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INTER-AGENCY HUMANITARIAN EVALUATION: Localisation in the COVID-19 Response

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Localisation in the COVID-19 Response

Management and implementation of the evaluation

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Evaluation Team [KonTerra Group/Itad]

Andy Featherstone, Team Leader
Tasneem Mowjee, Senior Evaluator
Terrence Jantzi, Senior Evaluator
Charlotte Lattimer, Evaluator
Rebecca Kindler, Evaluator
Pierre Townsend, Evaluator
Betsie Lewis, Senior Research Assistant
Flovia Selmani, Data Analyst
David Fleming, Quality Assurance Advisor

The KonTerra Group
Menno Wiebe, Managing Director
Belén Díaz, Project Manager
Mélanie Romat, Project Manager

Itad Ltd.
David Fleming, Partner, Fragile and Conflict Affected Environments

Evaluation Management

IAHE Steering Group Chair
Kelly David (OCHA)

Evaluation Manager
Ali Buzurukov (OCHA)

Evaluation Officer
Maria Isabel Castro Velasco (OCHA)

Evaluation Management Group
Anand Sivasankara Kurup (WHO)
Aya Shneerson/Mari Honjo (WFP)
David Rider Smith (UNHCR)
Elma Balic (IOM)
Gareth Price-Jones (SCHR)
Hicham Daoudi (UNFPA)
Jane Mwangi (UNICEF)
Susanna Morrison-Métois (ALNAP)
Volker Hüls (DRC, on behalf of the ICVA)

Global Evaluation Advisory Group
Anusanthee Pillay (Action Aid)
Colum Wilson (FCDO)
Fouad Mohamed Fouad (AUB)
Gopal Mitra (UN)
Jeremy Konyndyk (USAID)
Joanne Liu (McGill University)
Meg Sattler (Ground Truth Solutions)
Najeeba Wazefedost (Asia Pacific Network of Refugees)
Ruth Hill (World Bank)
Smruti Patel (GMI)
Thomas Zahneisen (German Federal Foreign Office)
Violet Kakyomya (United Nations Resident Coordinator, Chad)

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Abbreviations and Acronyms

CBPF	Country-Based Pooled Fund
CERF	Central Emergency Response Fund
EDG	Emergency Directors Group
EQ	Evaluation Question
ER	Evaluation Report
ERC	Emergency Relief Coordinator
FAO	Food and Agriculture Organization of the United Nations
FTS	Financial Tracking Service
GBV	Gender-based Violence
GHO	Global Humanitarian Overview
GHRP	Global Humanitarian Response Plan
HC	Humanitarian Coordinator
HCT	Humanitarian Country Team
HPC	Humanitarian Program Cycle
HRP	Humanitarian Response Plan
IAHE	Inter-Agency Humanitarian Evaluation
IASC	Inter-Agency Standing Committee
ICVA	International Council of Voluntary Agencies
IOM	International Organization for Migration
INGO	International Non-Governmental Organization
KII	Key Informant Interview
LNGO	Local Non-Governmental Organization
NGO	Non-Governmental Organization
NNGO	National Non-Governmental Organization
OCHA	Office for the Coordination of Humanitarian Affairs
OPAG	Operational Policy and Advocacy Group
PiN	People in Need
RRP	Refugee Response Plan
RMRP	Refugee and Migrant Response Plan
SCHR	Steering Committee for Humanitarian Response
SERPs	Socio-economic response and recovery plans
SPRP	Strategic Preparedness and Response Plan
UN	United Nations
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UN-Habitat	United Nations Human Settle

1. Introduction

This section outlines the purpose of the learning paper in the context of the broader evaluation and summarizes the structure of the document. It also sets out the scope of the learning paper, and describes the methodological approach used to gather data and analyse findings.

1.1. Purpose of the Evaluation

1. The Inter-Agency Humanitarian Evaluation (IAHE) of the COVID-19 Humanitarian Response seeks to assess the collective preparedness and response of the Inter-Agency Standing Committee (IASC) member agencies at the global, regional, and country level in meeting the humanitarian needs of people in the context of the COVID-19 pandemic. It has three objectives:

    •   Determine the extent to which the IASC member agencies' collective preparedness and response actions, including its existing and adapted special measures, were relevant to addressing humanitarian needs in the context of the pandemic.

    •   Assess the results achieved from these actions at the global, regional and country level in support of people, and with governments and local actors.

    •   Identify best practices, opportunities and lessons learnt that will help to improve ongoing and future humanitarian responses, including through wider and accelerated adaptation of certain humanitarian policies, approaches, and practices.

1.2. Purpose of the Learning Paper

2. This Learning Paper meets the third objective of the evaluation, that of learning. It is intended to inform future humanitarian policy and practice, notably the work of IASC Task Force 5 on localisation and the implementation of the Grand Bargain 2.0 Framework, which focuses on local responders as one of the enabling priorities.

1.3. Scope

3. The Learning Paper uses the framework of IASC guidance to strengthen localisation in the context of the COVID-19 response to explore the following three thematic areas:

    •   **Relationships between international (i.e. UN, INGOs, RC/RC) and local actors** (including partnership arrangements, respect for principles of duty of care, and recognition and visibility of the work and role of local frontline responders).

    •   **Funding mechanisms** and how these allowed local actors to play a key role through prompt access to funding, re-programming efforts, and fast track provisions.

    •   **Promotion of local leadership and local participation** in coordination mechanisms and decision-making processes at national and sub-national levels.

4. The three thematic areas above complement those examined in the broader IAHE, which addresses the following evaluation questions:[1]

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1   IASC (2022), Inter-Agency Evaluation of the COVID-19 Humanitarian Response, Inception Report, April 2022.

- To what extent did international humanitarian preparedness and response to COVID-19 complement and empower national and local actors in their efforts and leadership to address COVID-19-related humanitarian needs?
- How effectively did IASC collective mechanisms for planning and implementing the response ensure local participation?

5. The Learning Paper focuses on the same timeframe as the IAHE, i.e., from 1 January 2020, when the World Health Organization (WHO) activated its Incident Management Support Team, until the evaluation team completed data collection in June 2022.

1.4. Approach and methodology

6. A light, mixed-methods approach was used to gather evidence for the Learning Paper, which included a.) a document and literature review, b.) a data review, and c.) semi-structured key informant interviews (KII) conducted for the evaluation, and supplemented by a small number of additional interviews carried out for the learning paper.

7. Table 1 summarizes the number of documents reviewed and key informants interviewed during the data collection process for this Learning Paper.

Table 1: Localisation Learning Paper - data collection summary

Documents	The evaluation team carried out a review of key documentation which drew from a repository of 918 documents. Of these, 58 documents are referenced in this report.
Data	OCHA FTS and Development Initiatives GHA data
Key Informants	604 KIIs were conducted for the evaluation, of which 85 were with local or national NGOs. An additional 6 KIIs were conducted for the LP to further interrogate issues not prominently covered in the evaluation.

1.5. Limitations

8. The limitations encountered in the research and drafting of this Learning Paper relate mainly to data collection in three broad areas:

- **Financial flows from UN actors to local and national actors (L/NAs)**. A key source of financial data for this Learning Paper is the Global Humanitarian Assistance Report produced annually by Development Initiatives (DI).[2] This data is sourced from OCHA's Financial Tracking System (FTS). As acknowledged in IASC guidance, FTS data is based on self-reporting by donors[3] and agencies. This reporting is not always consistent or systematic.

- **Support provided to local and national NGOs (L/NNGOs) outside of UN channels.** Due to time and capacity constraints, the evaluation team could not collate financial data from non-UN funds that provide support to L/NNGOs (e.g., Start Fund, Change Fund, or country-based mechanisms like the LIFT Fund in Myanmar.)

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2   Development Initiatives (2022), Global Humanitarian Assistance Report 2022
3   The term "donor" here refers to bilateral donors and the EU. The same is true of the term as used throughout the text, unless otherwise specified. Where relevant, the role of UN and other humanitarian actors as intermediary of "pass-through" donors is made explicit in the text.

- **Activities carried out by L/NNGOs outside of UN responses**. Much of the literature available on localisation focuses on partnerships in the context of UN or other internally led humanitarian operations. Information on the work carried out independently by LNNOGs is comparatively scarce. The information on these activities contained in this Learning Paper does not reflect the scale and diversity of efforts made independently by L/NNGOs to mitigate the humanitarian impact of the COVID-19 pandemic.

2. Background and Context

9.   Localisation is one of nine policy commitments included in the Grand Bargain (GB), agreed during the World Humanitarian Summit of May 2016. Reform work in this area has focused on six objectives:

- Increase multi-year investment in local and national capacity;
- Remove barriers to partnerships between local and national responders and their international counterparts, including donors;
- Support and complement national coordination platforms where they exist, and increase the participation of local responders in international coordination processes;
- Achieve by 2020 a global target of at least 25 per cent of humanitarian funding to local and national responder as directly as possible;
- Develop a capacity to measure direct and indirect funding to local and national responders;
- Make greater use of funding tools which increase and improve assistance by local and national responders.

10.   Early on in the pandemic, there was widespread optimism that the COVID-19 response would help accelerate the pace of reform on localisation, by demonstrating the ability of local responders to play a more prominent role in internationally-led humanitarian operations.[4] As the global emergency escalated in 2020, and as UN and other international aid actors sought ways to balance continued programme delivery with the enforcement of constraining pandemic protection measures for their staff, the role of local and national actors (L/NAs) acquired critical importance. As international agencies reduced their operational footprint and the scope of their activities on the ground, L/NAs stepped in to take on key responsibilities in ongoing operations.[5] There is now broad recognition of their critical role in the COVID-19 response.[6]

11.   As the pandemic gained ground in 2020, it was widely expected that the key contribution of L/NAs in the response would pave the way to their more substantive participation in planning and coordination processes, and lead to more equal partnerships between them and their international counterparts. This optimism was shared by IASC members.[7] It was reflected by an uptick in the release of policy statements and programme guidance to support these objectives, which are core to the localisation agenda. Notably, the first iteration of the Global Humanitarian Response Plan (GHRP) in March 2020 stated that "putting national and local NGOs at the centre of humanitarian operations has been high on the agenda for a number of years. This will become the reality in COVID-19 operations, […] and has the potential to provide

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4   A DLP blog dated 23 March 2020 summed up the prevailing sentiment on localisation by asking: "So, does the tragedy of the COVID-19 pandemic provide a critical juncture which will shift things so profoundly that [the] status quo will be quickly disrupted? There are perhaps a number of reasons to think that it might." Source: Roche, C.; Tarpey, F.; COVID-19, localisation and locally led development: A critical juncture (dlprog.org), DLP, 26 March 2020

5   Featherstone et al. (2022), Inter-Agency Evaluation of the COVID-19 Response, Evaluation Report, The KonTerra Group, Itad, September 2022.

6   See for example, Groupe URD (2022), Local and Conventional Aid Actors: Taking Inspiration from New Ways of Working Together, 14 March 2022.

7   For example, in an Emergency Directors Group meeting on 16 April 2020, participants recognised the COVID-19 crisis as an opportunity to further operationalize the localisation agenda.

the blueprint for humanitarian operations in the longer-term."[8] As well as a steady flow of IASC guidance on the subject, NGOs and individual UN agencies contributed substantively to the body of best practice supporting localisation in COVID-19 conditions and beyond.[9]

12. In part, localisation attracted strong interest during the pandemic because the COVID-19 response was seen as an opportunity to make up for lost time. In the preceding years, there had been growing recognition that the pace of reform on localisation was lagging behind. Across the research literature on the subject, the most often cited evidence of slow progress had been the low level of direct financing accessible to local actors, and the fact that donors and aid organizations looked set to miss the GB's target to "achieve by 2020 a […] at least 25 per cent of humanitarian funding to local and national responders as directly as possible."[10] An independent review conducted in 2020 noted that while a normative (i.e. policy-level) shift on localisation had occurred since 2016, "a sharp increase in the volume of funding [to local responders] is now essential to enable a system-wide shift to localisation in practice."[11]

13. Another reason for the significant attention garnered by the localisation agenda in the context of the COVID-19 response is that the pandemic provided a test case for the new Grand Bargain 2.0 Framework, which elevated localisation from one of nine commitments to one of two overarching "enabling priorities". The new Framework was endorsed by GB signatories in June 2021, and will help create new momentum for localisation. The core question which this Learning Paper aims to address is whether contextual conditions created for localisation during the pandemic have supported progress towards the GB's newly reasserted objectives in this area.

3. Relationship between Local and International Actors

This section briefly describes policy guidance issued by IASC to support localisation in the COVID-19 response. It looks at duty of care measures intended to improve the safety of local partners. It then examines the relationship between capacity building and the development of responsible partnerships in the COVID-19 response. It also looks at the role of local actors in enabling greater community inclusion in programming, as well as their activities and impact beyond the context of internationally led responses. Finally, it provides an overview of stakeholder perspectives on the power dynamics that came to bear on local-international partnerships in the COVID-19 response.

3.1 IASC Guidance on Localisation in the COVID-19 response

In May 2020, IASC issued policy guidelines to support localisation in the COVID-19 response. Aside from covering areas also addressed in separate guidance, this document sets policy orientations in new thematic areas, such as duty of care, responsible partnerships, and the need for wider forms of local engagement. In general, interviewees were not well acquainted with this specific guidance document. However, they were familiar with the principles and best practices recommended in the document, and supportive of them.

