



Islamic Relief Worldwide

**Examining barriers to complaints mechanisms
for at-risk communities**

Synthesis Part 2

Islamic Relief Worldwide, Synthesis Report: Part Two

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1. Introduction and Methodology

This section provides an introduction to the second part of the synthesis. It describes the methodology and provides an overview of the limitations and considerations. It also outlines key definitions in relation to complaints, complaints mechanisms and the barriers relating to the use of complaints mechanisms.

1.1 Introduction

In 2015, world leaders pledged to 'leave no one behind' as they met to agree the 2030 Agenda for Sustainable Development. Yet this commitment has proven difficult to live up to. The fact that many millions of people with significant humanitarian needs are being left behind in many different ways has prompted deep reflection on how to turn policy-level commitments into practical action.

The 2018 World Disasters Report assisted in identifying those that are being left out. It identifies flaws that allow people to fall through the cracks and states 'too many affected people are out of sight, out of reach, or left out of the loop'. In particular, older people and people with disabilities are disproportionately affected by humanitarian crises as they are all too often 'invisible' to humanitarian responders. They face social, environmental and organisational barriers to access and participation in humanitarian action, which puts them at higher risk.¹

A key principle of humanitarian action is that the rights and dignity of all people affected by crises should be considered in humanitarian programming. The implementation of inclusive humanitarian action is fundamental to ensuring the fulfilment of the core principles of humanity and impartiality. Although there has been some progress made in recognising that humanitarian crises affect each individual differently depending upon their age, gender, disability and other characteristics, this is yet to be translated into system-wide, consistent and inclusive action.

Women and children, older people, and persons with disabilities are all too frequently overlooked. This serves to heighten the barriers that already preclude these groups accessing the humanitarian protection and assistance that they require. As a consequence, it is now urgent that all aspects of humanitarian action routinely include people who are discriminated against due to their age, disability, gender, ethnicity, and other social categories. This call was acknowledged in the run-up to the World Humanitarian Summit (WHS) and progress towards this goal has subsequently been initiated through the WHS call for more inclusive humanitarian action, its adoption of the Charter on inclusion of persons with disabilities in humanitarian action, and initiatives such as the Core Humanitarian Standard on Quality and Accountability (CHS)

The CHS is founded on fundamental human rights and is underpinned by the right to life with dignity and the right to protection and security as defined in international law. It promotes inclusion directly through the indicators, key actions and organisational responsibilities of the commitments.. The standards recognise that the participation of crisis-affected people is the cornerstone of an effective humanitarian response and that 'information and communication are critical forms of aid, without which affected people cannot access services, make the best decisions for themselves and their communities, or hold aid agencies to account'. To this end, 'it is vital to acknowledge diversity within communities by collecting and using data disaggregated by sex, age and ability to inform programmes. Community is understood as a group made up of women, men, boys and girls, each with different capacities, needs and vulnerabilities'.²

The synthesis consists of two parts and examines selected agencies' approaches to strengthening inclusion of at-risk community groups, particularly those who are discriminated against due to their age, disability, gender, ethnicity, and other social categories.

The synthesis focuses on the inclusion of at-risk groups within activities relating to commitments 4 and 5 of the Core Humanitarian Standard and, specifically, the establishment of inclusive complaints mechanisms.

The overall objectives of the research are to:

- Gather examples of best practice and challenges to inclusion in relation to CHS 4 and 5, through desk research and interviews with key international non-governmental organisations (INGOs).
- Provide recommendations for strengthening inclusion at the field level in relation to CHS 4 and 5.
- Develop specific guidance (check list) for Islamic Relief Worldwide on establishing inclusive complaints mechanisms.
- Analyse examples of best practice to identify key elements of successful approaches to inclusion and common challenges, to stimulate wider learning and improvement at a global level within Islamic Relief and in the wider sector.

¹ Leaving No One Behind, The international humanitarian sector must do more to respond to the needs of the world's most vulnerable people, The world disasters report 2018, IFRC <http://media.ifrc.org/ifrc/wpcontent/uploads/sites/5/2018/10/B-WDR-2018-EN-LR.pdf>

² The CHS Guidance Notes and Indicators 2015, CHS. https://corehumanitarianstandard.org/files/files/CHS_guidance_notes.pdf

1.2 Objectives

The objective of part two of the synthesis was adjusted to focus on the barriers faced by the different groups of at-risk communities to using complaints mechanisms within selected Islamic Relief Worldwide country programmes. This includes attitudinal, institutional and environmental barriers related to gender, disability, age and those who face discrimination due to other characteristics relevant to the context (e.g. ethnicity, religion, marital status etc).

It was requested that, where possible, an analysis is provided of the different barriers faced by the following groups:

- Boys and girls;
- Older men and older women;
- Men/women/boys/girls who have difficulty to hear and/or speak;
- Men/women/boys/girls who cannot write or have difficulty to see;
- Men/women/boys/girls who have difficulty to hear and/or speak or write;
- Men/women/boys/girls who face discrimination due to other characteristics relevant to the context (e.g. ethnicity, religion, marital status etc).

The revised objectives of part two of the synthesis are to:

- Document the attitudinal barriers (relating to perceptions of the community and of the individual), institutional barriers (relating to the policies, practices and capacities of Islamic Relief) and physical environmental barriers (relating to access to information, venues, and devices) faced by various at-risk communities to using complaints mechanisms
- Understand the extent to which data on the use of complaints mechanisms is disaggregated, what categories are used and, where possible, gather examples
- Gather examples of good practice in overcoming the barriers to inclusion in the complaints mechanisms relating to gender, disability and age
- Document recommendations on how to overcome these barriers based on views from recent consultations carried out by the Country Offices (COs) and interviewee suggestions

1.3 Methodology and approach

The second part of the synthesis was carried out in September and October 2019 and consisted of a series of skype discussions with relevant Islamic Relief country staff at the selected COs. Please see Table 1 below. The staff were selected by the Monitoring and Evaluation Team and Protection and Inclusion Coordinator. Interviews focused on the interviewees' experiences of the different barriers to using complaints mechanisms faced by the various types of at-risk communities, documentation of examples of good practice and a set of recommendations for overcoming the barriers discussed.

