

THE ROLE OF COMMUNITY-BASED ORGANIZATIONS IN COVID-19 RESPONSE CASE STUDIES OF BANGLADESH, BURKINA FASO, NIGERIA, AND SYRIA

COVID-19 SITUATIONAL ANALYSIS PROJECT



USAID
FROM THE AMERICAN PEOPLE



Main Implementing Partner



**Better Data
Better Decisions
Better Outcomes**

Table of Contents

About this project	3
List of Acronyms.....	4
Executive Summary	5
Introduction	7
Methods.....	7
Findings.....	10
Bangladesh	14
Burkina Faso	16
Nigeria	18
Syria	20
Gaps in Information.....	24
Lessons Learned.....	24
Conclusion	26
Bibliography	27
Annex I : KII Tools.....	30

About this project

In July 2020, iMMAP launched the Global COVID-19 Situation Analysis Project, funded by the Bureau of Humanitarian Assistance (BHA) of USAID. Implemented in Cox's Bazar, Bangladesh, Burkina Faso, Colombia, Democratic Republic of Congo, Nigeria, and Syria, this project has produced monthly situation analysis reports that provide humanitarian stakeholders with comprehensive information on the spread of COVID-19 and related humanitarian consequences. Data is identified from humanitarian sources and coded using the project's analytical framework, which is closely aligned with the JIAF framework. Data is stored in DEEP where it can be visualized, disaggregated and aggregated to respond to queries about humanitarian situations.

Based on Lessons Learned for the project, iMMAP commissioned a series of sector-specific lessons learned reports to assess data availability and quality, adaptations, challenges, opportunities that emerged in five humanitarian sectors: education, food security, livelihoods, protection, and water, sanitation and hygiene (WASH). Alongside this, seven thematic reports that focus on identified gaps in data were also commissioned.

It should be noted that the number of tagged documents on DEEP is an underestimation of the true value of documents available globally. Firstly, no system of literature identification and review will capture 100% of data sources. Secondly, there is a lag between date of publication of a document and date of processing and finalization into DEEP. This delay leads to an underestimation of the number of documents in recent time periods.

"This report is the result of a combination of primary and secondary data review exercises that cross-analyze a number of information sources. The views expressed herein do not necessarily reflect the views of USAID, the United States Government, the humanitarian clusters or any one of their individual sources."

Author: **Joelle Petrus**
joelle@jmpetrus.com

List of Acronyms

ABC - Adamawa State Broadcasting Corporation (Nigeria)
AHD - Aleppo Health Directorate (Syria)
ARC - American Red Cross
BDRCS - Bangladesh Red Crescent Society
CBO - Community-based organization
CHR - Community Health Research (Nigeria)
CCNF - Cox's Bazar CSO - NGO Forum (Bangladesh)
CDC - Center for Disease Control
CNG - Comfort Noise Generator
DGHS - Directorate General of Health Service (Bangladesh)
EOC - Emergency Operations Centre (Nigeria)
GoS - The Government of Syria
HH - Household
IDA - International Development Association (Syria)
ICHCR - Initiative for Community Health and Crisis Response (Nigeria)
IFRC - International Federation of the Red Cross
INGO - International Non-governmental Organization
KII - Key Informant Interview
L/NNGO - Local/ National NGO
MoH - Ministry of Health
MoI - Ministry of Interior (Syria)
MoE - Ministry of Education
MOSAL - Ministry of Social Affairs and Labor (Syria)
NCDC - National Center for Disease Control (Nigeria)
NGO - Non-Government Organization
NGOAB - NGO Affairs Bureau of Bangladesh
NES - Northeast Syria
NWS - Northwest Syria
PERC - Partnership for Evidence- Based Response to COVID-19
PYD - Democratic Union Party (Syria)
RAK - Real Acts of Kindness (Nigeria)
RRRC - Refugee Relief and Repatriation Commissioner (Bangladesh)
SARC - Syrian Red Crescent
SCD - Syria Civil Defense
SIG - Syrian Interim Government
SIMRO - Sustainable International Medical Relief Organization
STD - Syria Trust for Development
UNDP - United Nations Development Fund
UNESCO - United Nations Educational, Scientific and Cultural Organization
UNICEF - United Nations Children's Fund
UNFPA - United Nations Population Fund
WHO - World Health Organization

Executive Summary

Community-based organization (CBO) activities are often not sufficiently acknowledged and publicized in humanitarian response, and the COVID-19 pandemic response is, regrettably, following the same trend. The objective of this report is to outline the various contributions of CBO activities in terms to COVID-19 response, with a special emphasis on the case studies of Bangladesh, Burkina Faso, Nigeria and Syria through a process of data scoping, as part of iMMAP's COVID-19 Situation Analysis Project. Ultimately, CBOs have the reputation for being under-resourced as well. The lack of resources however does not hinder their performance, as they excel at maximizing their available resources. Despite their significant and proven contribution, they often remain unacknowledged in international reporting structures, limiting international perceptions of their involvement and impact.

Bangladesh: The available domestic data concerning the Rohingya crisis is generally regarded as sensitive. Despite the politically delicate context, CBOs have placed a large focus on community health messaging. In Bangladesh, there is ongoing political tension between the local CBOs based in Cox's Bazar, and the national NGOs based in Dhaka who have received easier access to humanitarian funding related to the crisis. The range of CBO activities have included health screenings at camp entry points, PPE distribution, and COVID-19 health audio messaging shared throughout the camp area. Coordinating bodies like Cox's Bazar CSO – NGO forum (CCNF) have assisted CBOs to increase their voice and visibility.

Burkina Faso: The beginning of the pandemic in Burkina Faso, saw the CBOs reacting with excitement, with the media reporting a flurry of activity. Yet, as the pandemic continued its course and the number of reported cases remained low, CBO activity in the country turned their attention towards diseases with higher rates of infection and identified cases, such as malaria. Many CBO activities in Burkina Faso for COVID-19 operated upon donations of PPE or hygiene equipment, or from other COVID-19 awareness raising.

Nigeria: Similarly to Burkina Faso, Nigeria also witnessed a relatively low number of reported COVID-19 cases, and as a result of it, there was not a significant need for CBO activities on COVID-19 related matters. There was an interesting case study of CBOs in Borno state that coordinated between each other and the Government in order to ensure the continuation of essential health services that were later disrupted by pandemic policies. As the reported case numbers continued to remain low, CBOs in Nigeria shifted their focus towards vaccine education and sensitization. The INGO Forum, NINGONET, the Network of Civil Society Organizations and National Network of NGOs are some the Nigerian coordinating bodies that either have CBOs as members or have direct involvement in the coordination of activities.

Syria: Due to its political situation, the environment for CBOs varies greatly depending on the region in question (Northwest Syria, Northeast Syria and Central Syria). If located in the particularly challenging government-controlled areas, CBOs face a number of difficulties when it comes to implementation of activities. Official registration remains difficult which explains why many of these entities remain unregistered. The inability to register their presence in the region only increases their vulnerability. In spite of these obstacles, the COVID-19 pandemic has seen several grassroots initiatives taking place. Most notably, the Volunteers Against Corona campaign succeeded in convincing thousands of volunteers to raise awareness and communicate health

messaging via social media platforms like WhatsApp. There have also been reports of direct aid to families due to the heightened hardships of COVID-19 from ostensibly unregistered entities.

In sum, Bangladesh, Burkina Faso, and Nigeria had relatively few major **gaps in information** access, though each one required and adopted a different approach in order to access this information. For Syria, however, the situation was quite different due to the political context, particularly in attaching a CBO name to specific activities. **Lessons learned** included the importance of strong project monitoring processes carried out in coordination with other CBO actors, as well as the local Government. CBOs also learned the seriousness of combatting the misinformation related to the pandemic and the usefulness of involving local communities at every stage of the project. One best practice that emerged was using door-to-door techniques when trying to reach women.

Introduction

Community-based organizations (CBOs) are often an integral part of humanitarian response. CBOs tend to remain in communities during critical times when other organizations choose to vacate due to security concerns, and are better equipped to assess community needs in a faster and more flexible way than international NGOs or INGOs. INGOs can be defined as non-profit bodies that receive funding from international entities *and* operate in multiple countries. CBOs, on the other hand, by staying locally based, have the potential advantage to reach and achieve a deeper impact with local communities.

The role of CBOs in the COVID-19 pandemic, and within the humanitarian landscape, remains largely underreported. Even so, the COVID-19 pandemic still represents an opportunity to leverage the potential of CBOs as valuable resources and to properly recognize their role and potential influence in the humanitarian dialogue. Also, there has not been readily accessible information on topics related to the pandemic.

To begin to address the gap in knowledge, this report will lay out how CBOs have remained active and engaged during the COVID-19 pandemic. This research was undertaken as part of the COVID-19 Situational Analysis Project, which initially covered the following countries: Bangladesh, Burkina Faso, Colombia, DRC, Nigeria, and Syria.