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8   United Nations (2020), Global Humanitarian Response Plan - COVID-19, United National Coordinated Appeal, March 2020, p 25.
9   See for example, Robillard, S.; Howe, K.; Rosenstock, K. (2020); Localisation across contexts: Lessons Learned from Four Case Studies, Save the Children Denmark and Feinstein International Center Brief, July 2020. See also, Tips for Integrating Localisation in the COVID-19 HNO and HRP, produced jointly by the Child Protection AoR and Global education Cluster, April 2020.
10 Grand Bargain Commitments on Localisation, Grand Bargain Localisation Workstream – Home (ifrc.org)
11 Metcalfe-Hough, V. et al. (2020), HPG Commissioned Report, Grand Bargain annual independent report 2020 – Executive Summary, Humanitarian Policy Group, June 2020, p. 9.

14.   As the central role of L/NAs became clear in the early stages of the COVID-19 response, IASC issued policy guidance to frame efforts to improve localisation and promote responsible partnerships in the context of the pandemic. The resulting document,[12] issued in May 2020, was produced under the co-leadership of IFRC and UNICEF. It touches on areas also addressed in more detail in other guidance material, notably relating to flexible funding[13] and L/NA participation in coordination processes.[14] Importantly, it also covers a range of thematic areas critical to localisation in the COVID-19 response, including duty of care, responsible partnerships and their implications in terms of capacity development, and the need to achieve wider forms of local engagement.

15.   On the subject of duty of care (DoC), the guidance calls on international organizations "to identify, mitigate, manage and communicate risks to which local actors are likely to be exposed."[15]

16.   On partnerships, it notes that the COVID-19 response provides an opportunity to review and revise existing agreements with local partners, so that they might better reflect "a spirit of equality" with local actors and give them "an effective voice in assessment, programme design, budgeting, implementation and monitoring." The guidance also underscores the importance of the principle of mutual accountability in partnerships. It calls for "sensitive, sustainable capacity-strengthening investment and support based on local actors' self-identified needs and long-term institutional capacities."

17.   On supporting wider forms of local engagement, the guidance calls for the broad-based inclusion of community and government actors across the humanitarian-development-peace nexus. It places a strong emphasis on diversity of localized action, noting that in some contexts, "communities themselves may be the only responders". It encourages engagement with a diverse range of groups and individuals who are not traditionally recognised as humanitarian actors, such as mayors, village elders, and faith and community leaders, including women, as well as youth, human rights organizations, organizations of people with disability or representing other vulnerable or marginalized groups at community level. Notably, the guidance also encourages engagement with the private sector to help support localized responses.

18.   The evaluation found that few interviewees had direct knowledge of the IASC guidance document issued in May 2020. The routing of this guidance from its point of origin to UN and other personnel on the ground varied depending on the context. In many cases, the guidance appeared to be conveyed primarily by IASC Principals to their regional and country-level offices, and from there to clusters/sectors via the relevant lead agencies. Several interviewees pointed out that the content of the guidance conformed with operational principles and best practices that were known and widely supported by UN and other humanitarian practitioners, and were already captured in other published guidelines and documents. In this sense, the IASC guidance of May 2020 was correct, yet appeared to offer relatively limited added value. This was due in part to the fact that it was very general in nature. In contrast, there is evidence that more specific technical guidance, such as that issued by IASC on flexible funding[16] or on pooled funds[17], was more proactively considered by smaller but more specialised audiences.

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12   IASC (2020), Interim Guidance on Localisation and the COVID-19 Response, IFRC and UNICEF in collaboration with IASC Results Group 1 on Operational Response Sub-Group on Localisation, May 2020. For background information on the role of the Sub-group, see https://reliefweb.int/topics/iasc-result-group-1sub-group-localisation-online-repository

13   United Nations (2021) Country-Based Pooled Funds: 2020 in Review; IASC (2020) Interim Key Messages: Flexible Funding for Humanitarian Response and COVID-19, IASC Results Group 5 on Humanitarian Financing, March 2020, pg. 2

14   IASC (2021), Strengthening Participation, Representation and Leadership of L/NAs in IASC Humanitarian Coordination Mechanisms, IASC Results Group 1 on Operational Response, July 2021.

15   IASC (2020), Interim Guidance on Localisation and the COVID-19 Response, IFRC and UNICEF in collaboration with IASC Results Group 1 on Operational Response Sub-Group on Localisation, May 2020.

16   IASC (2020), Proposals to Address the Inconsistency in Unlocking and Disbursing Funds to NGOs in COVID-19 Response, IASC Results Group 5 on Humanitarian Financing, June 2020.

17   United Nations (2021) Country-Based Pooled Funds: 2020 in Review; IASC (2020) Interim Key Messages: Flexible Funding for Humanitarian Response and COVID-19, IASC Results Group 5 on Humanitarian Financing, March 2020.

3.2. Duty of care

> The safety and welfare of local partners was a genuine concern for international actors. However, due to practical constraints, a lack of capacity, and the fact that duty of care was an aspirational goal rather than a formal obligation, they were rarely in a strong position to contribute substantially to the safety and security of their local partners. Risk transfer during the COVID-19 response was significant, as was the disparity in risk exposure between local and international actors.

19.   While an early priority for IASC Principals was to ensure appropriate duty of care (DoC) for local partners, the interim guidance of May 2020 makes clear that international organizations are not formally obligated to do so. The measures recommended in the document aim to address an ethical rather than a more formal requirement. They generally centre on risk monitoring and information sharing with local partners, as well as on the provision, where possible, of protective equipment, medical supplies and training. The guidance also asks international organizations to consider contributing towards the cost of medical insurance for local partner personnel. It also encourages them to specify dedicated actions for security risk management and health care support in partnership agreements.[18]

20.   The sense clearly emerges from interviews that DoC and the safety of partners were genuine concerns among international organizations during the COVID-19 pandemic. However, these concerns stopped short of the kind of pre-emptive action that would have been likely, had international actors been more formally accountable for their local partners' safety. A USAID-funded study published in 2019 makes clear that while "ethical" DoC to local responders was a widely accepted principle, this had not translated into operative policy or practice prior to the response. There are few indications that COVID-19 conditions prompted the more widespread adoption of concrete measures in support of DoC to local partners. For example, the evaluation team found limited evidence of specific duty of care provisions being incorporated in project partnership agreements, as recommended in the IASC guidance. With the exception of IFRC, the same is true of measures to support health insurance coverage for local partners.[19] Given the real risk that the pandemic might fuel a sharp rise in insurance premiums, financial caution on the part of international actors was perhaps understandable. Another practical constraint to effective DoC to local partners was the limited availability of emergency public health services in countries where an international response was staged, and the high cost of private alternatives.

21.   In the absence of direct liability and formal accountability, a common response on the part of international organizations was to defer to the competent health bodies –typically WHO and the national MoH-- for the provision of safety advice and personal protective equipment (PPE) to local partners. Although examples do exist in which UN or other international actors facilitated their partners' access to dedicated advice and equipment, instances of this are relatively rare. A study notes that, at the height of the pandemic, the cost of PPE increased sharply due to its limited availability on local markets.[20] In this situation, international agencies were at an advantage and appeared to acquire the majority of available equipment.[21] In other instances, donor-imposed constraints and requirements were a complicating factor. One study, focusing on Myanmar, notes that "there are some examples of donors working directly with local partners to locally source health items such as PPE […] These [examples] were a deviation from the norm for such donors." In another instance in Pakistan, one international donor required its international and local partners to

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18   IASC (2020), Interim Guidance on Localisation and the COVID-19 Response, IFRC and UNICEF in collaboration with IASC Results Group 1 on Operational Response Sub-Group on Localisation, May 2020.

19   IFRC supported 16 National Societies (NSs) on options to provide health coverage for volunteers and staff during the COVID-19 pandemic. Eight NSs were also supported in setting up solidarity funds for their volunteers, and four were supported in negotiations with private insurance companies. Source: IFRC (2020), COVID-19 Outbreak Operational Update n. 20, Situation Report, October 2020.

20   Brubaker, R., Day, A., Huve, S. (2020), COVID-19 and Humanitarian Access – How the Pandemic should Provoke Systemic Change in the Global Humanitarian System, UN University Centre for Policy Research for UK Mission to the UN, February 2021

21   Ibid.

procure, and use imported PPE exclusively, when MoH-approved locally made equivalents were more widely available at significantly lower cost.[22]

22. Thus, in at least some cases, international actors were not in a strong position to extend specific DoC measures to their local partners. Furthermore, it was often the case that these agencies did not have better or preferential access to advice and information on the health risks associated with the pandemic. Multiple interviewees indicated that it was easier for local partners to access this information directly from open sources or the national health authorities.

3.2.1. Risk transfer

23. While the feasibility and opportunity of specific DoC measures was limited overall, one area where appropriate action might have helped contain the risk to local partners is the risk management practice of international organizations. The combined effects of an international staff drawdown and rapidly escalating needs on the ground placed tremendous pressure on local responders to fill urgent and increasing resourcing gaps, thereby exposing themselves to higher risk. In this process, their risk exposure increased concurrently and in some proportion with the confinement or withdrawal of international staff formerly involved in country operations. Multiple interviewees, including donors and UN staff, expressed the view that the drawdown of UN staff had been overly protracted in its duration.

24. Reflecting this, most of the observations made by interviewees on DoC to local responders centred on the fact that there was a significant transfer of risk from international to national partners. At the height of the pandemic, many international organizations took ample precautions to protect their staff, while depending increasingly on the continued risk exposure of their local partners to maintain operations at pace. In hindsight, there is little doubt that the scope and pace of operations would have declined dramatically if local partners had adopted the same risk mitigation measures as their international counterparts. Hence, a tension existed between the duty of care guidance issued by IASC, and the fact that successful outcomes in the COVID-19 response were predicated on a sharp disparity in risk exposure between international and local aid personnel.

3.3. Capacity transfer and partnerships

The participation of local and national responders in COVID-19 programming cycles was often constrained by a lack of preparedness. COVID-19 conditions did not provide a favourable context for the transfer or development of the needed capacity. There is evidence that L/NNGOs which had been supported in their capacity development prior to the pandemic were able to play a more substantive role in COVID-19 programming.

25. At country level, interviews confirm that measures were rapidly taken to adapt partnerships and activities to new COVID-19 priorities. Where these activities were conducted by local partners, they most often involved a reassignment of community-based personnel to health messaging and Risk Communication and Community Engagement (RCCE). For example, one interviewee described how in Turkey, UN actors relied on their implementing partners' local networks of social mobilizers to convey key COVID-19 messages at community level. These networks were later used to support to the rollout of vaccination campaigns. In DRC, Somalia and South Sudan, likewise, respondents reported that local community volunteers had been pivotal in providing appropriate health messaging in remote areas.

26. While the role of local partners in community-based risk and health messaging is widely recognised, interviewees among both national and international organizations in Colombia, Sierra Leone and Somalia said that preparedness and capacity constraints limited the broader involvement of L/NNGOs in COVID-19 programming. In Somalia and Colombia, interviewees described how roles and responsibilities

22   Ullah, Z., Ullah Khan, S., Wijewickrama, E. (2021), Covid-19: Implications for localisation – A case study of Afghanistan and Pakistan, HPG Working Paper, ODI, 2021.

among partners were often implicitly allocated on the basis of "technical" (i.e. skilled) and "non-technical" (i.e. non-skilled) tasks, with the latter most often going to local partners. Several NNGO interviewees acknowledged capacity gaps, and expressed frustration about the limited support available to overcome them.

27. Perhaps more critically than sector-specific technical capacity, limitations in core capacity, relating for example to human resources (HR), fundraising and donor relations, proved to be obstacles to the greater participation of local actors in the COVID-19 response. One study conducted in Afghanistan and Pakistan notes that smaller L/NNGOs, in particular, were vulnerable to constraints in their capacity to raise funds.[23] This caused some of them to curtail their programmes and put their recruitment on hold, especially as COVID-19 conditions drove up programme costs. In a survey conducted for the study, 41 per cent of local respondents said that COVID-19 had led to a reduction in their organization's HR capacity (as compared with 29 per cent reporting an increase in capacity and 30 per cent reporting no change).[24] The view that levels of preparedness among local actors were low is supported by a survey conducted among African CSOs in June 2020, in which 84.5 per cent of the respondents reported that they were overwhelmingly unprepared to cope with the disruptions caused by the pandemic.[25] The impact was felt most acutely through changes in funding, operations and programme activities. Several sources noted that while these disruptions were felt equally across the aid community, international actors were at a notable advantage over local actors in overcoming them, given their usually more robust resource base, and their significantly better and more flexible access to donor funding.

3.3.1. Obstacles to capacity-building during the COVID-19 pandemic

28. A recurrent comment among L/NNGOs interviewed was that insufficient resources were made available for the development of local capacity during the COVID-19 response. Notably, some sources said that while flexibility measures were generally passed on to local partners, they often failed to include a readjustment of flat rates to cover overhead costs, which was needed to enable adequate investments in capacity-building. As reflected in surveys conducted at country level, perceptions on the support provided to the development of local capacity vary widely between national and international actors. In a survey carried out in Myanmar, only 29 per cent of local respondents felt that international organizations were helping to strengthen the capacity of local actors "all the time or mostly".[26] The figure for international respondents was 49 per cent. In a similar survey conducted in Afghanistan and Pakistan, the above response was given by 36 per cent of local and 72 per cent of international actors.[27] This disparity in perceptions is consistent with the fact that, while international actors self-reported increased investments in capacity-strengthening programmes intended for their local partners in 2019 and 2020, most of the support provided in this area is projectized, and does not allow local partners to develop core institutional capacity.[28]

29. It was also observed in interviews that COVID-19 provided sub-optimal conditions for the development of local partner capacity. Overall, the focus on emergency delivery allowed limited time and resources for the development of substantive capacity among local partners. In these conditions, capacity building was a pressing operational imperative rather than a well-considered strategic choice; it was also often constrained by the context of the pandemic. In the Myanmar study cited above, it was noted that the shift to remote delivery modalities for capacity-building interventions made them more inclusive, but proved challenging in certain technical areas where on-site training was preferable. For example, in the area of

23   Ilah, Z., Ullah Khan, S., Wijewickrama, E. (2021), Covid-19: Implications for localisation – A case study of Afghanistan and Pakistan, HPG Working Paper, ODI, 2021.
24   Ibid.
25   EpicAfrica (2020), The Impact of COVID-19 on African Civil Society Organizations, June 2020.
26   Trocaire, Irish Aid (2020), Myanmar Development Network, Humanitarian Advisory Group, Two steps forward, one step back: Assessing the Implications of COVID-19 on locally led humanitarian response in Myanmar, December 2020.
27   Llah, Z., Ullah Khan, S., Wijewickrama, E. (2021), Covid-19: Implications for localisation – A case study of Afghanistan and Pakistan, HPG Working Paper, ODI, 2021.
28   Metcalfe-Hough, V., W. Fenton, B. Willitts-King and A. Spencer (2021) The Grand Bargain at Five Years: An independent review, Humanitarian Policy Group, Overseas Development Institute.

