



Community Engagement and Accountability During the COVID-19 Pandemic

A Case Study from Indonesia
March 2021

Abbreviation

CBAT	Community Based Action Team
CCG	Community Cash Grants
CEA	Community Engagement and Accountability
DREF	Disaster Relief Emergency Fund
EPoA	Emergency Plan of Action
FGD	Focus Group Discussions
GoI	Government of Indonesia
IEC	Information, Education and Communication
MoH	Ministry of Health
MoSA	Ministry of Social Affairs
NHQ	National Headquarter
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
PMI	Palang Merah Indonesia (the Indonesia Red Cross)
PSS	Psychosocial Support
RCCE	Risk Communication and Community Engagement
WASH	Water Sanitation and Hygiene
WHO	World Health Organization

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Introduction and Executive Summary

Community engagement and accountability (CEA) is an approach to Red Cross Red Crescent programming and operations. It is supported by a set of activities that help put communities at the centre of what we do, by integrating communication and participation throughout the programme cycle or operation.

CEA is the process of and commitment to providing timely, relevant and actionable lifesaving and life-enhancing information to communities. It is about using the most appropriate communication approaches to listen to communities' needs, feedback and complaints, ensuring they can actively participate and guide Red Cross Red Crescent actions. CEA supports those involved in programmes and operations to adopt innovative approaches to better understand and engage with people and communities and help them address unhealthy and unsafe practices. It maximizes the Red Cross Red Crescent's unique relationship with the community to help them speak out about the issues that affect them and influence decision and policymakers to implement positive changes.

Formerly known as Beneficiary Communication and Accountability, the CEA approach is being systematically integrated into the management of long-term project cycles. This includes but is not limited to steps like:

- Community needs identification
- Community risks and vulnerability ranking
- Programme design and planning
- Ensuring accountability in humanitarian resource allocation
- Acting on community feedback
- Conducting participatory evaluation of programmes
- Sharing back learning and knowledge with communities.

Engaging with communities in these ways leads to better quality programming, which supports the goal of improving community resilience, reducing the impacts of the disasters or crises, and strengthening institutional readiness.

The COVID-19 pandemic has presented a unique set of challenges in the implementation of CEA) activities. Typically, CEA involves a lot of face-to-face communication and meetings with communities where programmes are being implemented. In Indonesia, the COVID-19 Community Cash Grant operation presented an interesting example to understand how a community-centered programme adapted to the needs of the pandemic. Similarly, the earthquake relief operations in West Sulawesi presented an opportunity to understand the key strategies of how disaster response mechanisms were complicated by the pandemic.

The best practices found by this case study were:

- [Identifying key persons in the community as community connectors](#)
- [Gathering data to include needs and suggestions of vulnerable communities](#)
- [Using diverse channels of communication](#)
- [Establishing community-led feedback mechanisms](#)
- [Designing programmes which allow communities to decide their own needs](#)

[Opportunities](#)

- Generate comprehensive data
- Strengthen community capacities to lead the program implementation

Methodology

To gather information for this case study, six interviews were conducted with key staff from Palang Merah Indonesia (PMI) - the Indonesian Red Cross and with two community representatives from West Java and West Sulawesi. To get a well-rounded perspective on the implementation of CEA, the respondents included staff in charge of implementing CEA, Cash grants, and with community representatives on the ground. Most interviews were conducted in Bahasa.

Limitations and challenges

Due to travel restrictions during the COVID-19 pandemic, the interviews were conducted via online calls between 28th and 31st March 2021. In some cases, this meant that interviews could only last between 30-45 minutes to avoid call fatigue and match with schedules of respondents. Because of time constraints it was also not possible to speak with more CBAT team members or those who directly benefited from the operations, especially women. The study therefore doesn't provide a gendered perspective of experiences on the ground. The focus on interviews with PMI/IFRC staff skews the findings towards an organisational rather than community perspective. These factors severely limit the scope of this case study. To address this challenge, additional data such as feedback databases and other research was used for triangulation. Triangulation with other research aimed to address these challenges at least in part.

