



WORLD IN LOCKDOWN, DEVELOPMENT ON HOLD

A special CPDE Report
on the (in)effectiveness
of COVID-19 response



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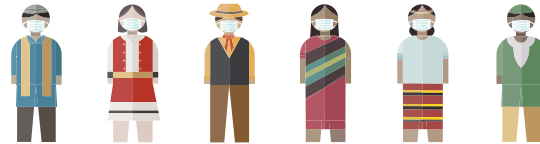
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Introduction



The COVID-19 pandemic has caused a number of political and socioeconomic repercussions that will continue to impact the world in the years to come. The pandemic's impacts on employment, food security, poverty, and economic growth, as projected by various international organizations such as the United Nations, the World Bank, and the International Monetary Fund are unprecedented.

The COVID-19 pandemic has unravelled and exacerbated the inequality inherent in the neoliberal global economy. While the pandemic has affected almost all of the world's population, its impacts have been heaviest on the most impoverished and marginalised sectors. Meanwhile, the world's billionaires and giant corporations have further increased their wealth.

Apart from impacts on life and health, subsequent COVID-19 policies and other government measures have also led to violations of civil and political rights, freedoms, and democratic spaces. At the same time, the pandemic has also significantly affected civil

society organisations (CSOs) and the communities they work with around the world in various ways. CSOs working on the ground have deplored the lack of transparency in COVID-19 programs and financing, lack of CSO participation in policies and response, and even outright political repression.

The pandemic's impacts, which compound pre-existing socioeconomic crises, threaten to derail the attainment of the Sustainable Development Goals (SDGs). Civil society organisations (CSOs) have called on international financial institutions (IFIs) and development actors for debt relief, less austerity, fewer loans, and greater international cooperation to help address the crises. Prior to the pandemic, the international community had already been falling short of fulfilling development cooperation commitments.

The CSO Partnership for Development Effectiveness (CPDE) presents its report *World in Lockdown, Development on Hold* as part of the platform's commitment to work for effective development cooperation (EDC) and contribute to the attainment of the SDGs.



This publication presents 29 case studies spanning 33 countries conducted by five (5) regional and six (6) sectoral constituencies from August to November 2020. A global synthesis that summarises common themes is also presented. These studies were initially presented, discussed, and validated via regional and sectoral webinars and the CPDE 2020 Policy Conference. The constituencies that participated were: Regions (Africa, Asia, Europe, Latin America and the Caribbean and Middle East and North Africa) and Sectors (Feminist Groups, Faith-Based Organisations, Indigenous Peoples, Migrants and Diaspora, Rural, and Youth).

Anchored on the principles of effective development cooperation (EDC)¹, this research analyses the implementation of government measures, draws lessons from CSO strategies and good practices, and presents some recommendations to improve the pandemic response. It also analyses evidence of differentiated impacts

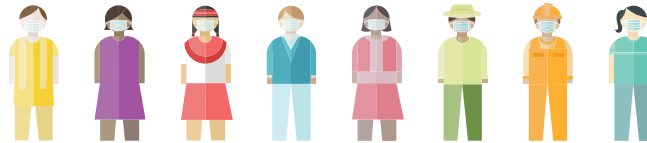
of the pandemic and the responses of different stakeholders in several countries. The analysis also includes the principle of Leaving No One Behind and the Human Rights-Based Approach to development.

Through this document, CPDE hopes to shed light on the situation of grassroots communities and CSOs amid the pandemic and to support informed engagements with partner countries, development actors, and other stakeholders in making international cooperation more effective. The platform hopes that the findings of this publication will contribute to appropriate and responsive policies based on principles of ownership, inclusiveness, transparency and accountability, and respect for human rights. Finally, CPDE hopes to contribute to efforts challenging the fundamentally flawed economic and political system towards a more humane society for all.

¹ Country Ownership, Transparency and Accountability, Focus on Results, and Inclusive Partnerships.



Executive Summary



Background

This research follows the framework paper to provide evidence of the application of the Busan Principles for Effective Development Cooperation (otherwise known as EDC Principles) in COVID-19 response. The Principles are: (1) country ownership; (2) inclusive partnerships; (3) transparency and accountability; and (4) focus on results. The framework paper also includes the principles of Human Rights-Based Approach (HRBA) and 'Leave No One Behind' (LNOB), which anchor the 2030 Agenda for Sustainable Development.

Methods

CPDE regional and sectoral constituencies investigated the application of EDC principles in COVID-19 responses, taking into account specific country or sectoral contexts. Five (5) regional and six

(6) sectoral constituencies participated in this initiative. Research was conducted in 33 countries. (See List)












Participating constituencies used the CPDE framework paper, with some contextual flexibility, to guide their country research. They utilised various methods for data gathering (e.g., desk research, key informant interviews, and surveys) as they deemed fit. All studies presented and analysed data on the following topics: (1) socioeconomic impact of COVID-19; (2) government measures; (3) application of EDC Principles; (4) application of Human Rights-Based Approach (HRBA); and/or Leave No One Behind (LNOB); (5) CSO good practices in leveraging effectiveness in COVID-19 response; and (6) recommendations.

The key findings and recommendations from the case studies were summarised in a global synthesis. The synthesis also discusses what socioeconomic impact of the pandemic have stood out across all constituencies, the emerging trends of official development assistance (ODA), and the corresponding implications on EDC.



LIST

Countries that contributed to the research

Region	Country	Sector	Country
Africa	 Gabon Kenya Nigeria	Faith-based Organisations	 Zimbabwe
Asia	 India Kyrgyzstan Philippines	Feminist Group	 Kyrgyzstan
Europe	 Albania Armenia	Indigenous Peoples	 Philippines
LAC	 El Salvador Honduras Guatemala Mexico Nicaragua Argentina Andean sub-region (Ecuador, Peru, and Venezuela)	Migrants and Diaspora	 Hong Kong Thailand
MENA	 Algeria Iraq Yemen	Rural	 Indonesia Philippines Bolivia
		Youth	 Afghanistan Bulgaria Cameroon Colombia Egypt El Salvador India Lebanon Southern Africa (Tanzania and Comoros) Zimbabwe

Limitations

The case studies mainly focused on two EDC Principles (i.e., country ownership and inclusive partnerships), with the addition of HRBA and LNOB. As a result, some of the case studies may not contain data and analysis on the two other Principles.

The case studies were conducted from August to November 2020, and may thus not fully reflect the COVID-related developments and data since then, as well as the actions done by governments, international institutions, CSOs, and other development actors beyond the research period.

Overview of the Findings

Country ownership. There is an uneven application of the principle of country ownership in COVID-19 strategies across countries. Many national governments have crafted national plans or national government strategies to address the pandemic, which that incorporated national development priorities. But, most national governments, hardly include, or have only allowed minimal participation of, key stakeholders, such as CSOs, people’s organisations, marginalised sectors, trade unions, and associations of health professional, in crafting or rolling out plans to counter COVID-19 crises. Many countries have also reported the increased role of the military in planning and implementing the responses, and this calls into question the legitimacy of the process.



Some countries note that donors used country systems to channel COVID-19 aid, but there is scant evidence that such aid is harmonised given the lack of participation of other stakeholders in coordination and planning. Some countries even report allegations of corruption related to foreign aid. Donor countries and agencies share that, while they are supportive of national government strategies, there is not enough data on hidden conditionalities attached to international aid.

Inclusive partnerships. By and large, CSOs have not been treated as development actors in their own right in the response to COVID-19. Besides CSOs' exclusion in the formulation of national strategies, many governments have also constricted the space in which CSOs perform their functions and mandates. These actions range from not creating formal spaces for CSOs to engage in, to shrinking legal spaces for them and repressing CSOs and other organised formations, especially those critical of questionable COVID-19 policies. In countries where CSOs are afforded some space, only the larger, more established, and more government-friendly among them have been invited or allowed to participate in crucial decision-making processes.

Transparency and accountability. There is a weak level of adherence to principles of transparency and accountability in COVID-19 response in the cases studied. While many governments have put up centralised portals and public databases, the veracity

of information and the timeliness and frequency of their release have oftentimes been questioned by citizens and CSOs. Moreover, most governments have no public engagement and feedback mechanisms, oversight bodies, and grievance mechanisms.

Focus on results. Adherence to this principle varies across countries. A few national governments have implemented a framework for monitoring and evaluating progress and ensuring that results are achieved. However, most countries lack such a framework. In some cases, aid quantities or government budget have been reported, if only in relation to wider frameworks of sustainable development, and not particularly for effective and transparent COVID-19 response. Furthermore, there has been minimal effort to expand deliverables, to include efforts in addressing institutional weaknesses in national governments.

Human rights at the core of pandemic response and leaving no one behind. There is strong evidence that human rights have been violated across countries in implementing responses to the pandemic. In the regional and sectoral cases, civil and political rights, laws, and norms have been bypassed or violated, to varying degrees, by governments, under the pretext of controlling the pandemic. Many responses to the pandemic have also led to the intensified violations of economic, social, and cultural rights. Worse, the usual victims of such violations have come from the marginalised sections of the population and activists critical of government policies and programmes.



Recommendations

1. CSOs ask governments and donors to improve on **democratic ownership** of COVID-19 response by:
 - a. ensuring strategic partnership by engaging stakeholders;
 - b. increasing local resource mobilisation;
 - c. extending grants instead of loans as COVID-19 support; and
 - d. aligning ODA with domestic development priorities and eliminating conditionalities.
2. CSOs appeal to governments and donors to practice **inclusive partnerships** by:
 - a. creating mechanisms and democratic processes for meaningful participation and contribution of various stakeholders; and
 - b. ensuring an enabling environment for CSOs to operate as development partners in their own right.
3. CSOs call on governments and donors to practice **transparency and accountability** by:
 - a. regularly sharing and publishing relevant, timely, and accurate information that will help the CSOs and the public to assess the situation, inform their responses, and monitor development; and
 - b. creating a unified platform for citizen access
3. CSOs urge governments to **focus on results** to guide decision-making, monitoring, and evaluation.
4. Policies and programmes targeting marginalised sectors and communities should be key components of a **human rights-based** COVID-19 response that **leaves no one behind**. Thus, CSOs call on governments to:
 - a. adopt an HRBA to the pandemic response,
 - b. uphold gender equality,
 - c. strengthen the public health system and social protection measures; and
 - d. include the needs of marginalised sectors in the pandemic response.
5. CSOs ask the government to protect **civic spaces** such that CSOs can operate in a safe environment with no unwarranted interference in their practice and work, and have spaces for meaningful participation.



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The COVID-19 pandemic in a globalised world



CSO Partnerships for Development Effectiveness (CPDE)

The first case of the novel coronavirus disease, later termed COVID-19, was recorded in a seafood market in Wuhan City, China in December 2019. In January 2020, authorities imposed a citywide lockdown to stem the spread of COVID-19. Rapid developments in international travel and globalisation of trade and leisure helped spread the virus to different regions, leading to an exponential growth of cases. In March 2020, the World Health Organization (WHO) declared the disease a global pandemic due to its scope and severity.



From a few dozen cases in late December 2019, the number of global cases climbed to 35 million people and a million fatalities, by October 2020 (WHO, 2020), making this the most severe and widespread public health crisis since the 1918 influenza pandemic.

The COVID-19 pandemic has unfolded within a global system that puts primacy on market-oriented economic growth, which is supposed to trickle down to benefit the population at large. For almost half a century, economic policies have mainly been focused on free trade and free flow of investments, less spending on basic social services, and further privatisation of parastatal sectors. The pandemic has exposed the fundamental problems with this system, especially in the realm of health, in which countries that have implemented reforms such as privatisation of health care and insurance, cuts in public social spending, and the rollback of social protection measures, are significantly affected. For instance, the shrinking public health investment from national governments has resulted in public hospitals that are understaffed and ill-equipped to handle the immensity of the COVID-19 pandemic. The rising cost of privatised health systems denies the poor and the marginalised sectors access to responsive, appropriate, efficient, and affordable health care.

The reliance of developing economies on this market-oriented and market-led global economic system, mainly a result of lopsided free trade and investment agreements, has affected their domestic capacities to overcome social and economic shocks (Dearden, 2020). With the lingering impacts of the pandemic, developing economies are suffering from the lack of demand for primary commodity exports (Tröster and Küblböck, 2020), the decline of overseas migrant remittances due to massive layoffs (Fernandes, 2020), and overall weak domestic consumption due to lockdown policies. In general, movement restrictions implemented to stem the spread of COVID-19 have dampened the demand for consumer and manufacturing goods, creating a massive ripple effect across the global supply chain (ILO, 2020a). Economies heavily dependent on tourism, especially international travel, export of labour, and remittances, have been greatly impacted owing to restrictions on international movement and global supply (UNWTO, 2020) (Sayeh and Chami, 2020).

Low- and middle-income economies face the enormous challenge of balancing the provision of aid with depleting financial resources, while traditional channels for augmenting finance via official development assistance (ODA) are threatened, as donor countries allocate spending towards internal job retention policies such as wage subsidies and related benefits.



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Socioeconomic impact of COVID-19



To contain the pandemic, national governments have implemented several policies such as movement restrictions, bans on international travel, and work closures except for essential services. According to Cheng et al. (2020), the measure most typically adopted by governments involves external border restrictions, which have been implemented in 188 out of 195 countries (96.4%). These are followed by school closures implemented in 171 countries (87.69%). Meanwhile, quarantine or lockdown measures and restrictions on mass gatherings are tied at third (165 in 195 countries or 84.61%). The least most adopted measures are health testing (51.8%) and the implementation of curfews (49.23%). Chart 1 shows a list of government measures implemented until May 2020 and compiled by the COVID-19 Government Response Event Dataset.



Economic Impact

The pandemic's economic impact is unprecedented in recent history. The Organisation for Economic Co-operation and Development (OECD) projects that the global gross domestic product (GDP) will contract by 4.2% in 2020 (OECD, 2020a). In terms of workplace closures, the International Labour Organisation (ILO) estimates that, as of June 2020, at least one-third of the world's labour force live in countries with required workplace closures for all but essential services. An additional 42% of the world's workers live in countries with some form of workplace closures, while 19% of them do so where such closures are recommended. Taken together, 93% of the world's population live in countries with varying forms of workplace closures, creating significant problems for job retention and survival of businesses, particularly small- and medium-scale enterprises (SMEs) (ILO, 2020b).

Various forms of workplace closures have led to a reduction in work hours and an increase in unemployment. In the second quarter of 2020, relative to the fourth quarter of 2019, the estimated decline in global working hours is 17.3%, which is equivalent to 495 million full-time jobs (ILO, 2020c). This is also compounded by the impact of the pandemic in the informal economy, which is more vulnerable to economic disruptions due to mobility restrictions. The ILO (2018) has estimated that the majority, or more than 60%, of the world's labour force is employed in the informal economy. Informal workers are dependent on day-to-day income, lack social insurance, and are not usually covered by income replacement policies (ILO, 2020d). The ILO (2020d) has also predicted that the poverty incidence for workers in the informal economy will rise by 21 percentage points in upper middle-

income countries, 52 percentage points in high-income countries, and 56 percentage points in lower- and low-income countries. Limits to mobility have also hampered food security by disrupting logistical flows in the supply chain.

The subsequent sharp downturn in economic activity, due in part to heightened external and internal border policies, will have lasting consequences to the people. A report published by the United Nations (UN) University suggests that, as a result of the pandemic, 80 to 395 million people could fall into extreme poverty, which is characteristic of people living under the US\$1.90 poverty line) (Sumner, Ortiz-Juarez and Hoy, 2020). Another UN report warns that 96 million people, 47 million of whom are women and girls, will be pushed to extreme poverty in 2021 (Azcona et al., 2020). According to the CONCORD Aidwatch 2020 report, there will be 35.4 million new poor people in Latin America, 23 million new poor people in Sub-Saharan Africa, and 16 million new poor people in Southeast Asia (Villota and Casanova, 2020).

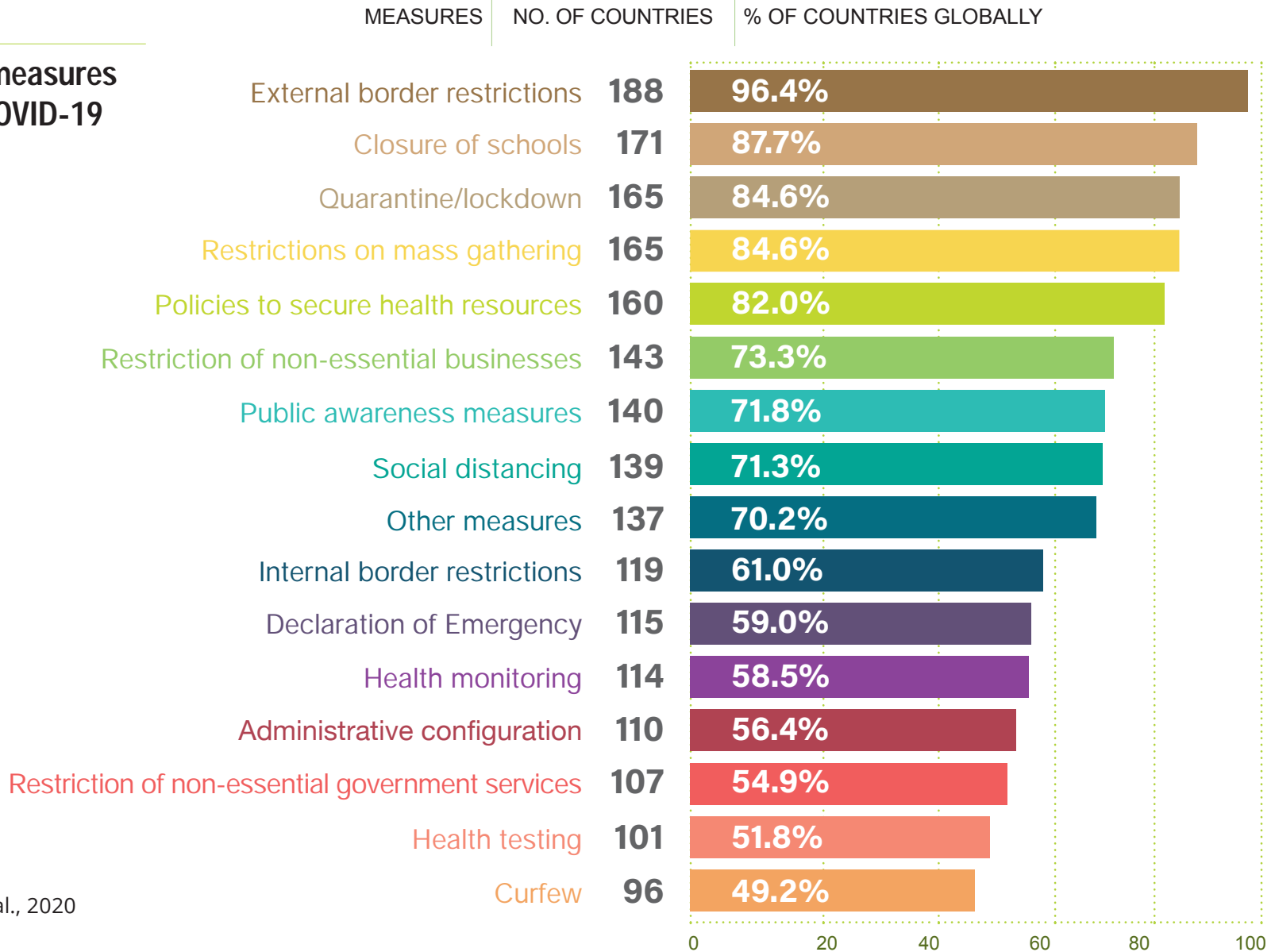


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CHART 1

Government measures to stem the COVID-19 pandemic



Source: Cheng et al., 2020



Impact on Regions

The pandemic is projected to result in economic contraction in all developing regions and advanced economies (IMF, 2020a). The real GDP growth of advanced economies, compared to 1.7% in 2019, is projected at -5.8% in 2020. Developing regions will also suffer economic busts, but more unevenly: Developing Asia (-1.7%), Developing Europe (-4.6%), Latin America and the Caribbean (-8.1%), Middle East and Central Asia (-4.1%) and Sub-Saharan Africa (-3%).

Asia

The COVID-19 pandemic and the corresponding containment measures such as lockdowns and travel restrictions have severely disrupted economic activities in Asia and consequently triggered serious economic contractions in different countries. For example, India, which has recorded 9.9 million COVID-19 cases by December 2020, is projected to contract by 10.3%. The GDP of Kyrgyzstan and Afghanistan are also estimated to shrink by 10% and 5%, respectively. In addition, Southeast Asian countries whose economies benefit greatly from the tourism industry are also expected to contract. The real GDP growth of the Philippines, Thailand, Indonesia, and Hong Kong in 2020 is projected at -8.3%, -7.1%, -1.5%, and -7.5%, respectively (IMF, 2020a).

Economic contractions of this magnitude are expected to have a profound impact on poverty levels in the region. According to a World Bank report, the number of people living in poverty in East Asia and the Pacific

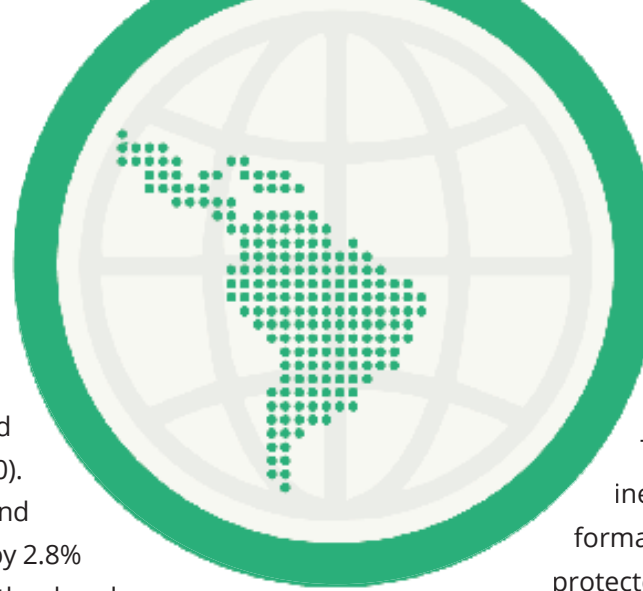
is expected to rise to 38 million by the end of 2020 (World Bank, 2020a). The pandemic is also set to plunge millions of people into poverty in South Asia, with three-quarters of the total workforce belonging to the beleaguered informal sector.

Africa

The economic impacts of the COVID-19 pandemic in Africa have also been devastating. The African Development Bank (AfDB) projects that Africa's regional GDP will have contracted by 0.7 to 2.8 percentage points by the end of 2020. This translates to a GDP loss ranging from US\$22.1 billion to US\$88.3 billion in the worst-case scenario (Adesina, 2020). Meanwhile, the World Bank estimates that GDP growth in Sub-Saharan Africa will fall to -3.3% in 2020, which would be the region's first recession in 25 years (World Bank, 2020b).

The substantial disruption in economic activity will have cost the region at least US\$115 billion in output losses by the end of the year 2020. For instance, Nigeria's oil-dependent economy has seen how oil prices and weakened international trade batter its economy. From a low growth forecast of 2.1% for 2020, Nigeria's economy is expected to contract -3.2% by year-end, which means that the COVID-19 pandemic is

expected to contribute to a reduction of 5 percentage points. The already ailing economy of Zimbabwe is also expected to decline, by 10%, due to potential losses in mineral production, tourism, and foreign remittances (UNDP, 2020). Similarly, growth in Cameroon and Gabon are expected to decline by 2.8% and 2.7%, respectively. On the other hand, owing to its more diversified economy, Kenya's growth is expected to remain positive at 1%. Due to pandemic-induced business closures, market disruptions, and job losses, the number of Africans experiencing extreme poverty is expected to rise to 40 million (World Bank, 2020b). The shortfall in national revenues due to economic contraction is also feared to cause severe developmental impacts in a region marked by massive underdevelopment and political strife.



Latin America and the Caribbean

The impacts across Latin America and the Caribbean (LAC) countries have been uneven. Before the COVID-19 pandemic, the region's GDP was expected to grow by 1.6% in 2020. However, the regional forecast has since dimmed considerably, and the GDP is expected to contract between 8.4% to 9.1% for 2020, triggering the worst recession in the region in the past century (OECD, 2020b). The contraction of national economies

has already resulted in massive job losses. An OECD study projects that economic contraction will result in an unemployment rate of 13.5%, with 44.1 million people unemployed, or 18 million more than the 2019 figures ("Report Outlines...", 2020).

The pandemic has exposed deeply rooted inequalities in the region. For example, 40% of formal workers and 65% of informal workers are not protected by safety nets, thereby affecting their capacity to cope with the impact losses following workplace closures and reduction in work hours (OECD, 2020b, p. 9). Women have been doubly burdened by the pandemic, since they are mostly working in informal sectors that have been hit hard by the pandemic. They face barriers to returning to the workforce, such as heavier responsibility for domestic care (OECD, 2020b, p. 9-10).

Middle East and North Africa

The COVID-19 pandemic hit the Middle East and North Africa (MENA) region while it was still reeling from a drop in global demand for and commodity prices of oil. This impact is doubly hard on oil-exporting countries as they are now facing compounded strains on their fiscal health. According to an International Monetary Fund (IMF) report cited by the OECD, the GDP growth of all MENA economies, except for Egypt, is expected to decline at an average of -4.1%, with oil-exporting countries falling to -6.6% and oil-importing countries falling to -1% (OECD,





2020c, p. 9). Other key sectors like tourism have also been hit. It is expected that the region could lose an estimated US\$42 billion by the end of 2020 (OECD, 2020c, p. 3).

Europe

European states have not been spared from the economic impact of the pandemic. The IMF estimates that the GDP of Europe will contract by 7% in 2020, the biggest decline since World War II (IMF, 2020b). Job retention schemes across Europe have retained at least 54 million jobs, and this fact somehow minimises what could otherwise be a more grinding economic and social consequence of the pandemic to workers.

Albania's GDP is forecast to contract from 2.2% in 2019 to -7.5% in 2020. Employment declined by 3.6% year-on-year while unemployment rose to 11.9%. Albania's public debt is expected to increase to an estimated 81.4% of the GDP in 2020 (World Bank, 2020c).



Armenia's GDP is forecast to contract from 7.6% in 2019 to -4.5% in 2020. The economic downturn has been driven by a contraction of 9% in private consumption and 31% in investment over the first half of 2020. The contraction of the GDP and the widening budget deficit are expected to increase public debt to 63% of the GDP in 2020 (World Bank, 2020d).

Bulgaria's GDP is projected to contract from 3.4% in 2019 to -4.0% in 2020. The country has lower exposure to the global value chains than other EU countries, and so the economic impact is not as severe. Its average unemployment will nonetheless increase to 6% year-on-year while its public debt will have jumped to 27.7% of the GDP by the end of 2020 (World Bank, 2020e).


Figure 1 compares the 2019 and projected 2020 GDPs of countries that are part of this global synthesis






FIGURE 1

Comparison of 2019 and 2020 GDP (annual percent change) for countries included in the global synthesis report

 Africa	COUNTRIES	2019 GDP	POST-COVID-19 (2020) GDP PROJECTION
	Gabon	3.4%	-2.7%
	Kenya	5.7%	1.0%
	Nigeria	2.0%	-4.30%
	Zimbabwe	-8.1%	-10.4%
	Cameroon	4.0%	-2.8%

 Asia	COUNTRIES	2019 GDP	POST-COVID-19 GDP PROJECTION
	South Asia	4.3%	-6.8%
	Southeast Asia	4.4%	-3.8%
	India	4.2%	-9.0%
	Indonesia	5.0%	-1.0%
	Kyrgyzstan	4.5%	-10%
	Philippines	6.0%	-7.3%
	Thailand	2.4%	-8.0%
	Hong Kong	-1.2%	-6.5%
	Afghanistan	3.0%	-5.0%

 Europe	COUNTRIES	2019 GDP	POST-COVID-19 GDP PROJECTION
	Albania	2.2%	-7.5%
	Armenia	7.6%	-4.5%
	Bulgaria	3.4%	-4.0%

 Latin America and the Caribbean (LAC)	COUNTRIES	2019 GDP	POST-COVID-19 GDP PROJECTION
	LAC	0.0%	-8.0%
	Argentina	-2.10%	-11.8%
	Bolivia	2.2%	-7.9%
	El Salvador	2.4%	-9.0%
	Guatemala	3.8%	-2.0%
	Honduras	2.7%	-6.6%
	Mexico	-0.30%	-9.0%
	Nicaragua	-3.9	-5.5%
	Peru	2.20%	-13.9%
	Venezuela	-3.9%	-25.0%
	Ecuador	0.1%	-11.0%

 Middle East and North Africa (MENA)	COUNTRIES	2019 GDP	POST-COVID-19 GDP PROJECTION
	Algeria	0.8%	-5.5%
	Iraq	4.4%	-12.1%
	Lebanon	-5.6%	-25.0%
	Yemen	0.8%	-5.0%
	Egypt	5.6%	3.5%

Sources: Data collated from the database of the Asian Development Bank, International Monetary Fund, and the World Bank



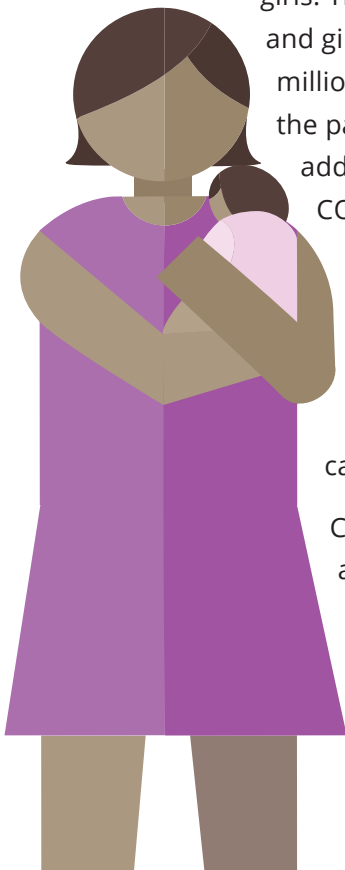
Impact on Marginalised and Vulnerable Sectors

The COVID-19 pandemic has affected everyone, but its impacts have been felt unequally. The poorest, marginalised, and most vulnerable sections of the population have had it worst.

Women and children

The COVID-19 pandemic has disproportionately worsened the conditions of women and children. Of the 96 million people that are projected to suffer from extreme poverty, 47 million are women and girls. This pushes the absolute figures of women and girls experiencing extreme poverty to 435 million (UN Women, 2020a). The social impact of the pandemic on them has also manifested in the added burden of unpaid care work. Before the COVID-19 pandemic, women spent 4.1 hours per day on unpaid care work as opposed to men's 1.7 hours per day (UN Women, 2020b). This disparity is expected to widen, especially as several activities transition to virtual environments, adding new dimensions of care work to women.

Cases of gender-based violence (GBV) have also increased dramatically with the stay-at-home orders issued by most governments across the globe. In countries with reporting mechanisms, a 25%-increase in cases of GBV

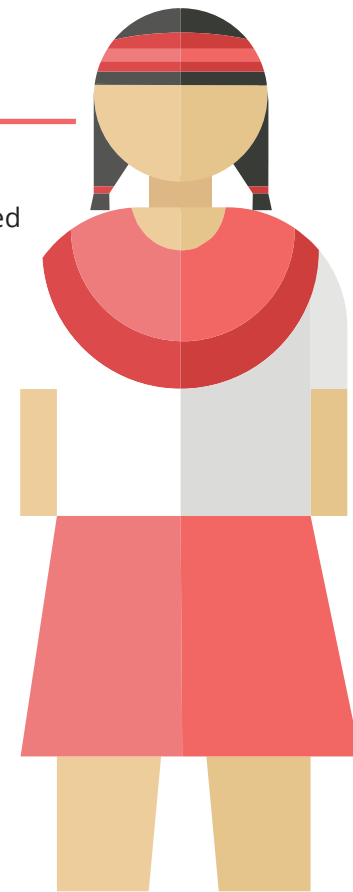


has been recorded. It is appalling to think about the implications for women who do not even have access to distress hotlines or countries with no reporting systems in place.

The pandemic has also resulted in more complicated access to health care infrastructure, with crucial hospital resources and personnel diverted away from services or mechanisms to address GBV, birth and maternal health care, and other women's health needs. This may result in a worsening health status of women and girls and potentially higher fatality rates (UN Women, 2020c).

Indigenous Peoples

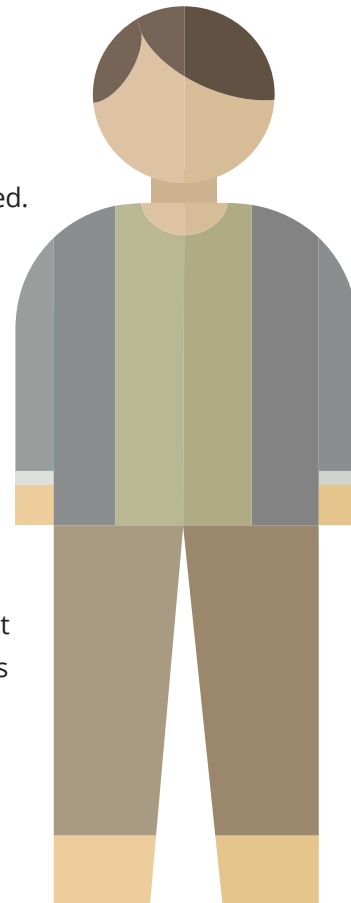
COVID-19 and related measures have exacerbated the already disadvantaged situation of Indigenous Peoples globally. They have been subjected to threats of dispossession, development aggression, and plunder of resources. They are also the least prioritised in terms of social and economic services and genuine state-led development efforts, thus leaving them little access to resources and reliable, effective, and appropriate health, sanitation and education services, among others.





This systemic and entrenched marginalisation makes it harder for Indigenous Peoples to address the impacts of the pandemic and the various measures governments have imposed. Most of the indigenous peoples work in informal economies or in the rural or agricultural sector, which pays their daily wage, and thus any reduction in workdays hampers their ability to earn a liveable income. Restrictions have been in place that limit their opportunities to sell produce and purchase necessities and medication. Many indigenous communities are situated far from medical facilities and many cannot afford the cost of health care.

Accessing COVID-related data concerning Indigenous Peoples has been challenging because data and anecdotal evidence from different reporting centres are not aggregated. Many countries also lack disaggregated data at the national level, but preliminary reports already show a devastating toll. Brazil, one of the hardest-hit countries in the world, has recorded high infection and death rates among its indigenous population, with 27,000 infected and a mortality rate of 3% (Charlier and Varison, 2020). The UN Special Rapporteur on the Rights of Indigenous Peoples has pointed out alarming levels of transmission in indigenous communities and sometimes higher rates of



fatalities (United Nations General Assembly, 2020). In Africa, LAC, and Asia, indigenous communities outside urban areas often lack access to testing.

Urban poor and informal settlers

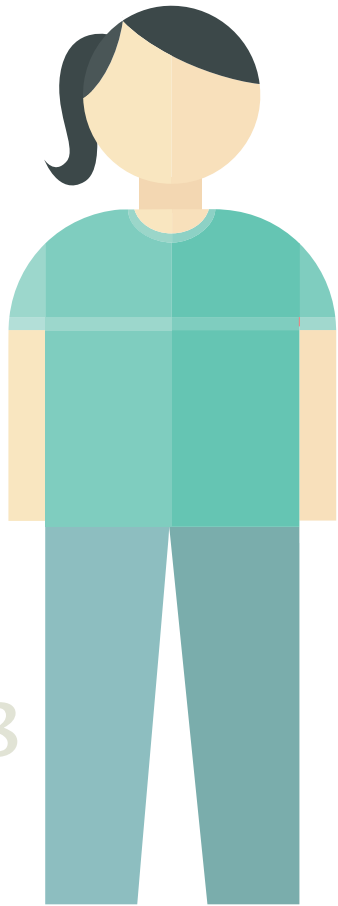
At least four (4) billion people are living in urban areas across the globe, with at least one (1) billion of them living in slum areas or informal settlements. These settlements are characterised by precarious living conditions, particularly inadequate, hazardous, and substandard housing in compacted urban land. These conditions have been proven to contribute to the spread of diseases, and this is no exception for COVID-19 due to: (a) overcrowding; (b) limited access to basic services; (c) dependence on crowded transportation services; and d) dependence on the ever-precarious informal economy (Baker, Cira and Lall, 2020). Preventive measures such as social distancing, isolation, and regular hand washing are difficult to observe in these settlements due to lack of adequate space and access to basic sanitation facilities (Friesen and Pelz, 2020).

Despite the pandemic, informal communities are continuously threatened by evictions. In Kenya, for example, 5,000 informal settlers were evicted from their homes in May (Bhalla, 2020). In India, 48,000 slum swellings were removed in September, and



this could happen to 250,000 dwellings more, based on the latest Supreme Court order. In the Philippines, at least 10,000 families in Manila face the looming threat of demolition and displacement (Beltran, 2020). These evictions can contribute to the spread of the COVID-19 virus, as they will create a humanitarian crisis of families being cramped together in temporary dwellings while they await transfer to a new site.

Youth



The COVID-19 pandemic has created profound societal changes that have massive implications on the youth, particularly on their education, employment, and mental health. According to UNESCO, at least 1.5 billion students and 63 million primary and secondary school teachers have been affected by school closures. Half of these students (830 million) do not have access to computers, and 40% of them do not have internet access (UNESCO, 2020). This digital divide grows wider when looking at the data of developing countries. The same report shows that in sub-Saharan Africa, 89% of learners do not have access to household computers, and 82% lack access to the internet. In an ILO survey, 65% of respondents said that they had been learning less since the start of COVID-19 while 51% of them said that their schooling would be delayed (ILO, 2020e).



Photo by Slondotpics from Pexels

In terms of employment, the ILO survey shows that 17% of the youth employed before the pandemic have stopped working (ILO, 2020e). The same report notes that young people in lower-income countries are vulnerable to income losses and a reduction in work hours. In terms of mental health, 17% of young people are probably (ILO emphasis) suffering from anxiety and depression. This is variegated, with young women and youth aged 18 to 24 reporting the lowest mental well-being across all age groups, while those whose education or work have stopped due to the pandemic being twice more likely susceptible to anxiety and depression than those whose education or work is still on track (ILO, 2020e).

On a positive note, the same study notes that the youth are stepping up to do their share in responding to the pandemic, with 31% reporting that they are engaged in volunteer work and 27% reporting that they have donated to COVID efforts (ILO, 2020e).



Social Protection and Economic Measures to Minimise the Impact

Several national governments implemented various forms of support measures to those who had lost income or had theirs reduced. However, these measures were only temporary, limited in scope, and largely excluded workers in the informal economy.

In Asia, some measures for income support have been directed towards providing loans for businesses affected by the pandemic. In the Philippines, the government's urgent loan-financed items are part of a larger support package for businesses. Private businesses can avail of financial relief in the form of tax deferrals, low-interest loans, and credit guarantee schemes (Guzman, 2020). The government has provided a small cash subsidy, through the Social Amelioration Program (SAP), for workers affected by the pandemic. However, there are numerous clauses on eligibility that exclude households that still have at least one employed member. In India, millions of informal workers are in danger of being excluded from social assistance schemes primarily designed for formal workers. Those with unstable or short-term employment histories, as in the case of self-employed and other non-standard workers, are often poorly protected, if at all.

In Africa, some countries have implemented robust approaches to providing social protection to those affected by the pandemic. In Kenya, the government has reallocated US\$9.5 million from the Universal Health Coverage fund and used it towards employing new health workers. In terms of business support, the government has provided tax relief, such as 100% tax relief to Kenyans earning

US\$228 and below. The government has also reduced VAT from 16% to 14%, and the turnover tax rate from 3% to 1% for all micro, small, and medium enterprises (MSMEs). It has also allotted a US\$5-million package to cushion the tourism industry from the impacts of the pandemic. Vulnerable groups, particularly the elderly and orphans, have been targeted to benefit from the US\$95-million package from the Kenyan government. In Nigeria, the government has introduced a cash transfer of 20,000 Naira (US\$52.63) to 2.6 million of the country's poorest who are enrolled in the conditional cash transfer programme. In Gabon, some assistance has been extended to employees and owners of MSMEs, although the case report notes that there is a potential conflict of interest in that many government officials own MSMEs. Employees covered by Order No. 0052 / MEFPTFPDS have received an allowance of 50% to 70% of their gross monthly wage. But this represents a loss of 30% to 50% of their gross monthly income, excluding bonuses and allowances that are unpaid. The informal economy of Gabon, meanwhile, does not benefit from such protection schemes, the application for which require documentation that most informal workers lack.

In Europe, governments of countries included in this report have developed fiscal packages, although there is inconclusive data on how these funds have been disbursed. In Albania, the government has developed three financial packages of a combined size of ALL45 billion (approximately US\$45 million). The first of these consists of a sovereign guarantee up to ALL10 billion (around US\$100 million) for companies that have met difficulties in paying workers' salaries, and ALL6.5 billion (around US\$65 million) for the neediest sections of the population and the small businesses, as well as to tide over those who face possible unemployment because of COVID-19. A



second financial package, designed to jump-start such economic sectors as tourism, manufacturing, and the fashion industry, includes support for workers that have suffered from layoffs and unemployment. Lastly, the third package has been extended to the public transport sector. In Armenia, the support package primarily focuses on business and job support through loans and grants. The social protection component aims to address the socioeconomic problems of vulnerable groups that have found themselves in dire straits. Lastly, the government has provided financial assistance to employees working in specific sectors such as tourism, hotel services, and education.

There are varied strategies in providing social support in the MENA region, owing to the different circumstances of its countries. In Algeria, the support has come in the form of budget reallocation towards health services and pandemic response. The government has also initiated worker support schemes such as raising the minimum wage from DZD18,000 (US\$135) to DZD20,000 (US\$150) and the suspension of tax on monthly income equal to or less than DZD30,000 (US\$238). The Algerian government continues to provide subsidies on consumer goods to the tune of US\$14 billion. In Iraq, there is no conclusive data to show that social services have been provided to the citizens. The case report notes that the country's weak fiscal position and limited external borrowing may have affected funding for social services. In Yemen, likewise, no conclusive data on social services has been provided. It is noted in the report that years of civil war have affected the logistical infrastructure and bureaucratic capabilities to deliver social services. The pandemic has also impacted Yemeni remittances. Transit fees in Sanaa, the capital of Yemen, have also declined, leading to minimal fiscal reserves.

In LAC, the differences in government structures translate to differences in social support measures during the pandemic. In Argentina, the government has provided a relief package, the Emergency Family Income, which has a high percentage of funding, targeted at sectors with income restrictions. The budget has also prioritised strengthening the health system through the construction of 12 modular hospitals and by shoring up health service instruments for primary care and early detection of COVID-19. In Mexico, the government has embarked on austerity measures and, in line with this, dissolved various government departments, along with a 75% reduction in the budget of all secretariats (ministries). The government has implemented economic support via subsidies and social programmes. However, it is too early to tell if these programs have made an impact at the community level. In Nicaragua, the European Union (EU) has redirected more than US\$38 million to provide the country with immediate resources to address the pandemic. This fund seeks to support workers in micro-enterprises with economic difficulties, and also other vulnerable groups facing health and learning troubles.

Other countries in the region have shown dismal performances in providing social protection. For example, in Honduras, the government has committed to a guarantee fund of HNL300,000 (around US\$12,450) to MSMEs, but the business sector still does not have access to it. In April, the government authorised funding for food sovereignty and food security, but any assistance and productive resources remained in the hands of large companies in the food industry and did not reach small producers, peasants, and Indigenous Peoples. In Guatemala, the government promoted 10 social programmes, funded by a loan of Q737 billion (US\$5.03



billion), that financed the Bono Familia Programme and the Peasant Agriculture and Employment Protection. Until August, these programs showed differentiated levels of implementation and progress, ranging from 9% to 40%, indicative of their ineffectiveness, inefficiency, and lack of transparency. Meanwhile, the situation in El Salvador is bleak as there is no known government strategy to address the pandemic, with the government resorting to improvisations along the way.

Structural deficiencies, particularly debt servicing, compound the uneven or even weak implementation of social protection policies among developing economies. Some of the social protection schemes are funded by additional debts from international financial institutions (IFIs) such as the World Bank, the Asian Development Bank, the Inter-American Development Bank, and the EU. Additional debt burden in a global pandemic is disadvantageous for developing countries as domestic revenues are channelled towards financing the debt burden, leaving domestic social services, such as public health and education services, underfunded once again.

A Disabling Environment for the People and CSOs

The COVID-19 pandemic has created a profound impact on human rights and democratic spaces. While other countries such as Taiwan and South Korea have been able to avoid such drastic containment measures as lockdowns, much of the world has implemented some degree of national and/or localised lockdown to contain the virus. This requires the maximum degree of compliance

from the population, and this has, in turn, led to heavy reliance on police power to instil mass discipline. Some countries have tended to rationalise excessive police force, in lieu of rolling out comprehensive medical solutions as the primary response to the pandemic. Consequently, many states have used the COVID-19 pandemic to attack human rights and constitutional liberties, such as the freedoms of movement, association, and organisation. It has provided cover for states to further constrict or close civic spaces. These attacks on democratic rights and spaces limit systems and mechanisms for promoting effective development cooperation (EDC) principles in the pandemic response and have, in fact, not only eroded the space in which CSOs operate but also undermined their position as development partners and as independent actors in their own right. In many cases, policies have outrightly repressed the voices of CSOs, especially those critical of their governments.

Freedom of movement

Governments in Southeast Asia have implemented various forms of community quarantine or movement restrictions to stem disease transmission. Unfortunately, the police and the military in various countries have been rather too eager in arresting people who they accuse of having violated quarantine protocols. During the lockdown in India, from March to April 2020, the government recorded 60,000 violations, with quarantine violators regularly subjected to physical abuse in detention. Journalists reported that, during that period, at least 27 deaths in the first week had resulted from police beatings. In the Philippines, at least 130,000 people have been arrested since the nationwide community quarantine was implemented in March 2020, according to the government's media office (Caliwan, 2020).



Freedom of information

Various countries have introduced and implemented regulations to control the dissemination of information on COVID-19 measures. These regulations range from more mundane actions such as restricting press access to official press briefings of government agencies to introducing legislation that aims to crack down on unofficial news related to COVID-19. Some governments have, in so doing, resorted to attacking investigative reports, for instance, often dismissing them as “fake news,” despite evidence to the contrary, and alleging the press of inciting mass panic. Several media groups, for their part, accuse governments of using the COVID-19 pandemic as pretext to strike down journalism (Shahbaz and Funk, 2020).

According to data published by the International Press Institute, a global media advocacy group, media freedom violations can be categorised as follows: arrests or charges, restrictions on access to information, censorship, excessive fake news regulation, and verbal or physical attack. To date, there are 418 media freedom violations recorded during the pandemic: 185 arrests or charges, 56 restrictions to information, 57 incidents of censorship, 15 incidents of excessive fake news regulation, and 100 cases of verbal or physical attack. Asia and the Pacific lead the tallies for arrests or charges, restrictions to information, and excessive fake news regulation. Meanwhile, Europe leads in incidents of censorship while Asia, the Pacific, and Africa have cumulatively had the greatest number of cases of verbal or physical attacks against journalists.

Gender-based violence

GBV is a pressing concern during the COVID-19 pandemic (UN Women, 2020). As quarantine regulations have compelled people to hunker down, GBV has alarmingly increased due to the closer proximity of women and girls to their abusers and the forced interactions between them. In several African countries, experts have remarked on some of the indicators related to or forms of GBV such as spousal violence, landlord-tenant violence, neighbourhood violence, parent-children abuse, relationship abuse, and police-citizen abuse, all of which have lately been observed in increasingly more instances. Several reports have also noted the rapid surge in distress calls. In Nigeria and Kenya, for example, a threefold and tenfold increase, respectively, has been recorded in distress calls to hotlines that aim to tackle GBV or sexual violence.

There are also reported incidents of GBV committed by persons of authority, such as police, guards, and quarantine facility administrators. The introduction of numerous quarantine facilities and regulations have exposed women and children to new forms of abuse as new spaces of incarceration are introduced. In Nigeria, in September 2020, police arrested a 23-year-old woman for not wearing a face mask; she was raped while in detention (Obaji, 2020). A similar incident was reported in Kenya, in July, when a guard raped a woman in one of the country’s quarantine facilities (Reuters, 2020). All this highlights the need for a more gender-appropriate response to protect vulnerable groups during an already distressing period.



How COVID-19 has affected trends in ODA



As the COVID-19 pandemic spreads across developing countries, there is a need to sustain and, if possible, enhance the quantity and quality of official development assistance (ODA). As these countries see their domestic revenue base shrink due to hampered economic activity, ODA provides crucial support in augmenting domestic finances to back and finance public health measures and provide economic support to displaced workers.



A Strain on Development Finance?

The COVID-19 pandemic threatens ODA to developing countries as the developed world looks inward to prop up their economies. The Organisation for Economic Co-operation and Development's Development Assistance Committee (OECD-DAC) has already initially noted the need to "protect" ODA to finance development needs among developing countries (OECD, 2020d). These needs include ways to combat hunger, to create or improve social protection, and to enhance public health, all of which are crucial amid crises such as COVID-19. A study on the early impacts of the pandemic on ODA (Breed and Sternberg, 2020) reveals that bilateral aid commitments reported to the International Aid Transparency Initiative (IATI) in the first five months of 2020 (US \$16.9 billion) have been lower than expected and a third less than that of the same period in 2019 (US\$23.9 billion).

The pandemic's impact on development aid is worrying because, as it has been pre-COVID-19, ODA to developing countries remains well below the commitment of 0.7% of the gross national income (GNI). In 2019, ODA rose by 1.4% in real terms, an amount equivalent to US \$152.8 billion. However, despite this net increase, there is still a long way for OECD countries to fulfil their ODA commitments. Total ODA in 2019 was equivalent to 0.30% of the combined GNI of DAC countries, down from 0.31% the previous year. Only five (5) DAC members were able to meet or exceed the 0.7% target: Denmark, Luxembourg, Norway, Sweden, and the United Kingdom (Van de Poel, 2020). Furthermore, in the same period, aid in the form of loans rather than grants increased by 5.7%, leaving developing countries with additional debt commitments (CPDE, 2020b).

The pandemic has strained development financing, with massive costs directed to humanitarian interventions. It is estimated that financial requirements for the global humanitarian response plan to address the COVID-19 crisis should be at US\$2.01 billion (UN OCHA, 2020). The stringent lockdowns imposed globally have, at one point, ground economic activities to a halt, resulting in contractions in national economies of both donor and recipient governments. The resulting economic recession in donor countries is expected to drastically affect ODA allocation and spending by as much as US\$25 billion in 2021 (Development Initiatives, 2020). Report from the OECD showed that, during the second quarter of 2020, a contraction of 6.9% in the GDP had been recorded for G20 economies, putting a strain on the financial capabilities of the big global economies to prioritise development assistance.

OECD-DAC Response in Addressing the COVID-19 Pandemic

The OECD-DAC Joint Statement on COVID-19 Global Pandemic (April 2020) emphasised the need to protect ODA commitments to stem the potential losses due to COVID-19, adding that the pandemic would slow down the gains thus far achieved by the Sustainable Development Goals (OECD-DAC, 2020d). This statement acknowledged the need to prioritise least developed countries (LDCs) and fragile economies, to reduce inequality, and to protect the human rights of vulnerable groups, not despite, but precisely because of, the pandemic's disproportionate impact on them.



The OECD-DAC has since specifically identified public health interventions as key forms by which ODA can be allocated and counted. Such interventions are defined in the following areas: (1) investment in the health care systems of partner countries, specifically through support to hospitals, laboratories, and health administrations; (2) interventions aimed at controlling the spread of COVID-19, such as information drives and better emergency communication, expanded testing capacities in developing countries, vaccine research and development, and treatment and care of patients; and lastly (3) humanitarian response to mitigate the impact of COVID-19, especially on the livelihoods and the security of vulnerable populations, such as women, children, and the elderly (OECD-DAC, 2020e).

Despite the decrease in ODA commitments by bilateral donors, ODA commitments by IFIs and multilateral donors increased in January-July 2020 compared to the same period last year. (See Chart 2). Besides this increase in multilateral ODA commitments, the year 2020 also marked a dramatic boost in other official flows (OOF) channelled through international financial institutions (IFIs) and multilateral donors as compared to previous years. While this is a welcome development to address urgent financing needs for the COVID-19 response, CSO actors demand greater inclusion of civil society partnerships with said institutions to enhance effective development cooperation (EDC) (Villota and Cassanova, 2020).

In 2020, in terms of sector allocation, the highest amount, from both IFIs and bilateral donors, is directed towards social infrastructure. From IFIs, the second-highest allocation is for economic

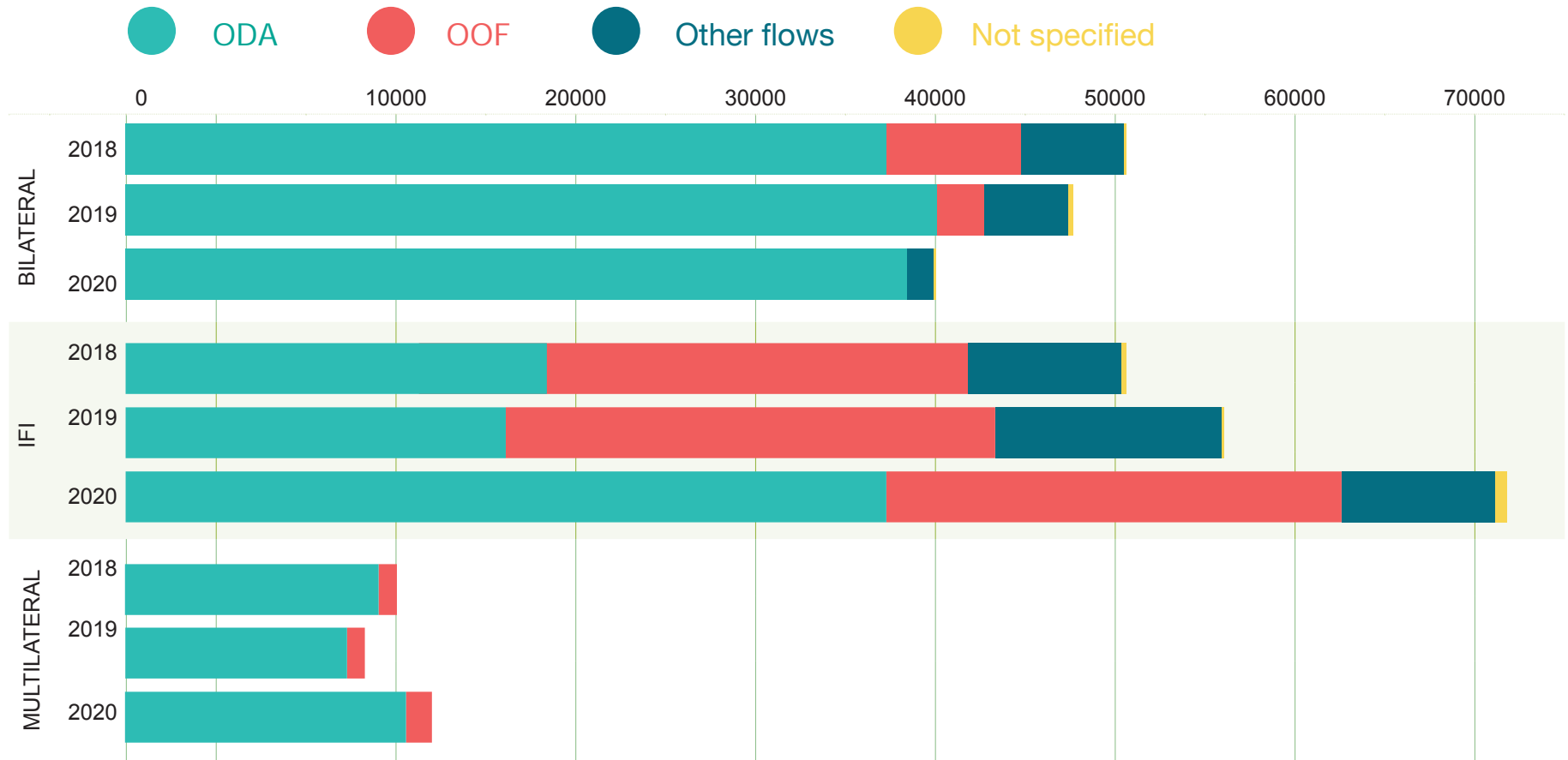


Photo by Ryutaro Tsukata from Pexels



CHART 2

Aid commitments by key bilateral donors, IFIs and multilateral institutions, 2018-2020 (January to July) in US\$ millions



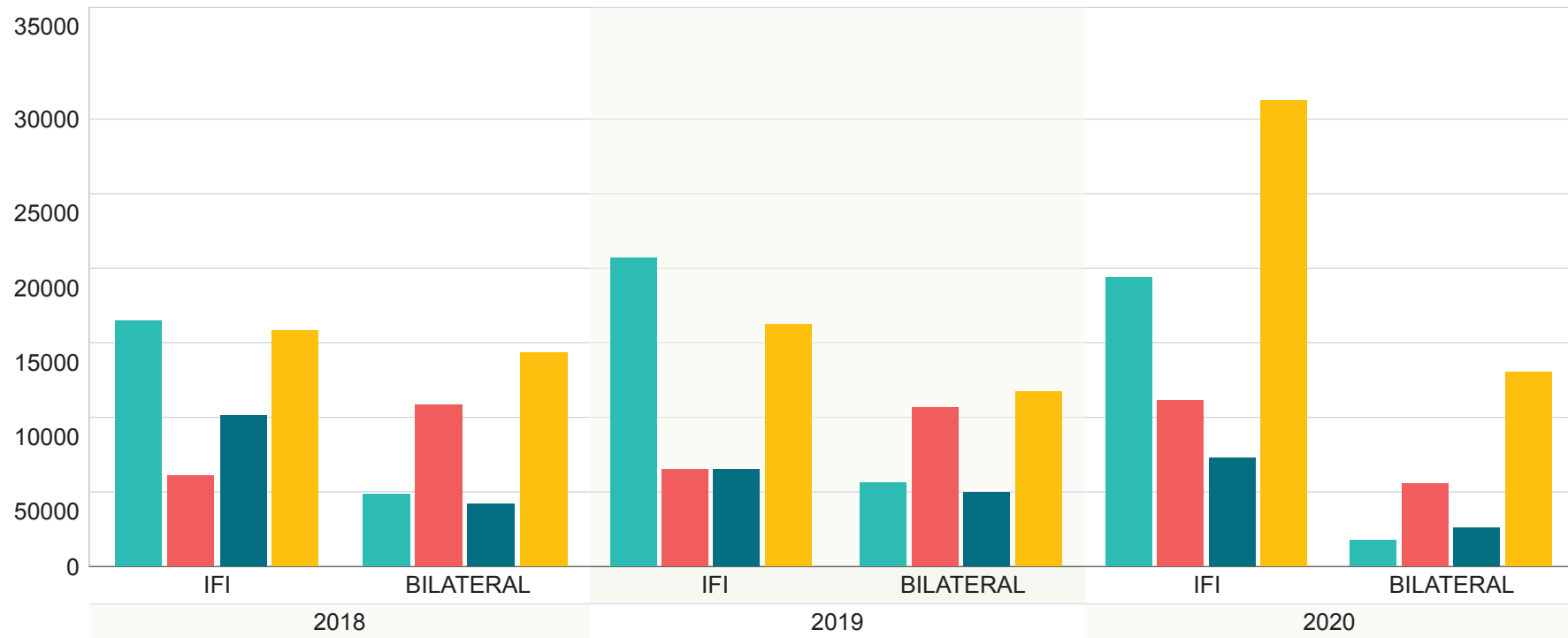
Source: Development Initiatives. (2020b). "Tracking Aid Flows"
IFI = international financial institution; OOF = other official flows



CHART 3

Sector allocation of aid, 2018-2020

● Economic Infrastructure ● Governance, peace and security ● Production ● Social Infrastructure



Source: Development Initiatives. (2020b). "Tracking Aid Flows"



infrastructure while, from bilateral donors, it is for governance, peace, and security. Overall, IFIs have given higher allocation for all sectors than did bilateral donors. (See Chart 3)

Meanwhile, in terms of regional priority, Sub-Saharan Africa and South Asia, respectively, account for the biggest chunk of funding commitment from multilateral donors IMF and World Bank. (See Figure 2)

COVID-19 Priority Areas of Donor Countries

Donor governments, IFIs, the international development community, and CSOs have mobilised resources, expertise, and

organisational assets to address COVID-19 impacts. As of October 2020, a total of US\$20 trillion has been committed to addressing the economic, social, and public health damage caused by the COVID-19 pandemic. While these reports are published, CSO reports have highlighted the uncertainty of whether these are new funds or mere realignments from previously budgeted items. CONCORD Aidwatch has stated that it is only big donors such as France, Germany and the United Kingdom that have mobilised additional resources for the pandemic response (Villota and Cassanova, 2020). The following table shows the data for donor commitment by region.

FIGURE 2

Estimated amount and % commitment of funding to the COVID-19 response for 2020

REGION	IMF (45 COUNTRIES AS OF 24 APRIL)		WORLD BANK (63 COUNTRIES AS OF 27 APRIL)	
	US\$ (MILLION)	% COMMITMENT	US\$ (MILLION)	% COMMITMENT
East Asia & Pacific	22	0.02	755	0.47
Europe & Central Asia	1,167	1.17	770	0.48
Latin America & Caribbean	1,627	0.90	734	0.46
The Middle East & North Africa	765	0.77	361	0.23
South Asia	1,422	1.42	1575	0.98
Sub-Saharan Africa	4,306	4.31	466	0.29
Unallocated	90,691	90.69	145,338	97.09

Source: Raga and te Velde (2020)



Photo by Brett Sayles from Pexels

Evidencing effectiveness in COVID-19 response



Apart from being a public health crisis, COVID-19 pandemic is also an international development crisis, with severe implications on attaining development objectives and international cooperation. Even before the pandemic hit, countries had already been lagging in terms of meeting the Sustainable Development Goals by 2030. As developed countries addressed COVID-19 impacts domestically, the United Nations General Assembly (2020) called for stronger multilateral cooperation to confront the multiple crises that the pandemic had laid bare.



Official development assistance (ODA) is one of the top sources of COVID-19 response in developing countries. While old monies have been realigned and new funds pour in from donors to recipient countries, the allocation, use, and disbursement of these funds must adhere to development effectiveness principles. Effective development cooperation (EDC) is a framework of international development that places at the forefront the people's needs, rather than donor countries' corporate and geopolitical interests. EDC has four main principles: Country Ownership, Inclusive Partnerships, Transparency and Accountability, and Focus on Results. CPDE has highlighted the importance of upholding these principles, together with the principle of Leave No One Behind (LNOB), to guide state-led measures to address the COVID-19 pandemic (CPDE, 2020).

EDC Principles in the Time of COVID-19

1. Country Ownership

All actors must build on developing countries' systems and priorities for an effective and sustainable response to the pandemic. GPEDC notes that "the declining trend of development partner's alignment to partner country priorities, plans and country-owned results framework must be reversed" (GPEDC, 2020). For CPDE (2020), country ownership must meet the following standards:

Driven by national priorities and realities on the ground. There is a need for donors to align their plans with realities on the ground to ensure consistency and coherence of COVID-19 response with national development strategies. Adhering to this principle also

means that the national policies and strategies should be legitimate from the perspective of other stakeholders.

Alignment and use of country systems in financing COVID-19 responses. There is a need for donors to use country systems as default options rather than project modalities that may take longer to arrive in the pandemic. There is also a need to speed up releasing budget support for general or sectoral implementation of strategies.

Predictability: Funding that is on-time and reliable. There is a need to minimise the gap between donor commitments and actual disbursements of funds.

Harmonisation: Donor coordination on COVID-19 response. There is a need for coordination among donors, national actors, and CSO actors to ensure efficiency in the delivery of much-needed service and aid to affected communities.

2. Inclusive Partnerships

Inclusive partnerships are necessary to maximise all contributions from different actors on the ground. GPEDC notes that there should be more inclusive partnerships between government and other stakeholders such as CSOs and private sector actors, and that these actors should be capacitated to be able to respond to the needs of their communities. CPDE's position paper notes that it is important to strengthen civil society participation in COVID-19 response, including in service delivery, monitoring, and advocacy work. The CPDE position paper notes that, to fight COVID-19, governments must create an enabling environment that upholds human rights



norms, such as freedom of assembly and mobility, right to privacy, and opportunities for participation, so that CSOs can effectively respond to the crisis.

