Programming guidance: embedding localisation in social protection

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CONTENTS

1. INTRODUCTION

Local actors need to have a central role in funding and design processes for them to have more voice and power in development priorities and efforts. However, despite numerous commitments by international actors to partner with local actors more meaningfully, there is dramatic underinvestment in local and national organisations (LNOs). Less than 1% of ODA[1] and only 0.4% of humanitarian assistance[2] reached local actors directly in 2018. This suggests there is a need for improved mechanisms to leverage more funding for local actors from bilaterals – who account for 93% of ODA[3]. Local actors are defined as national and sub-national entities, as well as communities and individuals, and can include civil society organisations (CSOs), government, private sector actors, and communities themselves. They can take a variety of forms, including local NGOs, local government, women's networks and groups, youth/elderly/people with disabilities organisations, indigenous groups, faith-based organisations and networks, trade unions, informal worker organisations, etc.

This guidance note describes key considerations for integrating local actors. It applies to social protection programming that is delivered either (1) centrally by country governments or (2) via UN/INGOs. The guidance is also applicable to humanitarian cash transfers that are delivered as part of longer-term efforts to build SP systems. While funding that is transferred directly to governments is considered towards localisation commitments, it is nonetheless essential that a strong social contract exists between government and civil society. This includes communities and individuals understanding their rights and having access to services. Moreover, any programming needs to reach the most vulnerable and hardest to reach populations, and there should be accountability and transparency between government and other local actors. In the case of UN/INGO delivered programming, it is critical to shift more funding directly to local actors – government, local and national NGOs, as well as private sector – as well as build government systems to be able to lead on programming.

This guidance note presents:

» The appraisal case for localisation to underpin business cases and proposals.
» Key principles that should be integrated into the design of a localised response.
» Key steps/actions for integrating local actors throughout the response cycle, both as part of the delivery chain for cash programming, as well as through cash plus/early recovery/longer term development phases through a multi-dimensional response.
» Structural considerations, including the identification of different types of platforms or intermediaries to use as entry points.

2. APPRAISING THE CASE FOR LOCALLY LED PROGRAMMING

Local actors can significantly improve the quality of programming. While the following benefits are not systematic and need to be assessed in each context, they are often associated with local response.[4] For example:

» **Inclusion/Equity**: Local actors are embedded in their communities and therefore are often better able to ensure inclusive and equitable aid delivery, ensuring that the most vulnerable are reached.

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[1] OECD (2020). "Aid for Civil Society Organizations", p. 7.
[2] Development Initiatives (2022). "Global Humanitarian Assistance Report 2022."
[3] OECD (2021). "Private Philanthropy for Development - Second Edition: Data for Action."
[4] A wide range of studies articulate the benefits of locally driven response. It was not within the scope of this paper to provide a full literature review, however, several summary studies point to the wider literature, for example: Barbelet, Veronique, Gemma Davies, Josie Flint and Eleanor Davey (2021). "Interrogating the evidence base on humanitarian localization: A literature study." HPG Report. London: ODI. Robillard, Sabina, Teddy Atim, Daniel Maxwell (2021). "Localization: A 'Landscape' Report." Feinstein International Center, Tufts University. IRC's set of DIOPTRA analyses: https://www.dioptratool.org/

- » **Trusted:** Local actors are typically more trusted by their communities and hence are able to be deeply engaged with the primary issues facing communities. Where local actors can leverage this greater trust to provide sensitive services at a larger scale, they will benefit from economies of scale which increase their efficiency.

- » **Access:** Local actors are able to access populations that international actors cannot, particularly in complex humanitarian settings.

- » **Speed/timeliness:** Local actors are often able to deliver much more quickly than when international intermediaries are involved, either after the onset of a crisis, or through pivoting activities based on changing needs in individual communities.

- » **Responsiveness:** Local actors may be able to respond more flexibly to changing community needs.

- » **Community voice/advocacy:** Local actors are more likely to be able to engage directly with the communities that they are serving to design programming that is based on community priorities, and give voice to those who are most marginalised, especially women.

