Adapting to COVID 19 and making CLD programming more responsive, resilient and community-led *[1]

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Synopsis: This paper builds on a global effort by the Movement for Community Led Development (The Movement) to collectively consider the challenges to Community-led Development (CLD) programming during COVID-19 and reflect on the adaptations needed to continue this work. Though many of us - NGOs and CLD practitioners - have dealt with restrictions around access, convening, procurement, service delivery and shifting priorities in the face of a multitude of crises, whether natural, human and virus-made, the pandemic-induced lockdowns caught us unprepared. They severely curtailed and, in some cases, completely halted our regular programming. Social mobilization and interpersonal interactions which are key to CLD processes are no longer possible. Collating the learning from our past experiences (Ebola, SARS, tsunami, armed conflict) provides a valuable starting point for adapting our programming. At the same time, the unprecedented magnitude of the current crisis and its impact on our work presents us with a remarkable opportunity to shift more power to our communities and intentionally build crisis response into future CLD programming.

Introduction

"I have been an ASHA worker for 8 years. People trust me. I have been a part of their homes and lives but now they shut the door on my face. They ask me to keep away from the very children I saw them birthe. Our bond has been broken."

"Now more than ever, we need to respond to the needs of our people. We meet in small groups with handmade masks. We have a large meeting room and so are able to maintain distance. But one is always worried. Our families are worried. It is as if we are tempting fate."

"We work through schools. We provide mid-day meals, WASH and gender education, nutrition and health counselling. Now the schools are closed indefinitely. VAW is up, hunger is up. Our work is needed more than ever but how do we resume?"

- *Insights from MCLD member organizations and community partners on the ground.*

Over the last 90 days, Community-led Development (CLD) practitioners globally have encountered similar dilemmas as the world scrambled to adapt to the threat posed by a global

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[1] Note: This reflection paper builds on a global call organized by the Movement for Community Led Development on 21 April 2020 to collectively consider the challenges to CLD programming during COVID-19 and brainstorm solutions. It draws on the brainstorming carried out with nearly 100 participants in breakout groups and on subsequent discussions with Movement partners (click here for further details). It is the first in a series that seeks to document the challenges that CLD organizations are facing and their quest for effective, community-led solutions in the face of this crisis. As the Movement continues to work with partners to dig deeper into this topic, identify options, and potentially test solutions, this series will seek to reflect on the process and provide impetus for further dialogue, collaborative learning and co-creation.

pandemic, unprecedented both in terms of the speed of its spread and the global response to it. Facilitation, social mobilization, capacity development, and face-to-face engagement are integral to CLD. However, COVID-19 and its concomitant impacts (in terms of health, prevention, psychology, and policy) make precisely these kinds of activities difficult. At the same time, CLD programming - which builds solidarity, amplifies community voice, addresses local issues of hunger and poverty, and enables community action and decision-making - is even more important now. It is therefore vital for us to consider how CLD programming and processes can adapt to continue during periods of physical distancing, national shutdowns and economic slowdowns, anxiety and contagion, particularly in low-resource settings. Towards this end, the Movement for Community Led Development (The Movement) organized a global call on April 21, 2020 for CLD practitioners to collectively consider the challenges to CLD programming during COVID-19 and reflect on the adaptations needed to continue this work.

Why CLD remains important in the midst of a pandemic?

CLD is a multi-sectoral and human-centered strategy for collaboration to achieve locally created and owned vision and goals. This pandemic has reminded us that communities are the first responders to crises. All over the world, governments have been stretched to respond to both the health and socioeconomic effects of the COVID pandemic, and communities have been helping to fill the gaps. In communities with CLD programming, people are organized and able to quickly mobilize towards action. In Benin, communities worked with The Hunger Project to set up 2500 tippy taps (hand washing stations), 1200 of them within the first week of the pandemic. In Rwanda, Malawi, Senegal and Morocco, Corps Africa saw its communities making and distributing masks while in Sierra Leone, One Village Partners saw them establish quarantine houses. All over the world community partners and leaders have worked to communicate accurate information from trusted sources in local languages and to help distribute relief (as witnessed by Spark Microgrants in Rwanda, Heifer in Bangladesh, and in the Citizens' Charter national program in Afghanistan). The Movement is collecting stories of how communities and NGOs have been responding to the COVID crisis here.

However even as governments, NGOs and communities continue to organize short-term responses to the Covid crisis, it has become increasingly evident that the virus will be with us for some time to come. Moreover, as a result of the pandemic, Violence Against Women is going up, families are slipping back into poverty, fear and uncertainty is fuelling ethnic, religious and communal tensions, and some governments are using their emergency powers to close political and civic spaces.