Methods

Much of this project was accepted within a framework of **data scoping**. This paper has taken an approach of using the existent and easily accessible data, and highlighting where data is scarce, making it a discussion topic for the international community and national response actors to investigate further. This means that the methodological approach was to assess the data that was already available, while also tailoring or limiting the scope within a specific set of justifications and overall remaining realistic to several constraints.

a. Narrowing the Scope

For this paper, the overall research strategy was executed to address a specific list of COVID-19-affected humanitarian settings, entailing that from the beginning the objective would be to narrow the scope and concentrate solely on the work done by the CBOs instead of englobing all community health workers. This is because community health workers, while often working at the grassroots, are not always intrinsically linked to CBO activities.¹

Countries for Case Study: Another measure taken was to limit the number of countries covered in the research. The initial research list included countries covered by the Situational Analysis project – Bangladesh, Burkina Faso, Colombia, DRC, Nigeria, and Syria. Based on initial discussions and experience, it was noted that Bangladesh and Burkina Faso could have a robust CBO landscape, whereas DRC, Nigeria, Syria and potentially Colombia, could instead present weaker CBO activity and overall weaker access to information. Therefore, the list of countries

Community health was defined to include:

prevention, screening, community sensitization, community mobilization or engagement, health messaging or health social behavior change, and the supply of health-related materials.

¹ It is also worth noting that there was a trend uncovered in the initial literature review where organizations often seem to speak of community engagement or mobilization without mentioning coordination with or involvement of CBOs or local organizational groups. The question remains – Can or should international actors routinely speak about community engagement or community mobilization or sensibilization without also considering in tandem CBOs?

eventually included in the final report was only finalized after the initial data collection confirmed that there was available of data for Bangladesh, Burkina Faso, Nigeria, and Syria, thus allowing their inclusion in this report.

Justification for the exclusion of Colombia and the DRC: Initial findings indicated that there were not many CBOs in **Colombia**, and those that did have a presence were mostly oriented towards development issues, and not necessarily focused on COVID-19. The existing CBOs seem to have adapted their programming to accommodate the new realities of having to stay operative during the COVID-19 pandemic, rather than addressing the issue more actively.² For the **DRC (Congo)**, it was reported that, aside from not having enough pandemic-focused CBOs, there was also a lack of proper structure in place for CBOs, reflected in a complete absence of coordination with and among CBOs. This was further exacerbated with a lot of confusion between definition, purpose and status between CBOs and local/ National NGOs (L/NNGOs) in the country. Furthermore, there is considerably limited information on CBOs as a whole in the DRC, with a general poor culture of information management in the country. It is exceedingly rare for CBOs to publish about their activities in the DRC. CBOs in the country also often exist to operate for a specific project or initiative (i.e., there could be a CBO created for a specific COVID-19 project), which upon conclusion, leads to the closing of the CBO in question. For these reasons, this report does not cover Colombia and the DRC, even though they were integral parts of the Situational Analysis project.

Ultimately, the focus of this report is limited by a short timeframe and to the countries covered in the Situational Analysis project.

b. Research Questions

The following research questions guided this exercise:

- What is the **current role** that CBOs have in national and sub-national responses to COVID-19? For the identified countries, what is their role's **potential** in a COVID-19 response?
- What are some **key trends** in the CBOs implementation of COVID-19 activities or community health programming? How have they contributed with their main activity to COVID-19 response?
- Have CBOs **coordinated with and/or influenced** the approach of international or national COVID-19 response actors? How?
- What are the **key gaps** in information regarding the CBOs involvement in COVID-19 response?
- What are some **key lessons learned** (if any) from the CBOs approach to COVID-19 response for the international community? Can these be applied to future outbreaks or pandemics?

Literature Review and Secondary Data: The researcher carried out an extensive analysis to shed a light on the available data that relates to community health within the humanitarian sphere. This was complimented by data reviewed by iMMAP in the COVID-19 Situational Analysis Project and stored on DEEP. This country specific data was then complemented with literature at the global level, i.e., articles discussing CBO involvement, trends, influences and challenges in COVID-19 response as well as in community health. The researcher incorporated materials that were published at national level (e.g., articles published in the countries' national media, news items published by L/NNGO coordination forums, and articles produced and made available by L/NNGO or CBO on websites or other reporting that detail their work on COVID-19).

² Ingrid Hurtado, KII Interview, August 2021.

Identifying and Selecting Stakeholders for Interviews: Initially, it was decided to target stakeholders for interview, including iMMAP team members, United Nations (UN) agency members or INGOs that work with CBOs, as well as working or interagency groups from the health sector and local organization coordinating groups or networks. Key CBOs and international or national CBO coordinating stakeholders or experts were identified through various sources using a snowball sampling process that included key informant interviews (KIIs) and secondary data review, e.g., email registration lists and the previous iMMAP stakeholder mapping activity. This also included leveraging past stakeholder mapping activities accessed through both internal and external humanitarian actors. From this process, the researcher was able to put together a core list of relevant stakeholder contacts.

Interviewing Stakeholders: iMMAP focal points were contacted to make country-level recommendations about contacts, stakeholders and approach as well on receiving background on the landscape of the research topic in their country. KII interviews were conducted with iMMAP team members, as well as local NGOs and coordinating bodies that work with CBOs, as identified through the mapping process. There were numerous challenges in getting responses to the KII interview requests, as many of these went unanswered.

c. Research Constraints and Limitations

The scale and focus of this report could be boundless, if given the proper time and resources. However, there are some practical and theoretical considerations to take into account that limited the scope of this paper can be construed that all COVID-19 response is a humanitarian response, including the reactions in developed nations.

Challenge: Criteria to define a CBO can be elusive. One of the challenges of the research was the identification of CBOs. Initially, the researcher assumed that a CBO would be registered and legally distinguished as a CBO. Yet, this often proved not to be the case. Some countries had a trend of CBOs operating without proper registration. Others did not have specific legal distinctions proper of CBOs, which meant that they would or could be ultimately grouped with other kinds of organizations. Other countries faced political complications tied to CBO registration. All of these issues ultimately contribute to the ongoing difficulty that makes the study, representation and coordination of CBOs as a group of actors a challenge.

Challenge: Using the DEEP for the literature review. The project's database on the DEEP platform was created using the JIAF analytical framework that was designed around a sector or cross-cutting themes. Information on CBOs, while already underreported and underrepresented in reports issued by funded larger partners,³ was neither explicitly coded in the analytical framework nor it was part of DEEP's original design or scope of work. However, the creation of a more robust coding of inputs that defines the status of an organization may be a topic of discussion for future research work. Also, CBOs are not the focus of iMMAP COVID-19 Situational Analysis Program, and as such, coded data that could relate to CBOs involvement may not show up consistently across contexts. Lastly, DEEP data collected and managed by iMMAP will not have information on geographic settings in the country that, even before the COVID-19 outbreak, were not a humanitarian focus. This means, for example, that any data found in DEEP on CBOs would be constrained only to certain regions of a given country, i.e., Cox's Bazar in Bangladesh or Eastern

³ i.e., many reporting international organizations working with CBOs will report these activities in general terms, citing their work with "partners," rather than listing a CBO by name.

DRC. These limitations should be considered when reading the DEEP information summarized in this report.

Challenge: CBOs normally produce little online data & reports. Initially, collecting information about localized actors was considered a potential difficulty. One of the defining factors for any grassroots initiative is often reflected in weak reporting structures. However, and in some contexts, the reporting activity was reinforced by other entities, including the media and coordinating bodies that incorporated CBOs into their membership. Furthermore, it was found that informal reporting channels, such as Facebook, could easily be a source of information for localized initiatives. Ultimately, this meant that this research needed to exercise some creativity with finding sources.

Challenge: Remote data collection. Due to the large number of countries on the list and the limited time frame allowed, the research collected all necessary data remotely. This modality initially posed some challenges in generating a reliable list of CBO contacts, and ultimately ruled out the possibility of doing a quantitative survey. Contacts were taken from a variety of different sources. Once the researcher generated the list of contacts, the response rate obtained was very low. If the research had not been conducted remotely and the timeline had allowed it, it is possible that response rates could have been improved through other methods.

Findings

a. Community-based Organizations: Definition and Background

A CBO can be defined as "*a public or private nonprofit organization of demonstrated effectiveness that— (1) is representative of a community or significant segments of a community; and (2) provides educational or related services to individuals in the community*". It can be argued that the role of CBOs relates to community cohesion, and in the context of community health, it functions as an essential link between local health officials and the communities themselves. CBOs can provide valuable feedback on the resources and needs of communities, including the feasibility of mitigation strategies of governments and larger organizations. CBOs can also play a vital role in maintaining community morale and cohesion. They can serve as a crucial link between communities and local health and other officials, providing insight on the feasibility and acceptability of proposed mitigation strategies and informing authorities about the resources and needs of their communities. One of the key characteristics that define a CBO is that the group is essentially comprised of members of the population that they serve, whether their affiliation is religious or secular. CBOs work at local level to meet community needs.

