Accountability in conflict, CRM and listening approach
– lessons learnt–
GOAL (Ukraine)

Background

Since the spring of 2014, the conflict in the Donbass region of Eastern Ukraine has left 3.8 Million people in need of humanitarian assistance (HRP 2017). While the conflict, since the signing of the Minsk II agreements in February 2015, is of relatively low intensity, daily cease-fire violations affect the civilian populations on both sides the frontline. The toll of the conflict is exacerbated by severe humanitarian access restrictions by the de-facto authorities of the Luhansk People's Republic (LPR) and the Donetsk People's Republic (DPR) - commonly referred to as the NGCA or Non-Government Controlled Areas. In addition, a strict commercial embargo by the Government of Ukraine on the NGCA aggravates the humanitarian and livelihoods situation on both sides of the contact line. By early 2017, over 2.3 million people continue to live in "Areas of High Concern" (i.e. along the contact line) – 1.5 million people in NGCAs, and 800,000 people in Government Controlled Areas (GCAs).

GOAL operated in Ukraine from May 2015 to January 2017 providing multi-purpose cash assistance to over 7,500 people in GCAs living within a few kilometres of the frontline under the daily threat of heavy weaponry. In NGCAs, although severe access restrictions were a significant obstacle to aid delivery, GOAL was one of the few humanitarian agencies able to provide support. Over the course of 2016, GOAL supported over 3,000 isolated and/or homebound elderly people with psychosocial support, hot meals (in canteens or delivered at home on a daily basis), monthly dry food rations, hygiene kits and/or winterization kits.

Rationale

GOAL Ukraine's two core programming principles were accountability and adaptability. This is in order to have a good practice model through systems that support high quality interventions. Furthermore, accountable and adaptive programming aims to ensure real time recognition of needed adaptions in order to target and respond to the fluid needs of the most vulnerable people in Ukraine's complex operating environments. To be relevant you have to adapt, to adapt you have to listen.

GOAL Ukraine developed a set of integrated accountability outcomes they sought to achieve, track and report against internally (see Annex 1 logframe for more detail). Firstly we will take a quick look at all of the outcomes before focusing in greater detail on what approach we took to achieve outcome 1.

The eight GOAL Ukraine accountability outcomes included:

Outcome 1 - Appropriate and Rapid Interventions (CHS 1 and 2)

Beneficiaries are appropriately targeted for vulnerability; rapid response to requests for assistance; assessment tools are adapted in real time to improve appropriateness.

How: Field and hotline assistants recruited, trained (and retrained) often using applied psychosocial methodology and listening techniques.

Outcome 2 & 7 - Staff Duty of Care In Respect of Wellbeing and Security (CHS 8)

How: Regular debriefings of field and hotline assistants together and regular risk assessments and mitigation strategies implemented with respect to stress, health and security of staff.

Outcome 3 – Adaption (CHS 1)

Accountability in the adaptation of planning, activities and tools.

How: A decision log was developed and all changes/ adaptations made to programme tools, activities and planning documented to note change, rationale for adaptation, decision makers and impact of decision.

Outcome 4 & 5 – Coordination and Referral Systems (CHS 6)

Avoid duplication and/or complement programming by others to holistically address vulnerability. Affected-population are referred to suitable intervention program or support mechanisms.

How: Regular inter-agency information sharing and coordination. A functional and operating referral system is established and maintained.

Outcome 6 - Do No Harm & Feedback Loop (CHS 5)

Ability to identify, discuss and respond to unintended (negative) consequences of the intervention.

