IASC INTERIM GUIDANCE ON LOCALISATION AND COVID 19 RESPONSE

Introduction

This interim guidance note has been developed in response to the outbreak of COVID-19 and its likely impact on humanitarian operations around the world, building on work done by the Grand Bargain Localisation Workstream[25]. It provides guidance as to how the international humanitarian community can adapt its delivery modalities in response to COVID-19 consistent with existing commitments on localisation of aid,[26]2 strengthening partnerships with local and national actors, and operating effectively in an environment affected by COVID-19. It is relevant to all countries covered by the COVID- 19 Global Humanitarian Response Plan (GHRP).

Purpose & context

Local actors,[27] including civil society organisations, government, and the private sector, as well as communities themselves (including displaced communities), are **critical in every humanitarian operation**, and even more so in the current context that is shaped by restrictions on travel and movement because of COVID-19. Those actors include not only local NGOs, but also local government, women's networks, youth organisations, indigenous groups, faith-based organisations, human rights organisations, trade unions, and other specific-interest groups needed to ensure a complete response that reaches the most vulnerable people and considers the gender impact of the emergency[28] International travel and movement restrictions are impeding the international community to surge international staff and supplies at the usual scale and speed to provide expertise, capacity and support to staff and partners that are already working on the ground. While local actors are also affected by preventative measures, they retain a comparatively greater possibility to maintain and potentially scale up operations, provided they are given the means to do so. Localisation is therefore both a necessity and an opportunity for effectively meeting humanitarian needs and recovery efforts post COVID-19.

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25. See Grand Bargain, Localisation Workstream Guidance Notes at http://media.ifrc.org/grand_bargain_localisation/
26. The Grand Bargain includes commitments by major donors and international organisations to increase the amount of funding that is channelled as directly as possible to national and local organisations, support multi-year investment in their capacities, remove barriers to equal partnerships, and promote local leadership and local voices in coordination and decision-making. https://interagencystandingcommittee.org/grand-bargain
27. For purposes of brevity and unless otherwise indicated, the note uses the term "local" to refer to national and sub- national entities in affected countries. The term "local actor" refers collectively to national and sub-national NGOs and CSOs, national and local government, National Red Cross and Red Crescent Societies and their branches and domestic private sector entities.
28. IASC Reference Group for Gender in Humanitarian Action, "IASC Interim Guidance: Gender Alert for COVID-19 Outbreak", https://interagencystandingcommittee.org/interim-guidance-gender-alert-covid-19-outbreak-developed-iasc-reference- group-gender-humanitarian

Acknowledging the advantages of direct funding to local actors, this note recognises that the GHRP that frames the response for existing humanitarian operations that are affected by COVID-19 does not currently offer an effective conduit for this modality. Consequently, this guidance note focuses on **responsible partnership practices** that can be undertaken in the coming months between international organisations and local actors. Such practices should be based on a principle of equality, a duty of care, risk-sharing, local leadership and meaningful participation (with regard as well to inclusivity and diversity) in coordination mechanisms, the transparent and accountable role of pooled funds, community engagement and accountability to affected people, as well as connections to public authorities, community groups, faith leaders and other local representative structures. Where possible, effective partnerships with local governments should also be negotiated[29].

Key messages

- The **safety and well-being** of the staff and volunteers of local actors is just as important as that of international organisations' own personnel. We have a responsibility to ensure that our partnerships do not encourage unnecessary risks to be passed on to partners and they adhere to 'do no harm' principles. Practices focusing on safety and wellbeing should be in place, accessible and enforced.

- Responsible partnership is based on equality, mutual respect, mutual accountability, trust and understanding, and a sharing of capacities and information (rather than a one-way flow). The COVID-19 context also requires additional flexibility due to the difficulties of operating environments.

- Humanitarian principles remain at the core of our action. We will support principled local humanitarian actors. We will also proactively partner with non-humanitarian actors (including local government) in appropriate ways.

- Support local leadership, enable systematic local participation and active engagement in coordination mechanisms and decision-making processes at national and sub-national levels, especially regarding the regular country level contributions to the GHRP revision.

- Flexible and simplified funding will be essential to continue the mobilization of front-line local actors to deliver assistance rapidly and effectively and should be provided as directly as possible. It will help to re-programme existing funding, where needed, and ensure fast-track provisions that support programme activities and delivery.

- Visibility must be given to sub-national and national responders, and their names, work and innovations explicitly acknowledged in reporting to donors and in all public communications.

