OSISA Covid-19 Pandemic Response
Phase II Strategy
A. Context

The coronavirus pandemic continues to take its toll on the African continent. Africa is particularly susceptible because 56% of the urban population is concentrated in overcrowded and poorly serviced informal urban settlements and only 34% of the households have access to basic hand washing facilities.¹ Currently, the majority of the countries are experiencing local and community transmission of COVID-19. According to reports, a total of 69,707 cases and 2,399 deaths (case fatality ratio 3.4%) had been reported as of 13 May 2020.² This is a steep increase compared to the just over 800 cases on the 23rd of March, when OSISA wrote its first COVID-19 response strategy. According to the WHO, the OSISA operating countries that were most affected include; Democratic Republic of Congo (1,169 cases), Madagascar (192 cases), Zambia (441 cases) and Eswatini (184 cases). These figures are likely to be significantly underestimated due to the limited testing capacity in the Southern Africa region. Testing for COVID-19 is crucial in understanding how many people have the disease and how fast and far it’s spreading. Overall states public health approach to the pandemic has come under scrutiny for its limited investment in testing facilities and ventilators with challenges, including test kit production as well as logistical and procurement constraints. This is in addition to other challenges around information and data dissemination, bed space, the condition of quarantine centres and limitations in personal protective equipment (PPE) to ensure health and safety of health workers.

Some observable and reported impacts of the pandemic mostly revolve around the consequences of the lockdown measures governments have put in place to slow down the spread of the virus.

The immediate impact of the lockdown has been the glaring class divide in that the measures didn’t work in peri-urban, or informal dwellings where closely-located shacks and the absence of clearly laid out infrastructure makes social distancing impossible. High levels of inequality in the region have been aggravated by the stay-at-home orders which mean no economic activity and, therefore, no income-earning opportunities, especially for the self-employed and the informal sector. Access to clean water in townships and rural communities has always been a challenge in the region. This lack of access to water has made practicing good hygiene, frequent washing of hands, and staying hydrated a significant challenge for those citizens who have access only to contaminated or otherwise poor quality water. There have been reports of a higher incidence of gender-based violence (GBV) and violence towards children. Moreover, there have been tensions between civilians and army or security personnel who were called in to supplement the efforts of the police to enforce lockdown measure. On several occasions the army and police have been seen or reported to have used unnecessary and disproportionate force on citizens. It is clear that the political, economic and social impact of the COVID-19 crisis on Southern Africa will be grave, and its effects long lasting on the disabled, women, workers – formal and informal, the poorest and the emerging middle class alike, and on small and medium enterprises.

B. OSISA COVID-19 Responses³

Over the last eight weeks, OSISA has been responding to the COVID-19 pandemic in Southern Africa with a budget of close to $2 million. Funds were pooled together by all OSISA programmes and this has resulted in the support to seventeen projects, in all the eleven OSISA operating countries. These projects are hinged on the goal of saving lives. The majority of projects focused on contributing towards COVID-19 prevention and diagnostic efforts. OSISA made critical investments in information dissemination, awareness raising, strengthening access to testing and treatment to all. Resources were also channelled towards preparedness efforts to ensure countries in the region put in place robust public health interventions to counter the pandemic. This initial response was further enhanced by resources from a Reserve Fund (RF) application that was led by Eurasia and AfRO. In April 2020, RF692⁴ was approved and OSISA was apportioned $1,150,000 to use and report on before the end of June 2020. Apart from filling the gaps in the original response, the RF funds have expanded OSISA’s reach into areas of women’s rights, the mitigation of socio-economic effects of the pandemic, transparency and accountability as well as the human rights implications of the pandemic.

³ As at 6 May 2020
⁴ RF692 Title: Rapid Response to Mitigate the Impact of COVID-19 in Eurasia, Africa, the Middle East and North Africa (MENA), Asia-Pacific and Haiti, approved 17 April 2020.
C. Open Society Foundation (OSF) Phase 2 Response

The Open Society Foundation (OSF) is gearing up for OSF’s Phase 2 Response to the COVID-19 pandemic. In this regard, recent communication from the President of OSF estimates that at least $70 million will be dedicated to Phase 2. The primary focus will be on: Africa, Asia, Eurasia, Latin America, and MENA. Foundations are encouraged to design phase 2 in two time frames; the medium term (until end of 2020) and the long term (incorporating a clear COVID-19 response within our OSISA four-year strategy).

Over and above this, AfRO and all the Africa Foundation Executive Directors have since decided that it is at this juncture that a joint regional (Africa) strategy be developed to respond to the mid- to long-term impacts of COVID-19 and the opportunities it is presenting. As mentioned above, the mid-term timeframe for the Africa strategy is for work until the end of December 2020.

