by lessons learned from the COVID pandemic. The series includes recommendations on the **design and implementation of *inclusive*: (i) targeting, identification and registration mechanisms; (ii) transfer values and payment modalities; and (iii) communication, case management and GRMs.** Given the salience of the issue of forcibly displaced populations in MENA, a fourth note addresses the inclusion of migrants in identification, payments, communication and GRM specifically.

The following note covers communication, case management and accountability (see Box 1 for relevant definitions) and presents recommendations focused on the best practices of MENA countries and other relevant experiences from low- and middle-income countries. The note is informed by a literature review of existing studies and guidelines such as those published by the Social Protection Approaches to COVID-19: Expert Advice Helpline (SPACE). It also draws on the UNICEF Programme Guidance: on Strengthening Shock Responsive Social Protection Systems (2019) and takes into account the complementarity between the disaster risk management institutions and the role of social protection systems. Most examples provided in this note relate to social assistance measures (non-contributory social protection) implemented by both governments and humanitarian partners in response to crises, including the recent COVID-19 crisis.

Box 1 Definition of key concepts

Communication
In the context of this note, communication is a way to engage with the population which includes both: (i) **providing information relevant to the crisis** occurring and addressing people's questions; and (ii) **relaying information about shock-responsive social protection programmes** that individuals can benefit from to mitigate the effects of the crisis. Communication also involves proactive collation of feedback from beneficiaries, addressing their queries, concerns, and grievances as well as reducing misinformation.

Case management
The process of assisting individuals/households through regular visits/dialogue as well as support including referring them to other needed services. Case management includes planning, implementing, monitoring and evaluating a case (individual or group) until the situation is improved. The main components of case management include:

- "Identification and assessment (including the opening of a case and start of documentation)
- Individual support planning (planning of response and care)
- Referral and liaison with support services (where required)
- Monitoring and review (including case closure)" (McCormick 2011).

→

Accountability
In general, a human rights principle outlining the relationships between public officials, governments, communities, media and civil society organisations whereby those in power are obliged to take responsibility for their actions by informing and justifying their planned actions, and may be sanctioned accordingly whenever necessary (UNICEF 2018b). Accountability in social protection can thus be understood as the mechanisms through which beneficiaries can hold programme operators—whether state or non-state—accountable. One notable way to achieve accountability is to design strong GRMs (see definition below).

Grievance redress mechanisms (GRMs) as well as right to appeal
Processes for receiving, evaluating, addressing and remedying recipient and community complaints, feedback or grievances related to the operations of a programme (e.g. targeting, exclusion errors, abuse) (Holmes, Peterman, Quarterman, et al. 2020; Grandjean 2018).

Social and behaviour change communication
"[A] process which teaches, advises and motivates people to adopt and sustain healthy and positive behaviours and lifestyles" (Gavrilovic et al. 2020, 10).

Gender-based violence (GBV)
An umbrella term covering all harmful acts perpetrated against a person based on gender differences. It includes acts which inflict physical, sexual or mental harm or suffering and threats of such acts, coercion, and other deprivations of liberty (Botea et al. 2021; IASC 2015).

Child protection
Is the prevention of and response to exploitation, abuse, neglect, harmful practices and violence against children (UNICEF 2021c), child protection services include measures against child labour, child marriage, abuse and child trafficking.

Domestic violence
An umbrella term referring to all forms of violence occurring within the household, including intimate partner violence, and violence against children, persons with disabilities, elderly people or any other family member (Botea et al. 2021)

Local actors
In this series of Practitioner Notes, local actors will be taken to mean national and subnational entities and can include civil society organisations, non-governmental organisations, worker associations, private-sector actors, subnational governments and communities themselves (Cabot Venton and Sammon 2020).

How to use this Practitioner Note

This Practitioner Note is prepared as an easy-to-use toolkit for practitioners working in governments or supporting agencies, which allows them to pick and choose the areas they want to focus on. It is divided into two main sections:

- Section 1: 'Recommendations for inclusive practices' presents the following pieces of information in a table:
    - Four identified best practices from existing toolkits and the reviewed literature
    - Challenges practitioners are likely to face during implementation
    - Recommendations to address those challenges and increase inclusiveness in implementing those best practices, which are divided into two sections:

- Those concerning enhancing the inclusivity of the **immediate** shock response
- Those concerning building inclusiveness and adaptability through **long-term** system strengthening

- Corresponding country examples of the recommendations whenever found, which are hyperlinked to **blue** tables with further details in Section 2.
- Brief justifications to further explain some recommendations, when necessary, which are hyperlinked to **green** tables with further details in Section 2.

Finally, the following icons are used to highlight how recommendations are relevant to particular vulnerable groups:

Women	Children (0–18 years)	Informal workers	Migrants/ refugees/ internally displaced persons	Elderly people	Persons with disabilities	All

- Section 2: **'Additional details'** provides further **details** (indicated in blue tables) on how some of the listed countries implemented the identified best practice and elaborates on **justifications** (indicated in green tables) for some inclusive recommendations that countries did not implement but should have.

Readers are advised to go through Section 1 **'Recommendations for inclusive practices'** and then pick and choose the country examples/justification about which they want further information by clicking on the hyperlinks that will take them to the corresponding tables in Section 2: **'Additional details'.**

For a quick return to Section 1, click on the list icon at the top of the page.

