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Engaging Civil Society Organizations to Enhance the Effectiveness of COVID-19 Response Programs in Asia and the Pacific

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This governance brief reflects on how civil society organizations (CSOs) can take on a more active role to complement government efforts—including those supported by development partners—to address health, social, and economic crises caused by the coronavirus disease (COVID-19) pandemic. Expanding CSO engagement would be in line with the Asian Development Bank's Strategy 2030 and would help expedite implementation, increase inclusion, and enhance transparency and accountability of COVID-19 response programs including the massive vaccination rollout. The brief suggests a framework to formulate country context-sensitive programs for expansion of CSO engagement, particularly at the local government level.

1. Overview

The coronavirus disease (COVID-19) pandemic has caused unprecedented and ongoing public health, social, and economic crises that have created a “new normal” defined by a larger role for the state in addressing increases in poverty and inequality, persistent low employment, widespread business bankruptcies, and increasing inequality. According to the ADB COVID-19 Policy Database, developing members committed \$3.69 trillion to address the crises as of 22 February 2021. In April 2020, the

Asian Development Bank (ADB) established a \$20 billion COVID-19 response program to assist developing member countries (DMCs). The Asia Pacific Vaccine Access Facility was launched in December 2020. Additional funds for COVID-19 response programs were provided by the World Bank, Asian Infrastructure Investment Bank, International Monetary Fund, and bilateral donors.

Governance experts point out that COVID-19 response programs face significant risks associated with inefficiency, implementation delays, poor targeting of beneficiaries, diversion of funds, and

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corruption. Governments of DMCs and ADB are collaborating to assess the risks relevant to COVID-19 response programs as well as implement policies and procedures to mitigate these risks. ADB and other development partners are supporting the mitigation efforts through technical assistance and knowledge sharing.

Implementing and accountability institutions in DMCs face the challenges of delivering the results promised in the COVID-19 response programs under implementation and transparently accounting for integrity in the use of money spent. These challenges are placing large demands on governments' delivery capacity and accountability systems. The unprecedented vaccination campaigns aggravate these demands. Governments and donors should consider strategically augmenting their capacities and efforts by expanding this collaboration with civil society organizations (CSOs), particularly at the local government levels.

CSOs have decades of experience in public health, immunization, social protection, livelihood programs, and social accountability. Evaluation and case studies cited in this brief provide evidence on the positive outcomes of CSO engagement and success factors. ADB policies and Strategy 2030 recognize this and call for increasing CSO collaboration in ADB-supported operations to improve quality and inclusiveness. ADB has also been supporting CSO engagement through technical assistance grants.

CSOs have begun complementing COVID-19 responses of governments. The Global Alliance for Vaccination and Immunization (Gavi) and the COVID-19 Vaccines Global Access (COVAX), the global initiative for procurement and distribution of COVID-19 vaccines, also recognize the expertise of CSOs in public health and vaccination and have included them in their governing boards and operations.

Governments can create a positive environment for collaboration with CSOs by inviting them to be involved in efforts within designated areas, sharing information with them, and organizing two-way communications between local authorities and CSOs.

By working constructively with government authorities, particularly at the local government levels, CSOs can help improve one or more of the following outcomes: implementation effectiveness using community engagement and feedback loops; lifesaving behavioral changes among at-risk population groups; responsiveness and integrity in public expenditures; responsiveness and accountability of public officials; detection and reporting of corruption in the delivery of services; economy and efficiency in public procurement and distribution; trust between communities and government authorities; and improved inclusion in government programs through representing the voices and needs of marginalized groups.

This brief offers a framework for expanding CSO engagement to complement government efforts for the efficient implementation of COVID-19 programs in a transparent and accountable manner. The framework includes objectives, six programmatic areas for CSO activities, and expected outcomes of CSO engagement. It emphasizes that one approach may not fit all situations. A context-specific, differentiated approach and fully resourced CSO engagement plan for each country and/or COVID-19 response program must be defined based on an assessment of the local situation and specific objectives linked to results and accountability.

2. Introduction

The COVID-19 pandemic has led to public health, economic, and social crises around the world on a scale unseen in the past century. According to the *Asian Development Outlook December 2020 Supplement*, economic growth in developing Asia turned negative in 2020 for the first time in nearly 6 decades. The recovery from the pandemic is expected to last many years.¹ The post-pandemic “new normal” is projected to involve sluggish growth, larger roles for the state, rising poverty and inequality, more business bankruptcies, and persistent unemployment, especially among the youth.²

¹ ADB. 2020. *Asian Development Outlook Update, September 2020: Economic Forecasts*. <https://www.adb.org/what-we-do/economic-forecasts/september-2020>.

² ADB. 2020. *Updated Assessment of the Potential Economic Impact of COVID-19*. <https://www.adb.org/publications/updated-assessment-economic-impact-covid-19>; World Bank. 2020. *Projected Poverty Impacts of COVID-19*. <https://www.worldbank.org/en/topic/poverty/brief/projected-poverty-impacts-of-COVID-19>; and H. Osborne, P. Vandenberg, and C. Morris. 2020. *Putting Youth Employment at the Center of Asia's Pandemic Recovery*. *Development Asia*. 20 November. <http://development.asia/policy-brief/putting-youth-employment-center-asia's-pandemic-recovery>.

ADB is working with its DMCs to make rapid responses to the COVID-19 pandemic.

As of 11 January 2021, DMCs have committed \$3.6 trillion for COVID-19 response programs.³ ADB has put in place a \$20 billion comprehensive response to the pandemic⁴ and approved \$16 billion as of 11 December 2020 to support DMCs' responses, covering fiscal stimulus in the form of countercyclical public expenditures, social protection initiatives for vulnerable groups, development of health systems, and technical assistance (Box 3). In December 2020, ADB established the \$9 billion Asia Pacific Vaccine Access Facility to support its DMCs for fast, high-quality, safe, and equitable vaccine access.⁵

The unprecedented speed and scale of COVID-19 responses are placing large demands on government institutions' capacity. Expanding collaboration with CSOs would supplement government capacities and efforts for efficient implementation and risk mitigation in COVID-19 response programs. ADB's Strategy 2030 and the United Nations' 2030 Agenda for Sustainable Development call for increased collaboration with CSOs.⁶

3. Implementation and Governance Risks in COVID-19 Programs

Risk management is essential for the effectiveness of COVID-19 responses. The main objective of the COVID-19 response programs launched in 2020 was to address the adverse health, social, and economic effects of the pandemic on households—especially the poor and vulnerable—and businesses. However, there are risks to achieving these objectives. For example, implementation and integrity are negatively impacted by the prolongation of the pandemic, gaps in technical implementation, coordination capacity of government agencies, and insufficient enforcement of government accountability.

