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Public Action and the Pandemic

The Role of Civil Society in Shaping State Responses

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The statements made and views expressed are solely the responsibility of the authors.*



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Executive Summary

On March 11, 2020, as the novel SARS-CoV-2 virus spread to every major region of the world, WHO formally declared a global pandemic. Yet, despite its global nature, the COVID-19 pandemic was largely managed as hundreds of separate public health emergencies in nations across the world, with the nature and effectiveness of national responses varying significantly from one setting to the next. While much of the academic literature on responses to COVID-19 has focused on key determinants of state responses to public policy challenges, what is often missing in this frame of analysis is an understanding of the role of civil society, a role that in the pandemic has largely been organized around questions of human, social, and economic rights.

This research study systematically documents, evaluates, and explains the role that civil society has played in the response to the COVID-19 pandemic through an examination of five separate case studies: Mexico, Kenya, South Africa, India, and the Philippines. Drawing on interviews conducted with key informants from 52 civil society organizations (CSOs), this report details the findings from each country, framed within three broad categories of analysis: 1) Modes of Intervention: CSO Activities during the COVID-19 Pandemic; 2) CSOs and the State: Relationships and Engagement; 3) Response Challenges: Navigating Priorities and Overcoming Barriers. Comparative analysis of the country level findings revealed 10 cross-cutting themes which are organized in this report within these three categories of analysis.

With respect to the modes of intervention and activities that CSOs engaged in during the COVID-19 pandemic, across all five countries CSOs focused their efforts on direct emergency relief, providing goods and services to both existing beneficiaries within their networks and to newly identified, highly vulnerable populations. Complementing the direct service provision activities and immediate relief strategies that CSOs took on during the pandemic, advocacy efforts by CSOs focused largely on immediate socioeconomic issues, such as food security, livelihood support, and housing. Information gathering, data collection, and leading awareness campaigns created another impactful cluster of activities taken on by CSOs during the pandemic. In many instances, these activities represented a shift or expansion in terms of the established missions of the CSOs. Two critical aspects that largely determined the reach and success of CSO activities during the pandemic was the ability to leverage existing networks and engage with the state, and degree to which the CSO was embedded within the communities they serve.

CSO relationships and types of engagement with the state during the COVID-19 pandemic depended largely on pre-existing dynamics and personal connections between organizations and government officials. In multiple cases, CSO-state engagement – both in terms of advocacy efforts and service delivery – was more evident at the subnational level. Ultimately, while CSO-state engagement was highly contextual, conflictual dynamics were present to varying degrees in each of the contexts in the five countries.

With the onset of COVID-19 and the resulting public health measures taken to reduce the spread of the virus, CSOs across all country contexts were confronted with challenges in continuing their pre-

pandemic programming. Existing programs and projects often had to be put on hold or restructured because of mobility and access challenges, shifting needs of stakeholders, interrupted funding streams, changing donor priorities, and a strong demand for pandemic relief activities. Technical capacity issues and logistical challenges in identifying and reaching vulnerable populations were also common themes that affected many CSOs as they navigated quarantine and lockdown protocols and shifted to remote based, online working environments. The compounding effect of COVID-19 on pre-pandemic crises and entrenched issues was notable across all five countries. In many instances, the pandemic exposed, exacerbated, and deepened pre-existing political and socio-economic challenges confronted by CSOs on a regular basis. However, despite the challenges posed by the COVID-19 pandemic worldwide, it is evident that civil society had a strong impact in responding to populations in need and ultimately in shaping state responses.

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I. Introduction

The World Health Organization (WHO) first declared a Public Health Emergency of International Concern on January 30, 2020, as the novel SARS-CoV-2 virus rapidly spread from its epicenter in Wuhan, China, causing an epidemic of what would soon be called COVID-19. On March 11, 2020, as the disease spread to every major region of the world, WHO formally declared a global pandemic. Yet, despite its global nature, the COVID-19 pandemic was largely managed as hundreds of separate public health emergencies in nations across the world, with the nature and effectiveness of state responses varying significantly from one setting to the next.

In terms of both addressing the pandemic itself and managing its welfare consequences, state responses have ranged from being highly proactive and effective, to largely reactive and much less effective. The reasons for these disparate responses to essentially the same crisis in turn reflect what have long been held in the development literature to be the two key determinants of state responses to public policy challenges.¹ The first is an effective political response, and in most cases, given the sudden and disruptive nature of the pandemic, this has come from the executive branch working closely with public health agencies. The second has to do with state capacity, that is the capacity to mobilize and coordinate human and fiscal resources. This refers both to the center (developing policies, mobilizing resources) and to the front-line state (direct engagements with citizens). Much of the academic literature on responses to COVID-19 has focused on these key determinants of state action.

However, what is missing in this frame of analysis is an understanding of the role of civil society, a role that in the pandemic has largely been organized around questions of human, social, and economic rights. Even the most democratic states are not always very responsive and almost all states suffer from serious deficits in basic capacities, including weak public health care systems. Civil society has often compensated for both of these shortcomings. On the one hand, civil society organizations (CSOs) have played a critical role in exerting pressure on reluctant state officials and bureaucracies to take action. This has often meant bringing public attention to gaps in the states' response. On the other hand, CSOs have also filled gaps in state response through direct service provision and outreach to individuals and communities in need, or by augmenting state efforts through various forms of co-production or the mobilization of volunteers.

Civil society efforts to broaden state response and enhance its capacity for delivery has often focused on advocating for vulnerable groups excluded from state programs and policies, including the public health system and social protection schemes. In India for example, it was CSOs that brought public attention to the plight of some 80 million urban migrant workers forced to return home because of

¹ Centeno, M. A., Kohli, A., & Yashar, D. J. (2017). Unpacking states in the developing world: Capacity, performance, and politics. *States in the developing world*, 1-34.

the COVID-19 lockdown and then pushed policy reforms to increase access to subsidized food.² In addition, CSOs may also be better positioned than the state to directly respond to the needs of vulnerable communities that would otherwise struggle to access state resources.

This research study systematically documents, evaluates, and explains the role that civil society has played in the response to the COVID-19 pandemic through an examination of five separate case studies: Mexico, Kenya, South Africa, India, and the Philippines. The report begins by providing context on the general contours of the COVID-19 pandemic and the civil society landscape in each country of study and then proceeds with a brief discussion of the project's methodology, including sampling methods, data collection, and analysis. The report then details the findings from each country, which are framed within three broad categories of analysis: 1) Modes of Intervention: CSO Activities during the COVID-19 Pandemic; 2) CSOs and the State: Relationships and Engagement; 3) Response Challenges: Navigating Priorities and Overcoming Barriers. The report concludes with a discussion on cross-cutting themes that emerged from the findings.

² Adhikari, A., Goregaonkar, N., Narayanan, R., Panicker, N., & Ramamoorthy, N. (2020). Manufactured Maladies: lives and livelihoods of migrant workers during COVID-19 lockdown in India. *The Indian Journal of Labour Economics*, 63(4), 969-997.

II. COVID-19: Country Contexts

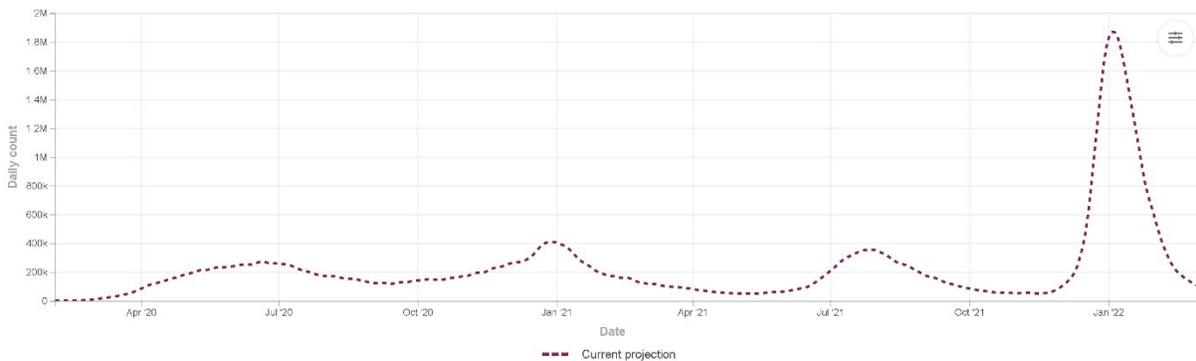
This section illuminates the general contours of the COVID-19 pandemic in each country of study, providing insight into the health, economic, and social impacts of the pandemic, the state response to the crisis, and the general operating landscape and political context of civil society.

Mexico

Emergence and Impact of COVID-19

By December 2021, Mexico had had three infection peaks: mid-July 2020 (over 9,000 daily infections), January 2021 (over 21,000 daily infections) and August 2021 (over 22,000 daily infections).³ Between the July peak and January 2021, the infection rate did not diminish substantially, revealing the state's inability to reduce transmission chains. These trends are also revealed in the rates of medical units with over 70% of beds occupied, which show three clear peaks in July 2020, January 2021 and August 2021.⁴ However, the rate of ICU beds used was lower in the August 2021 peak than in the January 2021 peak, illustrating a possible impact of the national vaccination campaign which started in December 2020.

Figure 1: Estimated Daily Infections of COVID-19 in Mexico (Source: The Institute for Health Metrics and Evaluation)



To date, there have been 3,914,706 reported infections and 296,385 coronavirus-related deaths reported in Mexico (Reuters Tracker 12/11/2021). However, according to the previously referenced global study on excess mortality due to COVID-19 published in *The Lancet*, the estimated excess deaths due to the pandemic in Mexico reached 798,000 by the end of 2021.⁵ In fact, the publication identified

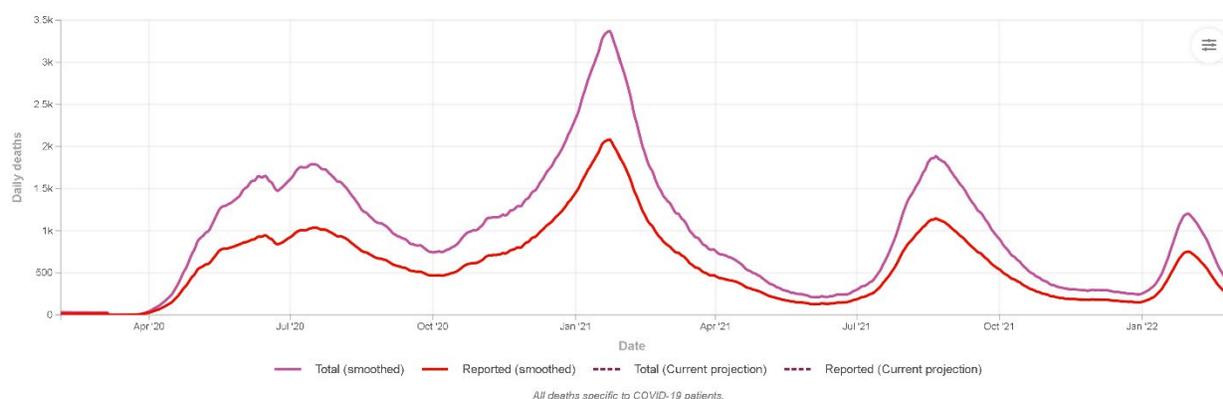
³ Reuters. (2022). Mexico. <https://graphics.reuters.com/world-coronavirus-tracker-and-maps/countries-and-territories/mexico/>.

⁴ Sistema de Información de la Red IRAG. (2022). <https://www.gits.igg.unam.mx/red-irag-dashboard/reviewHome>.

⁵ Wang, H., Paulson, K. R., Pease, S. A., Watson, S., Comfort, H., Zheng, P., ... & Murray, C. J. (2022). Estimating excess mortality due to the COVID-19 pandemic: a systematic analysis of COVID-19-related mortality, 2020–21. *The Lancet*, 399(10334), 1513-1536.

Mexico's excess mortality rate of 325 deaths per 100,000 people as the second highest in the world, after Russia. The combination of a high prevalence of comorbidities in the population (especially diabetes, obesity, and hypertension), an inefficient health system, and a lack of general welfare support during the lockdown caused the relatively young population to experience higher morbidity rates from COVID-19: by February 2021, it was estimated that 50.6% of COVID-19 related deaths were of people below 65 years of age.⁶

Figure 2: Total and Reported Deaths from COVID-19 in Mexico (Source: The Institute for Health Metrics and Evaluation)



From the beginning of the pandemic, the Mexican federal government pursued a very restrictive testing policy, deciding against trying to disrupt transmission chains and instead focusing on keeping hospital beds available. Due to the lack of testing, infection numbers have been largely underreported. Conservative estimates pointed to a ratio of 1 out of 30 cases reported by February 2021 (compared to 1 in 4.6 infections reported in the United States, for example).⁷ In March 2021, the federal government announced it had revised the statistics on “excess deaths” and death certificates during the past year, adjusting it from 182,301 to 294,287 deaths.⁸ This announcement led to wide criticism on the inefficiency of reporting and counting of infections and deaths.

The communication campaign of the federal government has focused on social distancing and suggesting people quarantine at home when presenting symptoms, to ensure hospitals would not overflow. This led to massive undercounting of deaths and to individuals seeking medical assistance once their symptoms were too severe; 58% of COVID-19 related deaths are estimated to be out-of-hospital.⁹ Mexico City had the highest infection rates (14.5% of deaths in the country were in Mexico City), followed by the neighboring State of Mexico (*Estado de México*). COVID-19 also disproportionately affected Tijuana compared to its population.

⁶ Sánchez-Talanquer, M., González-Pier, E., Sepúlveda, J., Abascal-Miguel, L., Fieldhouse, J., del Río, C., & Gallalee, S. (2021). Mexico's Response to COVID-19: A Case Study. *USCF Institute for Global Health Sciences*, p. 20.

<https://globalhealthsciences.ucsf.edu/sites/globalhealthsciences.ucsf.edu/files/mexico-covid-19-case-study-english.pdf>

⁷ UCSF 2021. op.cit. p. 15.

⁸ BBC. (2021). Covid-19: Mexico revises coronavirus death toll up by 60. <https://www.bbc.com/news/world-latin-america-56558059>; Gobierno de Mexico. (2022). Exceso de Mortalidad en Mexico. <https://coronavirus.gob.mx/exceso-de-mortalidad-en-mexico/>.

⁹ UCSF, op.cit., p. 35.

State Response to the Pandemic

The state's response to the pandemic largely revolved around the President and his close associates, echoing a broader trend of centralization of government functions that has been deepening since Andrés Manuel López Obrador won the Presidency in 2018. Mexico has a General Health Council (*Consejo de Salubridad General*), a collegiate body that acts in health emergencies. But the Council has had a very limited role in pandemic response; instead, the President placed policy and communication functions in the hands of the Undersecretary of Prevention and Health Promotion, who responds directly to him. This Undersecretary, Hugo López-Gatell, was also designated the official spokesperson for pandemic response, appearing every night at 7pm from January 2020 to June 2021 on national television to present the latest data and recommendations on the pandemic.

From the beginning of the pandemic to the summer of 2020, the communication strategy was to downplay the pandemic, stating its effects were mild. Communication on masking has been



Figure 3: Political Map of Mexico (Source: The CIA World Factbook)

particularly erratic: President López Obrador consistently refused to wear one during the initial months of the pandemic while on tour, and López-Gatell repeated that mask wearing was not effective against transmission until July 2020. To this day, the official COVID-19 website's FAQ page answers "No" to the question "Do masks protect me from contagion?"¹⁰ However, there was an effective federal communication strategy on social distancing started in March 2020, presenting a cartoon superhero with her hands outstretched showing social distancing, that has been widely reproduced across social media platforms. Governors began

reporting their own COVID-19 information soon after the federal government. The governor of Mexico City appeared every day on TV and social media with a "Covid-19 report" showing figures and advice that at times contradicted the information provided by the federal spokesperson.

¹⁰ Gobierno de Mexico. Personas con discapacidad. <https://coronavirus.gob.mx/informacion-accesible/>.

detected cases and hospitalizations.¹¹ The traffic light system uses data from the National System of Epidemiological Surveillance (SINAVE) to which state administrations are obliged to report and is updated every two weeks. Each color corresponds to different public health measures, from stopping all non-essential work (red) to normal activities including schools (green). There have been tensions between the federal government and state governors over the meaning of the traffic light system and the data it reports. For example, the governors of Jalisco and Yucatán decided to implement stay-at-home orders even if the federal traffic light did not require them to do so, while the governor of Mexico City rejected the red classification in December 2020 and August 2021, saying that the state's data corresponded more to an orange classification and her state would act accordingly.¹²

Public schools were closed at all levels for over 250 days from March 2020 to August 2021.¹³ Irregular initiatives of online education were implemented across public and private schools. The Ministry of Education ran educational capsules on national TV by grade (primary to high school) to reach the population with low access to devices and internet. The success of these countermeasures to the prolonged closing of schools has been debated. A national survey carried out from November 23rd to December 18th, 2020, showed that the schooling system “lost” 5.2 million students from primary school to college who ought to have registered for the 2020-2021 cycle but didn't. The main reasons cited for not registering were COVID-19 (a sick family member, finding online classes unproductive, etc.) and a lack of economic resources to attend school.¹⁴

The vaccination campaign, from purchasing vaccines to their distribution, has been controlled exclusively by the federal government. It began at the end of December 2020 and ended in October 2021, with 83% of the adult population having two shots.¹⁵ After a strong mobilization by parents and civil organizations, a judge ordered the federal government to carry out a vaccination campaign for adolescents from 12 to 17 years old.¹⁶ Currently, there is also a campaign to provide boosters. The distribution of the vaccine has been subject to two main controversies. First, Mexico has an in-built infrastructure for vaccine delivery that uses healthcare workers. Instead, the President mandated that vaccines be delivered by brigades led by the group “Servants of the Nation”, which is composed of over 23,000 followers of the President's party (MORENA) and has been deployed extensively during

¹¹ Covid-19 Mexico. (2022). Información General. <https://datos.covid-19.conacyt.mx/>.

¹² Villarreal, Pedro. (2021). Politicizing National Pandemic Surveillance: Mexico's Epidemiological Traffic Light. *Lex-Atlas: Covid-19*. <https://lexatlas-c19.org/politicizing-national-pandemic-surveillance-mexicos-epidemiological-traffic-light/>.

¹³ OECD. (2021). The state of global education. 18 months into the pandemic. https://read.oecd-ilibrary.org/education/the-state-of-global-education_1a23bb23-en#page1.

¹⁴ INEGI. Encuesta para la Medición del Impacto COVID-19 en la Educación (ECOVID-ED) 2020. <https://www.inegi.org.mx/investigacion/ecovid19/2020/#:~:text=En%20M%C3%A9xico%2C%20la%20Encuesta%20para%20las%20condiciones%20en%20las%20que>.

¹⁵ Santos Cid, Alejandro. (2021). México concluye su plan de vacunación: un 83% de la población mayor de edad tiene al menos la primera dosis. *El País*. <https://elpais.com/mexico/2021-10-29/mexico-concluye-su-plan-de-vacunacion-un-83-de-la-poblacion-mayor-de-edad-tiene-al-menos-la-primera-dosis.html>.

¹⁶ Suárez, Karina. (2021). La justicia mexicana ordena la vacunación contra la covid de todos los menores de 12 a 17 años. *El País*. <https://elpais.com/mexico/2021-10-12/la-justicia-mexicana-ordena-la-vacunacion-contra-la-covid-de-todos-los-menores-de-12-a-17-anos.html>.

his administration to implement welfare programs.¹⁷ Positioned as heads of the brigades, these Servants of the Nation were the face of the vaccination campaign from December 2020, which coincided with the electoral campaigning period for the midterm elections in June 2021. Second, in January 2021, an alliance of ten governors from opposition parties (“the Federalist Alliance”), criticized the lack of transparency in the vaccination campaign. These governors also demanded to be allowed to purchase their own vaccines at the state level, which the federal government rejected.¹⁸ This critique by governors was also within the context of the midterm elections, which included governor elections in fifteen states.¹⁹

Welfare and fiscal response

In 2020, Mexico increased GDP spending by 0.7% to face the pandemic (0.2% expenditure for the healthcare sector and 0.5% expenditure for families and firms). This was the lowest figure in the region. The federal government decided against increasing debt and public spending to face the economic and social consequences of the pandemic, a move that was criticized even by the IMF, who urged the Mexican government to reconsider its strategy in October 2020.²⁰ This 0.7% spending included frontloading three months of cash transfers to the elderly and people with disabilities and granting loans to small businesses, self-employed, and domestic workers. In contrast to the small increase in spending to address the impact of the pandemic, since 2018 the current administration has expanded cash transfer programs to the poorest deciles of the population and increased education scholarships to foster access to high school and university. These programs were shielded from the austerity measures put in place during the pandemic in 2020. Overall, Mexico’s federal government refused to enact welfare and fiscal programs in response to the pandemic, relying instead on its built infrastructure of welfare transfers and on a strict program of austerity.

State governments stepped up to complement these meager federal measures. The majority of state-level initiatives focused on providing fiscal and economic support for small and medium firms and ‘entrepreneurs.’ A second area of support was food distribution programs; by May 2020, 19 of 32

¹⁷ Daen, Arturo y Flores, Siboney. (2021). Operativo Correcaminos: así se preparan integrantes de las brigadas encargados de vacunar. *Animal Político*. <https://www.animalpolitico.com/elsabueso/operativo-correcaminos-integrantes-brigadas-vacunas-covid/>.

¹⁸ Pérez, David. (2020). El uso electoral de la vacuna enfrenta al Gobierno y a la oposición mexicana. *El País*. [https://elpais.com/mexico/2020-12-25/el-uso-electoral-de-la-vacuna-enfrenta-al-gobierno-y-a-la-oposicion-mexicana.html#?rel=mas](https://elpais.com/mexico/2020-12-25/el-uso-electoral-de-la-vacuna-enfrenta-al-gobierno-y-a-la-oposicion-mexicana.html#?rel=mas;); Carbonell, Mario. (2021). La vacunación en México avanza entre la esperanza y la controversia. *France 24*. <https://www.france24.com/es/am%C3%A9rica-latina/20210202-vacunaci%C3%B3n-mexico-esperanza-polemica-logistica-distribuci%C3%B3n>.

¹⁹ The June 2021 midterm elections equally included the renovation of the House of Representatives, the election of 163 state congresspeople, 1,910 municipalities, and the 16 mayoral districts of Mexico City. The ruling party, MORENA, lost the supermajority in Congress and six districts of Mexico City that it governed previously. But it won 9 out of 15 governor elections, which makes 15 out of 32 states now controlled by MORENA.

²⁰ Hannan, S. A., Honjo, K., & Raissi, M. (2022). Mexico needs a fiscal twist: Response to Covid-19 and beyond. *International Economics*. <https://www.imf.org/en/Publications/WP/Issues/2020/10/13/Mexico-Needs-a-Fiscal-Twist-Response-to-Covid-19-and-Beyond-49817>.

states had established such programs, some in partnership with CSOs.²¹ However, state-level measures proved disparate in scope, intent and efficacy. The disarticulation of social, economic, and health measures at different levels of government, which had been diagnosed as a feature of Mexico's complex federalism, was exacerbated by the pandemic.²²

Civil Society Landscape

Mexico has a diverse and well-developed civil society. Many civil society organizations emerged during the 1980s and 1990s, partly in opposition to the single-party rule of the Institutional Revolutionary Party (PRI). After the presidential defeat of the PRI in 2000, there was a “democratic opening” and a push for civil society to develop and professionalize. There was a boom in the number of CSOs from 2000 to 2018: in a survey of 477 CSOs done in 2020, three out of four organizations in the sample were created after 2000.²³ The MacArthur Foundation, USAID and other international donors became key players in developing this sector. CSOs are highly regularized, as they must be registered fiscally to receive any public or private donation.

Since the beginning of the war on drugs, there has been an increase in CSOs dedicated to human rights, attending cases of disappearances, feminicides and murders. The sector of CSOs dedicated to migrant and refugee protection has also grown, as well as reproductive and sexual rights organizations. In hand with its professionalization, civil society has turned to national and international courts to push cases of human rights violations forward and advance its advocacy agenda. Legal accompaniment has become a vector of civil society action. As in other contexts, mobilization in social media is now a tool for advocacy that accompanies physical demonstrations. Social media has proved efficient in aiding court cases, as seen by mobilizations to legalize abortion in several states through online *pañuelazos*, and mobilizations of aid for emergency relief, such as the media campaigns to gather supplies after the 2017 earthquakes.

In 2018, the leftist party MORENA and its leader, Andrés Manuel López Obrador, gained the Presidency and full control of Congress. Set on an agenda of strict government austerity, the Executive cut funding for CSOs and slashed programs established in partnership with civil society.²⁴ López Obrador maintains a confrontational stance towards CSOs, accusing them of being corrupt, inefficient, and not deserving of the financial support they receive from the government. There is now an antagonistic relationship between the federal government and CSOs, which has increased the contentious discourse of civil society during the pandemic. While the media is overall independent, it

²¹ IMCO. (2020). COVID-19: ¿Qué hacen los gobiernos estatales ante la crisis?. <https://imco.org.mx/covid-19-que-hacen-los-gobiernos-estatales-ante-la-crisis-2/>.

²² Cejudo, G.M., Gómez, D., Michel, C.L., Lugo, D., Trujillo, H., Pimenta, C., Trujillo, H., Campos, J. (2020). Federalismo en COVID: ¿Cómo responden los gobiernos estatales a la pandemia?. *Laboratorio Nacional de Políticas Públicas: México*. <https://lnppmicrositio.shinyapps.io/FederalismoEnCovid/>.

²³ Causas Ciudadanas. (2020). Informe final. Encuesta “Sociedad civil organizada frente al COVID-19. Impacto, retos y acciones de resiliencia”. <https://alternativasycapacidades.org/wp-content/uploads/2020/06/Reporte-Encuesta-SCOfrentealCovid19-1.pdf>.

²⁴ Alternativas y Capacidades. A contracorriente: financiamiento público para OSC 2005-2019. <https://alternativasycapacidades.org/noticias/a-contracorriente-financiamiento-publico-para-osc-2005-2019/>.

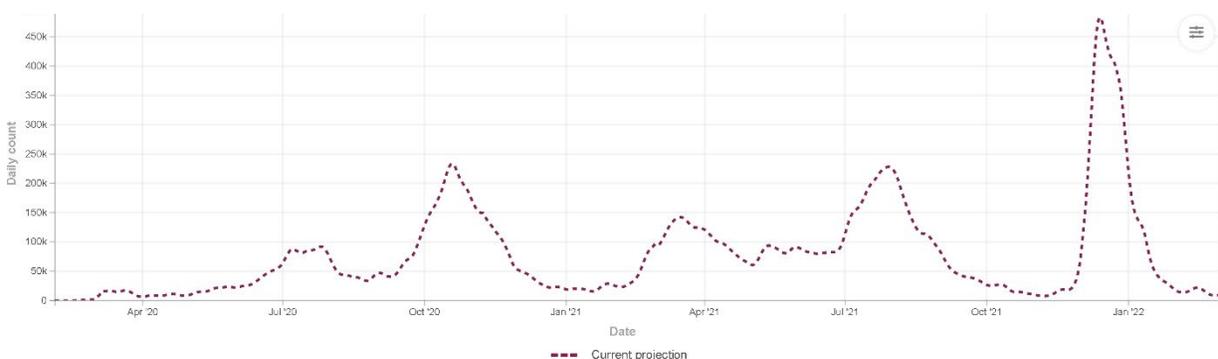
has also been the target of accusations from the federal government. In the context of high homicide rates and violence, there is a wave of repression against human rights activists and journalists. Mexico was recently declared the most dangerous country in the world to do journalism.²⁵ In the same vein, a women's demonstration on March 8th, 2020, accused the state of inaction in the face of staggering femicide numbers. Violence against women increased exponentially during the pandemic, with the National Network of Shelters (*Red Nacional de Refugios*) reporting an increase of 80% in calls to their helpline during March 2020 alone.²⁶

Kenya

Emergence and Impact of COVID-19

As of mid-February 2022, the number of officially recorded COVID-19 infections and deaths in Kenya was 322,545 and 5,633 respectively (out of a total population of 53 million).²⁷ Compared to the rest of the world (and the other five countries in this study), Kenya's COVID-19 current caseload and fatalities are low. Within Africa however, where cases were fewer than other regions, only a handful of countries have a higher infection count than Kenya (Egypt, Ethiopia, Libya, Tunisia, Morocco, and South Africa).²⁸ These lower mortality figures compared to other global regions are explained in part by demographic factors: Kenya has a young population: around 38.6% of Kenyans are below 15 years, and only 2.5% are above 64.²⁹ However, for Kenya and most other countries in Africa, these low

Figure 4: Estimated Daily Infections of COVID-19 in Kenya (Source: The Institute for Health Metrics and Evaluation)



²⁵ Linares, Albinson. (2021). Mexico is deadliest country for journalists, who also face government harassment. *NBC News*. <https://www.nbcnews.com/news/latino/mexico-deadliest-country-journalists-also-face-government-harassment-rcna833>.

²⁶ Red Nacional de Refugios. Violencias contra las mujeres, niñas y niños a nueve meses del confinamiento por covid19, una deuda histórica pendiente del estado mexicano. <https://rednacionalderefugios.org.mx/comunicados/violencias-contra-las-mujeres-nin%CC%83as-y-nin%CC%83os-a-nueve-meses-del-confinamiento-por-covid19-una-deuda-historica-pendiente-del-estado-mexicano/>.

²⁷ Reuters COVID-19 Tracker. (2022). Kenya: The Latest Coronavirus Counts, Charts and Maps. <https://graphics.reuters.com/world-coronavirus-tracker-and-maps/countries-and-territories/kenya/>.

²⁸ Ibid.

²⁹ The World Bank: Data. (2021). Population ages 0-14% (% of total population) – Kenya. <https://data.worldbank.org/indicator/SP.POP.0014.TO.ZS?locations=KE>.

numbers are more likely to be a function of low rates of testing and high number of deaths occurring at home. According to the previously referenced global study on excess mortality due to COVID-19 published in *The Lancet*, the estimated excess deaths due to the pandemic in Kenya reached 171,000 by the end of 2021, the third largest in Africa and more than 30 times the number of deaths officially reported.³⁰

Figure 5: Total and Reported Deaths from COVID-19 in Kenya (Source: The Institute for Health Metrics and Evaluation)



Furthermore, the disease burden on the health system was high given the limited number of hospital beds in Kenya. In the entire country, there is a reported 537 ICU beds and 254 ventilators,³¹ which were all in use during surges in infections in April/May 2021 and then again in August 2021.^{32,33} The spread of the Omicron variant was linked to the peak in the number of new cases in December 2021, although this wave did not strain hospitals as earlier waves had.³⁴

In addition to these public health consequences, the economic implications of the pandemic were considerable. As an analysis of the impact of the pandemic has shown, for low- and middle-income countries, the poverty effect of the pandemic is far greater than in high-income countries (where mortality effects are most significant).³⁵ In the case of Kenya, the economy contracted for the first time in 30 years in 2020 (by 0.3%). The annual growth rate in the preceding years was higher than 5%,

³⁰ Wang, H., Paulson, K. R., Pease, S. A., Watson, S., Comfort, H., Zheng, P., ... & Murray, C. J. (2022). Estimating excess mortality due to the COVID-19 pandemic: a systematic analysis of COVID-19-related mortality, 2020–21. *The Lancet*, 399(10334), 1513-1536. [https://doi.org/10.1016/S0140-6736\(21\)02796-3](https://doi.org/10.1016/S0140-6736(21)02796-3).

³¹ Akwiri, Joseph and Fick, Maggie. (2020). In Kenya, COVID-19's Rural Spread Strains Creaky Healthcare. *Reuters*. <https://www.reuters.com/article/us-health-coronavirus-kenya/in-kenya-covid-19s-rural-spread-strains-creaky-healthcare-idUSKBN28H0J0>.

³² Mohiddin, Abdu, and Temmerman, Marleen. (2020). COVID-19 Exposes Weaknesses in Kenya's Healthcare System. And What Can Be Done. *The Conversation*. <http://theconversation.com/covid-19-exposes-weaknesses-in-kenyas-healthcare-system-and-what-can-be-done-143356>.

³³ WION. (2021). *ICU Beds in Kenya's Biggest Public Hospital Are Fully Occupied | COVID-19 Pandemic | English News*. <https://www.youtube.com/watch?v=pmAG1ealDf8>.

³⁴ Muchangi, John. (2022). Africa's Covid-19 Death Rate Highest in the World - WHO. *The Star*. <https://www.the-star.co.ke/news/2022-01-21-africas-covid-19-death-rate-highest-in-the-world-who/>.

³⁵ Decerf, B., Ferreira, F. H., Mahler, D. G., & Sterck, O. (2021). Lives and livelihoods: Estimates of the global mortality and poverty effects of the Covid-19 pandemic. *World Development*, 146, 105561. doi: [10.1016/j.worlddev.2021.105561](https://doi.org/10.1016/j.worlddev.2021.105561).

and projected rate for 2020 without COVID-19 was 6.2%.³⁶ This economic downturn was driven largely by lockdown measures that affected the service sector, which contributes more than 50% of the GDP, and employs nearly 40% of all workers.³⁷ The shutting down of nonessential services, and restrictions on international travel which impacted tourism were especially harmful. The easing of restrictions in early 2021 did result in the beginning of economic recovery and the World Bank projects growth will return to its pre-pandemic level in 2022.³⁸

State Response to the Pandemic

State structure in Kenya: An Overview



Figure 6: Political Map of Kenya (Source: United Nations)

Kenya has a devolved system of government that was introduced by the 2010 constitution. Governance is shared between a national government and 47 semi-autonomous county governments. The empowerment of these sub-national units was designed to improve representation and access to basic services in local communities and to rectify the region- and ethnic-based inequality that has characterized resource-allocation and development in colonial and postcolonial Kenya.³⁹ The national government consists of the presidency, the judiciary (the court system is not devolved), a bicameral parliament, and a commission of public servants at various national and subnational levels (including the police, district officers, chiefs). The county governments - which receive 15% of national revenues - have independent executive (led by governors) and legislative (county assemblies) functions, and

³⁶ Onsomu, E., Munga, B., & Nyaboro, V. (2021). The Impact of COVID-19 on Industries without Smokestacks in Kenya: The Case of Horticulture, ICT, and Tourism Sectors. *Brookings*. <https://www.brookings.edu/research/the-impact-of-covid-19-on-industries-without-smokestacks-in-kenya-the-case-of-horticulture-ict-and-tourism-sectors/>.

³⁷ (2022). Employment in services (% of total employment) (modeled ILO estimate) – Kenya. <https://databank.worldbank.org/source/world-development-indicators#advancedDownloadOptions>.

³⁸ Rosauer, Vera. (2022.) Kenya’s Economy Is Showing Resilience as Output Rises Above Pre-Pandemic Levels Driven by a Rebound in the Services Sector. *World Bank*. <https://www.worldbank.org/en/news/press-release/2021/12/14/kenya-s-economy-is-showing-resilience-as-output-rises-above-pre-pandemic-levels-driven-by-a-rebound-in-the-services-sect>.

