



CORonavirus Vulnerabilities and INFORMATION
dynamics Research and Modelling

**A civil society
organisation perspective
on vulnerability: Lessons
learned during COVID-19**

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INTRODUCTION

This report focuses on **lessons learned by civil society organisations (CSOs) about vulnerability** during the COVID-19 pandemic: specifically, about how health, economic, social, and informational vulnerabilities emerged and evolved within EU municipalities. It is based on qualitative interviews conducted with CSO representatives who work directly with vulnerable groups, supplemented by two rounds of desk research. We asked our CSO interviewees about...

- how they understood vulnerability;
- how the pandemic impacted the vulnerable groups they work with; and
- how their organisations helped address these groups' needs.

After framing CSO interviewees' insights on certain apparent 'properties' of vulnerability, we describe specific measures that CSOs took to help address the needs of vulnerable groups. Leveraging their local knowledge and community connections often enabled CSOs to reach groups with limited access to, or trust in, governmental institutions.

During the interviews, we kept an eye out for stories and situations that the interviewees themselves found surprising, thought-provoking, inspiring, or otherwise extraordinary. Borrowing the vocabulary of institutional analysis, we call these "**action situations**"ⁱ. This report is based on our findings in general, but takes special account of the action situations shared by our interviewees. We present these as moments from which CSOs and other stakeholders can learn when facing future crises.

ⁱ The institutional analysis and development framework and the social-ecological systems framework are two ways of thinking about the ways actors behave within complex systems. A critical concept in both frameworks is the action situation, in which "actors in positions make choices among available options in light of information about the likely actions of other participants and the benefits and costs of potential outcomes" (McGinnis & Ostrom 2014). Action situations are conditioned by the social and ecological systems in which they unfold, but also hold the potential to impact and change the parameters of these systems.

METHODOLOGY



This report is based on two phases of research performed in the COVINFORM project:

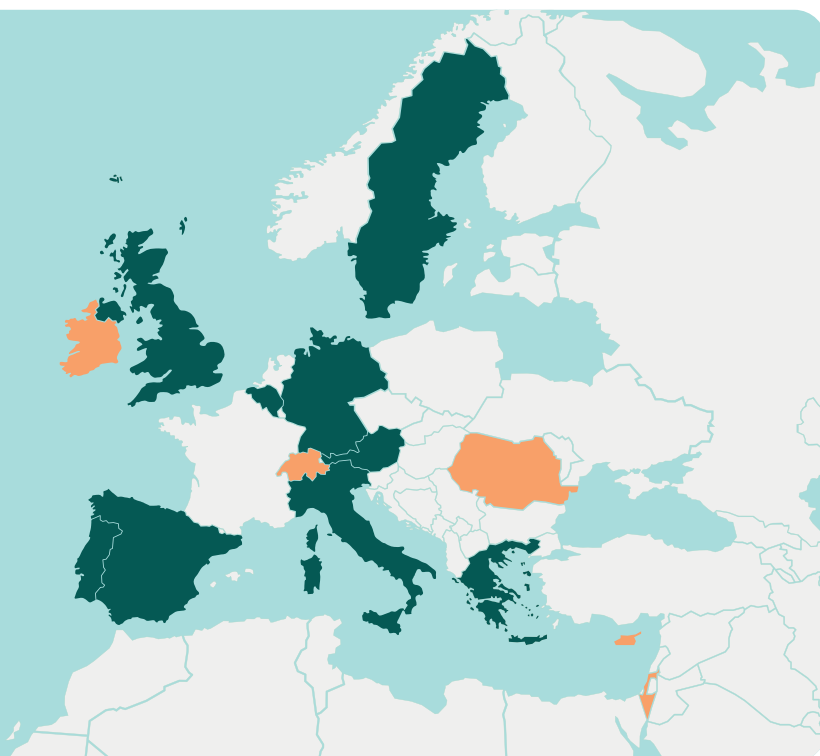
- **Desk research** on COVID-19 impacts, policies, and response measures in one municipality in each of the 15 project target countries. This included a review of primary sources (such as policy documents), secondary sources (such as scientific studies and grey literature), and, where available, quantitative data. A first round of desk research was conducted in Q2 2021, and a second round in Q3 2022.
- **Qualitative interviews** with N=5 representatives of civil society organisations (CSOs) or resident-organised initiatives involved in COVID-19 responses in a smaller subset of 10 target countries. To maintain a local focus, a best effort was made to recruit interviewees working in the specific municipalities on which the desk research was conducted, though in some cases, interviewees worked in nearby regions. The original fieldwork period was Q1 2022.

The interviews were transcribed and analysed by the research partners who conducted them, and the findings per interview and per site were reported using a standardised template. A cross-country analysis was then conducted, guided by the COVINFORM vulnerability assessment model and relevant theoretical frameworksⁱⁱ.

15 target countries:

Austria (Vienna)
Belgium (Antwerp)
Germany (Mannheim)
Greece (Athens)
Italy (Rome)
Portugal (Lisbon)
Spain (Madrid)
Sweden (Gothenburg)
UK: England (Birmingham)
UK: Wales (Swansea)

Cyprus,
Ireland,
Israel,
Romania,
Switzerland



ⁱⁱ The analysis made particular use of MacQueen et al.'s research on emic perceptions of community within vulnerable groups (2001) and Ostrom's social-ecological systems framework (McGinnis & Ostrom 2014). The findings per country/municipality and cross-country analysis are available in COVINFORM deliverables D6.3, "Analysis: Community and citizen responses and impacts" and D6.4, "Synthesis and lessons learnt on community and citizen responses and impacts".