Globally, CBOs have assumed a reputation for accomplishing a great deal of work with little resources, acknowledgment or credit, by building upon and leveraging their existing networks. They are generally known for implementing activities with acute sensitivity and cultural awareness. Because of their intrinsic link to their communities, CBOs are often adequately positioned to have a deep-reaching impact. However, they are also often under resourced, and at times overlooked by the international community. This has continued to be true during the COVID-19 pandemic.

Historically, several UN agencies have sought out relationships with CBOs including United Nations Development Fund (UNDP), United Nations Children's Fund (UNICEF), United Nations Educational, Scientific and Cultural Organization (UNESCO), and other UN agencies, as well as during peace operation efforts. Recently, several policy documents and organizational tools have been

produced within the UN structure, including the UN Framework for the Immediate Socio-economic Response of COVID-19 that cites the importance of working with community-led initiatives and organizations. This has, perhaps, been bolstered by the localization agenda that has gained traction among many humanitarian actors in recent years.

Yet, ongoing power imbalances have hindered the localization process, despite there being a common goal to expand the reach of humanitarian response; a goal that necessitates the need to partner with local organizations. However, there is arguably insufficient evidence to sustain that localization approaches will increase impact or quality which undermines advocacy for localization itself. As such, many INGOs and international entities are wary of taking on greater risks while working with local organizations. Ethical and equitable partnerships between CBOs and larger national or international actors will need to be based on complementarity and reliable feedback loops for capacity-building efforts.

Moreover, there is a strong need to highlight that centralized, national governance has a critical role to play in the execution of policies that prevent and treat COVID-19. On the other hand, it can also be asserted that governments can benefit from partnering with CBOs to gain support with the translation of government policy at the community level. With the overall increasing strain on global resources, CBOs have an ever more pivotal role to play concerning governments and international stakeholders, including coordinating bodies.

b. CBOs and Community Health

In recent years, CBOs have managed to demonstrate at a global significant success in pandemic situations, including the fight against HIV and Ebola. Indeed, it was noted that CBOs were the first actors to respond to the Ebola crisis in West Africa.

Community health can be defined as: *"A medical specialty that focuses on the physical and mental well-being of the people in a specific geographic region. This important subdivision of public health includes initiatives to help community members maintain and improve their health, prevent the spread of infectious diseases and prepare for natural disasters"*. In essence, community health is about "collective responsibility" and accountability. Put in these terms, it is natural to see how the mandates of CBOs and community health overlap. It can also be argued that community health methods can reduce inequalities in wealth gaps, social status, and overall income and as such has a far-reaching impact. Community Health and its application to COVID-19 may be evaluated with the following quote: *"Good community health equates to healthy people, given that a community is the ecosystem or environment in which people live. It is difficult to be personally healthy if your community is unhealthy."*

The Center for Disease Control (CDC) promptly released recommendations to prepare CBOs on maintaining healthy environments during COVID-19, providing healthy operations, and offering preparation guidance in the event someone gets sick. These comprehensive recommendations could offer a blueprint for suggested best practices as advised by the CDC, though it is still unclear if CBO stakeholders are actively using the CDC advice. Some tools that may be useful for CBOs to engage communities during COVID-19, such as crowdsourcing techniques, ecosystem mapping, and data walks.

International actors that report through the DEEP Platform on community health topics⁴, have revealed the emphasis put on public health messaging that were conducted via community radio or media to disseminate communication about community health and COVID-19. They have also shown a trust placed on community health workers or community leaders to carry out that messaging. Importance was also given to the creation and/or distribution of Personal Protective Equipment (PPE), including masks and hygiene items. Lastly, at least two countries (Bangladesh and the DRC)⁵ noted that security procedures such as routine temperature screenings for COVID-19 were carried out at the entrances of camps or health zones.

At this stage, iMMAP first mapped and identified humanitarian sources, such as international NGOs, the UN, or other coordinating actors and interagency groups, to then proceed with coding them into the DEEP database. To this effect, it appears that CBOs data had been potentially reduced or reformatted in support of other actors. This meant that CBOs generally did not receive explicit recognition (ie. citation) in the reporting done at international level. What happened instead, is that entities that were not responsible of the activities' direct reporting were generally referred to simply as "partners". This suggests that the work of CBOs may have been aggregated and potentially obscured into the larger reporting structures for INGOs and donors, which would diminish their role and impact when elevated to an international level for analysis or scrutiny. Given this situation, it could be affirmed that the inclusion and proper referncing of these partners in reports, would allow a much better understanding of the work of CBOs and local partners in the national sphere, by simply explaining and detailing the importance of their influence within a given response.

Another report traced a similar barrier, which argued that marginalized people themselves are being underreported in institutionalized methods for collected data. However, this report also observed that communities and civil society are collecting community-level data which could, in turn, lead to dialogue about inclusivity.

c. CBOs in the Global COVID-19 Pandemic

Some of the considerations expressed for health CBOs who are now additionally working on COVID-19 issues, possibly include challenges in offering in-person appointments or consultations to vulnerable or sick community members. There are also possible difficulties to any pre-existing health prevention and care programs. Young people have reportedly been given the responsibility of the family's main household income while also caring for their COVID-19-affected family members. Existing inequalities within given countries, such as the access to treatment and information on COVID-19, have been further exposed and exacerbated by the COVID-19 pandemic situation, with several marginalized community members facing increased marginalization. One example of this is the reported use of megaphones in refugee camps to blast COVID-19 related messages. It is reported that hearing-impaired people are not able to understand the full picture through these messages, and those that speak different languages and dialects are often marginalized or in need of a translator. People who were already marginalized and facing heavy medical care costs are now facing additional problems given the heightened financial insecurity.

⁴ This paper was undertaken as part of the COVID-19 Situational Analysis Project, which covered the following countries: Bangladesh, Burkina Faso, DRC, Nigeria, Colombia and Syria. One outcome of the overall project was the creation of a coded database for COVID-19 response in these countries. As such, there was an initial exercise for this research to access and glean the accessible data from the resulting *DEEP Platform* (<https://www.thedeep.io/>) on the topic of community health as it relates to COVID-19, and if able by extension, CBOs.

⁵ It is also noteworthy that the DEEP data analysis revealed little data for Colombia on the topic of community health.

There are challenges to any CBO that focuses on healthcare issues or offers any pre-existing health prevention or care program. Such challenges include the inability to hold in-person appointments and the safeguarding of vulnerable individual community members against COVID-19. Healthcare CBOs are tasked with adding COVID-19 specific programming or guidance to their existing structure and services, and if they are already handling any issues related to infectious diseases, it may be easy to extend their programming to include COVID-19-related initiatives and matters. However, the international community has found a need to mainstream the issues of COVID-19 into their programming (i.e., providing masks and social distancing measures). CBOs that have not been historically active on health issues, may face challenges regarding the possibility of including COVID-19 initiatives in their programming.

Africa's latest trend appears to focus on the flow of misinformation about COVID-19 and a disbelief in its existence or ability to affect the continent. For example, a study conducted by the Partnership for Evidence- Based Response to COVID-19 (PERC) Consortium (a survey that covered some 20 African countries) found that 40% of surveyed respondents believed that Africans could not get COVID-19.

d. Challenges for CBOs

CBOs are often dependent on cash or in-kind contributions from their members, making their financial stability unpredictable or precarious compared to their national or international NGOs counterparts. Such practices can lead to an inability to plan longer-term programming.

Their lack of stable access to funding or capital also translates into the inability to invest in corporate resources like technology. This makes CBOs more vulnerable to maintaining their programming than INGOs or L/NNGOs since costs and service provisions fluctuate as a consequence of their inconsistent funding. It is also important to note that COVID-19 has, in principle, incurred a new set of expenses for many organizations, including the price of safety measures and changes to the "standard provision of services", to accommodate the new reality. Pre-existing financial difficulties for CBOs are further intensified by COVID-19. Implicit in the international community at large, money has been diverted to fight COVID-19, which has occasionally diminished the normal provision of services. CBOs are concerned by this issue, even though for them it is additionally worsened by the already strained resources.

This evidence also suggests that any essential services previously offered by CBOs are affected by the added weight of the pandemic. Long-term financial survival could jeopardize many individual CBOs, coupled with limited staff availability and the delivery of services themselves in countries heavily affected by the pandemic. This is a mere extension of the global issue regarding COVID-19's strain on overall resources.

Bangladesh

a. Bangladesh: DEEP Data Literature Review

Stakeholders in Cox's Bazar reported a community health context that included a lack of PPE in the local market, a rise in domestic violence, and rigorous fever screenings placed in strategic locations of the camp, coupled with hand washing checks. At least 40 national and international NGOs assisted with mask production and information dissemination on COVID-19 transmission (including Rohingya and host community members). For example, The Red Cross & Red Crescent Movement, which includes the partnering stakeholders of the Bangladesh Red Crescent Society (BDRCS), the American Red Cross (ARC) and International Federation of the Red Cross (IFRC), all distributed surgical masks and hand gloves to their partners.

