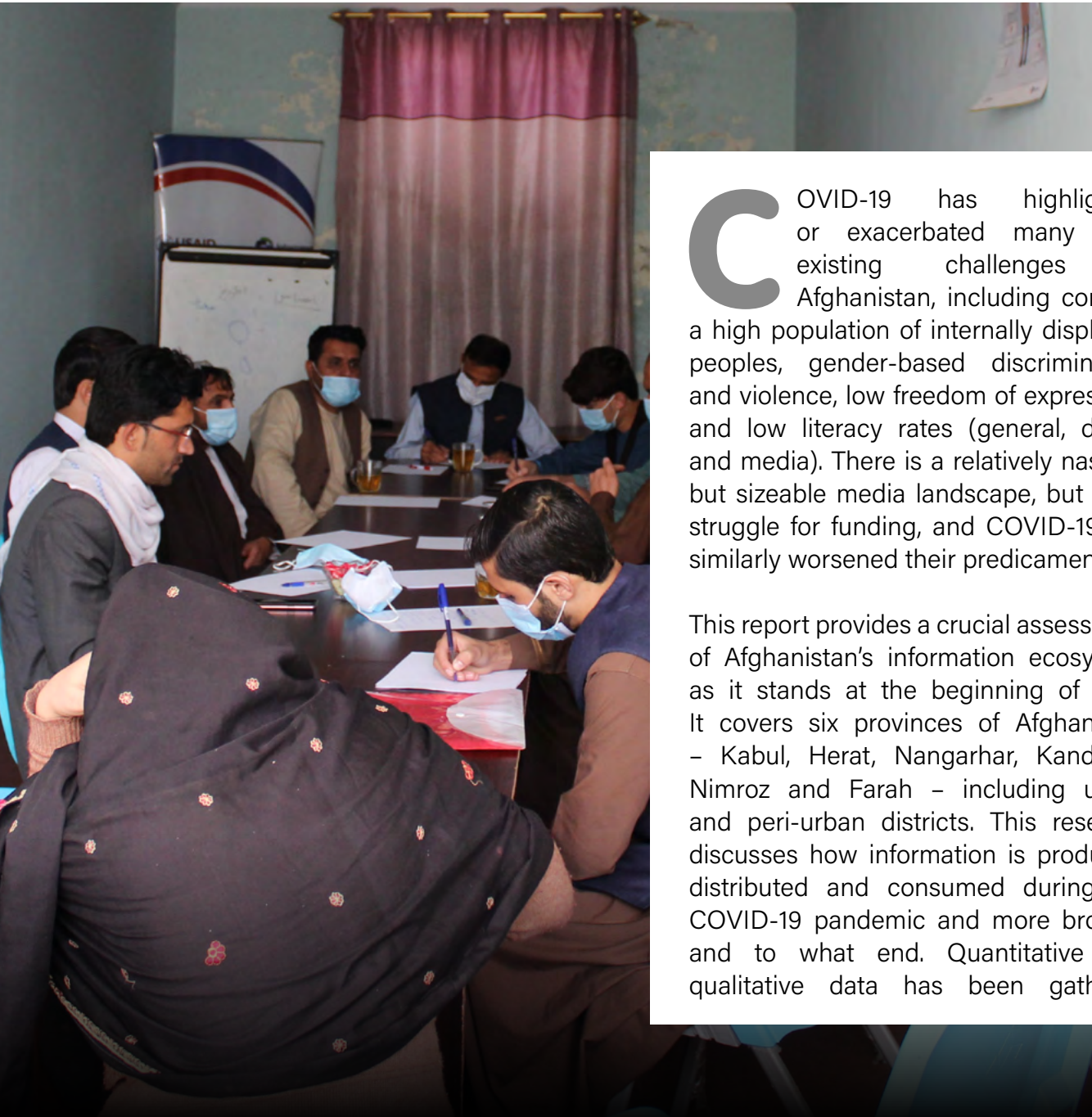ROOTED IN **TRUST**

**DIVERSITY, DISTANCE
AND DISTRUST**

Information dynamics in Afghanistan
during the COVID-19 pandemic

AN INFORMATION ECOSYSTEM ASSESSMENT BY INTERNEWS

AFGHANISTAN - FEBRUARY, 2021

EXECUTIVE SUMMARY

COVID-19 has highlighted or exacerbated many pre-existing challenges in Afghanistan, including conflict, a high population of internally displaced peoples, gender-based discrimination and violence, low freedom of expression, and low literacy rates (general, digital and media). There is a relatively nascent but sizeable media landscape, but most struggle for funding, and COVID-19 has similarly worsened their predicament.

This report provides a crucial assessment of Afghanistan's information ecosystem as it stands at the beginning of 2021. It covers six provinces of Afghanistan – Kabul, Herat, Nangarhar, Kandahar, Nimroz and Farah – including urban and peri-urban districts. This research discusses how information is produced, distributed and consumed during the COVID-19 pandemic and more broadly, and to what end. Quantitative and qualitative data has been gathered through focus group discussions with communities, key informant interviews with public bodies, humanitarian organizations, media stakeholders and community representatives, and quanti-tative surveying.

Radio, television, social media and word of mouth were found to be the most prominent information vectors, with community and religious leaders, health experts, CSOs, governmental, international and humanitarian voices all having various degrees of influence via those channels.

The degrees to which populations access, trust and are influenced by this information providers varies greatly based on geographic location, age, economic means and gender. The urban-rural divide is particularly prominent. Urban communities are more likely to receive information from television, online and print media due to electricity access and literacy levels. They are less likely to ●●●

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receive information via word of mouth, and if they do, it is more likely to flow from younger to older generations. In rural communities, radio continues to serve as the main form of information, and word of mouth is central to much information flow, particularly among vulnerable groups. Similarly, while both urban and rural communities trust health officials, rural populations are more likely to be swayed by religious leaders, while urban populations are more likely to consume traditional media. Urban communities were also found to be more discerning towards misinformation.

In 2020, due to the emergence of the COVID-19 pandemic, people's information needs have pivoted, with most seeking more information on the prevention and treatment of COVID 19, available aid programs, and current affairs, including the Qatar Peace deal. Both humanitarian and government agencies, while playing an important role in the dissemination of such information,

have more work to be done to address community needs directly and collaborate among themselves. Government authorities are particularly mistrusted thanks to poor transparency surrounding COVID-19 case counting and practices.

The assessment has produced several priority recommendations that different stakeholders can take to improve the overall health of Afghanistan's information ecosystem, outlined below (see Section 7 for the full list). •••

MEDIA OUTLETS

■ **Know your audience:** listen to their needs and produce more contextually relevant, engaging, relatable content. Identify and address common rumors to combat misinformation.

■ **Improve standards:** avoid spectacular or exaggerated reporting, invest in journalist capacity building, and prioritize investigative journalism and fact-checking.

■ **Collaborate:** partner with other media outlets who are bent towards a similar mission.

■ **Prioritize inclusion:** consider vulnerable and marginalized groups in your reporting.

GOVERNMENT AND PUBLIC BODIES

■ **Prepare:** invest in COVID-19 (and

Know your audience: listen to their needs and produce more contextually relevant, engaging, relatable content.

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other) prevention and awareness-raising efforts.

■ **Improve transparency and access to information:** make key data available, including MoPH statistics around COVID-19 cases.

■ **Be targeted and relevant:** share information in relevant formats and through relevant channels, leveraging local presence in communities.

■ **Coordinate and collaborate:** improve intra-governmental collaborate and open communication lines with humanitarian organizations, CSOs, international institutions and private sector bodies.

COMMUNITIES

■ **Pause before you share:** refrain from sharing unverified information, especially if they bear risks for others. Rely on established media sources or local well-informed persons to verify information.

■ **Know your influence and take responsibility:** religious and community leaders in particular, but also all community members with spheres of influence, must acknowledge the central role they play as information gatekeepers and intermediaries. They must develop their capacity to authenticate and verify information, and identify and combat misinformation in collaboration with humanitarian agencies and fact-checkers.

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HUMANITARIAN ACTORS

■ **Localize:** ensure all community engagement approaches and modalities align with the actual needs and habits of local communities. Involve vulnerable groups in discussions.

■ **Foster two-way communication:** more effectively share information on aid, service provision and complaints mechanisms. Listen to the needs of local communities and address them directly.

■ **Strengthen partnerships:** develop stronger collaboration between INGOs/ multilateral institutions, local NGOs and CSOs to better listen to and work with communities.

■ **Engage more proactively** with Afghan media outlets.

DONORS

■ **Diversify:** increase diversity of funding models for media.

■ **Foster collaboration:** encourage international NGOs and local actors (NGOs and CSOs) to work together to leverage their complementary strengths.

■ **Promote two-way communication** between humanitarian actors and communities. ●

INDEX

LIST OF ACRONYMS

■ **AJSC**
Afghanistan Journalist Safety Committee

■ **BBC**
British Broadcasting Corporation

■ **CSOs**
Civil Society Organizations

■ **DW**
Deutsche Welle

■ **FGDs**
Focus Group Discussions

■ **GMIC**
Government Media and Information Center

■ **HRP**
Humanitarian Response Plan

■ **IDPs**
Internally Displaced People

■ **ICT**
Information Communication Technology

■ **ICCT**
Inter-cluster Coordination Team

■ **IEA**
Information Ecosystem Assessment

■ **KIIs**
Key informant interviews

■ **MOPH**
Afghanistan Ministry of Public Health

■ **MOIC**
Ministry of Information and Culture

■ **MOC**
Ministry of Communication

■ **Nai SOMA**
Nai Supporting Open Media in Afghanistan

■ **NGO**
Non-Governmental Organization

■ **OCHA**
Office for the Coordination on Humanitarian Assistance

■ **RCCE**
Risk Communication and Community Engagement

■ **RSF**
Reporters Without Borders

■ **SOPs**
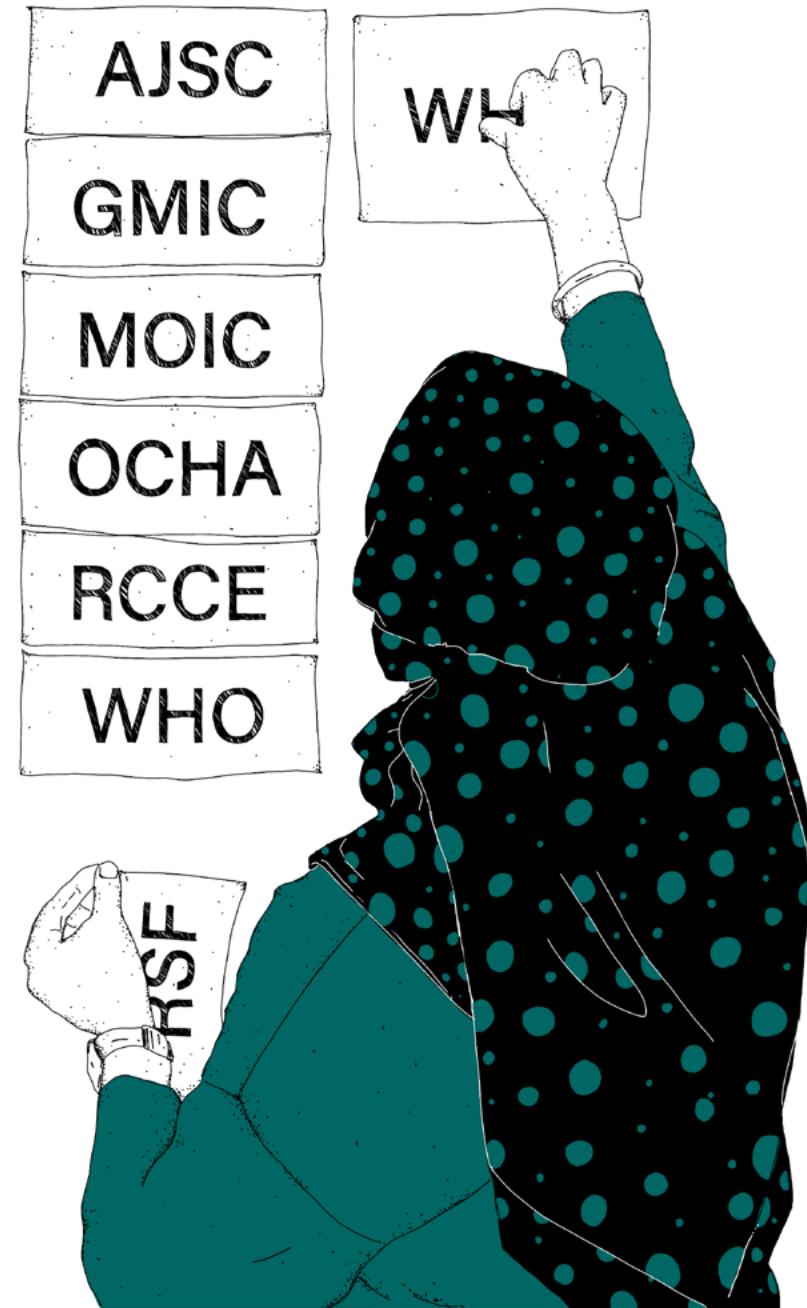*Standard Operating Procedures*

■ **TV**
television

■ **VOA**
Voice of America radio

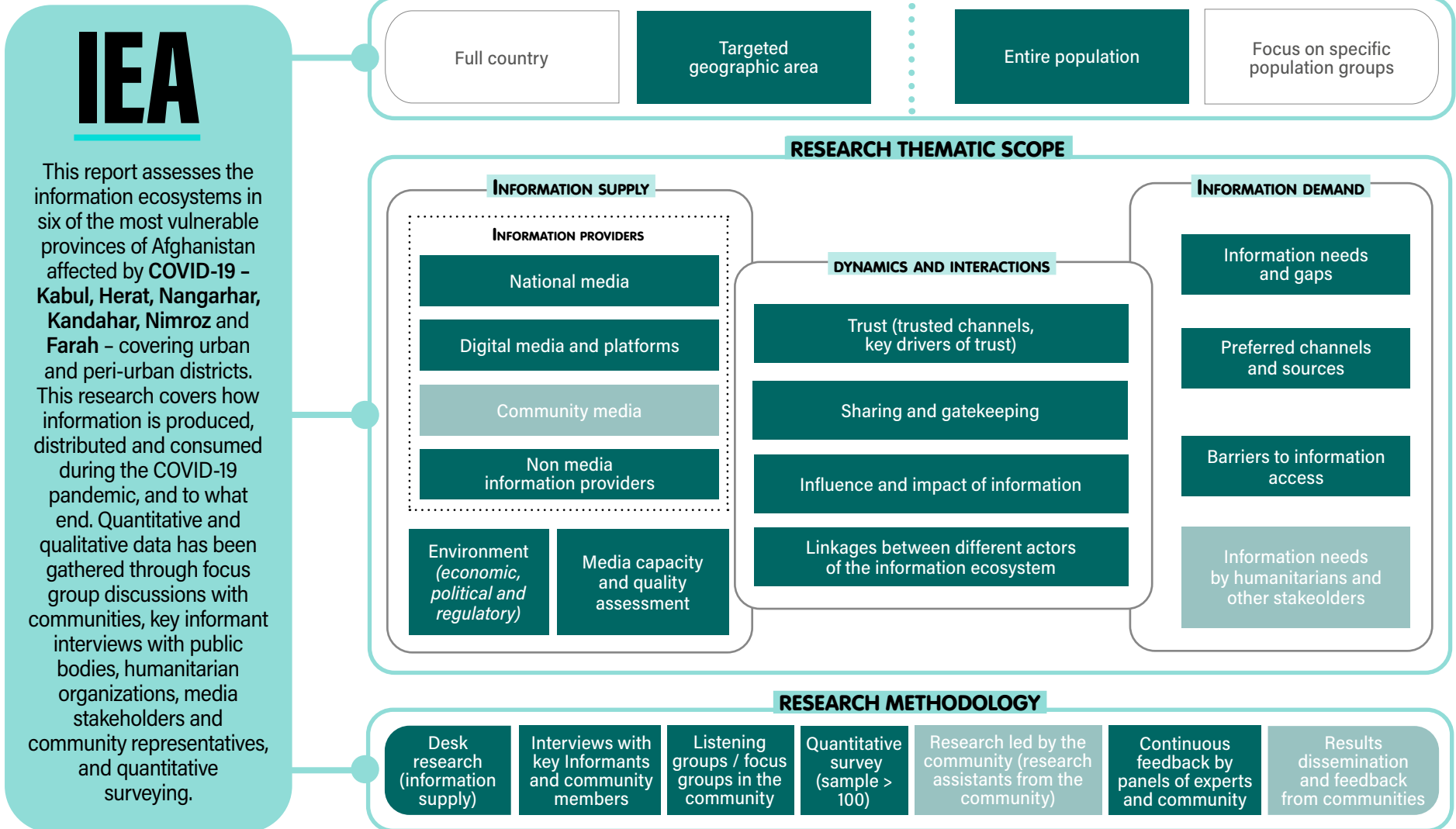■ **WHO**
World Health Organization

■ **WoA**
Whole of Afghanistan

I. RESEARCH SCOPE AND METHODOLOGY

1.1. RESEARCH SCOPE AND MAIN 'BUILDING BLOCKS' OF THE IEA

LEGEND
- ● Adressed
- ● Partially adressed
- ○ Not adressed in this IEA

IEA

This report assesses the information ecosystems in six of the most vulnerable provinces of Afghanistan affected by **COVID-19 – Kabul, Herat, Nangarhar, Kandahar, Nimroz** and **Farah** – covering urban and peri-urban districts. This research covers how information is produced, distributed and consumed during the COVID-19 pandemic, and to what end. Quantitative and qualitative data has been gathered through focus group discussions with communities, key informant interviews with public bodies, humanitarian organizations, media stakeholders and community representatives, and quantitative surveying.

