COVID-19: impact on inclusive governance and implications for programming

Guidance Note

Experience shows us that **pandemics require a 'whole of society approach'**.[1] This means enhanced cooperation between state, local government and non-state institutions, particularly community committees – including women's groups and other marginalised groups. CARE's long-standing presence, partner networks and community outreach in the Global South and North means we are **well-placed to facilitate multi-stakeholder collaboration for an inclusive and accountable COVID-19 response.**

> **Collaborative governance** assumes that no single actor has sufficient knowledge or capacity to manage complex problems in an increasingly complex, dynamic and diverse socio-political environment. Collaboration also enables better understanding of local conditions, vulnerabilities and capacities, and better allocation of resources. By expanding collaboration to include a wide variety of organisations beyond the state, resilience (to cope with and rebound from extreme events such as pandemics) is also nurtured, and response effectiveness is increased.[2]

Part I of this guidance note outlines potential governance impacts from the COVID-19 pandemic for consideration when planning and adapting for your COVID-19 response **across all of CARE's regions and impact areas.**

Part II of this note then provides guidance on how to embed an inclusive governance approach as part of CARE's COVID-19 immediate and longer-term response.

For access to resources to support operationalisation of this guidance, see the **Inclusive Governance COVID-19 Toolbox**.

> This guidance note links to several documents stored on CARE Shares, CARE's global knowledge management platform. For those offices that cannot yet access CARE Shares, all relevant documents on CARE Shares can also be accessed here.

PART I: Governance Implications of COVID-19 Pandemic (April 2020)

Whether the context you work in is in the immediate, stabilisation or longer-term 'recovery' phase of the pandemic, it is helpful to consider these wider governance scenarios. Some may never materialise. Each country, programme and project should contextualise these for their own context and needs.

A. Governance Structures and Systems

- National GDP, tax revenues and Foreign Direct Investment will significantly decline. Oil prices and global supply chains could collapse. Countries will default on their debt repayments. Elections could be postponed, and budget and planning cycles for national and local governments will be disrupted. Corruption and resource capture will increase. In some contexts, this could result in state collapse, and in many others, this will likely undermine the responsiveness of formal institutions to deliver basic services, weaken the legitimacy of leaders and degrade trust between state and citizens.

- As the capacity of the state declines and mobility is inhibited, dependence on local government and informal governance structures to make decisions, manage conflicts and provide services will likely increase. This is particularly the case in more decentralised and fragile/conflict-affected contexts. The capacity of informal sector actors to respond will depend on their existing social capital and networks, as well as access to information and resources – which will be highly dependent on socio-economic identifiers such as class, gender and ethnicity.

- The absorptive capacity of both formal and informal governance structures to utilise donor aid resources will be severely inhibited by their own capacities being weakened or immobilised by the COVID-19 pandemic.[3] This risks aid diversion which in some contexts may increase inequality and fuel conflict. Learning from the peacebuilding sector tells us that the aid sector does not have a good track record in sequencing aid flows to reflect both absorptive capacities and need over time.[4] Flows tend to be at their highest during the immediate crises, when absorptive capacity is at its lowest, and drops off just when capacity may have increased and longer recovery efforts are critical for building resilience and prevention of future crises.

- Shortages in basic needs and public spending cuts could lead to civil unrest, which could be used for ideological or political means. We are already seeing public sector strikes by unpaid teachers in Ecuador, for example. A breakdown in the rule of law, as police officers are not paid or courts can no longer function properly, could result in a rise in crime and vigilantism and degrade basic social protection services. The rise of looting and social unrest in southern Italy is already a marker of this trend. Where there is more state (or non-state actor) control, the pandemic could be used as an excuse to increase the use of surveillance and security apparatus. As a result, civic voice and space could shrink in ways that may be hard to roll back in the future. We are, for example, already seeing conflict in the streets between citizens and the security sector in many countries.

B. Inclusion and Accountability

Research shows that the more unequal a society, the lower its resilience to shocks and the higher its propensity for violence.[5]

- **Women's access to decision-making and their ability to engage both economically and politically at all levels and sectors of public life will be further undermined** as women are increasingly pulled into gendered roles as carers and healthcare workers in response to the pandemic. This will have significant impacts both on their own welfare needs, as well as their ability to play public leadership roles in the COVID-19 response. This will undermine the efficacy and equality of the response, affecting how health, water and sanitation, shelter, social protection, security and justice, and economic stabilisation and recovery measures are designed and delivered. It could also undermine resilience and existing systems of social support, and weaken the ability of communities and institutions to build back better. See CARE's Gender & COVID-19 Programme Guidance.

