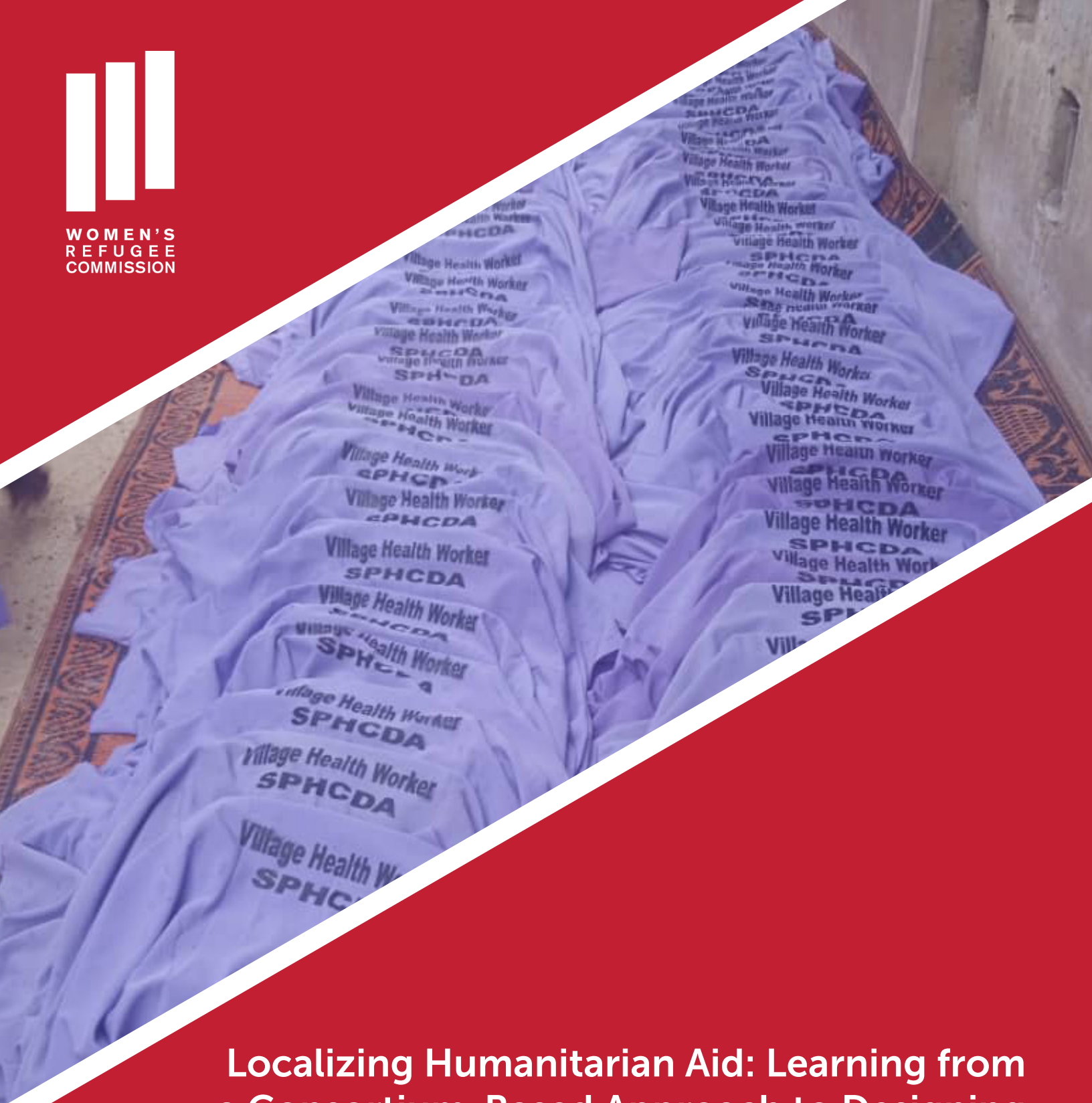





WOMEN'S  
REFUGEE  
COMMISSION



# Localizing Humanitarian Aid: Learning from a Consortium-Based Approach to Designing and Implementing a Village Health Worker Program in Borno State, Nigeria

March 2023



The Women's Refugee Commission (WRC) improves the lives and protects the rights of women, children, and youth displaced by conflict and crisis. We research their needs, identify solutions, and advocate for programs and policies to strengthen their resilience and drive change in humanitarian practice.

## Acknowledgments

This report was written by Sarah Rich (WRC) and Augustus Emenogu (evaluator). The report was reviewed by Dale Buscher, Sandra Krause, Gayatri Patel, and Diana Quick (WRC). This report is based on research funded by the Bill & Melinda Gates Foundation. The findings and conclusions contained within are those of the authors and do not necessarily reflect positions or policies of the Bill & Melinda Gates Foundation.

The project team would like to thank the Borno State Primary Health Care Development Agency staff for their leadership on the project and the nongovernmental organization staff for their support on the project. The authors would like to recognize Bintu Bukar Imam (SPHCDA), Susan Mshelia Okonkwo (Mwada-Gana Foundation), Cassandra Puls (WRC), and Hilary Wartinger (WRC) for their tireless dedication to the project.