GEOGRAPHIC AND DEMOGRAPHIC COVERAGE

| Full country | Targeted geographic area | | Entire population | Focus on specific population groups |

RESEARCH THEMATIC SCOPE

INFORMATION SUPPLY

INFORMATION PROVIDERS

- National media
- Digital media and platforms
- Community media
- Non media information providers

- Environment *(economic, political and regulatory)*
- Media capacity and quality assessment

DYNAMICS AND INTERACTIONS

- Trust (trusted channels, key drivers of trust)
- Sharing and gatekeeping
- Influence and impact of information
- Linkages between different actors of the information ecosystem

INFORMATION DEMAND

- Information needs and gaps
- Preferred channels and sources
- Barriers to information access
- Information needs by humanitarians and other stakeolders

RESEARCH METHODOLOGY

| Desk research (information supply) | Interviews with key Informants and community members | Listening groups / focus groups in the community | Quantitative survey (sample > 100) | Research led by the community (research assistants from the community) | Continuous feedback by panels of experts and community | Results dissemination and feedback from communities |

Ecosystem Assessments offer us an analytical framework to capture all dimensions of the relationship between information consumers and information supply. Gaining precise high-quality insights into these interactions allows us to design truly unique projects that meet people where they are to deliver information through the channels, platforms, formats or people that they prefer and trust.

Our IEA research is based on four key principles:

1- Putting the community at the core of the research -- Internews seeks to be at the core of the communities it serves. For our IEAs, we endeavor to have the community itself do a large part of the research: we hire researchers and enumerators from the community and we rely on community members to disseminate results ●●●

1.2 PHILOSOPHY AND METHODOLOGICAL PRINCIPLES

The people we seek to reach often live in diverse, noisy, risky and confusing news and information environments that present them

with challenges - as well as choices - as to what information they access, what they trust and what they share and act upon. Internews undertakes Information Ecosystem Assessments (IEA) to better understand unique and localized information needs, gaps, sources and patterns of access and use. Information

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and gather feedback. When context truly limits our ability to do so (as during the COVID pandemic) we strive to design multiple ways to gather feedback from community members and representatives as a second best alternative.

2- Following a human-centered research design -- We seek to develop a holistic understanding of people's information practices. We understand demand and supply in a broad sense, not narrowly focused on media outlets or traditional media actors. Our scope of analysis is defined by how people actually access and consume information and not by pre-defined categories. We strive to understand both which practices are broadly shared and what are the specific needs and behaviors of groups, especially the most vulnerable ones.

> In the constant quest of human beings to connect with information, the ways in which they consume, produce, contribute to, interact with and behave around their information supply are what makes information ecosystems dynamic, diverse and sometimes quirky and unpredictable.

3- Marrying qualitative and quantitative data -- We seek to combine different types of data to best understand both the supply and demand of information and how the two interact to produce a dynamic ecosystem. We go beyond traditional mapping and audience surveys. Our IEAs rely heavily on a qualitative approach: understanding information practices requires getting up close and personal to people to figure out the best ways to reach them with good information.

4- Integrating research and action -- We do not see Information Ecosystem Assessments as an "end product". They are most often the first stage of our project design, providing invaluable context and a way to build a trusting relationship with the community we hope to work with. They are always connected to recommended actions, whether our own, those undertaken by the communities or by our partners and other key stakeholders in the ecosystem. •

1.3 DATA COLLECTION AND SAMPLE

For this research, we collected data from six of the most vulnerable provinces of Afghanistan affected by COVID-19 – Kabul, Herat, Nangarhar, Kandahar, Nimroz and Farah – covering urban and peri-urban districts.

Methods used for data collection included randomized sampling for surveys and purposive sampling (selection of respondents made by the researcher based on either their characteristics or their expertise) for interviews, as well as focus group discussions and direct observation. In order to best understand communities' needs and practices, we prioritised direct interactions with community members through focus groups and a quantitative survey. We also interviewed key actors who interact with communities on a regular basis, including religious and community leaders, local

authorities, and CSO representatives. To gather the perspectives of information providers and humanitarian actors, we carried out interviews with media stakeholders, national non-governmental organizations (NGOs), and international humanitarian organizations, as well as with the Ministry of Public Health (MOPH) – the primary provider of COVID-19 statistics in Afghanistan.

We also leveraged community feedback data collected through social media listening and community engagement activities, led by our media partners' rumor tracking teams under Internews' Rooted In Trust project. Among external data sources used for our analysis, the Whole of Afghanistan survey on humanitarian needs conducted in September 2020 by Reach was of particular use to this report. •

Table 1. Survey sample and key informants

Informants	Collection tool	Sample	Specifics
Individuals and Communities	Focus Groups	15	Community members (half male groups, half female groups) in Kabul, Kandahar, Nangarhar, Herat, Farah and Nimroz - including 3 with IDPs in Kandahar and Herat
	Survey	660	Random sampling phone-based surveys in Kandahar, Herat and Kabul
Informal Representatives & Leaders	Interviews	13	12 CSO representatives (6 male, 6 female) and 1 youth association representative (AYCAO)
		12	6 community leaders and 6 religious leaders
Government Authorities	Interviews	2	MOPH, Access to Information Commission
		6	Local authorities in Kabul, Kandahar, Nangarhar, Herat, Farah and Nimroz
Media	Interviews	8	Nai, Pajhwok, SAMO, Killed Radio, Roashani Radio and Moby Group (TOLO News). Two media associations: AJSC and Afghan National Journalists Union
International Agencies and Humanitarian Actors	Interviews	5	OCHA, ECHO, UNICEF, ACBAR and WHO

1.4 LIMITATIONS TO THE RESEARCH

Access to communities, particularly in the context of the COVID-19 pandemic, proved a significant challenge to the conduct of on-the-ground research. Conflict and insecurity further limited access to particularly vulnerable regions. As a result, a large share of the focus group interviews conducted by partner organizations had to take place in their provincial offices rather than in the communities in question. Additionally, our quantitative survey relied on data collected through phone-based, rather than in-person, interviews. In summary, most of our research was conducted in urban settings, limiting the quantity and quality of participation from rural community members. However, we were still able to collect sufficient data on the practices and information needs of people living in these remote areas through ●●●

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in-depth interviews with community elders, religious leaders, district representatives and CSO representatives.

Another challenge encountered by researchers was the misguided expectation of interviewees that their needs and requests would be directly met by government officials. When asked about information needs, a large share of participants referred to financial needs, expecting COVID-19 compensation from the government. Many used the interviews to emphasize that expectation, requiring researchers to reframe the questions and refocus on information needs. This is a common challenge in survey-based research. ●

2.1 COUNTRY PROFILE INDICATORS

		Afghanistan
Press related index	Civil liberties *(including freedom of expression)*	14/60
	Press freedom index 2019 *(out of 180 countries)*	121
	Press freedom index 2020 *(out of 180 countries)*	↓ 122

* Source civil rights: freedom house global freedom status
** Source index ranking: Reporters without borders

Freedom on the net	Obstacles to access *(0=Worst; 25=Best)*	No data available
	Limits on content *(0=Worst; 35=Best)*	
	Violation of user rights *(0=Worst; 30=Best)*	
	Freedom on the net score 2018	
	Freedom on the net score 2019	

* Source: Freedom house freedom on the net

ICTs	Internet penetration rate	20.0%
	Mobile phone penetration	70.0%

* Source: United Nations Human Development Reports

Key demo-graphic, social and political factors	Total population (millions)	37.2
	Population in multidimensional poverty (% headcount)	56.1%
	Human development index (rank)	0.496 (170)
	Rural population (%)	74.5%
	Illiteracy rate**	68.3%
	Refugees by country of origin	2,676.6
	Elections	2023

* Source: United Nations Human Development Reports
** Literacy is understood as the ability to read and write a short simple statement of everyday life

COVID-19	Confirmed cases	55,174
	Deaths	2,406

* Source: World Health Organisation https://covid19.who.int/ as of February 24, 2021

LEGEND

● Not free   ● Partly free

A ccording to the United Nations Human development report (2020), Afghanistan has a total population of 37.2 million, of which 56.1% are in multidimensional poverty. The human development index stands at 0.496 and ranks 170. Rural population accounts for 75% of the population and 68.3% of the country's population is illiterate.

INTERNAL DISPLACEMENT AND COVID-19

Afghanistan's existing humanitarian crisis, brought about by the largescale displacement of populations across the country following decades of war and conflict, has worsened the spread and impacts of COVID-19. Across the country, 3.7 million children are out of school and millions of displaced families lack permanent shelters and appropriate sanitation. The public health system in insecure regions is weak, and private ●●●

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hospitals were banned from operations. Approximately one-third of the population (mostly those living in hard-to-reach areas) do not have access to a functional health center within two hours of their home. COVID-19 case counts are difficult to track and the government's testing capacity is limited in remote areas. According to the WHO Afghanistan COVID-19 Dashboard, as of February 24, 2021, 2,436 people have died from COVID-19 out of 55,664 confirmed cases. However, underreporting of cases is widespread, largely as a result of limited testing and a lack of capacity to identify the virus. Official death figures are also impeded by the lack of a death registry and the fact that figures do not include those who died at home.

GENDER

Afghan women and girls have been disproportionately affected by decades of conflict, economic insecurity, and patriarchal norms that restrict their mobility, control over resources and access to information,

education and healthcare. Women and girls also bear the brunt of unpaid labor and caretaking responsibilities. The COVID-19 pandemic has exacerbated these systemic issues, increasing gendered vulnerabilities. The current crisis has put women at higher risk of food insecurity and loss of livelihood. Women facing intersectional vulnerabilities – including physical and intellectual disabilities, ethnic minorities, imprisonment, refugee or migrant status, and internal displacement – experience the highest degree of socio-economic marginalization. Movement restrictions and economic pressures have also led to an increase in already prevalent gender-based violence. Some warn that the drastic economic impact of the pandemic will also lead to further restrictions on girls' education and there have been early signs of an increase in child marriage.

MEDIA LANDSCAPE

During the Taliban era from 1995 to 2001, television and music were banned and there was only one radio station, which was state-

> **Approximately one-third of the population (...) do not have access to a functional health center within two hours of their home.**

owned and run by the Taliban. After the coming of a new democratic government in 2001, media has made significant progress when it comes to the establishment of private and national media outlets. However, due to war and insecurity, media houses and individual journalists are facing regular threats and attack. According to Freedom House's Civil Liberties Index (2020), Afghanistan ranks very low in comparison with other countries regarding civil liberties and freedom of expression, with a score of 14/60. There is currently no data available regarding freedom on the internet, demanding further research. When it comes to information and communication technology (ICT), 70% of the population use mobile phones, though just 20% use the internet, indicating significantly lower internet access rates compared with other Asian countries. ●

III. INFORMATION SUPPLY: information providers landscape review

(how information is produced and distributed)

Graph 1. Information landscape – supply indicators

Community media & citizen journalism | Media standards level | Media plurality | Media freedom
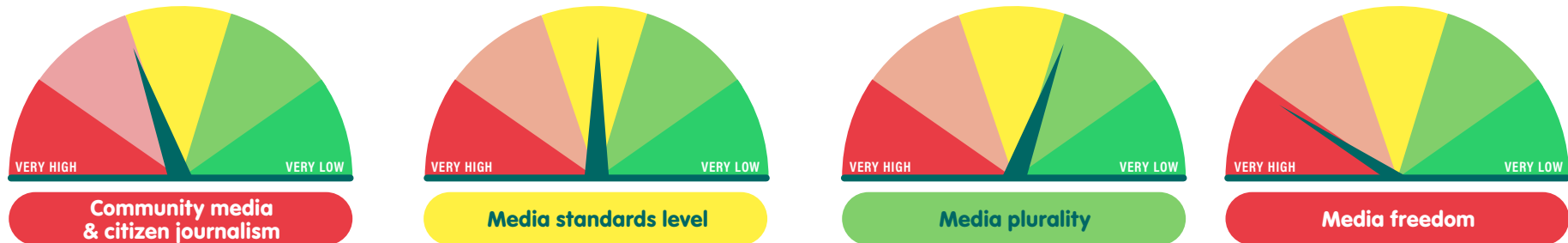
3.1 TRADITIONAL MEDIA LANDSCAPE

With the opening of Afghan society after 2001, several agencies stepped in and started independent production of news and information. Among the most prominent are Pajhwok Afghan News Agency, TOLO, Shamshad, Salam Watandar, and Killid. In Afghanistan, information is mainly distributed through television, radio, social media, print, and word of the mouth, with these sources ranging from national to hyperlocal in their spheres of influence. It is also

important to note that many outlets in the country still belong to political leaders[1] and are therefore not impartial.

There are more than 90 active television channels across the country operating on both the national and provincial level. The government-owned Afghan national TV, TOLO, Shamshad, Ariana and Lemar are the main distributors with major audiences. In radio, there are 194[2] local and national radio stations operating across the country, down from 250 in 2016[3] due to aid deficit and the emergence of new technology. The most widely listened to stations are the

Afghan National Radio, radio stations operated by Killid, Salam Watandar, and Arman FM. International radio stations like Radio Azadi, BBC, and VOA have a long history and large audiences in terms of news in Afghanistan, and have successfully leveraged the emergence of new technology as an opportunity to reach social media audiences through audio, video, and digital 'print' formats. While they are also present on social media, insurgents benefit from the cheap technology and are able to establish media channels of their own (such as radio broadcasts in the suburbs of Nangarhar and Logar provinces). ●●●

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On social media they are seen debating with ordinary Afghans. Sometimes video of their barbaric shootings and bombings are shared on social media.

Similar to findings from our 2016 Information Ecosystem Assessment[4], as a result of conflict, social norms and illiteracy rates, access to and trust of information varies greatly based on geographic location, age, economic means and gender.

Television is watched by the majority of people in cities due to electricity access, while radio continues to serve as the main form of information in remote areas. Their large reach means these two platforms have powerful influence on community behavior, attitudes and reactions. Print media is confined to cities and estimated to be used by only 1-2% of Afghanistan's population, serving primarily offices and learning institutions. As such, print exerts little influence.

Conflict, lack of resources, reading culture, low literacy and the emergence of digital print are all factors in the loss of interest in print media. Social media holds an influential position, but the legitimacy of its information is questionable.[5] While it is undoubtedly an important platform for entertainment, connection and advocacy, as a news source it can lead to, and has led to, ethnic tensions, misinformation and propaganda. Consequently, many journalists[6] still view television and radio as more influential than social media. In addition to the influence of various traditional and social media platforms, word of mouth and influential people like religious and community leaders remain primary sources of information for rural communities, as was the case in our 2016 assessment. In urban areas, word of mouth is still important, but is more likely to flow from younger individuals to elders. This is because older individuals who remained illiterate due to ongoing conflict trust their children to provide them with information

from the internet or television. As such, the exposure of youth to new technology and education is at the center of urban information ecosystems.[7]

In 2016, Afghanis (particularly youth) wanted more information from the media regarding migration, at the time relying primarily on word of mouth and social media apps.[8] In 2020, due to the emergence of the COVID-19 pandemic, people's information needs have pivoted, with most seeking more information on the prevention and treatment of COVID 19, available aid programs, and current affairs, including the Qatar Peace deal.

