

Accountability to Affected Population in COVID-19 Response

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As highlighted in the global Humanitarian Response Plan for COVID-19, Accountability to Affected Populations (AAP) is an essential part of the response to the outbreak. This note aims to provide simple and practical guidance to UNICEF Country Offices on how to include and strengthen AAP in COVID-19 preparedness and response plans, in alignment with IASC and Grand Bargain commitments¹ and the Core Humanitarian Standard². Indeed, it is critical that affected populations:

- A. Receive relevant and timely information
- B. Participate in decisions that affect their lives
- C. Have access to trusted feedback mechanisms

This will help ensuring the needs and interests of affected people and communities are at the centre of decision-making processes that guide the response, and ensuring the most appropriate and relevant outcomes for them, while preserving their rights and dignity and increasing their resilience to face situations of vulnerability and crisis..

AAP is a central part of ongoing efforts to strengthen risk communication and community engagement (RCCE) in COVID-19 response and it should be reflected in the entire UNICEF response plan.

This is especially crucial in the face of social distancing, self-isolation, mass quarantine and other restrictive measures required for effective containment and response to COVID-19 that constrains implementation of a regular AAP approach.

This guidance notes highlights the key actions required to strengthen the 3 core pillars of AAP (information provision, participation, and complaints and feedback mechanisms), suggest some practical tools, and identifies minimum indicators to monitor the AAP approach.

THE THREE PILLARS OF AAP: PRACTICAL ACTIONS

A. Information Provision

While generic information abounds on COVID-19, ensuring that at risk populations receive the most relevant information they can act on, and in the most appropriate format, should be prioritized. This should be guided by people's expressed information needs and should include information such as services available, how to mitigate the impact of COVID-19 on livelihoods, how to address the disruption of personal and family routines. Such information must be tailored to the context (e.g. information around self-isolation, social-distancing and home deliveries, may appear distant and or insensitive to people living in crowded informal settlements or refugee/IDP camp settings) and delivered through the most suitable channels.

Required actions:

- Have a clear and dynamic view of vulnerable, affected and at-risk groups, who and where they are. While elderly persons and people with pre-existing health conditions have been identified as most biomedically vulnerable to COVID-19, women, young people, children, refugees and migrant

¹ IASC (2017) Commitments on Accountability to Affected People and Protection from Sexual Exploitation and Abuse. At https://interagencystandingcommittee.org/system/files/iasc_caap_endorsed_nov_2017.pdf

² CHS Alliance (2019) Core Humanitarian Standard on Quality and Accountability. At <https://corehumanitarianstandard.org/the-standard>

populations have also been flagged as persons of concern in the response (vulnerable socially) as they are the most likely to be affected by the consequences of public health measures such as limitation of movements and lockdowns, further increasing their vulnerability.

- Assessing information needs as well as preferred communication channels of the population and its vulnerable sub-groups is critical. This should be done on an on-going basis given the challenges of using traditional communication approaches in a rapidly evolving pandemic. Where face-to-face approaches cannot be applied, digital technology and digital communication have an important role to play in ensuring proximity to the population; however, their applicability must be assessed.

Specific guidance to assess information needs and preferred communication channels of affected populations has been produced by ACAPS and CDAC Network³. IASC has also developed a *Menu of Accountability to Affected Populations Related Questions for Multi-Sector Needs Assessments*.⁴

B. Participation

Decisions around prevention, containment and response to COVID-19 may cause confusion or resentment and have adverse effects on the population. It is therefore important that the affected population not only understand the rationale behind those decisions, but are engaged and participate in those decisions, especially at the local level. Participation leads to a level of ownership amongst the affected population which will help to increase the success and quality of interventions and ensure their sustainability. Required actions such as placement of handwashing stations, social distancing in crowded places like markets and observing curfew can only be effective with compliance of the affected communities.

