Palang Merah Indonesia

IFRC

This photo was taken before the physical/social distancing policy enforced

RAPID ASSESSMENT

COMMUNITY PERCEPTION ON COVID-19

COVID-19 in Indonesia

The Government has declared a state of emergency of Covid-19 as a non-natural disaster in Indonesia, on 14 March 2020. President Joko Widodo announced the first confirmation of two positive cases of COVID-19. Up to 10 April 2020, the death tolls are 373 people, out of 4,241 confirmed cases. With the new confirmed cases growing between over 100 – 300 cases per day for the past week; Indonesia recorded a high death rate of 8.7% and a recovery rate of 8.0%, making Indonesia one of the high-risk countries for COVID-19 globally. To date, the government of Indonesia has identified 50 districts in 22 provinces as high-risk areas of COVID-19 transmission.

The government has increased its efforts in handling COVID-19 by issuing a presidential decree that mandates the formation of a COVID-19 accelerated handling task force, as well as the Health Minister's decree on protocols for central government and regional administrations. The president has released official Presidential Decree (Keputusan President) No.7/2020 to form the COVID-19 Task Force and appointed Head of BNPB (National Agency of Disaster Management) as National Commander. BNPB stated a 91-day emergency status on the pandemic starting from 29 February until 29 May 2020.

Throughout Indonesia, there are 34 provinces with confirmed cases. There are local transmission cases reported in several provinces and areas. Approximately 20 ministries and government bodies in Indonesia have issued various policies related to the COVID-19 pandemic. These policies encompass several regulated travels to and from Indonesia, goods export and import, pandemic budget allocation, labour and business continuity protection, dead body management, work adjustment, public places closure, household waste management, health protocols for people working from home and at the office, protection to the vulnerable population such as children and people with disabilities, school-from-home, logistics and transports, release and exemption of jail time for inmates, etc.

Background

PMI issued a COVID-19 preparedness protocol which can be used as a reference for PMI provincial and district offices in conducting preparedness activities for different modes of transmission. PMI is also finalizing its national plan of action on COVID-19 community preparedness. The plan will mainly focus on risk communication and community engagement (RCCE). The communication strategy primarily focusing in risk communication in accordance with current conditions has been formulated; various IEC media have been designed by PMI with adapting content from the Ministry of Health, IFRC and WHO.

To gain more insight from the community and listen to their voices, PMI and IFRC have conducted a rapid assessment of communicating with communities. Respondents from 19 provinces have participated in this assessment. From the results, this assessment reflects communities' preferred communication methods, information sources, information needs and rumours all over Indonesia. Recommendation for actions to be consider are included for all sectors involve in COVID-19 response and integrating community engagement in program design and implementation.