3. Transparency and Accountability

It is important to ensure transparency and accountability, especially in the fast-changing nature of the COVID-19 response. The following checklist by CPDE ensures doable actions to meet this principle:

Availability of oversight and redress mechanisms. Accountability mechanisms are important to guarantee that resources allocated towards addressing the pandemic are properly used and that, in the process, no abuse is committed by authorities. Development actors are encouraged to share timely information to uphold transparency and accountability. Oversight bodies also need to integrate CSO actors into their structures.

Clarity in allocation and disbursement of COVID-related funding. Information on COVID-19 allocation and disbursement must be timely, comprehensive, and disaggregated to allow for better assessment of available resources and probable future measures.

4. Focus on Results

The Principle of Focus on Results aims to ensure that development cooperation addresses the needs of the most vulnerable. There must be transparent, measurable, and time-bound frameworks for assessing progress and results.

5. Leave No One Behind

This principle aims to address two concerns: ending absolute poverty in all forms and ensuring that those who have been left behind can catch up, in a manner of speaking, with those who have gained greater progress. At the same time, the principle seeks to end discrimination against certain groups that results in unequal outcomes for marginalised quarters (ODI, 20171). The COVID-19 pandemic threatens to widen the poverty and inequality gap. The following indicators have been identified by CPDE in incorporating the LNOB principle into the COVID-19 pandemic response:

Fulfil and/or surpass aid targets. There is a need for the international community to fulfil and/or surpass the 0.7% GNI target for ODA commitments. There is also a need to ensure an increase in the quality of aid so that states can effectively respond to both the short- and long-term impacts of the pandemic.

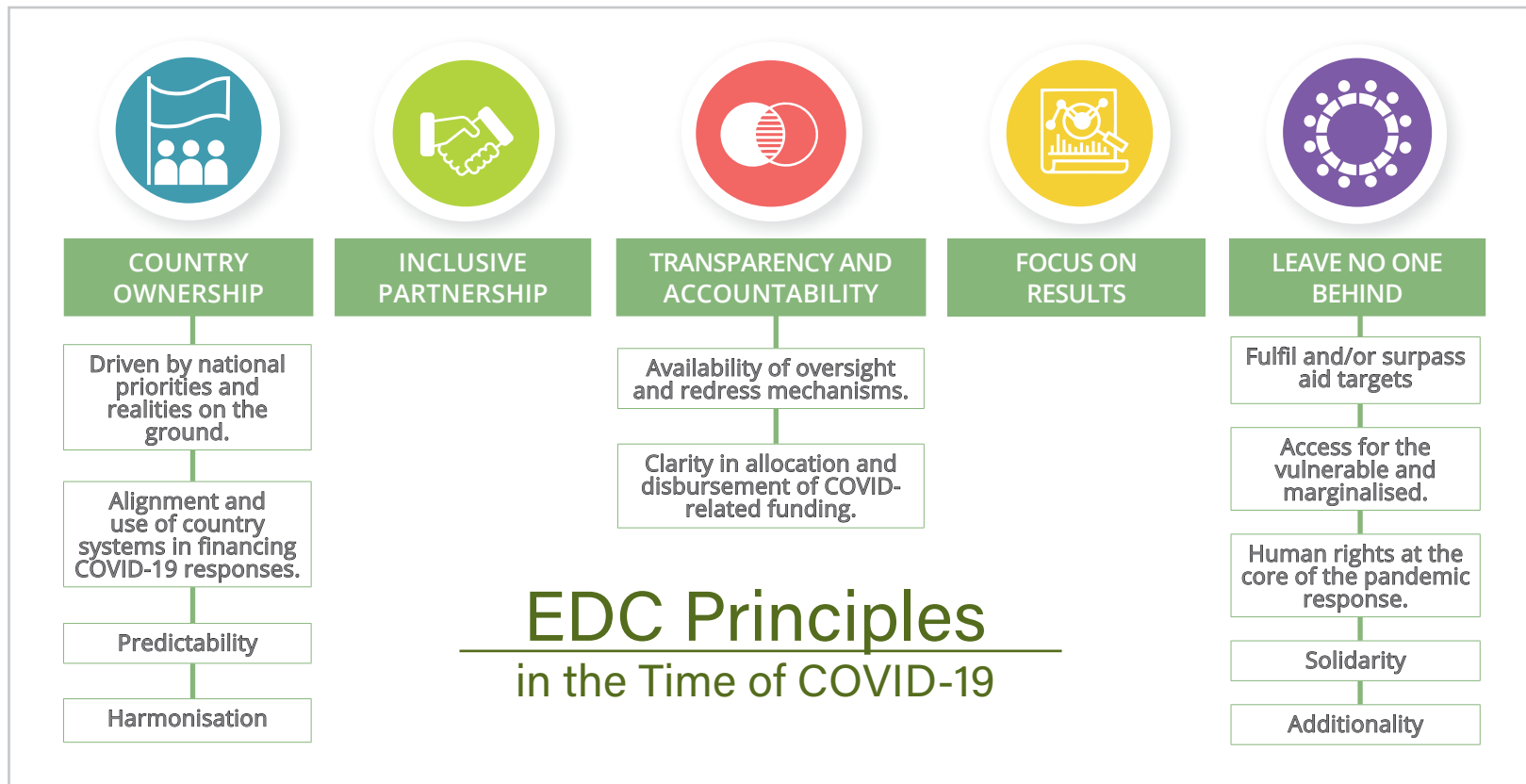
Access for the vulnerable and marginalised. National policies for COVID-19 response should ensure the provision of relief goods and services for vulnerable and marginalised populations, which include but are not limited to migrants, refugees, Indigenous Peoples, peasants and rural people, and informal workers. The responses should be gender-sensitive and must most especially take into account the specific impacts of the pandemic on women and girls. Human rights at the core of the pandemic response. National policies and strategies for the COVID-19 response should adopt a human rights-based approach (HRBA) to ensure the protection and promotion of the rights and welfare of vulnerable and marginalised populations. There should be accountability mechanisms in place



such that the pandemic response remains consistent with human rights laws and norms.

Solidarity: More grants instead of loans. Aid and emergency financing provided to developing countries by donors should come in the form of grants rather than loans to avoid additional debt burden on developing countries. Debt servicing and other forms of loan conditionalities should be eliminated to provide more resources to developing countries during the pandemic.

Additionality: Distinct and additional funds for the COVID-19 response. Development aid is an indispensable resource used in curbing poverty in developing countries, as well as in strengthening health care systems. Donors must avoid diverting aid from critical sectors like health in developing countries to support in-donor country spending. It must be given to countries most in need of it to facilitate and boost their COVID-19 response. These resources must be supplementary to and distinct from ODA.



Analysis of the Effectiveness of COVID-19 Response

A. On the Principle of Ownership

Based on country reports, there is an uneven application of the Principle of Ownership in COVID-19 strategies across regions. While several reports show that national COVID-19 plans have incorporated national development priorities, there is a weak level of coordination between national governments and CSOs and other stakeholders. Donor countries and agencies have also shared that they are supportive of national government strategies. However, it remains to be seen if there are subsequent policy instruments to deliver on loan conditionalities that might undermine country ownership in the future. There is still no conclusive data at this point.

REGIONS



Asia

In Asia, country cases and sectoral reports suggest that the application of ownership varies in terms of scope and breadth. On one end is India, which has not adopted a national strategic plan for COVID-19 response but imposed lockdowns and demarcated

containment zones; on the other end are the Philippines and Kyrgyzstan, both of which have adopted national strategic plans to address the COVID-19 pandemic. However, for these two countries, limited participation by stakeholders in the design, development, and implementation of these plans has been gravely noted. The Philippines, which remains on lockdown, one of the most stringent and longest in the world, has even taken a heavily militaristic approach to COVID-19. Meanwhile, country ownership has been enhanced in Kyrgyzstan using national systems by multilateral and bilateral donors in financing COVID-19 response, with about 95% of the received foreign aid channelled through budget support.



Africa

National plans in Gabon, Kenya, Nigeria, and Zimbabwe have been developed to concretise COVID-targeted government strategies. However, they differ in terms of the extent of multi-stakeholder participation in the development and implementation of these plans. For instance, Zimbabwe has actively engaged and consulted with faith-based organisations (FBOs), other CSOs, and stakeholders, in information dissemination and planning for the gradual reopening of places of worship. While the development of Kenya's national plan has incorporated inputs from international development partners, it does not involve CSOs and local stakeholders whose roles are limited to assisting task forces in the implementation of the national contingency plan. In the case of Nigeria, stakeholder participation at the national level is very minimal, although it manifests in terms of membership of non-





government players in sub-national task forces. In Gabon, the glaring absence of CSOs in both developing and implementing the national strategic plan has been noted.

On the other hand, while bilateral and multilateral donors have extended ODA, such as materials and equipment, grants, and loans, to Nigeria, there is insufficient evidence on whether country systems have been used in COVID-19 financing. In Gabon, aid is channelled through the Rapid Financing Instrument (RFI) of the IMF, which provides rapid financial assistance to all member countries facing an urgent balance of payments. But it seems that, in terms of financing and coordinating COVID-19 responses, donors and states are not coordinating well. This could undermine the effective delivery of aid and services.



Latin America and the Caribbean (LAC)

Several LAC countries have developed and implemented national strategies to address COVID-19 impacts. Presidential decrees were released in Mexico, Honduras, and Argentina as early as February. These decrees directed budget disbursements, austerity measures within the government, and plans and actions for COVID-19 preparedness and prevention. Argentine CSOs consider the COVID-19 response and financing to be generally harmonised. The country has assisted low-income families and strengthened the health sector. The downside, however, lies in accountability, transparency, and predictability of COVID-19 response efforts, including budget disbursement, which has been slow. On the

other hand, El Salvador has experienced a power gridlock between the executive and the legislative branches of government, thus precluding any consolidated government plan to address the COVID-19 pandemic. Rather, the government has become dependent on loans that will just result in increased debt.

In the Andean sub-region, only Peru has a national strategy to respond to the COVID-19 pandemic while Ecuador and Venezuela have no plan or strategy that can be monitored. In formulating the national strategy in Peru, however, there has been no coordinated and meaningful participation by CSOs and the private sector. There is no substantial information on ODA alignment and the use of national systems either. The predictability of aid has been a big issue, too, as no official data discloses which amount is allocated to which component of the COVID-19 response. In terms of channelling and harmonising aid, while there has been official coordination between CSOs and governments of Ecuador and Venezuela, the lack of any detailed relevant data that the public can access weakens the process.



The Middle East and North Africa (MENA)

In Algeria, the government and donors' responses to COVID-19 show signs of subscribing to the principle of ownership. The government has allocated a significant amount of funding for health services and equipment, using donor funds from the IMF, the International Bank for Reconstruction and Development (IBRD), and the EU. So far, there are no details on whether these funds have conditionalities attached.



Likewise, the prioritisation of national government strategies has been observed by donors. In Iraq, there are concerns regarding the harmonization of the COVID-19 response as donor support has come in late. Furthermore, the modality has been project-based, with donors requesting different proposals to address different development priorities. Lastly, there are concerns regarding coordination as red tape decelerates coordination among representatives of government agencies and CSOs. In Yemen, the impact of the ongoing civil war has presented challenges to country ownership in the COVID-19 response plan. There are no coordinated actions between the ruling party and the opposition, thereby delaying the response to communities.



Europe

The governments of both Armenia and Albania have been coherent when it comes to developing a national strategy response to COVID-19. They have crafted action plans for purposes of prevention and preparedness. However, the two European countries have different experiences in terms of multi-stakeholder participation. Armenia has taken a more proactive role in engaging with government ministries, local governments, and public organisations in developing national plans. Albania reports that the government has not adopted policies proposed by CSOs. Evidence suggests that ownership has been enhanced through harmonised donor coordination that is facilitated by bilateral and multilateral agreements entered with the World Bank, the IMF, the EU, and even USAID. It has also helped that the COVID-19 financing is predictable

and, as for aid from donors, forecast to pour in on either short-term or multi-year basis.

SECTORS



Rural

The case studies of Indonesia and the Philippines both recognise the urgency of aid from donors and international financial institutions to assist the government. Unfortunately, there is no CSO participation in needs assessments and planning to increase democratic ownership of COVID-19 policies and strategies. In Bolivia, there is no ownership of COVID-19 response since the pandemic hit the country at a time when a coup d'état had just installed a regime. Instead of crafting an effective response plan, the government, then, was more focused on strengthening its grip on power than addressing COVID-19 in the country.



FBO

The Zimbabwe government has enjoyed enormous resources to address the pandemic. However, this has led to abuse of power and corruption. For instance, corruption in the procurement of COVID-19 response material and equipment such as PPE has called into question the government's credibility in handling donor funds. These corrupt practices have resulted in a multi-layered crisis characterised by economic collapse, deepening poverty, food insecurity, and human rights abuses.



Feminist Groups

Feminist organisations in Kyrgyzstan have reported that there is no overarching comprehensive national strategy or long-term government strategic response plan for COVID-19 that specifically targets the needs of women and girls.



Indigenous Peoples

Indigenous Peoples are not prioritised in the national COVID-19 strategies in the Philippines. Because the targets for COVID-19 response are identified at the national level, with the public at large in mind, specific indigenous issues have not been addressed.



Migrants

Migrant workers are not prioritised in both origin (sending) and host (receiving) countries, despite their contribution to the economic growth of developing countries. In the Philippines, there have been measures put in place for the repatriation of migrant Filipino workers, though these have nonetheless proven problematic. For example, cases emerged about migrants being held for one month in repatriation centres due to delays in administrative processes before they could return to their hometowns (Ranada, 2020). While some programs are designed to absorb displaced migrant workers, all this pales in comparison to what they used to receive in terms of compensation overseas.

There are no clear plans to integrate migrant workers into national development programs as well. In the case of receiving countries Hong Kong and Thailand, most of the migrant workers work in the informal sector, and so their welfare and concerns are not usually reflected in the development priorities of their host countries. In Hong Kong, migrant workers like domestic helpers have been subjected to rights violations such as denial of their right to day-offs. Migrant workers here and in Thailand have also been largely excluded from economic safety nets that host governments have created to address impact of COVID-19 on income.



Youth

In countries where the cases of the youth constituency are drawn from, there has been an uneven adherence to the principle of country ownership. Some countries like Afghanistan and Bulgaria have formulated no unified strategy to deal with the pandemic. Egypt has imposed partial lockdowns, closure of public establishments, and restrictions on public gatherings, while India and Lebanon have resorted to full lockdowns. Cameroon has implemented a COVID-19 Preparedness and Response Plan worth US\$600 million. Most youth constituencies surveyed in Afghanistan and Cameroon report little awareness of their governments' COVID-19 response plans and strategies.

The youth constituency notes that CSOs, including youth organisations, have not been involved in pandemic response strategising. There are limited opportunities for CSO involvement,

and even if CSOs have made suggestions, governments have failed to heed the former's recommendations, such as in the cases of India and Lebanon. The rare exception is Egypt, where there is notable participation of a wide range of local and international stakeholders, including foreign governments, IFIs, development partners, and CSOs.

B. On the Principle of Inclusive Partnerships

Most of the cases show a lack of government effort to strengthen civil society participation in the formulation, implementation, and monitoring of national COVID-19 strategies and plans. The exclusion of CSOs range from milder forms such as lack of formal space in government bodies, as they are allowed to operate only in voluntaristic ways, as in Nigeria and European countries, to more systematic scales of exclusion, such as by constricting legal avenues where CSOs can operate.

In countries where CSOs are reportedly given space to operate, it is usually the larger, more established and more government-friendly CSOs that are provided a seat at the table. This ultimately undermines their potential to act as a democratising agent in the COVID-19 response. Many of these cases show that national governments have taken advantage of the pandemic to restrict even more the few spaces where CSOs are permitted to move and function.

REGIONS



Asia

The COVID-19 responses in many Asian countries do not reflect the principle of Inclusive Partnerships. In Indonesia, the COVID-19 task force has systematically bypassed CSO representatives across national, provincial, municipal and village levels. Former military officials have often been tapped to head the COVID-19 task force, though most of them lack relevant credentials in managing infectious diseases. The task force lacks mechanisms by which CSO actors can act as partners in ensuring smooth implementation and accountability in the disbursement of funds. In the Philippines, the National Action Plan (NAP) developed by the government has left out CSOs in the formulation, preparation, implementation, and monitoring phases. Former military officials similarly dominate the decision-making body and have shown aversion to civil society participation and initiatives. The same trend can also be seen in Kyrgyzstan, where local reports show that only a few CSOs have been invited to join governmental bodies aimed at addressing COVID-19, thereby excluding the majority of civil society in the country.



Africa

Several CSOs operating in African countries have reported on formal mechanisms created to integrate CSO participation in the governments' efforts to cope with the COVID-19 pandemic. In





Nigeria, there is strong coordination among the different actors from the federal government, development partners, civil society, and the media. All of them have also been aptly supported by international organisations such as the WHO, Africa Centres for Disease Control, and the West African Health Organisation. In Zimbabwe, the national COVID-19 response task force has adopted a multi-stakeholder approach that involves CSOs, particularly FBOs, in the planning and implementation of the COVID-19 response. Meanwhile, in Kenya, the government has initially exclusively formulated the overall strategy to counter the pandemic, but the structure to implement the plan has evolved to encourage CSO participation. Most of the CSOs have since joined in the medical and humanitarian response in the country.



LAC

The cases of the countries from the CAMEX and Andean sub-regions generally show that national governments in these regions have excluded CSOs from the design, implementation, and monitoring of COVID-19 response and strategies, except for CSOs that are friendly to the regimes in these countries. The exception among the LAC case studies is Argentina, whose government has included CSOs in consultations to develop national responses to COVID-19. CSO activists have been subjected to harassment, including arrests, detention, and threats to their lives while the regulatory space for CSO activities has shrunk as national governments hinder CSO activities in these regions. Despite threats and exclusion, CSOs have been active in humanitarian assistance, capacity-building, and community mobilisation.

In the Andean countries, there have been neither sustained dialogues with CSOs nor formal institutional arrangements for their participation. This is disappointing considering that several countries, such as Peru and Ecuador, have regulations in place that indeed recognise the role of CSOs. But the lack of such arrangements has not stopped CSOs from drafting proposals and submitting them to their governments. Though these have not been considered, one notable exemption is the Universal Basic Income proposal submitted by CSOs in Peru.



MENA

In Iraq, CSO partnerships have been limited to procurement purposes, such as providing equipment and tools to hospitals, health centres, and intensive care units. There are no meaningful consultations and partnerships with CSOs on how to address the pandemic, although some CSO representatives are present in committees and task forces. The services have targeted vulnerable citizens. Similarly, in Yemen, there is no notable participation of civil society or other stakeholders in the design or implementation of the response policies. CSOs have mostly been relegated to receiving information without any real engagement in public decision-making.



Europe

In Europe, it has been observed that there are different levels of engagement between the government and civil society. In Armenia, it is noted that there has been a stark lack of CSO engagement in



the formulation and implementation of the COVID-19 strategies. CSOs are also not represented in the decision-making bodies of the government. In Albania, there has been no participation of various stakeholders in the design, implementation, and monitoring of the national policies for COVID-19 response. At the same time, there are also no mechanisms or policies to incorporate CSO suggestions into the strategy. CSOs have accused the government of monopolising information related to the COVID-19 response.

SECTORS



Rural

In Indonesia and the Philippines, there is no inclusive partnership between the national government and rural organisations to strategise against COVID-19. There are zero democratic mechanisms to ensure CSO participation in planning, implementing, and evaluating the countrywide pandemic response. In Bolivia, there is a partnership between the state and international organisations, such as the WHO-Pan American Health Organization (PAHO), the UN, the Organization of American States (OAS), Banco Mundial (BM) or the World Bank, Fondo Monetario (FM) or the IMF, in the general COVID-19 response. In sub-national bodies, the municipal or departmental emergency operations committees have carried out specific tasks as deemed appropriate. After three months of quarantine, CSOs in Bolivia began to question the actions by the central government and subnational governments, as they had shown no satisfactory results.



FBO

The Zimbabwe National COVID-19 Response Task Force has attempted to espouse a multi-stakeholder approach. The government includes faith actors and traditional leaders in its task force in charge of disseminating information about the pandemic to all Zimbabweans. They have also helped plan the safe reopening of places of worship. For example, the Zimbabwe Council of Churches has been actively taking part within the education cluster of the COVID task force.



Feminist Groups

There is a low level of participation from feminist organisations due to the lack of initiative from national governments in engaging women and girls' issues in their COVID-19 response.



Indigenous Peoples

For the Indigenous Peoples sector in the Philippines, the formulation of the NAP to respond to the COVID-19 pandemic has failed to invite delegates from indigenous groups and CSOs in the planning, implementation, and evaluation of COVID-related plans. The government has made no effort to highlight their issues and needs, despite their worsened plight during the pandemic.



Migrants

There is no evidence of CSO participation in crafting COVID-19 responses sensitive to the conditions of migrant workers in both sending and receiving countries. In the Philippines, CSOs engaged in migrant rights' advocacy are not included in formulating policies and programs that will absorb migrant workers who have been displaced by the pandemic. CSOs' inputs have been omitted from programs designed to receive repatriated migrants, such as programs related to testing, quarantine, and efforts at curbing COVID-19 infections. In receiving countries, there are no reports of strong collaboration between CSOs and receiving governments in alleviating the conditions of displaced migrant workers. For example, organisations of migrant workers have, in general, been overlooked in policymaking, such as in Thailand and Hong Kong, and thus issues concerning the latter have scarcely been addressed immediately by receiving countries.



Youth

Based on the report from the youth constituency, there needs to be more institutions engaged in inclusive partnerships between national governments and youth CSOs. In India, Cameroon, and Afghanistan, youth organisations have reported the same observation, as these countries' national governments do not appear to be receptive to CSO recommendations. In Bulgaria, while development actors have been consulted in compliance with

the general strategy of the EU, more can be done to establish a strong, efficient, and durable partnership between youth CSOs and governmental bodies. In Egypt, CSOs have not been involved in setting national COVID-19 agenda and subsequently monitoring the response policies, especially in matters concerning financial aid and donated facilities. CSOs and the public have essentially side-lined and simply asked to conform to preventive measures. In Lebanon, there is little to no evidence of any working relationship between the government, international development actors, and CSOs. The publicly available information does not lead to any conclusion on whether consultations with CSOs are productive or just tokenistic.

C. On the Principle of Transparency and Accountability

The case studies presented imply a weak level of adherence to the principle of Transparency and Accountability. In most cases, national or federal governments implement a form of information dissemination regarding their respective COVID-19 responses. These communication plans range from weekly addresses by government leaders, to daily press briefings, and updates on COVID-19 budget disbursements as posted on government websites.

Beyond these, there are no public engagement or feedback mechanisms in which citizens can contribute to and monitor the performance of COVID-19 response agencies. No formal national government bodies are dedicated to multi-stakeholder oversight solely for the COVID-19 response.



The few such bodies in national governments (e.g., the Commission on Audit in the Philippines) still do not provide functional spaces for CSOs to participate in the actual monitoring of the COVID-19 responses.

Most of the countries show a weak level of the implementation of grievance mechanisms as most complaints have been filed as reports of violations, but with no clear path to holding erring officials and agencies accountable. Donor databases also do not show details of inflows and outflows of funds for COVID-19 responses. There needs to be a more systematised way to present data and regularly disseminate information to ensure transparency and accountability in donor responses.

REGIONS



Asia

Basic information on funds is available in most of the Asian countries under study, but the lack of oversight mechanisms compromises the credibility of said information. In the Philippines, for example, the budget department has released a document that lists projects related to COVID-19, including sources of funds and the corresponding implementing agencies. But mechanisms are currently deficient, making it hard to scrutinise funds utilisation and/or disbursement. In Indonesia, the Ministry of Finance, in partnership with the World Bank, has conducted a public expenditure review.

These forms of transparency and accountability are weak in the absence of any oversight mechanisms and substantial CSO participation to overcome corruption and mismanagement.



Africa

In general, there are no clear structures to monitor the flow of COVID-19 financing and ensure accountability and transparency in the implementation of country strategies. In Nigeria, there is a weekly presidential task force briefing, which, however, does not mention details about how the COVID-19 funds are being used. There are several reports on the ground of how contracts for COVID-19 response have been awarded in haste at the state level. In Kenya, information related to the response is centralised in government bodies and regularly disseminated to raise awareness among the wider public. However, there are no mechanisms whereby CSOs can engage the government on matters surrounding transparency and accountability. Government bodies have been unresponsive to formal requests from CSOs to address these concerns, and at the same time ordinary citizens cannot also turn to any formal grievance mechanisms whenever they have complaints about how local COVID-19 responses are being carried out.



LAC

There are different levels of how the principle of Transparency and Accountability have been observed in countries in the region. Some



governments have committed to becoming transparent in relaying information related to the COVID-19 response. In Argentina, the government has developed a communications plan that emphasises timely release of public updates. Still, there is no formal structure, via an agency or office, that functions as an oversight body to monitor the plan's implementation. Mexico, meanwhile, has made available information on the COVID-19 response in their open data portal on emergency-related expenditures and social benefits. While these efforts at maintaining information transparency are commendable, with no overarching oversight committee, mechanisms for feedback and grievances would still be needed.

Transparency and accountability in the COVID-19 response is an urgent concern for countries in the Andean sub-region since they hardly receive timely and comprehensive information on the impact of COVID-19 in the region. Concerns have emerged as to how governments and external actors poorly manage COVID-19 data. For example, members of the academe in Ecuador have noted underreporting of cases of infection and transmission. Countries in the sub-region have not allowed for institutional arrangements to address the monitoring of the COVID-19 response, complaints arising from the response, and the redress mechanisms for such complaints, thus overwhelming the few traditional avenues available to seek accountability in the region.

Overall, case studies from LAC show a lack of CSO representation in transparency and accountability mechanisms. They are not included in data management processes. There are no institutional spaces to oversee the vetting or verification of data published by governments in their COVID-19 strategies. CSOs are also not part of any grievance and redress mechanisms in the region.



MENA

There is generally a low level of transparency and accountability in the MENA region based on the cases presented. In Iraq, there is a significant lack of transparency on the part of donors, UN agencies, and other international organisations regarding funds allocation and disbursement. Activities and events related to the COVID-19 response are merely announced on official web pages without any more accessible and timely release of information. In Algeria, a tendency has been observed towards controlling information. For example, President Tebboune has issued instructions to take all measures necessary to block the dissemination of any COVID-19 information or statistics that are yet to be approved by the official strategy. In Yemen, the significant challenge for the public is to access information about the government's response plan, and this has resulted in disputes on even simple baseline data such as the actual number of COVID-19 cases. An additional problem is the lack of information on foreign aid or development programs by international organisations. There have been no public consultations to discuss and convey priorities and strategy.



Europe

In Albania, there are no formal mechanisms to ensure government transparency and accountability as regards the COVID-19 response. CSOs have thus taken it upon themselves to be vocal about



and draw attention to these issues, calling for a graver level of responsibility on the part of state institutions. A group of CSOs has written a letter to the President, Prime Minister, and the Speaker of the Parliament, demanding from them transparency and good governance. They have asked the authorities to suspend decisions that do not present any immediate connection to the crisis at hand, especially to the health and security of the public.

In Armenia, the government regularly posts information on infection rates and its respective response, although it can be argued that, without oversight mechanisms, it is difficult to speak of data validity. The Armenian government has challenged the people’s right to assembly and the right to privacy, some violations of which have been perpetrated in the guise of COVID-19 response. This has resulted in restrictions of CSO space.

SECTORS



Rural

In Indonesia and the Philippines, reports from the rural constituency show that, despite existing laws providing for access to public information, it has, in practice, been limited by the creation of task forces whose implementation of policies is not at all inclusive. The reports on the development and humanitarian assistance are available, but the data indicate only the number of recipients and amount of donations. These reports do not reflect information on the plight of the agricultural sector and how it has been hit the hardest by the COVID-19 pandemic.

Efforts have been made to hold erring officials accountable. Suspicion of corruption related to the overpriced purchase of ventilators has led to the arrest of Bolivia’s Health Minister. In May 2020, the government bought 179 ventilators from a Spanish manufacturer for US\$27,683 each, costing almost US\$5 million. It was later revealed that the manufacturer was offering ventilators for EUR 9,500 to 11,000 each (US\$10,312 to US\$11,941) (AFP, 2020). In the Philippines, 183 village officials have been accused of corruption owing to anomalies in the distribution of Social Amelioration Package (SAP) cash grants (Gonzales, 2020). Around 886 local government officials, 364 of which are elected, and the rest appointed, currently face criminal and administrative charges due to their alleged mismanagement of the COVID-19 cash aid distribution.



Feminist Groups

The feminist constituency notes that there are no transparency and accountability frameworks specifically designed to address the needs of women and girls in the COVID-19 pandemic.



Indigenous Peoples

The National Commission on Indigenous Peoples (NCIP) in the Philippines reports that it has conducted awareness-raising campaigns in indigenous communities to “explain the dangerous effects of COVID-19,” with a particular emphasis on the repercussions of forgoing the rules against mass gatherings that, in



most cases, run counter to their cultural values and norms (NCIP, 2020). However, a request for specific information on programs and spending on COVID-19 has not been granted by the agency..



Migrants

The lack of migrant CSO representation as outlined in the previous section also affects the role of the migrant workers' sector in demanding transparency and accountability. While migrant workers' plight has been shown in the news and on social media, no clear accountability structure exists to ascertain that their rights are respected and that programs intended for them are indeed implemented.



Youth

In countries where the cases of youth constituencies are derived from, there is a minimal adherence to the principles of transparency and accountability. In Egypt, the government has left CSOs out of the formulation, evaluation, and monitoring of COVID-19 policies. The Indian government has instituted grievance and redress mechanisms but chosen not to invite youth CSOs to help respond to or manage these. In Bulgaria, CSOs can participate, albeit in a very limited manner, often only by invitation that is extended to select organisations. Several governments have no accountability systems to track human rights violations, such as in Afghanistan, or are saddled by inconsistent and tardy delivery of information, such

as in Lebanon, where the lack of regular progress reports makes it hard to track donations and aid. It is thus difficult for youth CSOs to gauge the performance of government mechanisms against standards of transparency and accountability.

D. On the Principle of Focus on Results

The Principle of Focus on Results highlights the need for national government frameworks to produce transparent, time-bound, and measurable results. The country cases show a varying degree of compliance with this principle. A few have implemented a framework for monitoring and evaluating the progress of the COVID-19 pandemic programs to ensure that results are achieved.

However, most countries lack such a framework. Results are being reported in terms of quantities and financial amounts but are not connected to wider frameworks of sustainable development. There is also no attempt at expanding deliverables outside of the value for monetary framework, with a lack of data on results target structural weaknesses in national governments.

REGIONS



Asia

Studies on India's and Kyrgyzstan's pandemic responses lack evidence of any results-oriented framework or any specific



evaluation and monitoring mechanisms. In the Philippines, while progress reports have been regularly released by the government, the monitoring and evaluation mechanisms used have been questionable. For example, the health department of the country has been criticised for discrepancies in its data, which are inaccurate and inconsistent (CNN Philippines Staff, 2020). This, in turn, gives an imprecise state of how the country is faring in the fight against COVID-19. Public health statistics in the Philippines reveal the degree of success, or lack thereof, of government measures: The Philippines has the highest number of total cases (479,693) and deaths (9,321) in the entire Western Pacific Region (which consists of 23 countries and territories including China) as of 5 January 2021 (WHO WPRO, 2021).



Africa

In Africa, adherence to this principle varies to a certain degree. In Nigeria, the government and its international partners have exerted efforts to continuously monitor and evaluate the progress made on preventing transmission, as well as on testing and tracing of those infected. According to the government and other stakeholders, these current efforts have come to fruition as indicated by the country's flattening curve. On the contrary, while the COVID-19 task force in Zimbabwe holds biweekly meetings and updates progress reports on testing, tracing and appropriate care are still rarely delivered. On the other hand, the reports on Kenya and Gabon do not provide evidence in this respect.



LAC

The report of CSO constituencies in CAMEX remarks on the general lack of a results-based framework for the government response to COVID-19. With no comprehensive reporting system for tracking their countries' progress, indicators have not been explicitly identified for use in measuring the success of COVID-19 strategies.

Peru has a results-based framework for the government's COVID-19 response, while Ecuador and Venezuela have no such reports. No specific, relevant, and evidence-based assessment has been divulged about the governments' accomplishments with respect to their COVID-19 strategies and actions. The academe and CSOs in the region have stepped in to bridge this gap between monitoring progress and analysing data, which are not collected and synthesised in any effective centralised manner, to begin with.



Europe

One pressing issue in the European case studies is the absence of multi-stakeholder participation in creating national plans and strategies to respond to the pandemic. CSOs in the region have nonetheless been proactive in offering their analyses and recommendations which have, by and large, been dismissed from



official plans. Had they been taken into account, they could have helped direct some responses towards the needs of grassroots movements. Development effectiveness can be regarded as successful only if criteria such as multi-stakeholder participation are met.

SECTORS



Rural

In Indonesia, there are no regular reports on the implementation of the national strategy as COVID-19 cases continue to spike. Plans for economic recovery, implemented by refocusing and realigning the budget, has so far failed to address the economic decline underway. Poverty rate has increased, 30 million MSMEs have been rendered bankrupt, and an increase in usury loans has trapped peasants in prolonged poverty. Small-scale farmers, especially women, bear the brunt of the pandemic and, even so, have been urged to ensure the country's food security in order to contend with hunger and malnutrition. Bolivia has enacted regulations for auditing, social control, and accountability, but these are not specifically attuned to the needs of rural people. It is also difficult to monitor the Bolivian government's results-based framework since there is no genuine CSO representation at the top of policymaking.



Feminist Groups

There is no results-based framework that, beyond tokenist gestures, assesses the needs of women and girls in the COVID-19 response.



Indigenous Peoples

The case of the Philippines shows zero to variable adherence to any results-based framework in the implementation of the COVID-19 response. While international and domestic laws call for greater representation of the Indigenous Peoples in various facets of national development policies, the government's COVID-19 NAP has not included any of their inputs and context-specific analyses. On top of the global health crisis, militarist interventions under the pretence of pandemic response have helped sustain attacks against indigenous communities.



Youth

The youth constituencies in Lebanon report that the public can track the daily number of cases using a map that the government updates and that shows COVID-19 figures, such as total number of cases, deaths, new cases, sources of exposure, cases over time, cases by district, cases by gender, and cases by age. The government uses these numbers to enact aggressive measures to contain the spread of COVID-19. Beyond such data collection, however, there is no clear system to analyse results of the response capacities monitored. Indeed, the measures taken have been reactive rather than calculated, inconsistent with any long-run strategy rather than cognizant of the country's socioeconomic dimensions. In Bulgaria, the youth constituency similarly laments the lack of specific indicators for the success of COVID-19 plans.



E. On the Principle of Leaving No One Behind and Application of Human Rights in COVID-19 Response

There is strong evidence that human rights have generally been violated in implementing responses to the pandemic. Across the country and sectoral cases, governments have bypassed or violated civil and political rights, laws, and norms, to varying degrees. Oftentimes, these violations have been veiled as efforts to control the spread of COVID-19. These violations are in line with various economic and political vested interests. Likewise, most responses to the pandemic have led to the worsening of violations of economic, social, and cultural rights, especially among the marginalised.

REGIONS



Asia

The COVID-19 response in Asia has been implemented without ample consideration for human rights. In India, the haphazard implementation of the lockdown in March left millions of internal migrant workers, especially those in the informal sector, stranded. They could not go home due to the suspension of public transport. With no plan to address how the lockdown would affect the informal economy, a human rights crisis ensued as millions of Indian workers defied lockdown guidelines to eke out a living. Alarming, this was

met by violent reprisals from the Indian police that jailed quarantine violators. Others were not so lucky, as several violators were beaten in public or brutally tortured. Cases of murders attributed to the Indian police also cropped up.

In the Philippines, the implementation of the NAP has disregarded basic human rights principles and laws, leading to violations of the right to privacy, association, and movement, among others. People allegedly in violation of quarantine protocols such as mandatory mask-wearing have been arrested without due process. Resolution of quarantine violations often takes a long time, with many violators spending days or weeks on end in detention.



Africa

In Gabon, the COVID-19 response has become a threat to human rights. The declaration of the state of health emergency has led to numerous abuses by police forces, arbitrary arrests, and instances of intimidation. In Nigeria, the enforcement of lockdowns and social distancing measures have also been marked by high incidences of human rights violations attributed to security agents. By 15 April, the National Human Rights Commission (NHRC) had received 105 complaints of rights violations in 24 out of the country's 36 states. The NHRC is also investigating cases of 29 extrajudicial killings, violations of people's right to freedom of movement, unlawful arrests and detention, confiscation of properties, sexual and gender-based violence, discrimination, torture, inhumane and degrading treatment, and extortion. In Kenya, the initial phase of the implementation of containment measures was marked by



several instances of human rights violations. In one case, the police shot and killed at least three people, and many more suffered injuries. There were also several cases of corruption as citizens who had been caught after curfew hours bribed the police to get home.



Europe

In Albania, the government has proposed that parliament amend the Criminal Code to penalise quarantine violators, as well as asymptomatic spreaders, with up to 15 years of imprisonment. CSOs have opposed this proposal. Parliament has reduced the penalty to a maximum of eight years of imprisonment and only imposing a fine for asymptomatic people. In Armenia, the government has introduced bans on public gatherings, which include protests, marches, and strikes. Parliament, in the guise of implementing countrywide COVID-19 response, has also allowed the government to access data from people's mobile phones in a breach of their right to privacy.



Latin America and the Caribbean (LAC)

The case studies from LAC have mentioned several violations of civil and political rights and economic, social, and cultural rights of the population, including Indigenous Peoples.

Such violations also include the persecution of alternative and investigative journalism through insults, disparagement, limited access to press conferences, and, in El Salvador, even several cases of digital harassment by members of the ruling party. Other forms

of human rights violation include militarisation of indigenous communities in Guatemala, the abuse of power by state forces under new security protocols in Argentina, the inhumane conditions that political prisoners suffer in Nicaragua, and cases of political repression in Ecuador, Peru, and Venezuela. Meanwhile, economic, social, and cultural rights have been disregarded in a variety of ways: Water services and online education have been limited in Honduras; many indigenous families have been evicted, and their children lack access to online education in Guatemala; and health care workers are denied adequate proper protection in the Andean sub-region.



MENA

In the MENA region, the lack of HRBA in the pandemic response has contributed to the proliferation of human rights violations. In Algeria, state security forces have arbitrarily arrested activists, journalists, and members of the political opposition. Reports highlight how the judicial system has been used during this period to stifle opposition and launch legal offensives against activists, such as holding them for longer than necessary in detention centres. In Iraq, quarantine violators have suffered everyday insults, beatings, and head shavings, while more extensive rights violations have been perpetrated against journalists. Meanwhile, the effects of the civil war have also exacted a toll on the human rights in the region, as Human Rights Watch has documented how Houthi forces, an armed political movement that has been waging a civil war against the Yemeni government since 2014, have obstructed COVID-19 humanitarian aid arriving in Yemen.

SECTORS



Rural

Stringent accountability systems must be established to ensure that COVID-19 measures are consistent with human rights law and norms, with recognition of women's rights and the use of gender- and human rights-based approaches. But government handling of the pandemic has resulted in many types of human rights violations. In Indonesia and the Philippines, governments have practically prohibited political expression, assembly, and mass protests. Protesters have been threatened with arrests and/or penalties. Instructions have emanated from both the Indonesian and the Philippine governments to shoot quarantine violators and protesters. In the Philippines, progressive rural organisations have been harassed and accused of sympathising with rebels.

Amnesty International notes that some pandemic responses implemented by the Bolivian government have violated citizens' freedom of expression and allow the authorities to launch criminal prosecutions against health workers, journalists, and political leaders who express opinions that are critical of government policies. The government has not complied with human rights laws and norms. For instance, the health system does not provide timely and quality care, and the state does not guarantee the right to education and the right to food amid the pandemic. Many of those victimised by the non-adherence to any human rights-based approach are from rural communities.

In terms of economic, social, and cultural rights, generally, people living in rural areas, especially the poor, have no or limited access to

testing, health care, and medical facilities. They have also lost their incomes, are suffering from food insecurity and hunger, and lack access to remote learning over the internet.

In Indonesia, the government has provided basic food assistance to those whose incomes have been reduced or who have lost their jobs without any guarantees of replacement work or, in the case of bankrupt MSMEs, any compensation of some kind. There are also no special facilities for pregnant women and toddlers, who are much more susceptible to the knock-on effects of the pandemic.

In the Philippines, the Duterte government's "Balik Probinsiya, Bagong Pag-asa" (Return to the Province, New Hope) Program has offered false hope to the urban poor, because in the provinces they will still have to grapple with issues related to landlessness and rural underdevelopment. Rural students are being left behind because they cannot afford gadgets and laptops for online learning. Electricity interruptions are common, and internet access is intermittent, at best, in the countryside. Modular learning has also compounded the unpaid care work that rural women bear, already preoccupied as they are with finding income amid lockdowns.



FBO

Responses that are shaped by and reflect due regard for human rights result in better outcomes in beating the pandemic, ensuring health care for everyone, and preserving human dignity. They also ensure that attention is given to those suffering the most. Public health responses have thus proven effective only if they are grounded on human rights and gain the unwavering trust and confidence of





communities. While the Zimbabwe government has implemented measures to mitigate the spread of the COVID-19 pandemic, there is no clear commitment to complying with human rights norms and laws in the process of implementing the COVID-19 response.



Feminist Groups

The case of Kyrgyzstan shows that there has been no unified nationwide assessment of the needs of the impoverished and marginalised. The national COVID-19 response strategies are also not gender-sensitive and do not consider the consequences of the pandemic to women and girls. None of the government plans has analyses and mechanisms to protect or promote their rights. All publicly accessible materials indicate such lack of a gender approach.



Indigenous Peoples

For the Indigenous Peoples sector, the case of the Philippines shows that there is no adherence to human rights laws and norms in the implementation of the COVID-19 response. While international and domestic laws call for greater representation of Indigenous Peoples in various facets of national development policies, the COVID-19 NAP was not implemented with their participation. Moreover, the study notes the intensified militarisation of rural and indigenous communities during the pandemic. The absence of a rights-based response to the pandemic helps sustain the ongoing attacks against the Indigenous Peoples and other marginalised sectors.



Migrants

The pandemic has worsened the precariousness and invisibility of migrant workers and contributed to the violation of their rights. Migrants are not included in the response by the receiving country, and many of them cannot technically be beneficiaries of social protection measures like cash aid. They can access health insurance only through their employers, so unemployed migrants are left to fend for themselves.

Sending countries such as the Philippines have repatriation programs, but these have been criticised for their inhumane requirements, such as long and unwarranted quarantines, delayed release of clearances, lack of information on protocols (e.g., how to move from one place to another), and mandatory fees for several services related to repatriation, as well as for COVID-19 testing.

But beyond responses to the immediate impacts of the pandemic, not leaving migrants behind means that governments of sending countries should forge and traverse a development path that will create decent jobs at home and do away with labour export.



Youth

Youth CSOs report that governments have not enabled an HRBA in their respective COVID-19 responses. Human rights are not comprehensively respected in the national response strategies, if not largely ignored.



Photo by Ryutaro Tsukata from Pexels

CSO good practices in leveraging EDC Principles in their COVID-19 response



This section focuses on how CSOs across different regions have engaged in COVID-19 response in various areas: relief operations, coordinating with the state for access to official development funding, legal assistance and monitoring, research and needs assessment of constituencies, and advocacy work.



National and Local Relief Operations

CSOs have conducted rapid and essential relief operations to address the needs of people and communities in the wake of the COVID-19 pandemic. This involvement aims to address gaps in state responses through the provision of basic needs such as food and other daily necessities and health equipment such as personal protective equipment (PPE), masks, and testing kits or devices for medical frontliners and other vulnerable groups. Because they have information feedback from their communities, CSOs fulfil important roles in addressing the needs of their constituencies, making their interventions very impactful.

In Guatemala, CSOs have formed partnerships with the Catholic Church, the Mesoamerican University, business groups, families, and youth groups to distribute food and seeds to vulnerable people, the elderly, the informal sector in localities throughout the country, and those living below the poverty line or in extreme poverty. They have also developed citizen initiatives for women to capacitate them in food processing, vegetable planting, and the production of face masks, among other things. In the Philippines, CSOs have been able to mobilise human resources to create relief hubs and provide immediate relief assistance. Among these is the Citizen's Urgent Response to End COVID-19 (CURE COVID), a joint effort by various CSOs to provide urban poor communities various opportunities to set up community kitchens and establish online discussion forums on the many issues surrounding the pandemic.

Aside from providing basic needs, CSOs have also provided spaces and structures for creating alternative development projects. This

is evident in the context of food security, in which several CSOs have led initiatives for communal food production whose relevance has stood out immediately after lockdown declarations. Through these, rural constituencies have been able to cope with hunger and undernourishment. Some urban poor organisations have helped communities reclaim idle land by planting vegetables in these plots. It is also in these communities that soup kitchens, among other communal programmes, have reinforced systems of mutual aid between urban poor neighbourhoods and helped form larger networks of care to address immediate needs such as food.

Some CSOs have focused on developing plans to address concerns of marginalised groups who are at risk of being left behind. In Gabon, 60 CSOs have established a platform called the Group of Community Alternative against COVID-19 (GAC-COVID-19), with an operational plan that is devoted to community mobilisation to support political prisoners.





Facilitating International Humanitarian Aid

In many cases, local CSOs have formed partnerships with international humanitarian organisations to facilitate efficient delivery of aid. In Honduras, CSOs have worked with agencies that directed resources to various sectors and areas, namely, the Global Lutheran Federation (FLM), EcoViva, CAFOD, Trocaire, DIAKONIA, PPM, CARE, the European Union, Oxfam, and Action Aid. Their intervention is primarily geared towards production of basic grains, COVID-19 prevention campaigns, provision of biosecurity kits and food aid to disadvantaged families, environmental protection, psychological attention, legal assistance, or follow-up on cases of violence, and protection of human rights during the pandemic.

Information Dissemination and Education

CSOs in Afghanistan have supported national committees in amplifying public health messages to the public, including how to cope with the stress and other psychological impacts of COVID-19. CSOs in Kenya have contributed to localising COVID-19-related information to enable local communities to understand them. In Nicaragua, CSOs have launched an information campaign to guide and educate the population about the measures they should observe to avoid infection. In Lebanon, there is a social justice programme, with social protection as the entry point, and for which CSOs have been holding online webinars to rethink concepts and practices of justice and social contracts in the region, among others.

Some of the campaigns regarding information dissemination have addressed capabilities of targeted sectors to access information.

For example, CSOs in Albania have led initiatives that engage the youth, such as in the use of digital tools and the conduct of online discussions and training for youth empowerment. They have also provided Zoom subscriptions to member CSOs, so that they can adapt to the new ways of remote work and campaign. Some of the work involves educational activities alongside the youth. In India, some CSOs, in consultation with communities, have gathered recently laid-off young workers to discuss, for instance, the role of Indigenous Peoples in protecting ancestral land and to encourage them to seek alternative work and earn by utilising the resources found in their villages. One CSO in Africa is engaged in producing weekly workbooks accessible online and in printed copies, which keep many children engaged in education, though their schools have shuttered.





Legal Assistance and Monitoring

Some CSOs have provided legal assistance to citizens who have been unreasonably taken to or held in COVID-19 containment centres. European youth NGOs have coordinated with the European Commission and other international bodies to monitor and discuss the human rights situation and the emergent corruption issues in countries like Bulgaria.

Research and Needs Assessments of Constituencies

CSOs have also generated research and studies on strategies for implementing responses to COVID-19 despite major challenges in measuring, coordinating, and conducting dialogues on national emergency response strategies. There are also good practices in evaluating joint and coordinated needs of CSO constituencies, not only for coordinating relief operations but also as a starting point for advocacy and for demanding transparency and accountability from the government.

Policy Advocacy, Ensuring Transparency and Accountability

Despite shrinking civic spaces, CSOs have continued to engage in political advocacy to ensure transparency and accountability in the COVID-19 responses in their respective countries. In Kyrgyzstan,

Nash Vek, a public foundation, has initiated the creation of a monitoring group for the distribution of food aid through the Coordination Council of state bodies.

In Nigeria, a group of CSOs has created a coalition to monitor the disbursement of funds intended for COVID-19 aid to vulnerable groups. Alongside its eight partners drawn from the six geopolitical zones of the country implementing the Monitoring Transparency and Accountability in the management of returned Assets (MANTRA) project, the Africa Network for Environment and Economic Justice (ANEEJ) has monitored the distribution of the US \$322.5 million returned from the loot of the late general and former Nigerian dictator Sani Abacha through the federal government's Conditional Cash Transfer Programme.



Photo by Mehmet Turgut Kirkgoz from Pexels



Photo by Ryutaro Tsukata from Pexels



Synthesis of key recommendations



OWNERSHIP

Ensure greater democratic ownership and strategic partnership. Responding to the pandemic and rebuilding the economy need a whole-of-society approach. This can only be facilitated through government collaboration with multiple stakeholders, including civil society.

Protect ODA and align strategies with domestic development priorities. Government strategies to address COVID-19 and development aid must align with domestic development priorities and goals. Development aid should not come with conditionalities, particularly those serving the interests of donor countries.

Increase local resource mobilisation and extend grants instead of loans. Multi-stakeholder mobilisation of funds is critical to containing the pandemic and paving the way for economic recovery. As part of building back better, national task forces should concretely engage with development partners in local resource mobilisation. Donors should also provide more grants, instead of loans, to partner countries to avoid additional debt burden. COVID-19-related aid should be on top of traditional ODA.



INCLUSIVE PARTNERSHIPS

Ensure collaboration and multi-stakeholder partnership for development. Governments and development partners should include CSOs, various experts, and other stakeholders in the task forces, committees or other mechanisms created at different levels to address the COVID-19 pandemic. Their inclusion will only be meaningful, substantial, and impactful if the partnerships are based on democratic and equal participation.



TRANSPARENCY AND ACCOUNTABILITY

Regularly share and publish timely and accurate information. Governments should regularly publish accurate, real-time, comprehensive, and freely accessible data on the COVID-19 response, including, but not limited to, infection-related statistics, medical response data, financial allocation, and aid disbursement data.

Create a unified platform for citizen access. Governments should provide access to information and data on all matters related to the COVID-19 response to all, including but not limited to CSOs, academia, private sector, and the public. To this end, governments should create a unified platform for citizens to obtain necessary documents and information related to the pandemic.



FOCUS ON RESULTS

Implement a results-focused pandemic management framework to guide decision-making. This framework must also involve effective monitoring and evaluation mechanisms



LEAVE NO ONE BEHIND

Adopt a human rights-based approach to pandemic response. Governments must adopt a rights-based approach to their COVID-19 response. Their strategies must adhere to human rights obligations and norms.

Uphold gender equality. Governments should adopt a gender-responsive approach that takes into consideration the specific gender-based realities that complicate the nuances of COVID-19 impacts. Disbursement of aid and assistance should also factor in the gender-sensitive needs of the population.

Strengthen the public health system and social protection measures. Governments must strengthen public health systems and social protection measures by improving policies, infrastructures, and investments. It must also ensure citizen access to services, such as basic education and decent work, that respect specific needs and contexts.

Include the needs of marginalised sectors in pandemic response. The government must ensure that the needs and concerns of underrepresented and marginalised groups are included in respective COVID-19 responses. During such emergencies, targeted financial transfers should be provided to informal sector workers, including bike riders, private school workers and taxi drivers. Tax obligations of those in the informal sector or small and medium enterprises should be reduced, if not suspended.



CIVIC SPACES

Protect civic spaces for CSO participation. Ensure that CSOs are, at the minimum, allowed to operate in a safe and enabling environment, free of any unnecessary interference in or control of their practice and operations. CSOs must also be given spaces to participate in official discussions for pandemic response, and/or be part of official task forces.



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Summaries of Key Findings



Case Studies from Regional and Sectoral Constituencies



Summaries of Key Findings

Case Studies from Regional Constituencies



Africa

Gabon

Kenya

Nigeria

Asia

India

Kyrgyzstan

Philippines

Europe

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Latin America and the Caribbean

Andean Sub-Region

Argentina

Central America and Mexico Sub-Region

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Data Collection to Assess the Application of Effective Development Cooperation (EDC) Principles in the Response to COVID-19 in Gabon

Dynamique OSCAF - Gabon



Africa

Introduction

With a population of approximately two million, Gabon had recorded 8,884 positive cases, and 54 deaths by 21 October 2020 (Johns Hopkins University, 2020). The country displays a striking contrast between the means committed to the response plan and the reality of the epidemiological indicators on the ground. The COVID-19 response plan should be evaluated because most of the actions initiated have had a very low impact in terms of assistance and support to the population.

Government Measures

The measures introduced by the government to contain the spread of the virus are similar to those taken in Europe and, more particularly, in France. Among these measures are:

- a. Partial and total containment of Greater Libreville, including the capital and the neighbouring communes of Port-Gentil, Franceville and Bitam, where the first outbreaks of COVID-19 infection in the country were recorded. This policy lasted for about two months.
- b. Suspension of travel between the capital and the provinces and between cities, except in cases of absolute necessity, such as for the delivery of supplies or during health emergencies. Other related policies involve the closure of land, air and sea borders, and limiting the number of passengers in public transport.
- c. Banning gatherings of more than 10 people, closure of drinking establishments, motels and hotels, as well as places of worship and non-food businesses, cessation of activities in economic sectors deemed non-strategic, and suspension of classes in schools, colleges, high schools, and universities.
- d. Mandatory wearing of masks in public spaces and implementation of a curfew from 2 p.m. to 6 a.m. at the beginning of the curfew in March, which was later reduced to a 12-hour period, from 6 p.m. to 6 a.m. in May, and finally set from 8 p.m. to 6 a.m. at present.



Gabon launched an improvised COVID-19 response plan with an amount of nearly 500 billion FCFA (US\$902 billion). However, there was a lack of transparency in the disbursement of financial resources and in the management of the various aids. This raised suspicions of conflicts of interest on the part of government officials and the Coronavirus Epidemic Monitoring and Response Plan (COFIL) Steering Committee. Meanwhile, the measures imposed by the government restricted activities and freedoms, severely affecting segments of the population working in the informal economy.

Socioeconomic Impact of COVID-19 in the Country

Economy. Overall, the majority of the Gabonese believe that the socioeconomic impact of COVID-19 has been greater than its health risks. The pandemic hit while Gabon was suffering from fragile macroeconomic indicators. The financial crisis triggered by the fall in oil prices in 2014 revealed poor economic governance and a lack of appropriation of the EDC principles in the management of public finances and the development of official development projects. Gabon's convalescent economy, which had barely emerged from a three-year IMF budget support plan (2017-2020), inevitably plunged back into crisis.

Like all economies that depend on the export of raw materials such as wood, oil, and manganese, the Gabonese economy is largely affected by the decline in global prices and international trade. As a result, Gabon's 2020 budget is running on a deficit of nearly 10%.

The sectors most affected by the effects of the containment measures are transport, commerce, restaurants and hotels industries. The

measures have also affected micro, small and medium enterprises (MSMEs), most of which operate in the service sector (35%), agriculture, forestry and fishing (33%), and construction (32%). MSMEs have not benefited from any effective support measures because of the absence of procedures and regulatory mechanisms to access the promised aid.

People. As of 21 October, Gabon recorded 8,884 people who had tested positive with COVID-19, 54 of whom had died, 8,452 had recovered, and 378 cases still active (Johns Hopkins University, 2020). But compared with other serious health problems suffered by the Gabonese, such as malaria, tuberculosis or infant mortality (<5 years), which resulted in more deaths in 2018, the COVID-19 figures may seem small. And yet, these pathologies have never led to the deployment of mass resources or to the paralysis of social and economic activities on the scale that the pandemic did.

Job losses, related to the cessation of activities and the reduction of working time, amount to 104,000 at the national level, 46.1% of which affected women. The impact was most severe in urban areas (Libreville and Port- Gentil) and the sectors recording the most job losses are in trade (30.4%), education (17.1%) and personnel services (10.5%), based on a UNDP report on the impact of COVID-19 in Gabon. The implications for tourism have also been felt, with 20,000 jobs so far lost (Nzuey, 2020).

Poor households whose members were unemployed, unskilled and self-employed, suffered the greatest loss of income. Informal sector workers are left to their own devices, forced to operate in a legally grey area and subjected to even greater precariousness. At the national level, the suspension of intra-urban travel hampered the access of small rural producers to inputs, thus reducing their

productive capacity. Restrictions on movement have also affected access to markets for these small producers.

This unfavourable context could contribute to increasing the poverty level by 3.6 percentage points, to 34.7% by the end of 2020, based on a UNDP report (UNDP, 2020). Economically, the areas most at risk are Libreville and Port-Gentil, where employment is concentrated. The impact of employment is gendered, with women reporting more months of being unemployed (77.9 months of long-term unemployment) than men (73.8 months). The restrictions linked to the pandemic have made women more vulnerable because they work mainly in the informal sector which, to begin with, does not receive the technical unemployment benefits provided by the government.

Gabon has also proven ill-prepared for the implementation of distance education given the lack of digital teaching materials in line with national curricula, the wanting provision of equipment and other resources needed for distance education (learning platforms, Internet facilities and connectivity, computers, tablets, etc.), and the underinvestment in training teaching staff to use new technologies. Due to this digital divide, remote learning inadvertently widens inequalities, to the detriment of families with no Internet access.

With respect to healthcare, the requisitioning of the main hospital centres and staff have led to non-COVID-19 patients scrambling to secure appointments for consultation. With no other recourse, some have been hospitalised in the main public hospitals, where many interned patients have been expelled to free up beds in anticipation of an overwhelming outbreak of the pandemic.

Analysis of the Application of EDC Principles in COVID-19 Response



a. Ownership

Gabon set up the COPIL Steering Committee on 25 February in the context of a health emergency declared by the government. It is chaired by the Prime Minister, assisted by a scientific committee and a technical committee, composed of public health and military health doctors. However, the Committee does not involve Parliament, civil society and the private sector. Only development partners have been involved for obvious reasons, as the response to the pandemic would require the kind of support and assistance they could provide.

It should be noted that the COPIL Committee operates in total opacity, which CSOs have denounced since its inception. As with Parliament, CSOs do not have access to the committee's working sessions. Apart from COPIL's weekly press briefings, there are no progress reports on the national response strategy or plans drawn up by the government. More than six months since the start of the health crisis, there is still no comprehensive report published by the government on its management of the pandemic.

The committee's crisis management plan does not fit with the CSOs' position on the adequacy of measures given the realities on the ground. Its transparency in communication strategies also leaves much to be desired. To the extent that the response strategy has been designed without CSO participation, no CSO policies and strategies are reflected or integrated into the COVID-19 policies.



Moreover, the crisis has provided an opportunity for the government to place restrictions on the space and environment for CSOs. Thus, civil society actors could only initiate, without resistance from the government, certain advocacy activities and additional logistical support such as making and distributing masks to vulnerable groups.

On predictability

As most funding is provided in the context of a health crisis, it is difficult to differentiate between the COVID-19-related assistance pledged by multilateral and bilateral donors and the actual assistance provided. The urgency of the situation means that this aid is provided through the Rapid Financing Instrument (RFI) mechanism, which is made available within approximately one month.

On harmonisation

Humanitarian and development strategies and policies do not complement each other, as balancing the budget and absorbing economic shocks seem to be the government's priorities. Moreover, the investment budget is used as an adjustment variable to fill the budget deficit in Loi des Finances Provisoires (LFP) of 2020.

Regarding the application of EDC principles, both the technical partners and the government do not seem to have taken into account CSO demands. The urgency of the health crisis has been used as a pretext to garner substantial financial and material resources without any clear and objective assessment undertaken. Besides, the non-involvement of CSOs in the COVID-19 response plan in Gabon reflects a lack of transparency both in the operation and in the actions and measures initiated by COPIL.

b. Inclusive partnerships

Donors and the government have not included CSOs in working groups, committees and other multi-stakeholder bodies. Precautionary containment measures have also initially been used as a pretext to further marginalise CSOs in the response strategy.

Data on the funding and commitments of the various donors are accessible online in a very scattered way. So far, the government has not developed a database that synthesises online data on donor commitments and transfers. As a result, in the face of donor funding announcements, both CSOs and journalists are forced to cross-check what information they can gather to try to assess the volume of aid received and how it is spent.

Only information on the evolution of the pandemic and related epidemiological data are readily accessible. There is, however, no tool or method used to verify the accuracy of such information, much less that on government-reported aid. This naturally fosters distrust between the public and the government because the former does not understand why the figures announced do not correspond to the almost non-existent intensity of the disease on the ground.

Under the pretext of the health emergency and compliance with barrier measures, the government has practically prohibited CSOs from carrying out activities in the field. The activities of some associations are thus limited to the distribution of donated food products or masks in disadvantaged neighbourhoods in the capital.

More appallingly, the government has adopted a provision that further restricts the funding of CSOs. On 15 August, the minutes of the Council



of Ministers read: “In the context of the fight against corruption, embezzlement of public funds or money laundering, it is necessary to reconsider the funding channels of certain bodies, particularly associations and Non-Governmental Organisations (NGOs)”.

The state of health emergency decree has become a means for the government to justify looking critically into private funding and, by extension, hamper what would have been significant COVID-19 interventions that CSOs could initiate independent of government oversight. Against this backdrop, civic and democratic spaces are shrinking at a time when vulnerable groups need them the most.

Additionally, the cost and quality of Internet connection are a real problem that prevents CSOs from participating in or adapting to the new reality of teleworking and virtual online meetings.

c. Leave No One Behind (focus on human rights at the core of pandemic response)

While certain social and economic rights of employees have been addressed by social support measures, COVID-19 restrictions have often resulted in violations of human rights such as the freedom of movement, freedom to worship, and respect for privacy. Furthermore, the use of the defence and security forces (FDS) in the implementation of the state of health emergency has led to numerous abuses and cases of police violence and arbitrary arrests, in addition to racketeering by police officers at checkpoints.

Although it is a health crisis, the fight against COVID-19 has unfortunately become a threat to human rights. There have been

recorded cases of arbitrary arrest and intimidation and abuse by government authorities. During the last two months of the health crisis (July and August), the government arrested several activists and civil society actors, including a trade union leader, for alleged acts of terrorism. Some COVID-19 patients have also not been treated fairly and properly by medical facilities. A medical doctor even died of COVID-19, but COPIL claimed that his death was not work-related.

It should be noted that the COVID-19 pandemic will further threaten the economic and social fabric because the government insists on maintaining restrictive measures, even though the reality and the lethality of the virus on the ground do not justify the resources committed and the actions and measures implemented. Therefore, a national and international audit of the management of COVID-19 by the Gabonese government is desirable.

Good Practices of CSOs in Leveraging EDC Principles in COVID-19 Response

Gabonese CSOs effectively carried out three types of actions during the COVID-19 crisis:

1. Political advocacy and actions towards the government to denounce both the inequity of certain measures and the lack of transparency in the financial management of the crisis. They have also denounced the non-inclusion of CSOs in the response to COVID-19 and human rights violations. These actions are part of their role as development actors and citizen watchdogs.



The challenges encountered include the opposition of the public prosecutor, the attempts at intimidation, and the suspicion of authorities who have accused CSOs of using the COVID-19 crisis to destabilise the government and foster insecurity in the country; threats of arrest for disturbing public order or for defamation; the refusal of access to the public media; and the pretext of respecting safety barriers to prohibit CSOs from implementing CSO operational plans on the ground.

2. Establishment of a platform of about 60 CSOs called the Group of Community Alternative against COVID-19 (GAC-COVID-19) with an operational plan focused on community mobilisation for the defence of political prisoners. Gabon has very old, insalubrious and overcrowded prisons, with appalling hygiene conditions. Nearly 80% of the people detained, or around 6,800 individuals, in prisons in Gabon are in preventive detention (i.e., awaiting trial, as is true of detainees who have been in this case for at least 10 years). CSOs have filed a request for pardon on humanitarian grounds to the President of the Republic, referring in particular to the appeal launched by the UN High Commissioner for Human Rights Michelle Bachelet, on 25 March 2020, for the urgent release of detainees, particularly political prisoners, throughout the world, as living conditions in overcrowded prisons are a potentially aggravating factor for the large-scale spread of the virus.
3. Approaching international funding agencies, such as the IMF, to find out about the country's financial commitments. To this end,

a platform of CSOs (community associations, NGOs, trade unions, women and youth movements, religious denominations and local communities) has been constituted to act in synergy and carry out citizen monitoring. This initiative enabled parliament to hear the Prime Minister as President of COPIL in May 2020. Following this interpellation, a parliamentary enquiry was demanded to shed light on the management of the financial and material resources allocated to the response against COVID-19.