³⁹ Kanyinga, Karuti. (2016). Devolution and the New Politics of Development in Kenya. *African Studies Review* 59(3):155–67. doi: 10.1017/asr.2016.85.

are responsible for healthcare, lower education, and local infrastructure projects.⁴⁰

Especially relevant to the present study, county governments are responsible for delivery of health services in community and county-level health centers, while the national government retains general planning and regulatory functions in the health sector, as well as service delivery in national referral hospitals.⁴¹ In the context of the pandemic, the national government, through the Ministry of Health, determined lockdown measures and other containment protocols, was responsible for tracking and reporting COVID-19 cases and fatalities, and is managing the procurement and distribution of vaccines (according to the National Vaccine Deployment Plan). The county governments, through County Vaccine Deployment taskforces, are responsible for administering vaccines through immunization centers and for tracking vaccination.⁴²

Containment Measures: Lockdowns and Vaccination

From the beginning of the pandemic, the Kenyan state generally adhered to messaging from the World Health Organization (WHO). While there is evidence of misinformation among the public, the science behind the virus and effectiveness of recommended public health procedures was not contested by the state. In the early months of the pandemic, the Cabinet Secretary of Health held daily briefings to update the public about the pandemic in the country and to promote preventive protocols.

The state's response at the start of the pandemic included lockdowns: schools and nonessential businesses were closed and social gatherings restricted. A curfew was introduced in March 2020 between 10PM and 4AM that was only lifted in October 2021 (when infections peaked in April/May 2021, the curfew was expanded to 7PM to 4AM). There were mandated quarantines in place at the start of the pandemic until August 2020 for those testing positive as well as incoming travelers. Inter-county travel restrictions were also implemented during this period and sporadically afterwards when there was a rise in infections in particular counties (especially Nairobi and other urban counties). The enforcement of these restrictions was, and continues to be, marked by police violence, which in some cases has fatal (especially in 2020).^{43,44} Over the course of the pandemic, restrictions were gradually eased (with significant equity concerns raised, for example, schools for middle- and upper-class Kenyans transitioned to online learning). Presently, most restrictions have been lifted as cases continue to decline.⁴⁵

⁴⁰ Kimenyi, Mwangi S. (2013). Devolution and Resource Sharing in Kenya. *Brookings*. <https://www.brookings.edu/opinions/devolution-and-resource-sharing-in-kenya/>.

⁴¹ Masaba, B. B., J. K. Moturi, J. Taiswa, and R. M. Mmusi-Phetoe. (2020). Devolution of Healthcare System in Kenya: Progress and Challenges. *Public Health* 189:135–40. doi: 10.1016/j.puhe.2020.10.001.

⁴² Ministry of Health. (2021). National Covid-19 Vaccine Deployment Plan. <https://www.health.go.ke/wp-content/uploads/2021/09/NATIONAL-COVID-19-VACCINE-DEPLOYMENT-PLAN-2021.pdf>.

⁴³ Anon. (2020). Kenya: Police Brutality During Curfew. *Human Rights Watch*. <https://www.hrw.org/news/2020/04/22/kenya-police-brutality-during-curfew>.

⁴⁴ Dahir, Abdi Latif. (2021). Deaths in Custody of Two Brothers Fuel Anger over Covid Enforcement in Kenya. *The New York Times*. <https://www.nytimes.com/2021/08/16/world/africa/kenya-covid-enforcement-brothers-death.html>.

⁴⁵ Reuters COVID-19 Tracker. (2022). Kenya: The Latest Coronavirus Counts, Charts and Maps. <https://graphics.reuters.com/world-coronavirus-tracker-and-maps/countries-and-territories/kenya/>.

Regarding vaccination, the state is currently the only provider of vaccines acquired from the COVAX initiative and as direct donations from wealthier countries (including the United States, Denmark, but also India before its severe second wave began). The vaccines distributed by the Ministry of Health are the AstraZeneca, Moderna, and Johnson & Johnson vaccines.⁴⁶ For a short period of time in March and April 2021, the Sputnik V vaccine was available through private clinics and hospitals before its use was halted by the state due to its not being authorized by the WHO.⁴⁷ As of mid-January 2022, around 11% of the population has been fully vaccinated. To increase the uptake of vaccines, the government mandated that starting December 21, proof of vaccination is required to access public services including schools, transport, state offices, as well as private amenities such as restaurants.⁴⁸ This mandate, however, was reversed by the High Court before it took effect following a petition filed by a business owner who cited the human (social) rights it violated.⁴⁹ This concern had also been raised by organizations including Human Rights Watch who pointed to the low rate of vaccination in the country and the impact the mandate would have on a majority of citizens.⁵⁰

In sum, while measures pursued by the Kenyan state to contain COVID-19 varied over the course of the pandemic, they can generally be described as comprehensive and following international benchmarks, and their implementation forceful and regularly raising human rights concerns.

State Welfare Response

The social welfare response of the Kenyan national government to the pandemic followed two primary channels: adjustments to fiscal policy and cash transfer payments to vulnerable families.⁵¹ Starting in April 2020, tax reductions made by the government included a decrease in the VAT (Valued Added Tax) sales tax, from 16% to 14%; income tax and corporation tax reduced from 30% to 25%; and a 100% tax relief for those in the lowest income bracket (< Ksh. 24,000, approximately USD 240 per month). Further fiscal responses included the Central Bank of Kenya lowering interest rates and its cash reserve ratio to maintain the level of borrowing in the economy. These changes came to an end in December 2020.

⁴⁶ Ministry of Health. (2021). Kenya Receives First Batch of Johnson and Johnson Covid-19 Vaccine.

<https://www.health.go.ke/kenya-receives-first-batch-of-johnson-and-johnson-covid-19-vaccine/>.

⁴⁷ Herbling, David. (2021). Kenyans Pay \$70 for a Shot of Russia's Sputnik V Vaccine. *Bloomberg.Com*.

<https://www.bloomberg.com/news/articles/2021-03-30/kenyans-pay-70-for-a-shot-or-russia-s-sputnik-v-vaccine>.

⁴⁸ Fick, Maggie. (2021). Kenya COVID-19 Vaccine Mandate Draws Praise and Criticism. *Reuters*.

<https://www.reuters.com/world/africa/kenya-state-directive-will-boost-low-covid-vaccine-takeup-business-group-2021-11-22/>.

⁴⁹ Anon. (2021). Kenya's High Court Suspends Mandatory COVID Vaccination Order. *Al Jazeera*.

<https://www.aljazeera.com/news/2021/12/14/kenyan-court-suspends-mandatory-vaccination-order>.

⁵⁰ Anon. (2021). Kenya: Vaccine Requirements Violate Rights. *Human Rights Watch*.

<https://www.hrw.org/news/2021/12/14/kenya-vaccine-requirements-violate-rights>.

⁵¹ Office of the President. (2020). Presidential Address On The State Interventions To Cushion Kenyans Against Economic Effects Of Covid-19 Pandemic On 25th March, 2020. *The Presidency*.

<https://www.president.go.ke/2020/03/25/presidential-address-on-the-state-interventions-to-cushion-kenyans-against-economic-effects-of-covid-19-pandemic-on-25th-march-2020/>.

The cash payments intervention entailed an expansion to the existing social welfare program, *Inua Jamii* (“Lift the Society”), that targets vulnerable groups including the elderly and orphans. Announced at the end of March 2020, an additional Ksh. 10 billion (roughly USD 100 million) was channeled to the Ministry of Labour and Social Protection for distribution through *Inua Jamii*. This intervention received criticism as it could not reach those groups likely to be most affected by the economic downturn caused by pandemic lockdown measures, particularly workers in the informal economy.⁵² In May 2020, a further Ksh. 40 billion was approved for distribution, this time to vulnerable households in urban areas that were likely to be affected by the economic downturn. This cash transfer program, however, was mired in significant irregularities. Human Rights Watch for example, reports that less than 5% of households that qualified for support received it.⁵³ In the media (indeed, in common parlance across the country), “Covid billionaires” – state officials who unscrupulously benefited from the cash transfer program (as well as other resources, including foreign aid earmarked for pandemic intervention) – received heavy coverage.⁵⁴

In short, the social welfare response of the Kenyan government to the pandemic was generally viewed as weak and the cash transfer program was characterized by a lack of transparency, irregularities, and poor reach. The adjustments to the fiscal policy on the other hand were short-lived and did not sufficiently address the increasing cost of living during the pandemic; in fact, towards the end of 2020 and in 2021, tax rates were not just restored to their pre-pandemic level but increased to meet the government’s debt obligations.^{55,56}

Civil Society Landscape

Civil society in Kenya is dominated largely by self-help associations that meet the social and economic needs of community members. While it is difficult to get a full picture of the scope of these associations as they are largely unregistered, the long history of a strong ethic of *harambee* – community self-help – is well-documented, particularly in the health and education sectors. Existing data from administrative records of registered or recognized associations lends support to the preponderance of such organizations and their increasing number since the 1990s.⁵⁷

⁵² Zhu, Louise Donovan. (2020). Kenya’s Labor Market Wasn’t Made for a Pandemic. *Foreign Policy*.

<https://foreignpolicy.com/2020/04/10/kenya-labor-coronavirus-pandemic-informal-workers-economic-crisis/>.

⁵³ Human Rights Watch. (2021). “We Are All Vulnerable Here”: Kenya’s Pandemic Cash Transfer Program Riddled With Irregularities. <https://www.hrw.org/report/2021/07/20/we-are-all-vulnerable-here/kenyas-pandemic-cash-transfer-program-riddled#>.

⁵⁴ Kenya Citizen TV. (2021). State of the Nation: COVID Billionaires Probe.

<https://www.youtube.com/watch?v=710TvcIk670>

⁵⁵ AfricaNews. (2021). Kenyans Voice Fury over Fuel Price Hike after Subsidies End. *Africanews*.

<https://www.africanews.com/2021/09/18/kenyans-voice-fury-over-fuel-price-hike-after-subsidies-end/>.

⁵⁶ Obulutsa, George. (2020). Kenyan Parliament Halts COVID-19 Related Tax Relief. *Reuters*.

<https://www.reuters.com/article/health-coronavirus-kenya-economy/kenyan-parliament-halts-covid-19-related-tax-relief-idUKI8N2J12LX>.

⁵⁷ Kanyinga, Karuti, Winnie V. Mitullah, and Sebastian Njagi. (2013). The Non-Profit Sector in Kenya: Size, Scope and Financing.

More visibly, civic life in Kenya is also characterized by what has been termed “NGO-ism”: formal non-governmental organizations that rely on foreign donors to carry out their work providing social and economic assistance to vulnerable communities.⁵⁸ These organizations ballooned in number in the 1990s, when foreign aid was increasingly channeled through non-state transnational aid organizations then to local NGOs. Observers also pinpoint this increase in NGOs, and that in self-help associations, to the increasing socioeconomic precariousness following decreasing state welfare provision.

Despite this “survivalist” orientation of its civil society sphere – that is, its primary focus on the direct provision of basic goods and services to vulnerable groups – organizations working on human rights and governance issues also play an important role in Kenya.⁵⁹ At the forefront are human rights organizations such as the Kenya National Human Rights Commission (KNHCR) and the Law Society of Kenya (LSK); labor unions including the Kenya National Union of Teachers (KNUT) and the umbrella confederation Central Organization of Trade Unions (COTU); and religious organizations such as the National Council of Churches of Kenya (NCCCK) and Supreme Council of Kenya Muslims (SUPKEM). The strategies of action commonly employed by these organizations are mobilizing public protests; engagement with the public through the media; court petitions; and in the case of the unions (KNUT in particular), mobilizing labor action. These activities, however, are generally not coordinated across organizations, neither do they often develop into sustained collective action against the state. It has been observed that Kenya’s civil society “lack[s] a common political project” due to regional, religious, and ethnic fragmentation. This increasingly became the case in the early 2000s, after the removal of Daniel arap Moi whose dictatorship spurred a more cohesive and coordinated civil society response. In addition to this fragmentation, civil society in present-day Kenya has some ties to the state and to the political class: leaders of prominent organizations have taken up government appointments, and religious institutions are, not uncommonly, funded by political figures.^{60,61}

Apart from these established organizational players, activist collectives and popular social movements (increasingly organized or originating on online platforms) are also critical participants in Kenya’s civic sphere. Public protests in response to rising cost of living, joblessness, and police violence are common.^{62,63} An illustrative example of the role of activism in the country is the successful legal challenge mounted by 5 high-profile political activists against the President’s attempt to amend the constitution in 2021. The planned constitutional amendment would restructure the government; the most significant of the changes proposed is the creation of a prime minister position. The High Court

⁵⁸ Mati, J.M., (2014). Neoliberalism and the forms of civil society in Kenya and South Africa. *The handbook of civil society in Africa*, pp. 215-232.

⁵⁹ Ibid.

⁶⁰ Lind, Jeremy, and Jude Howell. (2010). Counter-Terrorism and the Politics of Aid: Civil Society Responses in Kenya. *Development and Change*. p. 336. doi: [10.1111/j.1467-7660.2010.01637.x](https://doi.org/10.1111/j.1467-7660.2010.01637.x).

⁶¹ Onyango, Emmanuel. (2021). Why Kenyan Churches Are Banning Politicians from Pulpits. *BBC News*. <https://www.bbc.com/news/world-africa-58666703>.

⁶² Wasike, Andrew. (2019). Hundreds of Kenyans in Capital Protest Unemployment. *Anadolu Agency*. <https://www.aa.com.tr/en/africa/hundreds-of-kenyans-in-capital-protest-unemployment/1607098>.

⁶³ Mwaura, Waihiga. (2021). Letter from Africa: Kenyans Protest over Growing Debt. *BBC News*. <https://www.bbc.com/news/world-africa-56651735>.

ruled that the proposed amendment was in violation of the constitution (the case was appealed and is now being heard by the Supreme Court).⁶⁴ Importantly, in addition to demonstrating the role played by activism in Kenya, this incident also signals the opportunities that exist for civil society to challenge the state through the courts. This ruling and others made in the recent past (the most noteworthy being the nullification of Uhuru Kenyatta's election victory in 2017 due to electoral irregularities by the Supreme Court, and the calling for a repeat election; and more recently the reversal of the vaccine mandate) indicate increasing judicial independence.⁶⁵

South Africa

Emergence and Impact of COVID-19

By March 2020, South Africans had observed the quick spread of the COVID-19 pandemic across the globe, awaiting its inevitable arrival. The country had been the epicenter of the global HIV/AIDS pandemic and was wary of the risk of overlapping public health vulnerabilities that the coronavirus may exploit. Beyond the immediate public health vulnerabilities, the lockdown-style responses of many Western countries hit by the virus earlier in the year portended significant economic and social effects.

Civil society had been at the forefront of shaping the South African government's notorious early responses to the HIV/AIDS pandemic. This had primarily focused on the procurement of antiretroviral drugs that could lessen the effects of HIV. While the depths of that crisis were well in the rear-view mirror, the country still suffers from high rates of HIV-related Tuberculosis, along with non-communicable risk factors such as obesity and hypertension. This put the country's scientific leaders on particularly high alert for not just the incidence, but also the deadly effects of the novel coronavirus.

At the same time, political and economic forces buffeted public health decision-making. President Cyril Ramaphosa, elected leader of the African National Congress (ANC) in December 2017, and the country's president in June 2018, was still struggling to consolidate power over his party and country.⁶⁶ In 2019, the ANC won a strong majority of 57% of the vote. But this was 5% lower than in the previous parliamentary election in 2014, and the worst result for the party in 25 years of free elections. South Africa was headed into a formal recession prior to the arrival of COVID-19, and the lockdown-induced recessions seen in much of the world clearly portended deep economic suffering in the months and years ahead.

⁶⁴ Andagalu, Rogers. (2021). Kenya High Court Rules Constitutional Amendment Bill Unconstitutional. *Jurist*. <https://www.jurist.org/news/2021/05/kenya-high-court-rules-constitutional-amendment-bill-unconstitutional/>.

⁶⁵ Mbaku, John Mukum. (2021). Is the BBI Ruling a Sign of Judicial Independence in Kenya? *Brookings*. <https://www.brookings.edu/blog/africa-in-focus/2021/08/19/is-the-bbi-ruling-a-sign-of-judicial-independence-in-kenya/>.

⁶⁶ Bradlow, Benjamin. (2018). South Africa's ruling party recalled President Zuma. But the ANC faces 3 big challenges. *Washington Post*. <https://www.washingtonpost.com/news/monkey-cage/wp/2018/02/14/south-africas-ruling-party-recalled-president-zuma-but-the-anc-faces-3-big-challenges/>.

Key political alliance partners like the Congress of South African Trade Unions (COSATU) had already been gearing up for a fight to preserve and raise wages in the public sector. Over the past two decades, riven by a deindustrializing economy and its own factional battles, COSATU had become dominated by its public sector membership. In the context of the pandemic, this included the National Education, Health and Allied Workers' Union (NEHAWU) and the South African Democratic Teachers' Union (SADTU). Of particular note, the NEHAWU represented many of the frontline workers' who would be called upon to serve in the midst of the most intense periods of the pandemic. But market-oriented finance minister Tito Mboweni was determined to present an austere fiscal response to the intersecting crises of public health and economics. Zweli Mkhize had been appointed health minister in the Ramaphosa cabinet after having steered skillfully between two increasingly bitter factions in the lead-up to the 2017 elective conference of the ANC. It was precisely his capacity to navigate these conflicts that led party insiders and media observers alike to float his name as a future presidential contender. Even before South Africa reported a single case, there was no doubt that his political fortunes would rise and fall on his ministry's management of the pandemic.

On March 5, 2020, the National Institute for Communicable Diseases reported the first confirmed case of covid in South Africa.⁶⁷ The patient was a 38-year-old male who had returned to the country with his family after a trip to Italy, which was already in the throes of a rapidly accelerating case and death count. Early pronouncements from medical experts both in South Africa and abroad emphasized the potential for unique susceptibilities to viral spread. This was because of the high incidence of immuno-compromised population in the wake of the HIV pandemic, as well as the poor conditions of urban informal settlements, which make "locking down" and "social distancing" particularly difficult. A countervailing trend was the relative youth of the country's demographic profile, as well as the relatively high capacity of the country's public health infrastructure for both diagnosing and delivering services. This capacity, however, was understood as highly variable with poorer provinces, especially the Eastern Cape, which is considered to be particularly vulnerable.

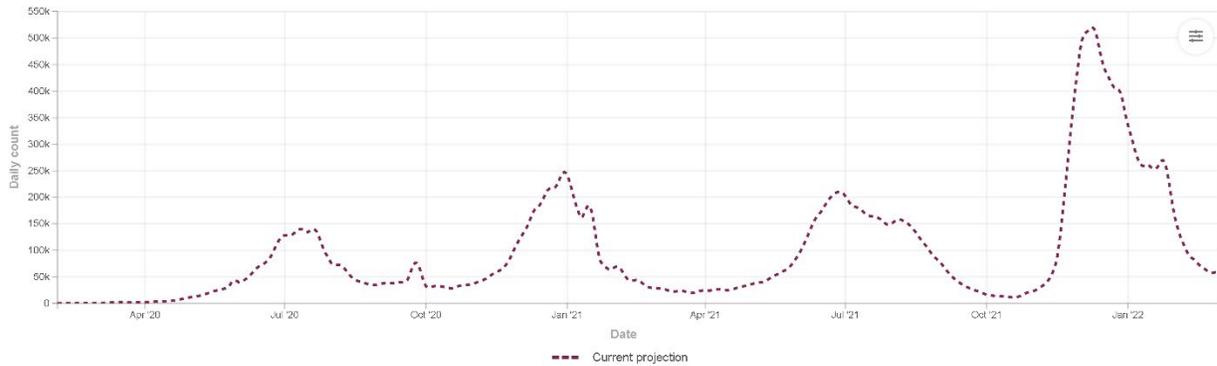
The Ramaphosa administration had taken keen note of the spread of the COVID-19 from China across the West. The strategy of "locking down" in order to "flatten the curve" of spread of the disease had emerged as a best practice, despite notable exceptions in Sweden and particularly uneven implementation of similar approaches in the United Kingdom and the United States. On March 15, Ramaphosa made his first address to the nation since the pandemic had begun to spread. He declared a national "state of disaster," which enabled the government to begin to assume extraordinary emergency management powers under the Disaster Management Act. Ramaphosa and his cabinet knew that this would be the most important crisis of his presidency. Having lost support in previous elections, the ANC's fortunes would rest on how the government was perceived to navigate the immediate and longer-term consequences of the global pandemic.

On the evening of Monday, March 23, with a delayed start to his press conference, Ramaphosa addressed the nation to announce a 21-day "lockdown" to commence on March 26. The only

⁶⁷ Mkhize, Zweli. (2020). First Case of Covid-19 Reported in SA. *National Institute for Communicable Diseases*. <https://www.nicd.ac.za/first-case-of-covid-19-coronavirus-reported-in-sa/>.

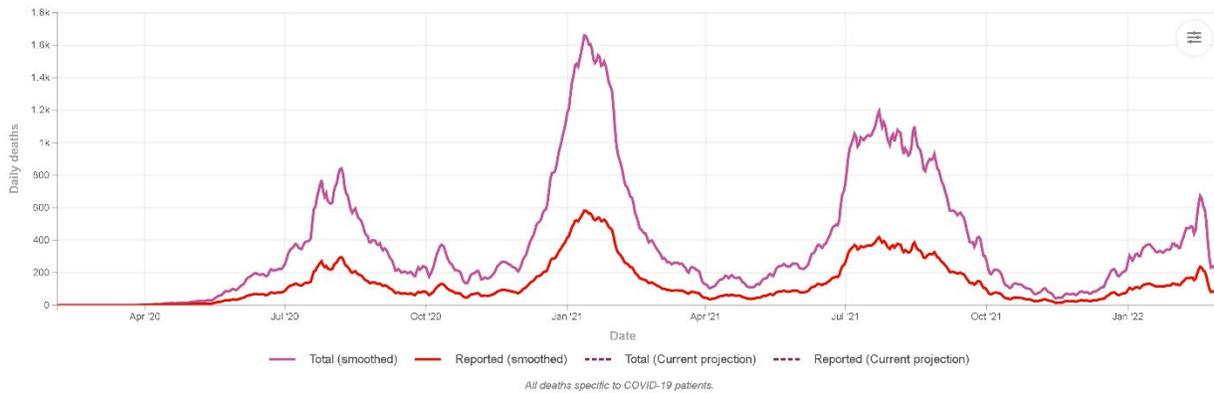
businesses that could remain open were pharmacies, laboratories, banks, the Johannesburg Stock Exchange, grocery stores, gas stations, and health care providers. Furthermore, individuals could only leave their homes to buy food and medicine, get medical care, and access social grants. Four days later, the government announced a ban on the sale of alcohol. This was justified on the basis that alcohol-related traumas were likely to overburden hospital resources at the moment in which they faced an onslaught of coronavirus cases. This ban would be lifted and reimposed over the next six months, incurring significant outrage and controversy.

Figure 7: Estimated Daily Infections of COVID-19 in South Africa (Source: The Institute for Health Metrics and Evaluation)



According to the previously referenced global study on excess mortality due to COVID-19 published in *The Lancet*, the estimated excess deaths due to the pandemic in South Africa had reached 302,000 by the end of 2021, the largest in Africa.⁶⁸ As of November 2021, South Africa has experienced three major “waves” of covid transmission, each of which has been associated with varying degrees of stringent lockdowns. These lockdowns have included curfews, bans on the sale of alcohol, and restrictions on travel between provinces. An emerging fourth wave of a new omicron variant has not yet been met with a similar response.

Figure 8: Total and Reported Deaths from COVID-19 in South Africa (Source: The Institute for Health Metrics and



⁶⁸ Wang, H., Paulson, K. R., Pease, S. A., Watson, S., Comfort, H., Zheng, P., ... & Murray, C. J. (2022). Estimating excess mortality due to the COVID-19 pandemic: a systematic analysis of COVID-19-related mortality, 2020–21. *The Lancet*. [https://doi.org/10.1016/S0140-6736\(21\)02796-3](https://doi.org/10.1016/S0140-6736(21)02796-3).

State Response to the Pandemic



Figure 9: Political Map of South Africa (Source: United Nations)

Economic effects of “lockdown”

While the decision to “lockdown” was initially hailed for the extent to which it clearly took the arrival of the pandemic within South Africa’s borders seriously, it also opened up questions about the appropriateness of the “lockdown” approach for the country’s social and economic context. The economy and geography of South Africa’s cities were a particular concern. The country’s unemployment rate before the pandemic was hovering around 25%, with youth unemployment close to 50%. Apartheid-era policies had created dormitory townships of Black residents far from jobs in central business districts and wealthy suburbs home to largely white residents. The lack of a coordinated and effective collective transportation policy in the country meant that residents used cramped minibus taxis to travel long distances to and from work.

Taken together, these factors undercut the appropriateness of the concept of “social distancing.” Residents of townships and informal shack settlements, where unemployment was concentrated, often did not obey lockdown orders. Those reliant on daily wages continued to work and buy and sell goods

in order to obtain basic necessities. As a result, concurrent with the beginning of the lockdown on March 26, the national government deployed the South African National Defence Force (SANDF). In his address to SANDF troops on the eve of the lockdown, Ramaphosa pre-empted analysts who noted that the forces had largely been neglected over the past 25 years and had severe capacity problems⁶⁹: “This is not a moment for skop and donner. This is not a moment for skiet and donner. This is a moment to be supportive to our people.”⁷⁰

Ramaphosa’s reference to the Afrikaans phrases of “skop (kick) and donner (beat you up)” and “skiet (shoot) and donner” emphasized the need to avoid violent enforcement of the lockdown. Yet early high-profile instances of violence, sometimes deadly, meted out by both soldiers⁷¹ and police⁷² were indications of the challenges that voluntary compliance to the lockdown orders would face.

Policy responses

The government aimed to show that it felt the pain of ordinary South Africans under lockdown. While the government faced criticism that it moved much more slowly in announcing economic measures than in announcing public health and security measures, Ramaphosa presented a major set of initiatives to alleviate economic suffering on April 21. The headline number amounted to R500 billion, equivalent to 10% of the country’s GDP. This number suggested that South Africa’s emergency economic support was among the highest in any country, as measured by percentage of GDP.

A key component of these measures was the expansion of the child support grant, one of three grants making up the bedrock of the country’s social welfare payment system that reaches one of every three South Africans. Researchers at the University of Cape Town (UCT) had produced data showing that expanding the child support grant on a *per child* basis would provide the quickest way to target economic relief funds to the most vulnerable segments of the population. The research team was in direct communication with senior staff in the office of the presidency, who cited the modeling by the UCT team in justifying the expanded grant.

When the South African Social Security Agency issued guidelines to implement the plan, its directives were much less generous than what the UCT researchers had recommended. Instead of being on a *per child* basis, the grant would be expanded on a *per household* basis. For example, in a household with three children, a grant that would have expanded by R1500 per month (approx. \$90) would now only be expanded by R500 (approx. \$30). The C19 Coalition of civil society organizations that had come together as the lockdown first began, took up the cause. The coalition’s food expert, Ruth Hall, noted that the researchers had zeroed in on the child support grant because it directly reached 13 million

⁶⁹ Ballie, Craig. (2020). South Africa’s military is not suited for the fight against COVID-19. Here’s why. *The Conversation*. <https://theconversation.com/south-africas-military-is-not-suited-for-the-fight-against-covid-19-heres-why-138560>.

⁷⁰ SABC News. (2020). Ramaphosa officially deploys army as lockdown is hours away. SABC News. <https://www.sabcnews.com/sabcnews/ramaphosa-officially-deploys-army-as-lockdown-is-hours-away/>.

⁷¹ Seleka, Ntwaage. (2020). Alexandra residents say they are losing faith in the law after Collins Khosa's death. *News24*. <https://www.news24.com/southafrica/news/alexandra-residents-say-they-are-losing-faith-in-the-law-after-collins-khosas-death-20200610>.

⁷² Reuters. (2020). S.Africa policeman, guard shot man dead during lockdown-police. <https://www.reuters.com/article/health-coronavirus-safrica-shooting/safrica-policeman-guard-shot-man-dead-during-lockdown-police-idUSL8N2BN5H6>.

children in a country of 60 million, and indirectly reaches 30 million people. This made it easily the most widely distributed grant in the social welfare system. “The problem is not,” said Hall, “that there is not enough food, it’s that individuals cannot afford it. So the increase of social grants is the quickest and most effective way of dealing with the food crisis.”⁷³

The development of bureaucratic capacity to distribute social welfare grants had been one of the crowning achievements of the post-Apartheid state. One of the purported advantages of making the child support grant the primary social welfare vehicle for cushioning incomes was that a system for distributing the grant was already in place. However, it soon became clear that many South Africans were struggling to be included in a new Covid-19 relief grant, known as the Social Relief of Distress Grant. This was pegged at R350 (approx. \$20) per month. By the beginning of August, more than three months after the introduction of the grant, the Pay The Grants civil society campaign estimated that 8 to 15 million people were eligible to sign up. Yet only 4.4 million had successfully signed up.⁷⁴

The apparent tensions in the social welfare system were further exacerbated by macro-economic policy responses to the pandemic. The country’s leading trade union federations and progressive economic policy researchers were pushing for significant new fiscal stimulus to cushion the economy from the effects of “locking down.” Various factions aligned to market and labor-oriented segments of the ANC jockeyed for position.

It was clear that Finance Minister Tito Mboweni’s market-oriented approach was going to be the biggest obstacle for achieving the desired levels of fiscal support. At the end of February, just before the coronavirus arrived in the country, Mboweni delivered his annual budget speech which included cuts to public sector wages.⁷⁵ This was considered a major breach of trust by the powerful public sector unions in the ANC-aligned COSATU. The country was already approaching levels of debt that were likely to require it to seek out a loan from the International Monetary Fund. For trade unionists and many progressive researchers, an IMF loan would be tantamount to surrendering national sovereignty.

A group of over 100 progressive economists and other social scientists called for Parliament to reject the budget proposal tabled by Mboweni’s Department of Treasury.⁷⁶ They proposed an alternative growth-oriented fiscal stimulus, which was much less driven by debt concerns and which, they claimed, would avoid IMF intervention. In a parliamentary hearing on the budget proposal, Mboweni’s fellow ANC members of parliament defended the position of the letter writers, leading to

⁷³ Quoted in Maeko, Thando and Tsefegatso Mathe. (2020). “Covid-19 grant top-up is for caregivers, not children.” *Mail & Guardian*. <https://mg.co.za/article/2020-04-23-top-up-is-for-caregivers-not-children/>.

⁷⁴ Mlamla, Sisonke. (2020). South Africans in struggle to get Sassa Covid-19 relief grants. *Independent Online (IOL)*. <https://www.iol.co.za/capeargus/news/south-africans-in-struggle-to-get-sassa-covid-19-relief-grants-470d80c9-897d-4f1f-ab2d-cef3c5497e8a>.

⁷⁵ Cotteril, Joseph. (2020). South Africa cuts public wage bill to avoid ratings downgrade. *Financial Times*. <https://www.ft.com/content/fd375cf6-58b0-11ea-abe5-8e03987b7b20>.

⁷⁶ Ensor, Linda. (2020). Economists urge MPs to reject Tito Mboweni’s budget. *Business Day*. <https://www.businesslive.co.za/bd/national/2020-07-01-economists-urge-mps-to-reject-tito-mbowenis-budget/>. In the interest of full disclosure, the author of this section was a signatory.

a strident debate between leaders of the Treasury and South African Reserve Bank in the country's business press.

South Africa's economic woes continued to grow. The government statistics agency, StatsSA, would later report in September that the decline in GDP from the second quarter to the first quarter was 16.4%,⁷⁷ its worst quarterly decline in the past 100 years. This meant that South Africa was both in need of major stimulus and on an almost certain road to asking the IMF for assistance. On July 26, 2020, the IMF announced an agreement for a relatively small emergency loan worth \$4.3 billion. This is the largest emergency financing by the IMF for a single country during the pandemic.⁷⁸

Civil Society Landscape

Civil society has a significant degree of formal freedom in South Africa. The movement basis for the country's transition to democracy in the early 1990s comprised trade unions under the banner of COSATU, neighborhood movements, church-based organizations, cultural groups, artists and intellectuals. The longstanding "alliance" of COSATU, the ruling ANC, and the South African Communist Party, has long promised a degree of social input into representative governance. A number of participatory and deliberative bodies were designed in the 1996 constitution to enable a broad social input, most prominently the National Economic Development and Labor Council (NEDLAC). That being said, there is considerable literature on the shortcomings of many of these institutions, and the vibrancy of civil society — at least with regards to its capacity to influence the policy-making process — is increasingly considered to be constrained.

Even so, civil society is largely considered to be free and independent. During the administration of Jacob Zuma there were isolated, worrying incidents of suspected sabotage and harassment by government of some civil society organizations. But these same organizations were loud and unafraid to be confrontational in holding the Zuma administration to account for acts of high corruption (referred to locally as "state capture"). The judiciary is independent and is buttressed by an additional set of empowered ombudsman-like institutions guaranteed and empowered by the Constitution. Given their origin in the text of the Constitution, they are referred to colloquially as "Chapter Nine Institutions."

Professional civil society is very active in its oppositional strategies. When the term "professional" is used, it is intentionally posed against other forms of civil society that might be dubbed "grassroots," "community-based" or "mass." These are groups with formalized funding structures, strong bureaucratic controls, and well-connected interpersonal networks. Many key leaders emerged from the intellectual-activist segments of the ANC and associated organizations during the anti-Apartheid struggle and early years of the Nelson Mandela administration (1994-1999). The result is that many of these professionals — lawyers, economists, social and urban planners of various types — retain

⁷⁷ Valodia, Imraan. (2020). The claim that SA's economy has declined by 51% is a misrepresentation of the facts. *Daily Maverick*. <https://www.dailymaverick.co.za/article/2020-09-09-the-claim-that-sas-economy-has-declined-by-51-is-a-misrepresentation-of-the-facts/>.

⁷⁸ Cotteril, Joseph. (2020). South Africa secures \$4.3bn IMF loan. *Financial Times*. <https://www.ft.com/content/0eb69d6b-1d84-4e05-a523-8bdde2775c43>.

interpersonal ties to key political figures and veteran bureaucrats within government. This is particularly so at the national level, given the continuous rule of the ANC over the past 27 years of democratic rule.

Particularly over the past 15 years, community-based organizing has become fragmented geographically and in numbers. Few city-wide or regional coalitions or federations exist and there is no national scale grassroots organization. Despite this fragmentation, community-based organizing is extremely active. South Africa has, by some accounts, the highest rate of regular community protest in the world over the past decade, leading some observers to call it “the protest capital of the world.”

The combination of fragmented and highly mobilized contention has led to well-publicized confrontational encounters with high-ranking government officials. At one protest in 2013 during a visit by Gauteng’s ANC provincial premier Nomvula Mokonyane to Bekkersdal, a town near Johannesburg, Mokonyane responded to protestors by reportedly saying, “People can threaten us and say they won’t vote but the ANC doesn’t need their dirty votes.”⁷⁹ The articulation of grassroots protestors as being nothing more than “dirty votes” epitomized the growing distance between the ANC and its historic base in the working class, black townships of the city’s largest cities.

Organizations focused on direct service provision are present in most major cities (i.e. Johannesburg, Tshwane, Ekurhuleni, Cape Town, Ethekwini, Nelson Mandela Bay) and some rural areas. Organizations focused on policy are largely focused in Johannesburg and Cape Town, and to a lesser extent in Ethekwini. This is, in part, due to the location of leading universities located in these cities, thus providing a networking base for linking research to civil society organizational structures.

Direct relief organizations focus on the provision of food, clothing, and medicine. Major cities are all home to professional NGOs focused on community organizing focused on housing in shack settlements and formal townships. Other types of civil society organizations, include the gamut of organizations that were once linked through structures like the UDF during the anti-Apartheid struggle. These include trade unions, research organizations, cultural and religious groups, and grassroots housing movements.