This photo was taken before the physical/ social distancing policy enforced

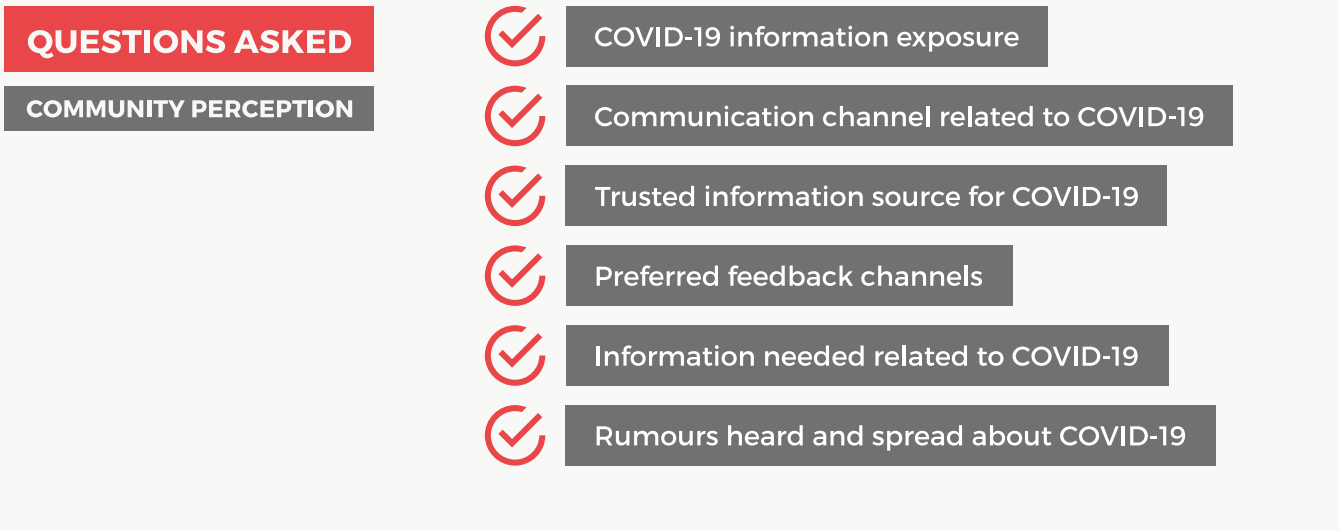
Disclaimer

This is an initial brief report of community engagement and accountability assessment. It is important to note that this report aims to present an initial idea of information and communication and not of generalisation of all affected areas.

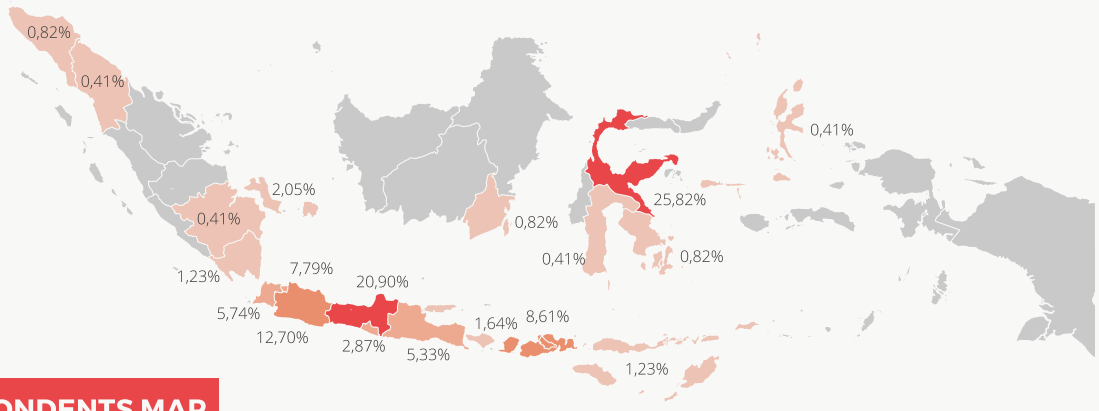
METHODOLOGY

With the limitation of physical interaction and mass-gathering, rapid assessment was particularly conducted through online survey platform. Considering data protection and validity, each respondent is required to partake the survey with one unique email and could only fill the survey one time. This survey is a restricted and self-selected survey which are open to the public for anyone to participate in. The survey link was shared through PMI social media platforms, WhatsApp Groups, and Community-Based Action Team (CBAT) in making it accessible to the communities in various level of area. Regardless, the characteristics of this survey is up to the individual to choose to participate or opt-in. In total, 244 respondents contribute in this survey. Rapid assessment was conducted from 24 March to 5 April 2020.

There are 6 main questions asked in this survey and respondent's background. Question asked included:



Overview



RESPONDENTS MAP

LOCATION

Respondents come from various region in Indonesia. All 34 provinces in Indonesia were invited but based on location, people join in this survey were from 19 provinces. Central Sulawesi is the province with highest participation (25,8%) followed with Central Java (20,9%). Table beside shows the variation in each province.