Key Secondary CBO Statistics for Cox Bazaar:

- At least **77 CBOs** are located in Cox Bazaar Region.
- At least **27 of these CBOs** are directed by women.
- At least **74 CBOs** are receiving capacity building support from international actors
- At least **75 CBOs** are being consulted by international actors to assess community needs and gaps
- At least **76 CBOs** are participating in activities with international actors
- **Source:** Communication with Communities (CWC) Working Group Stakeholder Mapping

Moreover, there has reportedly been massive information dissemination efforts in Cox's Bazar related to COVID-19. COVID-19 messages have been routinely broadcasted through loudspeakers and megaphones on Comfort Noise Generator (CNG) via a Tomtom/ auto-rickshaw. There is also a facemask campaign, with instructional graphics for making home-made masks through BDRCS Facebook page. There have been a series of COVID-19-related informative efforts such as neighborhood-based sessions, community consultation meetings, group listening events, video/film viewings, and additional sessions led by religious leaders. Stakeholders have also developed materials for COVID-19 messaging, involving audio recordings, printable resources, and video programs, as well as podcast programming on mental health during COVID-19. Meanwhile, community health workers have been conducting door-to-door visits in Cox's Bazar .

The Communications with Communities working group found at least 77 CBOs working in the region of Cox's Bazar, with more than 27 of these led by women. There were also several information centers set up at strategic points in Cox's Bazar, often staffed or run by CBO members. Ultimately, the Communication with Communities (CWC) Working Group also created a stakeholder mapping activity which included a chart showing these CBOs' realms of influence, and a dashboard that illustrates sector-specific data for Cox's Bazar.

b. Bangladesh: Current Role of CBOs and Key Trends

As the previous section has shown, there are several 'public health actors' or first-line responders that support health activities in Bangladesh, and particularly in regions of the country that are heavily affected by the Rohingya refugee crisis. Though many are not necessarily community-based, there is a focus on core public health messaging. CBOs, legally considered as a subset of Local NGOs in Bangladesh, are required to register with the NGO Affairs Bureau (NGOAB) if they want to enlist themselves to receive foreign funds and donations.⁶ Stakeholders also need approval from entities of the Government of Bangladesh that include Bangladesh's Refugee Relief and Repatriation Commissioner (RRRC) and the Directorate General of Health Service (DGHS) in order to operate. Most CBOs in Bangladesh can be accessed through the Bangladesh NGO

⁶ In accordance with the Foreign Donations (Voluntary Activities) Regulations Act, 2016 (FDRA).

Foundation, established by the Bangladesh Government. Notably, data in Bangladesh regarding the Rohingya crisis is fairly sensitive.

c. Bangladesh: CBOs in COVID-19 Response

Reportedly, the Bidyananda Foundation and JAAGO Foundation are the two major CBO / CSO who directly took part in the COVID-19 response from the initial stages of the pandemic with relief distribution, awareness buildup and hygiene centric interventions. These previously established CBOs added additional services to their distribution program. According to its website, the Bidyanando Foundation, one of the largest volunteer organizations in Bangladesh, has been giving direct cash assistance and direct supply distribution of materials. They are also distributing hand sanitizer, meals for vulnerable street people, meals for COVID-19 positive patients and doctors, PPE for doctors, disinfectant, COVID-19 treatment for needy patients, medicine for COVID-19 patients, oxygen and cash assistance to support the longer-term rehabilitation of COVID-19 victims. Conversely, and according to their website, the JAAGO Foundation has also been running a COVID-19 Relief Fund by offering direct cash assistance.⁷

In addition, there are at least 18 CBOs that are community organizations presided by women and eight youth-led community organizations in Cox's Bazar, as well as 20+ community-based education networks within the camps. Thus far, these CBOs have routinely been involved in demonstrating practices for COVID-19 prevention by visiting camp households and community-ran facilities; distributing COVID-19 prevention kits; producing short films, video and audio clips made on smartphones; clarifying misconceptions with religious leaders, elders, influential persons; providing feedback to humanitarian agencies, camp management about community's views; updating others on global COVID-19 developments; collecting and sharing information on potential cases, community concerns, risks, challenges. All of this has ultimately contributed to an emergent civil society that is somehow overcoming the pandemic, even when these organizations had to cope with questions regarding legitimacy, acceptance, strategy, and capacity.

CBOs like Ritu Gaini have provided extensive support for emergency assistance and telemedicine activities for COVID-19. On top of their regular activities, they also took care of the distribution of educational material, menstrual pads and menstrual consultations (as well as telemedicine), and raised awareness on gender-based violence, a problem that was noted to be on the rise since COVID-19.

d. Bangladesh: CBO Coordination and Influence

Coordinating bodies like Cox's Bazar CSO – NGO forum (CCNF) have maintained a directory of CSO, CBO and L/NNGO members. This coordinating body has then been able to influence national level government for change, as proved when they advocated for a greater governmental involvement in the Rohingya crisis. They argued that only local organizations involve local CBOs, while local and national NGOs as well as INGOs continue to limit their participation. CCNF members also have also met with WFP representatives who advocated for them in order to prioritize L/NNGOs and CBOs in their calls for partnership and to emphasize resources for sustainability reasons. It appears that this situation is an ongoing issue in Cox's Bazar, where INGOs or a select few national NGOs are recipients of the bulk of the funding and resources by donors in Cox's Bazar.

⁷ Tasauf Billah, KII interview, July 2021.

Burkina Faso

a. Burkina Faso: DEEP Data Literature Review

In terms of community health information trends in Burkina Faso, there was an emphasis placed on community radio for disseminating COVID-19 messages, particularly content aimed to counter misinformation about COVID-19 and vaccinations. Areas such as general health and social behavior change were also highly prioritized, while leveraging the influence of community leaders to do so. In fact, the country reported several community awareness initiatives and secondary data was concentrated in the north-central region. Special attention was also given to the distribution of health-related materials. Secondary data in DEEP also indicated that several health clinics had closed due to security issues during the pandemic, which further inhibited community health efforts. In addition to this, the COVID-19 pandemic clearly matched the use of resources in the same manner of other ongoing epidemics and outbreaks, such as polio and measles.

b. Burkina Faso: Current Role of CBOs / Key Trends

Burkina Faso has an active architecture for CBOs in the development and humanitarian spheres, including the health sector. Many CBOs are heavily involved working in family planning, HIV, and malaria initiatives with UN agencies such as UNICEF, UNDP, and other NGOs. The country also counts with the presence of women-oriented associations currently involved in economic activities. Volunteer associations also remain active but at a much smaller scale. A wide range of topics and issues are currently addressed by the diverse agencies that are present in the country.

To establish a CBO at the most basic level, currently referred to as "association", the organization must first formulate a set of statutes and regulations that will have to be submitted to the Directorate of Public Freedoms of the Ministry of Territorial Administration and of Decentralization. Once these guidelines are received, the Directorate will proceed by issuing a receipt that serves as legal recognition, a step that is further notarized by additional authorities before it is considered complete.

When the pandemic began, a significant number of CBOs, local and national actors were increasingly active in taking community health measures to combat the pandemic by leveraging or otherwise diverting their own funding. CBOs and national actors with experience on health issues, like community health, either pivoted or included COVID-19 in their programming collection. The media in Burkina Faso was also highly active in spreading accurate information on COVID-19.

It appears that this intensified activity continued between March and July of 2020. But once it became clear that the reported case numbers remained low (with only 13,777⁸ total COVID-19 cases reported to date), funding and efforts shifted again away from the pandemic sphere and back towards other public health initiatives. It was noted, for example, that Burkina Faso has very high rates of malaria, i.e., it is expected to have 289,557 of severe malaria cases affecting children in 2021. In fact, many CBOs seem to have redirected their efforts back to peacebuilding or security for the country. It appears that they simply didn't have the means and resources to continue given competing priorities. Meanwhile, the Burkinabe Government continues its vaccination campaign.⁹

⁸ As reported by the US Embassy of Burkina Faso.

