

Guidance for Call Centers during COVID-19

Version May, 2020

Operational context

This guidance pulls together emerging practices from several UNHCR operations which use call centers to engage with communities. It complements the [Risk Communication and Community Engagement \(RCCE\)](#) and [Connectivity for Refugees](#) guidance notes and specifically focuses on how existing call centers can adapt to challenges arising from the COVID-19 situation, such as call center operators working from home to comply with social distancing. This guidance can also be used for operations considering starting a helpline or call center, including where there is increased demand to provide persons of concern (POCs) with information on COVID-19 and to support service delivery where restrictions on other modes of delivery are in place.

As outlined in [UNHCR's Age Gender and Diversity Policy](#) it is critical that UNHCR transparently communicates in languages, formats, and media that are contextually appropriate and accessible for all groups in a community, including children and persons with disabilities. To support this policy, it is critical for operations with call centers to consider how to most effectively communicate about COVID-19, including on prevention and treatment measures. Call centers can also be used to debunk myths and address misinformation, as well as to provide updated information regarding services and necessary changes.

Furthermore, if in-person counselling is suspended due to isolation or lockdown measures, call centers may represent the main (or only) channel for communities to seek assistance which could involve a broader range of needs and protection risks (see Section 3 below).

Section 1: Preparation

Logistical preparation

'Be prepared for a full lock-down! What would happen if from one day to another everything was closed? What kind of hardware will you require, how will it be delivered? Is the service provider able to manage the service remotely? Most helpline operations will likely face a period of down time. It's shortening this downtime that really matters.'

Harrison Ryan Lanigan-Coyte, (Feedback, Referral and Resolution Mechanism Coordinator)

Some countries will decide to put in place strict lockdown measures to prevent the virus from spreading. This might result in call operators having to work from home.

Where operators are required to work from home:

- **DO:** Create a rapid plan for enabling continuity of all hotlines if their access/use is dependent on physical locations inside of the office. Backend systems which allow for call routing and distribution are sometimes managed through programs tied to office-based phones and locations.
- **DO:** Adjust software, dashboards, call-lines, and equipment needs as soon as possible for home-based operators. Use data dashboards or location-based technologies which can be available as software on portable computers.
- **DO:** Engage senior managers and program colleagues in these conversations as early as possible and ensure that they understand the importance of these changes. There will be costs associated with these changes which will require quick approvals from management to ensure that the call center has all the necessary tools to address the current situation.

Where the call center is managed by a third party:

- **DO:** Develop a business continuity plan together with the third-party service provider which looks at all the different options and ensures service delivery even in the case of full lockdown.

Most of UNHCR's operational call centers have recently experienced increases in demand. There are multiple factors which should be considered in determining how COVID-19 might impact demand and the overall call center workload, including:

- additional outreach
- shortening of helpline opening hours
- alternative / national helplines to support on COVID-19

In some countries, lockdown measures might mean that UNHCR and partner offices cannot remain open; this can also result in increased call volume as in-person counselling is effectively suspended.

Where the number of calls is expected to increase:

- **DO:** Implement surge staffing (from home or otherwise) for most used communications channels: hotline, Facebook, WhatsApp, implementing partner hotlines, SMS. Surge staffing is adding new staff and redistributing existing staff to support with communications. Re-train existing field staff required to work from home to support the helpline.
- **DO:** Reassign staff to support hotline activities where necessary, including partner staff. Explore current contractual arrangements with partners or third-party companies who are supporting the call center, or community engagement services with scope and capacity to expand staffing assignments. Create a quick onboarding process that can be undertaken online where call operators and relevant UNHCR colleagues help to train new staff.
- **DO:** Where needed install systems (e.g. setting up a virtual private network (VPN) so that call operators can work from home, consider cloud-based software solutions) which allow for hotlines to continue operating, and even be expanded temporarily to address periods of uncertainty.
- **DO:** Establish standard operating procedures (SOPs) for hotline operation at full capacity, and at surge capacity, when teleworking. This should include protocols for analyzing daily calls to identify emerging trends, concerns, and needs among PoCs which could be related directly to COVID-19 but often related to secondary concerns (money, resettlement, information). These secondary concerns will depend on service delivery within an operation (e.g. whether Cash-Based Intervention (CBI) is part of service delivery or not).

Adapting content

In many instances, governments or other national organizations have set up helplines on COVID-19 for nationals which are also accessible to PoCs, with services available in languages spoken by PoC communities.