- » **Sustainability:** Local actors remain in their communities, while international actors have to shift resources between high profile crises, and often have to pull international staff (for example as happened in COVID-19).

- » **Cost-effectiveness:** Local actors can often respond at a lower operational cost.

Local actors are increasingly playing a key role in social protection programming. They can provide a range of critical functions, including:

- » **Sensitising around assistance packages** – who is receiving assistance and why.

- » **Minimising exclusion errors**, by ensuring that all cash/social protection responses strategically integrate Gender and Social Inclusion (GESI) considerations, by identifying vulnerable persons with high risk of exclusion, assisting with last mile registration of vulnerable households, and assisting with the delivery of cash where mobile money can't do so directly (e.g. child headed households).

- » **Ensuring accountability and transparency** around delivery of assistance, feedback and grievance redressal.

- » **Minimising potential risks**, with local actors centrally involved in providing real time information on risks as they arise as well as case management services.

- » **Ensuring that any response considers multidimensional needs**, in the immediate term, related to critical health and protection messaging and basic services delivered by local actors – e.g. GBV case management, health, education, and early economic recovery.

Evidence from the COVID-19 response indicates the significant role that local actors can play in social protection responses. For example, a range of research indicates that local actors were able to achieve strong results against some key desired dimensions of social protection responses to shocks.

2.1 Timeliness

- » Social protection responses to economic lockdown due to COVID-19 in 53 countries found that donor-financed programmes took on average 123 days to pay beneficiaries after the first case was announced in the country, and government programmes took on average 49 days.[5]

- » While data on local responses are not gathered systematically, anecdotal evidence often points to local responses that are materially faster. For example: GiveDirectly in Kenya cut their average time to pay beneficiaries by 50% and increased enrolment by 10 times through working with a large community of local organisations, and an automated SMS system.[6] In the Occupied Palestinian Territories (OPT), Zakat fundraised and distributed approximately USD 17 million in mid-May 2020, to support over 40,000 Palestinian workers, as well as 30,000 families.[7] World Bank funding was approved and disbursed to the Ministry of Finance by the end of July 2020, months after local funds.

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[5] Beazley, R., Marzi, M., Steller, R. (2021) 'Drivers of Timely and Large-Scale Cash Responses to COVID19: what does the data say?', Social Protection Approaches to COVID-19 Expert Advice Service (SPACE), DAI Global UK Ltd, United Kingdom
[6] SPACE Economics of Early Response and Resilience to COVID-19: Ethiopia
[7] The Palestinian "Ezz Stand" Fund collected $17million for those affected by Corona. Alarby.co.uk.

2.2 Cost-effectiveness

» The Productive Safety Net Programme in Ethiopia is estimated to have saved USD 859 million in humanitarian assistance in avoided household losses, with a potential additional saving of USD 269 million through extending the safety net to the additional caseload in response to COVID-19.[8]

» A recent global study found that shifting funding from international intermediaries to local intermediaries would result in a response that is 32% more cost efficient, saving billions of dollars.[9]

2.3 Better meeting local needs

» FIT – a network of 23,000 informal workers across Thailand – provided relief support alongside supporting informal workers to access the government cash grant, training workers to adapt livelihoods (e.g. online sales), and facilitating dialogue between Bangkok and national authorities and street vendor leaders to re-open markets.[10]

» The SAVE network in India – comprised of 900 community-based volunteers – partnered with the district government's relief efforts, who would inform them when and where government relief supplies – including cash - were going to be distributed so that SAVE could sensitise communities.[11]

» An IRC study in Nigeria looking at micro-enterprise training and treatment of malnutrition found that cost-efficiency was not consistently different between national and international NGOs, but national NGOs had strong community relationships, and could reach the hardest to reach places, allowing them to deliver significant additional value to the outcomes of the programming.[12]

2.4 Accountability

» SEWA – a network of over 2 million self-employed women in India – played a key role in facilitating government aid, by informing members what they were entitled to, how to apply, how to open a bank account, as well as approaching local government officials, police and politicians on members' behalf.[13]