Required actions:

- UNICEF partnership agreements should include provisions for establishing processes for and monitoring engagement with and participation of affected populations in response decisions and local actions (e.g. through focus groups, town-hall meetings, remote polls, etc.) the organization of which must be in tandem with COVID-19 response protocols.
- Alternative mechanisms for remote engagement as described below and innovative methods are likely to be more appropriate in the COVID-19 response, as traditional, face-to-face participatory approaches will be more difficult to implement,
- Specific measures should be included in the response to ensure participation of the most vulnerable groups, such as people with disabilities, elderly people, women and children.⁵

³ ACAPS & CDAC Network (2014) Pocket Guide: Information & Communication Questions in Rapid Needs Assessments. At www.cdacnetwork.org/tools-and-resources/i/20140721173332-ihw5g

⁴ IASC (2018) "Menu of Accountability to Affected Populations Related Questions for Multi-Sector Needs Assessments" https://interagencystandingcommittee.org/system/files/reach_iasc_aap_psea_task_team_menu_of_aap_questions_for_needs_assessments_june_2018.pdf

⁵ ADACAP (2015) "Minimum Standards for Age and Disability Inclusion in Humanitarian Action"

<https://www.spherestandards.org/wp-content/downloads/files/55cc741a169c8.pdf>

UNICEF (2020) COVID-19 response: Considerations for Children and Adults with Disabilities. At:

https://www.unicef.org/disabilities/files/COVID-19_response_considerations_for_people_with_disabilities_190320.pdf

The Alliance for Child Protection in Humanitarian Action (2020) Technical Note on the Protection of Children during the Coronavirus Pandemic. At <https://alliancecpha.org/en/COVID19>

Help Age International (2020) Protecting older people during the coronavirus (COVID-19) pandemic. At <https://www.helpage.org/what-we-do/protecting-older-people-during-the-coronavirus-covid19-pandemic/>

C. Complaints and Feedback mechanisms

A cornerstone of being accountable to affected populations is ensuring that their complaints and feedback are heard and acted upon so that responses are effective, relevant and do no harm. Complaints and feedback mechanisms are powerful tools to track perceptions, rumors, misinformation and information gaps, as well as overall satisfaction from the response. Data collected should be aggregated and regularly analysed to inform decision-making and programme course correction.

Required actions:

- Use existing mechanisms rather than setting up specific ones for COVID-19 to ensure a timely response.
- Establishing collective mechanisms with other agencies is more cost-effective and avoids duplications.
- Technology-based solutions are recommended, given the need for social distancing and to limit face-to-face interactions. This includes use of mobile phones (voice calls, short message services), social media platforms (like Facebook, Twitter, Instagram, Weibo and others) or messaging apps (e.g. WhatsApp, Viber, etc.). Interactive radio, video and TV programmes may also be considered, as appropriate.
- When U-Report is a well-established platform in the country, it must be used and scaled up for the COVID-19 response.
- COs should consider establishing call-centres or using existing ones to respond to the pandemic, provided adequate efforts are made to create awareness, confidence and trust in the mechanism for COVID-19 response.

You can also find additional resources from the IFRC tool kit, on how to set up a complaints and feedback mechanism.⁶

DIFFERENT CHANNELS

A. Call Centres

Well-managed call centre is effective as single point of contact between the affected and at-risk population, service providers and other actors on the COVID-19 Response. It provides an avenue for the public and service providers to ask questions, provide information, lodge complaints and feedback and express concerns and suggestions.

It is more effective to establish a call centre as an interagency common service and firmly anchored in the humanitarian response architecture, under leadership of the Humanitarian Country Teams. Close collaboration with governments will also be critical where they have already established such mechanisms.

It can fulfil the following functions:

- Provide timely and relevant information about COVID-19
- Confidentially receive and appropriately respond to sensitive complaints (PSEA, abuse of authority, fraud/corruption etc.). Specific SOPs and referral pathways should be established.