WHAT DID CSOS LEARN ABOUT VULNERABILITY DURING THE PANDEMIC?



Throughout our interviews with CSO representatives, we focused on vulnerability. We asked our interviewees how they understood vulnerability, both in general and specifically during the COVID-19 pandemic. Nearly all interviewees worked directly with vulnerable people: sometimes a specific group (like refugees or victims of domestic violence), and sometimes a range of individuals and groups in need of various kinds of support. Nearly all interviewees also stated that the impacts of the pandemic were especially severe for people who were already vulnerable. This came as no surprise to them. However, the pandemic's confluence of health, social, economic, and informational risks did teach them lessons about the ways in which different vulnerabilities overlap and exacerbate one another.

Multidimensionality and cascades

For many interviewees, the pandemic showed how vulnerability is nearly always multidimensional. Individuals and populations that are vulnerable to risks in one domain – such as health or economics – are often vulnerable to risks in other domains as well (Assa & Meddeb 2021). Moreover, as illustrated in Figure 1, risks, vulnerabilities, and harmful outcomes in one domain can often cause or exacerbate vulnerabilities in other domains.

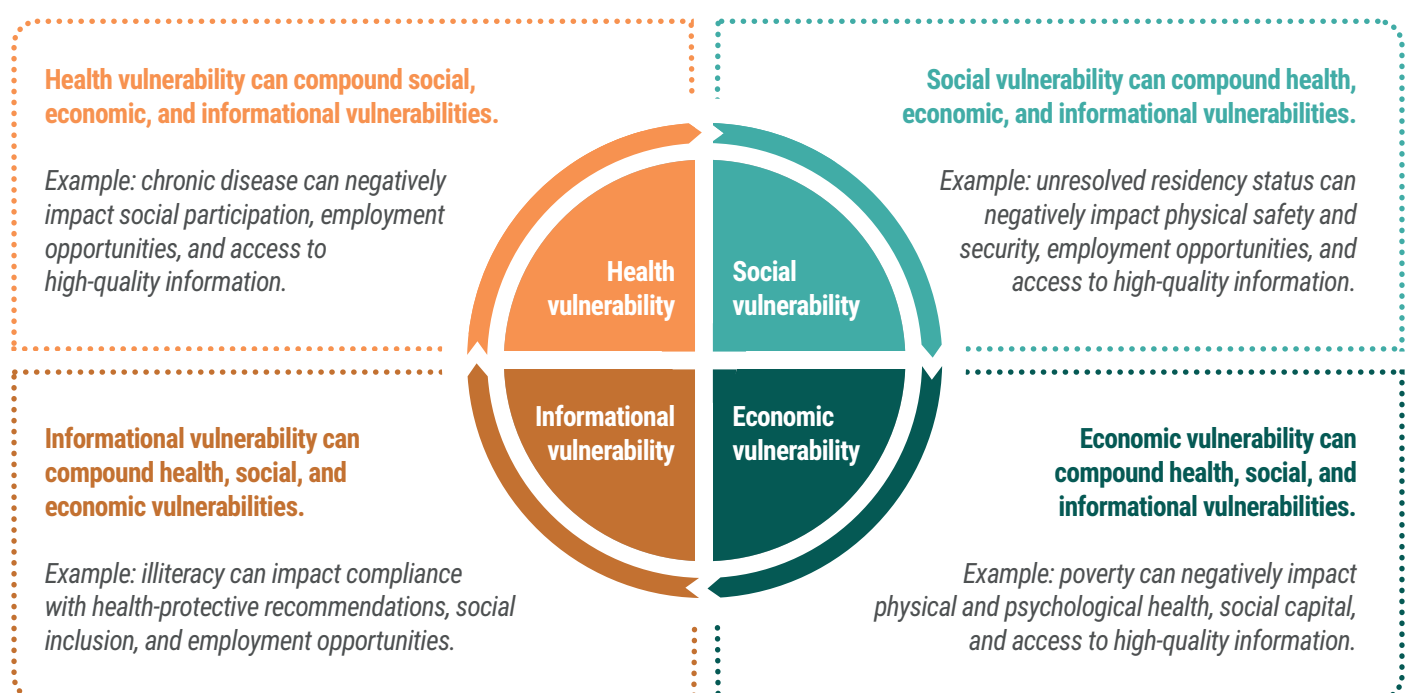


Figure 1. Vulnerability across domains

In socio-ecological systems research, this is called a **cascading effect**: we can envision risks, vulnerabilities, and harms cascading across the health, economic, social, and informational domains (Pescaroli & Alexander 2016). One threat highlighted by some interviewees is that cascading risks, vulnerabilities, and harmful outcomes might push individuals who were previously stable into a state of precarity, which they are unprepared to deal with, and from which it could be difficult to escape. A situation described by an Austrian interviewee exemplifies this threat:

