

Rapid Information, Communication, and Accountability Assessment (RICAA) for COVID-19

May 2020



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Overview

Despite of the preventive measures applied by both the national and sub-national government, there is still mounting public anxiety over the effectiveness of adapting those measures, reliability of information that people received, and if concerned agencies have the necessary capacities and resources to address people's specific needs and concerns.

With the unprecedented impact of COVID19, how do we engage at-risk communities, people in need and the affected population while not compromising the safety of various frontline staff especially the medical and humanitarian workers? How prepared are we in responding to the various information needs of the worried communities with this "new normal" conditions? How are we going to weather the uncertainty and make the necessary effort to put front and center the affected population as most urban cities in the National Capital Region (NCR) and rural-urban areas at the sub-national level are currently implementing intensified lockdown and enhanced community quarantine?

There are no easy answers and immediate resolutions to those questions. But various agencies and other organizations are working hand- in-hand with the government authorities to ensure priority lines of actions are in placed to support the affected communities. These include requiring a strong and coordinated risk communication and community engagement (RCCE) strategy that will help address uncertainty and varying COVID19 risk perception. People need inclusive access to right and adequate information not only about

updates on the spread of COVID19, testing centers and other potential secondary impacts but on the overall government's response and recovery plans that include support coming from other agencies.

The Department of Health (DOH) leads the health sector response, including strengthening of the RCCE measures. As one of the priority pillars in the overall COVID19 response plan, RCCE identifies various community engagement strategies to involve at-risk communities and affected populations in tailoring and improving the response and recovery, developing acceptable interventions to stop further spread of the disease, and ensuring that individuals and groups take protective measures. DOH needs feedback loop mechanism to understand better the varying concerns of the public. In this way, health authorities and officials can identify the necessary platforms to address them and adapt mechanism to engage the community in a safer and meaningful manner.

The World Health Organization (WHO), United Nation Children's Fund (UNICEF), Office for the Coordination of the Humanitarian Affairs (OCHA) and Community of Practice on Community Engagement (CoPCE) support the DOH to enhance closing the feedback loop through the conduct of Rapid Information, Communication and Accountability Assessment (RICAA). The undertaking is in close coordination with DOH, at-risk local governments and affected population. Part of the RICAA is the amplification of risk communications and provision of an information feedback mechanism particularly at the community level.

The conduct of the RICAA is sensitive to:

- understand clearly and deeply how people communicate, how they would like authorities and agencies to engage them, in what languages or dialects, practices or platforms they are most assured, and which channel or legitimate system they would trust most.



Photo credit: NASSA/Caritas Philippines

- information needs
- preferred channels
- available accountability mechanisms

The conduct of RICAA integrated five components of effectively engaging at-risk communities and affected population to collectively capture those goals, these are:

1.) RICAA is about access

- access to accurate, critical and life-saving information (context specific and culturally sensitive);
- access to functioning, operational and highly engaging feedback/two-way communication;
- access to reliable accountability mechanism from the government (national to sub-national level) and other agencies.

2.) RICAA is more than just getting people's perception

- never assume about what people in the at-risk or affected communities need to know, what are the best ways to communicate or engage with them.
- appreciate that behaviors and norms do not occur in a vacuum but are strongly based on customs and habits that communities have practiced, adapted, and nurtured for many years.
- The conduct of RICAA goes beyond the usual periodic survey resulting to community consultation fatigue and overlapping risk communication and community engagement (RCCE) activities within the humanitarian action.
- The conduct of RICAA is taking the necessary actions to underscore how communities' feedback will change or influence the ongoing RCCE COVID19 undertakings and overall humanitarian programming.

The primary goals of RICAA are to identify:

- The conduct of RICAA is about addressing both the life-saving and evolving information needs of the affected communities as part of improving their recovery in the process.
- The conduct of RICAA is about influencing at-risk communities, people in need and affected population's social behavior as they face uncertainty in the "new normal" situation.



Photo credit: Bike Scout of the Philippines

3.) RICAA is about making sense of the rumors and other forms of misinformation

- While it is important that we proactively prevent and mitigate the spread of rumors and the proliferation of misinformation in the vulnerable and at-risk communities, it is also crucial to understand and take into consideration the habit, norms, practices, experiences and exposure of various people or individuals.
- Having an accessible and inclusive platform for any life-saving information is not a guarantee that people understand well and find all information useful. Aside from establishing two-way process, amplifying what information they need requires platforms and mechanisms that provide clarity, transparency, accountability and avenue for them to make the whole process of consultation more participatory.
- As crucial as other forms of aid, engaging community is about social and behavioral change where people have access to right information and right channel that will help guide their actions and make the right decision under critical time and pressure.

4.) RICAA enhances existing common service platforms on RCCE

- RICAA maximizes evidence-based insights from community listening and in-depth consultation to improve and support the DOH's effort in addressing the gaps and issues through closing the feedback loop. The DOH sought additional technical expertise and resources of the WHO, UNICEF, OCHA and other organizations to improve the existing capacities and resources of its Behavior Communication Unit to implement a more inclusive and coordinated field-level RCCE activities across at-risk and affected areas.

- RICAA supports local implementation of a coordinated and collective use of public hotlines, community assembly and listening exercises, U-Report Community Feedback, Government's hotlines, frontline SMS and voice mail, social media (official Facebook, Twitter and Instagram pages), radio programming (faith-based groups, FEBC network and partners) and other feedback mechanism that handles various complaints and response.
- RICAA recognizes innovation in the use of various trusted platforms that will help amplify key messages while closing the feedback loop through two-way communication scheme between DOH and the community. This supports physical and social distancing strategy and meaningful engagement while in the lockdown and strict implementation of enhanced community quarantine.