- COVID-19 is an opportunity to "build back better" and implement the humanitarian, development and peace nexus through **meaningful partnerships**.

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29. In line with the IASC Principals agreement of 5 December 2019 to develop a framework of engagement with local governments and the draft protocol developed by the Global Alliance for Urban Crisis http://urbancrises.org/wp-content/uploads/2019/02/5.-GUIDANCE-NOTE-Protocol-of-Engagement-Document-JD-060219.pdf

Duty of care & health risks

In responding simultaneously to a global health emergency and existing complex humanitarian settings, it will be impossible to avoid all risks. International organisations owe a duty of care to their own personnel, both international and local. Whilst they don't owe a legal duty of care, in parallel they should invest appropriately in the safety of local partners and mitigate against shifting their own risks as much as possible.

International organisations and their partners should work together to **identify, mitigate, manage and communicate risks** to which local actors are likely to be exposed. Partnership agreements should, include **dedicated actions** for security risk management and health care support. Where possible, and in line with WHO guidance, these should include supporting the access of relevant personnel, including all frontline emergency programme staff, to personal protective equipment **(PPE)** and medical supplies.

International organisations should ensure that security management systems, measures, policies and guidelines enable programme delivery by, and protect, local partners wherever possible. They should proactively **share security, protection, and health risk information** and consider training and systems that will help to keep people healthy and safe. International organisations should, where feasible, provide local partners with funding to contribute to their provision of insurance and **coverage of medical needs** for their personnel in the event of illness, injury, or death in the line of their humanitarian work, as appropriate this may be included in suitably increased allowances for indirect costs.

Responsible and flexible partnership agreements for the covid-19 context

The increased need for localisation in the context of COVID-19 provides an opportunity to review and adjust existing partnership agreements with local actors and ensure they, and new ones, are based on a spirit of equality and the Principles of Partnership[30] with local actors given an effective voice in assessment, programme design, budgeting, implementation and monitoring. These Principles are also critical given the increased likelihood of remote partnerships and corresponding attention needs to be applied to the process of remote partnering rather than just remote project management.

IASC members are reminded of the commitment made in the IASC Interim Key Messages on Flexible Funding[31] to pass on flexibility and simplification to all partners (including local partners). With regard to **existing agreements**, international organisations should exercise flexibility on overall programme delivery, the need for potentially rapid re-programming, as well as simplified requirements for no cost extensions8 when possible as well as cascading any flexibilities afforded by donors as per the Key Messages around budget flexibility and cost eligibility. International organisations should advocate with donors to allow this approach and ensure regular feedback and communication to local and national actors for full transparency.

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30. The "Principles of Partnership" were adopted in 2007 by the Global Humanitarian Platform (GHP), including more than 40 humanitarian organisations from NGOs, UN agencies, the World Bank, and the Red Cross and Red Crescent Movement. More information on the principles of equality, transparency, results-oriented approach, responsibility and complementarity together with guidance on implementation can be found here: https://www.icvanetwork. org/principles- partnership-statement-commitment
31. ibid

New partnership agreements: given that the effects of COVID-19 will continue in the near future, new partnership agreements should integrate similar elements of flexibility and seek to maximise un- earmarked and multi-year funding opportunities so as to allow sustainability for local actors. They should also include provisions for core direct costs and overheads to be covered, share risk more equitably and also stress the importance of mutual accountability whereby both partners to an agreement are equally accountable to each other, adapting programmes in active consultation with each other and based on regular and systematic feedback from communities, where possible.

Local actors and international organisations should collaborate in strategy development, advocacy, communication, and coordination. Mutual expectations should be clear, including conditions imposed by donors, and where feasible, local actors should be supported to engage directly with donors. Partnership agreements should also include provisions for establishing processes for needs assessments, monitoring engagement with and participation of crisis-affected populations in response decisions and local actions, consistent with national COVID-19 response protocols.

While acknowledging that both international organisations and local actors have varying capacities, the former should offer COVID-19 – sensitive, sustainable capacity-strengthening investment and support based on local actors' self-identified needs and long-term institutional capacities.