The global scale and impact of this pandemic is unprecedented. Yet it is by no means the only crisis that will shut down services, disrupt supply chains, prevent movement, exacerbate hunger, poverty, and mistrust. In fact, such crises - whether due to conflict and violence, natural disaster, or disease - are not so rare in many communities around the world. It is critical therefore that CLD programming is not paralyzed by crises. We need to work together and with communities to identify solutions that allow the gains that have been made to sustain and for the work to continue. This means finding ways to adapt CLD processes, which often rely heavily

on people convening in large groups and working closely together in person, to the barriers presented by these kinds of crises.

<u>Barriers to CLD Programming posed by COVID-19[2]</u>

Not all countries or places are at the same stage of the pandemic. Though lockdowns have been in place in most regions, their nature and intensity varies. Therefore, we need to look at the challenges that the pandemic poses and the required adaptations with respect to the particular situations communities face. Using the vocabulary of humanitarian programming, we can look at barriers and challenges across three phases: Preparation (for places where the pandemic is just starting, where complete lockdowns are yet to be instituted, or where a new wave is anticipated), Response (communities where the pandemic is peaking or where complete lockdowns are in place) and Recovery (communities where the peak has passed).

While there are numerous challenges that all of us have encountered in our day-to-day programming as a result of the pandemic[3], most of them can be clustered into four barriers.[4]

Travel bans, border closures and shelter-in-place orders have resulted in **access challenges at every level**. Staff cannot travel and we are no longer able to visit the communities we work with, be it for collecting data, conducting facilitation or training, providing support or administering services. Both staff and community partners often have little experience of working remotely. Poor internet and mobile connectivity exacerbate the problem. Furthermore, the fact that the most marginalised people within communities often have the least access to technology poses an added dimension to the access challenges facing CLD work.

The lockdowns, physical distancing norms and restrictions on convening make it difficult to conduct meetings, capacity development and other social mobilisation processes. The Ebola crisis also showed us how potent the "stranger danger" phenomenon is. Part of the problem lies with the vocabulary itself. Physical distancing is erroneously being referred to as social distancing, thereby undermining the social solidarity needed and experienced during these times. These **convening challenges** are compounded by the constant fear of infection.

Procurement and service delivery challenges are perhaps the most common in any crisis. The lockdowns have disrupted supply chains and created shortages of essential and everyday

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[2] For a detailed look at the barriers and the ensuing discussion, click here.
[3] InterAction is creating a database of such challenges so that it can undertake advocacy for policy-level action to address them. Founded in 1984, InterAction is the largest alliance of international NGOs and partners in the United States
[4] We know both from the InterAction database and our Movement partners that there is a whole additional set of challenges that COVID has created for organizations working in humanitarian settings. For example, relief and refugee camps can be sites of rapid spread of infections; travel restrictions (UNHAS flight suspensions) may pose limitations on rotation of humanitarian staff which may lead to burn out; some colleagues have been stuck in the field and unable to move out before the lockdowns were imposed; transporting PPEs to difficult to access areas like Northern Nigeria, where the Boko Haram operates, remains a challenge.

supplies, impacting service delivery. Closure of government facilities which are often centers for programming (e.g. schools or child care centers) and lack of clarity on what comprises essential services has interrupted many organizations' programming. This has led to questions around contractual obligations, payment, and project grants or supplies for community members, local staff and teams.

The final barrier is centered around **time and shifting priorities**. As people lose livelihoods, as they fall sick or grapple with the burden of care for loved ones, they have less time and inclination to engage in CLD processes or to mobilize their communities. Renewed ethnic and social tensions also make it more difficult to resume CLD programming.

Emerging Lessons

The pandemic and its impact over the last few months has clearly demonstrated our lack of preparedness. Almost 80% of participants from the global call said that they or the communities they work in have faced similar kinds of challenges. Despite this, the CLD community was unprepared for how significantly and how long this would disrupt programming. Even now, there is a great sense of uncertainty on how, when and if to resume regular programming. Yet, as we look at our response over the last few months[5], some key lessons begin to emerge:

- **It is important for CLD organizations to communicate and collaborate during this period - both to create a community of support and to mount a joint response.** This pandemic is taking a physical, economic, and emotional toll on people all over the world, including CLD practitioners. Building connections during this time and sharing stories of the challenges we are facing in our work can help us all feel less isolated and more supported.

