Guidance note #2

Inclusive Governance and the "aftermath" of the Covid-19 pandemic

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Towards good governance – anticipating the aftermath of the Covid-19 pandemic

Explanation: While the first guidance note by the inclusive governance unit focuses primarily on the moment of the outbreak and emergency responses, this note anticipates to examine conditions of governance after the outbreak and how HI interventions could look like to further mitigate or event prevent negative effects of the outbreak. It is already clear that the long-term socio-economic impacts will affect persons with disabilities disproportionately, so proactivity is necessary as from now. It aims to enable global reflection while respecting that situations differ according to the national context of an HI country of intervention.

Background

As countries around the globe are grappling with the effects of a rapid spread of the Coronavirus, moving between the introduction of restrictive government measures and progressively lifting lockdown situations, it becomes clear that this global issue will affect both countries in Global North and Global South, however with different effects. In order to prevent economic backlash, several EU governments have agreed to financial packages with sums of dizzy height, stemming from financial capacities that many countries in which HI intervenes do not possess.

Similarly, effects of the outbreak are perceived very differently for populations in societies. For example, the DID helpdesk being the research unit within the multisectoral project funded by DFID, highlights that evidence in countries affected by the pandemic is lacking, especially disaggregated data on the inclusion of persons with disabilities during the global health response plans. On the other hand, initiatives like the Disability Rights Monitor show qualitative data, testifying that persons with disabilities are at heightened risk of being exposed to negative impacts. For example, access to public health prevention messages and protection measures (e.g. sanitation guidelines or government restrictions) are not accessible and available in posing barriers to certain populations such as persons with visual or hearing disabilities. Access to health services on an equal basis with others are challenged, especially since fear of triage, prioritizing persons in intensive care, prevents people from actually seeking health care support. Livelihoods of many are challenged due to restrictions of movement and commerce, with particular harsh effects of those already working in informal economies at risk of being excluded from financial support by governments. Finally, an alarming increase of domestic violence poses protection concerns with lasting effects on physical and mental health.

In order to respond to these challenges, HI developed the BSAFE package, including activities such as staff-care measures, community mobilization or promoting inclusive humanitarian action (IHA), together with partners from civil society. Next to the adaptation of ongoing projects of IHA, inclusive resilience and Disaster Risk Reduction (DRR), new projects can have a maximum duration of six months and first projects have been launched in several HI countries of intervention. The consolidated HI response comes at a time when a growing number of donors draw attention to countries affected worldwide which aim to and in need support on inclusive humanitarian action to address the needs of protecting their citizens. Following the time of Covid-19 response and humanitarian intervention, a larger complementary focus needs to lie in **supporting states and communities to become self-sufficient in responding to this and future outbreaks, without systematically relying on foreign assistance.**

Acknowledging that situations of outbreak differ from country to country, **it becomes increasingly complicated over time to define the end of a crisis situation**. In the context of BSAFE for example, a strong emphasis is on humanitarian interventions by national and international NGOs rather than capacity development of state actors and indirect intervention modalities. However, in some countries

the outbreak could mean a temporary involvement of service provision by NGOs while usually services (for example on health) are provided by the state. Yet such involvement needs to be well defined as a temporary shift of responsibility, envisioning progressive handover of service provisions back to the state.

Thus, whereas the role of public actors in situations of crisis remain to be analyzed by each case, using human rights instruments such as the United Nations Convention on the Rights of Persons with disabilities (CRPD) and the Sustainable Development Goals (SDGs) as primary reference points (beyond applicable frameworks such as International Humanitarian and Refugee Law), **inclusive governance automatically raises the question of state accountability and the role of state vis-a-vis its civil society. This acknowledges that the state remains the primary duty bearer, even in times of crisis, and services should be at least regulated and coordinated by public affairs and not foreign agencies solely.**

Additionally, even in situations of crisis it can be found that an active civil society exists (including organisations of persons with disabilities (OPDs)) that advocate for their rights towards the respective authority. In fact, General Comment No.7 by the UNCRPD Committee reiterates, that **participation is an immediate, compulsory requirement and not a tokenistic act of charity or generosity to "tick the box".** Even in times of crisis there cannot be excuses to not aim at systematically including the voices of persons with disabilities, including through unregistered self-helps groups or associations. Participation is an obligation under international human rights law, recognising the legal capacity of every person to take part in decision-making processes based on personal autonomy and self-determination.

Thus, rather than defining the state of accountability by authorities, **inclusive governance aims at strengthening civil society and governance before, during and after a crisis situation.** Throughout, inclusive governance would pose the question how a state can recover from a crisis and how civil society can be meaningfully included in policy processes. While it is true that priorities in times of crisis are given to life-saving interventions, human rights and its frameworks remain legally effective and binding.