It is important to highlight that following any of the recommendations listed as enhancing the immediate shock response or concerning building inclusiveness through long-term system strengthening **must be based on a thorough understanding of the local context**, to ascertain which recommendation is indeed best suited to the situation and crisis at hand.

SECTION 1: RECOMMENDATIONS FOR INCLUSIVE PRACTICES

To implement inclusive communication, case management and accountability mechanisms, it is key to:

- increase people's access to information through multiple channels and facilitate the creation of enabling environments that encourage people to communicate;
- include inclusive GRMs in programme design from the outset;
- adapt protection services, case management approaches and alert systems to activate GBV and child protection service provision;[3] and
- include monitoring mechanisms in programme design from the outset.

3. This note primarily adopts a definition of child protection services which relate to abuse and domestic violence but recognises that child protection services could entail broader services in times of crises including access to education, vocational training as well as other activities that promote community participation.

WHAT	**Best Practice 1:** **Increase people's access to information through multiple channels and facilitate the creation of enabling environments that encourage people to communicate**		
WHY	Ensures the widest coverage of information-sharing practices in a timely manner to provide access to emergency programmes and uphold the rights of children and their families		
CHALLENGES	• Some channels such as 24-hour hotlines and brochure distribution may be not feasible in all contexts • Can potentially be exclusionary if language/dialect differences are not considered • Can potentially be exclusionary if disability-friendly options are not implemented • Can potentially be exclusionary if people do not have access to Internet connectivity/communication devices • Can be potentially exclusionary if safety/ security constraints associated with accessing/ reaching those communication channels are not considered' • Can potentially be exclusionary if people are not familiar with or trained to use technology that the communication system uses. This may include women, elderly people and other vulnerable groups who may not be exposed to or have access to the latest technologies • Can do harm if information and messaging are not culturally sensitive, appropriate, or clear especially regarding communicating eligibility criteria.		
Recommendations *Immediate*	1.1 Set clear guidelines on what information needs to be communicated, when and to whom, and what would be the most effective medium to use.	All	-
	1.2 Ensure that the existing communication strategy to inform about social protection programmes implemented by the main social protection entity, disaster risk management arm or social protection emergency response team is coordinated across relevant government, non-governmental and international organisations (to avoid conflicting information).	All	-
	1.3 Use digital communication channels such as SMS, Whatsapp and social media.	All	Jordan India
	1.4 Ensure that people have access to digital communication channels by covering connectivity costs.	All	UNHCR Greece
	1.5 Complement digital channels with in-person ones through face-to-face interactions, brochure distribution, megaphone usage or via helplines, radio channels and automated teller machine (ATM) receipts to ensure inclusion of people with low literacy, women and those unable to access digital technologies.	All	UNICEF Lebanon
	1.6 Involve local actors to disseminate information, especially in rural communities, refugee camps and informal tented settlements, as they are more likely to reduce the spread of misinformation and contribute to behaviour change and create enabling conditions for groups to access and utilise information (Mclean et al. 2020).		UNDP Sudan
	1.7 Ensure that communications are provided in multiple languages/dialects wherever applicable.		Morocco UNHCR Sudan
	1.8 Ensure that communication channels and content are age- and gender-sensitive.		-
	1.9 Ensure that communication channels are disability-inclusive.		Jordan Morocco (see UNICEF (2020) in Annex 1 for further details)
	1.10 Adopt Cash Plus emergency programmes with a behaviour change communication component which could potentially address continuing education.		UNICEF Syria
Recommendations *Long term*	1.11 Invest in the preparation of communication strategies including information session guidelines (involving women's and disability rights organisations) ex ante, with the potential to target them at disaster-prone regions.	All	Philippines

WHAT	Best Practice 2: Include inclusive GRMs in programme design from the outset		
WHY	• Makes it easier to pre-empt solutions and corrective actions to any problems encountered during the implementation phase to ensure greater coverage and inclusion • Allows grievances to be addressed before they gain scale (Cabot Venton and Sammon 2020) and result in negative perceptions of the response as a whole • Facilitates the building of trust and perceptions of transparent and credible programme processes (Brook and Barca 2012) • Provides a way to make governments and international organisations accountable for the performance of the emergency response		
CHALLENGES	• Can be ineffective if programmes' theories of change do not clearly link the GRM component with the programme as a whole and in cases where accountability structures are not clear or actionable • Can be ineffective if operating procedures and well trained staff are lacking • Can be ineffective if not properly communicated to the target population, or if implemented in high-risk environments where people distrust the government and/or where data protection procedures are weak • Potentially exclusionary to persons with disabilities, migrants, women and those without access to digital technologies • Can risk being ineffective if communication to inform individuals about the solutions to their complaints is not done routinely		
Recommendations *Immediate*	2.1 Ensure that use of and access to the GRM process is clearly communicated to beneficiaries and non-beneficiaries at the start of the programme, alongside information on how to apply, access the benefit, receive responses to complaints etc.	All	UNICEF Lebanon
	2.2 Set up toll-free call centres to receive grievances and communicate responses.	All	See point 2.6 below
	2.3 Set up multiple channels to receive grievances and communicate responses, and complement digital ones with non-digital ones such as mobile teams, deploying a mobile grievance agent or engaging a local actor or integrating GRM within other social service outreach (e.g. health protection frontline workers).	All	World Bank Palestine India
	2.4 Provide gender-sensitivity training to, and ensure gender representation among, mobile grievance agents or local actors involved in the GRM process, to increase women's likelihood of making face-to-face complaints, wherever possible (UNICEF 2019) .		-
	2.5 Create disability-inclusive grievance channels.		-
	2.6 Ensure that operational grievance channels are provided in multiple languages/dialects of refugees, migrants and ethnic minorities.		Turkey
	2.7 Adapt the communication strategy to relay issues arising from the GRM process, and routinely publish GRM process outputs especially in regards to any revisions in service delivery or policy level changes resulting from grievances that were addressed.	All	Egypt Jordan
Recommendations *Long term*	2.8 Invest in the design and implementation of GRMs to begin with and build on GRMs used during emergencies.	All	-
	2.9 Prepare contingency plans that address the continuity of GRM services in different crisis scenarios, with a particular focus on how vulnerable populations (e.g. nomadic populations) may continue to make complaints.	All	-
	2.10 Invest in a management information system or strengthen existing ones to register grievances for better oversight over the GRM.	All	-
	2.11 Integrate targets on grievance handling in the overall performance monitoring of the programme (Brook and Barca 2012).	All	-

