

Civil Society Initiatives on Covid-19

CSOPartnership 
for Development Effectiveness



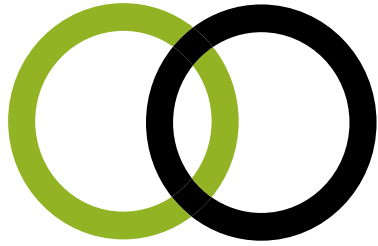
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A few weeks into Covid-19, the CSO Partnership for Development Effectiveness conducted a survey among our members. We wanted to know how our community was doing: how the pandemic affected organisations, the nature of said impacts on their work, and the initiatives they have undertaken.

We aimed to have a glimpse of the situation, to inform our ways of responding to the crisis at the global level, as well as explore how we can heighten solidarity actions among our members. This document presents the summary and highlights of our findings.

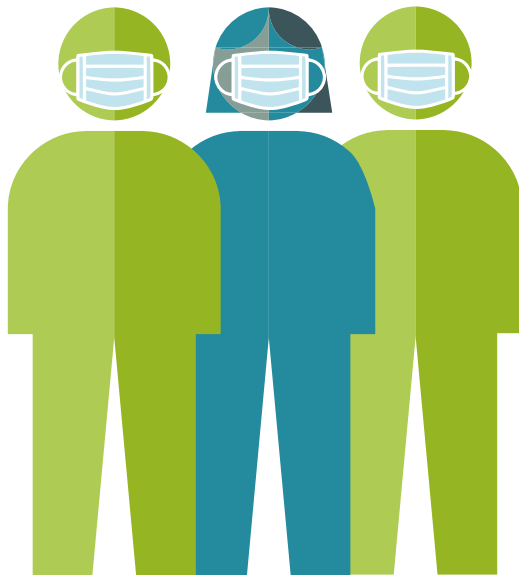
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CSO Partnership for Development

Statement on COVID-19



COVID-19 is a wake-up call to reverse inequality, a challenge to leave no one behind

In the face of the continuing spread of COVID-19, the CSO Partnership for Development Effectiveness expresses solidarity with the peoples of the world, especially the poor and vulnerable communities in developed and developing countries. We also salute those in the frontlines, most of all the health workers who bravely continue to serve the people.

Beyond its tangible impacts on our health and lives, we believe that COVID-19 bares an underlying pandemic of inequality, which renders the majority and bottom rung of our society more vulnerable to health crises. We bear witness to the plight of our brothers and sisters who endure squalid conditions, in environments with poor access to nutrition, water, and sanitation, among other prerequisites for a healthy life. We are deeply concerned about the elderly, women and children, migrants and refugees, and persons with disability. It is they who bear the brunt of this crisis, and should be prioritised as we face this pandemic.

We call for concrete responses from our governments, the duty-bearers, to ensure that we will soldier through this together. More importantly, we urge them to rethink the way we run the world, to narrow the gap that led us here.

Today's inequality was built over decades of relentless pursuit of profit, supported by development policies not predicated on people's needs. Its impact now stares us in the face and teaches us important lessons about progress and humanity: what ails one ails us all, what elevates one, must elevate us all. And when we pursue growth at the expense of others, we suffer as a human race.

This pandemic reminds us, painfully, of the folly of turning our backs on society. Our interdependence as members of the human race demands that we look after each other, which we do through the good offices of the State. Thus, the State is responsible for pooled national resources: education and healthcare systems, mass transport, and utilities, among others.

We must respond to this denial of social justice.

But the last 50 years have been marked by dereliction of this responsibility. We see governments refusing to invest in universal social protection, health, education, housing, and other social services. Instead, they are handing over their power and responsibilities to corporations, whose approaches are governed by the logic of capital. For the healthcare sector in particular, this means enormous cuts on national health budgets, widespread privatisation of government hospitals and contractualisation of healthcare workers, paltry investments on health promotion and preventive medicine, and profit-oriented drug development practice. These policies, along with the coronavirus, are what had brought about the real impact of the pandemic.

We must respond to this denial of social justice.

As civil society, we emphasise the need for effective development cooperation in aiding efforts to alleviate poverty and inequality. We reiterate a call for development efforts that advance the countries' interests, focus on results, uphold transparency and accountability, encourage inclusive partnerships, and put primacy on human rights.

We encourage all development partners, and donors in particular, not to withdraw from their commitments in the face of such trying times and, rather, to plan for additional initiatives, and allow such arrangements as no-cost extensions and flexibility in the use of funds, duration, and implementation to better respond to the evolving situation. In fact, those most in need around the globe are very likely to be hit twice: directly due to COVID-19 outbreaks and also due to disruption of existing programmes and projects. Instead, effective development cooperation can be part of the response to the current crisis.

In the short-term, we advocate the following health-focused measures: the conduct of mass testing, where needed, and treatment without prejudice to people's capacity to pay, prompt and precise public information campaigns, and distribution of state-subsidised goods such as masks, sanitisers, and food. We also demand concrete support for frontline health workers, immediate action to ensure food security, and declarations of work stoppages, where appropriate, while guaranteeing income for all affected citizens.

In the long-term, we call for greater government investment in our public healthcare systems, free education and housing, domestic economies designed to provide decent work for all, and the strengthening of the State's ability to ensure that the least of its citizens have access to social protection.

A pandemic calls for international solidarity.

In their delivery of these responses, we urge States to consider the differentiated impact of COVID-19 on the elderly, women and girls, indigenous people, and the poor. We ask that the needs of these vulnerable groups be given particular attention to.

We recognise that the science of the pandemic indicates that social distancing is most effective in stemming it. However, its enforcement must not come at the cost of people's exercise of their rights. Prior to COVID-19, many states have already been severely limiting civic participation, on top of an ongoing trend of shrinking civic space. In some repressive states or fragile democracies, these measures could become permanent, with those in power taking advantage of the pandemic to establish or preserve their authoritarian regimes.

Military solutions, with state terror unleashed with impunity particularly on the poorer segments of the population, are totally unacceptable as a response. Anything that violates human rights, jeopardises democracy, and perpetuates inequality cannot be the answer.

This pandemic also highlights the continuing importance of CSOs as development watchdogs, as advocates of policies and programmes that have lasting impact on people's welfare. States and other development stakeholders must then address the global pattern of shrinking civic space and heightened political repression, and fulfill their commitments in fostering an enabling environment for civil society.

When our world leaders sit down again to discuss their development agenda, we hope that the awful reality of COVID-19 forces them to consider what their decisions mean to the displaced peoples in Latin America, to the banditry- and insurgency-ravaged African communities, and to the homeless and destitute families of South and Southeast Asia. We ask them to set the path for the redistribution of the world's wealth and to promote development that truly leaves no one behind.

Ultimately, COVID-19 presents us with the challenge of rebuilding the social fabric that the dominant world order has destroyed. It has highlighted that looking after each other must be a collective endeavor, that whatever goals we set or our society and economy must be for the greater good.

A pandemic calls for international solidarity. There is no alternative.

CSO Survey results highlight grassroots-based initiatives on Covid-19 response

As countries and communities have imposed lockdowns, state of emergencies and other containment measures, CSOs have initiated grassroots-based initiatives to respond to the needs of their constituencies and communities in need. Aside from engaging policy actors to implement people-centred responses to address the impacts of the pandemic, CSOs and their partners in the localities have initiated relief operations, fund-raising and other resource mobilizations and information drives about the pandemic.

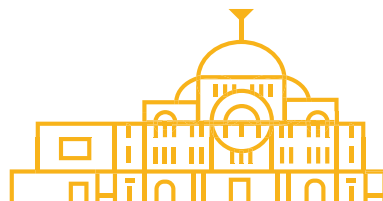
CSOs have provided not only food, water, and hygiene kits but also infrastructure and other facilities. In Argentina, labor unions set up 400 union hotels as quarantine facilities or as recovery facilities for patients with mild symptoms. CSOs from Germany, Bangladesh, Fiji, Philippines, Nepal, Lebanon, Rwanda, Ghana and Latin America and the Caribbean (LAC) have contributed from their own funds to conduct relief drives, supported the relief drives of their governments or raised funds from other institutions to deliver basic goods to their constituencies in need. In Bangladesh, CSOs have supported more than a thousand Rohingya refugee families through provision of water storage jars, hygiene materials and rice, have provided communities and hospitals with personal protection equipment (PPE) and have provided emergency food assistance to hunger-torn upland communities in the Chittagong Hill Tracts.





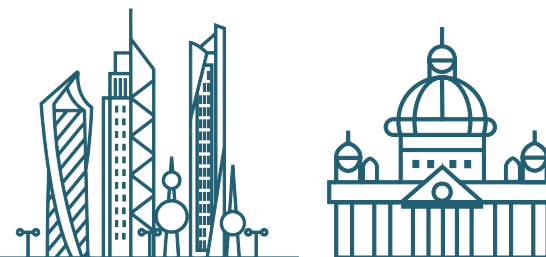
BANDARBAN CHITTAGONG HILL TRACTS, BANGLADESH

Hundreds of families in upland communities have been facing extreme food shortages and hunger as they self-isolate to protect themselves and others from being infected.



MEXICO CITY

The government has not been reporting the real score on Covid-19 infections and deaths, with many accounts of overflowing hospitals and patients refused medical care even if they are very ill.



MIDDLE EAST AND NORTH AFRICA

More than 50% of the labor market in the region are in informal employment and with lockdowns and confinements, majority have lost their incomes.

There have been efforts to press governments to deliver much-needed services and companies to provide benefits. In India, Bangladesh, Dominican Republic, CSOs have assisted communities to access essential commodities and services, which governments have failed to provide. In New Zealand and some countries in LAC, labor unions worked together to ensure that health workers are provided adequate PPEs, receive hazard pays or for the sick or those who are forced to self-isolate receive their salaries. They have worked to ensure that vulnerable migrant workers or migrants on temporary visas have access to emergency welfare and healthcare.

Other CSOs such as in Cameroon, Vietnam, Kyrgyzstan, Albania and Afghanistan have been active in doing research and awareness-raising at the community and national level about the impact of the pandemic and how to prevent the spread of the disease.

These initiatives are part and parcel of the work of CSOs in advancing development effectiveness, which remains important and all the more urgent at the height of facing the impact and challenges of the pandemic.

CSOs play indispensable roles in responding to Covid-19 and beyond

The number of officially reported Covid-19 cases reached over four million with nearly 300,000 deaths. As a great part of the world was put under lockdown or quarantine, many civil society organisations (CSOs) have been active in responding not only through relief efforts but also through calls for appropriate government actions and accountability and development cooperation.

As organisations advancing effective development cooperation, members of the CSO Partnership for Development Effectiveness (CPDE) practice development effectiveness in their response to the pandemic. In a survey participated in by 54 organisations, CPDE members have initiated needs assessments and on-the-ground monitoring, relief efforts, grassroots engagement and awareness-raising and policy advocacy.

More than half of the 54 surveyed CSOs have conducted various relief efforts to respond to the basic needs of their constituencies. Constituencies have reported problems in meeting basic needs such as food shortage; job losses and lack of income; poor access to public services such as power, water, gasoline and internet; closure of schools and businesses, poor access to protection, sanitation and hygiene services; mental health issues; increased gender violence and death. Thus, CSOs have mapped and identified families and communities that need relief and assistance. They have provided much-needed masks, sanitation items, hygiene services and food to their constituencies. They have likewise provided services such as direct assistance to the needs of vulnerable groups and mental health counselling. They have also contributed to support and information network on violence against women.



Photo by Wesley Tingey on Unsplash



Most of the CSOs have released statements regarding their analysis and recommendations on the impact of and response to the Covid-19 pandemic.

CPDE members are advocates and practitioners of multi-stakeholder processes and they have coordinated with government institutions, fellow CSOs, service-providing institutions and donors to seek resources for marginalised communities. They have likewise built alliances with health experts to increase the capacity and knowledge of CSOs on the ground. They have created platforms to share scientific information and coordinate humanitarian work among CSOs and other stakeholders.

CSOs have done awareness-raising about Covid-19 within their constituencies and communities. At the same time, they have done advocacy work to call for appropriate responses and demand accountability from their governments at the national and regional levels. They have campaigned to address heightened violence against women and to provide medical attention to those who tested positive of Covid-19. They have engaged their governments to stop escalating human rights violations amid lockdowns and quarantines.

Going beyond current responses, CPDE members advocate for meaningful changes in the long-term. They propose policy measures advocating for strengthening public health systems. They demand from duty bearers that a pro-people Covid 19-response must focus on the vulnerable, impoverished and marginalised sectors. Consistent with the principles binding the partnership, CPDE members advance the necessity and urgency to address the systemic roots of inequality and collectively rebuild a society that upholds rights-based democracy and sustainability.

CSOs advocate for transparency and inclusivity in Covid-19 responses amid shrinking space and repression

Based on the result of the CSO Survey on Covid-19, measures imposed by governments to supposedly contain the spread of Covid-19 have come to mean the curtailment of freedoms, quelling of dissent, unilateral government responses without people's participation, militarist mindset in implementing lockdowns and lack of transparency and accountability in general.

In India, the government arrested without warrant and filed charges against the president and secretary of Forum for Protection of Human rights after their CSO recommended appropriate Covid-19 actions to the government from the result of monitoring activities.

Invernmments persecute journalists, human rights defenders and those who give medical opinions contrary to government pronouncements and greater state-sponsored repression in communities they work with.



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In Bulgaria, the government of this European country declared a state of emergency and with this, has imposed excessive fines on quarantine violations, has authorized the Armed Forces with a wide range of powers that can curtail guaranteed freedoms and has attempted to censor social media users.

Restrictions in movement including curfews have challenged the delivery of support and services to constituencies such as to internally-displaced persons and refugees in Syria, Lebanon, Iraq and Germany. In Lebanon, these restrictions have also resulted in the quelling of people's uprisings that have been plaguing the government even before the pandemic.

Governments have not communicated the real situation on infection and deaths. In many LAC countries, India, Bulgaria and Nigeria, governments have instead restricted or suppressed freedom of information and speech.

CSOs in LAC such as in Mexico and El Salvador and in the Pacific region have decried governments' responses that left no room for people's participation or dialogue. While CSOs have recommendations for governments based on their researches and work on the ground, they have been largely ignored. Thus, responses of governments were not appropriate or further marginalized impoverished communities.

Member and partner CSOs of CPDE have called for the application of principles of effective development cooperation in Covid-19 response. They have launched various campaigns to counter and fight state repression and diminishing civic space and democratic participation. In Bulgaria, CSOs have initiated a monitoring group on the state of human rights in the time of Covid-19 and beyond. CSOs in LAC, Pacific, Middle East and North Africa and Asia have campaigned at the national and regional level for inclusivity, transparency and accountability in Covid-19 measures, policies and budgets.

Calling for donor and government inclusivity and transparency in the face of unprecedented challenges amid Covid-19 pandemic

As the world struggles to address the impacts of the multiple crises related to the Covid-19 pandemic, CSOs have responded to the needs of the times through relief efforts, service delivery, grassroots engagement and policy advocacy. But as they perform these initiatives, they also face vulnerabilities and challenges that are the result or symptoms of underlying systemic inequities.

In a survey participated in by 54 CPDE members, majority of the CSOs reported organisational challenges while many have experienced political difficulties and direct impact of the pandemic and consequent regulations (e.g lockdown, quarantine, office closures) on their constituencies.

Fifty-one (51) out of the 54 surveyed organisations revealed that the most apparent impact on CSOs is the difficulty in mobilizing activities as countries and communities went into lockdown or quarantine. Many activities could not be shifted immediately or at all to online or internet-based format and people have been thrust into situations that make collective activities more difficult or impossible. Forty-four (44) out of 54 organisations have cited work from home arrangements, especially related to poor internet connectivity and intergenerational care work, as challenges in continuing their operations.

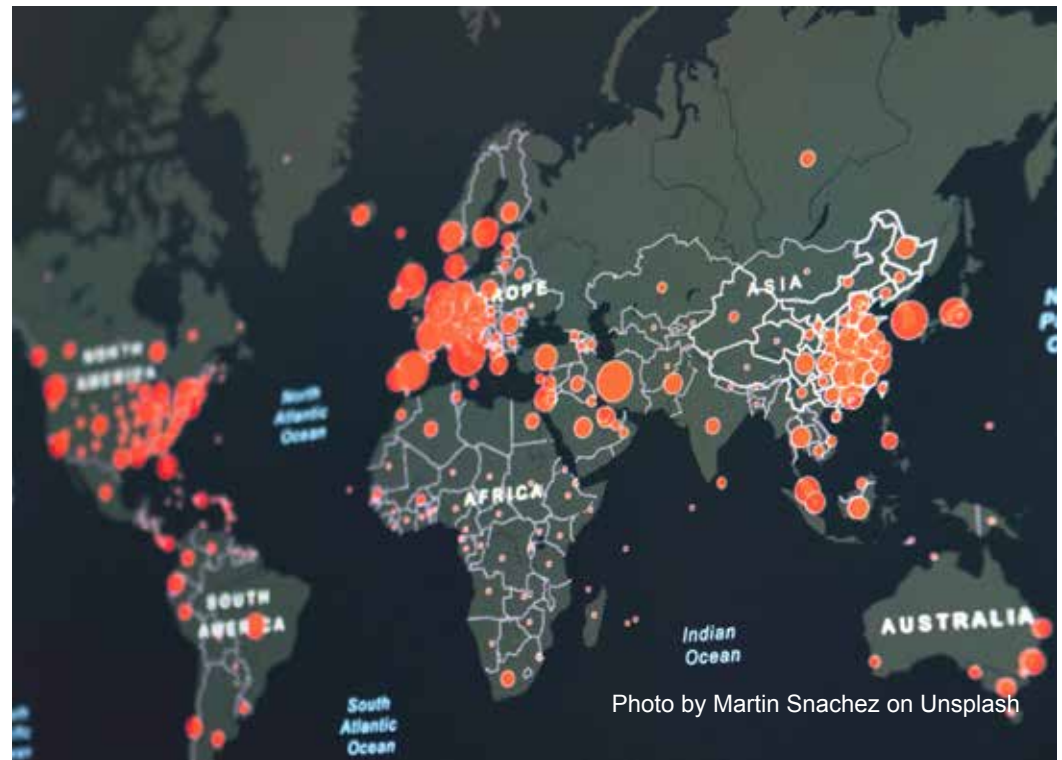




Photo by Retha Ferguson on Pexel

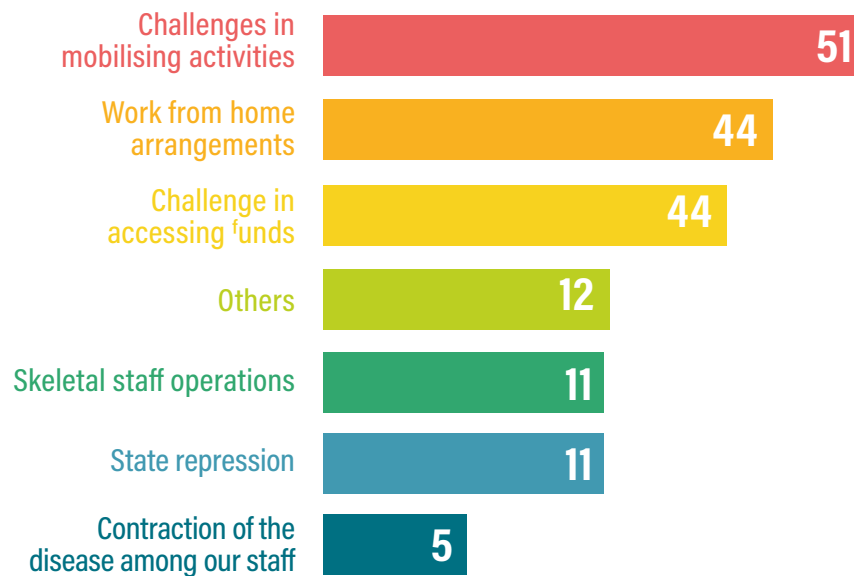
Many CSOs reported continuing operations and fulfilling their mandates even if they only have a skeleton workforce. Some CPDE members also reported infection among their colleagues. CSOs have experienced a climate of fear and uncertainty and the inability to foresee what would happen in the next months or years has also resulted in the inability to plan medium-term.

There is a stark impact on finance and funding-related aspects. Four out of 10 respondents cited challenges in accessing funds. Finances of CSOs have been rationed to cope with the lack of new funds coming in and to respond to the basic needs of constituencies. This has been exacerbated by donor inflexibility and pressure to complete pending reports, cancellation of projects and cuts in payment and salaries for personnel.

As many countries imposed lockdowns, CSOs have observed a corresponding increase in human rights violations, curtailment of freedoms such as freedom of expression and of the press. CSOs have faced repression from their governments and other political challenges that have directly affected their work. Moreover, previously relevant and priority issues have been pushed to the backburner by policy actors.

As CSOs themselves grapple with the impact of the pandemic organizationally, financially, socially and politically, they call on governments to stop repression and attacks on critics in the guise of Covid-19 response. They demand transparency and accountability in Covid-19-related policies. Finally, CSOs underscores the importance of inclusivity and people's participation in government and donor responses in addressing the pandemic.

How has COVID-19 affected your organisation?



CPDE members are most affected by the need to shift to online operations, as well as their priorities as they are urged to take on other, more urgent roles, especially the delivery of relief to the marginalised sectors. The state of emergency in most countries meant a lockdown, which led to loss of livelihood, and impacted the most on daily wage earners. The situation is exacerbated by the lack of access to public services.

Many face challenges in accessing funds, and are struggling to operate from homes, with poor internet connectivity.

COVID-19 impacts on our members can be categorised into:

Organisational Challenges

- State of emergency meant lockdown, curfew, and office closure
- Finance problems (rationed money, financial crisis, maintenance income - for own operations and to deal with new tasks)
- Donor inflexibility and pressure (regarding completion of action, no payment for human resources)
- Cancellation of projects
- Staff: overload of intergenerational care work

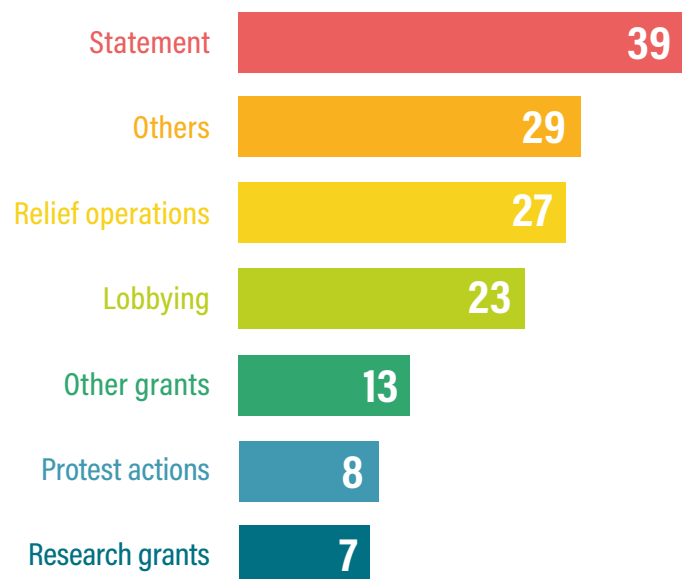
Political Challenges

- Change in priorities
- Challenge to the conduct of particular tasks: public policy, analysis work
- Climate of fear and uncertainty, inability to forecast
- Struggle to organise and mobilise

Effects on their constituents

- State of emergency (militarisation, restrictions, repression in the neighborhood they work with)
- Effect on employment, most especially on daily wage earners
- Impact on the most vulnerable (not specified but it shows that they deem the impact on the sectors to be a category on its own)
- Food shortage
- Poor access to public services: power, water, gasoline, internet
- Poor access to protection, sanitation, and hygiene services
- Mental health issues
- Increased gender violence
- Closure of schools and business
- Social impact
- Border closure
- Disrupted access to regular health services
- Death

What actions have you initiated in response to COVID-19?



Most CPDE members do not directly deal with the health aspect of the pandemic per se, but on its impacts on the lives of their constituents amid the state of emergency/ lockdown situation.

It is clearly not just a health concern, but a socio-economic crisis where civil society can play an important role, especially when it comes to responding to the needs of the marginalised.

The responses ranged from relief delivery and awareness-raising to advocacy and coordination. A few are waiting for/actively looking for resources to be able to do more.

Awareness raising

- Relief
- Provision of mask, sanitation items, hygiene services
- Provision of food
- Concrete measures for vulnerable groups
- Mental health services

Advocacy

- Campaigns re: violence against women
- Support to receive treatment (for those who are positive)
- Proposals to influence government response (HR, gender perspective)
- Positions, declarations, discussions re: public healthcare, support to HR statement
- Proposed measures for vulnerable sectors

Coordination work

- Inter-institutional coordination to articulate efforts and analyse situation
- Coordination with other civil society institutions to seek resources and engage marginalised communities
- Alliance-building with health experts
- Coordination to find info on impact on orgs that provide service
- Coordination - Donors to local organisations
- Mapping and identification of families and communities
- Contributing to a support and information network re: violence
- Monitoring

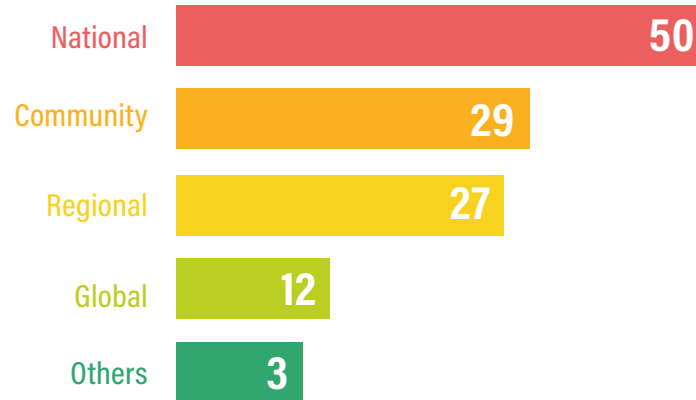
Continued work as organisations

- Fund search
- Execution of existing project
- Produce the Agenda 2030 report
- Continuing to operate (from home)
- Virtual intervention
- Strengthening of online mechanisms
- Keeping in touch with comrades
- Carrying out unforeseen actions

Prospective efforts

- Relief
- Referral to authorities to integrate migrants
- Plan to offer training to address loss of livelihood

What is the scope of your actions?



Organisations that participated in the survey:





Regional Constituencies



Sectoral Constituencies



The CSO Partnership for Development Effectiveness (CPDE) is an open platform that unites CSOs from around the world on the issue of effective development cooperation (EDC).

Through its advocacies and messages, CPDE brings together CSOs, as well as thematic groups and sectors, from different countries. At the moment, CPDE's membership covers six (6) geographic regions and eight (8) sectors. Its work is guided by five (5) advocacy priorities complemented by working groups to provide policy expertise and lead advocacy engagement.

Know more about the CSO Partnership for Development Effectiveness

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