

SPACE Social Protection Approaches to COVID-19: Expert advice helpline



Programming Guidance: Embedding Localisation in the Response to COVID-19

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This Background Document on 'Programming Guidance: Embedding Localisation in the Response to COVID-19' was developed alongside others – most importantly a [Strategy Decision Matrix](#), a [Delivery System Decision Matrix](#) and two documents analysing [Gender and Social Inclusion](#) and Cash+ considerations for the COVID-19 response – as a technical tool used to structure an independent and unbiased analysis of COVID-19 response options. It does not necessarily represent DFID or GIZ own views or policies.

IMPLEMENTING PARTNERS



This guidance note describes key considerations for integrating local actors into the COVID-19 social protection and/or humanitarian cash response. Local actors are defined as national and sub-national entities and can include civil society organisations (CSOs), government, private sector actors, and communities themselves. They can take a variety of forms, including local NGOs, local government, women's networks and groups, youth/elderly/people with disabilities organizations, indigenous groups, faith-based organisations and networks, trade unions, informal worker organisations (see also [SPACE Informal Workers and Social Protection](#)), etc.¹

The UN has highlighted the key role that local actors have to play in the response, in their [April policy brief on human rights and COVID-19](#), highlighting the vital role that CSOs are playing in the response. IASC has provided [specific guidance](#) on how to engage local actors. They provide six guidance notes that are short and accessible and include guidance on: arrangements between donors and intermediaries; gender responsive localisation; coordination; capacity strengthening; financing; and partnership practices.

This document builds on this work to provide more specific step-by-step guidance for integrating local actors across the different phases of a cash+ response (further defined in a separate forthcoming paper) by presenting the following:

- the appraisal case for localisation to underpin business cases and proposals;

¹ IASC, IFRC and UNICEF (2020). "Interim Guidance: Localisation and the COVID-19 Response."

- key principles that should be integrated into the design of a localised response;
- key steps/actions for integrating local actors throughout the response cycle, both as part of the delivery chain for cash programming, as well as through cash+/early recovery phases of the response through a multi-dimensional response;
- structural considerations, including the identification of different types of platforms or intermediaries to use as entry points.

Acknowledging that institutional barriers to supporting local organisations can be challenging, COVID-19 specific recommendations to encourage rapid engagement include:

- Devolving decision making closest to the served communities by working with and alongside local organisations and networks (including volunteer networks) to set priorities and design the response (rather than following a design and then consult model);
- Engaging local networks for all communications, including COVID-19 health messaging and specific to cash+ responses – evidence suggests that drawing on trusted local individuals leads to positive behaviour change and can help to avoid the spread of rumours and misinformation;
- Retaining local actors for a range of processes around targeting, the identification of beneficiaries, design of appropriate payment mechanisms, cash+ activities, etc.;
- Operating within the guidance offered by the Core Humanitarian Standards to fight COVID-19; and specifically related to strengthening local capacities and participation.

Appraising the Case for Localisation in COVID-19

Within the context of scaling humanitarian cash and social protection systems, there is an urgent need to:

- I. minimize exclusion errors by ensuring that all cash/social protection responses strategically integrate Gender and Social Inclusion (GESI) considerations (see SPACE Gender and Inclusion in Social Protection Responses During COVID-19), particularly when expanding caseloads beyond routine beneficiaries, and local actors are playing a key role in community development of beneficiary lists;
- II. minimise potential risks, and do not exacerbate gender and social inequalities, with local actors centrally involved in providing real time information on risks as they arise as well as case management services;
- III. ensure that any response considers multidimensional needs, in the immediate term, related to critical health and protection messaging and basic services delivered by local actors.

These are clearly three areas where leveraging the knowledge, experience and capacities of local actors will be essential – and lack of involvement likely to be counterproductive.