Inclusive Governance therefore does not act in contradiction with inclusive humanitarian action, but rather complements through components of governance, including working towards state accountability and strengthening civil society, that feed into recovery phases. **In the context of Covid-19 it would thus argue that in times of recovery efforts need to be directed to promoting state accountability, good governance and an active and diverse civil society participating, as well as moving away from short-term direct interventions from international organisations without strong capacity-development component to local actors.** This is especially important considering the evolution of the outbreak taking place in "waves" of increased cases confirmed and responding government measures, to be continued for another 18 months until a vaccine is identified and validated. That said, the **definition of an aftermath is two-fold, the recovery phase from an immediate crisis situation (short term) as well as the governance questions for post-Covid-19 - once a vaccine has been found and globally distributed (mid – and long-term).**

Civil society fighting shrinking space

The outbreak of the pandemic happens at a time where many civil society groups working in HI countries of intervention face challenges of citizen participation. In fact, in many of these countries civic space is defined as obstructed, repressed or closed (although such challenges to freedom of civil society do not necessarily impact the participation of organisations of persons with disabilities). Today, numerous examples show that authoritarian leaders and regimes try to make use of the emergency outbreak further consolidate power, whether it be through legislative changes to grant rule bypassing parliament, questioning upcoming elections or pushbacks on freedom of media and the press. The systematic threat to shrinking civic spaces leads to the assumption that freedom of civil society will probably not improve but rather deteriorate compared to the pre-outbreak situation.

The risk of misinformation further troubles the work of civil society. In contexts of lockdown in which many people rely on the internet for information but also use social media to connect and support with family and community members, online rumors on the coronavirus pose particular challenges to vulnerable groups. In some cases, they reinforce stigmatization against persons with disabilities. Online rumors particularly question the right to access to information enshrined in the CRPD, in particular due to a lack of inclusive communication and consultation in decision making. While there are several initiatives alerting on fake news online and breaching freedom of journalism, such as Tracker 19 by Reporters without Borders, there remains a gap on combating online rumors on the coronavirus that are adapted to the context and are led by citizens concerned.

Beyond the situation of emergency, it therefore is of paramount importance t**o explore pathways to support civil society actors, that not only being OPDs but also women organisations, youth groups, older people groups, journalists and human rights alliances paying tribute to intersectional experiences of challenges to human rights.** Depending on the infrastructure, this support can range from organizing local support groups via WhatsApp or Facebook to linking to national and international resources and groups for support and information sharing. For HI and other international stakeholders, working together with local and national civil society will remain especially important since both national and international travel restrictions will remain in place and require justification or conditions (such as 2-week quarantine upon arrival) that cannot be anticipated yet. It thus requires flexible and innovate support modalities, such as remote coaching to local civil society groups and further localizing support mechanism.

Economic risks with harsh impacts on vulnerable populations

Next to the grim perspectives on civil society participation, another development is looming with effects on vulnerable populations. Manufactures are temporarily closed as well as borders with temporary issues of international circulation of goods. Moreover, global government efforts to minimize the spread of the virus lower economic activities and rapid increase of public debt. To mitigate effects of decreasing GDP, the International Monetary Fund (IMF) is playing a lead role and declared to use its $1 trillion lending capacities. In April, the IMF issued an debt relief for 25 countries (with 18 countries being HI countries of intervention), suspending immediate debt payment. However, politicians around the world have called for an unconditional relief of debt for the poorest countries. Additionally, more than 90 countries have already made requests to emergency assistance, activating IMF emergency programmes for rapid financial support. On the other hand, given its lack of transparency and limited conditionality, human rights groups alerted that allocated funds must be directed to public health services and supporting livelihoods. IMF is further called upon to uphold its commitments on anti-corruption measures and provide transparency in public procurement. At the time of writing **it is not clear how such IMF**

emergency programmes include conditions to provide disability-inclusive financing (such as earmarked budgets etc.).

Up to now it also remains unclear how countries will react to the economic impacts, however several alliances, for example the European Disability Forum, have warned of subsequent cuts to public spending on social services and provided recommendations that can be translated to a global level. Indeed, any budget cuts risk having particular impacts on those vulnerable populations in society that were already marginalized prior to the crisis. On the other hand, the following re-opening of budget discussions can also provide opportunities, for example moving away from institutionalized care transitioning to community-based living. This is particularly important since data in Europe suggests that a large number of persons who died of Covid-19 resided in institutions, including care homes, prisons and institutions for persons with psychosocial disabilities.