How: Do No Harm & Feedback Loop Training in Russian and English (as appropriate) for national and international staff and partner staff.
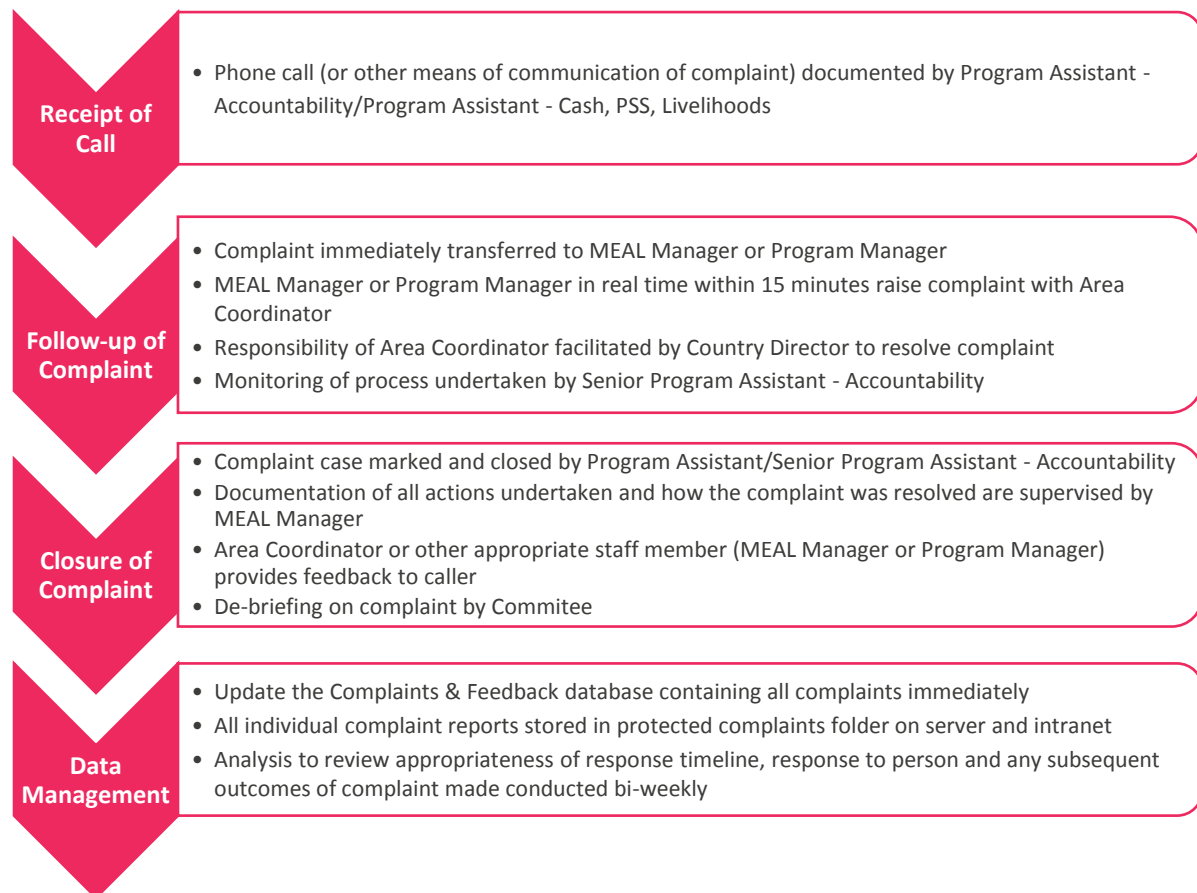
Outcome 8 - Duty of care to affected population related to data protection (CHS 3)

How: A data protection policy was developed, implemented and reviewed.

The focus of this case study is on outcome 1 "Appropriate and Rapid".

The Ukraine Hotline was a central strategy to achieve outcome 1 (and CHS 1 and 2), as programme participants could voice themselves regarding the accuracy of the participant selection process, in order to make assistance requests and about the relevance and timeliness of GOAL's interventions. It was also a critical juncture for generating referrals, by linking up persons with different needs with other agencies who specialize in the specific sectoral support sought.