Moreover, the appraisal case for localisation is magnified in this particular crisis:

- I. With movement restrictions in place, there is a clear need to mobilise local networks and organisations across this crisis. While some countries are lifting lockdown measures, international experience to date sees many countries having to reinstate lockdown measures, and hence the effects of restricted movement are likely to persist for some time. In these circumstances, COVID-19 response (health, economic, social) is dependent on communities' understanding of the issues and the ways in which to address them. Local organisations are best placed to engage in this communication.
- II. The value for money (VfM) arguments for localisation are heightened in this crisis. One of the primary VfM arguments for localisation is that local actors can typically provide a faster and more appropriate and tailored response. In this crisis, where needs are rapidly evolving, and with new caseloads emerging, real time information on changing needs and adaptation of programming is crucial for a timely and effective response. A more detailed breakdown of specific VfM considerations for localisation is provided in a forthcoming SPACE VfM note.
- III. Given that resources for response are significantly limited, and with a tightening fiscal space, investment through local actors may be one of the best ways to ensure that the funding that available is spent to maximum effect. Investment in both operational activities as well as capacity building for local organisations is imperative. The investment case for localisation will falter if local organisations are expected to co-design and implement this response without investment in the capacity of those organisations to work alongside international and government actors. However, this capacity investment is likely to present much higher VfM by strengthening delivery mechanisms that can be leveraged through the phases of this crisis (both for immediate response as well as over the longer term and building resilience for future shocks).

Key Principles for Integrating Local Actors into the Response

As a first step, all programming/investments should be critically evaluated for the degree to which local actors are intentionally included in the design and implementation of the response. From the outset the distinction should be made between their involvement in quick action to mitigate the impact of the pandemic and setting in place systems for the longer-term. This can build on activities that local actors are already implementing with respect to response and social protection measures (formal and informal). It is essential to move beyond more traditional sub-contracting models of localisation, where local actors are either subcontracted by INGOs or other partners, or

engaged, often on a volunteer basis, by local government counterparts, to a model that places local actors at the forefront of the response.

Secondly, this critical evaluation should extend to include a review of any potential negative effects of the proposed action to integrate local actors. Whilst, there is overwhelming evidence that humanitarian action is always stronger with local action, this should not be indiscriminate support. Incentive structures, power imbalances and social norms can in some circumstances mitigate against a human rights approach, and engagement with some local actors can violate Humanitarian Principles. Therefore, due diligence is applicable in all situations where local actors are involved, including those which do not involve transfer of money between organisations. This means working with local actors and at the same time paying increased attention to potential negative effects. For example, relying on a local community leader to be a conduit for messaging on SGBV may not be appropriate in communities with strong patriarchal norms; working with community leaders on targeting in politicised communities may lead to inequities in beneficiary selection; and since in many countries' community leaders tend to be predominantly male, women's empowerment can be overlooked. Extending work with local actors beyond community leaders to engage with a wider cross section of affected populations can help to overcome perceptions of bias and susceptibility to corruption. The Humanitarian Policy Group recommend that local action should be "rooted in the specificities of context" and driven by local actors. This requires a risk management approach which balances the pressures which can complicate partnerships, for example financial scrutiny and legal constraints, the practice of ethical duty of care and the commitment to localisation of humanitarian action.

Further key principles to consider are referenced in the [IASC Guidance for Donors](#), DFID SPACE's GESI guidance, the IASC Guidance on Gender-Responsive Localisation, and in Table 1 below.

Steps for Integrating Local Actors into the Response

The integration of local actors into the COVID-19 response needs to be considered across each phase of the cash+ delivery chain – when thinking about cash, linkage to other benefits and services as well as early recovery. This section initially outlines entry points for integration of local actors for each of these three components (see Figure 1 and subsequent text). Table 1 subsequently describes in very practical detail some of the key actions that can be considered for each component of a cash transfer delivery system, while Table 2 describes practical considerations for cash+ and early recovery programming.