FREEDOM OF EXPRESSION
When it comes to reporting on war, social issues, corruption and crime, journalists in Afghanistan face several security threats which impinge on their freedom of expression. According to the UN[9], 33 journalists and media workers have been killed between • • •

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1 January, 2018, and 1 January, 2021. According to the Afghanistan Journalist Safety Association[10], there were 42 cases of violence against journalists from militants, government officials, warlords, and unidentified people in the first six months of 2020. Many journalists, freelancers and social media activists cannot exercise freedom of expression and information because government authorities, Taliban and other non-state actors illegally silence them through warnings and threats, fearing that media freedom will undermine their authority. The government of Afghanistan tried to pass a censorship amendment to mass media law in 2016 which would compel journalists to disclose information sources to government security institutions. The President later recalled the amendment following protests. However, the intention alone is concerning. All of this cumulatively represents an affront to the independence of Afghani media.

MEDIA SUSTAINABILITY

Most local and national media channels do not have their own income generation entirely from advertisements but depend on donor funding for financial sustainability.[11] The case is the same with local radio stations. Most media outlets cannot afford to run advertisements through traditional channels or social media, and donor funding strategies frequently have a cut-off date, meaning funding is not continuous. Independent media outlets in particular struggle with limited advertisement potential and face challenges in generating income in an already fragile economy, devasted by the country's security situation and worsened by the outbreak of COVID-19. Since 2014, 240 media outlets have closed due to income deficit, with 40 in 2020 alone.[12] Following the pandemic, many media outlets have also moved to downsize staff and services, shrinking their reporting

In urban areas, word of mouth is still important, but is more likely to flow from younger individuals to elders.

capacity. Pre-COVID-19, 2,400 hours of news was broadcast in Afghanistan in one week. This figure now stands at 1,000. However, some media outlets have been engaged by government and humanitarian organizations to push out COVID-19-related advocacy broadcasts and commercials, receiving temporary funding.

The long-term viability of many media outlets has also been impacted by the structural changes which have taken place across the information landscape in the past five years as consumers, mainly youth, rapidly migrate online. These outlets lack the skills and technology to transition to online content. Meanwhile, social media is stealing much-needed advertising revenue. •••

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Media outlets facing financial issues may see a decrease in audience trust levels in the long-term as they are forced to become impartial and biased to sustain themselves. As such, financial sustainability innately affects the quality of reporting and professional standards of journalism.

INFRASTRUCTURE

Radio infrastructure is significantly cheaper to produce and access than television, leading to more transmitters and meaning that a wider portion of the population is able to access radio-based content compared with television-based content. FM channels need even less infrastructure and their broadcasts can generally reach further, unless there are mountain ranges blocking the signal. Cheaper infrastructure to achieve coverage of a given area makes FM radio a channel of choice to broadcast information to smaller areas with distinct communities or language groups.

Some radio and TV channels coordinate to share each other's contents. For instance, Shamshad airs BBC's Pashtu news bulletin at 6pm. Local radio stations also broadcast BBC and VOA news bulletins, which are made available in Pashtu and Dari for Afghans. BBC and VOA have operated in Afghanistan for more than three decades and thus have more advanced infrastructure and capacity, and can leverage their regional multinational presence.[13] Donor channels like BBC, VOA and CGTN[14] often buy airtime from local television and radio stations to enable them to utilize their infrastructure and expand their reach. ●

[1]Afghanistan media landscape by Mujeb Khalvatgar

[2](Social media in Afghanistan, 2017) quotes BBC Media Action, 2012

[3]According to an Information Ecosystem Assessment conducted by Sayara Research Organization in on behalf of Internews in 2016, focused on the Rodat District in Nangarhar Province, and two urban settlements (Macroryan and Jade Kaj) in Kabul.

[4]Ibid

[5]Interview with Abdul Mujeeb Khalvatgar, Managing Director - Nai Supporting Open Media in Afghanistan

[6]Interview with Nasir Maimanagy, Director - Salam Watandar

[7]Information Ecosystem Assessment (2016)

[8]Ibid

[9]United Nations Assistance Mission in Afghanistan report (2021)

[10]https://reliefweb.int/sites/reliefweb.int/files/resources/First-Six-Months-Report-2020.pdf

[11]Afghanistan Media Landscape, by Abdul Mujeeb Khalvatgar

[12]Information Ecosystem Assessment (2016)

[13]From a financial point of view there are no channels that run on their own private finances. They are all dependent on donor financing.

[14]China Global Television network

3.2 DIGITAL MEDIA/ INFORMATION LANDSCAPE

In 2016, social media was still emerging in Afghanistan, and mostly used by youth. Today, it is used by approximately 20% of the population and plays a significant role in the spread of news and information across the country – though a lack of figures on internet penetration or social media access from 2016 bars us from calculating a direct increase in usage. As mentioned above under 3.1, print media in Afghanistan was mostly replaced by social media pages belonging to radio and television stations, and news agencies, providing their news bulletins in a digital format including video broadcasts. Many freelance reporters use social media to reach out to their audiences within and outside of Afghanistan, though they typically use existing information and do not generate information on their own.

Facebook and Twitter are the most popular social media platforms in the country, with Facebook in most use with 3.5 million users. Its popularity is due in part to its extensive use by the majority of the established legacy media outlets.

REACH

According to Atlai (2017), 9% of the total population in Afghanistan has access to social media, of which 95% has Facebook. Besides serving other media outlets, it is a platform for voicing public points of view and individual understandings of and perspectives on ongoing situations and information. This makes it a two-way media because one can produce as well as consume and interact with information. Social media is more accessible to young and literate populations in urban areas, with 80% of social media users in 2017 found to be between 18 and 30 years old. They are also mostly literate; 96% could read and write. Older citizens and women have less access to social media and TV because of low literacy and infrastructure availability. Traditional and cultural norms are other barriers which prevent access to information by women, making them vulnerable to misinformation and limiting access to social media. However, some literate women in cities can access and utilize social media. This situation has remained largely stagnant since our last assessment in 2016, which found that, when asked about how women access information, both men and women replied that they rely on men, despite their widespread access to radios and televisions. Lack of security online was found to limit free and open participation for women, decreasing the capacity of social media to become a productive and robust platform for community engagement.

Cellular internet has made access to social media easier and uptake will continue to increase with more internet penetration, cheaper prices, and smart phone ●●●

Through social media, Afghan people have evolved new habits of not only consuming information, but also reacting and sharing information

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availability. As a result, vulnerable groups like internally displaced persons (IDPs) and other rural populations will access it more easily, offering them more freedom and options than traditional media platforms like radio and television.

CONSUMPTION

Through social media, Afghan people have evolved new habits of not only consuming information, but also reacting and sharing information further in their networks. This interaction creates the space for public discussion, freer speech and improved government accountability. Many government decisions have been criticized through social media hashtags. This cannot be done with radio and television, which are predominantly one-way media and can be easily controlled by influential people.

The growth of social media has gradually helped women to raise their opinions and be heard in a public space. They are empowered with the option to express their opinions, wishes and goals freely while remaining anonymous. Despite the benefits of social media for women, there are risks to their participation as they continue to face harassment due to lack of online security on social media. Both the opportunities and challenges afforded to them by social media will continue to increase over the coming years as their uptake grows.

The majority of trust offered by the public online through social media is directed towards more established traditional media outlets and news agencies like Pajhwok, BBC, VOA and Azadi radio's, TOLO and Shamshad. These platforms offer credible news across social media through their channels and websites. People follow them and trust these networks because they have resources and infrastructure, and elevate live news from different locations through their reporters. In addition, the websites and social media pages of government and political parties, and national and international organizations, can provide people with direct information.

CHALLENGES

As mentioned above under 3.1, while social media certainly holds an influential position, the legitimacy of its information is questionable. While it is undoubtedly an important platform for entertainment, connection and advocacy, as a news source it can lead to, and has led to, ethnic tensions, misinformation and propaganda. ●

[15]*Information Ecosystem Assessment* (2016)

[16]*Social media in Afghanistan* (2017)

[17]*Ibid*

[18]*Information Ecosystem Assessment* (2016)

[19]*Interview with Abdul Mujeeb Khalvatgar, Managing Director - Nai Supporting Open Media in Afghanistan*

3.3 MEDIA AND JOURNALIST ASSOCIATIONS AND REGULATORS

The governmental bodies working in this sector are the Ministry of Information and Culture, the Ministry of Communication and Information Technology, the communications department of all governmental bodies, and seven commissions. In addition to these, there are 20 independent media associations, entities and organizations. One is the Federation of Afghan Media Associations and Entities, which comprises fifteen journalists, media associations and unions including three dedicated to women in the media (Afghan Women Journalists Union (AWJU), Center for the Protection of Afghan Women Journalists, and the Association for Women in Radio and TV). Associations are mainly working for media rights, increasing access to information and capacity building. ●

3.4 LOCAL RELEVANCE OF INFORMATION

According to research participants, Afghani media outlets obtain local news reporting through freelancers, volunteers and/or local reporters. Local media outlets and channels are active in their respective provinces and cover those provinces for their local news. Local media outlets produce information by carrying out programs through official interviews, press briefings and/or vox pops.[20] The main topics covered about COVID-19 include the number of infections, deaths and recoveries, and preventative protocols. Other relevant topics revolve around services provided by the government or other organizations and how the economic situation is affected locally by COVID-19. Local media must be registered with the relevant government ministries and are considered legal entities.

Afghan community demands for news have changed recently; communities now turn to local or provincial media for their news, especially in some districts of Nangarhar, as opposed to international media or radio stations. This is in large part due to their information being more detailed regarding local news. Local platforms are also more easily accessible through FM radios in mobile phones. Additionally, social media offer another channel for people to access local news and enhances sharing across and within communities. Local freelancers and individuals cover community news and information through social media, and Afghan migrants and refugees working abroad can easily see activities going on in their village's via social media platforms. Furthermore, adapting information to a local context increases awareness of COVID-19. One of the means identified during the field work is using community and religious leaders to ensure key messages reach local audiences. ●●●

"Last year, I went to a wood shopkeeper to buy wood at the time when COVID-19 had just entered Kabul. The shopkeeper tried to shake hands and said it will not harm the faithful. This statement was a rumor at that time. I tried to educate him to follow preventative measures, but it was not fruitful. I went two days later again to buy wood. The same shopkeeper avoided shaking hands and told COVID-19 is a reality I heard from a religious leader via radio broadcasts."

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"Last year, I went to a wood shopkeeper to buy wood at the time when COVID-19 had just entered Kabul. The shopkeeper tried to shake hands and said it will not harm the faithful. This statement was a rumor at that time. I tried to educate him to follow preventative measures, but it was not fruitful. I went two days later again to buy wood. The same shopkeeper avoided shaking hands and told COVID-19 is a reality I heard from a religious leader via radio broadcasts." Internews researcher.

However, entertainment programs – especially soap operas on television – were not transformed with COVID-19 content. Entertainment and infotainment content broadcasted in Afghanistan - provided through Iranian, Turkish and Indian Soap operas on Afghan television – is most often not context-relevant. Infotainment[21] production can be better leveraged to help in emergency situations as it is naturally based on the situation and thus relatable. It also provides producers with the opportunity to focus on intersectional issues like women, education, peace and security. ●

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[20] *A broadcast for radio or television in which people in public places are asked their opinion on a particular topic.*

[21] *A type of media that provides a combination of information and entertainment.*

3.5 MEDIA CAPACITY AND INFORMATION QUALITY

JOURNALISM EDUCATION AND TRAINING

Journalism is offered as a discipline in public and private universities across the country through courses for journalism education and capacity building. However, many universities' curricula are outdated, sometimes dating as far back as 1975. Nonetheless, several vocational private institutes are providing updated programs for journalists. Additionally, international organizations, like Internews and its local partner Nai Support Open Media (Nai) offer a Nai diploma for early career journalists, trainings to mid-career journalists, and other in-house trainings across the spectrum. However, due to a decrease in projects, the numbers of trainings Nai is able to carry out is less as compared with previous years.

From 2017 to 2019, Internews built the capacity of journalists (primarily female) through Internews' RASANA project. In total, 767 female journalists received the essentials of journalism training, citizen journalism and advanced training for senior journalists and editors. Subsequently, 170 journalists, including 92 women, received training on investigative journalism and reporting. Internews also helped launch the Investigative Journalist Network's website and awarded five fellowships to women whose stories were then shared and promoted.

Further trainings to journalists on reporting around COVID-19 and natural disasters are needed. In an interview, a former spokesperson from the Ministry of Public Health highlighted that COVID-19 was not reported as a risk to be managed, but a threat to people and Afghanistan. Moreover, reporters did not prepare for press briefings and thus asked irrelevant questions that were not useful in the Afghan context and secured limited health-related information.

In general, much Afghan media are broadcasting around COVID-19 and other emergency situations in a way that blocks quality information and creates fear. Reporting around the virus should be done by identifying and responsibly communicating risk severity and risk group.

VERIFICATION

According to the key interviews carried out with media outlets, quality control of information is done through a series of information-verification checks and reconfirmation with the existing information broadcast by other media outlets considered reliable. The news is then edited and goes through a set verification cycle before broadcasting. Journalists and media providers will aim to check information with a variety of sources. Certain information needs ●●●

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to be confirmed by the government before being aired publicly. Similarly, news from communities is usually checked with community leaders before broadcasting.

Despite the generally wide uptake of this verification and filtering standard system among Afghan media, many of these techniques have been rendered difficult or impossible by COVID-19. Journalists could not go to hospitals due to movement restrictions and were forced to rely on the information from government press briefings, which, according to many journalists, was not accurate. Media capacity is low for verifying COVID-19-related information because there are less channels for verification. Local media outlets have fewer resources and mostly depend on national-level, well-recognized media for verifying their information. Established media outlets like TOLO news, Shamshad, BBC, VOA, and Azadi radios tend to provide more

> **"Due to security issues nowadays, we are convincing our staff rather directing."**

timely and accurate information due to their international nature, resources and expertise, though they can be less localized in their considerations.

QUALITY STANDARDS

Regarding quality standards, media and Afghan journalists have improved a lot from the existence of international media. However, there are many hurdles

to quality investigative journalism. Getting information from public bodies is challenging and not facilitated, rendering data collection a bigger challenge requiring significant effort, networking and time. Producing quality reporting can also sometimes be risky. In Afghanistan, due to ongoing target killings and the security situation, journalists, freelancers and media outlets are in a state of self-censorship because they do not want to put themselves in danger. They will also often censor objectionable or violent material. Pajhwok Afghan News, a large media organization, stated that, *"Due to security issues nowadays, we are convincing our staff rather directing".*

By comparison, Afghans on social media do not typically follow journalistic ethics or self-censor objectionable content. This means there is more freedom of information but also simply more information, including fighting, horror scenes and rude content. •

3.6 COVID 19 INFORMATION COORDINATION MECHANISMS

Most COVID-19 information comes from the Ministry of Public Health (MoPH) and its subordinate departments. International media and international organizations such as the World Health Organization (WHO) are also key sources for information. The government relies on the Government Media and Information Center (GMIC) to coordinate all COVID-19-related communication activities. It is via the GMIC that the MoPH announces the latest figures on confirmed cases, which are then picked up and disseminated by the media. The information is shared through various platforms including press releases, interviews, press conferences, and audio and video clips. Additional programs on the economic consequences of COVID-19 and other related issues are created solely by the media, with the MoPH/GIMC reserved solely for health-related information distribution.

Following the outbreak of COVID-19, the government allocated funds to cope with multiple facets of the emergency, including information dissemination and awareness-raising, with funds provided to 28 media outlets. The public widely criticized this move on social media, believing that media outlets should do this task voluntarily and the funds should go towards medical supplies. This suggests a lack of awareness among the Afghani public of the important role information has to play in a pandemic. Our research has since shown that people followed and appreciated media advice, finding it helpful in preventing COVID-19, and that, on the other hand, lack of information has affected people negatively. For example, when WHO declared COVID-19 a pandemic, the MoPH had not alerted medical practitioners as to the signs and symptoms of the virus or how it was transmitted, thwarting fast and effective medical response. MoPH should have sent early warnings to its staff before the first COVID-19 case in Herat and leveraged the media to spread this information more widely.