Sudan Pakistan Gaza Afghanistan Ethiopia Kenya Syria Nige	Protection and Inclusion, MEAL staff
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A total of 11 Protection and Inclusion or Monitoring, Evaluation, Accountability and Learning (MEAL) staff were interviewed from 8 COs. The interviews were undertaken via skype and lasted between 60 and 90 minutes. They were conducted over a period of three weeks to allow maximum participation. Please see details in Table 1.

1.4 Limitations and considerations

There are a number of limitations linked to the scope of the synthesis.

- While the consultant placed emphasis on the barriers faced in the use of **complaints** mechanisms, informants frequently did not distinguish between mechanisms that received **complaints** or **feedback** as, in most cases, they were designed to receive both. Accordingly, **complaints mechanisms** is used in the report to describe both **complaints and feedback mechanisms** as the terms were often used synonymously among staff.
- It was requested that an emphasis be placed on the attitudinal, institutional and physical environmental barriers faced by different at-risk groups in using complaints mechanisms. These include various activities relating to complaints mechanisms (such as consultations on the design of the mechanisms and information provision regarding how to access the mechanisms) that are relevant to the indicators for CHS 5 and some aspects of CHS 4. It should be noted that the barriers are likely to vary according to both the types of complaints mechanisms and the different aspects of each of the mechanisms. Given the limited time during interviews and the limited detail that was available, the consultant was asked to prioritise and disaggregate the barriers according to specific groups of people and the types of barriers, rather than the aspects of the mechanism, or types of mechanisms. The details contained in this synthesis report are based on the examples that were shared by interviewees.
- Where they existed and were shared (in three of the COs), the complaints mechanism Logical Framework Approach (LFA) were examined and discussed during the interviews to gain a deeper understanding about specific activities and indicators relating to the complaints mechanism. This was not possible for all the COs.
- Interviewees were not always able to give examples of the barriers faced by specific groups. It was often the case that the barriers faced by communities in general were discussed, rather than those faced by specific groups. As a result, it was not possible to obtain a detailed barrier analysis for each group identified in the Terms of Reference (TOR), or the details of exactly how a certain barrier affected a specific group. The consultant has taken care to avoid misinterpretation and has referred to some of these barriers in general terms.
- It was not possible to interview MEAL staff from each of the COs as they were often in the field and not available during the period that the consultant was undertaking interviews.
- The examples that have been included in this report have been included for the purposes of illustration. It is not possible to provide a full analysis of all the barriers for all mechanisms, as the level of detail required was not provided during interviews. They reflect perceptions and views of the individuals interviewed only, although in some cases information from the reports that were submitted and reviewed has been included. The openness and reflection of all interviewees was appreciated and resulted in a broad range of examples and experiences being shared. The aim was not to evaluate CO practice.

1.5 Structure of report

Section 1 of the report includes an introduction, summary of the methodology, approach, limitations and considerations of the synthesis. It also outlines Islamic Relief Worldwide complaints mechanisms and provides a summary of the types of barriers to complaints mechanisms.

Section 2 summarises examples gathered from interviews of the attitudinal, institutional and environmental barriers for at-risk communities when using complaints mechanism.

Section 3 outlines examples of good practice shared in overcoming the barriers for at-risk communities.

Section 4 makes recommendations for overcoming the barriers for at-risk communities, according to the views of interviewees.

1.6 Islamic Relief Worldwide complaints mechanisms

The Islamic Relief Field Office Complaints Policy covers all complaints, whether received verbally or in writing, from beneficiaries or others in the field relating to violation of rights, a breach of trust, an expression of dissatisfaction or unhappiness about Islamic Relief's work or an action or inaction by staff and volunteers, contracted parties or implementing partners. All complaints are treated as confidential at all stages of communication within the complaints handling system and must be logged and recorded accordingly.

Complaints are categorised according to risk, e.g. low, medium, high risk or highly sensitive; safeguarding issues; corruption and fraud; safety and security. Issues related to the way in which programmes are delivered (e.g. targeting, selection, community sensitivities, environmental impact, quality, timeliness etc), or other areas of non-compliance with Islamic Relief policies are also considered. As defined in the Islamic Relief Worldwide HQ complaints policy, a 'request for information, or a general query about the work,' is not considered to be a complaint.

All Islamic Relief field offices, projects and programmes have a designated point of contact to deal with complaints locally. This is known as the Complaints Focal Person (CFP). This person is accessible and available to support beneficiaries and stakeholders to make a complaint and to ensure that the complaints policy and process are understood. They are responsible for receiving complaints at the CO level and for recording this within the central CO complaints register. They also have responsibility for creating an *'inclusive, protective and welcoming complaints mechanism at the local level, across all project sites and office locations, ensuring awareness of and accessibility to all, in particular those most at risk, vulnerable adults, children and people with disabilities.'*³

The Islamic Relief Worldwide Complaints Mechanism LFA developed by some of the COs outline the activities for the work plan in relation to complaints mechanisms and is based on the CHS indicators. The LFAs include a breakdown of activities which helped to focus discussions during interviews on the opportunities for communication with at-risk groups, along with some of the potential barriers that might prevent certain groups from gaining access to these. A review was undertaken of the available LFAs and an extract from the Pakistan LFA is outlined in the box below.

**Table 2:
Extract from the Pakistan Complaints Mechanism LFA**

Meetings arranged with communities / stakeholders to discuss design, implementation and monitoring of complaints mechanisms
Communities trained on complaints mechanisms
Dissemination of pamphlets and information material introducing complaints mechanisms, safeguarding / PSEA
Desk established to receive complaints
Meetings set up regularly at project activities
Orientation session on PSEA

³ IRW Field Office Complaints Policy 2018

1.7 Barriers to complaints mechanisms

There are specific barriers for at-risk groups that are linked to both the different types of complaints mechanisms and the different aspects of each mechanism. The various aspects and indicators of safe and responsive complaints mechanisms are outlined in CHS Standard 5 and reproduced in the box below.