## Contact

For more information or to share comments about this report, please contact Sarah Rich, associate director, sexual and reproductive health and rights, WRC, at [SarahR@wrcommission.org](mailto:SarahR@wrcommission.org).

Cover photo: VHW hijabs for distribution at launch in Bintu © Bukar Imam, at the Bayo training and program launch 2018.

© 2023 Women's Refugee Commission, Inc.

Women's Refugee Commission  
15 West 37th Street, 9th Floor  
New York, NY 10018  
(212) 551 3115  
[info@wrcommission.org](mailto:info@wrcommission.org)  
[womensrefugeecommission.org](http://womensrefugeecommission.org)

---



# Contents

- Introduction..... 1
  - Our key findings ..... 1
- Overview of the Project..... 1
  - Program goals ..... 1
  - Local partnership approach ..... 2
  - Partnership model co-design process..... 4
- Evaluating the Partnership Approach..... 6
- Learning from the Consortium-Based Localization Approach..... 6
  - Successes ..... 7
  - Challenges ..... 9
- Recommendations ..... 10
- Conclusion ..... 11
- Abbreviations..... 12



# Introduction

From 2017–2021, the Women's Refugee Commission (WRC) partnered with the government of Borno State, Nigeria, and other local partners to design and implement an integrated package of community and primary health interventions to strengthen delivery of reproductive, maternal, newborn, child, and adolescent health and nutrition (RMNCAHN) services. To drive long-term sustainability of the program and advance the humanitarian sector's commitments to localizing humanitarian response,<sup>1</sup> the project team intentionally designed a collaborative localized approach to implement the project.

With funding from the Bill & Melinda Gates Foundation, WRC provided sub-grants to the Borno State government to lead implementation of programming and to local nongovernmental organizations (NGOs) to support the government, while WRC provided "behind-the-scenes" coordination, grant management, and programmatic support.

This brief synthesizes findings from the localized consortium-based approach, including successes, challenges, and recommendations, based on an external evaluation and WRC's internal reflections and learning. The humanitarian sector can build on this learning to advance effective, sustainable, and equitable localization of humanitarian aid.

## *Our key findings*

Learning from the project suggests that **engaging the local government** in designing and leading program implementation, **partnering with other local organizations** to support the government, and **establishing clear coordination and communications mechanisms** facilitate success in localized consortium approaches. However, **establishing new consortiums takes considerable time and upfront investment**, requiring long-term, flexible funding. Moreover, **positioning the government as the lead implementer facilitates sustainability but does not guarantee it**; significant advocacy efforts building on robust program evidence are needed to ensure long-term sustainability. It is critical for the humanitarian sector to **continue advancing equitable approaches to localizing aid**, building on learning from existing efforts.

# Overview of the Project

## *Program goals*

Borno State has been the epicenter of armed conflict in northeast Nigeria since 2009; as of 2021, there were 1.7 million internally displaced persons in the state.<sup>2</sup> Much of the health infrastructure has been destroyed or damaged as a result of the conflict. In 2020, only 30 percent of health facilities in the state were fully functioning.<sup>3</sup> Within this complex context, the project aimed to increase demand for,

- 1 For example, at the World Humanitarian Summit in 2016, signatories of the Charter for Change committed to passing at least 20 percent of their humanitarian funding to southern-based NGOs by May 2018.
- 2 OCHA. Nigeria | Global Humanitarian Overview 2022. <https://gho.unocha.org/nigeria>.
- 3 WHO Regional Office for Africa, WHO-EU Partnership Targets 600,000 People with Integrated Healthcare in Borno State (2020). <https://www.afro.who.int/news/who-eu-partnership-targets-600000-people-integrated-healthcareborbo-state>.

access to, and uptake of quality RMNCAHN services for women, newborns, children, and adolescents, with the goal of improving community health outcomes and preventing morbidity and mortality.

The project's cornerstone was the Village Health Worker (VHW) program, in which a cadre of locally recruited VHWs conducted guided home visits in their communities to deliver health and nutrition information to families, encourage health-seeking behavior, and provide referrals to nearby primary health facilities. While the VHW program was designed to increase demand for health services, the project also included several complementary interventions to improve the availability, accessibility, and quality of primary health services, including health provider training, supply chain strengthening, a volunteer emergency transportation scheme, and policy support to strengthen the enabling environment.

The VHW program drew on proven programming from other contexts, including a VHW program implemented in nearby Gombe State, Nigeria, and on the Nigerian government's new national Community Health Influencers, Promoters, and Services (CHIPS) Programme. All program materials were co-designed by WRC and the local partners, building on existing materials. The project team developed a community health curriculum, which was linked to national and international standards while tailored to the Borno State context, a package of job aids and tools, and a tailored monitoring and evaluation (M&E) system. The VHW program and complementary interventions were implemented in three selected areas of Borno State. Based on learning from one year of implementation in the first pilot site, the team updated and refined the program and M&E materials before launching in the second and third sites.

Overall, the project trained and deployed 219 VHWs across the three sites who conducted more than 50,000 household visits over the course of project implementation. The program ran for 19 months in the first location, eight months in the second location, and five months in the third location. An endline evaluation (published separately) found that the VHW program was effective in increasing demand for RMNCAHN services, and that communities felt ownership and acceptance of the program, although availability of the supplies needed to provide health services remained a challenge throughout the project.<sup>4</sup> Ultimately, many of the VHWs transitioned into community health worker roles under the CHIPS Programme, which was rolling out in Borno State as the VHW program ended.