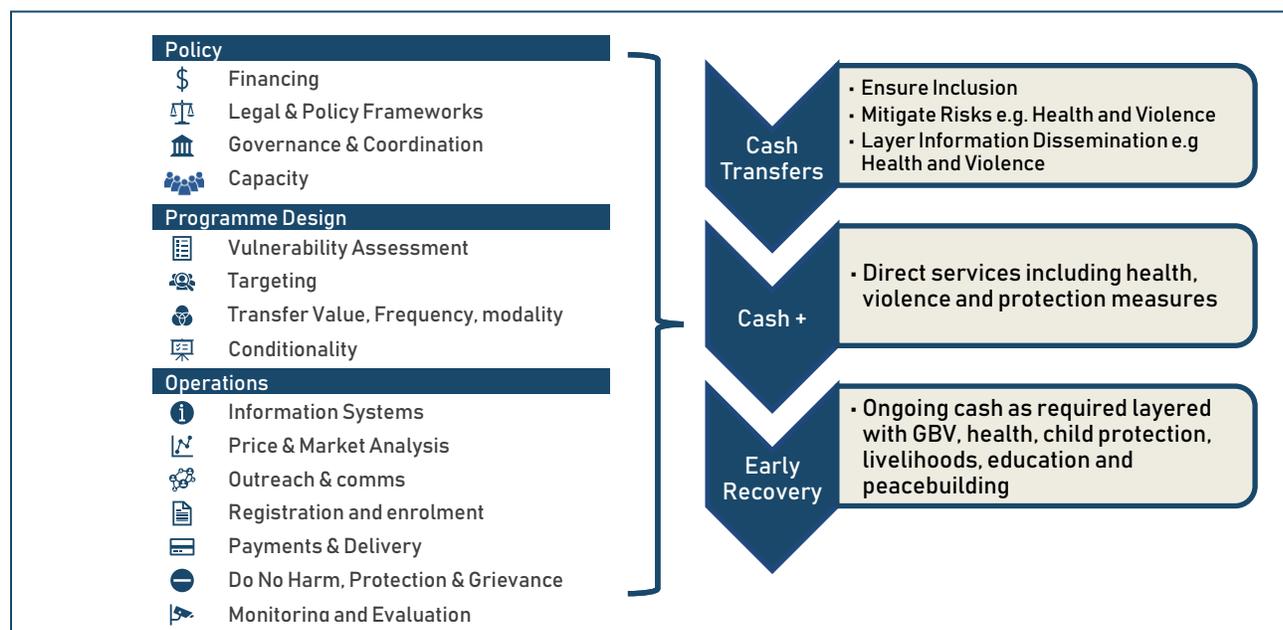


Figure 1 Cash+ Delivery Model

Cash transfers (humanitarian/social assistance): As many countries pivot to include new caseloads, local actors should play a critical role in ensuring that the response is inclusive, reaches those most affected, as well as helping with community sensitisation and management of risks associated with delivery of cash. Local actors can rapidly identify and find ways to register households that may not have been included otherwise, providing last mile outreach and registration to vulnerable households. They also play a key role in mobilising their networks in hard to reach places with information dissemination and risk mitigation. Any response should provide rapid assistance through consumption support and other social protections to ensure that households can meet their basic needs, designed in collaboration with local organisations to minimise risks and ensure inclusion, whilst also balancing the need for a timely response. Importantly, any and all cash transfers need to be accompanied by basic health and other relevant information dissemination, and existing mechanisms via local organisations should be leveraged.

Table 1 describes in very practical detail some of the key actions that can be considered for each component of the cash delivery system.

Table 1: Practical Actions for Engaging Local Actors in the Cash Delivery System² - Questions requiring an answer.

'Building Block'	Key questions to guide a response
POLICY	
Financing	<ul style="list-style-type: none"> • How much budget is being allocated to local actors as part of the response? • Are resources dedicated for engagement of local actors for co-design and implementation of operational components? • Are resources dedicated for cash+ and early recovery activities? • Are government SP budgets dedicating resources for local actors to be engaged in the cash/SP process (ensuring that these activities are adequately supported by training and capacity building, supervision and allowances/stipends)? • Are downstream partner indirect costs recognised in, and covered by, contractual funding agreements? E.g. sufficient funding for transport, maintenance costs, supporting equipment, etc. • Is funding flexible to respond to change in circumstance and delays? Are there simplified procedures for re-programming and no-cost extension?
Legal and policy frameworks	<ul style="list-style-type: none"> • Were national policies/strategies and accompanying legislation (if any) and/or regulations/operational manuals/etc co-created in a participatory way over time, with the input of local level actors and implementors? • Do they broadly reflect the needs and constraints faced by local actors? • Do they explicitly frame the importance of involving local actors and outline how this will happen in practice, including two-way flows of information, etc? Is this operationalised in practice and how could it be enhanced?
Governance and coordination	<ul style="list-style-type: none"> • Are local actors actively and sufficiently engaged in coordination and governance structures? In humanitarian circumstances is the HNO and HRP³ co-created in a participatory way over time, with the input of government and other local actors and implementors? Has the UNDAF⁴ been revised and up-dated to reflect the COVID-19 response? • Are the data, systems, and capacity strengths of local actors leveraged as part of the response?

