# Case Study: Development of a Complaints and Response Mechanism in Lebanon

**November 2018**

## Overview

This case study aims to capture lessons from the development of the Lebanese Red Cross (LRC) complaints and response mechanism (CRM), highlighting what it is, why it was created and how it developed. The study will also look at the successes and challenges of the CRM, since its inception in 2014, and what improvements can be made so that the CRM can better listen and respond to people’s feedback and complaints in the future.

The content of this case study has been developed based on conversations with individuals involved in the establishment of the CRM.[[1]](#footnote-1)

## Introduction

Lebanon has experienced recent significant humanitarian, socio-economic and political changes, a key contributing factor of which has been the profound impact of the Syria crisis. In a country of four million inhabitants, there is an estimated one million vulnerable Lebanese, just under one million registered Syrian refugees and almost 300,000 Palestinian refugees.

High levels of humanitarian need and a population that has grown by 28 per cent in less than five years has placed unprecedented strain on the country’s economy, public services and infrastructure. Poverty and food insecurity levels are high with 27 to 30 per cent of people in Lebanon living below the national poverty line. Among the refugee population, this rate rises to 76 per cent for Syrian refugees and 65 per cent for Palestinians.

In response to this high level of need, Lebanese Red Cross (LRC) set up their Disaster Management Sector (DMS) in 2013. Initially, the DMS focused on delivering basic assistance to people.

In 2014, the DMS’s Basic Assistance (BA) team started to pilot cash-transfer programming (CTP), with the support of British Red Cross (BRC), reaching 450 households with cash assistance in the first six months. LRC was initially nervous about CTP and perceived this modality type to bring with it significant risks. During the planning, one of the requirements identified by LRC’s CTP Officer and the BRC Cash Delegate for well-functioning CTP, was the establishment of a complaints and response mechanism (CRM). The first element of the DMS’s CRM, a hotline, was then set up in August 2014. LRC expressed interest in this approach, not only for the CTP, but with the expectation that in the longer term the CRM could be put in place across all of LRC’s relief activities.

Outside the DMS, LRC had experience of running a hotline for their Emergency Medical Service (EMS). This tool is for rapid response, receiving calls from people who need immediate medical assistance. The DMS’s hotline, however, operates at a much slower pace and deals with different types of calls which tend to be more complex and take time to address.

As it stands, the CRM handles complaints, questions, issues, feedback and assistance requests related to the day-to-day operation of DMS programmes, primarily the BA team. In addition, cases that need special attention are assigned to the relevant programme focal points using the CRM module in the DMS Programme Management System. If needed, cases are also referred to external organisations.

## Community Engagement and Accountability

Community Engagement and Accountability (CEA) puts people, vulnerable to and affected by crisis, at the centre of what we do. It is a set of activities that embed and integrate participation, communication, feedback and learning throughout the programme cycle.

CEA is integral to the delivery of quality programme and services. It encompasses working to engage people vulnerable to and affected by crisis, especially the most marginalised, in an ongoing dialogue in which their voices are heard, responded to and acted upon, whilst respecting fundamental humanitarian principles and guaranteeing personal data protection. Through our work, people vulnerable to and affected by crisis will become more skilled and empowered to lead and shape positive, sustainable change in their own lives, to influence decisions affecting them and to hold all relevant stakeholders to account.[[2]](#footnote-2)

## Complaints and Response Mechanism

A complaints and response mechanism is one tool that can be used to listen and respond to communities’ needs, feedback and complaints, ensuring they can actively participate and guide Red Cross Red Crescent actions.

Providing people with a way to communicate with DMS is considered to be extremely important to increase the transparency and accountability of LRC’s work to service users, donors and the wider public. It is also important for the DMS to be able to respond to the feedback or complaints received from people so that callers know what action has been taken.

A crucial element of a well-functioning complaints and response mechanism is how the information received from people is managed and protected. As one informant stated, a CRM is:

*‘80% data management and 20% answering calls.’*

Through good data management, data can be used to improve programmes and services delivered to people so that they meet the needs of people in the way which best suits them.

