Response to COVID 19: Community Driven Development (CDD) Platform in Afghanistan

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In this unprecedented fight against COVID-19, **CDD projects in Afghanistan can serve as a platform to help prevent and respond to the COVID emergency at the community level**. CDD operations and approaches can support an effective response to COVID-19 in both the short and medium-term. CDD operations can effectively support and complement COVID-19 Emergency Response and Health Systems Preparedness Project. More specifically, they can provide community engagement platforms to communicate culturally appropriate messages on preventative measures and proper hygiene practices and help to establish community feedback mechanisms for healthcare providers to support two-way communications. In Afghanistan, there are three CDD operations:

1. *Citizens Charter Afghanistan Project (CCAP)* (P160567) is the Government's national community-driven development project operating in all 34 provinces in the country and reaching approximately 13 million Afghans in rural and urban areas. It has a proven track record by already assisting with the response to the displacement crisis of internally displaced persons (IDPs) and returnees, providing short-term employment and community grants to address hunger during the lean season, and now is in the process of preparing programs to address drought and the peace settlement. It can further provide a platform/ mechanism to address some of the humanitarian concerns/imperatives, working in a coordinated way with relevant government and UN agencies and can assist with efforts to respond to and mitigate the effects of the corona virus.

2. *Eshteghal Zaiee - Karmondena Project (EZ-Kar*) (P166127) aims to strengthen the enabling environment for economic opportunities in cities where there is a high influx of displaced people. The project employs the CDD approach to implement Maintenance and Construction Cash Grants (short term employment opportunities through labor intensive public works) and Gozar/Business Gozar Grants (community and business group projects to enhance market enabling infrastructure). Ez-Kar can assist in addressing the issues of returnees' influx in urban areas from Iran caused be the fears of COVID pandemic there.

3. *CASA-1000 Community Support Program (CASA CSP)* (P149410)[1] is designed to provide: (a) community support activities and feasible power projects from alternate sources to the affected communities without access to power supply; and (b) other development projects with a socio-economic impact to communities that already have access to power. The CSP aims to garner support from these communities for the larger CASA-1000 project, including for protecting the project during and after its construction. The project covers 631 communities located within the

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[1] **CASA-CSP**. Board approval of the main CASA-1000 transmission line was contingent on having complimentary benefit sharing operations in each of the four countries involved in CASA (Afghanistan, Pakistan, Kyrgyz Republic and Tajikistan) and is included in project documents from CASA-1000 as a condition.

4 km wide and 562 km long (1,124 square km) transmission line corridor in Afghanistan, who will be affected during the design, construction, and operation and maintenance of the transmission line, but who will not be able to access electricity directly from the CASA 1000 transmission line.

CCAP, EZ-Kar (CDD component), and CASA-CSP are all managed through the same PIU structures. There is full coordination inside the Government as well as across the World Bank task teams. Given the size of each project and differences in the type and scope of activities, each project has dedicated technical staff. All three projects use common procedures and coordinate on provision of community support. They follow common procedures for social mobilization, procurement, and financial management, among other things.

CCAP's Immediate Response to COVID 19

Based on the instruction of H.E president, MRRD and IDLG began immediate social mobilization and awareness rising activities in response to the COVID 19 situation in Afghanistan. Both agencies have developed in local languages communication materials which have been distributed along with Ministry of Public Health (MoPH) guidelines to the Community Development Councils (CDCs) all over the country. Information has been shared with the NGO Facilitating Partners, provincial trainers and managers, then passed to social organizers and district managers all the way down to CDC members and *mullahs*. They distributed information to the community members in small groups (not more than 10 people). CCAP Communication team has also updated its website to provide info on COVID: http://www.ccnpp.org.

More specifically, the communication departments at both implementing agencies of Ministry of Rural

Rehabilitation and Development (MRRD) and the Independent Directorate of Local Governance (IDLG) have produced materials such as videos and infographics which have been distributed via social media, designed and printed posters and pamphlets on key Corona Prevention Messages. Those materials have been shared with the CDCs and Gozars through Facilitating Partners and mobile phone applications like Whatsapp Group/Telegram Group in Cities. The advantage of using CCAP to disseminate information is that MRRD and IDLG has phone numbers to CDCs across Afghanistan covering large portion of the population. Through its existing networks and activities, CCAP also reaches the most vulnerable and poor groups in the country who are likely to be disproportionately affected by the crisis, e.g. refugees/IDPs, disabled, poor women, Kuchis etc.

