Leading the Way: how intentional capacity strengthening helped locally-led COVID-19 response in three countries

A STUDY OF PEER PROJECT PARTNERS

By: Gretchen King

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Table of Contents

Photo courtesy of Human Initiative.

Acronyms

BSSS	Balasore Social Service Society (India)
BWDS	Bihar Water Development Society (India)
CC	Catholic Charities (India)
CBO	Community Based Organization
CDLL	Cenacle de la Lumiere (Lebanon)
CRS	Catholic Relief Services
COVID-19	Corona Virus Disease 2019
HR	Human Resources
IASC	Inter-Agency Standing Committee
INGO	International Non-Government Organizations
ISWA	Islamic Social Welfare Association (Lebanon)
LFI	Local Faith Institution
MDMC	Muhammadiyah Disaster Management Center (Indonesia)
NEDSSS	North East Diocesan Social Service Society (India)
NGO	Non-Government Organization
PEER	Preparing to Excel in Emergency Response
PGSS	Purvanchal Gramin Seva Samiti (India)
PKPU	Penundaan Kewajiban Pembayaran Utang (Indonesia)
SOP	Standard Operating Procedures
SWAD	Society for Welfare, Animation and Development (India)
TASOSS	Tamil Nadu Social Service Society (India)
UN	United Nations
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization

Photo courtesy of Human Initiative.

Executive Summary

BACKGROUND AND PEER PROJECT

As part of its decades long commitment to supporting partners, locally led development and humanitarian response, in 2016, Catholic Relief Services began the Preparing to Excel in Emergency Response project to strengthen the emergency response capacity of Local Faith Institutions in India, Indonesia, Jordan, and Lebanon. The PEER project, solely funded by CRS, aimed to help fulfill CRS' own organizational, as well as Grand Bargain, commitments to localization.

The project ended in 2018, however, in 2020, PEER partners had begun responding to the COVID-19 pandemic in their communities, and CRS was eager to learn about their efforts. In particular, CRS wanted to better understand if capacity strengthening investments made during the PEER project were sustained and utilized during the COVID-19 response. **This research attempted to identify the enduring effects of the PEER project on participating partners' organizational or technical capacity to respond to the current emergency.**

In examining this question, the study was also able to get a clear picture of 22 local NGOs COVID-19 response efforts. This was critical given the opportunity COVID-19 has provided to accelerate localization efforts, as well as the initial data that indicates that donor commitment to fund local organizations has yet to materialize. Despite myriad challenges each faced in their responses, PEER partners have provided emergency response to millions of beneficiaries in dozens of states, districts, and communities in their countries.[1] This evidence further illustrates the unique position and skills local NGOs have during a crisis like COVID-19.

THIS STUDY AND ENDURING EFFECTS OF THE PEER PROJECT

The study's findings show how the PEER partners' COVID-19 response illustrates their ability to serve their countries and communities, especially in this unprecedented emergency. In part, their ability to effectively respond was made possible by CRS's investment in strengthening their capacity over the PEER project's three years and CRS's continued relationships, often through mentoring and funding, after the project's completion. While each partner reached different participants and tailored their response to unique country context needs, this study found that nearly all the partners utilized similar approaches to their response. **All 22 partners interviewed for this study felt their organization were applying lessons learned from participating in PEER and working with improved systems, which enabled a more effective emergency response.** These included:

- Improved ability to respond and adapt programming
- Improved and more adaptable structures and systems
- Increased ability to coordinate with other actors
- Improved ability to secure additional funding

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1 MDMC has reached over 3 million people, and known estimate number from India and Lebanon are approximately 15,000 and 334,444 people

- New partnerships formed with PEER partners that support response
- Additional staff and network member capacity in emergency response through training
- Improvements in identifying and serving vulnerable groups
- Greater independence and confidence in emergency response

These findings illustrate how local actors can lead critical emergency response efforts and provide examples of how investments made in their capacity can advance localization of humanitarian response.

RECOMMENDATIONS FOR DONORS

These findings suggest the following recommendations for donors funding humanitarian and development responses to optimize the role of local partners to advance localization and local leadership in international assistance:

1. **Direct more funding to local actors.** As expressed by several PEER partners, more funding could have enabled them to respond to more of those affected by COVID-19. While they received funding from various actors, many of these funds came from existing relationships or were not explicitly directed toward their COVID-19 response. Additional funding would likely further enable PEER partners to become more independent and successfully respond through the rest of the pandemic and beyond.

2. **Extend localization beyond project implementation, to support local actors' roles in the broader system over the long term.** For local NGOs to successfully respond to current and future emergencies, local organizations require capacity strengthening for their own organizational and technical skills but must become leaders and decision makers in the complex systems of which they are a part. Donors should consider and support local NGOs' role to coordinate voice opinions and influence their governments emergency response and any international response; participate in decision making processes; strengthen response, increase transparency and accountability in their communities; and hold government officials accountable to ensure the response system works well. This effort to incorporate changes to the broader system could include connecting programming to democracy, rights, and governance projects or providing training on navigating and influencing existing systems.

3. **Invest more in intentional, holistic capacity strengthening programming.** Donors should support holistic capacity strengthening projects similar to PEER and build on the project's learnings, which find that focusing on both technical and organizational capacity, and an approach that includes not just training, but also accompaniment and deep partnership can be invaluable. Capacity strengthening stand-alone projects are an important steppingstone to achieving localization commitments. Despite falling short of the Grand Bargain 2020 commitment of directing 25% of funding to local partners, donors and INGOs should continue to pursue funding local actors at an increased rate. Given the innovation and know-how generated by local organizations, investing in capacity strengthening and sharing can indeed present an additional dimension of Return on Investment, which is the contribution that local organizations can make to a global knowledgebase.

4. **Value local actors' existing capacities and local knowledge, while recognizing donor and INGO limitations.** Too often, donors and INGOs imply that capacity strengthening is a one-way street.[2] This study adds to a body of knowledge that demonstrate the unique capacities that local actors bring to the table, including understanding local contexts and dynamics, holding the trust of the community, and longstanding service that will continue even when donors and international actors may leave. Additionally, local actors have technical and organizational capacities, and find innovative solutions that are often underutilized. Capacity strengthening projects should build on or utilize these existing skills. The PEER project also illustrated the value of local capacity by meeting partners' expressed needs to share best practices with other local NGOs and learn from each other. *This illustrates how partners can learn significantly from other local NGOs and that outside guidance may not always the most valued knowledge for partners.* Future capacity strengthening projects should promote relationships and networking among local NGOs that highlight existing capacities.

RECOMMENDATIONS FOR INGOS

1. **Reimagine capacity strengthening projects as long-term, holistic, partnerships which focus on relationship building and accompaniment.** INGOs should view needs-based capacity strengthening of local NGOs as a means for a more effective humanitarian response. It should also be considered a development outcome that strengthens local systems, further justifying the need for long-term relationships between INGOs and local NGOs. Several PEER partners appreciated that the project was three years long and provided a series of trainings, coaching, simulations, and mentoring. Yet, some partners also expressed that the project could have gone even longer. However, following the completion of the project, CRS has continued to support partners in all countries. This support is an example of CRS's holistic partnership and capacity strengthening approach that includes capacity building of individuals, along with institutional strengthening and consistent accompaniment. This continued partnership should be seen as a best practice for others to replicate.

2. **Capacity strengthening projects should include intentional resource mobilization.** INGOs should explore building relationships between their campaign fundraising, resource mobilization or business development teams and counterparts within local NGOs.[3] Share contact details of potential donors, make introductions, and write recommendations on behalf of local NGOs.[4] In India, the ability of local partners to mobilize resources presented them with the independence to meet the needs of their community without having to wait for international assistance.