» The Indonesia social protection response to COVID-19 used networks of organisations of persons with disabilities (PWDs) to administer surveys, through local health cadres, community rehabilitation teams, self-help cadres and sub-district staff, to identify PWDs and integrate their information into the Ministry of Social Affairs' national databases quickly and cost-effectively. Individuals were supported to receive identification documents and assistive devices to allow them to access social protection.[14]

3. KEY PRINCIPLES FOR INTEGRATING LOCAL ACTORS INTO THE RESPONSE[15]

Donors and implementing partners can amplify the leadership of local actors through direct engagement (shifting power), providing funding directly (shifting funding), and shifting donors processes to be more inclusive for local actor engagement. The following paragraphs elaborate on these three themes: shifting power, shifting funding, and shifting processes.

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[8] Cabot Venton, C, et al (2020). "SPACE Economics of Early Response and Resilience to COVID-19: Ethiopia." Social Protection Approaches to COVID-19 Expert Advice Service (SPACE), DAI Global UK Ltd, United Kingdom

[9] Cabot Venton, C, et al (2022). "Passing the Buck: The economics of localizing international assistance." The Share Trust, USA.

[10] WIEGO (February 2021). "COVID-19 Crisis and the Informal Economy: Informal Workers in Bangkok, Thailand."

[11] WIEGO (January 2021). "COVID-19 Crisis and the Informal Economy: Home-Based Workers in Tiruppur, India.

[12] Systematic Cost Analysis Consortium (2021). "Nigeria Joint Response Case Study: Micro-Enterprise Management Training & Treatment of Malnutrition."

[13] WIEGO (December 2020). "COVID-19 Crisis and the Informal Economy: Informal Workers in Ahmedabad, India."

[14] Satriana, S., Huda, K., Hodayati, D. A. N., Saadah, N. A., & Zulkarnaen, A. (Forthcoming). Covid-19 Impacts on People with Disability in Indonesia: An In-Depth Look.

[15] This content draws on a similar guidance that was written by the same author and related to COVID-19 responses and was published in July 2020 and the auspices of SPACE.

3.1 Shift Power

As a first step, increase direct engagement by ensuring that community voices are present for/leading on co-design, implementation and policy development. Direct engagement enables relationship building, addressing many concerns around risk, and facilitates identification of opportunities to shift power.

» **Ecosystem assessment and engagement**: The lack of equitable and transparent engagement is consistently cited as a critical gap, particularly around organisations led by women and other marginalised groups. Donor teams should: (1) map and initiate a dialogue with networks of local actors at a country level; (2) designate centrally managed funds to support country teams with this process, e.g. designating localisation advisers; and (3) jointly identify opportunities that are investment ready and/or engage in co-design of programme opportunities. This should also include an assessment of *who* are the local actors involved? Whose interests do they represent and is their bias/marginalisation in this representation?

» **Build a collective accountability agenda**: Local actors must be accountable to local populations. Invest in systems that enable accountable engagement with communities, via networks of trusted counterparts (local programme partners/leaders), report on what's working, provide feedback/complaints, and identify and mitigate risks. Digital networks that can link trusted voices in communities, with clear linkages to government systems and counterparts, are critical for citizen engagement, as well as effective programming.

» **Develop a collaborative working group** that meets regularly to develop common solutions and build a shared evidence base, at both central and country-level.

» **Ensure participation in local coordination forums and global forums**, by intentionally creating space for representatives of networks of local actors to be part of the conversation.

3.2 Shift Funding

Co-design needs to be met with funding opportunities for local actors to implement directly. Importantly, shifting funding directly to local actors for many of the functions required in the delivery of programming can enhance cost-effectiveness through improved timeliness, responsiveness, and proximate leadership. However, for bilateral funding to shift to local actors, alternative intermediary structures that prioritise local actors are critically needed.

» **Design, test and co-fund alternative delivery models**: Identify and test alternative intermediary structures that (a) ensure that local actors co-design and implement programming, and (b) channel funding to local actors more equitably. Alternative models could bridge a critical gap by facilitating pre-existing and/or new coalitions of local actors to design holistic programming that can operate across a wider geographic area. Local and national actors have called for more collaborative funding models to facilitate their ability to engage in peer-to-peer learning, networking and collaborative design. This process can then inform options for shifting funding:

  – **Transfer full programmes to local and national actors** (via coalitions, networks or other partnership models).