Water and Sanitation (WASH), technical knowledge is often conveyed through the physical supervision of activities on the ground. One interviewee in Bangladesh noted that the shift to remote management had been problematic, as it had not allowed the adequate training and on-site mentoring of volunteers assigned to WASH projects.

30.   Another limitation to capacity-building in COVID-19 conditions may be that international actors had a limited need and a low incentive to support it. As noted by one interviewee in Colombia, many international actors had already developed their partner base by the time the COVID-19 response began. Their preference was to rely on long-standing relationships with high-capacity partners, rather than to develop new and untested partnerships in the adverse conditions of the pandemic. The same interviewee noted that in the Colombian context, the agency for which they worked had stopped supporting capacity-building several years before the COVID-19 response, once its operational need for local implementing partners had been satisfied.

3.3.2. Benefits of long-term investments in local capacity

31.   A recurrent observation among interviewees and in published research is that, given the conditions described above, greater and more consistent support to the development of local partner capacity should have been provided before the COVID-19 pandemic. This would have been consistent with GB commitment 2.1 on localisation, which calls for multi-year investments in the capacities of L/NAs. In Sierra Leone and Colombia, interviewees cited examples in which long-term support had been provided for local capacity-building prior the pandemic, and had paid off with the more substantive participation of L/NNGOs in programme design, planning and management. In Sierra Leone, in particular, several sources said that efforts made before the pandemic to develop the capacity of L/NNGOs involved in the Search for Common Ground and Focus 1,000 networks had provided a valuable foundation for COVID-19 interventions. These examples, however, are the exception rather than the norm.

32.   One study notes that, as a result of the limited support channelled to the development of partner capacity, "local and national organizations […] found themselves being asked to take on activities for which they had not been trained […]. If greater emphasis had been put on national and local capacity building prior to the crises as called for by the WHS, there would have been fewer technical and skills gaps at this moment of crisis and in a context on increased reliance on a domestic response."[29] On a more positive note, another study observes that several years of consistent investment in national capacity and preparedness in Fiji allowed local actors there to stage an entirely localized response to tropical cyclone Harold in April 2020, while COVID-related restrictions kept international actors from intervening.[30] While the dearth of long-term investments in local capacity was manifest in the COVID-19 response, self-reporting by GB signatories suggests that the provision of ongoing capacity development support to local partners is becoming more commonplace among international agencies.[31]

3.3.3. Localisation support by international actors

33.   In the context of the COVID-19 response, UN and INGO actors often posited localisation in terms of their working relationships with local responders. As illustrated with the examples of Sierra Leone and Fiji, above, the extent to which these relationships could provide a viable basis for the COVID-19 response depended largely on whether solid foundations for them – most notably in terms of capacity development – had been laid prior to the emergency. The evaluation found notable cases in which, before the pandemic, international actors had resolved to invest strategically in long-term partnerships with local counterparts. For example, in its Core Commitment for Children (CCCs), UNICEF set itself the goal of strengthening the capacity of national and local partners. This objective is situated against the

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29   Brubaker, R., Day, A., Huve, S. (2021), COVID-19 and Humanitarian Access – How the Pandemic should Provoke Systemic Change in the Global Humanitarian System, UN University Centre for Policy Research for UK Mission to the UN, February 2021.

30   Barbelet, V, J. Bryant and A. Spencer (2021) Local Humanitarian Action During COVID-19: Findings from a diary study, Humanitarian Policy Group, Overseas Development Institute, 15 July 2021

31   Metcalfe-Hough, V., W. Fenton, B. Willitts-King and A. Spencer (2021) The Grand Bargain at Five Years: An independent review, Humanitarian Policy Group, Overseas Development Institute.

backdrop of its broader efforts to build alliances for the CCCs that are rooted largely in local operating environments.[32] UNHCR, likewise, leans on the Global Compact on Refugees (GCR) for strategic grounding of its localisation efforts.[33] It builds on the whole-of-society approach envisioned in the GCR, by calling for local partnerships and the building of local capacity in its Strategic Directions.[34] Like UNICEF,[35] UNHCR has engaged in an in-depth reflection on localisation in response to the pandemic.[36] Both these agencies are among the minority of UN actors that have met or exceeded the target of providing 25 per cent of their funding to L/NAs.[37] Multiple respondents for the evaluation noted that other international actors, including international NGOs, had also been prompted by COVID-19 to conduct an in-depth reappraisal of their approach to local partnerships. However, they were generally reserved on the outcome of this process, pointing out that it was too early to say if it would lead to meaningful systemic change at scale, beyond the few positive examples cited above.

3.4. Role of local actors in enabling community inclusion in programming

While COVID-19 conditions provided a challenging environment to broader partnership goals such as co-leadership and mutual accountability, there was a sense among some respondents that more could have been done to leverage the comparative advantage of local partners in enabling a more inclusive approach to programme design.

34.   In the more immediate context of the pandemic, there was a strong sense among respondents that partnerships between international and local actors had been shaped primarily by the imperative of delivering joint programmes against urgent and large-scale needs. As noted above, the urgency of the response and practical constraints on the ground undoubtedly limited the extent to which, in line with IASC guidance, partnerships could rapidly pivot to more strategic or substantive objectives such as capacity-development, shared leadership, and mutual accountability among partners. Still, while these constraints are widely recognised, multiple respondents said that the narrowly specified roles to which local partners were typically confined had often failed to fully leverage their comparative advantages. Key among these advantages was the ability of L/NNGOs to enable and mediate the broader involvement of affected communities in programme design.

35.   In this context, it is worth highlighting that the 2020 ALNAP Rapid Learning Review on responding to COVID-19, which was prefaced by the ERC, identified the need to "combine top-down planning and anticipation with more bottom-up, community-led approaches."[38] This aspiration is consistent with the IASC Interim guidance on localisation, which expressly encourages broad-based community engagement. Multiple respondents felt that country-level COVID-19 responses generally fell short of achieving this, and that operational constraints alone do not explain the relatively limited overall participation of local communities in COVID-19 programming. Some interviewees felt that a more inclusive approach in these areas would have allowed to draw better advantage from community knowledge, to inform programme innovation and adaptiveness in COVID-19 conditions.

36.   The evaluation did find examples of substantial community engagement in programme processes. While these examples tend to be the exception rather than the rule, they show that greater community

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32   UNICEF, Core Commitments for Children, initially developed in 1998, revised in 2010 and 2020.
33   United Nations (2018), Global Compact on Refugees, New York, 2018.
34   UNHCR, Strategic Directions 2017-2022 and Strategic Directions 2022-2026.
35   UNHCR (2021), Technical Note – Localisation in Humanitarian Action for Children, Humanitarian Policy Section, Office of Emergency Programmes, 10 September 2021.
36   See, for example, UNHCR (2021), Background Note – Session on Localisation of humanitarian action and engagement with communities in the COVID-19 context, Regional NGO consultations for the EHAGL region, 28 June 2021
37   The others are OCHA, UNFPA and WFP.
38   Ramalingam, B., Singh, N.S., Mahieu, A., and Blanchet, K. (2020), *Responding to COVID-19, Guidance for Humanitarian Agencies*, ALNAP Rapid Learning Review, 28 April 2020

participation in programming, as mediated and enabled by local partners, was an attainable goal in the COVID-19 response. In Colombia, for example, indigenous communities in the remote Amazonas region were actively consulted in the design and planning of locally delivered COVID-19 programmes. In Somalia, L/NNGOs worked with community groups to ensure that good contextual awareness was maintained in programming. One interviewee said of community workers in this latter country: "They are always our eyes and ears on the ground, and they continued to play that role [during the COVID-19 response]."

37. In the area of needs assessment, a recurrent observation by international participants in the COVID-19 response was that the involvement of local partners was critical as they were "closest to the ground". However, the evidence shows that their participation was largely confined to data collection, and remained generally limited in the areas of assessment design and needs analysis. The key role of L/NNGOs in data gathering was highlighted by interviewees in Bangladesh, Colombia, Somalia, Syria, the Philippines and Turkey. Nonetheless, aside from the generally limited uptake of this data in GHRP planning, there was a sense among some interviewees that assessments were demand-driven and conformed to set templates imposed by international actors. These sources felt that the quality of insights developed from data collection might have gained from the greater participation of affected communities in the design and analysis aspects of assessments, as enabled by L/NNGOs.

3.5. Impact of local and non-traditional actors outside of the UN-led COVID-19 response

International actors often envision localisation in terms of their ongoing working relationships with national/local organizations. However, there is evidence that communities and private sector organizations worked to address COVID-19 needs, both within and outside of partnerships with aid agencies. This potential has remained largely untapped.

38. While the focus of the localisation debate is mainly on partnerships within the scope of the formal aid system, an equally relevant area of study is the work done by local responders outside of this orbit. Research conducted into this area since the outbreak of the pandemic provides ample evidence of community-based activity, aimed at tackling local needs alongside mainstream UN-led responses. The evaluation identified examples of localized mutual aid and solidarity networks, notably in the contexts of Bangladesh, Colombia, Pakistan, Somalia, and Syria. A tool developed by ODI to track local humanitarian action in the context of COVID-19 illustrates how the independent mobilization of local actors in response to the pandemic has been substantial, diverse and context-specific.[39] While not exhaustive, the tool provides insights into a rich cross-section of locally-based initiatives, often conducted by local groups alongside their work with international partners. In India, for example, these groups carried out cash-based interventions and distributed relief items to households impacted by COVID-19. In the Philippines, they made cash vouchers available to the urban poor and enabled the community-based manufacturing of PPE equipment for self-use. In Uganda, they provided gender-appropriate assistance to vulnerable adolescent girls and food support to refugee households.

39. Beyond these examples, another study on community-based mutual aid and solidarity networks in the COVID-19 pandemic sheds valuable light on the dynamics at play in localized responses.[40] The authors argue that these responses have drawn heavily on informal forms of community mobilization, and do not readily align with set organizational templates expected by international partners. Being rooted in community and highly attuned to local needs, they are by nature more agile and context-appropriate than externally designed interventions. Critically, given that psychosocial care was often a priority during

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39   ODI (2021), Covid-19: tracking local humanitarian action and complementary partnerships, Humanitarian Policy Group at ODI, 5 January 2021

40   Cartensen, N., Mudhar, M., Schurmann Munksgaard, F., Let Communities do their Work": The role of mutual aid and self-help groups in the Covid-19 pandemic response, Local2Global Protection (L2GP), 25 September 2021. L2GP receives funding from Danida and is affiliated with DanChurchAid, Act Church Sweden and Christian Aid

the pandemic, the authors highlight the significant but largely unrecognised mental health benefits of these informal responses, which spurred a sense of solidarity, togetherness and empowerment among otherwise highly disenfranchised groups. The authors note, however, that these efforts were prone to being short-lived, as they lacked reliable sources of external funding and support.

40.   In concluding that more should have been done by established aid actors "to recognize, understand and internalize […] the crucial part that citizens and community groups […] played as first responders during the COVID-19 pandemic," the authors express a prevalent and well-supported view among participants in the localisation debate. Other observers note that the international humanitarian system has made limited progress to date in drawing on and leveraging the core potential that comes to bear in community-led responses. One study remarks that the criteria typically used to assess local partner capacity relate disproportionately to financial compliance and risk management, at the expense of capabilities more critical to impact.[41] The same authors note that, aside from compliance requirements, a potential barrier to entry into the mainstream aid system for local responders is an increased reporting burden, along with the frequent failure to support overhead costs. While there was broad recognition among interviewees that L/NA capacity to meet donor requirements was key to enabling their access to direct funding, workstream 9 of the Grand Bargain does aim to simplify reporting requirements for downstream partners[42]. In light of this, there was a sense among some interviewees that the onus was on donors to increase their risk appetite and to make less stringent compliance and reporting demands on local actors.

41.   In part, these circumstances may explain why many local actors seek to maintain activities outside of mainstream, internationally led humanitarian responses. Whether they are able to do so depends on the extent to which the local operating context provides an enabling environment for local action. The widespread view across the humanitarian community is that the COVID-19 pandemic has prompted unprecedented local mobilization, and there is strong evidence that this has not been confined to aid organizations alone. The case studies conducted for this evaluation yielded multiple examples of local private sector support of the response. In Colombia, the local business community facilitated the procurement of COVID-19 vaccines for local NGOs. In Somalia, it supported a fund which local NGOs could draw on for socio-economic assistance programmes. In the Philippines, private companies worked closely with local voluntary groups and made their warehouses, transport and manufacturing facilities available to the aid effort. In this latter example, an interviewee noted that working outside of the international aid system was significantly quicker than relying on UN procurement processes.