- **Site:** Vienna, Austria
- **Interviewee:** a counsellor and social worker at the Vienna branch of a transnational aid organisation.
- **Other actors:** her client, in this case an interpreter with trouble finding work.
- **Action situation:** *“One example for me was a client who worked as an interpreter at conferences. Logically, she lost her income completely. And she only contacted me after half a year [...] because her savings had been used up. And these are just the kind of stories that are very difficult, because somehow people often don't want to admit that there is nothing that can save them, they simply have to change their lifestyle [...] The only thing she could do is give up her flat in the seventh district and register for a municipal flat. That is a much more difficult type of counselling [for us], also because it is often not accepted, simply because it is connected with disbelief”.*

This situation shows how the disproportionate impact of the pandemic and response measures on some sectors – such as live events – led to a sustained loss of income for people whose livelihoods had previously been secure. Within this particular situation, the actors’ choices were limited. However, the situation shows how in addition to addressing the needs of those who are already vulnerable, policymakers and first-line practitioners should watch out for emerging vulnerabilities during periods of crisis. Here, revisiting historical precedents could be helpful.

Networks

Interviewees made it clear that health, economic, social, and informational risks often affect not only vulnerable individuals, but others in their social circles as well. We could say that vulnerability is **networked**. Among the examples given of people impacted by vulnerabilities within their social circles were recipients of misinformation passed on through social media, families of people in care facilities, diasporic families, and parents of autistic children. Figure 2 illustrates how vulnerabilities can cascade through a network.

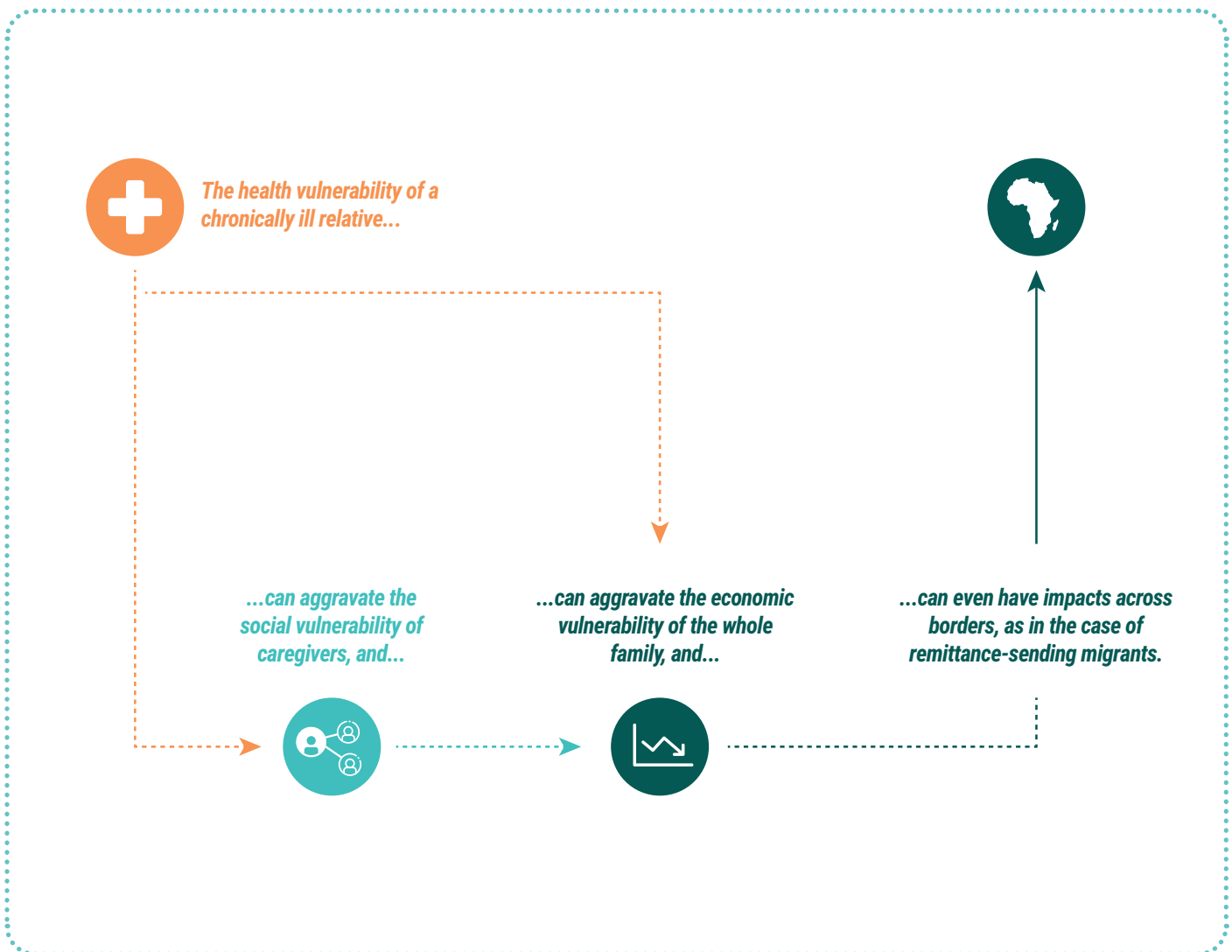


Figure 2. Vulnerability across domains

Considering networks is especially critical in risk communication. Interviewees who worked with migration-background target groups in particular emphasised how social networks (offline and online) were often the go-to source for information about the pandemic, rather than official channels. This sometimes facilitated the transmission of misinformation.