Afghanistan's health system was critically weak even before the pandemic, and the country lacks testing capacity to accurately determine the number of infected cases. The usefulness of death registries has been limited as often COVID-19 may not always be cited as the cause of death, leaving cases absent from official death registers. Because of the low testing capacity, stigma around COVID-19, home quarantine, and limitation in accessing health centers, members of the public and journalists alike have taken to using anecdotal indicators for estimating infection and death ●●●

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rates. Some freelance journalists even visited cemeteries and interviewed grave diggers to judge increase in death rates. However, a dependence on informal methods of estimating deaths has the potential to contribute to misinformation. For example, when the pandemic began in Afghanistan, there were unusually high COVID-19 deaths being reported and publicized on Facebook; these were not from a trustworthy source but generated by word of mouth.

As a result of lockdowns and restrictions, investigative reporting around COVID-19 was less possible. However, there were investigative reports released on the COVID-19 budget and financial processes. Some media outlets demanded to investigate corruption charges around the purchase of beds, a bread distributing scheme, and a situation in which 32 ventilators were smuggled and sold in Pakistan. Pajhwok produced investigative reports on ventilators during COVID-19 which motivated other media agencies to follow suit. According to one of the journalists involved, the ventilators case was reopened by state and the officials are under investigation as a result of the investigative report.

By asking informants about the main nodes of interaction in the COVID-19 pandemic, our research has produced an initial network mapping assessment in the media sector.[22] Media outlets' primary nodes of interaction are spread over the main clusters of stakeholders and include high inter-action with international organizations, other public bodies, the media sector, and community representatives. ●●●

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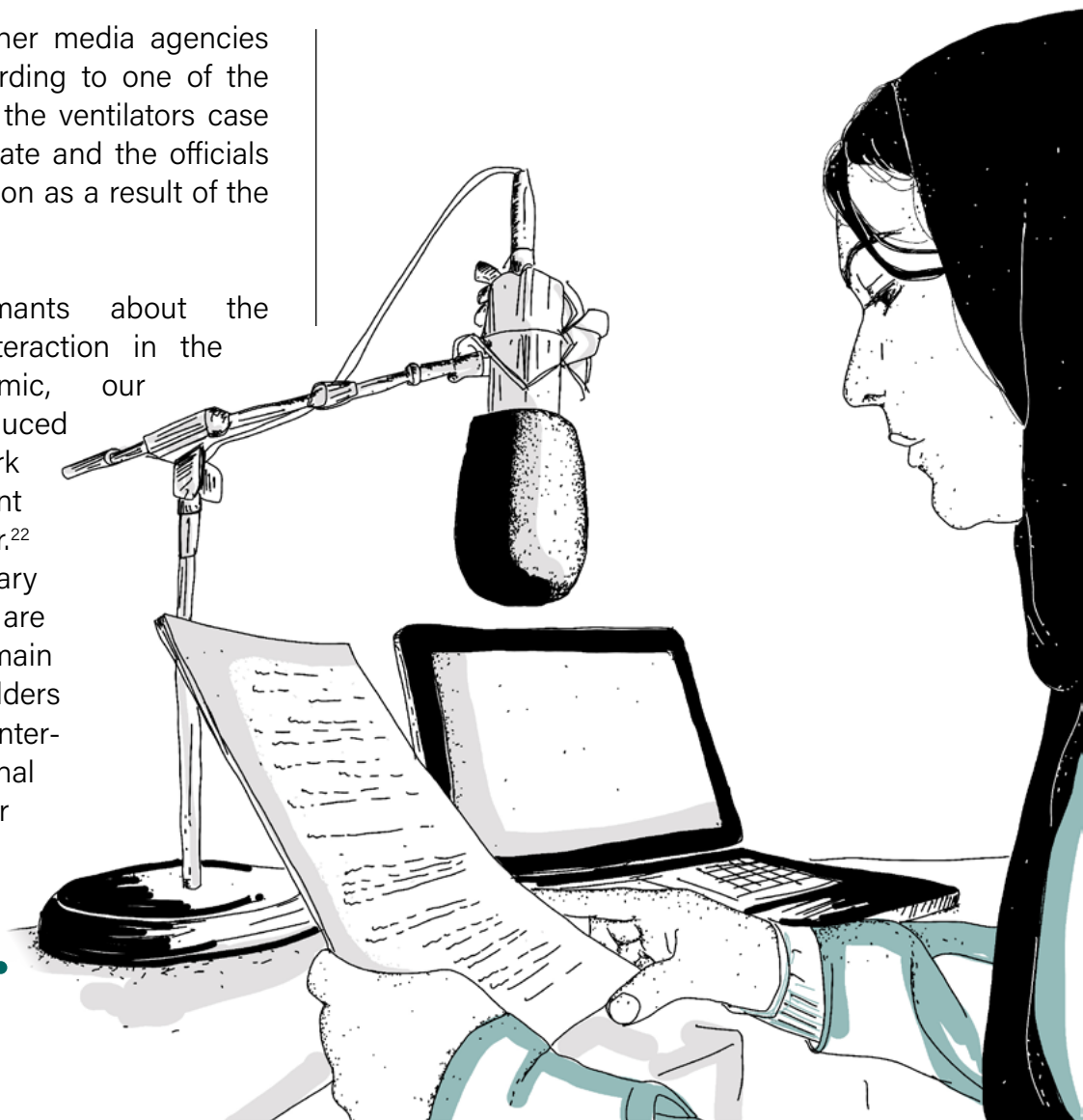
It is worth noting, however, that media outlets interviewed in this pilot network mapping analysis include the Killid group, Pajhwok and Nai Supporting Open Media – among the best-established and most professional media outlets in the country – leading to a potential skewing of results. Anecdotal evidence from our qualitative research points to many media outlets being much less connected, struggling in particular to access information from the government and have quality interaction with international humanitarian agencies beyond pre-formatted statements and materials from spokespersons. ●

[22]Network mapping exercise included a survey based on two questions on the degree of interaction and the type of interaction. The research implemented four of these surveys. Thus, this first step is considered as a pilot test that shall be further developed in the following IEA including a thorough assessment of all network mapping features and covering a wide range of representative stakeholders from all key sectors.

Table 2. Main interaction nodes of selected media outlets

		AVG MEDIA
UN agencies	INTERNATIONAL	3.00
Multilateral organisations (other than UN)	INTERNATIONAL	3.60
Countries (other States donors)	INTERNATIONAL	4.20
Other international	INTERNATIONAL	4.20
Ministry of information/ Communication	NATIONAL	2.00
Ministry of Health	NATIONAL	2.40
Ministry of Disaster Management (or similar)	NATIONAL	3.00
Other Ministries or executive bodies	NATIONAL	2.20
Regional/local level authorities	NATIONAL	3.00
Media regulatory authorities	NATIONAL	4.40
Other public bodies	NATIONAL	3.60
Community media representatives	MEDIA	4.60
Media associations	MEDIA	3.40
Public media	MEDIA	2.40
Commercial media	MEDIA	4.80
Community leaders	CIVIL SOCIETY	4.60
Religious leaders	CIVIL SOCIETY	4.20
Online platforms (private sector) – search engines	CIVIL SOCIETY	5.00
Key constituencies (women, youth)	CIVIL SOCIETY	5.00
Other private	CIVIL SOCIETY	4.25

VERY HIGH   VERY LOW

INTENSITY OF INTERACTION

Source: Internews 2020

4.1 INFORMATION NEEDS AND GAPS

This section covers how communities access information and their information needs. When asked about general information needs, most respondents mentioned COVID-19-related issues first. Second was aid, with more than 90% of respondents in the qualitative survey reporting they needed more information regarding foreign aid. The international community provides a lot of aid to Afghanistan every year but how it is spent is unknown. Other areas where more information is demanded include the peace process, current affairs, ongoing conflict, security updates, and development projects.

Crucially, our research found that media outlets generally do not determine content through direct engagement with their target community, instead basing content

decisions on perceived needs, rough calculations, guesses and commercials. They rarely survey audiences to understand their information needs. TOLO is the only outlet we are aware of using surveys through ATLAI consultancy. As such, communities are receiving a lot of information that they are not satisfied with. Sometimes they have information, but they do not have the ability to verify information in their communities. While other times the variety of information reveals inconsistencies between sources.
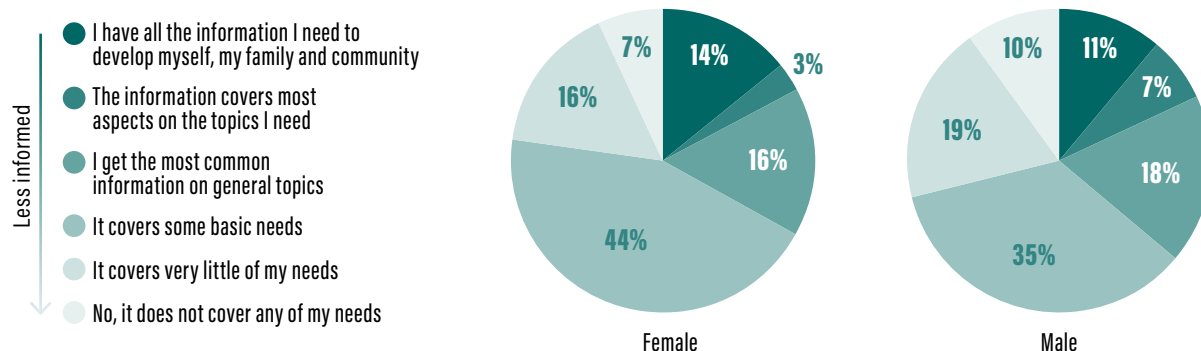
Below is a graph from our quantitative survey with 650 participants showing that in urban cities of Kabul, Herat and Kandahar, people do not have enough information to meet their needs. The "Yes" column represents responses from IDPs while the "No" includes all other respondents. As shown, less than half of people in either category believe that their basic information needs are covered. IDPs in particular feel as if they have less information than desired to adequately meet their needs. ●●●

Graph 2. Satisfaction of information needs

In general, do you feel you have enough information to meet your needs?

Less informed

- ● I have all the information I need to develop myself, my family and community
- ● The information covers most aspects on the topics I need
- ● I get the most common information on general topics
- ● It covers some basic needs
- ● It covers very little of my needs
- ● No, it does not cover any of my needs

Female: 7%, 14%, 3%, 16%, 16%, 44%

Male: 10%, 11%, 7%, 18%, 35%, 19%

Female

Male

INFORMATION NEEDS REGARDING COVID-19

When asked about information needs surrounding COVID-19, over 50% of respondents reported that they need more information on the prevention and treatment of COVID-19, which they believed should come from sources like the MoPH or WHO. Access to humanitarian aid was the next highest category of information needed. This could be due to the pandemic's worsening effect on people's economic conditions. For some, COVID-19 statistics were a desired information piece, while, for others, statistics of infected people

and those recovered were not important. Those others instead preferred information on how to deal with the virus. Information needs around socio-economic condi-tions, employment or governmental support were desired by less than 50% respondents in the quantitative study.

This comparative lack of desire may be because a national lockdown did not occur, and only private employees lost jobs at the start of the pandemic, while public employees remained on normal payroll. Additionally, we found that information on rumors is lacking, leading to mistrust in COVID-19

information. People expressed the need for information that could distinguish between the flu and COVID-19. However, those who had survived COVID-19 were waiting for information regarding education, school exams and aid. Young people between 15 and 24 reported the highest percentage of information needs regarding recreational activity to avoid COVID-19 anxiety. All 650 respondents to the qualitative survey in urban areas of Herat, Kandahar and Nangarhar had knowledge about COVID-19, although very few respondents in the qualitative study did not recognize COVID-19 as a disease but instead a punishment for a sin or a chemical war. Similarly other sources show that less than 1% of vulnerable people did not know about COVID-19.[23]

On top of this, due to news of the ongoing war and attacks, people are tired with the news. Young respondents pointed out that hearing bad news is not a good start to a day. Consistent messaging about ongoing conflict leads people to feel sad and worried about the situation of the country, though some Afghans have become accustomed to it. News on television is heard by children and they are also affected. They also see and hear about war from media and from personal experience.

Due to news of the ongoing war and attacks, people are tired with the news

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AFFECTED INFORMATION NICHES

Aid: For some Afghan populations, information on COVID-19 oversaturates the news and they are unable to get adequate information on development projects or a detailed view of current affairs. Though there is some information on aid provided via radio channels, 73% of IDPs do not know how and where to get aid; meanwhile, only 2.67% were uninformed about COVID-19. This is because aid-related information tends to be shared at an aggregated national level but not at the granular, community-level that people care about. Communities expressed that they had received COVID-19 kits like masks, sanitizers and soaps from some organizations but do not know who has provided them, how or through which fund.
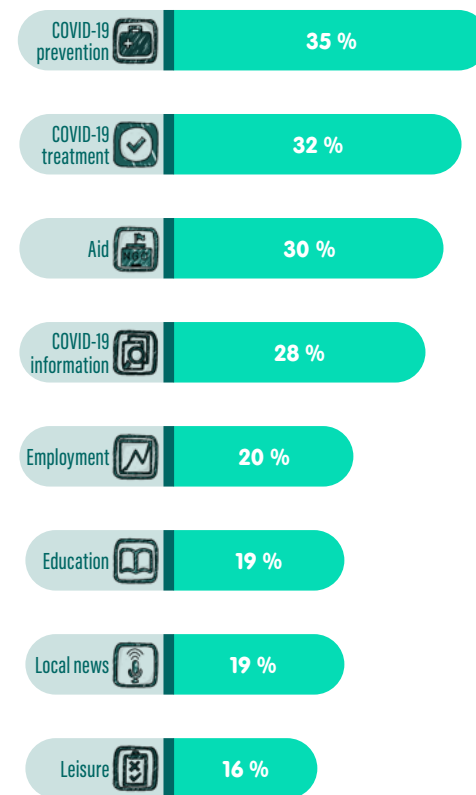
Mental health: In addition, many people experience information gaps around anxiety or depression, brought about or worsened by COVID-19. Around half of the respondents claimed that information provided by media at the start of the pandemic caused them fear or worry. According to one respondent, *"We get afraid from COVID-19 related information at the start of the pandemic... now media is providing accurate information but still there is need for psychologically sound information".* Another respondent added that, *"portrayal of COVID-19 coupled by risky motivation to stay home, made it a monster".* Fortunately, community feedback data shows that people are less stressed now due to fewer cases and information availability as they have the necessary information on the prevention of the virus.[24] ●

[23]*WOA survey (Reach, 2020), total population=13,000 in 194 Districts), 0,58% of vulnerable people did not know about COVID-19*

[24]*Rooted in Trust project community feedback data collected by partner organizations for rumor bulletins, inputted to KoBo.*

Graph 3.
Information needs around COVID-19

What information do you need more of regarding the covid-19 pandemic?

Category	%
COVID-19 prevention	35 %
COVID-19 treatment	32 %
Aid	30 %
COVID-19 information	28 %
Employment	20 %
Education	19 %
Local news	19 %
Leisure	16 %

4.2 ACCESS - CHANNELS AND SOURCES

KEY INFORMATION SOURCES

Television and internet are the most used information sources for literate people in urban areas of Afghanistan. Among the participants who accessed COVID-19-related information from television, 50% watched it regularly while 30% watch it very often. This is followed by face-to-face communication, which is used by more than 50% of participants to receive COVID-19 information.

People in cities view COVID-19 as a health-related issue and prefer saying prayers at home during the pandemic. Consequently, religious spaces are only used as an information source by 30% of respondents, which is low compared to other information sources in a religious country. It remains a preferred a source for awareness-raising regarding COVID-19 in rural areas by respondents where television and radio do not reach.

CHANGES TO INFORMATION ACCESS POST-COVID-19

Due to COVID-19 lockdowns, some channels, and sources of accessing information have changed. Traditional sources of information that were typically accessed on regular basis became insufficient. For example, before the pandemic, people received information through word of mouth as much as they did from TV. However, during the pandemic, people preferred to get information from television in urban areas to observe precautionary measures. Consequently, alternate means of providing information around COVID-19 were created, such as door-to-door information campaigns, billboards, loudspeakers, and sermons in mosques. Among the sources, all participants were accessing information regarding politics, security and public service from national and international networks and news about community from local radios, friends, family, or community networks.