GOAL UKRAINE CRM SUMMARY TABLE

Receipt of Call
- Phone call (or other means of communication of complaint) documented by Program Assistant - Accountability/Program Assistant - Cash, PSS, Livelihoods

Follow-up of Complaint
- Complaint immediately transferred to MEAL Manager or Program Manager
- MEAL Manager or Program Manager in real time within 15 minutes raise complaint with Area Coordinator
- Responsibility of Area Coordinator facilitated by Country Director to resolve complaint
- Monitoring of process undertaken by Senior Program Assistant - Accountability

Closure of Complaint
- Complaint case marked and closed by Program Assistant/Senior Program Assistant - Accountability
- Documentation of all actions undertaken and how the complaint was resolved are supervised by MEAL Manager
- Area Coordinator or other appropriate staff member (MEAL Manager or Program Manager) provides feedback to caller
- De-briefing on complaint by Commitee

Data Management
- Update the Complaints & Feedback database containing all complaints immediately
- All individual complaint reports stored in protected complaints folder on server and intranet
- Analysis to review appropriateness of response timeline, response to person and any subsequent outcomes of complaint made conducted bi-weekly

What was unique about the Hotline was the extent to which the country team went beyond establishing just a procedurally clear and systematically efficient CRM, to a point where the priority was on the quality of the human interaction within the system and in particular the importance of the skill of listening to another human being.

The training of field staff and hotline operators begins by distinguishing two broad approaches to listening, namely Top Down and Bottom Up Listening.

Top down Listening: The listener uses their background knowledge to critically appraise the speaker, creating expectations in the listener about what we think we know is coming next. In this strategy we are listening for the main idea or key words as if they were presented on a PowerPoint slide.

Bottom up Listening: This strategy relies on the language of the message and is more open, listening for specific details which we will learn from.

Then four different listening strategies were explained to raise awareness of how we listen:

1. *Empathic Listening* – listen with the aim of supporting, not necessarily agreeing, without judgements.
2. *Comprehensive/Active Listening* – accurately interpreting the message of the speaker while also paying attention to non-verbal cues like hand gestures, facial cues, gestures, postures and tone of voice. Four aspects of active listening were emphasized including:
   - Checking your understanding to measure your accuracy
   - Provide feedback to the listener
   - Paraphrasing what is heard both mentally and verbally
   - Paying attention – listening carefully by using all your senses (this was accompanied by some mindfulness exercises).
3. *Critical Analytical Listening* – listening to evaluate a message with the aim of accepting or rejecting it (we want to know if it's logical and if it's reasonable). Usually this involves making a judgement and challenging the speaker's message by measuring its meaningfulness in terms of what we believe is true and logical, from our own perspective and based on the information we have.
4. *Appreciative Listening* – listening to something for joy.

The training assists hotline operators and field staff in applying the appropriate approach at the appropriate time, recognizing that a phone call to the Hotline should be viewed within the crisis and accompanying emotions that may have led to that call.

The three typical stages of a callers crisis identified in the training are:

1. Tension.
2. Increased anxiety with the current situation including confusion, being overwhelmed, anger or feeling helpless.
3. Current or past coping strategies have not worked, and the person is now resorting to different coping strategies, one of which may be calling the GOAL Hotline.

The hotline operator seeks to recognise what the caller is feeling in order to communicate effectively. This may include:

- Anger, where a caller listens defensively.
- Anxiety, that may impair the caller's ability to interact, as if they are listening to several things at once.
- Ambivalence, due to an inward struggle between wanting to be independent but needing assistance, may result in them feeling vulnerable.
- Helplessness, where the listener feels they have not succeeded in resolving their own problem.

Thus a hotline operator will need a different mix of the listening strategies (such as empathetic and active) depending on the caller and at what point in the call, before being able to effectively proceed to record and process the issue raised by the caller.

The training also addressed specifically the question of communicating with the elderly.

Resources required

The accountability/hotline team was composed of 1 Team Leader and 2 Assistants who were handling the phone lines. All other field staff – programme assistants, team leaders and managers – who interacted with beneficiaries and authorities were similarly trained as they often are the first and main point of contact for beneficiaries in the field. Indeed, field staff undertook the initial beneficiary selection interviews, obtained impromptu feedback as part of field visits and/or during structured monitoring exercises (PDM/CSI etc.). In total, aside from the 3 accountability team members, 3 MEAL staff, 14 additional field staff were trained.