The most well-known example of this was the spread of vaccine myths among migration-background populations – cited, for instance, by interviewees in Germany, Sweden, etc. However, a situation described by an Austrian interviewee shows how other types of misinformation could spread as well:

- **Site:** Vienna, Austria
- **Interviewee:** a German teacher at a women's support organisation based in the second district of Vienna.
- **Other actors:** her clients, mostly Muslim women from north Africa and the middle and near east.
- **Action situation:** *"So, [our clients] were so torn, so afraid, that they kept to the measures insanely, very precisely. So, it was sometimes the case that we told them, hey, you have to take the children outside now and then, that's not possible [to keep them indoors all the time], they'll go crazy. And you can go out. But above all, they also had some relatives who actually died. So, in Afghanistan, in Syria, also in Morocco, sometimes the father or the brother died of Corona. They didn't handle it the way we do in Europe now. So, the women were also really afraid of this virus [...] actually, they all didn't know what was going on. But if you don't understand the newspaper and the news and can't follow it, then [...] on the one hand they were happy that they didn't have to go out, and on the other hand they really missed the German course. Because that's the only thing for many of them, apart from going shopping. They are always somehow with children or husbands, um, that's often why they like to come. It's a reason to go out and meet someone else, somehow. So, they were quite happy when we started again with the face-to-face classes."*

This situation demonstrates how during crises that lead to social isolation, some target groups may have limited access to credible information about current conditions or regulations (e.g., via official information channels or the mainstream media). In this particular situation, extrapolating from news on conditions in their countries of origin led migrant-background women to constrain their own opportunities for meaningful social contact. Trusted CSOs can serve as intermediaries capable of providing timely information about conditions and encouraging its dissemination along their clients' social networks, thus supporting individual decisions that appropriately balance health risks against social and other risks.

Predictable and unpredictable outcomes

As mentioned above, nearly all of our interviewees stated that the pandemic's impact on those who were already vulnerable was especially severe. For most of them, this came as no surprise. Indeed, anticipating such impacts helped interviewees in Italy and Greece to partially mitigate certain risks in advance:

- **Site:** Rome, Italy
- **Interviewee:** a legal consultant for refugees and other migrants in Rome.
- **Other actors:** first-line practitioners in accommodations for refugees and other migrants.
- **Action situation:** *"The accommodation operators were very good. I must say they were very good. There were people who were reticent [to follow guidelines] – they really were not opposed, [but] they had difficulty understanding [...] But the operators were really good at this [...] They mobilized immediately. They tried to provide computers where they could, where they could to allow them to continue online classes when they were going to school, or when they were taking a course. Clearly, the very first wave was a little bit [about] figuring out how to organize, [but] they were really good I must say."*

- **Site:** Athens, Greece
- **Interviewee:** a manager in a CSO that manages a network of accommodations for at-risk people, including the elderly, the houseless/homeless, and refugees.
- **Actors:** first-line practitioners and doctors in elderly care facilities; elderly residents; families of residents.
- **Action situation:** *"We implemented a quarantine before we were instructed by the municipality. We have a very good partner who is a doctor. Since early February [2020], he kept saying that the situation is not good and will get even worse. We began instructing visitors to wear gloves, and noticed that visitors did not abide by our recommendations, and we couldn't have an employee to frequently conducts checks. After a discussion with our doctor, we decided to implement a facility lockdown the very same day [...] the nationwide quarantine and measures in CSOs were implemented ten days after. It saved us, particularly our elder care facilities. If people respect these measures they can be lifesaving and effective. These observations are based on my two-year experience, as our CSO did not have a single casualty during this time period. Nevertheless, it was very emotionally draining, particularly for elderly citizens who had Alzheimer's disease who could not understand why their family would not visit them, and their families, as well as our employees, who [...]were afraid of getting infected and infecting our elderly patients."*

Both the Italian and Greek situations show how to an extent, the multidimensional impacts of crises on vulnerable groups can be anticipated. Preparedness and quick adaptation from below are key competences that must be developed well in advance of a crisis itself.

However, the pandemic also led to numerous situations that defied our interviewees' predictions. For instance, interviewees in Belgium and Greece described how predicted risks and vulnerabilities did not always emerge, or at least not when expected.

- **Site:** Athens, Greece
- **Interviewee:** a decision-maker at a metropolitan religious CSO engaged in providing diverse social services, as well as supporting other CSOs.
- **Actors:** first-line practitioners in shelters; houseless/homeless residents.
- **Action situation:** *"There are many profiles of homelessness, drug and alcohol addicts, citizens that have make an earning out of begging [...] as well as mentally ill citizens, Roma homeless citizens, refugees and migrants, particularly during period of time that are characterized as high inflow eras [...] It may seem strange to you, as it did seem strange to me too, however, first of all, the infection rates among these people were very low. Why? Because they don't live with other people, and their epidemiological burden was the lowest in comparison to other groups. During lockdowns, there was a health-related issue due to the [lockdown] directives from the European Union and the government. There was an immediate need to shelter these people, which was very challenging, but we managed to do it in pre-existing facilities and new facilities that we created."*