Localisation & leadership

The GHRP confirms that humanitarian operations will continue to utilise existing response mechanisms and coordination structures in countries where the humanitarian architecture is already established. It will complement and support existing national and local government systems, response plans and partnerships. Humanitarian leadership must be inclusive and work to support the entire humanitarian community and not only UN agencies and international NGOs which tend to be more visible.[32]

Humanitarian Coordinators should take steps to include local actors in HCTs **on an equal basis**[33]. Clear and transparent criteria and selection processes should apply equally to local, national and international organisations, based on operational relevance and demonstrable adherence to humanitarian principles. Humanitarian Coordinators should actively ensure local actors are offered and afforded the same space as international actors to contribute to and engage in strategic discussions and decision-making. A gender lens should be applied when integrating local and national actors into decision-making and coordination structures to ensure that the voices of women are included and women's leadership supported.

Localisation & coordination

An increased reliance on local and national actors should be complemented by an increase in the active engagement of these actors in coordination mechanisms. Humanitarian leadership should support the consistent, **meaningful and active participation and inclusion** of local actors in cluster/ sector coordination groups, strategic advisory groups and/or other response planning teams and working groups at national and sub-national level. This will require taking concrete steps to create an environment where meetings will be more inclusive and language sensitive, local organisations able to meaningfully contribute to discussions and decision-making with support and resources available to take on national or sub-national co-leadership roles, where appropriate.

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32. ICVA COVID-19 and localisation paper https://www.icvanetwork.org/resources/localization-covid-19-humanitarian- response
33. This is in line with the "Principle of partnership" equality which requires mutual respect between members of the partnership irrespective of size and power. The participants, in this case HCTs, must respect each other's mandates including local actors mandate, obligations and independence and recognize each other's constraints and commitments. https://www.icvanetwork.org/system/files/versions/Principles%20of%20Parnership%20 English.pdf

Humanitarian Coordinators, HCTs, Heads of Agencies, Cluster/sector coordinators should be particularly encouraged to recognize barriers to full participation including language, jargon, disability, and a lack of sufficient sharing of information pre-meetings. Interpretation for meetings, even in the virtual environment where this is possible, should be encouraged to facilitate a more comfortable setting for local organisations to actively participate. This will include ensuring that the **language** of the meetings is accessible to local actors of cluster/sectors; reducing and identifying obstacles that might hinder meaningful participation from women's groups, minority groups, youth groups people with disability; organising virtual meetings with widely accessible applications that allow local organisations to join on-line calls; consulting local actors in agenda setting; and organising meetings where local (and not just international) actors are based when in-person meetings are permitted.

Re-orienting international surge capacity

Many international organisations maintain a surge roster of international expertise that can be complemented by standby partner deployable capacity. This surge mechanism provides timely and expert capacity to respond to crises, including in the event of a system-wide scale-up (formerly a L3 declaration). In light of the travel and movement restrictions associated with COVID-19, consideration should be given to the possibility of adjusting and re-orienting some of these mechanisms toward a more innovative supportive function from a distance to local actors, rather than traditional surge staff leading and coordinating direct response efforts[34].

On the other hand, the scale and complexity of the crisis requires international solidarity to support local actors with the expertise and means to deliver what people need, in a timely and safe manner. Local alternatives, including strengthening in-country humanitarian surge mechanisms should be explored as a priority, drawing lessons from previous work undertaken by the Start Network.[35] Consideration should also be given to the recruitment of more national staff, in particular senior national staff, as an alternative to surge deployments by international staff while ensuring that such recruitments do not lead to an incapacitation of local actors but instead complements and reinforces their capacity to respond to COVID-19 needs.

Funding

Pooled funds, including both the UN's Country Based Pooled Funds (CBPFs), as well as those operated by other partners, have been identified as important tools for allowing local actors to design proposals and obtain flexible funding. Pooled fund mechanisms have also been effective in encouraging local actors to engage more substantially in clusters and international coordination architecture. A number of individual CBPFs have demonstrated good practices, such as un-earmarked funding, improved financial risk management, peer mentoring support, and improving partnerships. These could be shared and built upon in other contexts.

Humanitarian leadership should advocate for local and national NGOs, including **women's rights and women-led local organisations**[36] **and other marginalized groups of CSOs**, to be fully included in balanced and impartial pooled funding **decisions** on allocations, evidence suggests that they are often left out of the process. Women led groups may also reach out to the Women's Peace and Humanitarian Fund[37]14 that is designed for women's organisations and to address the needs of women and girls in crisis settings. Their importance should be recognised as a significant contributor to the COVID-19 response.