CHS Commitment 5 - Communities and people affected by crisis have access to safe and responsive mechanisms to handle complaints.

1. Communities and people affected by crisis, including vulnerable and marginalised groups, are aware of complaints mechanisms established for their use.
2. Communities and people affected by crisis consider the complaints mechanisms accessible, effective, confidential and safe.
3. Complaints are investigated, resolved and results fed back to the complainant within the stated timeframe.
- 5.1 Consult with communities and people affected by crisis on the design, implementation and monitoring of complaints-handling processes.
- 5.2 Welcome and accept complaints and communicate how the mechanism can be accessed and the scope of issues it can address.
- 5.3 Manage complaints in a timely, fair and appropriate manner that prioritises the safety of the complainant and those affected at all stages.
- 5.4 The complaints-handling process for communities and people affected by crisis is documented and in place. The process should cover programming, SEA, and other abuses of power.
- 5.5 An organisational culture in which complaints are taken seriously and acted upon according to defined policies and processes has been established.
- 5.6 Communities and people affected by crisis are fully aware of the expected behaviour of humanitarian staff, including organisational commitments made on the prevention of sexual exploitation and abuse.
- 5.7 Complaints that do not fall within the scope of the organisation are referred to a relevant party in a manner consistent with good practice.

The CHS states that vulnerable and marginalised groups should be aware of complaints mechanisms established for their use and that mechanisms should be accessible, effective, confidential and safe. Further, it explains that complaints should be investigated and referred appropriately and resolutions/results fed back to complainants. There are barriers to certain groups being made aware of the mechanisms that are in place, physically accessing the mechanisms, receiving feedback or being made aware of the outcomes of their complaints.

CHS standard 4 emphasises the need to allow and encourage people receiving aid to speak out and influence decisions. Sharing information, listening carefully to affected communities and involving them in decision-making contributes to more effective programmes and improves the quality of services delivered. People should have the opportunity to voice their opinions and take an active role in their own recovery.

Effective and inclusive communication must consider that different groups (e.g. mothers with young children, older men or women with disabilities) will have different communication and information needs and may well have different trusted sources of communication. Instead of using one-way communication, organisations should ensure not only that existing communication systems are used but also that people are consulted on their preferences and the degree of privacy required.

CHS Commitment 4 - Communities and people affected by crisis know their rights and entitlements, have access to information and participate in decisions that affect them:

Key actions and guidance include the provision of accurate, accessible, timely and appropriate information to communities and people affected by crisis about the organisation, programmes, activities and staff behaviour. It should be accessible and understandable to all affected groups and their views (including of the most vulnerable and marginalised) should be sought and used to guide programme design and implementation. All groups within affected communities should be aware of how to give feedback on the response and feel safe using those channels, and any barriers identified and addressed. Data provided through feedback mechanisms should be disaggregated by age, gender and other relevant categories.

The CHS indicators for a safe and responsive complaints mechanism include aspects of communication, accessibility, attitude and participation (ACAP) which are considered important means of enhancing inclusion as they contribute to the removal of barriers.⁴ The CHS indicators form the framework for the Islamic Relief LFA, which outlines the different activities associated with the complaints mechanism. There are specific attitudinal, institutional or environmental barriers for at-risk groups, relating to these different aspects of complaints mechanisms.

Different types of complaints mechanisms are likely to have different attitudinal, institutional and physical environmental barriers associated with them. The Client Responsiveness framework established by the International Rescue Committee (IRC) provides a description of the different types of mechanisms.⁵ These include both proactive mechanisms, such as surveys and community meetings, and reactive mechanisms, such as complaints boxes, open listening exercises and indirect data.

⁴ ACAP Towards Inclusion: A guide for organisations and practitioners.

⁵ <https://www.rescue.org/sites/default/files/document/1250/ircclientresponsivenessprogrammingfw-betadec2016.pdf>

2. Examples of complaints mechanisms and the barriers for at-risk groups

Interviewees were asked to share examples of attitudinal, institutional and physical/ environmental barriers faced by at-risk communities linked to their use of complaints mechanisms in the country where they were based. Wherever possible, informants were requested to provide details about the specific barriers relating to the different types of complaints mechanisms and the different aspects of the mechanism.

Interviewees were asked to share details of how data on complaints mechanism was disaggregated.

Interviewees described the different complaints mechanisms that are used within the country programmes. These were designed to receive both complaints and feedback about project activities, levels of satisfaction, concerns, questions and suggestions. It was frequently the case that they also received a considerable volume of messages of gratitude. The box below gives one example.

Afghanistan: The complaints mechanism was established to 'listen and hear what beneficiaries are thinking about our work/programs quality and any concerns that are raised'. Feedback/complaints are received from beneficiaries/stakeholder/parties from all provinces and are responded to in line with the policy. Issues that have been raised included beneficiary dissatisfaction with selection process, timelines, contractor work quality, dissatisfaction with quality, quantity or timeline of the assistance received or not received, consultation, awareness, lack of inclusion, and late payments.⁶ Complaints Committees are established at each of the field offices to receive complaints and improve understanding about the mechanism.

Complaints mechanisms at the CO level commonly included the use of complaints boxes at different locations, mobile phone numbers or hotlines, direct visits to offices and receipt of emails, field visits by staff, focus group discussions (FGDs), interviews, meetings, via leaders, via partners, one-on-one and household visits. While the consultant placed emphasis on the barriers faced in the use of complaints mechanisms, informants frequently did not distinguish between mechanisms that received complaints or feedback as, in most cases, they were designed to receive both. Many examples included below illustrate the specific barriers for complaints, but some interviewees discussed the broader barriers to feedback and two-way communication.

Interviewees reported limited disaggregation of data on the use of complaints mechanisms by different groups. Some said that sex, age and disability data is included within complaints registers, but that it isn't included on all complaints forms (some have been updated to address this) and is not always completed. There is fairly limited data available on the numbers of people with disabilities making complaints and how these are received in the COs. People are asked when making a complaint whether they have a disability or not, a tick box is provided on the complaints forms and sometimes people are asked the question when they call hotlines. Some interviewees felt that people would be willing to disclose their disability, but others felt that people would be wary of offering such details. There were concerns raised that if people using the hotline were asked too many questions they might hang up.