Province	Share
Central Sulawesi*	25,82%
Central Java	20,90%
West Java	12,70%
W. Nusa Tenggara*	8,61%
Jakarta	7,79%
Banten	5,74%
East Java	5,33%
S.R. of Yogyakarta	2,87%
Bangka Belitung	2,05%
Bali	1,64%

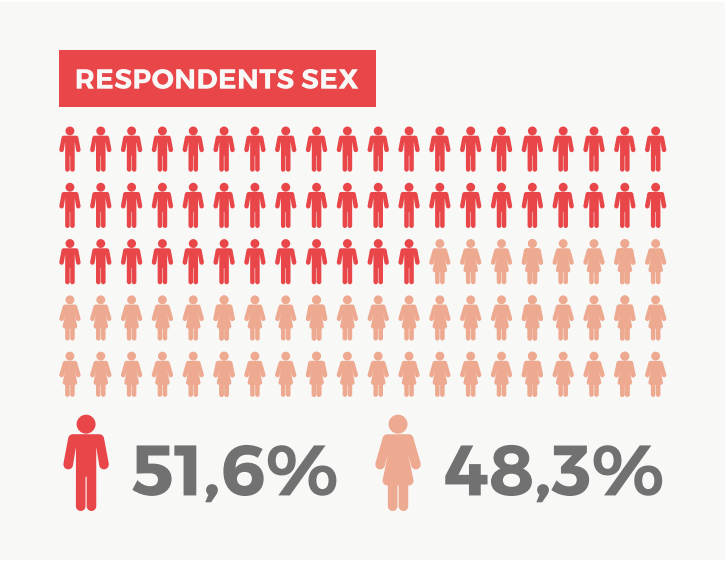
Province	Share
E. Nusa Tenggara	1,23%
Lampung	1,23%
South Kalimantan	0,82%
Aceh	0,82%
Southeast Sulawesi	0,82%
North Sumatra	0,41%
North Maluku	0,41%
South Sulawesi	0,41%
South Sumatra	0,41%

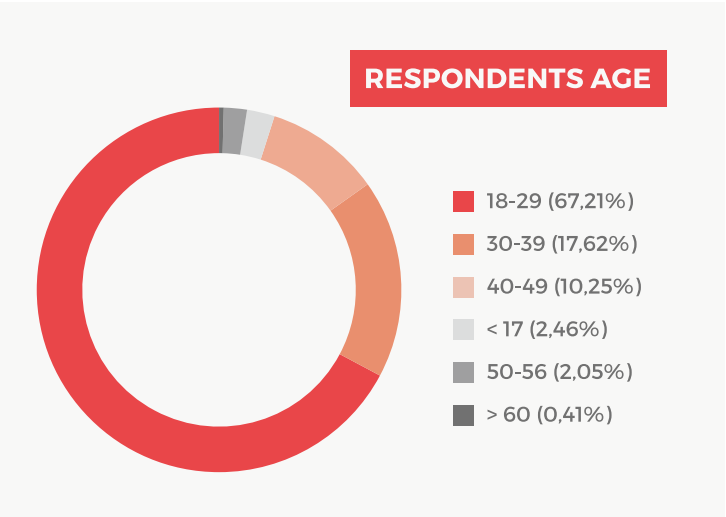
**) PMI still has a disaster recovery program for Sulawesi Earthquake Tsunami and Lombok Earthquake Operations and might relate with the high number of respondents*

SEX AND AGE

A close 1:1 ratio of male and female provides balance input for the survey. 51,6% respondents are male and 48,3% are female.

Respondents age are varied, as shown in the pie chart. Based on the age groups, respondents are commonly from age 18 – 29. This might relate to the familiarity of using online survey platform. However, this survey also includes other age groups such as youth (below 17) and elder (over 50), even though the number is limited. Table below explains the proportion of each group.





Insights

EXPOSED TO INFORMATION

98,36%

respondents have been exposed with COVID-19 information and rumours

98,36% of respondents have been exposed with COVID-19 information and rumours. 1,64% of respondents stated that they do not know about the pandemic; however, those respondents participated in what rumours they have heard and what information that they need the most. Also, there is no significant connection of the participation who answer this with their age. Age groups who choose this answer are from below 17 to 39 years old.

MAIN RECOMMENDATION

Despite most of the respondent have been exposed with COVID-19, information sharing particularly on right prevention measures and key messages is crucial and to track and clarify rumours in any means of communication channel.