This is a unique moment in history. Phase 2 gives OSISA an opportunity to think outside the box, disrupt the status quo and formulate responses that could work to stem the pandemic and build a resilient development framework the Southern Africa region. The purpose of this document is to provide OSISA with a medium-term strategy that guides and informs our investments within OSISA operating countries and across the region until December 2020.

D. OSISA’s approach within OSF’s phase 2 COVID response

OSISA’s initial response identified five main focus areas for the short to medium term. Each objective had a mix of interventions hinged on advocacy and service delivery. These five areas were:

a) Information dissemination and awareness raising
b) Access to testing, treatment and health care for all
c) Preparedness and domestic financing for the response
d) Mitigating socio economic effects of COVID-19 on states and citizens
e) Transparency and accountability.

In maintaining the shared objectives approach, each of the programme units within OSISA will be in a better position to link, deepen and reinforce our collective COVID-19 response in the region. OSISA has since taken the opportunity to re-evaluate the initial focus areas and objectives from the initial strategy, with the aim to streamline and strengthen our ongoing efforts to respond to the COVID-19 pandemic as it evolves.

OSISA’s revised focus areas include:

1. Promoting information democracy in Southern Africa

The COVID-19 pandemic has seen the decimation of the private media, leaving the state media well entrenched. The result has been a distortion of events, unbalanced news and information repression. In order to provide citizens with unbiased information and promote trustworthy news sources there is an urgent need to support independent and investigative journalism (both locally and nationally), which is facing serious sustainability woes among a host of other challenges accentuated by the pandemic.

Not only is independent and credible journalism critical for spotlighting governments’ excesses and mismanagement of the crisis, it is one of the best weapons for fighting disinformation, which have proven deadly and negates implementation of life saving policy choices. Besides, independent journalism, it is also important to invest in other fact-checking initiatives to counter falsehoods and empower citizens with truthful accounts of events impacting their lives.

Lockdowns and social distancing have also built a foundation upon which the future communication ecosystem will be built and modelled. It is a future where homes will seize to be personal and private spheres but spaces for work, schooling, gyms, doctors’ rooms, entertainment, among others, all driven by internet connectivity. Already, the privileged few are having a whiff of that future as they adjust to COVID-19 enforced new reality. The poor majority and vulnerable communities have been left behind and are likely going to struggle to be part of that future
due to a number of reasons main of which relate to poor digital connectivity. As such, OSISA will support campaigns on digital rights: access, availability and affordability of the internet to empower marginalised communities.

As has been proven before, connectivity also comes with serious concerns on citizens’ privacy rights. In a world witnessing an increase in surveillance capitalism, highly digitised communities will see every citizen’s online activity and their data being traceable and exploited for both political and commercial reasons with limited accountability from colluding governments and digital tech companies. This calls on OSISA to take leadership in pushing for strong data protection laws and accountable surveillance mechanisms that will ensure the protection of citizens’ right to privacy. We will support data fees must fall campaigns and challenge excessive surveillance by the state.

2. Building resilient social services systems that deliver equitable and sustainable universal access to health, education and water.

COVID-19 has exposed the fragilities in the region’s social sector and public service delivery. States have failed to deliver on improved access to portable water, sanitation resulting in violations of human rights and human dignity. COVID has brought to the fore the glaring challenges and inequality in access to water and sanitation facilities which are not only critical for health, nutrition and wellbeing. Access to these services is also a basic requirement for most hygiene practices that are critical in preventive health strategies within communities and institutions such as schools and hospitals. Within the health system underlying challenges range from a lack of leadership to poor governance, low quality of service delivery, poor information management and dissemination systems, meagre budget allocations to lack of testing kits, ventilators, personal protective equipment, hospital beds, medicines and technologies. It is very clear that health systems in the region are in no shape to respond to the health needs of the population at any given point especially in times of crisis. During the 2019 Cyclone Idai, thousands of people were left without access to health care in Mozambique, Zambia and Malawi. More recently COVID-19 has brought to the fore the critical shortages in human resources for health, gaps in diagnostic equipment to conduct robust testing as well as challenges around the financing and delivery of equitable and sustainable health services in the region. In the education sector, the Government’s COVID-19 response was the abrupt closure of schools and tertiary institutions. This resulted in 60 million learners are affected by the abrupt closure of schools in the 11 countries that OSISA operates in (UNESCO, 2020). About 800,000 teachers and lecturers were affected.