4. Community mobilisation and other transformative actions alongside religious communities and members of parliament and local authorities:
 - Mobilisation of the population through awareness-raising on the violation of their rights;
 - Denunciation of conflicts of interest between those in power and the food aid supply structures of which they are owners or shareholders. Our strategy is based on collective advocacy actions through the establishment of CSO platforms and networks and media lobbying.

These are main results achieved:

- Curfew hours have been progressively reduced from 6 p.m. to 6 a.m., and then from 8 pm to 6 am at present;
- The Gabonese stranded abroad have been repatriated.

Recommendations



COUNTRY OWNERSHIP

Implementation of the specific principles of the EDC in times of crisis



INCLUSIVE PARTNERSHIPS

Setting up of a mechanism to evaluate results and define inclusive monitoring frameworks



TRANSPARENCY AND ACCOUNTABILITY

- a. Financial institutions should be more attentive to the governance of the country, and aid made conditional on transparency and accountability.
- b. Mechanisms for granting aid and nature of partnerships should be explained to the public.
- c. Those responsible for the beneficiary structures should be held accountable to the public.



LEAVE NO ONE BEHIND

- a. A joint government-TFP Partenaires Techniques et Financiers (PTF)-CSO platform on the management and monitoring of ODA should be developed.
- b. Measures that take into account local realities and take into account people in precarious situations, women, and young people should be implemented.
- c. Government measures should take into account the informal sector.



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Evidencing Effectiveness in COVID- 19 Response – The Kenyan Case

Reality of Aid Africa Network



Background

Kenya's first COVID-19 case was confirmed on 12 March 2020. By 30 September, the country had recorded 38,529 positive COVID-19 cases, with 711 deaths, and 24,908 recoveries (UNICEF Kenya, 2020). Ninety per cent of the total number of infections is locally transmitted. The country has carried out 547,946 cumulative tests. However, this number is small compared to Kenya's population of 50 million. COVID-19 testing in rural areas has also been limited, which raises fears that the number of those infected by the virus may be higher than what is reported.

The US Centers for Disease Control and the World Health Organization (WHO) has identified Kenya a Level 1 country for the COVID-19 disease, making the country a top priority, alongside others such as Algeria, Côte d'Ivoire, Ethiopia, Ghana, Nigeria, Senegal, and South Africa. Together, these countries make up 50% of the total infection rates in Africa.

At the end of the third quarter, a slower increase of confirmed cases was recorded, which prompted the government to declare the flattening of the curve. This has led to the easing of restrictions on social, political and economic activities in the country. However, the number of COVID cases has increased again by the fourth quarter of the year ("Kenya: WHO Coronavirus...", 2020).

Government Measures

The government implemented containment measures that include school closures, suspension of all international flights except for

cargo flights, limits to all public gatherings at churches, mosques, and funerals to no more than 15 people, bans on weddings, and enforcement of curfew hours.



The government has also implemented key economic measures, which include increasing the budget allocation for health care and introducing fiscal adjustments to the economy. For example, US \$9.5 million from the Universal Health Coverage fund will be channelled to the employment of new health workers to strengthen the public health response to COVID-19. Apart from this, the government has also implemented the following measures:

- a. A US\$5-million package to support the tourism industry.
- b. Reduction of turn-over tax rate from 3% to 1% to protect micro, small and medium-sized enterprises
- c. Reduction of value-added tax rate from 16% to 14%.
- d. A US\$95-million package for vulnerable groups such as the elderly and orphans.
- e. A 100% tax relief for low-income earners or Kenyans earning US\$228 and below (Limboro, 2020).

Despite these measures, citizens and industries have still experienced negative social and economic impacts, both at the household and national levels.

Socioeconomic Impact of COVID-19 in the Country

Economy. Kenya's real GDP growth in 2020 will be negatively affected by the COVID-19 pandemic. According to the Kenya Economic Update (KEU), the World Bank projects Kenya's GDP to be at 1.5% in 2020 (World Bank, 2020a). The slump in economic activity is mainly caused

by supply and demand shocks due to global and domestic restrictions on the transportation of goods and the associated measures. (World Bank, 2020b).

Loss of lives. Officially, over 700 people have died in Kenya because of COVID-19 ("Kenya's COVID-19", 2020). The number is likely to be higher as the country's testing capacities are limited, especially in rural areas. While the numbers are not as high as other regions in the Northern Hemisphere, the impact is worse on the livelihood of those who have lost their loved ones. Most of those who succumbed to the virus were breadwinners of their families.

Job losses. About 1.72 million workers lost jobs in the last three months when Kenya imposed mobility restrictions. Data from the Kenya National Bureau of Statistics (KNBS) show that, between April and the end of June, the number of employed people fell to 15.87 million as compared to 17.59 million during the previous quarter ("1.7 million jobs", 2020). The youth have been hit the most by job cuts due to hiring freezes and job closures. They account for 63 per cent of the job losses (1,158,466 total jobs lost).

Decline in household earnings. The hardship from the crisis has disproportionately impacted the poorest and the most vulnerable households in Kenya. Many of these households depend on farming (for rural households), self-employment and informal sector livelihoods (for urban households). While those in rural areas have experienced prolonged drought and locust infestation, those in urban areas have suffered job losses because of closure of shops and several companies. These have resulted in income loss and increased borrowing at the household level.



Analysis of the Application of EDC Principles in COVID-19 Response

Food insecurity and hunger. The enforcement of stringent measures in combating COVID-19 has inadvertently disrupted people's ways of life, with significant ramifications for food security. Availability of food and quality of diet have worsened, as measured by the food insecurity experience scale and the frequency of consumption of nutritionally-rich foods. The proportion of food insecure population has increased by 38% since the pandemic hit. Low-income households and those dependent on labour income have become more vulnerable to income shocks, and have had poorer food consumption during the COVID-19 pandemic. As such, they have employed food-based coping strategies compared with those pursuing alternative livelihoods.

Increased vulnerability of women and children. The COVID-19 pandemic has worsened the vulnerability of women and young girls. The country has registered an increase in cases of gender-based violence on women and children. Calls to helplines have increased more than tenfold since lockdown measures were imposed in late March (Bhalla, 2020). A study by the Kenya National Bureau of Statistics showed that 23.6% of Kenyans had witnessed or heard cases of domestic violence in their communities since the introduction of COVID-19 containment measures (OCHA, 2020). The national GBV Hotline 1195 received 810 cases in September, compared to 646 cases in August, an increase of 25%. All cases received psychosocial first aid (PFA) and referral services.

The workload of women and girls have increased, and the demand for improved hygiene to combat the pandemic have become prevalent among Kenyan households. Women and young girls spend many hours looking for water for sanitisation that, in turn, exposes them to incidences of molestation and abuse. The closure of schools have also contributed to a high incidence of teenage pregnancies.

a. Ownership

The country has a national contingency plan to respond to and manage the COVID-19 pandemic aligned with WHO guidelines. While it is government-led, it has also benefited from the inputs from development partners, including specialised UN agencies. However, other stakeholders such as CSOs, Parliament, private sector and foundations have not been tapped to help develop the plan. Government-created task forces, meanwhile, have mainly incorporated CSO assistance in the plan's implementation.

Beyond such government plans, there is no strategy for development partner support to COVID-19 response. At the national level, the government has mainly sought partnership with the private sector considered as the main engine for driving economic recovery. They are also the main contributors to the national trust fund for fighting the pandemic. However, most development partners have allocated their resources towards the contingency plan with no window of support from CSOs, whose engagement has not been sought in the COVID-19 response agenda. Most local CSOs complain that their funding has either been channelled to COVID-19 related initiatives of the government or that their groups have been compelled to be COVID-19 compliant. There have also been cases of delayed disbursement and reduced funding or cancellation of calls for proposals that originally targeted CSOs.



b. Inclusive partnerships

CSO engagement

While the pandemic response had initially been a government-only affair, task forces later enabled the engagement of development partners, private sector actors, and specialised CSOs in several activities and programmes. Most of the CSOs included either provided support for medical services or humanitarian response. CSOs mostly partnered with local governments in their response to COVID-19.

Local governments have created structures that include CSOs, as well as community-based advocacy groups, in awareness-raising, resource mobilisation, and supply of PPE. Local CSOs have also carried out COVID-19 communication strategies to fit the grassroots context by providing PPE and stocks of food and essential materials to those living in vulnerable conditions.

Enabling conditions for CSO operations

There is no improvement in the government's behaviour and engagement towards CSOs working on policy and programme management despite additional challenges presented by the pandemic. The right to selforganise has not been enabled or facilitated by both the government and the development partners, with CSOs being left on their own to define their programmes that have to be in line with the country strategy.

c. Transparency and accountability

Information about COVID-19 is tightly controlled by the government and based on status updates on statistics and trends. It is tailored for public

consumption and advocacy for changing citizen behaviour. Daily updates are given via live broadcasting networks, by which the government provides opportunities to address questions and give statements to the media. However, the information provided is inadequate for effective engagement with the government on policy matters. CSOs have no opportunities to engage with the government on issues regarding transparency and accountability on COVID-19 resource management. CSOs have repeatedly requested increased transparency through memoranda and petitions, but there has not been a meaningful response from the government. There is also no structured forum for feedback to gauge the impact of the measures on citizens. CSOs thus only rely on the media to ask government officials questions, which, in most cases, are still not sufficient.

d. Impact on human rights

Freedom of association and movement has been greatly hampered by the cessation of movements in certain regions, as well as the implementation of curfew hours. There has also been a suspension of religious gatherings, including Friday prayers in mosques, Sunday church services, and weddings. The government has eventually allowed the reopening of these institutions, albeit under strict measures to maintain social distancing.

However, during the initial phase of the implementation of containment measures, there were severe human rights violations. The police killed at least three people and many more suffered injuries in the city of Lessos, when police shot at a crowd of motorcycle taxi drivers protesting the arrest of their colleagues for not wearing a mask ("Kenya: 3 People Killed", 2020). Cases of corruption among the police also went up as

citizens who had been caught after curfew hours had to bribe their way to get home. Political activities have since, however, continued unabated,

with crowd gatherings being witnessed across the country without regard to containment measures put in place by the government.



Recommendations



INCLUSIVE PARTNERSHIPS

COVID-19 response should be anchored on inclusive partnerships. The current setup is not as inclusive as they only involve those with investment resources, technology, and finances. Engagement with citizens and their organisations have been passive and reduced to beneficiary-level status. Bilateral or multilateral donors would need to create structures that involve CSO participation. COVID-19 projects should also seek to involve local CSOs, especially those that have been left out from the current framework.



TRANSPARENCY AND ACCOUNTABILITY

Make official development assistance (ODA) use transparent and accountable. ODA is meant to empower and tackle humanitarian crises directly. Its use in the health sector must show clear linkages to the above. Lumping together both ODA and private sector investment funds to finance COVID-1 response in the current form defeats the transparency and accountability of deploying these resources to determine the direct impact of COVID-19.



LEAVE NO ONE BEHIND

Address project conflicts. All the measures examined in this study show the persistent conflict between human rights and COVID-19 response. The main problems include impacts on people's right to work and freedom of movement. There also appears to be no proper legal representation of the communities that are impacted by the measures taken to stem COVID-19, nor are there CSO groups to facilitate them in asserting their rights. CSOs and human rights defenders need to act on this gap.



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Evidencing Effectiveness of COVID-19 Response in Nigeria

Africa Network for Environment & Economic Justice (ANE EJ)



Background

Nigeria, Sub-Saharan Africa's largest economy and most populous country, was among the first countries in the region to report COVID-19 cases. Following the global spread of the virus, oil prices sharply declined by 60%, which had profound implications on the country's economy (World Bank, 2020a). The government now confronts the challenging tasks of managing a health crisis and responding to a deep economic downturn.

Government Measures

Several measures have been implemented to contain transmission and infection. These include travel bans and restrictions, closure of international airports, public and private schools, universities, stores and markets, and suspension of public events and gatherings (IMF, 2020). Travel and movement have been restricted in Lagos, the Federal Capital Territory, and Ogun states, and other states throughout the country (UNDP, 2020). These efforts have been supplemented by work from home setups in several states and government institutions. The president has also ordered the release of inmates from correctional facilities (IMF, 2020).

Socioeconomic Impact of COVID-19 in the Country

Economy. Government measures and the unprecedented collapse in oil prices will result in the contraction of Nigeria's economy by 3.2% in 2020—the most severe contraction in four decades. Sub-Saharan Africa's largest economy is heavily dependent on oil revenues, representing over 80% of exports. With prices dipping to as low as US\$29.62 per barrel in March 2020, the oil sector is projected to contract by 10.6% (World Bank, 2020b). To address the economic shocks, the country's currency has been devalued, and the government has resorted to more loans on top of its existing debt burden.



People. COVID -19 has impacted different social groups differently. The number of children separated from their parents and affected by COVID-19 continues to grow with 217 new Almajiri children (all boys) received in Gombe from Adamawa State. Meanwhile, 69 Almajiri children between 5-11 years, including 28 girls from Zamfara were moved from Kaduna to Zamfara State, and 2,600 children (all boys) were moved from Kano to other states. In Gombe State, three out of a total of 217 Almajiri children tested positive and received treatment at the government isolation facility while 77 Almajiri children (all boys, with three having tested positive for COVID-19) in Adamawa were registered using mobile CPIMS by trained government social workers (UNICEF, 2020).

The local lockdowns have further led to an escalation of cases of sexual exploitation, abuse, and harassment. Since the closure of schools in Nigeria, no fewer than three undergraduates have been raped and murdered, including Uwaila Omozuwa, a student of the University of Benin. There have also been reports about the rape and murder of Barakat Bello in Oyo State and Joy Adoki in Rivers State (Anagor, 2020).

The government's restriction on non-essential goods and services have, meanwhile, affected many Nigerian men. The fall in global oil prices this year has led to several job losses in the Niger Delta. A survey on job losses showed that 42% of Nigerians, mostly men, lost their jobs due to COVID-19 between April and May (Bamidele, 2020). In the Niger Delta, ExxonMobil alone sacked 495 workers within the first few months of the outbreak of the pandemic (Odoegwu, 2020).

However, while men have lost their jobs, women in these oil communities have continued their farming activities and trading to support their families and communities (Babatunde, 2020).

Furthermore, 812 health care personnel (representing 6.5% of the positive cases) have reportedly contracted COVID-19 in Nigeria (Shaban, 2020). This has been attributed to cases where patients with a subclinical coronavirus infection, along with co-morbidities, have gone to hospitals while hiding vital information from health workers (Ayeleso, 2020). A shortage of personal protective equipment at some isolation centres is another reason why some health workers have been infected (Adejoro, 2020). An additional contributory factor is the unethical practices by some medical practitioners who run private hospitals in locations such as Lagos. At one point, private hospitals were said to be treating patients who had tested positive, without government approval (Adelakun, 2020). The infection of health care personnel in Nigeria has created apprehension and could further strain COVID-19 control efforts in the country.

Official Development Assistance

Bilateral and multilateral donors have extended official development assistance (ODA) to the country. ODA has come from the United States, United Kingdom, Germany, China, Japan, several United Nations agencies, the World Bank, the IMF and the Africa Development Bank. These ODA are in the form of materials and equipment, grants, and loans with conditionalities.

The Nigerian government has reported that it needs ₦500 billion (Nigerian Naira) (US\$1.39 billion) to combat the COVID-19 pandemic (Reuters Staff, 2020). While significant financial and material contributions towards this goal have been made by different stakeholders, this remains far from what is required.



Nigeria had already been feeling the pains of external and internal debt burden even before the COVID-19 pandemic struck. Nigeria's external debt stock, which dropped to US\$3.54 billion in 2006, has ballooned to US\$31.477 billion, as of 30 June 2020 (Debt Management Office, 2020). The bulk of this debt is owed to the World Bank Group, the Africa Development Bank Group, the IMF, China and Eurobonds. Some of Nigeria's bilateral creditors are France, Germany, Japan, India and China, which is the country's biggest creditor.

ODA conditions have led to the deregulation of the downstream petroleum industry. This entails the removal of subsidies on petroleum products, an increase in electricity tariff and value-added tax. Such deregulation has exacerbated the state of the poor and marginalised citizens. These have, in turn, triggered street protests and strikes in which even some doctors and other health workers participated.

Analysis of the Application of EDC Principles in COVID-19 Response

a. Ownership

Following the outbreak of COVID-19 in February 2020, a National COVID-19 Multi-Sectoral Pandemic Response Plan has eventually been formulated and now serves as the blueprint for a whole-of government response. A Presidential Task Force (PTF) coordinates government responses, and the Nigeria Centre for Disease Control has developed a set of protocols for sub-national governments. A network of testing labs has been expanded, from just five in March 2020 to 85 labs by early September. Still, the testing rate is generally

low. Nigeria, with about 200 million people, has conducted just under 433,206 tests as of 10 September. More testing laboratories are needed. The Quarantine Act Amendment Bill will hopefully address the gaps in the Public Health Management legislation.

There is no civil society representation in the PTF, although CSOs and media representatives are appointed as members of sub-national task forces, which derive their operational guidelines from the decisions of the PTF. CSOs have raised this issue, to no avail.

b. Inclusive partnerships

With the multifaceted challenges brought by the COVID-19 outbreak in the country, the national and sub-national governments, the private sector, civil society, and the media have continued to play their roles in containing the spread of the virus. A key strength of Nigeria's response has been the strong collaboration among Federal Government Ministries, departments, agencies, development partners, civil society, and the media. As part of the global and regional response, the Nigeria Centre for Diseases Control has received guidance and support from the WHO, the Africa Centre for Disease Control, and the West African Health Organisation.

However, the passage of the Companies and Allied Matters Act (CAMA) of 2020, even as the country is battling COVID-19, has constrained the legal environment for safe operations of CSOs and the Church. President Muhammadu Buhari signed the bill into law, on 7 August, giving justification for religious bodies and charity organisations to be regulated by the registrar of the Corporate Affairs Commission (CAC) and a supervising minister. This implies that a non-



Christian minister would be issuing official instructions to churches, and that the new law provides for even a takeover of a registered entity at the discretion of the minister. The same applies to CSOs, and backlash against the law has led to widespread protests and condemnation from key stakeholders.

c. Transparency and accountability

Even though there is a weekly briefing by the PTF on progress made to contain the pandemic, detailed accounts of how funds have been spent are hardly made public. There are no clear systems put in place to account for funds and materials pooled from various sources. At state levels, there are allegations of contracts questionably awarded for COVID-19 related procurements, through which huge sums of money may have been siphoned off to some politically well-connected actors.

d. Focus on results

The government and other stakeholders emphasise that current efforts have led to the flattening of the curve in the country. At the moment, there has been an unsteady downward rate of infection nationwide, even though figures released daily by the Nigerian Centre for Disease Control are still being contested by analysts who are suspicious of the NCDC data. Government and international partners have instituted monitoring efforts and continuous evaluation of progress made in preventing the spread of the virus, and testing, tracing, and treatment of infected persons.

e. Human rights at the core of the pandemic response

The Nigerian government has restricted movement through the implementation of lockdowns and promotion of social distancing to contain the spread of COVID-19. However, there are high incidences of human rights violations perpetrated by security agents in the enforcement of lockdowns, movement restrictions, and curfew. On 15 April, the National Human Rights Commission (NHRC) announced that it had received 105 complaints of rights violations in 24 states of the country's 36 states. The NHRC further said that it was investigating cases of 29 extrajudicial killings, violation of rights of movement, unlawful arrests and detention, seizure or confiscation of properties, sexual and gender-based violence, discrimination, torture, inhumane and degrading treatment, and extortion.

f. Leave no one behind

To protect Nigerians from the severe effects of the COVID-19 pandemic, the federal government made a cash transfer of ₦20,000 (approximately US\$52.69) to 2.6 million poorest Nigerians who are enrolled in the Conditional Cash Transfer Programme of the National Social Investment Programme for the January-April payment round. Eighty per cent of said amount came from the US\$322.5 million loot of the late dictator Sani Abacha that was returned from Switzerland. The remaining 20% was sourced from the World Bank IDA facility, following a tripartite agreement between Nigeria, Switzerland, and the World



Bank under a Memorandum of Understanding signed in Washington, in December 2017, at the inaugural Global Forum on Asset Recovery. Even though the money was meant to be distributed to 24 states, the poor in the eight other states were not able to receive the financial assistance. CSOs continue to advocate for the government's financial assistance to be extended to those poor left behind.

CSO Good Practices in Leveraging EDC Principles in COVID-19 Response

CSOs have played a pivotal role in combating COVID-19 in Nigeria, despite the lack of an enabling environment.

To augment government efforts, some CSOs have launched and implemented different projects to support the poor and vulnerable while raising concerns about gaps and areas of improvement. Press statements, memos, and policy papers have been published by concerned CSOs and groups of CSOs to raise related issues. For instance, the Africa Network for Environment and Economic Justice (ANEEJ), alongside its eight partners drawn from the six geo-political zones of the country implementing the Monitoring Transparency and Accountability in the management of returned Assets (MANTRA) project, has monitored the federal government's conditional cash transfer programme for the January-April payment rounds (Sumaina,

2020). A total amount of ₦20,000 was paid to each beneficiary household, representing four ₦5,000 monthly payments, to cushion the impact of COVID-19 on household income. There had been 2.6 million poor Nigerians enrolled in the social register, but this was later increased to 3.6 million, following agitation from some politicians and CSO advocacy ("COVID-19 Mantra", 2020).

A consortium of anti-corruption organisations under the Upright for Nigeria, Stand Against Corruption, which includes ActionAid and the Centre for Democracy and Development (CDD), among others, has also issued a press release calling for accountability and transparency in the distribution of palliatives and the utilization of COVID-19 funds. In addition, two separate groups of CSOs—including Education as a Vaccine (EVA), the Women Advocates Research and Documentation Centre (WARDC), the Women's Rights Advancement and Protection Alternative (WRAPA), the Women's International League for Peace and Freedom (WILPF) Nigeria, the Legislative Advocacy Coalition on Violence Against Women (LACVAW) Initiative, Global Rights, Partners West Africa Nigeria (PWAN), and GBV Sub-Sector for Adamawa State—have released a couple of policy advisory papers on preventing genderbased violence (GBV), protecting women and girls, and integrating gender into Nigeria's COVID-19 response. These documents and related literature on such thematic issues are considered and referenced in a joint memorandum ("Joint Memo", 2020).

Recommendations



COUNTRY OWNERSHIP

The National Assembly should pass without further delays the Quarantine Act Amendment Bill to address the gaps in the Public Health Management legislation. There should be a broad-based public hearing on the bill to enable inputs from citizens and vulnerable groups.

CSOs, as well as marginalised groups, should be part of the Presidential Task Force on COVID-19 and other committees. Their inputs in decision-making processes related to the pandemic cannot just be discounted.



LEAVE NO ONE BEHIND

- a. The Nigerian authorities must adopt a rights-based approach and give clear instructions to security agencies, warning against abuse of power, as the nation tightens its effort to contain the COVID-19 pandemic.
- b. The national response to COVID-19 must be inclusive, to ensure that prisoners, internally displaced persons, and other marginalised and vulnerable communities are not left out at any stage in the fight against the virus.
- c. Provision of palliative and medical care should be inclusive of underrepresented groups, thus leaving no one behind. This means including provisions for gender-sensitive needs, such as sanitary pads and baby foods.
- d. The government should ensure an independent, transparent, and conclusive investigation into all allegations of unlawful killings, and make the findings public, bring the suspected perpetrators to justice in fair trials, and ensure that victims of violations and their families obtain commensurate remedies.
- e. The government should ensure that any COVID-19 emergency measures comply with Nigeria's constitution and international human rights obligations.



FOCUS ON RESULTS

- a. Emphasis by stakeholders must be on flattening the curve of COVID-19 in the country. Though there has been a consistent downward rate of infection nationwide, this observation is still being contested by analysts who do not trust data from the Nigerian Centre for Disease Control.
- a. Government at all levels must focus on ramping up prevention measures and increasing testing capacity and treatment of all infected patients.



- a. In addition to funds mobilised by the Nigerian government to fight the pandemic, it is also noteworthy that citizens, the private sector, and the international community have contributed money and materials to support the COVID-19 response. However, it is important to uphold transparency and accountability in the use or disbursement of funds. Likewise, the principles of inclusion, equality, human rights, and rule of law should be demonstrated in the process of managing the pandemic.
- b. Government officials managing the COVID-19 funds should regularly publish financial records of donations and expenses to promote accountability and transparency.



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Case Study on EDC Principles and COVID-19 in India

National Alliance of Dalit Organisations



Asia

Introduction

Despite having had one of the world's most stringent lockdowns, India had reported 625,857 active COVID-19 cases, with 7,201,070 patients (90.62%) discharged and 119,502 (1.50%) deaths, by 27 October 2020 (Pickard et al., 2020). While the lockdown might have been necessary, its severe enforcement turned out to be more of a spectacle than governance. The impacts of the lockdown were felt particularly by those in precarious employment, including migrant workers, the homeless, sanitation workers, and sex workers. Eighty per cent of urban labourers surveyed in April and May reported having lost work or earnings. There were five 'Un-Lockdowns' where the government announced several relaxation measures for supporting economic activities. Meanwhile, the government passed bills that were meant to privatise public enterprises, to challenge labour laws and deprive workers of many protections, including legal working hours, and to liberalise agricultural markets.

Official development assistance (ODA) was not spent for the purposes for which it was aimed—neither for the general public nor for MSMEs affected by a liquid cash crunch. There was no transparency in governance. Neither CSOs nor peoples' representatives were involved in the decision-making. There were many human rights violations during lockdowns. The State was controlling the people while every other aspect of governance was relegated to the markets. The lockdowns were used to clamp down on dissent. Actions by local community groups, social movements, and civil society actors provided relief and welfare to vulnerable groups during the lockdown and beyond. There is still a need for greater accountability. Ultimately, a bottom-up, community-based model could underpin a faster and more robust recovery.



Socioeconomic Impact of COVID-19 in the Country

Lockdown impact on the people. The government of India invoked the Epidemic Diseases Act of 1897 on 11 March 2020. A nationwide lockdown was announced on 25 March, with only a four-hour notice, confining a population of 1.3 billion to their homes. Initially scheduled to last only until 14 April, the national lockdown was extended three times up to 31 May 2020. Initial lockdown measures entailed a strict observance of physical distancing and isolation measures while suspending movement and economic activity. However, the central government failed to provide support or economic redress for those most affected. Severe enforcement was criticised as more spectacle than governance, with the lockdown geared to achieve maximum visibility for the government.

Job losses, loss of income. More than 45% of households across the nation have reported an income drop as compared to the previous year. The Centre for Monitoring India Economy (CMIE) (Vyas, 2020) earlier estimated that 121.5 million jobs had been lost. On the other hand, the plight of salaried employees has worsened since the lockdown began, according to the CMIE. In April 2020, 17.7 million jobs were lost. But, by July 2020, job loss swelled to 18.9 million (Sharma, 2020). Amid economic uncertainty, middle and lower-middle classes tended to cut their spending, with clear repercussions for India's manufacturing and service sectors.

Suspension of economic activities immediately affected the earnings of informal workers, which comprise more than 80% of India's 400-million-strong workforce that accounts for roughly one-third of its population. However, only about 10 percent of them enjoy the

benefits of a fixed salary. In other words, 360 million people depend on the informal economy to make ends meet. This sector is reliant on day-to-day income flows but produces roughly half of India's GDP. Low rates of saving left 38% of Indian households barely surviving the initial 21-day lockdown without work (Pickard et al., 2020).

The impacts of lockdown were felt particularly keenly by those in precarious employment, including migrant labourers, sanitation workers, and sex workers. Eighty per cent of urban labourers surveyed in April and May reported having lost their jobs.

Reopening of the economy (Unlock). To revive the economy, the government announced several relaxation measures in geographical areas designated as non-hotspots. By the end of April 2020, the government permitted inter-state movement of stranded people, including migrant workers. Some gradual relaxation for economic activities were allowed in so-called orange and green zones, while domestic air travel restarted. The Prime Minister (PM) announced a relief package in May while, in July, there was a phased re-opening of activities across the country that limited the lockdown to the containment zones under "Unlock 3.0." Further reopening of the economy happened in August under the "Unlock 4.0". "Unlock 5.0" allowed state or union governments to decide on reopening schools and coaching institutions after 15 October 2020. Cinemas, theatres, and multiplexes were permitted to open, with up to 50% of their seating capacity, while closures of entertainment parks have been listed since 15 October 2020. The cap on congregations has been extended to 200 people. Government announcements on 27 October extended localised lockdowns until 30 November, under the same guidelines as in "Unlock 5.0."



Multi-faceted impacts of the lockdown and unlock episodes on the poor. Workers in the informal economy include countless housemaids, millions of farmhands, unskilled labourers in construction sites, contract labourers like masons, carpenters, roadside vendors and India's noted chai-wala or roadside tea sellers. The impacts of COVID-19 were differentiated across class, caste, gender, race, religion, and ethnic lines. Precarious, marginalised, and minority groups who had largely remained invisible in the trajectory of mainstream development experienced these impacts most acutely. COVID-19 compounded existing uncertainties around livelihoods, food, water, and climate and has had differential impacts in urban and rural settings. The lockdown, for instance, highlighted how many Indian cities depend on the informal, unregulated economy.

Rural livelihoods affected. Farmers faced difficulties in storing, distributing, and exporting produce due to the strict lockdown restrictions. Lockdown measures also interrupted the sowing of Kharif (summer) crops before monsoon, with restrictions on and limited availability of labour and agricultural inputs. The lockdown also stressed the relationship between produce and credit markets, with agents taking advantage of the economic uncertainty to manipulate prices. Some farmers dumped perishable goods or used crops for animal feed while others were forced to rent storage space for products that would otherwise be left in fields, vulnerable to rain. Rural livelihoods were badly hit and are expected to suffer more, with the recent passage of three Farm Bills, in September 2020, which aimed to deregulate the agricultural sector and facilitate contract farming. Non-agrarian rural livelihoods also experienced hardships, and, at the peak of the pandemic, these economic activities came to a complete standstill. The pandemic added new uncertainties to

pastoral livelihoods all over the country, due again to restrictions on people's mobility.

Impact on women. The number of women employed in April 2020 was 61% of the pre-lockdown annual average while, for men, it was 71%. The lockdown eroded farm-based livelihoods most grindingly for rural women, who were cultivators or worked as wage labourers, a typical job in the lean summer period. Meanwhile, the return of the male family members employed in other states and their subsequent dim job prospects led to an increase in domestic violence and marital rape (Pickard et al, 2020). Since community health workers were diverted to the frontline to support the COVID-19 response, they were not as available to help pregnant and lactating women and young children. Around 42% of households with pregnant women did not get pregnancy check-ups and vaccinations during the lockdown (Singh, 2020). Vaccine provision and access to sexual health and family planning services have been impeded, resulting in increased cases of unwanted or teenage pregnancies and unsafe abortions.

Impact on the elderly. The pandemic and the lockdown badly affected the elderly, who faced additional vulnerabilities due to isolation, including problems in accessing necessary palliative care and lack of contact with loved ones living in other parts of the country or abroad.

Impact on young children. With high levels of unemployment and reduced incomes, millions of children were pushed out of school. Looking for ways to cut household expenditure, 29% of rural families considered pulling children out of education. While children in urban centres could afford to move to online education, children in villages



and poor urban households encountered challenges with mobile phone access and stable network connection. This coincided with increased cases of child labour and trafficking. Cases of child marriage were also reported, as lockdown provided cover for weddings held with limited spending. At the same time, the shuttering of schools and Anganwadi child care centres interrupted the distribution of take-home rations to combat malnutrition in mothers and young children and the provision of mid-day meals for those of school-going age.

Official Development Assistance

In April 2020, the World Bank (WB) and the Asian Development Bank (ADB) committed US\$6.5 billion (around Rs 48,000 crore) to India towards scaling up cash transfers and food benefits. On 2 April, the WB approved a fast-tracked US\$1-billion fund for “India COVID-19 Emergency Response and Health Systems Preparedness Project” (World Bank, 2020). On 28 April, the ADB approved a US\$1.5-billion fund for “COVID-19 Active Response and Expenditure Support (CARES) Program” to support India’s immediate pandemic response efforts. On 30 April, the New Development Bank approved a single tranche of US\$1 billion to India under its “Emergency Assistance Program.” The WB also approved another US\$1-billion loan to support COVID-19 relief measures and financial assistance to the poorest and most vulnerable communities on 14 May (“World Bank approves,” 2020).

On 17 June, China-backed AIIB approved a US\$750-million loan to India to assist the government’s response to the adverse impacts of the pandemic on poor and vulnerable households. The International Bank for Reconstruction and Development (IBRD), the lending arm of the WB Group, announced support for MSMEs to increase the liquidity access

of viable small businesses impacted by COVID-19. Japan also committed an official Development Assistance loan of around US\$475.8 million (Rs 3,500 crore) for the COVID-19 Crisis Emergency Response Support through the Japan International Cooperation Agency (JICA).

Analysis of the Application of EDC Principles in COVID-19 Response

a. Ownership

National Strategy and Government Strategic Plan. Unfortunately, India as a nation hardly applied EDC principles in the COVID-19 response to ensure protection from this outbreak or secure livelihoods for the poor and indigent. Instead, the government manipulated the pandemic response to build its image. It used the lockdown to enact anti-people laws by using the majority in Parliament for initiating structural reforms that would likely increase inequalities. Left to their own devices, the poor majority entered the lockdown with limited savings and little social support. Only after the lockdown was relaxed did migrant labour return to some cities. However, in a bid to revive the economy, several state governments announced relaxations to labour laws, allowing the working day to run to 12 hours while reducing minimum wages and removing requirements for overtime pay. The government did not want to introduce a wealth tax and/or borrow money, following the widening of the budget deficit due to the economic slowdown. Two senior bureaucrats from the Finance Ministry were suspended for suggesting enhanced corporate taxes, along with a wealth tax.



Limitations to government relief and COVID-19 financing

predictability. Although three economic support packages worth around 10% of India's GDP were earmarked for COVID-19 recovery, much of the announced support was credit-based or stemmed from a realignment of existing budget. Those most in need faced significant barriers in accessing relief. Women enrolled in the Pradhan Mantri Jan Dhan Yojana financial inclusion programme received payments deposited in their accounts. Widows, pensioners, and people with disabilities received a lump sum and an advance on pension payments. State governments took further advantage of existing schemes and policy apparatuses tailored to local needs. But many groups and households had to contend with issues related to accessing these entitlements. Only those with ration cards or the Aadhaar biometric ID could receive some benefits, which were also available only to those with active bank accounts or those who had enrolled in previous schemes administered at the panchayat (village council) level. This still left a sixth of those otherwise eligible unreached, with a sizable minority turning to their communities for support, borrowing (24%) or receiving food in kind (12%) from their neighbours.

Opposition parties continue to ask the government to inject cash into the economy so that the money will help MSMEs to produce goods and that employment potential could be increased. The demand for jobs increased by 86%, and the government resigned itself to picking up the tab, under the Mahatma Gandhi National Rural Employment Guarantee Act (MNREGA). In this respect, the government did not involve the private sector, except for big corporations. Unlike Kerala and several other states, the majority of the states also did not involve sub-national governments. The central government downgraded these kinds of interventions. Except for bilateral development

organisations, very few multilateral development partners were seen during the lockdown.

Harmonisation of response and financing. Much of the funding from the WB and the ADB is being frontloaded for disbursement in the current year as an emergency response to the impact of the pandemic. Some of the loans will likely come in 2021 or 2022 through Pradhan Mantri Garib Kalyan Yojana (PMGKY). It will immediately help scale up cash transfers and food benefits, using a core set of preexisting national platforms and programmes such as the Public Distribution System (PDS) and Direct Benefit Transfers (DBT). Japan's COVID-19 ODA, in the form of loans, aims to support India's efforts in fighting COVID-19 and to prepare the health system to manage future epidemics, as well as to improve the resilience of India's health systems against infectious diseases.

b. Inclusive partnerships

Elected representatives or CSOs were not allowed in planning.

Opposition parties were kept at bay while passing legislative bills in Parliament. Question-and-answer sessions were suspended, and days of the sessions were cut short, allegedly due to the pandemic. Civil society was never taken into consideration. Instead of supporting or encouraging the CSOs, the government used its pandemic response to control relief activities. For example, a format had been sent to the CSOs granted the Foreign Contribution Regulation Act (FCRA) status to report their activities. All CSOs were also forced to open their bank accounts in the national capital and kept under regular surveillance. The government gave orders to the private sector, mostly industrial, corporate and MSMEs, to



provide food and accommodation for migrant workers on lockdown, but monitoring mechanisms were not created.

c. Transparency and accountability

Non -Transparent PM-CARES. In the earliest stages of the pandemic, India's government announced the Prime Minister's Citizen Assistance and Relief in Emergency Situations Fund (PM-CARES), a special additional fund for COVID-19 relief. However, information about the donations from corporations and individuals to this initiative was not widely available in the public domain. It is also unclear if donations that had formed part of the fund would be made public. Government and bankers did not release information stating that PM-CARES had not taken money from the Consolidated Fund of India, thus evading possible audit by the Comptroller and Auditor General of India.

d. Focus on results

The scheme called ATMA NIRBHAR BHARATH did not operate as expected for MSMEs and small investors. The scheme was linked to bank loans and under the discretion of bank managers. This was further complicated by many confusing rules, which resulted in a cash crunch for the MSMEs during the lockdown period. The twenty lakh crore (US \$260 billion) package was a hoax because they have calculated all the earlier spending, which was meant for the vulnerable. The actual amount for SME support is Rs. 8 lakh crore (US\$108 billion), which is up to the banks to dispose at their own discretion, while the economy is badly in need of liquidity for its recovery.

e. Leave no one behind

Homeless and paperless people (PLPs) benefited least. A third of the population (30%) live without proper identification papers, most of whom live below the poverty line. On average, 80 per cent of de-notified tribes (DNTs), sexual minorities and sex workers, homeless people, beggars, Internally Displaced People (IDP), and refugees comprise the majority of the population without proper identification papers.

Certain groups like refugees, stateless people and IDPs will not be given such documents despite repeated appeals. Sex workers are afraid to get identified due to various reasons and hence avoid processing their ID papers. About 40% of Nomadic Tribes (NTs), DNTs, and Semi-Nomadic Tribes (SNTs) opt for those papers, out of need given their culture and itinerant lifestyle, but governments designate them as people without address. Existing governance is not geared to providing identification to the homeless, beggars, migrant workers and homeless, DNTs, and the like.

India officially has 1.77 million homeless people. They sleep on the sidewalks, at railway platforms, bus stops or stations, in street corners or religious premises. But, during emergencies like the COVID-19 lockdown, people need to stay indoors, and it does not make sense to ask them to do so when they cannot even afford a place to sleep. Overcrowded and dilapidated structures lack basic facilities like urinals, drinking water, toilets or running water, which could be accessed in public utilities like rail or bus stations. The PLPs are left to the mercy of philanthropists or charitable persons, who are not obligated or given any mandatory responsibility to care for them. Any form of public and private aid has not reached the homeless because their names do not appear on official lists, having zero identification papers or votes, and there has been neither a policy nor a mechanism to reach them (Subbarao, 2020).

f. Human rights-based approach

Lockdown used for enacting anti-people acts: Parliament has passed bills that contain the following measures: (1) vast privatisation of public enterprises that would help already-dominant industrial houses to become robust oligopolies; (2) challenges to labour laws, calling many workers' protections, including legal working hours, into question; and (3) liberalisation of agricultural markets that have provoked huge protests by farmers and peasant rights advocates (Ministry of Parliament, 2020).

Violation of human rights during the lockdown. Authorities used the controversial Unlawful Activities Prevention Act to arrest activists, students and journalists who had protested against the Citizen Amendment Act (CAA) in the earlier months of 2020. COVID-19 also provided excuse to restrict political prisoners' access to justice. Red zones were closed for outside interaction. The government announced the provision of daily needs, though it neither supplied these essentials nor allowed others to do so; consequently, households suffered food shortages, including children who needed milk and chronic patients who needed medicine. Migrant workers were sprayed with a chemical solution containing bleach to "disinfect them" ("Coronavirus: Anger as migrants...", 2020). Police were given a free hand to arrest, issue fines to, or manhandle protesters.

CSO Good Practices in Leveraging EDC Principles in COVID-19 Response



Despite the failures of the central government and many states, actions by local community groups, social movements and CSOs provided relief and welfare to vulnerable groups during the lockdown and beyond. There were remarkable stories of solidarity, pooling of resources and food supplies, and inspiring conversations and dialogues across India that sought to reimagine the country's future and to address the failures that the public had witnessed during the lockdown and its aftermath. In the absence of migrant labour in Maharashtra's Satara district, a group of 37 farmers organised to protect their livelihoods. Building on an existing self-help group, the group pioneered a direct farm-to-home delivery model using a small fleet of vans to transport essential food and produce directly to customers. Elsewhere, farmers turned to digital platforms, using Twitter, WhatsApp, or new dedicated services, such as the Harvesting Farmer Network, to find better prices for crops. Such strategies were, however, contingent on individual farmers' digital literacy, and would take time to find and establish a mass-user base.

Recommendations



COUNTRY OWNERSHIP

There is a need for greater accountability around funds mobilised by the central and state governments. This includes auditing and publication of expenditures, and development of standards and best practices for COVID-19 response in India. Authorities will need to address longstanding inadequacies in infrastructure, health care and education.



TRANSPARENCY AND ACCOUNTABILITY

The government needs to provide direct financial support to the people and households where COVID-19 has stripped away all their cash reserves. Importance of livelihoods should be recognised and prioritised for aid and support. Central government should appoint a committee or a body to identify ways in which the government and CSOs can work together effectively.



LEAVE NO ONE BEHIND

The government needs to allow a stronger role for CSOs within a rights-based framework. Ultimately, a bottomup, community-based model could underpin a faster and more robust recovery while granting organisations and authorities working in those areas worst hit by the pandemic the flexibility to adopt relief measures suitable to the communities' needs. Local labourers, especially those who lack fixed assets such as land, could be mobilised for farm work, for manufacturing face masks and sanitisers, or for staffing local banking and payment infrastructure. Investment is needed to revive existing aptitudes and teach workers new skills while making credit and supply chains readily available to rural producers. Constitutional values of the right to speech and dissent must likewise be upheld.

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Impact of COVID-19 and Evidencing Effectiveness in Pandemic Response in Kyrgyzstan

Nash Vek



Asia

Introduction

The first cases of COVID-19 were confirmed in Kyrgyzstan on 18 March 2020. Three days later, the government declared an emergency in the country. By the end of May 2020, the country had been placed under a state of emergency. Like many other countries, Kyrgyzstan suspended all domestic and international flights.

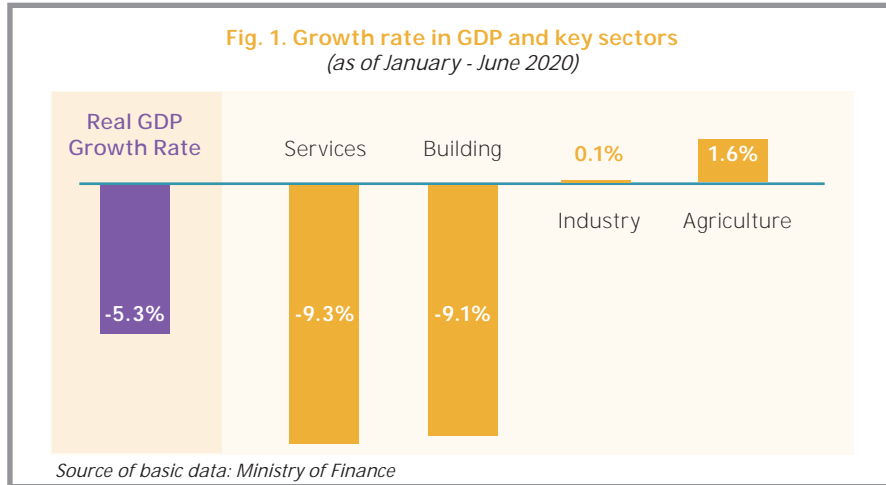
In July 2020, the public health system failed to withstand the pressure due to a large number of infections and deaths. Overcrowded hospitals and a shortage of medical personnel and pharmaceuticals forced the country to turn to other countries for help. Due to the quarantine and closure of borders, tax and customs fees collection was significantly reduced, affecting the country's budget. The government sought financial assistance from international financial institutions.

By 29 August 2020, the number of COVID-19 cases had reached 43,712, of which 37,973 people recovered and 1,503 died. Around 3,126 doctors contracted COVID-19.

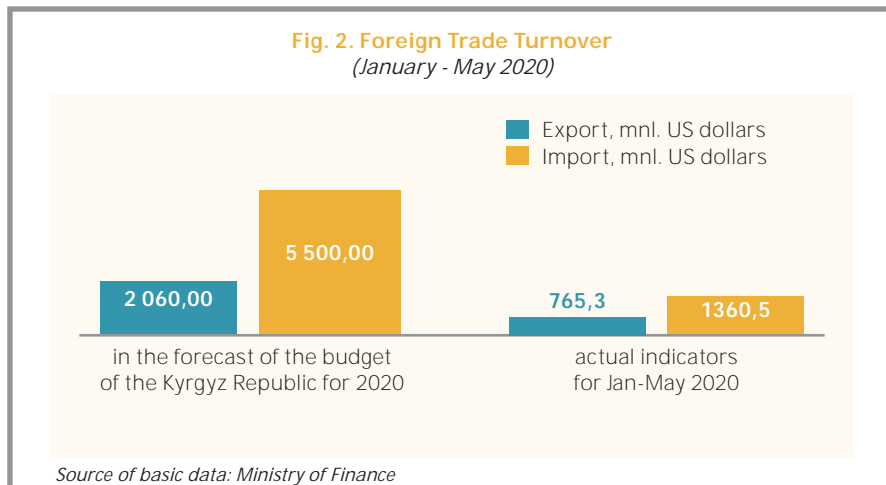
Socioeconomic Impact of COVID-19 in the Country

Economy. Kyrgyzstan's GDP contracted by 5.3% from January to June 2020 in contrast to the 6.4% GDP growth in the same period in 2019

(Eurasian Fund for Stabilization and Development, 2020). Figure 1 illustrates the contraction in some economic sectors.



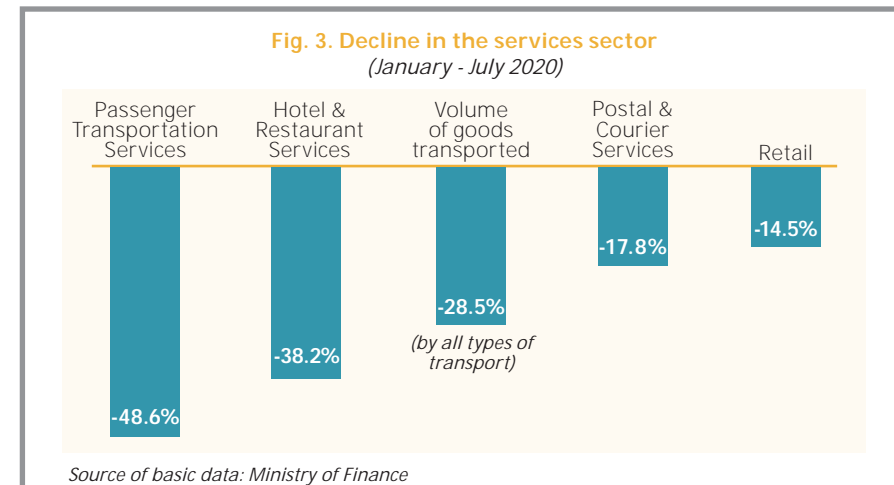
Foreign trade also suffered contraction from January until May 2020. According to the National Statistical Committee, foreign trade turnover during the period amounted to US\$ 2.13 billion, which represents a 22.7% reduction from the same period in the preceding year. **Figure 2** disaggregates the data between exports – US\$ 765.3 million (an increase of 1.2%) and imports – US\$1.36 billion (a decrease of 31.8%).



The pandemic also affected the fiscal situation in the country. In comparison to the corresponding period of the previous year, the revenues of the state budget decreased by 10.1%, or 8.6 billion Kyrgyz soms (US\$106.5 million). According to the preliminary data from the Central Treasury, state budget revenues for January - July 2020 amounted to 76.3 billion Kyrgyz soms (US\$945.4 million), which amounted to only 89.6% of the target.

Agricultural sector. Movement restrictions made it difficult to start the planting season on time. Difficulties regarding access to irrigated water increased to 25% in 2020. Agricultural producers that had counted on sales proceeds were forced to turn to the financial sector for loans to cover the operating costs of the spring fieldwork.

Services sector. The trade and consumer services sector in the Kyrgyz Republic has been hit hardest by the COVID-19 pandemic. Real growth in all services sub-sectors declined from January to June 2020 as illustrated in **Figure 3**.





The services sector is concentrated mainly in the central cities. The quarantine paralysed retail and wholesale trade in non-food products, as well as domestic services such as car and home repairs, hairdressing, dry cleaning and others. The hotel and restaurant business is also expected to experience a significant and prolonged decline.

People. The Asian Development Bank and the United Nations Development Program (2020) predict that under worst-case modeling, unemployment in the country could reach 21% by the end of 2020 (in a country where over 20% of the population were already living in poverty in 2019).

The real growth of the average monthly salary in January - May 2020 amounted to only 4.6%, which makes the average monthly salary around 17,727 Kyrgyz soms (US\$209.05).

In a survey conducted by Nash Vek in August 2020, 53.8% of CSO participants reported that they had had lower income during the COVID-19 pandemic, and 15.4% of the respondents had lost their jobs. Of those who had lost income or work, 61.5% said that they or their relatives and friends had not applied for social support to gain access to social protection.

The survey also included their perceptions on the extent of the impact of COVID-19 in Kyrgyzstan (Nash Vek, 2020). All of the respondents thought that the number of poor people in Kyrgyzstan had increased. Seven in 10 respondents (69.2%) believed that there was not enough food provision during the pandemic while the rest thought that food provision would be provided by external assistance. Forty-six per cent (46.2%) of respondents believed that groups such as women, youth and students, and internal migrant workers had not received quality

education while 30.8% thought that these sectors had experienced job losses.

Official Development Assistance

By early August 2020, the Kyrgyz government had attracted external assistance worth more than US\$773 million to combat COVID-19. Most of the loans and grants were from the International Monetary Fund, the Asian Development Bank, the World Bank, the Eurasian Fund for Stabilization and Development, and the Asian Infrastructure Investment Bank (see Figure 4). About 77% of the funds raised were loans, and about 22.7% comprised grants (see Figure 5).

Fig. 4. Financial Assistance to the Kyrgyz Republic from IFIs to combat COVID-19 (as of August 2020)

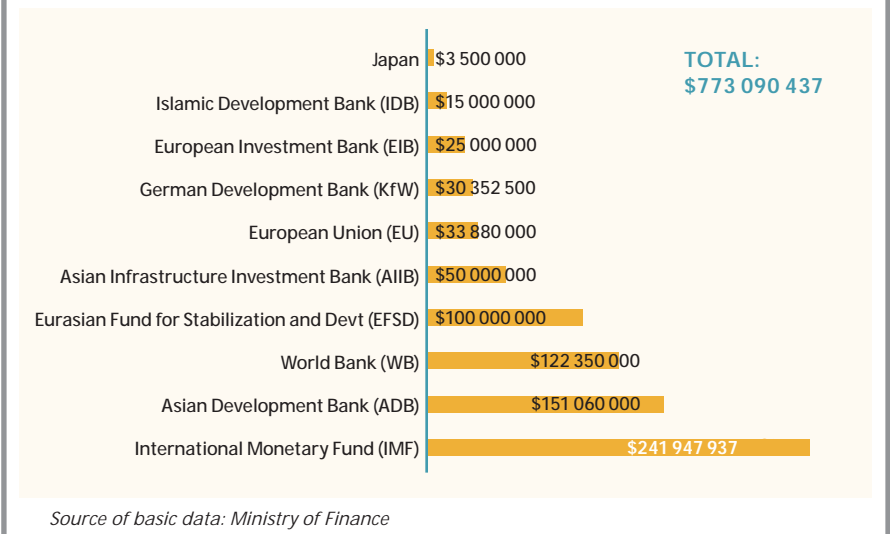
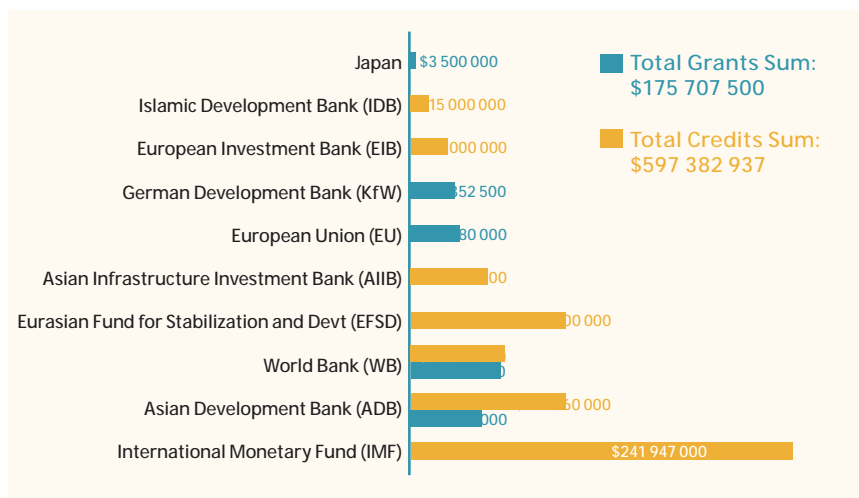




Fig. 5. Credits and Grants to the Kyrgyz Republic from IFIs to combat COVID-19
(as of August 2020)



Source of basic data: Ministry of Finance

At the beginning of August 2020, US\$333.27 million or 43% of the total amount of assistance pledged by the donors had been received. All declared amounts went through the national system, as the agreements were with the Kyrgyz Republic. Due to the difficult social and economic situation, about 95% of the received foreign aid was directed to “budget support” of the country (see Figure 6). There was no difference between the COVID-19 aid promised by multilateral and bilateral donors and the actual aid provided

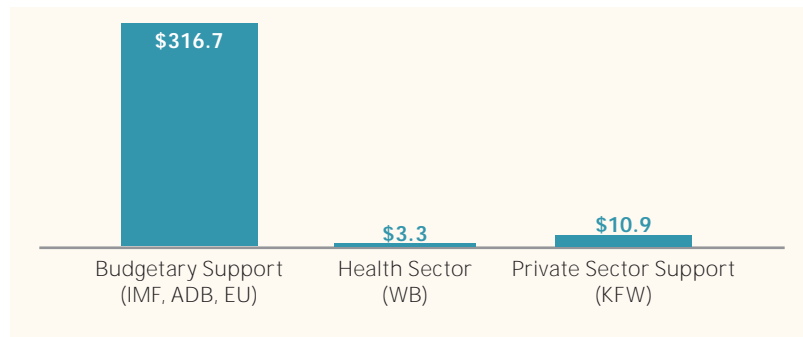
Analysis of the Application of EDC Principles in COVID-19 Response

a. Ownership

Kyrgyzstan’s main strategic plan to combat COVID-19 is the National Emergency Action Plan (NAPAP) for COVID-19 response, which was approved on 18 March 2020. Representatives of the government developed it, together with development partners.

However, Jogorku Kenesh (parliament) did not participate in the development of the government plans. Due to quarantine measures, civil society and the private sector were also unable to actively engage in the development and implementation of the strategic plans.

Fig. 6. Received Financial Assistance to the Kyrgyz Republic from IFIs to combat COVID-19, by directions
(as of early August 2020)



Source of basic data: Ministry of Finance

b. Inclusive partnerships

In Kyrgyzstan, CSOs are legally entitled to have access to relevant government information for effective participation in consultations with



the government on policy and the strategies over COVID-19. Due to the imposed quarantine, there were limitations on CSO participation.

Only a limited number of CSO representatives were invited by the government to the COVID-19 task forces, committees or other multilateral bodies¹. However, there were no clear criteria for who could be in these commissions. CSO representatives were represented in the following:

- Commission for the distribution of funds received from caring citizens for the fight against coronavirus. The commission comprised representatives of state bodies, deputies of Jogorku Kenesh and the civil sector (five CSOs).
- Commission for the distribution of humanitarian aid. (Representatives of Osh CSOs were actively involved in this activity.)
- Commission for monitoring the distribution of food aid to those in need in Kyrgyzstan, organised by the Ministry of Labour and Social Development of the Kyrgyz Republic.

The actual role of CSO representatives in such commissions depended on the CSO representatives themselves. Some CSOs were active in giving their suggestions and recommendations.

c. Human rights at the core of the pandemic response

The human rights movement Bir-Duino-Kyrgyzstan noted the human rights situation below:

“The violation of human rights of prisoners deteriorated significantly. In accordance with the Regulation of the Government of the Kyrgyz Republic and the Decisions of the Republican Commandant’s Office, the movement of citizens, including lawyers, was prohibited, and by the order of the State Penitentiary Service, visits and monitoring of closed institutions were prohibited. To visit a pre-trial detention centre, lawyers are required to have a COVID-19 negative test certificate issued only in Bishkek and valid for several days, which made it impossible for lawyers in the regions to visit their clients. During the pandemic, the issue of access to medical care turned out to be the most problematic due to the unwillingness of the State Penitentiary Service, which focused on self-isolation, to fight the coronavirus (“On the situation with human rights”, 2020)”.

Bir-Duino reported that there were many recorded cases when citizens and doctors who had expressed dissatisfaction with the inaction of the authorities were forced to publicly rescind their criticisms, repent, and apologise. Bloggers expressing their opinion or criticising officials on social networks became more and more persecuted by law enforcement agencies, with some even being summoned for interrogations to the appropriate authorities.

The Forum of Women’s NGOs of Kyrgyzstan noted that “every third woman in Kyrgyzstan is subjected to violence every day and only 17% of women participate in decision-making processes.”

¹ The list of CSOs invited to become part of the Commission for the distribution of COVID-19 donations can be accessed at <https://economist.kg/2020/03/31/obnarodovan-sostav-komissii-po-raspredeleniju-pozhertvovaniy-na-COVID-19/>

d. Transparency and accountability

Unfortunately, the strategies and policies for responding to COVID-19 do not fully reflect the position of CSOs as there is no broad CSO involvement in their development. CSOs often initiate their own involvement. The degree of participation of other sectors in the process and how they do so in the mutual assessment of strategies and policies for responding to COVID-19 can only be gathered from media reports.

Reports on the implementation of the response plan to COVID-19 are published regularly. The government uses management information systems to collect information related to COVID-19. In the public domain, there are government reports on the costs of development assistance and humanitarian aid. There are oversight and complaint investigations and reparation mechanisms that are specific to the COVID-19 response, such as through hotlines. On the government website for its COVID-related updates (<https://COVID.kg/ru>), there is a way to ask questions or participate in various polls and reach hotlines. The Republican headquarters have created this mechanism.

Unfortunately, there is no publicly available real-time database. Nor is there full information on commitments and donor transfers. But the

Ministry of Finance regularly publishes and updates data on foreign aid on the website of the state body. The Minister of Finance also has pages in social networks where the office publishes information.



CSO Good Practices in Leveraging EDC Principles in COVID-19 Response

Volunteers and CSOs have mobilised to support the socially unprotected segments of the population, as well as to advocate better compliance with quarantine policies. All organisations regularly publish information about their activities in social networks and on their websites.

Public Foundation Nash Vek has initiated the formation of a monitoring group for the distribution of food aid through the Coordination Council of state bodies and organised a working group on public monitoring of foreign aid. The objectives of these initiatives include monitoring the use of such aids and the quality of project implementation.

The working group plans to use the monitoring results to conduct advocacy work to enhance the effectiveness of external assistance. Several problems have appeared in the course of the group's work due to limited access to government documents and insufficient technical experience and capacities of the members.

Recommendations



COUNTRY OWNERSHIP

- a. Build the capacity of CSOs and local activists
- b. Conduct large-scale information and involvement of all stakeholders to formulate a long-term anti-crisis plan.



INCLUSIVE PARTNERSHIPS

- a. Strengthen multi-stakeholder engagement
- b. Engage IT specialists and CSOs to develop information systems that will be convenient for the public
- c. Actively involve CSOs in developing plans and strategies



TRANSPARENCY AND ACCOUNTABILITY

- a. Attract finance for additional automation of state systems
- b. Develop and implement a public finance portal
- c. Upgrade the external aid portal or develop a new, more efficient one
- d. Create mechanisms to monitor policies and plans



FOCUS ON RESULTS

- a. Include “expected results” in all subsequent plans
- b. Formulate quantitative and qualitative indicators for assessing the result



LEAVE NO ONE BEHIND

- a. Emphasise equity and fairness in plans and national documents
- b. Develop a unified approach in the developed documents, anti-crisis plans, and actions at the national, regional and local levels
- c. Strengthen access to, and ensure continuous delivery of services
- d. Engage partners and stakeholders
- e. Promote collaboration and concerted actions to reduce inequalities



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Evidencing EDC Principles in COVID-19 Response: The Response in the Philippines, Leaving Millions Behind?

Council for People's Development and Governance



Asia

Introduction

The COVID-19 pandemic has caught off guard most countries across the globe and laid bare the weaknesses of the current neoliberal development framework that anchors the global economy. This framework gives national governments, especially in the Global South, little control over their economies and has weakened their capacity to provide adequate social services. The extent of the current pandemic's impact on countries varies according to the state of their health care systems and their economic fundamentals.

Governance is crucial to effectively address the COVID-19 crisis, and the Philippine government's overall response has revealed much of its character. It is indeed in times of crisis and global pandemics that the practice of effective development cooperation (EDC) is especially put to the test. The Philippine government's pandemic response has been politicised and, worse, weaponised against its critics. Business as usual prevails as various stimulus measures are meant to boost only big businesses.

Philippine civil society remains marginalised. Amid the worst pandemic and economic crisis, the government continues its counterinsurgency measures, which target activists, civil society organisations (CSOs), and individuals, especially those aligned with so-called leftist groups. Many have been imprisoned on trumped-up charges while others have been killed by alleged state forces. Sadly, the administration has reduced, undermined, and dismissed strategic efforts by other government agencies that are not supposed to be politically controlled by the president's allies (e.g., the Office of the Vice-President) as mere politicking.

While the country is signatory to EDC agreements, so much remains to be done in implementing genuine development cooperation. Despite systems and mechanisms for monitoring compliance to EDC and the Agenda 2030, the country is still unable to address the fundamental challenges of poverty, marginalisation, and inequality.



Government Response

The Philippine government has implemented a militarist response to the health crisis, led by an Inter-Agency Task Force (IATF) headed by former generals to oversee its implementation, without civil society representatives. The national government implemented what would turn out to be the longest lockdown in the world, supposedly to contain the pandemic. This decision was abrupt and originated from no coherent plan. Allies of the administration in Congress hurriedly passed and implemented the Bayanihan to Heal as One Act (Republic Act 11469) with a PHP389.2-billion (US\$8.1 billion) budget despite concerns about the coherence and effectiveness of the measures laid out in the National Action Plan on COVID-19. In many instances, President Rodrigo Duterte repeatedly announced that the government would opt to wait for a vaccine instead of decisively addressing the problematic health care system. Bayanihan 2 (RA 11494) was passed to continue the government's pandemic response, but with a much smaller budget of PHP165.5 billion (US\$3.4 billion). Various analyses showed that this budget was hardly enough to address the needs of the country, especially its health care system and the millions of Filipinos needing economic relief (Africa, 2020a; Miral, 2020; Quintos, 2020).

The country's national budget for 2021 also reflects the government's lack of coherent response to the pandemic and further exposes its

lopsided priorities. For example, the budget for health infrastructure is only 0.2% of the total budget outlay of PHP1.1 trillion (US\$22 billion) for infrastructure development. The government is still pushing for its "Build, Build, Build" (BBB) infrastructure development program and boosting tourism, instead of reallocating more of its funds for effective COVID-19 response. Furthermore, the government's budget for its so-called whole-of-nation approach to peace and development, through its National Task Force to End Local Communist Armed Conflict (NTF-ELCAC), the government's counterinsurgency programme, gets an even bigger budget than the health sector, at PHP19.1 billion (US\$396.7 billion).