In order to maintain the 3 hotline/accountability team members (1 junior manager and 2 junior team members), an annual investment of around US$15,000 per annum was required.

It was also possible because of the psychology background of GOAL Ukraine's MEAL Coordinator who developed the approach. As such, in order to be replicated, it would require a staff member with the relevant background. This person does not need to be dedicated to this task, but, as part of their duties, be able to transfer skills to the wider team.

For all other staff, it did not require any major investment as the approach was a change in how staff discharge their duties, rather than changing their tasks and activities.

The GOAL Ukraine programme invested intensively in capacity building. It was viewed as a necessity if you wish to effectively operationalize a comprehensive accountability approach. There were more than 18 trainings of staff in the period from October 2015 to January 2017 (some in English, others in Russian and some had to be repeated). These trainings included:

- Core Humanitarian Standards
- Listening skills/ Fundamental Behavioural Observation
- Complaints Hotline protocol
- Referral Systems
- Psycho-Social Methodologies
- Protection
- Gender based violence
- Do No Harm Training
- Most significant change (MSC) training
- Security Training

Facilitating factors

- Key staff with specialized skills – notably a trained psychologist and highly trained MEAL/Data management team. The psycho social support element of the programme meant that key skills were on already within the team.
- The relatively high capacity and level of education in Ukraine facilitated the implementation, not only in terms of staffing, but also from the beneficiary side as local populations are able to articulate their positions well. Similarly, as people are used to interacting with authorities (which are ever-present and bureaucratic), people are used to voicing concerns, ask for support or clarifications from service providers, either by calling or in person.
- Reliable phone/internet connections.
- Openness of donors and GOAL HQ to support the capacity building.

Challenges overcome

Initially staff needed to be convinced about a more in-depth Listening method, as staff were accustomed to questions and answers on a more simplistic yes/no approach.

In NGCAs, where GOAL could not operate openly as it did not obtain accreditation from de facto authorities, a lot of the monitoring of the operation relied on observations and listening in semi-structured or unstructured discussions and visits. This meant that, to mitigate the risk of security services asking questions or making arrests, staff could not follow a questionnaire or make notes in a very obvious way. Instead they had to jot down their observations in more private spaces after their physical monitoring was completed.

Results and impact

The impact of the listening training on how appropriate and timely GOALs response was, was not directly assessed. However on review of GOAL's 14 country programmes CRMs, Ukraine's was observed to be a highly active (second only to Syria). In addition there was an internal GOAL Ukraine review conducted of the hotline data for the period from November 2015 up to December 2016

The main findings were:

- The total number of calls received for the whole period of operation was 4073.
- The greatest number of calls were received during implementation of the Cash Transfer Programme.
- Calls included request for assistance (51%) and information (40%), beneficiaries calling with personal updates (7%), and positive and negative feedback (2%).
- 85% of calls were made by females.
- The largest number of calls – 1567 (38%) were received from one field location, Popasna (followed by Stanytsa Luhanska); both locations are close to the line of contact where shelling had been ongoing during the hotline period.

- 38% of calls were made by host citizens, 13% - by IDPs and data was not available for 49% of cases.
- Key vulnerable populations who contacted the hotline included families with elderly relatives/members (28%), and families with children (18%).
- A total of 761 referrals were received from other NGOs over the seven month period. GOAL Ukraine provided cash assistance for 404 referrals (53%) of all the incoming referred cases. Referrals that did not become beneficiaries were contacted and the reasons why they did not qualify were explained. Core reasons included:
  - Unreachable locations for GOAL Ukraine
  - People have already been GOAL Ukraine's beneficiaries before
  - People who did not meet high scores on cumulative vulnerabilities
  - Lack of required identity documentation

In addition, 6% of people referred could not be contacted directly by GOAL Ukraine because they were not available, they were absent at the time of visits or the phone number was incorrect. In an effort to close the loop, the accountability team communicated back to the respective agency where referral cases could not be contacted.

As an example of adaption resulting from feedback, GOAL found out that one bank was seeking to withhold cash transfers if clients were in debt. This led GOAL to provide a choice to beneficiaries in terms of financial service providers.

