

Civil Society Organisations responding to COVID-19: A critical role and how to support it.

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Contributors including locally based development workers and members of local Civil Society Organisations from countries in Asia, Africa and Central America discussed their experiences and those of the communities they work with during the pandemic and asked what steps would support effective recovery for those communities

Authors: Adessou Kossivi, Adrian Phiri, Akhteruzzaman Sano, Andy Agbein Kings, Ben Wisner, Buh Gaston, Caesar Ngule, Fatima Gay Molina, Hepi Rahmawati, Lorna Victoria, Lucy Figueroa, Manu Gupta, Nisha Shresha, Khadga Sen Oli, Pradeep Mohapatra, Rabia Ghani, Sarwar Bari. (And anonymous contributors) Facilitator: Terry Gibson (terry.gibson@inventing-futures.org)

The Question

What part might Civil Society Organisations (CSOs), particularly those working closely with local communities, play in the long-term response to and recovery from COVID-19? The focus here is on relatively small CSOs working at national or local level, who have a rich understanding of local contexts and needs as well as links to local and national government as well as other agencies and institutions.

This question is posed for very practical reasons. Since national and local CSOs are uniquely positioned to build bridges between communities and other actors they have a potential role in matching the resources and interventions of government, agencies and institutions to local needs and priorities. They often exercise watchdog and advocacy functions based on this positioning.

This paper provides answers to the opening question based on discussion with 18 participants working across Asia and Africa. Insights from the participants have been shared and discussed and this has led to answers to the opening question and concrete proposals for action which have also been shared and discussed.

The findings and recommendations are therefore rooted in a small number of personal experiences. Other studies such as John Twigg's Scoping Review¹ are painted on a much broader canvas and draw on a wide literature. Others again, such as Oxfam's 'Emergent Agency' initiative² seek to develop theories about modes of response to the pandemic. This discussion contrasts with and complements studies such as these, by emphasising practitioner experience and voices of those dealing day-by-day with the challenges the pandemic presents to communities. As has been suggested, these voices have particular

¹ [COVID-19 as a 'Critical Juncture': A Scoping Review' \(Global Policy Journal\)](#)

² <https://oxfamblogs.org/fp2p/next-phase-in-making-sense-of-emergent-agency-in-a-time-of-covid-kicking-off-this-wednesday-please-join-us/>

value as they are those of bridgebuilders, understanding local contexts but also engaging with other actors. This is illustrated in the majority of the country reports below, which display rich understanding of local challenges and opportunities along with an awareness of the needs to strengthen partnerships and engage with government, funding agencies, etc.

Method

- Informal invitations were circulated to 25 contacts known to the facilitator from work with networks and in the field. Of these, 18 participated at various stages of the consultation.
- Over a four month period December 2020 – March 2021 iterative online discussions were held via email (this asynchronous communication method accommodated people's availability better, it was felt, than attempting synchronous meetings).
- Communication cycles were approximately weekly, totalling 14 cycles, in which feedback from each cycle was summarised and circulated with further invitations for inputs.
- The consultation moved from the initial question to sharing of examples and short case studies. It progressed to drafting of findings and recommendations and the shaping of a report
- This material was shared with the participating group and other contributors in a webinar co-hosted with Inventing Futures and the Asian Disaster Reduction and Response Network (March 17th 2021).
- A summary report was prepared and is now being circulated via various networks
- All outputs including the reports and the webinar are available at <http://inventing-futures.org/covid-civil-society-organisations/>

Starting with the Ending

These are our findings and recommendations, and we have attempted to make the recommendations things that might actually happen. We've put them at the beginning rather than the end as these are the important actionable messages. The information which generated them is provided below the findings and recommendations.

Findings from CSO contributors:

1. In some cases responses to the pandemic have led to state-driven repression and suffering, specifically for the vulnerable (particularly see Togo, Senegal and the Philippines). In effect, this has resulted in a further human-induced disaster following the biological hazard in these contexts³. Data in this report reflects very different contexts and in all except Honduras infection rates are low. In fact the data for total deaths per capita is striking in showing that most of the countries experiencing more than 1000 deaths per million are rich, developed countries. Honduras currently has a death rate of a third of this figure, countries such as India and Nepal have figures around 100 per million, and countries such as Senegal reporting repression related

³ See also a summary of restrictions to free speech by governments related to the pandemic: <https://wp.me/a8JT5Z-7z>

to lockdowns show figures of approx. 40 deaths per million⁴. Draconian lockdowns have been imposed regardless of this variability with extremely negative consequences for livelihoods. Ben suggests that lockdowns can be ‘a disaster within a disaster’. In these cases, CSOs are challenged to act as watchdogs and challenge such behaviour.

2. In other cases governments have made substantial responses to the pandemic, but are often challenged by the trade-off between health and economic considerations, walking a political tightrope. (see particularly Bangladesh, Pakistan, Senegal and Nepal)
3. Governments often depend on CSOs for service delivery, particularly in disaster contexts such as this (see particularly India, Kenya and Nepal). In some cases spontaneous and informal leadership has emerged to compensate for failures in formal supply chains.
4. CSOs have rich understanding of ways in which the response of government and others could be improved through partnerships, coordination and understanding of local contexts (see particularly Cambodia, Kenya, the Philippines, India, Cameroon, Indonesia and Nepal)
5. Despite the increased demands on CSOs now and into the future, *it's just when they are diving deepest that they are being starved of oxygen* as funding sources are cut locally, nationally and globally (See particularly Cameroon, India and Nepal)
6. The short-term focus of governments in response to disasters, its perception exclusively as a health challenge has restricted response to livelihood issues, increasing impoverishment of the poorest contrasts with the principles of Disaster Risk Reduction which seeks to ‘build back better’ through transformational recovery, emphasising sustainable development and resilient pathways (see particularly the Philippines, Kenya, Cameroon and Nepal).