The Philippines is also one of the countries with the most authoritarian and harshest response to the pandemic. Close to 200,000 individuals have been rounded up, with 64,814 jailed based on July 2020 data. Human rights violations and extrajudicial killings continue, with 328 recorded killings, including of 185 human rights defenders and activists from July 2016 to August 2020.

The Philippines is also among the "stingiest" countries in terms of social benefits provided to its citizens compared to its Asian neighbours. Its social benefits policy response is just 3.1% of its GDP. On a per capita basis, this translates to only US\$197, which is even smaller than Brunei (US\$742 per capita) and Timor-Leste (US\$ 200 per capita) ("PH 'stimulus' smallest in region", 2020; International Monetary Fund, 2020).



Overall, the militarist response has only resulted in 421,722 cases with 8,185 deaths, as of 24 November 2020 (CSIS, 2020). The Philippines has the second highest number of COVID-19 infections in Southeast Asia, next to Indonesia. This response has also exacerbated an overwhelmed health system and exhausted the country's health care providers.

Socioeconomic Impact of COVID-19

Economy. The country's economy has been on a decline since 2016. From 6.9% growth in its gross domestic product (GDP), it was down to 5.9% in 2019. This could be attributed to falling household spending, decrease in domestic production and international remittances, weak foreign investment, weak export manufacturing and service exports (business process outsourcing and tourism) (Africa, 2020b). In the second quarter of 2020, the country's GDP plunged to 16.5% which is largely attributed to the impact of pandemic. This is equivalent to a 21.9-percentage point drop from 5.4% growth in the second quarter of 2019. Independent think tank IBON Foundation reports that it is also the largest collapse in Philippines economic activity in over 70 years (Africa, 2020c). The government is, however, still optimistic that the country can bounce back and achieve 6.5% to 7.5% GDP growth in 2022.

The pandemic and government's corresponding measures resulted in massive job losses. The Department of Labour and Employment (DOLE) reported that, as of 10 August 2020, about 157,705 workers had been displaced after the closure of 7,759 establishments. It also reported that about 3,023,601 workers were affected when an estimated 110,000 companies opted for flexible work arrangements or closed indefinitely.

An estimated 18.9 million working Filipinos or 45% of 42.4 million employed had been displaced by the lockdown, but only 11.2 million were provided aid ("Millions left behind during lockdown", 2020).

"Invisible' unemployment" is also steadily growing as most livelihoods are in the informal sector. However, government support for micro, small, and medium enterprises (MSMEs) has only focused on the formal sector. Among MSMEs, both formal and informal, an estimated 72% of them have either closed permanently or downsized significantly.

Overseas Filipino Workers (OFWs), the country's source of foreign remittances, have also been affected. According to a report by the National Economic and Development Authority (NEDA), the country is projected to lose as much as US\$6.7 to 10 billion in 2020 as more OFWs are expected to lose their jobs (Mogato, 2020).

People. The government's wanting response to the humanitarian crisis left millions of Filipinos further behind and suffering from poverty. Its underwhelming emergency relief left 7.7 million working people and their families behind during the country's worst mass unemployment in decades ("Duterte administration's 2021 budget priorities", 2020). The COVID-19 crisis aggravated farmers' woes, from high rent and low returns on farm inputs to high credit interests and falling wages. For instance, farmgate prices of palay (unhusked rice) continued to fall due to rice trade liberalisation, while many rice mills stopped operations and rice lands had been left idle. Land use conversion also continues to hound peasant and indigenous communities where the government's BBB projects such as large dams (e.g., the China-funded New Centennial Water Source - Kaliwa Low Dam project) and so-called green cities (e.g.,

the 9,000-hectare wide New Clark City) will be built. Chinese and other foreign vessels are competing against and harassing Filipino fisherfolk in the West Philippine Sea for catch. Worse, fisherfolk communities are being displaced by reclamation projects such as the government-backed SMC's Bulacan Aerotropolis.

With the imposition of lockdowns, economic activities of Indigenous Peoples (IP) have been disrupted, and it is even harder for them to sell their produce. Government aid has yet to reach them. There are also reports that IP communities have been militarised, and their sources of water cut off (Katribu, 2020). The government's counterinsurgency programme through the NTF-ELCAC continues to attack Lumad schools in Mindanao. As of July 2020, 176 have been closed, which has affected 5,579 students. There are also reportedly 48 incidents of military encampment in schools and communities (Save Our Schools, 2020).

The state of women and children has also worsened. The Center for Women's Resources (CWR) reported that about 12.17 million Filipino women in the formal and informal sectors had been affected by lockdown due to work stoppage and "no work, no pay" contracts. Women's access to health also further suffered. There were reports of some hospitals refusing to take in mothers who had just given birth. The CWR also reported increased incidence of domestic violence against women and children (Perez, 2020).

For persons with disabilities (PWDs), the Quezon City Federation of Persons with Disability, Inc. reported that 90% of the PWD sector did not get aid (Franco, 2020). Some senior citizens in need did not also receive financial support from the government. Their movements had been restricted even for the still physically fit among them.

Official Development Assistance



Countries heavily affected by lockdowns called for debt relief or deferment of debt payments. Lenders approved debt relief for 25 poorest countries. The Philippine government could have applied for debt relief but instead opted to borrow more. From 14 March to 4 June, the Philippine government received a total US\$9.05 billion (PHP197.7 billion), of which only US\$3.07 billion was for COVID-19 response. The bulk of these are loans. All this added up to the US\$176.2-billion outstanding debt as of May 2020 (or PHP8.9 trillion at US\$1:PHP50.5 exchange rate) (Guzman, 2020).

The Asian Development Bank (ADB) accounts for US\$2.1 billion of the loans, plus all of the technical assistance (TA) and much of the grants for the Philippine government. The World Bank accounts for US\$1.1 billion, and the China-led Asian Infrastructure Investment Bank (AIIB) for US\$750 million. There are US\$9.3 million in grants from the US Agency for International Development (USAID). So far, there are seven (7) project loans, two (2) grants, and one (1) in response to the pandemic.

According to IBON Foundation, the government's urgent loan-financed items are part of a larger package of support for businesses. As it is, private businesses already get financial relief in the form of tax deferrals, low-interest loans, and credit guarantee schemes. The country's creditors budgetary support for COVID-19 response is extended to ensure spending on BBB infrastructure projects, foreign investment attractions and tourism to boost the contracting Philippine economy (Guzman, 2020). But the government's continuing blind adherence to an already bankrupt neoliberal framework will not improve the capacity of the country's health system to respond to future pandemics.



Analysis of the Application of EDC Principles in COVID-19 Response

The Philippine government's COVID-19 response is problematic. It has failed to adhere to the four principles of effective development cooperation as it chooses to implement a militarist and business-biased response to a health crisis.

a. Ownership

Ownership of development priorities means that developing countries should define the development model that they want to implement. In this case, the people's recommendations for effective health response to a pandemic were unheeded. Donors dictated on how aid should be allocated. The government's borrowing that was supposedly for COVID-19 response had been allocated for BBB instead.

Government failed to focus its response to policy areas that would deliver the desired result of weathering the pandemic. The proposed 2021 health budget of PHP203.1 billion (US\$4.2 billion) is only fifth among budgetary allocations of the government. This comes after budgets allocated for the departments of Defence, the Interior and Local Government (which heads the NTF-ELCAC), and Public Works and Highways ("Duterte administration's 2021 budget priorities", 2020). The government even opted to spend PHP389 million (US\$8 million) on the dumping of crushed dolomite along the beach of Manila Bay to attract tourists instead of allocating the funds for assistance to health workers, or to students and teachers who needed distance learning gadgets and materials. (Mercado, 2020;

Pangilinan, 2020). The money allocated for this project could have also been used to buy farmers' produce that for months had been left to rot in farms due to lockdown.

b. Inclusive partnerships

The government has failed to promote partnerships for development. The Inter-Agency Task Force (IATF) on COVID response, the national government's lead team for addressing the pandemic, does not include civil society representatives. Officials aligned with rival political parties, including the Vice-President, are isolated and their efforts ignored and undermined. Demands by health workers for assistance and imposition of another modified enhanced community quarantine were taken as calls for rebellion. The government's response has marginalised civil society instead of encouraging volunteerism. CSOs that the government has openly red-tagged and vilified are among the longest operating organisations whose services span socioeconomic research, policy analyses, and lobbying for policy alternatives. CSOs delivering humanitarian aid are even accused of spreading anti-government propaganda, their delivery of aid halted, and development workers jailed, or worse, killed.

c. Transparency and accountability

Transparency and accountability are also lacking in the government's pandemic response. Erring officials, even those who violate the government's quarantine guidelines, have not been met with appropriate punishment (Peralta-Malonzo, 2020). There is also observed misreporting of COVID-19 cases as an attempt to cover up the country's inadequate response to the crisis (Nisperos, 2020; Marzan & Santiago, 2020; Mocon-Ciriaco, 2020).



To make matters worse, corruption persists at different government levels. At the height of the pandemic, the misallocation and bloating of funds worth more than PHP14 billion (US\$290.4 million) of the government's health insurance company, PhilHealth, was exposed. Other corrupt practices such as the reported overpricing of fertilizers by the Department of Agriculture, the procurement and importation of overpriced personal protective equipment for health workers, and the questionable dumping of crushed dolomite on the shores of Manila Bay were also brought to public attention. Mechanisms in place for citizens participation in decision-making, including the Philippine Development Forum, were limited and even stopped.

d. Leave No One Behind (focus on human rights at the core of pandemic response)

Providing urgent health care and ensuring people's rights and welfare at this critical time is primary. However, the current response has only deepened and widened social inequality in the country. It is also closing democratic spaces and violating basic human rights. With its militarist response of treating the people as enemies of the state, the Philippine government is fostering discord instead of uniting development actors for rebuilding.

In the midst of the pandemic, laws and statutes that impinge on civil liberties are passed, the latest of which is the Anti-Terrorism Law of 2020. Even the Bayanihan to Heal as One Act's provisions made way for regulating social media posts, arresting netizens posting allegedly anti-government posts, or even criticising the government. Aid workers have been arrested because of alleged

quarantine violations. In May, the government shut down the country's largest television and radio network, ABS-CBN, when, at the time, remote communities in particular needed information about COVID-related developments.

The government did not heed the call of the United Nations to release aging and ailing prisoners vulnerable to the virus, including prisoners jailed for their political beliefs and arrested on trumped-up charges.

The COVID-19 pandemic is a health crisis needing urgent health response that should be people-centred, meaning people's rights and welfare are prioritised over corporate profits. The people, through CSOs, must be included in the planning and implementation of government plans and actions to resolve the crisis.

Good Practices of CSOs in Leveraging EDC Principles in COVID-19 Response

CSOs have been quick to mobilise their human resources and solicit relief assistance to fill in the gap in the government's pandemic response. Immediately after Metro Manila was placed under lockdown in March, CSOs and other multi-stakeholder groups held brainstorming sessions to assess the situation and determine the most urgent needs of people under lockdown. They identified the needs of their constituencies and the marginalised groups they work with, and provided food aid, produced or donated PPEs, and called for health scanners and targeted mass testing. Among the CSOs' effective responses to the pandemic was the formation of the network CURE Covid or the Citizen's Urgent Response to End COVID-19.



Urban poor communities that were part of CURE Covid organised community kitchens for feeding programmes and online forums to discuss key pandemic issues and socioeconomic concerns. A list of organisations, private institutions, and individuals who were mobilising to assist in the pandemic response was generated and disseminated.

Peasant organisations also organised Bagsakan, which links producers to consumers. Among the organisations which led this effort were Kilusang Magbubukid ng Pilipinas (KMP), Amihan Peasant Women, Unyon ng Manggagawa sa Agrikultura (UMA), Sama-samang Artista para sa Agrikultura (SAKA), and Serve the People Brigade in the Cordillera.

There were also the efforts by other broad CSO networks under the Caucus for Development NGOs (CODE-NGO) and the Philippine Miserior Partnership Inc. (PMPI).

Conclusion

In summary, the Philippine government has fallen short of its EDC commitments in its response to the public health crisis and the corresponding socioeconomic impacts. The government's attempt at hiding the real extent of unemployment and jobless growth, of poverty and inequality, with faulty methods and measures of success can also be considered as lack of transparency and accountability. The government is detached from reality and insists on using such methods to justify its continuance of the neoliberal policies of privatisation, deregulation, and liberalisation. Even worse, the government has isolated civil society, which it deemed critical of its policies and programmes.

Recommendations



FOCUS ON RESULTS

- The crisis needs a coherent health response grounded on the real situation of the country's health system.
- The administration should allocate enough budget to strengthen the health system, particularly for research and development.
- In terms of implementation, the national task force should be led by competent health experts and scientists who know the extent of the health problem.
- At a broader level, the government should rethink its development policies and shift from a profit-oriented economy to pro-poor and rights-based economic development.
- Stimulus funds for people to spend on basic needs should be provided, including more assistance to MSMEs (both formal and informal) which make up the bulk of the country's local economy.



INCLUSIVE PARTNERSHIPS

- The government should also be true to its commitments to agreements and declarations of effective development cooperation. It should also rescind Anti-Terror Law and other repressive laws that frustrate development efforts and discourage genuine partnership in development.
- Several mechanisms for effective development cooperation are in place, although needing improvement. They must be implemented with the people's welfare in mind.



LEAVE NO ONE BEHIND

- Democratic governance and genuine cooperation and partnership with all stakeholders in implementing a people-centred and rights-based policy response are key to rising above the pandemic.





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Case Study on EDC Principles in COVID-19 Response in Albania

Partners Albania for Change and Development



Europe

Government Response

At the onset of the pandemic, the Ministry of Health and Social Protection and the Public Health Institutes prepared the Action Plan for Prevention, Preparation and Response towards COVID-19 scenarios. The plan was followed by the Decision of the Council of Ministers No. 243 of 24 March 2020, "On the Declaration of Natural Disaster Situation," which enabled the Albanian government to impose preventive and precautionary measures to minimise the number of COVID-19 cases. These included the following: closure of educational institutions (nursery, kindergarten, schools, and universities); ban on internal travel; suspension of sea, air and land transport to neighbouring nations except for goods; closure of bars, restaurants, schools, mosques, and churches; and, the banning of all sports and mass gatherings. Weekday curfew hours and weekend lockdown measures were imposed to minimise and restrict citizen movement. As of 14 September 2020, there are 211 legal acts on COVID-19 that have been approved and published in the official gazette.

As of 9 November 2020, a total of 24,206 confirmed cases, 559 deaths and 12,092 recovered have been recorded ("Coronavirus Albania", 2020).

Socioeconomic Impact of COVID-19

Economy. In the last two years, Albania faced two shocks onto its economy: the devastating earthquake of 26 November 2019, and the COVID-19 pandemic. The Gross Domestic Product (GDP) in the first quarter of 2020 decreased by 2.52% compared to the first quarter of 2019 (INSTAT, 2020a). Most of the main economic sectors were hit by COVID-19. Compared to the same period in 2019, construction decreased by 16.66%, financial and insurance activities decreased by 7.18% and the group of wholesale; retail trade; transportation; and accommodation decreased by 3.65%.

As of September 2020, the exports of goods and services decreased by 13.6 %, while imports of goods and services decreased by 10.9% compared to the same period in the preceding year (INSTAT, 2020b). As



of April 2020, tax revenues declined by 12.2% compared to the same period in April 2019 (UN Albania, 2020a). The most affected sector was tourism. As of July 2020, the number of foreign visitors declined by 67.1% compared to the same period in 2019 (INSTAT, 2020c). Public debt is expected to increase in 2020 as the deficit increased to 3.9% of GDP to counteract the loss in income due to the pandemic and support for post-earthquake reconstruction (The World Bank, 2020).

The pandemic situation has affected businesses in every sector of the economy, especially the small and medium enterprises (SMEs). Due to COVID-19 restriction measures, businesses were hampered with the reduction in capacity utilisation, the supply of labour, and liquidity shortage. As a consequence, SMEs were not able to pay salaries (UN Albania, 2020b) to their employees. The surveys show that, apart from lack of customers, lack of liquidity, and lack of contingency plan, the small businesses have had difficulties in meeting tax obligations (Albania Investment Council, 2020).

People. Around 50,000 people have lost their jobs due to COVID-19 (OECD, 2020), while initial analysis by the Bank of Albania shows that around 100,000 jobs are at risk. This could increase the annual unemployment rate by 7.4%.

To support people and companies affected by the pandemic, the government adopted two financial packages worth ALL45 billion (approximately US\$ 45 million), about 2.8% of Albania GDP (Ministry of Finance and Economy, Albania, 2020). The first financial package (Normative Act No. 6, 2020) consisted of a sovereign guarantee of up to ALL11 billion (approximately US\$ 100 million) for companies that met difficulties in paying salaries, and ALL6.5 billion (approximately US\$ 65 million) for the most immediate needs of the poorest of the population,

small businesses, and for those facing possible unemployment because of COVID-19. The second financial package consisted of a sovereign guarantee of 15 billion ALL (approx. US\$ 136 million), by providing loans to the tourism sector. It also included financial support to current and laid-off employees as a result of COVID-19. In addition, the Decision of Council of Minister no. 651 on 13 August 2020, aimed to address the problems of the public transport sector affected by the COVID-19 lockdowns with financial support worth 134M ALL (Council of Minister No. 651, 2020).

The government also initiated a humanitarian operation to support individuals and families in need during the COVID-19 pandemic by providing them with food and medicine. The poverty rate in Albania is estimated to double, with the assumption that the self-employed have lost 100% of their income and salaried employees have lost 50% of theirs, resulting in an additional 115,000 to 230,000 people moving below the poverty line in the country (UN Albania, 2020c).

The impact of COVID-19 on women and girls is greater, as they face more economic uncertainties and greater risk of domestic violence during quarantine (UN Women, Albania, 2020). Many women in Albania are employed in informal, low-wage activities that are disrupted by COVID-19 quarantine measures (UN Albania, 2020d). Concerning domestic violence, calls for help from girls and women to helpline centres from March to May 2020 tripled compared to the same period in 2019.

Since the closure of schools on 9 March 2020, around 572,000 students from preschool to higher education shifted to online education, which limited the social interaction of in-school youth. Access to online learning is also a major problem because around 11,000 students,



mainly those living in rural areas, lack access to the internet or digital devices at home (UN Albania, 2020e). Also, when considering children with learning difficulties and disabilities, 1 in 2 children with disabilities could not assess education activities online (World Vision, 2020).

From 2019 to 2020, 11,344 migrants and refugees used Albania as a transition country. The closure of borders resulted in a decrease in the movement of Albania's asylum-seeking population. On the other hand, Albania authorities closed down migrant reception centres, which left many migrants and refugees stranded in the cold (Euro-Mediterranean Human Rights Monitor, 2020).

Analysis of the Application of EDC Principles in COVID-19 Response

a. Ownership

National strategy. The Ministry of Health and Social Protection and the Public Health Institution has prepared two strategic documents in response to COVID-19 situation in the country: (1) The Action Plan for Prevention, Preparation and Response against COVID-19 that develops measures for the prevention, preparation and response to COVID-19 situation; and (2) The Reopening Strategy that identifies four main phases for the reopening of the economy based on recommendations from the WHO and the country risk assessment (Ministria e Shëndetësisë, 2020).

The abovementioned documents and other legal acts prepared have not been prepared based on multi-stakeholder participation of

parliament, civil society, private sector, and subnational government and development partners.

CSO participation. There are two main bodies established to respond to COVID-19: (1) The Task Force for the prevention of infection spread by the new Coronavirus; and (2) the Ad-hoc Committee for the Spread of New Coronavirus Infection. The Ad-hoc Committee consists of 12 members, all coming from health institutions and agencies, while the Task Force consists of 10 members who represent public health institutions, one member from the WHO in Albania and one from the Department of Border Police and Migration.

There is no participation from parliament, civil society, the private sector, subnational governments, and development partners in these bodies. There are no cases of policies and strategies proposed or raised by CSOs that are reflected in or integrated into COVID-19 policies and strategies.

Alignment and use of country systems. There is no country system in place that donors can use in responding to COVID-19. The Ministry of Health and Social Protection has conducted online coordination meetings with donors to increase support in response to the COVID-19. The information is provided in the form of public notification and news. Donors have channelled their aid through project assistance and budget support. For example, the European Union has pledged EUR50 million (around US\$61.3 million) to support Albania in its COVID-19 response. Of this amount, EUR4 million (around US\$4.9 million) will be for the health sector, and EUR46 million (around US\$56.4 million) will be budget support for social and economic recovery. The EU has also committed EUR180 million (around US\$220.7 million) in loans for macroeconomic stability (UN Albania, 2020f). The World Bank, through its project, will help the country

prevent, detect, and respond to the COVID-19 pandemic, and strengthen national systems for public health preparedness.

Predictability of financing. The Ministry of Finance and Economy has a dedicated webpage for COVID-19, but there is no information on the predictability of COVID-19 financing. Based on the information available, the aid from donors is forecast on short-term and multi-year bases.

Harmonisation of response and financing. There is evidence of collective response by donors. The United Nations developed a joint Response Plan that is aligned with the Albanian Government Response Plan, inviting international financial institutions (IFIs) to join the effort.

The main sectors that will benefit from donors' aid are health, education and the economic sector.

Aside from EU support, the United States government has provided more than 249 million ALL (US\$2.4 million) to help Albania respond to the COVID-19 pandemic mainly in the procurement of medical devices, awareness-raising and community development education for behavioural change. The IMF provided approximately ALL19.78 billion (US\$190.5 million) to Albania under the Rapid Financing Instrument and, in July 2020, the World Bank approved financial support of approximately ALL1.86 billion (US\$17.9 million) to help the country prevent, detect, and respond to the COVID-19 pandemic (World Bank, 2020). Several bilateral donors, including China, Qatar, Turkey, Germany, and the United Arab Emirates, provided diagnostic and medical supplies to Albania during the pandemic.

b. Inclusive partnerships



Stakeholder participation. There is no participation in the design, implementation, and monitoring of national strategies and policies for COVID-19 response.

Access to government information. The Law on the Right to Information guarantees the right of CSOs and citizens to access relevant government information. However, media and human rights organisations have accused the government of monopolising the information related to the COVID-19 pandemic (Albanian Media Council, 2020). They feel repressed by the government's attempts to withhold information and limit the verification of press releases. They have described these actions as unconstitutional and harmful.

Incorporation of CSO recommendations. No consultation happened with CSOs regarding the design, implementation and monitoring of policies for COVID-19 responses.

Legal and regulatory environment for CSOs and marginalised populations. The legal and regulatory environment in place is neutral - it does not hinder and/or facilitate access to resources for domestic CSOs. There is no legal barrier for CSOs to work with marginalised populations and at-risk groups as long as they follow the state's COVID-19 protocols.

Impact on fundamental rights and freedoms, repression and other violations in line with COVID-19 response. Through the Normative Act no. 3 dated 15 March 2020, all public activities, including gatherings and assemblies were closed until 3 April, to protect public health.



According to Order 222 dated 1 April, the Ministry of Health and Social Protection amended the initial order and prolonged the closure of all public activities, including gatherings and assemblies till the end of the pandemic situation. Within the same day, the Albanian Government through its Permanent Representative to the Council of Europe (CoE), sent a verbal note, informing the Secretary-General of the CoE, that it will exercise its right to derogate from Article 15 of the European Convention of Human Right (ECHR). The derogation came as a result of measures taken to cope with the situation of COVID-19, which may be interpreted as a violation of article 8 and article 11 (freedom of assembly and organisation) of ECHR.

Shrinking or closing civic and democratic spaces. From March 2020 (when the Normative Act no.3 was enacted) until the end of July 2020, nine (9) assemblies were dispersed by state police and 119 individuals were prosecuted (Ndrevataj, 2020). Based on developments with regard to assemblies, the Albanian Ombudsman released a letter with recommendations on necessary measures that public institutions should take to respect the right to free assemblies. The letter was addressed to the Civil Emergency Inter Ministries Committee, the General Prosecution Office, the Ministry of Health and Social Protection, and the General Director of State Police. It laid out a set of recommendations stressing necessary measures that the state police should take to revoke the bans on small gatherings indoors or outdoors, as well as to guarantee the right of journalists to report events on assemblies and other activities of this nature. It also recommends the need for an amendment to the Law No. 8773, "On Assemblies," to guarantee the right of spontaneous and anti-counter assemblies, and the need to improve normative policies on assemblies.

With regard to detention, the Ombudsman recommended the preparation and approval of an instruction from the General Prosecutor's Office, in cooperation with the High Judicial Council and the High Prosecution Council, for the unification of practices by the prosecution and judicial bodies in line with Article 262, "Organisation and Participation in an Illegal Gathering," of the Criminal Code of Albania.

Availability and access to technology. There is access to affordable and reliable technology to effectively perform the work of CSOs and other stakeholders, but there is a lack of capacities and skills in the sector to access and use this technology. Based on a needs assessment with CSOs, in April 2020, Partners Albania and National Resource Centre for Civil Society provided a support package for the sector. The support package had two main interventions:

- a. One-year subscription to Zoom, the costs of which are covered by Partners Albania and the National Resource Centre for Civil Society in Albania.
- b. Online training in the use of a series of online platforms and creative tools. Given the wide range of applications, tools and platforms available, in most cases, it is difficult to choose the right one. As part of this training, participants had the opportunity to get acquainted with the platforms, assess which ones were appropriate and most economical for their needs.

c. Leave no one Behind (focus on human rights at the core of pandemic response)

Operating guidelines/practices on COVID-19 response concerning human rights laws and norms. In April 2020, the government

proposed some amendments to the Criminal Code for the prevention of the COVID-19 pandemic. The amendments criminalised some forms of citizens' disobedience to the measures during the state of emergency or natural disaster and some forms of violation of quarantine rules to prevent the spread of infectious diseases. The proposed amendments included fines and imprisonment sentences of up to 15 years for those violating quarantine and curfews imposed under the state of emergency. Recognising that these proposed penalties were very harsh and not proportional, a group of 32 CSOs issued a statement and requested from Parliament not to approve the proposed amendments that violate the freedom and rights of citizens. The President and the People's Advocate also issued similar opinions resulting in the Parliament's Legal Affairs committee to make changes to the proposal, mitigating the sentences to a maximum of eight years of imprisonment, removing the double charges and only imposing a fine for asymptomatic patients. Parliament approved the amendments.

Accountability systems (new or existing) for COVID-19 response.

During COVID-19 pandemic, Albanian CSOs continued to monitor online the developments in the legal framework and the attitude of the institutions towards citizens, and to offer free legal assistance to vulnerable groups, especially prisoners and pre-detainees. They have been vocal about these issues, calling for a higher level of responsibility on the part of state institutions. A group of CSOs, in a letter addressed to the president, the prime minister and the Speaker of parliament, asked them to uphold the principles of transparency and good governance. They asked the decision-makers to adjourn any decision making that did not present any immediate importance for the health and security of people, for which meaningful participation and transparency were not observed (Bogdani, 2020).

Good Practices of CSOs in Leveraging EDC Principles in COVID-19 Response



There are initiatives specially designed to engage young people. The #DoGoodFromHome is an initiative from a youth organisation, Epoka e Re, in the city of Fier. The activity included the use of digital tools to empower young people and send positive messages to the local community. It organised a series of tailor-made online activities to engage young people to spread messages about the importance of social inclusion during the COVID-19 pandemic under the motto: "Physical Distancing is not Social Distancing for us... Let's get together."

The #OnlineDebateClub is an initiative wherein young people participate in online conversations on different topics through the use of web-conferencing platforms. These topics include the pros and cons of online education and discussions on Global Youth Service Day. Many young people from Fier and other cities of Albania have joined these discussions.

Another initiative is #OnlineTraining wherein 25 students followed the "Online Academy of Sustainable Development Goals (SDGs)" online. This training helped young people develop knowledge of world issues such as health, the environment, poverty, gender equality, energy, and sustainable cities. The course is offered free of charge and open to the youth.

Lastly, another initiative is the #WorldCommunityCampaign where Epoka e Re volunteers and Youth Parliament have produced and shared two short videos on their social media channels.

Recommendations



COUNTRY OWNERSHIP

The role and contribution of CSOs in COVID-19 response should be recognised, promoted, and supported by the government and international donors. Regardless of the many challenges faced as a result of the pandemic, CSOs have been very active in responding to the needs of their beneficiaries by developing alternative approaches to deliver their services to the people, families, and groups in need. They have supported the government, especially its local units, in the identification and delivery of support to marginalised groups. Considering the harmonious relationships CSOs have formed with their beneficiaries, as well as their contributions to awareness-raising and community mobilisation, the government should consider civil society recommendations in its COVID-19 response strategies and policies.



TRANSPARENCY AND ACCOUNTABILITY

Accountability systems with regard to measures, budget allocations, and expenditures in the COVID-19 response should be enhanced. Accountability and transparency about state budget allocations and expenditures and ODA should be observed to improve response effectiveness. Harmonisation of response and financing is needed to ensure that the capacities of the government to counter the COVID-19 pandemic and provide the needs of its citizens are addressed. A central system for data collection and publication of epidemiological statistics and other relevant information should be put in place and made available to all.



INCLUSIVE PARTNERSHIPS

The government should ensure meaningful participation of various stakeholders (parliament, civil society, the private sector, local governments, development partners, etc.), by involving them in the design, implementation, and monitoring of national strategies and policies for COVID-19 response. Policymakers should engage in meaningful consultations and discussions with these stakeholders to respond to the pandemic strategically. Multi-stakeholder bodies with representatives from various sectors should be established by the government, or representation should be ensured in the existing mechanisms to bolster representation.



LEAVE NO ONE BEHIND

The government should ensure that human rights and fundamental freedoms are respected and guaranteed. Measures taken by the government to stem the spread of the COVID-19 virus should not violate fundamental freedoms and rights of the citizens. The right to free assembly should be guaranteed, and citizens under any circumstances should not be criminalised for exercising this fundamental right.



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Case Study on the Effectiveness of COVID-19 Response in Armenia

Caucasus Research Resource Center (CRRC) - Armenia



Introduction

The first COVID-19 case in Armenia was recorded in March 2020. By 21 September, the government had registered 47,552 infections. This translates to around 1.6% of the population. By the end of September, a total of 265,241 tests had been conducted, of which 17.9% tested positive. Majority of the cases (42,637 cases or 89.7%) have recovered and 936 or 2% have died. Another 287 people tested positive for coronavirus but died of conditions unrelated to COVID-19, therefore, these cases are not included in the overall death statistics (National Centre for Disease Control, 2020).

GOVERNMENT MEASURES

To prevent the spread of the disease, the government announced a State of Emergency in the whole country that lasted until 14 April. The government developed a COVID-19 response strategy on 31 March (The Government of the Republic of Armenia, 2020a). This strategy consisted of 22 actions that were categorised as either economic or social responses. Nine economic actions primarily focused on business and job support through loans and grants. The economic actions also included support for agriculture, micro-enterprises, and the IT industry (The Government of the Republic of Armenia, 2020b).

The strategy's 13 social actions primarily focused on addressing the socioeconomic problems of vulnerable groups that found themselves in difficult situations as a result of COVID-19.

Restrictions on entry and exit through the Armenian border, movement within the country, and participation in events were enforced as containment measures. Meanwhile, all academic institutions shifted to online learning. Initial restrictions on press freedom and public information, such as posting COVID-related information on social media, were also introduced but later rescinded. Official information was centrally controlled by the Special Commission.



From 24 March until 4 May, restriction on people's mobility was tightened despite the country's relatively low infection rate. The government extended the State of Emergency five more times until 11 September. During the period, several restrictions were eased to proceed with the resumption of public transportation and the reopening of shopping centres, gyms, and preschools. Wearing masks was made mandatory in all open spaces starting June. The State of Emergency was replaced with quarantine, which was expected to last until January 2021. Armenia opened its air border for foreigners in the middle of September while school and several university classes resumed face-to-face instruction ("Updated Charts: COVID-19", 2020).

Socioeconomic Impact of COVID-19 in the Country

Economy. According to the European Bank for Reconstruction and Development, Armenia's GDP will decline by 3.5% in 2020 due to the economic impact of COVID-19 containment measures. The bank expects that the economy will recover in 2021, forecasting a 5.5% GDP growth ("ERBD Forecasts Armenia's GDP", 2020). However, the Ministry of Finance in Armenia is expecting an economic decline of 2.6% per cent and an average economic growth of 6.1% in the medium term (MarketScreener, 2020). From August 2019 to August 2020, all sectors registered a decline: i.e., service sector (19.3%), trade sector (14.8%), the energy sector (6.9%), construction sector (5.3%), and industrial sector (1.2%) (Melikyan, 2020). The public debt to GDP ratio, which has decreased in previous years, is now leading towards significant deviation of the Armenian government's debt burden from the threshold of 50% of GDP.

According to the Small and Medium Entrepreneurship Development National Centre, less than 1,000 of around 70,000 small and medium-sized enterprises (SMEs) in Armenia have benefitted from support packages provided by the Government (SMEDNC, 2020). Enterprises received about 9,28 billion AMD (an estimated US\$18 million). Research conducted by AUA Centre for Business Research and Development shows that SMEs in Armenia have been more affected than large companies. Moreover, for SMEs, government measures directed at employment maintenance are less effective than direct assistance and corporate tax deferrals (Beglaryan, 2020).

People. According to the Statistical Committee, there was a huge decrease in the number of registered employees in April. The total number of employees for that month was 585,103 which was 7% or 33,462 less than in March. Moreover, according to the State Revenue Committee, only 547,185 received a salary and paid income tax in April. The number of registered salary recipients decreased by 74,359 or about 12% from March to April 2020. The situation improved starting in May. There were 632,964 registered employees in June, 3% more than in March (Hergnyan, 2020).

Families and people who had lost their jobs due to the pandemic were the targets of the government's social amelioration response. These groups included families with children under the age of 14 whose either parent lost their jobs from 13 to 22 March (The Government of the Republic of Armenia, 2020c). Furthermore, financial assistance was provided to minimum-salary employees in negatively impacted sectors (tourism, hotel services, preschool staff, etc.). Thus, this range of actions stabilised the affected sectors of society.



Official Development Assistance

Armenia received support from the international community to mitigate the impacts of the pandemic. The European Union provided a total of about EUR96 million, while the United States and the World Bank extended US\$1.7 million and US\$3 million, respectively, as monetary or logistical assistance (“Armenia to receive additional...”, 2020).

Analysis of the Application of EDC Principles in COVID-19 Response

a. Ownership

While the Armenian government had developed the strategy, many benefactors, organisations, and the Armenian Diaspora supported its implementation. These included the Armenian Red Cross, Save the Children, UNDP, UNICEF, and the UNFPA which cooperated with various government ministries and local governments in responding to the needs of vulnerable groups through a mix of short-term, mid-term, and long-term plans and public awareness campaigns. Local offices of international organisations were also involved with the Commandant’s Office’s Communication Task Force in formulating COVID-19 communication campaigns (UN in Armenia, 2020).

Armenian diaspora organisations such as the Armenian General Benevolent Union (AGBU), Armenian-American organisations and churches, and the Hayastan All-Armenian Fund engaged in fundraising campaigns for Armenian regions that were struggling the most with access to medicine, hospitals, healthcare facilities, and

personal protective equipment (PPEs). Such activities began in March 2020, and around US\$1 million was raised through the coordination of the All-Armenian Fund’s collective efforts (Kendirjian, 2020).

b. Inclusive partnerships

There is a lack of effort from the government in engaging different stakeholders in the different policymaking processes. The lack of context-based assessment and evidence-based planning is also cause for concern with local NGOs (Sakunts, 2020). However, they note the cooperative approach of donor organisations and their flexibility in resource management and programme priorities. These organisations have also requested consolidation of information flows to avoid duplication of efforts among themselves, and have taken the initiative to involve representatives of relevant government agencies in their work (Tonoyan, 2020).

From March until April 2020, the World Food Programme began implementing nationwide activities responding to the COVID-19 emergency, arranging them into three stages of addressing immediate needs of health and food emergency, to address socioeconomic impacts and to ensure the long-term recovery of Armenia (WFP, 2020a). Among its partners are various ministries and government agencies of Armenia, local organisations and international partners.

Many NGOs have self-mobilised to respond to the COVID-19 pandemic. Among their actions are information dissemination and awareness-raising campaigns about the risks and treatment of COVID-19. This include online campaigns and mobilisation of volunteers in local communities (Prague Civil Society Centre, 2020). Programmes that aim



to mitigate the economic consequences of the virus, and to directly provide first aid kits and emergency food supplies to beneficiary groups, are the priority of many local actors. Priority beneficiaries include national minorities, migrants, the youth, the elderly, and low-income groups (Sultanyan, 2020).

c. Transparency and accountability

Access to information. The government has been providing daily updates on the COVID-19 situation in Armenia. The daily updates include the number of infected people, the number of coronavirus tests, the number of deaths from COVID-19, as well as the number of infected people who have died from other illnesses. Initially, the government disseminated COVID-19 news via the Armenian Unified Infocenter Facebook page. Later, the webpage “Unified Information Platform for the Fight against Coronavirus” was created. The government also encouraged the media to follow the official Facebook pages of Prime Minister Nikol Pashinyan, Health Minister Arsen Torosyan, and Health Ministry Spokesperson Alina Nikoghosyan.

d. Human rights at the core of the pandemic response

Article 76 of the Constitution prescribes that, during the state of emergency, basic human rights and freedoms may be subjected to restrictions. However, these means must be suitable and necessary for the achievement of the objective and must be commensurate to the significance of the basic right or freedom being restricted (Republic of Armenia, 2015).

The constitution also guarantees freedom of speech to individuals and media outlets (The Republic of Armenia, 2003). The 2003 Law on Mass Media adopted a unified regulatory framework for all forms of media content, including online content. The Personal Data Protection Law of 2015 protects citizens’ right to privacy concerning the processing of personal data in line with European standards. Under the same law, government and law enforcement bodies are allowed to collect individuals’ data only with a court order.

The Helsinki Citizen’s Assembly’s Vanadzor (2020) reports on the responses of Amnesty International, UN human rights experts, Freedom House, Human Rights Watch, and the Council of Europe’s Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) they must uphold in treating human rights obligations of authorities, principles relating to treating persons deprived of liberty, in protecting civil and political rights, and in maintaining democratic order.

Freedom of expression. According to the government’s Decree on the State of Emergency (298-N, Appendix, Articles 23-26), mass media outlets are required to disseminate the COVID-19-related information that is released by official government sources (such as the Armenian Unified Infocenter Facebook page) (Tzatriyan, 2020). On the same day, Prime Minister Nikol Pashinyan said at the National Assembly that the official information was entirely trustworthy, and that all those media and individuals who spread false news related to COVID-19 would be held accountable (National Assembly of the Republic of Armenia, 2020). Meanwhile, the government officials held several consultations with media and civil society representatives to find better solutions for to regulate media activities during the pandemic.



On 19 March, the government amended its previous decision, making it possible for the media to share information related to COVID-19 that came from foreign official sources (Decree 310-N). The following day, 20 March, some Armenian CSOs disseminated a statement calling the emergency provisions regulating the activities of the media inefficient and disproportionate. On 24 March, the Government further eased the restrictions on the dissemination of COVID-19-related information (Decree 298 - N), and later, on 13 April 2020 made all the previous provisions restricting the activities of the media void (Decree 543 - N).

Freedom of assembly. The State of Emergency Decree also prohibited organising and participation in public gatherings and strikes throughout the country (298-N, Appendix, Article 16). This prohibition was kept in place during the next four extensions of the state of emergency. Some members of the political opposition blamed the ruling party for intentionally extending these restrictions to prevent the anti-government rallies. On 12 August, the government adopted a new decree (1319- N) which lifted the ban on rallies and strikes throughout the Republic of Armenia, with the provision that participants should wear a mask and practice social distancing of at least 1.5 meters during the gatherings.

Right to privacy. On 31 March, the National Assembly of Armenia made amendments to the country's Law on Electronic Communication allowing the government to access data from people's mobile phones to stem the spread of the coronavirus (Mejlumyan, 2020). More specifically, the government was granted the authority to track movements, phone calls, as well as text messages of people infected with the virus (except for the content of the calls and messages). This initiative was strongly objected by the opposition parties amid fears that citizens' privacy might be infringed. According to the government decree on 12 August (1319- N),

"the electronic control for detecting and isolating the infected persons, as well as the possibility of receiving relevant information about contacted persons or self-isolated persons for not more than 14 days has been streamlined." In an 11 September radio interview, Bagrat Badalyan, Advisor to the Vice Prime Minister (and commandant) Tigran Avinyan, stated that the electronic tracking system had proven to be effective.

CSO Good Practices in Leveraging EDC Principles in COVID-19 Response

Since March 2020, support activities have included the procurement and transfer of essential medical equipment and PPEs for doctors in contact with patients with COVID-19, the distribution of PPE to vulnerable families, the implementation of the Shock Responsive School Feeding programme, the provision of food assistance and rations of oil to vulnerable people, and participation in strategic meetings to discuss national school feeding, school re-opening and elaboration of a road map for further cooperation. A nationwide food security assessment was launched on the impact of COVID-19 on food supply chains, and the livelihoods and nutrition in Armenia (WFP; May 2020; July 2020; August 2020b).

World Vision developed an emergency response in Armenia, to minimise the impact of COVID-19 on the lives of vulnerable children and families. It reacted to the COVID-19 outbreak in Armenia with support programmes in regions and the capital, funded primarily by the EU Delegation in Armenia and the Izmirlian Foundation, as well as from individual donors. The support included humanitarian aid in the form of food packages and hygiene items and these were distributed to vulnerable families and individuals. Online meetings were held with healthcare authorities and healthcare providers for the effective



treatment of patients. A campaign was organised, in cooperation with several local and international organisations, to combat violence against children and ease tensions that may have arisen at home following the change of circumstances due to COVID-19.

The Open Society Foundations-Armenia mobilised resources and brought together local CSOs to respond to the emergency. Support included aid packages to vulnerable groups, marginalised groups, medical and public health assistance, support to the victims of domestic violence, engagement of children in education, support to human rights protection in the penitentiary and psychiatric institutions, and raising public awareness about the COVID-19 pandemic (Open Society Foundations-Armenia, 2020).

Youth organisations engaged in multiple initiatives responding to the coronavirus pandemic in Armenia. Armenian Progressive Youth

(APY) raised funds from its members to buy food and supplies for nearly 100 elderly people. The Yezidi Centre for Human Rights had a similar initiative among the Yezidi population in Armenia, including the translation and dissemination of public health information in the community.

Major internet and mobile service providers offered free, unbilled access to online educational and government resources, including video-conferencing platforms such as Zoom and Skype.

Local medics and foreign doctors with Armenian backgrounds were a part of teams providing volunteer medical support (FAO, 2020). Also, there were instances of psychologists self-mobilising to provide professional advice on mental health, self-care, and stress management through live-streamed lectures online.

Recommendations



COUNTRY OWNERSHIP

The government of Armenia should be more proactive in providing easily accessible information, in clear and plain language for ethnic minorities, about government measures against the spread of COVID-19, guidelines for seeking medical help, and sources for socioeconomic support.

Relevant state bodies should create a unified platform for citizens to obtain necessary documents and information about the ongoing restrictions and limitations in force during the pandemic.



INCLUSIVE PARTNERSHIPS

CSOs and donors should establish a platform that will provide information on current development and aid projects to avoid duplications in efforts.



TRANSPARENCY AND ACCOUNTABILITY

Public authorities and CSOs should adopt a strategic roadmap to foster an enabling environment for civil society in Armenia and to establish accountability mechanisms for upholding human rights.



FOCUS ON RESULTS

To address the healthcare and economic consequences of the COVID-19 pandemic, there is a need to develop strategic plans and social safety nets. This can be accomplished through long-term and well-organised campaigns which tap the expertise of state bodies, civil society actors, and international donors. There should be coordination among these actors, with inclusive participation of all stakeholders.

The initiatives of young people who are active in community-level projects should be supported to facilitate their longer-lasting participation in social aid programmes.



LEAVE NO ONE BEHIND

The government of Armenia should fully respect the rights to freedom of expression and access to information. Rights-based legal safeguards should govern the appropriate use and handling of personal health data. Data subjects should receive transparent information on activities that are being carried out and the main features of health surveillance apps, including the retention period for collected data and the purposes of their processing.





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Evidencing Effectiveness in COVID-19 Response in the Andean Sub-region

Observatory for Development Cooperation in Ecuador, Peruvian National Association of Research Centres and Social Advancement, Sinergia Venezuela



Latin America
and the Caribbean

Introduction

Latin America and the Caribbean (LAC) recorded sustained increase in COVID-19 cases, from the first quarter of the year until mid-August 2020, when figures began to decrease. In the Andean sub-region, the countries with the highest number of cases at the beginning of September 2020 were Peru, with almost 657,000 total confirmed cases, and Colombia with 641,000. They were followed by Bolivia with 118,000 cases and Ecuador with 116,000 confirmed cases.

Civil society organisations (CSOs) have expressed their concern about the handling of information and its dissemination by governments. In the case of Venezuela, the NGO SINERGIA noted a lag in the figures, as warned by experts among other reasons, because the government refuses to allow private laboratories to carry out tests in order to maintain control of the figures.

In the case of Ecuador, the Observatory for Development Cooperation (Observatorio) raised concerns about the records of COVID-related fatalities since reports from the Emergency Committee do not match the death report by the General Directorate of the Civil Registry. For this reason, it is considered by several independent analysts as one of the worst countries in handling the pandemic due to the excess mortality per million inhabitants.



Socioeconomic Impact of COVID-19 in the Sub-Region

The following presents a thematic analysis of the socioeconomic impacts of COVID-19 in the Andean sub-region:

A lost decade for LAC. The region is now at the epicentre of the pandemic. The crisis is intensifying to such an extent that the region is experiencing a decade of lost economic growth. The average per capita gross domestic product (GDP) across countries for 2020 returns to 2010 levels (9.9%) (CEPAL, 2020a). Venezuela is the country that will experience the greatest decrease in its GDP of all the countries of the Andean sub-region (and even of all Latin America), with -26%. It is followed by Peru with -13%, Ecuador with -9%, Colombia with -5.6%, and Bolivia with -5.2%.

The crisis does not affect everyone equally. In LAC, the most unequal region on the planet, eight new billionaires have appeared in the region since the beginning of the lockdown (i.e., one new billionaire every two weeks), while it is estimated that up to 52 million people will become poor and 40 million will lose their jobs this year. The wealth of this elite group of super-millionaires has grown by 17% since mid-March or a total of US\$48.2 billion. This amount is equivalent to 38% of the total stimulus packages activated by all governments and nine (9) times the amount of emergency loans granted by the International Monetary Fund (IMF) in the region so far (Oxfam International, 2020, p. 2).

Loss of employment and income. The businesses most affected will be micro-enterprises (over 2.65 million closures) and small businesses. Micro-enterprises and small businesses generate employment for 85% of

Peruvians and 60% of Ecuadorians. The number of unemployed workers would reach 44.1 million people, an increase of nearly 18 million from the 2019 level.

Due to the high rate of labour informality in the region, these workers are very vulnerable to the effects of the pandemic. Similarly, rising unemployment rates, particularly in trade and tourism, significantly affect the female labour force, which has higher structural unemployment rates.

Social protection systems deteriorated and dismantled. The vast majority of Andean countries have had deficits in their health systems, precarious pension schemes, especially non-contributory ones, low-coverage or non-existent unemployment benefits and labour protection programmes, and inadequate institutional services, especially for those linked to the informal economy. According to International Labour Organization (ILO) estimates, informal economy accounts for 54% of total employment, or around 153 million people in the region (CEPAL, 2020b, p. 51).

Increase in poverty, extreme poverty, and inequality. In the Andean sub-region, the greatest increase in extreme poverty will be experienced by Ecuador with a 5-percentage point variation compared to 2019, even exceeding the regional variation which will be 4.5 points. It is followed by Colombia with a 4-percentage point increase, followed by Peru with 3.9 percentage points and Bolivia with 2.5 percentage points.

Peru will experience the greatest increase in poverty incidence, with an increase of 9.3 percentage points compared to 2019. The projected increase in extreme poverty for this country is even higher than the



region's projected increase of 7.1 percentage points. It is followed by Ecuador with 7 percentage points, then Colombia with 5.1 percentage points, and finally Bolivia with 3.8 percentage points

Ecuador and Peru are the countries in the Andean sub-region that will have the greatest variation in the Gini index, which is projected to be 6% higher for both countries. They are followed by Colombia with a variation ranging from 4.0% to 4.9% of the Gini index, and Bolivia which would face a smaller variation ranging from 3% to 3.9%.

Increasing rates of hunger and food insecurity. In LAC, the number of people in need of food assistance has almost tripled, and the number of people who are acutely food insecure could increase from 11.7 million to 16 million by 2020 as a result of the pandemic (Naciones Unidas, 2020, pág. 13).

Disproportionate impact on women. Gaps persist in both access to and quality of employment for men and women. The unemployment rate for women was 2.5 percentage points higher than for men in 2019 in LAC (CEPAL, 2020c). Women are more likely to work informally than men, and the pandemic has increased their likelihood of being unpaid family workers. The region has almost 10 million paid domestic workers, and most of them are women.

Women have also high participation in the health sector, working long hours and being more exposed to the virus. They experience work overload due as they are responsible for most care tasks.

Moreover, many countries have reported increases in cases of domestic violence (CEPAL, 2020c).

Increase in the educational gap between rich and poor. Containment measures and the implementation of virtual classes have mostly resulted in: the interruption of educational trajectories; impacts on students' food and nutrition, especially among the most vulnerable sectors; and inequality in access to educational opportunities through digital channels, which so far seems to widen the pre-existing gaps in access to information and knowledge.

Impact on migrant populations. About 1.6 million Venezuelan migrants in the Andean region are undocumented and therefore unprotected amid the pandemic. They also work in the hardest-hit sectors, such as services and trade.

In Colombia, where the largest number of Venezuelan migrants is found, unemployment among this population could reach 40%, and remittances to Venezuela could fall by 30%, according to Inter-American Development Bank (IDB) estimates (France24, 2020).

Their situation is much more complex because the impact of the pandemic could cause the number of moderately and severely food insecure Venezuelan migrants to increase from 1.4 million to about 1.9 million this year.

External debt. The arrival of COVID-19, with its detrimental effect on the economy, poses major financing needs in which external debt will have to play a determining role. The reality is that the region as a whole is facing this crisis with a limited fiscal margin (Oxfam International, 2020, p. 9).

It is worth noting that multilateral and regional credit institutions have provided emergency financing for the pandemic worth US\$22.5



billion from the IDB, the International Monetary Fund (IMF), the Latin American Development Bank (Corporacion Andina de Fomento/CAF), the Central American Bank for Economic Integration, and the World Bank (WB).

After 10 years of no IMF programmes, Argentina agreed to the largest loan in IMF history in 2018, and then in 2019 Ecuador borrowed US\$4.2 billion. As of August 2020, the IMF has approved flexible credit lines in the Andean sub-region, to Colombia for US\$10.8 billion, to Peru for US\$11 billion and to Bolivia for US\$240 million.

In the coming years, debt service will soar due to high maturities, as is the case in Bolivia, Costa Rica, Ecuador, Argentina, El Salvador and Brazil, which will further affect fiscal sustainability.

As with the loans granted by the IMF, the agreements have the conditions such as austerity measures and labour flexibility, which have caused a series of social impacts (Latindadd, 2020). Governments have negotiated these agreements in a non-transparent manner and have not established clear accountability mechanisms.

Official Development Assistance

Based on scant information on ODA flows since the start of the pandemic, LAC has mainly received the contributions of the United States and China at the bilateral level. While the US donated the equivalent of US\$ 83 million in supplies to Latin America since the beginning of the pandemic, China multiplied this figure by eight and gave US\$665 million. Furthermore, the Asian giant's strategy included

the intervention of public and private companies and an approach that called for relations with both national and state governments and even political parties (Sputniknews, 2020).

There is no official information on official amounts of ODA in response to COVID-19, but CSOs in the sub-region report relevant details.

In Peru, some countries have made donations such as biosafety equipment and breathing apparatus for use in hospitals. The Peruvian Agency for International Cooperation (APSI) is negotiating non-reimbursable funds.

Meanwhile, Venezuela has received donations from China, Russia and Cuba, which include supplies and medicines, technical assistance, and human resource support. On 26 May, the international donor conference in favour of Venezuelan migrants and refugees was held, in which more than 60 countries participated, managing to raise some US\$3.44 million to help Venezuelans in the face of the coronavirus crisis.

In Ecuador, according to data reported by the Ministry of Foreign Affairs, the United States is the biggest donor for COVID-19 response, comprising 61% of the total non-reimbursable financial assistance granted to the country. It is followed by Japan, which has provided 30% of international assistance. Other donors include South Korea, CAF, the United Nations System, Colombia, and Qatar. The assistance has been directed to the health sector (44%), water, sanitation and waste management (28%), and risks and livelihood, and social and family welfare (26.5%).

Analysis of the Application of EDC Principles in COVID-19 Response

a. Ownership

Among Andean countries, only Peru has an explicit national strategy for COVID-19 response. Meanwhile, the governments of Ecuador and Venezuela have taken action before COVID-19, but there is no plan or strategy that can be regularly monitored.

In these efforts to build the strategy, there was no coordinated, broad, and decisive participation by public actors (parliaments, sub-national governments, development cooperation actors) and private actors (civil society, business NGOs, etc.). CSOs in the Andean sub-region have not been formally consulted by the official response bodies to COVID-19.

Information on aid flows in Andean countries is also vague. Neither Peru nor Venezuela reports concrete information on ODA alignment and the use of country systems. In the case of Ecuador, international NGOs have participated in roundtable discussions with the National Emergency Operations Committee or Comité Nacional de Operaciones de Emergencia (COE) to articulate the need for aid as among the established priorities.

The predictability of aid remains an issue. CSOs that have compiled case studies report an absence of official information on the amount of aid that is added to government funding to address COVID-19.

With respect to aid harmonisation with governments, it is noted that there is coordination between official donors (multilateral organisations) and governments in channelling aid to Ecuador and Venezuela, although the CSOs have not been able to obtain official and detailed information on how this harmonisation operates. Peru, for its part, does not have information on harmonisation between donors and the government, but it does know about donor harmonisation processes among themselves.

b. Inclusive partnerships

There was a lack of effort from the government in engaging different stakeholders in the different policymaking processes. The lack of context-based assessment and evidence-based planning is also cause of concern for local NGOs (Sakunts, 2020). However, they laud the cooperative approach of donor organisations and their flexibility in resource management and programme priorities. These organisations have also requested consolidation of information flows to avoid duplication of efforts among themselves, and have taken the initiative to involve representatives of relevant government agencies in their work (Tonoyan, 2020).

From March until April 2020, the World Food Programme began implementing nationwide activities responding to the COVID-19 emergency, arranging them into three stages of addressing immediate needs of health and food emergency, to address socioeconomic impacts and to ensure the long-term recovery of Armenia (WFP, 2020a). Among its partners are various ministries and government agencies of Armenia, local organisations, and international partners.





Many NGOs have self-mobilised to respond to the COVID-19 pandemic. Among their actions are information dissemination and awareness-raising campaigns about the risks and treatment of COVID-19. This included online campaigns and mobilisation of volunteers in local communities (Prague Civil Society Centre, 2020). Programmes that aim to mitigate the economic consequences of the virus, and to provide first aid kits and emergency food supplies to beneficiary groups, are the priority of many local actors. Priority beneficiaries include national minorities, migrants, the youth, the elderly, and low-income groups (Sultanyan, 2020).

c. Transparency and accountability

Transparency and accountability are pending issues for the countries of the Andean sub-region as governments lack timely, comprehensive and forward-looking information on the impacts of COVID-19. This practice makes it difficult to provide responses that are consistent with national contexts and responsive to local needs.

There is great concern about the governments' poor management of data, including the confirmed cases of COVID-19, the number of tests so far carried out, and the total fatality. Independent bodies in academia and organisations have analysed the enormous under-reporting. In the case of Ecuador, for example, the number of excess mortality is alarming.

None of the countries has implemented specific monitoring, complaints and redress mechanisms for COVID-19 response. No country, too, has made available a system to follow up on a plan, strategy or actions in response to the COVID-19.

Governments also lack transparency regarding other political and economic measures being taken during the pandemic, including their basis for their declarations of a state of emergency, which hinders social mobilisation and monitoring. For example, there is concern about decisions on external debt. The situation has worsened during the pandemic, and countries such as Ecuador and Bolivia have accrued debt with the IMF, while Colombia is following the same path.

d. Human rights at the core of the pandemic response

Human rights in the sub-region are being systematically violated due to the structural conditions of poverty and inequality aggravated by the pandemic. For most citizens, confinement has ended up draining their meagre savings and demonstrated the inadequacy of public services available. In contrast, being extremely rich in the region makes you practically immune to this economic crisis (Oxfam International, 2020, p. 3).

CSOs in each country have reported several cases of repression and other violations against community workers, relief volunteers, and people's organisations, in the context of the pandemic. They highlight the violations against medical personnel who do not have the basic and necessary tools and equipment to carry out their work and safeguard their own health; teachers experiencing non-payment or delay in payment of their salaries; untimely dismissals in the private sector; approval of laws that make work more precarious; and reduction of the budget for health and education, among others. This

has led to protests from guilds of doctors, nurses, and students amid containment measures.

The absence of measures by governments to recognise the care work done by women is also a violation of their rights. In a region that experienced a significant number of political crises and protests in 2019, increased inequalities, exclusion and discrimination in the context of the pandemic will negatively affect the fulfilment of human rights and democratic progress — a situation that, if unaddressed, could eventually lead to widespread discontent and unrest (Naciones Unidas, 2020, p. 2).

e. Focus on results

Notably, only Peru has a results-based framework for its COVID-19 response. However, no CSO has specific information on the existence of progress reports on the strategies or actions taken by governments. This has motivated academia, NGOs, and CSOs, among others, to form their own initiatives to collect information, monitor, and analyse the data made available by governments, to generate valuable inputs.

CSO Good Practices in Leveraging EDC Principles in COVID-19 Response



CSOs have made proposals to their governments to be incorporated into the policies or actions to be taken, but they have not been heard for the most part. Organisations in Peru managed to deliver a Universal Basic Income that was assumed as a policy by the government during the emergency, although not with the same scope and dimension proposed by CSOs.

In Ecuador, the joint work of international cooperation organisations, international and national NGOs, and CSOs in the area of migration stands out, especially in attention to Venezuelan migrants, who due to their vulnerable condition have been in greater need of humanitarian aid and security. Likewise, human rights organisations have actively worked to uphold rights amid the pandemic.

In Venezuela, CSOs work to register, document, and report cases of rights violations, accompany victims, promote solidarity networks, provide care for vulnerable populations; mount awareness campaigns and training, design and implement projects, and support international NGOs for their development. Likewise, they work to defend the independent participation of civil society in public affairs.

Recommendations



COUNTRY OWNERSHIP

It is necessary for CSOs to demand a rethinking of the way in which the government has been developing its strategies against the pandemic. The participation of various experts (infectious disease experts, epidemiologists, data analysts, sociologists, etc.) who are not necessarily government workers is important to provide contributions that help direct or recalibrate the government's objectives and/or strategies that, according to data, have not been producing the expected results. Working groups and/or multi-sectoral teams between the state and CSOs, as well as common and visible formations of CSOs, are necessary.

Additionally, the macroeconomic implications of the pandemic in the sub-region require that synergies be fostered between ministerial programmes and development projects implemented by NGOs, private companies, and international organisations in rural territories, and between strategies and programmes to support family-owned farming, micro-, small- and medium-sized enterprises (MSMEs) in the food sector and non-agricultural rural employment (including that linked to tourism) (CEPAL-FAO, 2020).

As a society, it is necessary to find new balances between the role of the state, the market and civil society, since the pandemic has shown how unsustainable the costs of inequality are under the current development model. This necessarily implies rethinking the role of international cooperation, where we are also witnessing a weakening of multilateralism and a significant reduction in the resources allocated by developed countries for international development. The question posed by academia and CSOs many years ago remains valid, and we should seriously consider the joint construction of their responses: what cooperation for what development?



INCLUSIVE PARTNERSHIPS

No country has made available a system for monitoring a plan, strategy, or action in response to COVID-19. There is a real need to implement a policy of "free data" for the analysis and elaboration of proposals from the CSOs. The veracity of official COVID-19 figures is critical to the reconstruction, reactivation, and reinforcement of a social pact with citizens. As we have observed, the obscure handling of information violates rights and exacerbates social unrest.

The current situation requires that the state, the market, civil society, and international cooperation join forces and demand that emphasis is placed on transparency, achieving a greater degree of accountability and higher levels of inclusion in order to consolidate democracy, strengthen the rule of law, and protect and promote human rights (Naciones Unidas, 2020, p. 2).



FOCUS ON RESULTS

Governments must implement results-based management of COVID-19 response, and decisions should be guided by reliable information about the effects of previous actions taken. This management must involve the evaluation of these results on a daily basis and the rethinking of strategies, if necessary. In this regard, they must work hand in hand with CSOs and other stakeholders.



LEAVE NO ONE BEHIND

Ultimately, in a region that experienced a significant number of political crises and protests in 2019, increased inequalities, exclusion, and discrimination in the context of the pandemic will negatively affect the fulfilment of human rights and democratic advances; a situation that, if not addressed, could eventually lead to widespread discontent and social unrest (Naciones Unidas, 2020, p. 2). Given this scenario, it is up to CSOs in the sub-region, to take action on the following points:

- Consolidate a joint position on the implementation of redistributive economic reforms that benefit those who have less.
- Require governments to renegotiate debts acquired in the pandemic to ensure that human rights are placed at the centre of the response to the pandemic.
- Channel freed-up resources to public health systems—which are historically underfunded and today under extreme pressure—and to the financing of support schemes for the most impacted social sectors and for the entities that carry out productive activities with the greatest social impact, such as micro, small, and medium-sized enterprises, which generate nearly 67% of employment in the region. The resources earmarked for debt repayment must be reallocated for these purposes following transparent, verifiable plans and in agreement with all parties. Every effort must be made to avoid a deeper and more sustained crisis. Debt relief can operate as a temporary cushion, allowing firstly a response to the impact and then to address a recovery without stifling pressures that make fiscal balance and social justice impossible (Oxfam International, 2020, p. 9).



LEAVE NO ONE BEHIND

- Demand from governments that the primary objective of their response post-pandemic be the protection of people's lives and especially those who have been most affected by the crisis and the historical inequality of the region. The basic needs of the people should be immediately available and provided through an intersectional approach, including the crossing of multiple axes of oppression, such as ethnicity and gender (Oxfam International, 2020, p. 10).
- Work hard to ensure that the active contribution of young people is recognised, supported, and harnessed, given that nearly 17% of LAC's population is between 15 and 24 years old (Naciones Unidas, 2020, p. 3).
- Focus organisational work on social inclusion to counteract the rise of xenophobia and stigmatisation of marginalised groups.
- Promote dialogue and engagement with different actors to address the root causes of inequality, political instability, and displacement. These measures, in turn, require the establishment of social pacts to provide them with legitimacy and support, a firm commitment to fight corruption and organised crime, as well as to demand an effective, responsible, and efficient presence of the state throughout the territory. The achievements made in peace-building over the last three decades must be preserved and deepened. (Naciones Unidas, 2020, p. 2).

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Case Study on the Effectiveness of COVID-19 Response in Argentina

Plataforma Argentina de Monitoreo para la Agenda 2030 – PAMPA 2030, Encuentro de Entidades no Gubernamentales para el Desarrollo



Latin America
and the Caribbean

Introduction

The Argentine government's COVID-19 response can be analysed by looking into its size and political configuration. The country is decentralised into 23 provinces and the Autonomous City of Buenos Aires (CABA), the capital. The country has 44 million inhabitants, who are concentrated in large urban centres. High rates of poverty and also many COVID-19 cases are found in these urban centres.

Government Measures

On 20 March, the central government implemented a Preventive and Mandatory Social Isolation (PMSI) policy as the first COVID case was recorded. This resulted in changes in restrictions on people's mobility, goods production and distribution, and provisions of services. The imposition of this policy also showed territorial, sectoral, and age inequalities.

Government measures extended until June 2020, and education shifted to virtual learning. As of September 2020, some mobility restrictions were relaxed and the government eventually allowed

resumption of some businesses and other economic activities subject to proper health protocols.

Socioeconomic Impact of COVID-19 in the Country

Economy. A decline by about 12.9%, in terms of economic activity, was recorded by the National Institute of Statistics and Censuses in the first quarter (INDEC, 2020a). The pandemic deepened the effects of the economic crisis that has dragged on when the previous government administration left power in December 2019.