  A united voice will also help CLD organizations have a greater impact. In many countries, communities are being left out of response planning, even though they are the ones who will have to absorb and follow these policies. In other places, governments are abusing their emergency powers to curb dissent and escape accountability. CLD organizations have also noted the challenge of resourcing their efforts when so much funding is being directed to major relief efforts, or of fulfilling normal donor requirements. As Daisy Owomugasho from Uganda pointed out "For us to be organized and come up with one voice has, to me, been seen as a challenge. We are here as the CLD chapters and members, so where is our collective voice in terms of how we can approach this?... This is an area we need to look into, to see where in the future or in other times, we can be more organized in such a situation as one group."

  When CLD organizations work together and have a united voice, they are better advocates for community inclusion and for their own programming/organizational needs. Within weeks of the first report of Covid hitting Zambia, members of the national

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[5] This section is based on the responses shared during the April 21 call and subsequent conversations with participants.

chapter of the Movement established a Covid Response Task Force to work together and amplify their efforts.

● **Collective learning - especially from experience with previous crises - is critical during the pandemic**. This pandemic may be unprecedented in terms of scale, but the challenges it presents are not. As noted earlier almost 80% of the participants in the call said the communities they worked in or their organization had faced crises that limited mobility and convening before. This may be from other diseases (such as the 2014-2016 Ebola virus outbreak), from natural disasters (such as the 2004 Indian Ocean tsunami or semi-regular floods or cyclones), or from armed conflict and violence (including under Taliban rule in Afghanistan and Boko Haram incursions in Nigeria).

There is a lot to learn from these past experiences - and from what organizations and communities are doing now. These are starting to be documented, but a concerted and collective effort to collate these will help people know where to look for ideas. This could also help us catalog different program areas that are impacted, how, why, and with what responses, as well as better understand how COVID (and future crises) affect different programmatic gains. The Movement offers a platform to collect, share and build on these lessons.

Specific adaptations during COVID:
CLD programs began in the first weeks of the COVID pandemic to identify and apply adaptations to their regular programming and processes that would allow them to both continue to do their work in communities, and be better prepared for crises. Some of these from Movement members include:

● CorpsAfrica and other civil society organizations worked with telecommunications companies in Malawi to set up free Internet hotspots in rural communities where schools have solar energy-run computers. This has allowed students and teachers to download necessary materials, and then continue learning in small groups in their communities rather than at the school.
● In Bangladesh, as the lockdown was being instituted some communities mobilized to work with the government to find safe ways to harvest their crop. They worked out a system where students were temporarily allowed into the fields, with adequate protection measures, for a brief period of time to ensure that crop was quickly harvested.
● Recognising that the crisis causes uncertainty and anxiety among its own staff and communities, Spark MicroGrants has been considering the need for a crisis budget that would make adequate provisions to deal with such situations.
● Some Movement members are considering equipping communities with vehicles that are managed and run by community groups and can be used to transport essential supplies and people during crises that disrupt transport services and supply chains. They will also provide livelihood opportunities for the youth.

- **Communities know best how to adapt programming to continue fulfilling their needs.** A number of organizations that have begun to find ways to continue with core programming cited community leaders and community council members as having come up with the ideas. At their core, the role of CLD organizations is to listen to communities and support them to take the lead in determining and acting on their priorities, needs and resources. That applies no less now. Communities know what resources are available and activities are feasible for them, while maintaining appropriate safety and health precautions. As Guillermo Sardi from Caracas Mi Convive, Venezuela noted, "The most important resource we have is the human resource... The people that live inside the communities find creative ways to solve the problems, and providing them with emotional support and financially in the ways we can has been essential. ... The people look for ways to solve the problems in their everyday."

  Following communities' lead during this time requires well-established channels of communication between community leaders (or community volunteers, facilitators, etc.) and those they collaborate with, including NGOs, local government and their own communities. This means having the technical means of communicating in place (local servers, program-specific mobile phones, community radios, etc.) and having established trust. These channels have been vital for CLD programs to quickly mobilize and reset processes.

- **Technology is only part of the answer**. The crisis has exposed the gap in our communication systems. As suggested above, it is important both for crisis management and to fulfill the goals of CLD that organizations remain connected with communities even when they cannot be physically present, and continue to hear from them and share resources back. Where we have effective communications channels we were able to listen to communities and respond more quickly to their needs. However, we do not always have effective ways of reaching our communities and in some cases, even our staff.