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2 Fast, Larissa and Bennett, Christina. From the Ground Up: It's about time for local humanitarian action. May 2020ODI. https://www.odi.org/sites/odi.org.uk/files/resource-documents/17-19_ip_synthesis_web_0. pdf

3 CRS did have members of their business development team conduct trainings on proposal writing. Additionally, in India, and unrelated to PEER, Caritas India has conducted trainings on fundraising campaigns that several PEER partners participated in.

4 CRS Lebanon provided a recommendation for ISWA to USAID.

3. **Ensure the needs of local partners to strengthen capacity are clear and jointly defined.** CRS conducted needs assessments at the outset for each partner, which built on local NGO strengths, while learning about their expressed gaps and needs. CRS also spent time building trust with those partners, which proved to be a necessary building pre-condition for the project, and ultimately the basis for its successful outcomes. By understanding capacity needs and building on local NGO strengths and other stakeholders can meet local NGO needs and learn about existing capacity strengths.

4. **Do not just provide the skills, but also the systems and tools to use those skills.** Some PEER partners indicated their desire to see additional links to and trainings for building systems and utilizing tools to better manage, implement and monitor their activities. For donors and INGOs concerned about local actors being able to pay for potentially expensive software post-project, see recommendation 1 for donors and 2 for INGOs.

Photo courtesy of Balasore Social Service Society (BSSS).

Background

THE COVID-19 PANDEMIC AND LOCAL ACTORS

In early 2020, soon after the WHO declared COVID-19 to be an international public health emergency, donors and humanitarian response organizations began shifting funding and programming to respond. As a result of lockdowns in several countries, border closures, and flight restrictions, many traditional humanitarian responders from donor countries were, and continue to be, unable to travel. This forced an increasing reliance on local emergency responders and reflected how critical local actors are in any response.[5] In the context of COVID-19, they may be the primary response option for a situation that presents both an unprecedented crisis and an opportunity to galvanize existing reforms to the humanitarian system.[6] In May 2020, the Inter-Agency Standing Committee provided interim guidance on localization and the COVID-19 response, which focused on responsible partnership practices in the context of COVID-19.[7] Because of its recent and ongoing nature, the role of local actors vis-à-vis INGOs for COVID-19 response has not been documented beyond through anecdotal evidence.

Additionally, little clarity exists on the funding being directed towards local actors. Available data shows as little as 0.1% from United Nations agencies.[8] As of September 2020, USAID had provided $9.2 million to existing local partners and $27.7 million to new and underutilized international and local implementers since the start of the pandemic: accounting for approximately 4% of the $682 million USAID obligated by June 2020.[9]

Amidst the pandemic, CRS called for more flexible funding[10] and compliance systems, greater participation, decision making and coordination by local actors, and clear and coordinated communication to ensure an effective response.[11] This study aims to add to a growing body of evidence of local actors' role in emergency response, in particular, COVID-19 pandemic.

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5 Interim Guidance: Localisation and the COVID-19 Response. IASC April 2020. https://interagencystandingcommittee.org/system/files/2020-11/IASC%20Interim%20Guidance%20on%20COVID-19%20-%20ERP%20Approach%20-%20April%202020_0.pdf

6 Fast, Larissa and Bennett, Christina. From the Ground Up: It's about time for local humanitarian action. May 2020.https://www.odi.org/sites/odi.org.uk/files/resource-documents/17-19_ip_synthesis_web_0.pdf

7 Ibid.

8 Charter For Change statement on the revised UN Global Humanitarian Response Plan on Covid19 Accessed Dec. 2020 https://reliefweb.int/report/world/charter-change-statement-revised-un-global-humanitarian-response-plan-covid19

9 Information Brief: USAID COVID-19 Activity Update. USAID. Sept.2020. https://oig.usaid.gov/sites/default/files/2020-10/COVID-19%20Information%20Brief%2009.21.20.pdf

10 Catholic Relief Services. COVID-19 and the Critical Need for Support to Support Local Leadership in this Unique Humanitarian Crisis. April 2020.

11 Ibid

GLOBAL EFFORTS TO LOCALIZE AID

The international humanitarian response to COVID-19 occurs amidst an already-changing aid landscape. Over the last several decades, there has been a growing consensus in the foreign aid community that localizing aid and working through country systems are important ways to create sustainable development outcomes, including strengthening the capacity of local actors to effectively and consistently respond to emergencies.[12] In 2016, donor countries, NGOs, and the UN came together to make humanitarian action more efficient and effective, resulting in the Grand Bargain. Working across eight workstreams, the signatories of the Grand Bargain hope to reshape distribution and implementation of aid to improve response.[13] Key to this effort is getting "more means into the hands of people in need" by "making principled humanitarian action as local as possible and as international as necessary."[14] The workstream specific to localization released guidance on capacity strengthening in May 2020, which called for increased efforts to better understand the country/region context and understand/relate to affected populations and stakeholders. It also stressed the need for a shared understanding of "capacity."

Before COVID-19, increasing funding and control to local actors had already been a challenge, as donor restrictions, compliance burdens, equitable and effective risk management continue to present challenges, as well as power dynamics and issues of representation and legitimacy. Proponents of localization have hoped COVID-19 would provide an opportunity to overcome some of these complex dynamics.[15]

CRS AND CAPACITY STRENGTHENING

CRS has long approached its humanitarian and development assistance efforts in partnership with local organizations, taking significant efforts to prioritize and invest in capacity strengthening of its partners. CRS's **Institute of Capacity Strengthening**, a web resource center with materials and online courses, recognizes, "[e]ffective capacity strengthening often involves not just capacity building—usually focused on individuals—or institutional strengthening—focused on systems and structures—but also meaningful follow-up and practical application. Job shadowing, coaching and mentoring, communities of practice are all methods of accompaniment, that add a meaningful component to capacity strengthening".[16] CRS has continued this accompaniment and capacity strengthening efforts during COVID-19 by providing partners guidance from gender considerations in programming to toolkits for making cloth face masks.[17]

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12 Aid Effectiveness: Progress on Implementing the Paris Declaration. OECD 2011. https://read.oecd-ilibrary.org/development/aid-effectiveness-2011_9789264125780-en#page1

13   About the Grand Bargain. Accessed October 2020.https://interagencystandingcommittee.org/about-the-grand-bargain

14 More support and funding tools for local and national responders. Accessed October 2020 https://interagencystandingcommittee.org/more-support-and-funding-tools-for-local-and-national-responders

15 From the ground up: It's about time for local humanitarian action. ODI May 2020. https://www.odi.org/sites/odi.org.uk/files/resource-documents/17-19_ip_synthesis_web_0.pdf

16 Institute of Capacity Strengthening. CRS. Accessed Dec. 2020. https://ics.crs.org

17 COVID-19 Resources. CRS. Accessed Dec. 2020. https://ics.crs.org/covid-19-considerations-partners

In 2016, amidst capacity strengthening efforts across sectors, CRS began implementing the Preparing to Excel in Emergency Response project to strengthen the capacity of Local Faith Institutions in India, Indonesia, Jordan, and Lebanon to better respond to emergencies. The project, solely funded by CRS, was aligned with CRS's principle of subsidiarity—meaning local organizations and communities closest to development challenges are also the architects of their own development.[18] It also aimed to help CRS fulfill its Grand Bargain commitments, including that to provide "[m]ore support and funding tools for local and national responders," and its own organizational commitments to capacity strengthening and local leadership. The project was designed to improve LFIs' financial, procurement, human resources, and other institutional systems during emergencies, along with the use of Sphere standards in relevant technical sectors.

Building on CRS' long-term partnership and capacity strengthening experience and approaches, CRS developed three capacity-building models to best fit four different country contexts in keeping with efforts to support local needs and capacities. In India and Lebanon, CRS staff provided capacity strengthening. In Jordan, the local partner, Caritas Jordan, led the project's efforts, and in Indonesia, CRS staff took a Training of Trainers approach to cascade learnings to their partners' branch offices.[19]

In 2019, independent evaluators conducted a formal evaluation to understand the outcomes of the three-year project better. The evaluation found that:

■ All partners had a measurable improvement in their organizations' systems and procedures for both emergency and non-emergency work.