### *Local partnership approach*

The response to the conflict in northeast Nigeria has involved a diverse set of actors, including the significant presence of international organizations. The humanitarian sector increasingly calls for "localization" of humanitarian response to include local organizations and communities, most prominently in the [Grand Bargain](#) at the World Humanitarian Summit of 2016. However, international institutions and agencies based in the Global North continue to lead implementation of the response in many crises. As the humanitarian sector shifts toward funding local actors, partnership-based approaches that bring together both international and local organizations have increasingly emerged. Within these dynamics, humanitarian stakeholders have focused on developing effective and "equitable" partnerships that mitigate the power differentials between global and local organizations that have long been ingrained in the humanitarian system.

While WRC was the project prime—as the direct recipient of funds from the donor, with direct accountability for success—the project provided funding to and centered local stakeholders as lead

---

4 Women's Refugee Commission, *On the Frontlines of Community Health: An Endline Evaluation of a Village Health Worker Program in Borno State, Nigeria* (New York, NY, 2022).

program designers and implementors. From the proposal phase, the project established that WRC would support the Borno State Primary Health Care Development Agency (SPHCDA), the government entity responsible for primary health care service delivery in the state, to lead the implementation of the VHW program. The proposal also established that WRC would identify and sub-contract with other partners, based on project needs, after the grant contract was executed.<sup>5</sup>

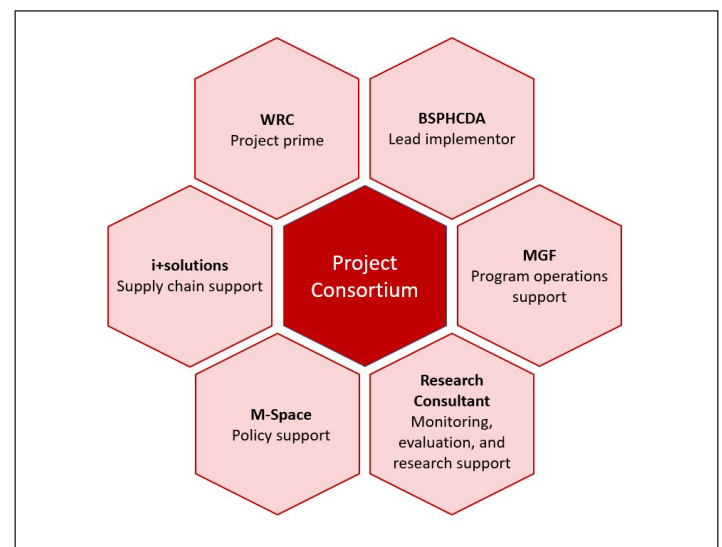
WRC sought out and invited partners based on their added technical value to the project, with each partner contributing a specific skill set. In doing so, WRC applied the principle of “as local as possible, as international as necessary”: specifically, it prioritized partners that were organizations or professionals currently based in Borno State; partners based elsewhere nationally in Nigeria were considered next; and international partners were included only if WRC could not identify the targeted technical expertise within local Nigerian organizations. WRC also prioritized women-led organizations.

To identify local partners – many of which are not as well known as international organizations in the global humanitarian architecture due to long-standing patterns of funding flows and related dynamics – WRC undertook a careful partner mapping process by meeting with a range of stakeholders providing health services in the state. Through the mapping process, WRC identified and met with a range of local and international partners engaged in RMNCAHN service provision.

Based on the mapping process, the project brought together six consortium partners (see figure 1). In addition to **WRC** and the **SPHCDA**, these partners were **Mwada-Gana Foundation (MGF)**, a woman-led, community-based organization founded in Borno State that provided day-to-day project management and technical support to the SPHCDA; a long-term **research consultant** based in Borno State responsible for working with the SPHCDA to monitor the VHW program, in addition to conducting a baseline needs assessment and endline evaluation; **M-Space**, a Nigerian organization based in Abuja that provided advocacy and policy support to the SPHCDA to improve the enabling environment; and **i+solutions**, an international procurement and logistics agency with offices in Nigeria that supported the SPHCDA to strengthen health supply chains. WRC provided financial and technical support to each of these partners. Most partners were onboarded during the project’s first year, but WRC engaged **i+solutions** after VHW program implementation had begun.

While sub-granting to local partners as part of humanitarian aid is not a new approach, the project conferred full responsibility for direct program implementation to the local government and local partners. WRC is not an implementing organization and does not have offices or staff based in Nigeria; therefore, the government and local consortium partners **entirely** drove the implementation, with WRC in a “behind-the-scenes” supporting role. On-the-ground implementation of the VHW program was led by the SPHCDA, with support from the other consortium partners. WRC did not require its branding to be used on any local project materials.