⁹ Françoise Kabore, KII interview, September 2021.

c. Burkina Faso: CBOs in COVID-19 Response

The pandemic triggered spontaneous efforts from organizations as a response, in coordination with the Government of Burkina Faso.¹⁰ Many of these entities merely added COVID-19 to their previous activities. An example of this trend is the young women's association called the 'Association des Jeunes Filles Leaders Engagées pour un Avenir Meilleur et Epanoui' (JF-LAME) who distributed soap and other materials while fostering awareness on COVID-19. Furthermore, the Burkinabé press reported upon activities of a number of other COVID-19 associations throughout the country.¹¹

Local CBO leaders, such as church leaders, mobilized other community associations using partnerships that were already in place, including with youth organizations, women's organizations, cooperatives and other kinds of civil society organizations outside the church so that they could expand the range of action and on with COVID-19 activities. 'Dignus Association' (AsDi) for example, is a community-based faith organization whose COVID-19 activities were conducted in the local affiliated churches and within the communities where these churches are located. Among these activities, the CBO performed COVID-19 awareness raising during worship gatherings, focus groups or awareness campaigns in small groups, conducting local radio broadcasts, door to door awareness raising with the help of motorized teams equipped with megaphones, and the utilization of a 'town crier' or announcer to spread COVID-19 messaging.¹²

Local media in Burkina Faso also provided coverage about CBO and L/NGO activities in the production of articles. The articles highlighted the activities of many organizations, supporting evidence of a robust, locally-led response to COVID-19. For example, 'le Centre d'éducation et de réinsertion sociale des enfants au Burkina Faso' (CERESSE-BF) conducted door to door sensitization on COVID-19 and manufacturing and distribution of soap in five peri-urban zones outside the capital Ouagadougou, with the support of UNICEF. Through affiliated women's associations, 'the Rama Foundation', 'Bolloré Transport & Logistics Burkina Faso' offered boxes of soap, hydroalcoholic gels and hand washing kits in response to COVID-19. 'Consumers League of Burkina' (LCB) and 'Afrique Contre le Tabac' (ACONTA) organized an awareness-raising campaign on COVID-19. 'The Center for Information and Training in Human Rights in Africa' (CIFDHA) gave protective equipment to several secondary schools. 'The Shared Resources Program for Common Solutions' (SRJS) offered COVID-19 protection kits to residents in Tenkodogo and Pô. Meanwhile, the 'Faso-Neema Association' provided handwash, hand gel and liquid soap to the journalists of the Faso Newspaper.

Furthermore, the 'Health Emergency Response Operations Center' trained telephone operators for a COVID-19 hotline. The volunteers were mostly medical students who provided information about the disease, validated suspected cases for further investigation. As of May 2020, they had received over one million calls and confirmed over 3,000 positive cases. 'The National Coalition of Pupils and Students of Burkina' (CONEEF) also partnered with 'the National Volunteering Program' (PNVB) to offer awareness sessions on COVID-19 at schools. Students were encouraged to wear masks and wash their hands before entering their classrooms. 'Saving Lives through Culture and Friendship between Peoples' (SOVIECAP) raised awareness on COVID-19 matters at a local event in Leguéma. They also made donations of hand washing stations, water and masks handed to the chiefs of

¹⁰ The Government of Burkina Faso formed the << Center des Opérations de Response aux Urgences Sanitaires which served as a task force for COVID-19 Pandemic Response>> in collaboration with their Ministry of Health.

¹¹ Including lefaso.net, burking24.com, Quotidien Sidwaya and Edition le Pays.

¹² Kinda Tegwende Leonard, KII interview, September 2021.

Dioulassoba for further distribution. 'Youth Hope Association' (AJET) is yet another association that offered masks, hand gel, liquid soap, wash basins, and soap scoops to basic service providers working in the sectors of health, education, and social action. 'The Association santé pour la vie' (ASvie) donated food and protective equipment to 200 households in Tabtenga and Kiendpaalgo, two outlying districts of Ouagadougou. This association had previously partnered with the Saint-Camille hospital to raise awareness about Covid-19 prevention and distributed masks to street children.

Nigeria

a. Nigeria: DEEP Data Literature Review

The organizations 'Yobe SMOH' and 'SPHCM' conducted an active case search strategy to collect information on COVID-19 and the situations of households. There was also a national level project run in partnership with the SMOH meant to conduct trainings for 640 volunteer community mobilizers (VCMs) to further boost population awareness on COVID-19.

Another component of the Lafiya project was the ability to gather citizens' questions over the phone through a hotline advertised on television or radio. The organization 'AVADAR' also sensitized roughly 4,649 people with COVID-19 prevention messaging. Furthermore, the Government of Nigeria performed a door-to-door campaign on COVID-19 prevention measures specifically targeting Cameroonian refugees. In addition, the WHO also launched a 'Community Health Champions' initiative which supported interpersonal communication on COVID-19 in strategic settlements and wards. Meanwhile, the 'National Primary Health Care Development Agency' (NPHCDA) spearheaded the sensitization of religious leaders and civil society organizations (CSOs) on planned vaccination.

In addition, several initiatives were organized in the country by Nigeria's community radio. For example, 'Radio Nigeria Fombina FM' and 'Adamawa State Broadcasting Corporation' (ABC) promoted messaging on-air regarding compliance to safety protocols, voluntary testing, wearing facemask, and handwashing is currently ongoing based on the following schedule. 'Borno FM' (BRTV), 'Dandal Kura radio' and 'PEACE FM' radio stations introduced jingles on benefit of facemask, handwashing, social distance, de-stigmatization in Kanuri, Hausa, Shuwa Arab, Fulfulde, and Baburbura.

Meanwhile, the Government of Nigeria also had a number of its departments initiating COVID-19 community health activities. The 'Multi-sectoral National Emergency Operations Centre' (EOC) was activated at Level 2 emergency stage and continued to coordinate the national response activities on COVID-19. Other key government actors included the 'National Center for Disease Control' (NCDC), 'Borno State Government', 'the State Ministry of Health' and 'the State Ministry of Humanitarian Affairs, Disaster Management and Social Development'.

b. Nigeria: Current Role of CBOs / Key Trends for COVID-19

In Nigeria, CBOs are normally registered as nonprofits. In addition, the CBOs that are specifically located in Borno State need to register with the 'Borno State Agency for the Coordination of Sustainable Development and Humanitarian Response'. CBOs in Nigeria are principally doing awareness-raising activities on COVID-19 including sensitization and on understanding the impact of COVID-19 and prevention methods. This is partially as a result of a significant amount of misinformation amongst the general population. Reported infection numbers however remained

low in Nigeria and were further reduced with the introduction of the vaccine. Furthermore, with the arrival of the vaccine in Nigeria, most organizations shifted their focus away from awareness efforts on COVID-19 as a whole and directed their efforts toward sensitization about the vaccine and its benefits.¹³ It is also worth noting that local L/NNGO and CBO entities can sometimes be extensions of the Nigerian Government, and not actual representations of their civil society.

Still, many believe that the incorporation of COVID-19 related activities will be a requirement (including vaccination activities, community mobilization, and coordination with the media) in order to secure funding.¹⁴

c. Nigeria: CBOs in COVID-19 Response

Despite a large number of CBO COVID-19 activities still not properly assessed, some key case studies are highlighted below. It is also worth noting that a number of localized initiatives were reported by the media, such as the donation and distribution of COVID-19 PPE Kits¹⁵ by the organization 'Real Acts of Kindness Development Foundation' (RAK). There have also been other reports in the media, like the community organization 'Community Health Research' (CHR) distributing face masks to security guards, cleaners, and food vendors.

For example, 'Smile Missions Healthcare' describes itself as a local community-based NGO that works with CBOs in Borno State, especially when in need of volunteers. During the pandemic, they have been leading significant awareness work on COVID-19 transmission and symptoms, as well as providing hand washing demonstrations. They explained how to wear a face mask and how to interact with others while wearing one. These activities reportedly required a significant amount of time, as they were introducing a new issue upon which community members had little previous knowledge on the issue. They also

Case Study: The Situation Room

The situation room is a coalition of 25 CBOs and local NGOs in Borno state that was formed specifically to address the COVID-19 pandemic. The aim was to address healthcare access issues which arose due to the pandemic lockdown in Borno state. CBOs contributed an ambulance and set up a toll-free telephone service. Volunteers then staffed the telephone to respond to complaints about accessing services during restrictions on movement. I.e., pregnant women in labor who could not access hospital facilities

The Situation Room worked closely with the 'High-Powered Committee on COVID-19', a delegation comprised of the Deputy Governor of Borno state and the State Commissioner of Health, as well as other members of the Government of Nigeria. The Situation Room designated one representative from their group to channel its feedback to the government committee.

The Situation Room advocated to ensure Borno State residents were able to get services despite the lockdown. They argued that without coordination there would be more serious public health issues arising than the pandemic itself if services continued to be blocked.

With this strong coordination mechanism in place, the Situation Room was able to ameliorate some health access issues in Borno State despite lockdown restrictions.

¹³ Johnson Tarewma, Confidence Obayuwana and Abdullahi Nasir, focus group, August 2021.

¹⁴ Bunu Mohammed Bukar KII interview, August 2021.

¹⁵ PPE Kits included latex hand gloves, packets of Disposable Gowns/ Aprons, eye goggles face shields, elbow gloves, face masks, infrared thermometers, hand sanitizer and hand washing soaps.

identified religious leaders to support them, motivating people to attend these events. They eventually clustered these sensitization events over a period of days beginning in March 2021. The activity continued for approximately three months.

Smile Missions Healthcare later had a collaboration with UNICEF, who was engaging different elements of civil society to perform trainings. UNICEF provided technical support with the production of fliers and IEC materials. Aside from awareness activities, some projects were interrupted by COVID-19 and focused on other aspects of health. Contrary to common belief, it took a while for these projects to pivot to COVID-19.¹⁶

Another organization performing COVID-19 activities in Borno State was the CBO 'Initiative for Community Health and Crisis Response' (ICHCR) which was established in response to Boko Haram activities in Northeast Nigeria and aims to support displaced persons facing issues such as hunger, healthcare, abuse, and education. The organization does this through volunteer activities and via partnership with international and national level organizations.