■ For partners that experienced an emergency during the project's duration, partners showed improvement in writing rapid assessments and quality situation reports that led to quality programming and new funding opportunities.

■ Partners increased their contribution to UN Cluster meetings to better coordinate with other actors.

■ Partners began to obtain and use beneficiary feedback on programming.

■ Partners gained new respect from and opportunities to collaborate with government and peer organizations.

The evaluation also found country-specific results, including:

INDIA

In India, the PEER project worked with 14 dioceses in disaster-prone areas, with 12 dioceses' social service societies implementing programs and two coordinating forums. The partners received capacity strengthening support, primarily in guidance and training. There was no financial support given or materials of monetary value.[20] Training topics for the dioceses included Sphere standards, emergency

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18 Subsidiarity Across the Nexus: Policy Principles to Support Effective and Sustainable Local Leadership in Humanitarian Response and Development Assistance. CRS.2020. https://www.crs.org/sites/default/files/policy_paper_ll_policy_principles.pdf

19 PEER Project Final Evaluation, CRS 2019.

20 Ibid.
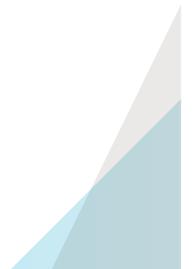
needs assessments, MEAL in emergency, procurement and logistics, protection mainstreaming, and resource mobilization.[21] Ultimately, the project increased the overall capacity of all partners by 10% in each targeted area. Additionally, half of the partners increased their capacity in procurement and performance management.

INDONESIA

The PEER project in Indonesia was built on lessons learned from previous capacity strengthening efforts with Caritas Indonesia and the Catholic dioceses. As a result of these lessons, CRS approached two large Muslim organizations—Muhammadiyah and Human Initiative, formerly known as PKPU—that had expertise in emergency response through the use of volunteers. The two organizations and CRS developed the PEER project together to fit the Indonesian context. Unlike other countries, CRS paid for nine full-time and one part-time employee. This investment was the result of previous projects where unfunded efforts did not get much buy-in from staff who were not specifically paid to support the project. Also unique to Indonesia's approach was its use of a Training of Trainers method to cascade learning on topics such as emergency needs assessments, project design, financial management, standard operating procedures in Emergency Response, WASH and shelter in emergency. Both Indonesian partners were found to have high capacity of 85% in all identified capacity areas during their baseline assessments. However, their branch offices had lower capacity and saw an average increase of 11% to 13% points by the end of the project.

LEBANON

In Lebanon, CRS put out a call for RFPs and gathered stakeholders' recommendations to identify new faith-based partners. Ultimately, CRS chose 14 organizations with a range of capacities for the project. CRS Lebanon had four staff members supporting the project, and each partner appointed their own PEER focal point to support information sharing and coordination.[22] Using baseline organizational assessments, after an extended trust-building period, CRS created draft project plans that were then shared with the LFIs to be discussed and mutually agreed upon. Topics determined for training included: HR/volunteer management, SPHERE standards, financial/ procurement, and emergency needs assessments. Following the trainings, each partner received coaching sessions that further built on the training topics and sometimes resulted in fully developed policies for the partner.[23] CRS Lebanon also attempted to meet PEER partners' needs by offering repeat and new training and facilitating exchange visits between partners to promote learning, if requested by the LFIs. Nearly all partners increased their capacity in procurement, logistics/admin, quality response capacity, HR, MEAL, and resource mobilization. The average overall capacity increase for all partners was 29%.

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21 Ibid.

22 Ibid.

23 Ibid.

JORDAN

In Jordan, CRS's sister organization, Caritas Jordan led the PEER project. This was the only country where PEER was not directly implemented by CRS. Caritas Jordan worked with mostly non-registered LFIs, due to Jordanian law that prevents registered NGOs from having a religious affiliation. PEER did not cover partner costs but did provide laptops and accounting software to one partner. Four staff members led the project, in partnership with CRS Lebanon, that trained LFIs on: HR/volunteer management, emergency response, financial management, Sphere standards, emergency needs assessments, and Microsoft Excel. Caritas and CRS also facilitated write shops to help partners draft policies and procedures related to emergency response that have been adopted by the PEER partners. Most LFIs increased their capacity in compliance, HR, management systems, finance, procurement, and resource mobilization. The average overall increase in capacity for partners was 25% from their original baseline assessment percentage.

> 66 *In 2016, amidst capacity strengthening efforts across sectors, CRS began implementing the Preparing to Excel in Emergency Response project to strengthen the capacity of Local Faith Institutions in India, Indonesia, Jordan, and Lebanon to better respond to emergencies."*

Study Purpose

Nearly two years after the end of the PEER project, and with the onset of a global pandemic and humanitarian crisis, this study intended to:

- Examine the role PEER partners played in their own communities during COVID-19 response.
- Identify any enduring effects of the PEER project in their approach to COVID-19 response.
- Examine how INGOs, donor, and other stakeholders can build on investments in capacity strengthening for humanitarian response.

METHODOLOGY AND DATA COLLECTION

This study used a mixed-methods approach, reviewing secondary data and conducting primary data collection to help triangulate findings. As a part of secondary data collection, a desk review was conducted of the following document categories:

- Grand Bargain documents and aid localizations reports.
- Relevant PEER project documents.
- COVID-19 reports, assessments, proposals, and awareness-raising material from PEER partners.
- COVID-19 response data and statistics.
- Country specific COVID-19 reports and articles.

Additionally, primary qualitative data was collected through Key Informant Interviews with:

- Eight current and former CRS staff members (USA, India, Indonesia, and Lebanon).
- One Caritas Jordan staff member.
- 26 PEER Project Partner Staff (India, Indonesia, and Lebanon).

The interviews were conducted from late October to early December 2020 using Zoom, Skype or Google Meet. All informants had the option not to participate and have consented to the use of their names in any direct quotes found within this paper.

LIMITATIONS

While CRS and Caritas Jordan implemented the PEER project in four countries, this research study only spoke with PEER partners in countries where CRS implemented it—India, Indonesia, and Lebanon. However, this report does still mention aspects of the project's work in Jordan and implementation efforts by

Caritas Jordan. Additionally, this research was conducted remotely and, therefore, does not incorporate feedback or the perceived quality of COVID-19 response from project participants. Only PEER partners implementing COVID-19 response were interviewed, which could result in bias in self-reporting.

Local Actors and their COVID-19 Response

Despite many challenges, the PEER partners have provided emergency response to millions of people in dozens of states, districts, and communities in their countries since early Spring 2020.

Like in the rest of the world, the COVID-19 pandemic surprised the governments, NGOs, and citizens of Indonesia, India, Lebanon and Jordan. Health officials at global bodies like WHO had long said the occurrence of a pandemic was not a matter of "if," but "when." However, the world was mostly unprepared for the deadly disease that could spread undetected, severely sickening, and killing millions.[24]

While each of the PEER focus countries experienced COVID-19 in unique ways, they experienced similar events like lockdowns, surges in cases, economic crises, and food insecurity. The partners encountered skeptical populations that did not believe the virus was a threat or saw more personal risk than reward from following health guidelines such as quarantining, wearing a mask, and paying for COVID-19 tests that would put a significant dent in their income. Despite these challenges, the PEER partners have provided emergency response to millions of people in dozens of states, districts, and communities in their countries since early Spring 2020.[25]

INDIA

In India, the country-wide lockdown, which began on March 24, created a situation where millions of migrant workers started returning to their home communities because of sudden job loss. Migrants gathered at bus terminals and train stations in cities like Delhi to travel to PEER partners' states of Uttar Pradesh, Bihar and others.[26] Some migrants even walked hundreds of kilometers to return to their home communities.[27] PEER partners in those regions rapidly responded by providing meals and water to those traveling home, sometimes along the side of the road and at train stations. One PEER partner, Balasore Social Service Society (BSSS), coordinated with the local government and other NGOs to help enforce social distancing and mask-wearing at the local train station as migrants passed through. Additionally, through a project that involved three PEER partners, CRS and Caritas

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24   A World At Risk: Annual report on global preparedness for health emergencies. GPMB Sept. 2019 https://apps.who.int/gpmb/assets/annual_report/GPMB_annualreport_2019.pdf

25   MDMC has reached over 3 million people during their COVID-19 response.

26   Khanna, Anoop. "Impact of Migration of Labour Force due to Global COVID-19 Pandemic with Reference to India", Journal of Health Management. 2020.