5.) RICAA is not a one-time process but a collective approach link to both the National government and Humanitarian Country Team's (HCT) COVID19 Response plan

- The Community of Practice on Community Engagement (CoPCE) members and partners advocate the agenda that the HCT, DOH, other government agencies and concerned local governments should use or adapt key findings and recommendations in the RICAA to consistently highlight the importance of information as a form of

aid and providing feedback is a basic right of the affected or at-risk communities to make responding agencies more accountable of their respective actions.

- Given the uncertainty after most areas across the country are placed in a more stringent and enhanced community quarantine, RICAA supports strong and coordinated RCCE COVID-19 response and recovery action plan of various sectors from national down to the sub-national level --- regional, provincial, municipal and barangay.

Methodology

- a.) Use of RICAA tool for COVID19 developed by WHO, UNICEF and OCHA
- b.) Key informant interviews on the vulnerable sector:
 - urban and rural poor (informal settlers, workaday/laborers, farmers, fisherfolks)
 - persons with disabilities
 - elderly
 - sickly (those with preconditions)
 - women, children
 - ethnic/minority groups
 - those living within geographically isolated and depressed areas
 - internally displaced communities and
 - others

- c.) Face-to-face interview and consultation
- d.) Assisted filling-up of the form (for the elderly and persons with disabilities)
- e.) Online, SMS/Voicemail/phone calls
- f.) General issues being addressed:
 - information about COVID19 issued by DOH and WHO
 - access to medical facility for testing
 - details and context of the lockdown and restricted movement
 - enhanced community quarantine
 - physical/social distancing
 - support provided by the government and other organizations
 - overall response and recovery plans and actions.

Scope and Coverage

- g.) National Capital Region (NCR),Bicol, Eastern Visayas, Northern Mindanao, Zamboanga Peninsula, Cordillera Administrative Region (CAR), South Cotabato-Cotabato-Sultan Kudarat-Sarangani-General Santos (SOCCSKSARGEN), Central Visayas, Caraga Region, Bangsamoro Autonomous Region of Muslim Mindanao (BARMM), Central Luzon, Cavite-Laguna-Batangas-Rizal-Quezon (CALABARZON), Ilocos Region, Western Visayas and Davao Region.

Most of the CoPCE members that took part in the assessment and consultation process have existing and ongoing activities in the said

areas. The conduct of RICAA made it easier due to the established partnership with the local governments, at-risk communities and affected population.

Timeline

- h.) The first round: National Capital Region (NCR) from 30 March-01 April
- i.) The second round: various sub-national areas across the country from 13-22 April

Participating agencies

- Assistance and Cooperation for Resilience and Development (ACCORD)
- Agos E-Bayanihan
- Bike Scout of the Philippines
- Care Philippines
- Caritas Germany
- Christofel Blindenmission (CBM) International
- Citizen Disaster Response Center (CDRC)
- Community and Family Services International (CFSI)Caucus of Development Non-Government Organization Networks (CODE-NGO)
- Disaster Risk Reduction Network (DRRNet)
- Equal Access International (EAI)
- Far Eastern Broadcasting Company (FEBC)
- Fundacion Educacion y Cooperacion (EDUCO-Philippines)
- Humanity and Inclusion (HI)
- National Secretariat for Social Action Center/Caritas Philippines (NASSA/Caritas) and National Council

of the Churches in the Philippines
(NCCP)

- Plan International
- Office for Coordination of the Humanitarian Affairs (OCHA)
- Oxfam-Philippines
- Simon of Cyrene-Bicol
- United Nation Children's Fund (UNICEF)
- World Health Organization (WHO)
- World Vision Philippines



Photo credit: Bike Scout of the Philippines

COVID-19



General Information

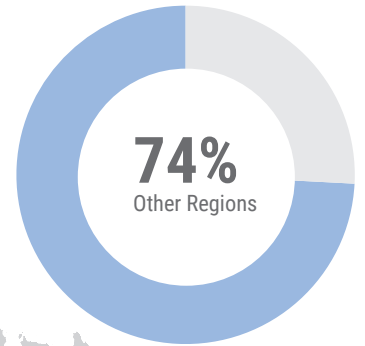
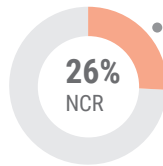