Over the next few months OSISA will support initiatives, innovations and advocacy that looks to develop robust and resilient education and health systems which can efficiently deliver equitable and sustainable universal access to all. Specifically, OSISA will invest resources in collecting evidence to disrupt current fragmented and market based models of financing the health and education sectors. We will challenge public private partnerships which seeks to commodify and privatize health and education services. We will begin to initiate discussions around a regional funding basket for financing health care and education as part of the Domestic resource mobilisation strategy. Considering the crucial role of health workers in the delivery of services, we will invest resources in the Human Resource for Health (HRH) pillar. Building on some gains from COVID-19 OSISA will fund interventions focused on influencing policy and practice on training, recruitment, remuneration and equitable deployment of the health workforce especially at primary health care and community levels. At the regional and continental level, we will disrupt and interrogate the political economy of access to vaccines/treatments (including African originated ones) to ensure equitable access to all. At national level, the medicines and technologies work will focus on building a health rights movement that agitates for quality service delivery, improved access to medicines and vaccines focusing on procurement, conflict of interest and priority setting in medicines supply.

Our work under the health banner will extend to water and sanitation. We will support initiatives that influence public service delivery of clean water, waste management and sanitation to health facilities and
schools especially in rural and peri-urban areas. Efforts in this domain will build on current gains where governments have in expanded access to water through the use of temporary water bowsers in some peri urban areas and slums. OSISA will advocate and support clean water and sanitation initiatives that focus on improved access as well as the adoption of hygiene practices within communities.

From the education and health sector front we will stand in solidarity and collaborate with trade unions in fighting the IMF wage bill containment agenda which places a freeze on the hiring of teachers and nurses because they tend to be the largest representation in the state’s wage bill. We will advocate for domestic funding of education in emergencies. We will challenge pro middle class online learning which does not take into account the widening inequalities between the rich and the poor. We will dispel the myth that online learning is the silver bullet for education in emergencies. We will ensure free, quality, public education that is accessible to ALL children during this time by challenging states to adopt appropriate distance learning practices which are equity based and sustainable. We will advocate to Governments to promote and enforce online safety to protect young learners from paedophiles who pose as children or teachers online. We will advocate for the State to support integrated delivery of psychosocial support services, health services including sexual reproductive health, child protection, food and nutrition services in schools. We will advocate for public schools, colleges and universities not to be used as quarantine centres. We will advocate for the state to involve teacher trade unions in planning and monitoring safe opening of schools and tertiary institutions. We will advocate and support a safe return of learners and teachers to schools and training institutions and this includes, but is not limited to, fumigating classrooms, social distancing in classes, provision of 3-ply face cloth masks, screening, testing and referral of cases, review of the academic calendar etc. Advocate and support efforts to ensure that all learners are adequately prepared for examinations. Support the tracing of learners who will not return school when schools reopen because during an epidemic a number of the most vulnerable children especially girls fall through the cracks and are lost to the education system. We will advocate for the abolition of tuition in public schools. Challenge States to make long term investments into education in emergencies.

3. Charting pathways to new economic realities in a new world (Dis)Order

The personal, social and economic impact of COVID-19 is unlike anything experienced by the world in the past three generations. As mentioned earlier, our States are struggling to respond to this pandemic for several reasons. Some include: high debt levels that put pressure on government’s fiscal space, inadequate social protection measures for marginalised, rural and informal groups as well as the lack of regional cohesion and collaboration by SADC to respond to the pandemic.

In response to the above, OSISA will use the next six months to support think tanks, policy makers, social movements, activists and organisations to resuscitate sustainable Afrocentric social protection debates and policy development at the national and regional level. Through a coordinated effort with AFRO, we will support the coordination, mobilisation and building of an African debt movement that is led by African CSOs to influence the debt conversations at the regional, continental and global level. Noting with concern the devastating impact of COVID19 on SMMEs and informal groups, we will build on ongoing work with regards to the revision and development of adequate policies that govern the informal sector.
4. Curbing corruption while promoting transparency and accountability

Corruption has always been a challenge in our region. The pressure to respond quickly to urgent demand creates opportunities for corruption within already strained operational and administrative systems. For many countries, the health and education sectors are major areas of public expenditure, this will only be magnified during this crisis. Governments are setting aside vast amounts of resources to cushion the poor and vulnerable with social and economic relief packages and enormous amounts of money to boost the economy. With an increased influx of money, however, increases the risk of corruption. It is imperative to ensure that all this expenditure is in the public interest, open and transparent with increased controls, and checks and balances; we risk reduced access, economic waste and inefficiency and lower health and education outcomes. In addition to ensuring that economies are boosted and livelihoods safeguarded. Thus, our responses will be rooted in exposing and challenging the scope for corrupting forces to manifest, building public trust and ensuring that we do not lose rigour, in favour of speed.