INSIGHTS FROM COMMUNITIES

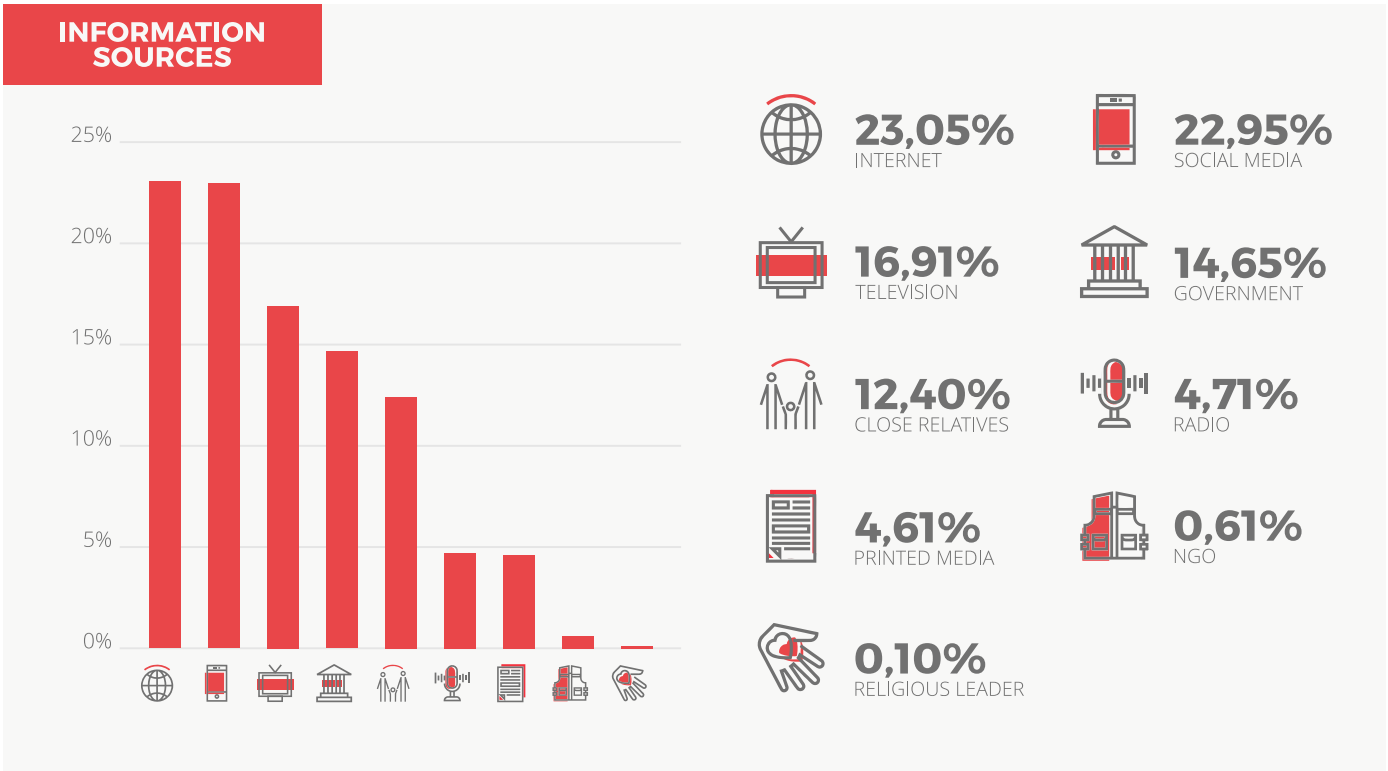
More mass test in order to have early detection before it is too late (Woman, age 18-29)

Is the disinfection spraying safe for environment? (Woman, age 18-29)

Education to villages, especially to elderly and women on COVID-19 prevention, symptoms and to respond it – how to do first aid and self-isolation (Man, age 40-49)

The information on the number of confirmed cases make me scared and negative thinking (Woman, age 18-29)

Information Source



Internet and social media are still the main source of information with 23,05% and 22,95% respondents using this source, respectively. Since Indonesia has a high number of avid users of internet and social media, up to 64,8%, these sources are favoured to receive the information during this physical contact limitation. Age group that mainly uses internet are 18 – 29 (65,8%). Nevertheless, ***infodemic,*** an excessive amount of information concerning a problem such that the solution is made more difficult,might be another problem that comes from the usage of internet and social media. Information spread and shared online might be wrong or lead to unsafe and or unimportant behaviour in regard to COVID-19 prevention.