1,767
Respondents

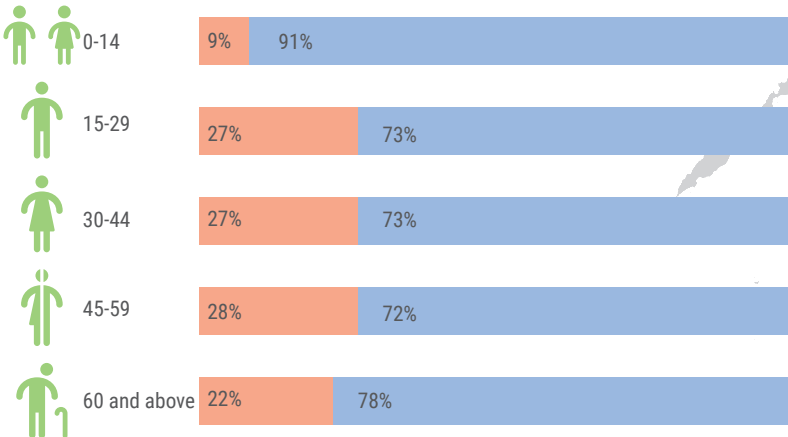
26%
Female



74%
Male

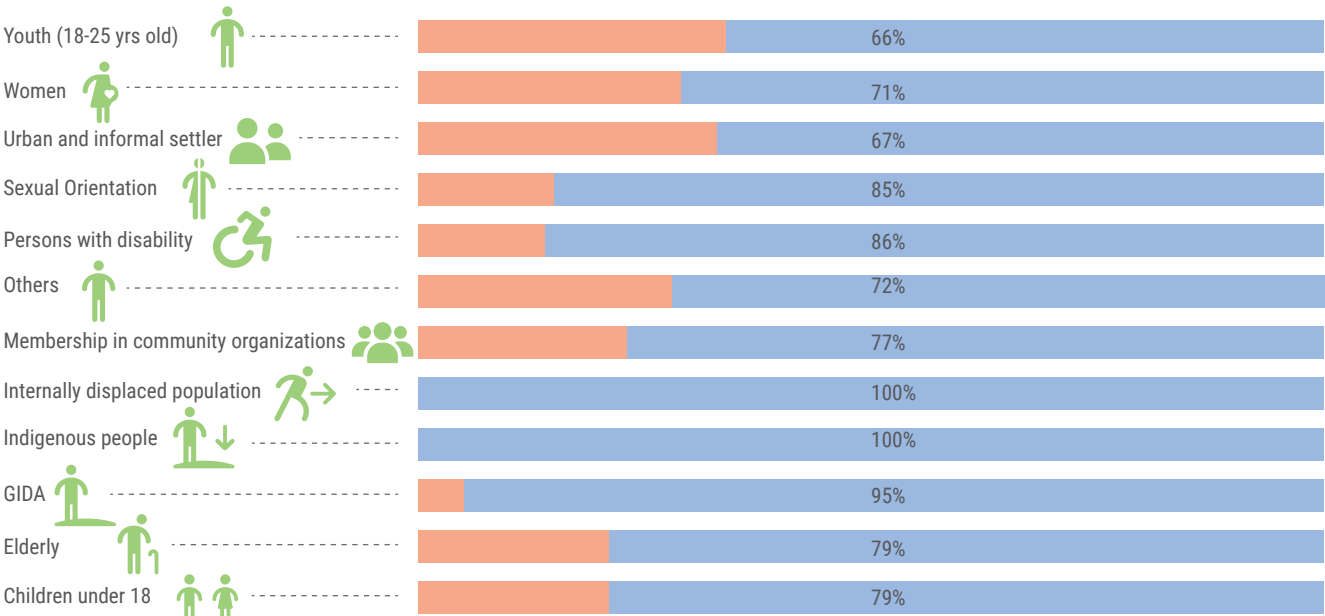


Respondents Age Group



■ NCR
■ Other Regions

Respondents Category

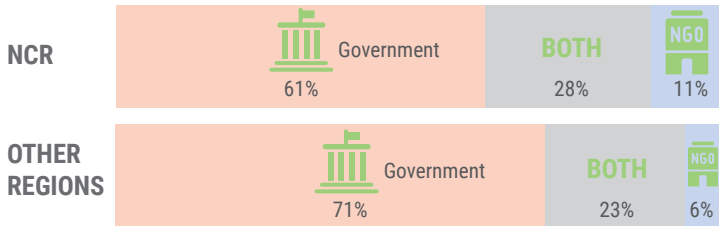


COVID-19

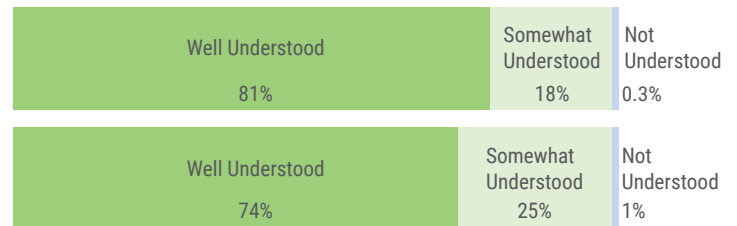


Information Needs

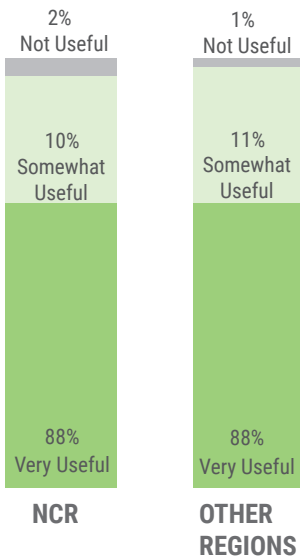
Sources of Information on COVID-19



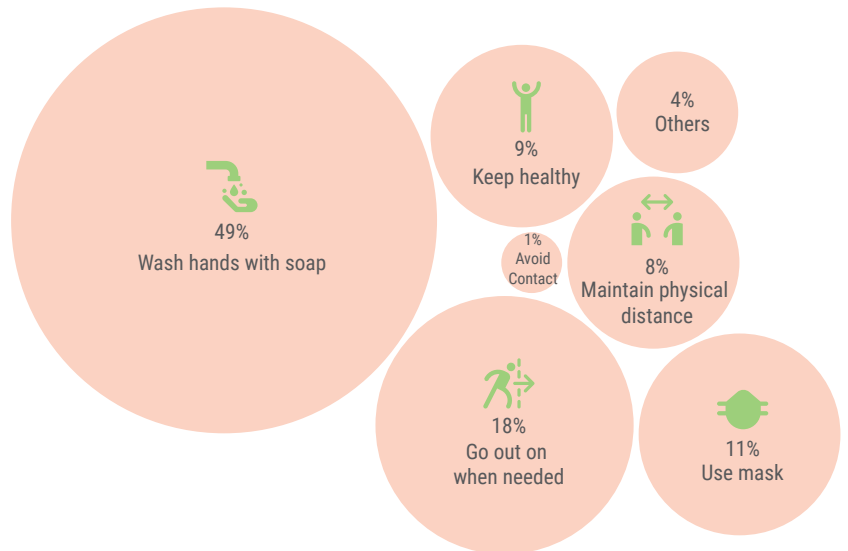
Understanding of Information on COVID-19