The major cities have civil society networks of sufficient density which speaks to the strong culture of long-standing actors. Johannesburg has a strong presence of policy-based researchers, as well as socio-economic rights-based organizing. These strands emerge out of the Anti-Privatization Forum campaign of the early 2000s against the privatization of public water and electricity provision. Cape Town is characterized by two main strands of organizing in civil society. The first incorporates a network of organizations linked to varying degrees of formalization to the Treatment Action Campaign, a grassroots-oriented campaign for the provision of antiretroviral HIV drugs during the height of the country’s HIV/AIDS epidemic. This network has increasingly focused on housing rights

⁷⁹ Lekgowa, Thapelo and Nicolson, Greg. (2013). Bekkersdal protests: ‘dirty votes’ and the ANC in the eye of the storm. *Daily Maverick*. <https://www.dailymaverick.co.za/article/2013-10-30-bekkersdal-protests-dirty-votes-and-the-anc-in-the-eye-of-the-storm/>.

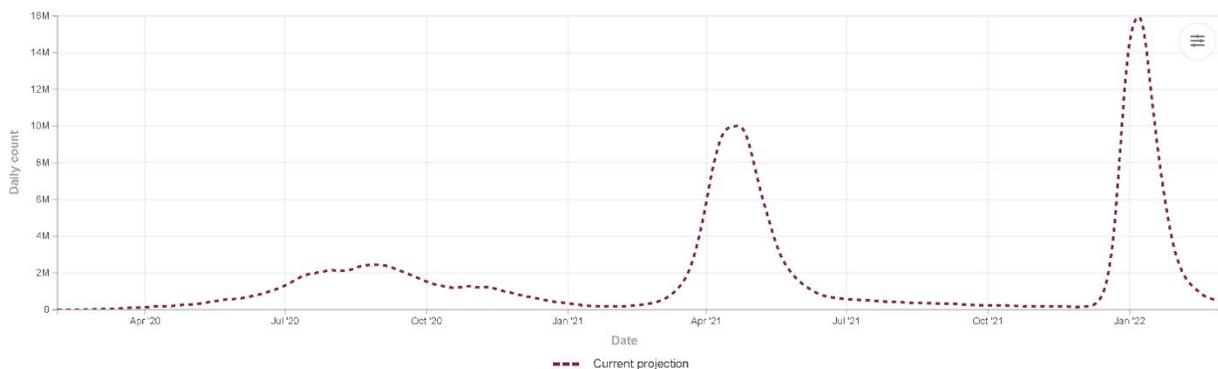
and socio-economic rights law. Some key actors in this network are now based in Johannesburg. The other main strand of organizing in Cape Town has been focused on linking agendas of slum upgrading with housing rights, combining oppositional and collaborative strategies with government. Ethekewini is home to the only significant city-wide grassroots organization in the country at the moment, Abahlali baseMjondolo (or “shack dwellers movement” in isiZulu).

India

Emergence and Impact of COVID-19

To date, India has witnessed three large Covid waves⁸⁰ with all three of them being quantitatively and qualitatively different in terms of infections and state response in handling the crisis. This study focuses on the first two waves as the third wave happened after conducting the research and was also short in duration and hence not as significant in its health consequences as the first two. The first wave in India broke out in April 2020, peaked in September and subsided around October 2020. The second wave of infections began in late March 2021 and peaked in April-May 2021.

Figure 10: Estimated Daily Infections of COVID-19 in India (Source: The Institute for Health Metrics and Evaluation)



The first COVID-19 positive case in India was reported in the state of Kerala on January 30, 2020. A few hours later, the World Health Organization (WHO) announced the novel coronavirus to be a ‘global health emergency.’ However, the Ministry of Health and Family Welfare did not launch its COVID-19 awareness campaigns until March 6, 2020.⁸¹ Without any prior intimation or public consultation, on March 24, 2020, the Prime Minister of India, announced a nationwide lockdown giving just four hours’ notice to the country. This caught millions of people – including the state governments and the bureaucracy – off-guard, leaving them no time to plan for such an emergency. While the lockdown did not contain the spread of the virus as expected, it did spawn a humanitarian crisis of epic proportions. India’s lockdown has been cited as one of the most ‘stringent’ and ‘stingy’

⁸⁰ Some individual states had more waves

⁸¹ Sen, Somdeep. (2020). Modi’s Government Has Botched Its Response to India’s Pandemic. *Jacobinmag*. <https://www.jacobinmag.com/2020/04/india-narendra-modi-pandemic-coronavirus-bjp>.

lockdowns in the world, shutting down the economy and movement with a meager fiscal package for the vulnerable.⁸²

Originally intended to last for 21 days, the lockdown underwent extensions lasting well into May and June 2020 with the easing of some restrictions. The sudden lockdown caused panic among domestic migrants who lost their employment overnight, leaving them without income and food insecure. The panic caused millions of migrant workers to walk hundreds of miles to return their places of origin with many deaths along the way. Migrant workers stranded away from their homes, were not eligible to access ration shops and the ‘free foodgrain’ announced by the government in the places where they were stranded.

The negative lockdown effects on livelihoods and well-being were felt by the majority of the population. About 100 million people lost their livelihoods in April-May 2020, with 15 million remaining outside the workforce into October 2020. As late as October 2020, less than one in five women were employed and 47% of women permanently lost their jobs.⁸³ There was a severe decline in earnings for most workers and a resultant increase in poverty (15% in rural and 20% in urban areas). In 2021, the labor force participation rate (LFPR) had dipped by similar levels (40%) and according to the Centre for Monitoring Indian Economy, the informal sector will bear a disproportionate burden.⁸⁴ With no work, wages, nor access to health facilities, the situation for millions of migrant and informal sector workers, not to mention especially vulnerable populations (transgender, adivasi, and other communities), was (and remains) particularly grim.

Despite warnings of an imminent second wave by a committee of scientific advisers in early March of 2021, the central government prematurely congratulated itself with containing COVID-19 and openly endorsed super spreader events such as the Kumbh Mela, a Hindu religious festival which draws millions of devotees to the banks of the Ganges.^{85,86,87} Elections were also held in five states in April 2021, and contesting parties, including the BJP, proceeded to campaign in ways that clearly flouted physical distancing protocols. Meanwhile, by mid-April 2021, 261,500 new cases of COVID-19 and 1,501 deaths were registered in India while the positivity rate in Delhi, which became the epicenter of

⁸² The Economist. (2020). Emerging-market lockdowns match rich-world ones. The handouts do not. <https://www.economist.com/finance-and-economics/2020/04/04/emerging-market-lockdowns-match-rich-world-ones-the-handouts-do-not>.

⁸³ Azim Premji University. (2021). State of Working India 2021: One year of Covid-19. Centre for Sustainable Employment.

⁸⁴ Centre for Monitoring Indian Economy. (2021). Double-digit unemployment rate returns. *CMIE*. <https://www.cmie.com/kommon/bin/sr.php?kall=warticle&dt=2021-05-24%2011:01:18&msec=696>

⁸⁵ Ghosal, Devjyot and Das, Krishna. (2021). Scientists say the Indian Government ignored warnings amid coronavirus surge. *Reuters*. <https://www.reuters.com/world/asia-pacific/exclusive-scientists-say-india-government-ignored-warnings-amid-coronavirus-2021-05-01/>.

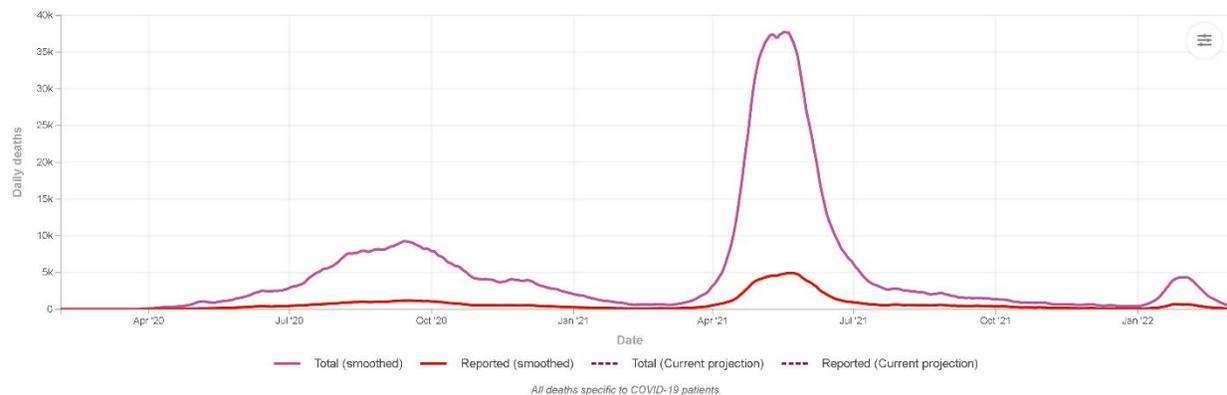
⁸⁶ Biswas, Soutik. (2021). Covid-19: How India failed to prevent a deadly second wave. *BBC*. www.bbc.com/news/world-asia-india-56771766.

⁸⁷ The Week. (2021). Kumbh Mela was a super-spreader event in India: Report. *The Week*. <https://www.theweek.in/news/india/2021/05/10/kumbh-mela-was-super-spreader-event-in-india-report.html>

the crisis in the second wave, touched 30%.⁸⁸ The vaccination rollout until this point had been slow and testing woefully inadequate.

If in the first wave, the health crisis was overshadowed by the humanitarian crisis, the devastating second wave dealt a crippling blow to the already weak health infrastructure, ravaging families across the country with a staggering death toll. This wave saw an “oxygen crisis” unfold in major cities across the country, starting with Delhi, with hospitals struggling with supplies and beds. State governments fought each other and the central government to secure more oxygen supplies and increase their “quotas”. Storage facilities for oxygen were woefully inadequate even in the capital city and distribution from oxygen surplus to deficit areas faced bottlenecks at every stage from the lack of cylinders to trucks. India produces about 7,100 metric tons of liquid oxygen a day, mostly for industrial use. At the peak of the pandemic, the demand for oxygen increased to 9,500 metric tons a day. COVID-19 infected patients with distressingly low oxygen levels were left waiting outside hospitals, with many dying before they could secure a bed. India’s official death count at the end of June 2021 was 400,000, which journalists and researchers have now shown were a gross underestimation of actual deaths. According to a global study published in *The Lancet* in March 2022 on excess mortality due to the COVID-19 pandemic, estimated excess deaths in India had reached 4,070,000 by the end of 2021, the highest number of any country in the world.⁸⁹

Figure 11: Total and Reported Deaths from COVID-19 in India (Source: The Institute for Health Metrics and Evaluation)



State Response to the Pandemic

The government of India (GoI) response to the pandemic was highly criticized for causing a humanitarian crisis due to its grossly inadequate treatment of migrants and low-income populations working in the informal sector. Initially, after announcing the lockdown during the first wave, the

⁸⁸ Bhardwaj, M and Kalra, A. (2021). COVID-19: India Reports 261,500 New Cases, 1,501 Deaths Over April 17. *The Wire*. <https://science.thewire.in/health/covid-19-india-reports-261500-newcases-1501-deaths-over-april-17/>.

⁸⁹ Wang, H., Paulson, K. R., Pease, S. A., Watson, S., Comfort, H., Zheng, P., ... & Murray, C. J. (2022). Estimating excess mortality due to the COVID-19 pandemic: a systematic analysis of COVID-19-related mortality, 2020–21. *The Lancet*. [https://doi.org/10.1016/S0140-6736\(21\)02796-3](https://doi.org/10.1016/S0140-6736(21)02796-3).

government also announced some cash support for construction workers, however, more than two-thirds of construction workers are not registered and hence were not eligible to receive the cash support. The only concrete measure taken by the GoI to respond to migrant worker distress at that time was the provision of cooked meals to 1.5 million people in shelters across the country. The national government estimated the number of migrant workers at 80 million when it announced the provision of free food grain through the Public Distribution System (PDS) to migrant workers on May 14, 2020. Even subsequent announcements for extending the provision of PDS grain for three months and an employment program in select districts of the country were made at the end of June 2020, well after a catastrophic toll on the lives and livelihoods of people.⁹⁰ The inadequacy of the government's relief measures in 2020 have been well documented.^{91,92,93,94,95} By the government's own admission, there was no data on the lockdown-induced deaths and distress of workers.⁹⁶

In the second wave, unlike the first, where the GoI imposed a nationwide lockdown, this time the health and relief response was largely left to the individual states. All lockdowns and mobility restrictions were imposed locally by different state governments. In the second wave, the exodus of migrants was more silent, partly because many migrants had not returned to the cities after the first wave, and partly because in the absence of a national lockdowns, buses and trains continued to operate and the spectacle of people walking on empty roads and highways did not flood TV screens. Nevertheless, the distress of informal workers, already reeling from the first wave, intensified. The welfare response this time was also largely left up to states. However, state governments were cash strapped and had limited fiscal capacities to deal with economic and health challenges resulting from local lockdowns. States announced various relief measures such as free foodgrain, community kitchens, small cash transfers to construction workers, taxi drivers, street vendors and other unorganized sector workers. Audits of these measures by civil society groups and independent surveys present mixed findings on whether relief reached the intended beneficiaries. Similar to the first wave, courts had to be moved once by petitioners in order to intervene in the resurfacing of migrant worker distress following the second wave and the lockdowns/curfews imposed across the country.

⁹⁰ Adhikari, A., Goregaonkar, N., Narayanan, R., Panicker, N., & Ramamoorthy, N. (2020). Manufactured Maladies: lives and livelihoods of migrant workers during COVID-19 lockdown in India. *The Indian Journal of Labour Economics*, 63(4), 969-997.

⁹¹ Adhikari, A., Narayanan, R., Dhorajiwala, S., & Mundoli, S. (2020). 21 days and counting: COVID-19 lockdown, migrant workers, and the inadequacy of welfare measures in India. *Azim Premji University*. <http://publications.azimpremjifoundation.org/2272/>.

⁹² Stranded Workers Action Network. (2020). 32 Days and Counting: COVID-19 Lockdown, Migrant Workers, and the Inadequacy of Welfare Measures in India. https://drive.google.com/file/d/1W95IHgyrLOARaT_g-oqdeS8__6NdNGIK/view.

⁹³ Stranded Workers Action Network (2020c) To Leave or Not to Leave: Lockdown, Migrant Workers, and Their Journeys Home: <https://watson.brown.edu/southasia/news/2020/leave-or-not-leave-third-report-swan-migrant-worker-crisis-and-their-journey-home>

⁹⁴ Ghosh, J. (2020). A critique of the Indian government's response to the COVID-19 pandemic. *Journal of Industrial and Business Economics*, 47(3), 519-530.

⁹⁵ Ray, D. and Subramanian, S. (2020). India's lockdown: an interim report. *Ind. Econ. Rev.*, 55, 31–79. <https://doi.org/10.1007/s41775-020-00094-2>.

⁹⁶ Aman; Thejesh, G., Ranaware, K., & Sharma, K. (2021). Of Denial and Data. *Economic & Political Weekly*. 56(23). 37-41. *Economic and Political Weekly*. <https://www.epw.in/journal/2021/23/insight/denial-and-data.html>.

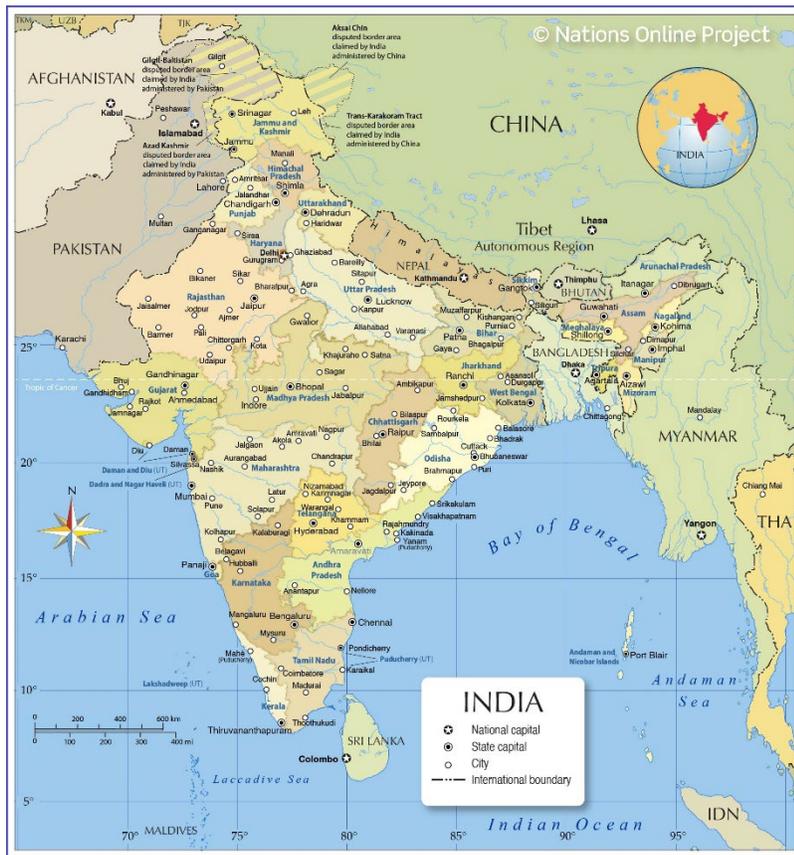


Figure 12: Political Map of India (Source: Nations Online)

At the local level, the district administration – the administrative unit below the state – and elected local bodies-headed by the District Collector were responsible for the state’s health and welfare response during the pandemic. In addition to the regular functions of general administration such as land and revenue administration, law and order, conducting elections, as well as the supervision of welfare, social security and development initiatives, the Collector coordinated all pandemic related functions at the local level. In the larger states in India, a District Collector is responsible for a population that can range from 1.4 to 3.8 million. When The Government of India declared COVID-19 a ‘notified disaster’ on March 14, 2020 and brought the

National Disaster Management Act, 2005 into force, it centralized decision making considerably.⁹⁷ The district administration was largely reduced to following orders. Several subnational governments also invoked the Epidemic Diseases Act, 1897, which gave the District Collector additional powers to prevent further spread of COVID-19 and ensure that essential services remained operational.

Elected representatives-Members of Parliament (MPs) and Members of Legislative Assembly (MLAs)-did not contribute in any significant way to the COVID-19 response because of an absence in assigned roles and lack of access to additional funds. The role of elected local governments has varied considerably across rural and urban locations and across states, depending on prior capacities and the depth of decentralization. Metropolitan cities were the most affected by COVID-19, but because urban local bodies in the country remain weak, municipalities played a modest role in the COVID-19 response. In contrast, in rural areas, gram panchayats (village councils) were given more tasks such as

⁹⁷ Naik M. (2020) State-society Interactions and Bordering Practices in Gurugram’s Pandemic Response. *Urbanisation*, 5(2): 181-190. doi:[10.1177/2455747120974531](https://doi.org/10.1177/2455747120974531).

managing quarantine procedures for returning migrants as well as supporting vulnerable households with food and essentials.⁹⁸

Frontline functionaries particularly in rural India played a critical role in carrying out a range of functions from contact tracing to communication. Anganwadi Workers (AWWs), Accredited Social Health Activists (ASHAs), and Auxiliary Nurse Midwives (ANMs) are the focal points delivering healthcare and nutrition services in India. India has approximately 1.3 million AWWs, 930,000 ASHAs and 230,000 ANMs across the country.⁹⁹ The state's pandemic response was largely routed through these frontline functionaries and included new tasks such as screening, contact tracing, communication of preventative measures, adapting nutrition-related programs, and the doorstep delivery of maternal and child health services.

Civil Society Landscape

Civil society played a prominent role during the pandemic in India, especially during the first wave in responding to migrant workers distress and to a limited extent in the second wave when the public and private health system collapsed. To contextualize the scale, type, and impact of the civil society response to the pandemic, an overview of the civil society landscape in India is useful. By one government estimate, there are 3.1 million registered NGOs in India which amount to 4 NGOs per 1000 persons in urban areas and 2.3 NGOs for every 1000 persons in rural areas.^{100,101} However, these statistics tell us little about the varieties and forms of associational life in India. Civil society organizations in India can be characterized in different ways depending on the claims they make and the work they engage in, whether their structure is formal or informal, whether their strategies and actions are contentious or not, their relationship with the state, and their partisan and faith-based affiliations. This report draws on various accounts and presents an amalgamated typology.^{102,103,104}

Rights-based Organizations and Social Movements

First, social movements, broadly defined, have been prominent in the civil society landscape in independent India. Within this category, this study includes loosely organized networks and campaigns

⁹⁸ Chandrasekhar, S. and Naik, M. (2020). Gram panchayats, unsung warriors finally emerging as states' saviour in Covid battle. *The Print*. <https://theprint.in/opinion/gram-panchayats-unsung-warriors-emerging-states-saviour-covid-battle/408306/>.

⁹⁹ Accountability Initiative, Center for Policy Research, New Delhi. (2021). Experiences of Frontline Workers in Rajasthan and Himachal Pradesh during the COVID-19 Pandemic.

¹⁰⁰ Anand, U. (2015). India has 31 Lakh NGOs, More than double the number of schools. *Indian Express*. <https://indianexpress.com/article/india/india-others/india-has-31-lakh-ngos-twice-the-number-of-schools-almost-twice-number-of-policemen/>.

¹⁰¹ Mahajan, Gurpreet. (2021). Does a plural civil society matter? Reflecting on the varieties of associational life in India. *Journal of Civil Society*, 17:1, 5-17.

¹⁰² Shah, Mihir. (2014). Civil Society and Indian Democracy: Possibilities of Social Transformation. *Economic and Political Weekly*. Vol. 49, No. 8, pp. 37-42.

¹⁰³ Katzenstein, Mary Fainsod, and Ray, Raka. (2015). Social movements in India poverty, power, and politics. *Rowman and Littlefield Publishers*.

¹⁰⁴ Mahajan, Gurpreet. (2021). Does a plural civil society matter? Reflecting on the varieties of associational life in India. *Journal of Civil Society*. 17:1, 5-17.

that mobilize around rights-based concerns. Their claims, structure, and strategies have changed over time in response to changes in national politics and development trajectory which has itself transformed from being state-led to market-driven. Early movements were primarily dominated by anti-poverty concerns. Through the 1980s and 90s, the rise of lower caste movements produced powerful and mass-based movements. Other significant issue-based movements during this time included the women's, environmental, and adivasi movements.¹⁰⁵ Since the 1990s, the support base of movements and campaigns has narrowed, and mobilization has become centered around redistributive concerns, expanding legal entitlements, and other basic socio-economic rights.

Legal recourse through public interest litigations is a strategy that is often used by these groups to advance their claims. While these groups generally adopt a more contentious position vis-à-vis the state, some also believe that institutional and policy changes are possible through deep, constructive engagement with the state. These campaigns engage with the state beyond welfare provisioning alone and work to make the state more accountable. During the pandemic, such campaigns and networks engaged in small scale relief and worked within the local government sphere to identify vulnerable communities that needed relief, however, they played a more critical role in demanding information on the state's COVID-19 strategy, mobilizing public opinion through the media, going to court at the national and subnational levels to push the state to announce relief measures, and holding the state accountable for migrant worker deaths in the first wave and oxygen-shortage related deaths in the second wave.

The most recent exceptions to the trend towards narrower, smaller scale mobilizations include the farmers' movement that recently succeeded in pressuring the Indian government to roll back agricultural reforms that it held was against farmer interests. A comparatively unsuccessful but remarkable identity-based movement which raised fundamental concerns about the "idea of India" itself was the mobilization against the Citizenship Amendment Act. While the former continued through the pandemic, the latter came to an abrupt halt because of the pandemic and state repression. Also included within this category are networks and organizations that work to protect civil liberties and human rights. These movements and campaigns have formed strategic alliances with the state and oppositional interests from time to time. It is crucial to point out here that this category of civil society actors have a particularly strained relationship with the current political regime. Many individuals – activists, lawyers, academics – who are members and leaders of these networks and campaigns had already been at the receiving end of relentless state crackdowns on civil society and a series of arrests under colonial laws that criminalize dissent. There was already a prevailing situation of fear and exhaustion within this community even before the pandemic hit.

Service Oriented Organizations

The second category of CSOs includes organizations that work to directly provide or strengthen services which are the primary responsibilities of the state. This includes development NGOs that

¹⁰⁵ Katzenstein, Mary Fainsod, and Ray, Raka. (2015). Social movements in India poverty, power, and politics. *Rowman and Littlefield Publishers*.

work closely with the state to co-produce services as well as those that offer alternatives to state-provided services. Several such organizations have formal partnerships with the state to conduct evaluations, provide inputs for policy, develop and run pilots for alternative modes of service provision and in some places, direct implementation in hard-to-reach areas or getting benefits to select communities. These organizations often receive some financial support from state agencies and large national philanthropies and multilateral donors. The organized left has viewed such organizations with mistrust for their palliative approach to development.¹⁰⁶ Scholars have also noted that these organizations “have become increasingly concerned with service delivery and driving an ineffective micro-level transformation process.”¹⁰⁷

These organizations played an important role during the pandemic in the distribution of relief and awareness drives. It is this category of civil society organizations that were invited to support the government’s effort at the local level to conduct awareness drives on vaccination and COVID protocols, distribute PPE kits, identify vulnerable groups in need of health and livelihoods support, deliver food and other essential services.¹⁰⁸ Some organizations even backfilled exposed public health system gaps by setting up makeshift healthcare centers and testing camps. However, given the scale and spread of the crisis, the cumulative response was uneven between urban centers and rural areas, with urbanized areas often receiving more organized support. Furthermore, many of these organizations were not set up to provide immediate relief beyond the communities that they work with.

Many NGOs in this category that do not enjoy active state support are also struggling financially with recent government restrictions on receiving foreign funds. Also included here are smaller charitable organizations that aim to respond to immediate distress needs of marginalized groups through community kitchens, shelters, and supplies (e.g. to the homeless, people with disabilities, elderly, etc.) independent of the state. These organizations were at the forefront of small-scale relief during the pandemic but were most densely clustered in cities.

Identity-Based Organizations

A third category which has received less attention in research on civil society in India are organizations based on religious, caste or other identities. These organizations often operate as charities catering to specific communities. Some of these organizations run educational institutions, setup medical dispensaries, hospitals, and shelters, and provide meals to the homeless. Some of them can also have political goals. While these identity-based organizations primarily cater to their communities, they are

¹⁰⁶ Mahajan, Gurpreet. (2021). Does a plural civil society matter? Reflecting on the varieties of associational life in India, *Journal of Civil Society*. 17:1, 5-17

¹⁰⁷ Pattenden, Jonathan. (2019). Labour, state and society in rural India: a class-relational approach. *Manchester: Manchester University Press*.

¹⁰⁸ PTI. (2020). Niti Aayog CEO writes to NGOs for assistance in COVID-19 relief measures. *The Week*. <https://www.theweek.in/news/biz-tech/2020/04/05/niti-aayog-ceo-writes-to-ngos-for-assistance-in-covid-19-relief-measures.html>.

usually neighborhood-based and invariably serve a larger community. Some of these organizations, especially those with strong national networks and a dedicated volunteer base can mobilize humanitarian aid and resources to respond during emergencies and in challenging post-conflict situations. During the pandemic, faith-based organizations, particularly Sikh temple associations or *gurudwaras* contributed significantly to extended food aid and mobilizing resources for oxygen supplies. Identity based organizations in general tend to be excluded from accounts of civil society in India. In particular, the RSS which has close ties to the ruling Hindu nationalist party, the BJP, is an atypical case because of the religious populism it espouses.

Philippines

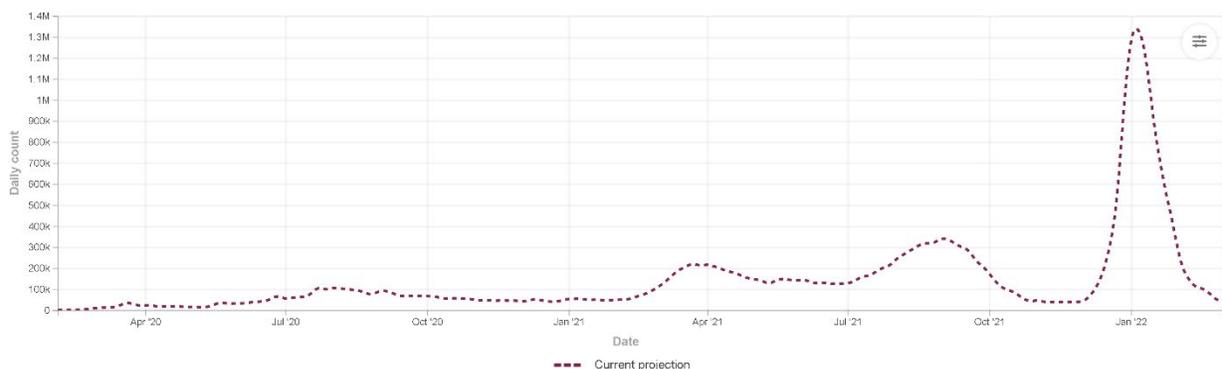
Emergence and Impact of COVID-19

On January 30, 2020, the Philippines Department of Health reported the first case of SARS-CoV-2 linked to a tourist from Wuhan, China who exhibited symptoms. This was a week after media outlets reported a case under investigation.

Cases and Mortality

There have been four waves of COVID-19 cases since the first case was identified.¹⁰⁹ These waves peaked in the months of August 2020, April 2021, September 2021, and January 2022, with the most prominent variants in each wave being Alpha, Beta, Delta, and Omicron, respectively. The highest daily reported confirmed cases were observed in January 2022 and are believed to be due to the community transmission of the Omicron variant. On the other hand, the highest reported death rate in the 3rd quarter of 2021 were associated with the surge caused by the Delta variant.

Figure 13: Estimated Daily Infections of COVID-19 in the Philippines (Source: The Institute for Health Metrics and Evaluation)



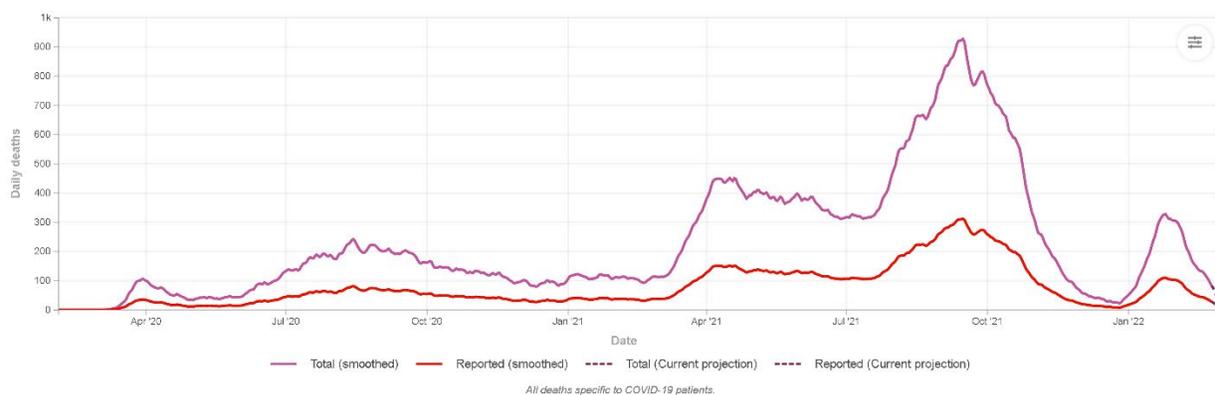
In the Southeast Asian Region, the Philippines comes in second in terms of total number of cases which reached 3,493,447 on January 27, 2022¹¹⁰ compared to Indonesia which logged a total of

¹⁰⁹ World Health Organization. (2022). *Philippines Situation*. <https://covid19.who.int/region/wpro/country/ph>.

¹¹⁰ World Health Organization. (2020). <https://covid19.who.int/region/wpro/country/ph>

4,309,270, though with more than twice the population. According to the previously referenced global study on excess mortality due to COVID-19 published in *The Lancet*, the estimated excess deaths due to the pandemic in the Philippines had reached 184,000 by the end of 2021, second to only Indonesia in the region.¹¹¹

Figure 14: Total and Reported Deaths from COVID-19 in the Philippines (Source: The Institute for Health Metrics and Evaluation)



Healthcare System

The total number of reported cases in the country is questioned by health-rights organizations due to the issues relating to testing, contact tracing, and genome sequencing in the country. Prior to the Omicron surge, a key marker of the extent of the COVID-19 threat was the hospital utilization rate. Recognizing the limitations of testing capacity in the country, it became a tangible indicator of the status of affected areas: the more available beds, the less severe the COVID-19 threat was. However, with the high transmission rate brought about by the Omicron variant, this indicator became less reliable as health care workers were also affected by the surge thereby limiting the personnel capacity to accommodate the confinement of patients. Distrust in government reporting of cases has been prevalent in both clinical and non-clinical circles. At the start of pandemic, regarding case reporting in May 2020, media outlets were already highlighting the inconsistencies in epidemiologic data.¹¹² The mismatch in official data released by the Philippines' Department of Health and that of the Local Government Unit's Health Offices was cited as another example in the discordant management of the pandemic by the state.

It was during the Delta surge in September 2021 that the health care system was on a brink of collapse, as hospitalization demand rose, patients were left waiting in ambulances for admission into the hospitals. The crisis was critically experienced in the National Capital Region as evidenced by patients being brought to other regions, even island provinces, just to access hospital services.¹¹³ As more beds

¹¹¹ Wang, H., Paulson, K. R., Pease, S. A., Watson, S., Comfort, H., Zheng, P., ... & Murray, C. J. (2022). Estimating excess mortality due to the COVID-19 pandemic: a systematic analysis of COVID-19-related mortality, 2020–21. *The Lancet*, 399(10334), 1513-1536. [https://doi.org/10.1016/S0140-6736\(21\)02796-3](https://doi.org/10.1016/S0140-6736(21)02796-3).

¹¹² Santos, E. (2020). Experts see 'alarming errors' in DOH's coronavirus data. *CNN Philippines*. <https://cnnphilippines.com/news/2020/5/12/doh-covid-19-data-.html>.

¹¹³ Balagtas, A. (2021). 'Medical Populism' Has Defined the Philippines' Response to COVID-19. That's Why the Country Is Still Suffering. *Time*. <https://time.com/6073420/covid-philippines-medical-populism/>

were re-allocated for COVID-19 response, other diseases requiring hospitalization were also affected, spurring patient groups and organizations to clamor for equitable public health attention as resources continued to be diverted to the pandemic response.¹¹⁴

Vaccination

By January 2022, over 58 million Filipinos have received their complete dose of COVID-19 vaccines. About 7 million have received a booster dose. Inequity issues of access to vaccines, especially in Geographically Isolated and Disadvantaged Areas (GIDA) have been raised by health-rights groups noting that pre-existing forms of marginalization has exacerbated the impact of the pandemic in these areas. For example, conflict areas like the Bangsamoro Autonomous Region of Muslim Mindanao have the lowest vaccination rate. Disinformation wrought by anti-vaccination groups and those who promote unproven treatment protocols like the use of ivermectin, have further complicated the implementation of the vaccination program.