For HI and Inclusive Governance, **a reduction of state budgets risks curtailing public services available to most marginalized groups in society**. This situation could create a vacuum in service provision, in which HI needs to reflect how to best position itself (for example as technical assistance to public stakeholders to encourage good governance and supporting civil society for advocacy). **There is a risk that existing inequalities and marginalization of groups would deepen, thus at risk of being left behind**. A particular concern is a lack of decentralized services outside the capitals. That said, a lot will depend on donor behavior and which modalities of development cooperation are encouraged. HI can play an active role in advocating for such adapted funding modalities.

Despite increased uncertainty of donor strategies, current funding opportunities indicate strong interest to support civil society actors responding to the Covid-19 outbreak and beyond. For example, the Disability Rights Fund reaffirmed its key objective to support local and national organisations representing persons with disabilities. The IG unit observes that many calls for applications by donors make a strong link to the role of civil society actors and localisation of assistance during Covid-19, while further paying attention to resilience of individuals to future crisis situations. Such preparation of resilience strongly involves civil society.

What we need to do – food for thought

1. Boosting coherent DGA approaches and civil society alliances across disability, gender and age

The outbreak of the Coronavirus more than ever requires the creation of alliances. Special attention should be given to alliances across marginalized groups according to HI`s prioritized dimensions of disability gender and age. Concretely, this would involve enabling cross-collaborations between organisations of persons with disabilities (OPDs), women movements, youth groups but also groups representing older people. In some HI programmes, long-term collaborations across disability and gender exist, however there is a considerable gap remaining with groups representing older people. As mentioned before, the outbreak is both a requirement and opportunity for HI to boost cooperation with local and national organisations, leading into partnerships based on values and shared visions. This would mean for example, that **partnerships go beyond the project level and mechanisms of continuous communication are in place**.

Moreover, in accordance with the DGA institutional policy and HI`s theory of change, a given context sometimes requires adding further factors of exclusion. Given the Covid-19 outbreak this poses the question of taking into account socio-economic status. For example, how will HI position itself in contexts where due to economic losses persons, including persons with disabilities, girls and women, youth and older persons, will become homeless? It therefore requires a systematic analysis of factors

of exclusion according to the context (for example during needs assessment), based on the HI theory of change and more proactively taking into consideration both individual and household factors and community/policy level. Such tools to analyse vulnerabilities inclusive of disability, gender, age and further factors of exclusion are still to be developed.

Finally, for HI and its historic focus of focusing on the dimension of disability, the Covid-19 pandemic offers the opportunity to **promote intersectional approaches within existing alliances**, systematically taking into account gender and age when working with OPDs. Moreover, it is a chance to promote diversity, taking into account groups that are particularly marginalised, in particular persons with intellectual disabilities, persons with psychosocial disabilities and deafblind persons. Many of these groups have not only been excluded from public policies and included in service provision by public actors and NGOs, many times they also remain marginalised within the disability movements. Footed on its mandate, HI can play an important role in advancing the rights of particularly vulnerable groups.

Lastly, the response offers the opportunity to rethink existing types of partnerships of HI with civil society such as DPOs in both humanitarian and development contexts, going beyond partnerships of operational implementation but more expanding into strategic alliances. This includes partnerships with local actors but also international organisations such as members of the International Disability and Development Consortium (IDDC). Once published, the accountability tool by CBM can be a good start to develop own tools trying to better examine levels of accountability towards OPDs and further civil society groups. By this HI can make important steps to better assess its partnerships, transitioning from its role as an implementing partner towards meaningful and strategic partnerships with OPDs in compliance with the CRPD and General Comment No.7 on participation. However, this also means that any partnership analysis needs to be done together with HI partners.

2. From day 1, make the link of the nexus from humanitarian to development, especially technical assistance to local and national service providers

Anchored in the BSAFE package of inclusive services, HI can take an active position providing support to other actors in making their services more inclusive. However, such interventions require an immediate reflection of the post-humanitarian situation. Following its [practical guide on inclusive service provision](#), HI can play an important role intervening at the nexus of emergency interventions towards long-term development efforts.

For the response to the Covid-19 crisis ([localization of humanitarian assistance](#)) and beyond, local and national service providers play a key role. **Starting from a support during the emergency response, HI should support these actors transitioning into the recovery phase, by providing technical expertise and capacity development.** Applying a nexus approach, areas of focus could be on promoting social cohesion in communities, inclusive social protection, inclusive socio-economic recovery, data analysis and impact to influence both health and non-health programming programming and policies, shared and discussed with organisations such as as OPDs, and assess data on access to information and communications. Concretely, [elements of technical support](#) would be around analyzing tools and approaches of the actor (for example logframe indicators), analysis of accessibility (physical accessibility but also access to information), training and accompanying staff on disability inclusion and establishing partnerships with civil society. Technical assistance should always follow the backbone principle, starting from intensive support at the beginning to adaptation of tools and approaches by the service provider, based on a commonly agreed action plan. This approach of technical assistance is especially valuable since restrictions of movements will remain in place or re-occur.