42.   Globally, it is difficult to accurately estimate the contribution of localized solidarity networks to the COVID-19 pandemic. While the evidence is substantial, it is often anecdotal and originates outside the well-charted boundaries of internationally led operations. In the aggregate, however, the evidence does support the claim that local networks and community members played a significant role during the COVID-19 response. As noted in a study conducted in the early stages of the pandemic,[43] at the very least, their effect has been to enable and substantially amplify the impact of more formal interventions, as conducted by national authorities and the UN system. It is worth noting that this complementarity often comes with a degree of tension: the added value of localized mutual aid and solidarity networks stems largely from their anchorage outside of established systems, and from their ability to achieve a level of operational agility less common among more mainstream actors. These attributes gained both strategic relevance and widespread recognition during the pandemic. There is some evidence to suggest that they have provided the basis for a newfound assertiveness on the part of local responders. For example, since the outbreak of the pandemic, NGO platforms exclusive to local groups have been established in Indonesia, Myanmar and Yemen. These platforms are not open to international members as they aim to address the specific demands and aspirations of local and national organizations. More broadly, there was also a sense among some interviewees that the circumstances brought about by the COVID-19 pandemic –notably the disparity in power and access to funding between local and international

41   Barbelet, V., Davies, G., Flint, J., Davey, E. (2021), Interrogating the Evidence Base on Humanitarian Localisation, ODI, June 2021.
42   Metcalfe-Hough, V., W. Fenton, B. Willitts-King and A. Spencer (2021) The Grand Bargain at Five Years: An independent review, Humanitarian Policy Group, Overseas Development Institute.
43   Groupe URD (2020), Briefing Note 11 - Local Solutions to a Global Pandemic: The Way of the Future?, July 2020.

actors—had encouraged national NGOs in other countries, such as Nepal and the Philippines, to coalesce and self-organize.

3.6. Power dynamics of localisation

Barriers to the more equal participation of local actors in the COVID-19 response predated the pandemic, and had their roots in an uneven balance of power between participants in programme partnerships.. These barriers were systemic, and were accompanied by perceptions of competing interests between local and international actors.

43.   To multiple interviewees, obstacles to the greater participation of local actors in key aspects of programme cycle management during the COVID-19 response owed less to practical constraints than to systemic inequality in partnerships between local and international actors. This perception echoes a 2021 survey commissioned the British Red Cross, in which 48 per cent of local respondents felt that there was an unequal relationship between their organization and international counterparts.[44]

44.   The view that international actors were not fully committed to localisation, and were at times opposed to it, was well established among interviewees, including within the UN. Some L/NNGO sources spoke of localisation in zero sum terms, and felt that a more commensurate role for local actors required concessions which their international counterparts were reluctant to make. One representative of an NGO platform asked rhetorically: "For UN agencies, what does localisation mean if it means downsizing? How do they explain this to their boards?" Another from a local NGO in South-Asia said: "On localisation, the UN talks the talk but does not walk the walk. Until it changes, nothing will change."

45.   The view that entrenched interests are hampering progress on localisation is also prominent in the research literature. Citing multiple primary sources, one USAID-commissioned study, for example, reported that "localisation is fundamentally seen as a threat to business models, power, and privilege of international actors within the system."[45] An ODI review of the evidence on localisation makes the same observation.[46] Another recent study, drawing on the cases of Afghanistan and Pakistan, finds that "the shifting roles between international organizations and LNOs [Local and National Organizations] are not addressing the inequalities that localisation is trying to resolve."[47] Another, on Myanmar, notes that "the opportunities presented by the COVID-19 context to make substantial shifts in the primarily internationally-led humanitarian response model, was inadequately capitalized on. To date, it has been a story of two steps forward, one step back."[48] Summing up this sense of frustration, a study commissioned by the UK Mission to the United Nations observes that "the pandemic response has accelerated a debate regarding the extent to which the commitments made at 2016 World Humanitarian Summit --especially the demand to shift to a more equitable model of cooperation [...]-- are being adequately met."[49]

44   DA Global for British Red Cross (2021), Is Aid Really Changing? What the COVID-19 response tells us about localisation, decolonization and the humanitarian system, September 2021.
45   Robillard, S., Atim, T., Maxwell, D. (2021), Localisation: A "Landscape" Report – Final Report to USAID, Bureau of International Assistance, Feinstein International Center, December 2021.
46   Barbelet, V., Davies, G., Flint, J., Davey, E. (2021), Interrogating the Evidence Base on Humanitarian Localisation, ODI, June 2021. "Placing the burden of evidence on local actors –rather than international actors—to prove they are better placed to respond to crisis has hindered investment in localisation and momentum for change, providing another example of how self-preservation and power dynamics are deeply entrenched in the humanitarian system."
47   Ullah, Z., Ullah Khan, S., Wijewickrama, E. (2021), Covid-19: Implications for localisation – A case study of Afghanistan and Pakistan, HPG Working Paper, ODI, 2021.
48   Trocaire, Irish Aid, Myanmar Development Network, Humanitarian Advisory Group (2020), Two steps forward, one step back: Assessing the Implications of COVID-19 on locally led humanitarian response in Myanmar, December 2020.
49   Brubaker, R., Day, A., Huve, S. (2021), COVID-19 and Humanitarian Access – How the Pandemic should Provoke Systemic Change in the Global Humanitarian System, UN University Centre for Policy Research for UK Mission to the UN, February 2021.

4. Funding Mechanisms

This section briefly describes steps taken by IASC to improve funding to L/NAs. It examines the impact of measures introduced to support flexible funding. It also looks at L/NNGO access to funding sources and the overall level of financial support allocated to L/NAs, as well as financial data tracking. It then looks at the use made of Country-Based Pooled Funds (CBPF) and the Central Emergency Relief Fund (CERF) to improve the volume and quality of funding flows to NGOs, including local and national NGOs (L/NNGOs).

4.1. IASC steps to improve funding to L/NAs

> At an early stage in the response, IASC Principals recognised the need to increase both the volume and flexibility of funding to local partners. They proactively issued guidance and directives to support this objective.

46. Improving L/NA access to timely and flexible funding was an early priority for IASC in the COVID-19 pandemic. This was in response to the concerns of Principals about the slow pace of financing reaching frontline NGOs at that time.[50] In a guidance document setting out key IASC messages on flexible funding, issued in March 2020, the IASC noted that the benefits of flexibility measures should be passed on to L/NAs where possible.[51] The urgent priority was to get funding to frontline responders quickly, to leverage their capacity to play a greater role in the COVID-19 response.

47. This message was followed in April 2020 by more comprehensive guidance "to address the inconsistency in unlocking and disbursing funds to NGOs in COVID-19 response".[52] Among other recommendations, this document encouraged the greater participation of L/NAs in planning and coordination processes, and closer dialogue between UN and NGO representatives on the challenges of disbursing quality funds to L/NNGOs. It also recommended the greater use of Country-Based Pooled Funds (CBPFs) for the more efficient delivery of support to NGOs, including local responders. In line with this, the more broad-based IASC Interim guidance document on localisation, issued in May 2020, encouraged flexible and simplified funding to front-line local actors in the COVID-19 response.[53]

48. The aim of improving funding to L/NAs was also implicit in steps taken by individual UN agencies. For example, in the letter sent to NGOs on 3 April 2020, UNHCR details a range of measures aimed at providing its implementing partners, including local responders, with greater flexibility in grant management.[54] In September 2021, UNICEF likewise issued a comprehensive internal guidance note on localisation, in which it addressed the need for predictable and flexible funding for its local partners, among other requirements.[55]

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50 IASC, Summary Record of IASC Ad Hoc Principles Meeting on COVID-19, New York, 2 April 2020 & 17 April 2020
51 United Nations (2021) Country-Based Pooled Funds: 2020 in Review; IASC (2020) Interim Key Messages: Flexible Funding for Humanitarian Response and COVID-19, IASC Results Group 5 on Humanitarian Financing, March 2020, pg. 2
52 IASC (2020), Proposals to Address the Inconsistency in Unlocking and Disbursing Funds to NGOs in COVID-19 Response, IASC Results Group 5 on Humanitarian Financing, June 2020.
53 IASC (2020), Interim Guidance on Localisation and the COVID-19 Response, IFRC and UNICEF in collaboration with IASC Results Group 1 on Operational Response Sub-Group on Localisation, May 2020.
54 UNHCR (2020), Letter of the High Commissioner to Members of the International Council of Voluntary Agencies, InterAction, and the Steering Committee for Humanitarian Response, 3 April 2020.
55 UNICEF (2021), Technical Note – Localisation in Humanitarian Action for Children, Humanitarian Policy Section, Office of Emergency Programmes, 10 September 2021.

4.2. Flexible funding

> There is evidence that measures to improve the flexibility of funding to L/NNGOs were widely implemented, and generally had positive effects. Notably, they enabled existing grants to be reassigned from prior programmes to more urgent or appropriate interventions in COVID-19 conditions.

49.   Overall, there was a strong sense among interviewees that measures to increase the flexibility of funding to local partners had a discernible impact. The main effect achieved was to enable the timely adaptation of ongoing projects, and their repurposing in line with needs and circumstances specific to COVID-19. Although there is a lack of specific data to illustrate this, it is also plausible that flexibility measures ---most notably reprogramming--- ultimately allowed local partners to utilize more funding than would have been available to them under conventional terms. This was essentially a function of relaxing financial control mechanisms, with the effect of unlocking partner access to resources which otherwise would have remained untapped. These effects should therefore be understood in terms of efficiency savings in resource allocation, rather than budget increases per se.

50.   A study found that CBPFs had largely implemented the flexibility measures introduced in April 2020. In particular, CBPF managers made extensive use of the fast-tracked process for approving reprogramming requests, as newly enabled in the online Grant Management System. On the other hand, there was limited implementation of the measure to increase the funding ceiling of high-risk partners, and of budget flexibility on staff category without prior approval and of cost extensions. Based on the mainly positive experience of NGO partners and fund managers, the CBPFs decided to incorporate many of the flexibility measures into their global guidance and apply them to non-COVID funding. This includes cost extensions, which will give CBPFs the option of adding funds to existing grant agreements so that partners can respond to unforeseen needs or changes in the context.[56]

51.   Interviews across the case studies show that bilateral donors were responsive to IASC and other messaging on the need for funding flexibility in the COVID-19 response. The ability to reprogramme was important, enabling the NGOs to procure PPE and to deliver programmes in a COVID-safe way. It also enabled them to switch from activities that they were no longer able to carry out to COVID-19 specific activities. For example, in Bangladesh, a L/NNGO was not able to continue with education activities in the Rohingya refugee camps because the government had suspended these as part of COVID-19 prevention measures. It used its budget balance to provide assistance to host communities that had greater needs because of COVID-19 preventive measures. In Syria, an INGO reprioritized existing funding to distribute hygiene kits and provide more cash assistance. In Colombia, multiple local NGOs working with UN partners on protection and psychosocial assistance projects were able to reorient their activities to the provision of remote GBV and PSEA support to victims of abuse linked to COVID-19 confinement conditions.

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56   Featherstone A. and Mowjee, T. (2021), Enhancing Programming Effectiveness of CBPFs, unpublished

4.3. L/NNGO access to donor funding

A source of frustration among L/NNGOs is that they were often constrained in their direct access to donors[57]. In the area of localisation, the low-risk appetite of donors compounded the challenges faced by L/NNGOs in their efforts to raise funds.

52.   While there is strong evidence overall that flexibility in reprogramming was widely practiced, multiple interviewees among local NGOs expressed a degree of frustration about the fact that they often could not engage with donors directly, and instead had to agree reprogramming measures with their UN or INGO partners. In Somalia, interviewees felt that this placed local NGOs at a disadvantage, both in discussing the terms and conditions of reprogramming and in negotiating new grants. In response to this, some local NGOs in Somalia were considering the establishment of an NGO platform exclusive to local actors, to increase their bargaining power and advocate for their more equitable participation in collective funding and programming decisions.

53.   In interviews, some donor representatives at country level readily acknowledged that they had observed first-hand the benefits of financially empowering local actors. In Colombia, one donor reported that its funding to national NGOs during the COVID-19 pandemic had increased by about 30 per cent, and now amounted to about half of its portfolio. However, the moderate size of this donor caused its stance to have a limited impact on total funding volumes. In Sierra Leone, another donor explained that one of its key objectives was to build the capacity of local NGOs in view of supporting localisation. This donor reported rapid progress towards this goal. Overall, however, programme-level examples of donor financing of the localisation agenda remain anecdotal. The picture that emerges through interviews is one in which the principle of mutual accountability and equal access to funding across international and national actors remains largely aspirational. It is often trumped by the fact that in contractual terms, an international partner's accountability is typically to its donor, more so than to its local counterpart. This is reinforced by the fact that, as illustrated below, some donors are often reluctant to take on the added risk and management burden of funding local actors directly, preferring instead to delegate risk mitigation and project management to their international partners, who act as intermediaries. This results in partnership arrangements that confine L/NNGOs to tightly controlled subordinate positions and considerably constrain the possibility of their direct access to funding.