A CRM is useful for different stakeholders in many different ways, such as:

## Development

**Donors**

* Increased transparency and oversight of programme work

**LRC**

* Enhances transparency and accountability to donors and the public
* Assists LRC to hear from the public on how they are perceived

**Programme teams**

* Monitoring how the programme is doing
* Receiving feedback on their successes and failures to support improvement and development
* A way to find out and deal with any unintended programmatic issues

**Public**

* Information-sharing platform
* Can better see what LRC are doing
* Can hold LRC to account on what and how they are conducting themselves
* Can provide feedback to LRC on what they are doing well and where they need to improve

The CRM was set up in conjunction with the CTP pilot project in August 2014 with support from BRC. It was run by the BA team to deal with imminent issues that arose as a result of the pilot cash as a response modality. The CRM quickly proved to be a useful tool to capture programme-related issues, complaints and requests for assistance from beneficiaries.

The first part of the CRM was a hotline, run from a mobile phone number. When a call was received, information was then inputted into a Microsoft Excel spreadsheet. The kind of information that was collected from callers initially included their name, location and their reason for calling. As the team became more aware of what information was useful to be able to respond to cases, more columns were added to the spreadsheet.

Over time, the team had more information to manage and analyse. The team started to develop a way to categorise and prioritise calls to make the mechanism more efficient.

Next came serious burnout. Once the hotline was up and running, the team, which was very small at the time, started receiving a high number of calls. The BA officer tasked with running the hotline was working flat out to listen and respond to people’s issues, complaints and feedback, many of which were distressing.

One informant recalled speaking to a caller who was seeking help for their child who had a serious health problem and required urgent medication. The hotline operator did all they could, through professional and personal contacts, to support the caller. The team quickly recognised that this was an unsustainable model and, in order to prevent hotline operators becoming overwhelmed, responsibility for the hotline had to be rotated.

As part of the DMS’s commitment to improve quality and accountability and free up the time of the Basic Assistance team to focus on programme management, while utilising financial resources provided by BRC, the CRM was officially handed over to the Planning, Monitoring Evaluation, and Reporting (PMER) team on 1 June 2016.

At this time, the CRM Officer had been working on a new system to host the CRM. This was Microsoft Access based. The redesign of the system meant that the CRM could better accommodate and analyse the increasing number of cases logged, while preserving beneficiary satisfaction by effectively dealing with cases.

Since the CRM was handed over to the PMER team to manage, the programme teams have been better able to focus on their operational work. Additionally, the CRM has become more systemised and efficient. It was, however, essential for the programme and PMER teams to build relations with each other to ensure good communication flow.

Although LRC were initially reluctant to create a CRM and many were unclear of the advantages a CRM could have, it has proved its worth. For a number of reasons, the CRM has been able to develop as a bottom up approach. The different teams which have been involved in its development have been relatively free to create the system.

|  |  |
| --- | --- |
| **LRC’s requirements for the CRM system** | **Resources needed for a CRM system** |
| Be free for people calling LRC with feedback or complaints | CRM Operators |
| Be easy for the public to use | Phone line |
| Be simple for LRC staff and volunteers to use | Headphones for Operators |
| Be easy to maintain | Private space |
| Be hosted within LRC so that LRC staff and volunteers could quickly troubleshoot issues and all maintenance could be done without reliance on any other company | Secure database |
| Fit with LRC’s IT strategy |  |
| Fit with DMS’s data management strategy |  |

Below is the PMER teams’ structure:

## Users

CRM users change depending on the context at the time, such as the season, what other organisations are or are not doing and many other factors. It also changes depending on what activities LRC has been undertaking. Cases received by the CRM are mainly:

1. **Requests for assistance**
2. **Programme-related issues**, such as card loading, lost cards and forgotten pin numbers
3. Requests for **information**, for example ‘what is my status in the programme?’ or ‘where could I go for medical care?’
4. Positive and negative **feedback**
5. Since its inception in 2014 until now, the CRM has received 40 **complaints, a small percentage of which were sensitive.**

In relation to complaints, those involved in the CRM believe that this is not because people have nothing to complain about, but that there may be other reasons for why people are reluctant to lodge complaints or feedback, such as:

* Trust in LRC
* Cultural reasons, for example, in Syria, pre-conflict, some saw it as socially unacceptable to voice complaints against official bodies
* The quality of the information LRC provides to people about what and who the CRM is for
* People’s access to a phone to be able to call
* The hotline is not completely free, as callers are charged at their network rate. The team currently get around this calling the individuals back so that LRC is charged the fee rather than the hotline users
* People’s fear of losing assistance from LRC as a result of lodging feedback or complaints.