² NOTE that this Table maps back to the SPACE Delivery Chain matrix [here](#).

³ Humanitarian Needs Overview and Humanitarian Response Plan

⁴ United Nations Development Assistance Framework

'Building Block'	Key questions to guide a response
Capacity	<ul style="list-style-type: none"> • How are the capacities, skills, tools, resources of local actors being engaged across the response? How can they be used to guarantee a) continuity of services via surge capacity and b) support expansions via existing knowledge of community and needs (registration, communications, etc.) • How can issues of gender and social inclusion be adequately represented (including from beneficiary groups themselves)? • Are local actors having their capacity strengthened to lead/support on the design and implementation of cash/SP measures, or complementary initiatives, including health, protection, education and livelihoods • How can staff and volunteers' safety be guaranteed? • Are local actors aware of their safeguarding responsibilities and do they have safeguarding mechanisms in place for prevention of sexual exploitation and abuse?
'PROGRAMME' DESIGN	
Setting of eligibility criteria and qualifying conditions ('targeting')	<ul style="list-style-type: none"> • Are local actors involved in discussions regarding the setting of eligibility criteria and broader targeting design? • Are local level considerations and potential adaptations taken on board in the national response strategy, noting different areas of a country present different needs, challenges and opportunities that could be leveraged and tailored (while ensuring equity across locations) • How else can local networks be used for effective targeting, e.g. working through trusted local affiliates or local groups for distribution of cash where individual registration may not be possible.
Setting of transfer type, level, frequency duration	<ul style="list-style-type: none"> • Are local actors being consulted on the optimal design of the transfer type, level, frequency and duration? • Is there any differentiation on transfer values across locations due to different needs/constraints/opportunities, based on evidence from local actors (e.g. market analysis)? • Are local actors' part of the co-design process such that they can feed in real time needs that may affect adjustments to the optimal design of the transfer?
Conditionality	<ul style="list-style-type: none"> • Are local actors being consulted with regards to the local feasibility of imposing conditionalities (costs to beneficiaries given local context and cost to implementors for monitoring compliance etc given existing local capacity)
ADMINISTRATION (Delivery)	

'Building Block'	Key questions to guide a response
Information systems (MIS, social registry, etc.	<ul style="list-style-type: none"> • Are local actors being engaged as vital information sources with pre-existing beneficiary lists of vulnerable populations that can be used to help rapidly identify those in need, and support the medium-term building of SP registries? • What data sources exist that contain relevant data and can help with rapid horizontal expansion, e.g. community health worker lists, informal worker organization registries, etc. • What mechanisms are in place to maintain confidentiality of personal information, and to ensure that local communities are sensitized to the benefits and risks of accepting cash and the potential data implications that may have?
Outreach and communications	<ul style="list-style-type: none"> • How can government and non-government networks of trusted affiliates, already embedded in communities, be engaged to assist with outreach and communications, facilitating two-way communication between government/cash agencies and local communities? • What channels are already used by local actors to reach communities and can these be incorporated into the response? How can local actors play a role in working alongside local government in identifying and sensitising communities around caseloads? Do local actors have pre-tested content that can be used for information dissemination? Does this include follow-up action on messaging, for example discussing the importance of social distance then helping communities to design ways to address this given the particulars of their neighbourhoods. • Are local actors included in the design of messages, particularly to ensure that they are accessible to the most vulnerable – especially children women, people with disability, ethnic minorities etc. people who may not have access to technology, have limited mobility, vision and hearing or intellectual function, higher levels of illiteracy and speak minority languages?
Registration and Enrolment	<ul style="list-style-type: none"> • Do local actors have networks of trusted affiliates that can support registration and assist individuals with access challenges to register? • How can local actors play a role in minimising exclusion due to inability to access the internet, phone etc. (lower levels of access tend to be found among women and people with disability) or documentation requirements? • How can risks to local actors (both health and violence) be mitigated?
Payments/delivery	<ul style="list-style-type: none"> • Have local actors been involved in design of delivery systems which consider local conditions e.g. access to bank accounts/ mobile phones / geographic distance etc. • Have local actors been engaged to assist with delivery by supporting individuals to attend pay points, manage mobile technology, etc. • Have local actors been involved in designing safety measures including social distancing, for example at payment delivery points?

