



Palang
Merah
Indonesia



Best Practices

Community Engagement and Accountability (CEA)
in Program Cycle of PMI Operations
(West Nusa Tenggara and Central Sulawesi)

June 2023

Authors:

Aulia Arriani

Head of Sub-Bureau of Communication and International Relations
PMI Headquarter, Palang Merah Indonesia

Sarah Fitriisa

Director, PRASA Komunikasi (Consultant)

Andrea Celine

Project Manager, PRASA Komunikasi (Consultant)

Hasna Pradityas

Community Engagement and Accountability Specialist,
International Federation of Red Cross and Red Crescent Society

Table of Contents

Table of Contents	2
Abbreviation and Glossary	3
Background	4
Best CEA Practice in PMI Operations	8
West Nusa Tenggara Earthquake Operation : Lombok (Pre and During COVID-19 Pandemic)	8
CEA in Lombok Operation	9
Central Sulawesi Earthquake and Tsunami Operations (Pre and During COVID-19 Pandemic)	19
CEA in Central Sulawesi Operation	20
Highlight of the Operation	25
Key Takeaways, Recommendation, and Conclusion	27
References	28

Abbreviation and Glossary

BNPB	<i>Badan Nasional Penanggulangan Bencana</i> (National Disaster Management Agency)
CCD	Country Cluster Delegation
CEA	Community Engagement and Accountability
CEWG	Community Engagement Working Group
CVA	Cash-Voucher Assistance
DRR	Disaster Risk Reduction
EPoA	Emergency Plan of Action
FGD	Focus-Group Discussion
ICBRR	Integrated Community-Based Risk Reduction
IEC	Information, Education and Communication
IFRC	International Federation of Red Cross and Red Crescent Societies
IM	Information Management
NGO	Non-Governmental Organization
PDM	Post-Distribution Monitoring
PGI	Protection, Gender and Inclusion
PMI	<i>Palang Merah Indonesia</i> (Indonesian Red Cross)
PSS	Psychological Support Service
RCRC	Red Cross and Red Crescent
SIBAT	<i>Siaga Bencana Berbasis Masyarakat</i> (Community-Based Disaster Preparedness)
SMS	Short Message Service
SOP	Standard Operating Procedure
WASH	Water, Sanitation and Hygiene

Background

PMI as a humanitarian organization provides aid and services to the community. In this regard, the community is placed as PMI's partner, which means that the community is not a passive recipient of service, instead it is actively involved in expressing their needs and providing input on the service.

As a humanitarian organization that provides services to the community, PMI needs to include a community engagement component in each of its operational cycles and activities that prioritizes the needs of the community. Having community engagement in operations, it is expected that public trust in PMI will increase and PMI will be accountable. This will contribute in building the reputation of the PMI organization: accountable and with integrity.