WHAT	**Best Practice 3:** **Adapt protection services, case management approaches and alert systems to activate GBV and child protection service provision**		
WHY	• Risks of GBV/domestic violence and child abuse often increase in times of crisis; therefore, it is crucial to ensure the continued provision or the introduction of GBV and child protection service provision for a variety of vulnerable groups • System building will guarantee continuity to these additional services and ensure their coordination with the overall social protection response		
CHALLENGES	• Can be exclusionary if only available through digital technologies or a single language, or not disability-inclusive or child-friendly • Can be ineffective, if frontline workers are not adequately trained on risk assesment and/ or if referral systems and coordination are weak • Difficult to implement in a crisis situation in remote and hard-to-reach areas		
Recommendations ***Immediate***	3.1 Train local actors in the provision of psychological first aid, especially in remote and hard-to-reach areas and especially for female caregivers, elderly people, and persons with disabilities.	All	UNHCR Egypt Jordan (see IASC (2020) in Annex 1 for further details on provision of psychosocial support during COVID-19)
	3.2 Adopt remote provision of clinical mental health and psychological support services (MHPSS) through synchronous or asynchronous[4] tele-MHPSS wherever possible (Fouad, Barkil-Oteo, and Diab 2021), ensuring that appropriate data protection measures are in place.	All	(See IASC (2020) in Annex 1 for further details on data protection in MHPSS)
	3.3 Ensure that psychological first aid and MHPSS are offered in multiple languages to ensure accessibility for migrants or minorities.		Greece
	3.4 Ensure that psychological first aid and MHPSS are child-friendly and disability-inclusive.		See points 3.1 and 3.3 above
	3.5 Implement multi-purpose cash benefits or Cash Plus programmes with a carefully planned GBV component that considers contextual factors (e.g. education labelling, social norms and behaviour change communication focused on child marriage prevention and/or women's and girls' empowerment) (Gavrilovic et al. 2020).		Yemen
	3.6 Implement multi-purpose cash benefits or Cash Plus programmes with a child protection component focused on reducing child marriage and child labour.		Justification
	3.7 Implement multi-purpose cash benefits or Cash Plus programmes with a child protection component, including birth registration, especially in refugee camp settings or informal settlements experiencing multiple shocks.		See point 1.5 in the Inclusive Transfer Value, Type and Payment Modalities Practitioner Note
	3.8 Set up helplines to report violence that are gender-sensitive, disability-inclusive and accessible to migrants—for example, ensuring that callers have a range of options for reporting (digital, face to face, phone; language; male or female service provider etc.) (Botea et al. 2021) and that have well-trained staff, and clear operational procedures for how to respond and refer victims to service providers once violence is reported.		See point 3.1 above (see World Bank (2021) in Annex 1 for further details on communication, GRMs and GBV)

→

4. Synchronous/interactive services provide live, two-way interactive communication channels between patients and the service provider. They are an alternative to clinical meetings but are not always feasible, as they require a strong Internet connection. The asynchronous or store-and-forward (S&F) modality of communication, on the other hand, captures then sends clinical information through secure emails/websites for specialists to review later and thus does not require the presence of patients and providers at the same time (Fouad, Barkil-Oteo, and Diab 2021).

Recommendations *Immediate*	3.9 Complement helplines and technology-based solutions with low-tech signal alert systems to activate GBV service provision, especially for women and girls at risk of child marriage.		Justification
	3.10 Adapt case management approaches according to the level of risk through remote or mobile service delivery.	All	Lebanon
Recommendations *Long term*	3.11 Invest in GBV technologies to allow remote tracking of GBV incidents and automatically update the progress of survivors receiving case management services.	All	Justification
	3.12 Invest in the development of tele-mental health or tele-psychiatry legislation to improve the regulation of remote service delivery in times of crisis.	All	-