Country Context

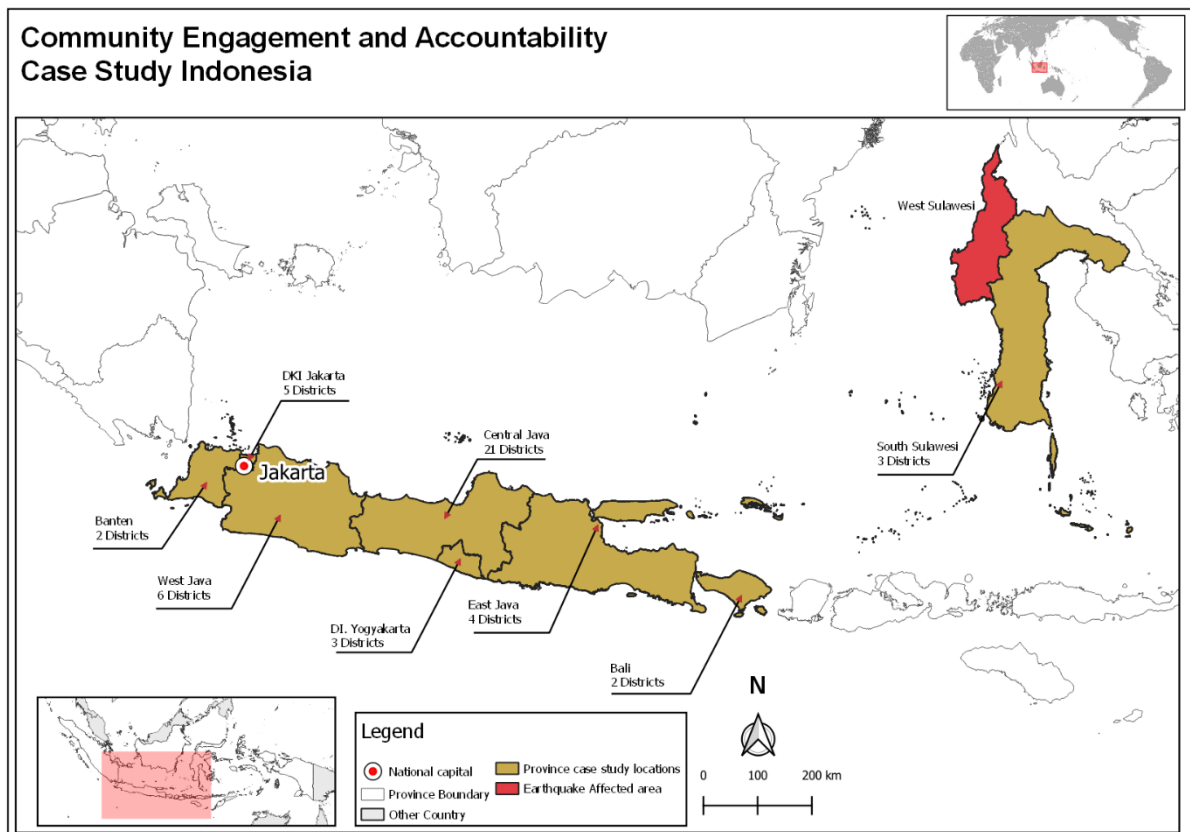


Figure 1: Map of Community Cash Grants interventions provinces and West Sulawesi Earthquake Operation

Indonesia COVID-19 Outbreak timeline

- On 14th March 2020, the Government of Indonesia (GoI) declared a state of emergency for COVID-19 as a non-natural disaster.
- Indonesia Ministry of Health (MoH) launched Ministerial Regulation No. 9 of 2020 on Guidelines to Large-Scale Social Restriction which regulate public activities restrictions including closing of schools and offices, religious activities in communal areas and other restrictions that concern defence and security aspects.
- In March 2020, Palang Merah Indonesia (PMI) launched its national plan of action on COVID-19 community preparedness which focuses on Risk Communication and Community Engagement (RCCE), Community-based Surveillance, Epidemic Control for Community Volunteers, Psychosocial Support (PSS) and Home-based Care Services.

- Based on Indonesia Ministry of Health (MoH) data as of 30 March 2021, the death toll has reached 40,754, with more than 1.5 million confirmed cases.

