

A Call to Action: Delivering on our Commitments to Humanitarian Partnership & Localizing Aid Results from Consultations, Emerging Framework, and the Way Forward

Critical Priorities for Action

Leadership, Strategy and Culture Change	<ul style="list-style-type: none"> ▪ Inspire and incentivize behavior that promotes and delivers equitable and effective partnerships ▪ Proactively engage partners throughout the change process at all levels of CARE, including in governance ▪ Invest in institutional and technical capacity of civil society to respond to disasters ▪ Invest in strategic partnerships in particular those supporting the rights and needs of women and girls
Systems & Processes, Skills & Support	<ul style="list-style-type: none"> ▪ Remove internal blockages to partnering starting with simplifying and harmonizing policies, systems and procedures
Resourcing	<ul style="list-style-type: none"> ▪ Seek flexible funding, or strategically redirect existing resources, to support capacity development and partnership with actors from the Global South, particularly for emergency preparedness and pre-crisis

Background: Partnership is central to CARE's vision and mission. CARE believes that it is only through the collective action of many actors that we can save lives in emergencies and overcome poverty and injustice. CARE has made its partnering ambition clear, enshrining Partnership as a core Program principle and endorsing the [Principles of Partnership](#) (2007), the [Charter for Change](#) and the [Grand Bargain](#) (2016). Within the larger Partnership conversation, localizing aid has emerged as a critical pillar of the humanitarian reforms adopted at the World Humanitarian Summit. It calls for a more collaborative and equitable humanitarian system that relies on national and local leadership of humanitarian response, supplemented – not led – by international actors. This shift requires change to the way CARE funds, invests, and engages in humanitarian action: as signatories to these agreements, we must deliver on our commitments to more equitable partnerships and the provision of 20% of our humanitarian funding to local actors by May 2018 (see Annex 1 for detailed commitments).

Defining Localizing Aid

Localizing aid is defined as a shift from *international* to *national/local* leadership of humanitarian response. The intent is to bring ownership of humanitarian action closer to those receiving and delivering aid. Enshrined in [workstream 2 of the Grand Bargain](#), it calls for making aid 'as local as possible and as international as necessary... engaging with local and national responders in a spirit of partnership and aiming to reinforce rather than replace local and national capacities.' Recognizing that local actors have long been side-lined during response, it seeks to reassert their legitimacy and prominence in terms of visibility and operating space. This approach will require deliberate and concerted global investment in national and local capacities to manage disasters. It also calls for more direct, accessible funding to local actors and more equitable and effective partnerships. The vision is for locally-owned and driven responses as the new norm, where local actors are the first responders and direct receivers of funding, supplemented by international action if, and for as long as, needed.

Status: Partnership, including localizing aid, is high on CARE's agenda but the organization is wrestling with putting it into practice. Created in 2016, the [CARE Reference Group on Humanitarian Partnership](#) has been active drawing ideas and expertise from across the Confederation to propose a way forward. In June 2016, the Group notified National Directors of its work and committed to reporting progress. In consultation with the Humanitarian/Operations and Program/Impact Senior Leadership Teams, the Group met in January 2017 to process findings and develop the contours of the Localizing Aid framework. The Group was formed with finite terms of reference, focusing at strategic level (on the *what*, *why*, and *high level priorities*), with the understanding that – based on NDC decision and in consultation with SLTs – it would reorient its efforts into crafting a practical way forward (*how* to get there, *what* it would take, *who* would lead). This document a) summarizes findings from consultations, b) proposes a framework inclusive of a statement of intent, value proposition, and required change, and c) outlines high-level priorities for action.

Findings from Consultations

Baseline

- Great **interest and energy** and an **urge to tackle Partnership head on**, building upon and joining up previous efforts
- Extensive **use of collaboration and partnership models** within CARE, particularly in Development and Advocacy. Humanitarian action also increasingly delivered with or through partners, with 30% of humanitarian projects directly implemented (FY2016 PIIRS data).

