

Capacities Can Make a Difference



Assessment Study on the Efficiency of Civil Society Organization's Activities and their Needs in Facing COVID-19 Pandemic

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Ramallah Center for Human Rights Studies



Middle East Center for Sustainable Development



Foreward

COVID-19 pandemic has led the world to a ferocious economic and social crisis with repercussions that might exceed major crises the world has seen in the years 2008 and 2009. It has brought back to mind the great depression of the 1930s, as the global production has severely declined, and the restrictive measures to contain the pandemic and prevent the spread of the virus had led to a sharp decline in world trade levels.

Monitors and experts agree that the world will not be the same after the pandemic. The first few months of the pandemic have resulted in reviving nationalism, particularly with relation to providing protection, means of living, market control and reconsidering the developmental approaches and economic performance in order to meet social needs. The state of uncertainty regarding the end of the pandemic or controlling it before a year or two imposes great risks considering the repercussions of the pandemic in the past months.

Arab states share the increased suffering resulting from the spread of COVID-19, which has placed the health care systems of all countries at a test in terms of quality, capacity and access. It has resulted in reconsidering development plans and amending state budgets, as well as reconsidering taxation policies and channeling returns, in addition to adopting possible central planning approaches in the near future.

Arab governments have been – and still are – dealing with social and economic rights as needs rather than rights that have to be met. They have long turned a blind eye to the necessity of adopting sound plans to realize the highest possible standards of living for their citizens in the shortest time possible. This weak political will to meet such rights was demonstrated through policies that continue to produce and entrench discrimination, or policies that do not resist discrimination efficiently in the very least.

Although there is discrepancy between Arab states with regards to the economic situation; some have supposed abundance, others have intermediate income and others with low income, and the region shares common characteristics in terms of how severely it is affected. The issue of inter-Arab labor may be the most prominent matter at the time being that has forced countries in the region to address it jointly.

Overall, the growth rates in all states in the region have declined, which is foreseen to have major negative impact on development policies that have long been declining in status compared to the economic growth rates. The pandemic has led to severe damages to the most vulnerable categories that are expected to increase in quantity and quality in light of the declining employment rates and the increased unemployment rates as a result of partly or wholly paralyzed economic sectors.

Informal labor is the leading crisis in most countries in the region with intermediate and low income, particularly with the declining capacity to support such categories that are affected by

the paralyzed activities of what is known as “day labor”, and the dangers this has on security in both social and criminal aspects.

The pandemic has arrived at a time when conditions in the Arab region is already affected by factors that have placed it at the forefront of suffering regions in the world for people, youth and women, particularly in light of the spread of armed conflicts, political and security turmoil and terrorism crimes.

The Arab region has a very low classification in terms of the provision of accurate data and statistics, which is the greatest challenge facing decision makers and those interested in public matters. The weak disclosure policies also affect decision making at the intermediary level to implement containment and treatment plans in major crises.

The contribution of the civil society in the Arab region constitutes an additional challenge, which is mainly attributed to the increasing restrictions imposed by the authorities in Arab states on the activities of the civil society and the restricting of public space. The civil society in the region could have shared the responsibility with the governments and contributed better in addressing different issues.

Apart from the frustrating scientific nature of COVID-19, the Arab region lacks the experimental skills to reach the scope of the spread and the capacity to confront and contain it, that is not to mention the weak healthcare capacities in general, despite the disparity between rich states and states with intermediate and low income. The pandemic has proven that the healthcare capacities have not reached a sufficient level to withstand a crisis of this scope.

“The repercussions of COVID-19 on the status of rights in the Arab region and the role of CSOs” were discussed. The recommendations included:

- Reiterate the call for dialogue between the civil society and governments to combine forces in facing the crisis;
- Utilize specialized experts in analyzing the reality of the crisis in the economic and social fields to arrive at practical and applicable proposals to interact with governments in order to support the efforts aiming at addressing the repercussions of the crisis; and
- Allocate the necessary funding to address the economic and social impact of the crisis and how to deal with it.

This research is part of the CSO’s’ efforts to identify the needed future work on the short and medium terms to address the effects of COVID-19 pandemic. This initiative was started by Ramallah Center for Human Rights Studies to work on it in the complex Palestinian contexts, which we at the Middle East Center for Sustainable Development will clone in other countries in the region to identify the sustainability priorities of the civil society that proved its ability to efficiently and responsively address the society’s needs.

Middle East Center for Sustainable Development – Andrew Weez

Acknowledgements

“Capacities Can Make a Difference” report is a collaborative effort by a number of prominent NGO’s that are closely connected to communities, each in their field of work. **Ramallah Center for Human Rights Studies** in cooperation with the **Middle East Center for Sustainable Development** led the vision and data classification and analysis shared by 160 CSOs working with local communities in four Areas (the West Bank, Gaza Strip, Jerusalem and its suburbs and the 1948 territories).

We would like to extend our appreciation to the 160 CSO’s who contributed by devoting the needed time to respond to the questionnaire through electronic means, email or phone despite their very busy schedule in this difficult time. The study could not have been completed without their willingness and contribution with the valuable information they shared.

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Introduction

The history of civil work over the past decade is long and honorable, and it is still ongoing and positively interactive in this decade. The initiatives made by CSO's in the 1980s and 1990s were key initiatives that led to the coherence and sustainability of the Palestinian society, particularly during the times of crisis in that period (the first intifada, the repercussions of the second gulf war, the second intifada, and the numerous wars on Gaza Strip). Such initiatives were a turning point that resulted from CSO's (they had creative community initiatives at all levels by youth in all districts), regardless whether they were spontaneous initiatives or systematically organized.

Therefore, it is not an exception that the COVID-19 pandemic as seen over the past three months decisive, urgent and broad responses from the civil society in Palestine, in light of the continued closure through strict bylaws issued by the government. The stories of the civil society procedures to provide immediate relief – food, water and medicine – and exchange documented information on the virus with local organizations and communities to reduce the anxiety and fear were satisfactory and inspiring all the same.

However, this pandemic has unveiled “fault lines” and inequality in all societies around the world. The inability of state institutions – local, regional and national – to deal with the catastrophe and its repercussions was brutally revealed in Palestine and around the world. A key example on the social indifference and evident institutional neglect towards the suffering of millions of families of workers who were unemployed during the closure, the suffering of thousands of people with disabilities and meeting their urgent needs, the citizens who were left stuck abroad with no way to return home, that is not to mention the sacrifices of women with their families to overcome the crisis, which overburdened them with enormous additional responsibilities that they have successfully handled.

In this period, the lack of trust between the civil society and the regime was evident. Palestine has seen continued efforts to aggravate the regulatory mechanisms on the civil society by the government throughout the past decade. In the absence of a supporting democratic and participatory system the procedures of CSO's after the pandemic will become weak and unsustainable.

In this regard in particular, planned efforts must be exerted to promote the capacities of the local civil society to continue innovation and participation in the medium and long term solutions and promoting them for the welfare of the society and excluded and marginalized Palestinian households. This report highlights some of these challenges and opportunities.

If there is a lesson to be learned by humanity from COVID-19, it is to promote communities, CSOs and CSO's, and promote the participation of local leadership to visualize and design “the new situation” in the future. The investments made so far in promoting the capacities of CSO's and national networks might lead to creating the necessary social infrastructure for such a possibility.

Ramallah Center for Human Rights Studies dedicates this humble effort to:

1. **CSO's** facing a) the direct crusade policy by the occupation to eliminate Palestinian civil work and its national agenda through a number of policies aiming at characterizing Palestinian civil work as terrorism and reducing its funding sources; b) the systematic effort by successive Palestinian governments towards restraining CSO's, as the government imposed procedures and policies over the past two decades aiming to control CSO's' work and programs and restrict their positive and tangible activity and interaction in the Palestinian Society; c) direct reduction of the funding allocation for Palestinian CSO's and the attempt to deviate them from the path they have been on throughout the past three decades in serving all categories of the Palestinian society everywhere.
2. **Palestinian Women** who have made enormous sacrifices for their families and communities despite their exclusion in the society, particularly those who were subject to domestic violence, and whose number is yet to be known, during the pandemic.
3. **Local Workers** who lost their source of living without any official or popular procedure to maintain their rights as guaranteed in the law. In addition to **workers in the 1948 territories** who have been subject to heinous bullying and described as (pandemic carriers) by the official institutions and the people despite their efforts to provide a living for their families.
4. **Workers at the front lines to combat the spread of the pandemic** (medical teams, security forces, emergency committees in the field and volunteers) who work for long hours away from their families to maintain the health and wellbeing of individuals and the society.
5. **The Palestinian Society** who sacrificed its public and individual freedom to stop the spread of the pandemic and maintain the health of the society.



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Section One: Basic Information

Background, Goal and Methodology

The Palestinian civil society is known for having a broad scope, from local community initiatives to local and national organizations. These organizations have played numerous decisive roles in the social, economic and political fields. Their active role in the comprehensive development based on the direct needs of the public has been prominent. Historically, CSOs have played a prominent role in times of crisis faced by the Palestinian society. Palestinian CSO's also faced the different challenges imposed by the different contexts in the Palestinian reality, including the social, economic and political crises resulting from the Israeli occupation practices (imposing curfew for long periods, general and limited closures, restrictions on movement), as these organizations contributed in the relief processes, the distribution of aid, rehabilitation and dissemination of information. They also worked in very difficult conditions to make local communities more flexible and sustainable.

The global spread of COVID-19 has resulted in ending millions of lives around the world. The Palestinian government imposed strict closure procedures to reduce the spread of the pandemic. The economy is continuously declining for over three months, thousands of employees and workers in urban and rural areas lost their jobs and wages. Thousands of families suffer poverty and hunger and lack basic means to provide for their households.

In these circumstances, a great number of CSO's provided life-saving support in many cases to individuals and households affected by the closure. They provided food, water, medicine, cash, and cleaning and personal hygiene supplies. Many CSO's worked closely with local governments (municipalities and local and village councils), and also worked with the administrations of different districts (governors' offices, emergency committees) to provide vital and useful information to the society despite the restrictions on their movement because of the closure procedures.

Based on this reality, Ramallah Center for Human Rights Studies conducted a quick research in May and June 2020 in cooperation with the Palestinian Network for Tolerance and the Political Youth Forum, and through a number of national networks for CSO's: (Thee Palestinian CSO's Network "PNGO", the Palestinian National Institute for CSO's "PNIN", and the Palestinian Coalition for Economic, Social and Cultural Rights "ADALAH").

The survey aimed at identifying a) the approaches of different sectors in the society, particularly the most vulnerable categories; b) the nature of immediate support provided by CSO's to the society; c) the interventions the CSO's plan to implement on the medium and long terms; and d) the needs of CSO's in terms of capacities to be efficient in the implementation of such interventions.

To conduct this quick survey, a short questionnaire was prepared, and an online copy was made using Google templates. The questionnaire was sent to a large number of CSO's in different

districts. Partner organizations also made over-the-phone follow-up and encouraged CSO's to send their responses. A total of 160 responses were received.

The responses were classified and quantifiably estimated for each component of the questionnaire. The data was quantified and we collected and analyzed some unique responses and visions using qualitative analysis. We used Word Cloud analysis to give sufficient verification of the most frequent responses.



Geographic Distribution of Respondents

Chart 1 – The Relative Distribution of Respondents in Different Geographic Areas

(Responses=160) the total percentage exceeds 100 as respondents selected multiple areas.

*The locations in this Chart are based on the activity areas of respondents and does not reflect any division of political nature.

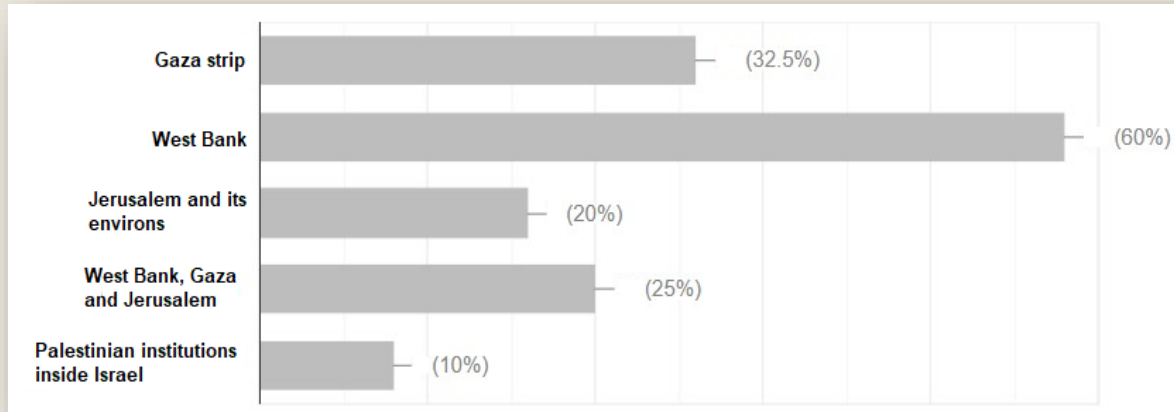


Chart 1 clarifies the distribution of respondents through different areas, as responses were received from four different geographic areas.

A small number of organizations work in more than one location. The highest percentage of responses was received from organizations working in the West Bank, followed by organizations operating in Gaza Strip. Responses were also received from Jerusalem and its suburbs as well as the 1948 territories, and the organizations who responded that they work in all geographic areas (25%) are those who operate in the West Bank, Gaza Strip and Jerusalem.

Fields of Work of Respondents

Chart 2 – Field of Work based on Respondents

(Responses=149) The total percentage exceeds 100 as respondents selected multiple fields of work

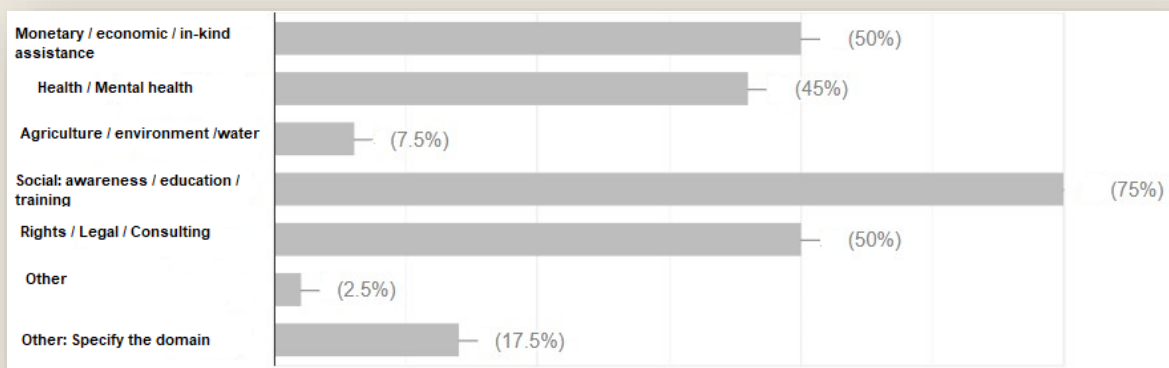


Chart 2 clarifies the fields of work of respondents, as it is evident that the majority of organizations do social work followed by organizations working in human rights and legal fields, and at the same level were organizations working in the economic and financial fields, followed by organizations working in the fields of health and mental health, and then were organizations working in the fields of agriculture, environment and water.

There were a number of responses about fields of work that were not listed, such as media, research and studies organizations, organizations that support different community initiatives, and organizations involved in governance, transparency and integrity.

Targeted Communities

Chart 3 – Targeted Communities based on Respondents

(Responses = 151) The total percentage exceeds 100 as respondents selected multiple communities

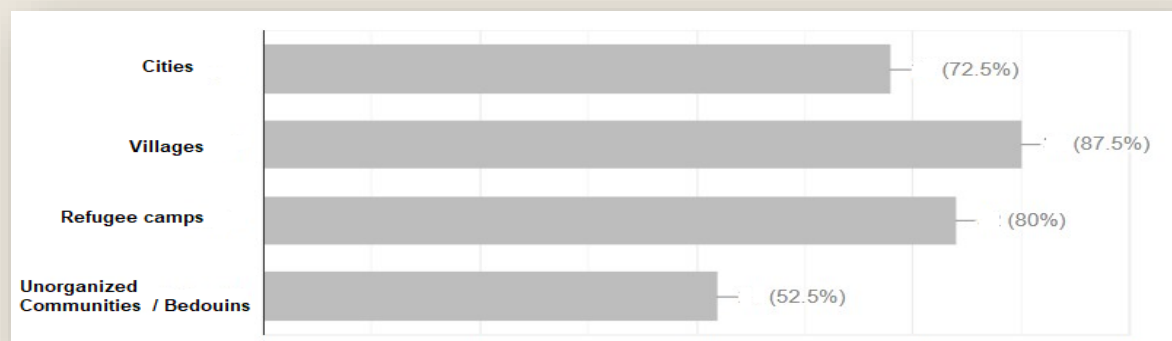


Chart 3 clarifies the coverage of respondents in urban and rural areas as well as refugee camps. It also shows the organizations that work with unregulated communities (Bedouin, Palestinian villages not recognized by Israel in the 1948 territories, as well as communities (farms) resided by more than one family and are not included in municipal or local council services).

Section Two: Research and Analysis

Challenges Faced by Affected Communities

This section presents an initial analysis on the impact of the pandemic and subsequent closure on all categories of the society, particularly the marginalized and most vulnerable. Information was obtained through CSO's due to the lack of official statistics in this framework, which is considered a weakness in developing quick and long-term response plans.

Chart 4 – the Impact of the Pandemic on Women

(Responses = 156) the total percentage is higher than 100 as respondents selected multiple challenges

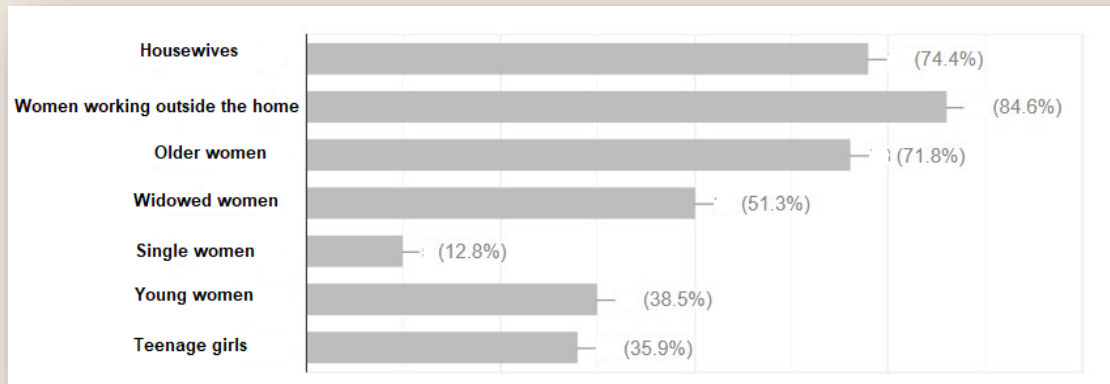
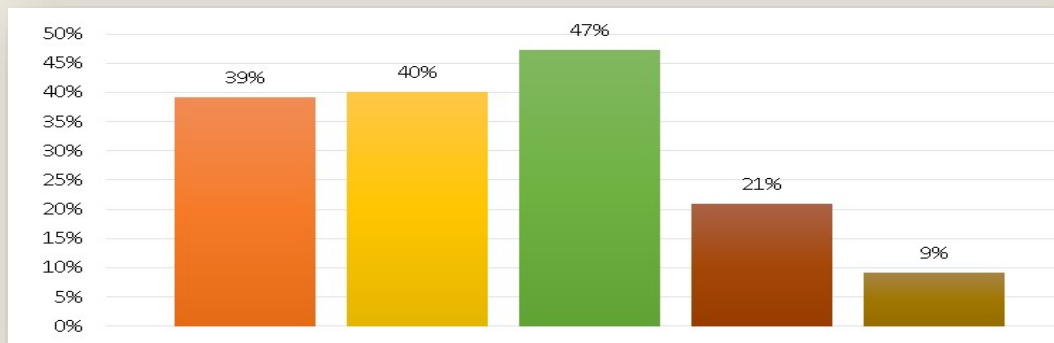


Chart 5 – The Challenges Faced by Women

(Responses = 110) the total percentage is higher than 100 as respondents selected multiple challenges



1. Access to health services and products 39%.
2. Lack of food and food supplies 40%.
3. Financial pressures 47%.
4. Domestic violence and neglect 21%.
5. Housework burden 9%.

Working women had to endure the biggest burden during the pandemic or catastrophe as they had to juggle between household work as well as their job responsibilities as stated by 39% of the organizations. Women face difficulty in accessing health services for common diseases.

- Pregnant women cannot have regular checkups at health centers and do not receive key supplements such as iron and calcium.

- Elderly women are unable to request medical services due to the lack of mobility and inability to purchase medicine.
- Many teenage girls are unable to purchase female hygiene items, which affects their hygiene needs (period).
- Some working women returning from city centers are treated with skepticism in their communities, particularly with the lack of testing facilities in the nearest health centers.
- Male relatives of many women are stuck in different parts of the country during the closure and are unable to return home, which causes psychological stress for women.
- Despite receiving some financial aid, there remains uncertainty over having sustainable supply in the coming months.
- They suffer lack of nutrition due to their inability to purchase fruits, milk or vegetables, and pregnant women are unable to obtain food supplements due to the closure.
- The most affected women are the elderly, single women and widows who receive financial aid from the government as they are no longer able to receive such aid because of the closure.
- Additionally, divorced women who depend on the alimony they are entitled to in order to support themselves and their children can no longer receive it, which places them ahead of a great challenge to continue their lives.

While CSO's work to identify and assist such categories of women, they are restrained by the gaps in procuring supplies.

- 47% of CSO's stated that women suffer from financial pressure due to losing income from daily pay, the lack of work opportunities, and the obstacles in marketing agricultural products and handmade items.
- Many women who are members at feminist cooperatives are unable to resume their small enterprise activities, farming or herding. They are also unable to access banks to withdraw money due to the lack of transportation during the closure, which makes them subject to great risk.
- A number of CSO's stressed that there is an increase in domestic violence against women, whose number is yet to be identified.
- Women are forced to care for the elderly and children, manage daily food rations, deal with the psychological stress resulting from the absence of their spouses, and deal with financial pressures, which causes anxiety, depression and anguish.
- CSO's stated that there is a large number of working women, particularly in the private sector, whose work has suddenly stop and are not receiving wages, which placed them and their households in a financial debacle leading to severe shortage in food supplies and other needs for them and their families since the early days of the closure.

Chart 6 – The Impact of the Pandemic on Men

(Responses = 143) The total percentage is higher than 100 as a number of respondents selected multiple challenges

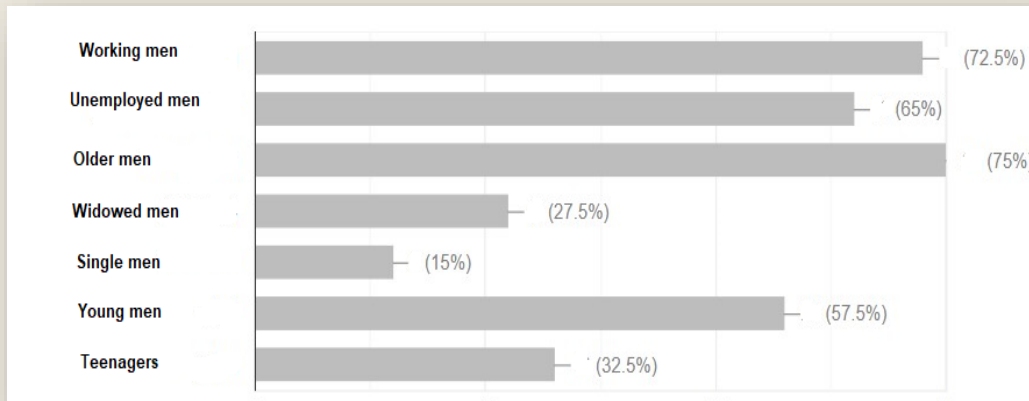
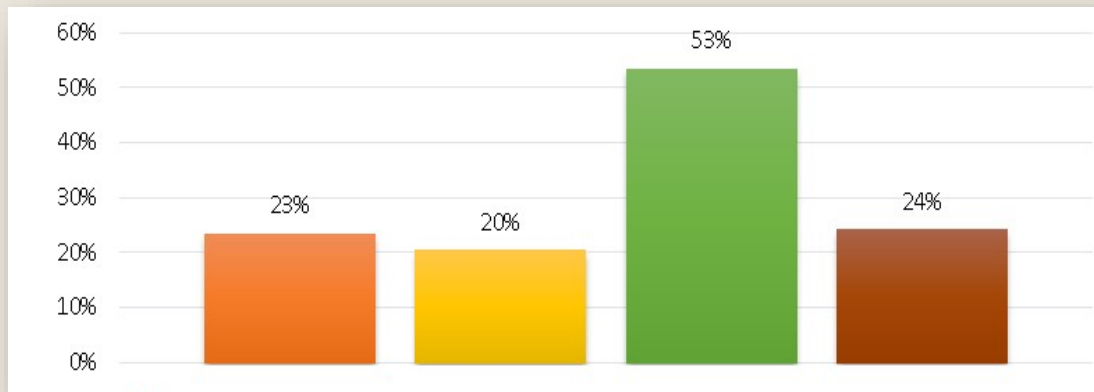


Chart 7 – Challenges Facing Men

(Responses = 133) The total percentage is higher than 100 as respondents selected multiple challenges



1. Inability to access health facilities, including lack of commitment to proper personal healthy behavior 23%,
2. Lack of food supplies, including of lack of nutrition for the household 20%.
3. Financial difficulties 53%.
4. Psychological stress 24%.

The study highlighted the decline in healthy behavior amongst men, particularly in rural areas and villages. Moreover, many workers returning from work are unable to be examined due to the unavailability of testing laboratories near their place of residence.

- A large number of men suffer in accessing sufficient medical care for chronic diseases, such as kidney failure, blood pressure and diabetes. Moreover, elderly men cannot access regular supply of medication.
- The current situation resulted in loss of income and work and inability to sell agricultural and other products, which resulted in exacerbating the financial difficulties of men and was reflected greatly on their families.
- The uncertainty about employment or finding job opportunities in the near future is one of the most concerning problems faced by men who are unemployed because of the closure, which directly affects their ability to provide sufficient food for the family.
- Since the workers who returned are stuck home, they are finding difficulty in adapting to this way of life.
- 24% of CSO's stated that men are facing psychological stress such as anxiety depression and anguish due to the general situation and inability to move freely to provide the household or personal needs.

Chart 8 – The Impact of the Pandemic on Children

(Responses = 160)

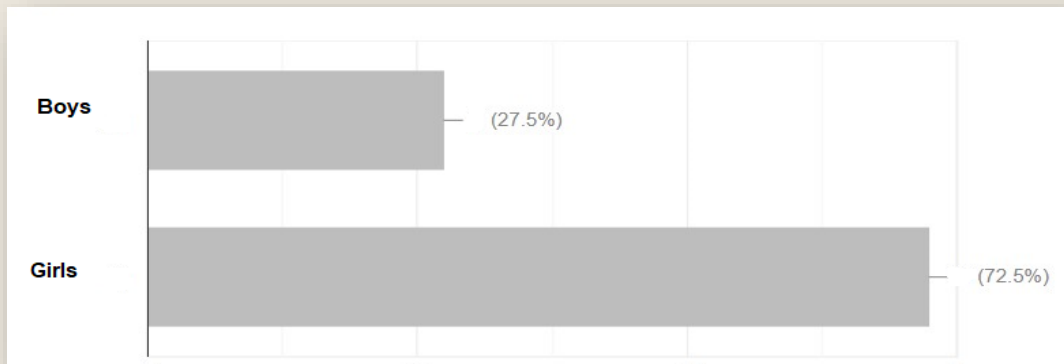
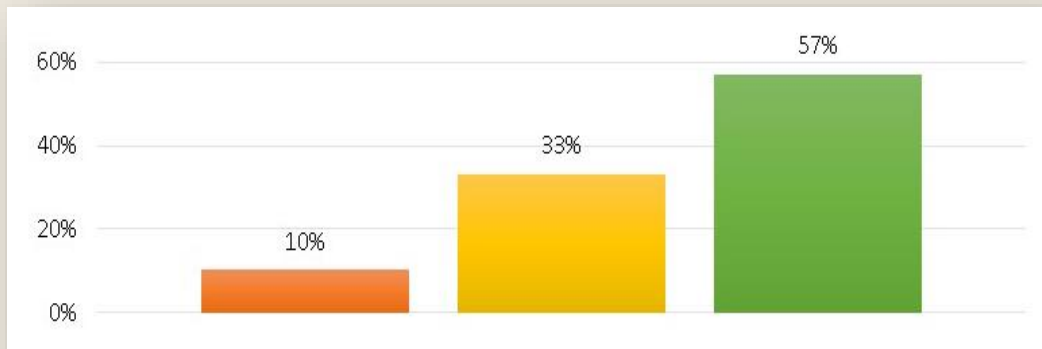


Chart 9 – Challenges Faced by Children (Responses = 100)



1. Vaccination and other health facilities 10%.
2. The risk of malnutrition 33%.
3. Loss of education 57%.
 - Children are at home because schools are closed, which changed their daily routine and contributed to anxiety, depression and anguish.
 - While children studying at private schools have access to online classes, children living in villages and of poor categories do not have such an opportunity.
 - Infants and young children are not able to receive vaccination as the health centers were closed and transportation to the nearest health center is not available.
 - The majority of children are unable to leave the house or participate in games and sporting activities, which increased their anxiety.
 - A number of CSO's stated that there is mistreatment of children at home, the number of whom is yet to be revealed.

Chart 10 – The Impact of the Pandemic on Persons with Disabilities

(Responses = 120)

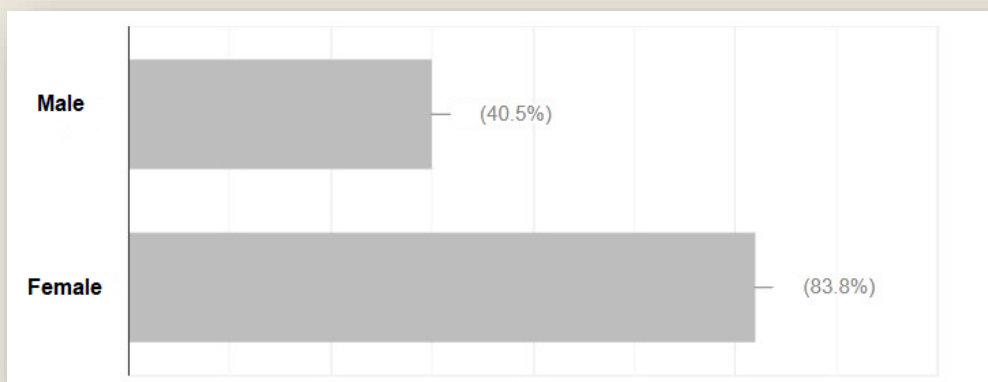
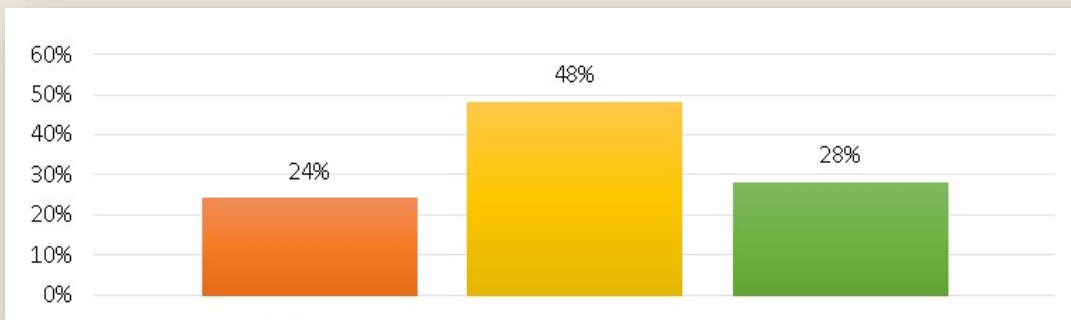


Chart 11 – Challenges Faced by Persons with Disabilities

(Responses = 137)



1. Receiving medical support 24%.
2. Access to government centers to obtain support and stopping the financial aid allocated for them 48%.
3. Neglect, isolation and mistreatment 28%.

Persons with disabilities have been marginalized in the society even in normal conditions, which makes them very vulnerable during a pandemic like COVID-19. Such is the case with other categories, as they are unable to access regular medical services and examinations and procure medicines, however, the impact on them is even worse because they are not treated as a priority in their homes or communities.

- Proper measures to provide relieve for these persons at home were not developed, which makes access to government relief unavailable.
- Even when some are able to access relief centers to claim their entitlements, they have to go through a long process of questioning as there are no standards to identify distribution priorities.
- Many of them suffer neglect at home, in their communities, from government officials and service providers.
- Many persons with disabilities are unable to access their pension and economic aid because they are unable to travel due to their dependence on household members and the unavailability of transportation during the closure.
- Many of them who work at small enterprises and shops have lost their livelihoods, which increases their current vulnerabilities.

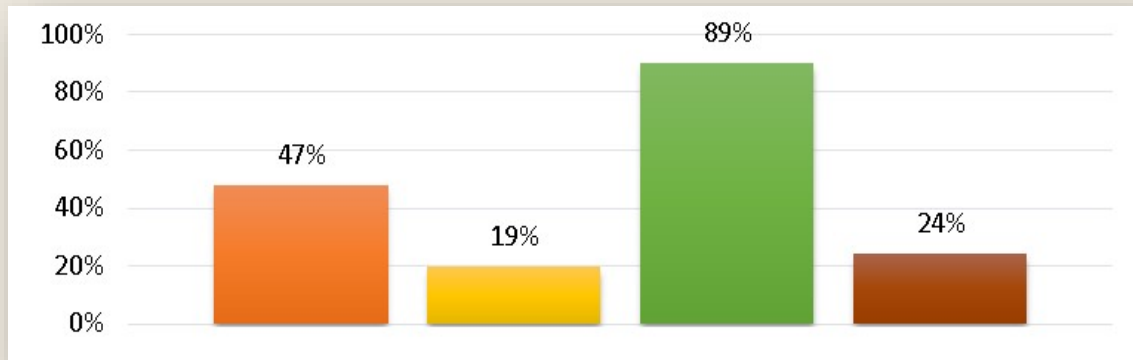
Support Provided by CSOs

The central government and crisis management administrations in districts have mobilized great resources to reduce the impact of the pandemic on the lives of poor, indigent and marginalized categories of the society. However, marginalized categories' access to government mechanisms

is limited due to the bureaucratic protocols, such as filling the benefit card electronically, transportation difficulties due to the need for permits, and so on and so forth. Moreover, the government lacks the human resources to access persons in different geographic areas.

Chart 12 – Support Provided by CSO's to the Community

(Responses = 152) the total percentage exceeds 100 as the respondents stated that they provide multiple types of support



1. Dissemination of information on the pandemic 47%.
2. Collection of information on different social categories 19%.
3. Distribution of supplies (food, health and financial) 89%.
4. Medical support (for beneficiaries, medical teams, quarantine locations and other) 24%.

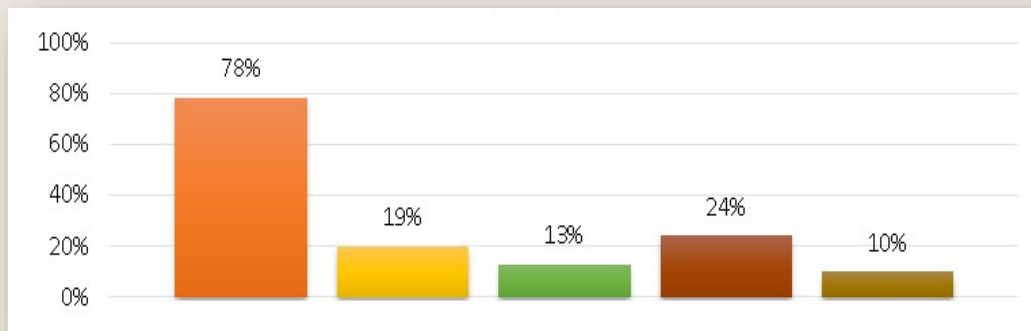
CSO's play a decisive role in facilitating the management of crises and combating the pandemic through their support in the distribution of packages and relief materials. Volunteers, local community leaders and CSO networks sponsored by CSO's have lent a helping hand to expand the scope of government support to the public.

- 89% of CSO's provided financial support to indigent households.
- CSO's work to update the lists of persons in need and the type of their needs... etc. in consultation with members of emergency committees, volunteers and community leaders, which makes important data available at a suitable time for government agencies to provide support in their relief measures.
- Around 47% of CSO's participated in awareness raising activities, which made people aware of COVID-19 and the necessary precautions and required relief.
- CSO's cooperated with emergency committees and governors' offices to assist them in tracking and examining persons and placing them in quarantine by providing volunteers or the facilities they need for such procedures.
- A number of CSO's provided protection guidelines and psychosocial support services for women.

- CSO's provided legal counseling and services to workers out of work during the closure.

Chart 13 – The Types of Information Disseminated by CSO's to the Society

(Responses = 160) the percentage exceeds 100 as the respondents stated that they provided different types of information



1. Awareness raising information on the pandemic 78%.
2. Developing and distributing specialized materials for medical teams, security and emergency committees 19%.
3. Disseminating information through social media and phone calls 13%.
4. Information on benefiting from and accessing governmental services 24%.
5. Awareness raising information for community leaders and emergency committees on the needs of local communities and marginalized and vulnerable categories 10%.

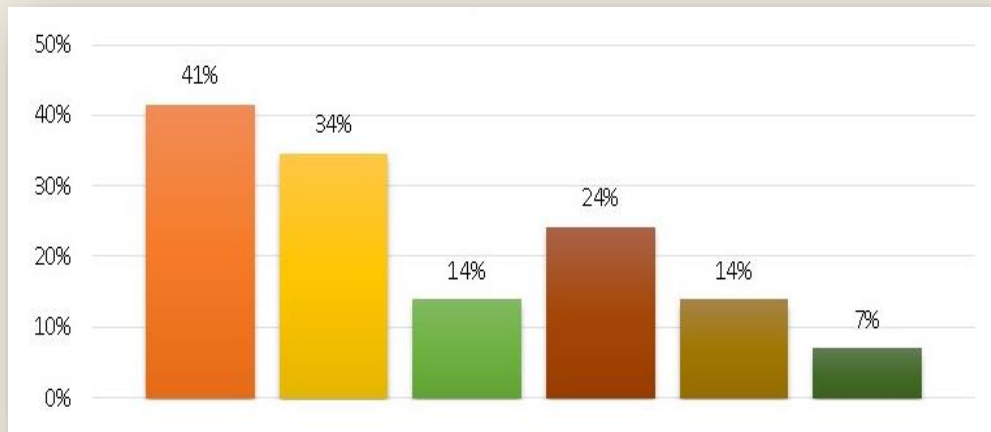
There are numerous ways through which awareness raising activities were implemented by CSOs.

- 80% of CSO's attempt to raise the awareness of people in local communities on the nature of COVID-19, its causes and symptoms and prevention methods through washing hands, wearing masks, social distancing, home quarantine... etc.
- The majority of such activities are conducted through community meetings by volunteers and over the phone guidance for community leaders and emergency committees.
- CSO's obtain information from reliable sources such as government websites and WHO guidelines and create their own awareness raising materials or visual aids for people who then disseminate them to the society.
- They send messages through WhatsApp groups and social media platforms, such as Facebook and Instagram that are created for volunteers in the community and emergency teams. Some also use phones to send SMS messages as well as to respond to inquiries from the community to share information on access to governmental institutions and other relevant information.

- 24% of CSO's facilitate people's access to governmental support through raising their awareness on the required documentation and processes.
- 10% of CSO's participate in raising the awareness and training members of popular committees, leaders of local aid groups and health workers on the front lines to respond to the pandemic.

Chart 14 – Types of Information Collected by CSO's for the Community

(Number = 129) the total percentage exceeds 100 as the respondents stated that they collect multiple types of information



1. Lists of vulnerable and marginalized families who face difficulties in the closure 41%.
2. Tracking and listing workers returning from their work and providing them with information and medical exams 34%.
3. Investigate/examine people with chronic diseases in different communities 14%.
4. Assisting in filling forms to receive aid 24%.
5. Quick assessment of community needs 14%.
6. Mapping the public distribution system and the response of other government agencies 7%.

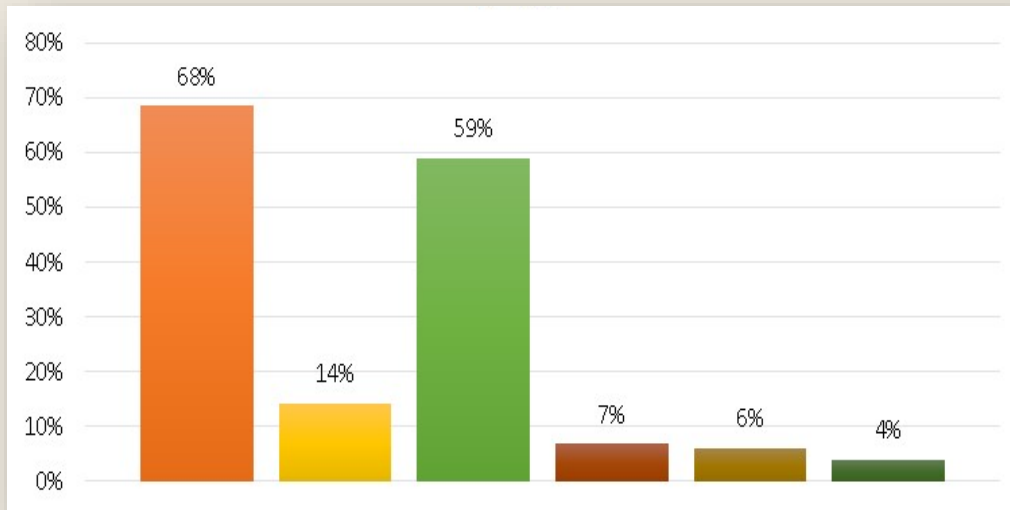
CSO's work effortlessly to provide timely data on different categories of vulnerable people who need government aid from the crisis management committees at districts, and to track residents and children as well as test sick people for COVID-19 to enable relief processes.

- Assist a large number of illiterate people who are unable to fill forms to receive aid.
- 14% of CSO's conduct quick surveys to understand community needs.
- List the cases found to be suffering from problems, such as the inability to provide food supplies, transportation problems, problems in selling agricultural products or finding day labor, and psychological consulting needs to handle the current situation.

- 7% of CSO's also participate in monitoring the public distribution system and relief distribution initiatives to ensure transparency in emergency relief activities.

Chart 15 – The Types of Relief Distributed by CSO's in the Society

(Number = 136) The total percentage exceeds 100 as the respondents stated that they distribute multiple types of materials



1. Distribution of in kind aid 68%.
2. Distribution of cooked meals 14%.
3. Distribution of hygiene supplies 59%.
4. Assisting the government in distribution 7%.
5. Safety equipment for medical professionals 6%.
6. Distribution of seeds and seedlings for home farming 4%.

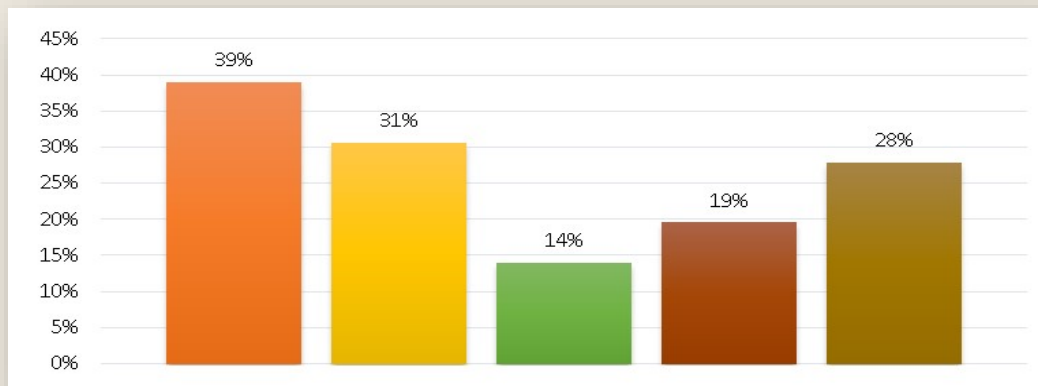
The majority of CSO's participate in the distribution of in kind portions to facilitate the work of government administrations or through their own resources and networks.

- 14% of CSO's stated that they run community kitchens to provide cooked meals for safe houses, elderly homes and orphanages.
- 59% of them distribute masks, soap, sanitizers and female hygiene products.
- Many of them provided volunteers for the public distribution system and at governmental departments to assist in distributing relief.

- 6% participate in providing personal protection equipment for health workers at the front lines.
- 4% of CSO's distributed seeds and seedlings for families for home agriculture.
- Operate/support quarantine facilities, volunteer support, provision of medicine and psychosocial counselling and assist in solving health issues other than COVID-19.
- A number of CSO's and youth initiatives started community marketing networks for agricultural products due to the difficulties facing this sector and its impact on the living standards of households.

Chart 16 – Medical Support Provided by CBOs

(Responses = 39) The total percentage exceeds 100 as respondents stated that they provide multiple types of medical support



1. Operate/support quarantine facilities 39%.
 - 39% of CSO's either operate or support quarantine facilities. They have provided safe homes, schools, offices and buildings for local government authorities to use as facilities.
 - They have assigned volunteers to operate the community kitchen in these centers.
 - Moreover, their volunteers assist governmental administrations in examining patients at the local community level and public health centers.
 - Distribution of cooked food packages to safe homes, elderly homes and orphanages.
2. Support human resources with volunteers 31%.
 - 14% of them provide medicines for people with chronic diseases, the elderly with disabilities and pregnant women.
3. Provide and deliver medications for people unable to obtain them 14%.
4. Psychosocial counselling 19%.
5. Assist in solving health problems other than COVID-19 28%.

- 19% provide counselling services to talk to people about anxiety and depression they have in the current conditions.
- 28% provide support to persons with common diseases and medical cases, such as birth, dialysis and treatment for diabetes and blood pressure patients.

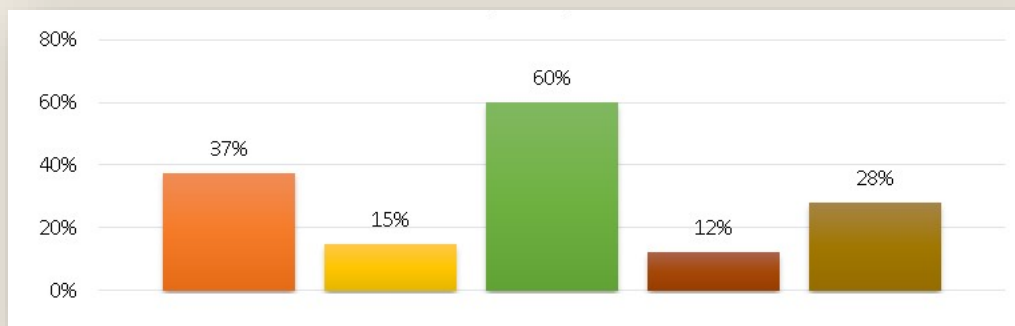
Challenges Facing CSOs

First: Organizational and Internal Challenges

Despite their active participation in the implementation of relief activities, CSO's face numerous internal challenges. 27% of CSO's face challenges in receiving proper responses from government departments, and the key problem is in obtaining travel permits during the closure because the response of the crisis management department is very slow and skeptical. For this reason, volunteers are unable to work in the field and their movement is restricted. Moreover, coordination with government administration to provide relief packages for vulnerable and marginalized categories is very difficult, particularly for persons listed in the government aid lists and residing in internal geographic areas.

Chart 17 – Organizational and Internal Challenges Facing CSOs

(Number = 115) the total percentage exceeds 100 as the respondents stated that they face multiple organizational challenges



1. Not receiving timely responses from the government regarding administrative procedures concerning CSO's 37%.
2. The lack of suitable information from the government and crisis management committees in districts regarding the work procedures of CSO's 15%.
3. The lack of materials and funds to cover the needs of the community and different categories 60%.
4. Limited human resources at CSO's 12%.
5. The lack of organizational capacity to respond to the pandemic 28%.

- 15% of CSO's stated that they face difficulty in obtaining correct information. Moreover, the difficulty in disseminating correct information to the public leads to losing communication between CSO's and confusion. There is no commitment to sending general information to communities in a unified manner.
- There is a lot of misinformation spreading between people, as there are many rumors and inaccurate information by different media sources as well as social media.
- Changing untrue beliefs relating to COVID-19 amongst people is a challenge because they continuously create a perception on the disease that is based on inaccurate information they hear.
- Interaction with local communities becomes very difficult for CSO's because they are not committed to washing their hands repeatedly, wearing masks, social distancing... etc.
- Volunteers face difficulty in accessing reliable information, which makes it difficult to strategically deal with communities.
- Many CSO's are unable to print materials to raise public awareness on COVID-19 because of the closure, and the closed stationary stores and print shops.
- 60% of CSO's stated that they are struggling to implement activities to respond to the pandemic due to the lack of funding, and that they are using their own funds and depend on donors.
- They are unable to provide protective gear to volunteers, staff and workers on the front lines.
- CSO's that utilize their own resources to obtain relief materials are facing demand that is higher than the supply, which impacts their coverage.
- Volunteers are unable to reach communities due to the lack of transportation, safety equipment and fear from being infected with the virus.
- The communities in remote areas are now harder to access due to the closure and lack of transportation.
- Volunteers and staff lack sufficient training to work during the pandemic, not because they are not well educated, but they are unable to work with the community efficiently.

Second: External Challenges

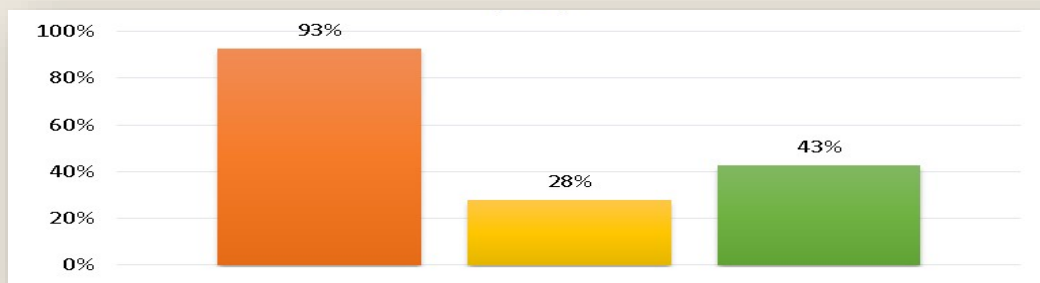
The crisis management administration at governorates does not provide support or facilitate work during the pandemic to facilitate relief processes implemented by CSOs. Governmental departments delay the issuing of permits for volunteers from CSO's, which impedes their movement. The restrictions on transportation, questioning from the police and the need for permissions at all times constitute the greatest challenge ahead of CSOs.

- Government administrations do not plan relief measures in cooperation with CBOs, therefore their efforts are limited through duplication or unmet needs of the vulnerable.

- Work from home is not a suitable solution for CSO's, as there are awareness activities, distribution of relief and training front line workers and community leaders, which requires home visits, community meetings and direct contact.
- Government aid has been provided long after the closure procedures.
- Facilities management, such as safe houses, elderly homes and orphanages have suffered mismanagement throughout the closure.
- The emergency committees and governorate administrations did not make any effort to care for children and address child and elderly abuse, which affects the care process as a whole.

Chart 18 – External Challenges Faced by CSOs

The percentage exceeds 100 as the respondents stated that they face multiple external challenges



1. Cooperation with the government at the national and local levels 93%.
2. Access to accurate and reliable information from official sources 28%.
3. Intervention in the distribution of relief and attempt to control the process by emergency committees and governorate offices 43%.

CSO's face difficulty in maintaining communication with the society as their personal mobile plans are depleted and they are no longer able to make phone calls due to their inability to recharge their phones because of the closure. There is a lot of misinformation on the pandemic and people are easily drawn into false information and messages, which leads to a state of panic amongst them. There is lack of awareness in the society on the pandemic.

There are very few sources to obtain accurate information.

- 43% of the respondents reported a number of cases of intervention by people with personal interests in the distribution of relief. The intervention was focused on imposing distribution mechanisms or controlling the distribution directly.

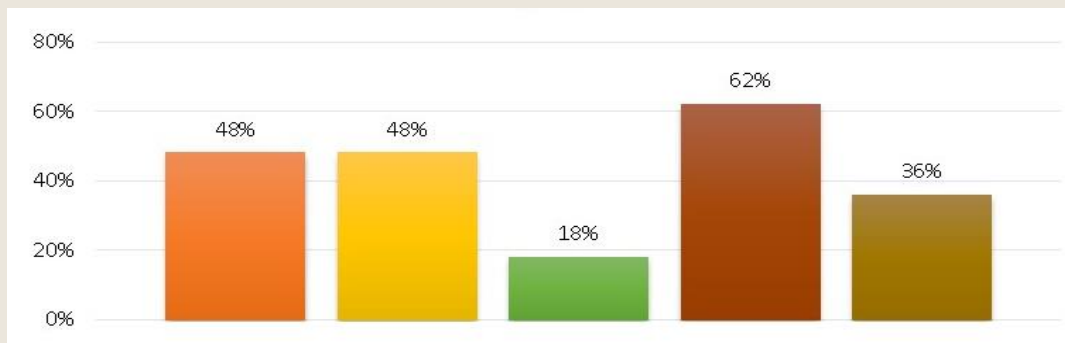
- While some family are not able to receive food aid a single time, other families are hoarding relief because of inefficiency in distribution and illegitimate ownership in the public distribution system.
- There are no safety equipment or personal protection gear for the workers and volunteers, and the administration in the regions is unable to obtain them.
- Shortage in food supply, which resulted in increased prices of basic goods by store owners.
- Coordination with the administration in regions and the police regarding relief measures is not a good experience.
- The official bodies failed in identifying people in need without supply cards, and such families are not provided support.
- The community is usually non-responsive towards issues such as social distancing, the use of sanitizers and masks and washing hands, which creates additional difficulties for CSO's in dealing with the community.

Methods of Accessing and Disseminating Reliable Information

Information is the main source for good planning, and the lack of or limited access to information leads to inefficiency in work.

Chart 19 – Methods of Accessing Information on COVID-19

(Responses = 152) The total percentage exceeds 100 as the respondents stated that they access information from multiple sources



1. Government orders and guidelines and circulations from international organizations published through media outlets 48%.
2. Organized quick surveys by CSO's 48%.
3. Coordination with governmental departments to receive information 18%.
4. Reliance on the CSO's networks to receive information 62%.
5. Reliance on volunteers and staff through training on COVID-19 36%.

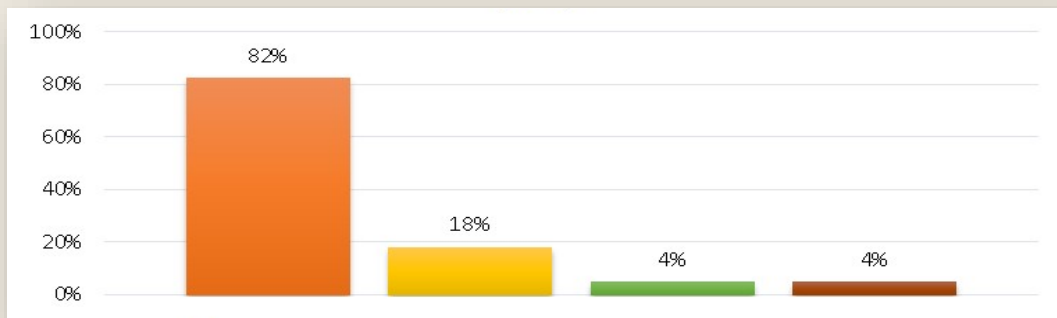
In obtaining information, CSO's were mainly dependent on networks that have provided a comprehensive set of information to CSO's through direct or indirect communication. CSO's also depend on websites and guidelines, circulations and government orders issued by the state and

central government to access reliable and suitable information on the current situation, as there are new developments daily.

- 18% of CSO's coordinate with different government departments directly to receive decisions at the governorate level relating to relief work/
- 48% conduct quick surveys to identify persons with urgent needs, track workers and assess the actual needs of the society during the pandemic.
- 62% receive information from NGO networks on COVID-19.
- 36% work on promoting the capacities of volunteers and staff through training on responding to COVID-19 in order for them to perform effective work in the community.

Chart 20 – Using Online Resources to Disseminate Information on COVID-19

(Responses = 145) the total percentage exceeds 100 as the respondents stated that they use multiple online sources for information



1. Using social media, WhatsApp and phones as means of communication 82%.
2. Audio-visual materials 18%.
3. Sharing brochures and information by email 4%.
4. Meetings using Zoom to follow-up with staff and volunteers 4%.

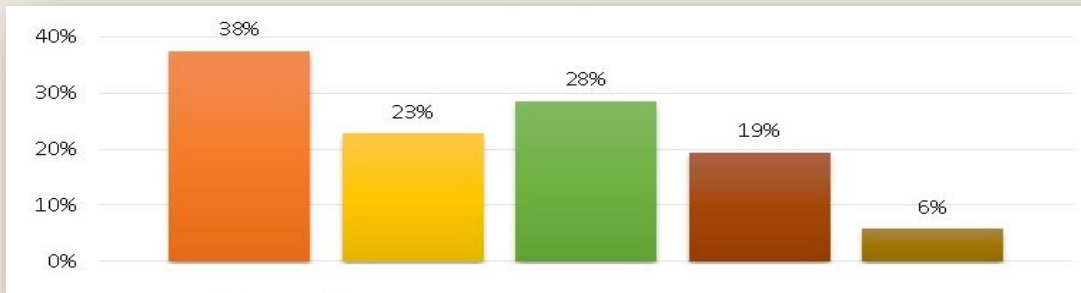
82% of CSO's depend on social media platforms, such as Facebook and Instagram, and small blogs... etc. to disseminate relevant information and create public awareness. They also use WhatsApp groups that are created with members from the community, members of NGO networks, community leaders and volunteers to disseminate information on the current situation daily.

- Many of them use short messages and phone calls to inform the public.
- 18% of CSO's use audio-visual materials to inform and raise the awareness of the public.
- This reliance on technology is mainly due to the restriction on the movement of staff and volunteers because of the closure.

- It should be noted that most CSO's use online methods as well as community visits by volunteers because it is an indispensable form of intervention.

Chart 21 – Methods of Direct Community Participation Regarding COVID-19

(Number = 88) the total percentage exceeds 100 as respondents stated that they use multiple methods of participation



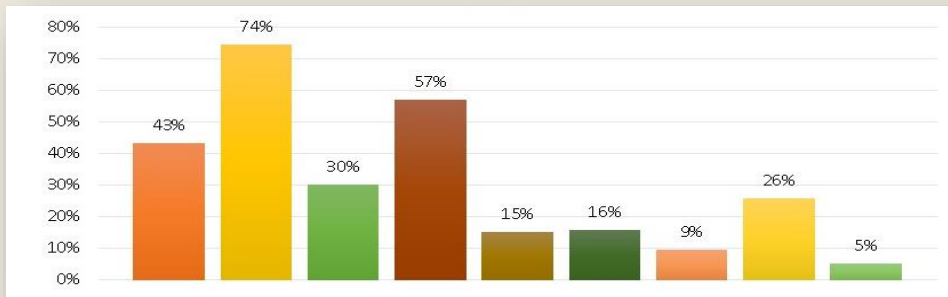
1. Increasing the number of volunteers and staff 38%.
2. Using informative materials 23%.
3. Training members, youth leaders and community based organizations 28%.
4. Murals, display boards, advertisements 19%.
5. Mobile medical tents and assistance locations 6%.
 - 38% of CSO's still work through community and hoe visits by volunteers and staff.
 - 23% of CSO's create materials in local dialects and distribute them to people.
 - 28% participate in training front line workers, community leaders such as the members of community assistance groups, youth clubs and representatives of other CSOs on COVID-19.
 - 19% use methods such as murals and display boards.
 - To disseminate information, a small number of CSO's organize medical tents, such as blood donation tents and operational assistance offices to give relevant information to people in the community on access to governmental services and testing centers.

Proposed Interventions by CSO's for the Coming 2-3 Years

Based on their understanding of their complementary role with governmental plans, CSO's developed a set of short term and long term interventions to respond to community needs. These interventions are based on an in depth understanding of the impact of the pandemic and closure, and the need to maintain the sustainability of the society after the pandemic.

Chart 22 – The Type of Intervention Proposed by CSO's

(Responses = 160) the total percentage exceeds 100 as the respondents proposed multiple interventions



1. Distribution of supplies and relief 43%.
2. Awareness raising and providing legal and other counselling 74%.
3. Enabling the public to benefit from governmental services 30%.
4. Promoting livelihoods and developing life skills 57%.
5. Monitoring the government's procedures in providing services to the public 15%.
6. Continue the activities of current programs 16%.
7. Training current staff and other CSO's 9%.
8. Advocacy and participation with the government 26%.
9. Planning and preparing for catastrophes and crises (crisis management) 5%.

In continuation to the activities CSO's started implementing, around one third of the respondents with implement awareness raising interventions, which will require dissemination of information on COVID-19, personal hygiene, physical distancing, quarantine facilities, consumption of suitable food and facilitating access to government assistance and support programs.

- More than half the CSO's (57%) believe that creating opportunities to provide livelihood and income generating opportunities will be decisive. Therefore, they will undertake interventions such as low cost sustainable farming practices, sustainable livelihood options and herding – proven activities such as mushroom farming, poultry...etc.
- 43% of CSO's planned to continue the distribution of water and food rations and personal protection gear such as masks, gloves and personal hygiene products like tissues, soap and sanitizers for the coming six months in the very least.
- 30% of CSO's will contribute to facilitating access to government assistance mechanisms for the most vulnerable households.
- Around one quarter of them will strengthen their relations with local governance institutions and administrations to provide services responding to different categories.

- 15% will monitor public services as well as the assistance programs adopted by the government.
- A small number of them stressed on the urgent need to work on marketing local products produced by families and focus on local and regional marketing.
- Facilitate access to funding through donors, financing organizations for startups and through savings activities to establish small enterprises.
- 9% of CSO's will conduct training and capacity building activities for their members as well as frontline workers to face the pandemic.
- A small percentage of organizations (5%) focused on facilitating and preparing crisis management plans at the national level.

To understand the variety and richness of the responses incoming from CSO's, we used Work Cloud analysis on the different themes planned as interventions in the coming two years. Due to the enormous impact of the pandemic and subsequent closure, it is no surprise that livelihoods, income generating projects and access to government services such as official assistance are priorities, as the public distribution system remains a high priority for CSO's. Moreover, water, wastewater management, health, hygiene and education are priorities.

A number of CSO's have also stated that there is an increase in domestic violence incidents and gender based discrimination, which requires planned interventions.



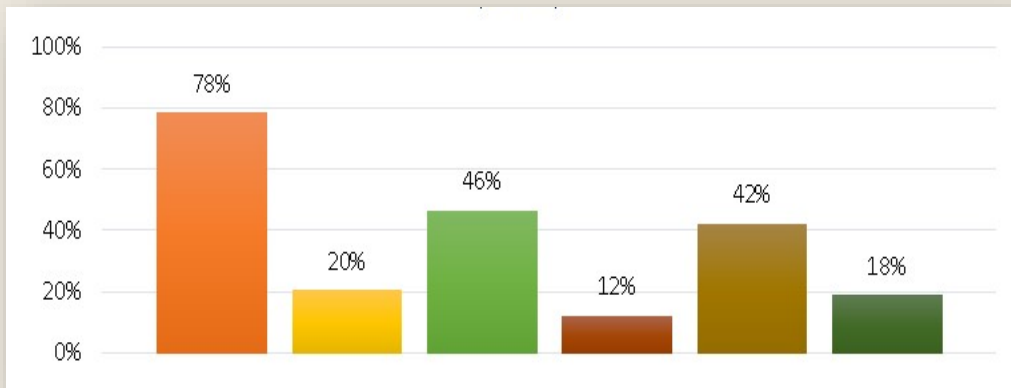
We also use Word Cloud analysis on the type of interventions planned in these thematic and sectoral fields for the coming months. Awareness raising through the development and dissemination of materials, campaigns, training and capacity building, awareness raising, counselling, surveys, mapping and documentation, and lobbying and advocacy are interventions of priority.



The last two Charts show the targeted categories in the planned interventions, in addition to the in kind support CSO's seek to distribute to marginalized categories in the coming from months.

Chart 23 – Proposed Themes for Awareness Interventions by CSO's

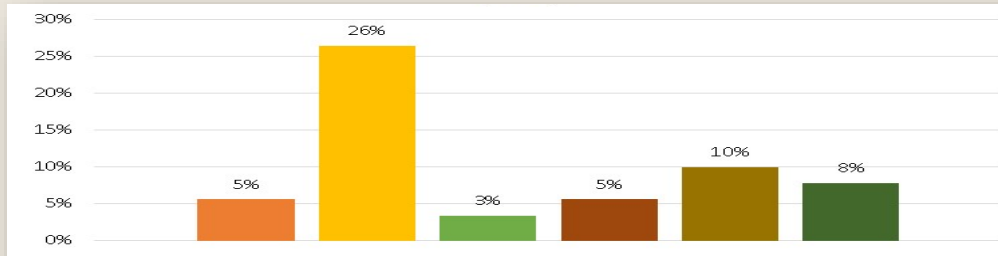
(Number = 119) the total percentage exceeds 100 as the respondents proposed multiple themes for awareness raising



1. Public health and personal health and hygiene 78%.
2. Food security and food resources management 20%.
3. Activities to reduce the impact of the pandemic on social relations (social problems), legal and social counselling and services and mediation 46%.
4. Psychosocial counselling 12%.
5. Monitoring and facilitating citizens' access to the government aid system 42%.
6. Use of awareness raising materials on different fields 18%.

Chart 24 shows: The Main Types to Promote Livelihoods and Developmental Skills Interventions Proposed by CSO's

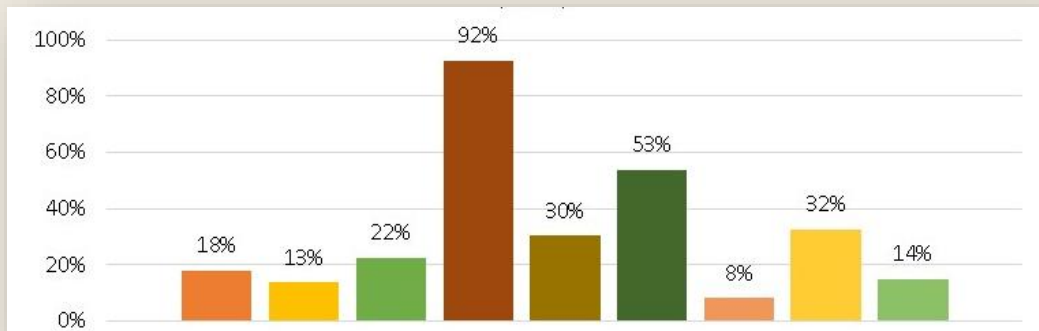
(Responses = 91)



1. Development skills based on the environment and developing agroforestry 5%.
2. Home farming and sustainable farming skills 26%.
3. Herding 3%.
4. Activities with unlimited scope (courses, trainings, electronic training...etc.) 5%.
5. Access to finding, savings and credit 10%.
6. Product marketing and local and regional marketing networks 8%.

Chart 25 shows The Main Targeted Groups in the Society and Different Stakeholders with whom CSO's will be Implementing Activities

(Responses = 110) the total percentage exceeds 100 as the respondents proposed multiple categories



1. Housewives and working women 18%.
2. Frontline workers (medical teams, security forces, psychosocial workers and counsellors) 13%.

3. CBOs 22%.
4. Different categories in the society (in general) 92%.
5. Local workers and workers in the 1948 territories 30%.
6. Children, teenagers and youth 53%.
7. The disabled and elderly 8%.
8. Women in the society in general 32%.
9. Other vulnerable groups (unregulated communities) 14%.

- 53% of CSO's prioritized the needs of children, teenagers and youth.
- 17% of CSO's planned their interventions while taking into account the interests and needs of local workers, workers in the 1948 territories and their families.
- 18% of them planned to work with women in the society, while focusing particularly on single women, widows, pregnant women, breastfeeding mothers and teenagers.
- Moreover, the majority of CSO's stressed on the needs of the elderly and persons with disabilities.
- The needs of other vulnerable groups, particularly Bedouins, marginalized categories and minorities were taken into consideration in the plans of CSO's.

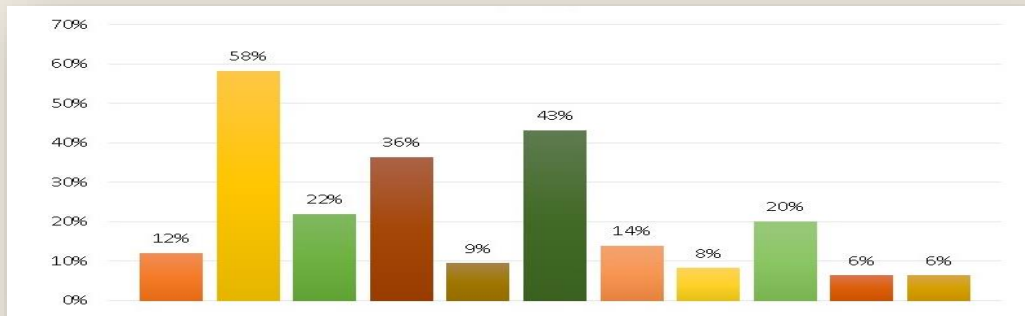
Capacity Building Needs of CSO's

CSO's working on the ground find it difficult to access reliable information on a number of issues. This includes access to information and ideas on the nature of the pandemic, how it spreads, its impact on health and preventive measures.

- 58% of CSO's expressed their skepticism with the information they receive through social media.
- Moreover, they find it difficult to track the changing guidelines issued by the government from time to time regarding the closure procedures.
- There is confusion regarding how to deal with returning workers and their safety, such as testing, quarantine facilities and regular medical examinations.
- In light of the lack of a comprehensive understanding of the government's general programs and plans allocated for the society, CSO's are unable to provide suitable directions and facilitations for the society to access such rights and entitlements.
- A comprehensive understanding and the necessary skills to use digital technology could have been helpful for CSO's in overcoming challenges relating to access to information as well as in disseminating such information to the vast majority of the public.
- 12% of CSO's expressed their need to improve their technology skills. Of these CSO's, 57% felt the need to improve their skills in social media outlets as shown in Chart 24.

Chart 26 – The Main Capacity Building Needs of CSO's

(Responses = 160) the total percentage exceeds 100 as the respondents stated that they have capacity building needs in multiple fields



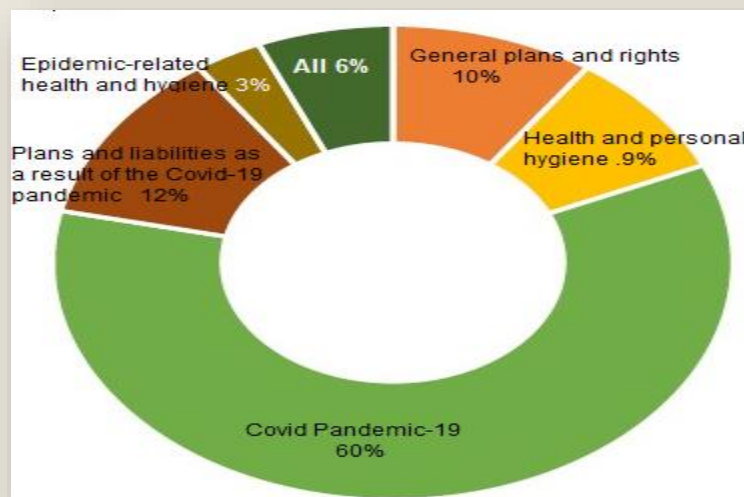
1. Technology skills 12%.
2. Access to information, information management and generating knowledge 58%.
3. Project management 22%.
4. Access to resources 36%.
5. Access to human resources 9%.
6. Facilitation skills 43%.
7. Sustainable livelihoods for communities 14%.
8. Communication and partnership with CSO's 8%.
9. Advocacy and participating with the government in the development and execution of plans 20%.
10. Monitoring governmental institutions' implementation of the society's entitlements 6%.
11. Not clearly answered 6%.

- 22% of CSO's expressed their need to improve their project management skills.
- 43% of CSO's need to improve their planning, mapping and project assessment skills.
- They are aware that proper planning requires collection of data, developing a baseline that should be used in regular monitoring and assessing the finish line.
- 29% of CSO's expressed their need to promote their data management skills.
- 14% of CSO's stated that they need to develop their documentation skills.
- The majority of them – stated that it is important to communicate with the government and other stakeholders about the needs of the society, how to intervene to support the society and the type of support they need from other stakeholders. This all requires developing better documentation skills.
- The enormity of the pandemic's impact led to a situation where demand in the society is much higher than the available resources at CSO's. 36% of CSO's expressed their need to mobilize additional resources to meet some of these demands.

- Almost half of them need additional financial resources, and a quarter of them propose to mobilize additional relief such as food, drinking water, personal protection gear and personal hygiene materials. Another quarter of CSO's need financial support to be able to continue their work.
- A number of CSO's as well as their staff engaged volunteers from the local community to distribute relief, collect data from households, disseminate information and other important activities relating to reducing the impact of the pandemic. 67% of CSO's stated that such volunteers require training and capacity building.
- Moreover, around a quarter of CSO's need additional staff to efficiently manage activities.

Chart 27 – Needs Relating to the Ability to Access Information and Awareness Raising Interventions

(Responses = 160)



Interventions of CSO's are focused on the society. To promote the efficiency of and facilitate community participation, 43% of CSO's expressed capacity needs in a various set of fields as shown in Chart 27. The most desired needs (on the nature of the pandemic, learning new behavior) by the society to manage this crisis.

- More than half of the CSO's (58%) prioritized capacity building activities in continuing changing social behavior.
- The pandemic and subsequent closure left a large portion of the society in shock. Workers in particular suffer from severe anxiety after losing their jobs, and were

subject to harassment by law enforcement agencies. They need psychosocial counselling to deal with this shock.

- CSO's are not fully equipped to implement such specialized interventions on an individual level. 13% of CSO's expressed their need for training and capacity building in psychosocial counselling.
- 10% of CSO's feel that they need new ways to mobilize the society, particularly in light of the spread of the pandemic where social distancing is the rule.
- A small number of CSO's (4%) expressed their needs to learn learning skills and participatory facilitation through training of trainers on electronic communication and facilitation.
- CSO's are aware that the weary economy might leave a devastating impact on poor and vulnerable communities. This part of the society will need opportunities to earn a living and generate income. This requires developing knowledge and skills in promoting livelihoods, including the development of small enterprises, saving, credit and other long term and sustainable interventions. 14% of CSO's expressed their need for capacity building in promoting sustainable livelihoods.

Chart 28 – Capacity Building Needs on the Use of Technology in Interventions

(Responses = 160)

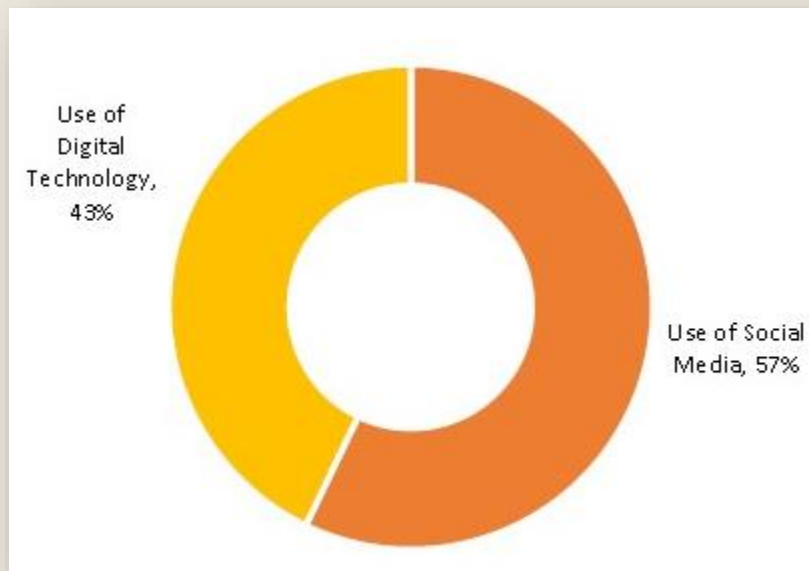


Chart 29 – Human Resource Needs to Implement Effective Interventions

(Responses = 158)

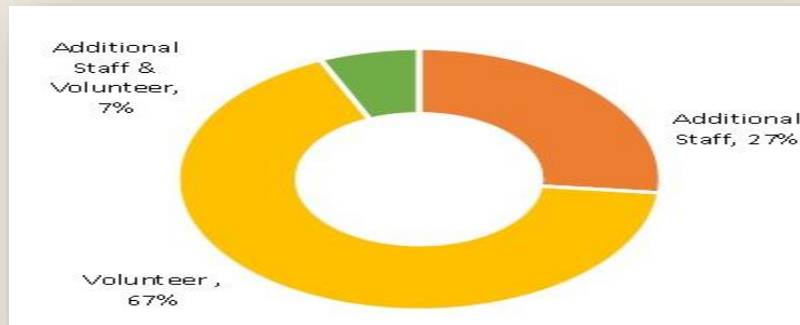


Chart 30 – Capacity Building Needs for Efficient Program Management

(Responses = 135)

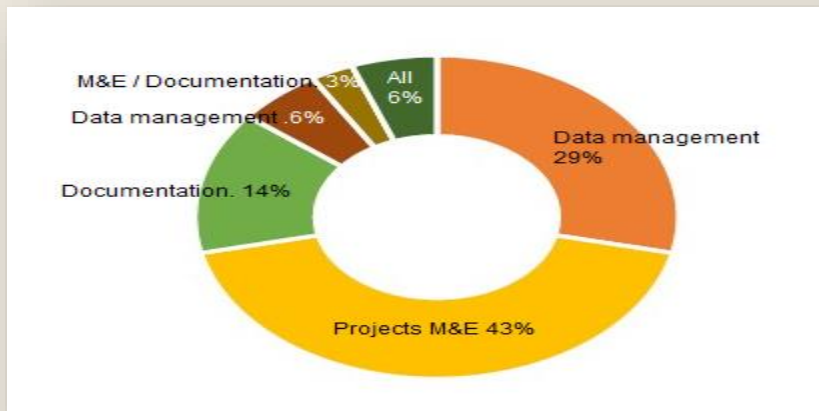
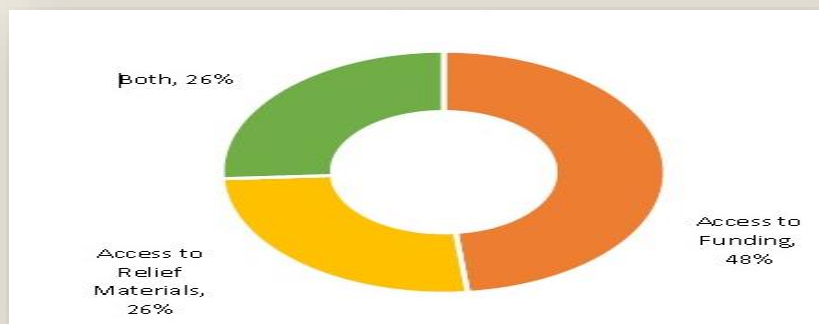


Chart 31 – Required Financial Support

(Responses = 158)

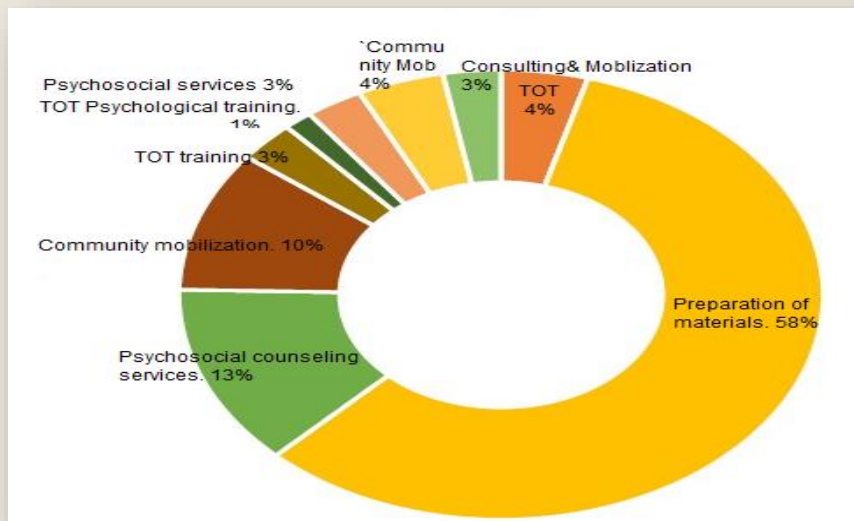


CSO's are aware that they cannot work in isolation from other organizations for them to be efficient and beneficial for the society. They need to bridge the gap with local governance institutions and local administrations. There are two ways of working with local administrations: a) partnership with local governance institutions and local administrations in identifying the most vulnerable households and assisting local administrations in reaching them with the necessary support, including reliable information; and b) monitoring the implementation of different government programs and plans, particularly access to the public/governmental aid system, health services, direct cash transfer... etc., in addition to accessing the documents, supply cards of the public distribution system... etc.

- At least five CSO's expressed their need to develop their capacities in efficiently dealing with the government, including advocacy capacities.
- 6% of the other CSO's need capacity building in community monitoring and mapping to implement public plans and programs.
- To deal with the government more efficiently and effectively, the need to establish networks and partnerships with other CSO's becomes a key requirement to ensure comprehensive service provision. 8% of CSO's need capacity building in the fields of partnership, cooperation and communication between organizations.

Chart 32 – Capacity Building Needs on Effective Interventions at the Society Level

(Number = 69)



- Develop awareness raising materials on online learning as well as specialized and general awareness raising information 58%.
- Provide psychosocial counselling services 13%.
- Mobilization and advocacy 10%.

- Mobilizing community resources on COVID-19 4%.
- Training of trainers for frontline workers (medical teams, security forces, volunteers) 4%.
- Psychological counselling for housewives 3%.
- Training of trainers for NGO staff and volunteers in the psychosocial field 3%.

Section Three: Research Results

Assessment of the Role of Networks and Coalitions

Networks and coalitions had an efficient role in assisting different CSO's in dealing with the pandemic more efficiently and in response to the prioritized community needs through four main fields where networks and coalitions systematically addressed, which are in the core work and role of networks and coalitions regardless of their nature and role.

Field One: networks and coalitions acted as **umbrellas for Palestinian CSO's** in facing the difficulties imposed by the government on the work of CSO's. Networks and coalitions made the initiative to open dialogue and discussion with the government towards reaching agreements through which work is regulated and made complementary in service of the society.

Such attempts, however, were met with rejection from the government, and it was requested that the work and initiatives of CSO's be transferred to the official mechanisms adopted by the government, which contributed to limited coordination and participatory work in facing the pandemic.

Field Two: opened dialogue and coordination with UN and international agencies to include community needs and the contributions and partnerships of Palestinian CSO's in the response plans to the pandemic after having been neglected. Work on them was done only by the government before, as such, networks and coalitions succeeded in including sectoral priorities from the perspective of CSO's in the emergency and long term response plans at the local and national levels.

As a member in the humanitarian work field, PNGO made contact on behalf of Palestinian CSO's and called for including the needs of the most vulnerable categories, particularly in C areas, east Jerusalem and Gaza Strip. PNGO's representatives efficiently participated in the coordination team between groups (ICCG), Advocacy Working Group (AWG), the consultative team of the humanitarian aid fund and the Health Group Team. PNGO also efficiently participated in reviewing the emergency response plan for humanitarian work in light of the spread of COVID-19, which included a number of urgent needs in the Palestinian civil society, in line with bridging the gaps that government authorities were not able to cover in the occupied Palestinian territories, as such, performing its role in supporting group leaders in the best manner possible.

Field Three: providing reliable information to CSO's through direct communication with CSO's and through the provision of electronic platforms to provide and share information. A key success in this area was that a number of CSO's in the Arab region were able to benefit from and use these platforms and information such as Jordan and Morocco, as CSO's added the platform of

the NGO Resource Center on their websites and shared them with different organizations in those countries.

Field Four: advocacy and lobbying in facing the Israeli occupation policies and international organizations' procedures. Networks and coalitions had a leading role in facing the policies that the Israeli occupation attempted to impose on CSO's, through direct policies that aimed at limiting the work of the Palestinian civil society and incriminating it at the local level by using a set of procedures to limit funding and the transfer of funds between the West Bank, Gaza Strip and East Jerusalem; or through pressuring international organizations and European states to set forth restrictions and procedures on the work of Palestinian CSO's by incriminating their work and describing it as supporting terrorism. Networks and coalitions were active in implementing advocacy and lobbying campaigns to confront these policies, some of which were successful.

Key obstacles facing networks and coalitions regarding their work during the pandemic:

- **Networks and Coalitions themselves not understanding their roles** particularly in identifying needs and collecting information on different social categories.
- **Not engaging networks in the development of response plans for the pandemic** unlike the private sector, which is the result of lacking partnership vision from the government.
- **The lack of fluid and flexible funding towards investment in the community needs and priorities** at NGO level and at the level of networks and coalitions.
- **The weak coordination and communication mechanisms to complement work between networks and coalitions**, while knowing the internal communication and coordination is widely available.
- **The lack of human resources at networks and coalitions** to follow up on different files and sectors and their needs, provide information, and conduct specialized studies needed by networks, coalitions and CSO's for planning and to handle the reality in a more efficient and flexible manner.

The Road to the Future

The study confirms that CSO's play a key role in supporting communities affected by the pandemic and closure. The support ranges between distribution of food and water, personal protection gear and personal hygiene materials; disseminating useful information on the pandemic, personal health, personal hygiene, closure rules and regulations, government programs and programs for affected communities; in addition to creating livelihood opportunities for the most marginalized communities. The majority of CSO's planned to continue such interventions with local communities on the short and long terms, because they are aware that the pandemic and quarantine will have a long term impact on persons of the most marginalized and vulnerable categories.

The study also shows that there are numerous internal and external challenges as well as weak capacities that limit CSO's' efficient access to affected communities to try and address their unstable conditions. The majority of CSO's agree that the lack of coordination and support from local administrations is a key obstacle for them to continue their good work. Moreover, the lack of resources (human and financial) and capacities affect their efficiency.

In light of understanding the reality of the previous analysis, the study concluded that CSO's will need support in four main fields:

First: Capacity Building

Palestinian CSO's have given special attention to building their capacity throughout the years of their work due to their belief in the importance of continuous education to developing their performance and promoting their work. This has proven to be successful in the period during the spread of COVID-19 and the subsequent closure. However, in the coming period, and in light of the continued spread of the pandemic and the resulting devastation to some sectors in the society, which will leave long term scars in all aspects, it became necessary or rather a priority to adopt work methodologies that are responsive to the expected reality after the pandemic.

For CSO's to continue and sustain their work – which has practically proven its importance and the need of the society and government for it – investment is required in the capacities of CSO's to develop and mold them in accordance with the coming period to maximize the benefit from them. Allocating part of the CSO's' funding for organizational and programmatic capacity building will notably and positively contribute to promoting the sustainability of CSO's and developing new capacities to prepare them future challenges.

Capacity building methodologies of CSO's need a new perspective, one cannot overstate stressing on the speed in which CSO's responded to the pandemic. However, we cannot determine whether the interventions implemented by them addressed the direct needs of the targeted communities and categories. Therefore, in order to contribute to improving work and its efficiency, CSO's need training and support in learning strategies and capacity building by international donors or social responsibility programs from the private sector to support the development of additional capacities.

Second: Partnership with the Government

In the aftermath of the pandemic and after the government's call for assistance to overcome the crisis, CSO's directed relief efforts to affected people in all governorates. The vast majority of CSO's responded, as they welcome such calls, particularly since a perception was developed over the past few years that CSO's are not welcome and their work was restricted in general through comprehensive changes in government procedures at the regulatory and financial levels. There was an attempt to defame CSO's and demonize their work in the media and public discourse.

Although there are signs of appreciation to the efforts of CSO's in general at the governmental level, field work has faced difficulties, particularly in managing the crisis in different governorates. CSO's were not provided the necessary facilitations for movement and the requests submitted

by CSO's were handled very slowly and carefully, which impeded many relief efforts. That is despite the willingness and flexibility shown by CSO's in handling cases and requests received by the administrations at governments and emergency committees.

Many have written and spoken of the need for better coordination between CSO's and the government without infringing the independence of CSO's. However, there seems to be a need for new efforts to build an environment of trust between CSO's and the government. The priority must be for an enabling environment with an institutional nature to some extent through agreed upon protocols for coordination and cooperation. NGO networks can play an efficient role in facilitating relations and coordinating with the government and governorates to develop such protocols.

Third: Flexible Resources

The majority of CSO's suffer from the lack of resources. Most of the participants in the study mentioned the need for additional human and financial resources. During the past decade, there has been a systematic decrease in the availability of resources for the CSOs, and many international donors have been reducing their funding since 2010. There are very few international donors that are still committed to providing resources for CSOs.

Many believe that the adoption of a law that obligates the private sector to allocate a part of their profit for corporate social responsibility would be an alternative source for funding CSO's. However, it has become evident in recent years that CSO's will not benefit from such resources, as corporates have established their own agencies to implement social responsibility programs and did not consider benefiting from the current capacities and experiences of CSO's in this framework.

For them to be efficient at the local level, CSOs need flexible resources that allow them to respond to situations like the current one. We must make better use of the existence of NFOs in remote areas and with the most vulnerable categories, which are normally out of government institutions' reach. The government, donors and corporate social responsibility programs need to find ways to provide flexible funds for CSO's to be able to continue to depend on themselves and contribute to marginalized communities.

Fourth: Mechanisms that Keep Abreast with the Current State and its Repercussions

The work and tasks of CSO's, networks and coalitions before the pandemic are different than they are after the pandemic. The current state has proven the need to adopt different work mechanisms and methods to ensure avoid the repercussions of the pandemic on CSO's, networks and coalitions in order to guarantee the provision of services and needs to all categories of the society while focusing on the marginalized and vulnerable ones. This requires agreement on general ground rules for civil work and the adoption of a unified vision that is translated into agreed upon policies at the community level. It is also important to invest in grassroots organizations and for networks and coalitions to work at the level of different districts to ensure

full cooperation between CSO's and contribution and assistance in solving problems facing grassroots organizations at the local level.

Protecting civil work and CSO's from political and governmental intervention policies adopted by the government is considered one of the key areas that all CSO's, networks and coalitions must work on collectively to ensure the sustainability of such work. Strategies must also be developed to address major national issues, such as poverty, unemployment and payment of civil servants' salaries, which will constitute the greatest future challenges for the society. Monitoring the transparency in the implementation of governmental plans is one of the basic tasks for CSO's towards realizing justice in the distribution of the burden and benefiting from the available opportunities and capacities.

Furthermore, the political issues, at the forefront of which are the occupation and apartheid policies, manifested currently in the annexation plans and transfer of funds, which are expected to worsen in the near future are considered the top priorities that need to be taken into account in the near future.

Closing Remarks

The Palestinian government announced a state of emergency as a precautionary procedure to prevent the spread of COVID-19, which required the formation of central crisis management cells and committees who developed response plans to the pandemic. There was no partnership in the development of the response plans to overcome the crisis and the government relied on the private sector as a main partner in these plans in isolation from any consultations with CSO's. This created a major gap that was manifested in managing the crisis only from a security/policing perspective, as the government imposed general and full closure during the first month, and an emergency budget was adopted without announcing its content or work mechanisms that the government will use and how it will be implemented, which created an information gap on the government's priorities and the mechanisms adopted to work on such priorities.

The government's planning process had shortcomings in foreseeing the developments subsequent to the crisis. It also lacked planning for other key crises the government is facing in the same period, such as the annexation plans in the West Bank, the transfer of prisoners' salaries to banks, the salaries of civil servants as well as the internal socioeconomic crises resulting from the closure and deteriorating economy. These crises require collective and comprehensive institutional work led by the government. These shortcomings in plans led to a faulty crisis management, which was manifested in focusing on the economic aspect and losing control of the closure and the chaos in the social and economic life without any monitoring or follow up. (If there was a plan to handle such various crises, such a plan has not been announced)

The adoption of a number of law by decrees that violate official instructions regarding the emergency budget and retrenchment procedures previously announced by the government, as well as the essential comments and criticism against the distribution of aid by government institutions (*Waqfat Izz Fund*), have proven in practice that the government did not make any

essential change that would imply official changes towards more transparency in the provision, management and governance of aid, which resulted in a growing lack of trust and questions on all these procedures.

The situation in Gaza Strip was not much different from the West Bank with the exception of having fewer cases and less spread of the pandemic due to the blockade on Gaza Strip and having only two entry points for the pandemic. The *de facto* government tightened precautionary procedures more than the West Bank in an attempt to reduce and limit the spread. As for the remaining procedure, there weren't any notable differences in dealing with the pandemic and its repercussions.

The lack of coordination and trust required CSO's to work individually and in isolation from the official plans. Studies and surveys conducted by CSO's individually guided their work – due to the lack of official information – CSO's' activities were based on the information collected by them in the field and to address these issues, which contributed also to lack of direct and serious coordination between CSO's themselves in this context.

Now that the world is in agreement that the situation after the pandemic will never be as it was before it. Due to the general conditions in the region in the context of the pandemic, and since the world is still living the crisis – and will suffer from it for many more months in the very least – it is important to explore how to deal with the current status until the crisis is over.

The poor transparency and disclosure policies and difficulty in accessing sufficient information and data in all fields prevents suitable decision making. The available data highlights four key dimensions of the crisis that are considered urgent:

- The use of emergency laws needs to be in cases of maximum necessity and infringement of public freedoms and human rights must be prevented.
- The social dimensions of the economic and humanitarian dilemma and dealing with them transparently and efficiently.
- Assessing the support provided to the most affected categories and how to promote such support.
- Problems of fulfilling the rights of persons to return to their home towns and follow up and communication procedures followed to solve problems in this regard.

Available information to this date shows:

1. A decline in the interest of prioritized issues, including the efforts exerted for the groups in most need for care, such as the decline in programs to empower persons with disabilities.
2. The expected effects of the current economic crisis on development programs and growth rates exacerbates poverty rates that have already exceed 40%, more than half of them live under acute poverty line (around 23% of the total population).

3. The repercussions of the pandemic impacts almost all workers in the informal economy, which are in the thousands, the risks on day labor, the paralysis in entire sectors such as tourism and transportation, and the decline in income in general in light of the negative economic expectations.
4. The repercussions of having 36% of the population in the elementary, secondary and higher education in a state of paralysis and the economic challenges impeding online education and their impact on the educational process in the future.
5. The Israeli occupation's utilization of COVID-19 pandemic to commit additional violations aiming at undermining Palestinian rights. The campaigns against the Palestinian civil society intensified, particularly human rights organizations, in light of the important advancement Palestinian human rights organizations achieved in Palestine's file before the International Criminal Court, and the clear retaliation from the occupation's government.
6. The risks that resulted from international donors' approach to impose additional difficulties on funding the Palestinian civil society.
7. The risks of the Israeli occupation's decisions to stop the salaries of families of martyrs through the Palestinian banking system, which is controlled by the Israeli banking system. This is causing a major crisis for the Palestinian people.
8. The Palestinian Authority's decisions on the crisis and the *de facto* governments measures in Gaza Strip to address and protect against COVID-19 pandemic, as well as the efforts exerted in monitoring the measures taken to ensure protection from any violations of the exceptional measures.
9. The crisis contributed to revealing the missing role and wasted energy of the civil society, which is due to the restrictions imposed by the successive governments in recent years, and that the important role of the civil society in meeting some needs and reviving the available services would have been multiplied had it not been for such restrictions.
10. Stress on the human rights organizations' responsibility to lobby for expanding the margin and defending freedoms, mainly to lobby for the release of political prisoners.
11. Focus on the role of the human rights movement as a whole, including the international human rights system, and pay more attention to economic, social and cultural rights. As well as the importance of positive interaction between the state and the civil society, particularly human rights organizations, and the necessity of promoting economic, social and cultural rights.
12. Stress on the importance of the of the government's adoption of a participatory approach, which contributes to promoting a democratic life and raising the society's awareness, and responds to the containment and prevention guidelines. The benefit from the cooperation between the state, civil society and other actors is great, and requires trust in governmental institutions and their approach to revive their social role. Furthermore, stress on the call for dialogue between the civil society and the government to combine forces in facing the pandemic.

13. The importance of addressing the issue of people stuck abroad, particularly people with legal problems who could become victims of human trafficking crimes.
14. Focus on the cost to humans apart from the other dangerous dimensions, particularly the fears relating to the decline in employment rates, exacerbation in unemployment rates, sever damages on day labor and informal labor, the problem of the lack of official data and work based on assessments rather than an analysis of the crisis. Make use of specialized experts to analyze the reality of the crisis in the economic and social fields to arrive at proposals of a practical and applicable nature in order to have an area to interact with the government on to support the efforts aimed at addressing the repercussions of the crisis.
15. The pandemic has given back the state its stature and role, while stressing on the importance of not neglecting the essential and crucial role of the civil society in facing the pandemic or reducing its repercussions. This increases the concern regarding reducing space for free expression through social media, particularly in light of the increased prosecution of bloggers. There is a need to map the restrictions on freedom of expression and provide legal support for persons prosecuted on their opinions. There needs to be focus on the right to know and announce facts for the public opinion.
16. Promote the monitoring role of human rights organizations, while paying special attention to disciplined security performance in accordance with the objective of these exceptional measures. Attention also needs to be paid to the issues of detainees, particularly persons under precautionary detention, and address overcrowding and ensure physical distancing as well as prevention measures and sanitization in detention.



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