

## CCIH Comments on USAID Draft Local Capacity Development Policy

January 31, 2022

On behalf of Christian Connections for International Health (CCIH), our Board and members, we would like to thank Administrator Power for emphasizing the role, voice, and autonomy of local partners, many of which are faith-based. CCIH is a global network with over 100 organizations and several hundred individual members working in 90 countries; over half of our members are based or headquartered in low- and middle-income countries.

CCIH celebrates the “nothing about us, without us” focus at the very heart of the Local Capacity Development Policy, which is a central tenet to sustainable development. We heartily concur with efforts to align authority over development with the very people responsible for their implementation. CCIH continues to be fundamentally committed to building the capacity of local organizations and our faith community partners toward that end.

Because we heartily concur with this strategy, we believe additional clarification or strengthening could only help bolster support and enthusiasm for this new policy. We convened meetings with members and listened to their inputs. The following are ideas that we hope you will consider.

1. **Include faith actors.** We appreciate the policy mentioning local faith actors and highlighting these organizations as important and relevant parts of any development system. Still, these actors are either rolled up under Civil Society Organizations or not recognized in many relevant areas in the policy. These partners include church and parachurch, networks, and other faith-based organizations. *How* USAID engages them matters: actively engaging faith-based organizations in program design, and implementation will signal USAID’s commitment to localization. Additionally, we believe a clearer definition of “local” will help. There is a significant difference between a national faith-based organization responsible for supporting a portion of a country’s health system and a single congregation supporting a health initiative. Both are important and may seek to engage with USAID under the new policy; it will take time to build these relationships. Is there, or should there be, a faith desk at each Mission?
2. **Recognize the history of a “pendulum” in localization efforts.** Strong efforts to localize decisions today may swing back to global mechanisms and non-local design tomorrow. The USAID localization policy should acknowledge the underlying reasons for this pendulum. The draft policy does identify challenges in accountability in some places and over time. We believe those challenges sometimes lead the agency to contract with large (global) entities with more contract experience. The result is a diminished local voice. Future leadership may decide that streamlining funding processes to a handful of global entities could be more cost effective, undoing much of the localization efforts sought now by USAID. In such a case, USAID might consider smaller but still material grants that allow local organizations to staff appropriately and gain experience,

potentially aided by coordinating centers. An additional suggestion would be to increase the number of cooperative agreements based on milestones, rather than contractual agreements, which may be more achievable for smaller and newer organizations to adapt to USAID requirements. We acknowledge this may strain USAID staff at the missions and Washington, DC. That tension feeds this pendulum, and the policy should acknowledge it.

3. **Consider a more comprehensive vision for capacity building.** Currently, capacity building favors current grantees who already have some advanced capabilities. Greater support for self-led capacity development, integration with local higher education, support for professional networks and associations, and continuing education initiatives may help ensure a stronger base for local development. In addition, organization capacity investments have tended to focus on prerequisites for funding rather than creating stronger adaptive learning systems and adopting best practices in program design. USAID should tailor local capacity development to the demonstrated needs of local partners. A successful policy would encourage USAID to develop - and fund - strategic plans to establish a stronger investment path in the capacity development processes of local organizations.
4. **Avoid the temptation to overemphasize “within-country” as the only authentic local voice.** We believe there is potential to exclude regional voices and experts to bring very local organizations to the table. A renewed focus on localization within nation-states needs to balance the value of learning and planning across borders for regional challenges. For example, managing cross-border migration issues means the local voices include actors on both sides of the border, not one or the other. Efforts to address climate impacts, regional trade, and economic development should also recognize the importance of regional voices. Faith-based organizations work on regional issues, too, as they work with a common framework and strong understanding of communities. Will USAID utilize its regional missions more strategically with partner relationships and learning opportunities?
5. **Leverage this policy with other US Government agencies.** As one part of the complex mosaic of US Government development efforts, how can USAID bolster similar efforts in other agencies? Considering the health sector, USAID’s efforts create opportunities for parallel discussions with the Centers for Disease Control and Prevention (CDC), research investments with the National Institutes of Health, or investments through the International Development Finance Corporation.
6. **Reconcile the value of local initiatives with global priorities.** Global development actors may be motivated by global goals. Local organizations, however, may weigh the evidence and conclude differently. For example, local actors may weigh the local ability to implement a program or place a high value on service investments that may not align with agency priorities. As one person put it to us, “an additional \$1 spent on HIV programs may not have the same power as a \$1 investment on cervical cancer

screening to improve local lives; yet HIV remains the top global priority and drives program investment.” The inclusion of different voices almost certainly means different viewpoints and opinions. Will there be a mechanism to address these differences of opinions fairly and equitably, or are we raising the expectations, which will lead to greater disappointments moving forward?

These questions are important for any effort to systematically strengthen our ability to align global development authority with the voices of those who are most responsible for the results. We appreciate the opportunity to raise these issues with USAID. We also appreciate USAID and Administrator Power’s commitment to engaging local partners, especially the faith community. We hope this feedback will encourage continued dialogue and acknowledge that part of development is learning from our achievements and challenges.