- **Site:** Antwerp, Belgium
- **Interviewee:** the coordinator at a CSO providing outpatient services for people with substance dependency issues.
- **Actors:** first-line practitioners at the CSO; clients with substance dependency issues.
- **Action situation:** *"We all expected that within our target group, the COVID-19 crisis would run rampant. We had actually expected this, because these people find it very difficult to stick to agreements, they follow very few hygiene rules, they hold on to each other very tightly in their peer group [...] We expected the contagion to spread very quickly, but that did not actually happen. Even though they are in unhealthy living conditions, there is a lot of infection risk in their behaviour, there have been few infections [...] And that's also why raising awareness has been so difficult. Because people said, 'well, you're exaggerating' or 'I'm not getting ill' or 'very little is actually happening'. We have had some serious cases and there, we have also had one person die in hospital. So it's not that nothing happened at all, but we had expected much, much more [...] There was also an attitude of: 'I've been through so much already in my life, I'll survive this one too for sure, it can just come and go, I've already had a lot of misery or problems – one more or less doesn't really matter."*

In both situations, the interviewees described how infection rates and/or the risk of a serious progression remained lower than they predicted among their target groups. While good in and of itself, this made risk communication even more difficult than expected. Most people need to sense the immediacy and direct relevance of a crisis in order to be motivated to change their behaviour. In cases where people do not see a direct threat, or if they have more pressing issues to worry about, achieving behavioural change becomes challenging.



WHAT HELPED CSOS ADDRESS THE NEEDS OF VULNERABLE GROUPS?



Our interviewees discussed a range of ways in which lessons learned in the crucible of the pandemic helped them address their target groups' needs. Here, CSOs' ability to act on a **community level** often proved critical.

In the broadest sense, “communities” are simply groups of people that have something in common. A community can be geographical (i.e., a town), non-geographical (i.e., a professional community), or both (i.e., a community of co-nationals who have migrated to a certain city). In their research with members of different vulnerable groups, MacQueen et al. (2001) found that five factors are often perceived as especially important “elements of community”:



These elements of community play a role in experiences of vulnerability, as well as approaches to risk. For example, COVID-19 impacts varied by **location**; outcomes varied between groups with different **shared attributes**; and **joint actions** between CSOs, authorities, and ordinary residents were a critical part of many local response measures.

Our research shows that successful CSO responses to COVID-19 often consciously leveraged these elements of community.

Maintaining a local presence

To reach certain groups and meet their needs, it is critical to maintain a street-level presence in the places where they live and work. In the early days of the pandemic, when governmental services were closed or restricted, CSOs worked to keep their doors open. For instance, interviewees in Austria, Belgium, and Germany all indicated that their organisations made significant efforts to keep as many face-to-face services as possible running, and expressed pride in having done so. Later in the pandemic, CSOs helped ensure access to mobile services like vaccine vans. Beyond enabling unbroken access to services, a street-level presence helped CSOs to take the pulse in their neighbourhoods and design interventions tailored to site-specific problems. A Welsh interviewee gave an example:

- **Site:** Swansea, Wales
- **Interviewee:** a community engagement officer in the Swansea and Neath Port Talbot area, working directly with Black, Asian, and Minority Ethnic (BAME) communities.
- **Other actors:** local businesses; local refugees and other migrants; Neath Port Talbot municipal authorities.
- **Action situation:** *“There were some issues identified, where certain sections of the community, they were not following the regulations and the rules, you know, having a face mask when they're going to the shop [...] keeping two meters distance, etc., in some of the local shops. There were issues we identified – like language was one of the key issues – because people [shopkeepers and other customers] didn't realize there were migrants who came recently there, you know, refugees and asylum-seekers who came in recently [...] from different countries, different places – they were used to different rules and regulation. In Wales, we have very specific rules and regulation. Like, in England, they are following completely different rules and regulation. So, what we have done, then, is arrange our environmental health team within the [Neath Port Talbot] Council, to provide a session to all the kinds of key businesses, for them to be aware of their responsibilities. And you know, if they don't follow the rules and regulations, then what would be the implications, including shutting the shop, etc.”*

In this case, customers' breaches of COVID-19 regulations could have put businesses at risk of having to pay a fine, or even close down. A secondary risk is that businesses or other customers may have reacted confrontationally to people violating the regulations. In this case, the interviewee's local knowledge enabled him to assess this potentially sensitive situation and do targeted awareness-raising work to mitigate these overlapping risks.