Television (16,9%) is also a common source for the community to get information. Government often times give their statements; cases update and policy through news channel on television. From a current research, Indonesians spend at least 4 hours and 53 minutes per day to watch television. Ownership of television in Indonesia is also high. People from age 30 to 39 chose this communication channel slightly more than other age groups. Youth community (under 17 years old) used this method intensively after internet and social media.

Government official released several information regarding COVID-19 through different platform. Government was chosen by 14,65% to be communities' information source. In several provinces, Ministry of Health often become the official spokesperson and data dispatcher. Their power and position making them one of the information sources. In a smaller scale, village leaders or stakeholders usually become the information source. People over 50, chose government as their second information sources.

Close relatives are selected as one of the information sources (12,4%) mainly from people over 50 years old. This might be due to easier access and structure in the community. However, this information source might not always be reliable and provide correct news. On the other hand, this method might also require a face-to-face or direct contact, which not recommended in physical distancing. Word of mouth remains the most powerful communication method, as shown in previous similar assessment in Palu and Lombok for the earthquake response.

Radio and Printed Media were selected in similar number 4,7% and 4,6%, correspondingly. Radio have previously been used during emergency response to give information to the community. The ability to operate in various settings on a big scale to reach a lot of people without distance limitation would reach community in remote areas. Among all age groups, people around age 30-39 chose this method more than any other groups; while printed media is selected by people over the age of 50.

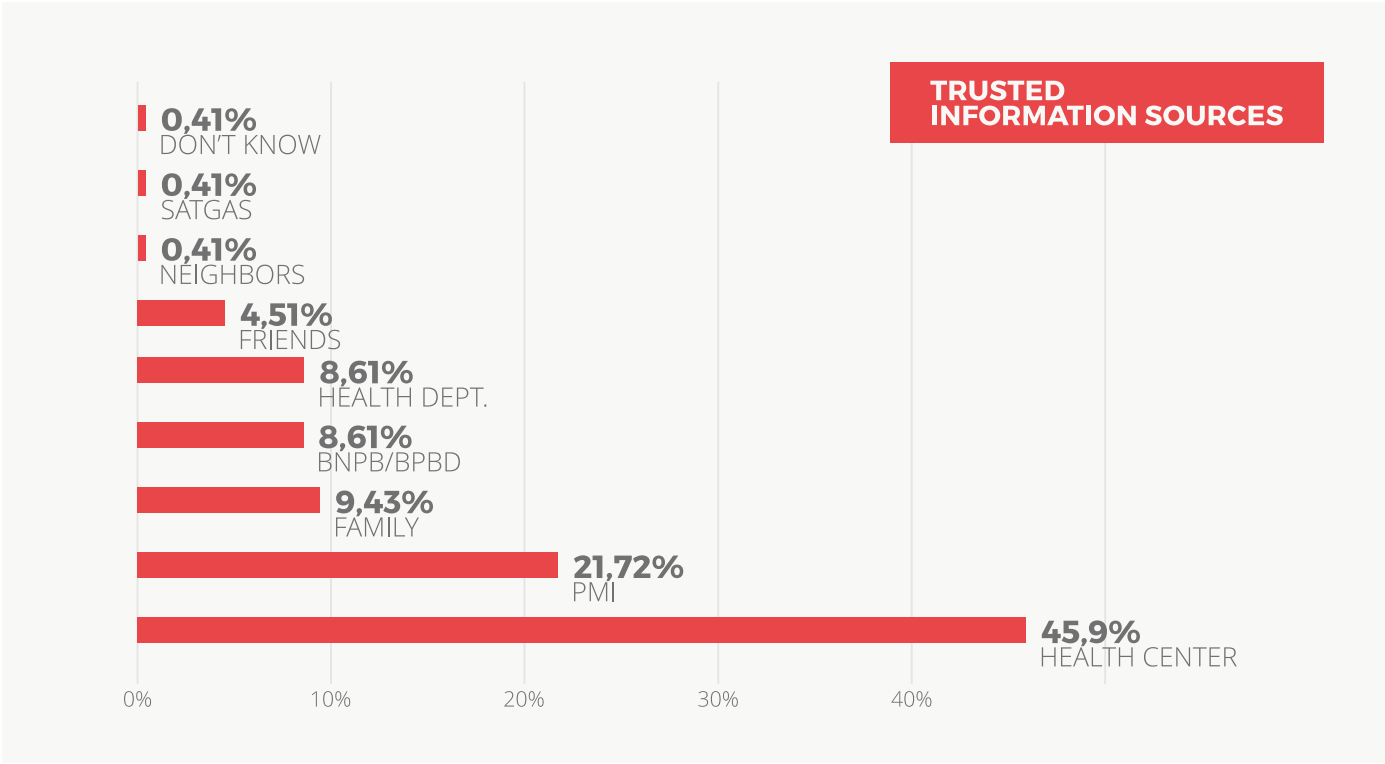
MAIN RECOMMENDATION

- Internet and social media are powerful channels to be utilized during this situation. As it is shown in many studies, these channels are mainly used by a wide range of community. On the other hand, many rumours and wrong information spread through internet and social media. To provide accurate information and to clarify the rumours will be highly required. Engaging contents are needed to have community's involvement to share or interact in PMI's social media accounts.

MAIN RECOMMENDATION

- Utilizing the Television and radio are still important to share accurate information. These communication channels do not require many direct physical contacts and could spread information rapidly in large scale, reaching many communities regardless location and distance. Both television and radio are also used by various age group and communities' background, as the ownership is high. Moreover, engaging government officials is recommended, as preferred by people over 50 years old. Public Service Announcement (PSA) or interactive call-in talk-show could be applied for life-saving information and prevention measures.
- The printed media such as poster, banner, leaflet should be easy to understand and readable for any level of age groups. To use local language and consider the community's literacy rate.

Trusted Information Source



Health service and workers, such as Hospital, PUSKESMAS and PUSTU (primary health centre in village level) were chosen for the most trusted information by respondents, as selected by 45,9% of the respondents. This information shows that the background of the source is important particularly to share information regarding public health and COVID-19.

PMI staff and volunteers came in second place with 21,7% respondents as a trusted information source. In some areas, PMI has a strong acceptance in communities through previous collaboration and activities. CBAT teams, which have been established in various villages also

become more well-known and accepted by the communities. Providing key messages and FAQ (Frequently Ask Question) are needed to ensure all PMI members could answer communities' question.

Family (9,43%), friends (4,5%) and neighbour (0,41%) were selected by respondents as their trusted relatives for COVID-19 information. Access and closeness might be a factor. Somehow, the reliability can be doubted if it is not from accurate sources.

Meanwhile, National and Provincial Disaster Management Agency (BPBD/BNPB) and Government Health Office are selected by 8,61% respondents. Government bodies have an authority to spread messages or information which will be trusted by communities. They are frequently sharing information regarding cases and policies in national-level as well in provincial-level, as well as the prevention messages.

MAIN RECOMMENDATION

- Build a collaboration and partnership with health centre in provincial, district, and village level to disseminate information. In a smaller scale, village health cadres could take part to share important messages regarding COVID-19 such as safe and healthy behaviours, as their acceptance and proximity in village communities are higher.
- PMI (staff and volunteers) are the source of information in their community. However, protecting humanitarian workers with safety measures and procedures are very crucial to prevent the COVID-19 infection. Therefore, it is important to ensure personnel are equipped with proper PPE and properly provided with orientation when dealing directly/in person is needed.
- Similar with health workers, humanitarian workers are also a potential target to receive stigma from the communities. Communication and educating on stigma to communities will be essential to protect humanitarian workers who are working during COVID-19 pandemic. To equip them with protocol is also crucial to ensure safety procedures in contacting with community.
- Safe methods and information deliverable to community must be highly considered even communities rely on PMI information source.
- To create various tools which are accessible and can be adapted locally, such as key messages in graphics or audio that can simply be shared to others and enquire them to promote the feedback channel.
- Providing "shareable" information is needed to ensure that information they give to others is life-saving and practicable to prevent COVID-19 transmission.

Feedback Channels

Three major feedback channels that preferred by the respondents are social media (45,2%), hotline (28,4%) and SMS (13,29%), regardless age and background of the respondents. Conventional method such as face-to-face is selected by 10,72 percent. Yet, according to situation, this method is not recommended even though could not be avoided.

Regarding to social media, screen time is expected to increase among adults and children during this COVID-19 pandemic. With a million users of social media in Indonesia prior to the pandemic and significant increases in daily screen time. Social media is fertile ground for targeting people with reliable information who would be spreading or vulnerable to be infected. There are many organizations or accounts which started to receive feedbacks from comments coloumn, direct messages, hashtags or using ChatBot to collect the community's feedbacks.

Hotline became a popular two-way communication as well to people share their concerns. The government has earlier introduced their hotlines to respond public questions and reports on suspected COVID-19 cases. But that would be a potential that the operators might not be

PREFERRED FEEDBACK CHANNELS

45,22%
SOCIAL MEDIA

28,44%
HOTLINE

13,29%
SMS

10,72%
FACE-TO-FACE

1,86%
RADIO

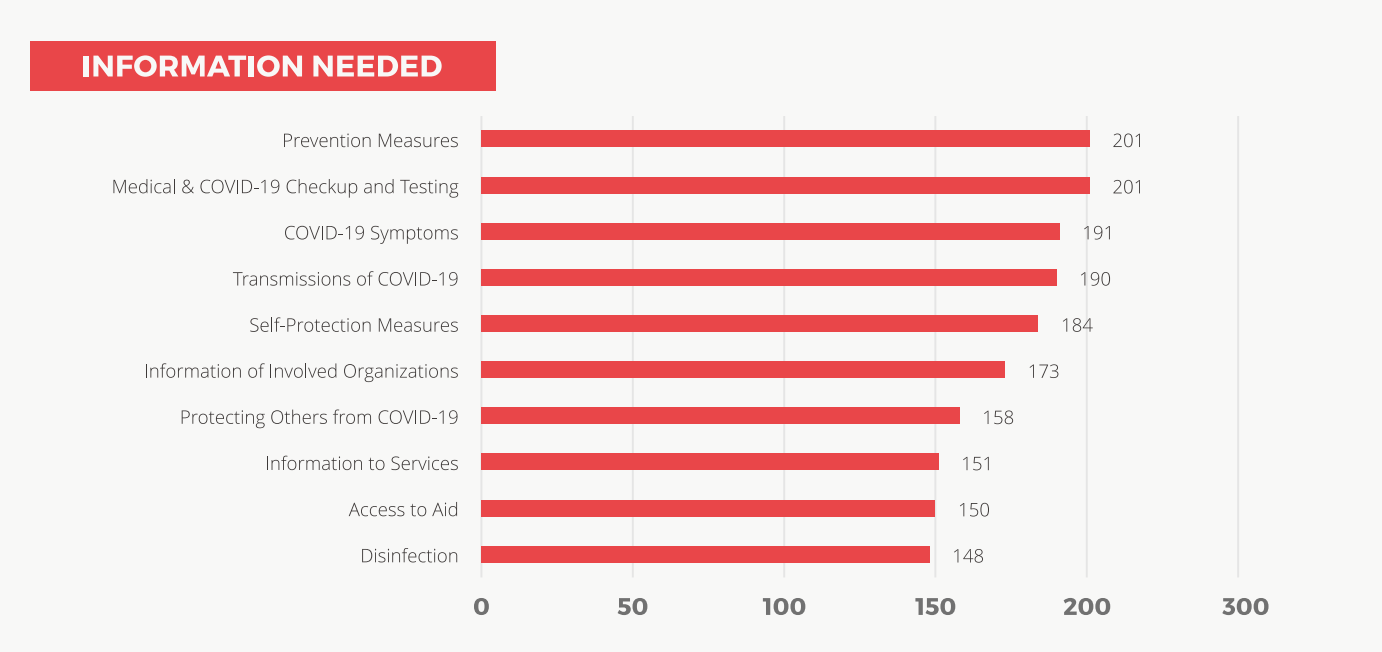
0,47%
EMAIL

able to cope with the massive incoming calls. Therefore, some organizations also opened the Hotline for COVID-19 to accommodate the questions or reports from community, in example the 24/7 PMI Hotline.

MAIN RECOMMENDATION

- Support and work closely with Communication team to compile and documenting communities' feedback through official social media accounts or specific hashtag.
- Use several media or utilize social media to promote COVID-19 Hotline for better centralization
- To train the community committee/ community volunteers (i.e PMI SIBAT) on the feedback mechanism
- Harnessing the social media (Instagram, Twitter, Facebook) to collect feedback of community with open questions to the followers, or by developing a ChatBot which are able to collect feedback automatically from the chat room.
- Establish the Feedback mechanism and more important the feedback should be documented and managed by the organization for the accountability, also ensure to not hang the community's feedback.
- SMS should be established as feedback channels in order to reach wider communities, especially who are not connected with internet, more comfortable on text messages or for with hearing and speaking impairments. Messages must be tailored to fit characters limitation on SMS text.

Information Needs



Based on the survey, the bar chart above shows a communities' information needs by the respondents. Some of information above such as Prevention, transmission or symptoms have been shared frequently to community through different channels. Anyhow, this insight illustrates that not all respondents are exposed with that information. Most of respondents have received basic information such as prevention, symptoms and transmission. But also, the information regarding on where or how they can do medical check-up and testing on COVID-19 are the second important information they are seeking for.

Many respondents also need information regarding services and access to aid during this COVID-19 pandemic. It pictured that people need more information on the assistance as their expectation may raise during this pandemic.

MAIN RECOMMENDATION

- Based on community's behaviour, information could be share through social media accounts. IEC (Information, Education and Communication) materials also should be easy to share and understandable inclusively with appropriate design. Consider to make the materials easy to be replicated, shared and adjusted to local context. Strong social media strategy such as paid advertisement or collaboration with influencers or KOL (Key Opinion Leaders) could be considered.
- For television and radio, audio and video of PSA could be used and screened on those channels with select key messages that are effective for general public.
- To gain more trust from communities, attaching reliable sources that community trust such as health workers or expert is recommended. Having their endorsement to the information could add more value to the information.
- Ministry of Health, WHO, PMI, or any trusted channel, could also lead information sharing and having more visibility to talk about those issues, including through modern channel such as Webinar.
- It is recommended to include those topics on FAQ to arm volunteers and community committee sharing the information to community in smaller scope of communities.

Rumours

TOP-10
COVID-19 RUMOURS

#1 Coronavirus vaccine has been invented

#2 Ginger/Tumeric/Galangal could prevent Coronavirus

#3 Bat soup is the main source of Coronavirus

#4 Drinking more water could prevent Coronavirus

#5 Garlic is the COVID-19 medicine

#6 China-made cellphone could transmit Coronavirus

#7 Coronavirus is biological weapon for certain groups

#8 Drinking alcohol could prevent Coronavirus

#9 Ibuprofen could make Coronavirus stronger

#10 Marijuana could prevent Coronavirus

In total, there are 43 rumours spread in the community documented during this rapid assessment. The methods of rumour spreading are varied such as WhatsApp broadcast chain messages, word of mouth or misinformation through social media. Rumours are also diverse; from prevention measures, vaccination to stigma-related information. Even when some of them are not life-threatening, some of the rumours are very urgent to be addressed and clarified.

Things to be considered are the preferred communication channel with trusted information sources. Combining these two from this rapid assessment, the recommendations are:

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Things to be considered are the preferred communication channel with trusted information sources. Combining these two from this rapid assessment, the recommendations are:

MAIN RECOMMENDATION

- Immediately address and clarify all rumours through available and appropriate channels. The utilizing of social media currently is the strongest opportunity.
- Collaborating with health or medical workers, religious leaders, village/district leaders to talk about these rumours and have those clarified scientifically or with culture approaches.
- Including rumours in radio show topics
- Including identified rumours topics and the clarification on FAQ or to disseminated to comm
- To equip the community committee/ community volunteers with rumours tracking system

ACKNOWLEDGMENT

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