Concerns

- Perception (supported by data) of CARE's humanitarian partnerships as a) mainly project-centric and transactional, in the form of **subcontracting** to local actors, and b) **driven by CARE's agenda and compliance** to rigid, onerous donor and CARE requirements. Approach seen as increasingly **ineffective and lacking equity**.
- Recognition that we are challenged to engage in more **transformative partnerships**, with shared power, influence and learning (with some notable exceptions, e.g. Philippines, Pakistan, Cuba, Fiji). Yet, recognition that innovative, agile partnerships are **critical to sustaining our humanitarian impact, scale and relevance**: away from project implementation towards strategic purposes, maximizing assets and complementarities, co-creating best solutions.
- Emphasis on the many **disincentives** to more effective partnering: a) pointing to *external*, systemic factors such as donor conditionalities, funding channels, culture of competition and control, seen as causing inefficiencies and dependencies, and undermining local actors, b) *internally*, our partners' emphasis on **the number and complexity of systems and requirements imposed by CARE as the chief impediment** to more productive partnerships, and our tendency to **lead and control**.
- General agreement across CARE as to **what is holding us back**: our risk-averse culture; our business model reliant on high visibility, branding, and creating perceptions of ubiquitous presence and strong control to attract larger levels of resources; our funding model dependent on restricted project funding; our subgrant mindset marked by rigidity and control; our multiple and complicated systems; our skillset focused on technical expertise not partnering competencies; our tendency to invest in *our own* capacity to deliver assistance.
- Repeated concern that, **in light footprint environments**, CARE is positioning local partners as providers of standing capacity for response **without sufficient investment in nurturing these partnerships**.

Implications and Opportunities

- Strong feeling that localizing aid is **an idea whose time has come**, identified as a global priority for reform; that the paradigm is shifting, with or without us.
- Recognition that leading on localization – as we have in the external conversation – offers significant **opportunities**, including **progressing our gender equality agenda, increasing our relevance and effectiveness, and multiplying our impact**.
- An urge to **act now** to remain a credible and effective humanitarian player.
- Recognition that localizing aid **does not mean CARE giving up its direct operational capacity**; the ability to surge quickly will continue to be required, especially in the short to medium term but feeling that this should be done with more intentionality as to when and how it is used.
- Perception that localizing aid is complex and multi-faceted, urging CARE to **focus** its efforts (e.g. begin with our natural constituency, southern civil society).
- Recognition that our localization commitments have **far-ranging implications for CARE** that will **require organizational and culture change**.
- Strong resonance with the idea of a **framework that clarifies our intent, the value of this approach and what success would look like**.
- An urge for the partnership/localization agenda to be backed by **high-level commitment and investment**.

Localizing Aid Framework

Framing Localization within CARE

The Localization workstream feeds into larger conversations underway at CARE, such as *Partnership, Putting People at the Center, Resilience, Inclusive Governance, Multiplying Impact, Southern Membership, Accountability, Innovation, CARE's future Role and Presence, and post-2020 Vision*. For practical reasons, we propose, at present, to **concentrate** the Localization conversation on **humanitarian partnerships with civil society**, including women's organizations and movements (recognizing the importance of other actors or modalities, e.g. government, private sector, consortium model). At the heart of the Localization commitments is the power imbalance between the Global North and South, therefore the **focus** of CARE's localization efforts will be **homegrown southern civil society organizations** who are claiming more operating space, equity and recognition as genuine actors in humanitarian action. We recognize that Southern members of the CARE Confederation are also 'local' in many respects and encourage CARE to progress this important conversation jointly with the Southern membership workstream.

CARE's Statement of Intent for Localizing Aid

It is not only fair, but also more effective and sustainable, to partner equitably with local actors in humanitarian work.
CARE will be known for its unwavering commitment to principled humanitarian action that places affected people and first responders at the center.
In this spirit, we seek a world:

... Where **communities** are resilient, prepared for, and actively responding to the disasters that affect them
... Where participation and leadership of the most marginalized and vulnerable – often **women and girls** – lead to fundamental change in power relations

...Where **national and local actors** (including government, civil society and women's organizations) are the critical first responders
...Where they stand ready and able to respond to their emergencies, quickly and at scale, in accordance with international standards and humanitarian principles
...Where the humanitarian system facilitates access to the resources and capacities they need to deliver assistance
...Where investment is made ahead of crises to increase the effectiveness of partnered responses (with a focus on the agency and organizational readiness of local actors)

... Where **CARE**, along with **international actors**, complements their work by adding value through principled and equitable partnerships that save lives, advance gender equality and sustain local institutional capacity
... When scale and severity of need exceeds local capacity or due to other factors such as absence of political will, the humanitarian imperative compels us to respond but in ways that reinforce, not replace, local capacities

Rationale and Value Proposition

Localizing aid would benefit CARE and its mission significantly; the moral imperative is also a key driver for engagement.