Akkar

3508

Baalbek-El Hermel

267

Tripoli

3914

Mount Lebanon

57

South

1452

Bekaa

2121

El Nabatieh

Beirut

27

64

Number of CRM users by governorate\*

## Communicating the CRM

Anyone setting up a CRM should assess and ask the community about the types of communication methods which best suit them and ensure there is clear messaging about what the CRM does and does not do.

The DMS currently informs people about the CRM through a number of different ways, such as:

* SMS messages
* During DMS activities
* Flyers distributed during activities, for example, at distributions, through e-voucher information sheets and pin number letters
* Referral from other organisations, for example, UNHCR, Caritas, Save the Children
* Informally from other people. [[3]](#footnote-3)

## Benefits

**Receiving, delivering, monitoring and acting on information.** It used to take time to find out information from and get information to service users. As a result, it took time to monitor and react to programme issues. The hotline is an easier way of delivering information, such as the reason for why someone’s cash card was blocked or why an individual does not meet the vulnerability criteria for a particular programme; also of receiving information from people, for example ATM issues or staff conduct, which allows LRC to adapt programmes and approaches to better meet people’s needs.

An example was one instance of a liquidity issue at a bank due to the pressure of high number of people withdrawing. Service users started calling the hotline and the team immediately contacted the bank and asked them to refill the ATM. The team also notified other organisations working in the area to encourage people to stagger the time at which they visited ATMs. The hotline then responded to callers to inform them that the issue had been resolved.

**Information is not lost or forgotten.** Complaints and feedback are regularly received in the field by staff and volunteers, however, information may be lost or forgotten as the information is not documented. This means that issues are less likely to be solved and trends spotted. The CRM can capture and document information from service users so that it is not lost or forgotten. At present, the CRM does not capture informal feedback received by staff and volunteers. This is a gap which the DMS is seeking to address in the future.

**Evidence for decision making.** Information collected through the CRM helps to:

* Make programme changes, for example, to increase or decrease the number of beneficiaries or change the types of services delivered
* Push and advocate for actions, such as the need for more resources. In the winter of 2017, the Assistant Director for PMER advocated within LRC for the recruitment of new volunteer CRM Operators. The CRM team had evidence from the previous two years that calls increase during the winter months. As a result of this advocacy, more resources were provided for the CRM to receive and respond to all callers over the winter months.
* Illustrate the worth of both the CRM and wider programming. It took some time to show the value of the hotline to others. Now, in its third year, the team can really highlight the benefit of the hotline utilising the data they have collected.

## Successes

**No case is left without a response.** Although the DMS cannot meet the needs of all people contacting the CRM, CRM Operators take time to listen to every caller and the DMS work together to provide a quality response.

**Hotline reach.** The number of calls have increased dramatically since its inception. Although this could be attributed to a number of different factors, for example, increased need in the country, it could suggest that more people are now aware of the CRM.

To extend the hotline reach further in the future, the DMS aims to make the **hotline completely free** for callers to use. Currently, there is no additional charge for callers to contact the hotline, but people still have to pay their standard network rate.

**System progression.** The development of the system has been a real success: from a few columns on Excel to a whole Access system which includes data collection, management, case assignment and interactive dashboards which provide a live view on CRM operations.

One informant noted that the reason why the progression of the system has worked so well was because each version has been based on the previous and new parts have then been built on this strong base when a gap has been identified.

The Access system was developed by a member of staff outside of working hours, due to their own interest in making it more efficient. Having someone developing the system from within the team has suited the DMS, as opposed to relying on outside companies or consultants. However, those working with a CRM should consider the time and resources needed to develop systems and carefully consider the options and budget needed.