**Figure 1. Consortium partners**



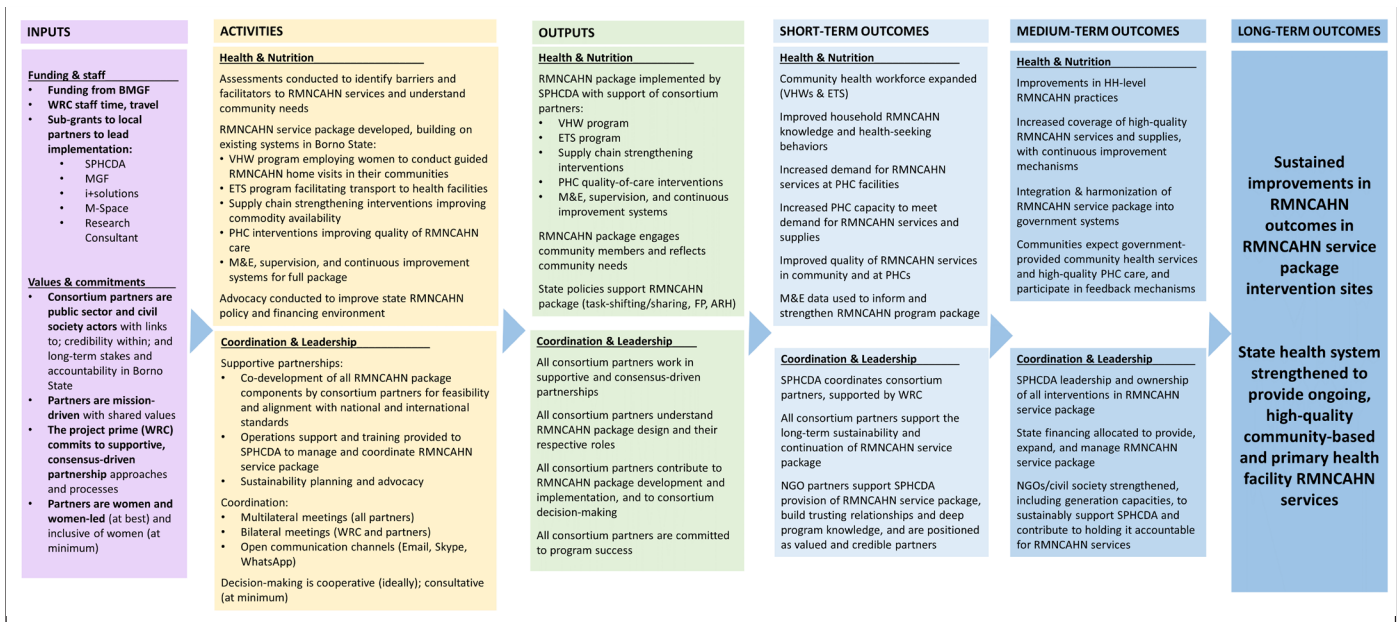
<sup>5</sup> The donor did not have competitive bid requirements.

## Partnership model co-design process

Once all the partners were onboarded, WRC worked with the consortium to co-define how consortium operations would function in practice. The partners identified a need for two key documents to guide the approach: an **updated theory of change** that directly integrated how localization would be operationalized and how it would contribute to project outcomes, and **decision-making guidance** that transparently laid out how decisions would be made. The partners also developed and honed **communications mechanisms** that enabled frequent, open communication among partners.

To update the **theory of change** (see Figure 2), WRC worked with consortium partners to define the inputs, activities, outputs, and outcomes related to localization. The team articulated the fundamental values underpinning the formation of the consortium: selection of partners with links to, credibility within, and long-term stakes and accountability in Borno State; and a commitment to collaborative, consensus-driven partnership approaches and processes. To operationalize this commitment, consortium activities included co-developing all RMNCAHN package components, providing operations support and training to the SPHCDA to manage and coordinate the RMNCAHN service package, and jointly planning and advocating for program sustainability.

Figure 2. Theory of change for the RMNCAHN project



Through these activities, the team sought to build collective responsibility for project development and implementation, including the success of the program. Short-term and medium-term outcomes articulated a process of increasing ownership and leadership of the SPHCDA to manage programming and consortium processes, and investments in the long-term sustainability and financing of the VHW program. They also focused on achieving strengthened civil society organizations (i.e., the NGO partners of the consortium) that were positioned for future resource generation to sustainably support health service delivery and contribute to holding the government accountable for RMNCAHN services.