4.3.1. Donor approaches to risk and their impact on localisation[58]

54.   Self-reporting by 53 grant-giving signatories to the Grand Bargain in 2021 shows that 13 had achieved or exceeded the 25 per cent funding target at that time.[59] While this is an improvement over the previous year, the number remains low in absolute terms. Of the organizations that have met the target, four are government donors (Czech Republic, New Zealand, Slovenia and Spain) while the rest were INGOs and UN agencies.[60] An independent review conducted in 2021 concluded that the percentage of global funds allocated directly to local actors (as reported to the FTS) had essentially remained unchanged over the five years of the Grand Bargain.[61] The UK government's response to a review that criticized it for the lack of a strategy to support localisation in its humanitarian response to COVID-19 and its limited support through NNGOs and CSOs is illustrative of the broader challenge with delivering on the Grand Bargain commitment. The government's justification was a lack of willingness to take on the additional risks of non-adherence to complex donor requirements that are often associated with localisation, and the lack of capacity to manage small grants to local responders.[62] Similar concerns have prompted ECHO to

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57   The term here and in the rest of the Learning Paper refers to bilateral donors and the EU.
58   The term here and in the rest of the Learning Paper refers to bilateral donors and the EU.
59   Metcalfe-Hough, V., W. Fenton, B. Willitts-King and A. Spencer (2021) The Grand Bargain at Five Years: An independent review, Humanitarian Policy Group, Overseas Development Institute.
60   Ibid.
61   Ibid.
62   ICAI (2022) The UK's Humanitarian Response to COVID-19: A review, Independent Commission on Aid Impact, July 2022

refrain from direct support to local responders as a matter of policy. A USAID-funded study on risk in local-international partnerships, published in 2019, suggests that the low risk appetite of international actors in the area of localisation is commonplace and predates the COVID-19 pandemic.[63] The study found that UN and donor agencies were particularly averse to financial risk, and that measures taken to mitigate it placed a significant administrative burden on local partners. This burden ultimately disincentivized partnerships.[64]

55.   On a more positive note, a number of donors have showed increased commitment to localisation, notably by making local capacity development a requirement in their funding of international partners. One report notes that Australia, Denmark and Germany have introduced this measure.[65] Other donors, such as ECHO and Canada, are exploring ways of better aligning humanitarian and development funding, to provide more effective support to local capacities. USAID Administrator Samantha Power made several high-profile statements in support of localisation in late 2021 and in 2022, and reiterated her department's commitment to the 25 per cent target.[66] This political support to the localisation agenda may signal new donor momentum towards its key objectives.

4.4. Levels of funding to L/NAs[67]

Despite the guidance and directives issued by IASC, efforts to increase the level of funding to L/NAs did not have a significant impact. Emergency relief funding to governments in GHRP countries did increase substantially in the first year of the response[68]. However, this increase was not sustained in 2021. The total level of funding to L/NNGOs in these countries decreased slightly in 2020, before returning to its pre-pandemic level in 2021.

56.   The COVID-19 response did not have a significant impact on levels of funding to L/NAs. There was an increase in total direct funding to governments, in 2020, but this was offset by a significant decrease the following year. Overall, L/NA interviewees were near-unanimous in noting that budget increases, where they occurred, were short-lived, and were typically followed by funding slumps that netted out early surges (see Figure 1 below).

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63   Stoddard, A., Czwarno, M. and Hamsik, L. (2019), NGOs and Risk – Managing Uncertainty in Local-International Partnerships, InterAction and Humanitarian Outcomes, March 2019.
64   Ibid.
65   Metcalfe-Hough, V., W. Fenton, B. Willitts-King and A. Spencer (2021) The Grand Bargain at Five Years: An independent review, Humanitarian Policy Group, Overseas Development Institute.
66   Saldinger, A. (2021), USAID chief Samantha Power details localisation push, Devex, 8 December 2021
67   The funding referred to here is humanitarian and emergency relief funding, as reported by donors to the FTS.
68   Development Initiatives, Global Humanitarian Assistance Report 2022, based on UNOCHA Financial Tacking Service Data, (FTS) as self-reported by donors.

Figure 1: Direct humanitarian and emergency relief funding to local and national actors in GHRP countries: 2019-2021[69]
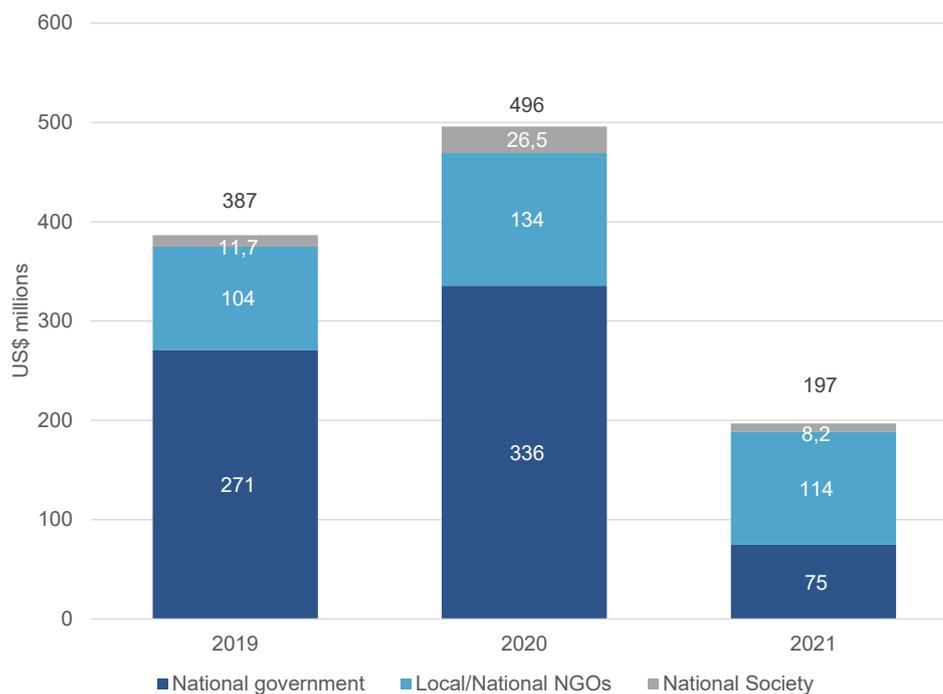
57.   Compared to direct financial support to national governments, the volume of direct humanitarian funding allocated to L/NNGOs in GHRP countries during the COVID-19 pandemic in 2020 was significantly smaller. The IASC interim guidance of May 2020 acknowledged that the GHRP did not "offer an effective conduit" for direct funding to local actors.[70] In its third update of July 2020, the GHRP highlighted the need for increased funding to NGOs, including L/NNGOs, by creating an envelope of US$300 million.[71] However, this was only 2 per cent funded by donors.

58.   The limited impact of the GHRP on resource allocation to L/NNGOs is reflected in the relatively small increase in direct humanitarian funding received by these actors in GHRP countries in 2020 (see figure 2 below). These global figures are broadly in line with funding data released at country level. For Afghanistan and Pakistan, for example, it is estimated that direct humanitarian funding available to L/NNGOs in 2020 only amounted to 2.3 per cent and 6.1 per cent of the total, respectively.[72] For Myanmar, direct funding to L/NNGOs during the same period was estimated at 2 per cent.[73]

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69   Ibid, as self-reported to FTS by donors and recipients.
70   IASC (2020), Interim Guidance on Localisation and the COVID-19 Response, IFRC and UNICEF in collaboration with IASC Results Group 1 on Operational Response Sub-Group on Localisation, May 2020, p. 1.
71   Global Humanitarian Response Plan – COVID-19, United Nations Coordinated Appeal, April-December 2020, GHRP July Update
72   Ullah, Z., Ullah Khan, S., Wijewickrama, E. (2021), Covid-19: Implications for localisation – A case study of Afghanistan and Pakistan, HPG Working Paper, ODI, 2021.
73   Trocaire, Irish Aid, Myanmar Development Network, Humanitarian Advisory Group (2020), Two steps forward, one step back: Assessing the Implications of COVID-19 on locally led humanitarian response in Myanmar, December 2020.

Figure 2: Direct and indirect funding to national and local NGOs in GHRP countries: 2019-2021[74]
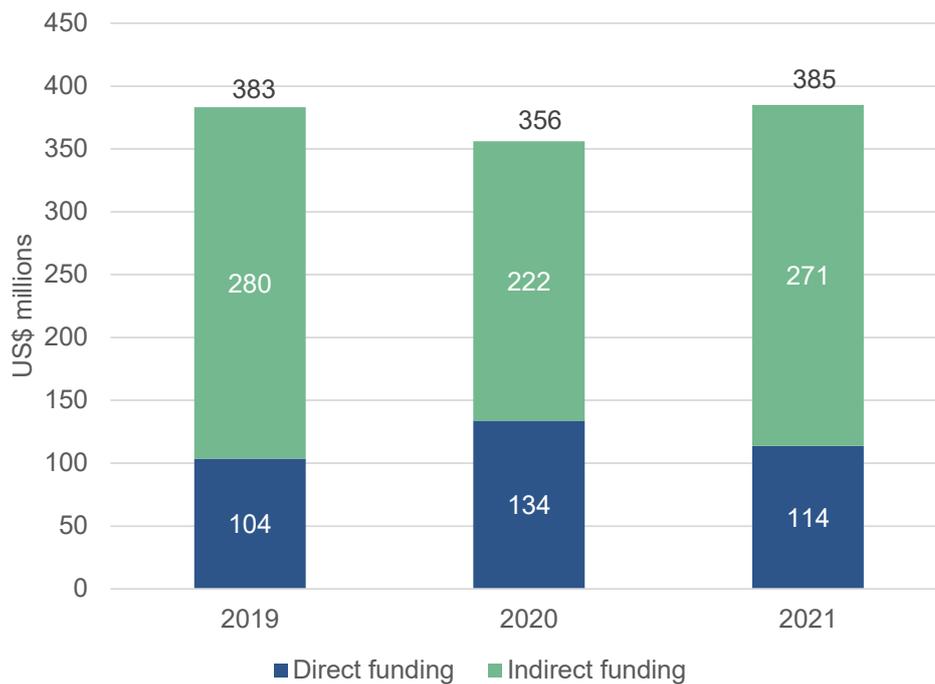
59. The funding landscape is even more stark when direct and indirect funding to local partners in GHRP countries are combined. Figure 2, above, shows that despite the IASC's proactive guidance on financing to frontline responders, total funding to L/NNGOs in GHRP countries fell in 2020, before returning to its pre-COVID level in 2021. This goes counter to global trends across all countries receiving humanitarian assistance, which show that overall funding to NNGOs has increased modestly but consistently since 2017.

60. One likely explanation for the 2020 decline in funding in GHRP countries that donors and UN actors in the COVID-19 response prioritized the repurposing of existing grants over the creation of new ones. This hypothesis is supported by a study that finds that while some NNGOs benefitted from flexibility in reprogramming for the COVID-19 response, the majority of national and local actors received little additional financing from current or new sources.[75] Other published research has similar findings. For example, InterAction conducted a survey of its members on flexibility of funding in mid-June 2020. The results showed that funding flows to NGOs, including local NGOs, remained modest at the time when the survey was conducted.[76]

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74 Development Initiatives, Global Humanitarian Assistance Report 2022, based on UNOCHA Financial Tacking Service Data, as self-reported by donors and recipient.
75 Barbelet, V, J. Bryant and A. Spencer (2021) Local Humanitarian Action During COVID-19: Findings from a diary study, Humanitarian Policy Group, Overseas Development Institute
76 IASC, IASC Principals Ad Hoc Meeting on the Covid-19 Response Summary Record And Action Points, New York, 10 July 2020

4.5. Financial Data Tracking

> Despite the release of IASC guidance on financial data tracking, the evaluation team could find no evidence of a change in practice in the tracking of data on financial support channelled to local partners.

61. The effective tracking of financial data is core to the GB's localisation commitments, particularly as it enables progress to be measured against core commitment 2.4 on humanitarian funding to L/NAs.

62. While the tracking of timely and disaggregated data on funding flows from UN to local actors was encouraged in IASC guidance of April 2020, the evaluation team was unable to find evidence that this resulted in a notable change in the reporting at agency level of increases in timely and disaggregated funding, particularly to the Financial Tracking Service. Data on funding to implementing partners is tracked internally by UN agencies, and was already being reported to the FTS prior to the COVID-19 response. However, there have been questions about the completeness and consistency of the reporting.[77] As noted in the IASC guidance, in the case of CBPFs and other UN-managed funds, this data is generated automatically and is easily captured by FTS. In the case of funding from UN agencies to their local partners, on the other hand, the data needs to be self-reported by the grant-making agencies. The evaluation team was unable to determine how consistently and regularly this reporting was carried out by UN agencies involved in the COVID-19 response.

63. In part, the challenges in financial data tracking in the COVID-19 response are due to the slow uptake of the International Aid Transparency Initiative (IATI) data standard across the humanitarian community. The standard was established in 2008 and is used by over 1,500 organisations[78]. It was designed to facilitate a uniform approach to reporting on key aspects of international aid, including financial flows from their point of origin to their destination. While not geared to localisation specifically, it does have the potential to provide new and valuable insights into the volume of direct and indirect funding provided to L/NAs by a range of actors, including bilateral and multilateral donors, as well as UN and non-UN pooled funds and INGOs. As a data publishing framework, IATI is designed to support and interface with a range of reporting platforms, most notably FTS.[79] However, while the level of interoperability between IATI and the FTS has improved in recent years, it remains perfectible, and progress in this area has reportedly been slowed by resourcing constraints at the FTS[80]. Also, the usability and relevance of IATI outputs depend largely on the quality of self-reporting carried out by its signatories. While IATI was used in 2020 by 81 per cent of its signatories for at least some of their reporting, there is a lack of consistency in the quality and timeliness of the reporting carried out.[81] This is despite technical guidance provided by the FTS and the IASC Humanitarian Funding Task Team to support the uptake of the standard among donors and humanitarian agencies. Some signatories have acknowledged a lack of resources to shift their reporting practices to the technically more demanding IATI standard.[82]

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77 This raises particular challenges in research and analysis work. Development Initiatives, which publishes the annual Global Humanitarian Assistance Report, notes in its 2022 edition of the report that "very little funding for L/NAs involved in the humanitarian response reaches them directly. Insufficient reporting to platforms such as UN OCHA's FTS means there is a lack of transparency around how much international funding reaches local actors through an intermediary organization, including the identity of the intermediaries and the final recipients." Source: Development Initiatives, Global Humanitarian Assistance Report 2022.