  – **Transfer part of a programme** – separate key functions to sit with local actors, designate flexible funding set-asides or wrap-around funds for engaging with local coalitions/networks.

  – If funding UN/INGOs, ensure contract provisions for adequate funding and capacity building support for downstream local partners.

3.3 Shift Processes

Donor models must also shift to allow for more flexible and equitable programme design, fair assessment of actual (rather than perceived) risk[16], and more balanced due diligence processes using common passporting systems and/or aligned donor requirements.

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[16] Barbelet et al conducted a comprehensive review of the literature on localization in humanitarian contexts and found that "Issues of risk and risk management are among those that remain predominantly perception- and attitude-based, with uncertainty as to the

» **Revise and redesign internal donor processes** that hinder local actors from playing a leadership role.

» **Map programme implementation barriers at both a central and a country-level**; risk, due diligence, programme timelines, and identify "myth busters" - many perceived obstacles often do not exist.

» **Redesign procurement policies, risk frameworks, and competition metrics for local actors**.

» **Share lists** of local actors and **develop a single standard for compliance** across donors.

4. STEPS FOR INTEGRATING LOCAL ACTORS

The integration of local actors into social protection programming needs to be considered across each phase of the delivery chain – when thinking about cash and linkages to other benefits and services. This section initially outlines entry points for integration of local actors across policy, programme design and operations, and considers both cash and cash plus.

4.1 Role of local actors across policy, programmes, and administration

Table 1 breaks out the three main components of any social protection system – policy, programme design, and operations – and describes some of the key functions that might sit with international intermediary organisations, with local and national actors, as well as strategic interventions to help shift funding, power and process towards local actors. It describes high level considerations for integrating local actors, and Annex 1 describes in very practical detail some of the key actions that can be considered for each component of policy, programme design, and operations.

As highlighted above, local actors play a critical role in the design and deliver of transfers. Co-design processes with coalitions of local actors should be used to identify highest priority needs and entry points for strengthening and scaling existing initiatives and networks, and for creating robust connections between cash and other interventions. Evidence suggests that local actors are often well placed to complement centralised social protection systems by ensuring that any response is inclusive, reaches those most affected, as well as helping with community sensitisation and management of risks associated with delivery of cash. Local actors can rapidly identify and find ways to register households that may not have been included otherwise, providing last mile outreach and registration to vulnerable households. They also play a key role in mobilising their networks in hard to reach places with information dissemination and risk mitigation. Local actors are well placed to be feeding back information on evolving needs in real time.

4.2 Cash plus

Table 2 describes practical considerations for engaging local actors more intentionally on cash plus strategies, by sector. In addition to helping with the delivery of transfers, local actors can lead on the design and implementation of complementary activities can enhance the use and effectiveness of cash programming, which should be led by or co-designed with local organisations. Cash plus activities may include targeted support in specific sectors that include but are not limited to: GBV, child protection, additional needs of people with disabilities, health and nutrition (maternal, child and neonatal, sexual and reproductive, mental), livelihoods and income generation, education and peacebuilding.

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likelihood these risks could differentially play out. The literature shows that assumptions about risk and localisation are not grounded in empirical evidence and that reorienting towards a risk-sharing model, including agreeing acceptable levels of residual risk, has benefits." Barbelet, Veronique, Gemma Davies, Josie Flint and Eleanor Davey (2021). "Interrogating the evidence base on humanitarian localization: A literature study." HPG Report. London: ODI.