For this reason, gathering accurate disaggregated data on disabilities is felt to be a challenge. This is further complicated by the fact that community focal points and partners don't always ask complainants about disabilities and leaders may only report the details if they feel they are of relevance. There is no obligation for people to provide details of any disabilities and they are often not collected by staff, who are busy in the field and may see this as an extra task. One interviewee said it is a challenge to ask about disability and to get such detail and accurate information. Data is often not available, although staff do sometimes try to get it and are encouraged to think and ask about this. The Washington Group Questions (WGQ) are used in some instances during assessments to obtain details of disabilities. Monitoring matrix and reporting formats are said to sometimes include more detailed disaggregation, such as whether or not an individual has a disability and what type, but it was not known what level of details are collected.

⁶ Islamic Relief Worldwide Report on Afghanistan CRM 2019

2.1 Attitudinal barriers related to the use of complaints mechanisms

Interviewees raised a number of attitudinal barriers faced by people seeking to use complaints mechanisms in their country context. These related to the perceptions, feelings and opinions of different members of the community and were often said to be strongly rooted in history and culture. Such attitudes were felt to have an impact on the ability of some groups of people to engage and communicate with staff, but also in the way that they were treated and the respect that was shown to them. Ultimately this was considered to affect the ability of some groups to express their preferences about how they would like to provide feedback, to receive information about certain complaints mechanisms, or the level of access they had to use the mechanisms to make complaints.

General barriers

Interviewees from five of the COs described negative attitudes towards complaining and the specific use of the term 'complaint'. They discussed the lack of a culture of providing feedback, that people were unaware of their rights to complain and of what constituted a complaint. In several countries the word 'complaint' was considered to be 'very heavy', or 'political', and was considered too strong a term to use for the purpose of project improvement. Several interviewees said it was 'hard for community members to understand the positive value of complaining' and that 'the culture was not comfortable with complaining'. Several interviewees also felt that people were reluctant to complain for fear that Islamic Relief may withdraw or withhold assistance and that it was often hard for staff to convince people otherwise.

Sudan: In Arabic the word complaint is 'Shakwaa' which translates to 'a big problem, a quarrel, a grievance, lawsuit, or protest'. As a consequence of the gravity of the term, it was felt that people were reluctant to use it.

Syria: In Syria, complaints were considered to be very negative and serious. They were often linked to personal liability and the perception that someone would have to answer for their mistakes. For this reason, people were reluctant to make complaints as they did not want to do anyone harm and they were also grateful for what they had received.

Gender or age-related barriers

Interviewees discussed a number of specific barriers linked to gender and age, particularly for older people, women and children. Many were similar to those for people with disabilities, such as a lack of awareness of rights to complain and positive aspects of providing feedback. Due to a perceived culture of exclusion from social processes, some groups were felt to lack the confidence to raise their concerns. Attitudes towards gender and age varied considerably with each different context.

Women and girls in several countries were said to be reluctant to share feedback with male members of staff and that it took significant 'courage' to do so. Conversely, one interviewee said that 'if a woman member of staff answered the hotline, men handed the phone to their wives, as they didn't feel comfortable speaking to someone of the opposite gender.' Linked to this, several interviewees felt there was a lack of awareness about how people should be treated by staff (particularly by the opposite gender) and a lack of clarity surrounding expectations of staff behaviour within some groups, although this was felt to be improving.

Several interviewees felt that children were often fearful of speaking out and raising their concerns to adults or staff with whom they were not familiar. Several interviewees said that older people often lack the confidence to speak in mixed-age meetings and preferred to speak with others of the same age group or one-on-one. There were variations between contexts, with some interviewees saying that young people are respected and are able to speak out, while others stated that the elders have more confidence to speak. These factors were considered to affect the ability of individuals to provide feedback and complaints in mixed groups and acted as a warning of the importance that staff properly understand dynamics within communities and between different groups. Ideally, it was felt that they should consult with certain groups of people either individually or in same age/gender groups.

Sudan: Traditionally, it was felt that older people had greater opportunities to speak than the youth during consultations, with children being considered to have the least opportunity to speak. Today, the youth are afforded more respect due to their role in recent political developments.

Kenya: There is often a need for children to communicate a complaint with parental permission or via an adult (often a trusted teacher) which creates some concerns about the lack of confidentiality.

Barriers related to disability

Interviewees described negative attitudes towards people with disabilities. Some of the barriers to their engagement and communication with aid providers included 'taboos about talking about disabilities' or stigma linked to admitting that someone had a disability in their household. Several interviewees felt people with disabilities were often excluded from social processes and lacked the support and confidence to engage and communicate with staff. As a result, they felt people with disabilities were often less aware of their rights to complain or how to do so.

Some interviewees explained how people with disabilities were considered as dependent or viewed with sympathy or compassion rather than as people with equal rights to others. Several said they felt people with disabilities were often treated badly and experienced shame. One interviewee explained how staff feel it is rude to ask about and discuss details of disabilities during home visits, due to negative perceptions of disability as shameful or something only discussed in private.

Kenya: There can be taboos about talking about disability and staff need to be aware of the risk of doing harm by asking for too many details. There was some concern about risks linked to encouraging people to discuss their disabilities as a consequence.

Niger: In Niger, there can be a reluctance to disclose details about the presence of people with disabilities in a household as they are sometimes considered 'shameful'.

Syria: Since the war there is less stigma around disability due to the large number of people affected and fact that almost all households now have members with some form of disability. People with disabilities tend to be treated with respect, understanding and patience. They are said to be seen as victims and are appreciated, irrespective of whether they are war wounded or not. This means they are known within their communities, represented by leaders and the local councils and that people are more willing to talk about their disabilities.