People. As of 16 September, 577,338 people were infected with COVID-19 throughout the country. Of this total, 448,263 people have recovered and 11,190 has expired (WHO, 2020). The second wave of the pandemic increased in August and shifted to the provinces, notably in the north (Salta, Jujuy), in the central region (Córdoba, La Rioja), in the coastal region (Entre Ríos and Santa Fe), and the Cuyo Region.

Employment. Due to COVID-19 measures imposed by the government, the employment rate declined to 42.2% while the unemployment rate increased to 10.4% (INDEC, 2020b). The number of unemployed reached more than 1.9 million people. The most significant reduction in employment was reported among the self-employed and salaried employees in the private sector.

Official Development Assistance

Argentina does not receive ODA in the form of direct monetary assistance. However, more than 12 countries assisted the country in mitigating COVID-19 impacts. In some cases, these funds were paid directly to cover health programmes; in other cases, they sent supplies, respirators, surgical masks, or containers with surgical gloves. In some cases, health donations came from private entities overseas, although still much of the aid came from bilateral donors.

The largest contributor was the People's Republic of China. More than 25 cargo flights with tonnes of donations flew in from China. Japanese corporations also donated equipment to help address the COVID-19 pandemic while the United Kingdom collaborated on issues and policies to address the pandemic. The governments of the

United States of America, South Korea and the European Union also extended assistance in various forms.

Analysis of the Application of EDC Principles in COVID-19 Response

a. Ownership

Government's national strategy. Through the government Decree 260/2020, a health emergency was declared and an Inter-Ministerial Crisis Cabinet was created to roll out the Comprehensive Plan for the Prevention of Public Health Events of International Importance. At the national level, the "Operational Plan for the preparation and response to COVID19" and the coronavirus unit under the Ministry of Science and Technology and the Ministry of Health were created.

The country developed a restructuring strategy for sovereign debt and considered this in developing the national budget. To date, the government has defined a series of almost 300 measures to address the health and economic crises. The most prominent measures include monetary assistance to the unemployed (Emergency Family Income), assistance to businesses by paying workers half of their wages (Assistance to Labour and Production), assistance to workers in the informal economy, provision of pensioners' and retirees' allowances, Universal Child Benefit and Pregnancy Allowance, subsidies to the most affected sectors (tourism, cultural events, domestic workers, informal economy, etc.), and additional contributions to health workers (subsidies to the science and research institutions related to epidemiology).



Parliament resumed its regular sessions in July through remote sessions and resumed again in September through mixed working modality. Issues such as a one-time tax on large corporations, judicial reform, and productive restructuring programmes and modifications in the sharing of tax resources to the provinces are yet to be addressed. However, these measures are challenged by the opposition.

Multi-stakeholder structures. Crisis committees composed of authorities from different jurisdictions were created. Most of them comprised a representative of the highest local authority, representatives of health and social development authorities, and main social actors from affected territories.

The government requested the United Nations, in particular, the International Labour Organization to form the Council for Economic and Social Development as an institutionalised body for dialogue with and channelling of contributions from civil society. The creation of such a council would, by law, provide for CSO participation with consistent regulation and frequency. To date, there are social economic councils with the participation of social organisations in the provinces, but not at the national level.

Alignment and use of country systems. Even though Argentina is considered an upper-middle-income country, some international donors, in coordination with the national government, use country systems for financial assistance and technical aid to respond to the COVID-19 pandemic.

In August, the United Nations Report on Responses to the COVID-19 for the Argentine case was completed. Along these lines, the Strategic Cooperation Framework for the United Nations (SCFUN) was developed,

in which, at the end of the report, enjoined CSOs, the private sector, and local and provincial governments to participate.

Predictability. In the first four months of 2020, the budget allocated to government measures amounted to US\$1.37 trillion¹, which corresponds to 4% of GDP. The analysis of accountability offered by the National Budget Office on 1 July 2020 showed a lag in accountability and transparency measures. According to the following table, the government has only allocated 2.9% of GDP to address the COVID-19 pandemic.

Harmonisation. The highest percentage of funding was targeted at sectors with income restrictions through the Emergency Family Income, and at strengthening the health system through the construction of 12 modular hospitals and strengthening of health services instruments for primary care and early detection of COVID-19.

b. Inclusive partnerships

Consultations. Consultation mechanisms with different stakeholders were developed at national and provincial levels to establish protocols for safety and to evaluate conditions for allowing social, productive, and cultural activities to resume.

The CSOs relevant to each sector participated in this consultation process. For instance, the Argentinian Council against Hunger invited CSO representatives to their discussions and commissions on food sovereignty, food quality, and food production (Telam Agencia Nacional de Noticias, 2020).

1 Congressional Budget Office (CBO) reports



Access to information. The Information, Evaluation and Monitoring System of Social Programs (IEMSSP) under the National Council for the Coordination of Social Policies is the agency in charge of government information. However, CSOs do not participate systematically in evaluation processes. An academic organisation, the Centre for the Implementation of Public Policies for Equity and Growth (CIPPEG), is the organisation most involved in the advocacy for transparency and evaluation of public policies.

Incorporation of CSO recommendations. The government has agreed to adopt measures that include CSOs, with a special emphasis on the culture of social dialogue in the country (unions and employers). Some of the examples of measures adopted between the government and CSOs are the Wage, Productivity and Employment Council, the Argentinian Council against Hunger, the Committees on the Elimination of Gender-based Violence and the Elimination of Child Labour, the Council for Sustainable Development and Climate Change, the Social Participation Council of the Chancellery, and collective agreements in all productive and commercial sectors, as well as with state workers.

CSO enabling environment. There are no legal or regulatory restrictions for CSOs, nor for social movements, popular economy, and village organisations in poor neighbourhoods. However, the security system, especially the provincial and federal police, has shown institutional violence at demonstrations or protests. At the provincial level, policies inconsistent with fundamental democratic rights have been enacted.

In the city of Buenos Aires, organisations carrying out solidarity work were harassed. The Asociación Mutual Sentimiento denounced the

action of federal police agents that involved blockades and extortion. In the provinces of Chaco and Corrientes, some migrant rural and informal workers were detained and harassed by public transport services and suffered from overcrowding in detention centres. In San Juan, the police carried out raids against CSOs. In Chubut, the provincial government implemented a curfew which is more restrictive than that of the national government.

A report by the Permanent Assembly for Human Rights (PAHR) points out the difficulties in carrying out an effective task of collecting complaints about institutional violence. Some prosecutors have created online forms for complaints, but this presents an obstacle for lower-income sectors who have no internet access and those most affected by institutional violence. For these sectors, complaints can only be brought up to CSOs on the ground.

c. Human rights at the core of the pandemic response

Regarding gender diversity, the national state adopted special measures to address the needs of LGBTQIA+ groups during the pandemic. In particular, these focused on access to health services for transgender, non-binary people, as well as in developing health care protocols.

The policies of the national government to mitigate the impact of the COVID-19 pandemic, in general, demonstrate a human rights-based approach. The concern for life and health and the social protection guarantees that the government implements are based on the respect and guarantee of human rights.



However, it is necessary to mention that the security protocols implemented during the 2015-2019 period gave the state forces latitude to abuse their authority, giving rise to violations of human rights. In the study carried out by the Permanent Assembly for Human Rights, a member of Argentine Monitoring Platform for the 2030 Agenda, noted common patterns of violence against the lowest income sectors. In some cases, mass arrests were arbitrarily made, particularly of young people with lower incomes.

d. Transparency and accountability

The government constantly informs the public about the policies it implements through its institutional pages and other communication channels, including mass media and social networks. Reports on the disbursement of the budget allocated for pandemic response are published periodically on the website of the Congressional Budget Office.

CSO Good Practices in Leveraging EDC Principles in COVID-19 Response

CSOs in Argentina are very strong and have a deep-rooted tradition of human rights work. In particular, the guidelines they promote are

solidarity, respect for diversity and plurality, democratic appropriation according to local needs, and advocacy towards overcoming the fragmentation of civil society itself.

For example, the proposed “Comprehensive Human Development Plan” has been developed and carried out by a broad range of unions. This proposal for a better post-pandemic Argentina aims for an urban reconstruction and integration through alliances between the private sector and the popular economy sector. The goals include the urbanisation of 4,425 neighbourhoods, development of productive sites, digital connectivity and the development of multimodal transportation of passengers and cargo by union organisations. This proposal was presented to the National Congress in August.

Other CSOs carried their own initiatives to mitigate COVID impacts, including food distribution (CARITAS Argentina, 2020) and campaigns for the prevention and eradication of child labour. NGOs affiliated with the Argentine Monitoring Platform for the 2030 Agenda, such as the Social Work and Research Team Civil Association, have actively participated in the Neighbourhood Emergency Operational Committees in Itatí, Quilmes. On the other hand, FE-CREAS Organisations (Regional, Ecumenical and Multidisciplinary Organisation of Christian character) reached out to 12 organisations in 50 localities and neighbourhoods.



Distribution of Budgetary Items for COVID-19 in Argentina as of 1 July

	Family Emergency Income (FEI)	179,630	P R O V I N C E E D U C S C I E N C E P R I V S E C T O R O T H E R	Emergency Program	120,000	H E A L T H	Health and pharmaceutical supplies	15,840
	Assistance to Work, Employment and Production (AWP)	90,500		Contributions from the National Treasury (CNT) to the provinces	5,730		US\$ 5,000 bonus to health personnel	12,066
	Food cards, attention to dining rooms and food	42,788		Booklets for teaching children in their poor homes (UNICEF Donation)	88		Construction of Modular Emergency Hospitals	3,066
	Plan "Argentina Hace" (sanitary infrastructure, housing, sanitation and paving)	14,074		Strengthening capacities in science and technology	50		Functioning of the Hospital de Cuenca Alta Néstor Kirchner (Cañuelas, Bs.As.)	1,200
	Transfers to Comprehensive Health Care Program	19,000		Fund from Argentine Guarantee Fund (FoGAR) for loans to SMEs	56,000		Hospital operation (Sta. Cruz)	471
	Extraordinary allowance of up to US\$ 3,000 for retirees	13,426		Zero rate loans for people under a simplified system regime concentrating pension and tax component (National Fund for Productive Development)	11,812		Strengthening the Superintendency of Health Services	4,760
	Unemployment Insurance Reinforcement	1,800		Assistance to Argentines abroad	215		National Agency for Disability	600
SECURITY	US\$ 5,000 bonus to Armed Forces and Security personnel	800	Other financial assistance programmes	9,795				

Percentage of GDP 2.9%

Recommendations



COUNTRY OWNERSHIP

Convene different organisations, government agencies, CSOs, and development agencies (e.g., United Nations Development Programme) for community planning.



INCLUSIVE PARTNERSHIPS

Accelerate the process of building the Social Economic Councils with the active participation of civil society actors.



TRANSPARENCY AND ACCOUNTABILITY

Improve transparency in terms of evaluation and monitoring, and access to information.



FOCUS ON RESULTS

Improve systems of reporting programme results.



LEAVE NO ONE BEHIND

Ensure that local realities and the particular vulnerability of marginalised sectors (i.e., poor, elderly, workers, farmers, LGBTQIA+, and the youth) are at the core of government measures.



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Demonstrating EDC Principles in COVID-19 Response Cases of Central America and Mexico (Camex) Countries

RENICC, LATINDADD, Red Comal, ASONOG, MODES, CONGCOOP, Movimiento Tzuk Kim-pop, Qachuu Aloom/AROAJ, Equipo Pueblo



Latin America
and the Caribbean

Introduction

This document summarises the impacts of COVID-19 in five countries in Central America and Mexico (CAMEX) and reviews governments measures, stakeholder contributions, and situation of civil society and other actors. The authors used CPDE's framework paper and coordinated with civil society leaders to develop respective researches.

The researches are presented as individual country cases.

NICARAGUA

When the pandemic hit, Nicaragua was suffering from economic recession two years after the start of the socio-political crisis. The World Bank estimated that poverty in Nicaragua had increased by more than three percentage points between 2016 and 2019. While there was a 4.6% growth in GDP before the pandemic, it is expected to contract to -6.0% by end of 2020 (Bow, 2020), but slowly recover to 0.7% in 2021.

The Nicaraguan government decided not to declare a national emergency and instead only declared a national alert. It did not

establish any containment measures against the COVID-19 pandemic. The government refused to close schools and universities and instead, it promoted mass events that risked generating massive contagion. A majority (67%) of private educational centres requested temporary non-attendance authorisation, which was allowed as long as families agreed. All over the country, infection figures were imprecise and information was confusing.

On 20 August 2020, the Ministry of Health reported 4,311 cases of COVID-19, of which 967 were active while 3,211 had recovered and 133 had died (MINSA, 2020a). For its part, the COVID-19 Citizen Observatory



(2020) reported an aggregate of 9,822 cases and 2,513 deaths of suspected COVID-19 cases as of 19 August. On 21 August 2020, news sources reported that the MINSa information system was hacked, and an analysis of the COVID-19 tests supposedly carried out by the Ministry was released from a filtered database, which yielded other results. Of the 17,249 RT-PCR tests processed by the National Centre for Diagnosis and Reference (CNDR) between 28 February and 24 July, 9,683 has tested positive (56%) while 7,582 were negative (44%).

Socioeconomic Impact of COVID-19 in the Country

As a result of the COVID-19 pandemic, the International Monetary Fund (IMF) predicted that world economic activity would fall by 3.0% in 2020. The World Bank estimated that Nicaragua's GDP could contract by 4.3%, whereas the IMF predicted that it would contract by 6.0%. Decisions implemented by the Nicaraguan government did not seem to recognise today's crisis. In terms of economic policies, there was no additional budget allocation, no reduction in social contributions, no adjustments to the fiscal responsibility law, and no use of the stabilisation fund.

Layoffs of health specialists continue amid the pandemic. Forty per cent (40%) of the Nicaraguan population lives in the countryside, while 70% of urban workers are in the informal sector. In both cases, if they do not work, they cannot eat.

Official Development Assistance

The European Union (EU) allocated more than US\$38 million to equip the country with immediate resources to address the pandemic. The

EU indicated that the aid must be used to facilitate access to hygiene, water, and sanitation. It also aimed to mitigate the pandemic's social and economic consequences by reducing poverty, ensuring food and nutritional security, promoting production in rural areas, and ensuring access to education. These funds included support to workers in microenterprises and health and education groups. Meanwhile, ODA from the Swiss Cooperation Agency worth US\$16 million funded programmes in three areas: (i) governance and rule of law; (ii) employment and inclusive economic development; and (iii) climate change, disaster risk reduction, and natural resources.

International financial institutions such as the IMF and the WB did not allocate resources to Nicaragua, as they imposed sanctions owing to reports of human rights violations. At the same time, the IDB approved US\$171 million for housing projects for 600 families living in poverty and extreme poverty in Nicaragua. However, this funding has exacerbated debt problems as public debt is currently at 52% of GDP.

Analysis of the Application of EDC Principles in COVID-19 Response

a. Ownership

Nicaraguan government established an inter-institutional commission on 30 January to lead its pandemic response. On 9 February, MINSa released a protocol on preparedness and response to ensure monitoring and confinement of suspected and confirmed cases. Preventive measures based on WHO/PAHO protocols were established to reduce the transmission of the virus, and a communication plan was



implemented. More than 4.6 million informative visits were made to people's homes to promote family and community health. In addition, strict surveillance was carried out to detect possible cases of infection among foreign visitors. The Ministry of Education and the National Council of Universities, in coordination with the Ministry of Health, put up physical facilities and prevention protocols and incorporated COVID-19 as a subject of study into the curricula. Similar efforts were made throughout the public transportation system, markets, public squares, and educational centres.

The country pushed through with a vaccination day, providing 1.2 million doses against pneumonia and seasonal influenza to reduce the number of cases of respiratory diseases. This vaccination programme was implemented with the support of the Cuban medical brigade of virologists, epidemiologists, and intensive care doctors. The modern molecular biology laboratory stands out, capable of analysing tests of several diseases, among them COVID-19. It is the second most advanced in the region.

Unfortunately, in Nicaragua the approach used to confront the COVID-19 has distanced itself from what has been done by most countries, ignoring the recommendations of epidemiologists and other national experts. The government is doing the opposite of the global practice, leaving the borders open, refusing to track cases through widespread sampling, and an overall hesitation in implementing quarantine measures for the entire country. Instead of avoiding mass gatherings to prevent contagion, the government has refused to close schools and universities and promoted mass events that risked contagion.

There is a lack of support measures, such as compensation for people who have lost jobs or those taking care of infected

people, suspension of mortgage payments, a moratorium on loan repayments, subsidy to public services, and suspension of water and electricity cuts.

There is a lack of implementation of health and economic measures, which may be attributed, to some extent, to the underestimation of the effects of the pandemic. Some sectors claim that the government is adopting a "herd immunity" strategy as a state policy to deal with the pandemic. This means letting the pandemic run its natural course without taking steps to prevent it, to achieve immunity for the majority of the population. While in Central America, different economic measures have been implemented such as tax deferral, support to the country's productive sectors, and subsidies to public services, Nicaragua has not implemented these schemes, to the detriment of its population.

b. Inclusive partnerships

There are two types of civil society actors in Nicaragua: first, those that work directly with the government and benefit from social, productive, and economic programmes. These civil society actors are sympathetic to or members of the governing party, and they are consulted and their inputs taken into account in the pandemic response.

The other type of civil society actor is critical of the government's actions on matters of human rights and democratic freedoms and continues to carry out prevention and outreach work, providing masks, health equipment kits, food, and developing outreach and education campaigns on COVID-19, independent of government initiatives.

c. Human rights at the core of the pandemic response

Although many human rights organisations, women's organisations, environmentalists, agroecologists, and alternative economy organisations continue to operate and implement their programmes, they do so in a context that is unfavourable to their work, since the legal status of many CSOs has been suspended.

The closure of civic spaces, the lack of information, and the refusal to free political prisoners, as well as attacks on the Catholic Church, encouraged the joint action of Alianza Civica with private enterprise and the media. This coalition launched and promoted social media information campaigns on COVID-19.

CSO Good Practices in Leveraging EDC Principles in COVID-19 Response

CSOs promoted the 'Stay-at-Home' Campaign to guide and educate the population on the measures they should follow to avoid infection. One

of the entities that promoted this campaign was the Nicaraguan Centre for Human Rights (CENDH) as a result of the call made by 34 medical associations. This campaign was initiated as a response to government inaction.

Nicaraguan NGOs delivered aid packages, developed campaigns and promoted agroecological, environmental, and food security systems. The Working Group of the Coordinating Committee of Development NGOs played an important role in denouncing the lack of any specific measure to adopt and implement the recommendations made by the WHO.

The Network of Women against Violence (RMCV) in Nicaragua responded to cases of violence against children and women who suffer due to forced confinement. They also raised concern about the lack of centres for the protection of children and adolescents, due to government indifference. Also, the Nicaraguan Feminist Movement has spoken out against attacks on Catholic places of worship. The Young Environmentalist Network (CJA) continues to promote actions for the environment, which seems to be worsening in the face of COVID-19.



Recommendations



COUNTRY OWNERSHIP

- a. Provide an emergency budget for the health sector, financed by the non-payment of foreign debt and the collection of taxes from large fortunes, starting with banks, corporations and transnationals.
- b. Reconvert the productive matrix of public and private factories managed by their workers.
- c. Grant a universal emergency subsidy equivalent to the cost of living for vulnerable sectors, informal workers, unemployed, and homeless people.
- d. Suspend VAT on all food, health products, and necessities.
- e. Waive payment for basic services such as water, electricity, and telecommunications for low-income households and hospital networks during the pandemic.



TRANSPARENCY AND ACCOUNTABILITY

- Require state transparency and access to pandemic information.



FOCUS ON RESULTS

- a. Declare a health and social emergency to design and implement pandemic prevention and mitigation measures.
- b. Establish a Single Healthcare System under the control of its workers. Immediate hiring of health care and essential tasks personnel, with appropriate salaries and full labour rights.
- c. Implement massive and periodic screening tests, prioritising health care and essential workers.



LEAVE NO ONE BEHIND

- a. Effectively apply Law 779, without mediation, and provide an adequate budget to address gender violence.
- b. End repression and respect the human, social and economic rights of the population.
- c. Stop political persecution.
- d. Immediately release political prisoners.



HONDURAS

Honduras is one of the countries most vulnerable to viral diseases in the region. As of 26 October, 93,966 COVID-19 cases have been recorded, while 2,633 people have died and 38,536 have recovered. In May, the country reportedly had one of the highest fatality rates due to COVID-19, estimated at 4.3%, then.

The government has adopted four measures to combat the pandemic and mitigate its impacts. These measures cover the following sectors: health care, fiscal policies, credit policies, and monetary policies.

Socioeconomic Impacts

Economy. The economic repercussions have been massive as foreign debt has increased by 7.8%. According to the Central Bank of Honduras (BCH), foreign debt has accounted for 29.8% of GDP by August. The bank also notes that there will be a decrease of 3% in GDP growth, but there are estimates that it could be higher than 6% in 2020. Small and medium enterprises (MSMEs), which represent 60% of employment, did not report sales, leaving approximately 600,000 people without work. It is considered that 75% of the population (500,000 people) will fall into poverty due to the pandemic.

People. As in most countries in the region, medical and auxiliary personnel demanded payment of their salaries for the last three months, as well as biosafety equipment for adequate protection. The

most vulnerable people such as the elderly, children suffering from chronic malnutrition, and patients with pre-existing medical conditions doubly suffered as the management of COVID-19 cases put a strain on medical resources to address other medical issues. People in rural areas, especially Indigenous Peoples, were marginalised and excluded from government humanitarian aid.

One of the biggest problems that people currently face is the income reduction because they are unable to move freely and find alternative livelihood. Due to restrictions and measures, many people in the informal economy, especially those working as street vendors and rural workers, have found it difficult to sell their products (ASONOG, 2020a).

Corruption has been a constant problem in the government before and during this pandemic. Nearly US\$4 billion has been invested in the alleged purchase of medicines, supplies, and the installation of mobile hospitals, but the government has yet to be held accountable.

The criminalisation of human rights advocates has increased, especially those defending incarcerated and judicialised territories.

Gender-based violence, particularly violence against women, has increased due to forced confinement. There is an additional burden on many women to feed their families, especially when their sources of employment have been lost.



Analysis of the Application of EDC Principles in COVID-19 Response

a. Ownership

In April 2020, the government issued a decree authorising the allocation of a significant amount (L.8,325 million or US\$343.7 million) to guarantee food security. However, this benefitted only large companies in the food industry and did not reach small producers, peasants, and Indigenous Peoples. For example, small producers could not access two major programmes, Agrocredit 8.7 and the Coffee Bond, because they did not have mortgage guarantees (e.g., land titles) or they were not registered with coffee associations.

The fiscal measures that have been implemented are as follows: an extension for declaration and payment of taxes; discounts on certain taxes; deductibility and reduction of interest rates; a Guarantee Fund of L300,000 to MSMEs that the business sector still does not have access to; and a financial rescue plan of solidarity, which remains to be under discussion.

Most of the government's measures and aid have a clientelist focus in preparation for the primary elections in March 2021. For example, the measures implemented are aimed particularly at sectors or persons close to the current administration.

Unfortunately, in Honduras, there is no perceived need to strengthen the essential public health functions as the main objective of high political authorities has been to hand public health over to private

entrepreneurs, foundations, and agencies, such as the so-called NGOs of the system (FOSDEH, 2020).

b. Inclusive partnerships

Cooperation agencies provided economic support in different areas during the pandemic. AECID provided support in the Central District and San Pedro Sula. Other cooperation agencies such as FLM (Global Lutheran Federation), EcoViva, CAFOD, Trocaire, DIAKONIA, PPM, CARE, the European Union, OXFAM, and Action Aid also provided thematic support for food security, environmental protection, psychological assistance, and the protection of human rights.

As in other countries in the region, the government of Honduras has not allowed the active and decisive participation of civil society. On the contrary, the persecution of human rights defenders has intensified with the introduction of the penal code that criminalises any protest action. Human rights defenders have been unjustly imprisoned under unsafe conditions amid the pandemic; in practice, they are allowing their sentences to become a death sentence, as in the case of the journalist David Romero.

c. Human rights at the core of the pandemic response

Women are most affected by the impact on human rights. They face a precarious situation to provide for their families but still risk suffering domestic violence.



The tasks assigned to school-age children have doubled the workload of mothers as they support their children in their studies. Women are assuming greater roles and will suffer the consequences if there is an infected person in their home as they will be the ones to provide care for the other members of the family (ASONOG, 2020b).

Many children are abused by their parents due to the stress and anxiety resulting from confinement.

Online learning has caused many children and young people to drop out due to the lack of resources and technologies such as cell phones, computers and internet access.

CSO Good Practices in Leveraging EDC in COVID-19 Response

Although social movements in Honduras are fragmented, community organisations such as Via Campesina and COMAL are committed to sustainable food systems, family agriculture, and agroecology. A space for reflection and debate around sustainable and healthy food systems has been promoted among consumers and producers. Social movements have not stopped fighting extractive industries in the territories, and protecting biodiversity. Similarly, there is a demand for

support for and recognition of alternative community health systems in peasant and indigenous communities.

Faced with the food crisis due to the COVID-19 pandemic, rural communities and mainly indigenous communities have strengthened their solidarity-based economic practices for living well (*Buen Vivir*), eating well, and existing well, based on the principle of individual and collective responsibility expressed in an economy that privileges people over the capital.

In many departments of Honduras, mainly among the indigenous populations, practices such as the Milpa collective are being developed, which is a process of collective farming for the benefit of all. These practices advance food security and sovereignty, centred on the human being, the community, and respect for nature.

Bartering food as an expression of the solidarity economy allows families to complement their protein-calorie diet, supply their food needs, and promote community ties.

Another practice is the planting of vegetable gardens and the rearing of domestic animals, an activity carried out particularly by women. There is a process of collective work growing vegetables, maize, and beans, and in animal husbandry. In this environment, women claim their right to access and manage land and to actively participate in production.

Recommendations



COUNTRY OWNERSHIP

Reactivate the economy by resuming economic growth, restoring suspended jobs, recouping losses. Implement public policies to guarantee sovereignty, food and nutritional security.



INCLUSIVE PARTNERSHIPS

Improve conditions for investment.



TRANSPARENCY AND ACCOUNTABILITY

Achieve good governance and social cohesion.



FOCUS ON RESULTS

Address the lack of adequate food distribution channels. Improve the public health and education systems comprehensively.

EL SALVADOR

The pandemic has revealed that a neoliberal model is no longer an option for people-centred development since it has only widened inequality, to the detriment of the poor.

Government Measures

Measures to prevent COVID-19 had been taken before cases were reported. These measures included the closure of schools nationwide, compulsory quarantine at home or in containment and retention centres, and suspension of non-essential economic activity in public and private sectors to deal with the emergency. Partial closure and then definitive closure of borders were also imposed.

The government and representatives from private enterprises initiated a dialogue for a gradual reopening of the economy, starting in the first week of June 2020. The Legislative Assembly held dialogues with the National Association of Private Enterprise (ANEP) to jointly define reopening plans, taking into account not only their proposals but also those of research centres and the academe. These proposals were included in the Law on the Resumption of Work¹. However, the executive later decided to veto this initiative as it discussed with other representatives of the business sector (not including ANEP) to delimit the reactivation measures.

1 On 18 May 2020, the Special Transitory Law for Comprehensive Health Care and Resumption of Work in the Framework of the COVID-19 Pandemic (DL: 645) was approved, which does not have the approval of the President of the Republic who has announced that it will veto it for not having the Executive's guidelines

Socioeconomic Impacts



Economy. The excessive and prolonged closure of the economy has caused adverse impacts on production and employment. At the beginning of the emergency, the Central Reserve Bank (BCR) predicted a drop in GDP of about 3%. Today the BCR acknowledges that the decline will be around 8.5%, the largest yet in Central America.

Among the economic impacts that will affect the population are: reduction of exports, reduction of family income, increase in the price of the basic food basket, and the deterioration of the living conditions of the most vulnerable people. It is estimated that 1.5 million people will fall into poverty, the majority being women with family responsibilities. A recent report by the Economic Commission for Latin America and the Caribbean (ECLAC) showed that, between January and May, the only Central American country that reduced exports was El Salvador (-24%) (CEPAL, 2020).

People. By 26 August, 25,415 positive cases had been recorded in the country (19 cases per 100,000 inhabitants), which was higher than in Guatemala and Costa Rica and lower than in Panama, Honduras, and the Dominican Republic. From the beginning of the COVID-19 emergency, President Nayib Bukele posed a false dilemma between protecting the national economy and the health of the population. Five months later, both the economy and public health were deteriorating simultaneously, affecting the living conditions of the population.

Family incomes have fallen while the basic basket of goods is becoming more expensive (6% in urban areas and 5% in rural areas between February 2020 and June 2020). Meanwhile, the living conditions of the most vulnerable groups are deteriorating, and 1.5 million people could



fall into poverty, most of them women who are self-employed or have family responsibilities.

Official Development Assistance

Much of the ODA have come in the form of loans, which now total US\$3 billion (as of August). This leaves the country with a debt of around 90% of GDP. Despite the flow of aid for health response, the government has decided to abolish the Ministry of Development, which used to coordinate and foster international cooperation, in favour of the creation of the International Development Cooperation Agency, which reports directly to the president.

Analysis of the Application of EDC Principles in COVID-19 Response

a. Ownership

Government's national strategy. Since the beginning of his term of office, President Nayib Bukele has not had a cooperative relationship with the other branches of the government (i.e., judiciary and legislature). This has affected the development of a comprehensive and strategic response plan on COVID-19. To date, there is no known government strategy and/or plan to deal with the pandemic; rather, there is improvisation in the government's decisions. It is worth mentioning that even before the pandemic, there was no Five-Year Development Plan.

The country's foreign debt (US\$23 billion) will reach 92% of GDP by the end of this year and may reach 100 per cent according to data

from the Central American Institute for Fiscal Studies (ICEFI) and the Ministry of Finance.

On multi-stakeholder engagement. Information on international aid and official development assistance is not made public at present due to changes in the institutions responsible for foreign policy in El Salvador.

Due to the closure of the spaces for dialogue between the Salvadoran government and CSOs, there were no proposals presented by CSOs to the government to address the pandemic.

b. Inclusive partnerships

The government has kept CSOs away from the implementation of COVID-19 programmes. Instead, CSOs have even been threatened by the executive. In this sense, it eliminated the programme budgets for CSOs, placing many of them in a very precarious situation to discontinue operations.

The Executive has also excluded the largest union, The National Association of Private Enterprises (ANEP), which represents the majority of companies, from the planning of economic recovery. Decree 28, by which mandate the Legislative Assembly allocated the use of US\$2 billion to attend to the health emergency by COVID-19, was not complied with.

The allocation and monitoring of COVID-19 Emergency Funds suffered after several members of the Oversight Committee had resigned following allegations of lack of transparency and accountability, and arbitrary use of resources.



c. Human rights at the core of pandemic response

The UN High Commissioner for Human Rights, Michelle Bachelet, has requested the El Salvador authorities to investigate alleged human rights violations in the context of the emergency. The UN has added El Salvador to a list of 15 countries that have raised alarm over the actions of their security forces. Among the serious violations, what stands out is the persecution of alternative and investigative journalism. The press

is a frequent target of insults, and most journalists' access to press conferences have been limited. Some of them have been harassed by members of the ruling party.

The Office of the Human Rights Ombudsman (PDDH) has denounced the discrimination that persists against indigenous communities in the country and urged the government to defend the rights of young people during the pandemic.

Recommendations



COUNTRY OWNERSHIP

There has to be a full application of public resources for the development of programmes for the benefit of the population.



INCLUSIVE PARTNERSHIPS

The health of the population and economic growth must go hand in hand with social development and care for the environment, to promote the wellbeing of all people, with the participation of all actors.



LEAVE NO ONE BEHIND

Civic spaces for the participation of CSOs and social movements need to be opened up.



GUATEMALA

The impacts of COVID-19 in Guatemala are multi-dimensional. The pandemic has aggravated poverty, inequality, exclusion, and racial discrimination for most of the population, especially the Indigenous Peoples. The pandemic has also exposed how the current political-economic situation of the country has distorted democratic institutions and public administration, appropriated public resources, and created a system that produces and guarantees impunity for politicians and businesses (CICIG, 2019).

Government Measures

The government implemented 10 social programmes financed through a loan of GTQ37 billion (US\$5.03 billion) (Escobar, 2020). The most relevant social programmes are Bono Familia Programme and the Peasant Agriculture and Employment Protection. Until August, these programmes showed differentiated levels of implementation and progress, ranging from 9% to 40%, which reflects their ineffectiveness, inefficiency, and lack of transparency.

The Ministry of Finance's (MINFIN) Monitoring of Social and Economic Programmes in the Face of the Pandemic (COVID-19) reports that as of 10 August, the programmes on Health Infrastructure, Projects for Economic Reactivation, Rural Family Agriculture, Fund for Micro, Small and Medium Enterprises, showed 0% execution.

The abovementioned programmes, which are designed to address immediate concerns, have a significant underperformance in their execution. In a statement issued on 24 October, the CSOs CONGCOOP

and the Institute for Democracy denounced the low budgetary execution of the Ministry of Health to mitigate the pandemic. In a fortnight the execution has only increased by 1.52%.

Socioeconomic Impacts

Economy. The COVID-19 crisis has resulted in reduction in consumption, exports, and tourism-related revenues in the country. The contraction in demand from Guatemala's main trading partners has a significant impact on remittances, exports of primary products, manufactured goods and tourism. However, the reduction in oil prices and lower demand for imported products would counteract the negative effect on the country's balance of payments (Departamento de países de Centroamérica, Haití, México, Panamá y República Dominicana, 2020).

The WB and the IDB, as well as the national Central Bank, project that there will be a contraction in the economy, ranging from -5.2% to -1.5% of GDP, at the end of 2020.

People. By September, the government had confirmed 57,996 cases, with 9,291 active cases and 2,233 deaths. However, different sectors questioned the credibility of official figures.

Guatemala is the second country, after Haiti, with the lowest health coverage, according to the Pan American Health Organization (PAHO) and the WHO. According to PAHO, health coverage is defined as the capacity of the health system to serve the needs of the population, including the availability of infrastructure, human resources, health technologies and medicine, and financing. Universal health coverage implies that organisational mechanisms and financing are sufficient to cover the entire



population. Although the health system provides free care for the first to the third levels of the population, the conditions mentioned above prevent real access to services. Another problem is the deficit in healthcare provisions resulting in overcrowding in field hospitals, lack of sufficient health personnel, and limited capacity for epidemiological monitoring.

The closure of economic activities has resulted in the loss of some 555,000 formal jobs. Although some businesses continue to operate, there are thousands of complaints that employees have not received their Bono 14 benefit². Many workers have been suspended without pay until further notice while others have been dismissed altogether, causing unemployment to rise. This has serious consequences to workers in the informal economy, who, according to the ILO report, make up 70% of the total number of workers in Guatemala. Informal workers do not have even the minimum labour benefit and live daily to cover the costs of food, clothing, housing, and health. Some projections indicate that self-employment will increase by 70% to 80%.

There will be 5 million people without food security, as compared to 2.5 million food-insecure people before the pandemic, according to a report by Oxfam (2020). However, this figure may not represent all households experiencing hunger. According to ECLAC/FAO (2020), extreme poverty will increase in the country from 19.6% to 21.4%, which means that there will be 3.5 million Guatemalans living in extreme poverty.

Like other countries, Guatemala has implemented online learning. However, public primary and secondary schools are the least prepared to implement this shift. Thousands of students, especially those living in rural areas, have faced challenges in resources and internet connectivity.

Analysis of the Application of EDC Principles in COVID-19 Response

a. Ownership

The government has no strategic plan to respond to COVID-19. The degree of improvisation of the Giammattei government in addressing health, employment, and other needs is evident, although he has indebted the country for more than US\$2 billion. The government has entered into a serious confrontation with Congress in its failure to comply with approved decrees, in suppression of institutions that were part of the Peace Agreement and its part in unconstitutional affairs. It has given priority to relations with the private sector and military forces.

CSO participation has not been accepted or promoted. Critical CSOs face an unfavourable environment and have been ignored and excluded, from decision-making and delivery of resources, leaving broad layers of the population, predominantly indigenous, out of any possibility of support to get out of the pandemic and improve their economy.

b. Inclusive partnerships

The fundamental issue is the government's relationship with the economic powers and oligarchies, who, with donations for humanitarian aid and health supplies, seek to sanitise their image, through the so-called "Pact of the Corrupt," to consolidate their power and status. There is no justification for the dismantling of government institutions linked to agrarian affairs

² The Bono 14 in Guatemala is a bonus that employers must pay their employees during the first 15 days of July. It is paid every year and regulated by Congressional Decree 42-92, which establishes the Annual Bonus Law for Workers in the Private and Public Sectors.



and human rights, the transformation of the Secretariat for Peace, and the attempt to eliminate the Presidential Secretariat for Women.

Different members of the business leadership have initiated a series of actions such as the delivery of food, food pantries, masks, and other economic resources for the construction of a temporary hospital and other projects. Some of these initiatives have had negative results such as the delivery of expired medicines and the collusion mentioned above.

c. Human rights at the core of the pandemic response

The government has violated human rights, particularly the rights to health, food, housing, decent employment and income; the right to information and free, prior and informed consent; the right to free transit and social mobility; the right to protection from torture, inhumane and degrading treatment; the right to live a life free of violence, particularly against women; the right not to be discriminated against and treated in an inequitable manner; the right not to be arbitrarily detained; and the right to access justice, which guarantees full respect for their human rights.

In particular, violations of human rights during the pandemic can be illustrated in the following situations:

- a. state of siege in three municipalities in Sololá and five in Alta Verapaz and Izabal, all of which have indigenous and peasant populations;
- b. criminalisation, evictions of indigenous families in the municipalities of El Estor, Morales and Livingston, Izabal; and of Panzós and Santa Catalina La Tinta, in Alta Verapaz;
- c. abuse and neglect of indigenous women in Santa Catarina Ixtahuacán, Nahualá, and Santa Lucía Utatlán, Sololá;
- d. suppression of human rights defence bodies and programmes;
- e. lack of access to electronic media to implement distance education;
- f. persecution of human rights defenders and communities protecting natural resources and territory;
- g. restrictions on the right to free expression and organisation;
- h. exercise of political control over the non-government organisation;
- i. constraining spaces for CSOs and communities proposing alternative economic models of development; and
- j. heightened militarisation of communities.

CSO Good Practices in Leveraging EDC in COVID-19 Response

NGOs, the Catholic Church, the Mesoamerican University, business groups, families, and youth groups have distributed food and seeds to vulnerable people, the elderly, the poor, and the informal sector in localities throughout the country. They have developed citizen initiatives, with a special emphasis on women in food processing, vegetable planting, and the production of face masks. They have also contributed to critical and informative analyses of government policies and proposals for dealing with these policies.

Young people have been involved in actions to promote the purchase of products from vendors in the informal economy. They have also made statements in defence of their rights and demanded that the state fulfil its obligation to assist the most affected sectors in this crisis (Osorio, n.d.).

The struggle for ancestral demands such as the defence of territory continues even with the increase in criminalisation and judicialization actions

by the authorities. CSOs and people's organisations have been mounting more mobilisations even with the state of emergency in the territory.



Recommendations



FOCUS ON RESULTS

Develop an inclusive public health system that invests in the provision of care for all, and covers poor or indigenous people who make up the majority of the population.



INCLUSIVE PARTNERSHIPS

Emulate and strengthen community authorities' role in the pandemic response.



TRANSPARENCY AND ACCOUNTABILITY

Address monitoring and transparency in compliance with provisions and correct use of financial and material resources.



LEAVE NO ONE BEHIND

Create public policies that address women's issues and concerns amidst the pandemic.



MEXICO

Mexico is facing a deficient and collapsing health system, without the capacity to respond effectively to the COVID-19 pandemic. The pandemic has revealed the structural problems in Latin America and the Caribbean (LAC), which includes Mexico. The country, to an extent, has followed policies of the neoliberal model, which is an obstacle to sustainable development.

Government Measures

A presidential decree to deal with the pandemic introduced the implementation of austerity policies, the abolition of various government departments, and a 75% reduction in the budget of all the Secretariats (ministries). At the same time, major construction projects - considered strategic by the president - such as the Felipe Angeles Airport (Santa Lucia), the Mayan Train, the Dos Bocas refinery, the Transisthmian Corridor, and the ecological park at Lake Texcoco, all of which were questioned by social sectors, continued.

The following measures and strategies were adopted by the government in response to the pandemic: hospital care and improvement; voluntary confinement; systematic collection of COVID-related data and communication to the population; distance education; coordination between various national, state and local bodies; international cooperation and agreements; economic support - via subsidies - and social programmes.

Socioeconomic Impacts of COVID-19

Economy. The COVID-19 pandemic resulted in the steepest drop in employment in the country in the last decade. In the last four months, nearly one million people lost their jobs, 73% of which had been permanent jobs. Informality increased from 60% to 70% of working people. ECLAC estimates that up to 500,000 jobs are at risk of disappearing in the next six months. Experts predict that national productive activity, as measured by GDP, will plummet to 9.8% in 2020. The deputy governor of the Bank of Mexico said that 9 million people would fall into poverty this year while the overall number of people living in poverty in Mexico would rise to 70 million.

People. Globally, Mexico ranks third in terms of deaths caused by COVID-19 (as of September 2020), while it ranks first in CAMEX. As of 11 September, the government has confirmed 891,160 cases, of which 31,000 are active cases with around 90,000 deaths.

There are psychological and social consequences of the pandemic. For example, there are sectors that suffer from the “living in fear” syndrome and therefore refuse to leave their homes, despite the flexibility of confinement measures. There has also been a rise in the number of people suffering from depression and needing professional help.

The confinement and coexistence at home has intensified conditions at home that are conducive to domestic violence and risks for women and girls. Numerous women’s groups and movements have



denounced this. Incidence of femicides has increased by 33.3% in the second quarter of this year compared to the same period last year. At the same time, there has been an observed increase in maternal deaths, from an estimated 7.3 to 8.1 deaths per 100,000 live births, with Mexico City accounting for the highest number of cases.³

At the end of July 2020, the National Institute of Indigenous Peoples (INPI) and the Ministry of Health reported 5,413 infected persons of which 58% were men and 42% were women. Sixty-four per cent of these positive cases had been treated on an outpatient basis, and only 36% had been hospitalised. This was due not only to the lack of adequate health care facilities but also to the preference of many indigenous communities for alternative medical practices and systems for treating their sick and managing diseases.

The pandemic has also caused an unprecedented dropout rate in schools. Around 2.5 million children and young people will leave school permanently due to the pandemic, with 800,000 students between the ages of 15 and 17 who will not be able to finish while 593,000 young people in higher education will drop out from school.

Official Development Assistance

For the first time, the Mexican government signed an agreement with the UN and the UN Office for Project Services (UNOPS) worth US\$6.8 billion to purchase 3,643 key pharmaceuticals (good quality, low price medicines), medical equipment and vaccines, including for COVID-19, to be distributed in 2021. The government regarded the agreement as a fundamental change in Mexican policy to break the inertia of

oligopolies. As part of the agreement, the WHO in Mexico stated that the country would have the opportunity to access the COVID-19 vaccine at negotiated prices (Diario La Jornada, 2020a).

The Mexican Agency for International Development Cooperation (AMEXCID) will finance 19 national projects aimed at tackling the pandemic. These projects include the development of prototype vaccines, surveillance systems for COVID infections, and the production of kits for testing. The Mexican Chancellor said that, in addition to testing the Russian Sputnik 5 vaccine, it had agreed to participate with Italy in the testing of vaccines from the latter, namely, GRAD and 11OB2 (Diario La Jornada, 2020b).

The federal government announced, on 26 August 2020, that it would donate 16 fans developed in Mexico to COVID-19 to eight Caribbean countries. The equipment would be sent to Antigua and Barbuda, Belize, Guyana, Haiti, Saint Lucia, Suriname, the Dominican Republic, and Trinidad and Tobago (two for each country). The donation would be accompanied by technical training in the use and installation of the fans (Diario La Jornada, 2020c).

Analysis of the Application of EDC Principles in COVID-19 Response

a. Ownership

Business sector actors and party opposition questioned the initial approach to the government's central strategy, the Fourth Transformation (4T), and the measures adopted to combat



corruption and insecurity and the decision to separate political and economic powers. This was exacerbated by the failure to recognise the strategies for dealing with the pandemic and the fact that the executive had received little or no response to the proposals. On the other hand, the governors of different states in the country, who expressed their differences and their frustrations with the federal government's inaction on their demands and own COVID-19 response, attributed the maximum responsibility for the health strategy to the Undersecretary of the Ministry of Health:

1. Other measures, under austerity policies initiated by the federal government, provided that no government workers would be dismissed, but no more staff would be hired, either; A salary restructuring was also imposed, with up to 25% of the salary of senior public servants about to be progressively reduced.
2. General services, materials, and supplies were reduced to 75% of the available budget in all secretariats, along with the cancellation of 10 sub-secretariats.
3. The suspension of work was extended until 1 August 2020, with half of the offices remaining closed except for those considered essential.
4. Public servants were relocated, except for the National Guard, which, together with the Secretariats of Health and of National Defence and the Navy, would be given exceptional treatment, as their necessary resources were to be insured by the Treasury. The delivery of federal shares to the states, the payment of salaries, and the depreciation and servicing of public debt would also be complied with.

Concerning the participation of state and local governments, the differences and tensions that prevail between these orders of

government stand out. Of the 32 state leaders, nine belong to the opposition (National Action Party), who, through the Alianza Federalista they formed, have requested the resignation of the Under-Secretary of Health, Hugo López Gatell, the official spokesman on the pandemic response.

Concerning financing, the government established three types of aid and international agreements with different countries: (a) international agreements for the acquisition of medicines, supplies, and equipment to deal with the pandemic; (b) regulation of trade in medicines as a counterweight to pharmaceutical companies; and (c) bilateral agreements for COVID-19 care with countries such as Cuba (doctors) and China (vaccine process). However, there is no clear strategy concerning vaccines, because of various risks such as, at the time, the lack of certainty about the results of vaccine trials. These risks have not been eased even with the signing of an agreement with the Slim consortium, the richest businessman in Mexico.

At the G20 Summit convened to address the international crisis caused by the pandemic, Mexican President Andrés Manuel López Obrador proposed the creation of an international apparatus under the command of the United Nations to coordinate the production and distribution of critical inputs. He also proposed to avoid closing borders and creating tariff barriers that could hinder the global response to the crisis. The proposal, although endorsed by the General Assembly, has not been implemented.

The participation of civil society representatives in the implementation of government strategies has been limited, due to the executive's opinion that CSOs are intermediaries, corrupt, and non-essential. The



organisations or foundations with the most resources from private-sector donations are extending humanitarian aid.

b. Inclusive partnerships

Despite confinement and an unfavourable environment for action, CSOs have promoted various strategies that include: measures to assist the most vulnerable population in economic, social, and emotional terms; humanitarian assistance; capacity building and guidance; management advice; initiatives for community and social articulation; coordination of actions through social networks; preparation of diagnostics, materials, and proposals for solutions; support for complaints about human rights violations; and international reporting of human rights violations, as well as dissemination of experiences and good practices for dealing with COVID-19.

The COVID-19 crisis poses a challenge for the transformation of the modality in which international cooperation has operated for years. This challenge comes as the multilateral institutional system is being gradually abandoned in favour of protectionist and bilateral policies, driven not only by the challenges posed by the pandemic but also by mistrust of international organisations.

There is a lack of access to relevant, current, and reliable government information, and official government information about COVID-19 in the country is unavailable. There is a lack of clarity and precision about the extent of the pandemic, generating doubts and reservations among the population when it comes to complying with containment measures as they are voluntary and not considered fundamental.

The lack of public resources, including private national and international resources, has placed CSOs in a crisis. CSOs also do not have the resources to transfer their activities and resources online as electronic media and systems such as email, Skype, webinars and other modern means are not as affordable and well known to CSOs and the very people, they work with.

Incorporation of CSO recommendations. As mentioned above, the federal government has established a policy of zero relations with CSOs and even decreed the cancellation of a programme for CSO activities. Although many CSOs promote human rights and are committed to development work, there has been zero to few dialogues with key government officials, who have not been receptive to civil society contributions.

Despite scarce resources, CSOs have continued to support the population and coordinate with social movements, community groups, and women's and indigenous and Afro-Mexican groups. Having a relationship of trust, on the part of the organised population, makes it possible to continue communication and to continue defending human rights.

c. Human rights at the core of the pandemic response

Several human rights violations have been recorded in the country during the pandemic. These include violations of the right to health, education, work, and food; the right to decent housing and access to water; the right to equal treatment by the law and non-discrimination of



people with COVID-19; the right to a life free of violence; the right to free, prior, and informed consent of Indigenous Peoples, especially those with COVID-19, and of the general population; and the right to liberty.

Aside from the prevailing poor state of public health in the country, people have been denied admission to hospitals, care of patients with chronic and serious diseases has been abandoned. The armed forces have been involved in health care services, and this represents a step backward in the democratic process, as they must be subordinated to civilian authority.

On the right to free, prior, and informed consent and the right to information, there have been recorded cases of misinformation about a patient's cause of death, which are not disclosed to family members, and lack of protocol for how they can exercise their right to mourn. There is restricted access to information on COVID-19 and its impact, especially in indigenous and remote communities.

On the right to education, only 44.4% of students have been able to attend classes because the rest have neither internet connection nor gadgets to follow distance learning.

On the right to work, workers have been fired or dismissed without compensation, and public servants have been forced to work under poor health conditions, which can lead to infection.

On the right to due process, some state and municipal governments have adopted unconstitutional measures such as roadblocks, curfews, limitation of the right to free transit, and the use of force to impose social distancing measures. Examples of these human rights abuses include the killing of Giovanni Lopez at the hands of police and the arrest of people in Oaxaca for not wearing their masks.

CSO Good Practices in Leveraging EDC in COVID-19 Response

Despite limitations, due to their commitment to and solidarity with the marginalised, CSOs have developed initiatives and still responded in many different capacities:

1. Humanitarian assistance such as food delivery and food barter;
2. Capacity-building through digital means to conduct meetings about the situation amid the pandemic and seminars and courses in learning and sharing practical skills, such as home gardening, food processing, and administration of traditional and alternative medicine;
3. Guidance, management advice and direct attention to the population, psychological care and strategies to cope with isolation, advice on procedures to access public health services, and establishment of shelters, CSO care centres, directory of instances and telephone numbers, concerning cases of gender-based violence
4. Community and social networking initiatives such as collective organisation for food purchases, to avoid further departures from their homes.
5. Articulation of actions, through social networks
6. Preparation of diagnostics, materials, and solution proposals
7. Paralegal assistance when filing complaints about human rights violations and denunciation of such violations
8. Dissemination of experiences, guidance to the population in dealing with the COVID-19

Recommendations



COUNTRY OWNERSHIP

- Ensure access to food and promote food self-sufficiency by reactivating the production and local economy of indigenous and rural communities towards the long-term goal of food sovereignty.
- Ensure access to education and employ differentiated strategies to guarantee that the student population has access to education under the new norm.
- Reactivate the economy and offer more employment opportunities for all.



TRANSPARENCY AND ACCOUNTABILITY

Uphold good governance, social cohesion, and respect for human rights to recover the social fabric of Mexican society, and to promote inclusive political dialogue with the federal and state governments.



FOCUS ON RESULTS

Address impacts of the pandemic and strengthen health care capacity through investments on infrastructure, equipment, and supply of medicines.



LEAVE NO ONE BEHIND

- Establish measures to enable citizens to exercise their civil, political, economic, social, cultural and environmental rights, especially the right to health and decent work. Establish Universal Basic Income.
- Promote gender equality by curbing widespread violence, mainly against children, the youth, women, LGBTQIA+ population, indigenous peoples, people of African descent, migrants, workers (including sex workers), people with disabilities, and people living with or affected by HIV/AIDS .

FINAL CONSIDERATIONS

As presented above, the pandemic has exposed and exacerbated the socioeconomic challenges and conditions of the region. CSOs believe that there is a need to scale up their work and be more holistic in their approaches despite growing threats to civic spaces and fundamental rights. CSOs in the region reaffirm the urgency for a regional and strategic vision based on justice, equity, and the full exercise of human rights for all people.



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Evidencing Effectiveness in COVID-19 Response in Algeria

Arab NGO Network for Development-CPDE MENA



Middle East
and North Africa

Introduction

The COVID-19 pandemic has further deepened the effects of Algeria's dominant development model that is heavily dependent on oil revenues. The decline in oil and gas prices has exacerbated the challenges facing the Algerian economy and leading to the imposition of precautionary and austerity measures.

Since 2019, the people of Algeria have been staging protests, otherwise known as Hirak, to demand fundamental changes in the country's political system. However, the pandemic has provided an easy excuse, a golden opportunity for the current administration, to suppress demonstrations and stifle other forms of dissent (Goldstein, 2020). Lacking a clear vision and strategy, the pandemic and the resulting government measures have heightened unemployment, poverty and existing inequality—the very causes of the people's uprising against the regime.

As of 25 November, Algeria has a total of 77,000 confirmed COVID-19 cases, of which 2,309 died and 50,712 have recovered (WHO, 2020).

Government Measures

In mid-February, Algeria reported the first case of coronavirus infection. The authorities tried at that time to track the case, strengthening its investigative procedures by medical examination of suspected cases. However, civilian flights coming from Europe

were not stopped, and the Algerian international airport lacked early detection tools and thermal scanners.

On 17 March, the President announced a series of measures, including border closures, cancellation of air and sea travels, closure of schools, universities and mosques, and prohibition of



demonstrations. Thereafter, Algeria began to take another set of strict measures to close the capital, and the complete quarantine took effect in the city of Blida in central Algeria.

Since June, thousands of workers and employees benefited from an increase in the national minimum wage from 18 thousand dinars to 20 thousand dinars, in addition to the abolition of the tax on wages equal to their monthly income or less than 30,000 dinars (US\$238) (Redouane, 2020).

The cabinet cancelled the third semester of study for the three educational stages (primary, intermediate and secondary), and cancelled the final exams for the primary and intermediate levels, while retaining the baccalaureate exam.

The Algerian Central Bank also decided to reschedule or postpone the payment of loans to companies that had been financially affected by the coronavirus crisis (International Monetary Fund, 2020).

Socioeconomic Impact of COVID-19 in the Country

Economy. The International Monetary Fund recently predicted that the Algerian economy would shrink by 5.2% this year, as well as an expected increase in the country's fiscal deficit to 20% of GDP (Lyes, 2020a). To confront the economic repercussions of the decline in oil prices and the COVID-19 epidemic, the government passed austerity measures to reduce the import bill by US\$10 billion and the budget of the Sonatrach oil company by 50%, from US\$14 billion to US\$7 billion (de Souza, 2018). This was in addition to the cancellation of studies and services contracts with foreign offices in various projects that cost

Algeria US\$7 billion annually. The decisions also included preventing the import of agricultural materials and the export of medical supplies, and granting compulsory paid vacation for 50% of workers in the economic sector and public and private services (Remouche, 2020).

Algeria also allocated nearly US\$500 million for the acquisition of medical equipment and supplies to combat the COVID-19 pandemic, including US\$100 million in aid from the International Monetary Fund, US\$32 million from the International Bank for Reconstruction and Development, and US\$75 million from the European Union (Algérie Presse Service, 2020a).

Economists pointed out that Algeria's losses from the decline in oil prices in global markets had record levels during the first three months of 2020, which exceeded US\$2 billion could double by the end of this year (Chabane, 2010). The Algerian government said that it should expect a decline in its foreign exchange reserves, from US\$60 billion to US\$44.2 billion, by the end of 2020. This would be lower than previous expectations of US\$51.6 billion (Courrier International, 2020).

Despite the financial problems, the government kept the consumer goods subsidy policy unchanged to avoid unrest. Algeria subsidises nearly everything from basic foodstuffs to fuel, gas, medicine, and housing, and the value of the subsidy (locally called social transfers) exceeds US\$14 billion, according to the 2020 budget law (Algérie Presse Service, 2020b).

People. The Ministry of Labour has formed a committee of experts to study the impact of the pandemic on the labour market, but the study remains hidden and only some leaked information has been published by the press and indicated that about half a million workers



had been affected by the pandemic (Lyes, 2020b). In its report, the ministry stated that, since last March, 200,000 workers had had no incomes, 50,000 had lost their work permanently, and the salaries of 180,000 had been delayed by two to three months (Lyes, n.d.).

The daily number of new cases in Algeria is still close to 130 per day as of 12 October, which clearly hinders economic growth at all levels given the pandemic's incalculable and yet lasting effect on the financial system. What further complicates the situation in Algeria is the political crisis that seems to reinforce the traditional status quo, in which the system of governance is often characterised by exclusion, violence, oppression, and the violation of human rights.

Poverty is expected to increase in the next few years as are unemployment figures which will certainly jump to levels that are difficult to control due to the financial crisis. Algeria is also bound to see a full depletion of its exchange reserves by the end of 2021.

Analysis of the Application of EDC Principles in COVID-19 Response

a. Ownership

The Algerian authorities' handling of the pandemic shows the absence of a strategic vision and perception and ambiguity in the country's political horizon, all of which put Algeria in the category of countries that are likely to live in the worst scenarios in terms of economic, social, political, and security aspects.

The targets set by the Algerian authorities relating to Sustainable Development Goals are meant to induce economic growth outside the hydrocarbon sector and improve the living conditions of individuals while addressing environmental concerns. However, immediate progress in this direction seems doubtful. Aside from the pandemic, factors such as severe lack of financing, the floating Algerian dinar policy, and the expected inflation rates, which are all indications of a catastrophic economic and social situation, are likely to increase tension and political conflict at the national level.

b. Inclusive partnerships

Other interesting solutions were also developed in Algeria using traditional bonds and community structures to help prevent the disease. For example, certain businesses based on e-payments, such as ridesharing apps, delivery services, and marketplace merchants, started to accept cash payments in order to adapt to the needs of the population and the market during the pandemic (Sellami, 2020). This conformity allowed new entrepreneurs to sustain their businesses while providing services to people.

c. Transparency and accountability

In terms of transparency, as mentioned earlier, government institutions such as the Ministry of Labour also launched initiatives to respond to the pandemic and its effect on workers. Parts of the study were not disclosed to the public, which highlights a lack of transparency towards the public. In addition, President Tebboune issued instructions to take all measures to prevent the publication of any information or statistics related to



the coronavirus outside the official framework. In a cabinet statement, the president strongly condemned those who he thought perpetuated nothing more than scepticism, and demoralisation of the citizens (Algérie Presse Service, 2020c).

d. Human rights at the core of COVID-19 response

Think-tanks and human rights organisations observed that Algerian Authorities “exploited the quarantine to stifle the protest movement” (“Algeria: End Repression Against Hirak Activists and Journalists amid COVID-19”, 2020). Human rights organisations also reported that the arbitrary arrests of opponents, students, civil society activists and journalists continued even after the movement had agreed to abide by a truce during the quarantine (Le360 Afrique 2020). These reports indicated the arrest of many activists, on charges of “illegal gathering,” “compromising the security of the state,” “compromising the integrity of the nation,” and “distributing leaflets that harm the national interest” (Goldstein, 2020). According to some reports, the regime uses the judicial system to put activists in prisons, or put them in prolonged pre-trial detention, based on fabricated charges (Le Journal de Montréal, 2020).

CSO Good Practices Leveraging EDC Principles in COVID-19 Response

Many CSOs and committees linked to the popular movement worked to distribute aid to struggling families and vulnerable groups affected by isolation. Doctors and nurses stood in the eye of the storm, doing what they could to curb the epidemic in the face of a health system ravaged by corruption and mismanagement.

Furthermore, some spontaneous responses also occurred at the social level. In a village called Tifilkout, people volunteered to shelter in place to prevent the spread of COVID-19 and protect their community (Sellami, n.d.). The initiative was managed by a crisis unit called “COVID-19 Tifilkout,” led by civil society and the ancestral village assembly, “Tajmaat,” which used to organise gatherings such as traditional celebrations, volunteering for the cleaning of the village, and fundraising for the needy (Sellami, n.d.). The unit made preparations for confinement, provided food supplies, gas and goods, held outreach campaigns, delivered soap dispensers, and organised constant groups for volunteers for sanitation work (Sellami, n.d.).

Recommendations



COUNTRY OWNERSHIP

An official assessment of the actual socioeconomic context of Algeria is clearly needed to take the necessary measures in the aftermath of the pandemic.



INCLUSIVE PARTNERSHIPS

Coordination with local actors, public figures, and civil society organisations is also essential, considering strong cultural attachments and the spirit of community solidarity in Algerian villages.



FOCUS ON RESULTS

A certain approach allowing for local growth and prevention of the virus must be adopted by the government and municipalities in order to promote local production and lessen the impact of the pandemic at the same time.



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Evidencing Effectiveness in COVID-19 Response in Iraq

Al-Amal Association



Middle East
and North Africa

Introduction

Iraq has been experiencing economic, political, and security crises even before the COVID-19 outbreak. Since late 2019, various parts of the country have been filled with demonstrations against economic policies, sectarian and party quotas, the suppression of public freedoms, and rampant corruption. Like other Gulf states, Iraq is reliant on selling oil to finance the state's budget. The decline in oil prices and trade, one of the pandemic's global economic impacts, has adversely affected the country's economy—including financing interventions to confront the health emergency—and significantly impeded the development process in general.

During the COVID-19 pandemic, development aid was late and failed to meet effective development standards. Accordingly, borrowing funds from abroad was difficult, so Iraq mainly resorted to internal debt. Civil society played an essential role in bridging the gap, but its interventions faced external challenges and were flawed in terms of coordination and networking.

Government Measures

A national government crisis cell led by the Health Minister was formed to manage the pandemic. Its mission was limited to lockdown procedures and declaration of changes in working hours in state departments and other sectors. In some cases, it distributed financial allocations to specific regions and departments to provide treatment

or examination equipment and communicated with some parties to provide support to the government.

Additionally, a parliamentary crisis cell was formed to provide legislative support to the government cell. It held joint meetings with the government's national crisis cell and visited some governorates. However, its role seemed to dissipate over time.



The Ministry of Health provides official daily announcements of active cases, deaths, and other developments related to the pandemic and the government's response. However, there are doubts that the data reflect the actual numbers. Most infections are not reported to health centres or examined due to lack of confidence or absence of procedures.

The absence of trust between citizens and official institutions of all kinds was reflected in the lack of coordination between government instructions issued by the Ministry of Health, the government's national crisis cell, and crisis cells in the various governorates. Some citizens even stated that the severity of government curfew measures and general lockdown was aimed at controlling the already volatile situation in the streets.

As of 25 November, the number of infections reached 544,670, while the number of deaths is currently 12,125 as reported by the Ministry of Health ("Coronavirus Cases Iraq", 2020).

Socioeconomic Impact of COVID-19 in the Country

Economy. Iraq's financial situation has been worsened by the sharp decline in global oil prices, aggravating the fiscal deficit. Financial funds were challenging to access considering that the pandemic impeded external borrowing due to high demand, the weak credit rating of the country, and a lack of confidence in economic policies. The government resorted to internal borrowing to cover the deficit and secure employees, soldiers, and retirees' salaries, leading to a rise in debt and due interest.

Socioeconomic reform processes were held back, and growth rates declined. General and partial closure measures adopted by the Iraqi

government lasted for four months. These measures completely halted the economic activity of many small and medium enterprises (SMEs), including a significant part of the taxi market between cities and governorates.

People. The government collaborated with some donors to secure the necessary health supplies to deal with the disease. It purchased equipment, increasing the capacity of health centres, and coordinated with some ministries or sectors. For example, the Baghdad International Fair (affiliated with the Ministry of Trade) served as a quarantine centre for a specific period. The private sector offered some hotels free of charge for quarantine, such as in Karbala, Najaf, and Baghdad. It also donated to the Ministry of Health to combat the disease. A small amount was allocated for the most vulnerable (US\$25 per person) as compensation for the lack of daily work or for having been dismissed from their jobs (General Secretariat Ministers Council NGO Directorate, 2020).

Some benefits were increased through higher allocations for the social protection network. To make better use of the money, the government cut from those receiving more than one salary or obtained wages through laws. It also reduced the wages of some highly-paid state positions due to limited state income and as demanded by demonstrators (General Secretariat Ministers Council NGO Directorate, 2020).