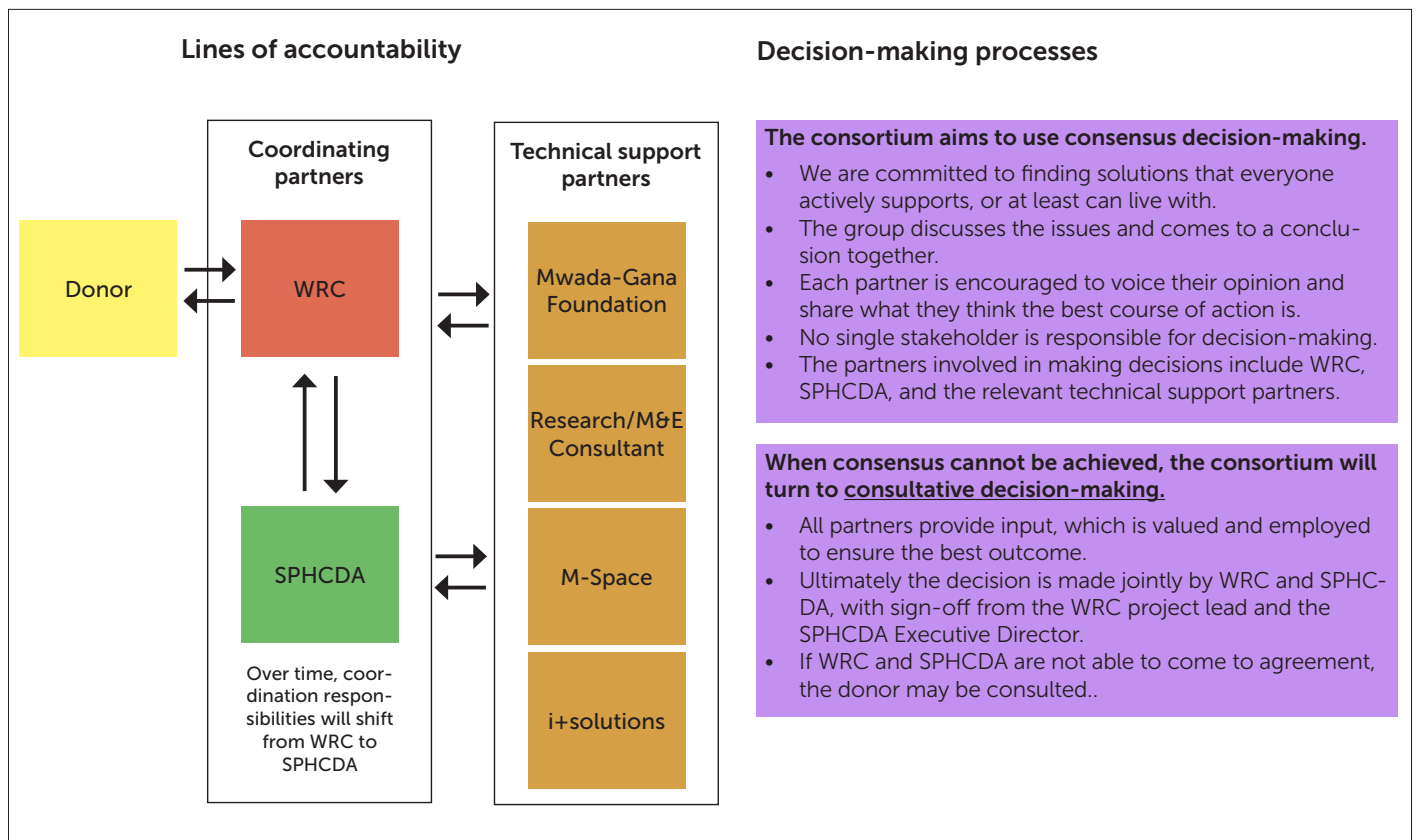
The consortium envisioned that these localization-focused inputs, activities, outputs, and outcomes would support the project's long-term goals: sustained improvements in RMNCAHN outcomes in the intervention sites and a strengthened state health system providing high-quality community-based and primary health facility-based RMNCAHN services. Consortium members accepted the



localization components as critical to the project's success because they contributed to both the sustainability of program activities and the strength of the state's health system.

The consortium also recognized a need to clearly articulate decision-making processes. Early in the project, the localized approach led to some confusion: was WRC, as the financial lead of the grant, or SPHCDA, as implementation lead, responsible for making key decisions? Without a single clear lead or defined decision-making processes, critical decisions would often be delayed. To address this challenge, the consortium openly discussed decision-making processes during bilateral and consortium meetings, and ultimately agreed on a decision-making and partnership structure, which was iterated, contextualized, finalized, and approved by all partners (see Figure 3).

**Figure 3. Decision-making model for the RMNCAHN project**



The decision-making guidance clarified that the consortium aimed for consensus-based decision-making, with all partners encouraged to voice their opinions and decisions made jointly by all partners whenever possible. The document also made explicit that no single stakeholder was responsible for decision-making. In the case that a decision on consensus could not be reached, WRC and the SPHCDA would make the decision together, using inputs from all partners. The document conferred joint primary decision-making on WRC and SPCHDA to reflect that WRC was the project prime and tasked with financial responsibility and accountability toward the donor, while the SPHCDA was the program lead and charged with responsibility and accountability toward the people of Borno State regarding the services delivered. The model specified that if agreement could not be reached between WRC and the SPHCDA, the donor would be consulted; however, this was not needed as WRC and SPCHDA were always able to come to consensus.



The team also recognized that consortium-based approaches and joint decision-making processes require strong communications and coordination mechanisms. At the project's outset, WRC convened biweekly or monthly bilateral meetings with each partner, with multi-partner meetings occurring on an ad hoc basis. However, as the project progressed, partners provided feedback to WRC that coordination among the full consortium needed strengthening. The partners then adopted monthly consortium meetings to share information and coordinate on next steps, and intermittent strategic retreats to discuss project progress, identify challenges, and develop solutions. The partners also communicated regularly via WhatsApp and other digital platforms.