⁶ IFRC (2019) Feedback Starter Kit. At <https://media.ifrc.org/ifrc/document/tool-15-feedback-starter-kit/>
IFRC and Ground Truth Solution (2019) How to Establish and Manage a Systematic Community Feedback Mechanism. At <https://media.ifrc.org/ifrc/document/establish-manage-systematic-community-feedback-mechanism/>

- Monitoring needs, perceptions and evolving trends in the type and quality of the response

The call centre management can be outsourced to a suitably qualified service provider with capacity to provide impartial, efficient and effective contact centre services in a fast-evolving pandemic context. In particular, the service provider should:

- Setup a dedicated, toll-free telephone numbers to receive calls, SMS, WhatsApp, voicemail and related messages (twitter, Instagram) from all networks
- Provide well-trained operators to effectively manage the functions of the call center including strict observation to data handling protocols and SOPs and commitment to upholding the highest level of accountability, rights and values
- Provide live in-bound operator services to receive and manage questions, complaints and feedback
- Refer specific cases to designated focal persons in respective agencies and follow up for action/response
- Close the feedback loop by informing callers on actions
- Present reports and statistics of the received concerns, complaints, feedback, open and closed cases, number and type of actions taken with advanced filtering by sector, partner or geographic location, as agreed

B. Digital platforms

- **U-Report:** COs which are already using [U-Report should leverage this platform](#). 24 COs so far are using it for COVID-19. [Access more information on the COVID-19 chatbot](#)
- **The Internet of Good Things (IOGT):** A mobile-ready website configured for low-end devices, is available for free in 65 countries through Free Basics by Facebook.
- **Social Media:** UNICEF CO **Facebook, Twitter, Instagram, Weibo accounts, among others**, are also useful channels for disseminating relevant information to and receiving feedback from the public or specific population groups. Sponsored Facebook posts ensures the right messages on COVID-19 can be received and disseminated quickly. In all cases, the interactions, feedback and concerns should be carefully recorded and followed up (see media monitoring below).
- **Social Messaging Apps:** A WhatsApp Tree can be created through the establishment of various separate but linked WhatsApp groups from the national, sub national (field offices) to partners and affected populations. Participants in these groups will include selected members the from national coordination committee, RCCE/ CEWG, office EMT, partners and community volunteer networks. The AAP focal point can participate in all or most of them and help disseminate key information and or field questions from and to affected populations. Other social messaging apps, such as Viber and WeChat can be used for this, depending on population's preferences.
- **Other digital channels:** COs may consider blog and video sharing sites (such as YouTube and TikTok) to disseminate important information and engage the population. The services of reputable social influencers could be sought to produce materials. These should be well respected and impartial professionals with the right technical credentials and followings.

C. Digital monitoring and rumour tracking

Social media and other media monitoring are essential for tracking public knowledge and knowledge gaps, rumours, misinformation and disinformation, public perception and satisfaction levels about the COVID-19 response.

The CO is encouraged to contract or enter into partnership with an independent media monitoring firm/agency (if not already done) to:

- Monitor COVID-19 information traffic in all social and other mass media outlets
- Collect and collate and analyse the information data for rumours, facts, questions and feedback, perceptions etc. and disaggregated by media channel and information source etc.
- Provide daily reports on key issues and every 3-4 days on emerging trends and issues of concern to UNICEF and to the general COVID-19 response
- Recommend strategic response plan for addressing emerging issues

The CDAC network has developed some guidance on working with rumours.⁷

D. Radio and TV channels

Radio and TV programmes can effectively support the response to the COVID-19 outbreak. However, their production can be costly and time consuming. Consider the following:

- Based on an initial assessment of people's listening/viewing habits, decide on specific audience segmentation considering age, gender, language, and geographical location
- Agree on the operational plan; key topics, broadcast time slots, duration, producer/presenter, panellists
- Radio/TV should provide the details of engagement mechanisms e.g. call-in telephone number (voice, sms, WhatsApp,) or social media account, that audiences can use to ask questions
- Panellists should include people in authority, those knowledgeable about the COVID -19 response (government, UN/NGO, personnel). They may also include religious leaders, and ordinary citizens e.g. COVID19 survivors or those modelling desired behaviours, depending on the relevant topics to be covered. UNICEF and partners should prepare and provide the programme presenters with answers to frequently asked questions or issues of concern
- The participating station should set up a system for recording, collating and analysing key issues and forwarding this to UNICEF for follow up action and programme course correction.

Useful information, guidance and tools on developing radio and TV programmes have been developed by the CDAC Network⁸ and BBC Media Action⁹.

⁷ CDAC Network (2017) Rumour has it: A practice guide to working with rumours. At <http://www.cdacnetwork.org/tools-and-resources/i/20170613105104-5v7pb>

⁸ CDAC Network webpage, at <http://www.cdacnetwork.org/>

⁹ BBC Media Action webpage, at <https://www.bbc.co.uk/mediaaction>

MONITORING INDICATORS

AAP indicators can be used as part of staff field monitoring and or third-party monitoring of the process and perceptions of affected populations on the quality of the COVID-19 response. They can also be used a standalone review of AAP approaches or as part of a larger reviewing or evaluation of the COVID -19 response.

For perception indicators, it is recommended to assess:

% of affected and at-risk population who

- have relevant, appropriate and timely information about COVID-19, including how to access information and services
- believe the COVID-19 response addresses their priority needs and concerns
- agree people most in need are receiving appropriate COVID-19 services
- know how about/have used mechanisms for engaging with or providing feedback/complaints to responders
- are confident their feedback /complaints are addressed/taken seriously
- have been consulted or participated in response decisions/their participations have informed response plans
- are confident COVID-19 responders, humanitarian actors behave ethically/treat affected population with respect and dignity

For assessing effectiveness of AAP approaches all or some of the following indicators are recommended:

- # and type of functioning feedback mechanisms
- # of AAP coordination mechanisms
- #of contacts made/# conversations reported
- # and type of conversations by caller and issue category;
- # of conversations/cases referred
- # of conversations/cases resolved
- # and name of agencies concerned/responding
- # average length of time to resolve cases
- #origin or source of complaint (i.e. staff, non-beneficiary/beneficiary, authority, etc.)

ROLE OF UNICEF COUNTRY OFFICE LEADERSHIP

- UNICEF country leadership is expected to ensure accountability to affected population is prioritized in the COVID-19 response: this means integrating it into the overall country response plans and in all sectors as well as cross-cutting issues such as C4D/RCCE, cash transfers
- The CO should consider appointing a dedicated AAP focal to ensure coherence with overall response plan (*TOR for AAP focal point available on request*).
- Adequate resources should be allocated in support of AAP interventions and should be included in country budgets and appeals.

- Consider one or two AAP high frequency indicators to be included in the humanitarian programme monitoring process for regular monitoring (list of indicators available on request). It is encouraged to include AAP as a standing agenda in Emergency Country Team and Country Management Team meetings.
- Working in support of the governments and relevant line ministries, which will have in many contexts a leading role in the COVID-19 response, with often some pre-existing mechanisms to engage with communities
- In most countries, there will be an RCCE coordination structure for COVID-19. It is important for UNICEF to advocate for AAP to be a strong element of our inter-agency efforts around risk communication and community engagement. When an AAP working group (or similar) already exists, it should play a key role in ensuring an inter-agency approach to AAP.

SUPPORT TO SCALE UP AAP

The AAP unit in EMOPS Geneva provides support and guidance on strengthening AAP in the context of COVID-19 response. Please contact Justus Olielo, jolielo@unicef.org for any query or technical support.

For more information, visit [UNICEF Accountability to Affected Population SharePoint page](#).