If such risks are not adequately mitigated, the consequences will be felt beyond the direct losses due to corruption and leakages by prolonging the negative social and economic effects, eroding trust in governments, and jeopardizing the success of the COVID-19 responses.

Development partners have highlighted key implementation and governance risks in COVID-19 programs. The generic risks shown in Box 1 reflect a review of policy briefs/notes from ADB, the World Bank, the International Monetary Fund, the U4 Anti-Corruption Resource Center, the Open Government Partnership, the International Budget Partnership, and Transparency International. The source documents used in the review are listed in the Appendix. Similar risks apply to vaccination programs. The nature and extent of these risks in a particular COVID-19 program will vary depending on individual country and sector circumstances.

4. Risk Mitigation Measures in COVID-19 Programs

All governments and donors have policies and programs to ensure integrity in government spending, and these are being applied to COVID-19 programs. Key transparency and accountability policies and institutions include disclosure of and access to information, internal controls on spending including internal audits, independent audit by supreme audit institutions, anticorruption policies and agencies, ombudspersons, grievance redress mechanisms, public financial management, public procurement laws, and civic engagement. ADB incorporates risk analysis as an integral part of managing results using the Design and Monitoring Framework (DMF) tool.⁷ Included in the DMF are risks and assumptions affecting the results. A risk assessment management plan (RAMP) outlining the risk mitigation measures is agreed with the government and disclosed

³ ADB. 2020. ADB COVID-19 Policy Database. <https://covid19policy.adb.org>.

⁴ ADB. 2020. *ADB's Comprehensive Response to the COVID-19 Pandemic*. <https://www.adb.org/sites/default/files/institutional-document/579616/adbs-comprehensive-response-covid-19-pandemic-redacted-version.pdf>.

⁵ ADB. 2020. *ADB Support to Enhance COVID-19 Vaccine Access*. December. <https://www.adb.org/documents/adb-support-enhance-covid-19-vaccine-access>.

⁶ ADB. 2018. *Strategy 2030: Achieving a Prosperous, Inclusive, Resilient, and Sustainable Asia and the Pacific*. July. <https://www.adb.org/sites/default/files/institutional-document/435391/strategy-2030-main-document.pdf>.

⁷ The DMF outlines impact, outcome, outputs, activities, and indicators for each output, including a baseline to assess performance. ADB. 2020. *Guidelines for Preparing A Design and Monitoring Framework*. October. <https://www.adb.org/documents/guidelines-preparing-design-and-monitoring-framework>.

Box 1: Implementation and Governance Risks in COVID-19 Response Programs



Source: Compiled by the author from source documents listed in the References, Section B.

publicly.⁸ As part of the RAMPs for COVID-19 response programs, governments are taking specific measures, as discussed in the following, to mitigate implementation and governance risks.

Financial management systems need to be strengthened. ADB is supporting financial management reforms in DMCs. Box 2 provides an example of a recent regional initiative in this regard. In addition to these, public financial management

⁸ RAMP include assessment of governance risks in public financial management, procurement, audit, and corruption. Risks are rated: High, Substantial, Moderate, Low. The policies and procedures for RAMP are described in ADB. 2010. Operations Manual, Bank Policies: Anticorruption. <https://www.adb.org/sites/default/files/institutional-document/31483/om-c5.pdf>; and ADB. Guidelines for Implementing ADB's Second Governance and Anti-Corruption Plan. <https://www.adb.org/documents/guidelines-implementing-adbs-second-governance-and-anticorruption-action-plan-gacap-ii>.

Box 2: ADB Technical Assistance to Strengthen Public Financial Management in Asia and the Pacific

- From 2014 to 2019, a regional technical assistance project was implemented at a cost of \$1.1 million. It strengthened the capacity of auditors in Cambodia, Myanmar, Nepal, and Samoa as well as government financial reporting in Bangladesh, Fiji, Indonesia, Sri Lanka, and Viet Nam. Key outcomes were enhanced quality assurance processes by professional accounting organizations; enhanced quality of audits; and increased capacity of supreme audit institutions staff.
- Phase 2 (2018–2021) of this regional initiative was launched at an estimated cost of \$1.1 million. It aims at enhanced public and private audit and accounting capacity for improved management of public resources. It continues the assistance in Cambodia, Georgia, Nepal, and Samoa while initiating new activities in Armenia, the Philippines, Pakistan, and Uzbekistan. It also includes six financial management training sessions for staff of implementing agencies and supreme audit institutions.

Source: ADB. <https://www.adb.org/projects/48191-001/main> and <https://www.adb.org/projects/52113-001/main>.

reforms are supported at the country level through numerous loans and technical assistance projects.

Stronger management, monitoring, and reporting arrangements for COVID-19 response programs are needed. In several countries, ADB and its development partners are providing technical assistance grants to support the implementation of this work. The grants encourage regional cooperation, pandemic preparedness and response programs, emergency supplies, institutional capacity building, economic policy advice, portfolio management, and strengthened social protection capacity. One example of such improved monitoring and reporting is done by Indonesia for its COVID-19 Active Response and Expenditures Support in 2020.⁹ The report covers areas of progress in implementation as well as areas for improvement, ADB assessment of progress, and recommendations.

Flexible procurement processes are needed to facilitate emergency procurement of medical supplies. Timely procurement of goods and services for COVID-19 testing, tracing, vaccination, and treatment is of paramount importance. ADB has initiated several actions in its procurement framework to help its DMCs fast-track procurement while containing risks.¹⁰ These actions (Box 3) include a framework for emergency procurement, supply chain mapping for pandemic-fighting products, direct outreach to suppliers, and partnerships with

the United Nations and international agencies for procurement in the global market.