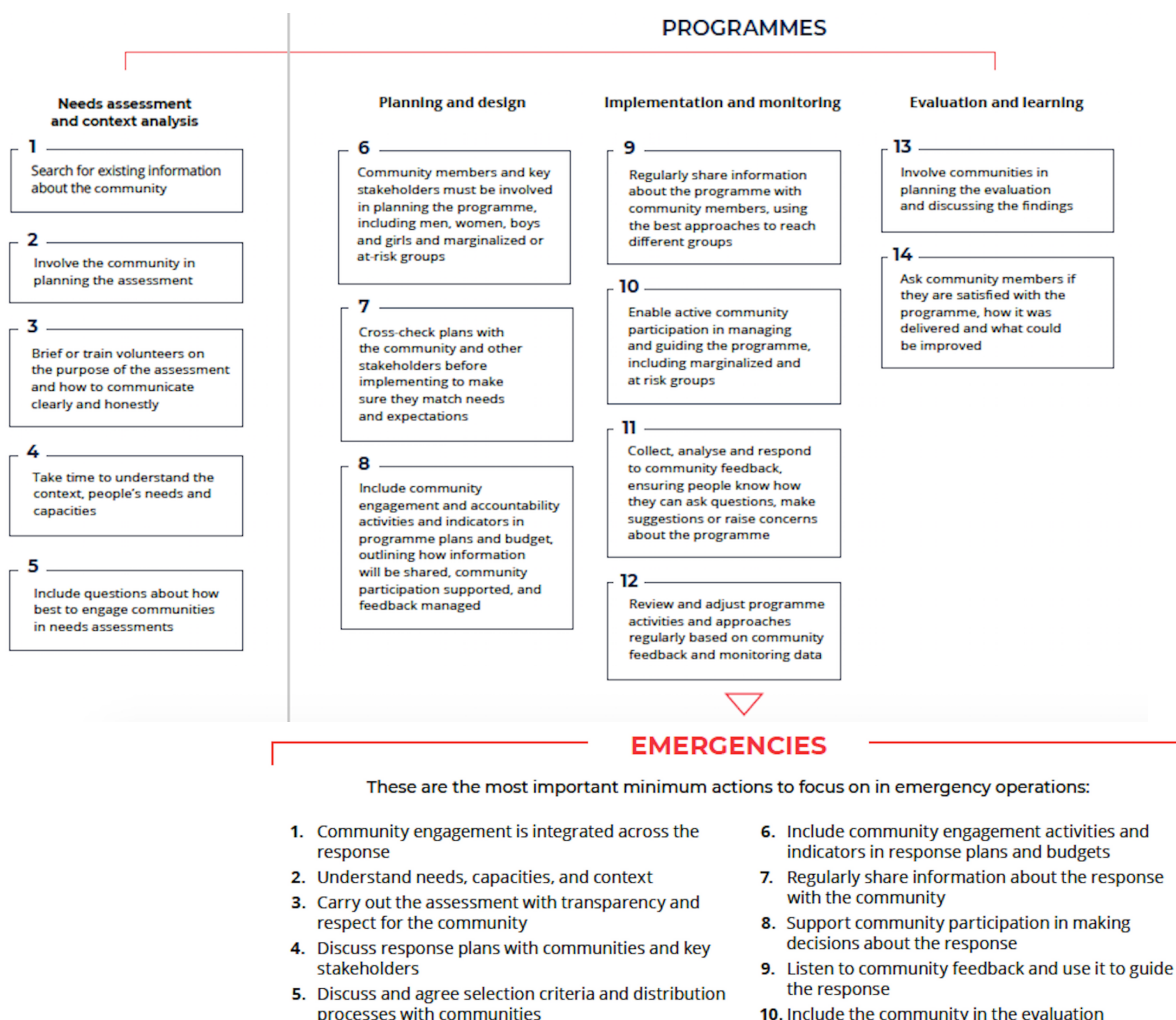
Community Engagement and Accountability (CEA) is an approach that engages community through two-way communications in a systematic manner to increase the quality of PMI's services. The Red Cross and Red Crescent Movements (RCRC) position CEA as a very important approach towards acceptance and public trust in the humanitarian-based work of the RCRC. The RCRC Movement's commitment to CEA was strengthened through the adoption of the global movement for community engagement and accountability (The Movement-wide for Community Engagement and Accountability) at the Council of Delegates' 2019 discussion forum. This commitment shows the real action of the Red Cross and Red Crescent Movement globally in implementing CEA in a structural manner.

National Society, International Committee of the Red Cross Delegation and IFRC office as member of Red Cross and Red Crescent Societies Movement (RCRC Movement) commit to ensure a consistent approach to how PMI engage with and are accountable to people and communities. The CEA approach as stated through "Movement-wide Commitments for Community Engagement and Accountability" is an approach that has been owned by the RCRC Movement and is a good approach to create a value integrating with each PMI service activities. Therefore, the implementation of CEA should be applied not only in programs initiated by PMI, but also PMI as a whole institution.

PMI provides emergency or disaster response, development programs, recovery programs, as well as routine PMI services (blood donations, ambulance provision, etc). The community engagement approach should have been absorbed by PMI in performing these activities. This can be reflected from the number of PMI's activities which aim to get feedback from the community when running the program or to provide response, either to inform back to the community or program adaptation.

PMI can apply two types of response or feedback, namely reactive response and proactive response. Reactive response is PMI's response to questions, input, and public reactions submitted through the feedback channels for instance through radio talk show, social media, and hotline provided by PMI. Meanwhile, the pro-active response is PMI's proactive action in gaining community participation and involving the community in each phase of service activities for example such as community meeting, interview the community representatives, focus group discussion (FGD) with community, and post distribution monitoring (PDM). It is highly recommended for PMI to apply those two forms of response as community involvement and accountability approach towards an effective community service.

According to Red Cross and Red Crescent Guide to Community Engagement and Accountability, there are 14 minimum actions standards which can be used, but not limited to, as a checklist for PMI when preparing a program to ensure that the program has a good level of engagement with the communities.



International Federation of Red Cross and Red Crescent Societies and the International Committee of the Red Cross, A Red Cross and Red Crescent Guide to Community Engagement and Accountability, 2021, <https://www.ifrc.org/document/cea-guide>

In the emergency phase, community engagement needs to be adopted despite the increased urgency and complexity. There are 10 most important minimum actions, as reflected in the above pictures, shall be adopted. By having the minimum actions, PMI can respond and accommodate communities' needs effectively even during the emergency operation.

Meanwhile, in non-emergency situations, CEA implementation in PMI activities should be applied in all phases of program activities including during **1)** the assessment, **2)** the program planning and design, **3)** the program implementation and monitoring, and **4)** the evaluation and learning phase. Through implementation of CEA in all phases, hence, it is possible for PMI to have responses and program adjustments in running the accurate and effective programs.