Sharing trust and solidarity

CSO interviewees emphasised the importance of gaining target groups' trust. This requires consistent demonstrations of solidarity and mutual understanding. Trusted CSOs are particularly critical intermediaries for groups marginalised by mainstream social institutions. For example, a Welsh interviewee testified to how the trust she had earned within the Gypsy, Roma, and Traveller (GRT) community allowed her to coordinate a successful vaccination action:

- **Site:** Swansea, Wales
- **Interviewee:** an engagement officer working with Gypsy, Roma, and Traveller (GRT) communities near Swansea, Wales.
- **Other actors:** GRT communities; the National Health Service.
- **Action situation:** *"We were quite lucky, but [COVID] didn't seem to spread very much at all in the sites. And we had a couple of people who had it, that really weren't affected that much. And then it came to a gentleman who passed away on the site through COVID. We had a couple that had been taken into hospital. And then we had the gentleman who passed away, and I think that was when the alarm bells really rang. Because we have quite a few community members who were of similar age, if not older, but with very similar health conditions [...] And then I had gypsies and travellers ring me up that day; 'I need my vaccine, where can I get a vaccine?' [...] So we rang up the NHS – like, our COVID line, spoke to a lady and within about 10 minutes, I had another lady ring me back, I called back and we were like 'Wait, what are we going to do?' And I was like; what she said 'How many people do you think would want to be vaccinated?' I said 'at the moment, I said, I've got about 15 people that have spoken to me they want their vaccinations. Should we do a bespoke clinic for the Pembrokeshire Gypsy community?' And within a week, we had 100 people wanting to do a vaccination. We had a van come down from the Llanelli area and set up in an airfield near us, with nurses and vaccines. I think that day we vaccinated 90-odd community members"*

Here, the death of a community member opened up a window of opportunity for vaccination. The first touchpoint for many GRT community members who suddenly wanted to be vaccinated was not the National Health Service (NHS) itself, but rather the interviewee, who had earned respect in the community through sustained solidarity (e.g., giving out her mobile number, being available for ad-hoc consultation on nearly any topic, etc.). Equally important, however, was the quick response the interviewee received from the NHS. Without either of these factors, it is possible that this window of opportunity would have been missed.

Leveraging social networks

Many interviewees indicated that their target groups relied strongly on their own social networks for information, as well as for material and social support. Especially in the case of marginalised groups, these networks may partially substitute for mainstream information sources and formal support institutions. Trusted CSOs or community members can sometimes leverage these networks when public authorities cannot. In some cases, as in Gothenburg, Sweden, local authorities took advantage of this capacity through formal or semi-formal “ambassador” or “guide” programs:

- **Site:** Gothenburg, Sweden
- **Interviewee:** a bilingual and bicultural “vaccine guide” employed by the City of Gothenburg.
- **Other actors:** other “vaccine guides”; their social circles.
- **Action situation:** *“In our network, for example, my friends, my contacts, and their contacts – yes, we had a huge network, and we worked on this network. And I believe we [vaccine guides], using this network, had a greater influence compared with my official work. The network was the most important factor [...] It is important that you receive information in your own language, and we are important to build trust, because I don’t just come and say ‘I am a health guide/cultural guide’. People have known me for 15 years and trust me, and then you listen to the information. Around 400-500 families in the local community know us and every time there is a new family moving in, they will ask for our help.”*

Here, the interviewee acted not only as a multiplier, but also as an access point through which accurate information could enter, and disseminate through, social networks that are rather isolated from official communications channels. Figure 3 illustrates this.