Anticorruption measures and full compliance with ADB anticorruption policy need to be strengthened. ADB has extended support for intensifying internal and external audits in many countries and for strengthening anticorruption agencies. It has also required full compliance with its anticorruption policy in COVID-19 operations. The anticorruption policy¹¹ supports efficient, effective, transparent, and accountable public administration in DMCs, maintaining the integrity of ADB lending and technical assistance operations as well as ethical standards among ADB staff. The policy provides for sanctions in case of proven corruption.

Disclosure of information about ADB assistance for DMCs' COVID-19 responses is required. Each DMC discloses information and provides it on request according to its legal and policy framework. DMCs' efforts are supplemented by ADB's Access to Information Policy approved in 2018 that is grounded in a presumption in favor of disclosure.¹² All members of the public including CSOs can access information using the processes outlined in the ADB policy. ADB's information disclosure policy and procedures represent best practices and were ranked first among 45 leading development organizations in the Aid Transparency Index 2020 produced by Publish What You Fund, an independent research and advocacy organization.¹³

⁹ ADB. 2020. *Republic of Indonesia: COVID-19 Active Response and Expenditure Support Program Quarterly Monitoring Report (July–September 2020)*. October. <https://www.adb.org/sites/default/files/project-documents/54139/54139-001-dpta-en.pdf>.

¹⁰ For information on procurement framework please see ADB. *Update of ADB Procurement Reforms The ADB Procurement Framework*. <https://www.adb.org/sites/default/files/am-content/484786/update-of-adb-procurement-reforms-ashraf.pdf>.

¹¹ ADB. 2010. *Operations Manual, Bank Policies: Anticorruption*. <https://www.adb.org/sites/default/files/institutional-document/31483/om-c5.pdf>.

¹² ADB. 2018. *Access to Information Policy*. September. <https://www.adb.org/documents/access-information-policy>.

¹³ Aid Transparency 2020. <https://www.publishwhatyoufund.org/the-index/2020/>.

Box 3: ADB Procurement Assistance to DMCs in COVID-19 Response

Given the global competition and urgency, ADB has taken a number of actions to help its DMCs procure COVID-19-related medical supplies and equipment economically and efficiently. For example, it has done the following:

- Adapted flexible procurement processes to facilitate emergency procurement of medical supplies.
- Enhanced hands-on operational procurement and logistics support to DMCs.
- Undertook supply market assessment for critical medical goods and health expertise.
- Provided training and awareness building.
- Expanded its business outreach activities.
- Carried out direct procurement of critical medical goods as an immediate response to the urgent needs of the DMCs. Some examples of direct procurement include the following:
 - A **\$48.3 million regional technical assistance** mobilized by the ADB's Health Sector Group. The technical assistance covers procurement of medical supplies such as medicines, personal protective equipment, reagents, and associated consulting services.
 - A **\$5 million Rapid Emergency Supplies Provision Project “Bayan Bayanihan”** that delivered critical food supplies to more than 140,000 of the most vulnerable households in Metro Manila and neighboring provinces, areas hardest hit by the pandemic.
 - A **new Pandemic Sub-National Reference Laboratory in San Fernando City** that was funded by a \$3 million grant from ADB's Asia Pacific Disaster Response Fund to significantly increase the country's testing capacity for the COVID-19 disease.

Source: ADB. COVID-19 (Coronavirus): ADB's Response. <https://www.adb.org/what-we-do/covid19-coronavirus/procurement>.

The establishment of multistakeholder engagement mechanisms, known as Country Engagement Frameworks (CEFs), has been adopted in Cambodia, Indonesia, Myanmar, the Philippines, and Thailand (Box 4). Such mechanisms will build up linkages with CSOs, some of which existed before the crisis. In most of the DMCs, ADB has been supporting multistakeholder engagement platforms involving local country CSO networks and CSO advisory groups.¹⁴ Such platforms have also been established for localizing Sustainable Development Goal (SDG) mechanisms with CSOs and as part of Open Government Partnerships.¹⁵

Risk mitigation and speedy implementation need to be balanced. Proponents of ensuring the integrity of COVID-19 emergency spending acknowledge the need to use emergency procedures to enable fast responses. However, they emphasize that speed and accountability are not mutually exclusive. They recommend that exceptions to

normal procedures include guidelines for proper documentation and justification, full disclosure of procurement transactions, clear specification of oversight responsibilities, stronger internal controls, and full disclosure of eligibility criteria for income support and social protection benefits.¹⁶

5. The Role of Civil Society Organizations in Enhancing the Effectiveness of COVID-19 Programs

ADB's Strategy 2030 as well as the UN's Agenda 2030 call for governments, CSOs, and donors to collaborate to enhance results. The Agenda 2030 recognizes that governments alone cannot achieve the goals of sustainable achievement and calls for collaboration among development partners including the civil society.¹⁷ CSOs have engaged in ADB-funded operations for many years, gathering and sharing information, facilitating consultations,

¹⁴ Examples are found in ADB. 2020. *Highlights of ADB's Cooperation with Civil Society Organizations 2019*. July. <https://www.adb.org/documents/highlights-adb-cooperation-civil-society-2019>.

¹⁵ For examples, see H. Lindroth. 2016. *The Open Government Partnership in Asia and the Pacific*. *Governance Brief*. April. <https://www.adb.org/publications/open-government-partnership-asia-and-pacific>.

¹⁶ H. L. Wang and R. T. Mascarinas. 2020. *Five Ways to Stop Corruption in Its Tracks*. *Asian Development Blog*. <https://blogs.adb.org/blog/five-ways-stop-corruption-its-tracks>; and E. Olowo-Okere. 2020. *Can Corruption Risks be Mitigated Without Hindering Government's COVID-19 Response?* World Bank. <https://blogs.worldbank.org/voices/can-corruption-risks-be-mitigated-without-hindering-governments-covid-19-response>.

¹⁷ United Nations. *Transforming Our World: The 2030 Agenda for Sustainable Development A/RES/70/1*. <https://sustainabledevelopment.un.org/content/documents/21252030%20Agenda%20for%20Sustainable%20Development%20web.pdf>.