The above diagram shows that in the **Needs Assessment and Context Analysis phase**, community engagement can be conducted through **1)** Identification about the community and **2)** Community engagement in planning the assessment (what they feel, what information they need, which people they trust, and what communication channel they feel comfortable with, and what other things PMI should know), **3)** Brief and train PMI volunteers on the assessment purpose and how to represent themselves to community, **4)** Understand the questions, **5)** Identify people's need and capacities, including how best to engage communities in needs assessment. Meanwhile, in the **Planning and Design phase**, CEA approach can be implemented by **6)** Ensuring the plan is appropriate with the community and in place through involving community members and key stakeholders (including men, women, boys, girls, elderly group, etc.) to make sure the operation or program is inclusive, **7)** Always remembering to cross-check plan with community and relevant stakeholders before implementation, **8)** Ensuring to include CEA activities and indicators in plan and budget where information sharing, community participation, and feedback are managed well. In the **Implementation and Monitoring phase**, CEA principles can be maintained through **9)** Regular program information sharing with community members using best approaches, **10)** Enabling active community participation in managing and guiding the program, **11)** Collecting, documenting, analyzing, and responding to community feedback and making sure people know that they can ask, make suggestion, and raise concern about the program, **12)** Reviewing and adjusting program based on community feedbacks and monitoring. Lastly, in the **Evaluation and Learning phase**, it is the proper phase to ensure that **13)** The community is involved in the evaluation and findings as well as satisfied with the services, and **14)** To evaluate their feedback for improvement in the future programs.



Best CEA Practice in PMI Operations

West Nusa Tenggara Earthquake Operation : Lombok (Pre and During COVID-19 Pandemic)



Situational Context – According to the Lombok operation report, since the first 6.4 magnitude earthquake hit Lombok, province of West Nusa Tenggara (Nusa Tenggara Barat - NTB), Indonesia, on 29 July 2018, four further earthquakes and multiple aftershocks impacted the districts of North Lombok, East Lombok, West Lombok, Central Lombok, Mataram, and Sumbawa Island, in addition to Bali Island. The district governments affected by the disaster issued a decree on verification of the number of severe damages that are eligible for government housing assistance in the form of cash stimulus for permanent shelter reconstruction.

On 13 April 2020, the Government declared a state of emergency for COVID-19 as a non-natural disaster in Indonesia. Confirmed cases have continued to increase significantly since the first two initial cases in March 2020. Based on the Indonesian Ministry of Health data as of 1 October 2020, 291,182 people had tested positive of which 10,856 cases have been fatal. The Indonesian Ministry of Health on 10 March 2020 activated 132 referral hospitals in 33 provinces for COVID-19 case management. The president also formed the COVID-19 acceleration Task Force, with the Head of BNPB leading the task force. BNPB stated a 91-day emergency status on the pandemic starting from 29 February until 29 May 2020. Governments at provincial and district levels imposed strict restrictions to reduce the risk of spreading COVID-19. The NTB provincial government urged communities across NTB to reduce any social, cultural, and religious activities in all public places.

CEA in Lombok Operation

In response to the Lombok disaster, PMI, supported by IFRC, provided assistance to affected families as mentioned in the emergency plan of action (EPoA). Several programs were implemented, namely WASH, Shelter, DRR, Inclusion and Protection, and Health. At least 1,186 PMI personnel were deployed since the beginning of operation, with half coming from neighboring provinces with technical skills on shelter, WASH, relief, cash and voucher assistance (CVA), health, DRR, finance, and logistics to augment the capacity of PMI NTB provincial chapter. The operation in Lombok and Sumbawa was mostly concluded by the end of February 2021.

The provision of information and two-way engagement with the affected population became a key part of the response design and implementation and was incorporated across various sectors and services of the program. In Lombok operation, the two-way communications mechanisms include radio shows, SMS blast, hotlines, and face-to-face interactions. Further information about this information can be found in the ["Indonesia : Lombok Earthquake"](#) report.

During emergency response in Lombok, PMI and IFRC made sure that CEA was being implemented through understanding needs, capacities, and context (carrying out the assessment with transparency and respect for the community), discussing with the community regarding plan and implementation, sharing information about response to the community, listening to community feedback, and supporting community participation throughout the process.



Throughout implementation of CEA in Lombok, there were **six out of ten minimum actions** being done. It was already a very good effort in engaging the communities, so that the assistance was in place and as per needed.

