

case study



Community engagement and accountability approach during emergency operations helps ensure that we deliver aid based on the most urgent needs of the affected communities.

Secretary General:  
Mr Ritola TASMAYA

## Indonesian Red Cross Society: Integrating community engagement and accountability in emergency operations

### Introduction

Community engagement and accountability (CEA) is critical to respond to immediate needs of the affected population in an emergency. It aims to put communities at the centre of the operation and supports the role the members of affected communities as first responders. The recent earthquake response in Indonesia's Aceh province in December 2016, by the Indonesian Red Cross Society: Palang Merah Indonesia (PMI), demonstrates how

CEA was integrated within the emergency operations.

This case study documents the key achievements and experiences of CEA in an emergency from the 2016 earthquake operation in Pidie Jaya, Aceh. It also features the recommendations for organisational policy change relating to an emergency operation to better prepare for and respond to future crises in Indonesia and more broadly, in the region.



### Indonesian Red Cross Society at a glance

Palang Merah Indonesia was founded in 1945 and has a network in 34 provinces and 487 regencies/ municipalities and 597,120 volunteers throughout Indonesia. Within Indonesia it aims to provide quality services in the areas of disaster management, community health and social welfare, and emergency response to communities in line with the fundamental principles of the Red Cross and Red Crescent Movement. In responding to emergency, PMI has established a commitment to arrive in the affected areas six hours after the disaster/ crisis to enable rapid, accurate and coordinated response.

## The issue

The province of Aceh, Indonesia is particularly vulnerable to natural disasters. In December 2004, the area was affected by the earthquake and tsunami claiming more than one hundred thousand lives and devastating major infrastructure. In 2016, a 6.4 magnitude earthquake struck again, this time in the district of Pidie Jaya, Aceh claiming 104 lives and affecting 85,000 people. Ensuring that affected communities had access to critical information and were able to feedback and voice their concerns was critical during this emergency.

## The response

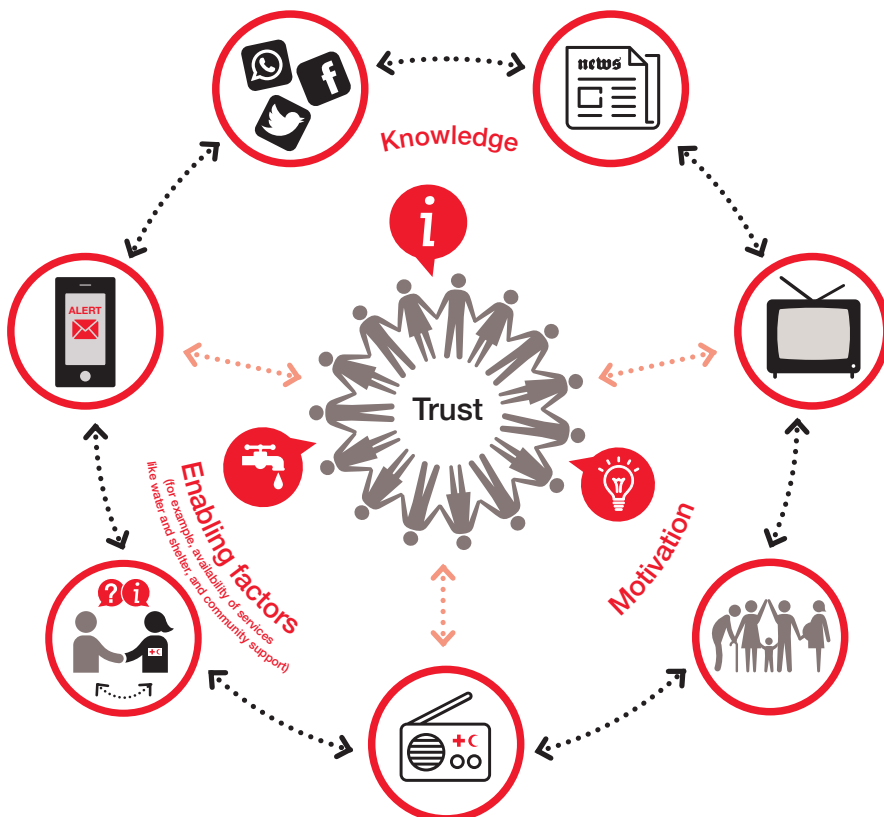
The priority to communicate with communities during emergency response is recognised and stated in the PMI's organisational policies including the Framework of Red Cross Characteristic and Values and Safer Access Framework. These policies are effective in enhancing the operations in the field by providing a framework for the organisation.