Where the country has a toll-free number that PoCs can call to get health related information:

- **DO:** Assess the toll-free number to consider which language groups will be supported. Advocate at the national level for support in languages spoken by PoCs.
- **DO:** Refer callers to these helplines as necessary, rather than duplicate information within humanitarian helpline operations.
- **DO:** For call centers with Interactive Voice Response (IVR) systems, advertise the national COVID-19 number in the IVR. Otherwise, advertise the number during the call.

If the country doesn't have a toll-free number that PoCs can call to get health related information OR the information is in a language not spoken by PoCs:

- **DO:** Use responsive, empathic, transparent and consistent messaging in local languages to establish authority and trust. Use clear and simple language.
- **DO:** For countries with IVR, add a prompt in the beginning related to needs or questions arising from new policies (eg. curfew, prevention methods and treatment options).
- **DO:** Engage Mobile Network Operators (MNOs) and the Telecoms regulator in discussion to explore options for enhancing helpline availability (i.e. make the UNHCR hotline toll-free).

In all cases:

- **DO:** Ensure that content/FAQ is coordinated with content being shared by partners, including UN sister agencies and local authorities. Engage with the Risk Communications and Community Engagement (RCCE) working group (see Useful Contacts and Further Support, below) or alternative coordination mechanism.
- **DO:** Identify which COVID-19 content is specifically for PoCs, such as questions that are about the knock-on effects on UNHCR's operation including CBIs and food distribution. Operators should be trained on these measures. Request sector leads and partners to provide FAQ inputs.

Case Study: In Uganda, the operation found that most COVID-19 related queries are not about health. Most calls are in relation to food distribution, livelihoods etc. Inputs from partners and sector leads have been incredibly helpful in this regard.

- **DO:** Identify which humanitarian partners, including community-based organizations, volunteers and groups, are still operating (e.g. can work remotely or with permissions to access sites and centers). Verify what kind of services they offer related to the situation in order to refer callers to their helpline or service.
- **DO:** Share real time updates on the evolving situation with call operators using (eg. via a google doc or [WhatsApp group](#)). Closely follow any changes in services delivered by governments, local organizations and other humanitarian organizations, and update FAQs and referral pathways accordingly.

Case Study: In Algeria, operators, the supervisor, Communicating with Communities (CwC) focal points and a Community Based Protection (CBP) team member all work from home but are in contact through a call center group on Microsoft Teams to exchange real time information on any urgent situation identified through the call center allowing, for example, real time intervention by CBP team.

- **DO:** Refer PoCs to UNHCR's dedicated website ([Help.unhcr.org](https://help.unhcr.org)) when available in the country and if appropriate. The platform provides up-to-date information to PoCs on their rights and the assistance available to them.

Mental and psychological support

The current situation will also have an impact on the mental wellbeing of the population in the short- but also long-term. Some specific population sections will be particularly affected¹:

- ❖ Children, young people, and families will be affected by school closures. They might also be affected by exposure to substance misuse, gambling, domestic violence and child maltreatment, absence of free school meals, accommodation issues and overcrowding, parental employment, change and disruption of social networks and sexual exploitation and abuse (SEA). Increased SEA has been documented in prior pandemics and has been flagged as a concern by the High Commissioner and by the Inter-Agency Standing Committee (IASC) with respect to COVID-19.
- ❖ The economic impact of the pandemic is leaving women and girls from affected communities at greater risk of SEA. Furthermore, SEA complaint mechanisms have become even harder to access due to the rise in isolation measures, such as curfews and quarantines.²
- ❖ Older adults and those with multimorbidity might be particularly affected by issues such as isolation, loneliness, end of life care, and bereavement, which may be exacerbated by the so-called digital divide.
- ❖ People with existing mental health issues, including those with severe mental illnesses, might be particularly affected by relapse, disruptions to services, isolation, the possible exacerbation of symptoms in response to pandemic-related information and behaviors, and changes in mental health law.
- ❖ People with learning difficulties and neurodevelopmental disorders might be affected by changes and disruption to support and routines, isolation, and loneliness.

Call Operators might be solicited to provide guidance on what kind of psychological support is available as well as understand the psychological (e.g. coping), physiological (e.g. sleep and nutrition) and structural (e.g. work schedules and daily routines) factors that protect or adversely affect mental health.

- **DO:** Consider training for call operators on Psychological First Aid. Call operators themselves may also experience additional stressors during the COVID-19 outbreak.
- **DO:** Integrate [Mental health and psychosocial support considerations](#) into your response to ensure the well-being of anyone directly or indirectly affected.
- **DO:** Provide psychosocial support services to operators and have regular debrief sessions with them. Call operators will have to exercise patience with callers who might be concerned. For an operator to provide advice will be dependent on the level of training they have received – it may be more appropriate for operators to refer callers to trained medical personnel.