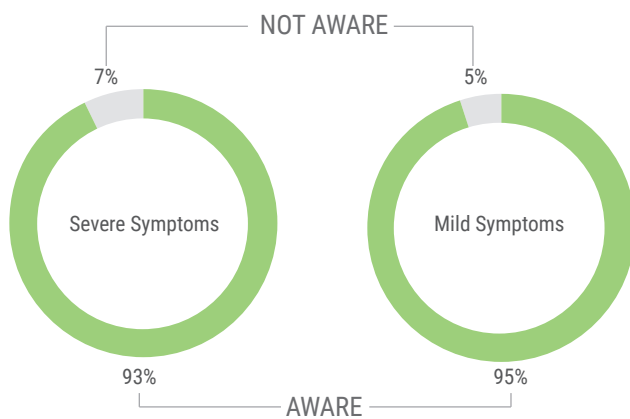
Useful Information on COVID-19



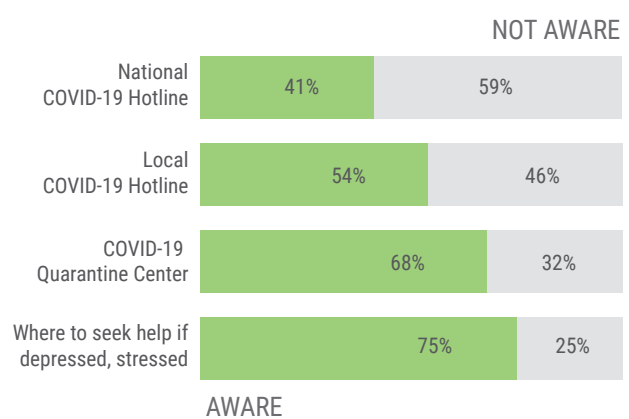
Information on things to do to protect from COVID-19



Awareness on Symptoms of COVID-19



Awareness on Where to Seek Help



Key Findings and Analysis

1.) On information needs and access

Overall, the COVID19 information dissemination coming from the national or local government and other organizations is good. Most respondents are able to access information through various channels and platforms including from the DOH, national or government officials, UN agencies like WHO and UNICEF and networks of volunteers from Red Cross, Civil Society Organizations (CSOs) and the Social Action Centers across the country.

From NCR and other regions, the awareness about COVID19 is high, and the respondents find most of the information as generally useful. These include:

- what to do to protect oneself and others from the virus including knowing the signs and symptoms, becoming aware or conscious of what to do if experiencing or suffering from any mild or severe symptoms in the process and the importance of physical/social distancing to avoid contracting and transmitting the virus to others;
- importance of repetitive sending of basic information on washing hands with soap and water, using alcohol-based hand rub, going out of the house when it is only urgent and necessary, maintaining a safe distance (at least a meter apart) from anyone, getting fit and healthy, importance of wearing mask and avoiding close contact with the elderly

or those with underlying medical conditions (heart disease, diabetes, chronic kidney/lung disease);

- availability of national and local hotlines (as constantly advertised and mentioned in the TV and social media)



Photo credit: NASSA/Caritas Philippines

and importance of knowing who to approach and where to seek help for additional information including when feeling stressed, depressed and anxious (part of psychosocial support);

- importance of strict implementation of the enhanced community quarantine as well as the contextualized and localized adoption of lockdown to further prevent or mitigate the spread of the virus.

Most of the respondents appreciate the consistent if not redundant approach of communicating information as it reinforces high level of consciousness and expectation on overall safety, sense of security, and full recovery (socially and economically) once the situation somehow normalizes.

Across the region, the support on the safety information campaign is considered effective as most of the respondents have been accustomed to wearing mask when going out of their respective houses. Majority are using cloth mask, medical and surgical mask and other cloth (bandana, handkerchief, DIY covering).

It is a common feedback from the respondents that national and local government should be more specific, clear, decisive, transparent and accountable in terms of implementing, modifying, contextualizing and localizing the mandates on lockdown and the enhanced community quarantine.

They have more questions or clarifications that



Photo credit: Bike Scout of the Philippines

are left unanswered or ignored and not properly explained. If not given appropriate actions, then all these can pose more problems in the succeeding weeks or months.

In the same way, some of the respondents suggested that the government hotlines and identified focal points have to be more consistent, considerate, and highly functional or operational at this crucial moment. Maintaining hotlines require dedicated resources and capacities from the national and

local level to closely serve, monitor and appropriately respond to various queries, feedback, comments and other pressing issues. Hotlines are more than just a number to vulnerable people. It is in fact one of the lifelines that can save people's lives and encourage the community to trust the process and the system.