27   Key Informant Interview with BWDS. November 2020.ccx
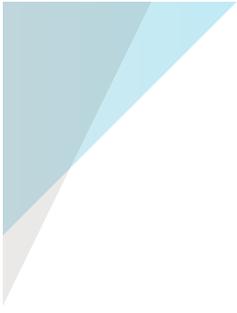
India supported 3,146 migrant families (14,885 individuals) with food and hygiene kits in response to COVID-19-caused job loss and displacement.[28]

Not long after the mass exodus of migrants to their home communities, PEER partners began connecting those in need to a government plan to provide food. The Social for Welfare, Animation, and Development and BSSS both worked to connect vulnerable groups to government schemes.[29]

As the pandemic continued and the lockdown wore on, partners used skills they learned during PEER to assess their communities' situations and identify the most vulnerable. Of the seven Indian partners interviewed for this study, all provided food and hygiene kits to vulnerable groups in their communities. These groups most often included migrants, day-laborers, single mothers, orphans, widows, and disabled people. In addition to responding to immediate impacts from the lockdown and job losses, several PEER partners worked to prevent the spread of COVID-19 and support the needs of those sick with the disease. For example, Purvanchal Gramin Seva Samiti converted part of their Diocesan hospital to help COVID-19 patients and used their buildings as quarantine and testing centers. Partners also conducted awareness-raising campaigns on how to prevent the spread of COVID-19. This included creating videos and printed materials that were distributed by sisters and fathers at local churches.

LEBANON

In Lebanon, even before COVID-19 proved to be a major humanitarian crisis for the country, it was already facing its worst economic crisis since its civil war.[30] Then, in August, 2020, a large amount of ammonium nitrate stored at the port of Beirut exploded, killing hundreds, injuring thousands, and displacing over 300,000 people from their homes. The economic crises and blast have only exacerbated the challenges of addressing COVID-19 in Lebanon.

PEER partners began to respond to the COVID-19 pandemic as early as February when Imam Sadr Foundation staff became concerned about one of their schoolteacher's potential exposure to COVID-19 from a family member that had recently been abroad. Using some of their lessons from the PEER project, Imam Sadr formed a task force to address their internal COVID-19 response within two days after concerns of the teacher's exposure. This response included plans for quarantining and options for remote work and learning.

Other partners soon began conducting COVID-19 awareness-raising campaigns that target students, parents, refugees, people with underlying health conditions, and the general public. This was done by sharing materials at malls, markets, schools, churches, mosques, and healthcare centers, reaching 193,942 people as of

28 CRS Project Closure Report: Caritas India and CRS Joint Response to meet the lifesaving needs of migrants and daily wage workers. June 2020.

29 Antyodaya Anna Yojana (AAY) are ration cards issued to "poorest of poor" households. Each AAY household is entitled to 35 kilograms of food grain per month.

30 Joles, Betsy. Cash-Strapped Lebanon Isn't Ready for the Coronavirus. Foreign Policy. Feb. 2020.

September 2020.[31] In addition to awareness-raising, partners also provided hygiene kits and food to those experiencing economic hardship, including Syrians living in refugee camps and other vulnerable groups.

Several of the PEER partners in Lebanon have long focused on healthcare-related services in Beirut and other parts of the country. This meant they would be directly impacted by COVID-19, as they needed to change protocols in their primary care facilities and clinics. Those partners often spent their initial response developing protocols for patient intake, proper handwashing and use of Personal Protective Equipment (PPE), sanitizing the clinic, and determining what to do if a patient is experiencing COVID-19 symptoms.

❝ *"We used to have around 150-200 patients a day, but because of COVID-19, we had to reduce that number and change the appointment system. We needed to work on everything related to infection control and to make sure people visiting followed the new rules,"* **COMMENTED A PEER PARTNER IN LEBANON.**

Several partners managed the response in their local area and served as frontline workers. For example, based in Mount Lebanon, The Social Association helped form a Crisis Cell that managed response to COVID-19 with the local municipality and other NGOs. The LFI was also in charge of burying those that died of COVID-19 and was designated as one of 28 organizations to conduct contact tracing by the Ministry of Public Health.[32]

INDONESIA

In Indonesia, the first case of COVID-19 was confirmed in early March 2020 and moved quickly within communities.[33] Two PEER partners, Muhammadiyah Disaster Management Center and Human Initiative, felt challenged by an emergency, unlike anything they had ever responded to in their country. While working to protect their own staff's safety, Human Initiative helped provide access to PPE for medical professionals, established mobile labs for COVID-19 testing, and delivered food packages to families affected by lockdowns and loss of their salaries.

MDMC supported the rest of its organization's vast network of 457 hospitals and clinics, over 20,000 schools and universities, and 13,000 mosques in their efforts to address COVID-19 through strategy and policy development. MDMC helped convert 82 hospitals throughout the country to serve COVID-19 patients. The PEER partner also used its organization's own TV and radio stations to share education and awareness-raising messages on COVID-19 prevention.

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31 CRS Project Report. Supporting Local COVID-19 Response in Lebanon and Jordan. Sept. 2020.

32 Key Informant Interview with Social Association. November 2020.

33 Singh, G, Mamola, J, Duarte, D. How Digital Data Help Indonesia Respond to COVID-19. World Bank Blogshttps://blogs.worldbank.org/opendata/how-digital-data-helped-indonesia-respond-covid-19

Strengthened PEER Partners in response to COVID-19

The unprecedented crisis that COVID-19 presented around the world has only highlighted the role of local organizations' response and their ability to serve their countries and communities. While each PEER partner served different populations and tailored their response to unique country context needs, this study found that **all 22 partners interviewed for this study were able to build off the gains in capacity made from the PEER project to better respond to the needs on the ground**. These capacities include:

IMPROVED ABILITY TO RESPOND AND ADAPT PROGRAMMING

Several partners cited project trainings on Sphere standards as transformative to the way they plan and respond to emergencies now. "During COVID and the Beirut blast, a lot of theoretical training was put into practice. You need to prepare the team, understand how to intervene and how to be flexible according to the situation and humanitarian principles," SAID GHADA EL ZIEN OF IMAM SADR FOUNDATION.

> *"The emergency response skills were most helpful. Before, we always looked through the lens of war activity as the disasters we responded to. During PEER, they (CRS) were trying to subject us to all kinds of problems we might face. At the time, it kind of raised an eyebrow. Why are we doing this? We haven't seen these types of activities before in Lebanon. But this time with COVID, it was different,"* REMARKED FADI NASER OF ORTHODOX YOUTH.

These comments illustrate how PEER's efforts to increase **technical capacity** helped partners in their COVID-19 response by preparing them to address the unexpected in an emergency.

Other partners shared how specific aspects of emergency response training had impacted their work: "The Monitoring, Evaluation, Adapting and Learning training helped us learn how to design a project better. We are also now doing data collection in a systematic matter," said Father Varghese Velickakam, NEDSSS. This sentiment was shared by several other partners, who found better data collection from **MEAL trainings** helped strengthen their COVID-19 response.