People in urban areas can get relevant information from national and international media but those living in rural areas are having difficulties in accessing relevant information. This need for relevant information becomes crucial due to COVID-19. Different groups of people should be informed in different ways to protect themselves. Religious and community leaders reiterated that they provided communities with relevant information in their sermons and gatherings, respectively. This practice was common in Herat and Farah where COVID-19, was very prevalent. However, it is noteworthy that several religious leaders did not provide their services but opposed the existence of COVID-19 ●●●
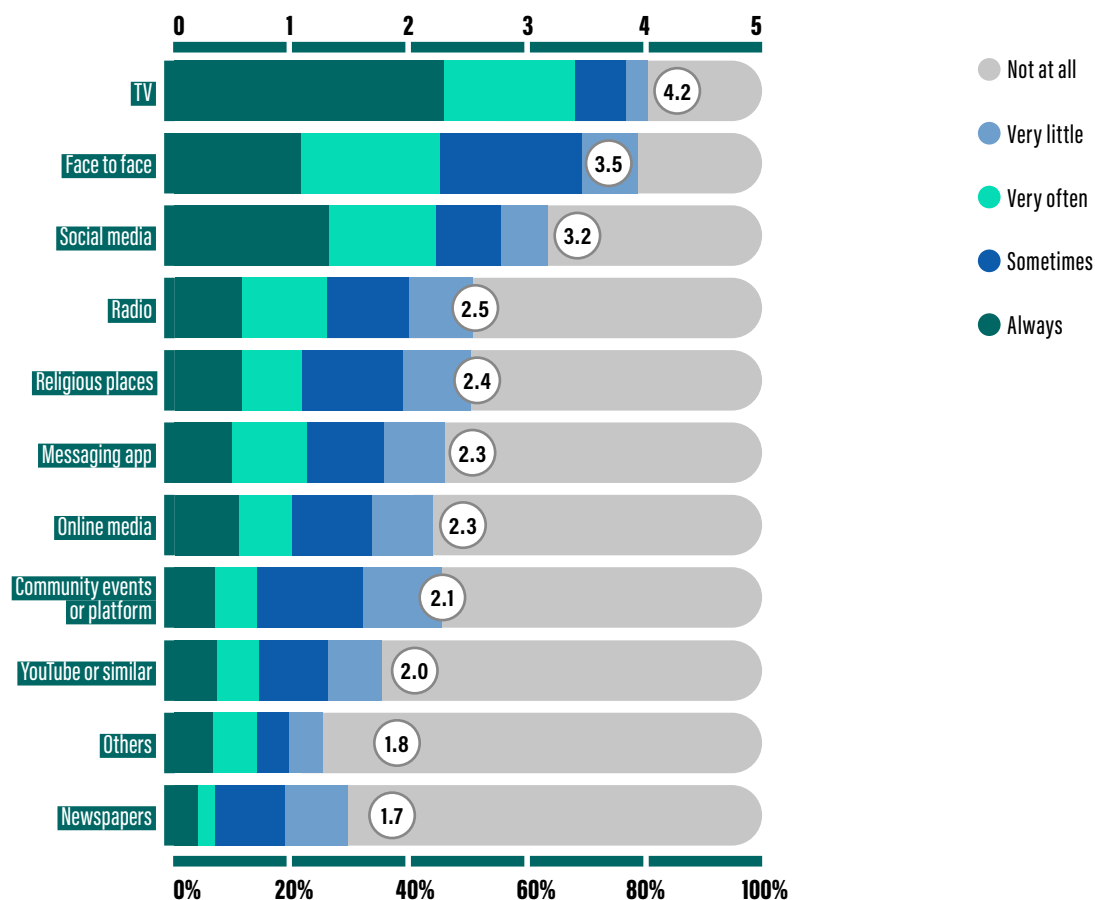
Graph 4. Access to information
Please rate from 1 (never) to 5 (always) how often do you use these channels

How do you access information related to COVID-19?

Channel	Rating
TV	4.2
Face to face	3.5
Social media	3.2
Radio	2.5
Religious places	2.4
Messaging app	2.3
Online media	2.3
Community events or platform	2.1
YouTube or similar	2.0
Others	1.8
Newspapers	1.7

Legend:
- Not at all
- Very little
- Very often
- Sometimes
- Always

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and thus mislead communities. Additionally, while influential religious leaders were not viewed widely as immediate resources.

Information workshops and awareness-raising programs in-person and on radios and televisions were tailored with religious and local content. However, there was need for more relevant information from the MoPH and Ministry of Haj and Religious Affairs country-wide. The mobile hotline provided by MoPH was found to be useful but under strain. According to KIIs from Nangarhar, access to relevant information is good but not perfect. Elders with limited literacy need to be provided with relevant information on radio. More relevant information is needed regarding the COVID-19 symptoms and cure as well. During COVID-19 some youth reported the portrayal of COVID-19 minimized leisure and political information. ●

4.3 MAIN DETERMINANTS AND BARRIERS TO ACCESSING INFORMATION
LANGUAGE, CONTEXT AND LITERACY

Afghanistan is home to multi-ethnic populations including: Pashtun (42%), Tajiks (27%), Hazara (10%), Uzbek (9%), Aimaq (4%), Turkmen (3%), Baluch (2%), other (5%).[25] Among them Uzbek, Peshai and Aimaq are language minorities. Pashtu and Dari are two national languages which are spoken by more than 80% of the population. The rest of the population speak Uzbaki and Peshai, though most of language minorities understand one or both national languages because they serve as their first languages next to their native tongue. Out of all respondents to the quantitative survey, 61% reported that they always get information in their preferred language, 19% normally get information in their preferred languages, 9% get it sometimes, and 3% get it very little. Speakers of Uzbek – a 9% minority language – get their news through Saraish radio. There is no research available as to whether Aimaq, Peshai and other dialectal language speakers are able to access information in their languages. Overall, most people in the researched areas have access to local news in their preferred languages via radio and do not feel that they are disconnected. Although most of the population is familiar with Dari and Pashtu, it is important that news is provided in minority languages as well. While in theory, most official websites of Government Ministries plan to offer their content both in English , in Dari and in Pashto unfortunately sections in English and Pashtu often remain unpopulated. This makes it hard for those people that do not know Dari to get information. That said, local content and local information is accessed by many people through word of mouth, social media pages, and local radio and television stations, all of which are more often available in local languages.

Most survey respondents were literate, and they were from contexts that are pre-disposed to distinguish between good and bad information. This is likely why 80% of the quantitative survey respondents reported feeling confident to know whether information is right and wrong. This might not be the case with non-literate people and people living in more remote regions. Anecdotal evidence shows that these communities often feel concerned about disinformation and external influences, and that it's difficult for them to talk openly about sensitive security issues outside private gatherings. Sharing views on security issues is risky and people have witnessed threats from militants on speaking about security, government, or development topics. ●●●

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Respondents have pointed to limitations on access to information from the government as another barrier. People demanded more reliable information on aid programs and COVID-19 cases. People have even criticized political leaders for inaccurate information regarding COVID-19. According to most of the respondents, accurate information is helpful and can save people while inaccurate information and rumors spreading on social media are harmful.

Most of the respondents, especially officials, students and community leaders, cross-checked or verified information very often on the internet and confirmed with different sources. Respondents in cities used television channels and social media as sources for information. Radio is also tuned in during the morning by people travelling in cars to offices in Kabul. In more rural areas, community elders used television and radio.

EXTERNAL BARRIERS IN ACCESSING INFORMATION

Afghan people face external barriers in connecting to media networks. Some people cannot afford to buy television sets and, if they can, they still face problems of power shortage and unavailability. In Afghanistan there are no television channels that are accessible nationwide with ordinary antennas. Some people in far off districts of Nangarhar have bought solar television sets and screens with a solar dish antenna. This solves the problem to some extent, but it costs $200. This system works at night from car batteries which are not sustainable for longer term or consistent use. Alternately, a good radio set that catches AM and MHz waves only costs $30.

Accessing information through the internet has similar barriers. Internet availability in Afghanistan is weak and nonexistent in some rural areas. Additionally, internet

People demanded more reliable information on aid programs and COVID-19 cases.

packages are costly, and many people cannot afford it. Power shortages in cities further restrict access to internet; television and radio use in Kabul suburbs increase in such situations. According to a 2020 WOA survey, 13.18% of IDPs in Afghanistan have no mobile and internet, 6% have access to both while 0.9% have access to internet and 79.6% had access to mobile phones.

When it comes to content, communities have found that radio and television media do not regularly provide local content or updates on ongoing ●●●

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community developments. Political barriers were reported by respondents because community elders and members were not able to get information from government offices. The government did not provide such information that the people were assured of. Respondents claimed that, due to corruption and mafia groups within the system, access to information is hard and realities are concealed. Insecurity has left people in an information vacuum because journalists and reporters cannot collect and present data from those places. In Helmand province, adjacent to Kandahar, Human Rights Research and Advocacy Consortium HRRAC (2020) found that, people were not having enough awareness regarding COVID-19 due to ongoing conflict and lack of infrastructure. Provincial government was not in a position to redirect

their resources to COVID-19 and thus community access to reliable information was limited. These communities were provided on ground awareness raising by HRRAC.

Cultural or traditional practices in community also make it hard for people to access information. For example, conservative people believe women should not be allowed television in their homes. Although this practice is vanishing in cities, it still exists in rural areas. Traditionally, it is difficult for women to get information through mainstream or social media or from talking to men. As discussed above they have their own socialization customs when they get together at weddings, other ceremonies or in day-to-day life. ●●●

INTERNAL BARRIERS IN ACCESSING INFORMATION

Most respondents interviewed did not experience internal barriers to accessing information such as lack of media literacy. However, they pointed to populations living in remote areas who have difficulty in accessing information because of literacy and language. Respondents knew how to access information through established media outlets, but they were not aware of how to access information from public bodies. Information sharing on some local themes and COVID-19 at the start of the pandemic was limited due to stigma. Many people were saying COVID-19 does not exist because they have not seen it practically in their neighborhood or family. They did not trust the statistics from MoPH displayed in media or other sources because they did not see the effects represented in their community. However, this was misleading because people were afraid of sharing with their community that they had the virus. It was felt that other people or the government would quarantine them, and they would die. One rumor circulating at the beginning of the pandemic was that if you are quarantined, doctors in hospitals will inject you with poison. Facebook posts frequently stated for funerals that, *"The deceased died due to his / her illness".* When such posts increased people questioned that: *"what could be the illness that is not named with funeral announcements on Facebook".* Along with stigma there were threats or complaints from other neighbors for bringing COVID-19 to the neighborhood which also led to severe under-reporting. ●

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[25]Note the census has not taken place in past 25 years. All the figures related to population are estimates. Afghanistan Population 2020 (Demographics, Maps, Graphs) (worldpopulationreview.com)

4.4 FOCUS ON VULNERABLE GROUPS

In terms of sheer size, the largest 'vulnerable group' in Afghanistan is women. Female CSO representatives, community leaders and other female participants interviewed in our focus groups referred to women, especially in rural areas, as vulnerable to misinformation. They have difficulty obtaining frequent access to information because of social structures and a lack of access to equipment and media. Women and girls are marginalized and are culturally not allowed to frequently watch media. They also face barriers accessing formal education which makes it more challenging to interact with the news. Similarly, a male respondent in one of our interviews in Nangarhar reports that *"women had no opportunity to listen to media and my father does not allow solar screen at my home and he sold my smart phone."*

However, this assessment of women being more prone to misinformation is much more nuanced when we look at their actual ability to identify rumors and misinformation. Overall, female respondents in our quantitative survey had roughly the same ability as men to identify rumors when presented with a series of statements featuring both valid statements and rumors. In younger age classes, the ability of female respondents was higher than that of males: 77% of female respondents below 35 years old identified more than half of the six rumors presented to them, compared to 68% of male respondents. In the older age group, both genders showed roughly the same ability, with respectively 66% and 67% correctly identifying more than half of the rumors. However, these insights from our survey need to be taken with a grain of salt: results are at least partially driven by the fact that a phone-based survey mainly covering urban settings will likely over-represent literate women

> **"Women had no opportunity to listen to media and my father does not allow solar screen at my home and he sold my smart phone."**

working and living in cities with access to mobile phones, while for most non-literate women or housewives answering a stranger's phone call is full of risks and they are less likely to respond to these surveys.

Communities living in remote districts not reached by radio or mobile waves do not have many channels for accessing or verifying information, creating fertile ground for misinformation to spread. Additionally, those living in conflict zones cannot access information regularly. Frequently, mobile networks are blocked, or bans are imposed by militants against the use of smart phones. On top of this, people living remotely, such as farmers, nomads and IDPs, do not access information regularly because of ●●●

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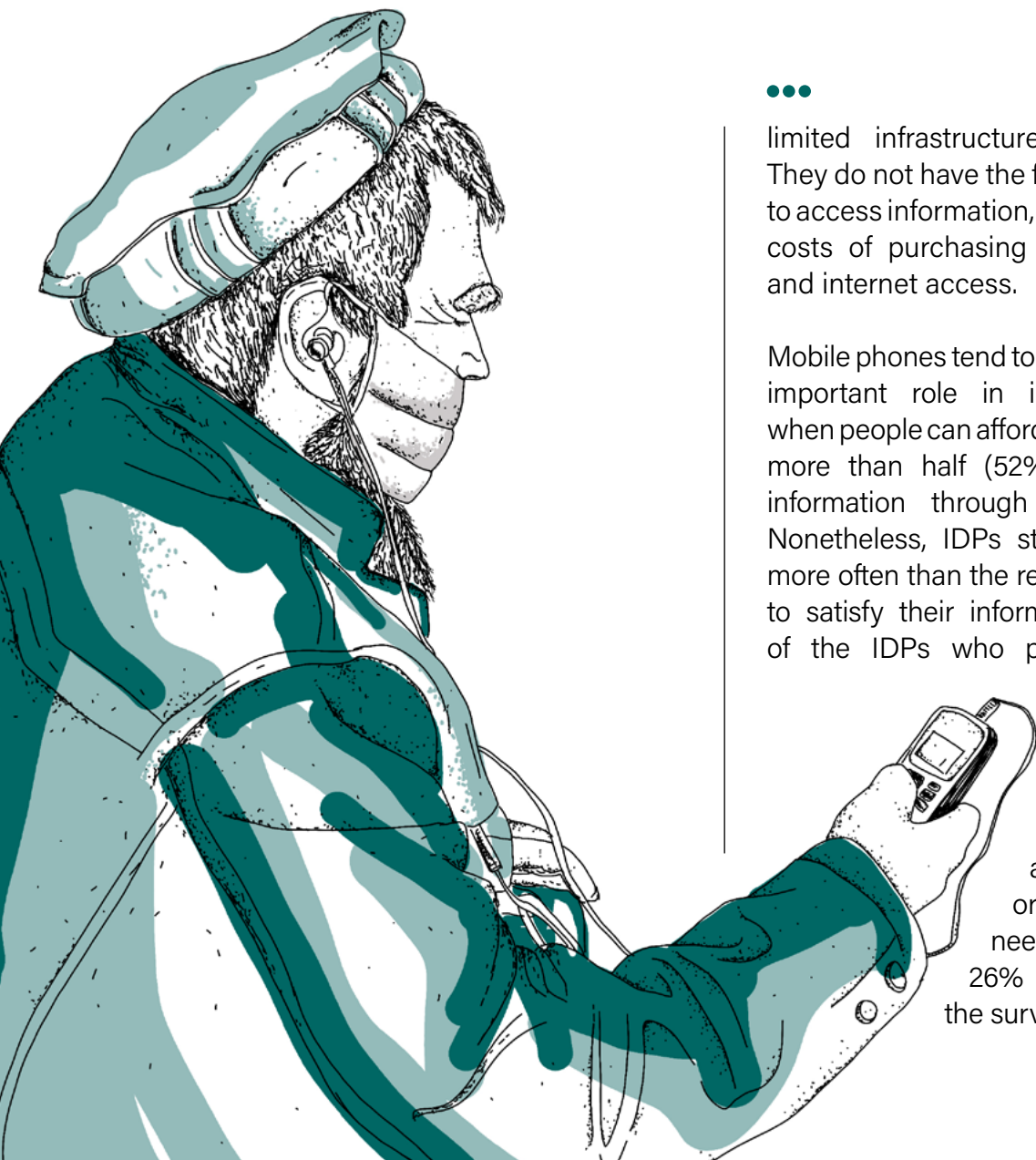
limited infrastructure and technology. They do not have the facilities and means to access information, because of the high costs of purchasing radios, televisions, and internet access.