WHAT	Best Practice 4: Include monitoring mechanisms in programme design from the outset		
WHY	• Makes it easier to pre-empt solutions and corrective actions for any problems encountered during the implementation phase to ensure greater coverage and inclusion		
CHALLENGES	• Limited planning of monitoring mechanisms due to urgency of programme design and implementation • Limited human and financial capacity to implement effective monitoring mechanisms • Difficult to implement monitoring mechanisms in hard-to-reach areas • Can potentially be ineffective if programmes lack theories of change that link the GRM process to the whole programme in a clear and concise manner		
Recommendations *Immediate*	4.1 Combine multiple monitoring mechanisms, such as randomised verification of beneficiaries or routine on-site monitoring, to ensure programme quality and performance.	All	UNICEF Syria (see CaLP (2017) in Annex 1 for details on monitoring in crises)
	4.2 Ensure unified monitoring (of both processes and outcomes) of multiple emergency response programmes under the main national social protection entity, disaster risk management arm or social protection emergency response team wherever possible.	All	Jordan
	4.3 Conduct risk monitoring by setting indicators corresponding to the design aspects of the programme that aim to mitigate risk of exclusion (e.g. number of beneficiaries who registered using alternative documentation) (Martin-Simpson, Grootenhuis, and Jordan 2017).	All	-
	4.4 Integrate questions on GBV and child abuse into post-distribution monitoring surveys in collaboration with a GBV specialist and taking into account ethical concerns of implementation in order to increase available information on GBV in times of crises and facilitate planning responses accordingly (Holmes, Peterman, Sammon, et al. 2020).		-
	4.5 Integrate local actors in the monitoring process wherever possible and consider the implementation of participatory monitoring mechanisms involving beneficiaries (Martin-Simpson, Grootenhuis, and Jordan 2017), including representatives of vulnerable groups (e.g. persons with disabilities).	All	-
Recommendations *Long term*	4.6 Invest in the development of a standard monitoring and evaluation guiding framework and data collection tools for shock-responsive programmes (UNICEF 2019).	All	-
	4.7 Focus evaluations of implemented programmes on coverage and exclusion errors, with a particular focus on vulnerable groups.	All	-

SECTION 2: FURTHER DETAILS

Best Practice 1: Increasing people's access to information through multiple channels is instrumental to ensuring that various groups in society are aware of different social protection programmes and appropriate measures to respond to a crisis. For communication to be inclusive, governments and practitioners can implement a number of measures, which are described below.

Table 1.3 Jordan and India use digital communication channels

Recommendation	1.3 Use digital communication channels such as SMS, WhatsApp and social media.	
Country example	Jordan	India
Details	The COVID Emergency National Social Protection Response Team focused on disseminating information on COVID and social assistance programmes through social media, including the Prime Ministry's Facebook page (Hammad et al. 2021).	Women's self-help groups conducted training of trainer sessions via WhatsApp to disseminate information about prevention mechanisms. Trained individuals then reached out through SMS, WhatsApp and door-to-door visits to the most vulnerable such as elderly people (Mathew 2020).

Table 1.4 UNHCR Greece provides top-ups specifically for connectivity

Recommendation	1.4 Ensure people have access to digital communication channels by covering connectivity costs
Country example	UNHCR Greece
Details	During the early months of the pandemic, the Office of the United Nations High Commissioner for Refugees (UNHCR) in Greece provided all refugees and asylum-seekers with a top-up to cover data/mobile connectivity charges that differed according to household size. The purpose of the top-up was to enable households to access websites with information on COVID-19 prevention (UNHCR 2020b).

Table 1.5 UNICEF Lebanon complements digital channels

Recommendation	1.5 Complement digital channels with in-person ones through face-to-face interactions, brochure distribution, megaphone usage or via helplines and radio channels to ensure inclusion of people with low literacy, women and those unable to access digital technologies
Country example	UNICEF Lebanon
Details	The Beirut Blast emergency cash transfer was communicated to relevant communities across the city to ensure target households had access to timely, clear, accurate and relevant information in different languages and formats and via appropriate channels that were accessible to different groups. Posters, flyers, the UNICEF website, social media posts (including a registration tutorial video), a press release and radio and TV interviews were used to spread awareness about the programme.[5]

Table 1.6 UNDP Sudan uses local actors to disseminate information

Recommendation	1.6 Involve local actors to disseminate information, especially in rural communities, refugee camps and informal tented settlements
Country example	UNDP Sudan
Details	The United Nations Development Programme (UNDP) has established more than 150 local networks, including management committees, peace committees, volunteer groups, and farming and water management groups, with the aim of ensuring the delivery of personal protective equipment, hygiene supplies and adequate information. The groups operate in eight different languages to ensure that refugees and migrants are made aware of COVID prevention practices. Information was provided door to door, at water collection points and at facilities such as police stations and camps for internally displaced persons (UNDP 2020).

5. Personal communication with UNICEF Lebanon.

Table 1.7 Morocco and UNHCR Sudan use multiple languages to disseminate information

Recommendation	1.7 Ensure that communications are provided in multiple languages/dialects wherever applicable	
Country example	Morocco	UNHCR Sudan
Details	The Moroccan Economic Vigilance Committee, tasked with overseeing the COVID response, published information about COVID prevention measures, emergency social assistance programmes, and how to access them, in different languages and dialects, including Arabic, Amazigh and Tarifit (financesmaroc 2020b; 2020c; 2020d), to ensure that the Amazigh population and those who speak the Tarifit dialect can access the information easily.	UNHCR Sudan relied on multi-language SMS, leaflets and brochures to reach different refugee and asylum-seeker communities in the country. As of 29 March 2020, around 15,000 SMS messages had been sent to refugees and asylum-seekers in Khartoum from South Sudan, Ethiopia, Eritrea, Syria, Yemen, the Democratic Republic of the Congo, the Central African Republic, Burundi and Somalia (UNHCR Sudan 2020).