- Access to information is at risk of being limited during the COVID-19 lockdown and yet is crucial for ensuring protection from harm, for inclusive access to resources and networks for recovery, and for holding power holders to account. With restricted mobility, digital technology has real potential to maximise access to information, and strengthen transparency and feedback loops to decision makers. However, who can access technology, and who controls what information is collected and shared (with both decision makers and citizens) can be highly exclusive and gendered, thus undermining inclusive and adaptive COVID-19 responses.

- As state and civic monitoring and accountability systems are weakened by the COVID-19 pandemic, checks and balances to guard against ill-informed decision-making or co-option of resources by the elite will be undermined. This risks reinforcing inequalities in how states respond, and in how the investment, banking and business sectors adapt to the economic damage. As a result, the rights of workers, protection and basic needs of the more marginalised will suffer. Where there is already high unemployment, this risks young people being even further disenfranchised and turning to violence, especially as a group that can typically have less social, economic or political capital to cope with crises. See CARE Policy Brief: The Implications of COVID-19 on Women's Economic Justice and Rights for more analysis on the implications for women and marginalised groups from an economic perspective.

> **State monitoring and accountability systems** include the role of the judiciary, parliament and opposition parties or of national ombudsman services (e.g. for parliaments, health services or local government, for representation of women and minority rights etc.).
>
> **Civic monitoring and accountability systems** include the role of the media, trade unions, academic institutions, business, civil society groups or social movements who facilitate feedback mechanisms, social accountability processes (e.g. community score cards, social audits or citizen charters), community level budget monitoring or national public expenditure tracking, and/or who form issue-based coalitions, lobby groups or national campaigns.

C. Social and Political Stability

Increased state fragility and economic crisis will fuel conflict and undermine the social capital and resilience of communities. 'There is a serious risk that politically and economically weak states will face a perfect storm of elite deaths, debt, mass unemployment, and social unrest.'[6]

- Economic damage and social disharmony could prolong political instability in some countries and contexts. This could include leadership crises, particularly in countries where political institutions are weak and politics is personalised. Here the illness or death of a leader could generate a power vacuum that inspires rival leaders, opposition parties, or the military to launch a power grab. Shortages in basic needs and public spending cuts could lead to civil unrest. This is only made worse by the measures to restrict movement which have undermined coping mechanisms to manage financial insecurity, such as labour migration.

- Existing, underlying societal and household tensions between groups are likely to increase, triggering violence against minority groups and a significant rise in gender-based violence. Certain groups might be perceived or portrayed as vectors of the virus, such as foreigners and migrant workers, or used as scapegoats for political purposes. Those most at risk will be unable to seek safe space because of existing barriers (e.g. refugees/IDPs in camps or those suffering from domestic or workplace violence), which will only be exacerbated due to mobility and economic constraints due to COVID-19.

- Social tensions between groups could also increase based on how resources and services in the COVID-19 response are delivered in already resource-poor contexts. Certain people or organisations will likely be perceived to be holding resources or products for the benefit of some groups over others (e.g. related to hygiene, healthcare or food vouchers). This could be for humanitarian reasons (to meet the needs of the most vulnerable) or political reasons (to build power or political standing by political, religious or ethnic leaders). This could trigger intended or unintended consequences like increased violence, as well as economic shocks such as price inflations or market distortions that will affect groups differently, further weakening social cohesion.

> **Opportunities include:** With crisis comes opportunity to change social and political norms, and opportunity to **build back better**:
> - Social media and technology can be harnessed for the inclusion of women and marginalised voices, and informal governance structures could be better enabled to contribute to inclusive decision-making in emergency response and recovery.
> - We have already seen demand increase for greater access to information and for strong service delivery systems, especially health (even in China, following the death of a whistle blower).
> - There could be increased cooperation at all levels around the COVID-19 response, from a local level up to international institutions, where otherwise populism and isolation have been recent political trends.

PART II: Guidance for embedding an inclusive governance approach in CARE's COVID-19 response

Experience shows us that **pandemics require a 'whole of society approach'**.[7] This means enhanced cooperation between state, local government and non-state institutions, particularly community committees – including women's and other marginalised groups.