Calls for Action. What, and Who

1. **Resources:** As the calls on CSOs increase, their resources decrease. Providing core funding (as opposed to projectized, tied funds) for CSOs to enable them to maintain their key roles as bridgebuilders is critical to sustaining and strengthening their role. Government policies and orientations are short term and are made for political purposes. CSO are more sustainable than political decision makers who have a short-term mandate. While decision-making should be left in the hands of governments, CSO should be recognised as change makers and therefore implementation should be left in their hands. INGOs and other funding agencies should create mechanisms to support partner agencies in this way and agencies should consider creating funds which can be accessed by local CSOs to support core costs.⁵

⁴ <https://www.statista.com/statistics/1104709/coronavirus-deaths-worldwide-per-million-inhabitants/>

⁵ Andy, in Senegal, suggests that among CSOs working with local communities a “COVID-19 Response Network” is formed to assist communities build resilience to the impacts of the pandemic. Through this “Network”, a key goal would be to mobilise resources from INGOs, stakeholders and development partners to provide needed support/resources to frontline vulnerable communities on the receiving end of the pandemic.

Who: Donors, governments, INGOs, Foundations, National development agencies, Networks and Platforms should support them by providing financial and technical resources to reduce vulnerabilities to COVID-19

- 2. Building partnerships:** Global institutions such as the World Economic Forum⁶ recognise the critical role civil society plays. Local CSOs are in a unique bridgebuilding position to forge partnerships which strengthen flows of knowledge and resources and enable governments and other actors to respond more effectively. Existing partnerships should be strengthened and new ones forged as an investment in long term effective and targeted recovery.

Who: CSOs, Local and national government, facilitating agencies such as UN agencies. Networks, Platforms

- 3. Advocate for Transformational Disaster Risk Reduction** rather than short term response. As John Twigg notes at the end of his scoping review⁷ little attention is given to Disaster Risk Reduction in responses to the pandemic, but as is noted in the report from The Philippines, sustainable futures depend on much more than the short term ‘magic bullet’ of vaccines⁸. A colleague at WHO argues that governments fail to exercise leadership,⁹ by taking sometimes unpopular decisions for the sake of a sustainable future, rather than focusing on short term gain. Ben Wisner suggests that the very emergence of novel diseases is a consequence of the pressure we put on the natural environment¹⁰. Many CSOs – including most contributing to this study – recognise the importance of Disaster Risk Reduction (allied to Climate Change Adaptation and Sustainable Development) in ensuring long term protection of lives and livelihoods. In the medium and long term unless these principles are foregrounded and adopted, nations and the whole world will lurch from crisis to

⁶ <https://www.weforum.org/agenda/2020/05/why-civil-society-is-essential-to-covid-19-pandemic-recovery/>

⁷ [COVID-19 as a ‘Critical Juncture’: A Scoping Review | Global Policy Journal](#)

⁸ “CPRH continually reiterates the call to strengthen the neglected health system, beyond sheer reliance on vaccines, as the true and lasting solution to not just the COVID-19 pandemic but also the deeper health inequities plaguing our society.”: (Fatima Gay Molina: Philippines country perspective in this report.)

⁹ “It’s the early hours of 31st of December 2019, and the WHO epidemic tracking system in Geneva begins to pick up a steady stream of media reports about an outbreak of pneumonia in Wuhan, China. Surely no one could have predicted what was in store for the world, and how life would change so dramatically in the months ahead? Wrong. They could - and they did. Just a few weeks earlier, in September 2019, the Global Preparedness Monitoring Board released its first report, ‘[A World at Risk](#)’, in which it predicted the devastating impact on people, society and economies of a major pandemic caused by a respiratory virus. The GPMB issued a stark warning of the consequences of countries failing to prepare for such an eventuality, concluding with the following words: “For too long, we have allowed a cycle of panic and neglect when it comes to pandemics: we ramp up efforts when there is a serious threat, then quickly forget about them when the threat subsides. It is well past time to act.” Their solution? “What we need is leadership and the willingness to act forcefully and effectively.” Unfortunately, the Covid-19 pandemic has been a profoundly painful lesson in the failures of leadership.: (Ian Smith. Global Preparedness Monitoring Board Support Team. WHO. Pers. Comm. 3/01/21)

¹⁰ “Biodiversity decline, forest fragmentation and climate change have combined to drive microbiota into new niches and in the case of parasitic and commensal species, including viruses, into new hosts. So controls on land use, on mega-investments in forestry projects by international companies, mega-dams, large scale wetland drainage and fragmentation (e.g. by oil pipelines) are all essential to prevent FUTURE PANDEMICS at the source, that is the emergence of other viruses that may jump to human hosts.” : (Ben Wisner. Pers. Comm. 15/01/21))

crisis. CSOs, agencies and networks can partner to advocate for this shift in mind-set, particularly at this time of disruption.

Who: *Formulate specific calls for CSOs to press, networks and relevant agencies such as UNDRR to champion at government and international level*

- 4. Building partnerships and networks:** Global institutions such as the World Economic Forum¹¹ recognise the critical role civil society plays. Local CSOs are in a unique bridgebuilding position to forge partnerships and networks which strengthen flows of knowledge and resources and enable governments and other actors to respond more effectively. Existing partnerships should be strengthened and new ones forged as an investment in long term effective and targeted recovery. The insights and expertise of local CSOs can be combined and strengthened for advocacy and action by combining through networks such as GNDR and GFCF¹² and through uniting for campaigns such as the earlier 'Drop the Debt' and the International Campaign to Ban Land Mines. The current 'Free the Vaccine' movement shows the power of INGOs and CSOs combining their voices.