Table 1.
Minimum Actions of CEA in Emergency Response in Lombok Operation

Minimum Actions	Community Engagement and Accountability (CEA) Activities
<p>1. Community engagement is integrated across the response</p> <p>2. Understand needs capacity and context</p> <p>3. Carry out the assessment with transparency and respect for the community</p>	<ul style="list-style-type: none"> • On the Shelter program, PMI and IFRC conducted a rapid assessment through survey and communicating with the community of which the result of the survey was utilized to support other programming as well. From the initial assessment, PMI and IFRC knew the community's needs of assistance such as essential household items (blanket, family kit, school kit, shelter kit, solar lamp, and tarpaulin), type of information, preferred channel of communication, and trusted spokesperson/source of information. • On Health sector, PMI and IFRC identified the community's needs of assistance such as basic healthcare services (home-based care, basic medical check, and first aid), type of information, preferred channel of communication, and trusted spokesperson/source of information through rapid assessment in the form of surveys and communicating with the community. Based on the result throughout assessment, PMI planned a program to support basic health care services during the tough times.
<p>4. Support community participation in making decisions about the response</p>	<ul style="list-style-type: none"> • On the Shelter program, according to feedback and input from the community, affected households were resorted to various emergency shelter solutions, some using salvaged materials from the damaged houses or relief materials from local NGOs and PMI. • On the Health sector, as needed by communities, PMI and IFRC managed to deploy mobile medical teams (doctor, nurse, assistant pharmacists, and volunteers) for providing services in 97 villages in five districts. PMI and IFRC also deployed 38 trained volunteers to provide counseling on psychosocial support to affected individuals after the earthquake.
<p>5. Listen to community feedback and use it to guide the response</p> <p>6. Include the community in the evaluation</p>	<p>After doing the response, PMI conducted an evaluation based on community input for reference in the recovery phase.</p>

In the recovery phase (non-emergency phase), it shows that CEA had been implemented through minimum actions during Lombok operation in 4 program cycle as below:

Table 2.
Minimum Actions of CEA in Program Cycle in Lombok Operation

Shelter (Cash)			
Program Cycle			
Assessment and situational analysis	Planning and design	Implementation and monitoring	Evaluation and learning
<p>A recovery needs assessment was conducted from November to December 2018 by a joint RCRC, government and other NGO team to analyze the cross sectoral recovery needs and support in designing an effective recovery needs and support for the affected households with shelter materials, labor cost, and kitchen items (what community need the most based on the assessment)</p>	<ul style="list-style-type: none"> It was ascertained, mainly through CEA processes, that the affected population still needed other shelter items to complement the temporary shelter assistance provided by the Government, as well as to anticipate the upcoming rainy season. In the recovery phase, PMI and IFRC planned to distribute CASH assistance for house rehabilitation, PMI and IFRC displayed a master list of cash recipients in Balai Desa which allowed the community to cross-check whether the data is either already accurate or inaccurate. PMI and IFRC acted based on this process and input, resulting in a refined beneficiary list. 	<ul style="list-style-type: none"> CVA Phase 1 was given to 8.085 affected households, with the amount of IDR 930.000. CVA Phase 2 was given to 3.981 affected households with an amount of IDR IDR 930.000. CVA Phase 3 3,997 with the amount of IDR 7 million. The cash was given to support them during the transition phase (from temporary shelter to permanent housing). The CASH assistance can be used in helping them with the house rehabilitation process. The house rehabilitation itself was mainly supported by Government In regards to conditional cash assistance, PMI and IFRC also made sure the recipients followed the sessions of financial literacy and built-back saver material using a participatory approach and being sensitive to the local language and culture. PMI and IFRC opened the feedback mechanism through various ways including survey, post-distribution monitoring and exit survey when distributing shelter assistance to the community. The feedback results were used to adjust the program and future distribution process. The procedures to act on sensitive feedback were prepared and volunteers were sensitized to avoid and address unexpected circumstances. 	<p>PMI and IFRC collected the feedback and input from the community. The results were presented to PMI and IFRC colleagues to ensure closing the feedback loop; however, it would be even better if the beneficiaries could also be informed of the results.</p>



West Nusa Tenggara,
2018



West Nusa Tenggara,
2018

Health – (WASH and PSS)

Program Cycle

<i>Assessment and situational analysis</i>	<i>Planning and design</i>	<i>Implementation and monitoring</i>	<i>Evaluation and learning</i>
<ul style="list-style-type: none"> In the assessment phase (during the emergency program), PMI found that patients with bone fractures found difficulties to reach out to public hospitals and there are also plenty of immobilized patients who need to recover. Regarding daily access of safe water, PMI conducted assessment on community needs on water supply with 23 water systems that need to be repaired and rehabilitated. 	<ul style="list-style-type: none"> PMI cross- checked with community’s midwives, community health centers regarding their capacity and what PMI and IFRC could do to optimize the health assistance for the community. In the planning and design phase, PMI and IFRC also figured out that well-trained PMI volunteers would be essential for engaging with the community. The realization was to provide CEA materials embedded in health capacity trainings for volunteers. On the clean water supply, PMI planned to rehabilitate community water points. 	<ul style="list-style-type: none"> PMI provided health services and regular home-based care to the community to respond to the immobilized patients. Alongside the recovery phase, psychosocial support services also took place; shifted from efforts to overcome trauma to efforts to encourage participation in the community activities, together with the CEA team, especially by the heads of households, for disease prevention and maintenance of healthy environments. Regarding water supply, PMI implemented the water supply infrastructure. The process relied on a participatory approach where the community was included in creating a work plan and delegating tasks accordingly within their community. PMI then improved water sources, construction of water pipeline networks, boreholes or rainwater catchment to ensure a better and more sustainable access to water for surrounding communities. PMI conducted post distribution monitoring throughout the implementation. 	<p>PMI collected a number of feedback regarding health services, clean water supply, sanitation and hygiene promotion and used it for future learnings.</p>