Several examples were shared of positive attitudes towards people with disabilities which served to strengthen their access to complaints mechanisms. It was felt that in many of the countries, particularly in remote areas, people knew each other and elders/leaders and authorities understood the needs of people with disabilities and were proactive in assisting staff to identify and communicate with them. Some interviewees felt that leaders often understood that Islamic Relief staff needed to meet with people with disabilities, that they should be present and express their needs in FGD (in theory at least) or that there would be a need to arrange household visits.

There was limited detail provided by interviewees about different attitudinal barriers towards those with specific disabilities, such as impairments with hearing, speaking and sight. Several interviewees discussed specific negative attitudes which existed towards people with physical and mobility disabilities, or those that were required to use wheelchairs. These people were considered to be '*dependent*' or '*housebound*' and less able to speak for themselves and engage in Islamic Relief activities or complaints mechanisms.

Barriers for those who face discrimination due to other characteristics relevant to the context

The box below outlines one example of an attitudinal barrier relating to a specific geographic area and time. It is not clear how this might specifically impact on access to complaints mechanisms.

Syria: Since the outbreak of conflict and large-scale movement of people, internally displaced peoples (IDPs) in some areas were considered to be more at risk and not treated the same as residents/hosts. This was considered to affect their access to assistance and in these situations it was felt that IDPs with disabilities were at greater risk of exclusion. It was not possible to analyse how this affected their access to complaints mechanisms. The interviewee emphasised the importance of understanding specific risks of this segregation and how these varied between locations and over time.

2.2 Institutional barriers relating to the use of complaints mechanisms

Interviewees discussed the institutional barriers that at-risk communities faced relating to complaints mechanisms. These were linked to policies, practices, strategies and resources, including budgets, staff time, organisational structure and capacities. Some were linked to social and cultural norms within the country which had become incorporated into practice. To overcome these, facilitation of two-way communication by staff and Islamic Relief was considered to be key to receive and exchange information and to facilitate a shared understanding. Reasonable efforts should be made to ensure accessible information can be provided to all groups and, crucially, that their views were elicited, listened to and acted on.⁷

General barriers

One interviewee felt that there was sometimes a lack of understanding among some staff of the positive role that complaints play in improving projects. One interviewee said that managers, rather than field staff, were generally keener to encourage complaints and were more objective when they received them. Several interviewees alluded to the fact that complaints mechanisms were sometimes 'misused' and that false complaints were made. One implication of this was felt to be that they were not always encouraged, trusted and welcomed, or staff feared becoming overwhelmed by high numbers of complaints.

Historically, the collection of feedback was considered by some interviewees to have focused on the quality of the services and the level of satisfaction. Several interviewees felt that staff were not always aware of the need to consider feedback on broader issues or complaints which related to more serious issues. The promotion of Islamic Relief's staff code of conduct was felt to be addressing this, but several interviewees felt that a shift towards welcoming broader feedback and complaints was still a work in progress in their countries.

One interviewee said that they felt the lack of consultation by staff with different at-risk groups about the design of the complaints mechanism was the main barrier to inclusion. Several interviewees felt that mechanisms were developed with an understanding of the need to include all groups, but that at-risk groups were rarely consulted on their preferences and that these were not adequately understood by staff. As the example below shows, when FGDs were undertaken to determine the preferences of different groups about how to make complaints, there were significant variations.

Afghanistan: FGDs revealed that 75% of older people and people with disabilities prefer to submit a complaint through a family member, 20% via mobile phone and 5% through a member of the community.

The lack of language skills was considered by several interviewees to create a barrier for communication, particularly with some marginalised groups. Although staff may understand a local dialect or local language, they may not be fluent in it. This meant that they were able to listen and to understand a complaint, but were not always able to respond without translation. Several interviewees mentioned delays that created barriers to receiving feedback, such as the production of adapted material promoting complaints mechanisms, the collection and processing of complaints from boxes, and more general delays in the provision of feedback on the outcome of complaints. This was most often the case at the commencement of activities or in remote locations, although, on occasions, it may also be linked to staff shortages or budget constraints.

In many of the countries that participated in the research, the situation was very dynamic and interviewees described how there is often a need for the programme to focus on addressing a small number of issues and for priorities to change rapidly. An outbreak of conflict in a new area could lead to large numbers of people being affected and displaced and it was often the case that this would prompt a shift in programme focus to addressing more general emergency-related issues rather than those of specific at-risk groups. Several interviewees said that when there was a lull in conflict, or a shift away from emergency response, there was greater opportunity for early recovery work and more space for staff to consider the needs of specific at-risk groups. The focus on protection and inclusion work is frequently felt to be interrupted in some countries, with work abandoned due to the immediate pressure on staff and resources for emergency activities.

Gender or age-related barriers

In several countries, the gender of staff was felt to have a direct impact on their ability to receive complaints from men and women. Concerns were raised about office hotlines, complaints focal points and lack of female representatives on the complaints management committees. Levels of awareness about how to use mechanisms were said by interviewees to vary depending on people's age and gender. Several interviewees felt that it took time for the role of complaints mechanisms to be understood and for staff to fully promote them among all groups. One interviewee said the lack of separate budget for complaints mechanisms to be adapted to the needs of specific groups was a challenge. Several interviewees were able to share experiences from recent FGDs to illustrate variations in the awareness of different groups.

Afghanistan: Recent consultations undertaken with different community members found that youth and women tended to have the most information about complaints mechanisms and procedures, while young girls, men, older people and people with disabilities had least awareness of them.⁸

⁷ ACAP Towards Inclusion: A guide for organisations and practitioners

⁸ IRW Afghanistan Complaints Response Mechanisms Assessment Report September 2019.

Disability-related barriers

One interviewee explained that sometimes policies and indicators relating to inclusion were developed without associated budgets, making them difficult to implement and monitor. Another interviewee explained that lack of joint consultations and field visits between monitoring and programme staff hindered understanding of some of the complaints received. This was most often associated with limited staff availability, or interruptions to schedules due to staff being assigned additional tasks. As a result, joint visits were often difficult to plan. Interviewees discussed a range of challenges associated with programmes being in the 'emergency response phase'. These tended to be more focused on delivery of humanitarian goods and services rather than the collection of feedback.

