

Towards a risk-sharing approach in Covid19 response and beyond – Perspectives from a national NGO in Myanmar

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In this blog, I argue that the Covid19 crisis is demonstrating how local actors are the first responders, but they are sometimes constrained by a global humanitarian funding system dominated and framed by the risk appetite of international actors. Luckily, we also have some good experiences and examples to share from Myanmar, which we can learn from and build on. I outline four key lessons that we need to apply to shift from a 'risk transfer' to a 'risk sharing' approach both in the Covid19 response and beyond.

First a bit of background information about Karuna Mission Social Solidarity (KMSS), the organisation that I work for. KMSS is a national NGO founded by the Catholic Bishops Conference of Myanmar, which fundraises from Catholic communities in Myanmar, other Church partners and institutional donors. We work across different faith communities in a non-discriminatory and impartial fashion. Indeed our first early preparedness actions in the face of Covid19 – weeks before the first cases were identified in the country – were resourced mainly from funds we raised as part of our Lent fundraising campaign in Myanmar. KMSS has a subnational structure that reflects how we are linked to local Catholic church structures (in the Church terminology we refer to these as the 'diocese' level with KMSS having local offices in 16 dioceses) in all the 14 regions of Myanmar. At the global level, we are affiliated to the Caritas confederation. As a national organisation born from what is a minority faith community in a country that has been affected by complex conflict and natural disaster challenges over the years, you can appreciate that we have developed quite a sophisticated approach to understanding and mitigating risk.

As news about the Covid19 pandemic spread globally, KMSS mobilised at different levels with advice of health specialists and following the guidelines made available by the WHO and government authorities. Three weeks before the first case was identified in the country, we had rolled-out a national and sub-national Covid19 preparedness and response plan; and implemented training of staff and procurement of goods relevant for the response. As of today, we have reached 300,000 people across 25% of Myanmar's townships (60 of 300 townships), established WASH facility for more than 40,000 people and provided PPE to 1000+ front line workers.

We also worked together with other national NGOs that we partner with to develop a communication strategy towards donors, in particular donors supporting a funding mechanism called 'LIFT', to advocate for timely and flexible funding to support our Covid19 response. The joint approach by national NGOs that we adopted was successful and the donors agreed to release 1.5 million USD under the LIFT fund to support national and local NGO programmes in under 10 days to enable our response. Our collective approach, emphasising our different skill-sets, was critical to this success in my opinion.

However, this success did not come out of nowhere, it was rather the result of several years of advocacy and collaboration amongst national NGOs, including KMSS, for the LIFT fund to invest in institutional capacity-strengthening of national and local NGOs. LIFT was created as a fund to focus on livelihoods and food security, but we managed to convince its donors of the importance of LIFT also investing in institutional capacity-strengthening. In 2017, KMSS started on an initial 3-year Organizational Development project worth 1 million USD. The model for institutional capacity-strengthening adapted for this effort built on many years of prior support from KMSS's partnership-based INGO partners in the Caritas confederation, including partners from the UK and Denmark. Importantly, this kind of investment has enabled us to have the time and resources to work on

leadership training and tackling more complex issues like gender sensitivity and safeguarding. The model for capacity-strengthening we have developed centres on the holistic and comprehensive understanding of institutional capacity-strengthening, and the national NGO itself determining its strategic and phased approach to addressing all dimensions. Short-term, sectoral and projectized approaches to addressing these kinds ethical risk and organisational culture issues are much less effective. Through this and wider support, we acquired a “low-risk” due diligence rating of UKAID, DFID, UN, USAID and others. The LIFT project is now in its second phase through to 2023, and this includes KMSS working with other national NGOs on local-to-local capacity-sharing with 30 other national and local NGOs. Over time, this process is building up trust and confidence in the systems for procurement, finance and other risk management issues of national NGOs, which means we had established a strong relationship with the LIFT fund donors when COVID19 struck.

So what can we learn from all this experience?