West Nusa Tenggara,
2018



West Nusa Tenggara,
2018

Disaster Risk Reduction (DRR)

Program Cycle

<i>Assessment and situational analysis</i>	<i>Planning and design</i>	<i>Implementation and monitoring</i>	<i>Evaluation and learning</i>
<p>PMI involved communities to take active steps to strengthen their preparedness for effective response to disasters with below approach:</p> <ul style="list-style-type: none"> • Formation of community-based action teams in each of the 16 villages • Conducted an integrated vulnerability and capacity assessments through surveys, interviews, focus group discussions and review of existing community risk reduction plans • Developed response mechanisms and support trainings and preposition of response equipment • Developed village contingency plans • Supported initiatives such as early warning systems, evacuation routes signs, etc. • Advocated for identified DRR interventions with the government and other stakeholders • Conducted DRR awareness • Conducted school risk reduction activities, including trainings for school teachers. 	<p>PMI and IFRC ensured the designed DRR activity based on the existing component in the community and developed according to needs assessment and future preparedness as a community.</p>	<p>PMI and IFRC conducted a Disaster Risk Reduction campaign which involved the community (Integrated Community-based Risk Reduction/ ICBRR). With the help of PMI and IFRC, community was trained to do vulnerability and capacity assessment, community -based action team/SIBAT training to lead DRR trainings to lead DRR activities under PMI program and emergency response capacities, educate the community with village response Standard Operating Procedure/SOPs and simulation, school-based DRR activities and assistance regarding preparedness actions at the provincial level. The tools used in the process were community-oriented and gender-sensitive, allowing members to actively participate throughout the process. This serves as an example of integrating Community Engagement and Accountability (CEA) in programmatic tools and activities.</p>	<p>PMI and IFRC learned to involve community participation from the beginning to grow their sense of belonging upon the DRR program. The limitation of DRR preparedness caused by COVID-19 pandemic also became a way to reach as many people as possible in the future.</p>



West Nusa Tenggara,
2018



West Nusa Tenggara,
2018

This operation was indeed special as the Government declared a state of emergency for COVID-19 as a non-natural disaster in Indonesia on 13 April 2020. Specific to the Lombok earthquake operation, IFRC and PMI Lombok adjusted activities and timelines based on the operational contexts to ensure that staff, volunteers, and community members are safe from risks of virus transmission. PMI and IFRC decided to postpone and to scale down recovery activities which require field visits, gatherings and/or extensive face-to-face interactions including community-based approach activities. By September 2020, PMI resumed the implementation of recovery activities, with the application of COVID-19 preventive health protocol. The adjustment in the program cycle during COVID-19 pandemic also can be seen when PMI conducted the post-distribution monitoring (PDM) surveys in October 2020 for the Shelter program and hygiene promotion for the WASH program. PMI personnel maintained the COVID-19 health protocol by wearing masks when conducting the PDM surveys and hygiene promotion.



Moreover, PMI also adjusted the IEC material with illustrations that depicted people wore masks when they did discussion and Health promotion activities was adjusted to direct communication conducted in small groups or house-to-house visits.



In spite of limited face-to-face communication, PMI and IFRC managed to implement CEA in the program cycle and used CEA methodologies to design approaches and services to track information gaps and rumors, addressing misconceptions before they spread, causing panic. PMI sets up media communication and community engagement strategies (including rumor tracking and feedback mechanism) to prevent misinformation regarding the pandemic, improve COVID-19 risk communication and health promotion to community by SMS Blast, COVID-19 IEC material dissemination, social media engagement, radio show, hotline number, and small group socialization, establish hand washing stations in public facilities and distribution of household disinfection kits to vulnerable groups who need to conduct self-quarantine. In addition, monitoring and control tools were developed to ensure the protocols in place.



Central Sulawesi

Earthquake and Tsunami Operations

(Pre and During COVID-19 Pandemic)



Situational Context – Based on Operation Update Report on Sulawesi Earthquake and Tsunami in Indonesia, on 28 September 2018, an earthquake with magnitude of 7.4 and at a depth of 10km struck Central Sulawesi province, followed by a tsunami which hit coastal areas of Donggala regency and the provincial capital Palu. The earthquake and tsunami caused liquefaction and landslides which resulted in significant damage and loss of life in the affected areas.