Who: *CSOs, Local and national government, facilitating agencies such as UN agencies. Networks, Platforms*

- 5. Advocate for Transformational Disaster Risk Reduction¹³** rather than short term response. As John Twigg notes at the end of his scoping review¹⁴ little attention is given to Disaster Risk Reduction in responses to the pandemic, but as is noted in the report from The Philippines, sustainable futures depend on much more than the short term 'magic bullet' of vaccines¹⁵. A colleague at WHO argues that governments fail to exercise leadership,¹⁶ by taking sometimes unpopular decisions for the sake of a sustainable future, rather than focusing on short term gain. Ben Wisner suggests

¹¹ <https://www.weforum.org/agenda/2020/05/why-civil-society-is-essential-to-covid-19-pandemic-recovery/>

¹² See 'Making Aid Agencies Work; Gibson, T. (2019) Emerald pp. 125-129

¹³ Thanks to Ben Wisner for highlighting these two references supporting the concept of Transformational DRR:

<https://sustainabledevelopment.un.org/content/documents/616462-thomalla%20et%20al%20-%20transforming%20disaster%20risk%20reduction%20for%20more%20inclusive%20equitable%20sd.pdf>

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3358899/>

¹⁴ [COVID-19 as a 'Critical Juncture': A Scoping Review | Global Policy Journal](#)

¹⁵ "CPRH continually reiterates the call to strengthen the neglected health system, beyond sheer reliance on vaccines, as the true and lasting solution to not just the COVID-19 pandemic but also the deeper health inequities plaguing our society.": (Fatima Gay Molina: Philippines country perspective in this report.)

¹⁶ "It's the early hours of 31st of December 2019, and the WHO epidemic tracking system in Geneva begins to pick up a steady stream of media reports about an outbreak of pneumonia in Wuhan, China. Surely no one could have predicted what was in store for the world, and how life would change so dramatically in the months ahead? Wrong. They could - and they did. Just a few weeks earlier, in September 2019, the Global Preparedness Monitoring Board released its first report, '[A World at Risk](#)', in which it predicted the devastating impact on people, society and economies of a major pandemic caused by a respiratory virus. The GPMB issued a stark warning of the consequences of countries failing to prepare for such an eventuality, concluding with the following words: "For too long, we have allowed a cycle of panic and neglect when it comes to pandemics: we ramp up efforts when there is a serious threat, then quickly forget about them when the threat subsides. It is well past time to act." Their solution? "What we need is leadership and the willingness to act forcefully and effectively." Unfortunately, the Covid-19 pandemic has been a profoundly painful lesson in the failures of leadership.: (Ian Smith. Global Preparedness Monitoring Board Support Team. WHO. Pers. Comm. 3/01/21)

that the very emergence of novel diseases is a consequence of the pressure we put on the natural environment¹⁷. Many CSOs – including most contributing to this study – recognise the importance of Disaster Risk Reduction, including anticipatory action rather than depending on reactive response, Manu identifies a further paradigmatic shift towards ‘social protection’ as a basis for building societal resilience encompassing particularly the most vulnerable¹⁸. This encompasses psychosocial issues faced by the most vulnerable. Going forward, social protection will serve as the key linchpin for strategies towards resilience (allied to Climate Change Adaptation and Sustainable Development) in ensuring long term protection of lives and livelihoods. In the medium and long term unless these principles are foregrounded and adopted, nations and the whole world will lurch from crisis to crisis. CSOs, agencies and networks can partner to advocate for this shift in mindset towards a holistic recognition of the interconnected physical, biological, economic, political and aspects of societies and their environments which either determine or defeat sustainability, particularly at this time of disruption. This paradigmatic shift should form the basis of advocacy towards business, institutions and governments for transformation towards holistic policies and practices.

Who: *Formulate specific calls for CSOs to press, networks and relevant agencies such as UNDRR to champion at government and international level*

Footnote: The power of learning

An important footnote to these action-oriented recommendations is that participants also recognised the value of the ‘action learning’ process. Without learning from experience there is a tendency to simply reproduce failure. This short experimental process demonstrated the willingness and ability of local organisations to collaborate in learning from each other, producing unique insights. Many of those who took part valued the way the process informed their own work, encouraged them in their actions and gave them a sense of mutual solidarity and support. Particular benefits identified by participants included:

1. Learning from other colleagues’ practices and being able to apply that learning in their own work
2. Getting reinforcement for their work through discovering that others were dealing with similar challenges and adopting similar methods
3. Sharing information in the form of findings and recommendations which they could apply in their own advocacy activities, strengthening collaboration with government.
4. Valuing investing time in collaborative research and learning as a process
5. Valuing membership of this informal ‘community of practice’ in situations where they were often particularly isolated.

¹⁷ “Biodiversity decline, forest fragmentation and climate change have combined to drive microbiota into new niches and in the case of parasitic and commensal species, including viruses, into new hosts. So controls on land use, on mega-investments in forestry projects by international companies, mega-dams, large scale wetland drainage and fragmentation (e.g. by oil pipelines) are all essential to prevent FUTURE PANDEMICS at the source, that is the emergence of other viruses that may jump to human hosts.” : (Ben Wisner. Pers. Comm. 15/01/21))

¹⁸ Hugo Slim suggests “social protection” may become the dominant model of aid in future.
<https://www.odi.org/blogs/17727-it-s-time-invest-21st-century-and-repurpose-humanitarian-bureaucracies>

Action: *Strengthen support for collaboration and learning between CSOs, for example through networks, platforms and easily accessible online tools*

The Discussion

1. Headlines

Health and Economic Consequences

Governments have in several cases attempted effective responses to the pandemic, but *struggle with the trade-offs between managing disease transmission and maintaining the economy as noted in the account of the government response in Cameroon, and see discussion in the Bangladesh reportⁱ. Honduras has also struggled with the trade-offs between the health emergency and maintaining the economy and in Nepal there is similarly a focus on the health emergency but the challenges of the economic impact have not been addressed, particularly as they affect the poor and vulnerable. Comments from the Philippines concern the need to think more long-term than response and the 'magic bullet' of vaccines and to invest in strengthened healthcare complement those from the WHO report mentioned below about steps for long term preparedness, demanding strong leadership.*

Effective responses

There have been some *positive outcomes*, for example in Cambodia the disease has been very effectively contained, and in Cameroon response to the disease created an opportunity to rebuild trust between government and internally displaced persons from an earlier conflict. Hepi reports a striking example from Indonesia where a CSO forced to hand over more control of development and monitoring to local communities during the pandemic has recognised that this improves progress in community development. In the Philippines there is also constructive engagement between civil society and health organisations. In Nepal the national NGO platform, NFN, has coordinated meetings and coordination with government and pressed for greater involvement in response.