'Building Block'	Key questions to guide a response
Complaints and appeals (grievances)	<ul style="list-style-type: none"> • Have local actors been engaged to identify key risk factors to pre-emptively minimize/mitigate potential risks? • Have networks of trusted affiliates been engaged to act as a check and balance with local government/other actors to ensure that grievances, particularly those of more vulnerable groups, have been addressed? • Have local actors been involved in designing safety measures including social distancing during the grievance process?
Case management	<ul style="list-style-type: none"> • Is there a case management system operated by local actors that includes referral and follow-up to social services for people with additional vulnerabilities (e.g. GBV)? • Have local actors been engaged to provide additional social services? • Have local actors been involved in designing safety measures including social distancing for example when making household assessment visits?
Protection ('humanitarian')	<ul style="list-style-type: none"> • How can local actors be engaged to screen individuals (e.g. especially those most vulnerable such as refugees, etc.) and assess vulnerability and need for additional protection? • Have local actors been engaged to provide protection services?
VAM/M&E	<ul style="list-style-type: none"> • Have local actors been engaged in the design of M&E systems and appropriate indicators? • How can local actors be engaged to provide real time information for rapid response and beneficiary feedback (cash and other services)?

B. Cash+: As the needs of this crisis emerge, local actors are on the frontline working to address the already visible spike in gender-based violence, increased caring responsibilities for children, older people and people with disabilities, and helping people to recover both economically and socially. Design of basic services related to immediate protection needs, alongside cash programming, should be led by or co-designed with local organisations. In the immediate to short term, cash+ activities may include targeted support around GBV, child protection, additional needs of people with disabilities and health, for example. Co-design processes with coalitions of local actors should be used to identify highest priority needs and entry points for strengthening and scaling existing initiatives and networks, and for creating robust connections between cash and other interventions.

C. Early Recovery: Local actors are well placed to be feeding back information on evolving needs in real time. Targeted support in specific sectors will be required as the crisis unfolds, including but not limited to: GBV, child protection, additional needs of people with disabilities, health and nutrition (maternal, child and neonatal, sexual and reproductive, mental), livelihoods and income generation, education and peacebuilding.

Table 2 describes practical considerations for cash+ and early recovery programming. Figure 2 visually shows how local actors can provide the core, layered with specific targeted services delivered by local actors and based on the needs identified by local organisations as they arise.



Figure 2 Layering Local Actors with Targeted Support

Table 2: Practical Actions for Engaging Local Actors in Cash+ and Early Recovery Activities