  Further, while means of communication are critical, so too is how those means are used. CLD aims to bring together the priorities, voices and capacities of the entire community, including its most marginalized members, into community processes and decision-making. The tendency during this period of rapid and at times ad-hoc pandemic response is to rely on technology that allows for remote communication. But often the poorest and most marginalized community members will have the least access to and comfort using technology (such as cell phones, Facebook, the Internet). As Michelle Inkley from the Millenium Challenge Corporation noted, "We are starting to talk about alternative ways to collect data, but they are all based on technology and then we lose the voice of the most vulnerable because the most vulnerable don't have that technology generally." In identifying adaptations to continue CLD programming through physical distancing, it is important that the commitment to inclusion and pro-poor approaches ise not compromised. This means thinking critically about how technology is used and being creative about how to mitigate that risk. This includes considering

rights-based ICT that counteracts social inequity, as well as low-tech solutions to strengthen communication channels, such as loudspeakers, local radio, transferring credits to local counterparts' phones, community or town criers, etc.'

- **Different people need different solutions**. Different people - within organizations and within communities - have different thresholds to feel safe working during this period. This means we need multiple solutions and different kinds of adaptations. This applies to government policies as well. Around the world, different governments are using different timelines and plans to slowly reopen their economies and ease restrictions. However, those approaches will not work for everyone and cannot be taken as blanket guidelines for CLD work.

  Ensuring that everyone can participate - despite different work schedules, literacy, physical abilities, age, livelihood and family pressures, etc. - is part of CLD facilitation and planning. That consideration is needed for developing adaptations as well. Chad McCordic from One Village Partners in Sierra Leone pointed out that "every kind of field activity needs a dialogue where we talk with the staff and say, 'here is our basic understanding of how we need to keep you safe. What do you need to feel comfortable doing that?'" A similar process needs to happen with communities. When this process is carried out carefully and the resultant adaptations communicated clearly, he noted it also becomes a learning opportunity for staff and communities on why certain measures are important for prevention.

The Way Forward?

For the past few weeks we have understandably been focussed on responding to the technical needs generated by the pandemic - providing personal protective equipment (PPEs), spreading awareness, distributing food or cash aid, encouraging physical distancing, establishing protocols for remote work, to name a few. Yet, as we acclimatize to this new and tumultuous normal in our lives and work, we need to plan ahead - to understand what we can do now to responsibly resume elements of CLD programming, and to explore how we can be best prepared for another wave of the virus, or another crisis. Despite - or perhaps because of - the uncertainty of the moment, it is an important opportunity for collective introspection on what we can do to not be caught off guard again in the future. This is ultimately a question of resilience, at the community and organizational level, to the seemingly frequent crises that assail communities and us.

In the Movement-led collaborative research of what CLD is and how it can be evaluated, rapid and continuous 'adaptation' emerged as one of its defining characteristics. Adaptation enables CLD programming and organizations to pivot to respond to community circumstances and goals. At the same time, the defining feature of CLD programming is not just adaptation but [thinking carefully about] how and on what basis do we adapt. This is where we need to listen to our colleagues, our community partners and communities themselves; to ask them what they would need in the immediate future and long term to feel safe. What pressures are they experiencing and are likely to experience? What changes do we need to make in our

programming to cater to these pressures? It is only when we ask these questions and tailor our responses to them that we remain true to the spirit of CLD.

Given the complexity of CLD programming, adapting CLD processes in the long term requires multiple strands of thinking. We begin the discussion here with two questions that may provide valuable starting points: 1) how can CLD better integrate crisis response into core programming, and 2) what does this experience tell us about how to make our work more community led?

1) **Crisis response and prevention must be better integrated into regular programming.** As noted, crises are neither rare nor, in some ways, unique. While the scale and origins will differ, the fact that they will occur and some of their effects on mobility and interaction is fairly predictable. Therefore crisis preparedness and resiliency should be an integral part of the community planning and development process.

   This requires work at multiple levels. At the community level, the most important step towards preparedness may be to simply learn about the existing coping and response mechanisms that communities already have and begin to strengthen them. We do know that many traditional systems had well-established protocols for crisis warnings and response (e.g. we know from the 2004 Indian Ocean tsunami many of the tribal communities in the Andaman islands in India were able to recognise the signs of a tsunami and quickly enacted their long-standing systems of moving inland to safe places).

   Other preparedness components may include having a dedicated preparedness and response sub-committee, communications plans in case movement is curtailed or phone service is unavailable, considering disaster response resources in community analyses, including preparedness and response trainings for community members, having stores of emergency food supplies to share, supporting all community members to have some savings or a mobile money account, etc. It may include accounting for adequate supplies of personal protective equipment (PPE) or hygiene equipment such as soap in community planning or prioritization processes, whether through community production with appropriate quality checks, or maintaining reasonable stores of it at the community and organizational level. These supplies, and other preparedness measures, provide both health and psychological support that will help communities be more resilient in the face of crises.