Taking advantage of the pandemic?

Whilst *governments may not actively take advantage of disruption* resulting from the pandemic to squeeze vulnerable sectors of society or civil society organisations working with them, *they may passively allow:*

- *reduction or continued absence of pro-active economic support* by governments for vulnerable sections of the population such as those in cities depending on daily waged labour *puts increased pressure on lives and livelihoods in these sectors*, for example in Cameroon, Nepal and Bangladesh.
- *squeezing of civil society organisations by loss of resources* as donors redirect or reduce funding as noted in Nepal, Cambodia and Cameroon, and by a lack of pro-active engagement by governments, for example in Nepal.

In some cases it is reported that *governments, their agencies and officers have taken advantage of the pandemic to repress and oppress sectors of the population*. Examples of this are cited in Senegal and Togo, and what seems a systemic increase in repression is documented in the Philippines (and also highlighted by the downgrading of the country in the 'Civil Society Monitor')

The role of Civil Society and the Citizenry?

In Pakistan the active role of local communities is seen as crucial to improved management of the crisis and its effects, but feel that local voices are often not heard. A breakdown in trust between government and citizenry is even more starkly depicted in reports from Togo and Senegal, where examples suggest that the pandemic has led to greater repression and mistrust.

As I originally asked, what is the role of local Civil Society Organisations (CSOs) in addressing these challenges? As bridgebuilders between communities and political institutions? This appears to be the case in Pakistan, and in Nepal the untapped potential of CSOs is highlighted. Local CSOs have a key role in strengthening communication, accountability and trust.

In Honduras an example is given of a CSO taking a watchdog function, auditing government mis-spending and corruption during the pandemic.

In Cameroon deteriorating relationships between governments and citizenry during the pandemic are highlighted and it is suggested that 'stricken' civil society needs to be strengthened to support rebuilding these relationships.

In Senegal, some CSO have managed financial support provided by the government to the most-at-risk. This has reinforced confidence in these CSOs, allowing them to make strong recommendations for improvement of the process.

In Nepal the watchdog, service delivery and advocacy functions of individual CSOs and of the national NGO platform are highlighted.

In Odisha, India, pressure results from returning migrants driven by the pandemic who have lost livelihoods. CSOs face major challenges, despite the promises of support for localisation, in securing resources to meet the needs of the most vulnerable.

Partnerships for change?

In both Cambodia and Khadga in Nepal the possibility of strengthening partnerships between civil society and government (I guess at all levels) is recognised, ensuring continuing recovery from the pandemic which includes the most vulnerable. The same idea seems to be echoed by international agencies. Great in theory, but how could that work in practice?

2. Country Perspectives

Bangladesh

Md Shamsuddoha is co-author of a report considering the Political Economy of COVID-19 and Climate Change Response in Bangladesh, where up to 21 Dec 2020 the pandemic had led to 7,280 deaths. Here are some comments from the report (available at <https://cprdbd.org/politicaconomy-covid19-climate-change/>):

[. . .] globally, the political leadership is found to be perplexed by the dilemma between the stringent implementation of the socio-economic imperatives as a necessary complement to the health care dimension or relax them to evade the impending economic downturn. Ironically, a majority of countries chose the latter one. This means a ‘business-as-usual scenario’ in economic activities while making the pandemic widespread, unpredictable and unmanageable. The political economy context of those countries has prioritized recovering the socio-economic consequences rather than responding to the aggravating health crises of the pandemic.

Experts keeping a close eye on the COVID-19 outbreak in Bangladesh have identified four key causes that allowed the virus to spread faster; they are: first, conservative approach in diagnosis, second, insufficient health care facilities and lack of motivation of the health professionals, third, flexibility in lockdown, and fourth, religious (mis)belief and social stigma.

Other than the health crises, the far-reaching impacts of COVID-19 pandemic like unemployment, poverty, hunger, social crisis, etc. have put the government in a challenging dilemma in terms of prioritizing an option; either to accept losses of lives or losses in GDP growth. However, it’s the government that shouldn’t have an option to choose either one; the first and foremost choice should be saving people’s lives. The government of Bangladesh failed to stick on that rational choice, has compromised the health care dimension and prioritized addressing socio-economic consequences through opening-up economic activities, businesses and the markets to function.

Cambodia

Sano writes from Cambodia, a country where the health impact of the pandemic has been very slight

I agree with the governments’ controlled approaches during the COVID-19. It is not that the governments controlled only the civil society, they controlled government offices, private sectors and even individual movements. In my opinion, what the governments have been doing, it is for the protection of the people. Freedom means to me is, doing my things respecting and valuing rule of laws of the country where I live. Example: Cambodian Government took serious adequate measures, and as a result, we are having safer life from COVID-19. Cambodia has no death from COVID-19 yet where many countries even developed countries have been suffering from the devastating impacts of covid-19. Freedom or right does not mean to me do what I want to do, rather it means to me is, do what should be doing, benefiting others, respecting rules of laws. (Where those laws are sound).

Sano contributed some further points emphasising partnership rather than conflict:

'When first few hundred Cambodian migrant workers came from Thailand, Cambodian government sent them all for 14-day quarantine. I am sure many of them were not very happy because they wanted to join their family members. But government controlled them. The reality is, it was done for the safety not only of the migrant workers but also for the protection of their family members and others. Certainly, there might some people unhappy and might claim government took their rights. As a conscious and responsible citizen of the country, I think, there was no other better option than the decision ~~was~~ taken by the Cambodian government. I think, if the government would be liberal to let the migrant workers join their families, we might experience Cambodia like Italy or UK. We should appreciate when the government does good and when we should complement when there is a need through meaningful dialogue rather than fault finding.'