78 https://iatistandard.org/en/using-data/types-of-data/

79 Development Initiatives, IATI, OCHA, Improving Humanitarian Transparency with the International Aid Transparency Initiative (IATI) and the UN OCHA Tracking Service, Background Paper, 2017.

80 Ibid

81 Ibid.

82 Ibid.

4.6. Country-based Pooled Funds

> Country-based Pooled Funds (CBPFs) remained a key source of funding for L/NNGOs during the COVID-19 response. In particular, CBPFs increased their support to L/NNGOs in the first year of the response. While critical in the context of the COVID-19 pandemic, CBPF funding of local responders was not designed to address their need for long-term, predictable financing.

64. Evidence from interviews and documents shows that CBPFs were an important source of funding for national and local NGOs during the COVID-19 pandemic. Their role in channelling funding to L/NNGOs over that period was supported by IASC policy guidance, which encouraged their use for this purpose, as well as the better tracking of data on financial flows from the UN to L/NAs.[83]

65. In 2020, when the pandemic broke out, CBPF funding to L/NNGOs increased considerably, to 36 per cent of total CBPF funding.[84] Research published in 2021 identifies pooled funds as possibly the most successful form of intermediary funding to local responders.[85] However, it notes that these instruments are not expressly designed to support localisation goals. Critically, CBPF funding does not provide financial predictability or opportunities for organization-wide capacity building. This is reflected in a survey conducted in Afghanistan and Pakistan, in which 53 per cent of the respondents agreed with the perception that overall funding to local partners had generally increased during the COVID-19 pandemic.[86] However, when asked more specifically about the availability of funding to their own local organizations, 58 per cent stated that this had decreased during the same period. The authors of the study interpret these responses to mean that while CBPFs contributed to an increase in short-term funding to local responders during the COVID-19 response, this support was "primarily focused on project activities, and did not lead to an improvement in the quality of funding."[87]

66. It is notable that the increase in funding to local responders observed in 2020 did not continue in 2021. That year, the amount of CBPF funding allocated to national NGOs was only slightly above its pre-pandemic level ($269 million in 2021 compared with $252 million in 2019).

83 IASC "(2020), Proposals to Address the Inconsistency in Unlocking and Disbursing Funds to NGOs in COVID-19 Response, IASC Results Group 5 on Humanitarian Financing, June 2020.
84 United Nations (2021) Country-Based Pooled Funds: 2020 in Review, pg. 20
85 Robillard, S., Atim, T., Maxwell, D. (2021), Localisation: A "Landscape" Report – Final Report to USAID, Bureau of International Assistance, Feinstein International Center, December 2021.
86 Ullah, Z., Ullah Khan, S., Wijewickrama, E. (2021), Covid-19: Implications for localisation – A case study of Afghanistan and Pakistan, HPG Working Paper, ODI, 2021.
87 Ibid.

Figure 3: CBPF funding by type of partner: 2019-2021[88]
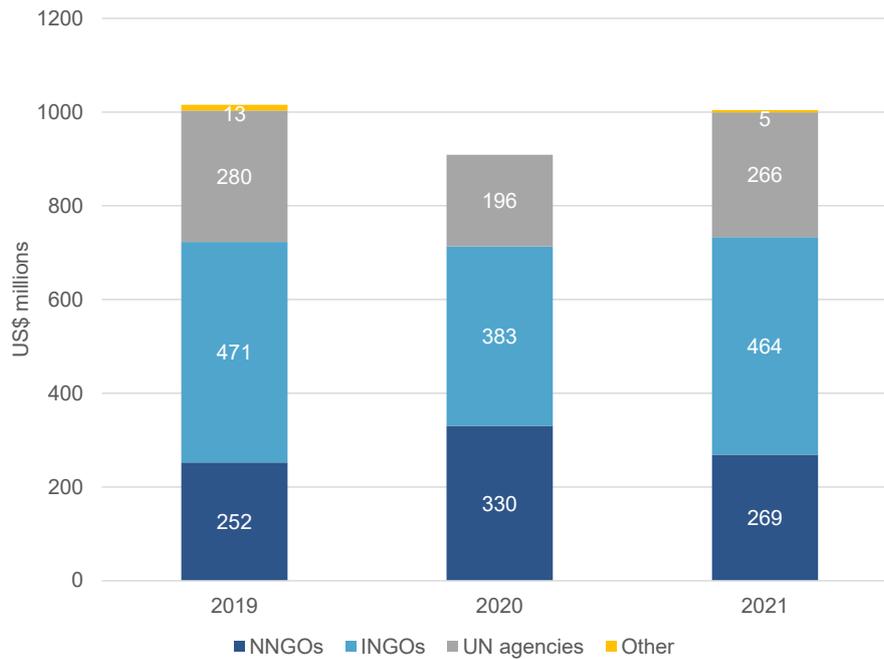
67. CBPFs allocate funds to partners that are "best placed to respond in a timely, efficient and accountable manner."[89] It is, therefore, a testament to the critical role played by local responders in programme delivery that they often account for a majority share of individual CBPF allocations. For example, in 2020, the Pakistan Humanitarian Pooled Fund allocated 73 per cent of its $9.2 million budget to national NGOs. The same year, the Syria Cross-Border Humanitarian Fund channelled 56 per cent of its total funding to NNGOs ($104.1 million). Similarly, the Somalia Humanitarian Fund (SHF) provided 54 per cent of its 2020 allocations to NNGOs (this was $19.7 million).

68. In several cases, funding patterns in a CBPF's support to NNGOs for COVID-19 differed markedly from those of its overall allocations to these actors. This was usually because COVID-19 funding was focused on interventions which local responders were not always in the strongest position to carry out, such as cash-based assistance or the procurement of imported medical supplies.[90] This, for example, explains why the CBPF in DRC provided 29 per cent of its funding in 2020 ($21.9 million) to NNGOs but only 12 per cent of COVID-19 funding ($1.2 million).[91] Globally, however, CBPF funding to COVID-19 programmes implemented by L/NNGOs was relatively sizeable, and amounted to 32 per cent ($80 million) of the $252 million allocated by CBPFs for the COVID-19 response.[92]

69. For all the benefits of CBPFs, their support to local actors needs to be put in perspective. While they account for the largest share of financial support allocated globally to L/NNGOs in 2020,[93] the $327.2 million that this represents still only amounts to 1.2 per cent of the $26 billion channelled to humanitarian assistance from public sources in 2020.[94]

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88 Source: United Nations (2020) Country-Based Pooled Funds: 2019 in Review; United Nations (2021) Country-Based Pooled Funds: 2020 in Review; United Nations (2022) Country-Based Pooled Funds: 2021 in Review

89 United Nations (2021) Country-Based Pooled Funds: 2020 in Review, pg. 18.

90 Somalia Humanitarian Fund, 2020 and 2021 Annual Reports

91 OCHA (2021) DRC Humanitarian Fund: Funding to partners for COVID-19 and key results, February 2021; DRC HF (2021) DRC Humanitarian Fund 2020 Annual Report

92 United Nations (2021) Country-Based Pooled Funds: 2020 in Review, pg. 18.

93 Metcalfe-Hough, V., W. Fenton, B. Willitts-King and A. Spencer (2021) The Grand Bargain at Five Years: An independent review, Humanitarian Policy Group, Overseas Development Institute.

94 Calculated from GHA and OCHA data.

4.7. CERF Funding

Special arrangements were made for CERF funding to be channelled to local and national responders in several countries. It total, however, this support was still largely outweighed by CERF funding to international NGOs, as eligibility criteria often made it chwallenging for local actors to apply successfully. CERF grants also came with an administrative burden which was sometimes difficult for local NGOs to bear. Like CBPF funding, CERF support is not designed to address the long-term capacity-development needs of local NGOs.

70.   Innovative thinking was required to channel CERF funding to NGOs, as these actors are not normally eligible for it. In June 2020, the ERC approved a $25 million CERF grant for NGOs. In order to comply with allocation requirements, the money was routed via IOM, which financed 24 NGOs in six countries – Bangladesh, Central African Republic (CAR), Haiti, Libya, South Sudan and Sudan.[95] The aim was to provide funding on similar terms to those that the CERF offers to UN agencies. The CERF secretariat selected IOM as grant manager because of its capacity for flexibility in grant management. An independent review was very positive about the way in which the CERF secretariat and IOM managed the process. It found that "the allocation met its primary objective of moving money to frontline responding NGOs to enable them to deliver life-saving activities."[96]

71.   One challenge that the review identified was that national and local NGOs struggled to meet the eligibility criteria for the funding. These included an optimal project size of $0.9 million to $1.1 million, which was in line with the average CERF grant to UN agencies in 2019, and a set limit on the number of NGO partners per country. Additional criteria were applied at country level. Taken together with the often-limited ability of applicants to absorb funds and scale up, they typically resulted in a small number of eligible partners. In the face of these constraints, the teams involved in the allocation process in Bangladesh and Haiti made a determined and deliberate effort to include L/NNGOs.[97]

72.   Overall, eight out of the 24 NGOs (i.e., one-third of the partners) that received CERF funding were L/NNGOs. This funding only amounted to 20 per cent of the total, because their grants were smaller than those allocated to INGOs (see Figure 4 below). Despite this relatively modest share, the support provided to L/NNGOs is noteworthy and commendable, given that the CERF is not designed to fund NGOs.

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95   CERF (2020) CERF COVID-19 Allocations, CERF Advisory Group Meeting, November 2020
96   Poole, L. (2021) Independent review Central Emergency Response Fund (CERF) COVID-19 NGO allocation, 11 October 2021, pg. i.
97   Poole, L. (2021) Independent review Central Emergency Response Fund (CERF) COVID-19 NGO allocation, 11 October 2021

Figure 4: CERF funding allocation to NNGOs and INGOs by country[98]
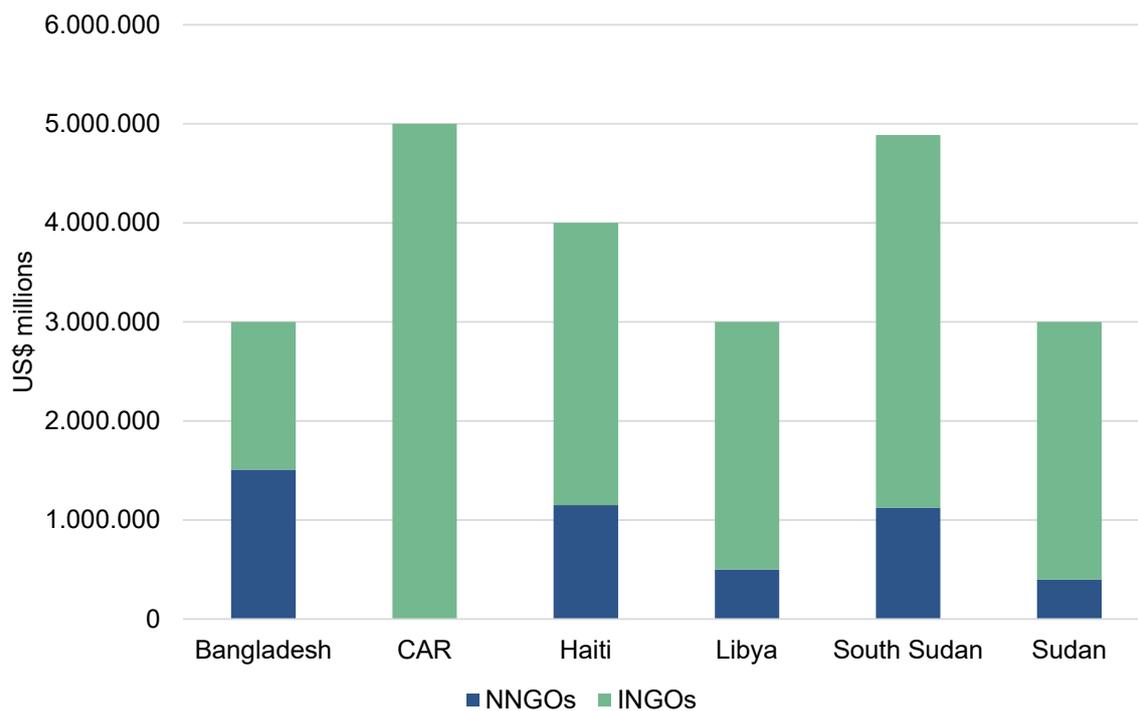
73. Both the independent review and interviews highlighted that the main goal of CERF's NGO allocation was ensure a timely response to COVID-19 by getting funds quickly to NGOs with the appropriate capabilities, regardless of whether they were international or national. An allocation that was more explicitly targeted at frontline responders was CERF's allocation of $17 million to UNFPA and $8 million to UN Women (a total of $25 million), to support GBV programming in response to COVID-19. The grant, to be implemented over two years, was made in November 2020. CERF requested that at least 30 per cent of this funding should be channelled to women-led organizations working on GBV.[99]

74. A review of the grant found that setting a requirement for a percentage of funding to be implemented by women-led organizations was widely considered innovative and good practice, and could be applied to other GBV-specific allocations. However, it also identified challenges with the funding process. CERF's short timeframe for developing the proposal made it difficult to identify and establish partnerships with women-led organizations. This was corroborated by interviewees for this evaluation, who reported that excessively tight timelines for grant application and implementation had caused no-cost extensions to become an integral –and administratively burdensome—feature of grant management for this CERF allocation. The review also noted that UN agencies could do more preparatory work by mapping stakeholders and including women-led organizations in decision-making on funding. Also, CERF's life-saving criteria meant that funding could not be used to support capacity building and made it more difficult to include more organizations.[100]

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98 Ibid.
99 Ward, J. (2021) OCHA Support to Gender and Gender-Based Violence Programming: Rapid review of recent Central Emergency Response Fund (CERF) allocations targeting GBV prevention and response in humanitarian action, Commissioned by CERF Secretariat
100 Ward, J. (2021) OCHA Support to Gender and Gender-Based Violence Programming: Rapid review of recent Central Emergency Response Fund (CERF) allocations targeting GBV prevention and response in humanitarian action, Commissioned by CERF Secretariat

5. Leadership and Participation

This section describes steps taken by IASC to support the greater participation of L/NAs in IASC coordination mechanisms. It then looks at the effect of these measures at country operational level.