Table 1: Role of LNOs in policy, programme design and delivery

	UN/INGOs	LNOs	Strategy
Policy and coordination	» Influence policy and advocacy, advocate for local actors to have a seat at the table. » Humanitarian, development and peace nexus coordination.	» Enhance policy and advocacy role by having a seat at the table and an active voice.	» Mandate for local actors to be at key forums and discussions. » Ensure that local actors have resources so that they have more voice on design and implementation. » Track funding direct to LNOs. » Track shifts in number of 'pass-throughs' where direct is not yet possible/applicable. » Advocacy training. » Document shifts in power, funding and process.
Programme Design	» Build organisational, fiduciary and technical capacity of local actors, through direct funding. » Support negotiations on access in hard to reach places. » Establish open-source registries as part of government systems, help to coordinate on eligibility/qualifying conditions, in coordination with local actors.	» Consortium/coalition of local actors leads on design and implementation for a more local and sustainable response, including joint action planning, capacity building, monitoring and accountability. » Complement centralised open-source registries to minimise exclusion, help to define eligibility/qualifying conditions based on field realities, identifying at risk populations and last mile registration.	» Test and invest in collaborative model – ecosystem mapping of local actors, coalition design and governance, capacity diagnostic, joint action planning. » Conduct diagnostic of LNO capacity needs (driven by local actors rather than externally), invest in peer-to-peer learning where appropriate. Invest in external capacity-building programmes with specific mandate to hand over leadership once diagnostic meets key criteria. » Invest in capacity building of local actors and provide commensurate o/h to manage security risks. » Engage with local trusted community representatives to identify and register last mile/excluded groups, build systems to verify assistance reaching most vulnerable. » Transfer leadership on programme design to LNOs with clear beneficiary feedback mechanisms to adjust design depending on

			» needs, and also to test and verify assumption that local actors are more responsive. » Identify entry points to adjust donor systems to allow for flexible and agile design management. » Test models for expanding direct delivery of cash through local community groups and structures.
Programme Delivery	» INGOs develop centralised open-source information systems and data sharing. » Negotiate procurement at scale. » Help to coordinate a multi-dimensional response, bring to bear best practice on service delivery/layering and sequencing. » Coordinate a centralised AAP system. » Facilitate centralised MEAL systems.	» Outreach and communications with local populations. » Registration and enrolment. » Complement programme delivery with clear strategy on inclusion of vulnerable groups and last mile registration. » Design and deliver multi-dimensional services. » Complement centralised AAP with local trusted community representatives to identify and mitigate risks (particularly GBV, protection, unrest). » Design and implement MEAL.	» Ensure/invest in systems that are open source and accessible across UN/INGOs/LNOs. » Build a network of local trusted community representatives to engage local actors on inclusion, last mile registration. » Work via UN/INGOs to leverage systems and economies of scale on programme delivery, but critically complemented by a strong LNO component for inclusion of vulnerable groups and last mile registration. » Engage local partners to design a multi-dimensional, layered and sequenced response, with an equal seat at the table on co-design and implementation. » Engage UN/INGOs where capacity is high to run centralised mechanisms for AAP and referral mechanisms, with equal engagement of local actors to flag critical risks through trusted networks. » Engage UN/INGOs on overall framework and systematic data gathering, with equal engagement of local actors who are collecting most of the data.

Table 2: Practical actions for engaging local actors in cash plus activities – by sector

Sector	Activities
Health	» Mobilise and strengthen capacity of local organisations to provide information dissemination re health, GBV; scale up behaviour change communications including WASH. » Invest in Community Health Worker programmes, both as frontline workers but also capacity building for additional frontline workers as part of the scale-up and redistribution of health workforce capacity. » Invest in local organisations to train frontline health workers on child protection risks, coordination to prevent family/child separation, communications around GBV services, and mental health. » Focus on gender-sensitive health service delivery, sexual and reproductive health, family planning and maternal health services - for adolescents and women - and the role that cash plus can play in raising awareness about these issues and use of these health services. » Invest in women's empowerment collectives to facilitate positive health outcomes. » Capacitate local actors to prevent family/child separation and facilitate reunification. » Integrate GBV services into the public health system via local organisations.
GBV	» Increase funding to organisations delivering specialist frontline GBV services to ensure they can continue and adapt to the changing circumstances e.g. through scaling up phone and online support and platforms to help women feel connected and supported, delivery of mobile clinics etc. » Train frontline workers to identify GBV risks and cases, handle disclosures, provide non-judgmental and empathetic care, and know where they can refer those affected for additional care. » Make increased communication and awareness of services, hotlines and online platforms part of routine news and advocacy around the pandemic. » Invest in systematic Community Social Welfare Worker programmes to address multi-dimensional and dynamic vulnerabilities at both individual and household level. » Invest in women's groups with layered specialist services around GBV to reduce violence. » Continue to meaningfully involve diverse women in leadership positions and decision-making around the COVID-19 pandemic response and recovery efforts, and in future preparedness to ensure the needs of women and girls are adequately addressed. » Ongoing capacity support to local women's organisations/CHWs to identify GBV risks and cases, handle disclosures, provide non-judgmental and empathetic care, and know where they can refer women for additional care. » Make deliberate efforts to reach women with disabilities who are exposed to violence for example through targeted communications and outreach.