West Sulawesi Key Facts

- On 15th January 2021, a 6.2 magnitude earthquake occurred in West Sulawesi causing fatalities of 107 people and affecting more than 100,000 people.
- 18,000+ houses were destroyed, displacing more than 71,000 people into 335 camps.
- On 29th January 2021, the Government of Indonesia declared the earthquake as a Provincial Disaster and state of emergency for one-week. The transition from relief to recovery took place until 5th April 2021.
- The West Sulawesi earthquake is one of the natural disasters that occurred in Indonesia during COVID-19 pandemic situation, along with the flood in South Kalimantan, which also occurred in January 2021.
- Since the onset of the disaster, PMI – from National Headquarters (NHQ) to branch level, has deployed and mobilised volunteers and technical personnel to respond and support evacuations and emergencies with strict health protocols applied¹.
- To respond to the earthquake in West Sulawesi, IFRC Indonesia Country Cluster Delegation (CCD) and PMI launched a Disaster Relief Emergency Fund (DREF) Operation with an Emergency Plan of Action (EPoA)² on 15th January 2021.
- The operation aimed to provide assistance to 20,000 people (4,000 households) affected by the earthquake in Mamuju, Majene and Polewali districts for 6 months. This was to provide them with immediate needs of shelter, health – including Psychosocial Support (PSS), livelihoods, and Water Sanitation and Hygiene (WASH). A total of 10,000 people in 2,000 households received cash assistance. The activities are implemented alongside health and hygiene promotion and risk communication of COVID-19 preventions.

1 West Sulawesi Emergency Plan of Action (EPoA), IFRC
<https://reliefweb.int/sites/reliefweb.int/files/resources/MDRID020do%20%281%29.pdf>

2 West Sulawesi Emergency Plan of Action (EPoA), IFRC
<https://reliefweb.int/sites/reliefweb.int/files/resources/MDRID020do%20%281%29.pdf>

Best Practices



Identifying Key Persons in The Community

PMI, in branch offices and through volunteers, normally establishes a direct relationship, and builds trust with community members. Due to movement restrictions during the pandemic this has become increasingly difficult. Due to this challenge, PMI has started to modify their approach to participation without excluding the involvement of diverse groups in the communities (i.e. persons with disabilities). The most affected members and vulnerable communities are still being prioritised in both operations covered in this case study.

Target villages for the Community Cash Grants were selected based on numbers of COVID-19 cases and risk zoning in Indonesia, according to government data. PMI started by identifying key persons as connectors to the wider part of the communities. In most cases they were the heads of the Community Based Action Team (CBAT) of the village. CBAT is a community volunteer group in the village whose main responsibility is to act as first responders in the community when a disaster strikes, such as the COVID-19 pandemic. The members represent various groups, including women,

youth, elders, religious groups – some CBAT have representatives from disability groups. CBAT were trained on the Fundamental Principles of Red Cross and responding to disasters prior to receiving the grants. CBAT and PMI regularly communicate with each other.

In order to include different groups, other key persons were also selected. These key persons helped PMI to develop the program together as representatives of different community groups. The selection process of key persons was informed by rapid assessments and perception surveys, conducted prior to the programme design phase. In these assessments the community recommended that key persons should include their head of village, the health cadre, and head of PKK (*Pemberdayaan Kesejahteraan Keluarga*, Family Welfare Association in Village - led by women groups). The community selected them because they are perceived to have a positive influence on their community. These selected key persons are also members of Community Based Action Team (CBAT) in their villages.

Out of 390 villages assisted with the grants, 50 had established a Community Based Action Team (CBAT) prior to the pandemic. The programme also brought new opportunities to initiate the development of CBAT in the other 340 villages. The objective of the grants was to accelerate COVID-19 response at the community level, including contact tracing, risk communication and community engagement. This objective was the same in villages with new CBAT and existing CBAT. All villages received orientation on the grants such as monitoring and budgeting and for risk communication and COVID-19 education. PMI intensely assisted those villages where CBAT were freshly established to familiarize the community with PMI's health programmes and disaster management in general, including community-based response.