5.1. IASC steps to encourage L/NA leadership and participation

> From the outset of the COVID-19 response, IASC and the ERC took steps to promote the greater participation of L/NAs in humanitarian governance, coordination and decision-making. Notably, IASC guidance issued during the pandemic reasserted the notion of "equitable and meaningful partnerships" and proposed indicators for the measurement of progress in this area.

75. From the outset of the COVID-19 response, there was agreement among IASC Principals on the need to increase the participation and influence of local actors in UN inter-agency coordination mechanisms[101]. This was emphasized early on in the response, alongside the objective of improving the access of local partners to quality funding. At an Emergency Directors Group (EDG) meeting in mid-April 2020, participants expressed the view that the greater frontline role assumed by local actors in the COVID-19 response should be accompanied by their greater inclusion in inter-agency planning and coordination processes. Meetings held by the IASC Operational Policy and Advocacy Group (OPAG) in June 2020 also recognised the importance of ensuring local actor representation in HCTs. Although specific guidance to support the greater participation of local actors in coordination processes was not published until July 2021, multiple measures were taken in the interim to achieve progress towards this goal. For example, in late April 2020, the ERC wrote to all RCs/HCs to reiterate his call for the broader inclusion of NGOs in inter-agency coordination mechanisms and HRP revision planning.[102] This echoed the guidance to "unlock" funding to NGOs, which the IASC released the same month, and which encouraged the greater involvement of national NGOs in planning and coordination processes.[103]

76. The main IASC guidance document to "strengthen the participation, representation and leadership of L/NAs" in coordination mechanisms, released in July 2021, spells out a number of important principles.[104] First, it reasserts the notion of equitable and meaningful partnerships, and confirms that this entails the balanced participation of local and international actors in all aspects of the humanitarian programme cycle, including analysis and strategic planning. Second, it introduces the notion of progress measurement towards the guidance's stated objectives, through the proposal of a set of indicators for each of its thematic priorities. It calls for the annual publication of a global report on localisation, measuring progress made against these indicators. It also suggests practical steps to support the greater participation of local actors in interagency processes.[105] Supporting these objectives forms a central part of the Priority Areas of Work of the Task Force 5 on Localisation,[106] whose role is to drive the normative and strategic policy work of the IASC in this area.

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101 The term "UN Coordination Mechanisms" is taken here to encompass both IASC Clusters and UNHCR Sectors.
102 Minutes of EDG meeting, 21 April 2020.
103 IASC (2020), Proposals to Address the Inconsistency in Unlocking and Disbursing Funds to NGOs in COVID-19 Response, IASC Results Group 5 on Humanitarian Financing, June 2020.
104 IASC (2020), Strengthening Participation, Representation and Leadership of L/NAs in IASC Humanitarian Coordination Mechanisms, IASC Results Group 1 on Operational Response, July 2021.
105 These priorities are Participation and Representation, Leadership, Capacity Strengthening, Resourcing for Coordination, Visibility and Preparedness, Response and Humanitarian-Development-Peace Collaboration.
106 IASC (2022), Priority Areas of Work of the OPAG Task Forces (2022-2023), Updated March 2022.

5.2. L/NA Participation in coordination processes

> Despite IASC guidance to encourage a greater role for L/NNGOs in inter-agency planning and coordination processes, there is limited evidence of specific measures taken to sup-port this objective at operational level during the COVID-19 response. Opportunities for L/NNGOs to play a greater leadership role in coordination remained limited. Remote modalities for attendance allowed a sharp increase in the participation of L/NNGOs in cluster meetings, but may have come at the cost of quality in these exchanges.

77. Despite the IASC guidance and directives issued at the outset of the response, there was little evidence of efforts to ensure the inclusion of L/NNGOs, in particular, in the revision of COVID-19 related appeals and plans. At global level, interviewees generally agreed that there was limited opportunity for national NGOs to engage substantively in the process of developing the GHRP.[107] This was partly due to the speed with which the first iteration was prepared, and partly because there was no mechanism to channel their input.

78. At country level too, participation was often limited. In Syria, neither international nor Syrian NGOs were consulted about the development of the COVID-19 Operational Response Plan. Similarly in Bangladesh, Colombia and Pakistan, interviewees reported limited involvement in decision-making relating to the GHRP or to the UN-led COVID-19 response more broadly. One INGO representative lamented that L/NNGOs "provide information and help validate things once they are decided, but do not take part in decisions." A similar observation was made in the findings of three IASC per-to-peer mission conducted in 2021 in DRC, Ethiopia and Libya. Reporting on the missions at an OPAG meeting in November 2021, a mission member noted that "effective engagement with national and local NGOs was identified as a key gap in all three countries. There was a dynamic community of local actors in all three contexts, but they were not being effectively included in humanitarian coordination mechanisms."[108]

5.2.1. Participation in HCTs

79. The picture that emerges from interviews is consistent with other evidence, which shows that national NGO membership in HCTs remained static at 79 seats during the pandemic, even though the total number of HCT seats increased by 90 between 2019 and 2020. As a result, the proportion of national NGOs participating in HCTs fell from 7 per cent to 6 per cent.[109] L/NNGOs face a range of practical barriers to their participation in HCTs, including language barriers. More fundamentally, a key challenge is the widely reported imbalance in the power and influence yielded respectively by national and international actors, as discussed in Section 3.6 above.[110]

80. On a more positive note, one Somali NGO representative argued that "it's not about the numbers [of NNGOs on the HCT], it's about the person who participates and how vocal they are. We're very active, we speak up and make contributions and we feel heard. There are also good people representing the INGOs who are real champions of localisation and women's empowerment." However, similar examples of an assertive posture on the part of local actors are rare overall, and suggest a need to do more to build the required enabling environment. The evaluation found examples of good practice in this area. For example, in the Philippines, the HCT has adopted a localisation road map and developed a scorecard as a practical and contextualized monitoring tool to articulate and track the progress of the HCT members and observers on localisation. The scorecard is intended to provide a baseline indication of collective

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107 Lattimer, C. (2022) COVID-19 Global Humanitarian Response Plan: Learning Paper, Commissioned by the Inter-Agency Humanitarian Evaluation Steering Committee.

108 Minutes of meeting, Session 2, OPAG meeting of 3 November 20201.

109 OCHA (2020) Note on IASC Coordination Structures at Country Level, Prepared by the Inter-Agency Support Branch (IASB) OCHA, 23 March 2020; OCHA and GCCG (2021) Note on IASC Coordination Structures at Country Level in 2020, OCHA with support from the Global Cluster Coordination Group, February 2021

110 LSE and ICVA (2020) Participation of National NGOs and NGO Fora Within Humanitarian Country Teams, April 2020

localisation results to date, and the eventual impact of those results on the quality of humanitarian action. Currently, HCT members are expected to complete it every second year.[111]

5.2.2. Participation in Clusters/Sectors

81. Although COVID-19 did not change national NGO representation in HCTs, there is strong evidence that the participation of national NGOs in cluster or sector coordination increased. However, this was at membership level, as cluster/sector co-leadership roles occupied by L/NAs continued to be filled primarily by national governments. In 2020, governments held 19 per cent of all cluster/sector leadership or co-leadership positions at the national level, with no NNGOs holding these roles.[112]

82. Periodic OCHA reporting on coordination structures at country level indicates that the number of national NGO memberships in clusters or sectors increased by over 1,700 between 2019 and 2020. This is borne out by reports from case study interviews, according to which the participation of national NGOs in cluster meetings increased considerably once these meetings went online. This is because, assuming good internet coverage, remote participation removed physical obstacles --such as the time and cost of travel-- which otherwise would have precluded in-person attendance. For example, this was particularly true in Turkey and Colombia. In the latter, large travelling distances make physical attendance in coordination meetings difficult for local actors, even at sub-national level. In Turkey, local organizations responding to the needs of Syrian refugees are numerous and scattered in multiple locations, making in-person attendance equally difficult. A number of sectors introduced simultaneous translation to address the language barrier, which likely further increased remote participation by national NGOs. In DRC, remote or "hybrid" meetings facilitated the participation of local partners based outside Kinshasa in national cluster meetings; however, a number of interviewees highlighted significant problems with internet connections. In Syria, aware of internet connection challenges as well as the unreliable electricity supply, one sector coordinator shared meeting discussions with members by email as soon as possible to keep them informed. This is an example of good practice.

83. Overall, however, recurrent observations by interviewees suggest that the sharp increase in participation observed with the introduction of remote conferencing may have come at the expense of quality in these consultations. Sources in multiple countries noted that remote modalities for coordination meetings opened them up to a virtually unlimited number of participants. In the case of Colombia, weekly OCHA coordination calls were sometimes dialled into by over 150 attendees. In these conditions, according to multiple interviewees, the utility of meetings was largely confined to information-sharing, with decisions effectively taking place in smaller fora often less accessible to local NGOs.

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111 OCHA (2022). Philippines HCT Scorecard on Localisation
112 OCHA and GCCG (2021) Note on IASC Coordination Structures at Country Level in 2020, OCHA with support from the Global Cluster Coordination Group, February 2021.

6. Conclusions

84. The response to the COVID-19 pandemic started with significant good intentions to make progress in implementing the localisation agenda and commitments made as part of the Grand Bargain. This is reflected in the volume of IASC guidance on various aspects of localisation, from funding to partnerships to increasing participation and representation.

85. As the response continued, there was some progress in the areas identified in the guidance. These included offering flexibility to reprogramme funding, an increase in overall CBPF funding to L/NNGOs in 2020, the opportunity for L/NNGOs to access CERF funding for the first time and some smaller donors increasing their direct funding to L/NNGOs. The participation of L/NNGOs in coordination mechanisms increased considerably with the shift to online meetings. Some UN agencies and INGOs made efforts to make their partnership agreements with L/NNGOs more favourable. Capacity strengthening is one area of the guidance where there was little evidence of headway being made, with some interviewees arguing that the COVID-19 response did not create conditions conducive to training or the transfer of skills. As a result, there was a reliance on existing capacities or those that had been a focus of strengthening initiatives prior to the pandemic.

86. Overall, while the COVID-19 response highlighted the important role of L/NAs, two years after the launch of the GHRP, there is considerable evidence that the pandemic has been a missed opportunity to advance the localisation agenda. The quantity of funding disbursed to L/NNGOs has reduced again and there has been little change to the power that L/NNGOs have in partnerships or their level of involvement in decision-making bodies such as HCTs. Moreover, with the lifting of COVID-19 restrictions, the evidence from the IAHE suggests that there has been a return to the pre-pandemic status quo.

87. The lack of progress in translating IASC policy and guidance into practice and in delivering on localisation commitments is all the more disappointing because of the enhanced role and responsibilities that L/NNGOs and communities themselves took on during the COVID-19 response. In cases where international humanitarian actors withdrew, L/NNGOs and communities stepped up to shoulder the responsibility for delivering assistance. There was a transfer of risk from international humanitarian actors to these local actors, which often operated without adequate PPE or the ability to adhere to COVID-19 preventive measures. In return for taking the additional risks, they received limited recognition or reward in the form of financial support, or increased representation in collective decision-making.

88. In particular, while donors were generally quick to agree to the re-purposing of their funds, they performed poorly in getting funding directly to front-line responders in a timely way and the lengthy chain of partnership and sub-contracting from institutional donors to UN and INGOs to front-line responders remained in place despite strong requests for change. As several L/NNGO leaders emphasized, it is difficult to shift power within the humanitarian system without money. The view is held by some donors that direct funding to L/NNGOs entails an excessive management burden, as the generally smaller size of these local actors precludes economies of scale in programme coverage and grant management. This problem, however, could be substantially addressed through the wider use of pooled funds by donors to manage grants on their behalf. Unless there is a change in donor willingness and ability to fund L/NNGOs directly, there can only be limited increases in L/NNGO funding, which is required to empower them to undertake their own humanitarian responses so that they can go beyond working as implementing partners. The evaluation did not identify any significant innovations in direct funding of L/NNGOs by donors which was a disappointing but important finding. This underlines that it is now time to shift the localisation spotlight from the partnership practices of humanitarian agencies to donor practices.

89. Concerns about risk management have been identified as one of the barriers that prevents donors from increasing direct funding to L/NNGOs. As a result, capacity development efforts are often focused on improving administrative and financial management. In some contexts, this type of capacity strengthening has been conducted for years, even decades, and yet donors and international humanitarian actors argue that L/NNGOs are not ready to handle significant amounts of direct funding. This is an area that needs

to be addressed urgently because it strongly suggests that the problem is more about a lack of trust, or insufficiently flexible donor systems, than of L/NNGO capacity.

90. In addition to a lack of trust, the failure to move the dial on the localisation agenda is underpinned by an apparent reluctance to transfer decision-making authority and power to L/NNGOs. There are few incentives for international humanitarian actors to cede power to their national and local counterparts but, without this, a true localisation of humanitarian response is not possible. More than six years after the Grand Bargain, it is time for 'localisation' to move beyond a discussion of technical fixes to action on empowering and resourcing the local actors who are on the frontline of delivering humanitarian assistance at a level that is commensurate with their critical role, which was amply demonstrated during the COVID-19 response.