The lack of available data on disabilities creates an immediate barrier for staff who find it very difficult to obtain accurate statistics on the number of people with disabilities in the communities in which they work. Several interviewees discussed the lack of inclusive beneficiary selection criteria. In reality, in certain contexts, older people and people with disabilities constituted a high proportion of target populations (over 50% in according to one interviewee.). It was felt that the number of older people and people with disabilities in project areas was, due to lack of data, often unrecognised by staff and, as a result, not factored into the design of activities relating to complaints mechanisms. Several interviewees mentioned the limited experience of staff in speaking and engaging with people with disabilities due to the limited projects that sought to target these groups.

One interviewee felt that the lack of direct involvement of protection and inclusion staff in tackling complaints creates a barrier in adequately understanding complaints relating to people with disabilities. They felt that monitoring staff sometimes lack sufficient experience to understand the issues that complaints relate to and that adequate details are not always collected to allow issues to be resolved.

Several interviewees said that CO staff were not considering specific requirements of people with disabilities within proposals and that the preferences of these groups for the specific design of complaints mechanisms were not taken into account in proposals. Specifically, it was felt that staff were not routinely asking people with disabilities about their preferences regarding the design of complaints mechanisms and instead based this on their own perceptions of what is required. Interviewees suggested staff were often uncertain about how to communicate effectively with people with disabilities when direct communication was hindered by their disabilities.

There were very few examples given during interviews of staff seeking to identify the preferences of people with disabilities for communication or making complaints. This aspect was considered to be very challenging for staff, particularly when people were unable to speak, hear, read, or write. Some people with disabilities were said to rely on body language and informal signing to communicate and express complaints, while interviewees said that this was not always understood by staff. One interviewee mentioned barriers in using community focal points to communicate information about complaints mechanism to people with disabilities who were not able to communicate directly. They felt there was no way to measure the effectiveness of this.

The large number of people with disabilities in some project areas creates a challenge for staff to undertake home visits and to engage in one-on-one communication. One interviewee felt that feedback from people with disabilities was more likely to be verbal and given informally to staff and, as a result, was less likely to be formally logged within complaints systems. This created a barrier to follow-up and resolution of issues. It also meant that there was often a lack of documentation and evidence about the issues raised. Several interviewees felt that there was sometimes a lack of understanding of the importance of evidencing complaints and any subsequent follow-up.

The lack of inclusivity of complaints committees was mentioned by one interviewee as a barrier, given the need for them to advocate strongly for feedback from at-risk groups. There was often a lack of people with disabilities on complaints committees. It was suggested that the lack of incentives for the time and work of committee members may create a barrier for the participation of at-risk communities.

2.3 Environmental barriers relating to the use of complaints mechanisms

Interviewees discussed the environmental barriers faced by at-risk communities in accessing complaints mechanisms and communicating feedback and complaints to staff. These were most frequently linked to access to infrastructure, office buildings, transportation to staff locations and safe and secure access to complaints mechanisms.

General barriers

Several interviewees discussed the impact of security restrictions on people's freedom to discuss concerns and articulate complaints. In one country it was said that security personnel sometimes travel to the field with staff, which made it difficult to conduct discussions about feedback and complaints. It was unclear whether this created greater or different barriers for at-risk communities than the affected community in general, as no detailed analysis was available. Security in several country contexts was considered to impede the movement of certain groups such as women and, in one context, specifically middle-class women.

Physical access to staff and office locations was sometimes a barrier due to the remote locations, distances of travel and lack of accessible or appropriate transportation. Interviewees discussed the use of different mechanisms and some of the specific barriers these created for different groups, such as mobile phones and hotlines. Several interviewees reported that some groups did not understand how to use the complaints mechanisms, with an example shared of a complaints box that had been used as a donation box. One interviewee said that FGDs had shown that some people did not know where complaints boxes were, even when they had been there for many years. One interviewee said that access to information about complaints mechanisms was often not specifically considered for people with disabilities, or younger or older people.

Gender or age-related barriers

Interviewees discussed the ways in which physical access to mechanisms varied considerably depending on age and gender, with varied barriers dependent on the context. A number of examples were shared and are reproduced in the box below.

Sudan: Female adolescents and older people are said to find it difficult to travel to make a complaint at the Islamic Relief office. Older people are often less mobile, transport is difficult and the office is a long walk for some people. Women face security risks when traveling and are, as a result, often reluctant to move. Young boys have more freedom as they tend to walk in groups.

Pakistan: Communication with women in remote areas was felt to be a particular challenge even for female Islamic Relief staff.

Kenya: Young children and those under the age of 18 did not tend to have phones and were difficult to communicate with directly. As a result, complaints were often fed through teachers. Outside of school children needed to obtain the agreement of parents to access complaints mechanisms. There was limited feedback received from people aged over 55 and they tended not to communicate by phone (even if they had one), preferring to share complaints directly in-person with Islamic Relief staff.

Several interviewees said that literacy was a barrier for older people and, accordingly, communication was often only possible directly with staff at field sites and often needed to occur in the local dialect. One interviewee said that there was a lack of social support for older people and women when making complaints and that they were often reliant on a man for communication and travel to the Islamic Relief office. As a consequence, some women 'can't raise their voice alone and only if the man agrees with what they are saying.'

Disability-related barriers

Interviews highlighted a range of national-level barriers, such as a lack of understanding of braille and sign language and a historic exclusion of people with disabilities from social processes. High levels of illiteracy created specific barriers for people with disabilities and also limited other means of communication. In some countries, there was said to be an absence of national data on disabilities due to gaps in screening.

At the local level, interviewees said that the identification of people with disabilities is usually facilitated by leaders and authorities, which can be effective in remote or rural areas where people have good familiarity with each other. Where there are decentralised systems of authority, towns may be divided into neighbourhoods or districts and Islamic Relief representatives work with local councils to identify people with disabilities.

One interviewee discussed the lack of assistive technology and, specifically, items such as wheelchairs which prohibited physical access to complaints mechanisms, Islamic Relief staff and field offices. The lack of disability-friendly infrastructure, transportation and accessible buildings was felt to impede the movement of people with disabilities. Barriers were considered greatest by some interviewees for those with limited, or no, mobility. It was felt that, in the most part, if people were mobile they could communicate through neighbours and managed to get complaints across to staff through third parties or carers.