Utilitarian Argument – Practical Benefits	Moral Argument – Based on our Values
<p><i>Externally:</i></p> <ul style="list-style-type: none"> Recognizes the value of local actors in response: often the first responders when disaster strikes, with best access to local population, intimate knowledge of local context and long-term presence Offers locally-rooted, contextually-appropriate solutions Provides access to population that may be unreachable to internationals Leverages the responsibilities and capacities of government, civil society, local business and local people Amplifies local voices Delivers aid more effectively, offering best potential to reach affected people Can be faster Better value-for-money (in the long run) Improves institutional resilience, strengthens local systems for future shocks Builds community resilience to disasters, contributes to lasting solutions Reduces dependency on external action Favors demand-driven/bottom-up (vs. supply-driven/top-down) approaches Acts as a bridge between response, recovery & resilience, enhancing connectedness (given long-term presence of local actors) <p><i>For us internally:</i></p> <ul style="list-style-type: none"> Increases our overall access and ability to reach the most vulnerable and marginalized (often women and girls), with potential to multiply our impact (scale, scope) Improves our forwards accountability Helps us to deliver on our program strategy Challenges our ‘middle man’ function, pushing us into roles more fit for the future, value-add and relevant Expands our thought leadership role (in external advocacy) Enhances our credibility and reputation (if we deliver) Enables us to lead and be part of the change – with the majority of donors, international and southern actors, including our own partners, in support of localizing aid and moving in this direction Helps us to deliver on our commitments, to ‘walk the talk’ 	<ul style="list-style-type: none"> Responds to rising demands of local actors & disaster-affected communities for more operating space, recognition and participation in humanitarian action Empowers southern actors, including our own local partners Contributes to addressing North-South power imbalances Promotes social justice Favors horizontal peer relations, including South-South cooperation (in light of our increasing Southern presence) Fair that people with greatest stake and local knowledge take charge of their emergencies and development, their future Pushes donors and Northern actors including ourselves to think and act more progressively Aligned to our vision, mission, principles & values Aligned with the change process under way at CARE with increased Southern representation in the Confederation and new models more suited for relevance and impact (arising out of country presence reviews) We strongly feel it is the right thing to do
Other Considerations, including Risk	
<ul style="list-style-type: none"> The perception that localized aid is more risky has been refuted by empirical research; findings indicate that non-localized aid may even carry higher risks of program and strategic failure with similar levels of fiduciary risk (ODI, 2013). Localizing aid is not a panacea for today’s stretched humanitarian system; we don’t see it as an end in itself but a means to more effective and impactful response. Saving lives remains paramount in response but not in ways that bypass or undermine existing local capacities. We will need to retain direct operational and surge capacity, but we must be more intentional as to when and how we use it. Context is important when using a localized approach (e.g. where local actors may be party to the conflict or unable to uphold humanitarian principles). High-risk environments require a more nuanced approach but do not preclude us from engaging with local actors; in places like Syria, this has been the only option. Localizing aid is not a zero-sum game, where to grow local capacity, we must reduce global capacity. Rather, we see the need to grow both local and global capacity with emphasis on moving away from traditional roles better suited to local actors (e.g. delivering aid on the ground to affected populations) to roles with higher value-add and potential for catalyzing change (from capacity builder to convenor, knowledge broker or advocate). 	