7. Issues for Further Consideration

Issue 1: Participation	
Review global IASC structures and processes to ensure that the membership and participation of L/NAs in these is consistent with the IASC's localisation commitments.	
Explanation	The IASC's Guidance note on localisation endorses the Grand Bargain commitment to strengthen leadership and decision-making and explains that COVID-19 accentuates the need to strengthen the role of L/NAs in humanitarian coordination structures. Consistent with this is to extend this commitment to global coordination structures.
Sub-Issues	The following measures should be taken: 1. Conduct indicator-based monitoring of L/NA participation, representation and leadership in global IASC structures, using a measurement framework consistent with that recommended by IASC for humanitarian coordination at country level[113]. 2. Report annually on trends in L/NA participation, representation and leadership in global-level IASC structures and processes.
Responsible Entity	IASC Secretariat supported by IASC Task Force 5 on localisation
Issue 2: Accountability of IASC members	
Strengthen accountability of IASC members for the implementation of commitments to localisation	
Explanation	In line with IASC guidance on strengthening participation, representation and leadership of local and national actors in IASC humanitarian coordination mechanisms,[114] it is now urgent that agreed actions on preparedness and response are progressed, and complemented by system-wide accountability and monitoring practices.

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113   IASC (2020), Strengthening Participation, Representation and Leadership of L/NAs in IASC Humanitarian Coordination Mechanisms, IASC Results Group 1 on Operational Response, July 2021.
114   IASC (2021) Guidance on strengthening participation, representation and leadership of local and national actors in IASC humanitarian coordination mechanisms, IASC Results Group 1 on Operational Response, June 2021.

Sub-Issues	At IASC governance level, the following steps should be taken: 1. Ensure localisation is integrated into accountability mechanisms for HCT members (HC performance appraisals, HCT compacts and HCT annual workplans). 2. At every performance review, include an assessment of HCT members performance against localisation indicators and, where failing, create a plan to take corrective measures in areas for improvement on localisation. 3. Use, where feasible, localisation self-assessments, localisation dashboards, perception surveys and partnership assessment tools for monitoring progress at country-level. 4. At global level, strengthen accountability and monitoring mechanisms to support the broad-based adherence of IASC guidance on localisation.
Responsible Entity	IASC Principals, IASC Task Force 5 on Localisation, ERC, RC/HCs

Issue 3: Advocacy to Donors

Engage with donors, particularly signatories to the Grand Bargain, (i) for greater honesty in their discourse about the challenges in meeting their localisation commitments (ii) convene dialogue on tangible steps that have been and can be taken to overcome them (ii) advocate for greater transparency in reporting on the quality and quantity of their direct funding to local and national actors, and (iv) advocate for donors to adopt annual targets for incremental increases.

Explanation	Money is power, and while target percentages have failed to prompt change, donors present the most significant blockage to realizing localisation aspirations because of their failure to honour commitments to direct funding. Concerns about risk management have been identified as one of the most significant barriers that prevents donors from increasing direct funding to L/NNGOs, but little progress has been made despite decades of capacity strengthening. This is an issue that must now be urgently addressed because it strongly suggests that the problem is more about a lack of trust, or insufficiently flexible donor systems, than a lack of L/NNGO capacity.
Sub-Issues	The following steps should be taken: 1. Engage with and leverage the work of the Grand Bargain Caucus on Funding for Localisation, to progress consultations on blockages to the direct funding of L/NAs, and to build consensus on ways of resolving them. 2. In IASC's advocacy to donors, position pooled funds (both UN and non-UN) as mechanisms that can support efficiencies of scale, mitigate risk and alleviate the management burden to donors of funding L/NAs, and provide a pathway to the more direct funding of local actors
Responsible Entity	Deputies Group, IASC Task Force 5 on Localisation

ISSUE 4: INCLUSION	
Step up technical consultations with like-minded donors to pilot programming, reporting and risk management modalities that allow the better inclusion of non-traditional and community-based local actors in programme design and delivery.	
EXPLANATION	New partnership modalities are required for the application, at programme level, of the vision of inclusiveness articulated in the IASC interim guidance on localisation. More needs to be done to achieve a better balance between standard programme practices, and the flexibility needed to incorporate inputs from non-traditional and community-based actors in localized programme design. In particular, the following steps are recommended:
SUB-ISSUES	The following steps should be taken: 1. Establish linkages between OPAG Task Force 2 on Accountability to Affected Populations and Task force 5 on Localisation, to better identify the role and potential added-value of L/NAs in enabling inclusion at community level and the empowerment of affected groups. 2. Develop new paradigms and modalities for community-led localised humanitarian action. Engage with the Grand Bargain Caucus on Funding for Localisation to discuss these new models, and to develop funding mechanisms that might support them in practice.
RESPONSIBLE ENTITY	IASC Principals, IASC Task Force 5 on Localisation, ERC, RC/HCs
ISSUE 5: DATA TRACKING THROUGH INTERNATIONAL ACTORS	
Improve the tracking of funds channelled to local actors through international agencies	
EXPLANATION	International agencies have a key role to play in enabling an increase of funding to their local partners. For accountability and planning purposes, better system-wide reporting is needed on funding intended for local actors, and transiting through their international partners.
SUB-ISSUES	The following steps should be taken: 1. Advocate to bilateral and multilateral donors for their more consistent financial reporting to the IATI standard. 2. Secure the support of like-minded donors115 in the mainstreaming of the IATI standard and its adoption by downstream intermediaries, as a pre-requisite for funding. 3. With the support of OCHA, step up efforts to familiarise stakeholders with the IATI standard and its use in reporting to FTS, including through technical guidance and training material. 4. Given the strategic significance of pooled funds in supporting localisation, advocate to all pooled funds (UN and non-UN) for their consistent financial reporting using the IATI standard.
RESPONSIBLE ENTITY	IASC Secretariat supported by IASC Task Force 5 on localisation

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115   The term "donor" here refers to bilateral donors and the EU.

Issue 6: Duty of Care to Local Partners	
Identify standards and practical measures that can be adopted at programme level to improve duty of care (DOC) to local partners and eliminate risk transfers.	
Explanation	While duty of care and the safety of partners are genuine concerns among international organizations, practical DOC measures that add verifiable value to precautions already taken by local partners remain rare. Adding to the complexity of the debate on DOC is a lack of clarity around risk ownership, and the high likelihood of risk transfers inherent in current forms of partnership.
Sub-Issues	The following steps should be taken: 1. In selected case study countries, conduct a mapping of risks inherent in local/international partnerships and localised interventions. Use these case studies to inform stakeholder consultations on DOC. 2. Frame consultations on DOC specific to localisation in the broader conceptual frameworks being developed by the Grand Bargain Risk Sharing Platform. 3. Based on the above, issue IASC guidelines on DOC as applicable to localisation in 2023.
Responsible Entity	IASC Secretariat supported by IASC Task Force 5 on localisation

Annex 1: List of persons consulted

Presented below is a list of selected interviewees consulted for this Learning Paper and as part of the main evaluation. For the complete list of persons interviewed for this research work, including bilateral and multilateral donors, please refer to Annex 3 of the main evaluation re-port.

Abdirizak Rashid, Monitoring and Evaluation Coordinator, Save Somalia Women and Children, Somalia

Ahmed Abdi, Programme Associate, Juba Foundation, Somalia

Ahmed Abdinasir Mohamed, Chair, Localisation and Partnerships WG (Deputy Director and Head of Programmes), SSWC Somalia

Ahmed Balkesh, Silk Road

Alfred Kanjira, Project manager, ETN

Alhaji Shekhu Kamara, Kenema Head, Inter-Religious Council

Alimatu George, Staff member, Fambul Tok

Ashraf Al-Msmalam, Country Director, Horan Foundation

Azmat Khan, Chief Executive Officer, Foundation for Rural Development

Badsha Khan, Head of Rohingya Response Project, Reaching People in Need

Bai Sheka, Sesay Coordinator, Sierra Leone Association of NGOs (SLANGO)

Bimal Dey Sarker, Chief Executive, Mukti Cox's Bazar

Boniface Deagbo, Caritas - Exec Sec DRC Network, Caritas

Braimah Conteh, Head of Child Protection, AMNET

Burhan Abdulahi, Programme Manager, Puntland Minority Women Development Organization

Charlotte Lepri, Director of Programmes, Cordaid

Christian Nsoole, Head of Program, SSS

Constantin Ndemeye, Programme Manager, BIFERD

Cristina V. Lomoljo, Executive Director, CSO

Deb Prosad Sarker, Executive Director, LoCOS

Dieudonne Nkurod, Head of Program, ARDE

Dr Abu Syem Md Shahin (Shahin), Senior Health Coordinator, IRC

DR Elia Badjo, Coordinator, COSAMED

Dr Kassem Ballout, Medical Coordinator, Dünya Doktorları Derneği (DDD)

Dr Olivier Kana, COVID-19 Coordinator, Cordaid

Dr Olivier Nadesabe, M&E Coordinator, Cordaid

Dr Orwa Al Abdulla, Health Cluster Co-coordinator, Independent Doctors Association

Dr Serge K, Member Coordination, COSAMED

Dr. Marwan Hammoud, COVID-19 Specialist, Al Bir Wa Ehsan Association in Ras Alain

Emily Beridico, Executive Director, COSE

Erdal Akin, Project Coordinator, Lider Kadin Dernegi (Leader Woman Association)

Ernest Sesay, Executive Director, FHM

Faustin Amant, Program Manager, DEBOHS E H

Feras Al Obid Al Debs, Nutrition and Community Health Program Coordinator, Union of Medi-cal Care and Relief Organizations (UOSSM)

Francis Kanneh, Health Programme Manager, GOAL

Hadi Alamli, Senior Protection Officer, Association for Solidarity with Asylum Seekers and Mi-grants (ASAM)

Halil Can Emre, Country Manager, SPARK

Humaira Mustary Mowry, Disability Inclusion Coord, Centre for Disability in Development

Jahangir Alam, Project Officer, Nabolok

Jeremy Wellard, Head of Humanitarian Coordination, ICVA

John Caulker, Chief Executive, Fambul Tok

Joseph Kamana, Director of Resource Mobilization and Communication, Sierra Leone Red Cross

Kadir Beyaztas, Deputy General Coordinator, Association for Solidarity with Asylum Seekers and Migrants (ASAM)

Kamuke Joseph, WASH, UGEAFI

Kate Hart, Head of Policy and Learning, CaLP

Kulmiye Hussein, Executive Director, Somali Lifeline Organization, Somalia

Leyla Onur Yanar, Programme Manager, Lider Kadin Dernegi (Leader Woman Association)

Lotas Chisim, Senior Manager, Cox's Bazar Area Coordination Office, World Vision Bangla-desh

Magnus Lahai, Health Coordinator, Sierra Leone Red Cross

Marcel Ratan Guda, Project Director, Emergency Response Program (ERP), Caritas Bangla-desh

Maria Kadri Al Tourjuman, Project Coordinator and Health Representative, SSSD

Mariama Tommy, Staff member, Fambul Tok

Md. Farukh Hussein Khan, WASH Lead, BRAC

Md. Siddiqur Rahman, Project Manager, Nabolok

Mohamed Hussein, Programme Manager, Nomadic Development Organization, Somalia

Mohamed Zahid Almasri, PAC Turkey

Nada Alfarra, WECAN

Nimo Hassan, Director, Somalia NGO Consortium

Omar Behe, Coordinator, ARDE

Omar Jama, Chief Executive Officer, Zamzam Foundation, Somalia

Patrick Lusala, Medical Coordinator, MDM

Peter Kinie Ndoinje, Area Coordinator, GOAL

Prince Banya, Health Project Manager: Saving Lives Programme, IRC

Rana Bitar, Space of Peace

Raymond Youssef, Programme Officer, Al Bir Wa Ehsan Association in Ras Alain

Razia Sultana, Chairperson, RW Welfare Society/Rights for Women

Regina 'Nanette' S. Antequisa, Executive Director, ECOWEB

Rezaul Karim Chowdhury, Executive Director, COAST

Ruth McCormack, Technical Advisor, CaLP

Saffa Koroma, Country Health and Nutrition Advisor/National Coordinator for Emergencies, World Vision

Samuel Otieno, Monitoring and Evaluation Coordinator, ANPPCAN Somalia

Samuel Parker, PMER Coordinator, Sierra Leone Red Cross

Sandrine Mabaya, Education Cluster Coordinator, Save the Children

Santigie K. Kanu, Head of Project/Deputy Country Director, Welt Hunger Hilfe (WHH)

Santigie Kargbo, President, Sierra Leone Union on Disability Issues (SLUDI)

Seba Jadaan, SEMA

Shahana Fayat, Head of Operations, Humanitarian Crisis Management Programme, BRAC

Shahinur Selim Sujan, Project Coordinator in charge, Friendship NGO

Sindhy Obias, Humanitarian aid and community development worker, ACCORD

SMA Rashid, Executive Director, NGO Forum for Public Health

Sybstain Lnendo, Member Coordination, OJPLC

Syed Yeasin, Liaison Coordinator, Reaching People in Need

Teresa Shwarz, Research Manager, REACH

Yeama Thompson, Executive Director, Initiatives for Media Development

In addition to the interviews conducted as part of the main evaluation, the following persons were interviewed for the Learning Paper, to complement evidence and insights collected from interviewees for the main evaluation report:

Alix Masson, Senior Advocacy Advisor, NEAR (Network for Empowered Aid Response), Ken-ya

Azmat Khan, Chief Executive Officer, Foundation for Rural Development (FRD), Pakistan

Nicola Dotta, Head of Mission, Medicos del Mundo, Colombia

Muhammad Amad, Muhammad Amad, Executive Director, IDEA NGO, Pakistan

Rezaul Karim Chouhdry, Executive Director, COAST Foundation, Bangladesh

Teresa Rovira, Adviser, SIDA, Stockholm

Annex 2: Bibliography

This annex outlines the texts cited in this learning paper.

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