As of 18 July 2019, the government reported that 4,140 people died in the Central Sulawesi disaster, 1,016 of which were not identified and another 705 people remain missing. More than 4,400 people were seriously injured and more than 110,000 houses destroyed, damaged or lost due to the earthquake, tsunami, or liquefaction, with almost 173,000 people displaced. More than 320 district and community-based health facilities plus 1,300 schools were also damaged.

In the year of 2020, the Indonesian government declared a state of emergency for COVID-19 as a non-natural disaster in Indonesia. In Central Sulawesi, most of which have been responding to the 2018 earthquake and tsunami, many humanitarian assistance and NGOs are coordinating COVID-19 responses to track activities and provide support to the provincial government. In order to continue providing essential assistance to the affected population, PMI and IFRC developed business continuity plans and adapted implementation plans based on physical distancing guidelines, restrictions on movement of people particularly across regions, and adjustments made by businesses, government offices and other community facilities/industries. Health protocols and business continuity plans were also developed by the IFRC CCD (Country Cluster Delegation) and enforced.

CEA in Central Sulawesi Operation

In response to the disaster during the emergency phase, PMI Central Sulawesi deployed over 700 volunteers from 14 branches in Central Sulawesi and across Indonesia. Priorities include shelter, logistics and economic recovery, medical assistance, clean water, sanitation and hygiene, recovery of infrastructure and public services, protection and social inclusion, including women's and children's protection, and education. On November 2018, PMI and IFRC to undertake joint recovery assessments across the disaster affected areas which covered the sectors of migration/displacement, livelihoods, information management (IM), cash and voucher assistance (CVA) programming, psychosocial support, water, sanitation and hygiene (WASH), health, shelter, logistics and protection, gender and inclusion (PGI).

To ensure community participation, rapid CEA assessment and analysis was completed by PMI and IFRC. The findings were preceded and responded through several means of immediate follow-up action. Some actions included regularly providing essential information to people affected by the disaster and establishing two-way communication channels with target populations through social media, radio, a hotline phone service, SMS blast, as well as by mobilizing volunteers for face-to-face engagement. Further information on CEA actions conducted during the Central Sulawesi operation can be found on ["Indonesia: Central Sulawesi Earthquakes and Tsunami Operation Update"](#).



Similar to the Lombok operation, the Central Sulawesi operation was also special as the COVID-19 also happened during the recovery operation. Besides, adjusting activities and timelines based on the operational contexts to ensure that staff, volunteers, and community members are remain safe from risks of virus transmission, PMI and IFRC also conducted COVID-19 Risk Communication and Community Engagement through initial assessment (online perception surveys) on COVID-19 to gather community’s perception on COVID-19. Assessment was also conducted from secondary data and social media analysis. Based on the result, PMI and IFRC incorporated COVID-19 messaging in health and hygiene promotion and information sharing activities as well as risk communication, and feedback mechanism. COVID-19 messaging was incorporated in all other activities implemented, including in social media and monthly radio talk shows. The PMI Hotline was also opened to gather information and feedback from the community regarding COVID-19. Strengthening of SIBAT (community-based volunteers) as PMI’s first line of response to disseminate life-saving information. After conducting actions of dissemination and messaging for COVID-19, PMI and IFRC collected the feedback and input from the community for future reference.

Throughout implementation of CEA in Central Sulawesi, there were **seven out of ten minimum actions** in emergency response being done. It was an outstanding effort in engaging the communities so that the assistance was in place and as per needed.

*Table 3.
Minimum Actions of CEA in Emergency Response in Central Sulawesi Operation*

Minimum Actions	Community Engagement and Accountability (CEA) Activities
<p>1. Community engagement is integrated across the response</p>	<p>In ensuring community engagement was well understood, PMI and IFRC identified and immediately deployed CEA focal person who have community engagement experience, be at the right level to influence sector leads, and had enough time to dedicate to the role.</p>
<p>2. Understand needs, capacities, and context</p>	<p>PMI gathered information from personnel and volunteers on the ground according to interaction with the community and secondary sources which resulted in immediate needs include search, rescue and retrieval, management of injuries, medical and health services including referral services, food, non-food relief, emergency shelter and safe water. Based on community needs, PMI delivered assistance in mobilizing personnel; distributing hygiene kits, clean waters, and tarpaulins; giving more than 10.000 people health services and psychosocial support; and constructed emergency shelters and toilets for beneficiaries.</p> <p>In effort to gather more understanding from the community, in November 2018, two months after the disaster, PMI and IFRC also undertook joint recovery assessment across sectors (migration/displacement, livelihoods, information management (IM), cash and voucher assistance (CVA) programming, psychosocial support, water, sanitation and hygiene (WASH), health, shelter, logistics and protection, gender and inclusion (PGI).</p>

3. Carry out the assessment with transparency and respect for the community

PMI and IFRC listened and responded to communities' needs by training personnel and volunteers on communication and feedback of the program (for example in gathering feedback after distribution of multi-purpose cash) and by coordinating in Community-based working group regular meetings (see *more explanation below in the highlights section*).