Mobile phones tend to play an increasingly important role in information access when people can afford them. For instance, more than half (52%) of IDPs access information through mobile phones.[26] Nonetheless, IDPs struggle significantly more often than the rest of the population to satisfy their information needs: 36% of the IDPs who participated in our survey declared that they felt the information they are able to access does not cover any of their needs or very little of their needs, compared to 26% among the rest of the surveyed population.

Displaced people, returnees, and nomadic groups (for instance the Kuchi ethnic group) are also facing multiple vulnerability factors and are difficult to track and reach by humanitarian actors and media alike. People living in remote parts of the country (hard to reach areas) present a big challenge to the humanitarian community in the understanding of their humanitarian needs and the ability to engage with them. In a recent assessment by REACH[27], 27% of people in hard-to-reach areas reported not having any access to healthcare facilities, demonstrating a lack of services in hard-to-reach areas[28] and a serious challenge to tackling COVID-19. •

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[26]*Whole of Afghanistan survey (Reach, 2020)*

[27]*REACH July 2020 Afghanistan Hard to Reach Assessment, Overview of the impact of COVID-19 in Hard-to-Reach districts*

[28]*In 2019, the Humanitarian Access Group led a coordinated effort to identify a list of Afghanistan's Hard-to-Reach districts and defined them across three factors of inaccessibility: (1) physical constraints, (2) conflict intensity and spread, and (3) complexity of actors.*

V. INFORMATION DYNAMICS

(how individual and communities interact with the information ecosystem and what do they do with the information they access)

5.1 TRUSTED INFORMATION PROVIDERS

Most respondents trusted health workers as sources of information in the community. This was followed by trust in international media. On the lower end were community and religious leaders, who received or were denied trust based on their personal background. They were more likely to be turned to for community news and local information. Qualitative research showed that religious leaders are trusted for COVID-19 information by 50% of respondents. On the other hand, our qualitative in-person interviews (which disproportionately feature educated urban respondents) showed only a small portion of respondents trusted religious leaders, though they acknowledge their status as a trusted and influential source among many rural communities. Opinions about government communications vary: respondents in our qualitative interviews highlight low levels of trust driven by their lack of independence, but a significant share in our survey referred to them as an authority and reported trusting them. Reports generated by the government or its associated media channels are not trusted by the community as they are seen to exaggerate achievements and leave out vulnerable people.

Foreign authorities and media were found to be trusted because they are seen as providing evidence, broadcasting real information and not spreading rumors, particularly among urban audiences. According to respondents, they are principled, independent, impartial and have access to more credible information. Respondents frequently turn to international media to collect information on COVID-19 because it is a global problem and international media could provide accurate, research-backed information. Provincial audiences were found to be comparatively more trusting of local radio stations.

More broadly, television and radio media channels, both domestic and foreign, were trusted largely unconditionally by respondents for information sharing because they are established in Afghanistan as renowned and reputable news sources. Written materials and articles are also generally trusted because the writers often cite references, and publication requires thorough proof reading. Social media and internet sources are only seen as trustworthy if they have certain characteristics, including being backed by a formal page, having an affiliated link, report, presentation, or article. In spite of this caution, nearly all the rumors collected in this project were spread through word of mouth and social media. ●●●

Graph 5. Drivers of trust
Please rate from 1 (not important) to 5 (very important)

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In general, it can be concluded that sources of information that invoked trust among respondents were characterized by on-the-ground reports with videos and pictures, direct observation, detail, and most importantly accuracy. Individuals and organizations that were seen as trustworthy often had adequate financial resources, good management and correct use of laws.
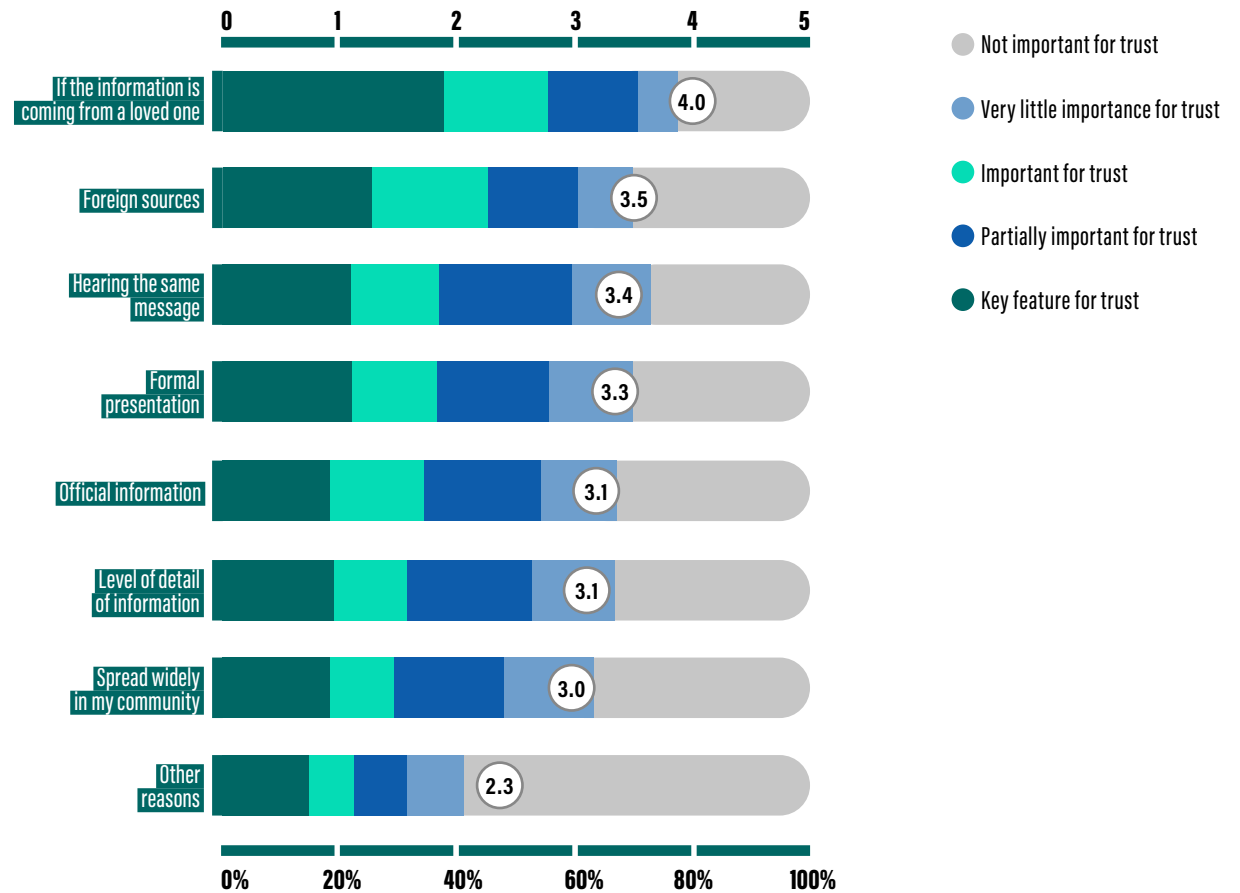
TRUST DURING COVID-19

Trust landscapes change in times of emergency. COVID-19 has seen reduced levels of trust in national media providers and the MoPH. This is due to a range of factors, including the involvement of politics and power play in a deadly health crisis. At the start of the pandemic, the Afghan public as well as foreigners were criticizing the MoPH for under reporting COVID-19 cases to avoid lockdowns or quarantine. Later, the public was accusing the MoPH of over reporting COVID-19 cases due to a popular misconception that COVID-19 has ended in Afghanistan ●●●

What makes a source trustworthy for you?

Legend:
- Not important for trust
- Very little importance for trust
- Important for trust
- Partially important for trust
- Key feature for trust

Category	Rating
If the information is coming from a loved one	4.0
Foreign sources	3.5
Hearing the same message	3.4
Formal presentation	3.3
Official information	3.1
Level of detail of information	3.1
Spread widely in my community	3.0
Other reasons	2.3

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and the government is misreporting figures to attract international funds. This view was reported by 30% of our respondents. Meanwhile, media experts and CSO representatives we interviewed speculated that people still believe the pandemic exists, but do not follow Standard Operating Procedures (SOPs) because they think they are immune. The MoPH and government officials have also lost trust because data on COVID-19 is not coming reliably from one single trusted source. MoPH does not provide accurate statistics and mapping of infected areas regularly. Other causes of mistrust include the poor capacity of Afghanistan's public health sector, limited testing capacity, and weak pandemic tracking system.

Trust in health issues has also fundamentally changed because of the pandemic. Two years ago, if media or community members had shared information about treatment, people would have accepted it. Today, people significantly prefer to receive this information from health workers. This has occurred because of negative experiences with fake news and misinformation among the media and community members, as opposed to a direct teaching or mandate.

Quantitative data shows that women are more likely than men to trust information from friends or family, international media, community media and health workers. Religious leaders are more trustworthy for men more than women because of their direct daily interaction with them. ●

Graph 6. Trust in information sources and channels

Please rate each source from 1 to 5 according to how much you trust it. 5 means you trust it a lot, 1 means you don't trust it at all.

Can you tell me which sources of information do you trust more to get information about COVID-19?

FEMALE

Source	Value
Friends or family	4.2
Health workers	4.0
International media	3.8
Community media	3.4
Government media	3.4
Religious leaders	3.3
International aid	3.3
Community leaders	2.7
National government	2.7
Local government	2.7
Other sources	1.6

MALE

Source	Value
Friends or family	4.0
Health workers	3.7
International media	3.7
Community media	3.2
Government media	3.3
Religious leaders	3.6
International aid	3.4
Community leaders	2.7
National government	2.9
Local government	2.7
Other sources	1.7

Legend:
- Absolute trust
- Partial trust
- Good trust
- Very little trust
- No trust at all

5.2 TRANSMISSION – INFORMATION SHARING

People are inclined to share information, whether it is accurate or not. Humans are a species founded on storytelling. Information shared informally within communities is often shared without verification, or even with exaggeration. Even people with advanced information literacy fall for misinformation. COVID-19 has highlighted this issue dramatically.

Sharing information and opinions among family and friends is common practice in Afghanistan, and loved ones are usually seen as trustworthy sources, rendering word of mouth a particularly powerful medium. Women in rural areas report sharing such information mostly verbally, in-person or on the phone, whereas literate women in urban areas use social media and the internet. Most elderly people we spoke with said that they cannot use smart phones or laptops for receiving and sharing information. They

receive information through television or mostly through radio and share it through word of mouth in community gatherings, workshops, and sometimes on the phone. Educated people in cities, like students, officers or CSO representatives, are more likely to share different kinds of awareness-raising information, covering topics such as development, assistance, gender equality, gender-based violence, human rights, education, and COVID-19. They share information with individuals, friends, families, and community in general through workshops, Facebook, events, websites and media advertisements. Religious leaders were found to share information through their sermons.

While few people are fully safe from misinformation, literate and educated people like students, teachers, CSO representatives and local authorities are more likely to verify information before sharing it. Sometimes they are able to correct or react to false information before sharing it among their networks. They produce corrective information through their social media pages or through

Graph 7. Information sharing
Please give your scoring from 1 (not at all) to 5 (always) to the following statements

How much do you share the information with those around you?

- Always — 42%
- Normally — 14%
- Sometimes — 34%
- Very little — 6%
- Not at all — 4%
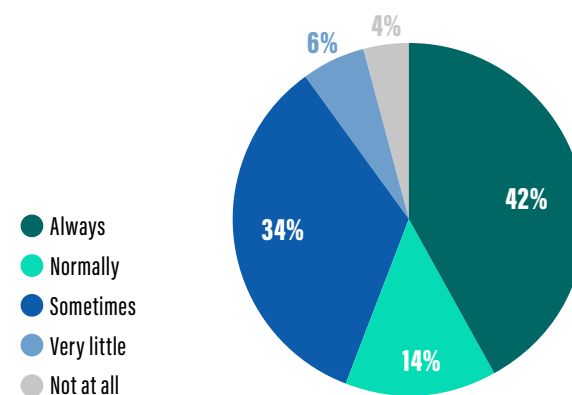
their blogs. HRRAC has contributed to anti-misinformation efforts through videos on gender-based violence, events, advertisements, and billboards. Community leaders share information through phones or in person with reporters or government officials on happenings in their communities. All these methods were effectively used during the pandemic in the target provinces for awareness-raising regarding COVID-19 SOPs. ●

5.3 INFLUENCE – HOW INFORMATION SHAPES IDEAS AND BEHAVIORS

SOURCES OF INFLUENCE AND BELIEF SYSTEMS IN URBAN AND RURAL SETTINGS

Health workers and religious leaders represent two influential information actors with at times opposing beliefs and spheres of influence. Urban communities are more likely to turn to health workers than religious leaders for health information. Health workers are influential because they are often consulted for medical purposes. They are very much respected in the Afghan context because they are seen to be providing great services and saving lives. Due to the lack of well-established health facilities and of literacy, people depend mostly on health workers for health-related information. As most health workers are in agreement about the existence of COVID-19, this saw most urban Afghans generally believing the same.

Rural communities were more likely to be influenced by religious leaders and, due to the religious-based society in Afghanistan, religious leaders are influential even when they are wrong. They have direct access to community members, often meeting with congregants multiple times a day. They also have the freedom to talk about most issues. As such, they can wield significant influence. In Kunduz province, for example, a religious leader agitated a mob against a radio station claiming that the station airs music at the time of prayers. The mob was encouraged to destroy the station. This influence is also prevalent in the ongoing conflict in Afghanistan. Teenagers in rural areas who do not have access to information channels are fed misinformation about the government and the military. Religious leaders tell them go to war against Kabul because there are lots of non-Muslims and people are not praying. Regarding the pandemic, religious leaders were divided in positive influence and negative influence. In Herat, which is badly affected by COVID-19, some religious leaders speak on preventive measures in their sermons and on loudspeakers. However, others, like Mullah Ansari, reject the existence of COVID-19 in Herat. Mullah Ansari was and still is believed and followed by many people.

Besides religious leaders, community leaders are also influential in their opinions within tribes. Sometimes they produce information on behalf of the community or provide information to the community. In the Achin district, Nangarhar community leaders have banned women from celebrating weddings by imposing a fine. Wedding ceremonies are a source of ●●●

socialization and information exchange for women. They do not allow them to visit bride house in great numbers and dense musical celebrations.

FEATURES OF INFLUENTIAL COVID-19-RELATED INFORMATION

COVID-19-related information was more likely to be remembered and retained when portrayed through visuals as it was found to have a deeper impact on people. As such, visuals were used to convey a range of information around prevention, treatment, and fighting the spread. Besides awareness-raising through visuals, video and photo coverage of COVID-19 patients made people more responsive to it and likely to follow preventive measures. However, it also had a negative influence on people's psychology.

Respondents generally reported that media influences them and shapes

their ideas, but were not explicit about how and to what extent. Our qualitative data survey suggests that it increased the Afghan population's knowledge and understanding of COVID-19 and other issues like health, lifestyle, security and politics. In the last year, 80% of respondents reported changing their habits or opinions on different topics thanks to information obtained through the radio, friends and/or news. They followed media advice regarding preventative protocols and instruction during the start of the pandemic. In their own words, *"they washed hands, wore masks, ate healthy and physically distanced themselves".* Furthermore, there has been a change in the way people greet and interact with each other in their daily routines at home and at workplaces.

MISINFORMATION AND HOW IT SPREADS

Misinformation has also been highly influential throughout the pandemic,

Graph 8. Impact on behaviors

Please give your scoring from 1 (not at all) to 5 (always) to the following statements

In the last year have you changed your habits or opinion on different topics thanks to information obtained through the radio, friends, news?