Sector	Cash + and Early Recovery Activities
Health	<p>Cash+:</p> <ul style="list-style-type: none"> ● Mobilise and strengthen capacity of local organisations to provide information dissemination re health, GBV; scale up behaviour change communications including WASH. ● Invest in Community Health Worker programmes, both as frontline workers but also capacity building for additional frontline workers as part of the scale up and redistribution of health workforce capacity. ● Invest in local organisations to train frontline health workers on child protection risks, coordination to prevent family/child separation, communications around GBV services, and mental health. <p>Early recovery and resilience:</p> <ul style="list-style-type: none"> ● Invest in women’s empowerment collectives to facilitate positive health outcomes. ● Capacitate local actors to prevent family/child separation and facilitate reunification. ● Integrate GBV services into the public health system via local organisations.
GBV	<p>Cash+:</p> <ul style="list-style-type: none"> ● Increase funding to organisations delivering specialist frontline GBV services to ensure they can continue and adapt to the changing circumstances e.g. through scaling up phone and online support and platforms to help women feel connected and supported, delivery of mobile clinics etc. ● Train frontline workers to identify GBV risks and cases, handle disclosures, provide non-judgmental and empathetic care, and know where they can refer those affected for additional care. ● Make increased communication and awareness of services, hotlines and online platforms part of routine news and advocacy around the pandemic. <p>Early recovery and resilience:</p> <ul style="list-style-type: none"> ● Invest in systematic Community Social Welfare Worker programmes to address multi-dimensional and dynamic vulnerabilities at both individual and household level ● Invest in women’s groups with layered specialist services around GBV to reduce violence. ● Continue to meaningfully involve diverse women in leadership positions and decision-making around the COVID-19 pandemic response and recovery efforts, and in future preparedness to ensure the needs of women and girls are adequately addressed. ● Ongoing capacity support to local women’s organisations/CHWs to identify GBV risks and cases, handle disclosures, provide non-judgmental and empathetic care, and know where they can refer women for additional care.

	<ul style="list-style-type: none"> ● Make deliberate efforts to reach women with disabilities who are exposed to violence for example through targeted communications and outreach
Child Protection	<p>Cash+:</p> <ul style="list-style-type: none"> ● Invest in local organisations to train frontline health workers on child protection risks, coordination to prevent family/child separation, communications around GBV services, and mental health. ● Scale up of frontline child protection monitoring and services e.g. establishing/strengthening telephone services, training health and education workers on child protection risks and on identifying and referring at-risk children. ● Working with community members to develop child-friendly messages on COVID-19 that cause no added distress. Avoiding disseminating information that might unintentionally encourage families to neglect/abandon children. <p>Train teachers and volunteers on signs of distress and abuse, and on child safeguarding.</p> <ul style="list-style-type: none"> ● Make deliberate efforts to reach children with disabilities who are exposed to violence for example through targeted communications and outreach <p>Early recovery and resilience:</p> <ul style="list-style-type: none"> ● Invest in systematic Community Social Welfare Worker programmes to address multi-dimensional and dynamic vulnerabilities at both individual and household level ● Invest in local organisations to track at-risk children, identify and refer those at risk, and prevent child-family separation. Establish safe, emergency foster care for children separated from families ● Invest in women's groups that are caregivers of orphans and vulnerable children to prevent family child separation.
Livelihoods /IGA	<p>Cash+:</p> <ul style="list-style-type: none"> ● Women's groups and networks often pool resources and distribute emergency assistance to those who are most vulnerable, providing a more informal component of social protection. <p>Early recovery and resilience:</p> <ul style="list-style-type: none"> ● In the early recovery phase, households will need to re-engage with and rebuild livelihood activities and income generation. Invest in micro-savings and lending, layered with business skills training for income generation. ● Provide targeted skills training via local organisations to informal workers and other vulnerable groups as they seek to rebuild their livelihoods.
Education	<p>Cash+:</p> <ul style="list-style-type: none"> ● Ensure school children continue to access nutrition support; local organisations can play a key role in identifying children

	<p>that are not receiving support.</p> <ul style="list-style-type: none"> ● Train health and education workers on child protection risks and on identifying and referring at-risk children. ● Identify local solutions for employing distance education, ensure inclusion. <p>Early recovery and resilience:</p> <ul style="list-style-type: none"> ● Provide targeted skills training via local organisations to informal workers and other vulnerable groups as they seek to rebuild their livelihoods. ● Leverage local networks alongside government 'Back to School' campaigns and have local organisation co-design to ensure inclusion of marginalised groups in those efforts. ● Work through local actors to integrate psycho-social support and mental health alongside education initiatives.
Peacebuilding	<p>Cash+:/Early recovery and resilience:</p> <ul style="list-style-type: none"> ● Engage local actors and leaders to identify sources of conflict and engage in appropriate measures that work towards reducing stigmatisation and peacebuilding efforts.