> As the WHO argues, a 'whole of society' response requires 'consensus-oriented decision-making, fostering mutual trust, resource sharing, and responsibility. Collaboration may be formal or informal, and may include multiple levels of government, businesses, non-profit and philanthropic organizations, communities, and the wider public.'[8]

CARE's long-standing presence, partner networks and community outreach in the Global South and North means we are **well-placed to facilitate multi-stakeholder collaboration for an inclusive COVID-19 response.**

A. Local Government Structures and Inclusive Planning

Experience from Ebola, SARS and other epidemics tells us that while national governments have played critical policy and legal functions, **functioning local governance systems have been key during previous outbreaks**, especially during the early phases. Therefore, the huge pressure this puts on the regular functioning of the local government system needs to be assessed and understood from the needs of the providers and the most marginalised. **Support at this level of local governance is thus a priority and where CARE can add real value**.

At the local level, **working effectively across hybrid formal-informal governance structures is critical.** Informal governance structures can include religious and community leadership, civil society organisations (CSOs), women's groups, youth networks, business networks, trade unions and school or health committees. In fragile and conflict-affected contexts, where the state may already be weak or absent, **understanding informal structures** for decision-making, coordination, accountability and service provision is the first step. In all cases, **building on existing structures and looking beyond traditional forms of decision-making** (that can often be patriarchal and exclusive in nature) is key.

To do this, CARE should:

- Undertake **rapid gender analyses** and **capacity assessments of local governance** structures to understand how decisions are made, and what capacities there are to absorb resources as the pandemic evolves. This is critical for understanding how local governance structures serve different parts of the community, as well as to prevent aid misuse or diversion, and maximise impact where and when there is capacity to deliver.
- Support the **integration of local needs into local and national planning processes** and context-specific response plans, ensuring the participation of and budget allocation to the most vulnerable communities. This must be based on a clear understanding of the relevant community's understanding of disease and the complex socio-economic and gendered implications of its spread.
- Where we gain humanitarian access, use our **community-based participatory planning and budgeting tools** to support inclusive design of the COVID-19 response, emphasising inclusion of women and marginalised groups.

- After the initial crisis subsides, use these tools to build more **collaborative approaches between formal and informal governance systems**, and to build inclusive and resilient systems of governance and service provision to build back better. Here, CARE's role in championing women's voice and leadership in these processes will be key.

B. Women's Voice & Leadership

The World Health Organization has acknowledged the **role of women in prevention and response to major outbreaks** (WHO, 2019).[9] However, women's voice and leadership in emergency and nexus programming is at risk of being deprioritised and must be protected. Women's leadership and contributions are essential to meet immediate needs, to harness all the problem-solving skills of all genders and to protect against a hardening of gender inequalities. Inequalities could be hardened by, for example, pushing women back into the home, or COVID-19 being used as a cover to retrench women's rights or restrict their civic activism. CARE's Women Lead in Emergencies approach must therefore be central to CARE's COVID-19 response, at all stages of our response, across the triple nexus.

> **CARE's Women Lead in Emergencies Model**
> Women's groups use a Rapid Gender Analysis on Power to analyse and identify areas of emergency responses where their ideas, skills and networks are being underutilised. Based on Women Lead Action Plans, women's groups are then supported to engage decision makers and participate in decision-making forums to influence the design and implementation of responses and services. The Women Lead model is flexible, without pre-determined sectors and activities, to enable women's groups to decide their own contexts, sectors and programming.

In addition to supporting women in taking up decision-making positions as an approach, CARE should also consider how we may create an enabling environment for our partners, including women's rights organisations, to cope and adapt to this crisis. Can we help with funding for CSOs to give them time to adapt and innovate to survive, can we help them build their networks to sustain political pressures, can we help them communicate their core messages with a collective voice? (see Gender Transformative Partnerships in Emergencies and Resiliency Framework: A Practical Guide for Civil Society to Thrive in Uncertainty, CIVICUS and Partners Global, 2019).

To do this:
- **CARE's Women Lead in Emergencies Model and Toolkit** (forthcoming) should be used to support the participation of grassroots women's groups (e.g. faith-based groups, VSLAs, self-help groups, EKATA or REFLECT groups) in emergency response and decision-making.[10]
- The toolkit can also be used to support women's rights organisations in their own domestic advocacy to ensure women's needs and priorities are included in response decisions.
- Components of the forthcoming Women Lead Toolkit, such as the Rapid Gender Analysis on Power (RGA-P) and Co-Create Tools, could also be used alone (such as with first responders and grassroots women's organisations) to identify entry points for their leadership. The RGA-P and Co-Create tools are available on request: please contact Tam O'Neil (oneil@careinternational.org) or Isadora Quay (quay@careinternational.org).
- As contexts move beyond immediate crises, CARE should also draw on our wider **Women's Voice and Leadership** framework to support enabling environments for women to engage politically in public decision-making spaces. We should also be identifying new opportunities formed by this crisis for women to take up leadership roles.

C. Equal Access to Information

Understanding **information asymmetry (imbalance in access to information)** and how this impacts on different populations' ability to cope, participate and recover is also critical for inclusive governance of an effective COVID-19 response. With restricted mobility, **digital technology has real potential to maximise access to information, and maximise transparency and feedback loops to decision makers**. However, who can access technology, and who controls what information is collected and shared (with both decision makers and citizens) can be highly exclusive and gendered, thus undermining inclusive and adaptive COVID-19 responses.

In times of crisis, it is **challenging for local communities to inform humanitarian response efforts** in a timely, coordinated way. Some country offices are already planning on using SMS to gather information on community needs for a COVID-19 response. Another solution is to digitise community score card (CSC) data as a means of providing timely responses, fostering interactive processes, ensuring transparency and enabling scaling. By ensuring the data is disaggregated, CARE can provide large-scale data sets on the needs of women and marginalised groups for an inclusive COVID-19 response.[11]

> **How we digitise the CSC tool:** Historical or new data from community score card (CSC) processes (on community needs and perceptions of the quality of service provision) are collected via a CSC App. Findings are then fed into a web-based platform that will aggregate data from various sources. The platform serves as a dashboard where gender- and age-disaggregated data can be clearly presented and made accessible to multiple stakeholders.
>
> This technology and approach has been piloted and is currently being implemented in Malawi.

CARE can play a key role by:

- Ensuring women and marginalised groups have access to the right, gender-responsive information for their needs and rights;
- Actively ensuring that gender/age-disaggregated data is accessible to decision makers and reflects the voice and needs of women and marginalised communities, using gender-responsive technology such as the CSC app;
- Informing and monitoring the use of technology, traditional and social media as an inclusive tool for effective communication, as part of our community engagement strategies.

D. Accountability and Trust-building

We know from Ebola, SARS and other epidemics that **trust between state (or power holder) and citizen is crucial for an effective response**. In the Ebola response, for example, sustained engagement and communication with community groups active at the local level helped build trust, confidence in response efforts and enabled community participation and action.[12] This requires clearly defined duties and obligations, as well as explicit investment in processes and mechanisms for **trust building, accountability and information sharing**.[13] [14]

> **Ebola in Sierra Leone: The Importance of Dialogue and Early Community Engagement**
> Early in the Ebola epidemic, the government of Sierra Leone banned traditional healers and herbalists from practising traditional medicine, placing blame on local healers for fuelling the outbreak. Organisations engaged in the Sierra Leone response belatedly began a dialogue with traditional healers to facilitate their participation in epidemic control, rather than marginalising or blaming them for driving infections.[15]

Through the **Community Score Card (CSC) tool** CARE can focus on enhancing accountability to the vulnerable and marginalised people we support in crises.[16] Since 2002, CARE has implemented the CSC to elevate community needs, shift local power dynamics, and promote local leadership and community-generated solutions. By **integrating the CSC within our larger humanitarian approach**, this allows us to adapt this powerful process to generate locally-driven humanitarian solutions and lines of accountability, in partnership with women and girls. Here CARE should build local leadership in our COVID-19 response by supporting women and girls' leadership in designing and implementing the CSC.

As response plans become operationalised, CARE should play a lead role in **holding decision makers to account for their performance on gender regarding COVID-19 response** policies and commitments. This should include supporting civic or state monitoring processes such as gender budget monitoring, public expenditure tracking or media reporting. It could also include providing institutional support to government ministries (e.g. ministries for women or planning) to monitor and be transparent about their own internal performance in this regard.

In the longer term, using evidence from monitoring and accountability processes, CARE can add more systemic value by working with **issue-based coalitions and supporting social movements** in support of local and national campaigns that demand COVID-19 recovery that is inclusive and accountable to citizen needs.

In the **immediate emergency response phase**, CARE should:

- Input into coordination response processes, ensuring clear lines of responsibility and accountability across state and non-state sectors;
- Establish effective and rapid feedback mechanisms for responsive and adaptive programming;
- Facilitate inclusive community engagement and communication strategies that are responsive to gender, disability and age-based needs, and
- Ensure clear transparent communication and monitoring of CARE's own institutional accountability, in line with the CARE Accountability Framework and wider humanitarian commitments.