In the West Sulawesi Earthquake response, the key persons were identified through a CEA rapid assessment which was conducted right after the earthquake struck. One major component in the assessment was to ask about trusted sources of information in the communities, including from those who are the most vulnerable such as women and people with disabilities. The majority of respondents selected the village government as the most trusted source, followed by cultural leaders who are highly respected in the community because of their age or influence, and the Regional Disaster Management Agency.

When complaints from the communities needed to be managed, PMI would communicate to those trusted sources, such as the head of villages, cultural leaders and local government, and they would

convey messages to their community. This ensured that PMI could still communicate with the community even when volunteers weren't able to visit communities due to pandemic related movement restrictions.

Gathering Data to Include the Needs of Vulnerable Communities

PMI continued to engage with vulnerable groups throughout the pandemic. Perception surveys on COVID-19 and the post-emergencies assessment were targeting diverse groups in the community, including women and older people. Most of the respondents participated through an opt-in online survey³ which was shared through PMI's social media platforms. This limited the participation of groups that have less access to social media. To address this, the survey link was also shared through communication groups such as in WhatsApp and the CBAT Communication Group. A total of 244 individuals participated in this survey, 48.3% were women and 1% were people above 60 years. This break-down highlights an opportunity to reach out to other partner organisations that work with marginalised and vulnerable groups to include them further in future perception surveys.

To ensure their participation, PMI assisted vulnerable groups directly, while taking COVID-19 precaution measures. For instance, Focus Group Discussions (FGD) in West Java were conducted to gain deeper insight about the needs of older people. Fifty older people participated in the FGD, alongside the senior resident health care providers and local governments. The FGD analysis found that radio was the most preferred media of older people. This showed that collecting and triangulating data through different methods can help reveal information that may have been lost had PMI only implemented rapid assessments.

To understand the needs of affected communities in West Sulawesi after the earthquake, PMI conducted a rapid assessment in January 2021. To complement their data, PMI also used the data from the joint need assessment led by the Ministry of Social Affairs (MoSA)⁴. The assessment includes information from affected groups, such as pregnant and lactating women, and children. This collaboration helped overcome geographical limitations and allowed for a higher representation of vulnerable groups.

3 Rapid assessment: Community perception on Covid-19 <https://communityengagementhub.org/wp-content/uploads/sites/2/2020/05/200429-IFRC-Rapid-Assessment-Community-Perception-on-COVID-19-ENG.pdf>

4 Joint Need Assessment West Sulawesi Earthquake <https://datastudio.google.com/reporting/4f8b436e-19fa-4b1f-8794-0ea0a5e6d0e7/page/mPyyB>

Using Diverse Channels of Communication

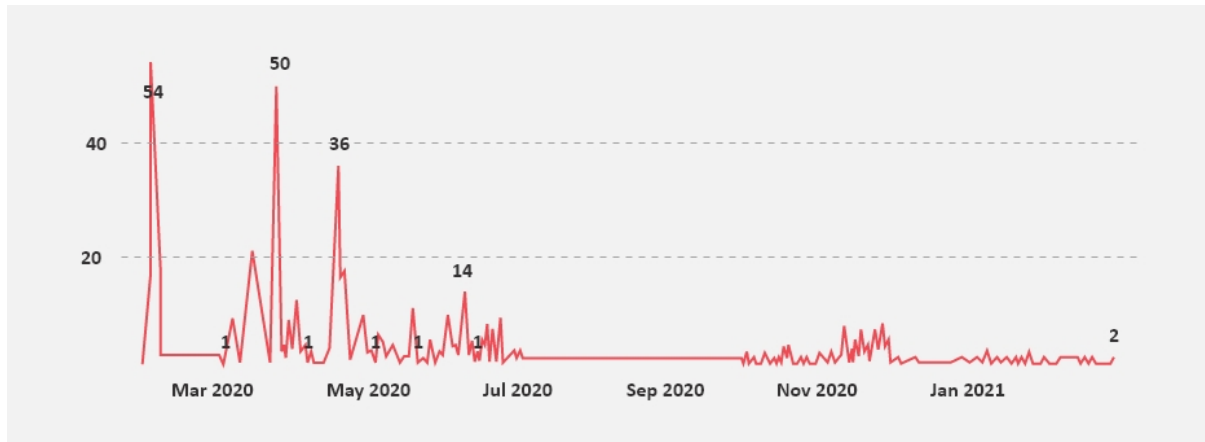


Figure 2: Community feedback daily trend from March 2020 (first COVID-19 case in Indonesia) to January 2021 (n: 926)