Mapping our Change Journey

Localizing Aid has significant implications for our current business model and ways of working. To achieve the vision above, CARE will need to continue to evolve. Becoming more ‘fit-for-partnering’ in humanitarian action will require significant change, as mapped out below:

FROM	→	TO [what success looks like]
Narrative, Business Model, Roles Our identity rooted in us delivering life-saving assistance to affected communities Our business model reliant on high visibility and branding linked to presence on the ground, saving lives and delivering goods Our favored roles in humanitarian action, as donor, intermediary/subgrant manager, direct implementer		<ul style="list-style-type: none"> Encouraging a new narrative for what CARE stands for in humanitarian response Open to other ways of responding to emergencies and trusting that working with local actors more equitably and co-creating best solutions together, will lead to more effective, sustainable solutions Clear & confident about our value-add: supporting partners from the Global South to respond to emergencies; giving space to partners to shape our role Actively promoting our new roles and the centrality and role of our partners in delivering aid Honing and investing in our new roles including: developing capacity and transferring knowledge; co-creating best solutions; complementing the work of local actors; enhancing local access to global platforms and funding opportunities (which are increasingly trending toward southern actors); amplifying the voice of local actors and facilitating their access to platforms for advocacy; acting as a convenor and network builder; surging in emergencies when local action is not sufficiently or adequately delivering
Organizational Culture Our dominant attitudes and accustomed to ‘being the lead’ Our culture of risk-aversion and control and the inclination to be CARE-centric Our tendency to see partnership in limited way as a mode of delivery , not as a transformative strategy to alter power structures and unleash new solutions		<ul style="list-style-type: none"> Fostering a culture of humility over what we can achieve alone & an inclination to work with others towards common goals Open to trying out new approaches, taking measured risks and sharing risk with donors and partners When entering into partnerships, letting go of control, intently giving up autonomy in decision-making and working for benefit of the partnership Trusting our partners and their proposed strategies and actions; taking pride in their success and drawing excitement and motivation from their achievements as leaders in humanitarian response Being transparent about our course of action and investments Seeking feedback about our roles, taking action to address gaps and holding ourselves accountable to our commitments Promoting mutual accountability between our partners and CARE
Systems & Processes Known as ‘ the CARE of thousand papers ’ with complicated, burdensome requirements (i.e. contracting, financial, reporting), multi-level, slow decision-making and heavy bureaucracy that stifle working in partnership		<ul style="list-style-type: none"> Turning into ‘the CARE of agile systems’ with simplified, light and ‘fit-for-emergencies and for partnering’ policies and procedures that ensure due diligence of partners but are flexible to adapt to differing context, risk level and partnership models Developing enabling processes for partnering including a partnership policy, minimum standards, and a systematic approach to mapping local actors, scoping partnership potential, assessing capacity and managing partnerships Adapting HR policies to ensure they foster an enabling culture for partnering
Skills & Support Our highly skilled workforce focused on technical expertise, not partnering ability		<ul style="list-style-type: none"> Considering partnership as a core competency; bringing and developing skills for partnering & organizational strengthening Producing harmonized and user-friendly partnership tools and guidelines Providing external and internal support to staff to broker and manage partnerships
Leadership, Strategy, Voice Our strong commitments to partnership not backed by strategic and commensurate prioritization and investment		<ul style="list-style-type: none"> Strategic approach to partnership at all levels, including clearly defined intent and rationale aligned with our organization-wide vision and mission, and communicated across the organization High-level commitment from the Executive and sufficient investment committed Influencing donors and key stakeholders to support partnership approaches and advocate for change in donor policies that stifle effective partnerships Building our own and our partners’ capacity to measure the impact of humanitarian responses, and base our advocacy on the evidence obtained about the most effective and efficient humanitarian responses that meet the needs and rights of affected populations, in particular women and girls.
Resources Our funding model highly reliant on restricted funding stifling our capacity to invest in partners		<ul style="list-style-type: none"> Seeking to increase flexible resources to invest in capacity development and in the establishment & nurturing of partnerships pre-crisis Critically looking at existing resources and using them more strategically to support partnerships.