## Evaluating the Partnership Approach

WRC engaged an external evaluator to assess whether the partnership model successfully fostered equitable partnerships that supported the long-term sustainability of health programming. WRC prioritized identifying and hiring a local evaluator based in Nigeria, in line with the project's overall commitment to localization. The evaluation aimed to address the following questions:

1. How did consortium members experience and perceive the partnership model and approach of the RMNCAHN project?
2. Did consortium members perceive that the partnership model and approach of the RMNCAHN project strengthened the capacity of the government to meet its health objectives and to advance the long-term sustainability of community health programming, and strengthened the capacity of NGO partners to continue to support the government in meeting health objectives?
3. What recommendations did consortium members have to improve the partnership approach for similar projects in the future?

In April and May 2021, the evaluator and his assistant interviewed all 20 key individuals in the consortium, including seven government representatives, six national NGO representatives, three international NGO representatives based in Nigeria, and four international NGO representatives based outside Nigeria. The evaluator and his assistant coded and synthesized data into critical themes, then validated findings in a virtual meeting with consortium partners.

Findings in the next section of this brief draw primarily on the external evaluator's results. They also integrate internal learning that WRC collated on this initiative to advance its own capacity to implement equitable and inclusive partnership models,<sup>6</sup> as well as meeting notes taken throughout the grant lifecycle and the project's endline evaluation of the effects of the VHW program on health and nutrition outcomes.

## Learning from the Consortium-Based Localization Approach

The evaluator drew out successes, challenges, and recommendations on the localized consortium approach from the data collected. These are synthesized here along with WRC's reflections and learning.

<sup>6</sup> WRC collected learning across departments, including programs, research, legal, finance, and development, through a feedback form disseminated to representatives in each department.



## Successes

### Government engagement and ownership

Evaluation findings showed that centering the Borno State government as the implementing partner from the outset of the grant fostered early government ownership of the project, which increased over time as the project moved from the design phase into implementation. The Bill & Melinda Gates Foundation's facilitation of the initial relationship between WRC and the Borno State government also lent the partnership mutual respect and credibility from the beginning, as did WRC's early investment in relationship-building with key government stakeholders and related communications about how this project's structure differed from other humanitarian projects by positioning the government as the lead implementor.

The government's engagement and leadership grew over time as WRC and MGF worked closely with senior staff at the SPHCDA, including the executive director, on program design and early decision-making about program direction. In the project's first year, a range of government staff representing different departments and areas of responsibility, including family planning, maternal health, newborn health, child health, infectious diseases, nutrition, and other areas, engaged in the project. These staff participated in project meetings and decisions; however, the project lacked a clear focal person with primary scope for the project, which diffused responsibility across the SPHCDA. With WRC's and MGF's advocacy, the SPHCDA assigned a focal person responsible for managing and implementing the VHW program, who stayed in this role throughout the remainder of the project. WRC's funding did not support this staff person; the government used its own resources to support her full-time work on the project. The evaluator found that identifying a focal person within the SPHCDA allowed for smooth implementation and clear responsibilities, facilitating the success of both the health programming and the localization aims of the project.

### Consortium composition

The external evaluator also found that the project's design clearly delineated the scope of each consortium partner's engagement in the project, with every partner having a clear and distinct role. Respondents in the evaluation reported that the consortium composition was well-organized, with each consortium partner leveraging their unique capacities to deliver on project objectives. This structure enabled organizations to feel ownership of their respective areas of focus. Moreover, the project's commitment to engaging local partners enabled the project to be rooted in a strong understanding of the context, key stakeholders, and community needs, which was leveraged to achieve the project's objectives.

### Commitment to co-designing the program

The evaluation found that the project's detailed and deliberate co-design process fostered government buy-in and local ownership. WRC worked with consortium partners from the outset to co-design all program materials, harnessing each partner's expertise and skills to develop the VHW training curriculum, job aids, operational guidance, and other materials. Early in the process, partners disagreed about whether to align more with existing national programs or emerging international best practices in community health programs. Ultimately, the team decided to seek technical inputs from a global community health programming expert with experience working in the region. She provided short-term assistance to the project to balance local contextual factors with national and international guidance, supporting the team to adopt a high-quality program tailored to the Borno State context. For example, the team adopted literacy requirements for VHW recruitment that aligned with the anticipated literacy level of the pool of VHW candidates in the selected

communities and adjusted the job aids to use more visual signals and fewer words, while ensuring that the content of the tools remained aligned with international standards.

Ultimately, the evaluator found that partners supported the decision to balance local needs with national and international standards and best practices, and believed that the consultant's inputs strengthened the program. In addition, findings showed that this process supported individual and institutional capacity strengthening across all partners.

### Consortium communications

Respondents in the evaluation noted that communication and coordination efforts were well-planned from the beginning and were continuously strengthened throughout the project with the addition of monthly consortium meetings and in-depth strategic retreats. This structure provided multiple opportunities to maintain effective communication and robust coordination, while ensuring that all partners had the information they needed to weigh in on critical decisions.

The evaluator also found that when the COVID-19 pandemic emerged, the consortium adapted quickly to using various technologies to convene meetings virtually, facilitating a relatively smooth transition from in-person to virtual collaboration. The Mural software, in particular, enabled robust interactive collaboration while in-person meetings were not possible. Local partners also organized meetings independently in Borno State to collaborate on project activities, further strengthening coordination among local actors and building closer working relationships.