Two years into the pandemic, the country's resilience rating remains the lowest in a multi-country ranking released by Bloomberg.¹¹⁵ Being one of the last countries to launch a return to school program and having the longest lockdown in the world, the quality of life of most Filipinos have drastically declined. Reports of high incidences of mental health issues during the pandemic provide a perspective on this.¹¹⁶

State Response to the Pandemic

The day after the first case was reported, the country restricted entry from travelers from Wuhan, China. However, restrictions for travelers from the rest of China was not declared until February 2, 2020, a day after Patient 2 became the first mortality in the country. The Secretary of Health, Francisco Duque, clarified in a press briefing that the delay in the travel policy was due to the administration's concern of souring its relationship with China. This pro-China orientation was also heavily criticized when the government declared that it would not provide free masks due to lack of supply just days after it shipped \$1.4 million worth of face masks to Wuhan.¹¹⁷

President Duterte addressed the nation on February 3, 2020 downplaying the threat of the virus and calling the public "hysterical." He was quoted saying, "Let's start with narratives by saying that everything is well in the country, that there's nothing really to be extra scared of the coronavirus

¹¹⁴ Uy, J., Siy Van, V. T., Ulep, V. G., Bayani, D., & Walker, D. (2021). The Impact of COVID-19 on Hospital Admissions for Twelve High-Burden Diseases and Five Common Procedures in the Philippines: A National Health Insurance Database Study 2019-2020. *The Lancet Regional Health-Western Pacific*, 18(100310), 1-12. <https://doi.org/10.1016/j.lanwpc.2021.100310>.

¹¹⁵ Bloomberg. (2022). The Covid Resilience Ranking <https://www.bloomberg.com/graphics/covid-resilience-ranking/>.

¹¹⁶ Tee, M., Tee, C., Anlacan, J., Aligam, K., Reyes, P., Kurichittham, V., & Ho, R. (2020). Psychological impact of COVID-19 pandemic in the Philippines. *Journal of Affective Disorders*, 277, 379-391. <https://doi.org/10.1016/j.jad.2020.08.043>

¹¹⁷ Panti, L. (2020). Will gov't give free masks? Palace says, 'How can we give when there's none'. *GMA News Online*. <https://www.gmanetwork.com/news/topstories/nation/724357/will-gov-t-give-free-masks-palace-says-how-can-we-give-free-masks-when-there-s-none/story/>.



Figure 15: Political Map of the Philippines (Source: United Nations)

labelled as COVID-19 Czars to manage the threat. With 16 densely populated cities and municipalities forced into lockdown, the clamor for social amelioration program intensified. CSOs working with the urban poor have stressed the significant impact of the suspension of public transportation and stringent quarantine protocols on the vulnerable sectors. With only one member of the household allowed to go for procurement of essential goods on specified times, food insecurity was recorded to have increased not only in marginalized communities but also in households with alternative settings (i.e. single-parent, elderly-led). As part of the social amelioration program for areas under ECQ, food packages and cash subsidies were distributed to affected households. However, due to the devolution of this process to the local government units (LGU), the quality and quantity of the food packages varied. This highlights the disjointed response of the government to the impacts of the pandemic. At one point, comparison of mayors trended in social media as citizens uploaded photos of food relief packages that they received from their LGUs. The distribution of cash grants was also haunted by corruption allegations as *ghost*¹¹⁹ beneficiaries were discovered to have received the support while registered residents were disqualified from the listing.

Another complicating context is the lack of free COVID-19 testing. Up to this writing, mass testing remains a policy gap. Health-rights based organizations have been ramping up the campaign for free testing for all Filipinos as it has been seen as a key deterrent in ensuring a reliable database. However,

thing.”¹¹⁸ This pronouncement came after the 3rd case was identified to have had multiple local travels prior to detection which required contact tracing passengers of three flights. The start of the militarized approach to the pandemic is often associated with this event, as uniformed personnel were mobilized to trace the passengers of the said flights.

The Inter-Agency Task Force which was created in 2014 to address emerging infectious diseases had its first COVID-19 meeting on February 17. As cases rose and 12 local deaths were recorded, the National Capital Region was placed under enhanced community quarantine (ECQ) on March 15. During this period, the administration appointed officials

¹¹⁸ Aguilar, K. (2020). Don't be afraid of nCoV, says Duterte. *Inquirer.net*. <https://newsinfo.inquirer.net/1223701/dont-be-afraid-of-ncov-says-duterte#ixzz7DgUplbEy>.

¹¹⁹ Unverified or fraudulent identities who receive benefits from the government either through payroll or through the conditional cash transfer program are locally referred to as ghost employees or beneficiaries.

with the surge in cases brought by the community transmission of the Omicron variant, the government has further recalibrated its policy on testing by issuing Memorandum No. 2022-0013 on January 14, 2022, limiting its recommendation to symptomatic individuals.¹²⁰

Two of the most embattled health policies of the administration in the management of the pandemic is the imposition of the use of face shields and the massive procurement of Coronavac vaccine. These two health policies have created contentious relationships among scientists and policy-makers. The scientific community has continuously raised the issue of a lack of supportive data in the effectiveness of wearing face shields. However, it was only in November 2021 that the government lifted the requirement of using them. This came after the discovered corruption in the billion-worth procurement of face shields tied to the Chinese businessmen associated with President Duterte. This geo-political context has continuously surfaced in issues relating to the management of the pandemic. The massive procurement of the expensive Coronavac was related again to this.

On May 3, disregarding the approved vaccination program while case positivity rate was rising, President Duterte decided to broadcast on national television his inoculation of Sinopharm by the Health Secretary Duque. This caused the scientific community to release public statements calling for accountability as the vaccine was not yet approved by the FDA. It must be noted that the same brand of vaccine was used to illegally inoculate the members of the Presidential Security Group months before the first vaccine was approved for use in the country. To date, vaccine equity remains a challenge as areas outside of the major cities have low vaccination rates, which can be attributed to access challenges and vaccine hesitancy.

On January 28, 2022, while public calls for the acknowledgement that COVID-19 is airborne was receiving traction as international scholars on disease transmission included several Philippine policies as part of “COVID Wall of Shame,” the Department of Health released a public guideline on protocols for ventilation and masking.¹²¹ The ongoing truth wars between experts serving on government panels for pandemic response and the public have resulted in a forum organized by the University of the Philippines and other professional organizations to inform the public of the nature of COVID-19 transmission. To date, the Philippine government still promotes the droplet transmission narrative which has been revised by WHO and CDC. The adamant stance of the government on droplet transmission is seen by the public as an attempt to justify the implementation of the face shield requirement.

As supported by the key informant interviews in this study, the pandemic’s impact on vulnerable communities was exacerbated by the State’s prioritization of a militarized response, rather than employing a scientific, medical approach. Furthermore, complex hazards made the pandemic response

¹²⁰ Department of Health. (2022). Department Memo 2022-0013. Phillipine Department of Health. <https://doh.gov.ph/sites/default/files/health-update/dm2022-0013.pdf>.

¹²¹ Department of Health. (2022). Doh Reiterates Importance Of Airflow And Vaccination As Protective Measures Against Airborne Covid-19. *Philippines Department of Health*. <https://doh.gov.ph/Press-release/DOH->

even more challenging as the crisis unfolded at a time when the country was also reeling from a string of natural disasters.¹²²

Civil Society Landscape

The rise of civil society organizations in the Philippines was attributed to the need of the private sector to augment the gaps in state responses to citizens' needs. From the first CSOs established in 1578, Hospitalito de Santa Ana and the Hospital de San Lazaro, to the highly celebrated Community Pantry Ph organized in 2021, the key driver of these organizations has been basic service delivery to the vulnerable sectors of society.¹²³ With the institutionalization of partnership between the state and the CSOs through the enactment of the 1987 Constitution with the objective of “promoting the welfare of the nation,” access to development public funds was granted to registered organizations. Although this became the catalyst for the exponential growth of CSOs in the country, it also created a niche for corruptive practices. The infamous Priority Development Assistance Fund scam which ran from 2000 to 2013 involving legislators from the Philippine Senate and Congress, allegedly siphoned about PhP10 billion, approximately \$200 million USD, of public funds to “ghost” NGOs resulting in the filing of plunder cases.¹²⁴

Despite this, the role of CSOs expanded to providing support for disaster-stricken areas with the Baguio Earthquake in 1990 and the eruption of Mt. Pinatubo in 1991. Although international organizations had offices set up in the country prior to 1990, their role in disaster risk reduction and mitigation was defined by these two events. From delivering basic services, to implementing recovery and rehabilitation measures, both local and international organizations collaborated with the state.¹²⁵ These collaborative engagements between the state and CSOs were also seen in succeeding climatological and volcanic disasters. The devastation wrought by Super Typhoon Haiyan in 2013, recalibrated disaster response systems in the Philippines as it highlighted the gaps in humanitarian coordination, prompting the creation of a more structured protocol.¹²⁶ In the Government Disaster Management Structure, representative CSOs are given seats in the NDRRMC. Embedded in these protocols is the conditionality of the CSOs participation to the government's declaration of a State of Calamity. Most of international organizations collaborate with local CSOs within a donor-implementer system. Sub-contracts from international organizations to implement their country programs have contributed to the sustainability of local CSOs.

¹²² Taal Volcano erupted on January 12, 2020. Two hurricanes hit the country in the 4th quarter of 2020.

¹²³ Asian Development Bank. (2007). Overview of NGOs and Civil Society Philippines. *Civil Society Briefs*. <https://www.adb.org/sites/default/files/publication/28972/csb-phi.pdf>.

¹²⁴ Cabacungan Jr., Gil C. (2013). Ombudsman forms special team to probe ghost pork projects. *Philippine Daily Inquirer, Inc.* <https://newsinfo.inquirer.net/446483/ombudsman-forms-special-team-to-probe-ghost-pork-projects>.

¹²⁵ de Guzman, E. M. (2005). Eruption of Mount Pinatubo in the Philippines in June 1991. *Relief Web*. <https://reliefweb.int/report/philippines/eruption-mount-pinatubo-philippines-june-1991>.

¹²⁶ Atienza, M. T., & Quilala, D. (2021). Nongovernment Organizations in Humanitarian Activities in the Philippines: Local Contributions in Post-Disaster Settings and Implications for Humanitarian Action and Diplomacy. *Asian Journal of Comparative Politics*, 6(4), 345-359. <https://doi.org/10.1177%2F20578911211058146>.

Apart from CSOs involved in basic services delivery, organizations and movements championing human rights have also been actively working in the country as early as 1906 with the establishment of nationalist advocacy groups like the Propaganda Movement¹²⁷ and the Katipunan.¹²⁸ Unlike service-oriented CSOs which received state support, rights-based CSOs have often been subject to state sanctions and repression. Much as the reform-oriented groups during the Spanish colonization were considered as *asociaciones ilicitas*¹²⁹ (illegal associations) which warranted imprisonment and death of identified members, and the labor movements during the American period were censured under the anti-communist policy, members of rights-based organizations and movements are currently under the threat of incarceration with the enactment of Republic Act 11479 or the Philippine Anti-Terrorism Act of 2020.¹³⁰

Rights-based advocacy groups have called on the Supreme Court to declare the law unconstitutional as its sections enumerating acts of terrorism are gravely parallel to forms of activism, a right guaranteed by the 1987 Constitution. President Duterte was quoted in a speech responding to these criticisms saying, “For the law-abiding citizen of this country, I am addressing you with all sincerity, do not be afraid if you are not a terrorist.”¹³¹ However, in February 2021, a police raid was conducted in a shelter run by a Catholic university for displaced youth of the Lumad indigenous group. The local government claimed that the raid which resulted in the arrest of 7 teachers and community elders was done to save the 21 Lumad students from terrorism indoctrination activities in the shelter.¹³² One of the arrested teachers who was later declared innocent by a regional trial court was killed on February 25, 2022 in what the state forces labelled as a combat between the Philippine Army and the rebel group New People’s Army.¹³³ In the same week, a medical doctor who is part of an NGO providing health services in disadvantaged area was also arrested with an accusation of being part of the rebel group.¹³⁴ As will be further discussed in the findings, this state-sanctioned threat to civil liberties is a pervasive context that continues to frame the operations of CSOs during the pandemic.

¹²⁷ Schumacher, J. N. (2000). The Propaganda Movement, 1880-1895: The Creation of a Filipino Consciousness, The Making of the Revolution. *Quezon City: Ateneo de Manila University Press*.

¹²⁸ Kennon, L. W. V. (1901). The Katipunan of the Philippines. *The North American Review*, 173(537), 208–220. <http://www.jstor.org/stable/25105201>.

¹²⁹ Scalice, J. (2018). Reynaldo Ileto’s *Pasyon* and Revolution Revisited, a Critique. *Sojourn: Journal of Social Issues in Southeast Asia*, 33(1), 29–58. <https://www.jstor.org/stable/2652979>.

¹³⁰ Strangio, S. (2021). Philippine Supreme Court Upholds Majority of Controversial Anti-Terror Law. *The Diplomat*. <https://thediplomat.com/2021/12/philippine-supreme-court-upholds-majority-of-controversial-anti-terror-law/>

¹³¹ Reuters. (2020). Philippines' Duterte tells citizens not to fear anti-terror bill. <https://www.reuters.com/article/us-philippines-security-idUSKBN2482SO>.

¹³² Al Jazeera. (2021). Philippines police raid targets displaced Indigenous students. Al Jazeera. <https://www.aljazeera.com/news/2021/2/16/philippines-police-raid-targets-displaced-indigenous-students>.

¹³³ Gallardo, F. (2022). Lumad teacher Chad Booc, 4 others slain in Davao de Oro – military. Rappler. <https://www.rappler.com/nation/lumad-teacher-booc-others-slain-davao-de-oro-military/>.

¹³⁴ Awitan, L., & France-Presse, A. (2022). Naty Castro detained at Bayugan police station in Agusan del Sur, PNP says. *ABS-CBN News*. <https://news.abs-cbn.com/news/02/19/22/naty-castro-detained-at-bayugan-police-station-ppn>.

III. Methods

Sampling

The five countries used as case studies for this report were chosen to represent the largest and most heavily impacted nations in each of three major regions of the global south: Latin America, sub-Saharan Africa, and South/East Asia. A unified sampling strategy was then used across all five countries to choose a representative sample of CSOs in each setting. At the outset, a mapping exercise was utilized by the research team to document the constellation of civil society actors who have played a key role in the pandemic response within the five selected countries. Following this initial documentation, the compiled lists of CSOs were narrowed down to a manageable list of roughly 10 CSOs per country while still representing the overall diversity of organizations in each country. To ensure this diversity in the sample, CSO organizations were selected to reflect variation across the following four dimensions: 1) Geographic scale of operations (i.e. larger national or provincial organizations and smaller community-based groups); 2) Type of organization (i.e. secular, religious, professional/labor, social movements, and consortia/networks); 3) Core covid-related activities (i.e. direct service, livelihoods, advocacy, information); 4) Target population (i.e. general population, specific vulnerable populations).

A total of 52 CSO were purposively selected for this study (Mexico – 9; Kenya – 8; South Africa – 10; India – 11; Philippines – 14). Table 1 enumerates the key dimensions of representation for each selected organization and Appendix A provides a qualitative description of each organization.

Data Collection

This research relies on the collection and analysis of semi-structured interviews conducted with a broad range of key informants from the selected CSOs within the five country sites. The interviews occurred between May – August 2021. A total of 53 Key Informants were interviewed virtually either via Zoom or by phone.

Mexico

Semi-structured interviews (9) were conducted with key informants from each of the selected CSOs. The interviews were conducted, recorded, and transcribed in Spanish. The interview transcripts were coded and analyzed using NVivo in 2 rounds: a first round of block-coding roughly following the interview guide to separate blocks of text by general topic and a second round to identify key patterns within the master codes. Selected coded segments were translated to English for citation in text.

Kenya

Semi-structured interviews (8) were conducted with key informants from each of the selected CSOs, with additional follow-up interviews (2 organizations) and email/text correspondence (6 organizations) conducted for clarification and additional information. Key Informants were either the

founder, executive director, or secretary-general of the organization. The interviews were conducted in both English and Swahili over phone (6) or Zoom (4) and lasted between 35 and 90 minutes. Notes were taken during the interviews with further details being added immediately after. Additionally, relevant information from secondary materials including organization reports and related news coverage was added to memos for the respective organization. Interview notes and accompanying memos were coded and analyzed using NVivo in 2 rounds: one of open-coding, and one with focused coding following the emergence of key themes.

South Africa

Semi-structured interviews (10) were conducted with key informants from each of the selected CSOs. Handwritten notes were taken during interviews in addition to automated transcripts of all interviews (via Zoom’s AI transcription service). Analysis was done through a holistic review of all of transcripts and notes to draw out emerging themes from the sample.

India

Semi-structured interviews (12) were conducted in English (and one in Hindi) with key informants from each of the selected CSOs via Zoom (two key informants were interviewed from one of the CSOs).¹³⁵ Key informants were either managers or staff members within the organizations. The interviews were recorded and transcribed with each respondent’s permission and the interview transcriptions were coded in two rounds and analyzed using NVivo qualitative data analysis software.

Philippines

Semi-structured interviews (14) were conducted with key informants from each of the selected CSOs. The interviews were conducted bilingually using Filipino and English over Zoom and lasted between 45-70 minutes. The interviews were transcribed and coded inductively using MAXQDA2020 qualitative data analysis software. Selected coded segments were translated to English for citation in text.

Sampled CSOs: Dimensions of Representation

Table 1: Dimensions of Representation among sampled CSOs

<i>Organization</i>	<i>Geographic Scale</i>	<i>Type</i>	<i>COVID-19 Efforts</i>	<i>Target Population</i>
<i>Mexico</i>				
Alternativas y Capacidades	National	NGO/Network	Research on impact of COVID on CSOs; Awareness and advocacy	CSO and donors

¹³⁵ For one organization two separate interviews were conducted, each with different representatives.

Centro de Derechos Humanos Fray Matías de Córdova	Local (Tapachula, Chiapas)	NGO	Relief: health, food; Info workshops; Advocacy: migrant and refugee rights	Migrants and refugees
El Caracol	Local (Mexico City)	NGO	Relief: food, health, education; Awareness	Homeless people
Espacio Migrante	Regional (Tijuana/San Diego)	NGO	Relief: Cash distribution, shelters; Info workshops	Migrants and refugees
Frente Nacional de Trabajadores de la Salud (FNTS)	National	Social movement	Protest: physical, social media; Organizing; Advocacy	Healthcare workers
Grupo de Información en Reproducción Elegida (GIRE)	National	NGO/ Network	Gender Observatory on pandemic impact; Monitoring and Information; Communication	Women
JADE Propuestas Sociales y Alternativas al Desarrollo	Local (Mérida, Yucatán)	NGO	Research; Monitoring and Information; Advocacy	Domestic workers
Otros Dreams en Acción (ODA)	Local (Mexico City)	CBO	Relief: money support, food distribution; Monitoring: economic impact survey; Advocacy: report for Mexico City officials	Deported and returned migrant
Tlachinollan - Centro de Derechos Humanos de la Montaña	Local (Mountain of Guerrero)	NGO	Relief: food, shelter; Advocacy	Indigenous peoples, domestic migrants, victims and their families
Kenya				
Homeless of Nairobi	Local	Formally registered CBO	Direct provision (food)	Unsheltered youth; Urban informal settlements
Kenya Medical Practitioners and Dentists Union	National	Formally registered NGO	Advocacy; Providing PPE and psychosocial support;	Healthcare workers
Lifesong	Local	Formally registered CBO	Food provision	At-risk/incarcerated youth
MUHURI	National	Formally registered NGO	Advocacy; direct provision (food)	Human rights violations victims; Marginalized communities
Safe Hands Kenya	National	Formally registered coalition	Water and sanitation (including masks)	Urban informal settlements
Shikilia	National	Formally registered coalition	Cash transfers	Urban informal settlements
Touch a Soul	Local	Informal CBO	Direct provision (food)	Urban informal settlements
United Sisters of Nairobi	National	Informal CBO	Limited direct provision (food)	Poor communities
South Africa				
Abahlali baseMjondolo (AbM)	Local	Social movement	Food provision; Fighting evictions	Informal settlements

C19 People's Coalition	National	Coalition of Organizations	Economic policy activism; Emergency relief; Health provisioning and policy	Variety of vulnerable population
Development Action Group (DAG)	Local	Professional NGO	Emergency relief; Emergency housing and slum upgrading	Informal settlements
Health Justice Initiative	National	Professional NGO	Global and local vaccine equity	Variety of vulnerable population
Institute for Economic Justice	National	Professional NGO / Think Tank	Economic policy	Policy-makers
Pay The Grants Campaign	National	Informal Campaign	Economic policy	Bottom third of the population (recipients)
South African Democratic Teachers Union	National	Trade Union	School safety	Teachers
South African Labor and Development Research Unit	National	Research / Think Tank	Economic policy	Policy-makers
Seriti Institute	Local	Formal NGO	Emergency relief	Informal settlements
Tembelihle Crisis Committee	Local	CBO	Emergency relief	Informal settlement
India				
Bro.Siga Animation Centre	Local (South India)	NGO	Relief; Awareness	Children; informal workers; elderly; transgender; single mothers
Arunodhaya	Local (South India)	NGO	Relief; Monitoring & Advocacy; Awareness	Urban poor; children; women
Center for Youth and Social Development (CYSD)	State (East India)	NGO	Relief; Monitoring & Advocacy	Homeless; urban poor; migrants; women and children; tribal groups; frontline workers
Trans Rights Now Collective	State (South India)	Social Movement	Relief; Monitoring & Advocacy	Transgender
Hemkunt Foundation	Local/city (North India)	NGO	Relief	General population
Information and Resource Center for Deprived Urban Communities (IRCDUC)	Local/city (South India)	NGO	Relief; Monitoring & Advocacy	Homeless; urban poor; migrants; women and children
Makaam	National/Rural	Network	Relief; Monitoring & Advocacy	Rural women; women farmers
Mercy Mission	State/city (South India)	NGO coalition	Relief; Monitoring & Advocacy; Awareness Raising	Homeless; migrants; informal workers; general population; rural areas
RSS Pune	State-West/City (North India)	Religious network	Relief; Awareness Raising	General population; frontline staff; migrants; urban poor; hospital workers
Sangtin	State/local (North India)	Union	Relief; Monitoring & Advocacy	Rural women

Working People's Charter (WPC)	National/Urban	Network/campaign	Relief; Monitoring & Advocacy	Informal workers
Philippines				
Agro-Eco Philippines (AEP)	National	Social Movement	Human Need; COVID Advocacy; Education	Workers (farmers)
Angat Buhay/ Kaya Natin Movement (AB-KNM)	National	NGO	Human Rights; Human Need; COVID Advocacy; Public Health; Education	Informal settlers; Youth; Women; Workers; Indigents
Assistance and cooperation for community resilience and development (ACCORD)	National	NGO	Human Needs; Advocacy	Indigents; Women; Farmers
Coalition of Services of the Elderly (COSE)	National	NGO	Human Rights; Human Need; Advocacy; Public Health; Education	Informal settlers; Elderly; Women; Indigents
Community Pantry PH (CPPH)	Community	Social Movement	Human Needs; Covid advocacy	Indigents; Informal Settlers
Consortium of Bangsamoro Civil Society (CBCS)	Regional	Faith-based network	Human Rights; Education	Internally displaced; IPs; Youth
DAMPA-Damayan ng Maralitang Pilipinong Apo	National	Social Movement	Human Rights; Human Needs; Covid advocacy	Women; Informal settlers; Indigents
HIV/AIDS Support House (HASH)	Regional	NGO	Human Needs; Public Health	Patient Groups; LGBTQIA+
Kythe Foundation Inc. (KFI)	City	NGO	Human Need; Public Health	Youth; Patient Groups (Cancer)
Leyte Center for Development (LCDE)	Regional/ Provincial	NGO	GBV; Human Needs; Advocacy; Education	Internally displaced; IPs; Youth; Women
Philippine Rural Reconstruction Movement (PRRM)	National	NGO	Human Rights; Education; Human needs	Indigents; IP
RH Forum Incorporated (RHFI)	National	NGO/Research Network	Human Needs; Education; Public Health	Patient Groups; Women; Youth
Rise Against Hunger Philippines (RAHP)	National	NGO	Human Need; Advocacy	Indigents; Informal settlers
Tahanan Outreach Projects and Services (TOPS)	City	NGO	Education; Livelihoods; Daycare Services	Children; Indigents

IV. Findings

This section details the findings from the key informant interviews conducted in each study location. The findings from each country are framed within three broad thematic categories that emerged from the analysis: 1) Modes of Intervention: CSO Activities during the COVID-19 Pandemic; 2) CSOs and the State: Relationships and Engagement; 3) Challenges.

1. Modes of Intervention: CSO Activities during the COVID-19 Pandemic

Mexico

Practical concerns of immediate survival: food, sanitary kits, money.

CSOs in Mexico responded to the COVID-19 pandemic by turning to immediate relief. Organizations pushed more medium- and long-term advocacy agendas to the side to make room for the practical aspects of responding to the emergency needs of their populations. Given the gravity of the economic and health impacts of the pandemic on vulnerable populations, distributing food, money, and protection from the virus through masks and antibacterial gels, were at the forefront of these new spaces of action for CSOs. Another socioeconomic need that emerged for all populations was paying bills and housing; informants from two organizations (El Caracol and ODA) mentioned they had to turn to this sort of support. This immediate relief constituted a mission drift for the organizations and created tensions with how the CSOs see themselves and their work. During the interviews, informants distanced themselves from “assistentialist” organizations who only provide goods, but saw their foray into immediate relief as a necessary response to the pandemic:

Our organization does not try to be assistentialist at all. On the contrary, we believe that it's not just about coming and giving economic support, and that these people are active individuals, who can contribute and be part of this change. But with the pandemic there was a need, and we sought ways of covering it [by distributing money cards]. (Espacio Migrante)

Moving from providing services (such as legal counseling and accompaniment) to providing goods was not only logistically challenging for the organizations interviewed, but also strategically demanding. CSOs in Mexico operate following “strategic lines of action” that they report to donors and funding agencies every year. These lines also correspond to their fiscal information, in which they must detail the type of goods and services they provide to the federal government. Informants mentioned the challenge of restructuring their strategic lines of action throughout the pandemic, and the flexibility it required from their own teams and their donors.

We had to adapt to the pandemic. And it was very tiring, it was having to strategize constantly. We had our strategic projects in January [2020], our strategic planning, and everything changed. And something frustrating was that people and donor agencies would tell us ‘Do you want to readjust? And we would say ‘Yes, but we don't know how’. Because we didn't have the whole picture. (Tlachinollan)

Yet, most organizations created new programs or restructured existing programs to grant immediate relief as soon as April 2020, showing a high degree of flexibility and a quick reaction to fill in the gaps left by the sluggish and late response of the government. The most favored strategy of immediate relief was distributing food packages to families who had lost sources of income because of the lockdown and the economic crisis derived from the pandemic. Food distribution was not part of the activities of the organizations interviewed; and yet, many turned to it as soon as April 2020, upon seeing that access to food was the most pressing problem their target populations faced. In general, food packages contained a mix of corn, beans and rice. For example, one organization delivered over 7,000 food packages, each one with 100 kilos of corn, 20 kilos of beans, 10 kilos of rice, 2 liters of oil and 2 kilos of sugar (Tlachinollan). Interviewees commented on food distribution being a new activity that was far from their usual mission. This was not without its difficulties – key informants highlighted the challenges they faced to gather money to acquire food or organize donation drives, and such logistical difficulties as having to rent a car and paying gas to pick up and distribute the food. Moreover, organizations who turned to direct provision of food sometimes had a hard time separating the population they usually work with from new vulnerable populations who demanded to be considered too. El Caracol, an organization working with homeless populations in Mexico City, reported having to change their initial strategy of distributing food packages in the streets around September 2020, because other people in those neighborhoods would angrily demand to be given food relief too. A parallel strategy was to offer money via electronic debit cards directly to populations. One organization reported delivering around 400 electronic debit cards with funds ranging from 2,000 to 8,000 pesos (approx. 100 to 400 USD) (Espacio Migrante).

A second strategy of immediate relief was to distribute ‘sanitary kits’ to target populations, which included antibacterial gels, masks, and sometimes information sheets on the virus. One organization bought a few thermometers and oximeters to circulate amongst the families they work with (ODA). Again, the provision of sanitary kits was a new activity for the organizations. It proved challenging in terms of costs, as informants reported having to deal with the scarcity of masks and antibacterial gel when they started this relief strategy, in March and April 2020. For example, an organization working in Mexico City reported having paid 7 pesos (30 cents) per mask for adults in the height of the scarcity, and having to order special masks made for children, as there were none to be found (El Caracol).

It is unclear whether CSOs who expanded their areas of intervention to providing goods out of a practical community-level response to the impacts of the pandemic will continue to do so after the crisis subsides. On the one hand, informants showed reticence to goods provision as a strategic line of action for their organizations and highlighted its logistic and financial challenges. On the other, the need for food, rent support, and money is likely to continue beyond the COVID-19 pandemic, as an estimated 6.5 million additional people have fallen into extreme poverty and 9 million into poverty between 2018 and the end of 2020.¹³⁶ In this context, Mexican CSOs will have to balance the accrued survival needs of their target populations with other areas of policy and human rights advocacy.

¹³⁶ PUEd-UNAM. Comunicado La pandemia y la pobreza en México en 2020. http://www.pued.unam.mx/export/sites/default/archivos/covid/ComunicadoPobrezaCOVID2021_Final.pdf.

Information gathering, monitoring and diffusion to fill the gap left by a miscommunicating state

As discussed in Section II, the information strategy of the Mexican state was insufficient in two ways. First, there was scarce and erratic information provided to the public regarding the COVID-19 virus and infection prevention measures. Second, there was insufficient information collected and made public by the state on the effects of the pandemic on vulnerable sectors of the population. CSOs stepped-in to fill these two major gaps.

CSOs working with non-Spanish or multilingual speaking indigenous communities translated information on the virus to the languages spoken in the communities they work with. In the same way, organizations working with international migrants and refugees translated information on the virus to their languages (Espacio Migrante and CDH Fray Matías translated information into creole, for example). Organizations also translated information on the virus to a more public-oriented language and designed visual media such as postcards, posters, and digital infographics to better diffuse the information to their target populations. This effort was continued during the vaccination campaign. One organization related how they became recognizable on the streets as having information on the registration process for the vaccine, with people approaching them with questions (El Caracol).

CSOs also created instruments to capture the impact of the pandemic, both at a community level within their geographical spaces of action and at a population level in coordination with other CSOs. For example, one organization used a phone survey at the beginning of the pandemic to diagnose its impact on the returned migrants and deportees it works with, as well as their immediate needs (ODA). JADE, an organization focused on social rights in Yucatan, did phone surveys to more than 70 domestic workers to assess how they had been impacted by the pandemic. Another organization working with domestic migrants monitored symptoms and tracked patterns of displacement and deaths amongst the people using its shelter over time (Tlachinollan). This monitoring effort at the community level enabled organizations to logistically assess their priorities of action and allowed for advocacy campaigns to accurately demonstrate the pandemic's impact on specific populations. Not only did CSOs release documents, reports and digital media content with the results of this monitoring (Tlachinollan, El Caracol, and ODA), they also collaborated with other organizations to aggregate the information or diffuse it in other channels. In August 2020, for example, a network of organizations released a report on the effects of COVID-19 on migrants and refugees in Mexico, detailing human rights violations ensuing from poor conditions in detention centers and the worsened conditions created by the Remain in Mexico policy.¹³⁷ Similarly, a collaboration of fourteen CSOs working with indigenous peoples in 13 states of the country released a report detailing the impact of the pandemic on these populations.¹³⁸

¹³⁷ CMDPDH. (2020). Informe sobre los efectos de la pandemia de covid-19 en las personas migrantes y refugiadas. <https://www.cmdpdh.org/publicaciones-pdf/cmdpdh-informe-migracion-y-covid-19.pdf>.

¹³⁸ OHCHR. Los pueblos y comunidades indígenas frente al Covid-19 en México. https://www.ohchr.org/sites/default/files/Documents/HRBodies/SP/COVID/NGOs/Centro_de_Derechos_Humanos_de_la_Monta%C3%B1a_Tlachinollan.pdf.

A key communication initiative was the Observatory “Gender and Covid-19 in Mexico” (*Observatorio Género y Covid-19 en México*). Created and coordinated by the organization Information Group on Reproductive Choice, GIRE, in collaboration with 33 CSOs, the Observatory was born out of a desire to track what the state was doing to mitigate the effects of the pandemic on different subpopulations of women, such as women with disabilities, indigenous and Afro Mexican women, women with HIV, etc. As it grew, the Observatory became a site to collect and diffuse information on the effects of the pandemic on these populations as well as the civil society and state responses to them.

We did a template [for organizations to fill out] containing the situation of this population before Covid, how Covid is affecting them, what the government is doing or not, and what the organization is doing. Because the Observatory has that double objective: not only to show what is wrong, but also to show how organizations are covering the spaces of inattention.” (GIRE)

From the information gathered through the Observatory initiative, the collaborating organizations published policy briefs in September of 2020. As the above quote says, one of the goals of the Observatory is to showcase the work of civil society covering the spaces of attention for vulnerable populations that the state has not. A similar initiative, in which the organizations interviewed participated, was a media campaign called #AsíRespondimos (“This is how we responded”) showing the work of CSOs during the pandemic, in a context “... which often stigmatizes or criminalizes them”.¹³⁹ This campaign also had a crowdfunding element, with the goal of raising \$5,000 dollars to support the mobilization efforts of these CSOs.¹⁴⁰

Deepening of advocacy campaigns and mobilization strategies on socioeconomic rights

As in other countries, Mexican CSOs focused on civil and political rights expanded their advocacy and mobilization concerns to socioeconomic issues, such as food, job precarity and housing.¹⁴¹ This expansion speaks directly to the survival needs and immediate relief strategies evoked above. Similarly, the mobilization of healthcare workers in the country has grown out of a concern over the precarity of salaries and labor conditions, which have been exacerbated by the pandemic.

Tlachinollan, a human rights organization, released a report in May 2020 on the food crisis in its region of operation (the Montaña and Costa Chica region in Guerrero) and a proposal for the state to implement an urgent food distribution program of ‘basic grains’ – corn, beans and rice – in the region for six months.¹⁴² This report was preceded by an open letter sent by Tlachinollan and the Council of Indigenous Communities of the Mountain (a collective made up of 300 communities spanning 15

¹³⁹ Alternativas y Capacidades, Video “Así Respondimos”.

<https://ms-my.facebook.com/alternativasycapacidades/videos/as%C3%ADrespondimos/327121085046428/>

¹⁴⁰ Tlachinollan. (2020). COMUNICADO: Organizaciones de la sociedad civil lanzan campaña crowdfunding para fortalecer la respuesta a COVID-19 para poblaciones más afectadas. *Tlachinollan*.

<https://www.tlachinollan.org/comunicado-organizaciones-de-la-sociedad-civil-lanzan-campana-crowdfunding-para-fortalecer-la-respuesta-a-covid-19/>.

¹⁴¹ Carnegie Civic Research Network. (2021). Civil Society and the Global Pandemic: Building Back Different?.

<https://carnegieendowment.org/2021/09/30/civil-society-and-global-pandemic-building-back-different-pub-85446>.

¹⁴² Tlachinollan. El COVID – 19 y la crisis alimentaria en la Montaña – Costa Chica de Guerrero.

municipalities) to President López Obrador and to the Governor of Guerrero.¹⁴³ These advocacy documents emphasize that the rise in corn prices, the impending drought, and the stay-at-home orders would exacerbate hunger, adding to the health risks of the virus and the drug-related violence in the region. Tlachinollan also collaborated with other organizations to create an “Alianza Campo Justo” (Just Country Alliance) focused on the economic rights of day laborers, with the goal of guaranteeing a minimum salary for these workers.¹⁴⁴ The Alliance worked in meetings with bureaucrats from the federal commission in charge of minimum salary (CONASAMI), which is part of the Ministry for Work. In December 2020, it got a commitment from the Commission to send labor inspectors to agricultural fields to ensure the minimum salary was guaranteed.