Child Protection	» Invest in local organisations to train frontline health workers on child protection risks, coordination to prevent family/child separation, communications around GBV services, and mental health. » Scale up of frontline child protection monitoring and services e.g. establishing/strengthening telephone services, training health and education workers on child protection risks and on identifying and referring at-risk children. » Working with community members to develop child-friendly messages on COVID-19 that cause no added distress. Avoiding disseminating information that might unintentionally encourage families to neglect/abandon children. » Identify gender specific risks - including trafficking, early marriage, girls' disproportionate role in care and domestic roles and dropping out of school, child labour (boys) etc. » Train teachers and volunteers on signs of distress and abuse, and on child safeguarding. » Make deliberate efforts to reach children with disabilities who are exposed to violence for example through targeted communications and outreach. » Invest in systematic Community Social Welfare Worker programmes to address multi-dimensional and dynamic vulnerabilities at both individual and household level. » Invest in local organisations to track at-risk children, identify and refer those at risk, and prevent child-family separation. Establish safe, emergency foster care for children separated from families. » Invest in women's groups that are caregivers of orphans and vulnerable children to prevent family child separation.
Livelihoods /IGA	» Women's groups and networks often pool resources and distribute emergency assistance to those who are most vulnerable, providing a more informal component of social protection. » Where households need to engage with and build livelihood activities and income generation, invest in micro-savings and lending, layered with business skills training for income generation. » Provide targeted skills training via local organisations to informal workers and other vulnerable groups as they seek to rebuild their livelihoods.
Education	» Ensure school children continue to access nutrition support; local organisations can play a key role in identifying children that are not receiving support, as well as the reasons girls drop out of school e.g. early marriage, pregnancy, safety concerns etc. » Train health and education workers on child protection risks and on identifying and referring at-risk children. » Identify local solutions for employing distance education, ensure inclusion. » Provide targeted skills training via local organisations to informal workers and other vulnerable groups as they seek to rebuild their livelihoods.

	» Leverage local networks alongside government 'Back to School' campaigns and have local organisation co-design to ensure inclusion of marginalised groups in those efforts. » Work through local actors to integrate psycho-social support and mental health alongside education initiatives.
Peacebuilding	» Engage local actors and leaders to identify sources of conflict and engage in appropriate measures that work towards reducing stigmatisation and peacebuilding efforts.

5. STRUCTURAL CONSIDERATIONS

It is imperative that international actors consult appropriately with government and support local government and non-government actors and organisations.[17] In situations where government leadership is weak, local non-government actors can be important partners to influence government in social protection programming that builds a strong social contract between state and civil society, and where government is strong, local non-government actors and civil society can provide an important check and balance with government-led systems. Local/sub-national government structures also have an important role to play – as intermediaries and localised knowledge partners. Complementarity between local and international actors requires national and local government, local and international organisations to form partnerships which are not solely based on a sub-contracting relationship.

There are multiple structures available to reach higher numbers of local actors and shift international partnerships to become platforms for supporting national partnerships. Recent evidence, cited above, indicates that local intermediary structures can deliver programming that is 32% more cost-efficient via salary and overhead savings alone. Therefore, a critical first step is for actors in this space to undertake rapid country-level mapping to identify strong CSO networks that can be mobilised or invested in, with a particular focus on coalitions of local actors that can act as entry points for supporting local ecosystems. In some cases, local actors may not recognise their role in social protection systems, and a main priority should be understanding capacity gaps and helping to fill them. There are a variety of platforms/intermediaries that can be used to vet and build coalitions of local actors:

» **Local/sub-national government** structures will be familiar with organisations operating in their area and many have developed directories for their social service workforce detailing the organisations by category and contact; similarly, **existing national coalitions**, for example representing older people or people with disabilities or women.