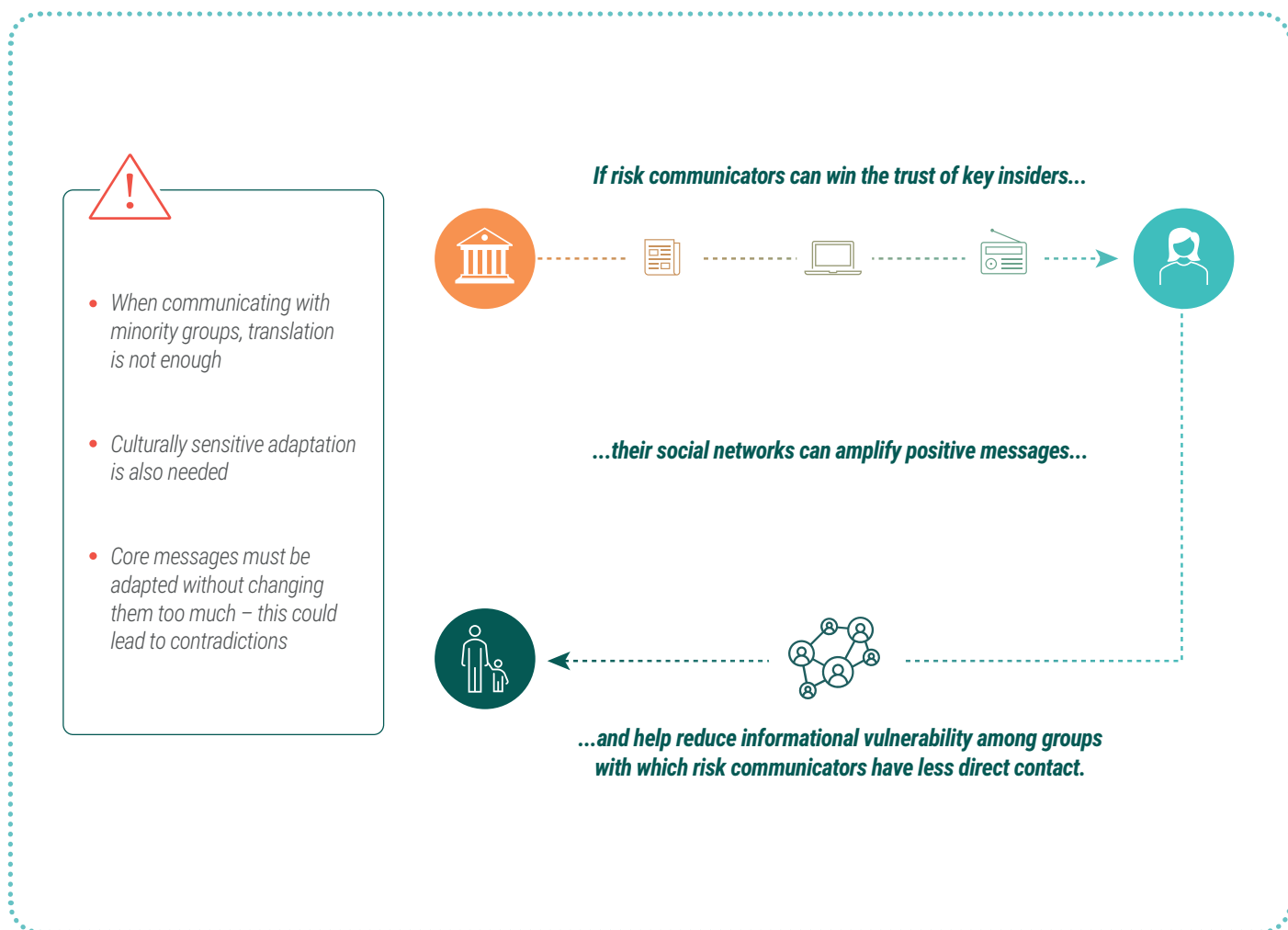


Figure 3. Using social networks to amplify risk communication

It is critical to note that such networks are not based on shared ethnicity alone, but rather on local presence and trust. Maintaining access to these networks would require the government to invest in a sustainable relationship with the “vaccine guides”. Unfortunately, interviewees indicated that this was not currently done: contracts were often temporary, and benefits were not commensurate with the value of the work done.

Demonstrating respect for differences

Nearly all of our interviewees characterised the areas in which they work as highly diverse. Many indicated that working with particular vulnerable groups required understanding sense-making and decision-making processes that differed from “the mainstream”. Some even described situations in which the needs of one vulnerable group collided with the needs of another: i.e., when interventions designed to help one group could be seen as threatening another. An interviewee in Germany described how working to understand and respect two very different groups allowed her to mediate between them:

- **Site:** Mannheim, Germany
- **Interviewee:** a decision-maker in a well-established local Christian church.
- **Other actors:** refugee and other migrant residents; elderly non-migration-background residents.
- **Action situation:** *“When I came here, there were several communal accommodations for refugees in the neighbourhood of the church. There were small apartments where families lived in three rooms with five or seven children, and these children just wandered around the church. And whenever I went out the front door, at some point I constantly had a child on my hand asking, where are you going, what are you doing, what are you doing now? And at the same time, the old people in the church were like, these kids are snotty and they're always accosting you, and I was like, you have to do something. The children were also afraid of the old people, and there was such a mutual fear. And I thought, you have to find encounters in which they can understand each other, first get to know each other, and then understand each other, and that's how this Generation and Children's Breakfast [a regular, free communal meal, to which elderly churchgoers and young migration-background residents were both proactively invited] came about. I very quickly brought in the students from the student community, and it was really incredibly interesting how quickly it succeeded, that the children then said, ah, this is Grandma Uschi and Grandpa Jürgen, and when they met someone on the street from the community, they said, may I carry your bag, and then didn't run off with it, and then they didn't run off with it to steal it, but really wanted to carry it, and the older people very quickly understood that these children had incredibly difficult stories behind them [...] community is not just a group of people coming together, but also a perception of who else belongs and who we want to include.”*

By creating a space in which different groups could come to better understand one another, the interviewee planted the seeds for mutual respect. In this case, she was able to transform intra-community diversity from a potential risk into a resource.

Coordinating joint action

The pandemic has demonstrated time and time again the importance of joint action between CSOs, governmental organisations, and ordinary people. This can take many forms, from coordinated cooperation under governmental umbrella programs to self-organisation by groups of residents. Several interviewees – for instance, in Spain and Greece – told how during the early phase of the pandemic, when public authorities and services were struggling to find their footing, CSOs took a leading role in initiating joint action to address critical needs:

- **Site:** Athens, Greece
- **Interviewee:** decision-maker at a CSO focused on children and youth.
- **Other actors:** other CSOs; municipal authorities.
- **Action situation:** *“The system of child protection in our country is understaffed and underfunded, and due to this fact, the national mechanism was not ready to address the social consequences of COVID-19 – which is why several agencies ceased their activities due to challenges [...] During the pandemic, we managed to establish cooperation with governmental and non-governmental organizations, such as municipalities, and have created a cooperative network for emergency responses that protect children and abused women. Since we lack a set protocol on how networks operate, and the modus operandi differ between different actors, sometimes conflicts can exist... nevertheless, in many cases the network does cooperate in a solid manner.”*

