



Embracing the localisation agenda

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The localisation agenda has in recent times been a priority of several donor agencies. As we embark on a journey towards locally-led development within the health sector, it is important to reflect on both the promises and perils intertwined within the localisation agenda, especially concerning the pivotal role of faith actors. The Africa Christian Health Associations Platform (ACHAP) that I lead was privileged to be one of the first beneficiaries of United States Agency for International Development (USAID)'s commitment to localisation through their New Partner's Initiative (NPI). This editorial is therefore a reflection based mostly on our experience as a first-time local recipient of funding from a donor of the magnitude of USAID.

USAID in its definition of localisation considers it to involve a comprehensive set of internal reforms, actions, and behavioral changes of the agency aimed at placing local actors at the forefront of development efforts.

How localisation changes the development landscape

Empowerment: Local actors, communities, and organizations through localisation could be equipped with skills to actively participate in decision-making processes. Local entities often face limitations in terms of human resources, technical expertise, and organizational capabilities, which are essential for steering development projects to success. The assurance for capacity strengthening and empowerment therefore helps them to be transparent on capacity gaps. Empowerment also includes strengthening of organisational and community systems, structures as well as policies where relevant.

Ownership: In my understanding where leadership on priorities for implementation and the approach to implementation is provided

by those closest to the issues at hand, greater ownership of the work happens. Faith actors, deeply rooted within communities, have both an understanding of the cultural context as well as grassroots connections to amplify the impact of health interventions. They therefore are one of the key stakeholders in localisation.

Relevance: We all know of very brilliant ideas coined on paper in board rooms that when implemented on the ground do not see the light of day. Localisation ensures that health interventions resonate not only with beliefs and practices of the community but also are practical in their context. Faith-based organizations, rooted in local customs and traditions, possess a unique advantage in fostering trust and acceptance, crucial for effective health outreach.

Sustainability and Resilience: When local communities and organisations have been engaged in their development, planning on strategies to be implemented, and actively participated in their execution, there is a very good chance that such actions will be entrenched in the community. Such capacities and systems built tend to be resilient to external shocks. Local organisations unlike projects exist in communities with a long-standing commitment to the communities in which they exist. When initiatives in which they are engaged align with the long-term objective of their existence, the initiatives have a chance of being sustained. Faith-based initiatives, with their long-standing presence and commitment to community welfare, contribute to the endurance of health interventions beyond donor funding cycles.

Economic empowerment: With significant funding being committed to local organisations, communities become economically empowered. Local businesses are supported as well as local experts engaged. This in turn increases the

self-reliance of the local community because of the increased strength of the local economy.

Considerations necessary for effective localisation

The balancing act of competition and collaboration: From where I stand, I believe there is enough space for us all. Localisation brought with it a panic that led many international organisations to register locally in order to check the localisation box. In my understanding, the drive to localisation in no way intends to “drive away” international organisations to create space for local organisations. I think there is need for both local and international organizations not only to clearly articulate their value proposition but also honestly to reflect on the value of partnership and collaboration. Consider capacities and resources that they may want to develop and which are best outsourced from people and organisations that have the capabilities, understanding, and resources to maintain them. That way we may create more sustainable organizations that do not close at the end of every funding cycle.

Inclusion: Inclusion in respect to localisation is a complex subject that often will depend on the context. In some countries it means inclusion of different faiths, races, and genders. Understanding this and applying it requires that the funders are very intentional about listening to all stakeholders and leading meaningful dialogue. However, this can complicate the processes of project implementation, significantly slowing down start up.

Resource Disparities: Whereas many local organisations have the potential to be change agents, disparities in funding and capacity between international and local actors remain a significant challenge in the quality of implementation where compared. It is therefore

a daunting task for these organisations to compete against international organisations that have greater resources.

Accountability: Local actors need to be aware that whereas donors are committed to the localisation agenda, they too must take responsibility for their actions, decisions and resources allocated. This means that local actors must understand the responsibility on their shoulders to carry out their work with utmost transparency. On the other hand, donors need to also understand the risk involved in supporting organisations that have previously not had this magnitude of responsibility. They need to determine beforehand the magnitude of risks they are ready to take and allow any needed mitigation.

Learning and unlearning: Both local actors and donor agencies need to consider localisation as a process that is not perfect and from which there will be lessons. That way the donor community will allow their funding mechanisms to respond to the learning and to consider course corrections. This will ensure all parties remain open-minded and create impactful interventions in the end.

Conclusion

As we all navigate this new localisation map, we need to be cognizant of inherent complexities of the terrain. Fostering partnerships grounded in mutual respect, transparency, and shared goals can harness the strengths of both local and international actors to create sustainable, inclusive, and equitable health systems. There is also need for the deliberate identification and integration of local actors such as faith actors into the localisation agenda. Let us remain cognizant of the complexities inherent in this endeavor, but press on to make localisation of aid in the health sector a reality.



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