Civil society in the world should promote the New Paradigm of Partnerships (NPP) with the government and development partners. There are many examples that CSOs go beyond their commitments. The fundamental commitments of the CSOs are to maintain the position as non-political, non- racial, non-religious, non-violent, etc. If the CSOs can maintain its commitments, I am sure, CSOs can add higher values in the efforts of the government. The NPP stands for 'looking at the development initiatives taken by the governments more positively and constructively, find ways to complement in need, act based on the facts rather than act finding the faults'.

While Sano acknowledges that the economic consequences of the pandemic will disproportionately affect poorer groups, and also reduce funding to civil society, he feels that the government in his country has taken the right actions for the protection of the people

Cameroon

Buh reports that the pandemic follows a period of internal conflict concerning the Boko Haram group in the north and the separatist movement in the Anglophone speaking part of the country, leading to internal migration and a large number of IDPs. The military has elected in certain places to use health centres as bases, which reduces access to healthcare for the community members and a high risk for the virus spread without any testing facilities.

'Thousands of the internally displaced population in the conflict zones had been living in bushes under precarious conditions before the outbreak of the pandemic and scared of both anti-government fighters and government agents. Government used the virus outbreak to gain access and build trust with the population. The distressed population will not accept anything from the government for fear they are labelled as black legs by the anti-government fighters. The government quickly used the pandemic to respond; making use of different community development associations. This approach is working well as some level of trust is rebuilt.'

'Rural communities had been relatively stable in terms of the pandemic's impact as some of these communities had not experienced any virus cases and members went about their activities without any much worries compared to the urban dwellers... [in Urban contexts] limited income and dependency on short-term everyday activities and the impact from the lockdown restriction during specific periods since the pandemic outbreak, this has been very hard for many families. Moreover, while the government provided regulations to curb the virus's spread, it later realised the impact of the lockdown on the economy (limited income into the government treasury). The ban was lifted on

social gatherings such as opening up bars and drinking spots. Still, the local communities' continue to be impacted without any incentive bill in parliament to support particularly low income families as the case in some countries around the world. Both the impact of the pandemic and decision of the government disproportionately affected the poor groups in the society'.

'With regards to CSOs impact on this, we have noticed that quite a bit of effort toward creating more space for CSOs over the last couple of years is now jeopardized by the current pandemic as most CSOs are struggling. We have limited funding flow to respond to the pandemic and limited available funding for engagement in other related activities. Existing projects do not have additional funding that considers the pandemic but with the possible no-cost extension of such tasks. We had equally started experiencing this in Cameroon as well before the pandemic this impact. We are therefore in a bit of stressful situation.'

'From every indication, there is an increasing mistrust between citizens and governments resulting from this pandemic. New approaches and time are required to rebuild collaboration and trust between government and citizens. Most importantly, the shrunken CSOs space requires new strategies in ensuring CSOs bouncing back better.

Honduras

Lucy reports on work a Honduran Civil Society organisation, Association for a More Just Society (ASJ), has done to call government to account for buying overpriced mobile hospitals without a clear plan for staffing and mobilising them – a 'watchdog' role... A Transparency International blog which also links to the full ASJ report is linked here: <https://www.transparency.org/en/blog/lack-of-planning-in-honduras-covid-19-purchases-risks-millions-in-public-funds#>

Her account of government decisions and public behaviour echoes that from Bangladesh:

"The government lock-down started to ease up in June, when the covid cases were very much on the rise. The cases are still on the rise, but people no longer care what the government says about preventive or lock-down measures. The vast majority of people live from informal economy, so they need to be on the streets selling their wares. Another interesting phenomenon is the amount of cleansers, bleach, gel, and masks that people are hawking on the streets! "Informal economy at its best!!" Meanwhile there are striking examples of mismanagement and corruption, for example the case of the government rapidly, and without tender, purchasing field hospitals to a value of \$47,462,500, paying 100% upfront of which a substantial proportion went to a middleman. According to the article reporting this most of the hospitals had not been delivered and it was questionable whether those that were were fit for purpose. Meanwhile the functioning hospitals were overloaded" .¹⁹.

India

Pradeep reports from the Odisha region of India that pressures result from the volume of returning migrants, driven by the pandemic and loss of work in the cities. Local government has quarantined migrants and in many cases uses school buildings, which impacts education. Having lost livelihoods the returnees are stressed, poor and hungry. The CSO has been involved with a small scale feeding programme, psycho-social first aid and seeking further resources for response:

¹⁹ <http://statecrime.org/covid19honduras/>

[We are] network members of Charter4change & localisation, that emphasises strengthening local fund and local organisation, all big donor organisations are signatories to this charter, but their local offices are very slow to disseminate to their local partners on localisation.

Government recognised initiatives for COVID-19 pandemic of CSOs in managing returnees, standards, relief, reducing transmission, extending support services to frontline workers, support relief, food, water, masks, sanitiser and extending strong communication to communities to stop transmission.

Communities have extended huge support since beginning and communities are still supporting action as it is our one of the principles.

Livelihoods are yet to resume, jobs have to restore so that reciprocation will take place. We are trying hard to mobilize other resources from foundations, trusts and government but it will take time.

Indonesia

Hepi reports on how the pandemic forced a striking change in working methods for community development which has improved community ownership and monitoring:

‘For local organizations like YAKKUM, Covid-19 pandemic has changed the way we work. Even though we always work directly with the community, the pandemic has taught us what is the real meaningful participation, and how trust between facilitating NGO and communities is exercised. Before the pandemic, field visit and accompaniment was quite intensive to ensure that everything goes as planned, because we were afraid of failure or if the result was not as expected. But with the pandemic and mobility restrictions, it forces us to transfer power and decision making at the community level, we take more effort to ensure that community, especially the most vulnerable are not left behind. We train older people, women, person with disability, people with HIV/AIDS how to use zoom and online coordination, how to document their practice using simple video technique, and how to collect data online using kobo or survey monkey. The results are quite impressive, in my opinion. It is not only cost effective, because the operational cost is minimum due to limited mobility, experience said that if community is well equipped with simple and user-friendly tools, they can collect good quality of data and information.