Also learned from the PEER technical training, PEER partner PGSS in Uttar Pradesh state now had the capacity to conduct situation reports and emergency needs assessments, which was helpful to their response:

> *The PEER project gave training on situation reports and assessments of the needs. During this COVID time, one of our staff that participated in PEER had done an assessment. He said we need to prioritize these vulnerable people and what exactly we needed to do. From that, we determined where to work. We identified disabled, orphans, and widows [as a target population]"*
> **– FATHER JAISON MANUEL OF PGSS.**

PEER partner Human Initiative in Indonesia expresses several changes in the way they now work:

> *We had been doing assessments before, but they were light and brisk. However, after PEER, we understand the important role of data gathering and rapid needs assessments,"* **– ANDJAR RADITE OF HUMAN INITIATIVE.**

Human Initiative also made use of their learnings around the development of Situation Reports during their COVID-19 response, highlighting essential developments in regions of Indonesia and their specific response efforts.[34] Other partners said they continued to use the technical skills gained from PEER in their COVID-19 response, such as those around WASH responses conduct awareness-raising campaigns on proper hygiene and the use of sanitizers.[35]

Finally, PEER partners also noted that **emergency simulations helped them understand how the skills they learned could be put into practice**. During these simulations, partners learned how to implement the principles of core humanitarian response standards and how to design and implement an emergency needs assessment, all to deliver a high-quality response. "The simulation was amazing. I was used to dealing with emergencies, but not in an organized way or in that format. We were really prepared to deal with COVID-19 and the blast after this simulation. We were better able to handle the stress," said Jack Jendo of Assyrian Relief Committee. Another PEER partner further stated, "[w]e had 3 or 4 days of an emergency simulation. They help us understand how to act and coordinate. This was a big benefit for us."

IMPROVED AND ADAPTABLE SYSTEMS AND STRUCTURES

In addition to strengthened technical skills, partners also acknowledged PEER's support in PEER trainings also helped local organizations **increasing their organizational capacities**, which bolstered their ability to respond to COVID-19. Stronger management skills helped PEER partners advance in getting official NGO status in their country.[36] "Now we are at the level where we are registering our

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34 Situation Report #9. Human Initiative April 2020.https://reliefweb.int/sites/reliefweb.int/files/resources/Sitrep-9-Pandemi-COVID19.pdf

35 Key Informant Interview with TASOSS. October 2020.

36 Key Informant Interview with Evangelical Synod- CPS December 2020.

organization as an NGO in the country, because of all the training we had from PEER. The impact was to organize and make us more formal," said Jack Jendo, Assyrian Relief Committee.

In Indonesia, Human Initiative found PEER helped them **strengthen their systems and structures**, including a newly set up knowledge management system to ensure others continue to learn the capacities taught in PEER. They have also completed a Code of Conduct document that informs how staff should operate, as well as a new protection policy, which was inspired by PEER learnings. Similarly, MDMC has developed policy and guidelines for Preventing Sexual Exploitation and Abuse, finance, shelter, logistics, and national-level situation reports, which they have now begun to share with their vast network at the sub-national level.

For some partners, organizational and management skills gained from PEER are now being used to support their response and reporting. "Financial management was helpful. Before, we didn't spend much time recording things. Now we manage to record things, and we designate it to different staff to own this work," said Father Dibyasingh of Catholic Charities of India.

Another partner felt that a broad understanding of how CRS implemented their own systems and structures was helpful to set up their own:

> *How do you set up structures that are viable, accountable, and sustainable? I think what we have not been able to achieve in the East is that we couldn't implement structures that can get us out of our basic social governance system, which is much more traditional than rational. This is a culture that cannot be taught, but it is better when you see it implemented in organizations and see the values they are promoting. They are within the structure as policies, procedures, and practices. That is one great value of this partnership (PEER),"*
> **COMMENTED A PEER PARTNER FROM LEBANON.**

WHILE TRAININGS AND TIME-BOUND INTERVENTIONS ARE helpful, it is also clear that long-term mentoring and skill sharing may be needed to achieve change in organizational cultures and systems.

INCREASED ABILITY TO COORDINATE WITH OTHER ACTORS

Coordination has long been an essential part of most of the PEER partners' work, even before the project. For example, partners in Lebanon that operate primary healthcare centers regularly coordinate with the Lebanese government and other healthcare facilities to refer patients. Partners in India and Indonesia also have histories of working with their governments and other NGOs. This coordination has continued during their COVID-19 responses.

However, PEER **helped strengthen or reinforce the importance of coordination** in some partners' COVID-19 responses. This coordination took many forms such as coordination within their own partner networks, with other PEER partners

or other local NGOs, with the UN cluster system and with their national and local governments. PEER partners have, at times, participated in coordination mechanisms to understand current COVID-19 situations and to share their own efforts with other responders. In some cases, PEER partners led coordination efforts, such as Social Association in Lebanon:

> **"** *"During the COVID-19 intervention, we now had the knowledge of the process and how to go about things accordingly. How to work with the district level and other CBOs and NGOs. We connected to them to get an assessment of the areas. Accordingly, we chose the most affected people. We started giving food to the most vulnerable people,"* **SAID FATHER LIJO GEORGE OF BSSS.**

Another partner said that while they had been coordinating before, they did not emphasize it:

> **"** *Before the project, we made coordination with other organizations like lip service. After the project, we now know coordination is very important to increasing the quality of assistance. And how to mobilize resources with partners on the ground. This really helped us get more effective and mobilize resources in our network"* **– A PEER PARTNER**

Similarly, another Lebanese partner had not previously prioritized coordination, but reported that PEER helped them "sharpen their tools" and showed them how to rely on others, support others, and coordinate.[37] This shows capacity strengthening efforts that emphasize coordination can increase information sharing, understanding of needs, and perhaps ultimately improve the quality of the response.

IMPROVED ABILITY TO SECURE ADDITIONAL FUNDING

During the pandemic, some partners have secured new funding from international donors, and two have adapted programs with existing funding.[38] In Lebanon, ISWA was able to secure funding from UNHCR, USAID, and Save the Children, in part, because of the organization's improved policies and procedures learned in PEER. "Through PEER we developed all our policies and procedures and because of that it helped us get funding from USAID related to livelihoods and capacity building projects. Without these policies and procedures, we could not have even applied," commented Tarik Bizri, of ISWA. While new funding was not directly connected to COVID-19 response, except the Save the Children project, it illustrates that their increased capacity has enabled international donors to feel confident working with local actors like ISWA.

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37 Key Informant Interview with Orthodox Youth. November 2020.
38 Key Informant Interview with CDLL. November 2020.

Other partners in Lebanon and Indonesia felt their PEER learnings had played somewhat of a factor in securing COVID-19 funding: "Indirectly, yes, it impacted our work with donors. We had a strong response at the sub-national level with the PEER training. Some of the funding went to the provinces, like West Java, where we did PEER. It makes it easier for us to ask offices at the sub-national level to do the work when we know they have participated in PEER," said Rahmawati Husien of MDMC. This illustrates how partners were able to confidently commit to programming donor funds in branch offices that were using PEER learning to implement COVID-19 response.