All interviewees discussed a range of barriers related to challenges with communicating directly with some people with disabilities or communicating through a third party or carer. Several interviewees felt that most people with disabilities have a trusted carer who is able to communicate on their behalf and, in many situations, people with disabilities are able to pass complaints to a neighbour or community focal point.

Interviewees felt that there was a risk of biased complaints due to exaggeration, inaccurate details or influence by the reporter. Nuances and key details are often missing in the information which is received, which can limit the ability of staff to take appropriate action. One interviewee explained that this can lead to a failure to adequately understand the intersections of vulnerabilities such as, for example, a lack of sufficient detail about whether a disabled woman also has dependent children or a wage earner in their family. Several interviewees discussed concerns that allowing or encouraging complaints via proxy risks undermining individual autonomy and making the complaint subject to bias, as steps are needed to verify both the information and that the persons with disabilities has given their consent. One interviewee felt that it was unusual to be able to communicate with children with disabilities, as parents most often spoke on their behalf.

Barriers for those who face discrimination due to other characteristics

Illiteracy was considered to be a critical barrier for some people when communicating with staff. The challenges of communicating with people with disabilities who were also unable to read and write was specifically discussed by some interviewees. These interviewees felt it very difficult to receive complaints and feedback from such individuals. Staff also found it challenging to communicate directly with, and provide information to, people with some types of mental disabilities.

3.Examples of good practice in overcoming barriers for at-risk communities

Examples of good practice were discussed in relation to overcoming the barriers for at-risk communities in using complaints mechanisms. Various examples were shared by the interviewees, some of which were specific to a CO, while others were more general in nature.

Islamic Relief procedures and structures:

The position of protection and inclusion staff directly under the Country Director was felt in one example to strengthen their ability to access all units and departments (beyond programme) and to have promoted good collaboration in strengthening wider inclusion. Dedicated budget lines for inclusion have supported the implementation of specific accessibility measures which was considered to help improve the accessibility of complaints mechanisms. Some examples of feedback leading to adaptations were given.

Raising awareness of complaints mechanisms:

Promoting the rights of people with disabilities, including their right to complain, and of complaints themselves were considered to improve programme quality and make programmes more relevant to all members of the community (especially leaders). This realisation was said to be helping to facilitate the promotion and use of complaints mechanisms by people with disabilities. Examples were shared of the promotion of mechanisms during orientation sessions at the start of programme activities, during field visits and with partners.

The development of promotional and visual materials in local languages was felt to have helped promote awareness. One interviewee felt that the CHS assessment process had also assisted partners in their understanding of the importance of eliciting complaints. Promotion of safeguarding obligations and the staff code of conduct was said to have contributed to feedback now being considered by staff and beneficiaries. It had also led to an important realisation that feedback should be more than an expression of satisfaction, but must also routinely include complaints and reports of protection violations.

Palestine: Orientation in the form of a Trainer of Trainers is undertaken with some managers from partner organisations and senior project staff. During Islamic Relief's partner assessments, partners are asked about how inclusion is addressed within their complaints mechanisms and how they ensure that information is accessible to different groups.

Sudan: In Sudan, there has been significant investment in supporting staff to understand and actively promote people's rights to complain. There's also been significant discussion about the meaning of the word 'complaint' and what is, and is not, a complaint.

The importance of offering a range of mechanisms for receiving and promoting complaints widely within communities was raised on several occasions. The barriers to communicating with people who have difficulty to hear, speak or see can sometimes be overcome through the use of mobile phones and text messages. Those unable to write often ask a friend or relative to assist them.

FGDs with specific at-risk community members on their own:

A number of the COs had recently undertaken FGDs with at-risk groups which included specific age groups of boys, girls, orphans, people with disabilities and widows. These were felt to have assisted staff in understanding how different groups preferred to make complaints, as well as illustrating the need for a range of different mechanisms to be put in place. They also helped staff to identify groups that were not accessing complaints mechanisms for separate follow-up.

Developing an understanding of the numbers of people with disabilities and older people within programming areas has assisted Islamic Relief staff in understanding the need for greater inclusion. In several programmes, staff are now said to routinely ask people *'what complaints mechanism do you want to use and how would you like to communicate complaints to staff?'*

Afghanistan: Recent FGDs have been undertaken with the different groups in communities. The focus of these was on their preferences for making complaints and their levels of awareness of the Islamic Relief procedures that exist for making complaints.

Working closely with specialist organisations for persons with disabilities (OPDs) and community-based organisations (CBOs):

Developing linkages and networking with OPDs in assisting staff to gain the trust of people with disabilities, to raise awareness of the complaints mechanisms and to improve communication with people with disabilities. Staff in some programmes are being encouraged to attend OPD meetings, to ask their advice and support about communicating and appropriate terminology. Examples were given of joint field visits between staff and OPDs.

Working with local authorities, women's and youth committees:

Engaging with local authorities and community groups in helping to promote awareness of complaints mechanisms, supporting the inclusion of at-risk groups and enabling staff to identify and communicate with people with disabilities. The importance of orientating leaders and explaining what information is needed about people with disabilities was discussed.

Enhancing staff capacity to communicate with people with disabilities:

Given that Islamic Relief does not have dedicated projects for people with disabilities across all programmes, the creation of opportunities for staff to meet and communicate directly with people with disabilities was discussed as good practice. An example was shared of people with disabilities working in the Islamic Relief office which is felt to have helped support staff awareness and understanding. Promotion of the use of the WGQ and the Kayaconnect⁹ training module are also said to have strengthened staff's understanding and supported aspirations to collect disaggregated details and data.