When we conducted post-distribution monitoring after our projects, and asked their awareness on our community feedback mechanism, majority of the people said that they will talk to the health cadres, older people association or disabled people organization, board members or head of sub-village to channel complain to YAKKUM. It means that the community also play significant roles in program accountability, meanwhile the western style of complaint feedback mechanism is through a hotline, complaint box which is least attended in Indonesia, for cultural reasons.

Our organisation is supporting the government in reaching out the most vulnerable to ensure fair vaccine distribution.

Prior the launching of vaccination for older people, YAKKUM facilitated meetings with Older People Commission and Yayasan Kebaya (Transgender organisation) to meet with Administration Bureau to discuss vaccine access for people with disabilities, older people, and transgender people. Identified challenge of vaccine coverage are:

- Many people with disabilities, older people and transgender have Citizen Card issues: be it they have never registered themselves, had ever registered but it is already abolished, or other administrative issue. Citizen ID number is required for vaccination registration, therefore people who are not have ID card will be excluded from vaccination.
- Mechanisms for vaccine registration and distribution are not widely known, which hinder the most vulnerable to get registered for vaccination

From the identified challenges, the Administration Bureau and Department of Population and Civil Registration agreed to facilitate issuance of ID cards for community members who have difficulties in Citizen registration. YAKKUM, Yogyakarta older people commission and Kebaya transgender organizations help to collect data of community members that still do not have Citizen Cards, and collect data of older people, people with disabilities and transgender that are eligible to receive vaccine.

Aside than vaccine registration, another issue in Indonesia is about vaccine hesitancy, and therefore YAKKUM conducted public awareness on vaccination, including conducting a Radio Talk show on vaccination to give awareness to public about the importance of vaccine and how to access vaccine for older people and people with disabilities. The talk show invited contributors from Bethesda Hospital, Health Department, Older People Comission and Ciqal (Disabled People Organisations).

Kenya

Caesar reports that The COVID pandemic has brought to the fore the centrality and the value that frontline grassroots organisations play in responding to community needs like never before. They were easy to reach, they have both formal and informal accountability mechanisms and most important, they are proving instrumental in containing and recovery measures. Most emergency and resilience response interventions to COVID 19 have been channelled through these local community organisations. Indeed, I have continued to observe that most development partners especially the International Non-Profits have had to scale down their operations or completely grind to a halt either because of the cessation of movements directed by the government or the fear of their staff members contracting the disease. The government has been forced to channel some of their support to communities through local organisations because of their flexibility and adaptive nature as well as the rootedness of the organisation in identifying the most vulnerable people in the community.

While the government has remained positively consistent with sharing of information around Covid19, accountability concerns have hindered the government's efforts and goodwill from segments of the population. This has invariably affected its capability to fundraise locally. If you search online for the words 'COVID-19 millionaires in Kenya' you will be perplexed at how millions of shillings are not accounted for by government, I am talking about Covid-19 funds solicited publicly by government agencies that should have gone to the public but ended up in personal accounts, blamed on 'procurement gaps'. Emergency responses do not give the government the requisite time for due process thus exposing the same well-meaning government to corruption.

For communities to build back better, these local community organisations have to be at the centre of the new development system and have to be strengthened as pivot points for community organizing, joint community actions. The corporate sector and other Covid 19 donors and volunteers who partnered with both government and the Civil Society Organizations should tell their story boldly. The government has the role and capability to and should create an enabling open environment for SCOs to mobilize public donations for a common collaborative good. Let's share in the gains and success while learning from the mistakes.

Nepal

Khadga suggests that governments have mobilised substantial resources in response to the pandemic, but in some cases have evaded their responsibility to maintain services and support particularly to vulnerable sectors of the population.

Khadga reports: 'This pandemic allowed nobody to remain unconcerned, be it to the power holder politicians, authorities or common people. This is the first time almost everybody around the globe is experiencing similar life style strictly following health protocols or advisories– washing hands, sanitizing, social distancing and boosting up resilience. Broadly speaking, it's not that easy and our governments are doing their best to contend the virus. But all governments including federal, provincial and local, in some instances got involved to take advantage of COVID-19 adversity to avoiding or skipping their responsibilities for implementing policies relating to social protection. As a result, though they mobilised massive resources, still there is clear gap in addressing livelihoods issues of working class and low income people who earn for the day they work. This pandemic has impacted all sectors, almost everybody in one or another way, but the severity of impact is deeper for poor people. They are to struggle for basic needs of their families. Governments are not that efficient to take responsibility of such poor and marginalised people. And, the role of CSOs in our part has been hugely shrunken, mainly because of lack of proper government policies, modus operandi, and SOPs to guide who, what and how one can operate to serving people at most need. This sort of indifference from governments is somehow squeezing spaces for civil rights and activism.'

Nisha adds comments on the implementation of the recently introduced Disaster Management and Risk Reduction Act (2017) highlighting a need for better coordination levels of government and between neighbouring districts and municipalities²⁰:

. . . which created problems in the flow of information within the state and federal levels. In addition, in case of relief distribution, although it is distributed based on the guidelines, there must be a basis of minimum poverty line for identification of real beneficiaries. Similarly, the response for COVID-19 was more focused on health and distribution of food items, although it has had a similar effect on the economy and education, but no significant actions have been taken in this area.

She echoes Khadga's comments about CSO roles:

Despite an increased demand for services from the vulnerable people CSOs serve, the majority of CSOs had to reduce or cease to operate their programs and services.