### Consortium governance

Findings from the evaluation showed that the development of the consensus-driven decision-making document, with joint primary decision-making responsibility shared between WRC and SPHCDA, effectively clarified roles and responsibilities. All partners stated that they felt comfortable engaging in decision-making, that they had the information needed to make decisions, that their voices were consistently heard, and that they could make strategic decisions that affected their scope of operations. This helped to foster a clear sense of shared accountability for program success.

### Sustainability of government capacity to provide high-quality community health services

The evaluator found that the project better positioned the government of Borno State to design and implement community health programming for RMNCAHN, a sustainable skill set that could be applied even beyond the life of the grant. More generally, partners reported that they had strengthened capacity to perform their jobs due to the project's support.

As Borno State began planning CHIPS roll-out in 2021, the team focused on ensuring that VHW learning would inform the CHIPS program, and that VHWs would be selected and trained to become CHIPS agents in their respective communities. The project team engaged the state CHIPS focal point and senior government officials overseeing CHIPS in several meetings to share learnings and recommendations from the program. The team also advocated to include VHW program staff at SPHCDA in the CHIPS management team, with success: the VHW program focal person became a CHIPS training facilitator. Across the three sites, many VHWs were selected to be CHIPS agents. Ultimately, the CHIPS program launched in all three project implementation sites, inclusive of many VHWs in CHIPS roles and with minimal gaps in services for the community.



## Challenges

### Establishing a new consortium takes time

Identifying partners and developing a new consortium with clearly defined ways of working are time-intensive processes. The first year of the grant was dedicated to mapping local partners and assembling a consortium that would meet project needs; this led to slower program start-up than would have been the case using a different approach.

Furthermore, given how new this way of operating was for WRC, identifying the types of expertise needed to succeed in this model also took time. In particular, while WRC had established at the proposal phase that it would engage a supply chain partner, it would have been more effective to bring this partner on board during project design to ensure supply chain considerations were integrated from the outset, rather than bringing the partner on only to support implementation. Government stakeholders reported that the supply chain partner's training and other support were highly useful; bringing on this partner earlier could have helped mitigate the supply chain challenges that persisted throughout the program.

Additionally, the evaluator noted that the project would have benefited from more robust M&E systems and a more data-driven approach to making programming decisions. The initial tailored monitoring system developed by the team did not adequately capture all the indicators that the team needed to assess project progress and make real-time decisions about programming. The mid-project revisions to the M&E system helped address these challenges; however, the changes were so extensive that it was then difficult to consistently compare data from before and after the M&E system was updated. WRC's internal project reflections similarly identified that allocating greater level-of-effort to internal M&E staff, including senior researchers, would have enabled WRC to provide additional support to local partners and strengthen this component of the project.

### Advancing long-term program sustainability is complex, even with a localized approach

The four-year grant timeline was lengthy for humanitarian action; however, some of the project's sustainability aims were nonetheless difficult to achieve. The consortium faced challenges in garnering support for long-term sustainability of the VHW model before it was piloted with proof of concept and evidence of effectiveness. As a result, the SPHCDA did not integrate scale-up plans into their long-term planning at the outset of the project.

In particular, achieving state-level resource allocations beyond the grant period would have required more systematic advocacy at state and national levels from the proposal through implementation and learning phases of the project, building on robust programmatic evidence. The evaluator found that engaging more directly with the government during the proposal-writing stage could have helped increase commitment to sustainability. Staff turnover at the leadership level of the SPHCDA amplified sustainability challenges; SPHCDA leadership turned over twice during the project period, requiring redoubled efforts to maintain buy-in for the project. Moreover, while the localized approach achieved sustainability inasmuch as many VHWs transitioned into the CHIPS program, even by the end of the grant period the project did not have the level of evidence that would have been required to advocate for the use of the VHW model over the CHIPS model. Long-term sustainability of the VHW model itself therefore would have required a much greater level of both evidence and advocacy engagement, including amplifying the voices of community members and leaders regarding their experiences with the program.

### Relying on virtual communications alone is challenging

Partnerships that include both internationally based and local partners must rely significantly on virtual communications. While in-person attendance at meetings was consistently strong throughout the grant period, virtual attendance was frequently complicated by internet connectivity issues in Borno State. Moreover, capacity sharing on highly technical skills, like M&E, is particularly challenging through virtual means alone and would have benefited from more in-person collaboration.

Furthermore, as mentioned above, the team had to adjust to entirely virtual communications and coordination due to the COVID-19 pandemic, as WRC paused international travel from the beginning of the pandemic throughout the remainder of the grant period. While these adjustments were largely smooth, they had some repercussions. Stakeholders reported to the external evaluator that in-person meetings were critical to government buy-in of the project, suggesting that buy-in may have flagged, especially during the period when meetings first shifted from in-person to virtual. However, over time, the project team adapted to virtual meetings with WRC staff, while convening in person resumed among those on the ground in Borno State.

## Recommendations

Learning from the project points to several recommendations to inform the humanitarian sector as it continues to pursue more localized ways of working, including consortium-based approaches.