   At the organizational level, preparedness may include having crisis budgets to tide over funding in case of disruptions, partner networks to activate during a crisis to share information and resources, processes to check in on staff well-being, better coordination with humanitarian organizations, regular and well established communication channels with community leaders, mobilisers and field personnel, etc. At the donor level, it may require more flexibility for reporting, contingency planning and allocations towards crisis budgets.

2) **Adapting processes to COVID and future crises provides an opportunity to make CLD more community-led.** COVID-19 has highlighted how much CLD programming still depends on parachuting people and materials into communities, despite the intent and claim to be community-led. Facilitation, training, documentation, monitoring and evaluation (M&E), and more are often conducted by outsiders. Some of the aspects within these functions require an external presence to provide checks and balances to existing community dynamics that may lead to exclusion or inequity. But this experience encourages us to think carefully about what roles and functions could and should be transferred to community members.

   For example, M&E has historically been a top-down exercise. Even before COVID, M&E practitioners have been thinking deeply about how to make it more bottom up and community led. The limited ability of M&E officers to travel to villages - but the continued need to gather data - means that these questions are now more urgent than ever for the M&E community. What information is really needed? Who needs to collect it and how? How does the community own this information and 'lend' it to organizations, rather than having organizations control the data? The Evaluation Working Group of The Movement organized a call in April to begin the conversation on some of these issues but it requires a much more sustained effort.

   COVID may be an opportunity to transfer ownership of more functions and roles to community members - to help processes continue during COVID, to be better prepared for future crises, for stronger general practice, and to help sustain CLD activities after organizations are no longer present. We must consider who would hold these roles/functions, how they would be empowered to carry them out, and the risks. This will include community animators and facilitators, community development councils, but also, as participants noted, existing formal and informal authorities, such as elders.

Right now, CLD organizations and communities are responding to immediate needs, and making contingency plans on how to restart regular programming. The next six weeks are critical, but can we also find time - including during potential periods of eased restrictions and lower contagion - to consider and test these broader reflections to make CLD programming stronger and more resilient generally?

Conclusion?

Even as we write this, the normal around us is once again shifting. The tropical cyclone season in the Bay of Bengal has begun. In May this year, Eastern India was devastated by cyclone Amphan. The Philippines has already been hit with its first typhoon of 2020. Tropical storms are forming over the Bahamas. There have been deadly flash floods and landslides in Uganda, Rwanda, western Kenya, and parts of Ethiopia. How do we prepare for the annual or semi-regular floods, droughts, cyclones that are already happening, and will be amplified by the co-incidence of COVID?

Meanwhile, many countries have already eased restrictions or are preparing to open up in phases over the next few weeks. What does this mean for our programming, our people and

us? While this may address some of the access barriers noted earlier, it will bring with it a new set of challenges. How prepared are we to deal with this new, emerging reality and to resume our programming? And what internal metrics should be used to determine whether staff and communities are and feel safe? How do we account for the psychological and ethical barriers to resuming work, even as the legal and health barriers ease? These questions are going to occupy a lot of our mindspace over the next few weeks, as we strive to balance the need to resume programming with the need to be ethical, considerate and safe.

Ron Heifetz[6], who co-developed the adaptive leadership framework, every year reiterates the same message to graduating development professionals at the Harvard Kennedy School of Government: "Listen," because the big, complex challenges that require a change in values, beliefs, roles, relationships and approaches can only be solved by the people who face that challenge. Collective ownership of problems is needed because technical solutions offered by experts (like a change in law or a piece of technology) can at best provide temporary solutions to adaptive challenges like a pandemic. Instead, "Adaptive responses require all sorts of micro-adaptations spread out all over the world in countless variations in different families, neighbourhoods, communities and countries. Different people have to come up with adaptive solutions that are tailored to their particular context."

The periods of relaxing restrictions and perhaps lower contagion rates that we encounter over the next few weeks can serve as opportunities for us to prepare for the next wave of this pandemic, or other future crises. This is the time when we can institute some of the ideas that have emerged for adaptation. When we can reach out to our communities and community partners (without jeopardising our health or theirs) and undertake deep listening exercises to ask them what they would need to feel safe and to resume their work; to understand what adaptations they deem necessary and work out quick and effective ways of carrying out those adaptations; to put in place more effective systems of communication. This is also the time when we can strengthen our alliances and collaborations so that when the next wave of crisis hits, we are better able to lean on one another.

A big thank you to all the participants in the Adapting CLD to Covid 19 and Beyond conversations for your insights and inspiration. A special shoutout to John Coonrod, Elene

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[6] Ron Heifetz is the founder of the Centre for Public Leadership at the Harvard Kennedy School of Government.