CSOs faced dual pressure during the crisis; first, the demand for their services and support increased substantially in the communities they served. Second, their physical mobility was hindered by the government imposed nationwide lockdown.

Civil societies also claimed that the government is undermining the power of social organizations in responding to emergency management. [The NGO platform in Nepal] NGO Federation of Nepal (NFN) made **an appeal to the** Government of Nepal and everyone concerned for solidarity and support to cope with the pandemic in Nepal. NFN appealed to

²⁰ See full report at: <https://wp.me/P8JT5Z-7r>

continue delivering emergency health services and sale/distribution of medicines, to make food and other essentials available in reasonable price, to come up with a relief package, to make adequate provisioning of identification, testing, isolation, and treatment measures including provisioning of all essential health equipment and supplies, to open more test and treatment facilities, and to mobilize the resources transparently.

She highlights three CSO roles: Watchdogs, Service Providers and Advocates:

Watchdogs: Civil society groups went beyond relief provision to spearhead efforts to hold governments to account for ineffective or undemocratic crisis responses. NGOs and other civil society groups voiced their concerns.

Service providers: CSOs are providing essential humanitarian support to their constituencies. Several initiatives have spurred in response to COVID-19 across the country. Some efforts used digital technologies, while others are still offering their assistance in the field. Numerous CSOs have followed the guidelines issued by the government and reported working very closely with the local government institutions.

Advocates: NGO Federation of Nepal participated and hosted several meetings with different government agencies since the pandemic unfolded.

Further feedback from Nepal²¹ also acknowledges the watchdog and advocacy function of Civil Society, noting that a general tendency to reduce the freedom of action or 'space' for CSOs is the case in Nepal, suggesting a growing tension between these roles and acting simply as service delivery subcontractors to authoritarian states.

The feedback also documents challenges in collaborating with the government, due to lack of coordination between ministries leading to contradictory requests, while CSOs were barred from travel for humanitarian access and also prevented from offering cash assistance, widely felt to be an effective intervention.

The feedback also highlights the challenge of strengthening collaboration between a range of Civil Society entities, due to tensions between different groupings and between International NGOs, National NGOs and local organisations.

The Philippines

Fatima provides a report of abuse of power and oppression of the public in the Philippines during the period of the pandemic.²² Headlines from the report are given below:

'Philippines holds the record of the world's longest quarantine as a result of COVID-19 pandemic. Along with the optimum usage and provision of more resources for Science and Technology research and development, one of the pressing concerns right now in addressing it is the need for communities' inclusion in the process of response initiatives and not just serving as mere recipients of assistance from the duty bearers.

During the period of lockdown, boy and girl children along with women became more vulnerable to sexual abuse and exploitation. There was an increase on online sexual exploitation of children, with their parents as offenders.

²¹ Personal Communication, Anonymous. 29/01/21

²² http://inventing-futures.org/wp-content/uploads/2021/02/Input-for-the-Philippines_Fatima_Updated2.docx

Policemen also perpetuated abuse on girl children and women. They also abused prostituted women during the quarantine.

The militaristic response of the government also resulted to human rights violations that include unlawful arrests of 17,000 people during the first month of the quarantine.²³ The drug war of the Philippine President also led to 50% increase of deaths. During the end of July, there were 5,810 persons killed, as reported by the Philippine Drug Enforcement Agency.²⁴ Human Rights Watch noted that thousands of other drug suspects have been killed by unidentified assailants, many of who are believed to be plainclothes police officers or vigilantes operating in coordination with local authorities.

Other than the above-mentioned violation of human rights, the military personnel also took advantage of their position to have access to COVID-19 vaccine. As reported by the Coalition for People's Right to Health, the Armed Forces of the Philippines, Presidential Security Group and cabinet officials were already vaccinated without the approval of Food and Drug Administration (FDA).²⁵ As per R. A. No. 9711 or Food and Drug Administration Act of 2009, FDA shall issue emergency use authorization to any vaccine in the country. ‘

Despite what is happening, the Department of Health (DOH) continually work hand in hand with civil society organisations, private associations and patient groups.

CPRH continually reiterates the call to strengthen the neglected health system, beyond sheer reliance on vaccines, as the true and lasting solution to not just the COVID-19 pandemic but also the deeper health inequities plaguing our society.

*Lorna considers the interactions between people, CSOs and government during the pandemic*²⁶:

The government of The Philippines has taken various repressive and retrograde steps during the pandemic, imposing ‘Anti Terrorism Legislation’ (ATL) and applying it to mark out (‘red tag’) many organisations such as CSOs. They have even red-tagged Oxfam and claimed that the University of the Philippines is a recruiting ground for the New Peoples’ Army. They did not renew the franchise of the popular TV station ABS-CBN, removing a valuable channel of communication. Many believe the government intends to impose Martial Law despite the sweeping powers already available under ATL. The government is also attempting to ‘wind back’ the relatively progressive DRR legislation which existed until recently, replacing it with legislation focused on short term disaster response rather than longer term risk reduction.

Civil Society has responded to these challenges at both a formal and an informal level. Through networks such as DRRNet it has challenged the ATL and the contents of the DRR legislation, and also presented positive stories of local level response during the crisis.

Informally CSOs and community groups have taken action in many ways, organising production of PPE to support health workers and their actions, supporting senior citizens, many of whom were subject to ‘stay at home’ orders, coordinating distribution of fresh

²³ <https://www.lowyinstitute.org/the-interpreter/if-duterte-likes-his-human-rights-record-he-can-let-others-look>

²⁴ <https://www.hrw.org/news/2020/09/08/killings-philippines-50-percent-during-pandemic>

²⁵ <https://www.facebook.com/cprhPH/posts/1864027270418487>

²⁶ Notes on events in the Philippines during the Pandemic relevant to CSO roles: <http://inventing-futures.org/wp-content/uploads/2021/02/Philippines-Perspectives-Lorna-Victoria-050221.docx>

produce blocked from transport at checkpoints, etc. They also campaigned and supported specific groups such as those with disabilities and also many Jeepney (taxi) drivers losing their livelihoods due to the phase-out of Jeepneys. CSOs maintained communication and information through local, national and international webinars on aspects of the crisis.