¹ *Lancet Psychiatry*, published April 15, 2020: [https://www.thelancet.com/pdfs/journals/lanpsy/PIIS2215-0366\(20\)30168-1.pdf](https://www.thelancet.com/pdfs/journals/lanpsy/PIIS2215-0366(20)30168-1.pdf)

² CARE, *Gendered Implications of COVID-19*:

[https://reliefweb.int/sites/reliefweb.int/files/resources/Gender%20implications%20of%20COVID-](https://reliefweb.int/sites/reliefweb.int/files/resources/Gender%20implications%20of%20COVID-19%20outbreaks%20in%20development%20and%20humanitarian%20settings.pdf)

[19%20outbreaks%20in%20development%20and%20humanitarian%20settings.pdf](https://reliefweb.int/sites/reliefweb.int/files/resources/Gender%20implications%20of%20COVID-19%20outbreaks%20in%20development%20and%20humanitarian%20settings.pdf); IASC Technical Note on PSEA During COVID-19:

<https://interagencystandingcommittee.org/other/interim-technical-note-protection-sexual-exploitation-and-abuse-psea-during-covid-19-response>

Section 2: Implementation

Advertise the call center number

- **DO:** Use existing means of communication with PoCs (e.g. [WhatsApp trees](#), SMS, radio, paid advertisement on Social Media, engaging community leaders, etc) to circulate the call center number to communities.
- **DO:** Reach out to MNOs for support with advertising the call center number through, for example, bulk SMS marketing.

Report numbers

- **DO:** Record the numbers and share reports with the operation as well as government and partners *in order to:*
 - Plan for additional call operators in case the number of calls is increasing.
 - Consider specializing the call center by dedicating some call operators to questions related to Covid-19.
 - Improve communication about Covid-19 based on identified knowledge gaps within the community by informing programming and information campaigns.
- **DO:** Keep track of the following numbers:
 - Number of calls about Covid-19
 - Breakdown of calls by topic
 - Record general themes/topics of calls
- **DO:** Regularly ask users of the data and reports in the operation for feedback on the usability of your data, whether shared verbally or in digital format. Absorb feedback into regular reviews and always remember your data must convert into usable information.

Data protection

- **DO:** Only collect personal data if there is a legitimate reason for doing so, and with the person's consent. Ensure call center operators are trained on explaining/asking for consent. Referrals to services for Gender Based Violence (GBV) and SEA issues should always be done only with the informed consent of the PoC if they are an adult. If the victim/survivor is a child, the referral must be made in the best interests of the child. Refer to [Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action](#) and [UNHCR Guidelines on Determining the Best Interests of the Child](#).
- **DO:** If the data collected needs to be shared with external partners, make sure it is anonymized and cannot be traced to a specific group of people or community (e.g. an ethnic group at risk). Sometimes it might be necessary to use less location data in order to not only guarantee the privacy of people but also to ensure that they can't be identified so that they remain safe.
- **DO:** Keep sensitive data (e.g. complaints on sexual exploitation and abuse) separate from other feedback data – it needs to be referred and shared securely and separately to an assigned focal point.
- **DO:** Consider what data protection measures need to be in place if call center operators are working from home (e.g. not using their own devices, secure networks).

- **DO:** If substantial changes are required to data flows (specifically with third party organizations) a Data Protection Impact Assessment should be undertaken to examine whether such changes generate additional risk. Refer to [UNHCR's protection policy](#) for further information about the basic principles of data protection.

Section 3: Other Considerations

Explore the use of the call center for outbound informative calls

- **DO:** Consider conducting a rapid remote assessment of the information and communications [eco-system](#) to better understand communities' communications preferences and trusted channels with dedicated attention to consulting with women and girls from affected communities, people with disabilities and others at heightened risk.
- **DO:** Understand whether call centers can be a tool to proactively share information about COVID - 19 (e.g. about changes to services or restriction of movement, documentation requirements) taking into consideration the associated resourcing requirements to do so.
- **DO:** Utilize and train frontline staff/case workers from UNHCR and implementing partners as operators for call lines or as advisors; their experience of regular and direct communication with diverse PoC groups can be leveraged for different communications channels.
- **DO:** Allocate resources to train staff accordingly. When training is conducted by existing operators/third parties, ensure facilitation from senior protection staff and include specific aspects relating to COVID-19. Senior management should communicate the importance for all staff to allocate time in supporting remote engagement mechanisms such as call centers.