Table 1.9 Jordan provides disability accessible information

Recommendation	1.9 Ensure that communication channels are disability-inclusive (see UNICEF (2020) in Annex 1 for further details)	
Country example	Jordan	Morocco
Details	The Higher Council for the Rights of Persons with Disabilities, a policymaking public entity responsible for the issuance of Persons with Disability cards, produced six videos on COVID prevention measures aimed at persons with disabilities, including two videos with sign language (ESCWA 2020). The Council published the videos on its Facebook and YouTube pages and aired them on national television. Other communication means recommended by UNICEF (2020c) include: • braille whenever possible; • easy-to-read text accompanied by pictures to ensure accessibility for people with intellectual disabilities and young children; and • accessible web content through screen reader technologies.	Morocco's Economic Vigilance Committee, overseeing the COVID response, published information in sign language about the eligibility criteria and how to apply and receive the emergency social assistance benefit (financesmaroc 2020a).

Table 1.10 UNICEF Syria integrates a behaviour change component into cash transfers

Recommendation	1.10 Adopt Cash Plus emergency programmes with a behaviour change communication component which could potentially address continuing education
Country example	UNICEF Syria
Details	The quarterly cash transfer to children with severe disabilities implemented by UNICEF Syria is complemented by a behaviour change communication component undertaken by dedicated case managers to improve access to education. The benefit addresses the demand-side barriers that limit children with disabilities' access to education, while the interactions with case managers are aimed at addressing the supply-side barriers by changing unfavourable attitudes (UNICEF 2021b). Timely behaviour change communication components to address supply-side barriers can target: • perceived difficulties in planning; • low self-belief; and • lack of future-orientedness (Schinaia 2020).

Table 1.11 Philippines develops ex ante communication strategies for crises

Recommendation	1.11 Invest in the preparation of communication strategies including information session guidelines ex ante, with the potential to target them at disaster-prone regions
Country example	Philippines
Details	The *Pantawid Pamilyang Pilipino Program* cash transfer is conditional on attending the monthly family development sessions. The Department for Social Welfare and Development issued new guidelines for the implementation of the sessions in 2018 which included three core modules in addition to supplemental materials such as 'Family and Community-Based Disaster Preparedness' that can be activated based on need by each municipality. The module on disaster preparedness covers issues such as learning different warning messages and identifying items to be packed when evacuating (DSWD 2018; UNICEF 2019).

Best Practice 2: Incluing inclusive GRMs and monitoring mechanisms in programme design from the outset is important to pre-empt solutions to problems that arise during implementation, especially exclusion errors, and paves the way for increasing the accountability of implementing agencies to beneficiary populations. Given that GRM procedures could potentially be exclusionary to certain vulnerable populations, a number of recommendations are provided below.

Table 2.1 UNICEF Lebanon ensures access to a GRM through a call centre

Recommendation	2.1 Ensure that use of and access to the GRM process is clearly communicated to beneficiaries at the start of the programme, alongside information on how to apply for and access the benefit etc.
Country example	UNICEF Lebanon
Details	A call centre number was circulated, and a team of dedicated call centre operators was assigned to answer all questions related to the Beirut Blast emergency cash transfer addressed by beneficiaries and non-beneficiaries based on standardised Q&As which were regularly updated based on changes to programme implementation. The call centre also received households' updates and complaints, which were resolved in a timely manner to ensure accountability. UNICEF Lebanon was able to track all grievances and updates received by the call centre through its cash management information system. The GRM is updated regularly to ensure that all types of complaints are covered, such as issues related to payment and cash withdrawal, misconduct etc. The call centre is closely and regularly coordinated with financial service providers' customer services departments to ensure harmonisation. In addition, households interested in applying for the Beirut Blast emergency cash transfer had the opportunity to receive full technical support on how to use the online registration platform, including step-by-step guidance until the application is submitted. The call centre's capacity was reviewed and adapted as needed, based on inbound/overflow call load, to ensure a minimal number of abandoned calls.[6]

Table 2.3 World Bank Palestine sets up multiple channels to receive grievances

Recommendation	2.3 Set up multiple channels to receive grievances and complement digital ones with non-digital ones such as mobile teams, deploying a contact person or engaging a local actor	
Country example	World Bank Palestine	India
Details	In the emergency social protection COVID-19 response project to be implemented in the West Bank, very detailed GRM operation instructions have been laid out in its stakeholder engagement plan, including the channels through which beneficiaries can file their complaints, documentation procedures and response steps, as shown below. Grievance can be submitted face to face in project offices or remotely through a dedicated GRM email address or electronic grievance form or by telephone. Contact persons have also been assigned to specific areas to ensure that remote populations and those with limited access to digital technologies can still submit grievances (World Bank 2020).	Local administrators in the state of Andhra Pradesh in India implemented proactive collection of beneficiary feedback via mobile phone to ensure satisfaction, address complaints and monitor the quality of cash delivery systems (Bill & Melinda Gates Foundation et al. 2020).