The challenge that comes with developing a system in this organic way, as one informant noted, is that there is no clear idea of the bigger picture. Those who have been involved in the development of the CRM advise others starting out to know what the bigger picture is at the start of the process and be more **systematic** to deliver it. Additionally, the creation of **guidelines** to standardise the system early on in the process is beneficial to support those who work on a CRM.

**Reporting.** The quality of reports provided to programmes teams, partners and donors by the CRM team has improved significantly. Additionally, the PMER team created a live dashboard containing CRM operational data using Microsoft PowerBI. This tool allows key stakeholders to monitor CRM operation on a daily basis. Programme team members stated that they find the information provided by the CRM extremely useful to assess and adapt their services to better meet the needs of people.[[4]](#footnote-4)

**Human resourcing.** The CRM has received differing levels of human resources over time. Once the CRM was handed over to the PMER team to manage, it fell under the responsibility of one full-time member of staff. This proved to be inefficient and placed a lot of pressure on one person. The team now have two part-time volunteer CRM Operators.[[5]](#footnote-5) Having a properly resourced team is essential to ensure operator can continue to provide a quality service.

**Data protection** has improved. The current system used to host the CRM is much better at keeping people’s data protected. The team are also working on a new system which will ensure additional protection for people’s data and aims to comply with data rules and regulations, such as with the EU General Data Protection Regulation (GDPR), to be eligible for partner funding. The team should continue to develop their data management procedures so that people’s information is used in a way that has been agreed with the person it concerns.

**Transparency and accountability.** The CRM was initially developed by the Basic Assistance programme team. In an effort to further improve the DMS’s transparency and accountability to the public, the DMS separated the mechanism from the people who are implementing programmes and entrusted CRM responsibly to the PMER team. The PMER team, independent from the DMS’s programmes, developed clear roles and responsibilities to listen to and coordinate a response to people’s complaints or feedback and hold programme teams to account on behalf of people lodging complaints or feedback.

**Sustainability.** When the CRM was first set up under the CTP project, it was a cumbersome system which took a great deal of work from the Basic Assistance programme team. This meant that it looked unlikely that a functioning CRM would continue past the end of the project. Over time, however, as the system has become more efficient, processes have been institutionalised within the DMS and people can see the worth in having a CRM. It looks increasingly likely that the CRM will continue for years to come.

## Challenges and Improvements

**Resourcing.** In addition to the CRM being a key element of LRC DMS’s accountability to service users, the CRM provides a great deal of information to donors, partners and programme teams. At present, however, many are reluctant to provide funding to cover the CRM costs. The effect of this is that there is not always funding available to retain CRM Operators. One informant considered that this may be because these funds would not go directly to beneficiaries, however, by having a strong mechanism in place to listen and respond to beneficiaries, programme efficiency and quality can increase and cost effectiveness improved.

**Integration with other systems.** Different types of information, which would be useful for the CRM team to better support service users, is currently held in different systems. For example, the Red Rose database holds beneficiary lists. The PMER team are currently looking at a way to integrate these different databases to increase the efficiency of the CRM.

**Provision of up-to-date information for callers** is only possible if programme teams share this with CRM Operators. Frequently asked questions should be in place for the technical questions that Operators might receive when covering different services, such as WASH. Operators need to have better briefs to understand different programmes, which may include online training or visits to the projects. The PMER team are currently planning to map all of the services provided by LRC to assist in providing up-to-date information to callers.

**Slow response times and accountability of programme teams.** Currently, programme teams are overstretched trying to deliver services to people. On top of this, they need to respond to complaints and feedback received through the CRM. Resourcing within programme teams needs to be considered to be able to address individual cases.

Ideally, there would be a focal person in each programme team who has time dedicated to the CRM. Additionally, programme teams would be held to account on how well and timely they respond to cases. This would enable CRM Operators to have greater confidence in providing a timeframe to callers for when they are likely to receive a response, for example, within five days for an issue or within two days for a complaint.

**Effectiveness of external referrals.** As yet, there are no referral agreements in place with other organisations. This, along with the lack of comprehensive information of services provided across Lebanon makes it difficult for the team to refer cases externally to LRC.