- Always — 39%
- Normally — 13%
- Sometimes — 24%
- Very little — 10%
- Not at all — 15%
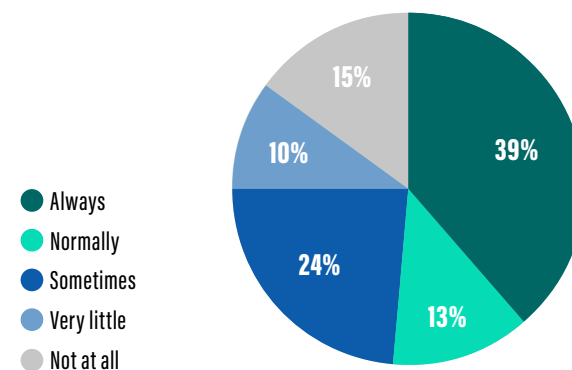
causing many people not to take appropriate precautions and become infected with COVID-19. One such case was with a baker who participated in our Kabul FGD; *"He wore gloves and mask to avoid getting COVID-19. A customer reacted and condemned his extra measures… a week later the customer lost one of his family members due to the virus."* Similarly, the father of ●●●

COVID-19-denying religious leader Mullah Ansari died of COVID-19 in Herat Province. Community feedback data from Nangarhar and KIIs report that many people took it for granted and treated it as a common flu or cold. Additionally, the month of Ramazan fasting fell amid the pandemic. Religious leaders were not changing the way of nightly prayers as was the case elsewhere. They were forcing their followers not to miss the prayers without any advice on SOPs and social distancing. This caused a large spike in COVID-19 cases in Afghanistan.

Most of the respondents interviewed were sharing information through social media and word of mouth. Unlike on television and radio channels, information shared through these informal means is seldom verified or contrasted before it is shared. Our rumor tracking research has identified lots of rumors that originated or circulated in markets, streets, villages and on social media. In rural areas, where there is often limited literacy among communities, people were more likely to share information forward through social media or word of mouth without verifying it. However, in cities, people reported that they tend not to share information further unless verified. Self-censorship of information only occurs for information related to the security situation. Most people would not share information or critique on the government, politics or armed groups on social media because, when someone is captured, their mobile and social media are accessed.

VI. HUMANITARIAN RESPONSE AND INFORMATION

6.1 NATIONAL COVID-19 RESPONSE PLAN

At the outset of the COVID-19 crisis, the Government, namely the MoPH, and WHO launched an initial Multi-Sector Humanitarian Country Plan (March-June 2020). MoPH, WHO and UNICEF worked closely to guide the humanitarian response in relation to COVID-19 in alignment with the United Nations' Comprehensive Response to COVID-19: Saving Lives, Protecting Societies, Recovering Better (June 2020) and within the framework of the Humanitarian Response Plan (HRP) Afghanistan (2018-2020), which was revised by the Humanitarian Coordination Team and the Inter-Cluster Coordination Team (ICCT) mid-2020. The most recent update to the HRP for the program cycle of 2021[29] estimates 18.4 million people to need humanitarian assistance, with an ambitious aim to help 15.7 million of them. The Afghanistan Government's overall plan Responding to the Corona Virus: An Invitation for Discussion was supported by a Vice-Presidential Task Force which assisted the overall COVID-19 response of the Government, UN and other actors. By the onset of a 'second wave' of COVID-19 (Q3 2020), the MoPH led the Government's response to the crisis with oversight from the office of the President and the Vice-President.

The master response plan for the health sector established a High-Level Emergency Coordination Committee in the area of health, with various technical working groups.[30] Efforts were ongoing to establish sub-national coordination structures, particularly in Herat province, which had the highest number of confirmed cases during the 'first wave' and continues to see high numbers of infections compared to other provinces.

There was a national lockdown during the 'first wave' for some months, which resulted in health and socio-economic impacts which exacerbated the already fragile humanitarian context. The long-term effects are seen in the numbers of food insecure people, the personal economic and livelihood impacts from which people are struggling to recover, the burden on the healthcare system to meet minimum standards and garner trust from the community, and the devastating impacts to women and children through increased domestic and sexual violence, disruption to education, increased child marriage and child labor, and the recruitment of children by armed groups. ●

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[29]OCHA et al. January 2021. *"Humanitarian Response Plan 2018-2021, 2021 Humanitarian Programme Cycle".*

[30]*Surveillance and Early Detection; Coordination and Resource Mobilisation; Health Care Provision; Health Promotion and Risk communication; Infection Prevention and Protection*

6.2 MAP OF HUMANITARIAN ORGANIZATIONS (LOCAL AND INTERNATIONAL)

I n 2020, 162 humanitarian organizations were operating across Afghanistan. Aspirations for more refined humanitarian-development thinking came to the fore with the arrival of the COVID-19, which has made urgent the need for common needs analysis, aligned program design and complementary delivery of assistance. Humanitarian and development actors have been collaborating on an integrated and holistic response to COVID-19. The UN country and humanitarian teams developed collaborative programming corresponding to the Government's plan Responding to the Corona Virus: An Invitation for Discussion, as well as the United Nations' Framework for the

The Risk Communication and Community Engagement (RCCE) working group would benefit from more representative membership, including more national NGOs

Immediate Socio-Economic Response to COVID-19. The need for closer coordination between humanitarian and development actors, and to improve the efficiency of the humanitarian architecture in-country, was noted in the 2020 and 2021 revisions of the HRP. However, still more is needed, and the ICCT will lead the effort on behalf the humanitarian system during 2021 to ensure thematic working groups and clusters in the development and humanitarian systems continue to meet regularly to ensure planning and programming is aligned towards common outcomes, particularly for people in long-term displacement. This is critical giving the ever-challenging security context, challenges around communication and access to communities, and the strengthening of the healthcare system and distribution of vaccines in 2021.

The continued focus on strengthening of

Accountability to Affected Populations (AAP) work in 2021 is an intrinsic element to improving coordination and needs-based responses by humanitarian actors. Membership of the AAP working group increased during 2020 and has led to the establishment of sub-working groups on Communicating with Communities and Referral and Feedback Mechanisms, in addition to a plenary meeting conducted in Dari which sits alongside the main plenary in English. The AAP working group, launched in July 2020[31], whose initial, urgent focus was on risk communication and community engagement, also includes the Risk Communication and Community Engagement (RCCE) sub-working group. The RCCE working group would benefit from more representative membership, including more national NGOs. ●

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[31]There had previously been a Community Engagement working group which had subsided by mid-2019.

6.3 RISK COMMUNICATION AND COMMUNITY ENGAGEMENT MECHANISMS AND COORDINATION

The RCCE was established by WHO in March 2020 specifically to respond to COVID-19 and support health and humanitarian communicators. The coordination mechanism was put in place *"to address the fears and misconceptions that were circulating around the country"*. The RCCE working group is co-chaired by WHO and the Norwegian Refugee Council (NRC) and membership is made up of UN agencies, cluster and WG leads, INGOs, NGOs and IFRC. The RCCE led on tracking rumors and misinformation about COVID-19 collecting perceptions submitted by humanitarian actors during the 'first wave'. Prior to the onset of COVID-19, there was only one national community engagement mechanism for gathering complaints and feedback, managed by Awaaz Afghanistan, an initiative hosted by UNOPS. There are limitations to Awaaz in that community members who use the service need to have access to a phone. In addition, in spite of the relatively high number of calls, 93% of shock-affected people surveyed are still unaware of any feedback or complaint mechanism existing in the country.[32] The HRP (2020 revision) emphasizes the need for more resources for Awaaz, which has been under strain since the onset of COVID-19, and anticipates that humanitarian actors will further develop their own feedback and complaint mechanism which reach community through various channels, not limited to the Awaaz hotline. While individual humanitarian organizations may have had their own accountability and complaint and feedback mechanisms in place, there was no one uniform process for tackling misinformation and bringing a standard process for collecting feedback and engaging with the community. As part of the AAP mandate, humanitarian organizations are being encouraged to improve accountability mechanisms and training on community engagement practices. There is a clear need for more formalized two-way community engagement mechanisms and data-sharing between organizations. The Revised 2020 HRP highlighted the importance of establishing the RCCE working group and its critical role in coordinating efforts to gather rumors, community perceptions and questions from community members through the activities of field workers, and through traditional and social media monitoring, and address them.

From September 2020, Internews tracked rumors, perceptions and misinformation in conjunction with the RCCE as ●●●

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an inter-agency effort gathering data from three media partners and from humanitarian organizations. However, there has been limited submission of feedback data from humanitarian organizations pointing to several factors including diminished focus on COVID-19 during the last part of 2020, coordination fatigue, and variations in methods for collecting feedback within humanitarian organizations.

In September 2020, the Afghan MoPH established its own COVID-19 RCCE, which has members from the MoPH COVID-19, EPI Unit, Public Relations, Primary Care and Health Promotions departments, in addition to UNICEF and WHO, who supported in the development of the workplan of the taskforce and act as strategic implementing members. In its role as a communication partner, UNICEF supports the Government hotline on COVID-19 and creates public service

Data and research gathered by humanitarian organizations can play a key role in illuminating the information gap and perceptions of communities.

announcements to be broadcasted on media. In addition, the MoPH RCCE has developed message outlines for a vaccine rollout. The MoPH also relies on data submitted from regional and provincial health representatives to gauge perceptions and information needs of the community on COVID-19. There is evidence to suggest that the information needs of the community are currently being gathered by government officials with plans for a perception study to be carried out along with the vaccine

roll-out. Data and research gathered by humanitarian organizations can play a key role in illuminating the information gap and perceptions of communities. While WHO and UNICEF are present in both the RCCE working group and the MoPH RCCE, there needs to be more collaboration between both bodies.

A preliminary network mapping assessment in the humanitarian sector – asking informants about their levels of interactions with other actors and identifying the main nodes of interaction during the COVID-19 pandemic – shows a similar picture: there is a high degree of interaction within the humanitarian sector and with established external actors (ministries, established public and commercial media), but that does not necessary translate to information sharing, aligned visions and de-siloed work. ●

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[32] *Whole of Afghanistan Assessment 2019, REACH*

6.4 RUMOR TRACKING AND COMMUNITY FEEDBACK MECHANISMS

Led by the global RCCE action plan, the Afghanistan RCCE working group developed a Collective Approach to RCCE on COVID-19 building on lessons learned from other health crises in best practices to directly tackle stigma and misinformation.[33] The working group drew upon feedback gathered by humanitarian organizations during the 'first wave' and created guidance documents on key topics like self-isolation and stigma, and key messages, with the support of the MoPH and WHO, to directly address questions and misinformation raised to incorporate into mass media campaigns and support community engagement activities.[34]

There are several active initiatives seeking to better understand and address challenges related to community perceptions. From September 2020 to February 2021, Internews disseminated rumor bulletins drawing upon community feedback, highlighting some of the riskiest and most common misperceptions about the COVID-19 virus, and providing analysis and suggested strategies for humanitarian and media organizations on addressing these rumors. A number of other organizations are also producing and sharing reports and bulletins addressing rumors, perceptions and questions from communities. For example, UNICEF monitored publicly available dialogue on sentiments and perception and, in conjunction with DAF consultancy, produced a bi-weekly media monitoring report from its social media platforms and public/commercial media sources. BBC Media Action produced a monthly COVID-19 and Community Voice research paper looking at perceptions of community development councils, healthcare workers, journalists and IDPs in six provinces. UN Women produced several Gender Alert documents looking at the gendered impacts of COVID-19.

Many organizations producing content on COVID-19 endeavor to share information directly with the community. UNICEF prepared a number of public information messaging tools (IEC materials) which humanitarian organizations could use to communicate about COVID-19 and infection control. Internews produced a series of infographics and audio clips for dissemination on social media on different aspects of COVID-19, including treatments and symptoms. From November 2020 onwards, BBC Media Action has been broadcasting public service announcements on television and radio on prevention, and producing a radio drama with COVID-19 prevention measures as a key ●●●

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theme aimed at nomadic populations. IOM reached over 40,000 IDPs using RCCE messages and collaborating with community elders and influencers, and provided information to returnees on the Iranian and Pakistani boarders with billboards, brochures and banners.[35]

Humanitarian actors seek to use a variety of feedback channels to gather input on specific rumors, questions and fears, as well as to disseminate information and guidance through channels including SMS campaigns; social media, radio and television; leveraging local influencers and religious figures; hosting questions and answers with authorities on trusted news and social media sources; and billboards and information brochures. NGOs and UN agencies have also reported directly engaging with community on COVID-19 including through community centers, transit centers (for returnees) and health centers, focus group discussions

(for example as part of protection programming), and door-to-door and other face-to-face interactions (as part of nutrition or hygiene promotion programming).

Humanitarian actors report having better results in disseminating information when leveraging their existing networks of partners and programming infrastructure. To gather community feedback, the preferred approach includes partnering with community health workers, women's associations or religious leaders, and using teachers for door-to-door interactions during school closures, as well as NGO staff from the community in question. However, bringing these activities together to foster genuine two-way communication is easier to talk about than to implement, and many humanitarian actors have struggled.

Despite significant efforts, our interviews

with community members highlighted a widespread frustration among communities with how humanitarian actors communicate, with a perception that information shared was not relevant to local realities or to the questions asked by the community. The 2019 Whole of Afghanistan assessment reported that 69% of shock-affected households listed *"how and where to register for humanitarian aid for"* as the information they most wanted to receive from aid providers and 89% of them reported feeling inadequately informed about available assistance and how to access it.[36] ●

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[33]18/08/2020 *Health Cluster: Coordinated community engagement in Afghanistan*

[34]18/08/2020 *Health Cluster: Coordinated community engagement in Afghanistan*

[35]*Afghanistan: COVID 19, Multi sectoral Response, Operational Situation Report OCHA, 2020*

[36]*OCHA, ICCT, REACH July – September 2019, Whole of Afghanistan assessment: 33;*

VII. KEY FINDINGS AND RECOMMENDATIONS – Towards a healthier information ecosystem

7.1 KEY FINDINGS ON THE INFORMATION LANDSCAPE AND COMMUNITIES' INFORMATION PRACTICES

Foundations to build on

A broad range of actors have been relatively committed to delivering quality information on COVID-19 topics:
■ National media channels collectively dismissed the persistent rumor that COVID-19 is not real, a significant achievement in addressing misinformation regarding COVID-19.
■ Mobile companies offer pre-recorded COVID-19 prevention messages before people make calls.
■ Awaaz and MoPH hotlines offer a way to access information regarding treatment of COVID-19 when communities cannot access health centers.
■ CSOs were active on the ground with awareness-raising campaigns and had a measurable impact in increasing people's knowledge around the pandemic.

Religious and community leaders are a trusted channel in rural areas.
■ Several media outlets actively engaged with moderate religious leaders.
■ Several mass media outlets addressed widespread religious rumors regarding COVID-19 by hosting moderate religious leaders and featuring tailored, relevant information on their platforms.
■ Religious content in favor of COVID-19 preventive measures and lockdowns was shared on social media in support of MoPH recommendations.

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Quality reporting is recognized and helps to generate trust, particularly in urban settings.
■ Selected large national media have established trusted relationships with broad audiences through quality reporting.

The majority of people have access to local news in their preferred language (particularly through radio in rural areas).

Trust in health workers and the information they share regarding COVID-19 and other health issues has increased during the pandemic due to awareness-raising by media.
■ Most people will turn to health workers for health-related information rather than seeking traditional therapies. This is positive as they usually can be relied upon to share quality health information.

Despite increased knowledge, populations do not necessarily apply protective measures as much as they used to do in the first months of the pandemic

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Knowledge among communities – on COVID-19, treatment and protective measures – has increased significantly since the early days of the pandemics.
■ Increased knowledge has helped reduce stress and fear within communities.

Challenges to address
Despite increased knowledge, populations do not necessarily apply protective measures as much as they used to do in the first months of the pandemic.
■ This is largely due to a lack of trust in MoPH data.
■ Moreover, COVID-19 was initially seen

as scary and widespread in Afghanistan, generating a lot of fear. With smaller case numbers, fear has decreased, and many people have stopped applying preventative measures. Some people also believe that they are already immune.

Trust in government data (MoPH statistics on cases in particular) is a central challenge, and access to data has proven difficult.
■ There was conflicting messaging and guidance regarding COVID-19 from government departments. For example, on June 26, 2020, the Health Minister reported that no cases had been recorded. A few days later, the Afghan president said that COVID-19 was at its peak in Afghanistan. This lack of consistency badly impacted MoPH and other government departments' reputations and created mistrust in government and public media.

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■ MoPH's weakness in tracing the actual number of COVID-19 infections and underrepresenting or overrepresenting these numbers has harmed trust in government communication and media reporting alike and reduced people's willingness to follow SOPs.

■ Community representatives and media providers have struggled to access information from government bodies.

■ Ministries websites are hard to access for some people because they are not updated in all three languages: English, Pashtu and Dari.

The difficult financial situation of many media, the low level of capacity and the structure of the media landscape limit the availability of quality content and information.