The political mobilization of healthcare workers during the pandemic has been focused on job precarity. The “National Front of Healthcare Workers” (*Frente Nacional de Trabajadores de la Salud*, FNTS) was born in April 2020 as a coalition of eight organizations working for labor conditions of HCWs. The three informants interviewed from the Front – two doctors and a nurse – articulated how worsening work conditions and low salaries have plagued the health system before the pandemic and how the crisis came to deteriorate these conditions further. In particular, the divide between HCWs hired with formal contracts who are part of the Union of the Ministry of Health is widening from those hired with informal contracts, which is an important and expanding fraction of HCWs in the country. A previous mobilization in 2015 by HCWs in Mexico City centered on this precarity, as the city government distributed three-month contracts to HCWs without any benefits. The core of the mobilization campaign now, said the informants, is to make the HCW aware of their economic rights:

[...] the medical personnel, nurses, everyone who has been incorporated into the health system with these modalities of precarious work, with contracts without benefits, have naturalized that this is how it is. That the institution doesn't have to give food to the worker, doesn't have to give any bonus, any stimuli, doesn't have to give the worker absolutely anything. So, it starts with making them see that they have labor rights, that they should demand certain labor conditions. For a person to demand a right, they first need to know they have it.” (FNTS)

Another element of the mobilization is to demonstrate to the public that these labor rights of HCWs are being violated and that their efforts during the pandemic ought to be compensated with job stability. Speaking about the invisibility of the economic and labor precarity faced by HCW during the pandemic, an informant of the FNTS commented: “The people have received this idea that we are apostles, that our work is a sacrifice. Or that it is enough to compensate with ego what they should give us with rights.”

¹⁴³ Bellinghausen, Hermann. (2020). La Montaña de Guerrero, cercada por el coronavirus y por el hambre. La Jornada. <https://www.jornada.com.mx/2020/04/15/politica/005n1pol>.

¹⁴⁴ See the official website of the Alliance: <https://campojusto.mx/>

Kenya

Early pandemic rallying, and declining contributions with time

The onset of the pandemic was marked by high levels of mobilization among CSOs and in the wider public. Among the sample, there was consensus that the opening days of the pandemic, despite the “global confusion” (MUHURI) and “tension” (KMPDU), were characterized by a strong collaborative spirit. The informant from Shikilia noted that in times of crisis, “it is all hands-on deck.” The representative from Safe Hands reported that they were motivated by the idea that “assisting one’s neighbor would be beneficial for all involved.” These two coalitions, formed in March 2020, are constituted by private firms, local manufacturers, international aid agencies and community-based organizations.

While informants from the smaller and younger community-based organizations in the sample, Lifesong and Touch a Soul, reported lower contributions from their regular individual donors, the networks and more established CSOs received significant donations from corporate and individual donors in the early phase of the pandemic. Shikilia, which received donations from individuals abroad via GiveDirectly and from institutional donors such as Oxfam, raised USD 5 million for its cash transfer program. As elaborated in a further finding, local organization Homeless of Nairobi, which has established its reputation for its street feeding program in the Deep Sea informal settlement, raised around USD 20,000 (almost forty times what it expected) from a fundraising campaign that invited members of the public to donate 10 shillings (10 cents USD). The Kenya Medical Practitioners Union (KMPDU) - arguably the foremost CSO visibly contesting the state’s response to the pandemic – received grants and in-kind support (mostly PPE) from organizations including Amnesty International, GlaxoSmithKline, and the M-Pesa foundation. The informant from the union reported that they did not have to use union funds from member contributions for their COVID-19 response. This level of rallying, however, was not sustained past the first few months of the pandemic, when the restrictions were tightest. As observed by the informant from Lifesong, “When the strict lockdown was lifted, there was an assumption of ‘once the government said everything is open, there are jobs’, but this is not the reality for some people, so Lifesong continues to provide food packages.”

For Homeless of Nairobi, which similarly experienced a decline in contributions after its active mobilization that exceeded organizational expectations, this decline was anticipated: “[the contributions from the public] lasted around 4 months, from March to June/July ... I knew it would happen.” At the time of the interview, the coalition Safe Hands was no longer in operation, and had wrapped up towards December 2020. The informant attributed the “unexpected wrap-up” to “the economic climate and the economic distress facing institutional and individual donors.” For the KMPDU, grants it had received in 2020 for providing equipment and medical assistance to healthcare personnel (including psychosocial support) were for a one-year period. The union leader observed that “funding is now increasingly being channeled towards ‘retrospective research,’” providing the example of a call for applications from the Africa CDC for research grants when the pandemic was still going on:

On the ground things are different, and there is need for a hybrid approach: there has to be a balance, some form of formula for continued funding for testing to get data on the disease burden to resolve challenge of unavailable data. (KMPDU)

From the experiences of CSOs in this sample, it appears that there was a short-lived boom in resources for civil society groups from individual and institutional donors within Kenya and abroad in 2020. This boom was curtailed by economic downturns brought on by the continuing pandemic and shifting funding priorities away from response and towards research.

New Activities and “Mission Drifts”

The key form of assistance from CSOs in Kenya was the direct provision of necessities, mostly food, and cash transfers. Except the union, KMPDU, all organizations in the sample were involved in the distribution of food materials and cash payments to economically vulnerable households and individuals. Apart from organizations that were involved in this kind of work prior to the pandemic, these activities constituted – to use a phrase from the key informant of MUHURI, the human rights organization in the sample – a “mission drift.”

Three organizations (MUHURI, United Sisters of Nairobi, and Lifesong Kenya) and the member organizations of the 2 coalitions pivoted, to varying degrees, from their usual work to address the emerging (or more precisely, deepening) needs created by the pandemic. The key informants attributed this shift to different reasons. Foremost among the explanations was the historical nature of a global pandemic and the ethical questions it raised concerning helping the vulnerable. As the key informant from Shikilia elaborated, those in professional and knowledge networks close to public health had anticipated a pandemic – “it was in the zeitgeist” – and appreciated the potential ramifications it had. The informant, a top executive in one of the founding organizations of Shikilia, went on to explain that in his leadership capacity in the organization, he had to consider health and economic protections for his staff. This led him to consider the needs of the wider society; “who is thinking about everyone else?” In the case of the private sector organizations that participated in Safe Hands Kenya, they “suspended the profit motive” and set out to “do something and do something quickly.” MUHURI, whose primary area of work is in human rights advocacy, also (briefly) participated in the direct provision of water and food supplies to poor communities in the Coast region. The key informant described the “fear of the unknown” that prevailed following the introduction of lockdown measures in March. In this period, MUHURI “repurposed” their work and donated PPE to healthcare professionals and personal food aid to communities. While the informant discussed this turn with ambivalence (as elaborated further below), this shift was framed in ethical terms: “It is a dilemma ... you go to the field to shoot a story about food insecurity. How do you not give food? It is all of these contradictions.”

For United Sisters of Nairobi (USN), a voluntary association of women whose work is strictly aimed at addressing the long-term needs of poor communities, an exception was made in a few instances in which they provided basic goods to individuals and families. In these cases, however, the needs of the individuals were extenuating, and humanitarian assistance was urgently needed. The key informant

from USN described assisting a community in Western Kenya that, in addition to livelihood losses due to lockdown measures, also faced displacement due to a government infrastructure project. USN provides an interesting counterpoint to the other organizations in the sample as an organization that did not pivot significantly from its primary mission in response to the pandemic. Ultimately, the anticipated public health consequences of the pandemic, and the observable economic implications, raised ethical questions concerning welfare and equity that spurred organizations in both the public and private sector to suspend their normal operations and address the immediate needs created by the pandemic.

Apart from the far-reaching impact of the pandemic, CSOs who pivoted to new activities did so due to the disruptions that lockdown measures caused for their pre-pandemic programs. Lifesong Kenya exemplifies such organizations: its work with imprisoned youth, which included psychosocial support and skills training provided during prison visits, came to a halt as prisons were closed off (they would only be opened to outsiders around the time of this interview, in July 2021). Due to resource constraints, the organization was unable to carry out their work virtually, as they had initially hoped to. Lifesong Kenya transitioned to providing food support to several vulnerable families (worth USD 10 per week). This transition was heavily influenced and enabled by organizations that Lifesong Kenya was networked to (which all worked in urban informal settlements). The informant explained their turn to a food program in the following terms:

We were watching people with food with envy ... they were doing something, and we were not doing anything. [Homeless of Nairobi founder] was kind enough to let us into the challenge, we got Sh. 70,000 from the day 4 contributions. (Lifesong Kenya)

The importance of CSO networks is demonstrated here. Lifesong Kenya belongs to a loosely organized network of formal and informal community-based organizations that work in poor areas (and are mostly connected online, on a WhatsApp group called “Rags are Riches”). Homeless of Nairobi (included in the sample) is a central organization in this group as it enjoys the most public recognition and is therefore the most effective in raising funds. While the disruption to its program necessitated Lifesong Kenya’s taking up new activities during the pandemic, its links to this network that primarily engaged in food provision and raised funds to this end, explains why it turned specifically to food provision. Like the key informant from MUHURI, the founder of Lifesong Kenya described this shift with some ambivalence explaining:

[Lifesong Kenya] is very different from the 50 [groups] who are there, who do street-feeding. For us, I want our boys in prison not to depend on handouts and to develop their skills. [We are focusing on] the halfway house, job vacancies ... these are not readily available in the group.

Another reason provided by the CSOs for the shift in focus during the pandemic, also evident in the case of Lifesong Kenya, was the shift in priorities of donors on whom CSOs are dependent. As discussed, the beginning of the pandemic was marked by considerable public attention and mobilization. Contributions were generally channeled to provide basic goods and services to vulnerable communities. As the 2 coalitions demonstrate, this mobilization also occurred with institutional actors: both international NGOs and private corporations donated significant resources to the relief efforts. The key informant from MUHURI observed that groups focusing on food

provision “got quite a bit of money” due to the concentration on donor funds in this area. This informant located this in a broader critique of civil society organization in Kenya, noting:

If there is money in areas you’re not interested in, you go ... and donors from the Global North funding the Global South do not speak to each other, with copy-pasted reports and the same funding streams [and as a result] there is not enough coverage outside of urban areas.

While acknowledging the ethical “contradictions” of not following resources and providing much needed basic goods, the MUHURI key informant maintained that “institutional goals come first,” and for MUHURI, this was “advocacy, change through social engagement, and dialogue.” Furthermore, the key informant argued that such initiatives were “not sustainable” and did not “get to the people who need[ed] it most.” Striking parallels emerge between MUHURI’s framing and that of USN. The key informant from USN similarly emphasized the goals of the association, which was to assist communities, not individuals, with projects that had long-term sustainable benefits such as digging boreholes for water. These projects continued during the pandemic.

For MUHURI, Lifesong Kenya and USN, their missions and strategies were not geared towards direct provision of basic goods and services. Yet, due to disruptions caused by the pandemic (Lifesong Kenya), ethical and humanitarian concerns raised by the pandemic, (MUHURI, and to a limited extent, USN) and the availability of donor funds in direct provision (Lifesong Kenya), the three organizations, to varying degrees, engaged in relief efforts. While the scope of this data is narrow, the following insights can be gleaned: well-funded organizations whose revenue streams were not affected by the pandemic and whose activities were not disrupted by lockdowns were less likely to shift their activities to the direct provision effort that generally characterized the pandemic response in Kenya. Compared to Lifesong Kenya, USN - which is made up of middle- and upper-class women who consistently contribute monthly member fees and whose projects are remotely conducted – could continue their pre-pandemic work generally uninterrupted. For groups like Lifesong Kenya, for whom the pandemic’s disruptive effect on their activities was absolute, organizational networks appear to be important in determining the alternative projects that were pursued in the pandemic. The key insight from MUHURI regarding activities of civil society during the pandemic, is the ambivalence with which direct provision efforts were experienced by organizations who viewed such work as diverting groups like theirs from their role in advocating for human rights.

Centrality of mobile money transfer technology

M-Pesa, the mobile money transfer service operated by the telecommunications provider Safaricom, appears to be a central component of the work of civil society groups in Kenya. For voluntary associations such as the women’s group United Sisters of Nairobi, monthly dues from members located across the country, and abroad in a few cases, are received via M-Pesa. Similarly, for community-based organizations like Touch a Soul, M-Pesa is key in receiving funds raised for its donation drives it conducts in Mukuru, the informal urban settlement it is based in and serves.

In the context of the COVID-19 pandemic and restrictions on in-person gathering, M-Pesa, together with social media, was an important way for CSOs to mobilize support from the wider public. One of

the founders of Homeless of Nairobi, the organization that runs a daily street feeding program, organized a fundraising event in March/April 2020 called the “10 bob a day challenge” that encouraged the public to donate only 10 shillings (around 10 cents, in USD) per day for 10 days via M-Pesa. The initiative was disseminated via Facebook and through WhatsApp groups, and the response raised more funds than Homeless of Nairobi had expected. While the organizers had initially hoped to raise USD 500 for their programs, they were raising USD 700 to USD 800 per day in the first days of the campaign. Total contributions at the end of the fundraiser amounted to between USD 15,000 and USD 20,000, and Homeless of Nairobi distributed these funds to other CSOs it was connected to. The key informant from Homeless of Nairobi observed that “The good side of COVID is that donors rallied,” and that they were able to assist new groups of people such as those who had been laid off, because of the donation drive using M-Pesa. (It is worth noting that Safaricom waived the charges for transactions below USD 10 in response to the pandemic).

Apart from facilitating donations to CSOs, M-Pesa was a central component in the disbursing of cash transfers from CSOs to their beneficiaries. Shikilia, the network of private firms and NGOs formed in response to the pandemic, transferred cash payments of sh. 3000 for 3 months to more than 100,000 low-income households using M-Pesa. Illustrating the potentially greater role the service might play in the future, the key informant from Shikilia explained that the initial plan had entailed using M-Pesa data to track incoming cash payments to user’s accounts to determine those whose livelihoods had been impacted due to the pandemic lockdowns. Ultimately, this “Smart Engine” could not take off due to privacy concerns from the Communication Authority of Kenya that Shikilia and Safaricom could not resolve last year.

The role and limits of traditional, and online social media

The two organizations in the sample that engaged in advocacy work, MUHURI and the KMPDU provide some insights into the importance of traditional media (newspapers and television) and online social media in civic engagement during the pandemic in Kenya.

KMPDU, arguably the most visible CSO during the pandemic, was frequently featured on the news. The union held a weekly briefing which reported data on the COVID-19 situation in the country and how medical personnel were “coping.” These briefings were also posted on the union’s Twitter and Facebook pages. The key informant framed their briefing, which was informed by their “active surveillance system on the ground,” as an alternative to the daily government briefing that did not focus on healthcare workers. Apart from these briefings, the union also held regular press conferences. Foremost among the union’s demands was the provision of quality standard PPE for healthcare professionals and the hiring of more medical personnel to address severe staff shortages in hospitals across the country. The union was particularly vocal towards the end of 2020 when several healthcare workers lost their lives to COVID-19. The union called for a national strike in December 2020 in response to the dangerous conditions in which personnel were working. Among all CSOs in the sample (and generally), the KMPDU worked most closely with the state. In fact, while the KMPDU “would participate [in healthcare policy] and give its position” before the pandemic, the union was further incorporated into committees during the pandemic. As the key informant reported, the union

was represented on the Ministry of Health human resources task force which hired an additional 200 doctors and 9000 nurses. Along with other professional associations (such as the Kenya Medical Association), the union was also part of the Technical Advisory Committee that oversaw the manufacturing of PPE by local factories. The secretary-general explains that their engagement with the public over social media and on the news was critical for achieving these goals in their negotiation with the Ministry of Health: “In our communication role, we hit hard [so the public] can’t ignore this. We came out guns blazing and used the public to push our agenda. That’s how government works in Kenya, sorry to say.”

By this, the key informant was describing the union’s strategy of garnering the support of the public and over-asking to strengthen their bargaining position in the negotiations it would have with the state. The organized strike, which was well-publicized, was an instance of “guns blazing”: the strike was short-lived and mostly intended to bring public attention to the poor conditions that healthcare workers were operating in: “we knew it was a strike that would not prolong, as we are part of the same system” (that is, healthcare workers were particularly prone to requiring medical attention in the pandemic). While the short strike did not meet all its goals (which had included the continuation of allowances for medical workers that had been halted after 3 months in the pandemic), health insurance coverage for union members was expanded.

In comparison, MUHURI’s use of the media had mixed results. The key informants highlighted two key instances in which they engaged the public through the media. The first involved the use of fatal violence by police in March 2020 in dispersing ferry passengers in Likoni Mombasa who were not observing social distancing measures. The crowd of commuters was dispersed using physical force and teargas. Footage of the event was captured by a MUHURI communications officer and shared to the public through its website, social media, and the news. MUHURI also provided a press statement that was distributed via critical outlet *The Conversation*. This incident garnered public attention and condemnation nationally and abroad. While fatal police violence in enforcing restrictions would recur over the course of the pandemic, the Likoni incident was the severest case.

The second, and less effective, instance of media engagement by MUHURI was in response to a vaccine mandate in August 2021 that introduced disciplinary action, including termination, for unvaccinated public servants. As a result of a written protest made by MUHURI directly to the Ministry of Public Service and Gender, arguing that the mandate violated government employees’ right to bodily integrity, the ministry released a statement addressed to MUHURI guaranteeing that no public servant would be coerced into vaccination. Like KMPDU, MUHURI sought to publicize the ministry’s statement to rally the public against the mandate and hold the government accountable. The story, which was published by *The Star* (and not the leading outlets *The Nation*, and *The Standard*), “did not get the traction” expected by the key informant, and the incident was “a sad affair” for her. The key informant attributes the low media and public attention to the issue to a narrow “human rights awareness” in the country, that was “not widespread and left to agitators.” The key informant further observed:

There has to be a gun involved, or someone in prison [otherwise] no attention to bodily integrity. The exception being the forced sterilization of HIV-positive women. I went back

to read the comments [on The Star story] and it was ‘either you listen to the employer, or you get fired’ ... the interpretation is very narrow and limited, if you’re not vaccinated you are shamed.

In addition to the public’s limited attention to human rights violations that did not involve state violence, the key informant also cited a lack of support from other CSOs who did not spotlight this guarantee from the ministry. She explained, “Other organizations did not pick it ... when you make a strike, others celebrate with you, others won’t, and wish they were the one who made the strike.”

Competition between human rights organizations was therefore seen as a reason for the lack of a wider reception of what the key informant described as a significant achievement; MUHURI getting an official government guarantee to not proceed with the forceful vaccine mandate. Lastly, the key informant cited the links between the major media houses to political figures – Mediamax, the Nation are owned by the Kenyattas, the Standard by the Moi family – as another reason for the media’s muted response to the story.

The experiences of these two CSOs that were prominent in the pandemic response in Kenya highlight the important role played by the media in spotlighting the challenges faced by healthcare workers, the human rights violations committed in the enforcement of containment measures, and through this public engagement, improving the bargaining position of CSOs negotiating with the state. The accounts of these CSOs however, also point to the limits of the media – issues highlighted by CSOs had to be particularly flagrant to receive wide coverage by media houses.

South Africa

Civil society responses to the COVID-19 pandemic in South Africa were formed in large part through existing networks. This is not to say that new organizations did not emerge, but those that did were quickly integrated into networked relationships that were either pre-existing or that enabled the emergence of new coalitions. Civil society responses ranged from emergency relief efforts to advocacy around various types of government policy. While many CSOs shifted to pandemic response activities by the first half of 2020, there emerged a major new coalition of groups with national aspirations. The C19 Coalition aimed to build something on the order of the UDF — an example explicitly cited by respondents who worked in the C19 Coalition. It united many individual informal settlement groups and longstanding activist organizations of various stripes. This was the main new formation that emerged during this period, and for a time, it promised to break with the patterns of the recent past. As described below, it ended up repeating many such patterns and, in doing so, revealed many of the challenges that have characterized civil society organizational efforts during the pandemic.

New Missions and Networks

The pandemic enabled a range of organizations to reframe their longstanding missions. For example, Seriti, a direct aid food relief organization reinvented themselves as more autonomous from government programs. Seriti entered the pandemic newly cut off from a rather traditional service delivery relationship with government. As soon as the C19 People’s Coalition formed, Seriti found

itself engaging with a set of civil society organizations that deploy a range of tactics that were outside of the organization's traditional repertoire, particularly in terms of conflict with government. Even so, there was widespread agreement within the C19 Coalition that emergency relief was a critical component of their early agenda. Seriti was well-placed to take a leading role. It ended up spearheading the delivery of over 12,000 food parcels in informal settlement communities across Gauteng Province. The large scale of delivery in this province was due to the grassroots partners that Seriti encountered through the provincial working group of the C19 Coalition. In the neighboring provinces of North West and Mpumalanga, Seriti also pursued food delivery projects but these were at a much smaller scale, totaling 1060 across the two provinces.

The Cape Town-based Development Action Group expanded its work in two areas to meet the new challenges of the pandemic. Initially, it focused on simply supporting communications with partner grassroots organizations in informal settlements in Cape Town, primarily by buying data bundles so that they could use WhatsApp. These organizations include Community Policing Forums, umbrella organizations like Informal Settlements Network, and various Development Forums (eg. Khayelitsha Development Forum). As the pandemic proceeded, DAG realized that one of its most useful contributions to the response would be to collect data on the condition of informal settlements, which could feed into public policy and delivery processes. It helped to compile a report on 60 different informal settlements, with data collected by residents on the ground in these settlements. This included questions on things like, does the settlement have access to sanitation, does the settlements have access to water, and is waste removal taking place. The report then rated each settlement on a "stop light" system (i.e. green, yellow, red) and was submitted to the Cape Town metropolitan municipality as well as nearby smaller municipalities.

While there are a number of professional NGOs working in this space in Cape Town, the key informant from DAG noted that DAG played in a unique function in this regard in the smaller municipalities. "We were the only ones who were reporting on the smaller municipalities." Having access to these data and the compiled report created a basis for continued engagement between DAG and a range of government agencies across municipal, provincial, and national government. This was particularly important because the national government had initially announced a program to "de-densify" informal settlements as a response to the pandemic in order to respond to the need for "social distancing." DAG became part of a group of housing and urban development civil society organizations that insisted on making inputs into this policy.

Finally, the Tembelihle Crisis Committee represented the most grassroots, movement-oriented of the organizations interviewed to have reframed its work. TCC has a long history of organizing, with a largely oppositional relationship to government. It has directly challenged the leadership of the ANC on a number of occasions. This made it a natural part of the C19 Coalition, and TCC was one of the Coalition's earliest grassroots members. The work of this group and of the TCC was focused on two main themes. The first consisted of the provision of basic personal protective equipment and education around this equipment. This meant going door to door to provide PPE and to create public awareness about the use of PPE and social distancing more generally. Second, TCC used the C19 umbrella to begin to build broader networks across Gauteng. The key informant from TCC noted that

this as a surprising and durable outcome of the organizing that she had undertaken during the pandemic through the C19 umbrella. Both of these themes largely eschewed engagement with government agencies.

India

For most CSOs, the pandemic and related lockdown invoked responses that were motivated by the need of the hour – identifying a gap in the state’s response, a population in need, and seeking to act within the capacity of the organization. The extent of COVID-19 interventions across organizations ranged widely from focusing on relief and awareness raising, to monitoring, advocacy, and stepping into the shoes of the state by providing health services. Given that the lockdown imposed strict restrictions on movements and economic activities, many people, and especially those in the informal economy, lost incomes and couldn’t afford basic necessities. Therefore, the priority for all CSOs was addressing these basic needs and providing some immediate relief – usually in the form of hygiene kits (masks, sanitation products, sanitizers/soap), water, and food provided in dry ration form and/or hot-cooked meals.¹⁴⁵ Some organizations also provided more specialized items for particular demographic groups (e.g., sanitary napkins, milk powder, eggs) and a few also mentioned distributing cash transfers. Other basic relief efforts included providing personal protective equipment (PPE) kits to frontline workers and hospitals, vulnerable group shelters, and essential workers. A few organizations with capacity and prior experience in this area also engaged in livelihood support by providing skills training. For example, NGO Bro.Siga Animation Center in Chennai conducted online nursing courses, while CYSD in Odisha provided training for returnee migrants on bee keeping. Other CSOs also involved their beneficiaries in community kitchen work which provided them with some income support. CSOs were rather innovative and adapted their resources and capacities in accordance with the pandemic by providing crucial services and support.

It was the need of the hour. It was the need of the hour. Because we had... What? It was just a response as the need of the hour because we saw people needing food, we started Mercy Kitchens. We saw people needing groceries, we started with the warehouse. We saw migrants walking back home, we immediately started with Shramik support. We saw cylinders being needed, we started Mercy oxygen. (Mercy Mission, Bangalore)

Another often mentioned effort was raising awareness about COVID-19 in terms of its spread and prevention and combating misinformation and vaccine hesitancy. Most CSOs relied on messaging platforms like WhatsApp and similar channels to share information, while some also involved their community volunteers who were increasing awareness via in-person interactions. One organization – CYSD – implemented online citizen support centers to provide awareness on entitlements, medical help, and guidance. RSS in Pune collaborated with social influencers to disseminate information about COVID-19 and collaborated with educational institutions to raise awareness on immunity boosting methods at home.

¹⁴⁵ Some CSOs if they didn’t directly arrange the rations or donations they helped in distributing them – so they connected those with resources to those in need (IRCDUC).

How do we remove vaccine hesitancy? So that people come forward comfortably and do their vaccines? So they do that. And then we bring out short visual materials, WhatsApp messages. Then we have created a big chain of change agents in the villages where this messages are pushed and then we are in touch with them. If they need any support we can come through this indigenous support center. (CYSD, Odisha)

The extent to which CSOs engaged in other kinds of COVID-19 related efforts varied by organization type and the resources that they managed to leverage. Many CSOs expanded their work beyond their mandate to provide relief and awareness raising, while also seeking to continue their “usual” lines of activities. For example, CSOs who primarily provide supplementary education to children or skill development programs sought to continue doing so by adjusting how they provided these services (e.g., shifting from in person to online classes) rather than pivoting to completely new activities.

Some organizations managed to mobilize resources and networks to significantly expanded the scope of their activities, primarily focusing on healthcare aid and services. Several CSOs leveraged their resources to engage in healthcare activities – something they previously had not done or even considered working in. While many CSO became involved in relatively simple health screening work (e.g., identifying people with COVID-19 symptoms) and set up counseling services, a few had the opportunity to go much further in providing healthcare aid and services. This reach depended largely on existing organizational networks. For example, Hemkunt Foundation, which has been in the CSO field for about 10 years and has conducted various education and livelihoods projects, and participated in humanitarian aid before, emerged as a key player in North India in providing oxygen and some other medical supplies in Delhi and north India. This was possible due to their networks in the logistics business which helped the NGO quickly obtain and distribute large amounts of oxygen cylinders.

Some CSOs established parallel healthcare services to those of the state or stepped into certain operations when asked by local governments. These healthcare activities and aid were especially pronounced in the second wave during the extreme rise in the infection rates and hospitalizations when oxygen in hospitals was in acute shortage. A Bangalore-based NGO coalition Mercy Mission was a group of 25 NGOs¹⁴⁶ that came together to focus exclusively on COVID efforts. Having many partners working together allowed them to set-up healthcare services akin to what is an expected responsibility of the state: helplines, COVID-19 care centers, oxygen centers, counseling, and management of death. Based on their strengths, each NGO in the coalition took control of a particular “mission.” Mercy Mission also had their own ambulances and testing centers where they identified patients and connected them to local primary health centers (PHCs).

So as and when the need basis came we were quick to kind of create systems and processes and take it head on. And I must say that we've done it in probably record time because from thought process to bringing it on the road, like to kind of execute this we have taken the least amount of time possible. Probably in a day or two we were ready with the project execution. So that has been the strength of this coalition. (Mercy Mission, Bangalore)

¹⁴⁶ The coalition started with just 3 NGOs but then the group rapidly expanded to over 20.

Yet another organization, RSS, expanded their scope of activities by joining forces with industrialists and other social service organizations and NGOs to establish Pune Platform for Covid Response (PPCR). Using this platform and the resources brought by industrialists, RSS participated in several large healthcare efforts in Pune: they increased private hospital bed capacity tenfold from 3,000 to 33,000, obtained oxygen concentrators and ventilators for hospitals, and using public private partnerships (PPP) established Covid care centers providing counseling and other activities supporting the health of frontline workers, like police. RSS in Pune was also approached by state officials to help them with cremation services and blood donations. Beyond that, RSS also received donations from the vaccine manufacturer Serum Institute for helping the state with vaccinations in Pune. Having an entrenched presence in the city and many volunteers helped RSS, and similarly others, like Mercy Mission, to coordinate and address the gaps unfulfilled by the state or the private sector. Finally, CYSD was working with panchayats in Odisha to build capacity in running isolation and quarantine centers.

Target populations

Most CSOs provided relief and reached out to the same beneficiaries they were already serving, but the majority if not all also extended their reach to other vulnerable groups. While some CSOs were careful in accounting their beneficiaries so as to not duplicate relief, others disregarded rigid accounting systems and provided relief to all who were seen as needy. As the nature of the COVID-19 pandemic waves differed in India, beneficiary groups also changed from those who needed more relief in food, cash, and shelter during the first wave to those who needed healthcare services and food in the second wave. The target populations for most CSO were various kinds of vulnerable groups: homeless, informal sector workers, the poor, children, women, people with disabilities, elderly and transgender populations, tribal population. Development NGOs focusing on relief and service provision typically surveyed their coverage areas to identify “needy” populations for whom to distribute relief. Many such NGOs rely on community volunteers – workers who live in the community and are trusted by local people – to conduct surveys, distribute relief, and provide other kinds of activities. Several CSOs also extended some services and relief to frontline workers, such as community healthcare and childcare workers (Anganwadi staff, Ashas, midwives) and police, who were involved in various COVID-19 response duties. As observed by the organization Bro.Siga Animation Centre, “We have a set of volunteers who are in very good relationship with the community, so that we can send them and if the people want anything they’ll just inform our volunteers and we can help them out.”

Philippines

Scale and type of represented CSOs

Nine of the 14 participating CSOs have a national scope in their implementation of services with headquarters situated in the National Capital Region. To operate in the 17 regions of the Philippines, satellite offices are managed by field officers. These types of CSOs are also traditionally structured and formalized with existing by-laws and government registration. The organizations with regional and city scope mirror the characteristics of the national level CSOs such that they also have a board

of directors and government registration. The Community Pantry Ph (CPPH) is the only non-hierarchical and informal organization in the data set. Although the model of the original community pantry in Maginhawa Street was replicated nationwide with a network of pantries for logistical support, each pantry remained independent. No data for the pre-pandemic period is available for CPPH as it was only organized in April 2021.

Apart from one faith-based network and 3 social movements, all the other CSOs self-classified as Non-Governmental Organizations. Two have mentioned having informal political affiliations with the state, as their board members hold government posts. However, these do not translate to the CSO receiving funds or any contracts from the government. One CSO has identified being affiliated with the state in the context of religion as it has representation in Muslim-dominated political region of BARMM. All others have signified non-partisan relation with the State.

As varying policies on lockdowns were enforced in the country to combat the spread of COVID-19, CSOs with centralized protocols for delivering services had to devolve the management of their programs to their satellite offices which have limited full time personnel. A key action taken by some organizations like the AgroEcoPh was to mobilize their network of volunteers and community partners:

We only have a small staff. We are only eight now. Good thing we have *farmer trainers*. They are advanced farmers. They do not have salaries. We just give them transportation subsidy, cellphone load, and allowance. They serve as coordinators in the local level for our programs and they also train other farmers. (AgroEcoPh)¹⁴⁷

In some cases, the need to restructure the organization during the pandemic meant having some members “voluntarily exiting” regular salaried positions to become volunteer consultants, while others had to “wear different hats” as they took on multiple roles that were vacated. In the case of the RH Forum and TOPS, these were necessary actions to keep the organization afloat while experiencing funding issues.

Core Activities

Prior to the pandemic, the activities of the organizations in the sample could be categorized within two main clusters: 1) direct services and 2) advocacy services. Although some activities are central to the mission of the organizations, intersections of activities were documented. For direct services, the three prominent activities could be lumped into feeding programs, livelihood support, and health and well-being interventions. Of the 14 organizations, six narrated that they had facilitated or financed a community feeding program. This was in response to the food insecurity of residents left unaddressed by the local government unit. During the COVID-19 pandemic, the demand for feeding programs increased. However, due to quarantine protocols, typical delivery methods had to be reconfigured. According to RAHP,

During the pandemic, we modified our program. Since the feeding program was school-based and they are currently closed, we modified our implementation. Although, we had to minimize our operation which resulted to selecting communities that were highly affected at this time like those in Tondo, Manila, and the other poor communities in Taguig and Laguna. So instead of the kids eating the meals

¹⁴⁷ Translated from Filipino

at school, we requested the parents to claim the cooked meals from the community kitchen. Then, the kids would just eat the meals in their homes.¹⁴⁸

With mobility restrictions and gaps in employment resulting from the closure of establishments, food insecurity has reached an all-time high in the country.¹⁴⁹ As food insecurity affected households even in previously food secure areas, the demand for food supply interventions increased. This is when CPPH initiator Ana Patricia Non, with the support of her sisters, organically started a social movement with the goal of sharing food resources, with the slogan “give what you can, take what you need.” This appealed to most Filipinos as it touched on a common ethos of *bayanihan* (community support). By August 2021, a total of 6,700 community pantries were established in various parts of the country.¹⁵⁰

The reason we’re doing the pantry is that— so people are fed and so they can stay at home and not go out during this pandemic. It basically supports safety protocol, right? ‘Cause what we realize is if you’re hungry, you’re going to go out there and look for food. But, if you have food in your house, you’re going to stay at home. Nobody wants to get COVID. (CPPH)

Livelihood programs were categorized into three main activities: microfinancing agreements, skill development training, and conditional cash transfers. Prior to the COVID-19 pandemic, skill development trainings were implemented for organizations working in rural areas and agriculture-related trainings were conducted. From effective soil management to seed selection skills, CSOs have collaborated with local farmers in developing the capacity of members of vulnerable communities. However, quarantine protocols have also affected the ability of the farmers to transport their products from their farms to the market.¹⁵¹ Without a concerted effort from the national government to mitigate the economic impact of the quarantine to the agricultural sector, some local government units have opted to bridge the gap between financial loss of the farmers and the demand for food among food insecure communities. For example, the City Government of Pasig in the National Capital Region (NCR) has procured vegetables from farmers in Northern Philippines to support their industry while addressing the clamor for nutritious food from its quarantined residents.¹⁵² Without interventions from the national government, these responses from the LGUs became unsustainable band-aid solutions.

As CSOs involved in agricultural projects narrated, the need for training and logistical support for pre-pandemic livelihoods decreased as communities have disengaged due to insurmountable challenges related to supply chain disruptions by the lockdown protocols. This led CSOs to concentrate and shift their interventions to other livelihood focused activities, such as microfinancing agreements and conditional cash transfers. The pairing of food supply provision and conditional cash transfers were

¹⁴⁸ Translated from Filipino

¹⁴⁹ Congressional Policy and Budget Research Department. FF2021-35: Food Insecurity Among Families Amid the Covid-19 Pandemic. <https://cpbrd.congress.gov.ph/2012-06-30-13-06-51/2012-06-30-13-36-50/1325-ff2021-35-food-insecurity-among-families-amid-the-covid-19-pandemic>.