1. Grievance submission	2. Registration and initial response	3. Investigation	4. Response communication	5. Grievance closure	6. Appeals process
Models of contact: • Project offices • GRM e-mail • Eletronic grievance form • Telephone and mobile numbers Anonymous complaint reporting processes is possible.	The followingis recorded: • Reference number • Date of receipt • Name of complainant • Complaint • Description • Details of internal and external communication • Action taken • Date of finalization	Investigation steps: • Validity verification • Ask for futher information if needed • Referral to relevant department • Actions arerecommended for correfctive measures and avoiding • Information is logged	Notification is provided in writing, by phone or via text message. Information to be communicated should include: • Summary of the initial complaint • Reason for the decisions taken	Complaints are closed: • Where the solution is accepted by the complainant. • If the complaint is not related to the project • If the complaint is being heard by the judiciary • In cases of malicious complaints	If the complainant is not satisfied with the redress options proposed, they should be advised of their right to legal recourse.

~~**Table 2.6** Turkey provides~~ helplines in multiple languages

6. Internal communication with UNICEF Lebanon.

Recommendation	2.6 Ensure operational grievance channels are provided in multiple languages/dialects of refugees, migrants and ethnic minorities
Country example	Turkey
Details	Since before the COVID pandemic, Turkey's Conditional Cash Transfer for Education and Emergency Social Safety Net programmes operated a call centre with a toll-free helpline to receive beneficiaries' complaints and respond to them. The helpline is offered in multiple languages, including Turkish, Arabic, Farsi and Pashto (UNICEF Turkey 2018).

Table 2.7 Egypt and Jordan publish GRM processes and adapt communication strategies accordingly

Recommendation	2.7 Adapt the communication strategy to relay issues arising from the GRM process, and routinely publish GRM process outputs	
Country example	Egypt	Jordan
Details	As part of the COVID response, Egypt announced the horizontal expansion of its flagship conditional and unconditional cash transfer programmes, *Takaful* and *Karama*. The pandemic also led to the establishment of an online portal for the submission of grievances by new applicants. Complaints were received from the new online portal, the Cabinet complaints portal, and the hotline number of 19680. As of December 2020, 660,184 complaints had been received, 70 per cent of which had been addressed. However, no information has been published on the types of complaints made (SIS 2021).	The Jordan Payments and Clearing Company (JoPACC), which operates the country's mobile payment system, managed and oversaw part of the GRM and call centre for the Daily Wage Worker Emergency Cash Transfer programme. It communicated solutions to all mobile money providers regarding technical problems faced by beneficiaries directly (AlSalhi et al. 2020). In response to some of the most common issues faced by applicants and beneficiaries, JoPACC, in collaboration with the Emergency Social Protection Response Committee and the Prime Ministry, published multiple guidance videos on wallet opening, usage and cashing out.

Best Practice 3: Adapting protection services, case management approaches and innovative signal alert systems to activate GBV service provision is vital in emergency contexts to ensure the continuation or the introduction of GBV services in affected areas. Examples of actions include the provision of inclusive psychological first aid, low-tech signal alert systems, and remote case management, which are discussed further below.

Table 3.1 Jordan provides psychological first aid, and UNHCR Egypt integrates local actors into the provision of psychological first aid

Recommendation	3.1 Train local actors in the provision of psychological first aid, especially in remote and hard-to-reach areas and especially for female caregivers, elderly people, and persons with disabilities (see IASC (2020) in Annex 1 for further details on the provision of psychosocial support during COVID-19)	
Country example	Jordan	UNHCR Egypt
Details	Psychological first aid consists of "humane, supportive and practical help to fellow human beings who are suffering crisis events" for the purpose of helping them to: • "feel safe, connected to others, calm and hopeful; • have access to social, physical and emotional support; and • able to help themselves, as individuals and as communities" (IASC 2020). The Ministry of Health, in collaboration with the Jordanian Psychiatrists' Association, established a hotline to provide psychological aid to individuals which included over 40 volunteer psychiatrists and trained professionals (Hayek et al. 2020). Furthermore, the Higher Council for Persons with Disabilities established six helplines for telephone or video calls to provide psychological aid to people with visual or hearing impairment and other persons with disabilities and to receive any complaints on violence (HCD 2021).	Volunteers and community leaders received training on the delivery of psychological first aid and basic psychosocial skills to address the rise in anxiety and depression among the refugee community (UNHCR 2020a).

Table 3.3 Greece provides psychosocial audio-visual activity guides

Recommendation	3.3 Ensure psychological first aid and mental health and psychological support services are offered in multiple languages to ensure accessibility for migrants
Country example	Greece
Details	The Refugee Trauma Initiative in Greece, alongside its Baytna hub partners, provided children and their families with psychosocial audio-visual activity guides in a number of different languages spoken by the refugee communities in the country. The guides included activities such as storytelling, sing-along, movement and relaxation activities to provide children and their caregivers with release and relaxation (Moving Minds Alliance 2020).

Table 3.5 Multi-purpose cash benefits with a GBV protection component in Yemen

Recommendation	3.5 Implement multi-purpose cash benefits or Cash Plus programmes with a GBV or child protection component
Country example	Yemen
Details	Yemen's Rapid Response Mechanism (RRM), which provides emergency in-kind assistance to displaced families, facilitates the provision of other critical assistance modalities such as multi-purpose cash benefits. The RRM collects household and individual information to inform the vulnerability score that determines eligibility for multi-purpose cash benefits. The scoring system prioritises: • female-headed households; • households with pregnant and lactating women; and • households with children below 5 years of age. The cash benefit, which reached 35,000 households in 2020, also ensures protection for survivors of GBV and those at risk of abuse, by ensuring that implementing actors are trained on protection mainstreaming, which includes: • identification of the type of case; • registration, evaluation and classification of the problem; • ranking the risks according to priority; and • referral to appropriate service providers such as United Nations Population Fund (UNFPA) women's safe spaces or shelters (UNFPA Yemen 2021).