» **Country-based pooled funds**, such as the START fund, can offer platforms to pool funding to local actors. However, local actors typically compete for funds under these mechanisms, and hence a coordinated approach that leverages their key skills for a response at scale is less likely.

» **Coalitions of local actors** can provide a coordinated and multi-dimensional response that can operate at scale, by aggregating, coordinating, and amplifying groups of local actors. These models can also act as a single-entry point for donor and government engagement.

» Whilst **UN organisations, INGOs, and private sector** are traditional intermediaries using a sub-contracting approach, co-leadership of initiatives by government and local actors is a preferred model. In this way UN agencies can be held more accountable for aligning behind government priorities, with full transparency on pass through to local partners.

Funding can then be channelled in a number of ways to embed local actors in the response.

1. **Provide technical assistance to national governments** to embed a localisation wrap-around in their cash/social protection programming, to ensure sustained engagement.

2. **Shift funding directly to local platform/intermediaries** to ensure that local actors lead on design and implementation, and ensure that those local coalitions have an active role at all coordination meetings (see for example SPACE Framework for shifting bilateral programmes to local actors, IASC Guidance on Coordination). Investment should support both direct services activities as well as capacity building of local actors and coalitions.

3. **Fund localisation wrap-arounds** alongside other funders. Where World Bank, USAID and others are making large investments, engage local amplifiers or intermediaries to provide resources to engage coalitions of local actors to design and implement the cash/cash plus activities (e.g. sensitisation, risk management, case management, information dissemination via trusted affiliates, provision of basic services such as GBV/protection).

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[17] Barbelet, V. (2018) As local as possible, as international as necessary. Understanding capacity and complementarity in humanitarian action. HPG Working Paper. Humanitarian Policy Group: London

Table 3: Practical actions for engaging local actors in the social protection system - questions requiring an answer.

'Building Block'	Key questions to guide a response
POLICY	
Financing	» How much budget is being allocated to local actors?
	» Are resources dedicated for engagement of local actors for co-design and implementation of operational components?
	» Are resources dedicated for cash plus and early recovery activities?
	» Are government SP budgets dedicating resources for local actors to be engaged in the cash/SP process (ensuring that these activities are adequately supported by training and capacity building, supervision and allowances/stipends)?
	» Are downstream partner indirect costs recognised in, and covered by, contractual funding agreements? E.g. sufficient funding for transport, maintenance costs, supporting equipment, etc.
	» Is funding flexible to respond to change in circumstance and delays? Are there simplified procedures for re-programming and no-cost extension?
Legal and policy frameworks	» Were national policies/strategies and accompanying legislation (if any) and/or regulations/operational manuals/etc co-created in a participatory way over time, with the input of local level actors and implementors?
	» Do they broadly reflect the needs and constraints faced by local actors?
	» Do they explicitly frame the importance of involving local actors and outline how this will happen in practice, including two-way flows of information, etc? Is this operationalised in practice and how could it be enhanced?
Governance and coordination	» Are local actors actively and sufficiently engaged in coordination and governance structures? In humanitarian circumstances is the HNO and HRP[18] co-created in a participatory way over time, with the input of government and other local actors and implementors?
	» Are the data, systems, and capacity strengths of local actors leveraged as part of the response?