¹⁵⁰ Untivero, Dorynna. (2021). Ana Patricia Non Reveals The Community Pantry’s True Purpose. *Tatler*. <https://www.tatlerasia.com/power-purpose/philanthropy/ana-patricia-non-community-pantry>.

¹⁵¹ GMA News Online. (2020). Fresh veggies from Ifugao, Benguet go to waste amid COVID-19 threat. <https://www.gmanetwork.com/news/topstories/regions/731380/fresh-veggies-from-ifugao-benguet-go-to-waste-amid-covid-19-threat/story/>

¹⁵² Vico Sotto Purchase Fresh Veggies From Benguet For COVID-19 Frontliners. (2020). *Phillipine News*. <https://philnews.ph/2020/04/06/vico-sotto-buys-fresh-veggies-benguet-covid-19-frontliners/>.

also done for households which lost primary income due to retrenchment and or closure of livelihood sources.

Pre-pandemic health and well-being programs centered on bridging the gap in health care access within geographically isolated and disadvantaged areas. The Philippine health system remains plagued with inequity as evidenced by the limited availability of hospitals equipped with primary health technology (i.e. CT Scan, Xray). This is another gap in state services that the CSOs address. From providing venues for consultations, free medicines, and facilitation of access to specialized health interventions (i.e. Needs of People Living with HIV), six CSOs within this sample consistently organized these types of projects in alignment with their core mission. The need for health services increased during the pandemic. As government resources were generally allocated to COVID-19 response, the management of other diseases became a challenge in public health care facilities. The response from CSOs to address this gap was highlighted with the experience shared by HASH:

Even now there are still clinics that are having problems with scheduling because the doctors and staff are being assigned to vaccination. We need to be flexible on how to access services then on where to get services for PLHIV. We had two deaths last year because we cannot access any services after months of trying. They succumbed to tuberculosis and pneumonia. Since then, we opened our own clinic.¹⁵³

The final cluster of core activities is that of advocacy or rights-based interventions. Six CSOs have identified this as part of their portfolio of pre-pandemic programs. From lobbying for the rights of farmers, to health rights, and gender-based programs, CSOs have been collaborating with members of vulnerable communities to engage the state in crafting policies and implementing rules. Four of these CSOs have institutionalized partnerships with their counterpart state agency. This is seen as an advantage in a time when fighting for human rights has become a point of contention between the State and CSOs, leading to the arrest and death of NGO workers like Dr. De Castro and Teacher Chad. Both the AB-KNM and the CBCS have direct access to policymakers and implementers as both have board members in government positions. The two rights based CSOs without direct access to government agencies are CPPH and DAMPA. In lieu of directly engaging the state actors through dialogues, these two have communicated their policy recommendations through public protests and media coverage.

Innovations and the evolving demands of target populations

Shifting protocols to ensure the continuity of programs have been a common response of CSOs during the pandemic. From delivering services online instead of in-person, to using mobile cash transfers to community partners who are expected to deliver services to clients, CSOs have engaged in alternative means to complete their funded programs. These types of actions were done when funding agencies required that no substitution to the original contract be made. LCDE director narrated how a labor agency responded to their request for some programmatic shift saying that the reason for the non-allowance is the need to follow the “requirements of the Commission on Audit.” This bureaucratic choke point is often categorized under the label of “red tape” which is a form of corruption associated with government agencies characterized by the implementation of excessive steps prior to receiving a service. CSOs like LCDE have lamented the “lack of grounding” of some

¹⁵³ Translated from Filipino

funding agencies who refuse to provide adjustments in contracts. International funding organizations were said to have been more accommodating of proposals to restructure funding for COVID-19 related programs. For example, the funding agency for a PRRM project allowed them to use excess funding for a previous project to implement an information education campaign on the pandemic.

Although there is a significant discussion of continuity of pre-pandemic programs, it was noted that the services offered during the pandemic were designed to address COVID-19 induced issues which included access to basic services, continuity of education, and job displacement. Other organizations identified their current programs as COVID-19 related as these were designed within the frame of living within the pandemic. Other health programs that were implemented were related to mental health, reproductive health, and People Living with HIV (PLHIV) needs. Although feeding program interventions were done more often, it was not identified as part of the official list of interventions of the several organizations like TOPS and DAMPA-ANAK . Advocacy programs relating to COVID-19 include access of women to health services during the pandemic, child-centered approach to COVID-19, and continuity of implementation of Universal Healthcare Act.

Despite the gaps in funding, the main motivation that defined the types of services provided by the CSOs was stakeholder needs. After identifying what their stakeholders need, they would target funding sources and networks to address this demand. For DAMPA-ANAK, seeking funding support from previous collaborators became a mitigation for the gap in resources in implementing new programs. From soliciting food supplies to establishing internal conditional cash programs, DAMPA-ANAK devised means of delivering basic services to their stakeholders without compromising their mission. This is also parallel to the experience of RH Forum where innovations have become inevitable as their funding and stakeholder needs shifted due to the socio-economic impact of health policies of the government to address the threat of the pandemic.

Our goal is to really assist our communities and not just ensure our survival as an NGO. Our communities need us and right now they're hurt, they're down, they're affected. How can we tell them that we will not help them just because it is not in our program. (RH Forum)

In the case of Angat Buhay, the demand for other COVID-19 related programs came from a new sector of stakeholders: healthcare workers (HCW). As basic protective personal equipment became inaccessible for most HCWs, the clamor for government intervention strengthened. Listening to this clamor, the Office of the Vice President of the Philippines collaborated with Angat Buhay to extend support for the HCW.¹⁵⁴ The implementation of online protocols for service delivery has extended the clout of HASH among its stakeholders. By “profile boosting” in social media platforms, HASH was able to engage more volunteers and donors. Extending the clout of stakeholder coverage was not experienced by most CSOs in this study. For example, at one point, the leaders of the CPPH had to close a pantry due to limited resources available. In the case of COSE, expanding the network of organizations catering to the needs of older adults was halted especially as the quarantine protocols were strictly biased against them.¹⁵⁵ With this, COSE intensified their campaigning and lobbying for

¹⁵⁴ Marquez, C. (2020). Robredo raised P36.2M; bought, distributed over 30, 400 PPEs so far. *inquirer.net*. <https://newsinfo.inquirer.net/1249930/robredo-raised-p36-2m-bought-distributed-over-30-400-ppes-so-far#ixzz7MreSQpbV>.

¹⁵⁵ Individuals aged 60 years old and above were only allowed to leave their homes after 18 months in the pandemic. This timeline was marked by the inoculation of their sector with COVID-19 vaccine.

the rights of the aged population. Apart from having dialogues with policymakers, the need to have a stronger implementation of the Universal Healthcare Act, the members of COSE have also actively joined fora and townhalls where COVID-19 interventions of the government concerning their sector were discussed. This was a parallel observation with AgroEcoPH which had to discontinue regional services due to inability of online option for their stakeholders.

In the case of CBCS where clientele have issues accessing online engagements, in person processes remained the primary mode of service delivery. However, the shifting needs of the clients have created the need for the organization to restructure their programs. From education-oriented approach in promoting children's rights, the organization has shifted to include equipping local religious leaders with COVID-19 information that could be included in weekly services with the objective of communicating the urgency and necessity to get vaccinated and tested. The same has been the experience of LCDE which has shifted from a centralized focus on natural disaster management to collaborating with local government units in delivering COVID-19 interventions.¹⁵⁶

Although most CSO migrated to online work, some continued to conduct in-person work due to the nature of the programs they are implementing in the communities. The technological capacity of both the CSO workers and the beneficiaries determine the extent of need for in-person set up. Role changes and increased numbers of volunteers were also observed within CSOs as they managed gaps in personnel availability. In the case of community-based organizations, women have been identified to have increased representation. Informal workers who have also lost their sources of livelihood were also observed to have joined these types of CSOs.

Despite the clear changes in programs of the CSOs to accommodate the needs generated by the pandemic response of the government, it could be said that they have kept their missions. The shifts were mostly done in consideration of the needs of their stakeholders and was not predetermined by economic gain. From the oldest NGO in the country, Philippine Rural Reconstruction Movement (PRRM), to the newest social movement, Community Pantry PH, a key theme arises: civil society organizations in the Philippines were birthed by the need to mitigate government gaps in service delivery and protection of human rights.

¹⁵⁶ The report from Kenya display some parallelism with these narratives which the key informants noted as forms of mission drift.

2. CSOs and the State: Relationships and Engagement

Mexico

Since 2018 there has been a strong discursive confrontation between civil society and the Executive, aggravated by diminishing resources transferred from the federal state to CSOs within a context of fiscal austerity. State–CSO relations are likely to become even more contentious in the future. The pandemic showed the divide between a federal government that is disinvesting in social and humanitarian issues beyond direct cash transfers, and a civil society that is more outspoken against the state. The key informants in this sample viewed the state as being “dumbfounded,” “unresponsive,” and “irresponsible” during the pandemic. The state, according to CSOs, was largely absent with respect to the pressing issues they saw in their populations: loss of income, increased scarcity of basic needs, informational and medical support to combat the virus, and protection against the many forms of violence that were heightened during the pandemic. This unresponsiveness from the federal state pushed CSOs to strengthen types of engagement with different interlocutors. Local governments, overall, seemed to have been more responsive to CSOs, but exhibited their limited capacity when dealing with the multiple crises during 2020 and 2021.

A first instance of this “absent state” experienced by informants was with the closure of government offices. Many CSOs in Mexico have accompaniment as one key service they provide for target populations. Accompaniment refers to aiding their target populations to manage legal cases in different courts and move through bureaucratic procedures to obtain services and goods from the state (such as documents, healthcare, education, etc.). In this accompaniment, the interaction between CSOs and different state instances is key, as well as the networks they have formed with public officials through the years. At the beginning of the pandemic and throughout 2020, most government offices and judicial courts were closed. The state interlocutors in accompaniment processes, such as courts, the Executive Commission for the Attention of Victims, the Commission for Refugees, and the Migration Institute, were all physically closed, with no possibilities of direct attention and no response to the petitions of CSOs. In the case of the mobilization by healthcare workers, informants of the FNTS mentioned that the state has played a “game of wearing us out,” and “closing their doors to us” which discouraged many workers from pursuing a more active mobilization. The state “[...] does not have the capacity, the need and even less the intention of negotiating with us workers” (FNTS). This is another instance of CSOs feeling like they have not had an interlocutor to turn to during the pandemic, which has affected their capacity to mobilize members and engage with target populations.

Moreover, this absence of government actors and clear government messaging led to uncertainty about policies and procedures during the pandemic. For example, organizations working with migrants and refugees repeatedly tried to obtain information about detention policies, to no avail (CDH Fray Matías and Espacio Migrante). The informant from El Caracol, working with homeless people in Mexico City, said he would have “expected some sort of protocol” on how people without an address could get vaccinated, but “there was nothing.” The same absence of state-led protocols

happened in the medical sector. The informants from the FNTS related how there was a lack of administration and coordination in the public hospitals. One of them said:

When I was in triage [of patients in Covid-designated hospitals] I would ask ‘Do we have any manuals? What is the attention protocol?’ Nothing. In the end I had to look it up in social media, on the Internet, and I ended up using a protocol used by the IMSS [another hospital system] to deal with patients, because the Ministry of Health in Mexico City had nothing.

As CSOs built their own monitoring, information, and attention protocols, they did connect with local authorities to share them. But this connection was piecemeal and not sustained. GIRE and other organizations belonging to the Observatory on Gender, for example, were invited to share results of their work with the federal Ministry of Health in September 2020. The GIRE informant details: “the agreement was to send a matrix with our recommendations by different populations of women, so they could follow up on them. But there was no follow up. That was it.”

Kenya

A conspicuous pattern in how key informants discussed the state and the wider social and political context in the country emerged in the interviews. On the one hand, the key informants from MUHURI and KMPDU discussed the wider welfare challenges facing Kenya at great length and offered strong critiques of government shortcomings. In the rest of the interviews on the other hand, the state was discussed largely as an entity to be bypassed or to be minimally engaged with so that the CSOs programs could continue unimpeded. This is perhaps to be expected and straightforward; unions and advocacy groups are, by definition, designed to critique, and organizations providing basic goods and services are created precisely to serve where the state is absent. Nevertheless, the contrast between these sets of CSOs in providing a critique of the contexts they were working in was striking.

The key informant for MUHURI for example, explained at great length the character of state enforcement of restrictions in Kenya. Citing state policy since the colonial and post-independence era, she emphasized that “securitization” informed how the state, through the police, enforced regulations. This, she explained, was the reason a public health crisis was addressed using security measures such as curfews and physical force that was regularly fatal. More recent counter-terrorism measures further entrenched the use of such force. The key informant also flagged the use of pandemic restrictions to meet political ends, noting that the pandemic was occurring in an “electioneering period” and restrictions on gatherings for example, were being selectively enforced depending on which political parties were holding gatherings. She observed that the “politicization of restrictions makes it difficult to take [the pandemic] seriously ... the politicians are super-spreaders.” The informant further criticized the “disproportionate development, disproportionate healthcare” that disadvantaged marginalized rural communities and the general shortcoming in rolling out universal healthcare coverage that was one of the “big 4” policy areas of the present government. The KMPDU key informant also pointed to these larger issues in the healthcare system and in governance. He criticized the “buck passing” that occurs between the county governments and the national government in providing health insurance to medical professionals and the wider public. He also flagged the

inefficiency and lack of transparency that characterized the state's provision of supplies to healthcare providers across the country and explained that donors who had first channeled resources through country governments "had no assurance of [materials] getting to the end user" and used the union instead.

In contrast, the key informants from the remaining organizations and coalitions, in general, did not locate their work in the broader political, and socio-economic context, and when this occurred, the critique was muted. Far from being uncritical, this lack of critique was more likely the result of state absence being assumed and taken-for-granted, or the recognition of the vast scope of need and the inability of the state alone to meet this need. When asked about their relationship with state actors, responses included "the chief knows about our existence," "the government was focused on its own initiatives ... signed off on our activities," and "we are not registered ... there would be too many questions." In some instances, the absence of state support was briefly discussed but framed as a matter of course: the key informant from Touch a Soul for example, explained that government assistance only reached those connected to the area chief. Yet, in other cases, while ties to the state were loose, they were generally amicable; for example, Homeless of Nairobi which enjoys public recognition, is recognized by the area chief and the Children's department, and its founder was nominated for a presidential award.

South Africa

CSOs in South Africa are extremely well-linked through dense interpersonal ties. Many individuals have had stints of employment across key organizations. And these individuals go between the worlds of research, activism, and, on occasion, in government. That being said, connections between civil society and government are largely vertical and informal. Due to the long records of many individuals within key CSOs, they have developed ties to long-standing bureaucrats and political figures in government. These informal connections facilitated engagements around policy during the pandemic response. This is particularly so in national Ministries of Health, Treasury, and the Presidency. Key issues have been vaccine access, economic policy and welfare responses.

Old sources of conflict

The C19 People's Coalition emerged early in the pandemic, towards the beginning of March 2020. A range of civil society organizations and individual activists from across the country were invited and they agreed to issue a joint statement after its first meeting, which announced the emergence of the C19 Coalition. One of the early C19 steering committee members stated, "This is all within days, a week, there were at least 13 very active WhatsApp groups taking on different focuses, and this committee meeting every morning." The coalition quickly developed working groups on the following themes: anti-repression, basic needs, community action, early childhood development, economic, food, gender, health, media, worker rights, and six different provinces (Eastern Cape, Free State, Gauteng, KwaZulu-Natal, Limpopo, North West). Initially, the Coalition managed to establish

informal links to the office of the Presidency, primarily to advocate for the size and design of an emergency Solidarity Fund for unemployed workers and families.

However, these connections were soon undercut by internal fissures within the C19 Coalition. Accusations of centralized decision-making by the national steering committee pushed the Coalition in a direction of opposition against government. “We would be very critical of government in our press statements and online actions and essentially got marginalized by government,” a C19 steering committee member reported. While much of the initial leadership of the organization is no longer in these positions, many of the working groups and provincial structures remain active.

Another example of pre-pandemic conflictual dynamics persisting through the pandemic can be seen in the example of Abahlali baseMjondolo, the largest housing social movement in the country, which is based in Ethekwini. AbM has had a largely antagonistic relationship with local (Ethekwini Metropolitan Municipality) and provincial (KwaZulu-Natal) government agencies during the pandemic. The key informant from AbM described how the movement initially found itself paralyzed, unable to hold the regular in-person meetings that are the lifeblood of the daily and weekly rhythms of organizing. They soon realized that government promises of delivering emergency food parcels were bypassing areas where AbM has an active presence. They therefore organized to demand delivery of parcels to these areas – “We said, ‘we cannot fold our arms and say that’s enough,’ we went to the provincial government, to the Department of Human Settlements, to say, ‘let’s look the conditions that we are living under.’”

One of the main activities of the AbM became documenting the conditions in informal settlements where it is active and attempting to share this with relevant officials in both provincial and municipal government. In March 2021, AbM’s Deputy President was arrested and spent two weeks in jail, accused of murder – charges that were later dropped. Ultimately, this suggests that despite some attempts to engage government towards constructive implementation of emergency policies, the longstanding repression of the movement remained one of the key dynamics in its work during the current period.

Legacy dynamics also persisted among trade unions, which are much more formalized spaces than a highly oppositional movement like AbM. As one of the largest unions in COSATU, SADTU has historically had a very close relationship with government. Even so, during the pandemic it initially had difficulty accessing key officials within the national Department of Education to advocate for resources to maintain learning activities with students in the most deprived areas, particularly in rural parts of the country where the technology for remote learning was not available. According to the SADTU informant, the union began surveying its members to try to understand the conditions in which they were finding themselves and to use these survey data as a basis for engaging with the Department of Education. As the SADTU informant stated, “We said to them, ‘Can we start sharing scientific information? Because you have not begun to understand how these things will impact on the lives of our children and the lives of the communities.’”

By providing these survey data to the Department of Education, SADTU found that it was able to draw on political connections in other parts of government, many of which were forged through the

anti-Apartheid struggle, to develop more sustained policy-oriented engagements as conditions changed on the ground. One key outcome was that, in many rural areas, SADTU worked with the Department of Education to arrange outdoor in-person learning. SADTU also convened a panel of doctors and other health professionals to advise it on how to conduct schooling in the middle of a pandemic. Notably, this had no overlap with the Department of Health's Ministerial Advisory Committee, and SADTU reported no engagement with that committee.

Connecting to policy elites

Most of the work connecting civil society to policy elites and to the policy-making process has occurred in the policy sphere of the economy and in the sphere of vaccine and health policy. The Institute for Economic Justice was a relatively new policy research organization when the pandemic began. It made its mark early on by organizing policy intellectuals and activists to sign a letter advocating for a strong fiscal response to the pandemic, particularly regarding relief to households and businesses. Accompanying this, IEJ proposed a fully-costed set of measures to be undertaken by government. The informant from IEJ described the joint efforts with other researchers, intellectuals, and policy organizations as having originated relatively organically in WhatsApp group conversations – “A lot of South African life revolves around WhatsApp groups,” he quipped. The eventual proposal was circulated among leaders in organized labor and progressive church groups. This provided a platform for the organization to build new links to key actors within the Presidency. However, IEJ became highly critical of a budget proposal issued by the National Treasury. Ultimately, the IEJ informant testified before Parliament during its consideration of the budget and urged Parliament to vote down the proposal. This became somewhat high profile in the business press and IEJ struggled to maintain links to government outside of some links with the Presidency.

In a less organization-based process, two young researchers affiliated with SALDRU, doing their PhDs at UMass-Amherst, began modeling emergency fiscal measures that could be taken by government early into the country's first “lockdown.” They were not asked by National Treasury to do this. But once they had done so, they utilized a pre-existing connection to Treasury who has links with SALDRU to present their findings. This led to more serious engagements with officials within the Presidency, where much of the emergency response was being coordinated. These early modelling exercises became the basis for designing the emergency child grant that became a hallmark of the suite of grants implemented during the first lockdown. As a result, these researchers, still based at SALDRU, began to take on a role of convening engagements with officials in Treasury and the Presidency, as well as developing models for new proposed policies. This has begun to feed into the work going on in the Presidency to design a more permanent Basic Income Grant.

The Pay The Grants campaign united two different strands that emerged in the policy-oriented civil society response to the pandemic. On the one hand, you had grassroots groups that had gained a platform to engage with the professional NGO sector through the C19 Coalition. On the other hand, you had a group of policy intellectuals who were developing proposals for immediate economic relief. While some of these policy intellectuals had been involved in proposing a new social grant that was eventually introduced, it became clear that there were significant hurdles in both the distribution of

the grant and expanding the eligibility for it. A community-based response was therefore critical to build political pressure. A Johannesburg-based activist described going door-to-door in informal settlements in the city to see if grants were being received and taking that information back to the campaign to be fed back, in turn, to government allies. The campaign has also become a key popular platform for advocacy around a permanent Basic Income Grant, which is now tabled as an African National Congress priority, though it has yet to be introduced in Parliament. In President Ramaphosa's State of the Nation Address in February 2022, he noted that Parliament is still considering a Basic Income Grant, and that he aimed to extend the emergency covid grant.

Finally, the Health Justice Initiative (HJI) was brand new, but built on longstanding, high-profile work in the public health sector. This was started by a prominent social impact lawyer, who had a long history in public health work, particularly around the provision of anti-retroviral drugs (ARVs) for people with HIV/AIDS. She started HJI drawing on her experience in pushing South Africa's government to challenge the global intellectual property rights of pharmaceutical companies producing ARVs. HJI began in July 2020, with an institutional association at Wits University. They have engaged primarily with national agencies including the Presidency, the Speaker of Parliament and statutory authorities, such as the Competition Commission and the South African Medical Research Council. They have also been very active in international networks of like-minded organizations across the Global South to develop a united civil society voice. Most of this advocacy has been focused on releasing the IP of covid vaccines.

India

Pre-existing relations with the state determined whether and how organizations engaged the state during the pandemic. Rights-based CSOs, that engaged in monitoring of the state's actions and focused on advocacy, were more likely to engage with the state than those organizations which focused more on relief and service delivery. Organizations addressed Covid-19 related issues by engaging the state in three different ways: demands for relief and support for the most affected population, monitoring and demands on releasing/distributing legally mandated entitlements, and new policy advocacy.

Methods of Engagement

CSOs used varied methods to make demands on the state—via informal pre-existing relationships with the state officials and/or more formal methods, like petitions and court cases. When direct engagement with the state didn't work, many CSOs used media to highlight the problems caused by the lockdown and pandemic, and used it as means to demand government's attention and action (e.g., WPC and IRCUDC). The ultimate recourse mechanism was filing court cases and one CSO even complained to the state human rights commission. At the same time, several CSOs that had gained a prominence while doing COVID relief work, expressed ambivalence or reluctance to engage with the state. This was due to the lack of pre-existing relations and networks with the government or due to

the non-contentious nature of the organization, which limited their engagement only to the extent necessary to carry out projects.

Collaborations with city governments on relief and service delivery

Some collaborations with city governments were well structured, with more formal, longer term working arrangements while others were more ad-hoc, structured around a specific activity or emergency response such as distributing food in a neighborhood. CSOs monitored the situation among vulnerable groups and depending on the needs and situation, demanded the government (local, state, or national) to provide specific support to help these groups. CSOs, particularly in urban centers with a presence in informal settlements and industrial clusters, had started distributing rations and cooked food within a week of the lockdown announcement. However, they soon realized that they did not have the resources or the reach to deal with the sheer scale of the crisis. Similarly, city governments did not have a count of or access to migrant workers, who were at the epicenter of the crisis in the first wave. Migrant workers lacked identification documents that would allow them to access social security benefits in cities and so temporary relief arrangements had to be made in very little time. City governments relied on CSOs to identify clusters of vulnerable populations for targeted food relief.

For example, at the city-level, the IRCDUC directly met with the local authority in Chennai to make a case for addressing the needs of homeless and children (especially food and shelter). It was the CSO that brought these issues to the attention of the state, which seemed to be ignorant to the impacts of the lockdown on vulnerable groups. The IRCDUC informant recounted how she had to convince the deputy commissioner of Chennai to provide relief to the vulnerable groups, as he thought that COVID-19 was “a rich man’s disease” and the poor would not be affected. IRCDUC in Chennai placed volunteers in the municipal corporation’s call center set up to field distress calls. They were part of a government committee on urban homelessness and had a good working relationship with the local city government. This perhaps defined their approach to dealing with the state during the pandemic, “We provide recommendations to the government through this committee. We oppose them where we can and cooperate where we can. We avoid going to the courts and instead do other forms of legal advocacy” (IRCDUC, Chennai).

The municipal authorities also proactively reached out to IRCDUC through WhatsApp groups to request food deliveries for hard-to-reach populations – “sometimes the government would outsource food packets and we would deliver.” In other cases, IRCDUC would direct government efforts to address specific groups such as the urban homeless and others without identification cards or overlooked issues such as giving food that is commensurate with peoples’ needs (milk powder for children) and eating habits (wheat instead of rice for migrant workers from north India). Arunodhaya, another organization working in Chennai, described a productive collaboration between the city government during the first wave when their volunteers were even paid to go door to door as part of a public health awareness drive.

We worked with the Greater Chennai Corporation (GCC) in conducting awareness activities during first wave. The GCC paid Arunodaya volunteers to go door to door, participated in

fever clinics. It was easier for community people to do this because people trusted them.
(Arunodaya, Chennai)

IRCDUC worked with the Municipal Deputy Commissioner, a senior city-level bureaucrat. The municipality provided resources and IRCDUC's volunteers provided support in distributing food relief. This collaboration was described as "very respectful" by one of the volunteers because of a previous working relationship. The bureaucrats in the city government such as the deputy commissioner and joint commissioner knew members of the CSO. While there was initial resistance to CSOs getting involved with relief work without permission, after push back, the government retracted its order.¹⁵⁷

Once the national lockdown was announced, local police authorities were responsible for its enforcement. Non-government relief efforts in different cities and rural districts needed special permissions for distributing aid from local authorities. While CSOs like Bro.Siga Animation Center in Chennai were constrained in their efforts because they were unable to get these permits at first, organizations like the RSS which had deep ties with the state government, were actively supported by local bureaucracy and police in the city of Pune. In the first phase, when the RSS mobilized its vast local networks to distribute food relief, the city government and police commissioner supported by issuing relief passes in large numbers to RSS volunteers. This arrangement was not one sided. The RSS returned the "gesture" by providing meals for the families of policemen: "When the police commissioner mentioned that we need to support the police personnel. We organized things for them. They paid. We delivered food to their homes and organized transport for them, so their families don't have to worry" (RSS, Pune).

In fact, the case of the RSS was exceptional in its proximity to the state and as a result, the scale of its response during the pandemic. Almost no other civil society organization in the country has the reach, resources, and proximity to political power as the RSS and its social service wing. In addition to getting more passes for food distribution than any other CSO in our sample (which is also indicative of its large volunteer base), the RSS collaborated with the Indian Railways Catering and Tourism Corporation, a public sector company which primarily serves the catering needs of the Indian Railways. IRCTC provided infrastructure and opened up their premises to the RSS to cook meals for distribution. They worked with public schools to spread "social awareness" messages, many of which were based on traditional medicine and practices. The RSS volunteer interviewed for this study mentioned that a word to the education minister of the state of Maharashtra was enough to push this collaboration through. Their volunteer base and religious networks are so large, that the government approached them for managing cremations when the second wave was at its peak. They even set up centers to assist in issuing death certificates, a core function of the state.

The government authorities approached us in the is in the second wave and they said that we are not able to, you know, manage... because Sassoon hospital, which used to manage 2 to 5 bodies a day, were getting 60, 70, bodies a day, and we are like, we don't have resources and it

¹⁵⁷ Permission was still denied to religious groups.

is, you know, the cremation was not happening. [...] So, the government authority reached out to us, we set up a center at a Sassoon hospital and other government hospitals. (RSS, Pune)

Strategic management of party politics

During the pandemic, some CSOs were able to manage party politics quite strategically. IRCDUC was initially willing to accept support from the India Political Action Committee, a political affairs consultancy seen as close to the then opposition party, the DMK. However, when the consultancy asked political representatives to accompany relief teams, IRCDUC pulled out of the collaboration. IRCDUC's contacts in the bureaucracy and the "transparency of their operations" helped to establish that they were a non-partisan, secular organization. Volunteers from Hemkunt Foundation, a Sikh run organization that had extended support to the farmers' agitation, were aware that they could be viewed as an organization that was critical of the current government's policies. However, the charitable nature of their work which focuses on humanitarian aid rather than advocacy and agitation shielded them from backlash.

Shifting relationships with COVID-19 waves

The relationship between CSOs and government also changed between the two waves. While CSOs were able to play a bigger role in responding to the migrant worker crisis and providing food relief in the first wave, CSOs did not have the capacities, expertise, or resources to respond to oxygen crisis and shortage of ICU beds that dominated the second wave. Hemkunt Foundation for instance drew a contrasting picture of state support across the two waves. In the first wave, when they distributed food to informal workers in the National Capital Region they described support from the local administration as one of mutual support:

the situation in the first wave was not good, people were hungry and we gave them food, so the police protected us. We also worked with the Gurgaon municipal corporation, they supported us and we supported them. In the second wave, active support changed to one of 'no interference'. (Hemkunt Foundation, New Delhi)

When they started providing oxygen cylinders at the peak of the crisis, the local bureaucracy's hands-off approach limited the scale of the emergency response to an overwhelming crisis – "we didn't get any support from the government. We went to the district collector and health officials, they said let the people die. That was very shocking for us" (Hemkunt Foundation, New Delhi).

In the absence of state support, alternative arrangements had to be made where organizations like Hemkunt Foundation had to rely on their own networks. Some state governments leveraged their supply and distribution networks such as the western state of Rajasthan, which has a Congress government in power, and the northeastern hill state of Nagaland which is led by a BJP coalition. Despite these tie-ups with state governments, support from the central government on strategic areas like waiving of taxes on emergency oxygen supplies was not forthcoming even at the peak of the crisis. This was despite verbal commitments given by bureaucrats in the apex planning institution in the country, NITI Aayog.

As the Hemkunt Foundation case illustrates, CSOs were able to build closer working relationships with subnational governments. However, this too did not come without some legal advocacy. The Working People's Charter had to file a petition in the Maharashtra high court to get the government to set up a migrant worker task force. Once the task force was set up, CSOs including WPC worked with the subnational government on wages, food distribution and transportation. They also worked closely with two other state governments – Karnataka and Telangana.

In Maharashtra and Telangana, the Chief Minister called meetings. We used jholawala economics¹⁵⁸ in every meeting to do back of the envelope calculations to say if there are 2 crore workers, x number of domestic workers etc, then y amount will be required if they are to be given cash and food. (Working Peoples' Charter, New Delhi)

Advocacy efforts

Alongside relief efforts, some organizations focused on advocacy and approached the courts, political leaders, and bureaucrats at the subnational and national level to provide policy feedback. These advocacy efforts also sought to help citizens obtain existing or newly stipulated entitlements. CYSD monitored existing schemes and with the help of rural authorities linked new beneficiaries to their entitlements in Odisha. IRCDUC pushed back against evictions in Chennai that were scheduled in the middle of the pandemic and demanded the government to announce a moratorium on rents for those living in poor settlements. Mercy Mission helped beneficiaries infected with COVID-19 to have their treatment fees waived as per government orders. WPC filed court cases about non-payment of wages by employers during the lockdown (workers were entitled to wages under Disaster Management Act). Arunodhaya – child rights NGO working in north Chennai—together with other organizations successfully petitioned the state of Tamil Nadu to cancel 10th standard student exams and demanded the government to identify children out of school. The Trans Rights Now Collective succeeded in highlighting the issue of trans persons in Tamil Nadu being unable to access government income support because of a lack of identification documents.¹⁵⁹ Working Peoples' Charter filed a case in the Supreme Court to demand ration distribution, income support, and transportation to take migrants home from the places they were stranded in. WPC also participated in a meeting organized by the national government's think tank, NITI Aayog, to provide inputs to the migrant worker policy (however, the meetings were not deliberative, with no concrete output). The WPC representative even described the attitude of the officials conducting the meeting as “hostile.” Many CSOs across several states were disappointed that despite being invited to participate in consultations, their feedback was not incorporated, and thus were unsure how meaningful and impactful these consultations were.

Not all organizations were focusing their advocacy on immediate pandemic relief efforts. Some CSO's were monitoring longer term government policies and decisions that would adversely affect the groups

¹⁵⁸ A cheeky, self-deprecating term coined by Indian development economist Jean Dreze building on “jholawala” which is usually used by the business media to disparagingly refer to activists and left intellectuals. The jhola itself is an inexpensive, cloth sling bag that was carried by activists.

¹⁵⁹ While there was no response from the Tamil Nadu government's social welfare minister, the Ministry of Social Justice in New Delhi responded favorably with an announcement of a special cash transfer which nearly 6,000 trans persons across the country were able to access.

that they were working with. MAKAAAM was monitoring mining and infrastructure related land acquisition through its rural and forest-dwelling community networks. When they found that certain projects had been fast tracked during this time, they filed cases in the high court. They also petitioned state governments about violence against women. However, not all such efforts were successful. Despite mobilization efforts by the Working Peoples' Charter and its affiliates across the country, changes to the Labor Codes were passed in Parliament. These were seen as significantly weakening the rights of workers at a time when they had already been badly hit by the pandemic. Taken together, each organization engaged with the state largely to advocate in the interest of social groups they engaged with previously.

Philippines

The relationship between the state and CSOs have been historically dichotomized into collaborative engagements to deliver services to the population and periods of disjoint which are punctuated with forms of subjugation like the use of uniformed personnel to implement rigid protocols that could curtail CSO program implementations and institutional blockage leading to discontinuation of accredited status. Organizations that have longstanding partnerships with political actors from state agencies are able to secure a more stable status.¹⁶⁰

The Role of Traditional and New Media

The closure of one of the country's biggest media outlets, ABS-CBN Broadcasting Corporation, was attributed to the political pressure made by the Duterte administration on the congress who rescinded the franchise renewal of the network, resulting in the retrenchment of over 11,000 workers during the pandemic. Similar pressures were enforced on other media outlets that were fact-checking statements released by the government or reporting anomalies in transactions within the government during the pandemic.¹⁶¹ From the anomalous multi-billion transaction for face shields to the alleged discrepancy in case reporting, critical media organizations released reports that framed the government's response to the threats of COVID-19. However, a key challenge that they face is government's policy of implementing a unified approach to information dissemination. COVID-19 information is officially released through the state's TV network—PTV. Although non-state media organizations can separately interview government officials working on the pandemic response, they have been forced to rely on receiving daily updates from the PTV. With the announcement from the Department of Health that case bulletins will no longer be updated daily, private media are considering continuing their two-years long daily projections through their own calculations of cases.

¹⁶⁰ See Annex 2 A Brief History of CSO in the Philippines

¹⁶¹ Most prominent of these is Rappler, an independent news site who covered the infamous Drug War of the current administration. Its founder, Maria Ressa, who was recently awarded the Noble Prize for Journalism was sued by known friends of President Duterte.

Of the 14 CSOs, the CBCS was the only one who engaged in critical feedback on the role of media organizations in promoting the framing of the region as a conflict-zone. The program leader of CBCS stated,

I would want to have a chance to amplify our voice through workshops and conferences so that others from Luzon and Visayas could hear an opposite narrative about Mindanao compared to those which they get from typical media. ¹⁶²

Except for Community Pantry Ph, which engaged with media to continuously discuss their programs and the status of their engagement with uniformed personnel, the other CSOs did not publicly contest the state policies due to a perceived threat on security should they be labelled left leaning.