ICHCR input on COVID-19 includes awareness campaigns on the reality of the virus, to further instigate preventative COVID-19 measures such as hand washing, use of hand sanitizer, face masks and social distancing, distribution of COVID-19 information materials, as well as sensitization activities on several COVID-19 topics including vaccines, and information about subsequent waves of COVID-19 and its different strains.¹⁷

d. Nigeria: Coordination and Influence

In Nigeria, the list of coordinating and representing bodies that support CBOs directly or indirectly is clearly prominent. First, it is worth mentioning the INGO Forum, which coordinates approximately 54 INGOs who partner with L/INGO, CBOs and CSOs. The National Network of NGOs focuses on national level capacity building, as well as coordination and representation, including CBOs in their membership. There is also the coordinating body NINGONET, which is the main National Network of NGOs. This entity performs coordination and serves as a platform for sharing ideas and leveraging representation for CBOs. Lastly, it is worth mentioning the Network of Civil Society Organizations in Nigeria, that represents civil society organizations and CBOs in Nigeria and whose primary web presence is also found via Facebook group.

Yet, even with all these platforms signaling national level activity across sectors, the research did not reveal evidence that local CBOs are influencing national or international actors on COVID-19-related matters.

Syria

a. Syria: DEEP Data Literature Review

The Government of Syria's (GoS) Ministry of Health (MoH) and Ministry of Interior (MoI) is supported by WHO and UNICEF in promoting specific health behaviors and practices such as regular handwashing, physical distancing, social distancing, use of face masks and reporting of symptoms to health facilities. In addition, COVID-19 messaging is conveyed through a range of media, including radio, TV, and social media. The Syrian Red Crescent (SARC), MoH, the Ministry of

¹⁶ Bunu Mohammed Bukar, KII interview, August 2021.

¹⁷ Babagana Kawule, KII interview, August 2021.

Education (MoE), MoI, and other health partners have conducted COVID-19 awareness-raising activities, including the #WearAMask challenge, where participants were encouraged to share photos of themselves wearing masks on social media platforms, as well as the photos of friends and family wearing masks.

Furthermore, the United Nations Population Fund (UNFPA), in collaboration with MoH and MoI, has prepared and published a series of posters, flyers, short videos to raise awareness on COVID-19 prevention measures. Furthermore, the Syrian Interim Government (SIG) / National Coalition for Syrian Revolutionary and Opposition Forces delivered parent sessions, local council sessions, household (HH) visits, pharmacy visits, in addition to awareness activities during immunization sessions. Additionally, the Syria Civil Defense (SCD) / White Helmets delivered COVID-19 awareness activities in camps, mosques, bakeries, and local markets using materials like posters. The International Development Association (IDA) delivered individual and small group awareness sessions. The CBOs 'Shafak and Sustainable International Medical Relief Organization' (SIMRO) also delivered COVID-19 awareness sessions. Likewise, the 'Aleppo Health Directorate (AHD) continued conducting visits to local councils in northern Aleppo.

b. Syria: Current Role of CBOs and Key Trends

Most CBOs across the country,¹⁸ especially in GoS territory, are primarily focused on relief and social services, child services or women-related services, women's empowerment, education, and special needs. This means that CBOs who engaged in the health sector are extremely limited. The iMMAP representative observed that there are anecdotal reports that point to a certain number of these organizations that engage in charity efforts to help alleviate some of the COVID-19 related impacts on livelihoods, etc., but without a clear pivot to health issues.

Within **areas controlled by the Government of Syria (GoS)**, LNGOs and CBOs are required by law to register with the Ministry of Social Affairs and Labor (MoSAL).¹⁹ Syrian charitable organizations are regulated by a 1958 law on associations, and organizations wishing to register must apply through MoSAL. Information regarding the registration application process is scarce, and the law is subject to interpretations often superseded by the Emergency Law (e.g., national security law). As such, the application process requires a series of GoS verifications, specifically targeted at individuals involved in the organization. Furthermore, to register in Damascus, applicants must go through one of two intermediaries: SARC²⁰ or the 'Syria Trust for Development' (STD), founded by Asma al-Assad. To this effect, SARC is often involved in project approval process, as well as logistical issues, such as the granting travel requests, among other activities. Once an organization is approved, it is required to follow several post-registration steps such as sending minutes of meetings, accounts, and reports to MoSAL and, sometimes, an organization may even be required to appoint a Ministry-approved director.

The registration process is a long one and can take multiple years before an organization receives official approval. It was suggested by a KI that to succeed at the application process means the organization has strong insider 'connections' (referred to as *wasta* in Arabic). In GoS areas, even completing registration procedures does not guarantee access or facilitate free mobility. In

¹⁸ Local organizations in Syria generally fall under one or more of the below categories: Religious organizations, traditional charitable associations, community organizations, developmental NGOs or Syria trust organizations.

¹⁹ Syrian charitable organizations are still regulated by the 1958 Law on Associations, which is administered by MoSAL.

²⁰ In GoS areas, there are still no relief organizations with foreign ties operating in the area other than SARC. Although SARC has good volunteers on the ground, the organization is often perceived to be close to the regime.

general, humanitarian actors are required to obtain 'facilitation 'letters', or special permissions to freely move from one area to the other – this process can take weeks or even months at a time. Moreover, in recent years, the term 'Civil Society'²¹ has gained negative connotations among regime actors given its connection to the Arab Spring movement. People have avoided the term and replaced it with "Public Society "

The above mentioned suggests the chances of fostering CBO(s) activities remains precarious at best. Knowing this, some Syrian organizations maintain a low profile operating without legal status due to bureaucratic hurdles, political perceptions, and risk. Additionally, there is often confusion when it comes to define and differentiate a CBO from an LNGO. Ultimately, there are no reliable directories/statistics on the numbers of Syrian LNGOs or CBOs, even within government-controlled areas, and many viable organizations remain unregistered

All this proves that the chances of fostering CBOs activities remain precarious. Some Syrian organizations maintain a low profile operating without legal status due to bureaucratic hurdles, political perceptions, and risk. Besides, there is often confusion when it comes to define and differentiate a CBO from an NGO. Ultimately, there are no reliable directories/statistics on the numbers of Syrian L/NNGO s or CBOs, even within government-controlled areas, and many viable organizations remain unregistered.

In **Northwest Syria**, civil society and community-based organizations are not allowed to conduct their activities in the region unless they are officially registered in Turkey or have a work permit obtained for this purpose, specifically from the Governor of Hatay, Kilis, or Gaziantep (in Turkey). At a local level, Local Administrative Councils, Local Relief Committees, and Local Coordination Committees work with varying levels of effectiveness in different areas to manage practical relief planning and distribution.

Northeast Syria, contrarily to common opinion, is a self-administered region, in which CBOs are required to complete separate registration processes with local Kurdish authorities and, as it happens in other areas, movement requires navigating through a mosaic of bureaucratic challenges.²²

c. Syria: CBOs in COVID-19 Response

One example of grassroots COVID-19 response comes from Northwest Syria, and it's called the 'Volunteers against Corona Campaign'. Reportedly launched by the White helmets with support from Idlib's health directorate, the organization focuses its network of thousands of volunteers to use social media tools such as WhatsApp to collect and communicate health messaging, raise awareness about the pandemic overall, and attempt to reinforce the guidance of the WHO about COVID-19. Other efforts under this initiative include the sanitation of public spaces, and the promotion of preventive measures such as social distancing, wearing mask, and ensuring hygiene, including in IDP camps.

These volunteers are seemingly organized into technical teams and neighborhood committees. The technical team spearheads tasks like raising awareness, promoting, and handling disinfection campaigns and run a network of community-based referrals. Presumably, the Idlib Health Directorate and the White Helmets have utilized this network of volunteers to unify public health

²¹ *al-mujtama'a al-madani*

²² KII interview, July 2021.

messaging, raise general awareness on the pandemic, and try to enforce the World Health Organization recommendations. The Volunteers against Corona campaign, has likely engaged thousands of volunteers, technical teams and neighborhood committees, relying on social media tools including WhatsApp to communicate health messaging regarding COVID-19.²³

Furthermore, several volunteer efforts have focused on mitigating the hunger wave that has occurred during COVID-19 owing to a collapsing economy. This meant that a significant number of COVID-19 activities in Syria effectively focus on food security. In Southern Syria, organized community activities included pandemic awareness-raising, sterilizing public areas and sanitation campaigns, debt forgiveness, attempts to meet essential health and food needs, and other humanitarian initiatives. In some cities, individuals financed the cost of flour and labor so that bakeries could produce and distribute free bread to vulnerable residents. Volunteers also distributed healthcare baskets and food baskets in Southern Syrian towns. Emergency cash assistance was distributed to vulnerable members of the population, particularly during Ramadan. Volunteer committees in the towns of Shahba, Salkhad and Sweida al-medina organized much of the collection and organization of the funding. It is believed that these committees would essentially be operating as CBOs, due to bureaucratic impediments affecting the registration process and fear of security.