The Way Forward: High-Level Priorities for Action

Leadership, Strategy and Culture Change

- Inspire and incentivize behavior that promotes and delivers equitable and effective partnerships *Critical
- Evolve CARE's narrative and identity to reflect our Partnership/Localization intent
- Proactively engage partners throughout the change process at all levels of CARE, including in governance *Critical
- Promote partnership approaches in all of our programs – humanitarian, development and advocacy – and strive to be as local as possible
- Invest in institutional and technical capacity of civil society to respond to disasters *Critical
- Invest in strategic partnerships in particular those supporting the rights and needs of women and girls *Critical
- Proactively engage, and nurture relationships, with local actors pre-crisis, particularly in high risk countries
- Leverage existing efforts, such as ECSA's Partnership Initiative, CARE Philippines' Humanitarian Partnership Platform model, the Syria response, CARE USA's Financial Management Solutions for Emergency Response (FISER)

Influence the debate on localization

- Continue to be a thought leader on localization, proactively and transparently sharing our learning, evidence and progress
- Seek opportunities to influence donor policy and investment in localization, and to generate innovative approaches to risk sharing
- Intentionally bring partners to the table to influence change at local and global levels

Systems and Processes, Skills and Support

- Remove internal blockages to partnering starting with simplifying and harmonizing policies, systems and procedures *Critical
- Measure and report progress towards delivering on our commitments (including 20% of our funding to local actors by May 2018)
- Use emergency preparedness planning as a key entry point to strengthen CARE and partners' collective disaster response capacity
- Build on existing tools to develop minimum standards for partnering and a comprehensive partnership toolkit (linked to the CARE Emergency Toolkit)
- Invest in partnership skills and capacity to enable CARE and partners to work more effectively together

Resourcing

- Seek new and flexible funding, or strategically redirect existing resources, to support localized responses, including partners from the Global South *Critical
- Use or seek development funding that supports partners' institutional development, especially for emergency preparedness and pre-crisis
- Actively pursue funding from donors that support partnership and localized approaches: include partnered approaches into funding proposals
- Invest in piloting new and innovative partnership approaches to deliver localized responses.

This is the collective work of the CARE Humanitarian Partnership Reference Group consisting of:

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Annex 1: CARE's Commitments on Localizing Aid & Partnering in humanitarian action

Charter for Change

We the undersigned organisations, working in humanitarian action welcome the extensive consultations and discussions which have been generated during the World Humanitarian Summit process. We believe that now is the time for humanitarian actors to make good on some of the excellent recommendations arising through the WHS process by committing themselves to **deliver change within their own organisational ways of working so that southern-based national actors can play an increased and more prominent role in humanitarian response.**

In the case of international NGO signatories we commit our organisations to implement the following 8 point Charter for Change by May 2018. In the case of southern-based NGOs working in partnership with international NGOs we endorse and support this Charter for Change. We will be holding our international NGO partners which have signed this Charter to account and asking those which are not signatories to this Charter to work towards signing up:

1. **Increase direct funding to southern-based NGOs for humanitarian action:** At present only 0.2% of humanitarian aid is channelled directly to national non-government actors (NGOs and CSOs) for humanitarian work – a total of US\$46.6 million out of US\$24.5 billion. We commit through advocacy and policy influence to North American and European donors (including institutional donors, foundations and private sector) to encourage them to increase the year on year percentage of their humanitarian funding going to southern-based NGOs. We commit that **by May 2018 at least 20% of our own humanitarian funding will be passed to southern-based NGOs.** We commit to introduce our NGO partners to our own direct donors with the aim of them accessing direct financing.
2. **Reaffirm the Principles of Partnership:** We endorse, and have signed on to, the Principles of Partnership, (Equality, Transparency, Results-Oriented Approach, Responsibility and Complementarity) introduced by the Global Humanitarian Platform in 2007.
3. **Increase transparency around resource transfers to southern-based national and local NGOs:** A significant change in approaches towards transparency is needed in order to build trust, accountability and efficiency of investments channelled to national actors via international intermediaries. We commit to document the types of organisation we cooperate with in humanitarian response and to publish these figures (or percentages) in our public accounts using a recognised categorisation such as the GHA in real-time and to the IATI standard.
4. **Stop undermining local capacity:** We will identify and implement fair compensation for local organisations for the loss of skilled staff if and when we contract a local organisation's staff involved in humanitarian action within 6 months of the start of a humanitarian crisis or during a protracted crisis, for example along the lines of paying a recruitment fee of 10% of the first six months' salary.
5. **Emphasise the importance of national actors:** We undertake to advocate to donors to make working through national actors part of their criteria for assessing framework partners and calls for project proposals.
6. **Address subcontracting:** Our local and national collaborators are involved in the design of the programmes at the outset and participate in decision-making as equals in influencing programme design and partnership policies.
7. **Robust organisational support and capacity strengthening:** We will support local actors to become robust organisations that continuously improve their role and share in the overall global humanitarian response. We undertake to pay adequate administrative support. A test of our seriousness in capacity building is that by May 2018 we will have allocated resources to support our partners in this. We will publish the percentages of our humanitarian budget which goes directly to partners for humanitarian capacity building by May 2018.
8. **Communication to the media and the public about partners:** In any communications to the international and national media and to the public we will promote the role of local actors and acknowledge the work that they carry out, and include them as spokespersons when security considerations permit.