4. Regularly share information about the response with the community, using the best approaches for different groups

Regularly shared information about the response during emergency with the community which includes progress of the operation during multi-purpose cash distribution (see CEA in four program cycle table below), provided feedback mechanism, utilized multiple communication channels such as radio, hotline and help desk, and making sure community volunteers (SIBAT) are kept informed to relay more information to the community.

5. Support community participation in making decisions about the response

Since the beginning in the emergency phase, and especially during the recovery phase, PMI encouraged communities to actively take ownership and be more involved in response decisions. For example, during the multi-purpose cash distribution, the community are encouraged to review the beneficiary's list of the multi-purpose cash (see ["Indonesia: Earthquakes and Tsunami Operation Update"](#) document for more information).

6. Listen to community feedback and use it to guide the response

In meeting and responding to the beneficiaries' needs, community feedback is critical for improvement during emergency response. PMI and IFRC established systematic feedback mechanisms for the community which continuously responded and adapted during the response.

7. Include the community in the evaluation

After aid distribution to affected communities, PMI always conducted exit surveys where PMI volunteers asked several beneficiaries if they were satisfied with the timeliness, effectiveness, and process of aid provided.

The result is then shared as an evaluation findings to the operation team, so that others can benefit from lessons-learned and avoid repeating mistakes.

Apart from the emergency response, it shows that CEA in recovery phase (non-emergency phase) had been implemented through minimum actions during Central Sulawesi operation in four program cycle as below:

Table 4.
Minimum Actions of CEA in Program Cycle in Central Sulawesi Operation

Shelter and, Livelihood and Basic Needs (Multi-purpose Cash)			
Program Cycle			
Assessment and situational analysis	Planning and design	Implementation and monitoring	Evaluation and learning
<ul style="list-style-type: none"> PMI and IFRC undertook joint recovery assessment to plan and design actions across affected areas and sectors by the experts, including Shelter, Livelihood and basic needs. (Community meeting, head of village meeting, focus group discussion (FGD), key information interview). Trained 100 volunteers for assessing criteria and community needs to support the recovery assessment by going directly to the community's houses (On the Job Training - OJT). Survey on criteria of beneficiaries on the affected people (vulnerable groups). The result criteria was to prioritize on elderly, female-head of household, pregnant women, nursing women, children, and people with disabilities. PMI were doing needs assessment for vocational training with the head of villages 	<p>Based on the findings in the assessment phase, PMI, through the Cash team, planned to facilitate the distribution of the cash grants to the beneficiaries based on the assessment. In designing the plan, the multi-purpose cash is determined for 10.000 beneficiaries.</p>	<ul style="list-style-type: none"> In implementing the program supported by the CEA team, the cash team provided timely and accurate information to the communities regarding ATM card distribution details and continuously received feedback during implementation. Trained PMI volunteers were tasked in helping to run the CVA program, especially in communication directly with beneficiaries. Information, education and communication materials were also disseminated and displayed throughout the target communities. PMI also provided a help desk to help face-to-face communication services with residents, including non-beneficiaries of CVA. It is aimed to provide accurate information on the program and responses to questions from the community. Post-distribution monitoring survey of cash distribution was conducted - via phone calls due to the restrictions and protocols of the COVID-19 pandemic. Feedback reported that a Village officer asked for money from the community to be PMI's beneficiaries. In that case, PMI responded quickly by promoting to the community that PMI's assistance has no charge or free. This was done during every aid distribution. Monthly reports of community feedback were delivered to the operation team or sectors. 	<ul style="list-style-type: none"> PMI continuously received feedback and queries about the intervention both from people receiving assistance and those who do not. These feedbacks were used as evaluation and learning for the future reference. Community members could do community validation to check on their registration process for CVA. Public feedback to the list was channeled through the PMI hotline number and other feedback mechanisms in place. All feedback received was treated with utmost discretion, investigated and resolved before allowing them to proceed with the next steps.



Central Sulawesi, 2019



Central Sulawesi, 2019

These are the CEA highlights during Central Sulawesi operation which include radio program, community based-working group meetings:

Highlight of the Operation

During Central Sulawesi earthquake operation, the presence of radio and community engagement working group were very useful in providing live-saving information, interactive communication between PMI and community-based working group to trace feedback and rumors and coordinate collective action on rumors, question and complaints as **below**:



Radio program: Namely PMI Nolelei, a weekly live radio talk-show was also supported throughout the operation where listeners could call in to ask questions and address concerns to guest speakers from PMI and other NGOs, UN, governmental agencies, and others. A total of 65 shows were broadcasted with topics ranging from surviving the 2018 earthquakes up to what to do during the COVID-19 pandemic. PMI also produced public service announcements in video and audio which are aired on PMI website and YouTube channel to reach more people across the implementation areas, as well as other areas across the country.