Feedback mechanisms also evolved in the context of the pandemic. The infodemic⁵ required PMI to respond swiftly while dealing with a rapidly evolving pandemic, quickly changing information and much uncertainty. As shown in figure 2, the influx of feedback increased significantly (from 2-14 feedback daily to 54) when the first positive COVID-19 cases emerged in Indonesia in March 2020 and again when there were concerns about vaccinations (October 2020). PMI’s CEA team collaborated with the PMI Health Team and Indonesia MoH to develop answers to frequently asked questions and share with communities through the different CEA focal points.

The existence of an RCCE Working Group, which was established in the early days of the pandemic, also enabled PMI to share and develop key messages quickly in collaboration with other agencies. The RCCE working group was co-led by IFRC and UNICEF, and the other agencies involved in the working group included WHO, health worker groups and associations, the National COVID-19 task force and other Civil Society Organisations. The working group also developed key messages, for instance based on content from the MoH, which PMI would share through their volunteer network.

Based on PMI’s previous experiences in disaster response, face-to-face was the preferred communication method. During the Lombok Earthquake Operations, 54% of feedback was collected

⁵ Infodemic is an overabundance of information, both online and offline, as defined by WHO <https://www.who.int/news/item/23-09-2020-managing-the-covid-19-infodemic-promoting-healthy-behaviours-and-mitigating-the-harm-from-misinformation-and-disinformation#:~:text=An%20infodemic%20is%20an%20overabundance,will%20continue%20to%20thrive.>

and addressed face-to-face, followed by phone calls (20%) and social media (9%)⁶. However, during the pandemic, the Community Cash Grant and West Sulawesi operations both saw a rise in the use of social media, this is likely due to movement restrictions in place because of the pandemic. Figure 3 shows that social media was used significantly more compared to other channels. From 926 feedback recorded by PMI, 540 (58%) were received through social media⁷.

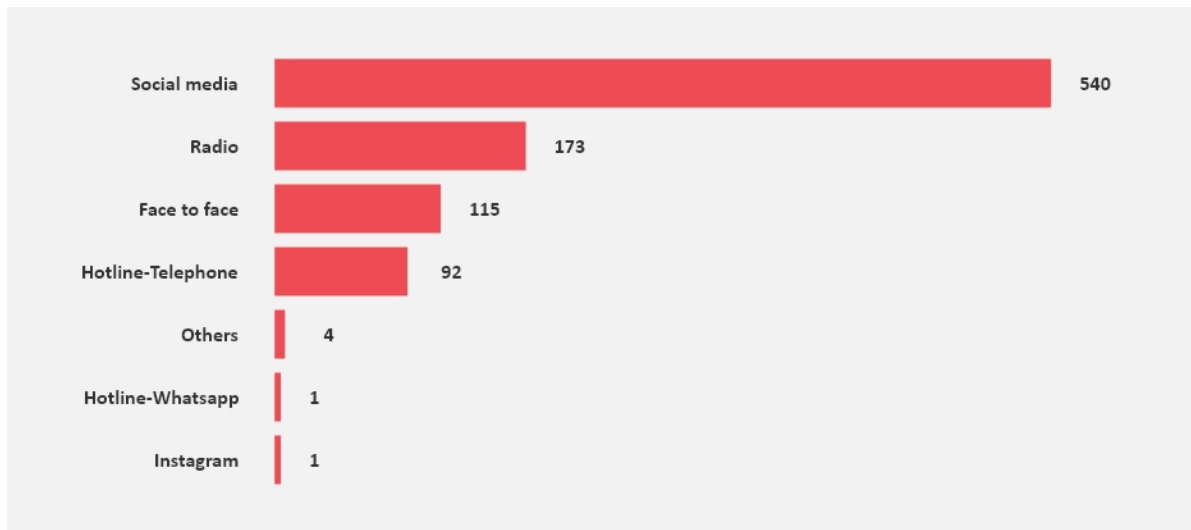


Figure 3 Communication Channels Distribution (n:926)

However, social media excludes those who do not have access to the internet and gadgets, have low literacy, or are unfamiliar with digital communication. To address this PMI also used radio. One interviewee highlighted that radio provided a solution for more inclusive, two-way communications that didn't rely on social media. Through interactive programmes – where people can participate in call-in sessions – PMI would share information while also collecting feedback. Across the country, 12.73% of Indonesian are still listening to radio daily; this is equivalent to around 34.4 million Indonesians⁸.