- *There is no quick fix. Longer-term investment in strengthening the core institutional capacities and systems of national NGOs to effectively manage risks is essential* – Right now in the Covid19 response, procuring PPE and medical supplies for frontline aid efforts has not been easy tasks. But longer-term investment in our finance and procurement capacities has meant we can apply good practices, minimise risks of fraud and ensure quality control. However, unfortunately, the kind of patient longer-term investment that we have benefitted from under the LIFT fund and from some of our INGO partners is not yet ‘the norm.’ The wider approach to capacity-strengthening in the humanitarian system is framed around national NGOs remaining sub-contractors to international agencies. So we need to see more donors and more funds invest in such multi-year, country-level, locally-led and locally-owned capacity-strengthening efforts, which reaps rewards when a crisis like Covid19 hits.
- *‘Local to Local’ Capacity-Sharing is the most effective model to contextualise risk management and to catalyse wider collaboration in emergency preparedness.* Both from our partnership-based INGO partners and now from LIFT, we have benefited from longer-term flexible funding and an appreciation that local to local capacity-sharing is the most effective approach, as opposed to one-off trainings and importing advisors or models from the global level. Its demonstrated advantages include how the whole process is rooted in an understanding of the local context, avoiding language barriers that frequently exclude some national and local staff from an exclusively ‘international to local’ training approaches, and fostering peer to peer learning exchange. The local-to-local collaboration on capacity-sharing has also fostered partnerships which can then be mobilised during actual responses when crises occur, as is the case now in Covid19, and to better collaborate in understanding and addressing risks in the response.
- *Direct engagement between donors and local actors enables more informed donor decision-making about risk, which in turn enables a more timely, effective humanitarian response* – The existing humanitarian architecture has many administrative layers which hinder the donors’ comprehensive understanding of ground realities. In contrast, in relation to the LIFT fund, its strategic partners – including KMSS and other national NGO partners – engage directly with LIFT fund board members to share our analysis and discuss the situation from the local perspective. This allows donors to understand the local context from different points of view and helps them to strategize more effectively. It helped to create the understanding and confidence which enabled a timely disbursement of LIFT funds to our response. Whilst we have had a good experience with the LIFT fund and some other agencies in Myanmar, it is true that the humanitarian system and funding remains overall structured around international leadership with national NGOs seen and treated as sub-

contractors. I have personally experienced both really strong examples of leadership from staff in international agencies who treat me and other national NGO staff with respect and in an enabling and partnership fashion, and then also other experiences which are quite painful – where the tone is bossy and makes you feel like a ‘second class’ human being. This is compounded by how international agencies are often constrained by highly inflexible safety and security protocols, which is further complicated by their lack of humanitarian access into parts of the country that national NGOs have access to. So this kind of inflexibility and top-down approach works against a more timely and flexible approach to managing risk. This, in turn, impacts on our ability to enable a needs-based humanitarian response. Analysis by Charter4Change indicated that only 0.1% of the global funds for the UN’s Global Humanitarian Response Plan on Covid19 reported to the OCHA Financial Tracking Service had reached national and local NGOs by mid-May. The Covid19 crisis – with the more acute restrictions on international agencies – just makes these kinds of pre-existing, underlying dynamics more obvious than they were otherwise.

- *Strategic collaboration between national NGOs is essential to deliver on all of the above* – To address the above issues, we need to find ways as national and local civil society actors to collaborate and engage with international intermediary agencies and donors in a more strategic fashion. We need to functional platforms at country-level that coordinate and bring us together to synergize our advocacy for localization and wider programmatic collaboration. Where this does not happen, then our voice will remain weaker. The Charter4Change coalition offers an interesting model at the global level and in some countries there are new country-level C4C working-groups. In Myanmar, the national NGOs involved in LIFT came together and have made progress with the LIFT donors. So it’s up to us to learn from and build on these experiences. Local civil society needs to establish a coordination platform and this should be supported by donors and partners. Such an approach will enable us to take the initiative in framing conversations on risk management and other issues that impact on our ability to mobilise funds, coordinate with other actors and play our role.

All too often the global level policy debates on localisation appear dominated by an ‘us’ versus ‘them’ way of framing things between international and national actors. As I have shown, we have managed to move beyond this in some respects in Myanmar, which has enabled us to better address the risks involved in humanitarian action. A partnership approach and longer-term investment in locally-led capacity-sharing by some country-level funding instruments and partnership-based agencies has been decisive in making this shift. Making this more systematic is both the challenge and the opportunity for all of us.