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[18] Humanitarian Needs Overview and Humanitarian Response Plan

'Building Block'	Key questions to guide a response
Capacity	» How are the capacities, skills, tools, resources of local actors being engaged? How can they be used to guarantee a) continuity of services via surge capacity and b) support expansions via existing knowledge of community and needs (registration, communications, etc.) » How can issues of gender and social inclusion be adequately represented (including from beneficiary groups themselves)? » Are local actors having their capacity strengthened to lead/support on the design and implementation of cash/SP measures, or complementary initiatives, including health, protection, education and livelihoods? » How can staff and volunteers' safety be guaranteed? » Are local actors aware of their safeguarding responsibilities and do they have safeguarding mechanisms in place for prevention of sexual exploitation and abuse?
'PROGRAMME' DESIGN	
Setting of eligibility criteria and qualifying conditions ('targeting')	» Are local actors involved in discussions regarding the setting of eligibility criteria and broader targeting design? » Are local level considerations and potential adaptations taken on board in national strategies, noting different areas of a country present different needs, challenges and opportunities that could be leveraged and tailored (while ensuring equity across locations) » How else can local networks be used for effective targeting? E.g. working through trusted local affiliates or local groups for distribution of cash where individual registration may not be possible.
Setting of transfer type, level, frequency duration	» Are local actors being consulted on the optimal design of the transfer type, level, frequency and duration? » Is there any differentiation on transfer values across locations due to different needs/constraints/opportunities, based on evidence from local actors (e.g. market analysis)? » Are local actors' part of the co-design process such that they can feed in real time needs that may affect adjustments to the optimal design of the transfer?
Conditionality	» Are local actors being consulted with regards to the local feasibility of imposing conditionalities (costs to beneficiaries given local context and cost to implementors for monitoring compliance etc given existing local capacity)
ADMINISTRATION (Delivery)	
Information systems (MIS, social registry, etc.	» Are local actors being engaged as vital information sources with pre-existing beneficiary lists of vulnerable populations that can be used to help identify those in need, and support the medium-term building of SP registries? » What data sources exist that contain relevant data and can help with horizontal expansion, e.g. community health worker lists, informal worker organisation registries, etc. » What mechanisms are in place to maintain confidentiality of personal information, and to ensure that local communities are sensitised to the benefits and risks of social protection and the potential data implications that may have?

'Building Block'	Key questions to guide a response
Outreach and communications	» How can government and non-government networks of trusted affiliates, already embedded in communities, be engaged to assist with outreach and communications, facilitating two-way communication between government/cash agencies and local communities? » What channels are already used by local actors to reach communities, and can these be incorporated? How can local actors play a role in working alongside local government in identifying and sensitising communities around caseloads? Do local actors have pre-tested content that can be used for information dissemination? Does this include follow-up action on messaging? » Are local actors included in the design of messages, particularly to ensure that they are accessible to the most vulnerable – especially children, women, people with disability, ethnic minorities etc. people who may not have access to technology, have limited mobility, vision and hearing or intellectual function, higher levels of illiteracy and speak minority languages?
Registration and Enrolment	» Do local actors have networks of trusted affiliates that can support registration and assist individuals with access challenges to register? » How can local actors play a role in minimising exclusion due to inability to access the internet, phone etc. (lower levels of access tend to be found among women and people with disability) or documentation requirements? » How can risks to local actors (both health and violence) be mitigated?
Payments/ delivery	» Have local actors been involved in design of delivery systems which consider local conditions e.g. access to bank accounts/ mobile phones / geographic distance etc. » Have local actors been engaged to assist with delivery by supporting individuals to attend pay points, manage mobile technology, etc.
Complaints and appeals (grievances)	» Have local actors been engaged to identify key risk factors to pre-emptively minimise/mitigate potential risks? » Have networks of trusted affiliates been engaged to act as a check and balance with local government/other actors to ensure that grievances, particularly those of more vulnerable groups, have been addressed?
Case management	» Is there a case management system operated by local actors that includes referral and follow-up to social services for people with additional vulnerabilities (e.g. GBV)? » Have local actors been engaged to provide additional social services?
Protection ('humanitarian')	» How can local actors be engaged to screen individuals (e.g. especially those most vulnerable such as refugees, etc.) and assess vulnerability and need for additional protection? » Have local actors been engaged to provide protection services?
VAM/M&E	» Have local actors been engaged in the design of M&E systems and appropriate indicators? » How can local actors be engaged to provide real time information for rapid response and beneficiary feedback (cash and other services)?