Table 3.6 Making the case for focusing on child marriage and child labour

Recommendation	3.6 Implement multi-purpose cash benefits or Cash Plus programmes with a child protection component focused on reducing child marriage and child labour
Justification	Political turmoil, conflict and displacement across the MENA region have led to the rise of child labour in Lebanon, Jordan and Iraq (League of Arab States et al. 2019). The pandemic is also increasing the risk of child marriage, especially in countries experiencing conflict, such as Libya, Yemen and Iraq (Jabeen 2020).

	Prevalence across MENA
Prevalence of child labour	2.9%
Children engaged in hazardous work	1.5%
Women aged 20–24 who were first married before 15	4%
Women aged 20–24 who were first married before 18	19%

Note: The reports used for identifying prevalence of child labour and child marriage in MENA define the region differently.

Source: League of Arab States et al. (2019) and UNICEF (2018a).

The provision of emergency cash transfers with labels encouraging school enrolment and attendance, or the provision of assistance that takes into account the direct and indirect costs of education could be potential ways to reduce child marriage and child labour in times of shock (UNICEF 2021a). If schools are disrupted and it is not feasible to implement such education-focused transfers, social workers and case managers can play an important role in facilitating changes in mindsets and referring children to non-formal education opportunities.

Table 3.9 Making the case for using low-tech signals to activate GBV service provision

Recommendation	3.9 Complement helplines and technology-based solutions with low-tech signal alert systems to activate GBV service provision
Justification	Women and young girls generally have less access to telephones and may thus be unable to reach out for help through helplines. UNICEF consequently recommends the implementation of low-tech or non-verbal alerts, which could include the use of: • code words (e.g. 'mask-19' was used in pharmacies in high-income countries such as Spain, France, Germany and Italy during the pandemic) (Higgins 2020; Yaker and Erskine 2020); • whistles/alarms; and • placing certain objects outside the home (e.g. a cloth of a specific colour or a bucket). In existing humanitarian settings, or where there is a manual distribution of emergency assistance, such low-tech signals could be made at distribution points, pharmacies or grocery stores, with providers already trained to activate GBV service provision on receiving a signal. Important points to consider in the design and implementation of a low-tech signal alert system are: • the possibility of including whistles or fabrics of a particular colour in in-kind assistance packages such as food provision or dignity kits; • the feasibility of including local women's groups in the interpretation of the alert system (Erskine 2020); and • the feasibility of including local groups of persons with disabilities in the interpretation of the alert system (Pearce 2020).

Table 3.10 Lebanon adapts case management approaches

Recommendation	3.10 Adapt case management approaches according to the level of risk through remote or mobile service delivery
Country example	**Lebanon**
Details	International organisations working on child protection and case management in the country developed detailed guidelines on different aspects of case management. For example, the guidelines indicate that a risk assessment for existing caseloads should be conducted to determine whether interaction should be done by telephone or in person (Hammad et al. 2021) (see the table below for further details).

	If there is no indication of COVID-19 in the family or close community	If there is confirmation of COVID-19 in the family or close community (based on Government of London Guidelines)
Low risk	By phone	By phone
Medium risk	Visit with appropriate precautions	By phone, daily check to ensure that child/family are ok. Once the family is cleared by a health care provider, case worker to visit immediately
High risk	Visit with appropriate precautions	By phone, daily check to ensure that child/family are ok. Once the family is cleared by a health care provider, case worker to visit immediately

Source: Global Social Services Workforce Alliance (2020).

The guidelines also indicate that WhatsApp should be used to share daily messages and exercises for distress management, and case management of children separated from their caregivers should be prioritised (Global Social Services Workforce Alliance 2020).

In displaced communities or rural populations the use of mobile teams providing GBV service delivery on a rotational basis is an advised alternative where telephone or remote options are ineffective (IRC 2018).

Table 3.11 Making the case for GBV technologies to allow remote GBV service provision

Recommendation	3.11 Invest in GBV technologies to allow remote tracking of GBV incidents and automatically update the progress of survivors receiving case management services
Justification	An example of such technology is the Protection Related Information Management System (Primero)/GBVIMS+ database, which is a web application supporting GBV humanitarian actors in the collection, storage, management and sharing of data for both case management and incident monitoring. The database is also linked to a mobile application that front-line workers can use to track GBV incidents and update the progress of beneficiaries receiving case management services (Hammad et al. 2021; UNICEF 2020b).

Best Practice 4: Including monitoring mechanisms in programme design from the outset allows problems to be identified and resolved during the implementation stage. Monitoring mechanisms can also contribute to highlighting exclusion errors.

Table 4.1 UNICEF Syria's monitoring mechanisms

Recommendation	4.1 Combine multiple monitoring mechanisms to ensure programme quality and performance
Country example	UNICEF Syria
Details	To ensure the quality and performance of its cash transfer programme for children with disabilities, UNICEF Syria implements a number of monitoring mechanisms, including: • randomised verification by UNICEF of beneficiaries' eligibility, covering 5–10 per cent of those registered; • social workers conduct routine on-site monitoring and home visits; and • post-distribution monitoring surveys (UNICEF 2021b).