On rumors

Most respondents are able to classify recurring rumors and misinformation that they received and somehow affected their overall understanding of the situation.

a.) Information about getting infected and availability of cure or prevention

- Virus is airborne and stays longer in the atmosphere.
- Virus is killed by exposure to cold and or conversely to heat
- Wearing mask and frequent use of isopropyl alcohol guarantees 100 percent safety from COVID-19
- Banana/garlic/eggs can cure or prevent COVID-19.
- Drinking ginger tea (salabat), lemon with baking soda, and gurgling water with salt can cure the virus.
- Drinking alcohol beverages can kill the virus and it is more effective than any disinfectants.
- When taking a bath, use water with bleach instead of ordinary soap. You may use the bleach as substitute to isopropyl alcohol.

- The government is planning to use many helicopters to spray the cure over affected houses across the country.



Photo credit: CARE Philippines

- The blood of someone who has recovered from the virus can cure infected ones.
- Conspiracy theory that there is already a cure for COVID-19 but China won't share it since they started the spreading of the virus.
- COVID-19 is like AIDS. It is a punishment for all sinners.
- Everyone in the community who gets sick is automatically considered positive to COVID-19.
- If you visit a hospital, you will get infected immediately. People working in the hospitals are the main carriers of the virus.
- People who are infected die immediately. Once you are infected by

the virus, you can never be cured. If you are touched by someone who has COVID-19, you will immediately become infected.

- People from National Capital Region (NCR) brought the viruses in many provinces. They should be punished.

b.) On lockdown, enhanced quarantine and social distancing

- Quarantine pass is not free, and it is only good for one month. After one month, you need to pay for a new quarantine pass.
- Lockdown is extended up to one year across the country.
- Social distancing is a just a strategy to scare people not to criticize the government. It is an excuse so that everyone should not ask or expect any help from the government.
- After one month, all grocery shops, roving stores and public markets will be closed. Everyone will depend on the limited ration provided by the government.

c.) On confirmed cases and testing

- Reporting fake news or information of positive cases in the barangay.
- Blaming particular groups or ethnic groups or individuals (stigma or fear) for starting the spread of COVID-19.
- Favoritism in the testing process since it is expensive. Only those that can afford will be given priority.



Photo credit: CARE Philippines

- COVID-19 only affects the rich people. Majority of those confirmed cases come from rich family. It's a punishment for them.

d.) On government's action

- A biological weapon used by China against the Philippines for refusing Chinese to travel and work in the country.
- Only few will be given cash as part of social amelioration assistance. Government has limited funding.
- Only those with connection from the government will be prioritized on the social amelioration program

Analysis

While most of the information on COVID19 are highly accessible, having multiple sources, however, confuses some of the respondents. Many advisories, latest reports and other updates coming from health authorities and national or local officials on a daily and live basis overwhelm most of them. Some of the respondents cannot distinguish if the information they received or accessed is fake news or a form of systematic disinformation or

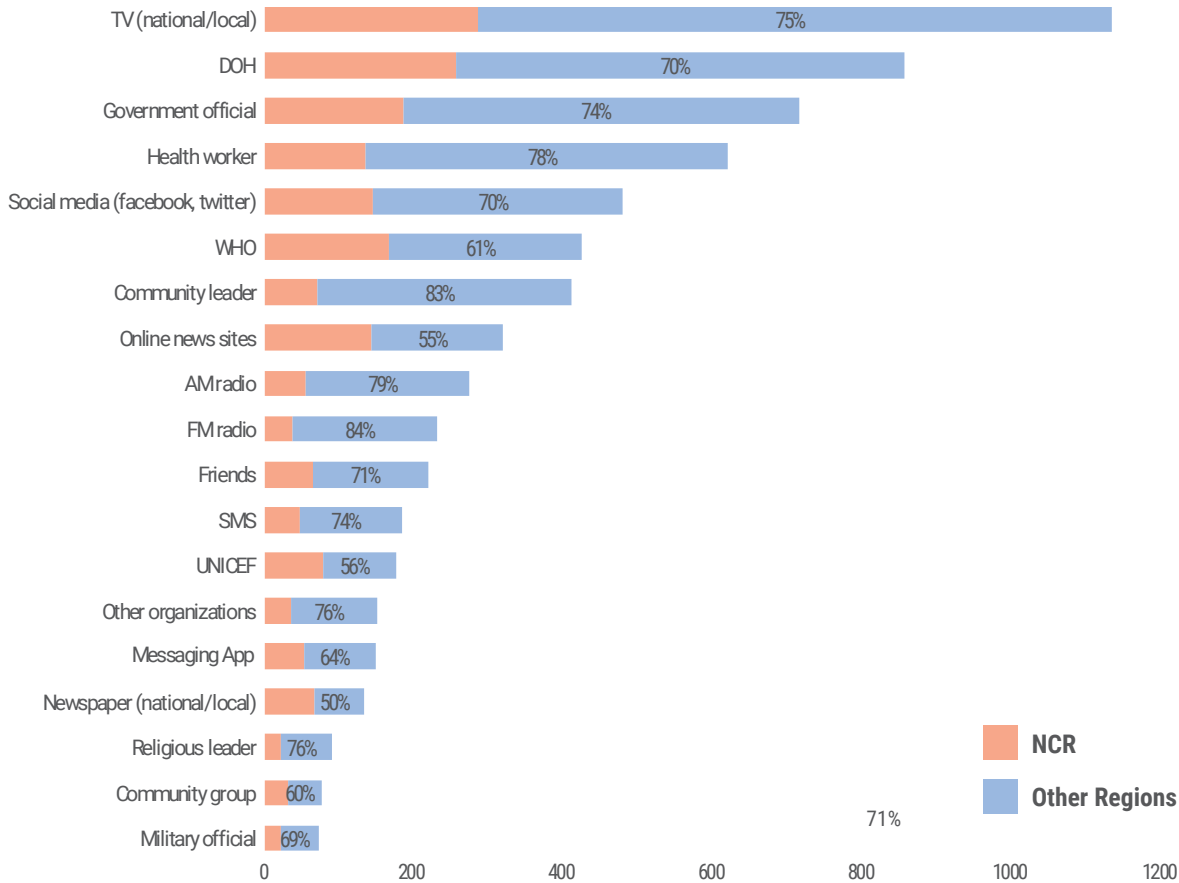
accidental misinformation. They do not verify information from the authority or other credible sources due to stress, fear and anxiety in getting and understanding many information. Other respondents are easily influenced by any information shared by relatives, neighbors and friends regardless if the information is not based on facts.