However, Iraq witnessed several violations of the rights of foreign workers. Some were dismissed from work, or their official residency was left to expire. Patients were also unable to obtain treatment or medication. Furthermore, Iraq recorded an increase in cases of abuse and expulsion of domestic workers. Most foreign workers left for their



countries, and the conditions of their return were not facilitated or organised properly by the government. Some were able to stay and carry out some activities and projects to support families in need or for health assistance.

Official Development Assistance

Most international donors were late to respond, given that they had to address the pandemic in their respective countries. The health sector, on the other hand, received some financial aid from a few international institutions. The World Health Organization (WHO) supported the Iraqi government and provided assistance in managing the crisis. It also provided support to health organisations to raise awareness of the pandemic's impacts and its prevention. It can be said, however, that this effort was ineffective.

International bodies such as the United Nations Children's Fund (UNICEF), UN Development Program (UNDP), the International Organization for Migration (IOM), and the UN Population Fund (UNFPA) supported some local NGOs and other organisations, such as in the rehabilitation of health facilities and hospitals, in supporting vulnerable families, and in awareness initiatives. The UN Educational, Scientific and Cultural Organisation (UNESCO) also provided technical support to the Ministry of Higher Education.

According to the Central Bank Governor, at the beginning of the crisis, Iraq's debt was in the range of US\$23 billion in external debt and about US\$32 billion in internal debt. The government sought to borrow internally after the Iraqi parliament's approval to pay employees' salaries and necessary operational expenses. It is

currently attempting to receive additional internal loans to fill the deficit on wages for the current year's remaining months. Debt and corresponding interest payments are also rising. According to the Iraqi Minister of Planning's statement, 6,250 projects have been suspended due to the inability to pay, as well as the extraordinary demands on the government to improve electricity and other services that may encourage investments.

Analysis of the Application of EDC Principles in COVID-19 Response

a. Ownership

Donor response came late and focused mainly on supporting the health sector. Addressing the crisis took longer than usual, due to part-time shifts and the strict procedures followed by international organisations, resulting in less flexibility in efficiently managing response. In many cases, donors required that organisations set specific amounts, especially allocations for sterilisers, electronics, and other supplies, or for developing alternative plans (General Secretariat Ministers Council NGO Directorate, 2020). In some cases, donors asked to develop both a main project and a contingency project in the event the situation continues, meaning there is pressure on organisations to draft two proposals and two budgets for each subsequent project.

In addition, there had been difficulties communicating and coordinating with donors in Iraq. Effectively, electronic communication took some time to be treated professionally and



consistently by the concerned actors. The scale of the problem was overwhelming, which made the majority of donors focus on their local needs and take their time to respond. There were no contingency plans or best practices that could be learned from elsewhere.

b. Inclusive partnerships

There were no real consultative partnerships between the government and civil society in dealing with COVID-19 response. In many instances, CSOs were only expected to provide support and supplement government efforts. However, there were a few cases of coordination and participation of some organisations' representatives in some governorates.

Iraqi laws, including the Iraqi NGO Law, provide adequate space for CSOs to contribute to development efforts, and there are some initiatives from official authorities to engage them (General Secretariat Ministers Council NGO Directorate, 2020). However, there is no clear and publicised official policy to help organisations work well under these circumstances. Some organisations were able to receive exceptions related to movement based on their own relationships and efforts.

Despite limitations and challenges in performing their roles, CSOs were effective and efficient in dealing with the situation. According to a report by the NGO Department at the General Secretariat of the Council of Ministers, more than 800 organisations participated in campaigns providing services to vulnerable citizens in all governorates (General Secretariat Ministers Council NGO Directorate, 2020). Four million citizens benefited from these programmes, which included COVID-19 treatment, various food and health baskets, financial

assistance for rents, electricity payments and drug bills, and health awareness campaigns. Several organisations provided equipment and tools to hospitals and health centres, such as oxygen bottles, personal protective equipment (PPEs), and intensive care units (ICUs).

Notably, organisations with bank accounts encouraged some companies and entrepreneurs to donate through transfers. However, large-scale banking procedures complicated the collection of small donations, forcing NGO staff and volunteers to move under lockdown conditions, which were an added burden. Some security points set up by the government and the Ministry of Interior did not understand this role and some were arrested under vague conditions, which required the intervention of some influential personalities to release them.

c. Transparency and accountability

There is a significant lack of transparency and exercise of accountability on the part of government, donors, UN agencies, and other international organisations, especially regarding the allocation and spending for COVID-19 response. Activities and events organised directly or through executive partners are merely announced on their web pages. In general, programmes have not been conducted in a participatory manner, especially in their work with local organisations.

On the other hand, some volunteer organisations and groups provided reports on donations, spending, and beneficiaries to those providing financial or material contributions. This initiative encouraged many supporters, mostly from the private sector, to donate more and partner with these organisations. Some companies benefited from the networks, information, and volunteers provided by NGOs to



serve better the beneficiaries, and this relationship also strengthened confidence between the various parties.

Many organisations used the internet in interacting with their audience and beneficiaries, providing awareness sessions on the pandemic, collecting donations, allocating support, and conducting various trainings. Online advocacy campaigns focused on government policies and on parliament. They were more successful online than the government and other legislative and oversight bodies (General Secretariat Ministers Council NGO Directorate, 2020).

d. Human rights at the core of COVID-19 response

The media and official reports also confirmed the drastic rise of domestic violence, as well as other cases of cruelty and violence (Al-Menasa, 2020). According to a study by the Department of Women Empowerment in the General Secretariat of the Council of Ministers in cooperation with the United Nations Population Fund, 94% of the reported incidents in some governorates were domestic violence incidents, and 98% had been assaults on women. In many cases, women and girls were prevented from undergoing quarantine due to customs and traditions (Al-Menasa, 2020). Some attributed the increase in domestic violence to the frustration of losing one's job or livelihood resources, directing anger towards women and children.

Abuse due to non-compliance with the curfew reached the point of insult, beatings, and head shaving. It also included cases of financial extortion in exchange for the exercise of professions during the curfew. Under such conditions, public freedoms were restricted in a manner

that did not conform to human rights standards. These arbitrary measures also impacted relations with the press and media networks. Journalists were arrested, and media channels were forced to close (Al-Namaa Center for Human Rights & Iraqi Al-Amal Association, 2020).

The prison system suffered the catastrophic impact of COVID-19, according to a member of the Human Rights Commission in Iraq. The dangerous environment was putting prisoners' lives at risk. The head of health services in al-Karkh, Baghdad, called for the temporary release of a large number of prisoners and detainees, who should be returned after the pandemic, in addition to releasing those who had served a certain period of their sentences.

Moreover, educational institutions faced great difficulties in dealing with the new normal. Many school teachers and students did not own computers, and some had no experience dealing with WhatsApp and Viber. The school season was completed with the minimum possible benefits, especially in cities witnessing massive demonstrations and school and university closures since the beginning of the school year. Lack of coordination was evident between the Ministries of Higher Education and Scientific Research and the Ministry of Education, on the one hand, with the Ministry of Communications and internet service providers (ISPs), on the other, regarding improving e-learning services.

CSO Good Practices Leveraging EDC Principles in COVID-19 Response

Civil society had a significant role in responding to the pandemic's repercussions despite not having a predetermined response strategy. Initiatives, such as those led by youth volunteers, provided aid to



the most vulnerable segments, primarily through financial, food, and medical support. These organisations and initiatives provided thousands of oxygen bottles for those who needed them. Apart from this, organisations rendered direct health services and consultations over the phone or on social media.

CSOs also formed linkages with merchants, the private sector, NGOs, volunteer groups, and the government, and vast intervention from religious institutions, especially Shia organisations (due to their high income and various economic activities). For their efforts and commitment to pandemic response, CSOs received a letter of appreciation from the prime minister regarding the quality and quantity of services (NGO Directorate, 2020).

Lessons Learned

Despite fragmentation in the work of CSOs and the lack of a clear network, good coordination was monitored and referred to in some meetings between CSOs, volunteer groups, and other governorates. Projects related to awareness-raising, psychological support,

and income generation for vulnerable groups can actually make a difference, and so there is a need to attract more volunteers to help deliver these services. Reports should be made public as well to spread the word to the highest number of those in need. Furthermore, transparency towards donors encouraged them to provide more assistance.

Challenges

Networking was mostly ad-hoc and not based on a long-term plan. Access to resources was difficult, and online means were not always available.

In addition, volunteers did not receive official protection and support needed to conduct and facilitate their work. The demand for assistance on the ground largely exceeded available supplies, and this caused further marginalisation of a big part of the population at the socio-economic level. Moreover, the economic and financial situation of vulnerable groups was already deteriorating before the crisis, which highlights the need for an inclusive recovery strategy.

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Evidencing Effectiveness in COVID-19 Response in Yemen

Yemeni Observatory for Human Rights



Middle East
and North Africa

Introduction

Yemen confirmed its first case of coronavirus infection on 10 April 2020 (Reuters, 2020). According to Oxfam International, this announcement was a “devastating blow” to a nation still recovering from years of wars and ongoing internal conflict (Aly, 2020). As of 25 November, the Yemen Supreme National Emergency Committee for COVID-19 (2020) reported, the country has a total of 2,073 cases, of which 604 have died while 1,379 have fully recovered. The country reached its official peak on 16 June, with 116 new infected persons. Recent developments showed a flattening of the curve up until 19 November, when the country saw its infection rates increased by 0.5%, with 11 new infections (World Data, 2020). However, data reported by the government differ from those from international institutions. According to World Data (2020), the country has 2,114 COVID cases and 609 COVID-related deaths by 25 November. World Data gathers its information from international institutions such as the World Health Organization (WHO) and the Organisation for Economic Co-operation and Development (OECD).

Data reliability is just one of the major challenges in Yemen as a result of internal political struggle and a failing pandemic response. Mass testing, for instance, has largely been neglected, with only about 6,981 tests confirmed, according to the UN Office for the Coordination of Humanitarian Affairs (OCHA) (Humanitarian Country Team, 2020). The committee’s statistics do not include areas controlled by the Houthi rebels.

The pandemic has exposed, if not exacerbated, the Yemeni’s lack of access to health care, water, and sanitation. The nation may be on the brink of widespread famine as international assistance to the country diminishes amid the pandemic.



Government Measures

There is no single national government that rules in Yemen. Different authorities and armed groups rule different areas, with two main forces governing most of the country: the internationally-recognised government led by Ma'in Abdulmalik Saeed, and the Houthis (Ansar Allah). Despite the pandemic's initial impact on the country, the two main forces are yet to agree on a ceasefire declaration and to focus collective attention and resources on addressing the deteriorating conditions of the country's health and welfare systems (UN, 2020). The Supreme National Emergency Committee for COVID-19 was created by the Saeed government. The government run by Houthi forces created its own committee and announced its own mobilisation plan to combat the pandemic (Aksoy, 2020).

The Saeed government's preventive measures included locking down some residential neighbourhoods, halting air travel and closing land crossings, restricting movement between cities, and shutting down schools and universities. Awareness campaigns were also launched through traditional and online channels, and prices of food and medicines were regulated (Al-Batati, 2020). According to sources from the private sector, an estimated 59 quarantine facilities, 675 intensive care units, and 309 ventilators had been made available, in addition to 21,600 rapid test kits. However, due to the already fragile situation and the lack of centralised authorities in Yemen, the government was not able to prepare enough locations for isolation of returning migrants and foreign tourists entry into the country as there is little technical capacity to implement the necessary procedures (Dureab, 2020).

Socioeconomic Impact of COVID-19 in the Country

Economy. It is difficult to identify the direct impact of the COVID-19 pandemic on the Yemeni economy, since the latter has been ravaged by war for years. According to the International Monetary Fund (2020), the Yemeni economy is already expected to contract by 3% in 2020 due to continuous conflict and security concerns. The pandemic is expected to aggravate the economic condition, especially that COVID-19 response measures have affected consumer demand.

The COVID-19 pandemic seems to have also exacerbated the decline in remittances from Yemenis working abroad. Remittances, the overwhelming majority of which come from Gulf countries, have been heavily impacted by the decline in oil prices, losing half their value since 2019. The decline in remittances affects Yemen's capacity to import basic food commodities and medicines, and depreciates the national currency's exchange rate, raising prices significantly for locals (Oxfam International, 2020). Food prices have increased by as much as 35% in some areas following the outbreak and the depreciation of the national currency (MEMO, 2020).

Work disruption affected production and commercial chains and led to the loss of a large number of jobs. Informal workers were the most affected by the disruption and the COVID response measures.

Furthermore, land, air and sea transport companies were heavily affected. In two weeks between March and April, the losses of the Yemen Airways company (Yemenia) amounted to US\$5.3 million.



Transit fees for international air traffic over the region of Sana'a were also affected, as the number of trips declined from 3,512 in June 2019 to 942 a year later, according to the Meteorology and Civil Aviation Authority (2020).

People. While the number of reported COVID-19 cases has been declining, the UN OCHA said "indicators suggest that the virus is still spreading and the number of confirmed cases and deaths fall below actual numbers" (UN OCHA, 2020).

There seems to be a lack of social acceptance of treatment from COVID-19 due to the stigma associated with the illness that has prompted people to delay seeking treatment. This stigma, along with the lack of testing facilities and official reporting, difficulty accessing treatment centres, and the perceived risks of seeking care, have contributed to the apparent decline in the numbers of confirmed cases (UN OCHA, 2020).

A number of health facilities have been overwhelmed by COVID-19 preparations and stopped accepting patients with other illnesses. Per UNICEF (2020), "half of the health facilities are operational, with huge shortages in medicine, equipment and staff."

In addition, the organisation has also warned that the pandemic could increase the vulnerability of Yemeni children. Education at all levels has been disrupted since March 2020. An estimated 7.8 million children are not able to access education, which adds to the risk of more widespread child labour, early marriage, and military recruitment of children. UNICEF estimates that, by the end of 2020, 2.4 million children could be facing malnutrition, a 20% increase (UNICEF, 2020). Over 9.5

million children "lack access to safe water, sanitation or hygiene," a fact that may worsen the spread of the pandemic (UNICEF, 2020).

Analysis of the Application of EDC Principles in COVID-19 Response

a. Ownership

The Yemeni government remains unable to manage the COVID-19 pandemic in addition to the ongoing war that has wrecked the public health system. All ruling forces in Yemen have looked overseas for support in combatting the pandemic.

The National Committee responsible for COVID-19 response did not receive mandate from the government, and government agencies often hardly implemented the committee's decisions for various reasons, including the absence of a proper risk communication system in Yemen (Dureab, 2020). There was lack of coordination between opposing factions when it came to COVID-19 response policies, which led to policies varying significantly from one city to another.

International donors have channelled significant aid to Yemen under an aid response led by the UN since the outbreak of the war (Human Rights Watch, 2020). Between 2015 and 2019, the aid response received US\$8.35 billion, including US\$3.6 billion in 2019. However, due to obstruction of assistance and other factors, 2020 witnessed a funding collapse, and only 24% of the requested \$3.4 billion was received (Human Rights Watch, 2020).



b. Inclusive partnerships

The private sector and civil society's actions mostly revolved around awareness campaigns and the distribution of sanitation items. There was no notable participation of civil society or other stakeholders in the design or implementation of the response policies as civil society organisations (CSOs) were mostly just, receiving information without any real engagement in public decision making (Human Rights Watch, 2020). Yemeni authorities have not used a digital information system to collect or disseminate information related to COVID-19. This makes the role of CSOs more difficult as they operate without the necessary knowledge about similar actions, or about the needs and lacks of the population.

At the legal level, given that Yemen has been in a state of war, civic space depends on the tendencies of the governing forces in each area and varies over time. Aid agencies told Human Rights Watch (HRW) that “in 2019 and 2020 they spent vast amounts of their time and energy struggling to get approvals country-wide to provide assistance in accordance with humanitarian principles and without the authorities’ interference (Human Rights Watch, 2020)”.

c. Transparency and accountability

One of the biggest challenges faced by civil society is the access to public information about the pandemic. Public statistics are virtually unavailable, and reported numbers of COVID-19 cases are widely disputed because data from all over the country are not centralised within reporting agencies. The authorities did not publish their response plan to the public, nor did they hold any public consultation sessions to convey priorities and strategy. In addition, they published

no information on foreign aid or development programmes by international organisations (UN OCHA, 2020).

There were no multi-stakeholder bodies to respond to COVID-19, and no policies and strategies proposed or raised by CSOs were actually reflected in or integrated into COVID-19 policies and strategies. Moreover, no information about the alignment and use of country systems in relation to COVID-19 response and financing were officially available.

d. Human rights at the core of COVID-19 response

The human rights situation during the pandemic could not be sufficiently analysed without considering the toll the six-year war has exacted on the country. However, in the past months, HRW documented cases of government interfering in or even obstructing the delivery of humanitarian aid in Yemen, (UN OCHA, 2020).

According to HRW, examples of interference from authorities in Yemen include “lengthy delays for approval of aid projects, blocking aid assessments to identify peoples’ needs, attempts to control aid monitoring and recipient lists to divert aid to those loyal to the authorities, and violence against aid staff and their property” (Human Rights Watch, 2020). Additionally, between May and mid-September 2020, the Houthis blocked containers belonging to the WHO in Hodeida port, as well as a large shipment of personal protective equipment (PPE) (Human Rights Watch, 2020). The Houthis then used these shipments as bargaining chips in negotiations for shipments that other forces had taken hostage. There was also a delay on the arrival of 207 metric tons of

medical equipment and humanitarian personnel on 9 September due to the closing of Sana'a International Airport (UN OCHA, 2020).

In relation to international aid on the ground, 930 incidents where government authorities interfered in humanitarian operations were recorded from January to September 2020 (UN OCHA, 2020).

Obstruction of aid represents the biggest challenge for international and local NGOs. Effectively, donors and other stakeholders are forced to work around, and operate despite, such restrictive regulations or other interferences by the authorities (Human Rights Watch, 2020).



Recommendations



COUNTRY OWNERSHIP

Bureaucratic requirements by aid agencies should be lifted to attract more donors and funders.



INCLUSIVE PARTNERSHIPS

- Various authorities must cooperate with CSOs to facilitate people's access to resources and aid.
- Humanitarian organisations and other CSOs must be allowed to operate in a safe and supportive environment, free of any unnecessary interference, and to work closely with recognised international agencies.



TRANSPARENCY AND ACCOUNTABILITY

There is a need for transparent and accessible public information drives about the virus.



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Summaries of Key Findings

Case Studies from Sectoral Constituencies



Faith-Based Organisations

Zimbabwe

Feminist Groups

Kyrgyzstan

Indigenous Peoples

Philippines

Migrant and Diaspora

Hong Kong

Thailand

Rural

Indonesia

Philippines

Bolivia

Youth

Afghanistan

Bulgaria

Cameroon

Colombia

Egypt

El Salvador

India

Lebanon

Southern Africa

Zimbabwe



Evidencing Effectiveness in COVID-19 Response – Focus on Zimbabwe

Caritas Internationalis, Islamic Relief,
The Lutheran World Federation, Act Alliance



Faith-Based
Organizations

Overview

Faith actors have been on the frontline of COVID-19 response as the pandemic wreaks havoc on human health, exposing the vulnerabilities in health policies and taking a toll on national economies. Faith-based organisations (FBO) and institutions have tapped into their resources, such as their strong capacity to mobilise grassroots action, their wide operational reach, a dependable presence that elicits trust and trustworthiness, and their capacity to deliver critical health services. These resources and capabilities have enabled them to broadly respond at global and country levels in several ways that include:

- Effective communication, education and emergency preparedness training
- Dispelling stigma and countering false information
- Ensuring safe religious gatherings and adaptations of religious rituals
- Promoting spiritual well-being, resilience, empathy, and community service; and
- Protecting people facing vulnerabilities

Similarly, countries and governments including the Government of Zimbabwe adopted strategies in line with the World Health Organization's (WHO) recommendation on hygiene, communication and education, testing and tracing, restrictions on movements and gatherings, economic palliatives, and multi-stakeholder collaboration.



Country Situation and COVID-19 Response

Zimbabwe confirmed its first COVID-19 case 20 March 2020. By that time, the Government had already declared a national emergency and implemented preventive measures such as travel restrictions and bans on large gatherings.

Additional measures to slow the spread of COVID-19 were further imposed after the first case had been confirmed. These measures included border closures, restrictions on public gatherings, mandatory use of face masks, thermal checks and screening, and a nationwide lockdown until 16 May. However, the number of positive cases for the coronavirus rose to 7,816 as of 28 September 2020, with 228 reported deaths and 6,112 recoveries (Joint Learning Initiative et al., 2020).

A crisis of such magnitude and complexity required multi-stakeholder and multi-sectoral approach and coordination. The Government of Zimbabwe then launched the Zimbabwe National Preparedness and Response Plan for COVID-19 and created a national COVID-19 Response Task Force. On 18 August, the National Cabinet decided to merge the COVID-19 response into a single response plan comprising the Command Centre, the Office of the COVID-19 Chief Coordinator, and the Ministry of Health and Child Care (OCHA, 2020a).

Socioeconomic Impacts

Unfortunately, the pandemic hit the country as it was still grappling with a decade-long declining economic growth, punctuated with a contraction of the GDP by 6.5% in 2019 (OCHA, 2020b).

The COVID-19 pandemic impacted citizens' livelihoods, especially those in the small-scale and informal businesses, and agricultural production. Many people lost jobs due to the abrupt closure of different sectors like aviation, and the disruption of supply chains in agricultural production. Heavy reliance on agriculture and mineral mining for forex earnings and employment resulted in massive job loss.

Similarly, the health sector and facilities took a blow due to insufficient funding. In June, health workers went on strike over the inadequate provision for personal protective equipment (PPE), unsustainable wages, poor working conditions, threats, and arbitrary government decisions. The situation further limited the capacity of hospitals to cope and care for the increasing number of patients.

School closures and restrictions of mass gathering resulted in the disruption of learning for many children, specifically those without access to electricity and technology. Apart from learning, students often received emotional and nutritional support from schools. Some children were exposed to domestic and gender-based violence from abusive caregivers at home.

The closure of worship places hindered access to psycho-spiritual and psychosocial care and support for parents, children, and the elderly, particularly those experiencing distress. Religious gatherings and rituals were also affected, such as Ramadhan for the Muslims, pilgrimages for Christians and Muslims, and regular weekly face-to-face meetings for worship.

Analysis of the Application of EDC Principles in COVID-19 Response

a. Ownership

Population Action International defines country ownership in development effectiveness as “an institutionalised process that allows for the participation, as equal partners, of governments, non-state actors — such as civil society and the private sector — and parliamentarians in the development, implementation and monitoring of national development plans (Cross, 2014).” The definition, however, converts country ownership from a strategy into a long-term goal. It is having an equal partnership with the government as non-state actors.

The government enjoyed enormous resources and power, but this led to cases of abuse and corruption. In the beginning, the government promised to spend US\$500,000 per month to cushion the citizens from the economic impact of COVID-19. However, only a small part of this money reached the vulnerable community, especially those who were unaffiliated to the ruling party. Corruption in the procurement of COVID-19 resources also emerged, affecting the government’s credibility in handling donor funds. The health sector, for instance, was not spared from cases of overpriced but low-quality personal protective equipment (PPE).

The Zimbabwe Council of Churches and the Zimbabwe Catholic Bishops Conference were very vocal in fighting corruption. Corruption resulted in a multi-layered crisis of convergence of economic collapse, deepening poverty, food insecurity and human rights abuses.

The fight for transparency did not go unnoticed as it led to the sacking and the prosecution of the country’s health minister, Obadiah Moyo.

b. Inclusive partnerships

The COVID-19 pandemic underscored the importance of enhancing global collaboration and effective partnerships among all sectors and stakeholders.

The Zimbabwe National COVID-19 Response Task Force adopted a multi-stakeholder approach that included CSOs. In June 2020, the government included faith actors and traditional leaders as part of the task force to help disseminate information about the pandemic and plan for the safe reopening of worship places. For example, the Zimbabwe Council of Churches became involved within the education cluster of the task force.

With most government hospitals non-operational, the Catholic Church provided medical services through their 59 health centres spread across the country. The Church raised funds of over US\$50,000 from local sources, as well as some from Zimbabweans in the diaspora. The Papal Nuncio also donated US\$10,000 and supplies such as bleach and sanitisers.

The Jesuit missions provided PPE for two of their rural hospitals. There was a further donation by the Jesuits Mission Germany amounting to US\$27,000 that went to getting additional PPE, catheters, oxygen cylinders, and machinery for mission hospitals. Other lay associations contributed significant amounts in local currency for utility bills and PPE at the hospitals.





The Church also received support from organisations, individuals, and Caritas Internationalis. Other member organisations such as the Catholic Relief Services, the Catholic Agency for Overseas Development (CAFOD), Misereor, Trocaire, CordAid and various bishops' conferences in the world were offering continued support.

There was no material support from the government per se. However, the government-assisted in authorisations, especially during awareness-raising campaigns, and also gave tax and duty exemption letters for PPE brought into the country by the Church.

The private sector likewise came through for the FBO-run health institutions, and one such health facility that benefited from it was the St. Anne Hospital in Harare run by the Catholic Church. The Church bodies mainly worked in their clusters, and there was little coordination among faith actors.

c. Human rights at the core of the pandemic response

Responses that are shaped by and respect human rights result in better outcomes in beating the pandemic, ensuring health care for everyone, and preserving human dignity. They also ensure that attention is given to those suffering the most. Public health responses are only fully effective if they are grounded in human rights and have the unwavering trust and confidence of communities. Human rights are not only intrinsic, but they are also the very means by which governments can successfully beat a pandemic.

Government measures such as extensive lockdowns restricted people's mobility and curtailed citizen's rights. Such measures inadvertently affected people's livelihoods and security, their access to health care, not only for COVID-19, and to food, water and sanitation, work, education – as well as to leisure.

Zimbabwe's existing issues of weak governance and political violence, widespread poverty, large financing gap, and failed reforms sank the country deeper into the COVID-19 crisis. These challenges made it more difficult to ensure and uphold human rights at the centre of the government's COVID response.

Good Practices of CSOs in Leveraging EDC Principles in COVID-19 Response

Some specific areas where FBOs have participated and incorporated development effectiveness principles within the task force include:

- a. **Communication and Education.** FBOs constantly bridged the information gap between the national task force COVID-19 response measures and the reality and unique challenges faced by local communities. They tried to accurately and reliably communicate messages from health authorities and drew on religious texts and teachings to support them in delivering the information to their communities. In doing this, they dispelled rumours and countered false information. For example, the Zimbabwe Association of Church-Related Hospitals (ZACH) acted as a link between the faith communities and the Ministry of

Health and Child Care (MOHCC) and other health providers and agencies in mainstreaming COVID-19 awareness in their training and work plans.

- b. Human rights advocacy.** FBOs were vocal on issues of increased police brutality since the implementation of COVID-19 lockdown measures. The sector persistently called for security forces to respect human rights and dignity of all citizens. It also called on the task force to initiate conversation between security authorities and the youths, who were often the victims.
- c. Ensuring safe religious gatherings.** The sector's representatives to the task force continued to advise the task force and religious leaders at the grassroots on how to adapt religious activities online. They also advised on guidelines for reopening worship places and for resuming religious gatherings. Furthermore, they delivered messages that shaped social values and offered hope.
- d. Complementary resource mobilisation and humanitarian support.** Many of the FBOs within the multi-stakeholder task force complimented the Minister of Health and Child Care's efforts to prevent the spread of COVID-19 by embarking on resource mobilisation to source PPE from donors and distribute material reliefs to poor and vulnerable communities whose majority were affected by the pandemic.

Gaps

The main gaps that have been observed so far by the study and respondents were:

- 1. Funding gap.** A critical funding gap affected the operational coordination of the response. As of 18 August, the Financial Tracking System (FTS) reported that only 18.9% of the overall Zimbabwe Humanitarian Response Plan (HRP) had been funded (UN OCHA, 2020). Unfortunately, the government was developing an unfettered appetite for loans, which were often either misappropriated or squandered through corruption, rather than fulfilling their designated purpose.
- 2. Increased human rights violation by security agencies.** Continuous human rights abuse by security authorities affected the effectiveness of the lockdown measure.
- 3. Poor accountability.** Even though the task force scheduled bi-weekly meetings, rarely was any new information or data provided on testing, tracing and appropriate care.
- 4. Insufficient task force coordination.** Most FBOs felt that the overall coordination of the various units and stakeholders dealing with the COVID-19 response had been poor. Each entity seemed to pursue its program which had proven to be less effective.



Recommendations



COUNTRY OWNERSHIP

Increased local resource mobilisation and grants instead of loans. Multi-stakeholder funds mobilisation is critical to containing the pandemic and helping in the economic recovery. As part of Build Back Better Campaign, the task force should concretely engage with development partners, including FBOs, on local resource mobilisation, and call for more grants instead of loans from international partners and multilateral agencies like the World Bank.



INCLUSIVE PARTNERSHIPS

Better collaboration between security agencies and community leaders. The task force should propose guidelines that will encourage regular conversation between security agencies and local communities. Improving the relationship between authorities and communities will help reduce incidences of brutality and human rights violation.



TRANSPARENCY AND ACCOUNTABILITY

Ensure greater ownership and strategic partnership: Responding to COVID-19 and rebuilding the economy are responsibilities and challenges not just for governments, but also faith actors, businesses, and the broader independent social sector. The national task force needs to explore more ways of working together and joining up efforts for rapid reach. They should see faith actors and broader civil society as collaborators, not competitors. These will also help in strengthening accountability.

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Effectiveness of COVID-19 Response Measures in the Kyrgyz Republic

Forum of Women's NGOs of Kyrgyzstan



Feminist Groups

Overview

As of 11 November, Kyrgyzstan has recorded 63,960 COVID-19 cases. The Government has also recorded 1,185 deaths, 54,774 recoveries and 8,001 active cases.

The failure to incorporate effective development cooperation (EDC) principles in the COVID-19 response has resulted in poor crisis management, which contributes to adverse socioeconomic impacts. The lack of inclusiveness and multi-stakeholder participation in development approaches have contributed to the low effectiveness of COVID-19 response. The state must involve civil society organisations (CSOs) for an inclusive, responsive, and effective COVID-19 response.

The Forum of Women's NGOs of Kyrgyzstan conducted a case study from July to August 2020 on the effectiveness of COVID-19 response in Kyrgyzstan. The organisation reviewed the impacts of COVID-19 and collected and analysed data based on a feminist perspective. Yet again, women were shown to be vulnerable to the negative consequences of the pandemic. The gender-based implications of the pandemic must always be part of the government's response plans. These plans should incorporate measures to mitigate sector-based risks such as violence against women and girls and to finance small entrepreneurship.

Government Response

The "State of Emergency" was declared on 22 March and extended until 10 May; except in the cities, quarantine restrictions remain.

The government imposed strict measures that included placing checkpoints, shutting down facilities and leaving only grocery stores, food markets, pharmacies, and medical facilities operational (Disaster Response Coordination Unit - Kyrgyzstan, 2020). Citizens were not



allowed to leave their homes, except for urgent reasons. Schools were closed, and the operation of public transport and taxis was limited. People who broke the curfew, which lasted between 8 p.m. and 7 a.m., were arrested and fined.

Despite the measures taken by the Kyrgyz government, it was clear that the country did not have a comprehensive approach to contain the epidemic, and it was not ready for the crisis.

Socioeconomic Impacts

Economy. Kyrgyzstan's GDP is predicted to decrease by 10% in 2020 (ADB & UNDP, 2020a). From January to May 2020, the remittances inflow from labour migrants decreased by 25%. The production level has fallen, export-import operations has decreased, and the unemployment rate has increased. Because of massive job losses, the country's budget is expected to be only 45 to 50% of the original plan (or will be reduced from US\$2.2 billion to US\$1 billion) (Ranov, 2020).

The COVID-19 crisis has also led to shutdowns that hurt the micro, small, and medium enterprises (MSMEs), a fall in production, a decrease in service provision, a decline in income, and changes of development plans.

Loss of jobs and income. There is a risk that between 500,000 to 700,000 people in Kyrgyzstan will be unemployed. Experts predict that 20 to 25% of overseas Kyrgyz will return to the country this year. They will be part of the unemployed population. It is also difficult to track how many jobs have been lost when the economy

closed due to lack of proper employment documentation, specifically those in the informal economy. Tourism and travel services are forecast to eventually disappear in 2020 with a drop in revenue of up to 90%. These services represent 5.6% of GDP in 2018 (ADB & UNDP, 2020).

Impact on women. Violence against women has increased. According to the Ministry of Internal Affairs, law enforcement agencies documented 2,319 domestic violence from January to March 2020. For comparison, this figure is 65% more than in the same period of 2019. The majority (95%) of the victims were women aged 21 to 50 (ADB & UNDP, 2020). Meanwhile, pregnant women constitute a particularly vulnerable group among women. As of 9 September, 16 pregnant women have died from COVID-19 since the start of the COVID-19 outbreak ("16 pregnant women....", 2020b).

Women's economic situation has worsened as they are mainly employed in the informal sector. Their workplaces have either ceased operations or completely shut down, resulting in loss of income and jobs. Women disproportionately bear the impacts of increased care work due to stay-at-home orders and shift to online education. The increased burden of unpaid work on women has remained out of the government's attention despite its commitment to Sustainable Development Goals (SDGs), particularly on gender equality and empowerment.

The scarce presence of women in decision-making bodies has affected the inclusion of women's issues on the government's COVID-19 strategies. Social protection to mitigate the crisis' negative impacts on women has also not been provided.

Analysis of the Application of EDC Principles in COVID-19 Response

a. Ownership

There is no overarching comprehensive national strategy or long-term response plan to mitigate the impacts of COVID-19. Instead, the government prepared three packages of policies to reduce economic and social instability. The first package focused on priority measures, and the second package on the development of a comprehensive post-crisis recovery program. The third package, which focused on measures for post-crisis recovery, was prepared on 3 August.

Available information on the funding for COVID-19 shows the three priority areas for the funding allocations:

1. budgetary support for wages, salaries (health and education workers, military personnel, law enforcement officers), social contributions, strategic reserves (procurement of grain), and purchasing food products to combat COVID-19;
2. prevention of transmission through improving health care and crisis response; and
3. support for the economy, including support to MSMEs, concessional lending, and the agricultural sector.

There is no information about the participation of the parliament, civil society, and local authorities in the development of the government's

policies. A lot of the preparation and discussions happen behind closed doors without public notification of decisions and response plans made.

Publicly available COVID-19 plans have neither clear results-based orientation and accountability mechanism nor a monitoring and evaluation mechanism.

b. Inclusive partnerships

There has been no formal consultation with CSOs since the start of the pandemic. The President hold bilateral meetings and telephone conversations with the heads of the international financial institutions. International organisations and donors have expressed their readiness to provide the necessary assistance to the health sector, support SMEs, ensure food security, as well as the sustainability of the macroeconomic situation.

The participation of CSO representatives remains limited only to food and humanitarian aid distribution, and CSOs are not part of decision-making task forces. But CSO positions have not been reflected in both policy and practice, even in committees where they are represented.

CSOs can only express their positions when it comes to defining the lists and criteria of vulnerable groups in food aid distribution commissions. Other positions, such as those on domestic violence, youth suicides, access to psychological aid, the situation of prisoners in prisons, violation of the rights of doctors, and public access to medical services, have not been heeded.

On the side of the development partners, only donors and international organisations have been involved in the processes of





mutual evaluation of COVID-19 strategies and policies as they mainly provide funds to finance the country's needs during this period.

c. Transparency and accountability

The government has paid very little attention to transparency and accountability, with no publicly available unified report or database on the implementation of its crisis policies.

In terms of humanitarian aid, the official website on coronavirus monitoring (COVID.kg) has a section on humanitarian aid which publishes reports from three ministries (Labour and Social Development, Health, and Finance). These reports contain information regarding the receipt and distribution of humanitarian aid. The Ministry of Finance has its report available on its website (minfin.kg).

Accountability mechanisms mutually agreed on all by stakeholders are lacking at all levels. At the national level, there is still no reporting on the implementation of the first National Anti-Crisis Plan. The entire COVID-19 response mechanism almost does not include either result-based or performance-based accountability processes anchored on principles of effectiveness). There is no accountability in upholding human rights and protecting the rights of women and girls.

d. Human rights at the core of the pandemic response

There has been no nationwide assessment of the needs of the impoverished and marginalised groups. However, various

organisations and bodies have incorporated the needs of these groups into their COVID-19 response programs. For example, some projects targeted such vulnerable groups, people with HIV, and migrants in difficult situations.

The strategies developed by donors such as the UNDP and UN Women traditionally have a gender-sensitive component and take into account the impact of global events such as the COVID-19 pandemic. Also, the ADB project incorporated a paragraph on gender equality and development in the loan agreement with the government to implement the Gender Action Plan (GAP), allocate funds for such, monitor progress and incorporate appropriate provisions for contractors to comply with the measure outlined in GAP in tender documents and employment contracts. However, current government policies still lack a gender-based approach and fail to account for the particular impacts of the crisis on women and girls. None of the government plans has analyses and mechanisms to protect or promote women's rights.

Good Practices of CSOs in Leveraging EDC Principles in COVID-19 Response

Kyrgyz CSOs advocated for inclusiveness, transparency, and responsibility at different levels. They were involved in assessing the social impact of the crisis and carried out various activities to promote human rights, ensure gender equality, and protect vulnerable groups. Some CSOs implemented projects to provide temporary assistance, in the form of material support, during the pandemic. They also provided psychological and legal assistance and referral of domestic violence victims to a temporary shelter.

CSOs also conducted intensive community mobilisation and other actions. For example, the women's organisation "DIA" implemented measures to protect women and other family members from violence, including provisions for first medical, psychological and legal assistance to victims.

Conclusion

Unresolved problems came to light during the COVID-19 crisis. The country's development process management suffered from weak coordination and weak mechanisms of multilateral partnerships. During the crisis, the problem of coordination at the national level

was reflected in the delays in responding to needs and the weak accountability mechanisms became especially visible.

The introduction of gender and human rights perspective into government decision-making processes was already a problem before COVID-19. During the crisis, it became apparent that the lack of gender analysis weakens all COVID-19 activities.

Meanwhile, the crisis showed the strength and cohesion of the civil society, and the ability of the people to organise and make a great contribution to solving problems during the crisis.



Recommendations



COUNTRY OWNERSHIP

The government must:

1. apply EDC principles and develop a long-term comprehensive plan on overcoming the post-COVID-19 crisis;
2. introduce amendments to the existing Development Strategy in connection to COVID-19 and harmonise the Crisis Recovery Plan with the country's strategic documents;
3. introduce amendments to all long-term sectoral public policies (strategies) and development plans of the country, taking into account the impact of the crisis;
4. adopt a social safety net against loss of income and work for women, during and after crises, to provide protection and increase their income;
5. develop and set out a mechanism for protecting women's rights and ensuring the promotion of gender equality as a tool to overcome the COVID-19 crisis;
6. improve coordination of national strategies and plans with local self-governance bodies;
7. involve all stakeholders in formulating a unified development plan for the country;



COUNTRY OWNERSHIP

8. provide resources, including funds and technical assistance, for CSOs, especially those involved in humanitarian response;
9. improve transparency and accountability by:
10. creating a multilateral coordination mechanism;
11. improving information, public communication, and reporting systems;
12. strengthening communication processes with CSOs;
13. publishing timely government reports on the implementation of COVID policies and ODA use;
14. introduce specific performance indicators to government plans, with intermediate indicators and specific commitments by implementers;
15. include information on the situation of marginalised and vulnerable sectors and groups in all country development reports and country budget execution reports; and
16. introduce and use relevant and appropriate performance indicators.



INCLUSIVE PARTNERSHIPS

1. Ensure the participation of CSOs in official bodies responding to the pandemic, especially in bodies engaged in strategic tasks.
2. Ensure the participation of women's organizations in decision-making bodies of COVID-19 response.



TRANSPARENCY AND ACCOUNTABILITY

Donors must regularly publish government reports on how official aid allocated for the country's development and humanitarian assistance has been spent.



LEAVE NO ONE BEHIND

External assistance in response to the COVID-19 crisis should be an additional resource and not counted as ODA, since the withdrawal of resources from ODA would have negative consequences to the development of Kyrgyzstan. ODA should stick to its objective of supporting the country's sustainable development.



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Rights at Risk: Philippines Indigenous Peoples Amid Fascism and Pandemic

International Indigenous Peoples Movement for Self-Determination and Liberation (IPMSDL)



Introduction

Most Indigenous peoples (IP) in the Philippines have retained much of their pre-colonial ways of living. Some still practice hunting and gathering while many have transitioned into agricultural economies. They are integrated at various levels in the mainstream economic, social, and political structure. Many IP communities live in upland, mountainous, and forest-rich regions and provinces in the country.

Majority of the country's natural wealth - mineral reserves, timber products, rivers, and vast resources - are found within indigenous territories. Communities have sustainably utilised these lands and resources by employing indigenous and traditional knowledge. Through the years, they have further developed their practices and successfully transmitted them to succeeding generations. They have persistently defended their territories against the aggressive entry of large-scale mining, hydro-electric power, agro-industrial plantation, ecotourism, and infrastructure development projects.

Over the course of history, IPs have been subjected to systemic marginalisation and discrimination. Indigenous communities have suffered from limited or even zero provision of basic social services such as education, health, livelihood, and housing. They perpetually face exclusion from political processes and engagements in matters relevant to their welfare and concerns. Worse, they face all forms of human rights violations as they stand on the frontlines of the struggle to defend their land and way of life.



Government Measures

Through the Inter-Agency Task Force for Emerging and Infectious Diseases (IATF-EID), the government enacted lockdowns and developed the National Action Plan (NAP) as a blueprint for a supposed comprehensive and strategic pandemic response. The NAP laid down the provisions and measures to be adopted in response to the pandemic, to curb the spread of coronavirus and mitigate its socioeconomic impact on the economy and people. Contrary to the NAP's original goal, the government barely considered the health and welfare of the public, and favoured a more militaristic response. This led to the formation of the military-led National Task Force against COVID-19 (NTF-COVID-19), the chief implementer of these policies under the NAP.

Socioeconomic Impacts

Already facing threats of militarisation and displacement, indigenous communities are doubly burdened by COVID-19 and lack of state support. Likewise, the government has used the pandemic as a weapon against IP communities. Cases of indigenous women's rights being violated during lockdown have been recorded. There have been women threatened by public officials over posts on social media that expose the difficulty of their situation under the country's militaristic lockdown, women questioned and detained by military officials, and women whose communities have been targeted by military attacks.

The harsh measures imposed by the military during lockdown have exacerbated hunger and poverty in IP communities. KATRIBU has reported that several IP communities of Ayta and Lumad peoples have suffered extreme difficulty in securing food sources to feed

their families. Such is the case of IP communities of the Dumagat-Remontado along the Sierra Madre region, where the lack of mobility has compromised their livelihood. In a village in Tanay, Rizal, military personnel banned them from gathering ubag (wild root crop) and honey from the forests. Fruits and vegetables were left to rot amid the ban on people's mobility and farmers were barred from selling harvests in the market. They were forced to stay at home and left to fend for themselves, while the military cut their access to their livelihood and food sources. Another village in Antipolo, Rizal, has experienced food scarcity such that several families reportedly eat only once a day. Worse, their far-flung communities have limited access to food aid and basic goods provided by the government.

While there are no specific recorded data on violence against women and children (VAWC), particularly against IP women and their children across the country, several such cases have been documented. BAI Indigenous Women's Network reported that local officials had intimidated and threatened members of Mammit Women's Association, in a village in Lal-lo, Cagayan Valley, by summoning them to the village hall. They had been questioned about their social media posts that exposed their difficult situation during lockdown. KATRIBU also reported that an indigenous woman leader was held for questioning for three hours at a checkpoint in Nueva Ecija, Central Luzon. She was supposed to bring food provision to 10 stranded people in their swidden farms. Authorities at the checkpoint only allowed her to pass after three hours, though she had carried with her her travel documents (BAYAN Gitnang Luzon, 2020). Meanwhile, in Zambales, the Philippine army assaulted and illegally detained several community leaders following the bombing of a community in August 2020. Villagers, including youth and children, were told to leave their community while an Aeta man was forced to eat human faeces.



Filipino children and youth are the hidden casualties of the pandemic. The impact of unemployment of their parents and guardians has a direct implication on their rights and welfare, particularly on their right to education. Indigenous children and youth are facing adversities and subject to threats and harassment from intensified militarisation of their schools and communities. From March to May 2020, there had been 32 reported attacks on Lumad schools in Mindanao (Diño and Cruz, 2020). With the suspension of operations for IP schools, their right to education is denied by the government itself.

Analysis of the Application of EDC Principles in COVID-19 Response

a. Ownership

Aside from conducting activities such as relief operations, the National Commission on Indigenous Peoples (NCIP), an agency responsible for protecting the rights and welfare of IP in the Philippines, has yet to release a comprehensive plan to localise the implementation of the government's NAP for indigenous population. There are no available data that illustrate the actual condition of IP groups and that could have been used in thinking up appropriate interventions for a particular community. In addition, the NCIP had not not called for any multi-stakeholder consultation where IP groups and other civil society organisations (CSOs), as well as members from the private sector, can engage in the overall design, implementation, and monitoring of COVID-19 response.

The government has utilised its response to the pandemic to maximise its efforts at curbing peoples' dissent. Donation drives and humanitarian missions initiated by indigenous organisations and IP rights advocates have not been spared. IPMSDL member KATRIBU reported that IP organisations in the Cordillera region, Northern Philippines had experienced vilification on Facebook by several accounts and pages. The Cordillera Peoples Alliance (CPA) and Cordillera Women's Education Action Research Center, Inc. (CWEARC) were among the first responders providing relief and assistance to communities hit by the pandemic. They were maliciously tagged as "communist fronts" and had been maligned so that their donation drives would not reach frontliners.

This approach enabled the spate of attacks against humanitarian workers, human rights activists, and volunteers. During the lockdown period, IP rights defenders were illegally arrested and detained. IP leader and staunch anti-mining advocate Gloria Tomalon was arrested in her home in Mindanao on 19 March 2020, just a few days after the nationwide lockdown had been imposed. Her organisation, Kahugpungan sa Tribung Manobo ug Mamanwa nga Nag-umad sa Maayong Ugma (KATRIBUMMU), campaigns against five large scale mining companies that operate in their ancestral lands in the Andap Valley complex.

b. Inclusive partnerships

The government did not engage the IP in securing loans from development partners to fight COVID-19 despite claiming to have in mind the interests of vulnerable groups, in which Indigenous Peoples are included. The Department of Health (DOH) secured a US\$100-



million loan from the World Bank to bolster its efforts against COVID-19. In this project's Stakeholder Engagement Plan (SEP), the DOH claims to "define a program for stakeholder engagement, including public information disclosure and consultation throughout the entire project cycle" (DOH, 2020, p.3). It identified three core groups as its stakeholders - affected parties, other interested parties, and vulnerable and disadvantaged groups. Indigenous Peoples are listed under the lattermost category, but the DOH admitted that "there were no stakeholder engagements conducted in the preparation of this SEP" (DOH: 2020, p.6).

c. Human rights at the core of the pandemic response

The government's intentional disregard for the plight of the IP, under threat of the pandemic, is a continuation of the history of discrimination that indigenous communities have been facing for centuries. IP have suffered particular challenges in finding opportunities since the enhanced community quarantine (ECQ) was implemented all over the country. Without clear government mechanisms to reach out and provide socioeconomic assistance to IP, they remain to have less access to information, health services, and government aid.

Good Practices of CSOs in Leveraging EDC Principles in COVID-19 Response

The COVID-19 pandemic has drawn attention to the glaring gaps in the country's national policies. The absence of a rights-based response to the global health crisis has sustained the ongoing

attacks on IP and other marginalised sectors. Civic participation has been impeded by the presence of laws and policies terrorising the public and preventing them from voicing their concerns or demands.

Despite these challenges, various members of civil society have mobilised their forces in asserting the needs and welfare of the people. For example, progressive organisations, church-based groups, and concerned individuals formed the CURE COVID network to seek creative means to assert the needs of IP, among others, for basic necessities, such as food, medicine and clothing, personal protective equipment (PPE), and to call for a health-based response towards COVID-19. They mobilised their members and networks to raise funds and resources to provide necessary supplies to communities. The network bolstered the public's clamour for free mass testing and initiated relief missions for children and migrant workers dubbed "Tulong Paslit" and "Damayang Migrante."

The Cordillera Peoples Alliance (CPA) reported that 628 families had benefitted from its food relief drives in Benguet province and Baguio City. The group also distributed 195 PPE. Meanwhile, Lingkod Katribu successfully managed to maximise its network of international IP groups and other individual donations through social media. Its humanitarian mission to Dumagat communities in Sitio Nayon, Tanay, Rizal helped 300 families with food packs and hygiene kits. The group was also able to deliver services and food packs to IP communities in Pampanga, Tarlac, and Quezon provinces, and Moro families in Manila.

Some of the challenges in delivering assistance in IP communities involve the difficulty of arranging transport and mobilising volunteers. What poses greater difficulty is passing through military checkpoints where soldiers have been specifically hostile to members of peoples'



organisations conducting humanitarian missions. Some humanitarian workers have experienced being held in checkpoints for hours. On 22 May 2020, ten volunteers of Lingkod Katribu were on their way to conduct a relief mission in Rizal, a province in Southern Luzon. Despite having permits from the local government unit, they were held for hours at a military checkpoint while their team leader was kept away from them in a place near a military detachment.

Consequent to delivering such services, IP organisations have also conducted health education and advocacy campaigns. They are also part of the public's clamour for free mass testing and for the junking of the Anti-Terror Law (ATL). Indigenous leaders have filed a petition to the Supreme Court of the Philippines to challenge the constitutionality of the ATL. The passage of ATL not only exposes the government's misplaced priorities during the pandemic, but is also a desperate move to further militarise rural communities, vilify IP organisations, and criminalise Indigenous Peoples Human Rights Defenders (IPH RDs) who resist anti-people policies and development aggression projects in ancestral lands.

IP organisations have also joined other sectors in bringing human rights issues to attention of the United Nations Human Rights Council (UNHRC). Reports have been submitted, and dialogues facilitated, to urge the UN body to push for an independent investigation on the worsening human rights situation in the Philippines, especially during the pandemic. IP groups have done all this in the face of adversity,

amid threats, harassment, and surveillance from the police, military, and their suspected agents.

Conclusion

The COVID-19 pandemic has only exacerbated the preexisting vulnerabilities of the IP borne of systemic marginalisation and discrimination. This has placed them at a greater risk in facing a health crisis. Basic health services and facilities remain inaccessible to most IP. Food insecurity and hunger have only worsened since villagers were prohibited from entering the forests while economic relief and aid did not reach their communities. Corporate plunder of lands and resources, coupled with militarisation, have led to forced displacement, environmental destruction, and human rights violations. During the months of militarist lockdown and quarantine, the public witnessed how the government weaponised the pandemic against the IP through its IP-centric counterinsurgency programs.

Under a regime where laws and policies are used against the people, principles of democratic ownership, transparency and accountability, inclusive governance, and respect for human rights in COVID-19 response are neglected. This underscores the need to further demand and engage the government, as duty bearer, to provide an enabling environment for a collaborative partnership with various stakeholders and development actors to collectively combat COVID-19.

Recommendations



COUNTRY OWNERSHIP

In this challenging time, a comprehensive plan to combat COVID-19 crisis is imperative to mitigate the impacts of the pandemic and map out the road to recovery and rehabilitation. The plan should reflect the genuine needs of the people, particularly the marginalised and most affected by the crisis. IP groups recommend that the NCIP should facilitate a democratic and transparent process of consultation and dialogue to ensure full participation of the sector in developing the strategic plan and policies for COVID-19 response. The right to consultation and the right to participation, as two fundamental pillars of international standards for the right of IP enshrined in the UN Declaration on the Rights of IP (UNDRIP), must be respected and upheld. Interventions that would be implemented in indigenous communities must be consulted with IP leaders and communities without any precondition. Furthermore, such interventions should address both the immediate socioeconomic needs of the people and long-term solutions to social inequalities faced by IP.



INCLUSIVE PARTNERSHIPS

Government's reported relief efforts for the IP are clearly insufficient and limited. To bridge this gap, CSOs have initiated independent relief operations to provide food packs and aid to IP communities, especially those in remote areas. The government should support humanitarian initiatives and protect them from any form of harassment and vilification to foster synergy and complementarity. Likewise, the NCIP should involve IP organisations and communities in the design, implementation, and monitoring of COVID-19 response for the IP population. This includes developing educational materials and information campaigns about basic health protocols and standards that are sensitive to their context and needs.

Authoritarian governance in managing a health crisis must be abolished to put an end to the violence the people face. This underscores the need to reiterate a more humanitarian approach to dealing with COVID-19 to promote an enabling environment for stakeholder's participation and engagement in crisis management. Instead of criminalising activists and organisations, as well as silencing critical voices, the government should view dissent and opposing opinions as necessary elements and processes to improve government's effectiveness and accountability. The government should junk all policies, laws, and programs such as the Anti-Terror Law, the National Task Force to End Local Communist Armed Conflict (NTF-ELCAC), and its counterinsurgency measures that impede the realisation of human rights and further institutionalise criminalisation of dissenters, humanitarian workers, activists, and IP human rights defenders.





TRANSPARENCY AND ACCOUNTABILITY

The government, through the NCIP, should set up a clearer online mechanism for reporting and monitoring of activities related to COVID-19 response for IP. Data and relevant information about funds received by concerned agencies, as well as reports on how humanitarian aid was spent, should be made available to the general public.



FOCUS ON RESULTS

More than six months into a health crisis, the government should have produced a national-level report to look into the effectiveness and level of responsiveness of COVID-19 efforts. This could also assess the impacts of loans, grants, and other available resources.



LEAVE NO ONE BEHIND

The government and other development actors should make human rights a central theme in COVID-19 response. Indigenous Peoples should have equal access to health services, medical infrastructures, and treatment facilities free from discrimination. Inclusive relief operations and distribution of financial aid are needed to support the immediate economic requirements of communities and poor families to survive the pandemic.

In the face of COVID-19, the Kaliwa Dam project, the New Clark City, Oceanagold mining, and other projects that plunder the lands and resources of IP must be stopped. Consequently, laws such as the Mining Act of 1995 and Rice Liberalisation Law that have a bloody record of human rights violations must be rescinded. Moreover, perpetrators of various human rights violations, particularly in a pandemic, must be held accountable. Working towards a better new normal, the government should focus on developing and implementing people-centred policies and effective development cooperation.

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Advocating for Migrants' Rights Amid the COVID-19 Pandemic: APMM's Work Among Migrants in Thailand and Hong Kong

Asia Pacific Mission for Migrants (APMM)



Migrant and
Diaspora

Socioeconomic Impacts of COVID-19

Before the COVID-19 pandemic, most migrant workers in Asia Pacific and the world were often employed in precarious and demeaning jobs. They were paid low wages, with little to no benefits, and denied regular status and union rights. Aside from facing job insecurity, they were also frequently excluded from social protection. At the same time, they faced racism and xenophobia in their workplaces and residences.

Forced to leave their countries because of widespread unemployment, lack of social services, and rising poverty and hunger compounded by various forms of state violence, migrant workers endure modern-day slavery, being treated as commodities - all this, within the framework of forced migration from their countries of origin.

The pandemic, and the health and economic crises that it has bred, exacerbates this situation. Many migrant workers have been laid off from work or are projected to lose their jobs in the near future. The International Labour Organization (ILO) projected in late

April that almost half of the world's workforce, migrants included, face the risk of losing their livelihood due to the pandemic.

Many migrant workers are also facing work reduction and wage cuts through various schemes. Currently, many lack the income to send money to their hungry families in their home countries, while they struggle to survive in receiving countries.

Thailand

Thailand, the second country to confirm a COVID-19 case, imposed a state of national emergency on 27 March 2020. The declaration instituted a host of measures to contain the pandemic such as curfews, partial lockdowns, and border closures. Since early May, the measures have paid off as Thailand has consistently recorded a low number of cases unlike neighboring countries in the ASEAN region.

The World Bank says the country's economy is expected to slow down by more than 5% in 2020, and will take two years to recover



to pre-pandemic levels. Both low- and middle-class households are threatened by job loss. The tourism sector, which makes up 15% of the country's GDP, is severely affected. Exports are projected to shrink by 6.3% while household consumption, traditionally a strong suit of the economy, is expected to decrease by 3.2%.

Around 8.3 million workers, most of them working in the tourism and services sectors, are expected to lose their jobs or have their incomes reduced, and the youth among them is expected to be hit hardest. Thais who are economically insecure, or living below US\$5.5 per day in terms of purchasing power, are projected to double in size from 4.7 million in the first quarter to 9.7 million in the second quarter (World Bank, 2020). A midyear survey reported that 65% of the respondents had their income reduced, hampering their capabilities to survive the pandemic (The United Nations, 2020a).

Most of the 3.9 million migrant workers in the country's labour force - hailing from neighboring countries such as Myanmar, Cambodia, Vietnam and Laos - work in the fishing, hospitality, construction, agriculture, and rubber sectors. When the state of national emergency was declared, thousands of migrant workers from neighbouring countries sought to return home. Still, many migrants were stranded in the country because of border closures and COVID-19 testing requirements.

A study showed a breakdown of COVID-19 cases in the country by early June: a total of 3,085 cases, of which 2,747 were Thai. The rest were Burmese (56), stateless Rohingya (20), Vietnamese (4), Laos (2), Cambodian (3), of other (240) and unknown (14) nationalities. Myanmar, meanwhile, reported 23 positive cases among migrants who had been deported from Thailand (Chaiprakobwiriya, et al., 2020).

One analyst observed that "COVID-19 cases are not disproportionately concentrated in the migrant communities of Thailand (Tuangratananon, et al., 2020)."

The Thai government extended migrant workers' seasonal work permits until 2021, but this still left unemployed migrants with the threat of deportation. No safety nets were extended to migrants who suffered from job losses because of the pandemic.

Surveys say that 57% of migrant workers claim that they have suffered from reduction in income as a result of the dislocations caused by the pandemic. Because of this, lack of food and plain hunger have become a concern: 76% of the respondents reported that they had heard about food shortages in migrant communities, while 21% reported hearing about families not eating for days. Migrant families also face problems with paying rent, with some reporting that they have been evicted from their homes and forced to live in tents (Leadholm, 2020).

While Thailand included foreign residents in its Universal Coverage for Emergency Patients for COVID-19, it still excluded most foreign migrant workers from said social protection. Migrant workers can access health insurance only through their employers, so unemployed migrants cannot access this insurance. A June ILO survey, conducted largely in Thailand, reported that 97% of unemployed migrants did not have access to social security.

At the same time, that same survey showed that 32% of respondents had reported on COVID-19-related abuses in the workplace, such as employers refusing to give social security cards, violence and harassment, and forced labour (ILO, 2020).



A study shows the heavier burden borne by women migrants because of the pandemic. These problems include women being more vulnerable to cuts in working hours, fishermen's housewives being denied assistance and services as they are often undocumented, deteriorating health services for pregnant women, and repatriation programs that are not gender-sensitive (Chaiprakobwiriya, N. et al., 2020).

Hong Kong

Despite being a transport hub and having millions of visitors from mainland China, Hong Kong was mildly hit by the COVID-19 pandemic during the first months of the year. This was attributed to the country's experience in handling the SARS epidemic of 2003. However, there was a surge in cases from July to August that was largely blamed on policies in handling "imported cases," such as returning domestic helpers and stopover sea and aircrew (Ting & Cheung 2020).

Hong Kong's GDP is expected to contract 6-8% in 2020. Because of a halt in tourism, exports of services continued to decrease along with private consumption and investments. The recent and slight improvement was caused by an increase in export of goods to China, which, on the other hand, sustained its economic upswing after being hit hard by the pandemic in January 2020.

The pandemic resulted in increased unemployment. The unemployment rate from July to September reached 6.4%, the highest in almost 16 years (Census and Statistics Department, HK, 2020). It can reach 10% by the end of the year, or surpass the 8.5% in April-June 2003, when the city was gripped by the SARS epidemic. The hardest-hit sectors are retail, accommodation, and food services

sectors, which have together registered an unemployment rate of 11.7% (Yau, 2020).

Unemployment has so far been kept in check by the government's Employment Support Scheme, which provides wage subsidies totaling HKD81 billion or US\$10.3 billion, from June to November 2020. Fears abound that unemployment would increase after the government announced that the wage subsidy scheme would not be extended beyond November. Wage increase in the city is projected to be a meager 2% next year. In response to the pandemic, the Hong Kong government spent more than HKD300 billion or US\$38.7 billion, which it found unsustainable. Some analysts are looking to China to help the city recover from the economic downturn (Leung, 2020).

Out of the country's significant 400,000 female migrant domestic workers (MDWs) mostly from the Philippines and Indonesia, an estimated 100,000 to 200,000 were laid off from work. Retrenched because of employers' economic woes and fears of being infected with COVID-19, many of these MDWs remain stranded in Hong Kong.

Before the pandemic, laid-off MDWs were asked to leave the city within 14 days. The Hong Kong government granted them visa extensions, but for the price of HKD230 a month. Laid-off MDWs were, however, denied financial assistance and health services, according to the city's Standard Employment Contract, the only contract available to MDWs (Milhaud, 2020).

MDWs who were able to stay in their jobs faced increased workload, as their employers' families stayed home longer and they were given more than the usual amount of work they had had to do before.



Some MDWs were asked to do unreasonable tasks to keep the house clean and hygienic (Gasing, 2020). At the same time, many faced salary cuts because of their employers' difficult economic situation.

Another major issue that affected MDWs was the Hong Kong government's call for them to stay home on Sundays. Staying at home even on their rest day forced them to continue to work, and deprived them of the opportunity to rest, meet with friends, and carry out errands. Given the constricted space in most Hong Kong apartments, this also meant lack of personal space for MDWs.

Restrictions on MDWs' rights, particularly suspending rest days on Sundays, were popular among many Hong Kong employers. For example, the Support Group for Hong Kong Employers with Foreign Domestic Helpers stated back in March that "helpers are not interested in practicing social distancing and will be happy to flout new rules temporarily banning gatherings of more than four people." They further added that "we feel these maids are living in a parallel universe. This is a loophole. They won't fight this battle with us Hong Kongers together" (Chan, 2020).

While it is well-known that the third wave of the pandemic has included MDWs, there is no actual breakdown of COVID-19 cases by nationality. The number of COVID-19 cases among MDWs cannot be ascertained (Siu, Choy & Cheng, 2020). Thus, these pronouncements contribute to baseless discrimination against MDWs as it cannot be ascertained that MDWs are the drivers of the third wave of infections.

Employed MDWs are covered by various forms of social protection. In early August, the government announced free COVID-19 testing and masks for them (Milhaud, 2020).

Despite facing various issues and forms of abuse, MDWs find it harder to seek support during the pandemic. On top of the general difficulty in filing cases against employers, limitations to their rest days and further delays in legal support serve as an added barrier.

Analysis of the Application of EDC Principles in COVID-19 Response

In general, migrant CSOs were not included by governments in making policies in response to the pandemic, even for those policies that would directly affect migrant workers. No consultations were made among migrant CSOs, both in countries of origin and countries of destination. Consulates and embassies which migrant CSOs often engaged with were even closed for certain periods during the lockdown, especially in the crucial early phase of the pandemic.

At the same time, migrant CSOs continued to speak up, expressing concern about the situation of migrant workers, presenting available data on their condition, and amplifying their voices - all with the goal of upholding their rights. Such efforts raised social consciousness about the conditions of migrant work that contributed to political pressures on governments of sending and receiving countries.

In this sense, migrant CSOs' inclusion in the crafting of government policies has been indirect, and forced by these CSOs' actions rather than by governments' attempts to include them in dialogues for the creation of policies concerning them.

It is within this context that we can fully appreciate how governments have carried out some of the measures that are similar to or



compatible with the policies being advocated by migrant CSOs. These measures sought to address migrant workers' immediate needs during the pandemic: information, protection, and relaxing of immigration rules, among others.

1. The Thai government carried out an extensive information dissemination drive among migrant workers, using the latter's various languages.
2. The Thai government helped repatriate migrant workers to sending countries and released funds for this purpose.
3. Both the Thai and Hong Kong governments eventually relaxed the stringent immigration policies to help migrant workers who had been laid off from work.
4. The Hong Kong government and police were forced to reduce police presence, ostensibly aimed at enforcing social distancing, in public areas on Sundays. This was a result of complaints raised by migrant CSOs that police presence was visibly increased during rest days of the country's MDWs. Migrant CSOs claimed that, with police around, the stereotyping of migrant workers as virus carriers and transmitters had been reinforced. They also claimed that the practice was unreasonable, as migrant workers left home once a week while their employers and their employers' family typically went out of the house six days a week.