Explore the use of the call center for alternative uses

Internally:

- **DO:** Consult with other teams (e.g. CBI, Protection) to determine how the call center can support service delivery. If in-person counselling is suspended due to isolation/lockdown measures, call centers may represent the main (or only) channel for communities to seek assistance, which could involve a broader range of needs and protection risks, possibly including GBV/SEA.
- **DO:** Explore the use of the call center for surveys or the monitoring and evaluation of new services (e.g. for post-distribution monitoring).

External coordination:

- **DO:** Work together with partners to ensure continuity of assistance provided and understand how resources can be leveraged to avoid duplications of services.

Case Study: In Morocco, the fact that the whole country is on lockdown is interrupting the provision of all non-urgent services. Nevertheless, regular meetings are being conducted with partners to ensure continuity of assistance to the most vulnerable refugees.

Case Study: In Uganda, the operation quickly established an inter-agency CWC/Accountability to Affected Populations (AAP) task force to easily share information with partners. The task force discusses call trends and feedback received through other channels and prioritizes actions moving forward.

- **DO:** Take advantage of new funding opportunities which might arise to improve Risk Communication and Community Engagement and increase the capacity of the existing helplines to do outreach work.

Case Study: In Uganda, the World Bank has agreed to provide UNHCR with 6 additional staff members who will conduct a survey on COVID-19. The operation requested that they increase this number to ten so that 4 additional operators can focus on awareness raising through outbound calls.

Addressing GBV/SEA issues:

- **DO:** Ensure gender-parity in call center staff and sensitize call center staff on GBV/SEA issues in case callers raise these concerns.
- **DO:** Reinforce confidentiality safeguards to ensure that any possible protection concerns raised by callers (including, but not limited to, GBV/SEA) are handled safely and appropriately. If in-person channels for disclosing GBV/SEA remain functional during the pandemic, call center staff should be aware of these and be prepared to appropriately refer callers to these channels where this issue/concern is raised by a caller.

Additional Resources

UNHCR

- [Planning a Mobile Phone Distribution? 10 things to consider, okay... there's a few more.](#)
- [10 things to consider before rolling out two-way SMS](#)
- [Guidance Note - Connectivity for Refugees COVID-19](#)
- [5 lessons from the UNHCR humanitarian call center in Yemen](#)
- [Engaging with Communities via 'WhatsApp Trees'](#)
- [Risk Communication and Community Engagement \(RCCE\) – COVID-19](#)

Non-UNHCR

- IASC: [Data Responsibility in the COVID-19 Response](#)
- 'Hotline-in-a-Box': WFP and IFRC, together with partners UNHCR, IOM, and ICRC, developed 'Hotline-in-a-Box', an inter-agency tool developed by Dalberg Design, to help any organization assess, set up, and manage different types of channels to communicate with communities during humanitarian crises.
- Care: [Gendered Implications of COVID-19 in Humanitarian and Development Settings](#)
- IASC: [Interim Technical Note on PSEA During COVID-19](#)
- ICRC: [COVID-19: Inclusive Programming – Ensuring Assistance and Protection Addresses the Needs of Marginalized and At-Risk People](#)

Third party organizations

There are a number of third-party organizations who provide support and assistance to organizations in reaching out to their client base and enhancing capacity to deliver services to communities using mobile phones. Depending on the vendor, the technologies and options will differ alongside the level of support required from UNHCR. Prices vary and due consideration will need to be made to total operating costs and sustainability, though many have introduced COVID-19 specific pricing and services. Some organizations have started providing specific phone services in response to Covid-19:

- [Viamo](#) is a mobile-based social enterprise. They have integrated COVID-19 specific information on prevention and response into SMS messaging, USSD menus, and IVR (Interactive Voice Response).

- **Praekelt** have been collaborating with UNHCR in using WhatsApp for community engagement. They launched HealthAlert with WHO, a solution supporting the national response of the health systems relating to COVID-19.

Useful Contacts and Further Support

UNHCR Innovation Service can provide further advice regarding Connectivity for Refugees planning and programming in response to COVID-19. To complement this, discrete financial support is available to support interventions piloting and experimenting with solutions that enhance digital access and inclusion.

For more information get in touch with Alice Schaus, Associate Innovation Officer in UNHCR Innovation Service at schaus@unhcr.org.

Colleagues from the Risk Communication and Community Engagement (RCCE) working group can also be contacted for additional support and guidance:

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