In most instances, information coming from the local authority are not complete and this causes frustrations to the community. In the same way, the interpretation of some local media is misleading and inaccurate. Some are making fun and jokes about the gravity of the situation where upon hearing, people easily pick it up and believe it to be authentic in the process. Not all have access to TV, radio, online platform and other mediums for access to valuable information. Because of the lockdown and enhanced community quarantine, some of the respondents do not have any access to TV and radio while those residing in the hard to reach areas have totally no access to any form of information coming from the authority. Some local government units may need support to help at-risk communities more actively to provide contextualized or more localized information to the vulnerable groups and other community members. Most of the elderly need support in learning how to use a mobile phone, which could be helpful in receiving life-saving information. Some of the elderly have strong stand of believing generational rural myths and other traditional beliefs. This needs further support from health officials and local authority to explain in another manner and avenue some of the urgent issues that may affect most of them in the long run.

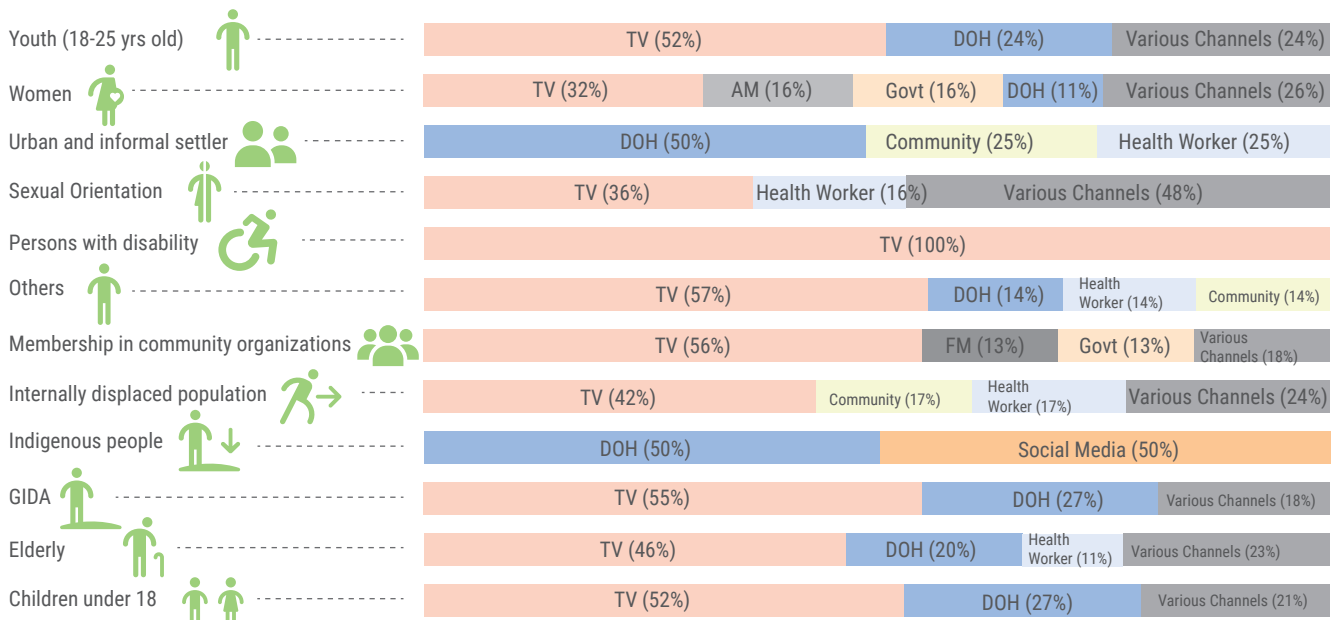
COVID-19

Communication Channels

Preferred Communication Channels on COVID-19



Vulnerable Sectors Preferred Communication Channels



2.) Preferred Channels

Most respondents from the vulnerable sectors in NCR and other regions have access to various channels for COVID19 information.

In NCR, the most prominent preferred channels are TV (national and local), government officials (from the national and city), DOH, local health worker and the UN agencies (WHO and UNICEF). However, TV and social media are less preferred among persons with disabilities and urban informal settlers. Face-to-face consultation, more interpersonal forms of interactions and direct engagement are still ranked higher by the youth, elderly and persons with disabilities.

Across other regions, after TV, DOH ranked second followed by local health workers, local government officials, community leaders and radio. Basically, respondents from other regions stressed the importance of combined traditional media (TV and Radio), consistent advisories from authorities (national and local) and enabling community listening environment (proactive approach of dealing with people) as the best channels to engage them.

One interesting finding across other regions is the preferred channels of indigenous people. Social media ranked as the only other option to most indigenous people aside from the DOH. This highlights the need to recalibrate the manner of providing the risk information, maximizing the channel and enabling the space for them to have more access with recent updates and fast changing flow of information via online. This requires a more sensitive approach and strategy for both government and other organizations to

establish a more trusted two-way social media platform.