Aside from governments' non-inclusion of migrant CSOs in dialogues for policymaking, civic space amid the COVID-19 pandemic has substantially shrunken. While prohibitions and limitations imposed on office work among migrant CSOs can be overcome through

communication platforms on the internet, hindrances to their constant communication with their constituents, the migrant workers themselves, cannot be overcome as easily.

Prohibitions on mass gatherings have also especially affected migrant workers, preventing them from holding collective forms of actions to demand their rights. While Thailand and Hong Kong are some of the countries where citizens have been successful in defying such prohibitions and asserting their right to assembly, such actions cannot easily be carried out by migrant workers, who are always considered second-class citizens in receiving countries. In Hong Kong, migrant CSOs applying for permits to hold mass gatherings and promising to carry out social distancing have been denied such permits.

While welcome, the positive actions taken by governments of receiving countries have been only minimally helpful in advancing the human rights of migrant workers. The minimal actions that they have undertaken to advance migrant workers' rights - that is, to meet the workers' immediate needs - are aimed at preventing the latter from being active carriers and transmitters of the COVID-19 virus. It seems that their attitude is to leave the responsibility for migrant workers to governments of sending countries.

Governments of sending countries, for their part, also do not undertake actions that advance migrant workers' human rights in a significant way. Facing the crisis with meagre resources, these governments often exclude migrant workers from various forms of assistance and protection, viewing migrant workers as relatively better off among its citizens. While they are forced to provide minimal assistance, they certainly do not have a comprehensive response to



the pandemic that seeks to uphold all of the rights of migrant workers, especially those who have been laid off from work and forced to go home.

Good Practices of CSOs in Leveraging EDC Principles in COVID-19 Response

With the lack of attention given by governments to the immediate and strategic impacts of the pandemic on migrants, the Asia-Pacific Mission for Migrants (APMM), a regional institution supporting the empowerment of migrants and their movement-building, developed the COVID-19 Migrant Monitor as a campaign for information dissemination, service delivery, and advocacy for the rights of migrants.

In early March, the APMM launched the “COVID-19 Migrant Monitor” website and Facebook page, together with its partners: the International Migrants Alliance (IMA), a global alliance of grassroots migrant organisations and advocates in 35 countries; the Alliance of Marriage Migrant Organizations for Rights and Empowerment (AMMORE), an international platform of immigrant women, marriage migrants, and their advocates; and the Interfaith Network for the Rights of Migrants (INFORM), a network of faith-based organisations that provide services to migrants in crisis or are actively advocating for the rights of migrants at various levels.

The website contains information on government responses, on actions and initiatives of migrant organisations, service providers and advocates, and survey questions about the situation of migrants. The

The Facebook page, meanwhile, serves as a centre for various migrant-related news and information about the pandemic.

Aside from describing the general situation of migrant workers and formulating their general demands, the APMM also focused on the situation and immediate needs of migrant workers in various countries.

Filipino migrant workers in Thailand. APMM conducted an online survey among Filipino migrant workers in Thailand to find out their situation and needs. The online survey was able to gather a total of 379 respondents and revealed the following: 53% had been laid off from work; 39% had been subjected to a “no work, no pay” setup, 14% of which were laid off eventually; and 17% had suffered from reduction in working hours and salaries.

As a result, an overwhelming majority of the respondents reported that they had not been able to pay rent, pay for electricity and water, and buy food and basic needs. Around 33% survey respondents reported that they could not send remittances to their families at home, while 31% reported that their visa status had been affected.

The APMM called on the governments of Thailand and the Philippines to help the migrants secure the following needs: food relief, PPE such as face masks and alcohol, assistance related to employment, health services, and visa and temporary shelter, and repatriation. It asked the governments to extend to Filipino migrant workers their respective financial assistance packages. In particular, it called on the Philippine government to include Thailand among the priority countries to which to send financial assistance for Filipino migrant workers.



In May, the APMM sent letters to the governments of Thailand and the Philippines to present the survey results and appeal to the governments to take appropriate action.

The APMM also highlighted the creation of the Facebook page "Damayang Migrante sa Thailand" (Migrants Helping Each Other in Thailand), an initiative of Filipino migrant workers to gather assistance and to connect with fellow migrants in need.

The death by suicide of Melvin Cacho, a 27-year-old Filipino migrant worker employed in a government school in Thailand, on 2 June further highlighted the dire situation of Filipino migrant workers in the country as a result of the pandemic and its impacts on employment and the economy. Cacho, who had been put under a "no work, no pay" setup, left suicide notes expressing his stress, anxiety, and hurt over his predicament.

The APMM promptly expressed its condolences with Cacho's family and friends, and asked the governments of Thailand and the Philippines to send his remains back to the Philippines without cost to his family and to provide the latter with financial assistance. Noting the Philippine government's exclusion of Filipino migrant workers in Thailand from the list of beneficiaries of financial assistance, the APMM reiterated its call for financial and repatriation assistance to all Filipino migrant workers in the country and elsewhere.

Migrant Domestic Workers in Hong Kong. The Asian Migrants Coordinating Body (AMCB), with the assistance of the Mission for Migrant Workers (MFMW), a leading and trusted service provider for Asian migrant workers, and the APMM, conducted an online survey among migrant domestic workers (MDW) in Hong Kong. The survey

gathered 1,127 respondents, 54% of which were Filipinos, 44% Indonesians, 0.18% Thai, and 0.09% Sri Lankan.

The survey showed that more than half of the respondents had insufficient face masks and sanitisers. It also showed that 30% of them had bought their own masks and sanitisers, more than half claimed to have worked longer than they did the previous month, and 25% had complained of lacking sleep. The survey also revealed that 40% of the respondents had not left the house in the month prior to the survey, which meant that these respondents did not take their "off days," and almost 20% of them had not been allowed by their employers to enjoy their weekly rest day or received a salary that was less than what they used to receive.

On 16 March, the AMCB-Hong Kong released a statement summarising and analysing the results of the survey, spelling out the needs of MDWs and calling on the Hong Kong government to enact various measures to protect them.

The AMCB-Hong Kong said that the survey showed that MDWs were vulnerable to COVID-19. The financial assistance extended to Hong Kong residents was not extended to MDWs, which could have helped ease the latter's financial burden. Stress among MDWs also increased due to additional financial burden, lack of sleep and rest, and prolonged isolation from family and friends. This is compounded by discriminatory and exclusionary government policies such as the "mandatory live-in arrangements" and social distancing protocols. Such stress would make MDWs even more vulnerable to becoming sick with COVID-19.

The survey also showed an increase in labour rights violations, with



the following as the most common: deprivation of weekly statutory rest day, overexposure to harmful chemicals for cleaning, and lack of access to redress and grievance mechanisms.

The AMCB-Hong Kong pointed out that, instead of upholding migrants' rights amid the pandemic and giving MDWs protection, the government's palpable objective was to prevent MDWs from becoming carriers and transmitters of the virus.

The group claimed that the pandemic was exposing the longstanding problems faced by MDWs in the areas of wages, working hours, accommodation, and other labour rights. It criticised the Hong Kong government for passing on the responsibility of combating the pandemic to households, and for excluding MDWs from assistance and other safety nets. It stressed the need for the government to help protect MDWs and to ensure their wellbeing if the city is to successfully curb the spread of the disease.

In the end, the AMCB-Hong Kong called on the Hong Kong government to carry out the following policies to protect the city's

MDWs: (1) a comprehensive approach to the pandemic that supports households and includes MDWs; (2) the latter's inclusion in the government's financial assistance program; (3) an information drive among households with MDWs about their responsibilities to the latter; (4) an information drive among MDWs themselves; (5) ensuring stable affordable prices of protective equipment; (6) withdrawing the Labour Department's discriminatory advisory that "suggests" that MDWs stay in workplaces during rest days; and (7) scrapping the "two-week rule," which mandates that MDWs whose contracts have expired or terminated must find employment and secure a new work visa within two weeks of the end of their previous contract, and, to help improve MDWs' working and living conditions, making optional the standing "live-in policy," which mandates that MDWs live in their employers' house.

From the foregoing, one can say that the APMM has been engaging with and working for migrant workers at the national level, lending an ear to their woes, systematising and presenting their situation, and calling on governments of both migrant-sending and migrant destination countries to respond to migrant workers' immediate needs during the pandemic.

Recommendations

Many months after the WHO declared the 2019 coronavirus disease a pandemic, there is still no end in sight to the COVID-19 global health crisis. Worse, experts warn that, with the further destruction of nature and the encroachment of human residences and communities into wild animals' habitats, similar pandemics are sure to erupt in the future.



Recommendations with regard to upholding migrant workers' human rights in relation to the COVID-19 pandemic therefore takes on a more urgent and long-term dimension.



COUNTRY OWNERSHIP

In upholding the right of developing countries as migrant-sending countries to set their development priorities, they should also appreciate the need to embrace upholding migrants' human rights as central to development. Migrants and the labour export policy lies at the heart of the fundamental issues of development: decent jobs that are domestically generated, an independent and sustainable economy, and an economy that puts the interests of the people first.



INCLUSIVE PARTNERSHIPS

The foregoing highlights the need for CSOs representing and working with migrant workers to be included in the discourse on development cooperation. Voices of migrant CSOs have to be heard because they have something to say. Migrant CSOs must be invited to sit at the table because they represent a constituency that is not yet represented there. The pandemic must be seen, by both governments and the private sector, as a clarion call for inclusive partnership, not for implementing measures that only cause further shrinking of civic spaces.



TRANSPARENCY AND ACCOUNTABILITY

Governments and the private sector must work with CSOs in setting clear target results with regard to upholding migrant workers' human rights amid the pandemic, in designing and monitoring actions in achieving these results, and in accepting responsibility for the achievement or non-achievement of short- and long-term goals. In this area, there is so far an utter lack of transparency and accountability especially in policymaking processes in response to the pandemic, which has been largely top-down. CSOs are largely left out of policymaking as if they are already being held accountable for lack of compliance with previous commitments.



FOCUS ON RESULTS

The needs and demands of migrant workers, as highlighted by the pandemic, are concrete. Some of these are: (a) information about and protection from the coronavirus; (b) assistance and social protection when workers are laid off from work; (c) improved working conditions in the areas of wages, benefits, health, and safety; (d) end of discriminatory and repressive immigration policies, especially in emergency situations like the pandemic; (e) assistance from governments of sending countries in terms of repatriation and aid for families back home; and (f) decent jobs at home and an end to labour export policy.



LEAVE NO ONE BEHIND

Migrant workers, as part of marginalised populations, must be included in and even be at the centre of governments' development discourse and paths. Policies of governments of both sending and receiving countries generally leave migrant workers behind.

The pandemic forces us to recognise that, if we are to survive it, no one should be left behind. The experiences of many countries show that countries' citizens are not safe from the pandemic if migrant workers are not safe. Migrant workers' health should be upheld in a holistic manner, in the context of their human rights. Governments of receiving countries should undertake measures to ensure this. Ultimately, however, not leaving migrants behind means that governments of sending countries should forge and traverse a development path that will create decent jobs at home and will do away with labour export to mitigate impacts of crisis on migrants.

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Rural Sector's Key Findings on Evidencing EDC Principles in COVID-19 Response in Indonesia, Bolivia, and the Philippines

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Rural Sector

Introduction

Neoliberal policies in agriculture and the absence of genuine agrarian reform have resulted in food insecurity and rural hunger in developing countries. The COVID-19 pandemic has only exacerbated this condition as shown in the cases of Indonesia, Bolivia, and the Philippines.

Government Measures

Indonesia

The Indonesian government implemented Government Regulation No. 21 or Pembatasan Sosial Skala Besar (PSBB), its national COVID-19 policy, in March. Some of its key features included suspension of school and non-essential work, restrictions on religious activities and activities in public places and facilities, and a limit to people's mobility. The president also released related policies such as Presidential Instruction No. 4 and government regulations in place of law to guide financial systems and ensure stability during the pandemic. Some of the important features of these rules included budget reallocation of

all ministries, institutions, and central and regional governments for activities to handle COVID-19. Lastly, Presidential Decree No. 9/2020 was released to regulate distribution permits and imports of medical devices and where the whole licensing process is made easier.

The Indonesian government provided cash assistance to its citizens. However, these programmes lacked comprehensiveness, were insufficient, and became a source of conflict among the people due to unequal distribution, especially for the peasants. Social assistance was



given only to those whose income was below the poverty line (Rp440,000 per month or about US\$30 per month), those who lost their jobs or who had not yet received other routine assistance. For rural families, access was even more limited, and the amount of the money given was very small—just enough for them to survive for a while but could not cover their other daily needs (PANAP, 2020a).

Workers, farmers, and other poor communities who did not meet the criteria were excluded from receiving social assistance. Peasants who experienced a decline in income and who were previously poor, particularly farm labourers, were not targets of the Village Fund BLT social assistance. People who did not have an Identity Card (KTP) in their place of residence (migrants) also could not receive assistance.

Bolivia

Following the confirmation of first COVID-19 cases in Bolivia in March, the government issued a series of decrees including the declaration of a State of National Emergency, flight suspensions and border closures, total quarantine, and approval of a national contingency plan (United Nations Bolivia, 2020). However, there was a lack of leadership demonstrated by the government and the president. Oftentimes, the declarations of the different ministries contradicted, and coordination with sub-national governments was minimal.

The Philippines

In the Philippines, President Rodrigo Duterte signed Proclamation No. 922 on 8 March which declared a State of Public Health Emergency throughout the country. This facilitated access to funding, eased procurement processes, enforced mandatory

reporting and quarantine, and imposed travel restrictions, as provided under Republic Act No. 11332. On 16 March, President Duterte issued Proclamation 929, declaring enhanced community quarantine (ECQ) easures and expanding coverage to the entire Luzon island. The proclamation also placed the country under a state of calamity.

The Social Amelioration Program (SAP) was launched to provide emergency support or lifeline assistance to low-income families. Further assistance was given to other vulnerable groups such as informal workers (Malindog-Uy, 2020b). However, even with emergency powers granted to the president, bureaucratic hurdles and inefficiencies continued to stall urgent relief efforts. Financial assistance to farmers and fisherfolk was also slow to roll out and negligible. The Department of Agriculture reported assisting 300,994 farmers under the Rice Farmers Financial Assistance Program and 52,043 farmers under the Financial Subsidy for Rice Farmers Program. This means that only a total of 353,037 farmers have been given subsidies or just 3.6% of the country's 9.7 million farmers, farmworkers, and fisherfolk (IBON, 2020).

Socioeconomic Impacts

Indonesia

Economy. Economic growth in the second quarter of 2020 dropped by 5.32%, the worst since the 1998 Asian financial crisis. An estimated 3.5 million people had been laid off as a result of this crisis, as of 31 July 2020 (OCHA et al. , 2020), adding to the 6.88 million unemployed people recorded in February (Akhlas, 2020). The four main sectors



that laid off some of their workers were tourism, trade, manufacturing, and agriculture. According to the current Head of Bappenas (Ministry of National Development Planning), they expect 2021 unemployment to befall around 12.7 million people.

People. The number of poor people increased by 1.63 million people in March 2020. It is estimated that there will be around 28.7 million poor people by the end of 2020 (Akhlas, 2020). These figures, however, do not represent the real poverty on the ground where the number of people living under the poverty line is possibly bigger than the data shown. Wages have been cut while layoffs and job insecurity have increased, causing declining income and deteriorating public service.

President Joko Widodo announced that provinces across the country had experienced deficits in key staples such as rice, red chilli, chicken eggs, sugar, and garlic (Tantau, 2020). There are no subsidies for agricultural production and consumption, staple food, and other basic needs for Indonesian peasants. The rising prices for agricultural inputs and falling prices for commodity crops are an additional burden for peasants.

Food prices are increasing as a result of the government's reliance on speculation. For example, the government's restriction on movement between rural areas and the cities has been used by traders and speculators to increase food prices. People are now relying on online platforms to trade food and other commodities at higher prices. Consumers need to shoulder additional costs, such as for internet connection, for higher electricity consumption, and even for buying

smartphones. The government does not provide good and reasonable prices for the products of local farmers and just relies on imported food, which is priced higher (PANAP, 2020b).

Children and youth in rural areas are at high risk of being excluded from education due to challenges in accessing online education. This policy also adds burden on rural women who have to assist their children during online classes while fulfilling their family's needs. The number of cases of violence against women has increased sharply since the pandemic due to economic problems in households, and it is getting worse daily.

Bolivia

At least 60% of workers in the MSME sector are at risk of losing their jobs due to the lack of emergency financial assistance from the government. The country has 600,000 MSMEs, 30% of which have shut down their operations because of the pandemic. Meanwhile, 120,000 small production units have been closed nationwide, while others have changed course. As a result, informal trade has grown due to the unemployment in many productive units in the country.

Social isolation and school closure have both been implemented. The increase in the number of sick people has resulted in the increase of unpaid and care work in families, thereby increasing women's burden. This situation is much more serious in overcrowded households without access to basic services. The unequal distribution of care work is a central dimension of gender inequity in the country.



The Philippines

In the Philippines, lockdown policies, which limit the mobility of food producers, aggravated their precarious peasant situation. Before the pandemic, based on estimates by the Peasant Movement of the Philippines (KMP), seven out of ten farmers did not own the land they tilled, and four out of ten were deep in usurious debt. Recently, IBON Foundation (2020) estimated 2.5 million farmers, farmworkers, and fisherfolk had been economically dislocated due to lockdown policies.

During the lockdown, 13.6 million families, or 76% of the 18 million low-income families, were hungry. This denotes how food insecurity has worsened in the Philippines, according to KMP. In Isabela province, for instance, rural women has lost 50% of their income. In the Bicol region, women only get PHP2,500 (US\$52.05) from the promised PHP8,000 (US\$166.55) relief. The National Federation of Peasant Women (AMIHAN) has also reported discriminatory practices in the implementation of the government's social amelioration program.

Official Development Assistance

In Indonesia, the government borrowed money from bilateral partners and international financial institutions (IFIs) to address the COVID-19 pandemic. Some of these partners include the USA, Japan, Australia, the Asian Development Bank (ADB), the World Bank, the Asian Infrastructure Investment Bank (AIIB), the Islamic Development Bank (IDB), UNICEF, the United Nations Development Programme (UNDP), and the World Health Organization (WHO). The government is also

preparing a scheme for the sale of State Securities in Foreign Exchange (SBN Valas). All debts and assistance provided by donors use the state system, including those specifically regulated in Presidential Decree No. 9/2020 concerning the flow of medical assistance to Indonesia.

In the Philippines, the Duterte government procured loans and grants amounting to US\$10.94 billion (more than PHP529 billion), as of August 2020, to finance its fight against COVID-19. So far, the country already obtained half the US\$21.62 billion in additional official development assistance (ODA) it had received in 2019 (De Vera, 2020).

The risks of corruption are also noted at these stages: (1) when funds are allocated to and managed by the governments; (2) when decisions are made on who will be the recipients or beneficiaries; and, (3) when funds are handled by the distributing government agencies.

Analysis of the Application of EDC Principles in COVID-19 Response

a. Ownership

Despite several policies it had implemented, the Indonesian government failed to comprehensively tackle the pandemic and fulfil the needs of the people. The government was incapable of addressing the problem of peasants in agricultural production even as it was able to provide financial support to big corporations, in the form of bailouts, and protect their interests.



The Philippine Department of Agriculture released an unconditional cash transfer to a total of 300,994 rice farmers out of the targeted 597,404 rice farmers. The LandBank also reportedly distributed unconditional cash transfer to 18,495 qualified farmers out of the 591,246 targeted farmer-beneficiaries or those located in provinces not covered by the Rice Farmers Financial Assistance (RFFA) program. According to KMP (2020), however, the Agriculture Department had to work harder to cover around 9.7 million farmers, farmworkers and fisherfolk in need of assistance.

Both Indonesia and the Philippines recognise the aid provided by donors to assist the government. Unfortunately, this aid is highly dependent on developed countries and their financial institutions. There is no CSO participation in needs assessments and planning to increase local democratic ownership of COVID-19 policies and plans.

b. Inclusive Partnerships

In Indonesia, the COVID-19 response is led and implemented by government institutions, the military, and police. There has been no open, democratic mechanism to ensure CSO participation in the planning, implementation, and evaluation of the National Strategy of COVID-19. The Indonesian Doctors Association (IDI) is involved only in provincial-, city-, or regency-level task forces.

There are legal regulations that allow CSOs and the public to access information, policies, and strategies on COVID-19. However, the formation of COVID-19 task forces has limited such access. Through intimidation, criminal threats, and harassment, the existing policies

dominantly push the enactment of prohibitions on, suppression of, and penalties for the exercise of people's right to expression and assembly and their cultural and social-political activities.

Due to the lack of their involvement in the official COVID-19 response, CSOs released joint petitions from their networks, such as from Jaringan Masyarakat Sipiluntuk Indonesia Bergerak (WALHI, AMAN, SBMI, the Indonesian Women's Coalition, YAPPIKA-Action Aid, and others), and from civil society coalitions such as Open Government Partnerships or Koalisi Masyarakat Sipiluntuk Kemitraan Pemerintahan Terbuka (PATTIRO, YAPPIKA-Action Aid, ICW, LBH Jakarta, Elsam, and others).

In Bolivia, the parties involved in the design, implementation and monitoring of COVID-19 response strategies and policies are the state and international bodies such as the WHO-Pan American Health Organisation (WHO-PAHO), the UN, the Organisation of American States (OAS), Grupo del Banco Mundial (World Bank) and Fondo Monetario Internacional (International Monetary Fund). In the sub-national bodies, this task has been carried out by the municipal or departmental emergency operations committees as deemed appropriate. After three months of quarantine, civil society began to question the actions by the central government and sub-national governments, as these actions showed no satisfactory results.

Indigenous Peoples in Bolivia are being disproportionately affected by the pandemic. Amnesty International notes how their right to participate in decision-making processes on issues that affect their rights continues to be undermined. In the pandemic, this has resulted



in the lack of a public health policy to protect them. This is compounded by an increase in the use of racist rhetoric that discriminates against them. IP rights continue to be put at risk by the granting of licenses for economic projects, such as oil concessions on community lands without the IP's free, prior, and informed consent and with the resulting environmental degradation of their territories (Defensoria del Pueblo, Estado Plurinacional de Bolivia, 2020).

c. Transparency and accountability

There are two systems used in Indonesia to collect information related to COVID-19. Bersatu against COVID-19 system, an integrated information system, records confirmed patients, those in treatment, those who have recovered, deaths, cases per province, cases by age group, symptoms, conditions, trends at the national level, foreigners who are positive for COVID-19, and zoning maps. This is available to the public. The Ministry of Health's New All Record is another information system, but which can only be accessed by officials and health workers. This system is used for any reporting of developments in COVID-19 cases throughout Indonesia.

Government reports on the development and humanitarian assistance are available on the website of the Indonesian Ministry of Finance. However, the latest data so far released is only until April 2020. The website only presents data on sectors and groups of aid recipients but it does not contain information on the conditions of marginalised communities, particularly labourers, poor peasants, and agricultural workers.

Even amid the pandemic, corruption was rampant as some local government officials in the Philippines took advantage of the crisis to enrich themselves. The Department of Interior and Local Government (DILG) reported that about 1.7 million families had not received the cash grant of PHP5,000 (US\$100) to PHP8,000 (US\$150) per family under the Social Amelioration Program (SAP). Also, 183 village officials accused of involvement in anomalies in the distribution of the SAP cash grants were investigated.

There are around 886 local government officials, of which 364 have been elected and the rest appointed, who are now facing criminal and administrative charges due to their alleged violations of duty during the distribution of cash aid under SAP. Even provisions for agricultural assistance have not been spared from corruption, including malversation of the fertilizer fund via the Rice Resiliency Project, a component of the COVID-19 response program of the Department of Agriculture (Amihan Peasant Women, 2020a).

Bolivia has regulations for auditing, social control, and accountability enacted to ensure transparency in the public administration. The law of social control guarantees citizen's right to receive information in a written or verbal way about the management of goods and public budget, regarding the approved budget before and during the pandemic. However, Bolivia's health minister Marcelo Navajas has been arrested on suspicion of corruption related to the over-priced purchase of ventilators (The Telegraph, 2020a). Bolivian health workers have denounced the lack of supplies and conditions in public facilities. Mismanagement of the pandemic has amplified the population's rejection of President Jeanine Añez.



d. Focus on results

There are no regular reports on the implementation of the national strategy. COVID-19 cases continue to increase. This means that the national strategy has failed in addressing the outbreak. The national strategy for economic recovery, by refocusing and reallocating the budget, has failed to address the economic decline.

Months into the pandemic, several sectors of the Philippine society already raised their concerns about insufficient provisions for health care, including mass testing, contact tracing and quarantine, and support for workforce efficiency. CURE COVID and other CSO platforms continue to call for a comprehensive, effective, humane, participatory, and transparent response to the crisis (Umil, 2020).

e. Leave no one behind

In Indonesia, people with other diseases, women, and children, experience difficulty accessing health facilities. To date, there is no free mass testing program. While there is basic food assistance of Rp200,000 per family, there are no guarantees of replacement work and compensation for bankrupt MSMEs. There are no special policies and facilities in place for women and children, especially for pregnant women and toddlers who are arguably much more vulnerable to the socioeconomic impacts of the pandemic. Those in rural areas face greater difficulty in availing of and receiving health care. They need to reach the cities far away from the village to get medical treatment, which is too expensive, especially for farmers and other rural sectors.

Health care for marginalised populations in Bolivia has been severely lacking. Instead of medicines, the Anez government has spent over US \$50 million in weapons and chemical agents. Worse, the former president expelled Cuban doctors who could have provided valuable service at this time.

The poor suffer the most in the Philippines, bearing the brunt of the inadequate government response to COVID-19. The government has consistently left urban poor dwellers out of social assistance packages. Access to COVID-19 testing proves to be a challenge for the poor and disadvantaged, with tests amounting to about a little over PHP1,000 (around US\$21) or to as much as PHP15,000 (US\$312.80). The government's Balik Probinsiya, Bagong Pag-asa Program, which offers assistance to those who have been urged and decided to return to their provinces, is flawed. It offers false hope to the urban poor that they are better off outside the metropolis when, in fact, fundamental problems await them in the provinces due to rural underdevelopment and the absence of genuine land reform.

Even the shift to online learning has caused challenges to poor families, particularly those in the countryside. Without enough provisions from the government and with internet connectivity spotty at best, low-income families choose to prioritise buying food and other necessities. Mothers are also preoccupied with work on farms, other livelihoods, or household chores. Their daily goal is to secure food for the next meal. They are far too busy making a living and still recovering income losses due to unnecessarily repressive lockdown policies. They are asking for government assistance such as financial, livelihood, and production subsidies (Amihan Peasant Women, 2020c).



e. Human rights at the core of pandemic response

Stringent accountability systems must be established to ensure COVID-19 measures are consistent with human rights law and norms, with recognition of women's rights instruments and the use of gender- and human rights-based approaches.

According to INDIES, the Indonesian government's COVID-19 response does not follow statutory regulations, especially Law No. 6, concerning health quarantines, that states that the government is obliged to provide and fulfil the daily necessities of life for people living in areas that are designated with health emergency status. This essentially violates human rights because people are forced not to work, but the government is not providing them with aid. During the pandemic, it has also failed to ensure better health insurance benefits to the public and provide necessary equipment to hospitals to prevent virus transmissions such as masks, hand sanitisers, and personal protective equipment for health workers.

The handling of the pandemic has resulted in many types of human rights violations. Governments in Indonesia and the Philippines have essentially prohibited political expression, such as assemblies and mass protests. Anyone that protests is arrested and penalised. Both governments have also emboldened the police with shoot-to-kill orders against quarantine violators.

In Indonesia, the government formed a cyber-task force to monitor all online information and critical opinion on social media. The

government also implemented restrictions on cultural and religious ceremonies. For last year's Eid Mubarak, the government prohibited people from going back to their villages (PANAP, 2020c). In April, at least 19 Maluku activists were arrested and charged with treason for waving the flag of the South Maluku Republic in an activity to commemorate its 70th founding anniversary (PCFS, 2020a).

In Bolivia, Amnesty International remarks on new decrees and laws that violate the right to freedom of expression and allow authorities to launch criminal prosecution against health workers, journalists, and political leaders who express opinions that are critical of government policies. The government has scarcely guaranteed compliance with human rights norms; the health system does not provide timely and quality care; and the right to education and the right to food remain yet to be realised to the fullest. The national government has also deployed military personnel in the city to control the population's movement and arrest political opponents.

In the Philippines, there are recorded cases of human rights violations, such as illegal detention of those who have allegedly violated quarantine procedures. Attacks against democratic rights also continue. The controversial Anti-Terror Law was passed amid the pandemic and much public outcry. Critics have sounded the alarm on this new law, which could be weaponised to target organisations, red-tag individuals critical of the government, and justify further violence.

Police forces have harassed and threatened organisations that are doing relief operations in provinces. In April, police stopped and arrested humanitarian volunteers in a relief drive led by Sagip



Kanayunan, despite their government-issued food passes. On Labour Day, 76 activists and relief volunteers were apprehended on charges of quarantine violations. In July 2020, AMIHAN denounced the red-tagging, harassment, and threats against 29 activists and leaders of people's organisations.

Good Practices of CSOs in Leveraging EDC Principles in COVID-19 Response

Civil society groups in Asia have come together and amplified the voices of the marginalised amid the pandemic. In early April, "Rural Voices" campaign was launched by the People's Coalition on Food Sovereignty (PCFS), together with peasant groups, setting off a series of webinars, while PAN Asia Pacific launched "Food and Rights Now." Both campaigns have since organised webinars and on-the-ground activities to support affected rural populations.

In Indonesia, INDIES, Aliansi Gerakan Reforma Agraria (AGRA), Pembaru, and Seruni have carried out integration programs into villages during the pandemic. This program aimed to help rural communities in their production and other economic enterprises, and to strengthen their resilience amid COVID-19. This programme also integrates various political and socio-cultural activities, such as the campaign for the rights of peasants in the COVID-19 response, education for peasants, women and rural youth, cultural activities, and children's creative avenues.

In Bolivia, IPTK has launched the following actions in response to COVID-19: (1) organisation of common pots; (2) "Without corn there is no country" campaign; (3) free distribution of natural medicine; and (4) volunteer medical brigade to send to remote areas.

In the Philippines, the PCFS, together with other groups, organised a fund drive to help frontline health workers. The funds raised were given to the Council for Health and Development (CHD) where they bought PPE and medical supplies that are running low due to deficient state support.

PCFS member-organisations and networks in the Philippines started their relief drive campaigns in affected rural communities through Sagip Kanayunan and Tulong Anakpawis. The relief goods came from donations of farmers and the general public (PCFS, 2020b). CURE COVID, a loose network of grassroots organisations and volunteers, was born in April with the aim of meeting the most urgent needs of communities affected by COVID-19.

Farmers from Norzagaray and San Jose Del Monte in Bulacan City, along with land reform advocates in the Philippines, have devised innovative ways to still earn income despite the strict measures imposed upon residents due to the Enhanced Community Quarantine. On 26 March, KMP launched the Bagsakan Farmers Market and started selling Bulacan farmers' crops on Facebook (KMP, 2020a). Bagsakan also served as a venue for food relief operations to aid locked-down urban poor communities. Another initiative from the peasant groups was Bungkalan, which provided farming community's food needs in the absence of emergency relief

and production aid from the government. Bungkalan also served to assert peasant advocates' opposition to the wanton destruction of farmlands caused by neoliberal policies on agriculture (KMP, 2020b).

Conclusion and Demands

The PCFS has launched its Nine Demands for Food and Rights. This aims to reach relevant policymaking spaces on addressing food security amid the pandemic, as well as demand immediate support to affected rural populations.

Finally, we call on all the governments:

1. to focus on the efforts that will strengthen people's resilience amid the pandemic and its impacts.
2. to ensure transparency and accountability of the government, its partners, IFIs, and donors, by establishing national oversight and redress mechanisms and guaranteeing CSO participation in order to monitor the
3. integrity and accountability in the government's COVID-19 response;
3. to stop the undemocratic and unjust COVID-19 response led by governments, and to design and implement a comprehensive public health policy to protect the rural communities;
4. to strengthen social solidarity among people and to help mobilise resources in both national and international arenas, in order to help peasant peoples across the globe;
5. to demand more grants instead of tied loans being provided by donors to help poor countries respond to the pandemic;
6. to immediately provide unconditional cash aid and production subsidy, condonation of land rent, and the reversal of neoliberal policies that impact food security; and
7. to prevent acts of stigmatisation, discrimination, and racism against indigenous groups.

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Evidencing Effectiveness in COVID-19 Response in Afghanistan: Focus on the Youth

Scholarship for Afghanistan



Youth

Introduction

The first case of COVID-19 in Afghanistan was confirmed on 24 February 2020, an imported case from Iran. About 10,000 people from Iran, including travellers from Qom City, Iran's COVID-19 hotspot, regularly entered Afghanistan, and so the Afghan government decided to take actions to restrict movements.

According to a situation report published in the Relief Web on 6 September, the majority of deaths were people between the ages of 50 and 79. Men in this age group represented 50% of all COVID-19-related deaths. Moreover, men accounted for 70.4% of the total COVID-19 confirmed cases, although this might be the result of the over-representation of men in testing. Due to limited public health resources and testing capacity, as well as the absence of a national death register, confirmed cases and deaths from COVID-19 are likely underreported overall in Afghanistan. Kabul remains the most severely affected part of the country in terms of confirmed cases, followed by Hirat, Balkh, Kandahar and Nangarhar provinces (UN Office for the Coordination of Humanitarian Affairs, 2020a).

As of writing, no quarantine, no health care obligation, and no lockdown protocols are being implemented. Everything is back to normal. Universities, schools, hotels and everything is open to the public. Now, the number of centres for testing COVID-19 has increased in the cities, but rural areas face scarcity of health care and testing kits.

By early December, Afghanistan had registered a total of 47,258 confirmed cases, with 37,302 recoveries and 1,841 deaths (United Nations Office for the Coordination of Humanitarian Affairs, 2020b).

Socioeconomic Impacts

Lockdown and restriction on movement were two major strategies that the government implemented to prevent the spread of the virus. Social distancing and community awareness, as well as some other programs such as cash funding, wearing masks, and proper sanitisation, were proposed for some of the people, and were mandatory in Herat and Kabul provinces.

The lockdown and other restrictions on mobility caused social and economic impacts on the people. For instance, according to the survey respondents of this study, 30% of people lost their jobs, 60% went under the poverty line and 27% of small businesses closed down, causing many negative effects on the economy and the people's social and psychological well-being. According to the United Nations Development Program (UNDP), Afghanistan witnessed a sharp decline in revenue from Afs209 billion (US\$2.71 billion) in 2019 to Afs144 billion (US\$1.84 billion) in 2020. Tax on international trade decreased 19%, and the fiscal deficit was projected to increase to around 4% of GDP in 2020.

Furthermore, many youth and children have become out of school and lack access to education. Many areas have no internet connection and hence cannot use online platforms for education, on top of prevailing poverty and lack of access to technologies such as smartphones. According to a Save the Children research, eight (8) in ten (10) children said they believe they had learned nothing or little during the lockdown ("Afghan Children Not Being Educated During COVID-19: Report", 2020). Of the total number of students who were part of said report, just 28.6% of children could access distance learning programmes on TV,

13.8% through radio programming, and 0.2% through the internet.



Analysis of the Application of EDC Principles in COVID-19 Response

a. Ownership

In Afghanistan, donors sourced their aid through the country system, and some provided medical supply to the responsible authorities. In terms of predictability of COVID-19 financing, despite the fact that there was no difference between what the donors had pledged to give versus actual aid they provided, the donors did not plan out their aid for multi-year needs and only supported urgent cases. The donors also lacked coordination between each other, so there was not any harmony in terms of spending and investment. This practice poses a risk if and when there will be another health catastrophe.

b. Inclusive partnerships

Survey respondents identified the government as the main body responsible for consulting the development actors in the design, implementation, and monitoring of national strategies and policies. They also noted that COVID-19 response bodies were composed of the government, civil society, private sector, and volunteers. Although parliament and local government have weak participation in the response, the development partners and civil society have had good participation in it. The national government also invited international



organisations and the United Nations to support Afghanistan's response to COVID-19.

While civil society plays an important role in raising awareness and providing credible COVID-19 information, as well as in raising funds for severely affected groups and providing health assistance, it has little role in decision-making because the legal and regulatory environment does not actively facilitate access to resources for domestic CSOs.

CSOs and participating bodies such as community workers are also facing violence, and their participation is limited by the fact that a portion of the public does not believe in their role as humanitarian actors, and the government's opposition groups also put pressure on CSOs. The official policies likewise limit press freedom in an attempt to hide realities that would reflect badly on the government. These policies include declining journalists' requests for access to information and releasing only the information that the government wants to be published (Maudoodi, 2020).

c. Transparency and accountability

The main bodies responding to this pandemic are the Ministry of Public Health and the National Committee for COVID-19 Response. These agencies have developed a national strategy collected in a document and gather all relevant policies, plans related to COVID-19, and strategies for diagnosis, care, and treatment of infected people. Based on our survey data, however, 95% of the people are not aware of any COVID-19 national plan, indicating a lack of good communication of strategy or mismanagement of response to COVID-19. Nonetheless, the government has provided information about COVID-19 on a daily

basis, and people have access to that information through the media, but access to internet and technology is, in general, limited due to the public's financial situation.

e. Human rights at the core of the pandemic response

At all times, human rights should be respected especially in a global pandemic like COVID-19. Although some policies exist to ensure human rights, there are some concerns about the country's human rights situation. For example, women mostly face domestic violence and rights violations, especially in quarantine. According to a report by the Afghanistan Analysts Network, the Ministry of Women Affairs and the Afghanistan Independent Human Rights Commission reported a 56% increase from last year in the number of cases of violence against women and girls, including 127 records of extreme violence against women, 121 cases of rape, 80 cases of death due to excessive physical abuse and injuries, 20 cases of suicide, and 548 cases of severe physical violence (Reid et al., 2020).

Additionally, as the survey respondents noted, many doctors had left the hospital for lack of medical supply and fear of infection, and there was corruption, insecurity, and poverty that could be used as a weapon for war, human rights violation, and threats.

There is no accountability system to track human rights violations and ensure the protection of human rights in COVID-19 response. According to the survey, the government did not distribute aid based on the need and importance but merely for self-interest and corruption. This resulted in massive demonstrations against the system of aid distribution.

Good Practices of CSOs in Leveraging EDC Principles in COVID-19 Response

CSOs participated in responding to COVID-19 by raising awareness, providing correct and verified information about the virus, and raising funds for projects to help local communities combat the virus. In

addition, some CSOs provided basic health assistance, supported national committees in amplifying their message to the people, and campaigned for social distancing online and offline. As a result, CSOs and the public got familiar with COVID-19, how it behaved, and how to help people overcome the stress and psychological impact of COVID-19 quarantine.



Recommendations



INCLUSIVE PARTNERSHIPS

International organisations should work directly with the people instead of governments.



TRANSPARENCY AND ACCOUNTABILITY

- Strengthening leadership and management skills
- Evaluation of authorities responsible for COVID-19 response, building modern hospitals and launching a broad campaign for social distancing



LEAVE NO ONE BEHIND

- Helping people cope with stress during the pandemic
- Just distribution of aid
- Use of contemporary technology



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Evidencing Effectiveness in COVID-19 Response: Focus on Bulgaria

International Youth Alliance



Youth

Introduction

As of 27 November 2020, the total confirmed cases of COVID-19 in Bulgaria stood at 139,955, of which 46,740 individuals had already recovered and 3,680 had died (“Bulgaria Coronavirus”, 2020). As reported in the Unified Information Portal of the Bulgarian Government (2020), the number of people subjected to polymerase chain reaction (PCR) tests had been 959,533 as of 27 November. Bulgaria ranks 15th among European countries with most COVID cases and 14th in terms of confirmed deaths (European Centre for Disease Prevention and Control, 2020). Since early October, the number of confirmed cases per day has steadily increased. As far as the security of the health care system is concerned, 8,415 hospital beds for COVID-19 patients have been allocated, with 10% of their capacity being filled. Moreover, according to the National Information System, there are a total of 1,152 medical officers who have been diagnosed with COVID-19 in Bulgaria.

The implemented measures were timely and effective in limiting the spread of COVID-19 in Bulgaria, although these hurt micro, small and medium-sized enterprises (MSMEs). All requirements of the World Health Organisation (WHO) for limiting the spread of COVID-19 in Bulgaria were met.

Socioeconomic Impacts

Economy. Main sectors and activities affected include the tourist and entertainment industries, which have incurred huge losses as

a result of cancelled trips and events. Similarly, the cancellation of entertainment and cultural activities result in job losses and shrinking revenues in this sector. Other sectors affected by COVID-19 include primarily luxury goods trading, transport sector, real estate, and



extractive industries, credit institutions or the banking sector, administrative activities, and health and social services.

Job losses, loss of income. Twenty-six per cent (26%) of the population has experienced reduced income, and while this figure does not seriously threaten the livelihood of households, about 25% has suffered a more drastic decline. The income of 45% of the adult population has remained unchanged since the beginning of the crisis.

However, the level of unemployment jumped to 9% in May but slightly slid to 8.3% in June and 7.9% in July. According to the latest administrative statistics of the Employment Agency, there are a total of 245,774 unemployed people as opposed to only 73,131 in August 2019. In October 2020, a total of 24,063 newly unemployed people registered to use the mediation and services of the labour offices.

Restrictions on mobility and requirements of social distancing have led to worsening unemployment throughout the country. The poorer sectors of the population, including those living in informal settlements and the Roma people, are even more vulnerable given that many of them rely on seasonal work or work without an employment contract. By the end of 2020, unemployment is expected to rise to 7% and then fall to 5.8% in 2021.

Impact on the poor. The COVID 19 crisis magnifies and exacerbates social inequalities in all areas. Across Europe, the pandemic has severely challenged health systems, some of which have collapsed, as well as social assistance, employment, education and economic support systems. Extreme poverty leads to hunger not only among the poorest and most marginalised families, but also among many families who have until lately managed to overcome acute poverty and hunger.

The share of people at risk of poverty and social exclusion was high even before the crisis, especially among children, people with disabilities, and the Roma people. However, social transfers designed to reduce poverty remain very limited. The European Commission (EC) has once again recommended reform and a much stronger link between health and social services. More than 22% of people in Bulgaria are living below the poverty line, according to the European Union (EU) criteria.

Food insecurity and hunger. There is no national strategy for combating hunger and reducing the impact of epidemic measures on the most vulnerable social groups. More than 550,000 or about 7% of people across the country have stated the need for food supplies. The ones most in need are the elderly, young families, and marginalised Roma groups. About 19% of children and students still do not have access to fresh fruit and fresh meat every day.

Impact on women. In late May, it was reported that since the start of the State of Emergency on 13 March, eight (8) women had been killed by their partners, and significantly more alerts had been received on violence reporting and help hotlines.

Impact on youth and students. An in-depth study on the impact of the pandemic on social groups has yet to be conducted. However, this research notes that Bulgarian young women are particularly vulnerable as 36% of them work in sectors that have been severely affected by quarantine measures (i.e., restaurants, retail, tourism, and leisure) compared to only 26% of young men. About 17% of young people report suffering from anxiety or depression, nearly twice as many as those who work. Young people who have lost their jobs or education during the COVID-19 pandemic could be scarred for the rest



of their lives if governments do not provide immediate support (ILO, 2020). More than one-sixth of people under the age of 24 stopped working during the pandemic, and more than 90% of students were affected by the closure of schools, universities, and learning centres.

Due to the lack of electronic devices in poor households, many children are lagging behind in the new distance learning environment being implemented. The Ministry of Education has delayed the delivery of computers and tablets for children in need by about three months, affecting 35,000 or nearly 5% of students. The Ministry pays the WiFi connection for the vulnerable and minority groups, but this measure has also been delayed by about a month.

Impact on internally displaced peoples and refugees. The restrictions on free movement, the freeze in administrative procedures in many countries, and the hampered business activity have severely affected internally displaced communities, along with host societies. People staying in camps and specialised centres face greater risks of infection due to overcrowding, poor hygiene, and often difficult access to health care and other basic services. To date, however, there are no identified cases of persons seeking or receiving international protection in Bulgaria who are infected with the 2019 coronavirus.

Official Development Assistance

For the EU as a whole, the total amount of the Multiannual Financial Framework for the next seven years will be EUR1.074 trillion, and the total amount of the Next Generation EU Package will be EUR750 billion. The Commission must repay the debt it borrows on coronavirus recovery aid by 2058. The funds each member state receives are based on GDP, projected losses, and the funds needed to rebuild the economy.

Referring to the Temporary Framework, Bulgaria has notified the Commission about a state aid scheme with an estimated budget of EUR150 million to support enterprises affected by the coronavirus pandemic. The funds for Bulgaria in the new EU budget and the Next Generation package are nearly EUR29 billion, with EUR4.5 billion in the form of long-term credit and the remaining EUR24.5 billion channelled through repayment programs and grants. In total, it is twice compared to the previous programming period.

Analysis of the Application of EDC Principles in COVID-19 Response

a. Ownership

Bulgaria does not have a unified strategy for dealing with the COVID-19 pandemic, and there is no information on whether such a strategy is being developed. So far, we can say that quite uncoordinated actions have been taken, which have led to stress in social, economic, and political environments.

The response bodies or committees in Bulgaria are the Ministry of Health, the Ministry of Finance, the Ministry of Economy, the National Health Inspectorate, and the Directorate of the Military Hospital. Direct funding for the non-government organisations (NGOs) sector is only for specific activities, but they are mainly focused on soft measures. Most NGOs organise charity events to fund their activities.

Other sectors of the economy operate on limited capacity and do not fall on the list of those eligible for government assistance.



b. Inclusive partnerships

There were no formalised CSO consultations or opportunities to involve CSOs in COVID-19 national policies. Some medical and pharmaceutical organisations tried to share expertise but were instead put under restrictions such as tax and financial inspections under the labour law and law for NGOs in Bulgaria. Despite these measures, some CSOs continue to work with local authorities concerning COVID-19 response.

The law on epidemic emergencies practically puts under various forms of control the freedom and participation of NGOs and their participation in the process of developing and implementing strategies. Such decisions are taken alone at the governmental level, which in practice implies using already established mechanisms and allows only dependent and political NGOs in these processes.

c. Transparency and accountability

There is a law on access to information which regulates the conditions according to the European legislation, but in practice its action can be suspended according to the law on national security. Practice shows that often government officials use this to refuse information or provide data.

The state institutions implementing and monitoring COVID-19 strategies and policies are not obliged in any way to submit reports, and there is no reporting mechanism in the first place. There is also no legal, regulatory framework to facilitate access to resources for domestic CSOs. In fact, in recent years, they have even been restricted by the law on CSOs.

A special regulation provides for the procedure of accessing information and documents, the aim of which is to make it as easy as possible.

However, institutions may refuse access to a document, but only in cases where disclosure would undermine the protection of the public interest or private life and privacy. Another reason for restricting such access is when this would affect someone's commercial interests, court proceedings and legal opinions, or the decision-making process of an institution.

With the adoption of the EU Charter of Fundamental Rights, the right of access to documents has been regulated as an independent right to freedom of expression, given its importance in the development of democratic societies. The terms and conditions under which individuals may exercise their right to receive information stored by state institutions are regulated in the Law on Access to Public Information, adopted in 2000.

d. Human rights at the core of the pandemic response

Human rights have been largely ignored in this pandemic. There has been an attempt to temporarily deviate from the Charter of Human Rights, making it possible to restrict the right to movement and impose several restrictions, including media censorship, or on the internet, officially. The pretext for this measure is the goal of countering fake news about COVID-19, including political news. There are, however, no criteria for determining which news is fake and which is not. The same applies to any information on COVID-19.



Moreover, rights have been limited by several restrictions, such as on gatherings and protests. The current political climate has led to public unrest, in the form of civil disobedience, mass protests, and clashes with the police, which have been going on for more than three months already. Protesters have been demanding the resignation of the government and a change of the political system in Bulgaria, which has been criticised for corruption and systemic human rights violations.

Since July, there have been massive protests against the government of Prime Minister Boyko Borissov regarding allegations of top-level corruption, including links of high officials to Bulgarian oligarchs. On 12 July, the police arrested 18 demonstrators, and two protesters and four police officers were injured.

Some of the large Roma neighbourhoods in Bulgaria with cases of COVID-19 were blocked by police forces. This created difficulties for the Roma people to find income and resulted in increased unemployment in these neighbourhoods. This measure also reinforced anti-Roma sentiments and led to an increase in anti-gypsy biases in Bulgarian society.

Good Practices of CSOs in Leveraging EDC Principles in COVID-19 Response

There has been good cooperation between NGOs from different sectors and areas. CSOs have presented their stances and strongly defended

them before local authorities, which gave result and acceptance. CSOs have also engaged the EC and several international institutions. For example, CSOs have raised the issue of human rights and the fight against corruption, which are already under discussion in the European Parliament.

CSOs have been involved in volunteering, reporting, and human rights monitoring. They have observed several very successful collaborations in the field of fundraising, public relations, distribution and service delivery to vulnerable social groups, logistics, and provision and exchange of humanitarian supplies between different NGOs that have committed together to these endeavors. A centralised mechanism for the management of the Volunteer Formation has been established, which, in addition to the above activities, supports and coordinates volunteers to hospitals, fire service, and civil protection.

Members of the International Youth Alliance, other volunteers, and Voluntary Formation 112, established by the EU regulation for voluntary formations in the EU for assistance in disasters and accidents of the police and fire brigade, have been engaged in this work. With this, CSOs have raised the concept of solidarity support and volunteer work among the youth, even under challenging conditions of pandemic apathy and stress.

Youth organisations and volunteers have also responded to the basic needs of communities by rendering services such as providing food, transport, and advice regarding COVID-19 to vulnerable groups, the elderly and disadvantaged children, and poor families.



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Evidencing Effectiveness in COVID-19 Response in Cameroon: Focus on the Youth

Cameroon Youth and Students Forum for Peace



Youth

Introduction

Cameroon is one of the countries in sub-Saharan Africa badly hit by COVID-19. As of November 28, the country has had a total of 24,022 confirmed cases, 1,503 of which are active cases and 437 fatalities (“Cameroon Coronavirus”, 2020). A total of 22,177 persons have so far recovered from the disease. The pandemic has resulted in severe socioeconomic impacts on Cameroon’s most vulnerable populations. The youth are particularly affected by the pandemic, and many are at risk of being left behind in education and economic opportunities.

Following the outbreak of the coronavirus disease, the government rolled out the COVID-19 response strategy to curb the spread, including through the closure of Cameroon’s land, air and sea borders, shuttering of all schools, prohibition on gatherings of more than 50 persons throughout the national territory, suspension of the issuance of entry visas to Cameroon at various airports, and curfew in bars, restaurants and entertainment spots, among others. Following the gravity of the pandemic, other measures such as the compulsory wearing of face masks in all public areas were prescribed starting on 9 April.

It is worthy to note that the response strategies outlined by the government have had different effects on the vulnerable population such as youth, women and children. Thus, in this crucial period, it is important that they are heard alongside other community voices in the implementation of various interventions in response to COVID-19.



Socioeconomic Impacts

The partial lockdown implemented in Cameroon to curb the spread of the virus resulted into socioeconomic problems characterised by a slump in production, disruption of supply chains, shortage of goods, mass unemployment, loss of incomes, salary cuts, and a vast increase in the number of aid dependents.

Restrictive measures put in place to contain the virus have created negative impacts on small businesses and the informal sector that employ most of the population, especially in urban centres. About nine in 10, or specifically 86% of this study's survey respondents, agreed that there had been an increase in the prices of basic commodities, while 85% of them had lost their jobs, and also 85% of them had noted that face masks were not affordable. Despite the economic impact on young people, 84.3% of youth respondents indicated that they had not received any form of government support, while 15.7% of them acknowledged receipt of assistance only in the form of face masks and hand sanitisers.

Analysis of the Application of EDC Principles in COVID-19 Response

a. Ownership

Following the outbreak of the novel coronavirus pandemic, Cameroon created a national response plan for COVID-19 with an Inter-Ministerial Committee to monitor its implementation. The health response strategy under the leadership of the Ministry of Public Health has eight components, namely, (a) multi-sectoral and

international coordination, (b) surveillance and early case detection, (c) investigation and rapid intervention teams, (d) laboratory capacities, (e) infection prevention and control measures in hospitals and in the community, (f) cases management, (g) risk communication and community engagement, and (h) logistics. The United Nations Development Program (UNDP) partnered with the Ministry of Finance and the Ministry of Economy, Planning and Regional Development on socioeconomic impact assessment and response. A socioeconomic response plan was developed out of this partnership. This plan was based on five pillars: (a) strengthening the health system; (b) social resilience; (c) macroeconomic and financial stability; (d) strategic supply, and; (e) research and innovation.

A reasonable percentage of the respondents (38%) were, however, not aware of the existence of a national COVID-19 response committee, as well as its composition. This indicates that vital information is not being disseminated through the right channels regularly used by young people, as well as the fact that their constituency has not been consulted during the development of the National Response Plan, as only 19% of the respondents believe that youth CSOs have been invited to take part in the elaboration of this response.

Meanwhile, soon after the first COVID-19 cases were reported in the country, the government set up a decentralised and multi-sectoral response strategy aimed at flattening the curve and provided free treatment for all COVID-19 infected persons. Cameroon also counted 15 testing reference laboratories with molecular acid for COVID-19. These facilities eased early tracking, testing, and treatment, and help reduce the case fatality rate. Cameroon's recovery rate is currently 91.27%, far higher than other African countries and a 2.22% of case fatality rate. Cameroon had an early response to COVID-19 and a well-structured response plan.



b. Inclusive partnerships

Survey results display certainty that inclusive partnerships are lacking in Cameroon, as youth CSOs note that they have not received resources from the government to aid in implementing COVID-19 response. Moreover, there is no regulatory framework to ensure that CSOs have domestic resources to respond to the COVID-19 pandemic.

c. Human rights at the core of the pandemic response

Given the disruption of education systems, the Cameroonian government took steps to guarantee access to education for all by introducing digital education and online classes on TV and radio channels. Through these tools, children and students were able to continue learning during the period when schools were shut down, an initiative that was appreciated by most parents and students. However, those in rural areas were unable to benefit due to lack of resources or an enabling environment to access learning, exacerbating the gap in education.

Although the government ensured that there was access to health and education for young people, a greater percentage of the respondents thought that fundamental human rights had been abused in light of measures taken to curb COVID-19, especially impacting freedom of association and assembly, as reported by 57% of the respondents. Moreover, timely information regarding the spread of the virus was not

disseminated regularly, and COVID-19 isolation centres were not constantly supplied with basic items such as water and food.

Finally, cases of gender-based violence (GBV) are rising among households, neighbourhoods, and villages. Vulnerable women like the displaced from the English-speaking part of Cameroon are among the most exposed to violence. There is a need to document cases of GBV with the end view of providing support for the victims, sensitise women to acts of GBV, and support them in fighting for their rights.

Good Practices of CSOs in Leveraging EDC Principles in COVID-19 Response

Most youth CSOs in Cameroon developed a COVID-19 response strategy, ensured that WHO guidelines were followed in their institutions, and provided services to those affected. These projects have gone a long way to mitigate the impact of the pandemic in hard-to-reach communities and the society at large. For example, the Cameroon Youths and Students Forum for Peace (CAMYOSFOP), in partnership with UN Women, focused on sensitisation and distribution of COVID-19 protective kits to youth CSOs and indigenous communities in Yaounde and the East Region of Cameroon. On the other hand, Local Youth Conner Cameroon launched the “One Hand Sanitiser” initiative, aimed at producing and donating over 5,000 hand sanitisers to Cameroonian households. Nonetheless, some CSOs are still facing several constraints on their ability to carry out their work, as a result of lockdown, distancing, insecurities in some parts of the country, limited resources, and strict quarantine measures.

Recommendations



COUNTRY OWNERSHIP

Policymakers should ensure targeted fiscal transfers are provided to informal sector workers during such emergencies, including bike riders, private school workers, and taxi drivers. Tax obligations of those in the informal sector and small and medium enterprises should be suspended or reduced.



INCLUSIVE PARTNERSHIPS

The government should ensure that youth CSOs and activists are consulted when developing emergency plans to mitigate the impact of the pandemic, obtain sustainable results, and ensure equal distribution of funds and resources to both urban and rural areas of the country.

The government should also strengthen the partnership between stakeholders to carry out better advocacy before the appropriate institutions. Policymakers should provide financial support to CSOs working on the ground in response to COVID-19.



LEAVE NO ONE BEHIND

Measures should be put in place to ensure the protection of women and children against GBV, which greatly affected them during the lockdown period. The government should also build resilient education systems for equitable and sustainable development.

CONCLUSION

The pandemic has led to a devastating impact on youth activism and growth in Cameroon due to measures taken to contain the spread of the virus. It has aggravated the already heavy challenges faced by the youth, who are mostly employed in the informal sector. The partial lockdown initiated by the government has been lauded by most young people because it has contributed to mitigating the impact of the pandemic on the general public. The situation would

have been worse had a total lockdown and curfew been introduced. However, there is still a need to mainstream the EDC principles in devising national development response policies during emergencies, to ensure vital information is disseminated through channels widely accessible by young people, to guarantee that the youth in Cameroon enjoy a conducive environment to participate in development efforts and are given a chance to raise their voices in decision-making processes. This will foster youth ownership and produce effective and sustainable development results.



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Evidencing Effectiveness in COVID-19 Response: Focus on the Youth in Colombia

Actoría Social Juvenil, Asociación Generaciones de Paz,
Ciudadanía Activa



Youth

Introduction

The Colombian national COVID-19 response strategy is gradually evolving from strict and prolonged confinement to selective isolation, with emphasis on localised measures. It appears that the gradual reopening is successful since after two months there has been minimal increase in transmission. As of writing, there are 1,590 active conglomerates in the country with 37,094 cases, of which 33.8% (6,145 cases) are reported in companies, 29.4% (5,906 cases) in health institutions, 16.2% (6,489 cases) in military and police forces, 9.4% (3,634 cases) in protection centres, 6.7% (12,663) in the prison population, 2.6% (435 cases) in indigenous peoples, and 1.1% (1,481 cases) in market places (INS, 2020).

The slowdown in the outbreak provides a reprieve to the government and the citizens. In recent weeks, COVID-related deaths have seemed to slow down at a level of around 170 deaths per day. The explanation lies in the differences of the pandemic's impact across the regions of the country. Colombia is a country of regions. Only 17% of the population resides in the capital, and there is a significant number of intermediate cities. Instead of a national outbreak, localised outbreaks occur, at different times and with varying infection and transmission rates.

As of 27 November 2020, Colombia reports 1,270,991 confirmed COVID-19 cases and 35,860 total fatalities (World Health Organisation, 2020). According to Coronatracker (2020), 92.2% of the confirmed cases have recovered while 2.8% have expired.

Government Measures

On 4 March 2020, the head of the Ministry of Health and Social Protection (MinSalud), along with various other secretaries, presented the territorial plan for the control of the coronavirus. On 6 March, the first confirmed case was reported. In the following days, mandatory isolation was imposed on passengers from China, Italy, France, and Spain. On 11 March, Invima facilitated the manufacture and import of masks. The following day, policies to control the spread of the coronavirus were implemented, including the suspension of events with more than 500 people and the obligatory isolation of travellers and crew members of the maritime transport, in which cases had been detected. Work-from-home policies were authorised on 13 March, the same day when Bogotá began laboratory tests.

On 15 March, the national government suspended air entry for foreigners and closed land, river, and sea borders with Ecuador, Brazil, Panama and Peru. The first death from COVID-19 was recorded on 16 March. The government later announced the suspension of big events, as well as the temporary closure of leisure, dance, and entertainment centres.

On 20 March, the Ministry of Health announced the compulsory preventive isolation of adults of over 70 years of age. The national compulsory preventive isolation began on 25 March. On that day, Circular 19 was also issued for the implementation of rapid tests in the country, as well as Decree 476, with its measures for the prevention, diagnosis and treatment of COVID-19.

On 31 March, the country entered the mitigation phase, and, on 3 April, the health minister explained the contingency plan for COVID-19

in Colombia, which included outpatient care for populations at risk. Besides, the national government established exception measures for the acquisition of medical devices.

On 4 April, the use of face masks became mandatory in the public transport system and crowded places, and it was announced that EPS, public and private IPS and other health service providers will receive an allocation of 2.71 billion Colombian pesos (US\$748,000), corresponding to resources expected in 2020 (Ministerio de Salud y Protección Social, 2020).

Socioeconomic Impacts Of COVID-19

Economy. Like the rest of the world, the Colombian economy is facing one of the strongest shocks as a result of the COVID-19 pandemic. After a good economic performance which led it to reach a growth rate of 3.3% in 2019, the country was expected to reach economic growth of close to 3.5% in 2020. However, this projection might not be possible given the adverse impacts of the pandemic, including the sharp drop in the international price of oil.

Rural youth. Rural education is one of the sectors most affected by the health crisis and by the measures imposed by the Colombian government. Teachers in rural schools cannot make use of technology to advance the training process from home, since a large part of rural children and adolescents do not have access to the Internet or online devices. The only mechanisms are the “Kioscos Vive Digital”, a government initiative to provide internet access to rural areas but most of these have never been active. Thus, virtual education for rural areas is not proving viable (Cardona, 2020). Apart from education,





the pandemic exacerbates the problem of hunger experienced by Colombian youth.

Official Development Assistance

The Colombian government received a US\$250 million development policy loan, better known as Catastrophe Deferred Drawdown Option (CAT-DDO), from the World Bank as part of the COVID-19 response emergency funds. Besides, the International Finance Corporation (IFC) will provide US\$8 billion to help private companies affected by the pandemic and to preserve jobs. The International Bank for Reconstruction and Development (IBRD) and the International Development Association (IDA), on the other hand, will provide an initial amount of US\$6 billion for health response.

The World Bank's Executive Board approved a US\$700 million loan to support Colombia's response to the COVID-19 pandemic. The loan aims to strengthen the health system, provide income and nutritional support to the poorest and most vulnerable households, and maintain liquidity and access to financing for businesses.

Analysis of the Application of EDC Principles in COVID-19 Response

a. Ownership

Committees to manage the risk of COVID-19 were formed at the national, territorial, and agency levels. All actions for the development

of new programmes, activities or projects were coordinated by the Risk Management Committees of the Health Secretariats, together with relevant government authorities, international groups, and civil society organisations (CSOs). Likewise, complementary measures were implemented in the framework of the Committees for Risk Assessment and Recommendation of Measures for Women (CERREM Women).

Territorial entities, meanwhile, maintain the overall management and coordination of COVID-related efforts in their jurisdictions. Together with the departmental and municipal risk management committees, territorial entities have been to manage diverse intersectoral actions and to assess and ensure the safety of high-risk populations.

b. Inclusive partnerships

The government did not consult CSOs in the design, much less in the implementation of strategies. The views of the young people and farmers, who were very the ones in the communities and experienced the different problems that arose, had not been taken into account.

CSOs do not have access to resources to respond to the COVID-19, which is why they have organised themselves and designed proposals and mechanisms to help mitigate such impacts of the pandemic as hunger in some places, and to seek partnerships with other sectors like businesses.

The lack of access to reliable and affordable technology is a major limitation on the organisational work of young people amid this crisis. In different rural areas, residents do not have access to internet connection, electricity, and learning devices, and makes the situation particularly difficult for youth and students. This has greatly limited the CSOs' work.



CSOs have presented several recommendations to President Iván Duque, in which they state that the measures taken by the government are not the most pressing and beneficial for the rural sector. These recommendations also include the concerns of peasant leaders about the future of their sector. These proposals are as follows:

- Issuance of the national rural health plan with a territorial approach
- Installation of rural health posts and strengthening the existing ones by providing sufficient personnel and equipment
- Implementation of campaigns and itinerant prevention brigades in villages and townships
- Guaranteeing rapid COVID-19 tests in rural communities
- Providing prevention kits (masks, gel, alcohol) (“COVID-19: las peticiones de organizaciones sociales para proteger al campo colombiano”, 2020)

c. Human rights at the core of the pandemic response

In rural Colombia, two emerging aspects related to COVID-19 require immediate attention. The first is the health emergency and the risk of exposure to COVID-19. The second aspect is the increase in violence in the territories, especially the massacres of young people in rural areas. Relatedly, it is also alarming that no measures to address inequality, poverty, and lack of access to health services have been taken.