Additionally, many partners saw success raising funds within their own community, or in India's case, within their diocese, due in part to PEER training. TASOSS was able to mobilize 100 million Indian Rupees, or approximately USD 1,365,990, from the community for COVID-19response.[39] In Bihar state, BWDS also fundraised locally. Priests within the diocese gave half of their monthly pocket money, or 2500 rupees, and gave their holiday pay money, as well. Local churches also raised money from their members. To date, BWDS and the diocese have raised over 3 million rupees for their local COVID-19 response.[40] BWDS indicated that PEER strengthened their fundraising skills, such as letter writing, to request funding from local groups. Several partners in Lebanon also saw success with local fundraising and continue to rely heavily on individual donations from community members.[41]

Overall, PEER partners most consistently mentioned CRS as a primary donor, and various Caritas agencies as a close second. CRS has directly funded all PEER partners in Lebanon and several in India for COVID-19 response. This realizes one of the PEER project goals to strengthen capacity of local partners so that INGOs, like CRS, can confidently fund local partners to implement quality programming that meets emergency needs. Particularly, in the case of Lebanon, many of those participating in PEER had not worked with CRS in the past, and it is less likely they would have received COVID-19 funding from CRS had they not participated in PEER. This illustrates CRS's efforts to direct more funding to local actors and will be discussed further in the recommendations.

Notably, several PEER partners obtained funding to respond to COVID-19 from donors with which they had previous relationships. These donors had long known the organizations' work, and the PEER partners did not feel the project had influenced their ability to gain funding from their existing donors.

FORMED NEW PARTNERSHIPS WITH OTHER PEER PARTNERS TO SUPPORT RESPONSE

Partners in Lebanon created new relationships through PEER that are the basis for continued coordination and collaboration. Partners in Indonesia and India were previously part of Humanitarian Forum Indonesia, a faith-based consortium where

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39 Key Informant Interview TASOSS. October 2020.

40 Key Informant Interview with BWDS. November 2020.

41 This was mentioned by Social Association, Assyrian Relief Committee, Alawites Charity Association, and Nabatieh Rescue.

they have coordinated together, and coordination through the larger Catholic church, respectively.

Like in all the project countries, in Lebanon CRS ensured that capacity strengthening areas were based on a needs assessment with input from the partners. In addition to shaping the project based on this assessment, CRS Lebanon listened to its project partners and helped foster an exchange of best practices and knowledge between partners:

> ❝ *"At the beginning of the project, there were things that were missing. Then we talked to CRS, and these were added. Mainly the field visits to other organizations are what we asked for. We needed to see the best practices with others, so CRS enabled us to visit each other and share knowledge about best practices."*
> **-GHADA EL ZEIN OF IMAM SADR FOUNDATION.**

Several partners shared that networking with other PEER organizations had improved their work and expanded their ability to reach communities outside of their traditional areas of operation during COVID-19 and the Beirut blast.[42] For example, The Alawite Charity Association has a small clinic in Tripoli. Through their PEER connections, they asked the Imam Sadr Foundation to help coach the organization on how to improve processes in their clinic. As the PEER Project Manager in Lebanon, Ramzi El Hage framed it, "PEER was a platform that opened chances for learning."

ADDITIONAL STAFF AND NETWORK MEMBER CAPACITY IN EMERGENCY RESPONSE THROUGH TRAINING

All PEER participants also shared that they shared skills they received during the PEER project with several other staff in their organizations. This cascading of training was a part of Indonesia's project design, but less so in Lebanon and India. However, sharing skills and training from PEER with other colleagues seemed to be a natural progression for many partners in all countries. "We accompanied partners to make sure the Sphere standards were followed. We have 27 dioceses and train all the staff. About 350 staff members are now trained," commented Father Albert Thambi Durai of TASOSS. By seeing the benefits to their team, partners felt sharing learnings would further improve emergency response and systems with the partners they relied on to carry out work:

> ❝ *"One very important thing related to PEER is that we trained our partners on collecting data in Sphere formats. We train our staff on how to collect data. We have 16 partners, and the trainings have been done for many of them."*
> **-FATHER VARGHESE VELICKAKAM OF NEDSSS.**

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42 Key Informant Interviews with Evangelical Synod CPS, Nabatieh Rescue, and Orthodox Youth. November 2020.
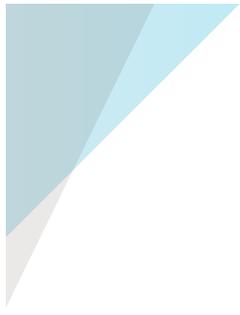
Partners also found benefit from training others in their COVID-19 response. In India, partners that shared capacities around needs assessments and situation reports were better able to understand the dynamics on the ground despite their inability to reach the areas that could be reached by sisters and fathers that had the new knowledge. When they could finally travel, post-lockdown, local partners could more quickly implement response programming.

In Indonesia, both MDMC and Human Initiative conducted trainings with their staff in branch offices and with other NGOs at the subnational level. "We trained local small NGOs in remote areas, in small cities to give them the same capacities. This was trickle down localization. Localization is not only a dream; we can make it real. When localization is happening on the ground the quality of the assistance to the community is increasing," said Tomy Hendrajati of Human Initiative.

IMPROVEMENTS IN IDENTIFYING AND SERVING VULNERABLE GROUPS

Several organizations noted that protecting and identifying vulnerable staff members in the first weeks of the pandemic was a top priority, with some partners noting this attention to specific groups was a result of PEER trainings. Partners operating schools gave leave or enabled teachers to work remotely who had underlying health conditions. Partners whose core work involved healthcare scrambled to find PPE for their staff and to identify processes for dealing with those experiencing COVID-19 symptoms.

Once partners felt their teams were duly protected, which in turn helps protect those they serve, they began programming to identify those who were already vulnerable and being further pushed to the margins due to COVID-19. In Lebanon, several partners identified refugees as a vulnerable group. In response, they worked with refugees living in camps by providing food and PPE, as well as conducting awareness raising campaigns on social distancing and proper hygiene to prevent the spread of COVID-19.

As mentioned previously, partners could more easily identify vulnerable groups in their communities through emergency needs assessments and protection policies. "We distributed materials in the most needed areas, including migrants, the disabled, and widows. They have been prioritized for the relief materials," said Father Jaison Manuel of PGSS.

GREATER INDEPENDENCE AND CONFIDENCE IN EMERGENCY RESPONSE

While many of the PEER project's enduring effects have been tangible changes in technical and organizational capacity, partners also expressed a feeling of greater independence when responding to emergencies.

> *"Unconsciously, this training helped during COVID. We were able to mobilize ourselves without any support from outside. The volunteers, we were thinking outside the box; we got support from other religious groups to help respond to COVID. Yes, it increased our capacity, and we didn't need the traditional support."*
> **- FATHER VARGHESE, NEDSSS**

Several other partners expressed their ability to "speak the same language" as INGOs in meetings, including UN Cluster meetings on WASH, protection, and shelter. **This new understanding of international standards has given them confidence in knowing their community and how better to serve it**.

> 66 *"When we meet other INGOs, we have similar perspectives and speak the same language. We have the same bandwidth as other INGOs. Before PEER, we could wear the same suit, but when we sit with them, we are not talking the same way. But now we can just wear a polo shirt, and we are talking in the same way."*
> **-JUMARSONO, HUMAN INITIATIVE**

This new confidence and independence in partners like Human Initiative have supported a culture change within their organizations. **"PEER has been a new window to the house that opens up new knowledge. It has transformed a new and better attitude in the Human Initiative staff," expressed Jumarsono of Human Initiative**. This changed attitude has cascaded to their branch offices, giving them more confidence in delivering emergency response in the field. Additionally, one PEER partner noted that they had long served their communities and were already trusted, however their participation in PEER helped improve their approach and processes to better meet the needs of their community members.[43] These experiences may indicate a strengthened ability to participate in and lead decision making processes.

Photo courtesy of Balasore Social Service Society (BSSS).

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43 Key Informant Interview with Imam Sadr Foundation. November 2020.

Areas for Further Investment in Capacity Strengthening

PEER partners identified specific gaps their organizations could benefit from further capacity strengthening. Further investments by donors and INGOs in these areas could help strengthen local organizations' ability to respond to crises, and reduce the need for internationally-led emergency response.