Box 4: High-Level Experts Panel and Country Engagement Frameworks for COVID-19 Recovery in Southeast Asia

High-Level Experts Panel: The Asian Development Bank President has convened a panel of experts in economics, finance, and health to help governments in Southeast Asia with options for recovery from the pandemic. The panel interacts with government ministers and other senior officials. At its first meeting in June 2020, the panel discussed lessons learned from early pandemic response measures and medium- to long-term priorities for transformational and sustainable reforms.

Country Engagement Frameworks: These have been set up with customized members and governance in Cambodia, Indonesia, Myanmar, the Philippines, and Thailand:

- **Objective:** To support effective implementation and monitoring of COVID-19 response.
- **Structure:** An apex-level committee comprising senior government officials and ADB (some CEFs also include other development partners). Subcommittees/working groups for private sector and civil society participation and interaction are customized for each country. CEFs in Cambodia and Indonesia have CSO working groups, which meet periodically with government officials and development partners.
- **Tasks:** Share information. Seek feedback for improvements, including from civil society and private sector. Knowledge sharing on international practices.
- **Frequency:** Varies during the implementation of the COVID-19 response program.

Sources: ADB. 2020. ADB Convenes High-Level Advisory Panel to Support COVID-19 Recovery in Southeast Asia. News release. 10 June. <https://www.adb.org/news/adb-convenes-high-level-advisory-panel-support-covid-19-recovery-southeast-asia>; and CEF documents on at <https://www.adb.org/projects>.

and carrying out collaborative and participatory activities.¹⁸ ADB's Strategy 2030 Operational Plan 6 (OP6) for Strengthening Governance and Institutional Capacity (2019–2024) notes that civil society engagement improves the quality of ADB's operations and contributes to increasing inclusiveness. It calls for strengthening collaboration with CSOs to tap their unique strengths such as local presence and specialized knowledge.¹⁹ The OP6 envisages several actions to operationalize such collaboration: (i) exploring mechanisms to enter into operational partnerships with CSOs; (ii) encouraging citizens to become more involved in the design, implementation, and monitoring of ADB's operations; (iii) working with smaller as well as umbrella CSOs to strengthen social accountability and contribute to responsive service delivery; (iv) extending support for maintenance of civil society space in DMCs; (v) facilitating multistakeholder engagement; (vi) leveraging the supply and demand sides of governance; and

(vii) developing supportive operational processes and staff instructions.

Research and evidence on impact evaluation show that CSOs' engagement produces positive results when the context is supportive. A review of the evidence on CSO contributions for improved governance²⁰ as documented in more than 30 studies revealed the following insights:

- a. CSO-led transparency and accountability initiatives have produced the following positive outcomes, particularly at the local levels, when the context is supportive.
 - i. Increased transparency and awareness
 - ii. Increased access to services, inclusion, and community participation
 - iii. Increased government responsiveness to community needs
 - iv. Improved implementation and grievance redress
 - v. Enhanced accountability and trust of the state
 - vi. Reduced waste and corruption

¹⁸ ADB. 2020. *Highlights of ADB's Cooperation with Civil Society Organizations 2019*. July. <https://www.adb.org/documents/highlights-ADB-cooperation-civil-society-2019>.

¹⁹ Also see ADB. 2019. *Strategy 2030 Operational Plan for Priority 6: Strengthening Governance and Institutional Capacity, 2019–2024*. September. pp. 21–22. <https://www.adb.org/sites/default/files/institutional-document/495976/strategy-2030-op6-governance.pdf>; and ADB. 2018. *Strategy 2030: Achieving Prosperous, Inclusive, Resilient, and Sustainable Asia and the Pacific*. <https://www.adb.org/sites/default/files/institutional-document/435391/strategy-2030-main-document.pdf>.

²⁰ The review was done by a team of experts at the Partnership for Transparency, where the author works. Please see V. Bhargava et al. 2019. Chapter 3: Research Evidence on the Effectiveness of Civic Engagement to Improve Governance. In *Expanding Civil Society Contributions to the Governance Agendas of the Sustainable Development Goals and International Financial Institutions*. Washington, DC: PTF. <https://www.ptfund.org/publication...page/sdg16/>. A curated list of studies reviewed is included in the Appendix.

Box 5: ADB Program to Engage Civil Society Organizations to Mitigate the Impact of COVID-19 through Community-Led Interventions

Expected outcome: To increase collaboration with CSOs and community-based organizations in supporting COVID-19-affected communities. 15 communities with about 50,000 persons, of whom at least 50% are women, are expected to benefit.

Outputs: (i) Community-based crisis prevention, mitigation, and adaptation capacity increased; (ii) informal social protection programs stressed by the impacts of COVID-19 supported; and (iii) economic support provided to people with livelihoods affected by the COVID-19 pandemic.

Cost and Financing: \$2 million initial funding through a grant from the Japan Fund for Poverty Reduction (JFPR) administered by the ADB. Additional financing proposed for 2021 due to high number of submittals from CSOs.

Implementation Arrangements: CSOs from 12 developing countries in Asia-Pacific invited to submit concept notes. Five projects will be selected by April 2021 and implemented during 2021–2023 from initial JFPR funding. Eligible countries are Armenia, Cambodia, the Cook Islands, the Lao People's Democratic Republic, Mongolia, Niue, the Philippines, Samoa, Thailand, Timor-Leste, and Viet Nam.

Source: ADB Technical Assistance Report. Project number: 54368-001. November 2020. <https://www.adb.org/projects/54368-001/main>.

- b. The strongest evidence of positive outcomes is found in public services delivery and public financial management and at local government and community levels.
- c. The use of CSOs as intermediaries makes a significant difference in efforts to raise awareness, organize collective action, facilitate constructive engagement with authorities, ensure inclusion, and complete the two-way feedback loop.
- d. Combining continuous engagement and multiple social accountability tools to enable collective action produces better outcomes than one short-term intervention.
- e. A supportive context matters for success and is characterized by access to information, the willingness of authorities and CSOs to engage, technical and financial capacity of CSOs, and citizen willingness to participate in development processes. When these conditions are not found negative outcomes such as token participation, reprisals and denial of service, elite capture, violent state response, and community disenchantment can occur.