Working with civil society as national and local service will require designing tailor-made approaches, for instance developing micro-projects to enable ownership, keeping flexibility to activities planned. Smaller service providers might struggle from budgeting issues, thus requiring more unrestricted funds and more sharing of administrative costs with HI.

3. Systematically bridge the national to the local, making use of Inclusive Local Development and CBR/CBID to be close to the people and communities

First lessons learned from the emergency response to the Covid-19 outbreak show that successful measures are a combination of international and national coordination combined with decentralized efforts in testing and providing health services. Similarly, moving out the emergency requires systemic and holistic response between the different levels of governance, closely linking national, sub-national and local level preparedness, response and recovery cycles. **For HI, emergency activities, including inclusive humanitarian action, need to transition into approaches of [Inclusive Local Development (ILD/DLI)](#)**. A good basis is the [guidance developed by the CBR/CBID Global Network](#). Among other this requires moving into local committees for dialogue acting in triangle settings between service providers, local authorities and service users. This includes the need to develop more approaches between sectors, including more partnerships between local and national civil society. Therefore, such triangle perspective is applicable on both local and national level, with CBID efforts on a local level feeding into policy development while using advocacy efforts from OPDs.

4. Support public stakeholders in developing and implementing inclusive public policies

As said, in times of crises some services might remain provided by public actors, others will be provided by national and international NGOs or the United Nations agencies. **Acknowledging the responsibility of the state in coordinating services, HI can offer its expertise shaping public policies that are inclusive of persons with disabilities.** Following the [Twin-Track Approach](#) and based on the CRPD principles, this means assisting in providing technical assistance on disability-specific policies, but moreover ensuring that mainstream policies (for example education) are inclusive of disability, gender and age. As mentioned, such engagement will be especially important since public budget constraints can be anticipated due to economic recessions. Next to budgeting another key attention should be on strategies of decentralisation of services (see suggestion no. 3). Inclusive public policies will be of crucial importance in the light of the SDGs and countries reaching these global objectives by 2030 following the global crisis of Covid-19. Such involvement on technical assistance follows HI´s strategic objective to become a key expert in providing [technical assistance to public stakeholders](#) (governments, ministries as well as regional organisations) by 2022. Concrete lines of support could be ensuring access to data, supporting locally led advocacy, enhancing coordination/communication mechanisms between public stakeholders and civil society, as well as working towards meaningful participation in decision-making.

5. Support civil society to document possible human rights violations and advocate for change

Increasingly, testimonies and data are shared internationally, demonstrating that emergency response measures did not come without allegations of human rights violations, such as challenges in accessing information, health care services or increasing numbers of domestic violence. Good initiatives of global monitoring exist, for example with the [Disability Rights Monitor](#) trying to fill the gap in existing data assessment processes that could influence humanitarian strategies and programming. As an open source initiative on a global initiative, this is a useful platform for HI to support in national monitoring and strategic advocacy.

As an international actor supporting persons with disabilities and vulnerable groups, **HI should engage with civil society to support its work on advocacy at all levels and concerted efforts of accountability**. In these times of distress, a reason for optimism stated by the UN Special Rapporteur for Persons with Disabilities, Catalina Devandas, is that subsequent changes to government measures were adapted once disability movements spoke up and advocated for inclusive responses. It should support these actors in capacity building and assisting in monitoring activities of activities by state and NGO service providers. This is important since civil society, such as women organisations, OPDs, youth groups and human rights leagues are key actors in providing their accounts during international review processes, for example during Voluntary National Reviews for the Sustainable Development Goals or UN treaties such as CEDAW, CRC and CRPD. Through this HI encourages a nexus approach to the Covid crisis, engaging in meaningful and effective participation from the start and be an ally to organisations from the grassroots to the national level.

Looking ahead – adapting interventions but footed on commitments we already made

While it is still difficult to anticipate the concrete realities in the aftermath of the global Covid-19 outbreak, these suggestions can be an important start to anticipating the situations in which HI needs to re-discover its role and mandate. It becomes increasingly clear, that the pandemic will have long-lasting effects on societies and not allow an easy return to pre-Covid situations, thus requiring innovative and brave approaches for international cooperation. However, the suggestions also show that such crisis includes opportunities. **In fact, many of the suggestions refer to institutional policies, approaches and tools, that HI had already developed and committed to before the crisis (such as the DGA institutional policy or its theory of change). Thus, rather re-inventing cooperation modalities the Covid 19 crisis needs to be considered as an opportunity to boost pre-existing commitments.**