Media organizations have also taken on the demand for social media news content. In the case of ABS-CBN, the non-renewal of their license to operate has shifted their forms of delivery to include active engagements on social media platforms. For other CSOs, utilizing social media platforms has become a key form of engagement to continuously connect with their stakeholders. Apart from Zoom platform, Facebook Messenger served as the primary mode of delivering trainings and holding meetings between the CSO officers, the community, and funding agencies. A DAMPA representative narrated the importance of learning both platforms as well as the challenge it posed for members of the organization: “we can’t just stop the operations because covid has struck the community bad. So after I learned how to use zoom and messenger, I took on the role of teaching our older members how to use these platforms so we can communicate.”¹⁶³ PRRM integrated their training for online capacity with their humanitarian leadership training. Ultimately, the capacity of beneficiaries to migrate to online protocols defined the extent by which new forms of media were utilized by CSOs. In the case of AgroEcoPH, online trainings were discontinued for farmers as a result of low capacity and poor internet infrastructure. This challenge was faced by most of the CSOs as they were all dealing with clients belonging to indigent or marginalized sectors. Kythe did not successfully implement an online transition as the majority of their stakeholders are indigent and have no access to the technology and internet connection necessary for telehealth consultations with medical specialists.

In another context, the online participation of some CSO volunteers have afforded them some space to not intersect with state forces who were perceived or reported to be threatening on the ground workers. As the informant from CPPH stated,

I’m not there on the ground. I am not seeing the, you know the police basically show-up. I’m not seeing, you know the commotion that is happening, you know. So, in some ways, it’s advantageous to have people like me, who are volunteers and there’s multiple volunteers who are completely just online. We can respond to this type of things because we’re removed from the actual situations, and we can think levelheadedly.

Forms of Negotiations and Engagements

During the COVID-19 pandemic, restrictions on mobility and resources were addressed by the CSOs through three key responses: 1) Networking with other CSOs; 2) Engaging volunteers; and 3) Utilizing

¹⁶² Translated from Filipino

¹⁶³ Translated from Filipino

their social capital built through previous collaborations. Participants identified NG and LGU actors, and specific champions within these offices, as their partners for various programs. CSOs would typically tailor their approach to these state actors' political agenda. The Accord program leader narrated that they were able to successfully “leverage for government resources” to augment the logistics for their project activities during the pandemic. Since they had built a longstanding relationship with LGU officials, requesting support from the incumbent official was often met with a favorable decision. As CSOs navigated and responded to the highly securitized approach to the pandemic implemented by the Philippine government, it was the volunteers and local coordinators that became the lifeline of all the CSOs, ensuring the continuity of programs. Apart from volunteers' unrestricted access to their own community, their participation in the delivery of services has significantly augmented the gap in funding among CSOs.

Networking with other CSOs has also served as a strategy to mobilize resources for programs. In the case of DAMPA-ANAK, which responded to food insecurity in urban poor households, their network of affiliated CSOs created a “safety net” for community organizations who were experiencing delays or neglect in the distribution of the State's *ayuda* (food subsidy).¹⁶⁴ This is a similar approach used by other CSOs with national scope. For the case of CPPH, pantries have created an online community where they could update each other of donations coming in and then distribute to other pantries with limited resources.

Directly collaborating with both commercial and private sectors. Two CSOs discussed how they have partnered with the private sector to continue and expand their delivery of services. These collaborations were seen to have further extended the network of the CSOs as they received recognition by other partner agencies of the private sector. The case of the KNM which directly worked with the Office of the Vice President Robredo is a good example of this. With the extensive portfolio of their programs relating to delivery of basic needs, COVID-19 care kits, and even education, partnering with commercial brands have increased not only their resources but also their own brand recognition for other sponsors.

Another context that defines the experiences of CSO relationships and engagements with the state is the geographic location of their stakeholders, which had the ability to result in either a source of support or repression from the state. In areas that are well-known for communist insurgencies and terrorist activities, CSOs are often subject to inaccurate association with non-state armed actors – a process locally known as red-tagging.¹⁶⁵ This leads them to suffer incarceration or even to be caught in supposed crossfires between government forces and dissident groups. For example, the cases of Dr. De Castro and Teacher Chad were all geographically located in Mindanao, which is labelled as a conflict zone due to the presence of multiple NSAG. The CBSC location in Mindanao does not suffer

¹⁶⁴ Communities which were placed in strict quarantine were supposedly provided with food packages and financial subsidy to cover for their needs. Depending on the capacity and efficiency of the LGU, the distribution of this subsidy program locally called *ayuda* defined the role that the CSOs performed in their communities.

¹⁶⁵ Red-tagging is the act of labelling organizations as pro-communism which implies their participation or support to NSAG's like the Communist Party of the Philippines-New People's Army. An organization tagged as a supporter of these types of dissident groups may be subjected to arrest and or even be seen as a threat needing liquidation. Read more here: <https://www.hrw.org/news/2022/01/17/philippines-end-deadly-red-tagging-activists>

the intensity of this process since its umbrella organization, the Moro Islamic Liberation Front, is a political organization that has significantly played a role in the creation of the Bangsamoro Autonomous Region of Muslim Mindanao (BARMM). The connectedness of CSOs to government agencies, like how RH Forum have direct connections with several political actors, have provided a semblance of a political clout that promotes a version of immutability despite working in areas that are known for threats to the Philippines' internal sovereignty. Apart from securing connections with political actors, a strategy applied by an LCDE leader is to confront leaders of the Philippine Armed Forces and Philippine National Police in gatherings when she and her organization are being red-tagged.

They just wanted to intimidate me. We are not even critical of the government like other political organizations. We do not even go to rallies just because we don't want to be tainted with bias since we are a humanitarian organization. So, we just continue on with our work because we know that we are not doing anything wrong. To make things worse, the Anti-Terror Law, could be used against us anytime, arrest us without warrant, just because officials think that we are supporting the people that they think are rebels. The barangay¹⁶⁶ where we are working on was labelled as the area of rebels that is probably the reason why we are tagged but the mayors to whom we relayed this issue assured me that I do not have to fear, that they will support our projects.¹⁶⁷

This concept of having a “champion” political actor is reminiscent of the cultural underpinning in most Filipino transactions – the padrino system.¹⁶⁸ This system allows for patronage politics which at its root is corruptive in practice but is a necessary strategy to ensure the safety of the threatened CSOs. International NGOs also have a role in reframing the perspective of the state actors towards suspected red CSOs. The LCDE informant addressed the red-tagging PNP representatives in a meeting of the local Disaster Risk Reduction Mitigation Council by highlighting her international connections and awards:

The colonel was shocked that I was a member of the DRRMC. While I was being accused, I said, ‘I beg to disagree’ then I explained my track record in development work since 1988 and that I have won international awards. I also told him that in 2017 I won the Climate Heroine award in Germany.¹⁶⁹

The atmosphere of fear resulting from the enactment of Anti-Terror Act in 2020 cuts across all kinds of CSOs in the country especially those who are involved in working among marginalized sectors. The oldest CSO, PRRM, is no exception to this saying: “we are studying the repercussion of the ATA on us especially since majority of our senior officers are former activists.”¹⁷⁰

¹⁶⁶ Smallest political unit in the Philippines

¹⁶⁷ Translated from Tagalog

¹⁶⁸ Wong, P. N., & Lara-De Leon, K. (2018). Padrino System (the Philippines). In A. Ledeneva (Ed.). *Global Encyclopedia of Informality : Volume 2 (Open Access)*, pp. 380-382. <https://doi.org/10.14324/111.9781787351899>.

¹⁶⁹ Translated from Tagalog

¹⁷⁰ Translated from Tagalog

3. Response Challenges: Navigating Priorities and Overcoming Barriers

Mexico

Reaching target populations

Informants mentioned the challenges of reaching the populations they work with during the pandemic. One reason for this difficulty was because they could not physically travel to communities in their geographical space of action. This happened because of external reasons (lockdowns and curfews imposed by local governments and community closures to avoid transmissions), but also out of internal decisions to stop visiting communities to avoid infections amongst the CSO members (JADE and Tlachinollan). Another loss of access emerged because organizations had to close the doors of their offices during the first months of the pandemic. Those that closed lost contact with populations who could not easily transition to phone or virtual communication, as this informant mentioned:

We were limited, even now we have difficulties for people coming back to the center, because in the end when we left, when we closed the office, there was a lapse of time when we were not there when people...and even if we had signs outside saying ‘these are our numbers, we are available via phone’, we did a communication strategy, but we need to recognize that there was a period when we stopped being available at the door, and it makes it difficult to get it back.” (CDH Fray Matías).

For organizations who work at the community level, having an “open door” policy is essential to create trust and visibility of their work amongst their target population. Some informants drew a boundary between organizations who could ‘afford’ to close offices and go fully remote and those who couldn’t because of the work they do.

Because other organizations stopped, and we had to keep going. I think it's because we are very much on the ground. A simple example: on March 26th [2020] we decided to close the doors of our organization. What does that mean? We are an open doors human rights center. From 9 to 3, anyone can come and say, ‘I want you to help me’ and we would do so. Now, since March 26th, we do case selection. We answer cases of grave violations, of violence against women, or very urgent cases. But in the end, we must make exceptions. And that means that we cannot fully stop. We cannot tell an old woman ‘You know, because we now do everything on Zoom, we cannot respond to your case, you who do not have internet access, who do not have potable water, nor housing’. That is impossible for us.” (Tlachinollan)

Compounding crises

Every informant in the sample referred to the “other crises,” the “other pandemics” that they face every day: violence in many forms, government backlash or inattention, and economic crisis. The COVID-19 pandemic was “one more emergency” that they had to confront. Their work to help families of disappeared people, victims of femicide or sexual abuse, people detained in migration centers, could not stop. The loss of income that the pandemic brought to their target populations intersected with varied types of domestic and structural violence and fights to defend their territory amidst forced domestic and international displacements. This challenge of having to confront pre-

existent crises besides the pandemic was linked to the criticism against the state, whose work on those fronts stopped as a result of budget cuts and office closures.

More stringent and vertical financing

Although CSOs in Mexico are well connected, their funding and integration into networks of collaboration is highly vertical, with relatively few nodal actors compared to the size of civil society. The relationship to donors varies depending on the size, age, and type of organizations. Some CSOs interviewed, such as GIRE or Tlachinollan, have stable international sources of funding. These international donors were flexible during the pandemic, allowing CSOs to redirect the use of funds and being less stringent on reporting the use of resources. These organizations could equally access emergent funds created during the pandemic and benefited from their previous networks to fund new initiatives. In a context of vertical financing and reduced government support, certain CSOs with more name recognition, like GIRE, captured money from emerging initiatives during the pandemic and distributed it down to smaller organizations. On the contrary, smaller and younger organizations, like ODA and JADE, did not fare well. Without access to stable streams of international or domestic funding, these organizations had to turn to piecemeal donations and digital crowdsourcing to fund their COVID-19 response projects. El Caracol, on the other hand, asked for credits from a bank to sustain itself during the pandemic.

Psychological and health toll

The psychological and health toll of working through the pandemic was very strong for CSOs, especially for those who had to keep their work in person. CSOs worked through the pandemic without access to vaccines until mid-2021 and with limited testing throughout. Overall, organizations who could afford it provided testing and medical support for their employees. Human rights organizations already provided psychological support to their members before the pandemic, and some reinforced it.

I think that one of the biggest challenges for civil society organizations is that we always focus on acting for other people, but this crossed us completely - I mean we always dealt with the problems of other people, and it's not that we don't see ourselves in them, but those problems do not affect us in the same way. But the pandemic affected us completely, we were afraid of losing a family member, we still are. And that is something we need to recognize, because it forces us to think that we are in a collective and social struggle, but it was very hard for us. Also, because we were frustrated and angry for not being able to keep providing attention, because we knew that the people we stopped helping had very basic needs that we could not cover, and we didn't know what to do. But what could we do if in that moment we needed to take care of ourselves too, and of our families? (...) That's when we decided to go home, to work from home. (...) So I think the emotional and psychological aspect of people working for this organization and others has been very important." (CDH Fray Matías).

Advantages and limits of virtual communication

Civil society in Mexico had moved to using online platforms before the pandemic. WhatsApp is prominent in connecting small organizations to target populations. As in other contexts, this communication platform has become a tool for connecting CSOs to key figures amongst vulnerable

groups, documenting issues that require the attention of CSOs through pictures or videos and keeping lines of communication open with mobile populations. El Caracol, for example, connects via WhatsApp with homeless youth who have access to cellphones; these young people documented abuses by the local police during “sanitation” procedures in Mexico City, and told El Caracol their new locations after being forcibly displaced from parks and subway stations (El Caracol). For CSOs that do workshops or collective events, moving to Zoom allowed them to expand their reach to groups they could not access in person. It also allowed them to maintain collaboration networks with other CSOs without traveling for in-person meetings. But other informants saw virtual communication as a limitation that could not replace the “open door” work they did before the pandemic, especially when reaching out to populations who do not have access to phones and computers and whose needs are hard to communicate in person.

For the people here in Tapachula, it is so much easier to be able to get to a place and receive assistance, than having availability over the phone. Even if we think we are in an era where having a cellphone is basic, sometimes it has no data, or it gets lost, or stolen, or a thousand things. And for the situation these people are living in, the phone can be limiting, to be able to know, to talk, for them to express the things they are going through, which are rough things, very hard.” (CDH Fray Matías)

Kenya

Identifying the most vulnerable

A recurrent theme across the interviews was the vast scope of the need among vulnerable communities, particularly those whose livelihoods were affected by pandemic lockdowns and restrictions, and the limited resources to meet this need. The key informants frequently discussed the importance of, and the challenge in, identifying those who are most vulnerable. In the case of the United Sisters of Nairobi (the “negative case” in the sample that did not adjust its programming to address the immediate needs raised by the pandemic), this challenge in identifying the most vulnerable households and individuals, and assisting them, was a deterrent from participating in direct provision work. The informant from United Sisters of Nairobi posed simply, “how many people can you help?” Instead, the organization maintained its focus on digging boreholes that would provide a stable water source to communities in various parts of the country that a partner organization helped identify.

For community-based organizations like Touch a Soul, weekly databasing of households in the low-income neighborhood they are based in is conducted to find out what the needs are in the community and for prioritizing those households that are most vulnerable. The most urgent need, the informant from Touch a Soul shared, was food security, and he observed that the government welfare assistance does not reach this group as “the chief does not know the people on the ground” (the key informant also observed that this assistance went to those connected to the area chief).¹⁷¹

¹⁷¹ Translated from Swahili

Perhaps the most salient occurrence of this finding is how it was discussed by the two coalitions in the sample: the on-the-ground knowledge of community-based organizations and their resulting ability to identify the most vulnerable group made them indispensable in their networks. Safe Hands, the coalition of private firms and CBOs formed in the pandemic to provide sanitation services and public awareness campaigns (“Tiba ni sisi” – “We are the cure”) in densely-populated urban communities, was shaped by this idea. As the key informant explained, the coalition was motivated by the sense that “we are experiencing the pandemic together” but “there was a concern regarding equity in how interventions were reaching communities on the ground.” As the founding members of the network considered how they would “plug into communities” they onboarded community-based organizations that would facilitate them reaching the intended beneficiaries. In addition to facilitating targeting, CBOs also helped in determining the design of interventions. The key informant from Safe Hands gave the example of their decision to use murals on strategically placed walls in informal settlements for their public awareness campaign, which was suggested and executed by the CBOs in the coalition.

In the case of Shikilia, which provided cash transfer payments to low-income households, the initial hope was to use data to ensure a rigorous and equitable process of identifying those most vulnerable. As discussed earlier, the use of data on mobile money transfers to identify livelihood shocks was ultimately not possible; community-based organizations in impoverished areas were therefore sought after to identify households with the most urgent need. As the informant from Shikilia observed however, there are a select few community-based organizations that have built “visibility, visibility beyond borders, depth in community.” As a result, multilateral funders all work with individual local organizations; “at some point [they] will have more money than the community that depends on it needs.” Because of this concern, the Shikilia key informant maintained their expectation that data-based approaches using metrics such as income and spending, and bread consumption in specific locales, would be a more equitable method of identifying beneficiaries.

Sustainability of Efforts

Just as resource constraints necessitated the identification of the most vulnerable, it also resulted in the attention to the sustainability of projects pursued by the CSOs. A recurring theme in the interviews was the need to use limited resources towards activities that had long-term benefits. As previously discussed, the unsustainability of direct provision efforts was raised as a concern, particularly by CSOs whose missions did not include such work.

Several key informants discussed how they addressed this issue in the design of their interventions. For Lifesong Kenya, which transitioned to a food program during the pandemic, recipients of their support received food items purchased from the local vendors that they normally buy goods from. The key informant explained that the aim of this was to also support local businesses and help in keeping them liquid at a time when they might be selling heavily on credit. Even for Homeless of Nairobi, “whose staple was food,” programs including skills training for youth were incorporated into their work (pre-pandemic) to facilitate economic independence among their beneficiaries. This concern regarding sustainability was perhaps most evident in the program design of Safe Hands Kenya. The coalition, which set out to be responsible for the end-to-end production of sanitation

materials (soap, masks, water tanks), ensured that these inputs were produced by local manufacturers to support this economic sector.

Apart from this framing of sustainability (supporting the local economy through relief efforts, and projects with long-term benefits), it was also discussed in terms of new interventions emerging in the pandemic serving as benchmarks for future programs. The key informant from Safe Hands Kenya observed that “this is something that could be picked up ... this is not the last crisis we will face, realistically speaking outside of the pandemic landscape.” Similarly, the informant from Shikilia expressed the hope that their cash transfer program and the idea of the “Smart Engine,” would go towards the development of a welfare system and a data-driven method of identifying the most vulnerable for cash transfer payments.

Compounding Crises

As in other countries in this study, the key informants from Kenya all discussed the preexisting challenges that were met, and heightened, by the pandemic. The informants from both MUHURI and the KMPDU critiqued the state’s failure to meet the goal of universal health coverage prior to the pandemic, and the deepening lack of access and rising healthcare costs due to COVID-19 hospitalizations. The representative from MUHURI also flagged abuses of political power – importantly, in an electioneering period – by state officials who selectively enforced lockdown measures in favor of political allies, and to restrict opponents (a recurrent occurrence was limits to public gatherings at campaign events). For the CSOs that primarily engage in direct provision work, the key informants highlighted needs that the pandemic created or aggravated in the poor communities in which they worked. For example, for Homeless of Nairobi whose street-feeding program primarily targets unsheltered persons, individuals who had lost their jobs led to the “ballooning” of their program. In the case of Touch a Soul, the key informant highlighted how school closures and deepening poverty and food insecurity due to lockdown measures had resulted in the sexual abuse of minors (for money) in the community they served. For Lifesong Kenya, the psychosocial services and skills training offered to at-risk and imprisoned youth were disrupted by the pandemic; the key informant lamented the worsening of these problems due to the restrictions and conditions resulting from the pandemic.

India

Mission drift

The challenges that CSOs faced depended on the nature of the organization’s operations and goals. One significant challenge was CSO’s inability to carry out their “regular” work and activities. Some CSOs that focused more on policy advocacy had to re-direct their efforts towards relief work, which in turn derailed their “policy agendas.” The key informant from the Working People’s Charter complained that the first wave of the pandemic has completely overturned their work on policies pertaining to labor rights of the working class. The WPC mobilized against informal workers policy but the new law on labor issues that was not favorable for workers was still passed and was seen as a

large setback. Similarly, Trans Rights Now Collective also felt that their efforts on legal advocacy for the trans- and queer community were put on a backburner. As stated by a WPC key informant:

Well, when it comes to the labor codes there should have been much more mobilization and strikes but this couldn't happen – which couldn't happen during this time. Not been able to organize. COVID is a risk for everyone and we can't risk lives. We have not been able to organize any political mobilization.

While many service-oriented organizations also had projects stalled, most still managed to pivot and continue some of their core activities, even though it was still challenging. The activities that stalled were usually those that required in-person interaction (e.g., activities in schools which closed for over a year) and were not possible to move “online.” For example, NGOs which focused on children's supplementary education, such as tutoring, tried to move online but struggled to do so because children did not have access to phones or mobile internet. But when the lockdown restrictions allowed, these NGOs started conducting micro in-person learning activities within the community centers or public spaces.

Organizational and logistical challenges

Other major challenges were organizational issues, pertaining to running operations or relations with the state. All CSOs had to adjust to working more online and initially it was challenging to train staff in using various online tools. For many CSOs and especially those that engaged in healthcare related work, there was a lot of learning on the go, as they had to come up with tactics and processes for how to do health-related operations very fast. Many organizations also lacked volunteers on the ground and more importantly staff with appropriate skills, such as doctors, medically trained personnel, data science specialists, etc. (Mercy Mission, Bangalore and RSS, Pune).

There were also logistical challenges in delivering relief. During the second wave when COVID-19 spread was very rapid and aid was often delivered to infected populations (unlike the first wave when it was delivered mostly to un-infected), CSOs had to put more effort in ensuring that volunteers had proper PPE equipment. Beyond that, volunteers who were not used to fieldwork needed insurance and income support (in IRCUDUC). One basic logistical hurdle for many CSOs delivering relief was obtaining travel. As movement was restricted within districts and even cities, CSOs had to obtain travel passes which was a multi-stepped, bureaucratic hurdle that required surveying the populations to establish who would be given aid. In-terms of individual challenges, the second wave was also much more challenging for staff to handle mentally, as many workers were dealing with suffering and death very directly.

Changes in government and policy

Another difficulty that was mostly mentioned by CSOs engaged in advocacy efforts, was accessing government institutions and authorities. For example, IRCUDUC relies on interactions with the officials to do their advocacy but as the government restricted movement, accessing officers and courts was difficult. But a more unique challenge, pertaining to only some states, was a change in government that disrupted established relationships between some CSOs and the state. For example, in Tamil Nadu the second wave coincided with the state elections and a change in government, which meant a

change in all the ministers and most of the bureaucrats. For CSOs like the IRCDUC, it was extremely difficult to identify contacts and approach newly appointed officials. The rapport and collaborative relationship that was built with the previous set of officials had to be re-established anew. The new government of Tamil Nadu also had a different approach to working with the CSOs – it shifted from being more collaborative to a rather “one-sided,” where CSOs were no longer consulted in addressing pandemic issues. Similar comments were also expressed by a few other NGOs, where the state governments were also viewed as not interested in constructive discussions or collaborations with the CSOs.

The first time when the new chief minister came, he called all the big big NGOs together, made them sit together and had a consultation, okay? So there were no activists in this thing, okay? So there was no critical thinking. It was like, all of you come together if you want to give, you register and you give. Which is not good. Initially we had a working relationship on an equal footing. Now it is not like that though we are part of coordination. Now it is more like there is an officer there, there is a portal here. Somebody will make a list saying IRCDUC will provide 200 kg of rice in this particular place. That's it, there is no discussion, no deliberation. Nobody wants to know the gray areas, so everybody is lost. (IRCDUC, Chennai)

We didn't have a chair at the table to discuss issues. We are pushing ideas, we are giving ideas, we are giving feedback but it's one-sided. We don't know how much they are receiving or how much they are not receiving. Why they are not receiving? There is no discussion taking place. (CYSO, Odisha)

Another issue that stalled some CSO projects was not the pandemic itself, but a new federal government law passed in the middle of the pandemic – the Foreign Contributions Regulation Act. This law imposes stricter regulations on how nonprofits in India can receive and use foreign funding. In the conducted interviews, this new regulation was mentioned as problematic by several organizations but only one CSO had to completely cancel projects due to the law. Since many CSOs in the sample rely on domestic funding, they were not cut off from foreign funding.

Philippines

With the end of the pandemic still uncertain, CSOs in the Philippines have been reexamining the continuity of their programs and their organization’s sustainability. Two main challenges identified by key informants are: 1) Technological Capacity; and 2) Continuity of Programs. This set of challenges was deemed by the participants to be significant enough to chart the future of their organizations.

Technological Capacity

With the restrictions on mobility and in-person meetings posed by the quarantine protocols, programs have been migrated to work from home setups. Due to issues of technological capacity, this workplace shift posed several challenges to the sustainability of the organization’s service delivery. Specifically, connectivity issues, knowledge of using gadgets, and the lack of equipment hindered CSO members from effectively communicating with each other and with their stakeholders. It is important to note that this issue affects CSOs who have wider ground networks consisting of community volunteers.

Furthermore, not all members of the organizations have equipment for online work. This is especially true for those in community settings. The availability of stable internet in the country remains a problem, causing an impediment for effective internal communication within CSOs, as well as external communication with clients and stakeholders. With pre-pandemic work mostly centered on in-person interactions, the online processing of tasks has put those without necessary skills at a disadvantage. This is most especially true for members of COSE and the CBCS who are belonging to the older adult population: “It’s hard to implement our programs because our Muslim religious leaders are not that updated with new technology” (CBCS).¹⁷²

Continuity of Programs

Continuing pre-pandemic programs has also been identified as a challenge to the sustainability of the organizations in this sample. The connection between preexisting programs and the missions the organizations are being blurred by the shifts they had to accommodate as the pandemic affected their funding sources, availability of networks, access to the areas where their projects are implemented, and increased the demand for pandemic-related services. In addition, the sustainability of existing programs is threatened by gaps in funding and a lack of appropriate equipment or gadgets. Quarantine protocols have significantly affected the mobility of organizations in delivering services, which was exacerbated by a lack of transportation. Without in-person meetings, some community partners have been disconnected to the organizations that typically engage with. The DAMPA program leader narrated their struggle to keep abreast with the situation of their stakeholders and community workers during the first months of the implementation of strict quarantine protocols:

As the enhanced community quarantine continued, we were not able to work with our collaborators in the villages. They were not also equipped to report to us. How were we going to know what their issues and concerns? Add to this, how are we going to connect with our network if we do not know what is going on the ground.¹⁷³

Mobility restrictions also affected the implementation of community organizing programs. In the case of PRRM and CBCS, community organizing activities have either been abandoned or halted altogether. The life-threatening impact of the mobility restrictions on CSO service delivery was felt by the stakeholders of Kythe and HASH. According to a Kythe program leader,

[The] majority of our children are from isolated areas. So, the quarantine protocols really made it difficult for them to access their treatment. We were informed by parents that they would carry their kids on their backs walking or biking from their homes to the city. Parents also informed us of how our local volunteers and their other neighbors have offered to bring them to treatment hubs.¹⁷⁴

Another key concern raised by key informants regarding the continuity of programs, is that of state repression. The recent enactment of the Anti-Terrorism Act (ATA) was claimed as being used to red-tag community workers. The continued threat of state actors under the mandate of ATA has forced

¹⁷² Translated from Filipino

¹⁷³ Translated from Filipino

¹⁷⁴ Translated from Filipino

some organizations to halt projects to ensure the security of their members. The CPPH informant narrated the events that transpired at the peak of police surveillance of pantries post red-tagging:

We decided we're gonna stop the operations because if we cannot contain— the profiling and the harassment, then there's no point in basically—going on. What will either gonna happen is that the volunteers will not come, and then the pantry operations will shut down or somebody will basically get hurt or arrested or whatever it is.

The recent death of Teacher Chad Booc and the illegal arrest of Dr Naty De Castro has sent a chilling reminder to CSOs working with marginalized sectors in conflict zones that the ATA may be used on them as well.

Although the key informants in this sample recognized the general evolving nature of organizations, the short period by which they had to address the need to realign their objectives and processes became a challenge. Access to support from the government is dependent on their alignment to the current administration. As a result, most of the organizations in this sample faced the challenge of mission drift. Given the gaps in funding and the increasing demand for different programming from atypical stakeholders, CSOs who participated in this study have considered shifting their missions to align with the missions of funding agencies. With most receiving significant cuts in donations compared to their pre-pandemic funding, CSOs were left to either innovate their protocols in service delivery or completely realign their mission to those of granting agencies. The response of senior officers in Rh Forum and TOPS to voluntary exit or to take on multiple roles to cut costs have been clear markers of the struggle of CSOs to keep loyal to their mission.

While the key informants were generally hopeful that their organizations would continue to operate, the need to restructure and realign programmatic goals through an extended period of the pandemic was identified as a key determinant of their longevity. Ultimately, the expressed sentiment is that strengthened collaboration at the state and community level, active community partnerships, and empowered and equipped community partners will ensure the continued implementation of CSO programs.

Importance of restructuring and expanding networks

Throughout the pandemic and after surviving the world's longest securitized lockdown, the CSOs in this sample highlighted the importance of how restructuring and expanding networks allowed them to sustain their programs.

Realizing that the pre-pandemic structures and protocols would not be compatible with the demands posed by the pandemic on their stakeholders, CSOs restructured their programs. To address mobility restrictions, online engagements were designed, and when online engagement was not an option, CSOs opted for two responses: mobilizing volunteers and local coordinators and reconfiguring program service deliveries to align with mobility requirements. In the case of CBCS, which did not

have the option of online engagement, their programs which were originally designed to be delivered on a weekly basis were redesigned to be delivered monthly following shifts in quarantine protocols.¹⁷⁵

To address gaps in funding, contingency measures were implemented. Some programs were discontinued or reframed to generate new programs that would address the needs posed by the pandemic. ACCORD program leader narrated their two-pronged approach:

What we did was to adapt our regular programs to the client context. This involved implementing chunking technique so that we could still deliver the services in the context of the pandemic. Second, we realigned the plans with the approval of the funding agencies. We realigned regular project funds to COVID-19 response funds that could be implemented in any of our project areas.¹⁷⁶

Another financial contingency measure was directed to CSO staff and office spaces. With limited funding, staff salaries were reduced. This rippled to high turnover rates which required those who stayed behind to take over the vacant roles along with their current ones. Physical offices were either closed or fused into a single hub space to further reduce expenses. The CSOs developed new funding strategies which involved actively engaging the private sector (individual to MNCs), realigning existing budgets for COVID-19 related programs, and identifying key champions in state offices. As the funding for pre-pandemic programs dwindled, the organizations were pressed to implement new funding strategies to continue their programs. All CSOs in the sample mentioned that international funding became less accessible. This led organizations to explore partnerships with the private sector. Expanding partnerships with other CSOs was also identified as prime strategy to increase resources.

Despite the severe impact gaps in funding had on CSOs, one beacon of hope has been the unprecedented increase in volunteers. As the informant from HASH framed it, “our real main engine or source of power are the volunteers.” All 14 CSOs who participated in this study mentioned the increase in volunteer engagement with their programs during the pandemic, while CPPH consisted entirely of volunteers organized through social media platforms and logistically mobilized through GCash – an online cash transfer platform.

The utilization of online platforms for both communication and fund transfers have become another successful form of innovation embraced by the CSOs to combat the challenges posed by the pandemic. The steep learning curve for most stakeholders and even staff members have been addressed by exploring more accessible platforms. Being a Facebook nation,¹⁷⁷ the CSOs in the Philippines made Facebook Messenger a typical choice for communication and coordination tasks. Although access to social media and communication platforms are highly inequitable, the CSOs, like

¹⁷⁵ Quarantine protocols are different per province depending on the active case rate in the area. It was only on March 1, 2022 that majority of the Philippines were placed under Alert Level 1 which allowed for the easing in travel requirements. This has allowed CSOs to finally visit their community partners without the stringent protocols for testing, quarantine, and vaccination.

¹⁷⁶ Translated from Filipino

¹⁷⁷ Malig, K. (2021). Facebook is most popular social media platform among internet users in Philippines — Pulse Asia. *GMA News Online*. <https://www.gmanetwork.com/news/scitech/science/806672/facebook-is-most-popular-social-media-platform-among-internet-users-in-philippines-pulse-asia/story/>

DAMPA-ANAK who were able to train their members to be adept in their use, have been able to access funding agencies with greater ease.

V. Discussion of Cross-Cutting Themes

This section presents cross-cutting themes that emerged from the findings of the five country contexts explored in this study. The themes are organized with respect to the three categories of analysis: 1) Modes of Intervention: CSO Activities during the COVID-19 Pandemic; 2) CSOs and the State: Relationships and Engagement; and 3) Response Challenges: Navigating Priorities and Overcoming Barriers. Despite the challenges posed by the COVID-19 pandemic worldwide, it is evident that civil society had a strong impact in responding to populations in need and ultimately shaping state responses.

Modes of Intervention: CSO Activities during the COVID-19 Pandemic

1. Shifting Activities to Emergency Relief and New Advocacy Priorities

Given the immense need for immediate assistance, CSOs in all five countries responded to the COVID-19 pandemic by providing various forms of emergency relief efforts to both existing beneficiaries within their networks and to newly identified, highly vulnerable populations. While addressing the basic needs of populations through the direct provision of goods and services were already core activities for some organizations, for many of the CSOs this represented a shift away from their usual portfolio of activities. Food provision was a prominent area of support spearheaded by CSOs across all five countries as disruptions to supply chains, government lockdowns, and quarantine protocols left many vulnerable communities and individuals increasingly food insecure. Other common direct emergency relief interventions by CSOs across country contexts were cash transfers (notably Kenya, Philippines, and India) and the distribution of PPE (notably India, Kenya, Mexico, South Africa).

Just as organizations had shifted their activities to address the immediate needs of vulnerable populations, CSOs across all five contexts similarly directed their advocacy efforts towards supporting vulnerable populations most affected by both the pandemic and various government responses. Advocacy efforts by CSOs focused largely on immediate socioeconomic issues, such as food security, livelihood support, and housing. This complemented the direct provision activities and immediate relief strategies that CSOs took on during the pandemic. CSOs (most notably in Mexico, India, and Kenya) led advocacy campaigns on behalf of health care workers, pushing for better protections, increased hospital staffing, and improved working conditions and wages.

2. Filling Information Gaps and Raising Awareness

Another impactful cluster of activities taken on by CSOs to support their target populations and other vulnerable populations during the pandemic was information gathering, data collection, and leading awareness campaigns. As particularly highlighted by CSO interventions in South Africa (e.g., DAG data collection initiative), Mexico (e.g., the Observatory “Gender and Covid-19 in Mexico”; and diagnoses implemented by ODA, JADE, and Tlachinollan), and Kenya (Touch a Soul), information

and data gathering efforts by CSOs played an important role in filling knowledge gaps regarding the true impact of the pandemic on often overlooked and marginalized sectors of society. These types of documentation interventions became useful tools to effectively capture and monitor the felt impacts of the pandemic, accurately inform CSO advocacy campaigns, guide logistical processes, and in the case of South Africa, feed into public policy.

Awareness campaigns by CSOs, (most notably in India, Mexico, and the Philippines), disseminated valuable public health messaging at the community level regarding COVID-19 infection prevention and control measures, medical guidance, and information on entitlements, ultimately helping combat misinformation and vaccine hesitancy. In addition to public health messaging, awareness campaigns by CSOs (notably in Mexico and Kenya) provided alternative narratives to government briefings and traditional media reports on the impacts of the pandemic, which not only boosted the profiles of the CSOs engaged in these awareness campaigns but also helped leverage their advocacy efforts. The use of media, particularly online social media, was often a valuable communication channel through which CSOs were able to communicate with their target populations and the broader public. Although in some cases (notably in Mexico and the Philippines), CSOs mentioned the inequities associated with access to social media and communication platforms, as well as the limits of media platforms in reaching vulnerable populations.