CSOs have enhanced roles in design, implementation, and monitoring of COVID-19 response and recovery programs. A discussion paper by the Centre for Disaster Protection provides many examples of the roles CSOs have played and can play in the delivery, implementation, governance, and monitoring and evaluation of

disaster responses.²¹ During the design, they can help facilitate stakeholder consultations, ensure that the design is responsive to community needs, and ensure that the views of marginalized groups are heard. As implementers, they can complement government authorities in distributing relief, increasing inclusion, and improving the targeting of social protection and income support programs. CSOs that have a grassroots presence can serve target groups in remote areas rapidly and responsively, sometimes beyond the stretched capacities of the state. Their close links to communities make CSOs trusted sources of information about a crisis and subsequent relief measures. As monitors, they can verify whether goods and services have reached the intended beneficiaries, report on implementation bottlenecks, assure compliance with transparency and integrity provisions in public procurement and public services delivery, and promote the efficacy of the feedback loop between citizens and service providers. They can also supplement the work of government accountability institutions such as supreme audit institutions, internal auditors, finance and budget authorities, ombudspersons, and anticorruption agencies.

CSOs have begun engaging in COVID-19 programs, particularly at the community level, setting the stage for scaling up. Traditionally, CSOs have been among the first responders when disasters strike. They are doing so in the COVID-19 pandemic. In India, CSOs responded to

²¹ A. Vaughan and D. Hillier. 2019. *Ensuring Impact: Role of Civil Society Organizations in Strengthening World Bank Disaster Risk Financing*. Centre for Disaster Protection. https://static1.squarespace.com/static/5c9d3c35ab1a62515124d7e9/t/5cacb235971a185e7818c61b/1554821697405/Paper_5_Ensuring_Impact_The_Role_Of_Civil_Society_Organisations.pdf.

Box 6: Six Ways to Proactively Support Expansion of Civil Society Organization Engagement in COVID-19 Response Programs

1. Identify CSO activities to improve implementation and governance in the local context of the funded projects and use them to frame the terms of reference for CSO engagement.
2. Explicitly provide for CSOs to be contracted and include funding in the project costs.
3. Procurement plans should specify the contracts for CSO engagement separate from commercial firms.
4. Use simplified business processes to make it easier and faster for CSOs to engage in projects..
5. Monitor and report on the volume and number of contract awards to CSOs.
6. Expand support for building capacity of CSOs and government officials to engage constructively in development programs.

Source: Author.

the government's plea for help by complementing the government's COVID-19 response efforts.²² In the Philippines, CSOs sent messages to individual households, reiterating government health advisory warnings. Within weeks, messages were accompanied by a flurry of remote check-ins by coaches who served as mentors, and resources were assigned to each household.²³ The United Nations and the SDG Philanthropy Platform²⁴ report examples of CSOs helping communities around the world. CSOs have experience in disaster response, and they are first to respond in emergencies and "are particularly important in 'last mile' delivery and in reaching the most excluded communities."²⁵

ADB is pioneering a program to engage CSOs to mitigate the impact of COVID-19 through community-led interventions. This \$2 million grant initiative (Box 5) funded by the JFPR and administered by ADB was launched in November 2020. It is notable for its demand-driven approach in which the CSOs are free to propose innovative approaches to deliver one or more indicated outputs. Activities would complement government responses and could include communication campaigns; contact tracing; training and deploying volunteers; hygiene awareness; support to victims of domestic violence and those in need of food, education, and medical services; raising vaccine

awareness and uptake; and alternate livelihood. This program and its process innovations could serve as a demonstration project for DMCs to consider in designing their expansion of CSO engagement.

CSOs are well suited to play significant roles in COVID-19 vaccination programs. COVAX, the global initiative to help ensure that COVID-19 vaccines are available worldwide to economies of all financial capacities,²⁶ is tapping the experience of 10 civil society representatives (Box 6). Included among these are Save the Children, World Vision, Aga Khan Foundation, the International Red Cross, and the International Federation on Ageing. These CSOs participate in coordination meetings, foster the necessary support at a political and community engagement level to ensure equitable access to and delivery of COVID-19 vaccines, and provide in-depth subject matter expertise in one or more areas, including vaccine R&D, manufacturing, delivery, demand, access and allocation, policy, and governance.

On 11 December 2020, ADB launched a \$9 billion vaccine initiative to support its DMCs as they procure and deliver vaccines to their populations.²⁷ The implementation and governance risks and mitigation measures in the vaccination programs, described in the policy paper for this facility,²⁸ are broadly similar to those discussed

²² M. Rawat. 2020. Coronavirus in India: In 13 States, NGOs Fed More People Than Govt Did During Lockdown. *India Today*. April 9. <https://www.indiatoday.in/india/story/in-13-states-ngos-fed-more-people-than-govt-during-coronavirus-lockdown-1665111-2020-04-09>.

²³ E. Thomas and L. Whitehead. 2020. Using the Flexibility of Civil Society to Overcome COVID-19. *Asian Development Blog*. <https://blogs.adb.org/blog/using-flexibility-civil-society-overcome-covid-19>.

²⁴ United Nations, Department of Global Communications, Civil Society Unit. Stories from the Civil Society of COVID-19 Response. <https://mailchi.mp/un/civilsocietycovid-19>; and SDG Philanthropy Platform. Engaging Philanthropy in Response to COVID-19. <https://www.sdgphilanthropy.org/Engaging-Philanthropy-in-Response-to-COVID-19>.

²⁵ A. Vaughan and D. Hillier. 2019. Ensuring Impact: The Role of Civil Society Organizations in Strengthening World Bank Disaster Risk Financing. Discussion Paper. Center for Disaster Protection. <https://www.preventionweb.net/publications/view/65099>.

²⁶ Gavi. <https://www.gavi.org/vaccineswork/covax-explained>.

²⁷ ADB. 2020. \$9 Billion ADB Facility to Help Members Access and Distribute COVID-19 Vaccines. 11 December. News release. <https://www.adb.org/news/9-billion-adb-facility-help-members-access-and-distribute-covid-19-vaccines>.