In 2021 the country faces the challenges outlined above, and the consequent collapse of the economy, shrinking by 9.6% in 2020, the biggest drop since 1946. The impact of the pandemic combines with the effects of a string of typhoons and with the spread of dengue fever. The public are suspicious of the 'magic bullet', fearing the use of Chinese vaccines and remembering the 'Dengvaxia Controversy' in which a Dengue fever vaccine led to many illnesses and deaths.

Pakistan

Writing about Pakistan, Sarwar considers that government should be made accountable for poor response, encompassing both economic and health issues:

The Covid19 pandemic has severely affected working people. We just released data of PATTAN's survey on the socio-economic impact on working people. As many as 85% of respondents said they have been completely destroyed economically, and it would take one to four years to recover, should economy expand, and second wave of pandemic didn't force government to impose lockdown. As most of them also reported that they had reduced eating meat, fruit and vegetables, it would affect their health too and reduce their immunity. Therefore, government must also plan how to build immunity and health of today's children and other vulnerable people from future attacks of diseases and viruses.

Affected people have the right to perceive that governments are mainly responsible for all their losses. This causes anger. In case a government fails to provide timely relief, the affected people may express their rage by occupying streets.

In the aftermath of 2010 super floods, we found some affected people protesting against the government. In response to that we organized the angry affected people under the banner of – Movement for the Rehabilitation of Flood Affectees, - which helped them to hold protest demos all over the country including in the capital and organized sit in in front of Prime Minister's house. As a result, the supreme court of Pakistan and disaster management authorities took its notice. The movement produced a large number of activists who have been active in the labour movement since then.

In the wake of Covid19 pandemic they organized protest demos to make government and its officials accountable for poor response. For instance, they built pressure on employers through Labour Department.

Moreover, many female borrowers of microfinance banks/companies who were being coerced by lenders for payment of loan instalments, which was a clear violation of the State Bank order, approached us for help. PATTAN and Labour Quomi Movement mobilised the women borrowers to hold protest demos. As a result, district

administration took action against the intimidation of the companies. Sadly, in the name of women empowerment, these companies in fact are responsible for causing wide spread indebtedness as interest rates are as high as 30% - more than three times higher than normal interest rate. These companies receive funds from World Bank and other bilateral donors.

Rabia, also based at PATTAN in Pakistan, sees an important, but often undervalued role for local communities in effective response and reconstruction:

The COVID 19 can't be separated from the socio-political & economic well-being of the communities, for making new intervention for a way forward we need to include local communities for WHAT NEXT? And then a discourse shall be built on by taking intelligentsia, academicians, think-tanks on board especially amongst the new youth.

On the other hand climate change and food security are big agendas, China has already devised a strategy 2060 and we are still struggling with Agenda 2030.

Lets have more and more productive discussions and also gather more data on how the local communities are transforming in the light of transformation of local business models, and lets address the power structures at all levels.

Togo and Senegal

Adessou reports on events in both Togo and Senegal, where there is tension between government and the citizenry.

In Senegal, the policemen were reported having violently beaten citizens because they were out after the beginning of the curfew.

In Togo, citizens have lost life because of police violence during COVID-19 time. A citizen reported "police men were more violent than the pandemic they were supposed to be protected of". The government has imposed some restrictions that have, in the best case slowed civil society organisations' activities in the fields. In the worst, these restrictions have disorganised and weakened small and local CSO.

About the political and civil space that shrank during the unprecedented season due to COVID-19, the ministry of Security General Yark DAMEHANE stated "When you are in a state of emergency, some freedoms are restricted or even suppressed. Today, the only fight to be waged is the fight against the pandemic, it is not to walk for this or that claim. I would have liked to see these politicians go beyond their quarrels to fight the battle against the Covid-19 together, with the authorities, instead of thinking all the time about protesting in the streets!"²⁷

Moreover, because of the pandemic, governments impose curfew in most of the francophone countries in Africa, from 8 pm to 6 am (as if the pandemic came out only in nights). This has seriously affected poor people who have their small business in the

²⁷ <http://www.globalactu.com/index.php/politique/item/3253-general-yark-en-2021-l-ensemble-du-pays-sera-quadrille>

evening, especially women who sell food to those who cannot really organize and cook in their houses. In most of the cases, governments have managed to provide money to some of the families they identified. The resources provided were so low that some poor became poorer because restrictions allegedly due to COVID-19.

Andy, based in Senegal, finds that there is an issue of breakdown of trust between government and citizenry:

There is a general belief from a segment of the population that the government is now using the pandemic to drive fear into the general public to perpetuate a European agenda - especially from France, the former colonial master.

Last week, the government announced some seeming restrictions citing an increase in the rate of COVID-19 infections, though the public were unwilling to go into another full lockdown as was in March/April/May. To drive public apathy and mistrust further, a top government health official went on TV to announce the following daily covid-19 situation thus: "From the 309 tests carried out yesterday, 311 came back positive" The public response was outrageous and the video clip went viral and set social media on fire. It further deepened the public mistrust of government intentions on the covid situation. People are just not willing to allow government to use the pandemic to trample on their rights to work to improve their daily lives and recover from the effects of the past 3 months nationwide lockdown. Despite this, people on their own are still taking precautions and maintaining social distancing protocols like mask wearing, hand washing etc.

More recently, the covid-19 situation in Senegal has brought a kind of a tussle between the national authorities and a large portion of the civil society, who are resisting every move from government to impose another nation-wide lockdown. Due to the economic downturn the pandemic has provoked within the local communities, there has been vigorous resistance from many youths and the general population to not allow the COVID-19 crisis to deny them of livelihoods.