Structural Considerations

Local actors have been at the forefront of the COVID-19 response by necessity. As the immediate emergency recedes and the shift to early recovery occurs it is these relationships between local government and non-government actors which need to endure. A focus on partnership with government during early recovery can help to institutionalise the innovations under the emergency response. It is imperative that international actors therefore consult appropriately with government and support local government and non-government actors and organisations.⁵ In situations where government leadership is weak, local non-government actors can be important partners to influence government in early recovery design, and where government is strong, local non-government actors and civil society can provide an important check and balance with government led systems. Local/sub-national government structures also have an important role to play – as intermediaries and localised knowledge partners. Complementarity between local and international actors requires national and local government, local and international organisations to form partnerships which are not solely based on a sub-contracting relationship.

There are multiple structures available to reach higher numbers of local actors and shift international partnerships to become platforms for supporting national partnerships. As a first step, actors in this space should undertake rapid country level mapping to identify strong CSO networks that can be mobilized or invested in. There are a variety of platforms/intermediaries that can be used to vet and build coalitions of local actors:

- Local/sub-national government structures will be familiar with organisations operating in their area and many have developed directories for their social service workforce detailing the organisations by category and contact; similarly, existing national coalitions, for example representing older people or people with disabilities or women.
- Whilst UN organisations and INGOs are a traditional intermediary using a sub-contracting approach, co-leadership of initiatives by government is a preferred model. In this way UN agencies can be held more accountable for aligning behind government priorities, with full transparency on pass through to local partners and can be encouraged to prioritise partnerships where local actors are named, with clear evidence of their role in the design and implementation of programme activities.
- Country Based Pooled Funds, such as the START fund, can offer platforms to pool funding to local actors. However, local actors typically compete for funds under these mechanisms, and hence a coordinated approach that leverages their key skills for a response at scale is less likely.
- Private sector intermediaries (e.g. consultancy firms) can also help to vet, coordinate and distribute funds to local actors. However, the overhead costs of doing so are very high.
- Amplifier organisations typically aggregate and channel funds to local actors working across a variety of sectors and tend to put local actors at the forefront. For example, many of the women's funds bring together women's rights organisations and invest in their capacity to be leading in their respective countries. Several amplifier organizations work with networks of vetted CSOs who have been funded by family foundations and received high levels of capacity development.

Funding can then be channelled in a number of ways to embed local actors in the response:

⁵ Barbelet, V. (2018) As local as possible, as international as necessary. Understanding capacity and complementarity in humanitarian action. HPG Working Paper. Humanitarian Policy Group: London

- I. Provide technical assistance to national governments to embed a localisation wrap-around in their cash/social protection programming, to ensure sustained engagement.
- II. Invest in platform/intermediaries to ensure that local actors play a key role in the design and implementation of this response, and ensure that those local coalitions have an active role at all coordination meetings (see for example [IASC Guidance on Coordination](#)). Investment should support both direct services activities as well as capacity building of local actors and coalitions.
- III. Fund localisation wrap-arounds alongside other funders. Where World Bank, USAID and others are making large investments, engage amplifiers or intermediaries to provide resources to engage coalitions of local actors to design and implement the cash/cash+ activities (e.g. sensitisation, risk management, case management, information dissemination via trusted affiliates, provision of basic services such as GBV/protection).

Safeguarding

Although most organisations in the sector are highly committed and principled, there is always a risk that some individuals may engage in behaviours which could harm local populations or individuals. There is evidence to suggest that during a pandemic and in the immediate aftermath there can be an increased risk of Sexual Exploitation, and Abuse and Sexual Harassment. At the same time workers, particularly female workers, can be exposed to similar workplace risks. For example, if they work in remote locations and have limited access to communications. Localisation efforts should therefore consider as far as possible the safeguarding of clients and potential clients, as well as protection of workers. Duty of Care should be integrated to ensure that high levels of risk are not “sub-contracted” out to local actors. The [Safeguarding Support Hub](#) has a document and resource library featuring several guidance notes specific to the COVID-19 response.

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