²⁸ ADB. 2020. *ADB Support to Enhance COVID-19 Vaccine Access*. December. pp. 18-22. <https://www.adb.org/documents/adb-support-enhance-covid-19-vaccine-access>.

in Sections III and IV of this brief. It can be safely assumed that CSO engagement adds value in enhancing the development effectiveness of vaccination programs along the lines discussed previously. According to the GAVI: “CSOs, in partnership with governments, play a key role in implementing immunization programs. In many countries they deliver up to 65% of immunization services as well as strengthening health systems, training health workers and supporting logistics.”²⁹ A detailed assessment of CSO entry points and contributions to individual country vaccination programs can be done using the framework outlined in Section VI. In particular, CSOs can complement government efforts in the following programmatic areas:

- a. distribution, delivery, and administration of vaccines
- b. community outreach and surveillance
- c. verifying quality and quantity of vaccine-related civil works and cold chain storage
- d. identifying gaps in vaccine service delivery and helping the service providers close them;
- e. enhancing inclusion of marginalized and vulnerable people in remote areas,
- f. working with audit and anticorruption agencies to help with their work

CSOs face COVID-19-related risks and disruptions to their operations. The first set of risks and limitations relates to the safety and mobility of CSO personnel. Spikes and a possible second wave of COVID-19 infections might compel governments to tighten, from time to time, social distancing norms and mobility of citizens, thereby adversely affecting the ability of CSOs to operate. CSOs, affected like other organizations, have largely operated remotely and used virtual meetings, phone-based and online research, and advocacy. They also have to compete with others to secure sufficient personal protective equipment for their staff and soon will need to access vaccination before being able to scale up their operations. Second, many CSOs report that authorities may not be able to or willing to provide access to timely and relevant information, citing overburdened staff

and emergency, to implement relief and recovery. Authorities may be also reluctant to cooperate in CSO monitoring and advocacy activities. Third, sometimes, overwhelmed communities and citizens coping with COVID-19 may be reluctant to devote time for participatory and collective action activities led by CSOs. Fourth, the funding situation for the CSOs has become even more dire as donations, as well as donor funding, have become scarcer.

The CSOs sector has the capacity to scale up its contributions to COVID-19 programs. The sector includes millions of CSOs around the world and has grown in size, diversity, and influence.³⁰ ADB’s civil society briefs provide a good overview of the civil society sector in many of its DMCs.³¹ These briefs, as well as other publications on CSO sectors in different countries, show that while the size, capacities, and civic space for the CSOs vary by the country, there are many countries in Asia and the Pacific where CSOs can be mobilized to supplement the government capacity to implement and monitor COVID-19 programs.

An expansion of CSOs’ engagement in COVID-19 programs, in line with policies of ADB and the UN Agenda 2030, is justified by their grassroots presence, experience in development work, especially at the local government level, and evidence on results of their work. It will supplement government and donor efforts to implement COVID-19 programs effectively and ensure that funds are well spent. Scaling up CSO engagement will generate substantial benefits.³²

6. Suggested Framework for Engaging CSOs in COVID-19 Response Programs

The overall objective of CSO engagement in COVID-19 response programs should be to complement efforts by state institutions and donors to ensure that these programs are well designed and effectively implemented.

The review of evidence and experience indicates that the following factors enhance the likelihood of successful outcomes in CSO engagement

²⁹ Gavi. <https://www.gavi.org/operating-model/gavis-partnership-model/civil-society>.

³⁰ PTF. 2020. *Civil Society and Development: Global Trends, Implications and Recommendations for Stakeholders in the 2030 Agenda*. https://www.ptfund.org/publication_page/civil-society-development-global-trends-implications-and-recommendations-for-stakeholders-in-the-2030-agenda/.

³¹ ADB. Civil Society Briefs. <https://www.adb.org/publications/series/civil-society-briefs>.

³² V. Bhargava. 2015. Engaging Citizens and Civil Society to Promote Good Governance and Development Effectiveness. *ADB Governance Brief Issue 23*. <https://www.adb.org/publications/engaging-citizens-and-civil-society-good-governance-development-effectiveness>.

Box 7: Six Programmatic Areas for Civil Society Organization Engagement in COVID-19 Response Programs

1. Raise community awareness, participation, and trust in government COVID-19 responses.
2. Assist with distribution of materials and supplies.
3. Enhance inclusion, accountability, and control of corruption in public services delivery.
4. Enhance integrity of public procurement and distribution.
5. Improve public participation in creating budgets and overseeing audits at local/national levels.
6. Perform advocacy and watchdog activities in one or more of the aforementioned areas.

Source: Author.

programs and serve to guide the expansion of CSO engagement.

- a. CSOs complement but not solely substitute state responsibilities in development.
- b. Authorities' willingness to engage constructively with civil society for public benefit and identification of potential champions for civic engagement.
- c. Access to user-friendly information and open two-way communication between the community and authorities.
- d. Citizens' awareness of public rights and responsibilities.
- e. Presence of skilled CSOs that can mobilize the community and facilitate constructive community engagement with government authorities.
- f. Use of digital communications tools to scale up citizen engagement.
- g. Adequate funding for CSO engagement programs from government and donors (private, official, domestic, or foreign).³³
- h. Sensitivity to contextual factors such as size and skills of the CSO sector, space for civic engagement, trust levels and attitudes, willingness and capacity of citizens to engage, the credibility of CSOs, elite power, and access to information.
- i. The willingness of DMCs to proactively use a fraction of donor funds to engage CSOs in COVID-19 response programs. The use of

donor funds to engage CSOs is permitted by most of the donors, including ADB. A proactive approach comprises six actions shown in Box 6.

- j. Use of local CSOs as a primary means. If needed, international CSOs and umbrella CSO networks may be used in secondary roles such as fund management, capacity building, and technical advice.³⁴

Box 7 outlines programmatic areas for COVID-19 response programs based on CSO engagement in development programs and emerging practices as reviewed in Section V. The most common activities by CSOs in each of these programmatic areas that can contribute to effective implementation and accountable use of funds are elaborated as follows. Additional sources of information on methods and tools are listed in the Appendix. These activities can help in customizing context-sensitive CSO engagement programs for a given situation.