PEER PARTNERS NEED TECHNOLOGY TOOLS, NOT JUST SKILLS, TO MANAGE PROGRAMMING BETTER

While PEER partners received training in several areas of capacity strengthening to improve their technical and organizational skills, partners in Lebanon expressed the desire for software tools that support data collection and project management to streamline their response process and enable them to scale up their work:

> *"We got the systems, but we didn't get the tools. We understood what we should do. We had hard copies but transforming that into processes and procedures to be translated into digital systems-- that we couldn't do. This technology part is important if we want to be transparent, more efficient, and have the power to scale up our approaches."*
> **-PEER PARTNER IN LEBANON**

PEER implementation differed in each country, so while Lebanon did not provide software to its partners, a Jordanian partner did receive accounting software and laptops as a part of the project. In Indonesia, the PEER project supported Human Initiative's use of ComCare and Power BI, software for data collection and management, via tablets and smartphones to conduct emergency needs assessments in the field.[44] Human Initiative staff stated that ComCare has helped in their COVID-19 response and emergency response in general.

This further makes the case for continued participatory needs assessment and holistic approaches that consider training, but also interventions that target organizational systems and structures.

PEER PARTNERS NEED WAYS TO ACCESS FUNDING FROM NEW DONORS

Robust humanitarian response, particularly at the scale of responding to a global pandemic, requires sufficient funding. This study found that while several partners were able to obtain some funding from a diverse set of international and local

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44 Email correspondence with CRS Indonesia. December 2020.

donors after participating in the PEER project, and later to respond to COVID-19, additional funding would have enabled partners to reach more people and scale up programming. While local fundraising can contribute to response sustainability and indicate accountability between NGOs and the local communities they serve, the scale of international and national funding cannot be matched. Despite this need, and the proven organizational and technical capacities of local partners, lack of funding to local organizations continues to plague the humanitarian and development community. This challenge continues through a pandemic that was heralded as both an opportunity to work with and fund local actors, but a necessity for an effective response.[45] Understanding why this has been the case requires further inquiry.

PEER PARTNERS NEED FURTHER SUPPORT AND GUIDANCE FOR WORKING WITHIN THEIR OWN LOCAL SYSTEMS

PEER partners expressed frustration and concern about a lack of response to COVID-19 by their governments. The novel nature of the pandemic stifled many governments' responses, yet coordination with civil society and NGOs supporting the response require attention. Complex local systems create challenges and multiple levels within any emergency response, especially if corruption can be a part of that complex system.

> " *"The problem is that the system has the grip on all the veins, all the arteries, and we are always here to face the emergencies of disasters caused or not caused directly or not directly by the systems. We are paying a lot to relieve the situations instead of working a lot to change the systems."*
> **-PEER PARTNER**

Other partners were vocal about their reluctance to work with the government system because of past negative experiences and the fact that many PEER partners come from marginalized religious groups.

The PEER project conducted trainings on ways to better coordinate within the partners' own local systems, but this is an area that will require continuous efforts on the part of organizations implementing capacity strengthening programs. As other donors have recognized in their own guidance, in addition to providing capacity strengthening to local NGOs, donors and international partners should ensure capacity strengthening efforts also work to improve the local systems that local actors operate in and ensure that local voices help make them more adaptable.[46]

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45 Interim Guidance: Localisation and the COVID-19 Response. IASC April 2020. https://interagencystandingcommittee.org/system/files/2020-11/IASC%20Interim%20Guidance%20on%20COVID-19%20-%20ERP%20Approach%20-%20April%202020_0.pdf

46 USAID Local Capacity Development: Suggested Approaches. Accessed December 2020. https://www.usaid.gov/sites/default/files/documents/2496/Local_Capacity_Development_Suggest_Approaches_1.pdf

Photo courtesy of Balasore Social Service Society (BSSS).

Conclusion

PEER partners responded to COVID-19 by addressing the unique challenges their country and communities faced. Whether it was mass migration, economic crises, or challenges convincing people to take the pandemic seriously, PEER partners actively responded to the emergency. While interventions may have been slightly different, the partners used similar international standards learned during the PEER project that likely improved their response. Additionally, the project provided opportunities to learn from other local NGOs, build their confidence to respond and pass along what they learned in the project to their own partners. All of these enduring effects were beneficial and likely improved their COVID-19 response. These effects also provide evidence of the benefits capacity strengthening projects can have on local actors if they are done based on need and provide long-term relationship and mentoring opportunities.

PEER partners' COVID-19 responses can serve as a useful example of how local NGOs' strengths in planning, response, policies, and procedures, along with their long-term presence in the communities, make them an ideal partner to design and implement quality emergency responses using donor and INGO funding. These findings also illustrate the potential lasting and multiplier effects of strategic investments in capacity strengthening by donors and INGOs. These investments lead to an increase in locally led responses and an increased number of local NGOs ready to implement quality internationally funded programming. While achieving significant progress on Grand Bargain localization commitments continues to challenge the field, the role played by PEER partners within the COVID-19 response – which included the need to respond to multiple emergencies - illustrate how the investments like the PEER project can contribute to a lasting shift to local response and leadership at scale.
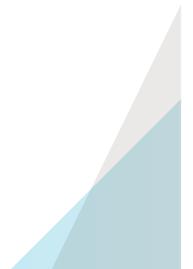
Photo courtesy of Balasore Social Service Society (BSSS).

Recommendations

RECOMMENDATIONS FOR DONORS

These finding suggest the following recommendations for donors funding humanitarian and development responses to optimize the role of local partners to advance localization and local leadership in international assistance:

1. **Direct more funding to local actors.** As expressed by several PEER partners, more funding could have enabled them to respond to more of those affected by COVID-19. While they received funding from various actors, including CRS and Caritas, many of these funds came from existing relationships or were not explicitly directed toward their COVID-19 response. Additional funding would likely further enable PEER partners to become more independent and successfully respond through the rest of the pandemic and beyond.

2. **Extend localization beyond project implementation, to support local actors' roles in the broader system over the long term.** For local NGOs to successfully respond to current and future emergencies, local organizations require capacity strengthening for their own organizational and technical skills but must become leaders and decision makers in the complex systems of which they are a part. Donors should consider and support local NGOs' role to coordinate voice opinions and influence their governments emergency response and any international response; participate in decision making processes; strengthen response, increase transparency and be accountable in their communities; and hold government officials accountable to ensure the response system works well. This effort to incorporate changes to the broader system could include connecting programming to democracy, rights, and governance projects or providing training on navigating and influencing existing systems.

3. **Value local actors' existing capacities and local knowledge, while recognizing donor and INGO limitations.** Too often, donors and INGOs imply that capacity strengthening is a one-way street.[47] This study adds to a body of knowledge that demonstrate the unique and pivotal capacities that local actors bring to the table, including understanding local contexts and dynamics, holding the trust of the community, and longstanding service that will continue even when donors and international actors may leave. Additionally, local actors have technical and organizational capacities, and find innovative solutions that are often underutilized. Capacity strengthening projects should build on or utilize these existing skills.
The PEER project also illustrated the value of local capacity by meeting partners' expressed needs to share best practices with other local NGOs and learn from

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47 Fast, Larissa and Bennett, Christina. From the Ground Up: It's about time for local humanitarian action. May 2020ODI. https://www.odi.org/sites/odi.org.uk/files/resource-documents/17-19_ip_synthesis_web_0.pdf

each other. **This illustrates how partners can learn significantly from other local NGOs and that outside guidance may not always the most valued knowledge for partners**. Future capacity strengthening projects should promote relationships and networking amongst local NGOs that highlight existing capacities.