After the earthquake, PMI carried out participatory rapid assessments in the villages affected by the earthquake to understand the needs of the affected people. PMI also worked with government agencies such as National Disaster Management Agency and Regional Disaster Management Agency to further study the needs of different groups in the affected villages. Trusted and preferred channels of communication were identified including radio, newspaper, hotline, SMS, social media, help desks and printed materials. PMI utilised multiple channels to ensure that the affected people had access to information through their preferred and trusted communication channels.

At the institutional level, PMI established information management system to ensure that the feedback and complaints were documented and acted upon from affected people. PMI created decision-making roadmap for feedback and established a three-person team to collect, analyse and answer community feedback. Updates were provided to the programme team on the needs of affected people. Sharing timely, actionable and lifesaving information to the affected communities at the onset of disaster is considered

### Multiple communication channels approach

Community Engagement and Accountability (CEA) is a dynamic and planned process that employs a variety of communication approaches to improve people's knowledge, motivate action, promote participation and create an enabling environment for change.



### Number of people reached

- MOBILE CLINIC: 5,749 people
- FIRST AID: 1,765 people
- PSYCHOSOCIAL SUPPORT: 7,017 people
- WATER DISTRIBUTION: 115,770 people
- HYGIENE PROMOTION: 4,772 people
- CASH TRANSFER PROGRAMME: 4,300 people
- DRR IN SCHOOLS AND COMMUNITIES: 1,615

critical. PMI developed and disseminated printed materials outlining the emergency programmes to the villages devastated by the earthquake.

From the needs assessment PMI learned that community members trusted a local newspaper outlet in Aceh, namely Serambi Indonesia. PMI quickly developed and published news articles with critical information through this channel. In addition to this, Radio Rumoh PMI broadcast news relevant to the development of this emergency operation.



### Participation and feedback

PMI staff created opportunities for open discussion with the affected communities during the planning phase using a variety of participatory focus groups and channels to collect feedback. PMI created a dedicated hotline number and paired this activity with short messaging services (SMS) feedback mechanism. PMI recorded the feedback from the affected communities and contacted them back for answers.

Additionally, live radio talk shows from PMI's Radio Rumoh PMI station, located in the capital of the province, played a pivotal role in running two-way dialogue programmes. Radio Rumoh PMI also established partnerships with some local

radio stations to enable wider coverage to reach out to affected population. The programmes interviewed the members of communities affected by the earthquake to provide updates on their needs and latest situation, as well as, key government authorities to update the coordination of aid.

From the feedback and complaints received from members of affected communities during the response, PMI developed Questions & Answers in forms of poster to inform the responses of their concerns. PMI distributed these posters to community gathering points in the villages so that wider communities could access this information, including information on how communities were selected to receive aid.



### Behaviour change communication

In the aftermath of a disaster, unhealthy practices may emerge. PMI found that there were high risks of disease outbreaks including water and vector-borne diseases such as dengue in the affected villages. Developing participatory communication strategies can help minimise the risks from spreading further among the communities. PMI created community engagement materials and messages and translated them into Acehnese (local language)





to trigger community conversations and motivate community action. This was complemented with hygiene promotion activities where trained volunteers fostered two-way dialogue with the members of affected communities to discuss unhealthy practices and promote change.