Table 4.2 Jordan coordinates the monitoring and oversight of multiple emergency response programmes

Recommendation	4.2 Ensure unified monitoring of multiple emergency response programmes under the main social protection entity, disaster risk management arm or social protection emergency response team
Country example	Jordan
Details	The Jordanian government established the Social Protection Emergency Response Committee to oversee and monitor the implementation of emergency social assistance. Headed by the Ministry of Social Development, the Committee included the main national cash assistance provider, the government-affiliated Zakat Fund, and the country's main non-governmental social assistance providers. The Committee oversaw the distribution of national social assistance measures through the creation of a unified Power BI Dashboard with indicators on the number of beneficiaries, their locations and value of benefits, accessible to all Committee members (UNICEF and JSF 2020). The Power BI Dashboard covered emergency in-kind assistance (implemented by the Zakat Fund, the Social Security Corporation, the Jordan Hashemite Fund for Development and Tkiyet Um Ali) and emergency cash assistance (implemented by the National Aid Fund). The Power BI Dashboard was used to conduct a post-distribution monitoring report in April 2020, which assessed the type of benefit received, which entity delivered the assistance, and any challenges experienced in accessing or receiving assistance either manually or through mobile wallets.

ANNEXES

Annex 1: Resources on communication, protection and monitoring

Area	Institution	Year	Name	Description
COVID disability-inclusive communication	UNICEF	2020	Risk Communication & Community Engagement for COVID-19 Engaging with Children and Adults with Disabilities	Suggests a variety of appropriate and accessible information formats, especially ones for children and youth with disabilities
COVID behaviour change communication	Mind Behaviour Research Group	2020	Labelling and Planning – Incorporating Behavioural Add-ons into Cash Transfer Programmes	Makes the case for labelling cash transfers as a cheaper alternative to conditional cash transfers
			Reminders to Promote Behaviours – Incorporating Behavioural Add-ons into Cash Transfer Programmes	Makes the case for reminders in inducing behaviour changes and discusses the key elements of successful reminders, including frequency and clarity of content
			Social Norms-Based Messaging – Incorporating Behavioural Add-ons into Cash Transfer Programmes	Indicates important design elements of social norms-based messaging, including a focus on positive descriptive norms and prescriptive injunctive norms
			Promoting Investments in Children's Education – Incorporating Behavioural Add-ons into Cash Transfer Programmes	Makes the case for labelling cash transfers and integrating light-touch psychological interventions to mitigate the educational losses resulting from school closures and shift perceptions on the importance of education
			Intimate Partner Violence – Incorporating Behavioural Add-ons into Cash Transfer Programmes	Provides an overview of the literature on cash transfers and intimate partner violence, noting that there is "limited but promising evidence" on add-on programmes
			Behavioural Insights for COVID-19 Communications	Provides recommendations on how to improve messaging to increase compliance with public health guidelines, including emphasising the behaviour of the majority and including visualisations of the future
COVID psychosocial support	Inter-Agency Standing Committee	2020	Operational Considerations for Multisectoral Mental Health and Psychosocial Support Programmes During the COVID-19 Pandemic	Provides instructions on how to adapt psychological first aid, continue clinical mental health and psychosocial support, and consider the needs of children and elderly people
COVID/humanitarian /non-emergency setting GBV communication for social protection	World Bank	2021	Safety First: How to Leverage Social Safety Nets to Prevent Gender Based Violence	Indicates important GBV considerations at all levels of the social protection delivery chain
Humanitarian mobile and remote GBV programming	International Rescue Committee	2018	Guidelines for Mobile and Remote Gender-Based Violence Service Delivery	Includes important considerations for mobile GBV service delivery for displaced populations. Also provides guidelines for the implementation of a telephone hotline and an assessment tool for identifying temporary safe spaces for women and girls

Area	Institution	Year	Name	Description
COVID low-tech GBV alerts	UNICEF	2020	Not Just Hotlines and Mobile Phones: GBV Service Provision During COVID-19	Indicates ways to design non-phone, low-tech signal alert systems for activating GBV service provision, such as fabrics of a particular colour or code words, with special consideration for the design and implementation of such solutions in existing humanitarian settings
COVID protection	Global Protection Cluster	2020	COVID-19 Pandemic Cash and Voucher Assistance for Protection Considerations	Provides guidance on the design and implementation of cash and voucher assistance for displaced and host communities, taking into account protection concerns
COVID GBV programming	GBV AoR HelpDesk	2020	Gender-Based Violence Case Management and the COVID-19 Pandemic	Provides a list of key considerations for remote GBV case management processes during COVID-19 and how to design them
COVID disability GBV programming	GBV AoR HelpDesk	2020	Disability Considerations in GBV Programming During the COVID-19 Pandemic	Discusses ways to ensure disability inclusion in GBV programming, including case management and GBV risk mitigation and prevention
COVID GRM and monitoring and evaluation	Social Protection Approaches to COVID-19: Expert Advice Helpline (SPACE)	2020	Strengthening Gender Equality and Social Inclusion (GESI) During the Implementation of Social Protection Responses to COVID-19	Provides recommendations on how to ensure GRM processes are accessible, have the capacity to receive complaints on all types of GBV, and have strong referral pathways. Also suggests a number of indicators for monitoring and evaluation to gain an understanding of gender outcomes
Humanitarian monitoring	CaLP	2017	Monitoring Guidance for Cash Transfer Programmes in Emergencies	Provides practitioners with guidance on challenges, and data collection methods and example indicators for different types of monitoring, including process and outcome monitoring

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