After the results of the CEA assessment, findings that individuals preferred radio were presented to the management and the operation team, they decided to expand radio work. In East Java and South Sulawesi Province PMI have adapted and expanded their radio programme. Collaborations with local

6 Lombok Earthquake Operation Update

7 Asia Pacific COVID-19 Community Feedback
<https://app.powerbi.com/view?r=eyJrIjoim2FjMDdiNGMtZWZiNC00ZmFjLWJiZmItNzMyNzU2M2NjY2E4IiwidCI6ImEyYjUzYmU1LTczNGUtNGU2Yy1hYjBkLWQxODRmNjBmZDkxNyIsImMiOiJh9&pageName=ReportSectiona4f54c60d309fe5f4e66>

8 Agency of Statistics Indonesia Data

and community radios were expanded and PMI established a new partnership with a national radio network covering the whole country.

One of the advantages of using radio as a communication channel is its wide coverage of remote areas. In East Java and South Sulawesi, the topics discussed on the radio programme are in line with the key messages on IEC materials distributed in the same areas. Information on COVID-19 prevention was shared when PMI conducted activities such as clean water distribution in West Sulawesi and distributions of personal protective equipment such as masks in West Java.



Establishing Ground Up Feedback Mechanisms

The PMI national headquarters also conducted capacity assessments in each province to prioritise locations for assistance. Training materials were adjusted to support the needs at the provincial level. The training materials focused on communication methods and how to contextualise feedback mechanisms in the region.

To close the feedback loop and address community feedback, PMI developed monthly reports to be shared with the programme team on a weekly basis, these reports were also shared in senior management meetings. This process enabled PMI to adjust the programme according to community inputs and address the actual needs of communities. As an example, PMI received feedback from the community on their COVID-19 disinfection activities in the Jakarta region, asking PMI to implement these activities outside of rush hours. The CEA team developed a specific report and shared it with the operations team. Based on this, the schedule for the disinfection gunner was shifted to night-time.

For the CBAT implementing the Community Cash Grants, a feedback mechanism managed by the community themselves was introduced for the first time. The first location of this trial was Sukabumi, West Java. One head of CBAT from Cisarua Village who was interviewed explained that this was a new experience for him, and that the enthusiasm from the community was visible. They saw an increase in the use of feedback mechanisms and encouraged other groups to get involved. He said that he feels they are getting closer with the community. They could even get data (related to COVID-19) faster than the government. He added that they plan to continue running the feedback mechanism as the impact was perceived as beneficial.

The CBAT in Cisarua Village opened a hotline number to collect feedback from their community. They used the feedback to adapt their programmes. They further used the hotline for responding to incidents happening in the village. The CBAT head interviewed, gave an example that when a community member's house collapsed due to a small landslide, the CBAT team could respond to the report quickly. He added that he sees communication with different layers of the community as key for collaboration.

The CBAT adjusted and improved the programme based on the community feedback they received. Health promotion was implemented by utilising the local culture, such as community gathering events and weddings and existing gathering points, such as public libraries. During community events, CBAT was requested by the community to oversee the health protocols while having a session to sensitise the community about preventive measures. They also collaborated with officials from the government health centre to conduct health promotion sessions during monthly health check-ups of older people, pregnant mothers and children.

As the grants are fully managed by the community, it is crucial to embed a mechanism where CBAT members can receive input, suggestions, and complaints on how the grants are used. A CBAT coordinator from West Java mentioned that this experience taught the team to involve their own community more and increase participation to bring innovation in the programme.



Designing Programmes which Allow Communities to Decide Their Own Needs

For the Community Cash Grant programme, PMI and IFRC developed guidelines that set out a broad list of COVID-19 related activities that the grants could be used for. One official interviewed called it a “shopping list” approach. Communities could develop activities such as contact tracing, health promotion, mask and handwashing station distribution, disinfection, and surveillance, and some psychosocial and community support activities. The guidelines were developed with the rationale that the grant was small and had to be used over a limited period, therefore the parameters would help the community spend the money efficiently and swiftly. To support the dissemination of the guidelines, a booklet was developed with the CEA team and shared with the communities, digitally and as a hardcopy.

Within this scenario however, each community was free to choose the activities they wanted to carry out, according to their own needs. The advantage of the Community Cash Grant was that the community is jointly in-charge of the fund allocation. Conventionally, cash grants are given to a family or one household, but the Community Cash Grant targeted the community. In this design, communities have a little more agency to manage their grant. The Head of CBAT in Cisarua Village, one of the Community Cash Grant recipients, mentioned that they also accommodated ideas from the community as they wanted to build capacity and increase the number of CBAT members.

The process required intensive assistance and two-way communication with the community, represented by CBAT. Coordination with CBAT members, as the community representatives, was conducted over Zoom and WhatsApp. PMI consistently monitored communication to ensure that the CBAT understood the training materials.

Orientations and trainings for CBAT members were also conducted online. Beside the COVID-19 topics and related methods of intervention to stop transmission in the communities, one topic covered in the training was feedback management. Since CBAT would support their community to implement the grant, PMI identified that CBAT should understand the community's needs while also providing a platform where the community could give their input and be heard. CBAT was trained to promote, receive and respond to feedback, including complaints. The West Java, CBAT interviewed said that they were also oriented on how to make the feedback mechanism inclusive by reaching out to different vulnerable groups, including children, and adjusting activities according to their feedback.

Managing Programme Delays

One significant challenge that arose was the delay in providing the Community Cash Grants. This delay was caused because PMI faced issues finding the most accountable method of providing the grants. Understandably the delay caused resentment in the community. One official interviewed said that the community felt they had been lied to.

PMI managed this situation by strengthening communication with the communities. Since direct, and face-to-face communication was not possible due to the pandemic, PMI developed a system of working with case managers. Each manager oversaw ten villages. Their responsibilities included communicating the problems and reasons for delays as well as follow up actions and solutions to the communities. Based on an interview with IFRC staff, this case manager system made it possible to answer questions faster.

PMI also held several online sessions for the recipient villages. The session was conducted over two days, during which the 390 villages were invited in smaller batches. Hotlines for feedback collection were also separated into several lines according to the local context and geographical areas. These efforts were considered crucial by PMI to show their commitment to the community. PMI considered regular and transparent communication as the key to the success of the programme and is now exploring how to mainstream such CEA activities further.

Opportunities

Adapting CEA approaches due to the pandemic provides opportunities to adapt approaches and strengthen localisation. The following are some starting points that can be explored further to strengthen the use of CEA during and beyond the COVID-19 pandemic.

Generate comprehensive data: Since direct interaction with the assisted communities has been limited due to the restrictions during the pandemic, gathering data has become challenging, especially the inclusion of vulnerable communities. However, data remains valuable because it helps humanitarian actors understand the community better, in terms of the ways in which they would like to be engaged. The case study highlights an opportunity to expand the methods of data gathering to ensure that the needs of marginalised and vulnerable groups are represented. This includes reaching out to other partner organisations that work with such groups to include them further in future perception surveys. Data should also be triangulated from different sources, including through inter-agency collaborations. Community engagement working groups with other humanitarian actors can be activated to initiate the collaboration.

Strengthen community capacities to lead program implementation: The case study offers initial lessons in how programmes can be designed to let communities decide their own needs and develop feedback mechanisms that suit their needs. Both required building capacities of people in the community. Humanitarian actors should trust that the communities are able to implement programmes themselves. Such an approach also makes interventions sustainable in the long-term, even after they are officially concluded. This presents an opportunity to gather a deeper understanding of exactly how the processes worked for the community. For instance, what were the differences in programme implementation where CBAT already existed and where they were newly established; and what capacities could be strengthened further. Such insights will strengthen the implementation of future programmes which adopt such ground-up solutions.

Contact Information

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<https://media.ifrc.org/ifrc/what-we-do/community-engagement/>

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