■ Media outlets generally lack diverse sources of income and are reliant on donor or government funding to sustain themselves. This can lead to 'media capture', where the content produced by media is influenced by the funders they are dependent on. This makes it difficult for media to make their own decisions and invest in long-term development

■ The huge number of media outlets in Afghanistan, while positive from a diversity standpoint, is a big challenge to ensuring quality and financial sustainability, and ultimately trust from the audience.

■ There is lack of media fiction productions in Afghanistan and most media outlets broadcast dubbed Indian and Turkish fiction/dramas, making it hard for people to relate to the content. This also results in a missed opportunity to leverage more entertaining content to share reliable and locally relevant information.

Security challenges, censorship and self-censorship further limit the availability of relevant quality content.

■ Many communities cannot exercise freedom of expression on social media or in public spaces because of fear ●●●

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of mafia and insurgents. Insurgents have beaten people for talking against them on social media.

■ Those living in conflict zones face barriers in accessing information regularly. Insecurity has left people in an information vacuum because journalists cannot collect data from those places, and community leaders cannot attend seminars or district assemblies on behalf of the people due to fear of insurgents.

Information flow is perceived as top-down rather than bi-directional. Institutional actors have low levels of understanding around community needs and meaningful community engagement remains under-developed.

■ Government-sponsored media does not consider the demands of communities and is not considered independent by community respondents.

■ The capacity of the media to engage

The capacity of the media to engage local communities is limited, leading to a lack of locally relevant programs aligned with community needs

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local communities is limited, leading to a lack of locally relevant programs aligned with community needs.

Early awareness raising and communication efforts were not always well-targeted, tending to focus on the general population rather than on doctors and health workers.

■ National guidelines targeted at health workers were produced very late after COVID-19 had started to spread in the country, while efforts to reach out to populations directly started early on.

Misinformation around COVID-19 remains prominent and has real-life

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negative impacts on communities.

■ Word of mouth and many social media users contribute to the spread of rumors. Information created by communities is shared without verification and often leads to exaggerated or misleading statements. Significant anecdotal evidence points to the real-life impact of rumors, with people becoming infected with COVID-19 due to following misleading information.

■ Limited literacy – both media and general – means most rural communities are not in the position to interpret or verify information from media or use credible media sources. Women are particularly prone to misinformation due to comparatively limited literacy.

Despite a broad range of information providers, access for minorities and vulnerable groups remains difficult.

■ IDPS, women, and other vulnerable or marginalized groups have less access to information when compared with the general cisgender male population. ●●●

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Access to radio, television and internet remains difficult for most rural women, and women in most cases rely on their husbands or male family members for information.

■ There is no research available as to whether Aimaq, Peshai and/or other dialectal language speakers access information in their languages. NGOs are reluctant to gather data on ethnicity or language due to sensitivity.

OPPORTUNITIES FOR IMPROVING INFORMATION ECOSYSTEM HEALTH

■ Efforts to date by a variety of actors on vaccine education and campaigning can be extended/re-deployed.

■ Foreign funds are available for COVID-19 given the global nature of the pandemic. This could provide additional opportunities for funding for media outlets and other organizations in Afghanistan.

■ The strong presence of international media in Afghanistan (BBC, VoA, DW)

offers opportunities for local media to access information and reporting and to increase their capacity.

■ The trend towards better inclusion of women in government district assemblies will give women the opportunity to raise their voices, and access and share information directly with male district representatives and district governors. These district level women representatives will then also be a source of information for other women in their vicinities.

RISKS AND CHALLENGES TO MITIGATE

The worsening security and political situation bring a lot of challenges for media freedom and freedom of expression.

■ Freedom of expression is under threat from insurgents. The government and a broad range of influential actors are not always fully committed to freedom of expression. Peace deal negotiations

offer limited reassurance around these persistent threats.

■ Access to information for media remains constrained, including to government data.

■ Due to recent incidents of the targeted killing of journalists and civil society workers, many are resigning from their jobs, and journalist/civil society turnover is high.

■ Government, while somewhat aware of the limitations of their COVID-19 information response, are increasingly consumed by peace negotiations and the security situation, and have little bandwidth for other challenges which they perceive to be now less critical.

■ Trust in the media will continue to decrease if political pressure on the media and bias in reporting persists.

■ Low media literacy and poor governance of social media (e.g. allowing the sharing of graphic violent content) increases the risk of rumors, psychological damage and other harm. ●

7.2 KEY FINDINGS ON HUMANITARIAN RESPONSE

Humanitarian actors have amplified efforts to communicate with communities but major gaps remain and communities' information needs remain largely unmet.

■ The establishment of the RCCE working group at the outset of the pandemic was critical to supporting humanitarian organizations to communicate with communities and share information about the risk and response to COVID-19. Having been operational for a year now, its strategic objectives for 2021 need to be clarified and more participation from national NGOs would be beneficial.

■ The RCCE working group is a forum where individual organizations can share their learnings and research on community engagement, community perceptions and misinformation to inform programming in the humanitarian system and the development of shared resources, including rumor tracking data and bulletins, IEC material and community engagement training modules. While these outputs exist, it is unclear how many organizations use these insights in their programming.

■ NGO partners leveraged existing programming to engage communities and share information about COVID-19, reassigning health and education frontline workers and humanitarians to carry out mobile outreach and engage communities in COVID-19 response. ●●●

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■ While a national referral, complaint and feedback mechanism is currently in place (Awaaz), there remains a need for organizations to refer communities to it, and to establish minimum standards for accountability and two-way engagement, including referral, complaint and feedback mechanisms. Greater data sharing is also needed to enhance collaborative outputs, such as risk communication materials. These needs are currently being championed by the AAP working group.

■ Despite efforts by humanitarian actors, information about humanitarian aid remains one of the largest information gaps mentioned by communities.

Stronger coordination and collaboration on risk communication and community engagement is needed.

■ Coordination between inter-governmental organizations, international NGOs, national NGOs and CSOs needs strengthening. Representative participation by national NGOs in some coordination bodies is lacking. More alignment between regional and national coordination mechanisms would benefit the coordination at national levels, where organizations working at regional and provincial level have relationships with local authorities.

■ The Health Cluster and RCCE working group do not work closely together despite the public health nature of the COVID-19 crisis.

■ Links have been formed between the government's RCCE and vaccination communication committees should continue to be strengthened and more opportunities for dialogue between the MoPH and humanitarian organizations should be encouraged.

■ Humanitarian organizations often collect feedback and perceptions in silo and to inform their own programming. More collaboration is needed. Results are often shared and should continue to be shared in national fora, as well as through sub-national coordination. The RCCE working group prompted collaboration between certain humanitarian organizations in the gathering and sharing of feedback about COVID-19. However, this work lost momentum just prior to the 'second wave.'

Authorities, conflict and cultural paternalism around information shape engagement with communities.

■ Community engagement is largely shaped by overarching issues of cultural paternalism around provision of information from authorities, lack of trust in authorities, and the absence of a strong dialogue between authorities and communities.

■ There are multiple authority stakeholders that need to be consulted to secure programming and campaign approval, complicating program processes and community engagement.

■ The persistence of conflict and security challenges tends to dwarf the perceived risks associated with COVID-19, generating complacency in adopting ●●●

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preventative measures and fatigue in hearing risk mitigation communications from humanitarian organizations, which come across as out-of-touch.

New approaches are needed to reach and meaningfully influence the most vulnerable groups.

■   Humanitarian access remains a large problem due to conflict, natural disasters the delayed peace process and geographically hard to reach areas. These factors exacerbate access to information for the whole population, but particularly vulnerable groups, including women (reported to have far less access to mobile phones), children, people with disabilities, nomadic people and those in geographically hard to reach areas.[38]

■   Leveraging relationships with community leaders is often the preferred way to access vulnerable groups and address their information needs, but our research highlights that they are not always as trusted as humanitarian actors view them to be.

■   Public service announcements on television are of little use to reach these communities.

■   Partnerships with CSOs and local media could be an avenue for effective community outreach, worthy of further exploration. ●

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[38]*07 May 2020, RCCE Presentation to HCT Meeting on REACH assessment "Communities' Information Access, Preferences, Needs, and Habits"*

7.3 RECOMMENDATIONS

Recommendations for Media Providers:

Know your role

■ Proactively initiate reporting in times of emergencies like COVID-19, rather than await targeted financing/paid-for content. Media outlets have a social responsibility to inform their audience in these times of crisis.

Know your audience

■ Engage in conversations with the target audience. A better understanding of audiences' preferences and needs will result in more relevant content driving both influence of information and interest in the channel/media outlet. This could include pursuing more interactive content formats such as talkback radio, or investing in research to better understand audiences (e.g. audience surveys).

■ Develop more cost-effective local entertainment and fiction (drama/soap operas/comedy) content that reflects audience's lived experiences, and leverage these platforms to disseminate information about COVID-19 and other key societal challenges.

■ Create content that leaves space to people's stories, learnings and recommendations.

■ Combat misinformation by understanding and addressing the rumors circulating in the community through online rumor tracker and closer collaboration with community members, leaders, local government and CSOs.

Improve standards

■ Avoid spectacular reporting and exaggeration – they can result in psychological damage among audiences and loss of trust further down the line.

■ Leverage external expertise and resources as much as possible.

■ Invest journalists' capacity development, in particular around risk communication and health journalism.

■ Prioritize investigative reporting and fact-checking, especially on accusations of mismanagement of the COVID-19 crisis by the government.

Collaborate

■ Promote stronger collaboration and cohesion between media outlets to increase collectively power when fighting for freedom of expression and access to information.

Prioritize inclusion

■ Produce content taking into account the specific needs of vulnerable groups (women, nomads, IDPs, people with disabilities) who are more likely to be disproportionately affected by COVID-19.

Recommendations for Government:

Prepare

■ Invest in prevention and awareness raising efforts – including through making the Health Promotion department functional.

Improve transparency and access to information

■ Improve transparency of MoPH statistics and educate people on the challenges (e.g. limited testing capacity).

■ Create a more conducive environment to sharing government information – including training and empowering staff of information departments on providing information to external parties and definitively addressing the common fear of being criticized for sharing information.

■ Provide essential data to journalists and CSOs.

■ Act on investigative reporting demonstrating mismanagement or pointing at specific officials.

■ Shift more responsibility towards relevant Ministries in terms of interacting with the public and with media – including updating information on their websites and ensuring it is provided in English, Pashto and Dari.

Be targeted and relevant

■ Share information in relevant formats (posters, social media, flyers, etc.), through relevant channels, leveraging local presence in communities (district representatives, district-level assemblies, teachers, religious leaders, etc.). Reach as much of the population as possible and gather feedback from communities.

Coordinate and collaborate

■ Engage more consistently with humanitarian organizations and CSOs.

■ Improve intra-government coordination (on information sharing, on interacting with humanitarian partners, etc.)

■ Engage in policy efforts and collaborations with international institutions and private sector actors to expand internet penetration and decrease internet usage costs.

Recommendations for Community:

Pause before you share

■ All community members must refrain from sharing unverified information, es-pecially if it bears risks for others. Rely on established media sources or local well-informed persons to verify information.

Know your influence and take responsibility

■ Religious and community leaders in particular, but also all community members with spheres of influence, must acknowledge the central role they play as information gatekeepers and intermediaries. They must develop their capacity to authenticate and verify information, and bring forth misinformation through opportunities provided by humanitarian and CSOs.

■ Community leaders, religious leaders, teachers and university students must take responsibility for minimizing misinformation by conducting volunteer sessions, sermons and debate in communities to raise awareness. Religious leaders could consider developing guidelines around preventive measures anchored in religious principles.

Recommendations for Donors:

Diversify

■ Increase diversity of funding models for media. Move beyond financing specific content to offering more organizational support, allowing media outlets to plan for longer-term development and have higher agency in their content production choices.

Foster collaboration

■ Encourage international NGOs and local actors (NGOs and CSOs) to work together to leverage their complementary strengths, including through facilitating consortia, adjusting reporting requirements, providing capacity building support, or financing resource-constrained local actors.

Promote two-way communication

■ Leverage influence to promote more two-way communications between humanitarian actors and communities (see recommendations for humanitarian actors above) which will drive higher efficiency of aid budgets.

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Recommendations for Humanitarian Actors:

Localize

■ Localize all community engagement approaches and favor modalities that align with the actual needs and habits of local communities.

■ Share regular information on aid and humanitarian activities at a more granular, community level, not only at the national or regional level.

■ Involve women, girls and other vulnerable groups in participatory programming processes and decision-making to ensure that responses to COVID-19 adequately address their needs.

Foster two-way communication

■ Roll out more consistent community engagement as a two-way process rather than a top-down dissemination activity, including through planning, coordination efforts, and comprehensive training of humanitarian workers.

Strengthen partnerships

■ Develop stronger collaboration between international NGOs/multilateral institutions and local NGOs and CSOs to streamline two-way communication with communities.

■ Create space for and facilitate participation of local actors in the RCCE working group, the Communicating with Communities working group and other relevant coordination bodies.

■ Build partnerships leveraging proximity and cultural relevance of local actors to improve the quality of two-way communications with communities.

■ Log and share community feedback with other humanitarian actors in a more systematic fashion, including the promotion of Awaaz as a complaint and feedback mechanism.

Engage more proactively with Afghan media outlets

■ Allow humanitarian organizations' experts (not just official spokespeople) to be interviewed by journalists both to support resource-constrained media outlets and improve transparency of and trust in humanitarian action.

■ Leverage mass media's extended reach to complement the more targeted awareness-raising campaigns led by NGOs. ●

ACKNOWLEDGEMENTS AND CREDITS

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Participant	MoPH
Participant	Access to Information Commission
Participant	OCHA
Participant	WHO
Participant	UNICEF
Participant	RCCE coordinator
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Marjila Badakhsh	Nai

COMMUNITY AND RELIGIOUS LEADERS

Name	Organization	Name	Organization
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Obaidullah Faizy	Religious leader	Participant	Religious leader
Mahmood Khan	Local authority	Participant	Local authority
Shams Kamran	Community Representative	Abdul Hanan	Community Representative
Molavi Jamaluddin	Religious leader, Farah	Haji Zarin	Local authority
Aref Farooqi	Community Representative	Hedayatullah Hadafmand	Religious leader, Kabul
Participant	Local authority	Participant	Community Representative

FGDS PER PROVINCES

No	Province	Participants
1	Nangarhar	**Male**
2	Nangarhar	**Female**
3	Kabul	**Male**
4	Kabul	**Female**
5	Herat	**Male**
6	Herat	**Female**
7	Kandahar	**Male**
8	Kandahar	**Female**

No	Province	Participants
9	Farah	**Male**
10	Farah	**Female**
11	Nimroz	**Male**
12	Nimroz	**Female**
13	Kandahar/ IDPS	**Male**
14	Herat / IDPS	**Male**
15	Herat/ IDPS	**Male**

OVERVIEW OF THE SAMPLE FOR THE QUANTITATIVE SURVEY

The quantitative survey took place in Herat, Kabul and Kandahar and was conducted by Geopoll on behalf of Internews through telephonic conversations and using a random dialing system. 650 individuals completed the survey.
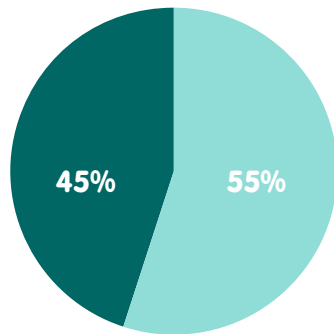
AGE
- 15-24
- 25-34
- 35+

46% · 24% · 30%
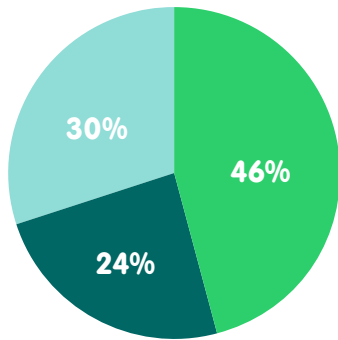
GENDER
- Female
- Male

45% · 55%

EDUCATION LEVEL

University 38%

High school 29%

Primary 19%

None of the above 14%

MINORITIES

No vulnerable group 81%

Internally dispaced people 10%

People living with disabilities 2%

Ethnic minority 1%

Migrants 1%

ROOTED IN **TRUST**

DIVERSITY, DISTANCE AND DISTRUST

Information dynamics in Afghanistan
during the COVID-19 pandemic