Another adaption example relates to attendance in NGCA canteens. GOAL targeted programme participants were not coming as often or regularly as originally envisioned during the winter. As our target group were elderly, there were difficulties in accessing canteens due to snow and ice. Therefore the decision was taken to scale back canteens and increase home deliveries of hot meals and food kits.

Lessons learned

What worked well:

- Capacity building of staff on accountability related topics meant it was embedded in how the team worked.
- The regular debriefings of field and hotline assistants together and regular risk assessments supported staff wellbeing and effective performance of their roles.
- Participatory methodology was used effectively to develop and/or adapt systemized tools including the hotline guidelines and beneficiary selection forms leading to higher ownership.
- Coordination and case referral systems work well between the agencies. GOAL Ukraine was effective in handling cases we had received from other organizations efficiently so that the overall response by the humanitarian community was more effective. In addition GOAL Ukraine achieved a high level of closing the loop on cases referred, which can be challenging.
- Accountability outcomes were tracked systematically through structured tools and reporting.

What would you do differently next time:

Further investment in the data management system that would have allowed us to analyze data more efficiently. A wealth of unexploited data could have informed future GOAL Ukraine programming adjustments.

What advice would you give to staff in other organizations wishing to try this:

In order to implement an integrated accountability approach a significant level of investment is needed in capacity building.

For CRMs and in particular hotlines, more attention needs to be paid to those who implement the strategy. Be careful to avoid having an excessive focus on lengthy and detailed document procedures which may not be accessible to many readers but instead focusing on the person who implements it and what they understand and apply in practice.

Referral systems/ Coordination:

The overall humanitarian agency presence in GOAL's operational area of Ukraine was not a large community so it was not very difficult to reach out directly to those involved and manage referral cases directly with each agency.

Annex 1 - GOAL Ukraine Accountability Framework

ACTIVITIES	OUTPUTS	OUTCOMES	INDICATORS
Field and hotline assistants recruited and trained using applied psychosocial methodology and listening techniques.	Training Reports, household assessments, baseline and endline CSI surveys and PDMs.	Beneficiaries appropriately targeted for vulnerability; rapid response to requests for assistance; adaptations to assessment tools in real time to improve appropriateness.	Quality of data collection and no. of complaints.
Regular debriefings of field and hotline assistants together.	Staff share and discuss their experiences of engagement with beneficiaries.	Duty of care to staff.	No. of indicating signs of field lethargy/distress and no. of regular debriefings.
All changes/ adaptations made to programme tools, activities and planning documented to note change, rationale for adaptation, decision makers and impact of decision.	Expanded logframe which includes MEAL Decision Log.	Accountability in the adaptation of programme tools, activities and planning.	Fully updated expanded logframe including MEAL Decision Log.
Regular inter-agency information sharing and coordination.	Managers and field staff engage in bi-lateral and inter-agency coordination at the level of distribution points, sub-office site level and capital level.	Avoid duplication and/or complement programming for holistically addressing vulnerability.	Cases of duplication; appropriate complementary activities
Functional referral system operating on the basis of Do No Harm.	Established referral system.	Affected-population are referred to suitable intervention	Referral database operating in accordance with

		program or support mechanisms.	guidance; no. of referral.
Do No Harm & Feedback Loop Training in Russian and English (as appropriate) for national and international staff and partner staff.	Do No Harm approach mainstreamed throughout programmes.	Ability to identify, discuss and respond to unintended (negative) consequences of the intervention.	Percentage of staff trained in Do No Harm & Feedback Loops; GOAL's intervention consequences recorded in monitoring tools.
Risk assessments and mitigation strategies.	Regularly updated risk guide for all staff.	Duty of care to staff.	Applied risk guide for all staff, with supplement for international staff specific considerations dissemination and followed.
Data protection policy developed and updated as appropriate.	GOAL Ukraine data protection policy which considers both ethical and legal issues related to PPI.	Duty of care to affected population.	Data protection policy disseminated and followed.