Programmatic Area 1: Help raise community awareness, participation, and trust in government COVID-19 programs. The World Health Organization states, "Responsive, empathic, transparent, and consistent messaging in local languages through trusted channels of communication, using community-based networks and key influencers and building capacity of local entities, is essential to establish authority and trust"

³³ While some CSOs might be reluctant to take government money and prefer to seek alternative sources, many other CSOs would need government or donor funding to complete the contractual work expected of them. When the CSOs perform contractual services for the government, they would need to comply with the terms of the contract on matters such as fiduciary requirements and conflict-of-interest provisions. When there is no contractual relationship, the good practice is to have a memorandum of understanding between the government authorities and CSOs on mutual expectations and obligations.

³⁴ Local CSOs know the context, have knowledge of local dialects to improve communication, have longstanding relationships with government authorities and other stakeholders (the academic community, religious groups, and the private business sector), and are in relatively better positions in multi-stakeholder collaboration in pursuit of innovative solutions to the problems caused by COVID-19.

Table 1: Risk Communication and Community Engagement in COVID-19 Response, World Health Organization’s Planning Guidelines

Step	Actions to be Taken
1	<ol style="list-style-type: none"> 1. Implement national risk communication and community engagement plan for COVID-19, including details of anticipated public health measures. 2. Conduct rapid behavior assessment to understand the key target audience, perceptions, concerns, influencers, and preferred communication channels. 3. Prepare local messages and test them through a participatory process, specifically targeting key stakeholders and at-risk groups. 4. Identify trusted community groups of local influencers such as community leaders, religious leaders, health workers, and community volunteers as well as local networks of women’s groups, youth groups, business groups, and traditional healers.
2	<ol style="list-style-type: none"> 1. Establish and utilize clearance processes for timely dissemination of messages and materials in local languages, and adopt relevant communication channels. 2. Engage with existing public health and community-based networks, media, local nongovernment organizations, schools, and local governments, as well as members from other sectors such as health care, education, business, travel, and food/agriculture, using a consistent mechanism of communication. 3. Use two-way channels for community and public information sharing such as hotlines (text and talk), responsive social media such as U-Report where available, and radio shows, with systems to detect and rapidly respond to counter misinformation. 4. Establish large-scale community engagement for social and behavior change approaches to ensure preventive community and individual health and hygiene practices in line with the national public health containment recommendations.
3	<ol style="list-style-type: none"> 1. Systematically establish community information and feedback mechanisms including social media monitoring; community perceptions, knowledge, attitudes, and practice surveys; and direct dialogues and consultations. 2. Ensure that changes to community engagement approaches are based on evidence and needs and ensure all engagement is culturally appropriate and empathetic. 3. Document lessons learned to inform future preparedness and response activities.

Note: Text in bold refer to potential entry points for CSO engagement.

Source: World Health Organization. *Operational Planning Guidelines to Support Country Preparedness and Response*. Updated Draft as of 22 May 2020.

in COVID-19 response programs.³⁵ CSOs can be one such trusted source and can play a major role by raising awareness and preparing communities for appropriate cooperation and responses. Table 1 shows the key communications actions recommended by the World Health Organization and potential entry points for CSOs. Governance practitioners advocate that government and donor information disclosure policies should remain in full

force while implementing COVID-19 programs.³⁶ CSOs can raise awareness of such policies, help citizens file information requests, and share information in communities, thereby increasing citizens’ trust in public health measures, encouraging the use of government-run clinics and services, and promoting adherence to public health guidelines while dispelling misinformation and stigma. CSOs can use tools such as media, face-to-face

³⁵ WHO. 2020. *Operational Planning Guidelines to Support Country Preparedness and Response: COVID-19 Strategic Preparedness and Response Plan*. 22 May. <https://www.who.int/publications/i/item/draft-operational-planning-guidance-for-un-countryteams>.

³⁶ Open Government Partnership. 2020. *A Guide to Open Government and the Coronavirus: Right to Information*. 6 May. <https://www.opengovpartnership.org/documents/a-guide-to-open-government-and-the-coronavirus-right-to-information/>.

meetings, group discussions, community forums, public hearings, and plays. These activities will be particularly important for a successful vaccination program. CSOs can work with local governments to identify marginalized and migrant households and help them participate in the COVID-19 program. CSOs can use digital tools,³⁷ particularly text messages, to encourage healthy behaviors.³⁸

Programmatic Area 2: Assist with distribution of materials and supplies. Since the COVID-19 pandemic, there have been many examples of CSOs complementing government efforts to distribute food, hygiene supplies, personal protective equipment, and so forth to communities and frontline workers. CSOs are well suited for these roles in terms of their presence on the ground and their networks, which facilitates effective supply distribution. In India, CSOs fed the destitute, sheltered migrant workers, and helped at-risk communities with essential communications and protective materials. A review of more than 50 stories of CSO engagement in COVID-19 programs available on the United Nations website indicates that distributing relief materials and raising awareness were the predominant activities reported by CSOs.³⁹

Programmatic Area 3: Enhance inclusion and accountability, and control corruption in public services delivery by local and national governments. The massive expansion of public health services, social protection benefits, and direct income transfers compose the largest component of governments' COVID-19 responses. The speed and scale of these response programs exacerbate the normal risks inherent in targeting beneficiaries, making timely payments, including marginalized and vulnerable groups, assuring satisfaction and grievance resolutions, and controlling corruption. Evidence and experience show that CSO engagement can improve the delivery of public services such as social protection, health, and education. They can use well-recognized tools such as community scorecards,

third-party monitoring, public hearings, and citizen report cards. Monitoring implementation and effectiveness should be followed by constructive engagement with authorities in sharing results and making improvements.

Programmatic Area 4: Enhance the integrity of public procurement and distribution.

Transparency International's two-part blog series *Procuring for Life* has pointed out that emergency procurement of COVID-19 items such as personal protective equipment, ventilators, vaccines, and test kits constitutes the greatest cost in loans and grants.⁴⁰ Potential CSO roles in enhancing integrity of procurement include (i) pressing for full disclosure of procurements by whom, from where, for what purpose, in what amounts, and for what locations and recipients; (ii) checking when the beneficiaries received supplies, in what quantity and condition; (iii) publicizing sole-source contracting; (iv) ensuring proper warehousing; (v) working with frontline health centers to assure transparency in distributing; and (vi) helping to identify and resolve delivery bottlenecks. The Open Contracting Partnership has a resource page on emergency procurement during COVID-19.⁴¹

Programmatic Area 5: Improve public participation in creating budgets and overseeing audits at local and national levels.