- **Site:** Madrid, Spain
- **Other actors:** director of a CSO providing numerous services to diverse vulnerable groups, with particular focus on young migrants.
- **Other actors:** other CSOs; eventually, public
- **Action situation:** *“This was the first time we have had a pandemic in the world – in this case in the western world – of this size and at a global level. The administration's systems were not accessible. Moreover, there was no public presence in [governmental service] centres, nor was there access by telephone – they worked internally, but not with citizens, it took many, many months until the public workers, the civil servants, could be accessed [...] We have never closed, never, never, not even in confinement, we were open because there were basic needs that we had to meet [...] I think it's important to see networking. Networking and articulated work are necessary. I think that in this aspect, in our area, we are always weaving a network. And we are always open to working with all entities, we have a principle. Every entity that lives and works within the framework of human rights is welcome [...] in December we exclusively asked for help from [another local CSO] to deliver bags of food. And previously, we also ran a campaign, in the middle of confinement, with friends that we have. So, with them we raised money, and also delivered many bags of food. Both here and in peoples' countries of origin. So [...] there are a lot of very generous people. What they do ask of you – and it's good – is that you be transparent.”*

The first of these anecdotes focuses on cooperation between CSOs and governmental organisations, while the second focuses on cooperation between multiple CSOs, as well as the participation of ordinary residents as volunteers and donors (including across borders). Both illustrate how responding effectively to a multidimensional crisis such as the COVID-19 pandemic requires bridging between different sectors, stakeholder groups, and ways of workingⁱⁱⁱ. If such efforts at bridging are effective and sustained, they can incubate other success factors such as mutual trust, social ties, and respect for differences.

iii Folke et al. (2005) argue that “bridging organisations” play a critical role in the multilevel governance of natural resources, insofar as they support different actor groups in cultivating “social sources of resilience”: social capital, social learning, and social memory (p. 444). Based on our findings, we suggest that bridging organisations are equally critical in the multilevel governance of crises like the COVID-19 pandemic. For more on CSOs as bridging organisations, see COVINFORM deliverable D6.4, “Synthesis and lessons learnt on community and citizen responses and impacts”.

CONCLUSIONS



This report offers a civil society organisation (CSO) perspective on how vulnerabilities and risks emerged and evolved during the COVID-19 pandemic, as well as how they can be addressed. It points out some general ‘properties’ of vulnerability: health, economic, social, and informational vulnerabilities tend to be multidimensional and historically situated; they tend to cascade across domains; they impact multiple people within social networks; and they can precipitate unpredictable outcomes. The report also draws out insights on how CSOs can help mitigate vulnerability on a community level by maintaining a local presence; fostering bonds of trust; taking advantage of social networks; demonstrating respect for differences; and coordinating actions that involve multiple stakeholder groups. A number of “action situations” collected from numerous sites illustrate the role of local, communally-embedded CSOs in fighting a crisis that ended up evolving into something much more than a public health emergency. Such CSOs can act as bridging organisations between governments and local communities, reaching vulnerable groups on the one hand and providing local knowledge to governmental stakeholders on the other.

What this report does not offer is an analysis of the power structures behind vulnerability. Doing so entails shifting from a multidimensional perspective on vulnerability to an intersectional perspective. The COVINFORM consortium gives an introduction to intersectionality in our fifth bi-monthly report, “Using an intersectional lens to understand the unequal impact of the COVID-19 pandemic” (Molenaar 2021). The project’s ongoing research with a range of vulnerable groups will help clarify the role of socioeconomic disparities and other power relationships in the articulation of COVID-19 impacts and responses. We hope that the outcomes will help CSOs and other actors to address not just the symptoms, but also the structural and political causes of multidimensional vulnerability.

References



Assa, J. & Meddeb, R. (2021). Towards a multidimensional vulnerability index. Discussion paper. United Nations Development Programme. <https://www.undp.org/sites/g/files/zskgke326/files/publications/UNDP-Towards-a-Multidimensional-Vulnerability-Index.pdf>

Folke, C., Hahn, T., Olsson, P. & Norberg, J. (2005). Adaptive governance of social-ecological systems. Annual Review of Environment and Resources 30(1): 441-473. <https://doi.org/10.1146/annurev.energy.30.050504.144511>

MacQueen, K., McLellan, E., Metzger, D.S., Kegeles, S., Strauss, R.P., Scotti, R., Blanchard, L., & Trotter II, R.T. (2001). What is community? An evidence-based definition for participatory public health. American Journal of Public Health 91(12): 1929-1938. doi: 10.2105/ajph.91.12.1929

McGinnis, M. D., & Ostrom, E. (2014). Social-ecological system framework: Initial changes and continuing challenges. Ecology and Society 19(2): 30. <http://dx.doi.org/10.5751/ES-06387-190230>

Molenaar, J. (2021). Using an intersectional lens to understand the unequal impact of the COVID-19 pandemic. Bi-monthly report 5, September 2021. COVINFORM H2020 Project No. 101016247.

Pescaroli, G. & Alexander, D. (2015). A definition of cascading disasters and cascading effects : going beyond the ‘toppling dominos’ metaphor. GRF Davos Planet@Risk 3: 58–67.

The COVINFORM project

Acronym	COVINFORM
Title	Coronavirus Vulnerabilities and INformation dynamics Research and Modelling
Coordinator	SYNYO GmbH
Reference	101016247
Type	Research and Innovation Action (RIA)
Programme	HORIZON 2020
Topic	SC1-PHE-CORONAVIRUS-2020-2C Behavioural, social and economic impacts of the outbreak response
Start	01 November 2020
Duration	36 months

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