Initially, external referrals were based on whether individuals knew of personal contact points within other organisations, rather than using documented procedures. One case that stood out for an individual who had worked on the hotline was a parent calling about their daughter who urgently needed open-heart surgery. LRC referred the case to the UNHCR Health Focal Point. The team constantly followed up with UNHCR as to how the case was going.

Normally, however, as there is no formalised system in place, if someone is contacting the CRM to ask about where they could receive medical care, the CRM team have limited information available to refer the case. The team are seeking to address this issue by conducting a comprehensive mapping of services provided by organisation across Lebanon.

**Psychosocial support integrated with the CRM.** As can be seen from the table above (*Types of calls received per year*) most of the calls are requests for assistance. This means that the CRM Operators are having to spend, usually, a longer time with each caller providing psychosocial support over the phone.

Additionally, with each call comes a certain amount of stress and sometimes trauma. Over time, if Operators are not given the opportunity to talk through what they have experienced this could lead to significant stress and burnout. If psychosocial support was better integrated across the CRM, this could be very beneficial to service users and staff and volunteers. The PMER team are now planning for Operators to receive the same training as the Emergency Medical Services Dispatchers and peer-to-peer support.

**CRM expansion.** Currently, the CRM covers the Basic Assistance programmes and is starting to expand to cover the WASH teams’ activities as well. A number of informants highlighted that they would want to have had a better plan from the start for expanding the CRM faster to cover all of the DMS’s work. In the case of the DMS, the CRM may not have had the same quality but it may have meant that more resources could have been brought in to support its development.

**Diversity of CRM channels.** At present, the main channel through which complaints and feedback is received is through a hotline. It has been useful for the team to focus on one channel to have a chance to test and pilot the CRM before expanding. However, the DMS would like to have different CRM entry points in the future to suit as many people as possible who wish to provide feedback or complaints. The channels that are used should be based on an assessment and be guided by the ways in which people wish to communicate their complaints and feedback with LRC. Initial ideas include:

* Centre-level application where people can log complaints. Currently, there is lots of field-level feedback that is not captured
* Field-based complaints and feedback desk
* Social media
* LRC webpage.

## Next Steps

*‘Providing people with a way to provide feedback and complaints to LRC shows that we are proud and care about what we do. It is our vision to “listen to our beneficiaries” and design what we do according to their needs. We are currently working towards this but are not there yet. If we do everything we can to include beneficiaries in all we do, then one day we can achieve this.’*

Head of DMS

The DMS’s CRM has now been running for around three years. During this time there have been changes to the context in Lebanon, to LRC and the CRM itself. In order to ensure that a CRM continues to be relevant and useful to stakeholders, from service users to donors, a review should be conducted to understand how well a CRM meets its objectives and what the gaps are. This will help support LRC to look at how to adapt the CRM to continue to be effective and efficient and meet the needs of service users. In undertaking a review, it is crucial that it involves those that the CRM is there to serve: beneficiaries.