The International Budget Partnership recommends expanding "collaboration with civil society on monitoring and implementation of emergency and stimulus measures. Civil society can help the government conduct spot checks to ensure that funding and services are reaching the intended beneficiaries, track implementation of policies, and monitor procurement risks."⁴² Over the years, CSOs have used a variety of methods to make spending more responsive to community and gender needs and to see how much money reaches the intended beneficiaries. These methods include participatory budgeting, social audits, community scorecards, public hearings, public expenditure tracking, open

³⁷ S. Mullard and P. Aarvik. 2020. *The Supporting Civil Society During the COVID-19 Pandemic: Potentials of Online Collaborations for Social Accountability*. U4 Anti-Corruption Resource Centre. <https://www.u4.no/publications/supporting-civil-society-during-the-covid-19-pandemic>.

³⁸ J. A. Orr and R. J. King. 2015. Mobile Phone SMS Messages Can Enhance Healthy Behaviour: A Meta-Analysis Of Randomised Controlled Trials. *Health Psychology Review* 9(4), pp. 397–416. <https://doi.org/10.1080/17437199.2015.1022847>.

³⁹ United Nations, Department of Global Communications, Civil Society Unit. *Stories from the Civil Society of COVID-19 Response*. <https://mailchi.mp/un/civilsocietycovid-19>.

⁴⁰ Transparency International. 2020. *Procuring for Life*. 27 April. <https://www.transparency.org/en/news/procuring-for-life>.

⁴¹ Open Contracting Partnership. *Emergency Procurement for COVID-19: Buying Fast, Smart and Open*. <https://www.open-contracting.org/what-is-open-contracting/covid19/>; and Open Government Partnership. *A Guide to Open Government and the Coronavirus: Public Procurement*.

⁴² S. Tolbert. 2020. *A Call for Action on Open Budgets during the COVID-19 Response*. From Poverty to Power. 20 May. <https://oxfamblogs.org/fp2p/a-call-to-action-on-open-budgets-during-the-covid-19-response/>.

contracting, audit scorecards, participatory audits, and budget literacy campaigns.⁴³ They can apply these tools to promote inclusivity and integrity in the COVID-19 programs. CSOs also have engaged the International Organization of Supreme Audit Institutions, which has documented many examples of such work.⁴⁴ The potential citizen and CSO roles include audit plans based on complaints from CSOs, joint participatory audits, and the use of CSOs to validate audit findings.⁴⁵

Programmatic Area 6: Advocacy and watchdog activities. CSOs engaging in advocacy and watchdog activities avoid a conflict of interest by foregoing government funding. They differ from CSO roles providing services by engaging with the government to influence policies and programs and hold governments to account. CSO advocacy and watchdog activities also may focus on transparency and accountability measures recommended by key organizations such as ADB, the World Bank, Open Government Partnership, Transparency International, the U4 Anti-Corruption Resource Center, and the International Monetary Fund.⁴⁶

Outcomes of CSO engagement in COVID-19 programs

The overall outcome would increase the development effectiveness and improve the governance of COVID-19 programs at the local and national levels. One or more of the following intermediate outcomes may be targeted by CSO engagement programs and activities.

- a. More effective prevention, tracing, and treatment to save lives during the COVID-19 pandemic through public communications among vulnerable populations
- b. Increased timeliness, targeting, and equity in the distribution of emergency relief and recovery materials to intended beneficiaries, especially marginalized groups
- c. Increased awareness, behavioral change, and compliance among community members

- d. Increased access, inclusion, satisfaction, and control of corruption in the delivery of public services (health, social protection, direct income support, etc.) to target groups
- e. More rapid and responsive implementation of COVID-19 programs at local and national levels using beneficiary feedback and more effective grievance redress
- f. Increased transparency, responsiveness, accountability, and control of corruption in COVID-19-related public expenditures at local and national levels
- g. Enhanced integrity (value for money) in procurement and distribution of COVID-19-related goods and services through third-party monitoring and reporting
- h. Increased trust among civil society, communities, and government authorities as a result of working together
- i. Greater capacity for CSOs and public officials to interface between government and communities in the context of COVID-19 response
- j. Improved public participation in creating and tracking budgets and overseeing audits at local and/or national levels
- k. Performance of advocacy and watchdog activities in one or more of the six areas.

DMCs have existing mechanisms for dialogue with CSOs that can be used to formulate programs for CSO engagement in COVID-19 responses programs, including vaccination. For example, Cambodia, Indonesia, Myanmar, Thailand, and the Philippines have established civil society–government consultation mechanisms under an ADB-supported CEF for COVID-19 response programs. DMCs that are members of Open Government Partnerships have a joint government–civil society mechanism for open government initiatives. Many others have set up consultative bodies for advancing SDGs. These mechanisms can be used to initiate and/or intensify dialogue on the (a) potential scope for CSOs to

⁴³ V. Ramkumar. 2020. Our Money and Our Responsibility: How Civil Society Can Follow the COVID-19 Money Trail. International Budget Partnership. <https://www.internationalbudget.org/2020/07/our-money-our-responsibility-how-civil-society-can-follow-the-covid-19-money-trail/>.

⁴⁴ Department of Economic and Social Affairs of the United Nations Secretariat. 2013. *Citizen Engagement Practices by Supreme Audit Institutions*. New York: United Nations. <https://publicadministration.un.org/publications/content/PDFs/Compendium%20of%20Innovative%20Practices%20of%20Citizen%20Engagement%202013.pdf>.

⁴⁵ E. Olowo-Okere. 2020. Collaboration Between Supreme Audit Institutions and Citizens Is Critical in Ensuring Accountability and Transparency of Governments' Response to COVID-19. *World Bank Blogs*. <https://blogs.worldbank.org/governance/collaboration-between-supreme-audit-institutions-and-citizens-critical-ensuring>.

⁴⁶ Key areas for advocacy are described in reference materials listed in the Appendix.

complement government efforts and (b) option of using a small fraction of the funds for COVID-19 response for such CSO engagement.

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Appendix

Note: This is a curated list of studies that a team of experts from the Partnership for Transparency Fund reviewed with evidence on the outcomes of civil society engagement, as discussed in this brief.

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