Volunteers financed pandemic relief activities through direct donations from the international community, including Syrians abroad, and felt reassured into growing and expanding activities when they noticed the Government's noninvolvement.

d. Syria: Coordination and Influence

In general terms, the number of CBOs involved in the health sector is extremely low, especially, in **GoS territory** - where SARC is noticeably the main Health actor. There is truly little information for the GOS region. Usually, the few CBOs that do exist in Syria, specifically in government-controlled areas, do not operate independently but, instead, they often function as an extension of Local Councils in Syria,²⁴ which often have a political affiliation. This means they have established and close working relationships with the main national health operator in their region (e.g., the White Helmets, Kurdish Red Crescent or SARC). These actors, in turn, maintain strong political ties to operate. CBOs must choose between political affiliations or risk permanent closure and banning. The only solution is for CBOs to represent and act independently from the local councils by affiliating themselves politically beyond their established health operators (bearing in mind that many citizens would not want that direct affiliation).

In the **Northwest Syria (NWS)** region, most humanitarian efforts are coordinated and managed either by Turkish humanitarian agencies or international partners. Meanwhile, in **Northeast Syria (NES)**, The Democratic Union Party (PYD) and the Kurdish Council constitute the Supreme Kurdish Committee. Together they distribute relief material through relief committees of Kurdish Local councils, in addition to several politically aligned Kurdish NGOs. The entities that provide healthcare services in the region include the Kurdish Red Crescent, the Syrian American Medical Society, and Doctors Without Borders.

²³ KII interview, July 2021.

²⁴ The local council is the highest administrative authority in a given city in Syria.

Gaps in Information

The assessed gaps in information regarding CBO activities on COVID-19 were not as significant as originally expected. Instead, the bigger issue seemed to be information depth, quality, and lack of data management of what sources of CBO-related information was already available.

Bangladesh generally had good access to information through secondary sources. Repositories where national level actors could share their information online were mostly accessible, though organizations often published content in Bengali which reduces visibility. The CWC Working Group Dashboard could be expanded to include more qualitative information about CBOs working in Cox's Bazar, as most of the CBOs listed did not maintain a presence on the web and were not necessarily listed by name in partner's reports. Furthermore, there was a mapping of CBOs and L/NNGOs which could be accessed through the web, which supported access to information.

Burkina Faso in turn, had a well-structured mechanism for sharing information on CBO and L/NNGO activities in their local media, considered to be more robust than many other countries. This would mean that the citizenry of Burkina Faso is likely to be well informed on CBO activities, which would increase their influence within the country itself. However, no apparent mapping or local directory existed for CBOs or L/NNGOs at national or regional level.

Nigeria seemed well positioned with L/NNGO and national level actor coordinating networks that incorporated CBOs and their activities. Through these coordinating actors, it was possible to access CBO member information. CBOs were able to present their activities orally, but anecdotally did not produce written reports, which would limit the reach of their influence and increase gaps in information sharing. In addition, there was no published mapping activity for CBOs or local level actors, which would hinder access to this information.

For **Syria**, to date, there appears to be no recent mapping exercise that has captured the number of CBOs operating in any said region, their political affiliation, distribution, or programs, including CBO COVID-19 activities. It is also doubtful that organizations operating with CBOs would be willing to share this information as a large number of CBOs remain unregistered. There is also a general fear that if international or national stakeholders should and them publicly, these CBOs could become a target of security actors. As stated above, there also is very little information for the SARC region of Syria in general. Notably, there are key gaps in information from Syria due to security concerns. Security concerns have then created an information gap to actively disallow CBOs to freely speak for themselves.

Overall, these mechanisms would be much strengthened if CBOs were supported to publish information on their own activities and make their presence known via websites, online publishing forums for the humanitarian sector (i.e., Reliefweb), and social media channels.

Lessons Learned

Bangladesh: Regarding lessons learned, examples include the CBO 'Ritu Gaini', which reportedly had some challenges going to the field to talk directly to beneficiaries due to the COVID-19 lockdown. They also found that it was difficult for beneficiaries to access their services due to COVID-19, and that volunteers were less available due to the pandemic. There were also additional challenges regarding the monitoring of volunteers, and overall emotional strain on stakeholders

due to the pandemic. From this experience, they learned that they could adapt technically to the situation as needed, and the ability to do remote work. They also learned to improve the monitoring of their work, and to mitigate against time management issues. They recommended organizing volunteers into groups and preparing them for emergency response. They also called for greater support from the Government in Bangladesh regarding assisting those living in slums during emergencies. In addition to this, the Communications with Communities (CWD) Working Group also reported that door to door activities were a best practice for accessing women.

Syria: In areas controlled by the Government of Syria, the main challenges facing CBOs include significant limitations on licensing and incorporating legal status, lack of funding opportunities, fear of communication with foreign or third parties, security concerns regarding employees and beneficiaries, strict data security/monitoring government scrutiny of certain types of program activities, limited opportunities for partnership with other local Syrian organizations and limits on direct engagement with affected communities.²⁵ In this atmosphere, there is a limited ability for true learning. CBO entities must simply navigate a nonpermissive environment.

Nigeria: One key lesson from Nigeria was the discovered that CBOs have the capacity to work within communities with extremely limited funding in the form of technical support. 'Smile Missions Healthcare' for example was able to begin work while waiting for further funding on COVID-19 and find instances to promote activities without current funding. *Smile Missions Healthcare* also learned the importance of coordination for COVID-19 activities, particularly in response to the COVID-19 lockdown and its enforcement, as well as the importance of coordination as a way of combatting conflicting information about the pandemic. *Smile Missions Healthcare* was able to coordinate with other entities about suspected cases both from within and from outside the communities they directly served, and to notify beneficiaries of locations where the pandemic was experiencing higher caseloads. They also learned the importance of acting as an intermediary to the Government on behalf of citizens to improve the Government's response to COVID-19, particularly regarding bolstering the coordination of public health authorities for the Government. They noted that Nigeria was taken by surprise by this new pandemic without reliable emergency preparation in place. From this, they learned the importance of a reliable emergency preparation structure for the next outbreak. Furthermore, when they finally received the first doses of the AstraZeneca vaccine, a lot of issues were brought up by the availability of the vaccine and many people were not able to take the second dose on time. This created a great deal of confusion with the population about how to approach the vaccine's dosage given this challenge. This revealed a need for further sensitization regarding the vaccine, though it also revealed that people were interested to receive the vaccine, even if it wasn't available. Conversely, ICHCR reported they learned about the importance and need for strict enforcement of social distancing measures, as they believed the lockdown saved the communities from the spread of COVID-19 and thought that these public health measures should be implemented for future outbreaks. However, they also acknowledged the excessive cost of a lockdown for countries like Nigeria, with its high rate of poverty.²⁶

Burkina Faso: 'Dignus Association' in Burkina Faso illustrated that coordinating with other CBOs who were deeply involved in their respective locations made it possible to reach thousands of people and establish trusting relationships quickly. This practice also combated fake information about the pandemic, which converted many skeptic individuals. There was much skepticism about

²⁵ Ali Al-bayaa, KII interview, July 2021.

²⁶ Babagana Kawule, KII interview, August 2021.

the vaccine itself as well. Dignus Association cited the importance of community involvement at every stage of an intervention to be effective, applying to many situations and actors. They also emphasized the importance of capacity building for community organizers.²⁷

Conclusion

In the context of the COVID-19 pandemic, with restrictions on donor resources, CBOs are better equipped to do more with less than INGOs. They have proven within the contexts of Bangladesh, Burkina Faso, Nigeria and Syria, to have made valuable contributions to the pandemic in their national humanitarian landscape. Common themes that came up for this research included a stated confusion between L/NNGO and CBO structures. Several entities seemed to have used these terms interchangeably and tended to group CBOs into legal structures where L/NNGOs could also be registered. Both Bangladesh and Syria in particular presented contexts where information is closely guarded due to the political context. However, it seems that politics may be interjected into any CBO mapping exercise.

Though CBOs should arguably be at the heart of any localized agenda, they still de facto face barriers to their own capacity building, organizational structure development, and financial stability. They are seen by the international community as a valuable resource, even as donors neglect to provide the de facto funding to them. With more significant support, particularly within the realm of reporting, the humanitarian community may better bolster a true localized agenda through expanded utilization and recognition of CBOs.

²⁷ Kinda Tegwende Leonard, KII interview, September 2021.

Bibliography

Global Level Findings

1. https://www.law.cornell.edu/definitions/uscode.php?width=840&height=800&iframe=true&def_id=20-USC-1991540508-1493090985&term_occur=2&term_src=title:20:chapter:70:subchapter:I:section:6303b
2. <https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/community-based.html>
3. <https://www.unssc.org/news-and-insights/blog/our-global-covid19-response-must-embrace-community-based-organizations/>
4. <https://www.unssc.org/news-and-insights/blog/our-global-covid19-response-must-embrace-community-based-organizations/>
5. <https://www.unssc.org/news-and-insights/blog/our-global-covid19-response-must-embrace-community-based-organizations/>
6. <https://unsdg.un.org/resources/un-framework-immediate-socio-economic-response-covid-19>
7. https://cdn.odi.org/media/documents/EXEC_SUMM_Localisation_lit_review_WEB.pdf
8. <https://www.unssc.org/news-and-insights/blog/our-global-covid19-response-must-embrace-community-based-organizations/>
9. <https://www.genevaglobal.com/wp-content/uploads/2016/05/Ebola-Crisis-Report.pdf>
10. <https://www.rasmussen.edu/degrees/health-sciences/blog/what-is-community-health/>
11. <https://www.rasmussen.edu/degrees/health-sciences/blog/what-is-community-health/>
12. <https://www.cdc.gov/nccdphp/dch/about/index.htm>
13. Thomas G. Bognanno, president and CEO of [Community Health Charities](#) (Article: What Is Community Health and Why Is It Important?) [Community health and why it is important: https://www.rasmussen.edu/degrees/health-sciences/blog/what-is-community-health/](https://www.rasmussen.edu/degrees/health-sciences/blog/what-is-community-health/)
14. <https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/community-based.html>
15. <https://www.urban.org/sites/default/files/publication/102820/community-engagement-during-the-covid-19-pandemic-and-beyond.pdf>
16. https://www.data4sdgs.org/sites/default/files/file_uploads/UnequalPandemic_FINAL_spreads-min.pdf
17. <https://www.dtcperspectives.com/5-ways-covid-19-affects-community-based-organizations/>
18. <https://storymaps.arcgis.com/stories/1e1205e6385f460ba370803f98679cfc>
19. <https://storymaps.arcgis.com/stories/1e1205e6385f460ba370803f98679cfc>
20. <https://storymaps.arcgis.com/stories/1e1205e6385f460ba370803f98679cfc>
21. <https://www.dtcperspectives.com/5-ways-covid-19-affects-community-based-organizations/>

22. https://reliefweb.int/sites/reliefweb.int/files/resources/catholic_covid-19_motd_guidance.pdf
23. <https://independent.ng/most-people-in-africa-dont-think-they-are-at-risk-of-contracting-covid-19/>
24. <https://www.unssc.org/news-and-insights/blog/our-global-covid19-response-must-embrace-community-based-organizations/>
25. <https://www.dtcperspectives.com/5-ways-covid-19-affects-community-based-organizations/>
26. <https://www.dtcperspectives.com/5-ways-covid-19-affects-community-based-organizations/> <https://www.commonwealthfund.org/blog/2020/essential-social-services-are-struggling-survive-covid-19-crisis>

Bangladesh

1. https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/infohub_partners_presence_map_final.pdf
2. https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/stakeholder_mapping_dashboard_cbos_presence_map_2020130.pdf
3. Accessed here:
<https://app.powerbi.com/view?r=eyJrljoiZjNlZGQzODItYzZiZS00MDNkLTk0NzYtNzdkYjNjZDk0ZGJlliwidCI6IjE1ODgyNjJkLTlzMltNDNiNC1iZDZILWJjZTQ0YzhINjE4NilsImMiOjh9&pageName=ReportSection>
4. Foreign Donations (Voluntary Activities) Regulations Act, 2016 (FDRA)
5. DEEP Platform (<https://www.thedeep.io/>)
6. https://www.ngofoundation.org.bd/page.php?page=members_list&no=4&sa=&sk=
7. <http://bdplatform4sdgs.net/>
8. [cxb-cso-ngo.org](http://www.cxb-cso-ngo.org)
9. <http://www.cxb-cso-ngo.org/2021/08/19/ccnf-demands-local-governments-participation-rohingya-response/>
10. <http://www.cxb-cso-ngo.org/2021/07/20/wfp-coxs-bazar-urged-to-prioritize-local-ngos-and-follow-a-transparent-partnership-selection-ccnf-leaders-meeting-with-wfp-officials-in-coxs-bazar/>

Burkina Faso

1. As reported by the US Embassy of Burkina Faso on July 26, 2021.
<https://bf.usembassy.gov/u-s-citizen-services/covid-19-information/>
2. <https://www.severemalaria.org/countries/burkina-faso>
3. <https://lefaso.net/spip.php?article99410>
4. <https://lefaso.net/spip.php?article98624>
5. <https://lefaso.net/spip.php?article98162>
6. <https://lefaso.net/spip.php?article97553>
7. <https://lefaso.net/spip.php?article98035>
8. <https://lefaso.net/spip.php?article98024>
9. <https://lefaso.net/spip.php?article97871>

10. <https://lefaso.net/spip.php?article97860>
11. <https://lefaso.net/spip.php?article97553>
12. <https://lefaso.net/spip.php?article97526>
13. <https://lefaso.net/spip.php?article97457>
14. <https://lefaso.net/spip.php?article96902>
15. <https://lefaso.net/spip.php?article96896>

Nigeria

1. <https://carnegieendowment.org/2021/07/28/fake-civil-society-rise-of-pro-government-ngos-in-nigeria-pub-85041>
2. <https://independent.ng/covid-19-ngo-donates-kits-worth-n500000-to-badagry-council/>
3. <https://independent.ng/covid-19-ngo-distributes-face-masks-to-cleaners-security-guards-in-kano/>
4. <https://ingoforum.ng/>
5. <https://nnngo.org/>
6. <https://www.mei.edu/publications/syrians-respond-covid-19-renewed-volunteer-and-community-efforts>
7. <https://reliefweb.int/report/syrian-arab-republic/covid-19-has-drastically-hit-civilians-and-civil-society-syria>
8. <https://www.mei.edu/publications/syrians-respond-covid-19-renewed-volunteer-and-community-efforts>
9. <https://www.mei.edu/publications/syrians-respond-covid-19-renewed-volunteer-and-community-efforts>

Syria

1. <https://www.mei.edu/publications/syrians-respond-covid-19-renewed-volunteer-and-community-efforts>
2. <https://reliefweb.int/report/syrian-arab-republic/covid-19-has-drastically-hit-civilians-and-civil-society-syria>

Lessons Learned

1. <http://bdplatform4sdgs.net/>
2. DEEP Platform (<https://www.thedeep.io/>)

Annex I : KII Tools

Key informant questions with iMMAP staff:

1. Can you please send me a list of CBOs you know that are working on COVID-19 Response in country? Who is actively working with them?
2. Please tell me how a CBO would legally be registered in your country, if they register. (i.e. if they would be registered as a community-based organization / civil society organization, business or etc.) What would be the title / name of that legal distinction?
3. What are some current trends of CBO involvement in the COVID-19 response? What is the situation on the ground for CBOs?
4. Are there any coordinating bodies in country that organize CBOs or have CBOs as members? Please give details.

Key informant questions for CBOs / national stakeholders:

- Is your organization a CBO or has your organization worked with CBOs in the past? Is your organization now working with community-based organizations (CBOs) regarding COVID-19 activities? How?
- Please outline related CBO COVID-19 response activities you know about in your country.
- What are some key lessons learned (if any) from the CBO approach to COVID-19 response for the international community? Can these be applied to future outbreaks or pandemics?

*Please note, these questions were used as a core guide, and follow up questions were asked to get more detail or clarification on these topics. I also sought some other clarifying information about the humanitarian situation in context, such as confirming if the health cluster was active in country.

Annex II: Key Informant Interviewees:

11. Tasauf Billah, iMMAP, KII interview, July 2021.
12. Francoise Kabore, iMMAP, KII interview, September 2021.
13. Kinda Tegwende Leonard, Dignus Foundation, KII interview, September 2021.
14. Johnson Taremwa (iMMAP), Confidence Obayuwana and Abdullahi Nasir (INGO Forum), focus group, August 2021.
15. Bunu Mohammed Bukar, Smile Missions Healthcare, August 2021.
16. Babagana Kawule, ICHCR, KII interview, August 2021.
17. Ali Al-bayaa, iMMAP, KII interview, July 2021.

The outbreak of disease caused by the virus known as Severe Acute Respiratory Syndrome (SARS-CoV-2) or COVID-19 started in China in December 2019. The virus quickly spread across the world, with the WHO Director-General declaring it as a pandemic on March 11th, 2020.

The virus' impact has been felt most acutely by countries facing humanitarian crises due to conflict and natural disasters. As humanitarian access to vulnerable communities has been restricted to basic movements only, monitoring and assessments have been interrupted.

To overcome these constraints and provide the wider humanitarian community with timely and comprehensive information on the spread of the COVID-19 pandemic, IMMAP initiated the COVID-19 Situational Analysis project with the support of the USAID Bureau of Humanitarian Assistance (USAID BHA), aiming to provide timely solutions to the growing global needs for assessment and analysis among humanitarian stakeholders.



BETTER DATA | BETTER DECISIONS | BETTER OUTCOMES

Contact

COVID-19 Technical Advisor

Jonathan Latham

jlatham@immap.org

Consultant

Joelle Petrus

joelle@jmpetrus.com

Website

Direct Link :

<https://immap.org/>



Scan to access the website