In the **transition to stabilisation and 'recovery' phase**, CARE should:

- Facilitate social accountability processes between service users and providers to identify needs, service delivery blockages and opportunities, and to agree collective action plans for action and accountability (e.g. using community score cards, social audits or citizen charters);
- Train government staff and local leaders on social accountability principles and CSC approaches, and work with local and national governments to adapt the CSC for integration into humanitarian response. The CSC digital application can be integrated in these trainings;
- Support civic or state monitoring processes (such as budget tracking) to monitor government performance on gender regarding COVID-19 response policies and commitments, and
- Facilitate issue-based coalitions and national campaigns, and support social movements to promote longer-term COVID-19 recovery that is inclusive and accountable to citizen needs.

E. Social Cohesion

CARE recognises the increased risks of conflict and violence at multiple levels due to this, and potential future, pandemics. Building collective social capital and facilitating social cohesion for greater resilience to shocks will therefore be critical aspects of CARE's COVID-19 response. To do this, CARE must:

- Ensure Do No Harm and conflict sensitivity are embedded in all our work;
- Take an integrated and participatory approach to analysis (political economy, gender, social and conflict) to understand the contextual implications of this pandemic at an individual, household, community, societal and systemic level;
- Provide, where possible, protection to the most vulnerable, whether it be from GBV or religious/ethnic-based discrimination, and
- Facilitate, where appropriate, collective analysis, planning and implementation around shared needs and interests of stakeholders to build social cohesion and shared benefits in recovery.

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ENDNOTES

[1] J. Schwartz and M. Y. Yen, "Toward a collaborative model of pandemic preparedness and response: Taiwan's changing approach to pandemics," *Journal of Microbiology, Immunology and Infection* 50, no. 2 (April 2017): 125-132.

[2] Schwartz and Yen, "Toward a collaborative model of pandemic preparedness and response."

[3] Absorptive capacity is the capacity of a recipient country to program and use foreign assistance in a manner acceptable to donors. This includes the capacity to plan, procure and deliver goods and services to citizens in need in an effective, timely and accountable manner.

[4] P. Collier et al., *Breaking the Conflict Trap: Civil War and Development Policy* (Washington, DC: The World Bank, 2003), 157–9.
P. Collier, "Aid, Policy and Growth in Post-Conflict Countries," Dissemination Notes Number 2, World Bank Conflict Prevention and Reconstruction Unit, 2002.

[5] V. Le Masson, A. Norton and E. Wilkinson, *Gender and Resilience*, ODI, London, 2017.
PRIO, *Inequality and Armed Conflict: Evidence and Data*, Oslo, 2017.

[6] N. Cheeseman, "The Coronavirus Could Topple Governments Around the World," *Foreign Policy*, March 31, 2020.

[7] Schwartz and Yen, "Toward a collaborative model of pandemic preparedness and response."

[8] In what is described as a 'whole-of-society pandemic readiness approach', the WHO argues that states should draw on non-state actors to play a variety of roles, including distributing resources; obtaining and disseminating information to educate and mobilise the public to achieve healthcare priorities; representing community interests while promoting equitable access; and providing some financing and monitoring of care (Schwartz and Yen, "Toward a collaborative model of pandemic preparedness and response").

[9] During the Ebola epidemic, women played a leading role in community engagement, sensitisation and advocacy. Women Leaders supported awareness-raising through radio programmes to promote key messages and advice on family issues during the time of crises. Training of village women leaders and journalists on how to better engage women at the community level meant early detection of those who were sick, critical for rapid containment measures and reducing the spread of the virus. (WHO, "Women are key in Ebola response," *WHO Newsroom – Facts in pictures,* January 27, 2019).

[10] During the COVID-19 response and restrictions on mobility, the Women Lead in Emergencies Model as a whole can only be applied in contexts where CARE already has a relationship with women's groups.

[11] To protect vulnerable constituencies, the CARE CSC digital app and dashboard will not contain personally identifiable information, and all data will be end-to-end encrypted, accessible only through a password/administrator rights system.

[12] "Community engagement and social mobilization," Emergencies preparedness response, WHO.

[13] R. Wang, "Governance Implications Of Global Infectious Disease Epidemics Under Shared Health Governance Scheme. Lessons From Sars," *Public Health Theses*, Yale University School of Public Health (January 2012).

[14] Schwartz and Yen, "Toward a collaborative model of pandemic preparedness and response."

[15] Olive Minor, "Ebola and Accusation: Gender Dimensions of Stigma in Sierra Leone's Ebola Response," Anthropology in Action 24, no. 2 (June 2017).

[16] During the CSC process community members, service providers and power holders come together to identify core issues and challenges and together identify the changes they want to see. They then outline steps to a shared solution (or action plan), with clear lines of accountability.