### ***Advance equitable consortium-based approaches to localization***

Consortium-based models are a promising approach to localizing humanitarian aid. The project's consortium model leveraged each partner's unique expertise to contribute to program success, with local partners providing a critical understanding of the context, stakeholders, and community needs. Positioning the government as the implementing agency and co-designing project materials facilitated government ownership and local buy-in and ensured that learning from the project was applied to future government-led community health programming. Engaging international partners in the consortium helped ensure that global best practices informed program development and implementation.

Learning from this project's successes in assembling and coordinating a consortium of partners suggests that clearly defined scopes, consistent and robust communications mechanisms, and transparent decision-making processes facilitate effective, equitable partnerships. Where possible, building on existing coalitions and consortiums may minimize the time needed to establish consortium governance and operations. Project learning also suggests that engaging local partners at the proposal phase could amplify commitments to long-term sustainability.

Future projects may opt for consortium approaches that do not require funding to flow from an international prime organization to local partners, such as directly funding existing local coalitions or networks. Even when both international and local partners are engaged in a consortium, funding structures that do not position the international partner as the prime would further advance equity while leveraging experience from local and international partners alike. Similarly, positioning local partners as leads in selecting consortium members would further increase leadership of local actors in consortium-based approaches. It is critical for the humanitarian sector to continue piloting and learning from different approaches to localization, including more equitable approaches.



### ***Apply a staged approach to strategic advocacy engagements for long-term sustainability***

As noted above, while the localized approach helped to facilitate some measures of program sustainability, the project team found it challenging to build support for long-term sustainability before the model was piloted and evidence of effectiveness was available. Long-term program sustainability may be better addressed by integrating a more robust, staged advocacy component engaging government, including finance and budget stakeholders, at both national and local levels from proposal development through program design, implementation, and evaluation. During the design phase, projects can engage high-level decision-makers to raise awareness of the program and its potential. They can then continue to build support during implementation and further amplify engagement once a proof of concept is established. However, this approach requires significant time to allow concrete results to emerge to inform change.

### ***Long-term, flexible grants facilitate a consortium-based approach to localization***

The Bill & Melinda Gates Foundation was committed to supporting an approach that would facilitate program sustainability through centering local partners. The duration and flexibility of the grant were critical to the project's success, particularly to engaging local partners, in multiple ways. The grant structure allowed flexibility to identify partners after the grant was awarded, rather than during the proposal phase. Moreover, once the grant was awarded, the long duration and flexible implementation timeline enabled WRC to invest significant time in partner selection through extensive partner mapping. These processes delayed program implementation, which could have launched more quickly if WRC had worked with known international partners instead of identifying and engaging local partners. Moreover, the grant structure allowed WRC to provide sub-grants to local partners that did not have a history of receiving international funding (partners had to clear WRC's due diligence requirements, including anti-terrorism checks, financial audits, and agreements to abide by WRC's code of conduct on prevention of sexual exploitation and abuse and adult and child safeguarding policies). This opened possibilities to sub-grant to a much wider array of local partners. Together, these flexible grant-making factors enabled the project to establish a consortium inclusive of local partners with extensive local knowledge and expertise, in turn facilitating strong local ownership and project success.

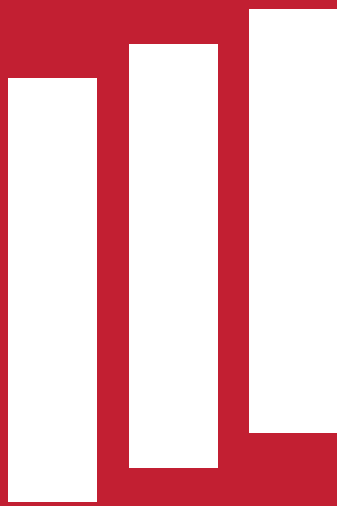
## **Conclusion**

Learning from the project's consortium-based approach to localizing humanitarian aid can inform future humanitarian programming. Engaging the local government in designing and leading program implementation, partnering with other local organizations to support the government, and establishing clear scopes of work, communications mechanisms, and decision-making processes can help enable success in localized consortium approaches. Positioning the government as the lead implementer facilitates sustainability but does not guarantee it; significant advocacy efforts building on robust program evidence are needed to advance long-term sustainability. Additionally, because establishing new consortiums takes considerable time and upfront investment, flexible multi-year grant structures better support localized consortium-based approaches than the short-term fixed grants that are often provided in humanitarian settings. To further advance the humanitarian sector's commitment to localization, the sector should build on learning while continuing to hone approaches that effectively and equitably provide resources to local actors to lead humanitarian action and sustainably meet the needs of people affected by crises.



## Abbreviations

CHIPS	Community Health Influencers, Promoters, and Services
M&E	Monitoring and evaluation
MGF	Mwada-Gana Foundation
NGO	Nongovernmental organization
RMNCAHN	Reproductive, maternal, newborn, child, and adolescent health and nutrition
SPHCDA	(Borno) State Primary Health Care Development Agency
VHW	Village health worker
WRC	Women's Refugee Commission



**W O M E N ' S  
R E F U G E E  
C O M M I S S I O N**

---

Research. Rethink. Resolve.

Women's Refugee Commission | 15 West 37th Street | New York, NY 10018  
212.551.3115 | [info@wrcommission.org](mailto:info@wrcommission.org) | [womensrefugeecommission.org](http://womensrefugeecommission.org)