To this end, OSISA will in the medium term increase support towards robust transparency and accountability measures towards basket funds /solidarity funds set up by governments, the private sector and International financial institutions to help prevent more fatalities, restart schooling and protect livelihoods of those suffering from economic consequences of the pandemic. We will also prioritise grants to partners that will track and monitor economic relief packages (food distribution, cash transfers and other social safety nets) to ensure that they are administered transparently and benefit those in need. Lastly, given that procurement in health and education system is one of the activities most hard-hit by corruption, we will support the promotion of open contracting, paying particular attention to private sector accountability, to mitigate risks such as hidden contracts, overpricing, collusion and bribery in the COVID-19 response.

5. Responding to diminishing human rights due to increased securitisation and authoritarianism

The COVID-19 pandemic has exposed the absence of strong socio-economic and political pillars and policies that are people-centric and responsive to internal external shocks confronting States. It has exacerbated the economic, women and human rights challenges that already existed but were not prioritised enough. OSISA’s initial response did not take into account the consequence of COVID19 response measures on citizens including; state repression, excessive use of force and gender based violence. As such, in the next phase OSISA will support initiatives aimed at: protecting and safeguarding women’s rights against gender based violence; protecting, promoting and upholding human rights and; documenting and seeking legal re-dress for on-going human rights violations. Efforts will specifically target marginalised, vulnerable population groups at high risk, including women, older people, people with disabilities, LGBTQI, prisoners and those detained in police custody.

6. Protecting Women’s rights: A Gender lens to the COVID-19 response

Pandemics and outbreaks have differential impacts on women and men. From risk of exposure and biological susceptibility to infection to the social and economic implications, individuals’ experiences are likely to vary according to their biological and gender characteristics and their interaction with other social determinants. On the basis of case-based reporting under the International Health Regulations (2005), as of 6 May 2020, only 40% (or 1 434 793) of 3 588 773 globally reported confirmed cases of COVID-19 have been reported to WHO with age and sex disaggregation. Therefore, there is limited availability of sex- and age disaggregated data, thus hampering analysis of the gendered implications of COVID-19 and the development of appropriate responses. OSISA will advocate and support states and health facilities to collect, report and analyse data on confirmed COVID-19 cases and deaths.
that are disaggregated by sex and age, at a minimum, in accordance with WHO’s global surveillance and national surveillance guidance\(^6\). OSISA will advocate for states to undertake a gendered response to the pandemic, conduct a gender analysis of data and to invest in quality gender-responsive research on the potentially differential adverse health, social and economic impacts of COVID-19 on women and men. The findings of such analysis should be used to fine-tune response strategies and structures which include women as decision makers.

Anecdotal evidence from some countries suggests that violence against women and children increases during lockdowns\(^7\). OSISA will advocate and support Government to include responses to all forms of violence against women, and particularly intimate partner violence, as an essential service within the COVID-19 response, to resource this adequately and to identify ways of making protection and prevention services accessible in the context of lockdown measures. As health system capacities are stretched, we have seen a reduction in provision of key essential services including antenatal services as well as the realm of Sexual and reproductive health and reproductive rights services. This poses a risk to current gains on maternal health, infant health as well as overall SRHR outcomes for women and girls. OSISA will advocate to Governments to maintain the availability of, and equitable access to, sexual and reproductive health services (including family planning, contraceptives and abortion services) and to include them in the essential package of health services for the COVID-19 response\(^8\). OSISA will also support initiatives monitoring the delivery of SRHR services as well as the documentation of gross violations of women’s SRH rights for future litigation, learning and the redefinition of post COVID SRHR services. Support will also be provided to initiatives aimed at ensuring women and adolescent girls have access to menstrual health and hygiene product to maintain their human dignity.

**OSISA’s continental focus areas;**

- The post-COVID era should provide an opportunity for regional and continental blocs to ensure that that regional economic integration becomes a reality beyond expression of intent in regional agreements. Through the Africa Regional Office (AfRO), OSISA will support work on regional economic integration.
- Initiate, through AfRO, conversations and debates that influence the improvement of disaster and risk preparedness and responses to other similar crisis in the future. (National, Regional and Continental responses).
- Robustly pursue advocacy for comprehensive social policy and protection programmes in the continent.

**Tactics**

OSISA will use the following tactics to deliver this strategy; grant making, impact investment, advocacy, research, convenings, litigation and movement building.

**Timelines**

| July – Dec 2020 | Jan 2021 – Dec 2024 |

**Medium-term sequencing of strategic objectives**

- July to September 2020 (First 3 months)
- October to December 2020 (2nd 3 months)

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