DOH and other organizations will need to maximize the use of TV and radio to engage those residing in the geographically isolated or hard to reach areas.



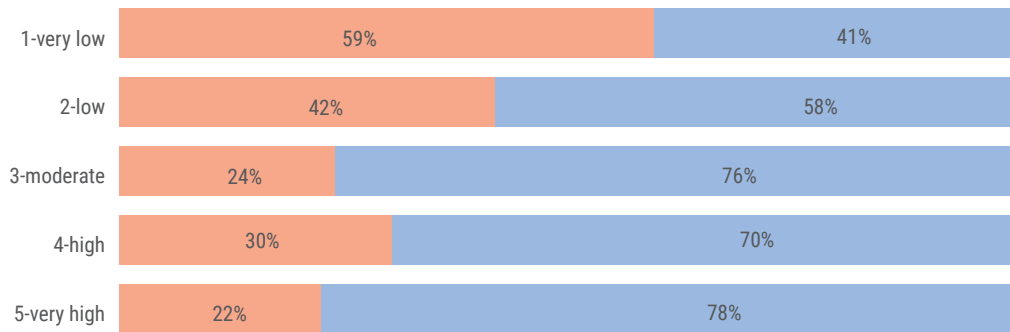
Photo credit: CFSI

COVID-19



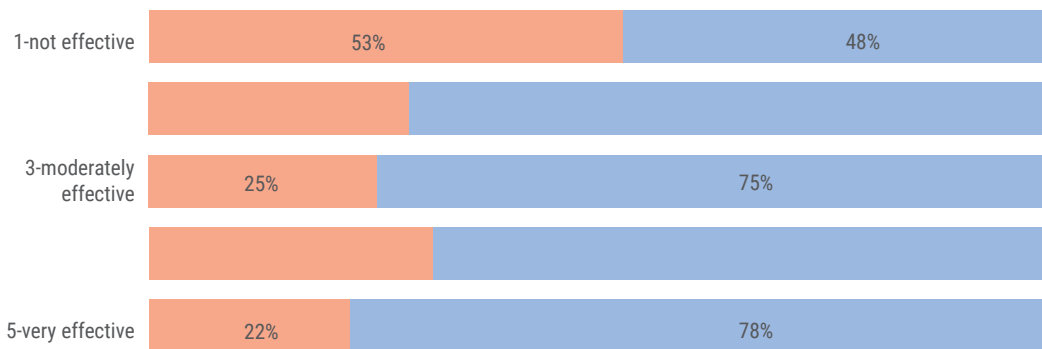
Accountability Mechanism

Level of trust on the DOH's response to COVID-19

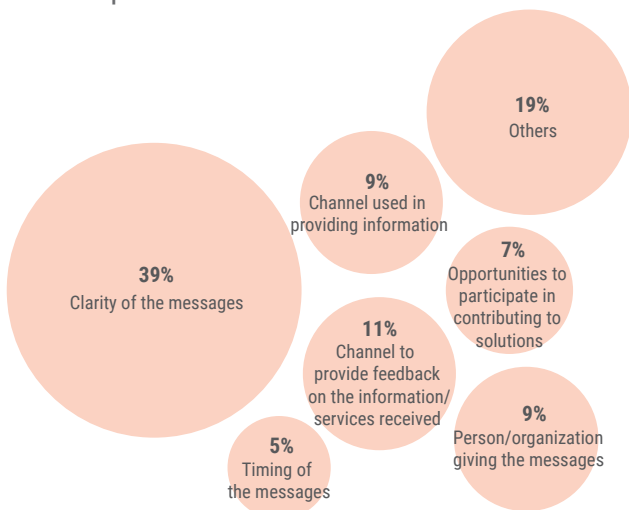


Other Regions
NCR

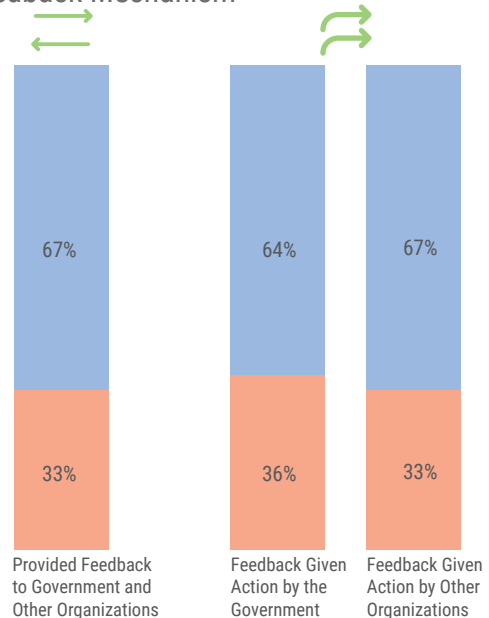
How effective is DOH in providing information



Aspect of the information campaign that needs improvement



Feedback Mechanism



3.) Accountability mechanisms

Overall, trust to the DOH in terms of one-way risk communication is higher in the NCR and other regions. Respondents recognized that there are plenty of information and resources that the DOH, national or local governments and other partners like WHO and UNICEF have so far maximized for wider dissemination.

Several channels have been used as well with varying degree of results and acceptance in terms of reaching people and how they preferred or trusted those along the course of day-to-day living in the new normal situations.