3. Existing Networks

CSOs in all five country contexts leaned heavily on their existing networks, ranging from community partners, other CSOs, government counterparts, private sector relationships, and volunteers, to carry out their interventions during the pandemic. Leveraging existing networks was critical and largely determined the reach and success of CSO activities. Well-networked CSOs were able to mobilize resources, carry out new and existing relief programs, and ultimately expand the scope of their activities with greater ease during the pandemic. Having strong established networks (both informal and formal) also allowed CSOs to identify areas of need and develop appropriate interventions, raise funds and engage donors, expand the impact of awareness campaigns, and (especially evident in the cases of Kenya, Mexico, and South Africa) build diverse coalitions.

4. Embeddedness

One of the most salient cross-cutting themes to emerge from the interviews conducted with the sampled CSOs was the overall importance of CSO embeddedness within the communities they serve. Being directly embedded at the community level or connected to the populations they served through strong networks of community-based organizations and volunteers allowed CSOs to quickly adapt at the onset of the pandemic and in accordance with the shifting needs of their target populations. Whether it was relying on community volunteers to collect data, distribute relief, or devolving the management of programs to satellite field offices, CSO embeddedness was an indispensable factor that allowed them to carry out their interventions in an impactful way. This embeddedness also gave CSOs the ability to continue operations despite the mobility restrictions that came with lockdowns and government restrictions. The value of CSO's knowledge of and access to vulnerable and/or hard

to reach populations, was perhaps best illustrated by key informants within Indian CSOs who described how city governments relied on them to not only identify clusters of vulnerable populations, but to also provide recommendations, direct government efforts, and implement municipal programs. Another example that highlights the benefit of CSO community embeddedness during the pandemic was the general ability of CSOs in the Philippines to flexibly adapt to personnel gaps by mobilizing volunteers and community partners to enable the continuation of operations.

5. Mission Drift

Various degrees of mission drift were experienced by CSOs across all country contexts as organizations dealt with shifting priorities of their target populations, engaged in new activities, navigated state mandates and protocols, or experienced changes in funding landscapes spurred by shifting donor priorities and internal fiscal measures. While the COVID-19 pandemic was the overarching cause for CSOs to expand or work outside their mandates, key informants illuminated various nuances that further explain the driving factors behind these shifting priorities. For example, in Kenya, some CSOs pivoted to relief effort activities not only in response to the immediate needs of the vulnerable, but also because of the concentration on donor funds supporting those activities and as a direct result of the disruptions that lockdown measures caused for pre-pandemic programs. In the case of the Philippines, and to an extent India, CSOs were largely able to maintain their missions with shifting priorities being community driven and in consideration of the needs of their stakeholders. In the case of South Africa, the pandemic enabled a range of organizations (e.g., Seriti; DAG; TCC) to reframe their longstanding missions, which in part was driven by the forming of coalitions (e.g., C19 Coalition).

CSOs and the State: Relationships and Engagement

6. Contentious Relations, Conflictual Dynamics, and Absence of State

CSO relationships and types of engagement with the state during the COVID-19 pandemic depended largely on pre-existing dynamics and personal connections between organizations and government officials. While CSO-state engagement was highly contextual, conflictual dynamics were present to varying degrees in each context. As detailed by some of the CSOs in South Africa, pre-existing instances of conflict and antagonistic relationships with government offices were often too entrenched to build effective engagements during the pandemic. Similar pre-existing contentions and conflictual dynamics existed in Mexico (e.g., stemming from fiscal austerity measures and an anti-CSO discourse in the current administration) and the Philippines (e.g., Red-tagging; and Anti-Terror Act). State response measures, or lack thereof, to the pandemic were frequently critiqued by CSOs in Mexico, South Africa, India, and to a lesser degree in the Philippines. In the case of Kenya, the critique of the state was very patterned from the standpoint that it was expectedly fierce from organizations such as the Physicians union and the Human Rights Commission, while the other CSOs in the sample held back on any critique, despite identifying the state as being “absent” during the pandemic response. In contrast, in the case of Mexico, there was a strong critique of the absent state across the CSOs examined. Similarly, the organizations in the South African sample were generally engaged in critiques

of the shortcomings in the state's interventions (e.g., the Pay the Grants Campaign) and had programs aimed towards both pressuring the state to provide more social support and to facilitate the government's emergency response. In India, while CSOs had some notable productive pandemic response collaborations with government offices, rights-based organizations frequently engaged in critiques of state policies and approached the courts, political leaders, and bureaucrats at the subnational and national level to advocate for entitlements and provide policy feedback.

7. Subnational Government Engagement and Pre-Existing Relations

In the cases of India and the Philippines, CSO-state engagement during the COVID-19 pandemic, both in terms of advocacy efforts and service delivery, was more evident at the subnational level. In India, CSOs were able to build closer working relationships with state and city governments which led to instances of productive symbiotic collaborations. Largely a result of their embeddedness, CSOs were able to provide city governments with accurate counts of vulnerable populations, in-depth knowledge on their needs, and ultimately access to hard-to-reach sectors for targeted relief. In exchange, municipal authorities provided some CSOs with resources (e.g., Arunodhaya; CYSD) to carry out relief and awareness activities. To a similar extent, in the Philippines many CSOs relied on connections with local government units (LGUs) to augment activity logistics and ensure continuity of programming during the pandemic. While not nearly as pronounced as in India and the Philippines, the absent response by the federal state in Mexico opened some avenues of collaboration between CSOs and local governments there, however, these were not sustained due to the limited capacity of local governments to deal with the multiple crises.

These engagements between CSOs and subnational governments in India and the Philippines were largely predicated on longstanding pre-existing relationships. In the Philippines, CSOs noted the importance of having a “champion” within government offices to enable partnerships on various programs. The historical underpinnings of built relationships between the state and CSOs in the Philippines was evident during the COVID-19 response through CSOs utilization of social capital and leveraging of government resources. Furthermore, the need for CSOs to align their missions to the agendas of current state administrations in order to access support from the government, played a large role in the Philippines context. In addition to these exhibited relationships in the Philippines and India, the cases of SADTU and SALDRU in South Africa also demonstrate the advantage CSOs had in implementing their programs and sustaining their engagements when they could draw on pre-existing political connections.

Response Challenges: Navigating Priorities and Overcoming Barriers

8. Continuation of Pre-Pandemic Programs

With the onset of COVID-19 and the resulting public health measures taken to reduce the spread of the virus, CSOs across all country contexts were confronted with challenges in continuing their pre-pandemic programming. While CSOs, to varying degrees, were able to pivot to new emergency relief and advocacy activities, existing programs and projects often had to be put on hold or restructured.

Mobility and access challenges stemming from quarantine and lockdown protocols, shifting needs of stakeholders, interrupted funding streams, changing donor priorities, and a strong demand for pandemic relief activities all contributed to the challenge of maintaining existing programs. Technical capacity issues were also a common theme that affected many CSOs as they were forced to shift to remote based, online working environments. As especially noted by key informants in India and the Philippines, CSOs dealt with challenges in training staff regarding the use of online tools, internal and external connectivity issues, and access to equipment. This shift to virtual communication was particularly challenging and disruptive for those organizations whose pre-pandemic work relied heavily on in-person interactions with stakeholders. Despite these technological challenges, in some instances (as noted in the Philippines and Mexico), CSOs were able to utilize online platforms, such as Zoom, WhatsApp, and Facebook Messenger, to expand their reach and more efficiently maintain connections with their networks.

Interruptions in pre-pandemic funding streams and the shifting donor landscape also contributed to the challenge of both continuing pre-pandemic programming and sustaining funding sources during the pandemic. While larger CSOs in Mexico (e.g., GIRE and Tlachinollan) had stable international funding during the pandemic, smaller organizations in the country (e.g., ODA and JADE) struggled to secure necessary resources. In the Philippines, organizations facing significant reductions in donations had to quickly pivot and innovate their protocols or realign their missions to sync with those of granting agencies. A notable finding in Kenya centered on the lack of sustainability of pandemic funding, as CSOs described a sharp increase in donor funding in 2020 that was short-lived due to economic downturns and shifting priorities.

9. Identifying and Accessing Populations

As previously discussed, the embedded nature of CSOs in all contexts helped facilitate the distribution of pandemic relief to highly vulnerable and often overlooked sectors of the population. However, identifying and accessing the most vulnerable was not without its challenges. Across all contexts, key informants discussed various levels of difficulty in identifying and reaching vulnerable populations throughout the pandemic. This was discussed in terms of the logistical challenges (e.g., travel restrictions and curfews) as well as internal measures taken by organizations to reduce the spread of COVID-19. As discussed in the case of Mexico, loss of access to target populations also emerged when community-based organizations had to close their offices, which impacted the visibility of their work.

10. Intersecting and Compounding Crises

As evident across the globe, the COVID-19 pandemic did not occur within a vacuum. In many instances, the pandemic exposed, exacerbated, and deepened pre-existing political and socio-economic challenges confronted by CSOs on a regular basis. In Kenya, key informants discussed the compounding effect the pandemic had on equitable access to health care, abuse of political power, poverty and food insecurity, and psychological services for at-risk individuals. In the case of Mexico, CSOs viewed the pandemic as “one more emergency” they had to confront as they faced the challenge

of continuing to address pre-pandemic crises, such as abuses in migration detention centers, domestic and structural violence, or the need to provide social services for families of disappeared people and victims of femicide or sexual abuse. In the Philippines, a number of large-scale disasters, such as volcanic eruptions and typhoons, were layered on top of the COVID-19 public health emergency. In some notable instances, new government laws enacted during the pandemic further compounded the challenges CSOs faced in providing services to target populations. For example, in India, key informants mentioned that a new federal government law passed during the pandemic – the Foreign Contributions Regulation Act – created an added challenge to navigate because it restricted how nonprofit organizations could receive and use foreign funding. Furthermore, in the Philippines, the enactment of the Anti-Terrorism Act raised security concerns for CSO, causing some to halt projects because of the threat of police surveillance.

Appendix A: Profiles of Sampled Organizations

Mexico

Alternativas y Capacidades, A.C. [Preliminary interview]

Alternativas y Capacidades is an organization focused on strengthening civil society. It was born in 2004, operates nationally and has a permanent staff of 12 people. Its goal is to provide a platform to promote the work of CSOs in the country, connect CSOs to donors and provide professionalization workshops to small and medium CSOs. It also releases reports on the state of CSOs and the impact of budget initiatives by the government. To respond to the pandemic, it created a media campaign to make the work of CSOs visible (#AsíRespondimos) and did a survey to assess the impact of the pandemic and the type of responses from CSOs.

Centro de Derechos Humanos de la Montaña (Tlachinollan)

Tlachinollan was created in 1993 to provide support to victims of military violence in the mountain region of the south of Guerrero. Since then, it provides legal counseling, direct relief and services to the communities living in the area, who are mostly agrarian domestic migrants, Indigenous Peoples (especially Na savi, Me'phaa, Nauas and Nn'anncue), families of disappeared people and femicide victims, and survivors of sexual assault. It receives no volunteers because of violence in the municipality where the offices are (Tlapa de Comonfort in Guerrero). Tlachinollan distributed food and sanitary kits to community members, monitored symptoms and conditioned its shelter for internal migrants. It participated in advocacy campaigns on the need for food in the region, and on the increase in violence against women during the pandemic. It also lobbied with the government to facilitate the repatriation of remains from the US who had died of Covid-19 back to the region.

Centro de Derechos Humanos Fray Matías de Córdoba

The Human Rights Center Fray Matías de Córdoba (CDH Fray Matías) was created in 1994 in the border city of Tapachula, Chiapas. It works on human rights defense of migrants and refugees, providing legal counsel, accompaniment in migration processes (from counseling to psychosocial help) and information workshops. It has an area of research and advocacy. CDH Fray Matías participated in networks to monitor and diffuse information on the conditions of migrants and refugees during the pandemic. It carried out legal consultations and accompaniment in person and over telephone.

El Caracol

Organization working with the homeless population of Mexico City since 1994. The headquarters have a dining area and showers. El Caracol provides education modules for homeless children, programs about death prevention amongst the population and advocacy. It also provides judicial and housing assistance. It is composed of a core team of 10 people and volunteers. El Caracol created brigades to distribute sanitary kits, information about the pandemic and food packages. It also created

a campaign to promote vaccination amongst homeless people and advocated for the government to allow people without addresses to register for the vaccine.

Espacio Migrante

Espacio Migrante is a binational community-based organization working in Tijuana and San Diego since 2012. It supports refugees, asylum seekers and migrants. Its main areas of work are education, human rights, cultural exchange, orientation and social work, community organization, and advocacy. Espacio Migrante delivered food and electronic cash cards. It modified the policies at their shelter to mitigate the spread of the virus and organized virtual workshops on the new migration restrictions that US and Mexico put in place because of the pandemic.

Frente Nacional de Trabajadores de la Salud (FNTS)

The “National Front of Healthcare Workers” (Frente Nacional de Trabajadores de la Salud, FNTS) is a social movement created in April 2020 gathering eight organizations working for labor rights of healthcare workers. These organizations include the National Assembly of Nurses, a National Doctor’s Movement, a Platform of Sub-hired Workers in the Medical Sector, and an association of chemists working in the health sector. It spans private and public HCW. The Front organized its first protest in May 2020. Since then, it has participated and organized protests of HCW in different states. It has connected HCW through WhatsApp and social media, diffusing information on the impact of the pandemic on HCW and the precarious work conditions. Its leaders have done interviews in the media and held meetings with public officials.

Grupo de Información en Reproducción Elegida (GIRE)

Information on Reproductive Choice (*Grupo de Información en Reproducción Elegida*) (GIRE) is a feminist organization founded in 1992 that advocates for multiple aspects of reproductive justice, such as abortion, contraception, obstetric violence, maternal mortality, assisted reproduction and work-life balance. It does so through advocacy, communication campaigns, research, and legal casework. GIRE led the Gender Observatory on the impact of COVID-19 and coordinated national advocacy efforts to highlight the effects of the pandemic on women. It is a network node that connects small and medium-size organizations.

JADE Propuestas Sociales y Alternativas al Desarrollo

JADE was created in 2018 as an organization focused on human rights and alternative development in Yucatán. It has three main areas: research, advocacy and social projects. It works with municipal bureaucrats in projects of “open governance” and advocates for regulations for domestic workers. JADE created a diagnosis on conditions of domestic workers during the pandemic, participated in advocacy networks and published reports on this issue.

Other Dreams en Acción (ODA)

ODA is a grassroots organization created in 2016 by and for deported and returned people that were born in Mexico, grew up or lived many years undocumented in the United States, and are now back

in Mexico because they returned or were deported. It provides accompaniment and material support to individuals and their families to help them navigate their arrival in Mexico City. It has a network of ‘solidarity professionals’ that works with the returned or deported migrants and provides in person and virtual workshops with advice and community building activities. ODA gave food packages, resources to pay bills and housing aid to about 160 families and individuals. It also conducted workshops and virtual activities.

Kenya

Homeless of Nairobi

Homeless of Nairobi is an organization that provides food assistance to homeless individuals in Nairobi’s Deep Sea slum through its daily street feeding program. Now a registered organization formally called the Odijo Foundation, Homeless of Nairobi began as a Facebook initiative (styled after “Humans of New York”) that brought attention to homeless individuals in Nairobi. The initiative has garnered significant attention within Kenya and abroad and has been covered by both local media houses as well as international ones including *The Guardian*, DW, and the BBC. While enjoying this broader renown, the organization continues to have a strong local character, relying primarily on nearby affluent communities for donations, and serving the local Deep Sea slum. Currently, Homeless of Nairobi’s work extends to skills training for out-of-school youth and providing accommodation through its children’s home.

Kenya Medical Practitioners and Dentists Union (KMPDU)

The KMPDU, which represents around 5,500 healthcare professionals, is the largest trade union for workers in the Kenyan health sector. The union began as an informal association organized by medical students and young doctors in 2009 via Facebook and was registered as a formal trade union in 2011.¹⁷⁸ Apart from its work on labor issues, KMPDU is involved in health advocacy and policy. In the context of the COVID-19 pandemic, KMPDU was the foremost CSO in Kenya and received heavy media coverage. The union was vocal in its critique of the unsafe working conditions of medical personnel and provided information on the pandemic to the public. KMPDU’s work in the pandemic also included working with the government as part of a taskforce established to address the capacity of the healthcare system, particularly its human resources, in the pandemic.

Lifesong Kenya

Lifesong Kenya is a registered community-based organization that works with youth (mostly boys) at risk of incarceration and those in prison. Founded in 2012, the organization’s activities include

¹⁷⁸ Mwenda, Aruyaru Stanley. 2012. “From a Dream to a Resounding Reality: The Inception of a Doctors Union in Kenya.” *The Pan African Medical Journal* 11:16.

supporting youth in police custody and advocating for alternative punishment (to imprisonment); facilitating reconciliation between sentenced youth and their families and the aggrieved parties; providing psychosocial support and skills training to imprisoned youth in their prison visit program; and providing transitional housing for at-risk youth. Lifesong Kenya was included as it represents CSOs whose work was severely disrupted by pandemic lockdown measures, but nonetheless pivoted to other public action activities.

MUHURI

MUHURI (Muslims for Human Rights) is a formally registered NGO founded in 1997 and based in Mombasa (with an office in Garissa, in Northern Kenya). While primarily focused on historically marginalized groups in the Coast and Northern regions, MUHURI also addresses human rights violations at the national level. MUHURI is included to represent the human rights sector, and for its active response to the human rights violations committed by the state in enforcing lockdown measures and vaccine mandates. The primary strategies employed by MUHURI in this work were filing court petitions and in media campaigns.

Safe Hands Kenya

Safe Hands Kenya is a network of more than 40 organizations – local CBOs and NGOs, and private local and multinational corporations - that was formed to provide preventative sanitation services in densely-populated urban informal settlements. These services included providing handwashing stations, masks, as well as a public awareness campaign “TibaNiSisi” (“We are the Cure”). Safe Hands Kenya and Shikilia (below) share some of their founding member organizations with Safe Hands Kenya designed to target the first-order public health nature of the pandemic, and Shikilia aimed at the second-order economic consequences of the pandemic.

Shikilia

Shikilia is a coalition of private firms (mostly in technology) and NGOs that provided cash transfers to individuals whose incomes were affected by the pandemic. The network came together early in the pandemic, in March 2020, anticipating the economic impact the pandemic would have on low-income households, particularly those in informal urban settlements. Shikilia directed donors globally, both corporate and individual, to GiveDirectly which is registered in Kenya and has experience making cash-transfer payments. Roughly USD 5 million, which would support around 50,000 households, was raised. Cash payments of Ksh. 3000 (USD 30) for 3 months was disbursed to individuals identified as vulnerable (that is, the beneficiaries did not sign up).

Touch a Soul

Touch a Soul is an informal grassroots CBO located in the low-income urban settlement Mukuru kwa Njenga in Nairobi. The organization is constituted by around 30 members who are residents of Mukuru kwa Njenga. Touch a Soul’s work addresses general social welfare challenges in their area. Through a regular databasing effort, Touch a Soul identifies the urgent needs of especially indigent

households and mobilizes resources to meet these needs. Key areas of work are food provision, material and social support to a local children's home, and educational support.

United Sisters of Nairobi

The USN is a group of middle- and upper-class Muslim women that has been organizing since 2017. The group consists of almost 200 members based primarily in Nairobi, with a few members based in Mombasa and abroad. The organization is not formally registered. Monthly membership fees (Ksh. 1000/USD10) are remitted through M-Pesa, the mobile cash transfer software. The USN primarily targets marginalized communities in remote areas across the country and provides them with long-term welfare projects, mostly clean water, through digging boreholes. Other activities include donating basic provisions, as well as building mosques and schools in marginalized Muslim communities. I include USN in my sample of CSOs in Kenya because such informal voluntary associations that operate on media platforms are prevalent in Kenya where there has long been a history of *harambee* - community self-help initiatives.

South Africa

Abahlali baseMjondolo (AbM)

This is a large grassroots social movement of people living informal settlements, largely in Ethekwini, the third most populous metropolitan municipality in the country. The movement's isiZulu name means in English, "people who live in shacks." AbM has been subject to frequent violent attacks by the Ethekwini Metropolitan Municipal government in its stronghold settlements, most notably Kennedy Road. This has led its leadership to go into hiding at a few different points over the past decade. AbM has been largely skeptical of engaging in formal politics, but notably endorsed the opposition Democratic Alliance in the 2014 national elections as a protest against the ANC. It claims to have an audited membership of approximately 100,000, which would make it the largest non-party-aligned grassroots membership organization in the country. It is largely focused on resisting evictions and advocating for the provision of housing and upgrading of informal settlements.

C19 People's Coalition

This is a coalition of a number of both existing and new CSOs that emerged in the very early days of the pandemic. The goal was to create a forum for CSOs to network, provide immediate aid, and create a platform for joint civil society inputs and activism related to the emergency policy-making process. This included professional NGO activists and organizations, as well as grassroots and community-based formations. The coalition was established in a multi-layer organizational form, with national, provincial, and local coordinating committees. By design, this was supposed to enable decentralized decision-making. The coalition projected significant strength in the early days of the pandemic. It was soon hamstrung by internal conflicts that created significant variability in effectiveness and organizational sustainability across various parts of the coalition.

Development Action Group (DAG)

DAG is one of the oldest urban development NGOs in South Africa, based in Cape Town. It serves as a support professional NGO to a range of community-based organizations throughout the city's metropolitan area, and during the pandemic increased its reach to more rural communities in the Western Cape province. It also has strong relationships with city government and has a long history of inputting into policy-making processes.

Health Justice Initiative

This was a new organization that started during the pandemic, largely focused on domestic public health policy and international vaccine equity. It is founded and led by a well-known social impact lawyer who was active as part of the Treatment Action Campaign's work advocating for access to antiretroviral drugs for those with HIV. It has been active on public health policy, linking to key figures in national government, as well as part of the main international networks advocating for access to coronavirus vaccines in poor and middle-income countries, including on issues of opening up intellectual property.

Institute for Economic Justice

This is a relatively new organization, that was founded shortly before the start of the pandemic. The goal of the organization is to serve as a hub for labor-oriented heterodox economic policy. Prior to the pandemic, its first major project had been to develop some of the key research inputs that influenced the national government's deliberations over policy for a national minimum wage. During the pandemic, it used connections to the national treasury and COSATU to influence and convene policy debate about key emergency fiscal measures in economic policy.

Pay The Grants Campaign

This is a campaign that has included professional researchers and grassroots organizations, focused on ensuring receipt of an emergency grant instituted by the government as a response to the pandemic. Much of this work was initially coordinated through the C19 Coalition, initially to pressure for the establishment of this grant in the first place.

South African Democratic Teachers Union

This is one of the largest unions in COSATU and represents teachers throughout the country. It counts over 250,000 members. It was involved in coordinating remote learning and influencing policy to ensure safe working environment for teachers across rural and urban South Africa.

South African Labor and Development Research Unit

This is a longstanding economic research unit at University of Cape Town, which took on a significant role in both influencing policy formulation in the presidency and coordinating key conversations for continuing policy in the National Treasury.

Seriti Institute

This is a service delivery NGO that operates across Gauteng. Historically, Seriti had implemented grants from national and provincial government, largely around food aid. However, shortly before the pandemic it had lost a number of key government contracts due to cancellation of programs it

had helped administer. During the pandemic, Seriti got involved in emergency food provision, largely through encounters with new actors as part of the C19 Coalition.

Tembelihle Crisis Committee

This is a leadership formation in the informal settlement of Tembelihle in the southern part of Johannesburg. It has fought eviction of the community for many years, and advocated for the upgrading of its community. Its stance towards government has largely been oppositional and it is distant from ANC formations. Its leaders helped coordinate the Community Working Group of the C19 Coalition, which led it to pursue new efforts at city-wide coordination of informal settlement communities, a longstanding challenge of housing and urban activism in Johannesburg.

India

Bro.Siga Animation Centre

This is an NGO in Chennai working toward the empowerment of slum and rural poor. It mainly works with children and their communities in Vyasarpadi, an area in North Chennai which is primarily inhabited by people belonging to the lower economic strata of society. Bro.Siga Animation Center believes that its work is aiming at the empowerment of the people to create a self-sustained community. Bro.Siga Animation Center implements various initiatives seeking to promote children and youth development, education and children's rights.

Arunodhaya

This is a charitable trust which works on children's right, well-being and protection in the northern part of Chennai. The NGO has built a social movement which has helped eliminate child labor in the city and it continuously works on various programs to prevent children's exploitation, enhance their rights and promote a more dignified childhood. In addition to running various programs for children and strengthening community organizations working on children's protection, Arunodhaya also seeks to effect policy changes and social justice through research, documentation campaigns, and networking.

Center for Youth and Social Development (CYSD)

CYSD is a non-government and non-profit organization established in 1982, working to improve the quality of lives of tribal, rural and urban poor in Odisha, with a primary focus to eradicate extreme poverty and hunger, ensuring social inclusion and justice, good governance and citizen's right. Helping communities identify and initiate development measures; providing training and other capacity-building support to pro-poor organizations and individuals; and carrying out research and advocacy in favour of the under privileged people especially the tribal. Started the org 40 years ago because they wanted to engage youth in social development activities. Main lines of work: 1) Participatory governance; 2) Focus on tribal people, indigenous communities, sustainable livelihood programs, basic services, access to those, improving access to those; 3) Disaster management, cyclones, disaster response organization; 4) Work with a large network of organizations – networking is a strategy to

reach beneficiaries, scaling up pilots.

Trans Rights Now Collective

This is a Dalit- Bahujan- and Adivasi-centred collective of trans folx working towards greater trans visibility and opportunity in education, the workplace, and politics. This social movement was founded by a local transgender activist from Tamil Nadu state. who has campaigned and worked on various issues advancing rights of transgender community in India, including a passing of the court order that gives an opportunity for transgenders in the Tamil Nadu public service recruitment examination.

Hemkunt Foundation

This small Gurugram, Delhi-based organization founded in 2010 started with a small project of running free schools in 3 districts of Delhi and gradually expanded to other programming focusing on education, sanitation, and economic upliftment of the poor, and most recently established itself as a major relief provided during the Covid-19 pandemic.

Information and Resource Centre for the Deprived Urban Communities (IRCDUC)

The Chennai-based organization seeks to enhance the capacities of communities, facilitate community-led initiatives, disseminate information about laws and policies, and undertake policy research related to land and housing rights of the deprived urban communities. It was started in 2011, and was initially a group based only on volunteers who worked on housing rights in Chennai, and later expanded to Madurai and Coimbatore. The IRCDUC focuses on three activities. First, as a community centric information hub, the IRCDUC translate policy documents to local Tamil language. Second, they share this information in appropriate manner with communities and enhance their capacity to take action with the help of researchers and citizens; IRCDUC acts as a facilitator between citizens and government. They obtain citizen feedback and information and share it with the government and policymakers. Third, they create “information centres” about settlements by training 4-5 women in a particular settlement on to how to get entitlements and how to identify domestic work, domestic violence, and child sexual abuse. These volunteers are given basic human rights training so that they are able to take up the issues and take it further in the community. IRCDUC is also a member of the state level monitoring committee for homeless shelters.

Mahila Kisan Adhikaar Manch (Makaam), (Forum for Rights of Women Farmers)

MAKAAM is an Alliance of networks, campaigns, movements, organizations, people’s collectives and individuals from across 24 states in India, that advocates for the Right to Livelihoods of Women Farmers, particularly dalits, adivasis, single women, differently abled and displaced. MAKAAM also focuses on the issues of women from farm suicide affected households, women sugarcane cutters, women and land rights, and forest rights.

Mercy Mission, Bangalore

A coalition of NGOs launched the ‘Mercy Mission’ in Bangalore soon after the lockdown announcement, on March 29, 2021. The group had been planning for a crisis response system even

before the pandemic hit (already in December 2019). The leader of the group was a founder of NGO called “Smile”. The coalition was concerned with setting up an emergency response system and was already thinking about how they would act collectively in a pandemic or another kind of crisis. Their goal was to be centralized but have a system of dispersed local hubs and thus the group’s efforts were limited to Bangalore. All NGOs divided areas they would be working in not to duplicate their efforts, and the whole system was set up in a couple of days.

Rashtriya Swayamsevak Sangh (RSS)

RSS is a Hindu nationalist organization. It does not have a formal membership. Those who attend the RSS Shakhhas are called Swayamsevaks and any Hindu male can become a Swayamsevak (no women can become an RSS member). Shakha is a daily gathering of swayamsevaks of different age groups at a predefined meeting place or ground for one hour. The daily routine programs include physical exercises, singing patriotic chorus, group discussions on varied range of subjects and a prayer for our motherland. RSS believes that India belongs to the Hindus. The RSS perceives Hindu as a term that defines the national identity of the people living in this country, and not a religious or sectarian identity, rather “a way of life.” Primary activity of RSS in Pune before Covid-19 was holding Shakhhas. The RSS is one of the world’s largest non-government associations with approximately 1.5-2 million members that participate in its daily meetings. Shakhhas take place in approximately 36,000 locations across the country. These shakhhas form the “structural foundation” of the RSS and are also used as nodes for welfare provisioning (Andersen and Damle 2018)

Sangtin Kisan Mazdoor Sangathan (sangtin)

This is a people’s movement in Sitapur District of Uttar Pradesh in India. It emerged from Sangtin, a group formed by rural women to enable them to shape the processes of development at all levels. The SKMS saathis or members are mainly marginal farmers or landless laborers in rural Sitapur. More than 90 percent of the approximately 8000 voluntary saathis identify as Dalit, with women and men being equally active in the Sangathan. The overall planning is done by a 45-member core group. Working through collective action, SKMS has led many struggles in the District, e.g., reviving and repairing canals, ensuring employment under the Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA), obtaining pensions for the economically vulnerable, and realizing compensation during natural disasters. SKMS saathis were the first in Uttar Pradesh to realize unemployment benefits under MGNREGA; in January 2009 almost 15 lakh rupees were paid to 826 families in Mishrikh and Pisawan blocks of Sitapur District. Since then, SKMS has expanded its work to health, agricultural, and livelihood issues and spread across half the blocks in the District. SKMS is active in various state-level and national rights-based campaigns and networks.

Working People’s Charter (WPC)

WPC is a national coalition of organizations working on issues related to informal labour in particular, and labour in general. It is an independent entity not affiliated to any organization, federation or political party. The WPC is open all organizations which are working with informal labour – in

organizing, support, research, training, skilling etc. - irrespective of affiliation or sector, who are in broad agreement with the Working Peoples Charter.

Philippines

Agro-Eco Philippines

Agro-Eco Philippines is a farmer-led national network-organization established in 2004. The organization provides services related to sustainable farming and capacity building programs for climate change resilience in agricultural areas across the country through its partnership with people's organizations, local government units, non-government organizations, higher education institutions, and private sector.

Angat Buhay/ Kaya Natin Movement for Good Governance and Ethical Leadership

This organization started through a policy forum initiated by one of the country's leading universities, Ateneo de Manila University, in collaboration with several local government officials known for their anti-graft and corruption initiatives in 2008. The organization later developed into a volunteer-led movement supported by the Vice President of the Philippines, Leonor "Leni" Robredo in collaboration with a network of CSOs and private sector organizations with the aim of mitigating the impacts of poverty and climate change among vulnerable sectors.

Assistance and Cooperation for Community Resilience and Development

Assistance and Cooperation for Community Resilience and Development, Inc (ACCORD) was established in 2010 as a non-profit organization with the aim of providing support for vulnerable communities affected by major disasters. Its core programs center on local capacity building to manage the impacts of poverty and promote sustainable human development.

Coalition of Services of the Elderly

The Coalition of Services of the Elderly, Inc. (COSE) was founded in 1989 by different NGOs and private organizations centered around working with older persons in the Philippines to promote their quality of life through access to health, financial, and psycho-social support. The organization collaborates with local government units and private sectors in their program development and implementation. In 2021, it has more than 100 affiliated organizations across the country.

Community Pantry PH

The Community Pantry PH is a social movement inspired by the Maginhawa Community Pantry that was informally launched by a local resident, Anna Patricia Non, at the peak of the implementation of the Enhance Community Quarantine resulting from a COVID surge which prohibited individuals from leaving their homes. Other villages have later on copied the "take what you need, give what you can" policy of the community pantry. The movement that is highly based online was created to sustain community pantries in the Philippines.

DAMPA- Damayan ng Maralitang Pilipinong Apo

DAMPA, Inc. was established in 1995 after the demand for support for basic services and social protection increased in urban poor areas as demolition campaigns were implemented in the country's capital—Metro Manila. Apart from providing resources to address basic needs, the organization also engage in community organizing that aim to empower the communities to communicate pro-poor legislation with the government.

HIV/AIDS Support House

HASH was co-founded by Desi Andrew Ching and Michael P. De Guzman in 2014 along with other HIV-AIDS advocates who identified the gap in treatment support for people living with HIV (PLHIV). The organization actively collaborates with international organizations and local government units to deliver services such as testing, housing, and access to ART for their stakeholders. The organization is based in the country's National Capital Region.

Kythe Foundation Inc.

Kythe Foundation Inc was founded in 1992 as a non-profit, non-stock organization with the mission of promoting the quality of life of children hospitalized for cancer and other chronic diseases. Through their program called Kythe Child Life Services, the organization links the children and their families to hospitals, donors, and volunteers. It now has 10 hospital affiliations across the country.

Leyte Center for Development

The Leyte Center for Development, Inc. (LCDE) was established in 1986 as a response to the negative socio-economic impacts of the Martial Law. Formerly known as Integrated Lay Workers' Association (ILAW) Resource Center (IRC), LCDE aimed at promoting community empowerment through evidence-based socio-economic services. After the onslaught of Super Typhoon Haiyan, the organization took an active role in equipping vulnerable communities towards disaster response and mitigation through sustainable development. Initially just based in Leyte, the organization now has offices in other parts of the region.

Philippine Rural Reconstruction Movement (PRRM)

One of the oldest civil society organizations in the Philippines, PRRM has been working towards sustainable and equitable development in the rural areas of the country since 1952. Using a fourfold approach to development, the organization implements programs covering the areas of education, livelihood, health, and self-governance. With satellite offices across the country, it utilizes a grounded data approach in promoting policy development with government offices. Its most successful contribution to grassroots democracy is the institutionalization of the Barangay Council—the small political unit in the country mandated to govern villages.

RH Forum Incorporated

Established in 2004, the Forum for Family Planning and Development (also referred to as RH Forum) has been promoting reproductive health in parts of the country that have been identified to have issues on maternal, neonatal, child health and nutrition, adolescent and youth reproductive health, STI/HIV/AIDS control, and gender-based violence. Through capacity building programs, RH Forum engaged local government units in developing policies and programs that could address these issues. They have

coordinators in vulnerable areas and have actively collaborated with government actors to craft policies on reproductive health and family planning.

Rise Against Hunger Philippines

Born out of the demand for food intervention in the aftermath of Typhoon Haiyan, Rise Against Hunger Philippines aimed at immediately deploying food packages to the survivors of the disaster. In 2014, the constant demand for food interventions coming from communities affected by natural disasters necessitated the creation of the local office of the international organization Stop Hunger Now which later rebranded as Rise Against Hunger. With international funding and national registration, the organization has successfully delivered almost 8 million packed meals to vulnerable households. It is the first food bank in the country.

Tahanan Outreach Projects and Services

Founded in 1969 by Justice Corazon Juliano Agrava, TOPS aims at promoting human development through a comprehensive and integrated approach among the youth who are in a vulnerable or crisis setting. With programs spanning from education to food security, TOPS has been actively engaging children and youth towards capacity building that aim to disengage them from risky activities. Primarily funded by private individuals, the organization has focused its interventions in the National Capital Region.