## Annex 1: Timeline

|  |  |
| --- | --- |
| **Date**  | **Activity**  |
| **2013** |  |
|  | LRC DMS created. |
| **2014** |  |
| April  | LRC agreed to a cash-transfer programming pilot project to test using cash as a modality. |
| June  | LRC’s first Cash-transfer Programming Officer started. The CTP Officer was responsible for the whole CTP pilot from finance, operations, communication, monitoring, evaluation, reporting and much more. |
| August  | LRC’s DMS CRM started.The DMS had a high workload and very few resources. There was one newly recruited LRC member of staff who was overloaded with tasks. This is one of the reasons why it took time for the CRM to develop.  |
| September  | BRC Cash Delegate started. After this point, LRC CTP Officer and BRC Cash Delegate worked closely together and started to think about developing channels for receiving feedback and complaints from affected communities.  |
| November  | DMS’s Finance Officer started. This freed up a bit more time for the CTP Officer to focus on the cash programme and the CRM. At this time, the CRM was ‘quite primitive’ – an Excel-based system. Not yet a systemised process. Data not well protected as all stored locally on a computer. Had to convince LRC to purchase a phone line and register it to start the hotline. This took a long time and LRC were nervous about it. An email address, phone line and complaints boxes were set up. Boxes were placed in municipalities.  |
| **2015** |  |
|  | In winter the team started to refer cases externally based on guidelines for referral pathways developed with BRC. |
| **2016** |   |
| January  | DMS joined in-kind and cash under one Relief team. Tripoli and Tyre centres added to the cash programme – in-kind across 12 centres. Quality and Accountability Focal Point now responsible for managing the hotline.Hotline management was not too difficult at this time as the Quality and Accountability Focal Point focused on it full time and could answer the calls from 9.00-14.00. There was a problem when she went to the field as there was no one else to answer the hotline. Two days might pass and in that time, perhaps 200 missed calls needed to be followed up. Quality and Accountability Focal Point started to develop drop-downs in Excel spreadsheets. |
| March  | Two cash programmes, one in Akkar and one in Zahle with separate hotline numbers for each.  |
| March–June  | CRM Officer started to create the first CRM database on Access (in his own time). CRM Database completed by June.Workshop took place regarding the handover of the hotline from BA to PMER and roles and responsibilities were decided.  |
| June  | CRM handed over to PMER for management. The team started to work on systematising calls, inputting information into the CRM database (Access Version 1) and reporting to the teams within LRC’s DMS on the information received. It was decided by the PMER team that the CRM would be managed by the Q&A Officer.  |
| June–December | Calls received: 10–20 per day. |
| **2017**  |  |
| January–February  | Around 40 calls per day received. This led to high pressure and stress on the sole CRM Operator due to the high number of calls over the winter months. Seven centres now delivering cash.DMS changes the name of the Relief team to Basic Assistance. |
| March | LRC recruited a volunteer CRM Operator. |
| April  | LRC Q&A Officer and BRC Project Manager started to have discussions about creating some standard operating procedures for the CRM, call categorisation, data visualising and reviewing the CRM database. The team received new equipment for the hotline, such as computer monitors. |
| April–June | CRM database developed further and upgraded (Access Version 2). |
| June | Updated CRM database launched. This database was an improvement as it had: better information which was displayed in an easier way for the hotline operator; the information was better protected; two operators could log calls at the same time. One downfall was that the system was now slower as it contained more information and it was hosted online rather than on a local drive. The system was ultimately more frustrating for the hotline operators but supported the provision of a better service to people calling the hotline. |
| October–December | Started to expand the Programme Management System. This system allowed the team to assign cases directly to teams within LRC’s DMS. Once the case was assigned, an automatic notification was sent to the relevant Focal Point in order for him/her to solve the case. This made the process a lot more efficient. Prior to this, emails had to be sent for each case and resolved through email. The information was not as protected and the communication took time. It also meant that cases were hard to track as they were lost in people’s inboxes.  |
| December | Advocated to get a second volunteer CRM Operator to pre-empt high call numbers over the winter.The PMER team developed a tool for assigning cases within LRC’s DMS.  |
| **2018** |  |
| January-February | Cases logged reached a record high with 1180 cases logged during the month of January, most of which were requests for assistance.  |
| April | Number of cases logged so far during 2018 reached the total number of cases logged during 2017 |
| June-July | CRM Toolkit developed with the support of BRC |
| August-September | Revision and Development of the CRM assigned cases and Case entry forms was initiated. Development was based on a new online platform called Microsoft PowerApps, enabling the CRM operation to be carried out without the usual lags experienced in Microsoft Access while making it easier to roll out upgrades.  |

1. The following roles were interviewed for this case study: LRC’s Quality and Accountability Officer, Basic Assistance Officer, Assistant Director for PMER, CRM Operator, Head of DMS, Assistant Director for Operations, Basic Assistance Programme Manager and BRC’s Cash Delegate. [↑](#footnote-ref-1)
2. Community Engagement and Accountability (CEA), what do we mean by CEA; why CEA; what are we trying to achieve and our approach, British Red Cross, 2018. [↑](#footnote-ref-2)
3. \*2018 data does not include Q4 [↑](#footnote-ref-3)
4. \* 2018 data does not include Q4 [↑](#footnote-ref-4)
5. LRC DMS staff are employed on a contractual basis (the majority on one-year contracts). Volunteers do not sign contracts but are compensated through per diems. [↑](#footnote-ref-5)