However, information provision is just one key component to achieve overall accountability to the affected population and at-risk communities. It requires collectively receiving and analyzing those feedbacks and identifying strategic and operational interventions to address those feedback. As a priority action, these include an enabling environment for people to actively participate and be empowered to work with authorities in coming up with meaningful and engaging solutions to address their specific COVID19 issues and concerns.

In NCR, although most of the respondents are able to provide feedback and so far, have recognized that they are being consulted of what they need and what their concerns are, for them it is crucial to further improve the two-way communication mechanism of the government and other organizations.

Both the national government and the Barangay Council have been considered to be reliable avenues in taking necessary actions on the various issues raised by the urban community. However, most respondents highly

support the need to further improve the following:

- mode of delivery of information (it



Photo credit: NASSA/Caritas Philippines

- should be combined risk information and engagement of the community),
- accessibility (inclusive and localized platforms), and
- consistency in addressing gaps and evolving needs(overall accountability).

In other regions, clearly the Barangay Council including the activation of Barangay Disaster Reduction and Management Committee (BDRRMC) and role of the Barangay Health Emergency Teams (BHERT) is at forefront of:

- providing community-based information,
- establishing localized communication protocol and

- addressing various feedback and complaints

Majority of the respondents have given the Barangay Council high scorecard in terms of consulting them and somehow managing to take actions on their several concerns.

However, it is unanimous that respondents are calling for improvement of the following:

- proper timing and manner of delivering clear, consistent, accurate and right messages (especially if that information is coming from government agencies and other authorities);
- becoming more proactive in asking or engaging at-risk communities and affected population (put value if local community are still using open/suggestion letter for personal or privacy and protection purposes; maximizing appropriate door-to-door and face-to-face consultation as needed and necessary);
- safeguarding all feedback channels and maintaining them as more visible and functional platform: these include suggestion/feedback box, helpdesk and local hotlines including the use of SMS blasts and calls, and community listening activities. If social media or any online platforms are available, a dedicated team that can handle two-way communication engagement must be ensured;
- ensuring that there is a consistent schedule of sharing updates (including public service announcements, posting of information materials,

delivery of relief and appropriate community assembly);

- maximizing people's organizations, community groups, local volunteer networks and other civic groups for proper echoing of life-saving information and messages to the community. This is another proactive approach to combat and make sense of the community rumors.

Recommendations/Action points

Results show that if vulnerable sector is given the right information and properly consulted, they can strongly and justly influence the COVID19 response and recovery interventions of the government and other organizations.

Respondents' answers and engagement to the RICAA process definitely deliver another compelling case for government and humanitarian community to be more sincere in putting affected population at the front and center in the implementation of various COVID19 related activities.

Consulting the community using RICAA unlocks opportunities to improve and recalibrate existing capacities or resources of the government and other actors to deliver appropriate humanitarian response utilizing RCCE.

Moving forward:

- the RICAA results should be prioritized to improve various clusters' activities within the Philippines' HCT/Inter Cluster Coordination Group (ICCG) that require context specific RCCE.

This is timely as most clusters in the ICCG are realigning some of their activities to augment, supplement and complement overall government response plan;

- The DOH can use the RICAA to address its RCCE related gaps considering the results highly support strong participation that empowers at risk-communities in decision-making from national up to the local level towards compliance to preventive actions;
- CoPCE members should share the results and identify common service partnership activities at the community level. As part of the operational delivery actions under the response plan, the CoPCE will implement activities in various areas that maximize tested common service platforms.
- The RICAA results can be used to support the creation or strengthen RCCE specific unit or group at the local government level. The conduct of RICAA is part of the Terms of Reference (ToR) under the RCCE field level group or unit.
- The next round of RICAA will focus on the gaps and evolving needs of the at-risk communities, provision of the several humanitarian aid by government and other organizations; integrate issues on amelioration program and on the detection, tracing, isolation and re-integration plans of the government;
- Combined capacities and resources of the government and other organizations for rumors/fake news/misinformation tracking and myth-busting need to be prioritized and supported at the community level using various trusted and tested channels;
- Humanitarian and community radio programming of the CoPCE can be maximized at the local level and it can complement existing Barangay mechanisms such as those on the use SMS blasts, public address systems and other informal conversation networks that can quell rumors and other form of misinformation.
- Distribution of the solar crank radios to the geographically isolated and hard to reach areas is highly recommended considering aside from TV, using of radio is another preferred channel to access information.

LINKS

Online Visualization

https://public.tableau.com/profile/ocha.philippines.im#!/vizhome/200427_COVID19RICAAoutsideNCR/RICAAOutsideNCR?publish=yes

ToR of RCCE Field Level Working Group

<https://www.humanitarianresponse.info/en/operations/philippines/document/philippines-rcce-field-level-communication-and-community-engagement>

Humanitarian Response Community Engagement Page

<https://www.humanitarianresponse.info/en/operations/philippines/accountability-affected-populationscommunications-communities-community>

RICAA Forms

NCR: <https://ee.humanitarianresponse.info/x/#9Wla8DCr>

Outside NCR: <https://ee.humanitarianresponse.info/x/#wMzBwzqi>

ACKNOWLEDGEMENT





Community of Practice on Community Engagement (CoPCE)

The Humanitarian Country Team (HCT) advocates for community engagement and accountability to the affected population to be central component of disaster preparedness and response. Under the HCT, the CoPCE provides strategic direction and technical support to any field level working group on community engagement in an event of a major emergency. Support includes improving two-way communication platforms, feedback avenues, accountability pathways, closing-the-feedback-loop mechanisms, common services partnerships and innovations in the use of various technologies for communicating and engaging with the affected communities.