Grand Bargain Workstream 2 – More support and funding tools for local and national responders

National and local responders comprising governments, communities, Red Cross and Red Crescent National Societies and local civil society are often the first to respond to crises, remaining in the communities they serve before, after and during emergencies. We are committed to **making principled humanitarian action as local as possible and as international as necessary** recognising that international humanitarian actors play a vital role particularly in situations of armed conflict. We engage with local and national responders in a spirit of partnership and aim to reinforce rather than replace local and national capacities.

Aid organisations and donors commit to:

- (1) **Increase and support multi-year investment in the institutional capacities of local and national responders**, including preparedness, response and coordination capacities, especially in fragile contexts and where communities are vulnerable to armed conflicts, disasters, recurrent outbreaks and the effects of climate change. We should achieve this through collaboration with development partners and incorporate capacity strengthening in partnership agreements.
- (2) **Understand better and work to remove or reduce barriers that prevent organisations and donors from partnering with local and national responders** in order to lessen their administrative burden.
- (3) **Support and complement national coordination mechanisms** where they exist and include local and national responders in international coordination mechanisms as appropriate and in keeping with humanitarian principles.
- (4) **Achieve by 2020 a global, aggregated target of at least 25 per cent of humanitarian funding to local and national responders as directly as possible** to improve outcomes for affected people and reduce transactional costs.
- (5) **Develop**, with the Inter-Agency Standing Committee (IASC), **and apply a 'localisation' marker to measure direct and indirect funding to local and national responders**.
- (6) **Make greater use of funding tools which increase and improve assistance delivered by local and national responders**, such as UN-led country-based pooled funds (CBPF), IFRC Disaster Relief Emergency Fund (DREF) and NGO-led and other pooled funds.

Principles of Partnership

The Global Humanitarian Platform, created in July 2006, brings together UN and non-UN humanitarian organizations on an equal footing.

- Striving to enhance the effectiveness of humanitarian action, based on an ethical obligation and accountability to the populations we serve,
- Acknowledging diversity as an asset of the humanitarian community and recognizing the interdependence among humanitarian organizations,
- Committed to building and nurturing an effective partnership,

... the organizations participating in the Global Humanitarian Platform agree to base their partnership on the following principles:

- ❖ **Equality** Equality requires mutual respect between members of the partnership irrespective of size and power. The participants must respect each other's mandates, obligations and independence and recognize each other's constraints and commitments. Mutual respect must not preclude organizations from engaging in constructive dissent.
- ❖ **Transparency** Transparency is achieved through dialogue (on equal footing), with an emphasis on early consultations and early sharing of information. Communications and transparency, including financial transparency, increase the level of trust among organizations.
- ❖ **Result-oriented approach** Effective humanitarian action must be reality-based and action-oriented. This requires result-oriented coordination based on effective capabilities and concrete operational capacities.
- ❖ **Responsibility** Humanitarian organizations have an ethical obligation to each other to accomplish their tasks responsibly, with integrity and in a relevant and appropriate way. They must make sure they commit to activities only when they have the means, competencies, skills, and capacity to deliver on their commitments. Decisive and robust prevention of abuses committed by humanitarians must also be a constant effort.
- ❖ **Complementarity** The diversity of the humanitarian community is an asset if we build on our comparative advantages and complement each other's contributions. Local capacity is one of the main assets to enhance and on which to build. Whenever possible, humanitarian organizations should strive to make it an integral part in emergency response. Language and cultural barriers must be overcome.