It is important to emphasise that the epidemiological crisis must not make citizens lose sight of the context of violence and extraordinary risk that the rural populations continue to face. While the risk of serious impacts from the pandemic is increasingly becoming grave in rural areas, security conditions continue to deteriorate. In the most remote regions, the violence reminds inhabitants that, with or without the coronavirus, confinement remains a reality, and the murders of social leaders and human rights defenders continue.

CSO Good Practices in Leveraging EDC in COVID-19 Response

To respond to the COVID crisis and to defend local food production and productivity of family farming, peasant youth and community organisations are promoting various initiatives, including the development of their biosecurity protocols, monitoring of food supply prioritisation scenarios, and advocacy to ensure that alternative forms of production and marketing are maintained to reach territorial and local markets. Family farming, with the participation of young people, is providing food security in rural communities.

Peasant peoples are also exercising their right to self-determination, imposing restrictions on access to their territories to protect themselves. Preventive isolation of community members returning from the cities, community surveillance mechanisms for the territories, dissemination of information through their communication systems, or the use of traditional medicine to provide primary care, are some of the measures being implemented by these communities.



It is important to highlight the importance of the role of CSOs in the face of the crisis and to advocate for strengthening their capacities as development allies, and to put in place strategies that relate to the communities while scaling up actions to tackle hunger. In various spaces, mechanisms have been established for dialogue between peasant associations, so that during and after the pandemic, solidarity actions between peoples are promoted. Despite the emergency, it is important not to discount the opportunity that the crisis presents in generating potentially long-term transformations in the current structures that merely exacerbate extreme inequality (“Ciudadania activa: Con Los Ojos Puestos En Los Recursos”, 2020).

Recommendations

There are valuable proposals and experiences from the territories that must be considered and disseminated. These are based on safe and equitable access to land that promotes production and respects all forms of life. This includes agroecology which allows young food producers to control production and connect with the value chain. Rural youth can be great amplifiers of the voice of communities, through their innovation and creativity. Land governance, local management of ecosystems, family farming, and the contribution of rural communities must be at the centre of the transformation that is urgently needed to achieve more just societies that are better prepared for future crises.

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Evidencing Effectiveness in COVID-19 Response in Egypt: Focus on the Youth

Arab NGO Network for Development (ANND)



Youth

Introduction

As of 20 November 2020, Egypt has the 56th highest number of cases worldwide. With 112,318 cases, it is the third most infected country in Africa, behind South Africa and Morocco. However, relative to population size, the country of 102 million people has fewer cases than 145 countries worldwide. It also performs better than 21 other countries in Africa. Egypt comes ninth in Africa and 108th worldwide in terms of COVID-19 related mortality ('Coronavirus Egypt', 2020).

Although the number of daily cases in Egypt has consistently increased since the outbreak, the curve has generally flattened since the beginning of August, resulting in the easing of many restrictions. From 1 August to 21 November, 18,002 cases were documented, compared to more than thrice as many cases documented just between 4 June and 3 July.

Government Measures

In March, Egypt implemented several partial lockdown measures, which were later eased by summer. International flights were cancelled from March to July (Eid-Masrawy, 2020). Schools were also closed in March, but reopened on 17 October ("Egypt reopens schools", 2020). Banking hours were reduced and then increased

again in September (Hassan, 2020). Large gatherings in mosques and churches were banned for over five months, but have been allowed since August, with restrictions and precautions (Rahmeh & Issa, 2020). Malls, restaurants, and cafes were temporarily closed, and the opening hours of other shops were also restricted (El-Araby, 2020).



Socioeconomic Impact of COVID-19 in the Country

Economy. The closure of commercial establishments hurt economic activity. The tourism sector was affected by the disruption of air transport and the shutdown of private beaches from April to June (Nassar, 2020). The IMF's forecast of Egypt's revenues from tourism in 2020-2021 decreased from US\$17.8 billion to US\$2.7 billion. But the country has welcomed tourists again since July to let the tourism sector recover quickly (Sayed, 2020). The tourism sector employs 6.3% of Egypt's workforce (CAPMAS, 2020c).

In parallel, the economic slowdown in the Gulf region affected Egyptian workers abroad and the remittances coming from them. This sector is one of the areas where the crisis' impact will likely extend over a longer period. One million, or a fifth of all Egyptians working abroad, are expected to return home in light of restrictions on foreign workers and the impact of low oil prices on Gulf economies. Indeed, the IMF has lowered its forecast for workers' remittances from abroad for the same year, from US\$26.2 billion to US\$18.7 billion.

Nonetheless, Egypt's economic forecast remains bearable. The World Bank expects Egyptian GDP to grow by 3% in 2020, which makes the country, along with Djibouti, the only African country capable of positive growth in 2020 (World Bank, 2020). Egypt's economic diversity and the short duration of the lockdown measures help reduce the damage. One thing to note, however, is that the crisis prompted Egypt to increase sovereign debt by issuing Eurobonds (Eid-Masrawy, 2020), which might be a burden in the long term.

People. The economic crisis also manifests in various social indicators. Unemployment rose during the second quarter of 2020 to 9.6% from 7.7% of the same quarter last year. This brings the total number of unemployed to 2.5 million (CAPMAS, 2020a). Egypt has also witnessed increasing social pressure due to the floating of the national currency and the lifting of energy subsidies, as caused by policies enacted since the agreement with the IMF in November 2016. Between 2015 and 2018, poverty rates had increased, from 27.8% to 32.5%, while real household income decreased by 19% (CAPMAS, 2020b).

Since the outbreak, incomes of three out of four people have decreased, with illiterate groups most severely affected (CAPMAS, 2020b). With declining incomes and inadequate subsidy, many families have resorted to reducing some of their expenditures, especially on food. Families have increased their consumption of rice and legumes at the expense of meat, fish, and fruit consumption (CAPMAS, 2020d).

Workers in the construction and trade sectors (wholesale and retail), particularly those engaged in the informal economy, have been among the hardest hit during the crisis (CAPMAS, 2020c). Informality in Egypt is overwhelming, with only 40.3% of the workforce working under a legal contract (Gad & Mounir, 2020). Despite being a significant part of the Egyptian economy, the labour rights of informal workers are not formally protected.

The situation of refugees has also worsened as many international organisations stopped direct service provision to ensure the safety of their workers, disrupting aid delivery to vulnerable groups. Refugees have also been affected by the disruption of the hospitality and restaurant sectors, where many of them work (CMRS, 2020).



Women and youth, the most precarious social groups in the country, were arguably the most affected by the crisis. Unemployment rates among women were at 16.2% in the second quarter of 2020, compared to 8.5% for men. Women's wages were already 16% lower than men's in the private sector before the pandemic in 2019 (The Egyptian Center for Economic and Social Studies, 2020). Their jobs are concentrated in informal, unsafe, and low-paid work (53.2% of women work in the informal sector) (CAPMAS, 2020a). This partly explains why work disruption due to the pandemic has affected 31% of urban women, compared to 24.3% of men (CAPMAS, 2020a).

Unemployment among people aged 15 to 29 reached 60.4% in the second quarter of 2020 (Barsoum et al., 2014). Given the vulnerability of young people as new entrants to the labour market, informal labour relations have arisen in this age group. One of the studies on youth employment in Egypt estimates that about 76% of youth workers work without contracts ("8 months' harvest...", 2020).

Young people have suffered most from the disruption of service activities since the largest proportion of young people (44.7%) work in services and shops. For instance, sales in shops have declined following movement restrictions and social distancing measures.

Summary of Official Development Assistance

The European Union provided Egypt with €89 million to support the response of the public health system (Kandill, 2020). The South Korean government provided two grants worth US\$900,000 to support the Ministry of Health and the urgent hospitalisation needs.

China, on the other hand, sent four shipments of medical supplies of about 34.7 tons. India sent two shipments of medical supplies and, along with South Korea, provided remote training and knowledge-exchange programs for medical professionals.

Cooperation was established between the departments of nanotechnology at British University in Cairo, Zewail University, and the Ministry of Military Production, as part of the cooperation framework between Egypt and the UK. The program included manufacturing 5,000 ventilators, supporting the government's communication campaigns, and providing technical assistance to doctors, nurses, and therapists (Mukhtar, 2020). Egypt and Italy signed a social welfare project agreement worth 42 million Egyptian pounds within the framework of a debt swap program, in collaboration with the World Food Programme. This cooperation included an aid package to support families in need, subject to exceptional circumstances as a result of the pandemic (Mukhtar, 2020).

The IMF also provided a loan under the Rapid Financing Instrument worth US\$2.7 billion to help curb the decline in foreign exchange reserves and to support budget spending on response policies and followed it with a US\$5.2 billion stand-by-agreement loan (IMF, 2020). The World Bank provided a loan of US\$50 million to support the health response (World Bank, 2020), and an agreement of US\$400 million was signed to finance a health insurance program and to cover the COVID-19 treatment of the most vulnerable citizens ("The Ministry of International...", 2020). An agreement with the Arab Fund for Economic and Social Development worth US\$3.3 million was signed to support the health sector (Mukhtar, I., 2020). The African Development Bank approved an urgent aid package worth



US\$500,000 to finance food aid to vulnerable groups affected by the pandemic (African Development Bank, 2020).

The European Investment Bank provided a loan of €800 million for the National Bank of Egypt to support small and medium enterprises facing the effects of the pandemic (“Egypt: Afreximbank...”, 2020). The European Bank for Reconstruction and Development provided a package of loans to Egyptian banks worth US\$100 million per bank to assist in financing companies affected by the pandemic, especially small and medium entities. The Export-Import Bank of Africa granted the Central Bank of Egypt and private banks a financial facilitation mechanism (Pandemic Trade Impact Mitigation Facility) worth US\$3.5 billion to reduce the impact of the pandemic on trade. The bank also granted US\$300 million to the National Bank to encourage intra-African trade.

USAID also provided 250 ventilators to 24 hospitals in 12 governorates (US Embassy in Egypt, 2020). Canada donated about \$500,000 CAD through the UNDP to purchase medical equipment.

Analysis of the Application of EDC Principles in COVID-19 Response

a. Ownership

The Egyptian government follows a three-stage plan published in March to respond to the pandemic and gradually reopen activities in the country. The first phase includes COVID-19 measures such as wearing face masks in all workplaces; the second phase entails easing restrictions given the decline in new cases; and the final phase is

described as “watchful waiting” (“Egypt announces...”, 2020). Aside from government bodies, local and international development actors, including CSOs, foreign governments, and multilateral bodies, have been mobilised for the COVID-19 response in Egypt.

b. Inclusive partnerships

There have been joint initiatives between the state, the private sector, and civil society. One example is the Ministry of International Cooperation’s “Muzzle” initiative, which has been developed in cooperation with the UNDP, the al-Nida Foundation, the Alternative Funding Laboratory (AltfinLab), and the Niya Foundation. The initiative aims to involve women in upper Egypt in the production of masks as part of the community effort to combat the pandemic. The Ministry of Social Solidarity has also held consultation meetings with CSOs concerning policies in response to the pandemic.

But the Egyptian Initiative for Personal Rights (EIPR), a CSO, noted that the role of civil society and the public had been reduced to conforming to preventive measures, but were not involved in decision-making on the response policies.

c. Transparency and accountability

The EIPR raised the issue of the government’s lack of transparency in its 2020-2021 budget. The organisation argued that the budget did not sufficiently explain allocation increases, nor allowed any form of monitoring to ensure that the budget increase would be well spent on health care (Hussein, 2020).



CSOs have also raised the lack of transparency in data concerning the number of tests administered, as well as the resources that the government needs or lacks, which have prompted donations from or services by CSOs that still have not been able to cover all the actual needs. The lack of community dialogue has led to tensions between the Doctors Syndicate and the Ministry of Health, especially when the government imposed a ceiling on the cost of medical services in private hospitals without consultation with the latter.

d. Leave no one behind

Although the government took significant actions primarily focused on the investment sector to stimulate the economy, social policies were not enough despite the widespread and worsening poverty and unemployment, especially among the youth. Their needs and demands have also been sidelined by the shrinking of the civic space and the ongoing crackdown on human rights activists.

CSO Good Practices In Leveraging EDC Principles in COVID-19 Response

Many civil society contributions came from institutions providing support for lower-income groups, such as the Egyptian Food Bank, the Resala Association, the Egyptian Shifa Bank, and Ahl Misr Development Foundation. The contribution of these entities ranged from providing material or in-kind support to the affected groups. For example, the Egyptian Food Bank organised an expanded campaign

to provide food for around 2 million families. The bank also distributed 500,000 food bags to those in need in the beginning of the crisis. The Upper Egypt Association for Education and Development did the same for 800 affected families in governorates, including Minya, Sohag, and Luxor.

Several community-based initiatives also responded to the crisis at the village or state level. These initiatives included support for affected workers, other vulnerable groups, and the medical sector. One example is the initiative of Dr. Ahmed Al-Manawi, professor of gynaecology at Qasr Al-Aini Teaching Hospital, to support medical teams with preventive, sterile, and reusable medical masks. For this initiative, he is currently cooperating with Ahl Misr Foundation for Development to provide 200,000 medical masks to cover the needs of medical professionals in Egypt.

There is also the “Khadra” initiative started by a group of experts engaged in civil and development work in Egypt. Those part of this initiative have helped design an online platform for volunteers that is able to attract 1,200 people from different disciplines. The Egyptian Shifa Bank also supported the medical sector, in partnership with the Federation of Egyptian Industries and some private companies and institutions, to maintain and repair 460 ventilators in government and educational hospitals. Twenty (20) devices were also given by the bank to government hospitals. The People of Egypt Foundation for Development allocated three of its buildings as quarantine facilities, which could accommodate up to 500 beds. The Foundation also launched an awareness campaign and provided 200,000 reusable medical masks.



Recommendations

Raising the minimum wage in the private sector is needed to ensure satisfactory income for a large section of the workforce, and assessing the adequacy of this minimum wage in light of inflation and economic slowdown. The government also needs to enact an unemployment benefit policy to act as a safety net for private-sector workers.

Creating a comprehensive public database on informal employment, and providing a clearer view of the support is also needed to protect the unemployed from poverty.

Cash transfer amounts, at least during crises similar to the current one, should also be increased based on an assessment of the cost of living without poverty. The government also needs to publish data on the allocations of funds in the health sector to ensure the delivery of adequate services to citizens and the protection of medical practitioners.

Finally, CSOs should be given space to continue and broaden their relief efforts, as well as monitor the government's response policies.

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Evidencing Effectiveness in COVID-19 Response: Focus on the Youth in El Salvador

Asociación Generaciones de Paz, Actoría Social Juvenil,
Ciudadanía Activa



Youth

Introduction

El Salvador is one of the countries that has aggressively confronted and taken measures to prevent the spread of COVID-19. The government administration had begun implementing a plan even before the first case of COVID-19 was confirmed on 18 March. El Salvador is a country with around three million people in the workforce and a population of nearly seven million. According to reports published by various agencies, it is one of the countries most impacted by the COVID-19 health emergency in the Latin America and Caribbean (LAC) region.

As of 13 October 2020, around 30,480 confirmed cases of COVID-19 had been reported. Of these, 27,185 were domestic or community transmissions while 117 cases were contracted outside of the country. By latest estimates, there have been 899 deaths recorded while 25,857 people have recovered from the disease (Aleman, 2020).

The main objective of this research was to identify the main impacts of COVID-19 in El Salvador and the contribution of official development assistance (ODA) to the country's COVID-19 response. It is important to mention that the data collection was done through bibliographic and interview methods, including collection of information on the emergency measures and plans implemented by the government, their macroeconomic impacts, the main subsidies and participation mechanisms, and the appropriation and transparency in the use of ODA.

Government Measures

El Salvador became one of the first countries in the LAC region to take measures to address the pandemic. Since 11 March, the government has released a series of measures to curb the spread of the virus among its citizens. Among the early measures was the declaration of a state of national emergency. On 13 April, the Ministry of Health issued regulations governing the conditions of the quarantine and isolation. Other government measures include:

- a. **Prohibitions on the entry of foreign travellers.** The first measures taken by the government of El Salvador were related to the suspension of commercial flights and the ban on entry of all foreigners, except diplomats and residents. These measures were announced on 11 March 2020, and the main objective was to avoid COVID-19 transmission in the country.
- b. **Border closure and controls.** Two main measures related to border closure and controls were implemented in the country, including the detention of any person attempting to enter the country through unguarded border-crossing points and the surveillance of blind border points, mainly at the borders shared with Guatemala and Honduras.
- c. **Restrictions on mobility and rights.** In the country, restrictions on mobility and other freedoms were some of the most controversial and contested aspects of the rulings, laws and decrees established. Also, many civil society organisations (CSOs) spoke out against the lack of dialogue

between the various state bodies and the guarantees of fundamental rights during mandatory home quarantine.



Socioeconomic Impacts of COVID-19

Economy. The country has experienced a slowdown in the productivity of the supply chains and in service and manufacturing sectors. The economic impacts of the pandemic have deepened the already fragile Salvadoran economy. It is anticipated that the country could enter an economic recession similar to or worse than the one during the armed conflict of the 1980s that lasted approximately 12 years. This recession would have great micro- and macroeconomic impacts on the sustainable development of the country and the social situation of a population already mired in dire conditions.

Youth. The COVID-19 pandemic has disrupted all aspects of life in the country. However, there are sectors of the population, including the youth, which have long been facing socioeconomic issues. Education, for example, was among the first to be highly affected by government measures during the COVID-19 pandemic in El Salvador.

In 2019, about 27% of young people had not been studying or working based on the Multi-Purpose Household Survey (EHPM). This situation worsened during the COVID-19 pandemic, according to the Observatorio Universitario De Derechos Humanos (OUDH). The government suspended face-to-face classes in March and has since shifted to virtual classes through national channel transmissions at the basic, secondary, and higher education levels. In private schools, around 44,000 students had dropped out of school by September (Association of Private Schools of El Salvador, 2020).



Around 79,900 formal jobs and 161,000 informal sector jobs (OUDUs) were lost in the country from March to June 2020 (Moran, 2020). This situation may be the result of inequalities, the lack of security in the country, and the lack of formulation and effectiveness of public policies aimed at the young population. It is important to point out that some of the main impacts of the COVID-19 pandemic on the young population in El Salvador are related to the lack of social protection, high unemployment rates, non-inclusive and low-quality education, and a damaged natural environment.

Official Development Assistance

On March 26, the Legislative Assembly approved US\$2 billion in debt. For its part, the executive branch sought additional financing from multilateral or private banks, which represented the third part of general appropriation. Relatedly, the Fiscal Responsibility Law that had limited the increase of the country's debt was suspended. On 2 April US\$42 million was added to the national budget for emergencies and COVID-19 response from a loan with the Japan International Cooperation Agency (JICA). This represented an increase in public spending of US\$2.046 million and about 9.5% in treasury bills (LETES), which now poses a fiscal risk to the country.

According to the report of the Central Reserve Bank to the Special Commission of the Legislative Assembly, "during 2020, the government administration has received: 1,643 million in loans with international organisations, US\$1.595 billion in LETES and CETES (treasury certificates), and US\$12.58 million in donations." This is in addition to the US\$3.222 billion collected in taxes (Revista Factum, 2020). It is important to mention that due to the removal of the Vice

Ministry of Cooperation for Development and the few tools for monitoring and systematising the Official Development Assistance, there is no more information available than that generated by the Central Reserve Bank.

Analysis of the Application of EDC Principles in COVID-19 Response

a. Ownership

The administration of President Nayib Bukele established the COVID-19 National Emergency Response and Economic Relief Plan to address the economic impact and to develop preventive measures to contain COVID-19. The Stakeholder Participation Plan (SIPP) was created, which had the general objective of defining a participation programme with the project stakeholders, including consultation with the latter and the dissemination of public information throughout the project.

However, there was no consensus between the executive and the legislative bodies on the different aspects related to the COVID-19 response plan, particularly on measures restricting mobility and the use of funds obtained through budget support. There were no coordination or participation measures between the central and local governments, although meetings were held for the economic recovery plan between the central government and several local governments and some business members. Moreover, some business associations participated in plans for humanitarian aid from multilateral agencies by providing supplies and donations.

1. Alignment and use of country systems

Much of the aid to provide complementary financing has been channelled through budget support and different financing instruments from the Inter-American Development Bank (IDB), the Central American Bank for Economic Integration (CABEI), the International Monetary Fund (IMF), and other multilateral organisations and international cooperation agencies.

Concerning predictability, there has been minimal coordination between bodies implementing national strategies and policies and local governments and sectors. One of the activities that have been coordinated with the latter involved the delivery of food packages by the executive branch through some ministries.

2. Harmonisation

During the pandemic, many of the strategies were reformulated to respond to the health emergency. As regards budget support and aid programmes in the country, very specific actions were coordinated in their response, between donors and the government, for the implementation of activities. However, this response did not involve different actors and was only focused on inter-institutional support and some multilateral actors or cooperation agencies.

In the case of humanitarian and development strategies and policies, there has been a coordinated response in humanitarian aid in aspects such as food assistance, support for early recovery of livelihoods, monitoring and treatment of acute malnutrition, provision of water and hygiene inputs, protection, response to human mobility, prevention of widespread violence, including

gender-based violence, and socioeconomic and health programmes and strategies.



b. Inclusive partnerships

There is no process for the formal participation of civil society organisations and multiple actors in the strategic response to COVID-19. There has been no invitation from government bodies for CSOs to be officially part of the COVID-19 response working groups.

While there were minimal efforts at consultation during the actual implementation of the government's COVID-19 response plan, these consultations were not open to the public. CSO recommendations were also not considered in some government measures. For instance, CSO recommendations on the use of funds that were submitted to the Emergency, Recovery and Economic Reconstruction Fund Committee had not been incorporated.

Concerning the monitoring of political strategies in response to the COVID-19, civil society has developed experiences of good practice, through consultation and monitoring, to respond to the actions of the COVID-19.

The legal and regulatory environment during the quarantine made it challenging for CSOs to carry out their work, especially within vulnerable populations. In the beginning of quarantine, a law on teleworking (i.e., work from home setup) was approved with very little discussion, since the country did not yet have the infrastructure crucial to this arrangement, and many workers still lacked sufficient income and skills to excel at or perform this type of work.



c. Transparency and accountability

El Salvador is one of the countries with the lowest level of access to public information in the pandemic, according to a study by the Regional Alliance for Free Expression and Information (Villaroel, 2020). According to the report, 83% of countries in LAC are not complying with the current deadlines for the provision of COVID-related information, or insufficient data has been provided on government expenditures, measures, and plans to address the COVID-19 crisis. Only the information on the website set up by the government of El Salvador has been available.

d. Human rights at the core of the pandemic response

Between March and July, the government administration detained thousands of mostly low-income people in ill-equipped and dirty centres, for more than a month. Between March and May, Procurador para la Defensa de los Derechos Humanos de El Salvador received more than 1,300 complaints related to situations arising from the health emergency and to 406 cases of people detained for having allegedly flouted national quarantine rules, and most of whom had been taken to containment centres. At the end of May, the country's Human Rights Ombudsman (PDDH) estimated that 88 compulsory containment centres had been set up in the country. A high number of such detentions were recorded until, after multiple legal appeals, the Constitutional Chamber of the Supreme Court of Justice declared that the authorities had no legal basis to detain people in these centres as a form of punishment.

By the end of August, the Bukele administration had placed 16,780 people under compulsory quarantine. Cases of gender-based violence were also recorded during this period. There were 44 deaths of women, from 17 March to 29 June, according to Observatorio Universitario De Derechos Humanos (ORMUSA) (2020). Besides, the most vulnerable sectors of the population, such as young girls, children and women, were afforded very little protection. Human rights groups and CSOs also noted several violations of labour rights, a spike in cases of environmental destruction, such as via indiscriminate logging and degradation of natural protected areas.

CSO Good Practices in Leveraging EDC Principles in COVID-19 Response

Civil society has played an important role in COVID-19 response, despite poor coordination between public institutions and many CSOs. Key contributions from civil society include support to communities affected by the quarantine, such as through the delivery of basic needs and health equipment to communities and cash aid to indigent families.

CSOs have also monitored cases of human rights violations related to the pandemic. They have provided legal assistance to citizens who have been taken to COVID-19 containment centres. Apart from that, CSOs have also generated research and studies on better strategies to implement as part of the official response to COVID-19, despite facing major challenges in measuring indicators and coordinating and conducting dialogues on national emergency plans.

Recommendations



COUNTRY OWNERSHIP

The Salvadoran government should: (a) formulate policies, strategies, and programmes; (b) guarantee broad participation of public and private actors; (c) identify areas that require institutional strengthening for the design, formulation, and implementation of national, sectoral, and territorial policies and strategies; and (d) establish mechanisms to strengthen these capacities.



INCLUSIVE PARTNERSHIPS

It is also necessary to generate and lead spaces for dialogue, negotiation, and coordination with cooperation partners in order to facilitate alignment, harmonisation, and mutual responsibility. All stakeholders must establish conditions that allow for the implementation and transparent management of public policies, that clearly define priorities for cooperation partners — as specified in plans articulated by sectors and territories as to which kind of support the country requires and under which modality it can be achieved — and promote collegial spaces among cooperation partners that provide mechanisms to improve the dialogue among them, as well as between them and government institutions.

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Evidencing Effectiveness in COVID-19 Response: Focus on the Youth in India

Youth's Forum for Protection of Human Rights



Youth

Introduction

As of 20 September 2020, the total number of COVID-19 infections in India was 5,214,677, of which 40% were youth. A total number of deaths was recorded at 84,404, of which 7% were youth ("Coronavirus", 2020). These figures have climbed up since then. By 28 November, there were around 9,390,791 confirmed cases, with 136,705 recorded deaths throughout the country ("Coronavirus India", 2020).

Since the unplanned lockdown was declared by the Indian Government on 23 March, tremendous hardship has hounded various sections of society, including children, women, persons with disabilities, daily wage earners, the elderly, the youth, and migrant workers. India has 139 million migrant workers across the country whose livelihoods are often in big cities such as Mumbai, Kolkata, Bangalore, and Delhi.

At the same time, the state has committed various human rights violations, which include torture and arbitrary arrests. In order to assess the impact of the COVID-19 on the people, the Youth's Forum for Protection of Human Rights (YFPHR) conducted a survey among student's organisations, youth CSOs, youth clubs, women's rights groups, and other individuals.



Socioeconomic Impacts

To curb the spread of COVID-19, the government of India imposed a nationwide lockdown. As most of the country's activities were forced to cease, the Ministry of Statistics and Program Implementation disclosed that, for the financial year 2020-2021, there would be a sharp fall in gross domestic product (GDP), specifically by -23.9% as compared with 2019-2020 GDP growth rate, which had been at 5.2%.

According to the All-India Manufacturers' Organisation, there are about 75 million micro, small, and medium enterprises (MSMEs) in the country. But close to a quarter of these firms will face closures as a result of the pandemic's economic impacts. Increase in joblessness and poverty due to pandemic will worsen hunger incidence and malnutrition in the country, according to UNICEF India's Chief for Nutrition Arjan De Wagt.

Lockdown impositions have heavily hit the youth sector. Around 4.1 million youth in India have lost their jobs, per the report of the International Labour Organisation (ILO) and the Asian Development Bank (ADB) (PTI, 2020).

There were also reported cases of denial of treatment on non-COVID-19 patients, medical negligence in both government and private hospital emergency wards, and poor accessibility of medical facilities due to strict lockdowns. For example, in the northern state of Meghalaya, health officials reported that at least 61 pregnant women and 877 newborns had died from April to August owing to lack of medical attention ("Meghalaya: hospitals full...", 2020).

Many lactating mothers and pregnant women were not provided nutritious food in many parts of India. A report showed that Indian authorities failed to keep track of almost 40 million pregnant women and 47.5 million newborn children during the nationwide lockdown imposed in late March to stem the spread of the coronavirus pandemic. Based on the actual number of annual childbirths in India, these figures would imply that 76% of pregnant women and 83% of newborns did not figure in government data sheets in these three months (Shahina, 2020).

Analysis of the Application of EDC Principles in COVID-19 Response

a. Ownership

There were various initiatives taken up by the government of India without consulting CSOs in various Indian states. It formed an informal COVID-19 task force, with the Prime Minister as chairperson of the National Disaster Management Authority in which no health experts, leaders from youth CSOs, or national-level CSOs had been tapped to be a part of. There was no parliamentary session conducted both in the upper and lower houses. Instead, the union and state's cabinet meeting and state executive meeting were conducted from time to time.

With regard to official development assistance (ODA), India received US\$1 billion from the World Bank, US\$1.5 billion as a loan from the Asian Development Bank (ADB), and US\$750 million from the Asian Infrastructure Investment Bank (AIIB) and BRICS. The government also received funds from the Japanese government. Other loans or aid



were not disclosed, and the public could not access data on them. As part of the response to secure food supply for the public, the central government announced the distribution of rice to every citizen until November. However, many had not received rations. The central government's response was limited to appearing in the media and formulating certain standard operating procedures (SOPs) to be followed. Most of the government institutions failed to reach out to communities to raise awareness.

Non-government organisations (NGOs) had to step up and address some gaps in the government's response. Some NGOs raised awareness on COVID-19, following guidelines from the World Health Organisation (WHO); distributed essential commodities such as rice and vegetables; provided some financial support to daily wages earners and vulnerable groups; donated personal protective equipment (PPE) to frontline workers; contributed to the Prime Minister's relief funds, state relief funds, and food banks; and crafted reports and recommendations to improve the COVID-19 response.

b. Inclusive partnerships

Based on a survey conducted by the Indian Institute of Management-Ahmedabad, CSO leaders did not find mechanisms to work with the government effective, and the central government was also not really very receptive to the inputs provided by CSOs (PTI, 2020). The major role of the government of India was to update the information on the status of COVID-19 infections, the number of positive cases, recoveries, and deaths, and more SOPs for the public to observe. Such information is available at www.COVID19india.org.

Since CSOs were not invited to any government consultations, it was a challenge to formally raise their suggestions or inputs. However, written communications were submitted, but to which there was no response or outcome.

Youth CSOs were also not allowed to purchase essential commodities from fair-price shops and the Food Corporation of India's warehouse. They would have distributed them during relief missions to neighbourhoods where many people starved. Instead, the government made promises to donate to their food bank, which had been opened by the Deputy Commissioner for Relief. Effectively, this action denied what could have been direct participation of CSOs in humanitarian efforts. CSOs were strictly restricted from joining in community-level responses during the lockdown, because that would require CSOs to obtain permission from concerned district commissioners.

Under existing laws, suggestions and appeals to the government are considered to work against national interest and to be simply politically motivated. Community workers, relief volunteers, and people organisations are stigmatised and discouraged from visiting quarantine centres. Voluntary workers in charge of the upkeep of these centres are also not provided proper protective health and safety gear. Amid the pandemic, various laws have also been amended without the proper citizen's participation. This means that the concerned ministry has not sought public comments or feedback.

On many occasions, the notifications issued by the government to make it mandatory for CSOs to obtain a permit from the concerned magistrate hinder the activities of civil society and ultimately discourage CSOs from cooperating with the government.



c. Human rights at the core of pandemic response

The Indian Constitution guarantees everyone's right to physical and mental health. Article 21 of the Constitution guarantees protection of life and personal liberty to every citizen. The Honourable Supreme Court of India has held that the right to health is an integral part of Article 21 of the Constitution. Therefore, failure on the part of a government hospital to provide timely medical treatment to a person in need of such treatment marks a clear violation of the constitutionally protected right to life.

By 2 June 2020, India had reported about 198,706 cases and nearly 5,598 deaths during the pandemic due to the lack of needed medical facilities in hospitals and denial of treatment by some health authorities. This violates not only Article 21 of the constitution, but also the guidelines and instructions of the WHO to provide special attention to the pre- and post-natal care of pregnant women, among others. The extremely high number of maternal and newborn mortalities shows that the government has not fulfilled this mandate.

Incidents of police violence during lockdown were also reported. Two men in the state of Tamil Nadu, father and son, namely, Mr. J Jayaraj, 59, and J. Bennix, 31, were allegedly subjected to a brutal thrashing that resulted in rectal bleeding and eventual death in police custody. Five policemen were arrested over their killings.

Moreover, 55 journalists were charged with sedition and violation of the National Disaster Management Act for reporting on COVID-19 related cases. In Manipur alone, 12 such cases stemmed

from comments on the government's COVID-related negligence and suggestions on how to improve the handling of the pandemic; all were charged with sedition and alleged violations of the National Disaster Management Act. The president and the secretary of the reporting organisation, the YFPHR, was also arrested on 1 April 2020 for their calls for the authorities to stop destroying a paddy field to pave the way for a quarantine centre in Manipur and to instead build the centre on a barren land like the old airfield in the state.

CSO Practices in Leveraging EDC Principles in COVID-19 Response

Despite many extralegal challenges thrown their way, CSOs were still able to contribute to India's COVID-19 response, following the guidelines provided by the WHO. Some CSOs working at the grassroots level encouraged community people to restore vegetable plantation and paddy cultivation, which had been stopped for almost a decade after the mandatory distribution of food grains to households under the National Food Security Act and the Public Distribution System.

CSOs, in consultation with the community, gathered the youth who had returned from metropolitan cities after losing their jobs due to the lockdown. Discussions include the role of Indigenous Peoples in protecting their ancestral land. The youth was further encouraged to work and earn in the meantime by using their villages' resources.

In terms of upholding human rights amid the pandemic, CSOs communicated with the National and State Human Rights Commissions to direct the central and state governments to strictly respect human



rights while containing the virus. They also adopted the rights-based approach to their advocacy work by calling on state forces to stop the illegal arrest of human rights defenders, to ensure equal distribution of essential commodities during the crisis, and to provide at least the basic necessities of living at the grassroots level.

Recommendations

It is high time for the government to form a committee of experts from various expertise to properly manage an emergency. In order to

implement a proper plan against COVID-19, government institutions need to engage with the people working at the grassroots level.

The government needs to have a proper mechanism to restore the economy, not by increasing taxes or allowing companies to conduct mining and other extractive methods. It also needs to consider the issues of daily wage earners and provide a basic stipend or an income.

Finally, the government needs to consider that consultation with CSOs is necessary in order to respond collectively to the global health crisis, while respecting human rights above all.

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Evidencing Effectiveness in COVID-19 Response in Lebanon: Focus on the Youth

Lebanon Support



Youth

Introduction

The spread of COVID-19 in Lebanon came at a time when the population was still in the grip of a multi-dimensional crisis in economy, politics, and governance. The government was quick to take measures to limit the spread of the virus, but its plan was not successful, and the number of cases grew exponentially. Despite numerous appeals by the government, the country received limited support from the international community to help enhance its COVID response, getting only US\$54.1 million out of the US\$136.5 million target.

As of 26 November, the total number of cases in Lebanon had exceeded 122,200, with the death toll at 974. It is 55th among the countries with the most number of COVID-19 cases. The country performs similarly in terms of number of cases and the number of tests relative to population size, ranking at 54th and 60th in the two metrics, respectively (“COVID-19 Coronavirus Pandemic”, 2020).

In relation to effective development cooperation (EDC) principles, the government plan did not include the standards of ownership, inclusive partnerships, and human rights approaches. It is yet to apply measures for transparency and accountability.

Government Measures

The first case of COVID-19 in Lebanon was identified on 21 February 2020, amid socioeconomic and political turmoil. The National Committee for COVID-19 (NCC) was already established on 31

January (Khoury et al., 2020). The initial response focused on aggressively containing the spread of the virus in order to preserve limited national capacities in the early stages. The response entailed full lockdown, general mobilisation order, the shutdown of private and public institutions, and the closure of airports.

Socioeconomic Impacts

Economy. The closure of public and private institutions came at a high economic cost (Khoury et al., 2020). Even prior to the spread of COVID-19, there were recurrent closures of micro, small and medium enterprises (MSMEs) in light of the economic crisis that had unfolded in September 2019. Increase in pre-COVID-19 unemployment continued until January 2020, with about 200,000 job losses (Abi-Rached & Diwan, 2020). Pre-COVID-19 GDP estimates for 2020 noted a fall of 10%, with an inflation of 25% (Abi-Rached & Diwan, 2020). The impact of the pandemic worsened the precariousness of livelihoods and overall economic conditions. Indeed, an additional 130,000 jobs were lost as of June 2020 (BusinessNews Staff, 2020).

People. The Ministry of Social Affairs (MoSA) currently estimates that this health crisis, compounding an existing socioeconomic one, will lead to a poverty rate exceeding 50%, and a rise in unemployment by over 50% (Abi-Rached & Diwan, 2020). By October, confirmed COVID-19 cases had been 45% female and 55% male, with the most affected age group comprising 30 to 50-year-olds, but with relatively small percentage differences across all other age groups above 20 years.

The current social protection landscape in Lebanon follows a Bismarckian model, wherein social protection programs are funded by employment-based social insurance contributions and not taxes. This model links access to social safety nets to a person's ties to the formal labour market. With massive job and income losses, the majority of the population is left without safety nets. In April, the government set up an economic support package to minimise the impact of the health crisis: (a) an emergency Social Safety Net (SSN) targeting 200,000 poor

households was passed by the Cabinet in late February; (b) the Ministry of Public Health (MoPH) asked for a budget increase of about 10% in order to pay for extra health costs; and (c) the government advised banks to reschedule loans to small- and medium-sized enterprises (SMEs) at low interest rates (Abi Rached and Diwan, 2020). However, it is still not clear how all this will be financed.

The effects of COVID-19 have also presented a new dimension of fragility to the most vulnerable in Lebanon, including displaced peoples. For example, for Syrian refugees already struggling in terms of freedom of movement while living under the extreme poverty line, home confinement has only worsened livelihood and living condition and further constrained already restricted access to public services.

The economic and financial crises, exacerbated by the spread of the pandemic, have worsened the precariousness of jobs and directly impacted food security. A study conducted by the World Food Programme (WFP) found that 41% of Lebanese respondents had not been able to stockpile food because they could not afford the costs, and 15% of them stated not doing so due to weekly changes in the price of primary commodities (World Food Programme, 2020).

In terms of the impact of COVID-19 on the youth (i.e., nationals and non-nationals), the main challenges are linked to the switch from offline to online education. Indeed, remote learning has amplified gaps and challenges for the youth in gaining access to online materials, and proved that this set up is unsustainable in Lebanon given limited resources and technological capabilities (Save the Children, 2020).

The uncertainty of the current socioeconomic situation, coupled with a health crisis, has also taken a toll on the mental health of the youth

who are facing an interrupted sense of normalcy and security to varying degrees, not to mention the pressure felt by university students with the decreasing number of opportunities in the job market, which has recently suffered a blow when several MSMEs shuttered in the country.

Analysis of the Application of EDC Principles in COVID-19 Response

a. Ownership

On 13 March 2020, the MoPH developed the National Health Strategic Preparedness and Response Plan to scale up capacities for prevention, early detection, and rapid response (MoPH, 2020b). This plan was based on the WHO global 2019 Novel Coronavirus Strategic Preparedness and Response Plan.

As stated in the official report, “through this plan, the MOH 1 will closely work with the relevant authorities and other partners to build strong capacity to prevent, prepare, detect and respond to any potential COVID-19 outbreak” (MoPH, 2020). Authorities, partners and stakeholders include:

1. Governmental actors, such as the Ministry of Public Health, the Ministry of Agriculture, the Ministry of Foreign Affairs, the Ministry of Social Affairs, the Ministry of Education and Higher Education, the Ministry of Public Works and Transport, the Ministry of Defense, the Ministry of Interior and Municipalities, the Ministry of Information, and the Disaster Risk Management Unit at the Prime Minister’s Office.

2. Non-governmental actors, such as the WHO, UNICEF, the UNHCR, the UNRWA, NGOs, scientific and health societies, and professional health orders and syndicates.

The Lebanese government is yet to create a formal and open platform for stakeholders such as CSOs to discuss and generate recommendations on national policy development in the context of containing the spread of COVID-19, and to mitigate its socioeconomic repercussions. To date, CSOs still have limited opportunities to hold the Lebanese government accountable.

Although there is information concerning the funds pledged by international donors, this research cannot ascertain the use of country systems in channeling ODA. There is also scant information on how long it is taking the funds to be transferred to the Lebanese government. With the COVID-19 response in Lebanon involving various sectors, it remains unclear how they are coordinating among one another, or with the donors, in receiving and managing aid.

b. Inclusive partnerships

Although international donors, as well the Lebanese government, are working with CSOs to address the impacts of COVID-19, desk research has gathered little to no information on the specificities of the dynamics involved here. The publicly available information do not lead to any conclusion as to whether consultations with CSOs were productive or simply tokenistic. The Lebanese government and its officials also do not disclose necessary information on their support to CSOs, or on the dynamics of such partnerships and initiatives. During the previous national lockdown, CSOs were not exempted from “stay-

at-home” orders that slowed down their operations. To date, CSOs remain largely left out of the policy creation process due to the Lebanese government’s structure of sectarianism that hinders effective advocacy efforts. Lastly, there have not been any reports of violations against CSOs, community workers, or relief volunteers.

c. Transparency and accountability

Although the national plan/strategy for the response is publicly available online, there are no progress reports tracking donations, aid transfers, or information on mechanisms used to hold donors accountable. As such, transparency and accountability can be interrogated in terms of following up on donor commitments and transfers. As it stands, there is no united management information system to track such kind of data. The bureaucratic procedure of securing access to information is arduous and tedious, which hampers transparency and accountability practices. Data sharing occurs behind closed doors at official meetings, in the absence of a data sharing policy on a national scale.

d. Focus on results

The National Health Strategic Preparedness and Response Plan states that:

“Monitoring and evaluation of the national preparedness and response will be conducted at regular intervals by the MoPH. Key performance and impact indicators can be used to monitor and evaluate the implementation of the planned activities, as well as to assess the overall performance of the programme, derive evidence and lessons learnt to

correct and adjust the program and operations. A progress report will be generated and shared regularly with the national committee highlighting the progress and level of operational readiness, the strengths, weakness, gaps and recommendations on how to address the challenges.”

The public may only track the daily number of cases on the Map “Coronavirus COVID-19 Lebanon Cases” shared by the MoPH (2020a). The map contains the following data: total number of cases, deaths, new cases, source of exposure, cases over time, cases by district, cases by gender, and cases by age. The government uses these numbers and the privately available progress reports to enact reactive measures to aggressively contain the ongoing spread of COVID-19, and to monitor response capacities. Indeed, the plan states that progress reports are to be shared with the national committee, after which decisions and changes will be made accordingly. But CSOs cannot verify this.

Research has shown that there is no clear results-based framework. Indeed, the measures taken are reactive rather than proactive, and they are also not in line with any long-term strategy that takes into consideration the socioeconomic context of the country.

e. Human rights at the core of the pandemic response

The Lebanese government was aiming for US\$136.5 million in international donations to support its COVID-19 response, and has so far received pledges of US\$54.1 million (UN OCHA, 2020). It remains unclear how much of the resources the Lebanese government plans

to allocate to the response, given extremely limited internal capacities.

However, the MoSA is targeting marginalised families with LBP400,000¹, focusing on “persons with chronic diseases, families with nurses working on the COVID-19 response, families of prisoners, families of those in self- quarantine sites, which should have a positive impact on some poor working and non-working women” (UN Women, 2020). The application for assistance includes a gender lens to allow the analysis of women’s socioeconomic vulnerabilities. The Ministry has confirmed that a significant tranche aims to support women-headed households.

But human rights are not comprehensively respected in the national response. Refugees, for example, who have long been living in dire socioeconomic conditions continue to suffer lately from more discriminatory practices that obstruct their already limited access to basic services, such as health care (Human Rights Watch, 2020).

Good Practices of CSOs in Leveraging EDC Principles in COVID-19 Response

The COVID-19 pandemic has intensified the impact of policies of austerity and shrinking public funds for social policies and reforms. It has also shed light on structural causes of inequalities in the region, and on the necessity to advocate for a social contract that is redistributive, inclusive, and one based on human rights and social justice. Lebanon Support (LS) is currently working on a programme on social justice in the region from the seemingly technical entry point of social protection.

LS has been organising a series of webinars to rethink social justice, social protection, and social contracts in the region. These webinars have enjoined many CSO actors to join, from experts and researchers to practitioners and NGOs in Lebanon and elsewhere in the region.

1 With a current black market rate of LBP8,600 per USD, LBP400,000 would amount to USD46.5. With the hyperinflation of prices of goods and services, this amount is not even enough to cover the monthly needs of one family member.

Recommendations



COUNTRY OWNERSHIP

The government should work on actively enhancing and updating the national strategy in light of new facts, figures, and indicators of the effectiveness of the response. It should also make information regarding donors, donations, and aid transfers transparent or open to the public. Meanwhile, CSOs should be actively invited to take part in multi-stakeholder bodies in the COVID-19 response, because the knowledge they produce and contribute will greatly aid in the government's efforts.



INCLUSIVE PARTNERSHIPS

The government should enable the work of CSOs by facilitating their aid and relief efforts. CSOs, on the other hand, should continuously hold governmental bodies accountable, specifically for its inaction in the face of violations of human rights. They should continuously aim to inform governmental bodies and officials in order to improve and frame the national response.

Moreover, CSOs should continuously request access to relevant government information to effectively participate in the formulation and implementation of strategies. They should also share appropriate information with non-government actors to eliminate duplicate efforts and better target their response.



TRANSPARENCY AND ACCOUNTABILITY

The government should unify information management systems that collect COVID-related information and make it accessible to the general public. A real-time database with information on donor commitments and transfer should be available, so that the people, as well as CSOs, could track the country's fiscal progress in this area. It should also devise mechanisms and standard operating procedures (SOPs) to hold donors accountable.

On the part of CSOs, they should participate in oversight, grievance, and redress mechanisms for the COVID-19 response, and in monitoring and evaluation processes.



FOCUS ON RESULTS

The government should continuously produce publicly available progress reports to enhance the current response and accordingly adapt it to the conditions changing rapidly. CSOs should be involved in monitoring and evaluation mechanisms.



LEAVE NO ONE BEHIND

The government's response to COVID-19 should align with human rights standards and be inclusive of everyone, including non-citizens. It should promote gender equality, particularly in terms of access to public services and benefits. On the other hand, CSOs should actively advocate for all groups of people to be included in the national response.

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Evidencing Effectiveness in COVID-19 Response: Focus on the Youth in Southern Africa

Southern Africa Youth Forum (SAYoF-SADC)



Youth

Introduction

The Southern African Development Community (SADC), like other regions in the world, was not spared from the coronavirus pandemic. According to the SADC Regional Response Bulletin 9 (2020), the region's COVID-19 situation continues to escalate across member states, especially in South Africa. Meanwhile, in other SADC member states, the infection curve has been low and within manageable levels. On 11 November 2020, the World Health Organization (WHO) Africa Region Dashboard reported that Tanzania had had a total of 509 positive confirmed cases and 21 deaths; Comoros had had 569 confirmed cases and seven (7) deaths; Namibia had recorded 13,292 cases and 134 deaths; and Botswana had recorded a total of 7,835 cases and 27 deaths.

With the COVID-19 pandemic exacting a huge toll on all sectors of the economy and society, assessing its various impacts remains critical. The situations in Botswana, Namibia, Comoros, and Tanzania have been varied, and the responses to the pandemic have also been non-uniform. In the SADC region, South Africa continues to record the highest numbers of COVID-19 cases, but it has already eased the lockdown measures and reopened its economy.

The low testing capacities of many of the SADC states have been brought to the spotlight as these countries continue to record the largest number of deaths since the start of the global outbreak. Most of the SADC states have weak health care systems, and thus the pandemic has caught most of them off guard, and the responses have not been very effective. Among SADC states, only Botswana has been able to contain the spread of COVID-19 through social distancing, education, and border closures.



Socioeconomic Impacts

Based on surveys conducted, the majority of respondents in Tanzania and Comoros recognised that their governments had placed adequate measures to contain the COVID-19 pandemic, including partial lockdowns and restrictions on movement. However, food prices increased due to economic measures implemented by the two governments. Most of the survey respondents noted that they had failed to secure enough food supply due to this hike in prices.

Meanwhile, youth respondents mostly coming from the private sector, CSO workers, and students in Tanzania and Comoros noted that the COVID-19 measures had affected their jobs, businesses, and education. They also noted that no customers or income sources had been coming in as a result of the restrictions on movement and fear of contracting the virus, leading to huge income losses. The inability of youth CSOs to reach communities with their initiatives was noted by the respondents.

As part of strategies for enterprises to cope with the unintended consequences of COVID-19 measures, most firms had to cut salaries. The respondents also noted that they had not received any assistance or support from their governments to cope with the COVID-19 crisis.

Analysis of the Application of EDC Principles in COVID-19 Response

a. Ownership

Several respondents shared that they did not know of any strategic plan by their respective governments in response to COVID-19.

They also remarked on the lack of youth representation in official response bodies, nor had any formalised consultation with youth CSOs and other stakeholders taken place. On the other hand, the few who were reportedly involved in the response said that their main roles had just been to provide COVID-19 information and sanitisers to the communities in both Tanzania and Comoros.

b. Inclusive partnerships

Most of the respondents in Comoros and Tanzania said that their respective governments had not consulted development actors in the design, implementation, and monitoring of national strategies and policies for COVID-19 response. This highlights the exclusionary nature of the responses by both governments, lacking meaningful inclusion and participation, especially of the youth.

Similarly, the national response plans in other SADC countries have failed to include inputs from any multi-stakeholder consultations. Failing to ensure inclusive partnerships has a huge bearing on the success of government actions, which, after all, hinge on the cooperation and support of all stakeholders.

c. Human rights at the core of the pandemic response

The majority of respondents in Tanzania and Comoros noted that COVID-19 measures had affected their work or studies. Respondents shared that the governments of these two countries had hardly taken enough steps to ensure continuous access to education for all during the partial lockdowns. Many students' lack of reliable and broad access



digital learning was a major challenge. A number of schools also faced scarcity of hand-washing facilities and learning desks (John, 2020). This showed how students had been affected by the pandemic on top of the existing inequities in education. To be sure, as some respondents in Comoros reported, there were efforts to continue education, such as pre-recording lectures and broadcasting them on national television. However, as much as these efforts were welcome and commendable, most of the respondents believed that the majority of citizens in Comoros did not have electricity.

Strategies to ensure access to health care for all were also inadequate, as both Comoros and Tanzania respondents observed. Isolation centres were not always constantly supplied with basic needs such as food and water, especially in Comoros. In terms of information, some respondents agreed that both governments of Tanzania and Comoros had provided the public with accurate and accessible information on COVID-19, although not often or frequent enough.

Half of the respondents in Tanzania and Comoros also noted that human rights violations had taken place amid the COVID-19 crisis, including violations of freedoms of assembly and expression. With growing reports of shrinking civic and political spaces in Tanzania, most respondents believed that the government measures taken to address the COVID-19 pandemic had affected and violated the enjoyment of Tanzania's basic human rights. This resulted in police raids on journalists' offices and attacks on human rights defenders, including the youth. In Comoros, meanwhile, Reporters Without Borders noted how the government had been increasingly closing on the freedom of expression and threatened

to arrest one journalist. The respondents also cited this case as an effort by the Comoros government to censor information. Some respondents in the country reported instances of citizens being rounded up for not using masks and being asked to pay a fine of KMF25,000 (about US\$59.29).

Good Practices of CSOs in Leveraging EDC Principles in COVID-19 Response

In Comoros, the respondents noted that their organisations had been contributing to the COVID-19 response. Some of the initiatives included raising awareness about the different coronavirus crises in poor communities, in which these organisations operate, and providing some protective materials to underprivileged youth. Some organisations were also discussing the dangers of the pandemic and how citizens could protect themselves from the virus. Some respondents noted that their organisation was the first and only NGO in Comoros to have introduced tippy-taps, those easy-to-use, safe, consumption-saving, and accessible facilities for hand-washing. One NGO was also engaged in producing weekly workbooks, online and in print, which kept many children still engaged in learning.

In Tanzania, many of the respondents agreed that their organisations did have in place a COVID-19 response strategy as part of efforts to respond to the pandemic. Most of the respondents stated that their organisations had been engaged in raising awareness on social distancing, among the other key guidelines being encouraged and emphasised by the WHO.

Recommendations



COMOROS

There is a need for the Comoros government to prioritise efforts that protect the vulnerable people who cannot work and gain access to food during the pandemic. There is also a need for well-coordinated health care systems.

Creative and innovative ways must be adopted such that students can safely study and learn online while at home, without bearing the burden of high internet data costs or lack of devices to participate in virtual classes. Moreover, there is a need for sustainable partnerships to let persons with disabilities, especially children, have access to assistive devices.

In terms of ownership, there is a need for the government to be inclusive in coming up with response plans, and encourage the active participation of the youth. In terms of inclusive partnerships, international organizations' aid must be channelled directly towards the citizens to avoid conduits for corruption.

TANZANIA

There is a need to provide resources to organizations to protect themselves from the coronavirus and future global pandemics. Tanzanian authorities must also respect and protect young human rights defenders.

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Evidencing Effectiveness in COVID-19 Response: Focus on the Youth in Zimbabwe

National Association of Youth Organizations (NAYO)



Youth

Introduction

COVID-19 has affected many countries across the globe, resulting in a shift in the way people operate both at work and at home. On 20 March 2020, Zimbabwe recorded its first COVID-19 case involving a 38-year-old returnee from the UK. In response to rising cases, the president announced an indefinite lockdown starting 16 May, and later imposed a 6 p.m.-6 a.m. curfew starting 22 July.

As of 4 December, Zimbabwe had a total of 10,424 cases, of which 8,754 were recoveries and 280 were deaths (“Coronavirus Zimbabwe”, 2020).

Socioeconomic Impacts of COVID-19

Zimbabwe faced the pandemic at a time when the nation was facing crippling economic challenges, with hyperinflation running at 676% in March 2020 (The New Humanitarian, 2020). According to Zimstat, seven in 10 Zimbabweans live below the poverty line, and the UN Development Programme projected that, since the economy shrank by 6.5% in 2019, it could further contract by 5% to

10% due to the pandemic (UNDP, 2020). In his midterm budget and review statement on 16 July, the Finance Minister projected that the economy would shrink further to 4.5% from the initial projection of 3%, due to the negative impacts of COVID-19 (Xinhua, 2020). The other challenges experienced were foreign currency shortages, spiking inflation, and low productivity in the crucial sectors of the economy (i.e., manufacturing, agriculture, and mining). Companies started to implement survival measures such as salary cuts.



COVID-19 has also affected Zimbabwe's informal sector economy, which is the largest in Africa (IMF, 2018). The announcement of the lockdown gave people engaged in this sector little time to save and stockpile food. They could not afford to stay at home, but going out to work risks their exposure not only to the virus but also to police violence. Through Statutory Instrument 77 of 2020, local authorities demolished any physical structure that might result in cases of infection or transmission. The police also confiscated produce sold by vendors, and destroyed their market stalls without compensation, leaving them with no means to resume their livelihood once the lockdown eased up (Ndoro, 2020).

Due to the government's measures to contain the virus, prices of basic commodities skyrocketed, especially during the total lockdown period that started on 30 March. To cushion the impacts of lockdown, the government scaled up the Subsidised Roller Meal initiative nationwide. Despite the good intentions of the initiative, access to the subsidised maize meal became a source of conflict within communities, and people had spent long hours in queues without observing proper physical distancing (BPRA, 2020). There were also reports of partisan distribution in Ward 3 (Mahatshula) in Bulawayo, Zimbabwe's second largest city, as well as reports of hoarding by unscrupulous shop owners (BPRA, 2020). Several areas had also been excluded from the distribution list. Other basic commodities such as mielie meal and cooking oil were also not available to consumers.

The government response and regulations have affected all sub-sectors of the youth: students, youth CSOs, young people in the informal sector, young civil servants, and young people with disabilities. Those in civil service, especially teachers who make up the majority of the public service sector, have been on indefinite leave

after the government directed schools and tertiary institutions to close since 24 March. Those working in private schools and colleges, on the other hand, did not receive their salaries during the lockdown period. Youth entrepreneurs who used to usually earn their living by travelling and event organising were hit hard by the cancellation of public events and the restrictions on travel. Other youth enterprises had to reduce salaries of their workers. Young community-based volunteers had most of their planned activities for the year halted or reconfigured for virtual conduct, if not indefinitely postponed.

The suspension of classes had worsened the plight of most learners with zero or limited access to internet connectivity, and they were not able to continue their studies at home. In most rural areas in Zimbabwe, there was still no internet infrastructure and mobile data costs were far from cheap. Most parents and guardians of students could not afford the data bundles offered by some internet providers, because their work or business had also been affected by lockdown restrictions, and greater priority was understandably given to basic commodities over education needs. Tertiary students needed to use e-learning platforms to continue learning, but inflated internet costs had burdened a lot of students. An assessment by student unions showed that a mere 15% of the entire student population had access to WiFi and data. The cost of internet connection generally increased after the nation's largest mobile network provider had more than doubled its data prices on 5 May (MISA Zimbabwe, 2020).

All physical classes finally resumed on 9 November, but schools faced insufficient supply of personal protective equipment (PPE) for distribution among learners. As a result, new COVID-19 cases have since been recorded in schools, which are eventually ordered to immediately halt from conducting physical classes.

Analysis of the Application of EDC Principles in COVID-19 Response

a. Ownership

In March 2020, the government launched the Zimbabwe Preparedness and Response Plan for COVID-19 Response for the period from March to May 2020, with the overall goal to minimise infections and address the pandemic's adverse socioeconomic impacts. The plan includes prevention, containment, and mitigation strategies in line with different COVID-19 transmission scenarios. Based on the findings of our survey, 80% of young people were not aware of this national plan. There was no proper mechanism to ensure that young people and youth CSOs could participate in its development, and so the policies, strategies, and interventions in place did not necessarily speak to the views and aspirations of youth CSOs.

b. Inclusive partnerships

The government has been working and consulting with development actors in the design of the COVID-19 strategy and its implementation. The funding to support the implementation of the Zimbabwe Preparedness and Response Plan have also come from these development actors. According to the UN Country Team in Zimbabwe (2020), through the Global Fund, the UN has provided US\$4.1 million to the National Response Plan to COVID-19 for the procurement of PPE for frontline health workers. UNDP has also partnered with the

government, other UN agencies, and the private sector to engage communities in information dissemination and to support the informal sector and youth-led businesses working on the COVID-19 response. Aside from financial aid, they also provide the government with the technical and logistical assistance.

However, other organisations working on democracy and human rights have not been allowed to operate. The state has used its COVID-related policy that outlaws gatherings involving more than 50 people to constrict public demonstrations and protests. During this period, the government has also conducted public consultations on the controversial Constitutional Amendment Bill 2, which, critics argue, would “undermine democratic accountability” (Hofisi, 2020).

Local CSO consultation and multi-stakeholder participation in the official COVID-19 response and strategy bodies have also been limited at best. CSOs involved in the health sector are part of the response team, helping with resource mobilisation, awareness raising, and support for the health sector. Another example of government-CSO partnership in the COVID-19 response is the Musasa Project, which provides such essential services to survivors of gender-based violence as counselling and provision of safe houses. This is in response to the increase in cases of domestic violence recorded during the lockdown.

However, the National Association of Non-Governmental Organisations (NANGO) stated that it had expressed interest in allowing its members to be part of national sub-committees, but it had not received any response. In Chitungwiza, other CSOs expressed that they had not been permitted to take part in the task force.





c. Transparency and accountability

Youth CSOs noted that information was fairly accessible, especially if one had access to internet connection, as the government would utilise social media platforms to disseminate information on, for instance, stimulus packages, COVID-19 tests, and rise and fall in positive cases. However, other information such as on the sources of funding for the stimulus packages was not in the public domain. Youth CSOs have been pushing the parliament to implement an audit to track donations for transparency and accountability.

In any case, the government's management of information remains an important concern in light of the pandemic. In fact, in the early phases of the lockdown, the government did not publicise COVID-19 data, prompting the High Court to require the government to publish such information on all available and accessible platforms and in all official languages.

d. Human rights at the core of pandemic response

The government has used COVID-19 as a pretext to shrink democratic spaces. Freedoms of expression, association and demonstration, which are all guaranteed in the Chapter 4 of the Bill of Rights of Zimbabwe, have been practically restricted as they are not regarded as “absolute rights.” However, the Chapter 12 Independent Commissions such as the Zimbabwe Human Rights Commission (ZHRC) remain open for people to lodge their complaints.

The pandemic has seen a surge in the number of human rights violations. Although the UN urged states to adopt a human rights-based approach to fighting the pandemic, Zimbabwe is not an exception among many autocratic states, which have used COVID-19 as a tool to suppress citizens' rights and freedoms.

A worrisome development in Zimbabwe is the harassment and persecution of journalists during the pandemic. For instance, 12 journalists were arrested in the first 21 days of the national lockdown for allegedly working without “accreditation cards” issued by the Zimbabwe Media Commission. Another journalist was unlawfully detained after verifying or fact-checking suspected COVID-related deaths in one hospital. These cases of intimidation and harassment of journalists were later challenged by Media Institute of Southern Africa (MISA) on 20 April, leading the High Court to grant an interim order stating that the police and all state security agents should stop harassing, arresting, and arbitrarily detaining journalists covering COVID-19 during the lockdown.

A disproportionate amount of state resources have also been channelled towards security measures instead of to public health care. Soldiers and the police have been deployed to monitor citizen's compliance with COVID-19 regulations, and, with this move, there has been a surge in human rights violations. Within 48 hours of the announcement of lockdown, 26,398 citizens were arrested, far more than the ones that had been tested positive with the virus.

In all this, on top of a Malaria outbreak in April that resulted in 135,000 infections and 131 deaths (Anadolu Agency, 2020), the government's



strategy to ensure access to health for all during the lockdown period was not sufficient, characterised by the lack of assigned COVID-19 facilities and the high cost of tests. Schools were used as isolation centres for returning residents, but were not constantly supplied with basic medical needs. The conditions there also proved dismal, prompting as many as 209 people to escape the centres in July (African News Agency, 2020). The same poor conditions, low remuneration, and lack of PPE also caused doctors and nurses to launch an industrial strike in 2019.

CSO Good Practices in Leveraging EDC Principles in COVID-19 Response

Youth CSOs have mounted various activities in response to the pandemic. These includes information dissemination and dispelling of myths about COVID-19, using online platforms such as WhatsApp, Facebook, and Twitter. A series of webinars have been conducted,

covering many issues related to young people, including education, sexual and reproductive health rights, strategies to hold the state to account, and other various advocacy issues. Young people have also been doing educational video skits on COVID-19. Others who are engaged by the Ministry of Youth have also been doing roadshows in densely populated areas to alert them to the dangers and consequences of not adhering to COVID-19 safety guidelines.

Moreover, youth CSO have also been holding the government accountable for its missteps in the delivery of youth relief packages. Given lockdown restrictions, they have defaulted to online platforms to post statements and circulate information, such as on aid and funding, among their networks. Youth CSO have also been calling on the government to respect the rights of students and other non-state actors that exercise freedoms of association and assembly, and to uphold the Siracusa Principles on the Limitation and Derogation of Provisions in the International Covenant on Civil and Political Rights.



Recommendations



COUNTRY OWNERSHIP

To emerge better and recover faster from the pandemic, there is a need for the government to come up with economic responses that benefit all, including the protection of livelihoods and provision of access to basic needs such as water and sanitation. Affordable internet connectivity and access to radio and television signals should be part of the government's educational strategy. Moreover, citizen's participation and protection of democratic spaces must be at the centre of government's response to COVID-19.



INCLUSIVE PARTNERSHIPS

There is power and strength in numbers. CSOs' operations should be considered as essential services, given that they complement government efforts. The corporate sector should also be engaged for the purposes of social responsibility under these circumstances. The government, private sector, civil society, and grassroots communities must come together to discuss and come up with best practices to fight the pandemic and its impacts. The task force should be a multi-stakeholder platform, inclusive of all political parties and non-state actors like the churches, in order to build social cohesion.



LEAVE NO ONE BEHIND

State institutions should allow people to enjoy their freedom of expression and assembly, as this is a form of holding the former to account and urge them to act in the people's best interests. The ZHRC must undertake a national enquiry into violations relating to the exercise of freedoms of assembly and associations since the start of the national lockdown.

The government must uphold and promote human rights at all costs, especially in these fragile economic and social situations. This entails the adoption of inclusive approaches to delivering information to all Zimbabweans, particularly persons with disabilities (PWDs) and other groups relatively more vulnerable to the pandemic. The information gap exposed by the pandemic should be a signal to the government that community radio stations must be duly licensed.



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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.



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