Specific activities and adaptations of aspects of complaints mechanisms:

There were some examples given of complaints mechanisms that had been adapted to enhance inclusion of people with disabilities. Examples of specific changes that had been made included the provision of sign language interpreters during orientation sessions, the selection of suitable buildings for meetings with those with mobility issues, the use of braille language material by a CBO working with blind people, the addition of an accessibility menu to an Islamic Relief CO website and internal CO Facebook pages to share examples of good practice in inclusion. In one programme, Islamic Relief staff were working directly with a group of deaf children to develop a project proposal.

Kenya: The creation of safe spaces at schools managed by peers allowed children to give direct feedback, independently of teachers, parents or staff in the early development/proposal stage of a project.

Afghanistan: The establishment of literacy classes at project sites and direct support by staff to assist people to make calls and use phones was helping people to access complaints mechanisms and communicate effectively with staff.

⁹ Kayaconnect.org

4.0 Recommendations for overcoming barriers for at-risk communities

Based on the research, four recommendations are made for overcoming barriers and improving the access of at-risk groups to complaints mechanisms and enhancing good practice.

Recommendation 1: Strengthen barrier analysis

Recommendation 2: Support the development of field procedures

Recommendation 3: Raise awareness of complaints mechanisms with at-risk groups

Recommendation 4: Capture and act on complaints from at-risk groups

Recommendation 1: Strengthen barrier analysis to improve access to relevant complaints mechanisms

- Consultation with all at-risk groups, and specifically people with disabilities and communication challenges, should be strengthened to ensure a sound understanding of their preferences for communicating feedback during the design of complaints mechanisms.
- Once complaints mechanisms have been designed, at-risk groups should be consulted on whether they can and will access them; if not, why not; and an analysis of the barriers to doing so. Key questions for staff to ask include who is least likely or unlikely to access the mechanisms and why; and who might not have information about the mechanisms and why.
- Staff should be encouraged to share how they aim to receive complaints from specific groups, such as those with certain disabilities and communication challenges.
- There should be routine documentation of any barriers that exist and how these will be overcome for each activity in the Complaints Mechanism LFA which should be used as a tool for barrier analysis. Any additional activity or adaptation that is required to ensure inclusion of all groups should be outlined alongside a budget that is adequate to achieve this (e.g. the provision of additional transportation of people with disabilities or carers, translators, accommodation etc).
- Partner assessments should include a review of all complaints mechanisms, their level of inclusivity and analysis of any barriers. Partners should be encouraged to discuss how they intend to receive complaints from specific groups, such as those with disabilities and communication challenges.

Recommendation 2: Support the development of field procedures

- Senior staff need to promote the need for inclusion initiatives which support feedback and complaints during the emergency phase of a project and resources must be ring-fenced to provide continuity of staff time.
- Joint field visits and close collaboration between protection and inclusion staff and monitoring and programme staff should be promoted to facilitate the collection of quality data and to support the identification and resolution of complaints.
- Islamic Relief should ensure that staff are supported in working with community leaders and partners to identify any at-risk groups who may be unable to access complaints mechanisms, noting that this may change over time and in different locations.
- Complaints procedures should be transparent, trusted and considered to be fair by staff and different groups within communities to ensure complaints are encouraged and welcomed. Where appropriate, field staff should have an opportunity to address complaints before they are escalated. Care should be taken in the design and resourcing of complaints mechanisms so that staff are not overburdened. Complaints must be categorised and filtered to ensure they are handled and addressed appropriately and lead to changes to the design of activities.
- Islamic Relief should ensure that staff understand and use the WGQ where appropriate and that they are familiar with, and have access to, tools for barrier analysis.

Recommendation 3: Raise awareness of complaints mechanisms with at-risk groups

- There is a need to maintain a focus on raising awareness of the rights of people with disabilities to make complaints, the role of complaints in improving programmes and that staff have a sound understanding of different types of complaints (including safeguarding, PSEA and protection concerns).
- The awareness of complaints mechanisms for diverse groups of people among communities, leaders and government authorities should be strengthened.
- Attention should be paid to raising awareness with carers. Emphasis should be placed on the important role they play in facilitating complaints on behalf of people with disabilities when they are not able to do so directly. The need to provide adequate details and of the rights of people with disabilities to make complaints should be emphasised.
- Islamic Relief's project activities and tools should include awareness-raising activities such as role play to enhance understanding.
- Staff should assess what specialist disability organisations are present, both nationally and at the local level, to support the promotion of complaints mechanisms, direct receipt of complaints and feedback from people with disabilities and understanding of communication preferences. Partnerships, networking activities and joint field visits should be prioritised with appropriate OPDs.

Recommendation 4: Capture and act on complaints from at-risk groups

- Staff should identify any complaints and feedback mechanisms that exist and are used by at-risk groups. They should seek to understand their effectiveness and relevance. Any new mechanisms must be based on consultations and communication preferences.
- Staff should ensure informal verbal complaints are captured and passed to appropriate staff for action and to influence activity design.
- Dedicated protection and inclusion focal points at the field level should be increasingly involved in receiving and addressing complaints from peoples with disabilities.
- A range of complaints mechanisms should be favoured over a single approach. These should include verbal one-on-one eliciting of feedback, dedicated FGDs for specific at-risk groups and approaches that avoid the use of mobile phones and writing.
- Islamic Relief staff at project sites should be encouraged to provide support to anyone wishing to make a complaint (e.g. provide assistance in using mobile hotlines, provision of translation etc.).
- The use of mechanisms by different groups should, where possible, be monitored through the collection of disaggregated data on the use of each mechanism. Given the limitations that exist, routine consultations should be carried out with specific at-risk groups to determine the relevance and effectiveness of the mechanisms and to identify preferences and any barriers that exist.
- COs should be encouraged to pilot technologies to support direct communication based on internal learning and identification of good practice from other agencies. This could include freephone digital call systems, voice recorders, kobo, Facebook, WhatsApp and smart phones. Funding should be made available to support this.
- Complaints mechanism should be established at schools and manned by peers so that complaints can be made independently of teachers, staff and parents.
- Approaches to improving communication, direct receipt of feedback and complaints from people with disabilities should be strengthened, particularly for those with communication challenges. When direct communication is not possible the promotion, facilitation and strengthening of the role of carers in reporting complaints and feedback should be emphasised.