34. CHS Future of Humanitarian Surge report, 2018 (pp. 21) indicates that such initiatives have found that re-orientating surge in this manner maximises the social value of local and national actors, based on a shared vision with the disaster affected
 persons, enabling local actors to connect most effectively with local authorities.
35. Refer to START network transforming surge capacity available on https://startnetwork.org/start-engage/transforming- surge-capacity
36. Gender Based Violence Area of Responsibility (GBV AoR) Localisation Task Force, "Humanitarian Transformation or Maintaining the Status Quo? A Global Study on GBV Localisation Through Country-Level GBV Sub-Clusters", December 2019
37. https://wphfund.org/

The COVID-19 response may be an opportunity to bolster **other pooled funding platforms**, such as the START Fund, locally-led SAFER in the Philippines or the IFRC's Disaster Response Emergency Fund (DREF) and the Red Cross Red Crescent Movement's National Society Investment Alliance, or to propose new funds where needed. Similarly, efforts are needed to channel funds directly to local government institutions so their contributions can be strengthened in their frontline role.

Supporting wider forms of local engagement

Other forms of local community and local government leadership should also be recognized and supported, in an approach that spans the humanitarian-development-peace nexus, particularly the role of **mayors, village elders, faith leaders, camp or community leaders (men and women)**, as well as youth, human rights organisations, organisations of people with disability or representing other vulnerable groups such as the marginalised and displaced population at the community level. Although these are not traditionally recognised as humanitarian actors, humanitarian principles must shape the nature of partnership with these actors.

In many cases these existing leaders may be relied on by governments to be focal points for management of the COVID-19 response within their communities. In situations where government movement restrictions are very strict, communities themselves may be the only responders, for example, local faith institutions often play a significant role in public health service provision in areas that government and other actors are not present. Local faith institutions also play a role in less tangible but very essential matters like countering stigmatization, providing psychological and spiritual support, transforming dangerous beliefs and behaviours due to the authority and trust given to them by local communities.

As they seek to engage remotely or with limited access, humanitarian agencies will need to build new models of support to strengthen relationships with community workers and volunteers and engage with emerging leaders within the populations they are supporting. In line with the IASC Gender Alert interim guidance note, humanitarian agencies must continue to support and **strengthen women's leadership**, including through relevant women's organisations or networks, recognizing the role women play in providing essential (and often unpaid) care services in their families and in their communities. Women also make up 70 per cent of workers in the health sector[38], including doctors, nurses, midwives, and other health professionals. GBV actors (predominantly women) who are responding to Intimate Partner Violence, in what has been referred to as the "Shadow Pandemic", need to be classified as "essential service" providers and provided with adequate PPE.

The local private sector, including individual companies and business networks can also play a pivotal role in responding to public health emergencies and also if natural disasters occur during periods of restricted movement. For example, during the ebola epidemic in West Africa in 2014, the private sector was an important ally[39] as is also being currently seen in Vanuatu in response to Tropical Cyclone Harold[40]. Active engagement with existing business networks that abide by agencies' principles, the UN's due diligence requirements[41] and guiding principles on business and human rights[42], demonstrate respect for humanitarian principles and are willing to support humanitarian action is encouraged. Where possible, local procurement should be utilised and encouraged to reinvigorate local economies and overcome supply chain delays as well as potential importation challenges such as in the local procurement of PPE.

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38. https://www.ilo.org/global/about-the-ilo/newsroom/news/WCMS_741060/lang--en/index.htm
39. https://www.oxfam.org/en/research/ebola-and-private-sector
40. https://www.connectingbusiness.org/harold-vanuatu-appeal
41. https://www.unglobalcompact.org/library/3431
42. https://www.ohchr.org/Documents/Publications/GuidingPrinciplesBusinessHR_EN.pdf

Assessing information needs as well as preferred and culturally appropriate and gender-sensitive communication channels of the population and its vulnerable sub-groups is critical. Where face-to-face approaches cannot be applied, digital and radio means have an important role to play in ensuring proximity to the population; however, their appropriateness and technical feasibility must be assessed with the participation of local actors. Local actors should also be supported to find adapted ways to address the protection needs of different population groups (e.g. women and girls, children, youth, persons with disabilities, minorities, older persons etc.), especially those most vulnerable and excluded, when in-person approaches are untenable.

Both local and international that are involved in responding to humanitarian crises, there is a need to bring different and effective Risk Communication and Community Engagement strategies together in a **coordinated manner within the emergency health, humanitarian and development sectors**. This includes the need to address widespread lack of information and misunderstandings about the disease and coordinate social and behavioral change approaches to containing the disease's spread.

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