Example of videos:
https://www.facebook.com/citizencharterafghanistan/videos/2615918095312074/
https://www.facebook.com/watch/?v=627663644749000

CCAP's Planned Response to COVID

Based on a series of meetings with the Government and WB , it was agreed that **CCAP along with EZ-Kar and CASA CSP can play an important role in awareness raising and providing a platform to respond to multiple issues caused by COVID 19 situation while supporting efforts of MoPH under the *COVID-19 Emergency Response and Health Systems Preparedness Project (P173775).*** The team has identified six areas where the CDD platform can assist and the efforts will be coordinated through a task force led by MoPH. All activities will follow MoPH and WHO precautions for following proper hygiene measures and social distancing as needed. More specifically:

CDD Platform	Six Pillar Response to COVID 19
	1. **Communications, Awareness Raising, and Impact Monitoring** – (i) at the national level broadcast messages via radio and social media, (ii) at the community level continue awareness raising activities disseminating MoPH guidelines and materials produced by the CDD platform to CDCs and CCAP health committees in rural and urban areas and provide information on testing centers and (iii) introduce messaging via community radio and mobile phones (SMS and Whatsapp chatgroups and Telegram). **CCAP is also exploring the possibility of undertaking phone surveys to monitor the poverty and social impacts of the crisis especially with vulnerable groups**. *Done under CCAP, CASA CSP and EZ-Kar* **Beyond CCAP CDDs, MRRD also has phone numbers for 25,000 communities covered under the National Solidarity Program (NSP) so this provides an opportunity to raise awareness to communities across Afghanistan beyond CCAP communties.*
	2. **Medical Response**. Support MoHP activities under WB's COVID operation *Emergency Response and Health Systems Preparedness Project (P173775)*: (i) coordinate the response via CCAP health committees, (ii) assist with disseminating information to communities in rural and urban areas and (iii) help with distribution of supplies procured under the operation and (iv) provide data and citizens' feedback to MoPH information about the situation on the ground. *Done under CCAP, CASA CSP and EZ-Kar*
	3. **Hygiene:** Allow both implementing agencies to use funding under the various grants that have been already distributed to communities: Service Standard Grants, Social Inclusion Grants (SIGs) and Maintenance and Construction Cash Grant (MCCG) to buy necessary supplies such as thermometers, soap, Dettol and other cleaning products, hand sanitizers etc to address immediate needs of the community in the fight against COVID. *Done under CCAP*

	4. Ensuring Food Security – With the lockdown and the decline in economic activities, the unemployment rate is expected to rise drastically. Many households that are dependent on day-to-day wages that do not have savings will soon not be able to afford food. The grain Banks and SIG mechanisms under CCAP can be used to distribute food to such vulnerable households (the volume and coverage may need to be scaled up to address the increased number of vulnerable households). In some areas, border closures and lockdowns may potentially cause general supply shortage, and some communities and households may run out of food quickly. CCAP will allow those communties to use the Social Inclusion Grants to purchase food and other necessary supplies (from available locations) and distribute them via Grain Banks. *Done under CCAP*
	5. Support to Kuchie Communities which are nomadic and semi-nomadic communities in Afghanistan and one of the most disadvantaged groups in the country. They have already started their seasonal movement to their spring/summer camps. While the Kuchis might be exposed to lesser risk of COVID since they live in very remote areas, they have very limited access to information (given high illiteracy rates) and media. Their awareness of and knowledge about diseases and medical conditions is very limited. Therefore, MRRD has already coordinated with the MoPH awareness training regarding on COVID for Kuchi communities via MRRD social mobilizers and MoPH mobile teams and provision of health safety/protection methods and instruments. Going forward MRRD will organize discussions with Kuchi leadership and communities at the provincial level, and advise them on unnecessary travel to urban and exposed areas as well social distancing which in the context nomadic Kuchis might be about grouping of families. *Done under CCAP,*
	6. Responding to Influx of Returnees from Iran: According to recent data from IOM, due to coronavirus transmission fears in Iran, over the past week 62,341[2] Afghans returned from Iran. This will put further strain on communities in Afghanistan which will need to cope with medical and economic situation caused by COVID. The design of CCAP already includes delivery mechanisms to provide basic services and short-term employment support to IDP/Returnees and will be able to quickly provide support on the ground in post COVID scenario. Both CCAP and EZ- Kar will be in a position to support that. While labor intensive public works may not be feasible during the social distancing phase (e.g. lockdown situation), alternative types of short-term employment opportunities, such as deep cleaning of public facilities, disinfection of public space, and delivery

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[2] **Update from the International Organization for Migration:** Due to coronavirus transmission fears in Iran, over the past week spontaneous returns from Iran have reached new record weekly totals**.** According to the Border Monitoring Team of the Directorate of Refugees and Repatriation (DoRR), a total of 62,341 undocumented Afghans returned from Iran through the Milak (Nimroz) and Herat (Islam Qala) borders between 15-21 March 2020, a 17% increase from the previous week (53,069). Since 01 January 2020, the total number of undocumented returnees from Iran is 198,527 individuals.

	services (of food and other essential daily items) may be considered in consultation with public health authorities. *Done under CCAP and EZ-Kar*

The CCAP, EZ Kar and CSP implementing agencies and WB task teams will also explore options of budget re-allocation and restructuring of the projects once there is more information available and more clarity on what is possible at any given point of time and long term.

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