### Evidence-based advocacy

Community voices can inform and call for decision-makers to act on challenges communities face during the times of emergency. Using feedback collected PMI regularly updated relevant institutions including National Search and Rescue Agency (BASARNAS), National Disaster

Management Agency (BNPb), Regional Disaster Management Agency (BPBD), Indonesian National Police (POLRI), Indonesian National Armed Forces (TNI) about the needs of affected communities and promoted coordinated action. For example, on hygiene promotion, the Indonesian Army (TNI) demolished destroyed houses and community infrastructures and cleared up the debris to prevent public health risks.

PMI also used Facebook to amplify affected communities voices and needs. When many communities requested hygiene kits for babies for instance, PMI promoted their needs on Facebook and received various supports from private agencies. PMI

created spaces for communities to speak out and make their voices heard to influence key decision-makers to take action.

## Impact

The impact of systematically engaging communities throughout the response to this disaster assisted PMI to respond to community needs and preferences. Effective community engagement strategies ensured affected communities informed humanitarian action, held humanitarian actors to account and have the information and communications capacity they need to make informed decisions and stay safe.

### Key points for Impact

- Integrating CEA into the organisation's emergency policies assisted the emergency operation in the field to prioritise the participation of affected communities.
- Rapid assessments conducted in a

participatory manner enabled the organisation to be transparent and accountable from the beginning of the operation. This also supported the role of the communities within the emergency operation.

- Allocating a small dedicated team, mostly volunteers trained on communicating with communities, ensured better documentation and reporting of community feedback and complaints.
- The utilisation of multiple communication channels, identified through rapid assessments and secondary data, encouraged affected communities to participate during the period of response.
- With community feedback, critics and complaints were carefully analysed, this allowed the programme team to tailor the relief aid with the most urgent needs of affected people.



## Who we are

The International Federation of Red Cross and Red Crescent Societies (IFRC) is the world's largest volunteer-based humanitarian network. Together with our 190 member National Red Cross and Red Crescent Societies worldwide, we reach 97 million people annually through long-term services and development programmes as well as 85 million people through disaster response and early recovery programmes. We act before, during and after disasters and health emergencies to meet the needs and improve the lives of vulnerable people. We do so with impartiality as to nationality, race, gender, religious beliefs, class and political opinions. Guided by Strategy 2020 – our collective plan of action to tackle the major humanitarian and development challenges of this decade – we are committed to 'saving lives and changing minds'. Our strength lies in our volunteer network, our community-based expertise and our independence and neutrality. We work to improve humanitarian standards, as partners in development and in response to disasters. We persuade decision-makers to act at all times in the interests of vulnerable people. The result: we enable healthy and safe communities, reduce vulnerabilities, strengthen resilience and foster a culture of peace around the world.

For further information and resources please visit [www.ifrc.org/CEA](http://www.ifrc.org/CEA) or contact:

INDONESIAN RED CROSS SOCIETY – PMI

**Arifin Muhammad Hadi**

Head of Disaster Management Division  
Email: [arifin\\_mhadi@pmi.or.id](mailto:arifin_mhadi@pmi.or.id)

**Aulia Arriani**

Head of Public Relation Bureau  
and CEA Focal Person  
Email: [aulia\\_arriani@pmi.or.id](mailto:aulia_arriani@pmi.or.id)

**Deasy Sujatiningrani**

Acting Head of Planning Bureau and CEA Focal Person  
Email: [deasy\\_sujatiningrani@pmi.or.id](mailto:deasy_sujatiningrani@pmi.or.id)

INTERNATIONAL FEDERATION OF RED CROSS  
AND RED CRESCENT SOCIETIES

**Husni**

Community Engagement and  
Accountability (CEA)  
and Communications Manager

IFRC Country Cluster Support  
Team Jakarta for Indonesia and  
Timor-Leste.

Mobile: +62 811 190 1695  
Email: [husni.husni@ifrc.org](mailto:husni.husni@ifrc.org)

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