Community Engagement Working Group (CEWG) regular meetings: PMI and IFRC with UNICEF and UN OCHA co-coordinated] CEWG which met weekly in Palu to present updated sector-based feedback and coordinate collective action on rumors, questions and complaints from affected communities. The working group developed Suara Komunitas or 'Community Voices' which is a monthly bulletin that presents feedback gathered from communities affected by the Central Sulawesi earthquake. It is designed to help humanitarian responders make decisions and adapt programming by providing insights into what communities are saying as the response progresses. The CEWG had numerous members from international and local humanitarian agencies as well as local government.



Through above-mentioned CEA process, it can be seen that involving the community from the beginning phase until the evaluation phase could enhance the quality of PMI community service during emergency, recovery, and rehabilitation of Lombok and Central Sulawesi after earthquake and during COVID-19 which reflected through the high level of satisfaction rate as community feedback upon PMI operation.



Key Takeaways, Recommendation, and Conclusion

Through the highlight on the implementation of Community Engagement and Accountability (CEA) in PMI activities during the Lombok and Central Sulawesi in 2018, it appears that PMI has actually been able to carry out operations with implementation of CEA in most of phases/cycle throughout the project. Having PMI resources available at both the provincial and district levels acting as CEA focal points and support from IFRC as well as the planning and management of assistance programs in earthquake operations (including Shelter, WASH, Psychological Support Services, Disaster Risk Reduction, Health promotion, etc), the CEA enabled meaningful community engagement in every phase leading to an effective approach and on target objective.

PMI has benefited from the decision to implement CEA during the Lombok and Central Sulawesi operations; it was reflected in the capacity of PMI to design programs that suit the needs of the community and to mitigate the risks of programs resulting in better execution. By applying the CEA principles into its operation, PMI could minimize and prevent risks that may arise and anticipate potential impacts. For example, by distributing cash to the public, things such as extortion by certain parties and media coverage highlighting the inappropriate use of money can be anticipated and mitigated with plans being prepared beforehand. Furthermore, the benefits of CEA practice within the program for the community are community's trust and ownership to the PMI. When the community is involved from the assessment to the program monitoring as well evaluation, it will increase their feel of belonging upon PMI and trust to PMI services.

The initiative and enthusiasm for CEA within PMI already exist. However, it needs to be implemented more seriously through institutionalization of CEA. As the result of institutionalization, PMI staff can systematically adopt the approach in the program stages including how to document feedback from the community to be further analyzed and responded to. In addition, this CEA spirit should be a good opportunity for PMI to institutionalize CEA within PMI which will result in the implementation of CEA approach in the regular PMI programs and services. In the context of organization, the approach may become the PMI code-of-conduct which is community engagement-oriented and accountable to the community.

It is recommended that PMI to further enhance CEA both in incorporating the value and capacity of CEA in the PMI program so that PMI partners can carry out the program by implementing CEA in a systematic manner, as well as in institutionalizing CEA to become a standard and quality of service within PMI as a whole (administrator, staff, volunteers). This is in line with PMI's direction in strengthening PMI's positioning towards its stakeholders with a good quality of service (CEA approach). In the long run, PMI will enjoy an increased reputation of the organization.

The implementation of PMI's CEA in the Lombok and Central Sulawesi operations can be strong foundations and a very good experience proving PMI has actually implemented CEA in its program. PMI can be optimistic that it is able to implement CEA as an identity, mandate, and commitment to provide the best service for the community.

References

- International Federation of Red Cross and Red Crescent Societies. (13 July 2021). *Indonesia: Lombok Earthquake. In Operation Update*, (p. 66). International Federation of Red Cross and Red Crescent Societies. <https://adore.ifrc.org/Download.aspx?FileId=432384>
- International Federation of Red Cross and Red Crescent Societies. (20 September 2021). *Indonesia: Earthquakes and Tsunami Operation Update MDRID013. In Operation Update* (p. 65). International Federation of Red Cross and Red Crescent Societies. <https://reliefweb.int/report/indonesia/indonesia-earthquakes-and-tsunami-operation-update-mdrid013-20-september-2021>
- International Federation of Red Cross and Red Crescent Societies and the International Committee of the Red Cross. (2021). *A Red Cross and Red Crescent Guide to Community Engagement and Accountability*. International Federation of Red Cross and Red Crescent Societies and the International Committee of the Red Cross. <https://www.ifrc.org/document/cea-guide>
- Wibowo, A. (2020, April 13). *Presiden Tetapkan COVID-19 Sebagai Bencana Nasional*. Badan Nasional Penanggulangan Bencana. <https://bnpb.go.id/berita/presiden-tetapkan-covid19-sebagai-bencana-nasional>