4. **Invest more in intentional, holistic capacity strengthening programming.** Donors should support holistic capacity strengthening projects similar to PEER and build on the project's learnings, which find that focusing on both technical and organizational capacity, and an approach that includes not just training, but also accompaniment and deep partnership can be invaluable. Capacity strengthening stand-alone projects are an important steppingstone to achieving localization commitments. Despite falling short of the Grand Bargain 2020 commitment of directing 25% of funding to local partners, donors and INGOs should continue to pursue funding local actors at an increased rate. Given the innovation and know-how generated by local organizations, investing in capacity strengthening and sharing can indeed present an additional dimension of Return on Investment, which is the contribution that local organizations can make to a global knowledgebase.

RECOMMENDATIONS FOR INGOS

1. **Reimagine capacity strengthening projects as long-term, holistic, partnerships which focus on relationship building and accompaniment.** INGOs should view needs-based capacity strengthening of local NGOs as a means for a more effective humanitarian response. It should also be considered a development outcome that strengthens local systems, further justifying the need for long-term relationships between INGOs and local NGOs. Several PEER partners appreciated that the project was three years long and provided a series of trainings, coaching, simulations, and mentoring. Yet, some partners also expressed that the project could have gone even longer. However, following the completion of the project, CRS has continued to support partners in all countries. This support is an example of CRS's holistic partnership and capacity strengthening approach that includes capacity building of individuals, along with institutional strengthening and consistent accompaniment. This continued partnership should be seen as a best practice for others to replicate.

2. **Capacity strengthening projects should include intentional resource mobilization.** INGOs should explore building relationships between their campaign fundraising, resource mobilization or business development teams and counterparts within local NGOs.[48] Share contact details of potential donors, make introductions, and write recommendations on behalf of local NGOs.[49] In India, the ability of local partners to mobilize resources presented them with the

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48 CRS did have members of their business development team conduct trainings on proposal writing. Additionally, in India, and unrelated to PEER, Caritas India has conducted trainings on fundraising campaigns that several PEER partners participated in.

49 CRS Lebanon provided a recommendation for ISWA to USAID.

independence and to meet the needs of their community without having to wait for international assistance.

3. **Ensure the needs of local partners to strengthen capacity are clear and jointly defined.** CRS conducted needs assessments at the outset for each partner, which built on local NGO strengths, while learning about their expressed gaps and needs. CRS also spent time building trust with those partners, which proved to be a necessary building pre-condition for the project, and ultimately the basis for its successful outcomes. By understanding capacity needs and building on local NGO strengths and other stakeholders can meet local NGO needs and learn about existing capacity strengths.

4. **Do not just provide the skills, but also the systems and tools to use those skills.** Some PEER partners indicated their desire to see additional links to and trainings for building systems and utilizing tools to better manage, implement and monitor their activities. For donors and INGOs concerned about local actors being able to pay for potentially expensive software post-project, see recommendation 1 for donors and 2 for INGOs.

Photo courtesy of Balasore Social Service Society (BSSS).

Photo courtesy of Human Initiative.

Appendix 1: Interviewees

CRS STAFF

1.	**Ramzi El Hage**	Program Manager, Lebanon
2.	**Yenni Suryan**i	Country Manager, Indonesia
3.	**Kushal Neogy**	Sub-Regional Director- Partnerships, India
4.	**Vijayalakshmi Arora**	Head of Program, India
5.	**Rekha Shetty**	PEER Director, India
6.	**Keerthana Thanikal**	MEAL Humanitarian Coordinator, India
7.	**Amanda Schweitzer**	PEER Project Director, USA
8.	**Adhong Ramadhan**	Former PEER Director, Indonesia

PEER PARTNER ORGANIZATION STAFF

1.	**Father Albert Thambi Durai**	TASOSS/India
2.	**Father Amal Raj**	BWDS/India
3.	**Father Varghese Velickakam**	NEDSSS/India
4.	**Father Jaison Manuel**	PGSS/India
5.	**Father Lijo George**	BSSS/ India
6.	**Father Joseph Valiaparambil**	SWAD/India
7.	**Father Dibyasingh**	Catholic Charities/India
8.	**Tarek Bizri**	ISWA/Lebanon
9.	**Ghada El Zien**	Imam Sadr Foundation/Lebanon
10.	**Rafi Penakian**	CDLL/Lebanon
11.	**Stephanie Telenian**	Armenian Relief Cross/Lebanon
12.	**Georges Ziadej**	Evangelical Synod/Lebanon
13.	**Fadi Naser**	Orthodox Youth/Lebanon
14.	**Khadija Shbaro**	Awareness and Consolation/Lebanon
15.	**Mosaab Said**	Awareness and Consolation/Lebanon
16.	**Ghassan Chehade**	Social Association/Lebanon
17.	**Noureddine Eid**	Alawites Charity Association/Lebanon
18.	**Mahdi Sadek**	Nabatieh Rescue/Lebanon
19.	**Jack Jendo**	Assyrian Relief Committee/Lebanon
20.	**Antoine Abboud**	Maronite Scouts/Lebanon
21.	**Tomy Hendrajati**	Human Initiative/Indonesia
22.	**Andjar**	Radite Human Initiative/Indonesia
23.	**Muhamad Jawad**	Human Initiative/Indonesia
24.	**Fatih**	Human Initiative- Branch Office /Indonesia
25.	**Mutaria**	Human Initiative- Branch Office /Indonesia
26.	**Rahmawati Husien**	MDMC/Indonesia

Appendix 2: PEER Partners List

Balasore Social Service Society
Website: *https://bsssodisha.com/; https://www.facebook.com/BSSSbalasore/about/*

Bettiah Diocesan Social Service Society
Website: *http://fsisk.org/Bettiah-Diocesan-Social-Service-Society.php*

Bihar Water Development Society
Website: *http://fsisk.org/Patna-archdiocese.php*

Bongaigaon Gana Seva Society
Website: *https://www.facebook.com/BongaigaonGSS/*

Catholic Charities
Website: *Not available*

Diocese of Nellore Social Service Society
Website: *Not available*

Karuna Social Service Society
Website: *https://www.karunasocialservicesociety.com*

North East Diocesan Social Service Society
Website: *http://www.nedsf.net/*

Purvanchal Gramin Seva Samiti
Website: *http://www.pgssgkp.online/pgss/index.php*

Social Service Centre Diocese of Eluru
Website: *Not Available*

Society for Welfare, Animation and Development
Website: *http://www.swad-dsss.org*

Tamil Nadu Social Service Society
Website: *http://www.tasossforum.org*

Tezpur Social Service Society
Website: *http://tsss.org.in*

INDONESIA

Muhammadiyah Disaster Management Center
Website: *https://www.mdmc.or.id*

Human Initiative
Website: *https://human-initiative.org*

LEBANON

Alawite Islamic Charity Association
Website: *https://aica-lb.org*

Armenian Relief Cross
Website:

Assyrian Support Committee
Website:

Cenacle de la Lumiere
Website: *https://www.cdll.org.lb*

Imam Sadr Foundation
Website: *https://www.imamsadrfoundation.org*

Irfan Establishment
Website:

Islamic Social Welfare Association
Website: *https://iswa-lb.org*

Maronite Scouts
Website: *https://scoutsmaronites.org*

Nabatieh Scouts
Website:

Orthodox Youth Movement
Website:

Syriac Women Association
Website:

The Awareness and Consolation Associations
Website: *https://acalebanon.org*

The National Evangelical Synod
Website: *http://synod-sl.org*

The Social Association
Website:

JORDAN

Latin Scouts of Weibdeh
Website:

Latin Scouts of Zarka
Website:

Roman Catholic Scouts
Website:

Youth of the Arab Orthodox Renaissance Association
Website:

The General Secretariat of Christian Youth
Website:

Misdar Scouts
Website:

Roman Catholic Youth St. Georges
Website:

Youth for a United World
Website:

Youth in Service and Support of Church
Website:

St. Emmanuel Group
Website:

Schenier Alumni Association
Website: