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Localization in Operational Practice: CARE's experience in Sulawesi and beyond

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Authors & Data Collection

Victoria Palmer	Humanitarian Monitoring, Evaluation, Accountability & Learning Specialist, CARE Canada
Casey McDermott	Manager, Emergency Operations and CO Programming, CARE Canada
Kevin Dunbar	Director, Global Programs and Impact, CARE Canada
Puji Pujiono	Senior Adviser, Pujiono Centre

Reviewers

Sally Austin	Head of Emergency Operations, CARE International
Heather van Sice	Head of Emergency Program Quality, CARE International
Valentina Mirza	Regional Humanitarian Coordinator - Asia Pacific, CARE International
Cristy McLennan	Humanitarian Director, Yayasan CARE Peduli
Bona Siahaan	Chief Executive Officer, Yayasan CARE Peduli
Simran Singh	Director, Global Strategy and Gender Equality, CARE Canada

ACRONYMS

C4C	Charter4Change
CEG	CARE Emergency Group
CI	CARE International
CII	CARE International Indonesia
CMP	CARE Member Partner
ERF	Emergency response fund
EPP	Emergency Preparedness Planning
GiE	Gender in emergencies
HPP	Humanitarian Partnership Platform
HWG	Humanitarian Working Group
ICR	Indirect Cost Recovery
INGO	International Non-Governmental Organisation
IPIA	Individual Project Implementation Agreement
LM	Lead Member
NCE	No cost extension
NGO	Non-Governmental Organisation
PAL	Pre-authorization letter
PQ-SLT	Program Quality and Impact Strategic Leadership Team
SGA	Sub-grant agreement
WLOs	Women-led organisations
YCP	Yayasan CARE Peduli

Executive Summary

CARE is a signatory to the Grand Bargain¹ and the Charter4Change² and is fully committed to working with partners in emergency response and furthering the global localization agenda³. An increasing proportion of CARE's humanitarian work is delivered with local and national organisations, however the organisation's experience highlights recurring operational challenges that hamper CARE's ability to deliver on the localization agenda and can undermined the timeliness and quality of CARE's responses⁴. A further implication is that responses delivered with partners do not always prioritise CARE's goals on women's empowerment and gender equality. At the same time, CARE boasts strong examples of effective localization and partnership work in specific contexts from which to learn.

CARE has made a number of strategic commitments to partnerships and localization, but until now does not have much evidence on the operational realities of putting these commitments into practice. Within this context, this study aimed to fill that gap and shed light on the operational realities of working with partners in CARE, by answering the following question:

What are the key internal operational barriers, challenges and enablers for an effective, gender-sensitive humanitarian response which supports localization principles and goals?

The study aimed to answer this question through a case study of CARE's response to the 2018 earthquake and tsunami in Sulawesi, Indonesia and through an extensive literature review covering CARE and sector-wide literature on partnerships and localization.

On 30 August 2019 CARE International Indonesia (CII) officially became a national organisation – Yayasan CARE Peduli (YCP) – so both names are used in the report depending on the date of the finding. The term "Country Presence" refers to CARE operational presence in a country whether as a member or as a traditional office with a lead member.

Key findings and recommendations

Based on the study findings, this report recommends some fundamental changes to strengthen CARE's work on partnerships and support the operationalization of localization commitments in practice:

- **Strategic Commitment to Localization:** Where CARE is engaged in partnerships which are aligned with localization commitments it has been instigated and supported by a country-level partnerships strategy and vision. In the Philippines this led to the creation of the Humanitarian Partnership Platform (HPP) which sees 7 major local partners working with networks of over 30 local partners to prepare for and respond to

emergencies. But in contexts where a partnership strategy is lacking, partnerships tend to follow the traditional top-down short-term model and lack a deeper gender-focus. A global CARE strategic partnerships vision and approach which can be contextualized at country level, would help prioritize and guide country-level discussions on localization and partnerships, and inform a value proposition for a variety of partnerships. This partnership approach could help Country Presences assess the risks of partnering and of not partnering and provide guidance on how to identify, assess, accept and engage in addressing risks to enable them to establish the right type of partnership for the right purpose. It will also contribute to an organisational culture that promotes transparency, equality and collaboration with local and national partners, replacing the idea of partners as a risk to be managed with an understanding that partners are essential allies without whom the organisation cannot succeed. A strategic approach to localization at the country-level will define CARE's partnering role or roles (for example ensuring that gender is embedded as core) and define the added-value the organisation can bring to local civil society, including in contexts where CARE is a national entity. Improving CARE's localization and partnership efforts requires the continued commitment and enabling support from leadership at all levels – in Country Presences, LMs, CMPs and globally – underscoring that working in partnership is crucial for achieving organisational goals on gender, and to ensure that resources are allocated in line with this strategic direction.

- **Commitment of Resources to Support Localization:** CARE's successful work in localization and partnerships has been supported by some degree of flexible funding and staff with partnership skills, both of which have facilitated long-term partnerships beyond projects and investment in preparedness. CARE's work in the Philippines was supported by pooled funding from the Typhoon Haiyan response and in Tonga CARE's partner-led response to Cyclone Gita was enabled by investments in preparedness supported by the Australian government. There is a need for CI, CMPs, LMs, Country Presences and donors to carefully allocate unrestricted budget and ensure that funding regulations enable meaningful partnership, including with smaller, gender-focused, women's rights organizations, and local-level partners who require investment and time to meet due diligence requirements. In addition, human resource planning and decision-making needs to take into account the amount of staff time and the partnering skills required to enable localization in practice. The resources required are not necessarily huge but decision-making needs to take into account the strategic investments required to support partnerships and localization.
- **Systems and Processes which Enable Localization:** Repeatedly in CARE responses heavy, bureaucratic and risk-averse systems and processes (particularly in contracts and finance) have overwhelmed partners and led to delays in implementation. Many of these sys-



Localization in the Sulawesi Response

Following the catastrophic earthquake and tsunami which struck the island of Sulawesi in Indonesia on 28th September 2018, the Indonesian government declared that all assistance must be implemented through local or national partner organisations and limited access for foreigners, marking a “new norm” for humanitarian operations. The initial stages of the response were challenging – a highly government-controlled operating environment, over-stretched partner organisations and hectic coordination – with the added complication for INGOs of re-thinking their traditional positions, which was particularly difficult for those who did not have pre-established partnerships or networks to draw on.

CARE Indonesia, in the midst of transitioning to a national entity, made a huge and commendable effort to work in a new partner-led modality and managed to quickly increase the size of the team, carry out assessments, secure donor funding and establish partnerships. Across the sector the initial response was marked by contextual and operational challenges but CARE managed to deliver essential WASH, shelter and livelihoods assistance to over 38,000 people in the first three months. Initially CII focussed on providing assistance quickly to meet needs and fulfill donor requirements and their best option was partnering through short-term project-specific sub-grants. CII provided support and training related to project activities and operational processes but the urgency and workload meant there was no space for broader capacity strengthening or a deep focus on gender. Moving into the Recovery Phase YCP has been able to take into account lessons learned from the initial response stage and is developing a partnership strategy with gender at the core. YCP has invested funding and staffing to take this forward in both development and emergency programming and is already working more equitably with partners. The key factors that prevented CII from integrating localization principles from the beginning of the response, which are by no means unique to the Indonesia office or to CARE, included human resource challenges, limitations in ways of working, complex and heavy tools, systems and processes and insufficient investments in emergency preparedness.

tems and process have been developed to respond to donor requirements or internal perceptions of donor requirements. Collaboration and coherence between Program and Finance teams is crucial, focussing on enabling work with local and national partners, which would see CARE playing a stronger role in capacity and system strengthening and collaboration rather than enforcement. Simplifying and streamlining financial and contractual systems, and ensuring coherence with program and partnerships goals, to better enable quick and flexible programming with partners will greatly reduce the complex and time-consuming demands of partnering with CARE and directly enable higher quality and more timely programming. Combining this

with capacity strengthening in advance of emergencies (for example, piloting smaller grants) will not only lead to stronger systems and capacities but will also create a platform to build a strong, trusting relationship which promotes transparency and honesty. All of these factors should ultimately lead to reduced levels of fiduciary and compliance risk. However, this may require clarifying donor requirements and consider the implications that donor requirements may have on CARE’s ability to realize the localization agenda in practice. Where necessary the organisation should make such implications clear to donors and push for greater support for localization.

- Practical and Timely Operationalization of Localization Commitment:** As the Sulawesi case study has illustrated, the realities of scaling-up in a sudden onset emergency will never be conducive to establishing meaningful partnerships with national or local partners which support CARE's commitment to advance gender equality, for example partnering with smaller women's rights organizations or smaller organizations. However, if supported by emergency preparedness planning with partners, an emergency can become an opportunity to expand and build upon an existing partnership and provide a gender-sensitive response aligned with the principles of localization. Operationalizing localization for emergency response has to start prior to an emergency and should focus on:
 - 1) establishing partnerships, including pre-award arrangements to enable partnership in response, drafting boiler plate proposals and agreeing in advance sectors and initial response activities;
 - 2) preparing protocols, tools and templates which are agreed by all partners, clearly understood and can be easily tweaked in an emergency;
 - 3) establishing emergency response teams, defining structure, roles and responsibilities, ways of working and decision-making processes;
 - 4) strengthening the capacities of staff and systems.

All of these practical steps should be supported by a collection of guidance and best practice examples in a global toolkit so that Country Presences do not have to re-invent the wheel.

In summary, there is much evidence to show what is required to meaningfully move forward the localization agenda in practice within CARE. Encouragingly there are several successful examples to learn from and build on, as well as a strong commitment to the principles at many levels in the organisation. The task ahead is by no means impossible but it must be driven by a strategic vision, supported by resources and enabled by systems, processes and staff with the right skills.

The authors are positive that CARE's Agenda 2030 will further solidify the organisation's commitment to meaningful partnerships and will act as a catalyst to push forward the fundamental changes required to strengthen localization in practice.

“The realities of scaling-up in a sudden onset emergency will never be conducive to establishing meaningful partnerships which support gender in emergencies but if supported by emergency preparedness planning with partners, an emergency can become an opportunity to expand and build upon an existing partnership and provide a gender-sensitive response aligned with the principles of localization⁵.”



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Introduction

As a signatory to the Grand Bargain⁶ and the Charter4Change (C4C)⁷, CARE is committed to working towards locally-led disaster response. However, experience from various contexts shows that CARE is not always able to meet its own aspirations in this area. Previous reviews of CARE's emergency responses frequently highlight internal operational barriers to effective partnering, which not only see CARE fall short of delivering on the localization agenda but also undermine the timeliness and quality of CARE's responses⁸. This impacts on CARE's ability to deliver inclusive and equitable humanitarian programmes in partnership with local civil society and to realize the organisation's ambitions around women's empowerment and gender equality in emergencies and beyond.

Following the catastrophic earthquake and tsunami which struck the island of Sulawesi in Indonesia on 28 September 2018, the Indonesian government declared that all assistance must be implemented through local or national partner organisations and limited access for foreigners, prompting an unprecedented locally-led response⁹. This saw CARE International Indonesia (CII) – early in the process of transitioning to a national entity, Yayasan CARE Peduli (YCP) – embark on a response implemented entirely through partners, initially targeting 50,000 of the most vulnerable people, with a target budget of US\$8 million.

The initial stages of the Sulawesi Response were particularly challenging for all actors: the operating environment was highly controlled by the government; local and national organizations were over-stretched; INGOs and expatriate staff could only support the response remotely; and coordination was hectic since the Indonesian government was overwhelmed¹⁰. The Indonesian government has since recognised that local and national organisations brought added-value in terms of knowledge, networks, familiarity with the affected population and their ability to be agile, but also acknowledged that they faced challenges in scaling-up and in coordination¹¹. However, despite a slow initial response, national NGOs greatly exceeded expectations and within the sector a stronger appreciation of the need for localization emerged alongside key lessons learned around how to do better in the future¹².

A Real Time Review of CARE's Sulawesi response conducted in November 2018 highlighted that a number of challenges and constraints in CARE's operational practices and ways of working with partners had a negative impact on CII's response¹³. This prompted CARE Canada and CARE International Emergency Group (CEG) to commission this study which aimed to:

1. Better understand the operational realities of localization in practice using the Sulawesi response as a case study;

2. Identify examples of good practice from across the CARE world; and
3. present potential solutions to address recurrent systemic operational challenges.

This report is focussed at the operational level, therefore has a wide intended audience of CARE Country Presences, CARE Member Partners (CMPs), Lead Members (LMs) and CARE International (CI). The authors hope that by working together, the confederation will be able to make the changes required to achieve our commitments on localization and effective partnering in a way which enhances our ability to achieve high quality, timely programs, promoting gender equality and women's empowerment.

On 30 August 2019, CARE International Indonesia (CII) officially became Yayasan CARE Peduli (YCP) – a national organisation. In the report when referring to findings that pre-date the transition, the organisation will be referred to as CII and when referring to the future or findings after the transition date, the organisation will be referred to as YCP. The term "Country Presence" refers to CARE operational presence in a country whether as a member or as a traditional office with a lead member.

Localization and CARE

A briefing provided for CARE's Humanitarian and Operations Senior Leadership Team in 2018 announced that CARE was falling behind and would not be able to realise ambitions around localization and partnerships without significant changes to its business model. It stated that CARE needed to focus on simplifying systems by identifying critical blockages in terms of which systems and processes are most disabling to partnerships and propose ways forward to reform them. The briefing advised that this should build on emerging good practice across CARE¹⁴.



Methodology

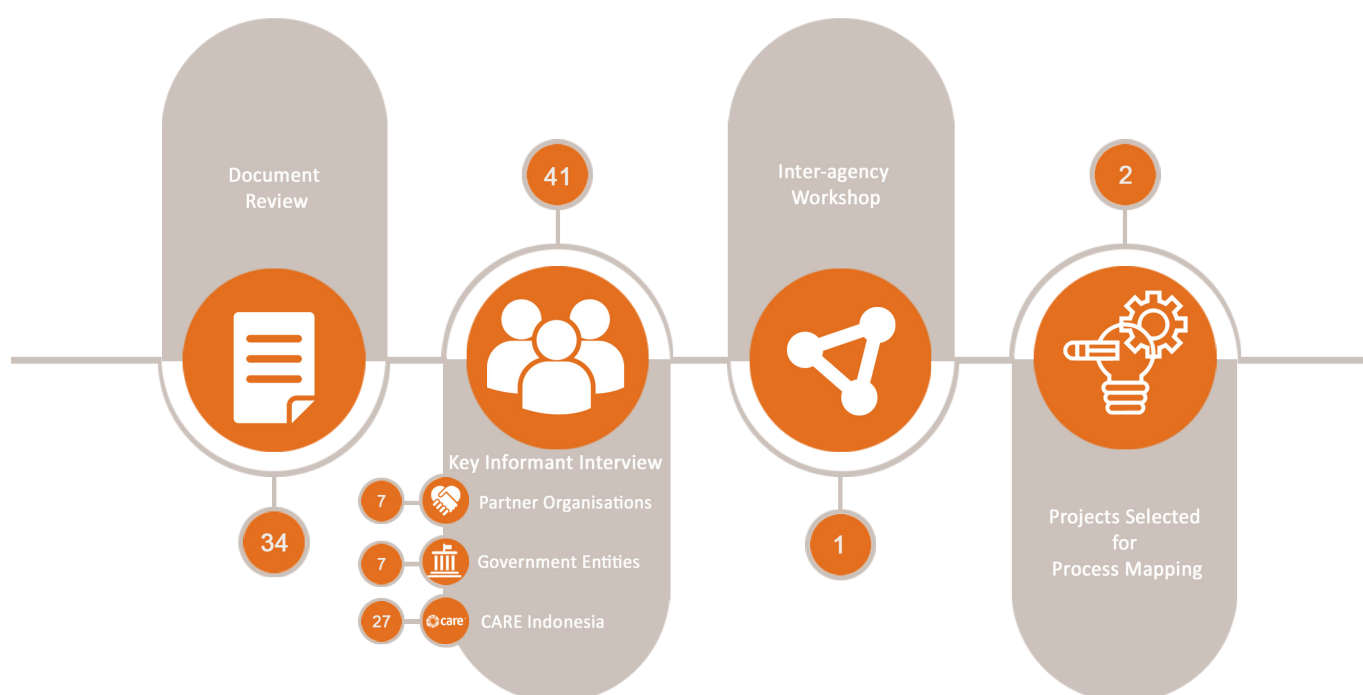
This report is underpinned by an extensive review of both CARE and sector-wide literature on partnerships and localization. The Sulawesi case study is informed by interviews with current and former CII/YCP staff, national and local organisations and government stakeholders in Jakarta and Sulawesi, a detailed process mapping of two projects from the Sulawesi response and an inter-agency workshop attended by a range of INGOs, UN OCHA, and the ASEAN Coordinating Centre for Humanitarian Assistance (AHA). The research was undertaken by a team from CARE Canada in cooperation and partnership with the Pujiono Centre, an Indonesian not-for-profit disaster management and climate change adaptation organization that previously conducted studies on localization in the first 100 days of the Sulawesi response.

This report combines learning from the Sulawesi response with broader experiences in CARE's programming globally to highlight key issues, broad trends, and suggest potential solutions.

The initial literature review was an important exercise in order to establish a conceptual understanding of how CARE has operationalized the localization agenda in its operations to date and to identify good practice and learning. It led to a list of 10 Key Characteristics for Effective Partnerships (Annex 1) that outlines the ways in which CARE should approach partnerships to both support localization principles and contribute to CARE's goals on women's empowerment and gender equality.

The key characteristics were used as a framework to design data collection tools for the Sulawesi case study.

The findings presented in this report are organised under three sections: Strategic Vision and Establishing Partnerships, Operations, and Project Cycle. These are further broken down into sub-sections covering different steps. Each sub-section contains an overview of key findings from the literature, key findings from the case study and a set of recommended solutions.





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Strategic Vision and Establishing Partnerships



Strategic Vision

Findings from Literature Review:

Within CARE there is a strong desire to move towards a more localized way of working and there are positive examples of this happening in practice. However, the literature shows that there is no clear overall vision on what CARE sees as the ideal of localization. Partnerships vary significantly between contexts, from longer-term, strategic partnerships which truly uphold the values of localization (such as the Philippines' Humanitarian Partnership Platform and partnership models used in the Cyclone Gita response in Tonga), to sub-grant agreements for the implementation of specific project activities, without a wider partnership vision and not usually aligned with the principles of localization¹⁵.

In the broader sector (and within CARE) a whole spectrum of partnerships models exists, from top-down short-term sub-grants which reinforce existing power imbalances, to egalitarian and financially independent long-term partnerships which aim to achieve more than programming objectives¹⁶. Longer-term partnerships can open up opportunities for strengthening capacities, building trust, working together as equals and collaborating on longer-term goals, such as gender transformation. They can also provide a platform to integrate emergency preparedness that will enhance the impact and effectiveness of responses¹⁷. CARE has experience in financially independent partnerships and has seen the

benefit of this approach, for example in the Cyclone Gita response where CARE's non-financial partnership with Mordí contributed to a more transparent and equal relationship¹⁸. CARE Syria has intentionally included non-financial types of collaboration in its strategic partnership model so that money does not become a barrier to authentic partnerships¹⁹. At the other end of the spectrum, sub-granting will sometimes be a necessary approach and, if underpinned by a broader strategic vision on localization and partnerships, can be done in a way which treats partners as equals. A strong partnership approach will recognise that different types of partnerships are required for different purposes, depending on context and circumstances²⁰.

Humanitarian leaders in CARE are clearly committed to locally-driven humanitarian action, having included localization as one of three priority areas for CARE's future direction in humanitarian programming (alongside gender in emergencies and the humanitarian-development nexus)²¹. But at the global level CARE does not have a strategic vision and framework for partnerships to guide CARE Members and Country Presences in their approach. CARE's Program Quality and Impact Strategic Leadership Team (PQ-SLT) is currently working to develop a CARE wide approach to partnership which will feed into the development of the Agenda 2030 strategy²².

This is a crucial step forward since experience shows that in countries where CARE has done well on localization and partnerships it has been underpinned by strategic intent.

Best Practice Example – Partnership Models in CARE

Philippines CARE established the Humanitarian Partnership Platform in the Philippines in 2016. Building on partnerships in the Typhoon Haiyan response, the platform has adopted a decentralized model – this sees 7 major partners working with their own network of local partners (over 30 in total) to prepare for and respond to crises. CARE acts as a convenor, donor, relationship and knowledge broker, capacity builder, and can provide surge support and direct implementation (as a last resort). The benefits of this approach are proven in the increased timeliness, coverage, access and relevance of responses as well as more robust and confident partners – some have been able to access funding directly³³.

Tonga Before Cyclone Gita struck Tonga in 2018, CARE had a formal partnership in place with Live and Learn (a local NGO in the Pacific region) since 2012 which promoted improved emergency preparedness and response. CARE had also worked with MORDI (a local NGO in Tonga) on preparedness planning in 2017. When the cyclone struck the three organizations joined together in their response with CARE providing technical support and access to funding opportunities. The partnership led to increased reach, swift response, efficient administration, cost-efficient procurement, increased sustainability and strengthened MORDI's capacity³⁴.

Syria CARE Syria's partnership approach outlines three models: **1)** Core Partnerships with actors who can provide quality programming to reach more participants; **2)** Strategic Partnerships with actors whose vision and goals align with those of CARE (including on gender equality) and where funding and project implementation are not necessarily relevant since the partnership emphasises a "notion of solidarity" with goals and objectives aligned towards achieving a lasting impact; **3)** Service Contracts with actors who can help CARE operate at-scale but who require intensive³⁵ direction, management and oversight.

Another key enabling factor in these cases was access to resources to put that vision into practice. Unrestricted funding is generally seen to be essential, since donors are often reluctant to provide funding (i.e. for preparedness and capacity strengthening with partners) or to provide funding to support partners at scale²³. In the Philippines CARE used pooled funding left over from the Typhoon Haiyan response to invest in the HPP, specifically on preparedness and for other responses. In Tonga, CARE's support for partners in preparedness was funded through unrestricted funding for preparedness from the Australian government²⁴. In the Sulawesi response peer INGOs whose business models provide access to unrestricted funding on a level not seen in CARE were in a position to invest in

longer-term partnerships, engage with partners on preparedness and build partner capacity prior to the emergency. CARE also has experience with partnership models where a high proportion of donor funds are sent directly to partners such as in the Cyclone Gita response where CARE Australia – based remotely and therefore with no operational costs in Tonga – only needed to take 30% of project funds to cover indirect cost recovery (ICR), costs for deployments and technical support. Exploring different models could see CARE move away from being the direct implementer to alternative roles such as relationship/knowledge broker, convenor and capacity builder, as seen in CARE's operations in the Philippines and Tonga²⁵.

Limited access to unrestricted funding in CARE Country Presences is often cited as a barrier to more meaningful engagement with partners, since it creates a preference for short-term, transactional and project-focused partnership models in an effort to mitigate both reputational and financial risk²⁶. Lack of adequate flexible funding, while limiting the potential to engage in longer-term partnerships outside of projects, also undermines the chances of developing processes, protocols, tools and capacities with established partners in advance of an emergency.

In CARE's humanitarian work, gender is predominantly an add-on in a partnership – a capacity to be developed in partners who are primarily selected for their response capacity or technical expertise in CARE's core sectors. However, CARE's experience in the Philippines suggests that this requires a significant amount of effort in training, capacity strengthening and ongoing engagement to ensure that gender focus does not lapse. By assuming that gender can be an "add-on", CARE risks overlooking the reality that local partners work with many INGOs, each looking to embed their own priorities. INGOs should not presume that partners will realign their goals to those of the INGO and should not expect them to.

Much of the literature conceives of partnerships as instrumental, since they can support an INGO to progress on its specific goals. CARE has found that it is often more impactful to partner with women's led or gender-focused organisations because of the added-value they bring on gender, specifically technical knowledge and expertise as well as embodying values, attitudes and approaches aligned with a gender-focus²⁷. Women responders – who can be individual women, volunteers, activists, leaders, women-led organisations (WLOs) and networks – are also often closely aligned with CARE's priorities²⁸. Prioritizing partnerships with organizations or groups which already have similar strategic goals – around gender equality and women's voice – and focusing on strengthening their operational and response capacity, not only supports CARE's strategic vision, but can reinforce local actors' ability to engage on longer-term social norm change. However, pushing further on the localization agenda would see a shift in behaviour in which INGOs value local knowledge and goals above their own, supporting partners' in the plans they have defined for themselves.

Best Practice Example – Managing Risk in Partnerships³⁶

Syria CARE Syria's partnership approach – which clearly identifies that partnerships with local and national actors are essential for CARE to realize its vision in Syria – illustrates the importance of being aware of the risks of working with local partners, such as:

- limited access if partners are perceived to be political or impartial;
- insufficient finance and project management capacity;
- potential damage to reputation, particularly in areas where CARE does not have oversight.

In order to mitigate these risks the CARE Syria Program Strategy outlines how CARE will strengthen its internal capacity to manage partnerships more effectively and with greater equality. This includes a focus on building partner capacity for implementation and monitoring and ensuring partner commitment to CARE's goals of gender mainstreaming and empowering women and girls.

In practice WLOs, women responders and other small grass-roots organisations often lack or have weak organisational systems and capacity and therefore cannot always effectively meet due diligence standards, or meet them at the levels of more established organizations²⁹. Consequently, INGO partnership models are often unable to accommodate partnerships with these actors. Moreover, they may be affiliated to political, religious or ethnic groups or apply a rights-based approach which may appear to conflict with humanitarian principles. These “high risk” factors often become barriers for partnerships with actors who have incredible potential to support CARE's goals around gender transformation³⁰.

With the sector becoming increasingly risk-averse, risk management for partnerships is affected by the power imbalance between INGOs and national or local partners, whereby INGOs tend to focus on the risks of partners, rather than the risks to partners with an overwhelming focus on fiduciary risk, followed by legal and compliance³¹. This is reflected in the content of INGO partnership policies and in the positioning of partnership functions within finance and compliance teams. By transferring risk to partners and taking a punitive approach to partnerships, INGOs and donors are contributing to a vicious cycle of risk. A supportive and collaborative model, which emphasizes transparency, trust and capacity strengthening and accepts some level of risk, will be more conducive to effective partnering³².

Findings from Case Study:

The government's decision to mandate a partner-led response in Sulawesi was unprecedented and for many organizations this meant adapting quickly to a new response modality. While many peer agencies had pre-existing partners, consortiums, networks or nationally affiliated organisations to work with and had invested in building capacity of partners prior to the emergency, CII and its partners were not present in the affected area at the time and consequently the organisation had to set up new partnerships at the outset of the response. Due to the urgency of the situation, these partnerships were primarily formed to deliver quality assistance at scale quickly as possible and therefore used the traditional project-based sub-granting model. This was the most practical option for the response but unfortunately it left limited space to accommodate broader strategic goals around localization and gender.

With experience of working on gender in emergencies (GiE) in previous responses, CII made sure to conduct a rapid gender analysis (with a partner) at the outset of the Sulawesi response and integrated gender in project design but gender was not a core consideration in the way in which CII partnered. The urgency of the response required partners who had the capacity, technical expertise and systems to start operating immediately and this was reflected in the types of partners CII chose to work with and in the content of orientations and guidance those

“Approaching partnerships in a way which is aligned with the localization agenda is equally important if a CARE country office transitions to a national entity. Local CARE branches, will not be accepted by some actors as ‘local’ due to their shared international identity. Home-grown organizations bring added-value from their embedded nature and knowledge of the local context and are a key enabler for achieving meaningful, sustainable outcomes. As per CARE's global vision and the experience of national affiliates like CARE India, nationalization does not mean the end of partnerships but rather intends to help grow a broader national ecosystem by bringing additional assets and value into civil society.”³⁷

partners received. In the early stages of the response, the majority of partners were not aware of CARE's commitments and expectations around GiE. Later in the response, CII established a partnership with a feminist organisation which reflected an intent to align partnerships with CARE's commitments on gender. However, the potential here was not maximised in part because the partner was engaged to work on distributions which did not provide an opportunity to leverage the added-value the partner could bring on advocacy and women's empowerment. Furthermore, since the partner refused to work on cash and construction activities, CARE had to consider how to balance donor commitments for sectoral programming with ambitions on gender. When strategizing with partners

on the recovery phase, it was decided not to continue the partnership at that stage but discussions are ongoing around potential future collaboration to maximize objectives and strengths on both sides.

Initially CARE worked with two of the largest national organisations in the country, one of which had not been operational in Sulawesi prior to the emergency. Both partners had teams operating on the ground 3 days after the emergency but needed time to set-up offices and recruit additional staff. As typical in scaling-up after sudden-onset emergencies, this led to some delays. Later CII partnered with another large national organisation which then recruited from a local organisation in Palu. Working with these large, well-established national partners prompted some CII staff to question CII's interpretation of localization and the added-value of partnerships with national organisations (compared to partnering with local organisations), particularly since YCP was in the process of becoming a national organisation.

With the response now moving into the recovery phase and YCP fully staffed, YCP has committed to developing a partnership strategy which covers both emergency and long-term partnerships and partnering with women's organisations to support women's role in decision-making around assistance³⁸. The partnership strategy will address key areas of learning from the Sulawesi response including the need for a clearly defined approach to partnerships for emergency response, how to expand existing partnerships to be fit for emergencies, and how to establish new partnerships for emergencies in advance. It will respond to the desire from local agencies to have a more sustainable partnership beyond the emergency. In developing the strategy YCP also intends to address questions around: working with national versus local organisations; partnering with national and local governments; gender as a central component; integrating development and humanitarian approaches. Much of this approach will be supported by a financial investment of US\$125,000 on partnerships that YCP has received from a private donor.

Furthermore, YCP intends to better understand and engage with Indonesian civil society, looking to engage more in women's networks and play a role as a capacity builder and thought-leader (drawing on CII's development programming experience and CARE's global experience and expertise) as well as a responder. Women's organisations consulted in this study see a role for organisations like CARE to help address challenges they face with limited funding, access to international donors and advocacy, low operational capacities, inexperience in humanitarian work, poor coordination across peer organisations and risks for frontline female responders³⁹.

Recommended Solutions:

1. PQ-SLT to ensure that the development of CARE's Global Partnership Approach promotes a commitment to and clarifies CARE's position on localization, equal partnerships and gender equality. It should clarify how CARE's identity as a national NGO in some contexts relates to localization. It should explain the importance of different partnership models for different types of partners, including engaging in longer-term strategic partnerships aligned localization goals. Guidance on working with risk should be provided to enable partnerships with smaller, gender-focused and local-level partners.
2. Country Presences, CMPS and LMs to define how they will support localization goals outlined in the Global Partnership Approach and ensure this is integrated in strategic plans, adapting to their context and function.
 - CMPS and LMs to outline the resources and capacity they can provide to support localization and partnerships at country-level.
 - Country Presences – potentially as part of the LRSP (long range strategic plan), the CPR (country presence review) processes and linked-up to country-level gender analysis – to engage with local civil society, consider CARE's potential added-value and role/s, and identify potential partners for strategic engagement on common goals. Country Presence approaches should outline how partners will be engaged in humanitarian response and in emergency preparedness.
3. PQ-SLT and HWG (with finance and compliance teams) to develop and roll-out a toolkit to operationalise the Global Partnership Approach including templates, good practice examples and guidance, linked with the EPP guidelines (see Annex 2).
4. HWG to ensure that CARE's commitment to localized humanitarian response and gender (as outlined in the Humanitarian Directions) is a key consideration in Agenda 2030.
5. LMs and CMPS to review allocation of unrestricted funding to align with localization goals such as ensuring pooled funds can be used beyond the specific emergency (e.g for investing in preparedness with partners);
6. CEG and HWG to discuss mechanisms for incentivizing work with partners (e.g. providing additional ERF or other funding to support partnership work in response or preparedness or providing technical support/deployments).

Partner mapping, identification, due diligence and selection

Findings from Literature Review:

In CARE, partners for humanitarian response are generally selected for their experience in emergencies, their geographic location and their ability to meet due diligence requirements⁴⁰. Furthermore, since CARE is committed to providing humanitarian assistance in the core sectors of WASH, food security, shelter and sexual and reproductive health at scale and aligned with quality standards such as the Core Humanitarian Standard⁴¹, technical expertise is often a key consideration. As such, partnership mapping, identification and selection processes are weighted towards larger, more established partners who are seen to pose less risk for the organisation and who can scale up quickly and respond with quality interventions. These requirements – while aligned with some of CARE’s key priorities in emergency response – tend to result in an approach that does not necessarily align with the principles of localization or CARE’s commitment to GiE. Despite previous CARE reviews recommending more engagement with gender-focused organisations (to progress toward more gender transformative outcomes), gender does not tend to be weighted high enough among the selection criteria for identifying partners⁴². The CARE Emergency Toolkit is a central reference tool, and has excellent guidance on partnerships processes, best practices, and the soft skills required to implement partner led responses. It could be improved by strengthening the gender focus throughout the partnerships sections and highlighting best practice gleaned from across the CARE confederation. For example, while the eligibility tool template (which feeds into the selection criteria) is

gender-blind, the organizational capacity assessment template does include a full section on a Gender Equality Focus. Overall there is a lack of discussion and guidance within CARE on how to prioritise between different requirements, such as gender-focus, technical expertise in CARE’s core sectors, emergency capacity and strong systems and processes. This is essential since it will usually be impossible to find a partner who can fulfill all requirements. CARE needs to decide if and how the organisation is willing to take risks by entering into partnerships which, while not initially fulfilling all criteria, have promising potential.

Across the sector, when partnerships with women-led organisations are prioritized it is often the result of an individual staff member undertaking internal advocacy around the added-value and specific contributions that WLOs can bring to programming⁴³. INGOs generally prefer to have fewer partnerships of larger value rather than manage many smaller value partnerships, which at times is driven by compliance-focused partnering processes and lack of the additional resources required to manage many small partnerships⁴⁴. Furthermore, humanitarian agencies are faced with increasingly stringent donor requirements, which either result in “narrowing the partner pool” to a small group of preferred partners who can meet compliance requirements (who then become overstretched), or serve to disincentivize partnering altogether⁴⁵.



Findings from Sulawesi Case Study:

CARE managed to establish partnerships early on in the Sulawesi response and the processes were completed in good time⁴⁶. Partners acknowledged that CARE's due diligence process was simpler and more straightforward compared to other agencies. The team in Jakarta prioritised national and local operational capacity and emergency experience, aiming to find partners who could start implementing immediately. There were some missed opportunities since some national and local partners had already found INGO partners either earlier in the response or before. Additionally, a local branch of a national women's coalition with grassroots presence screened by CARE's initial partner identification process was not recommended as an implementing partner due to limited capacity.

CII devised a set of four selection criteria (not weighted) which comprised: **1)** legal mandate to operate in Indonesia and Sulawesi; **2)** knowledge of and presence in the affected communities; **3)** emergency capacity; and **4)** sectoral expertise. Using these criteria and following an initial mapping, CARE interviewed potential partners to explore their programmatic and operational capacity and then decided which partners should progress to the due diligence stage. Since "gender" was not included as a selection criteria, organisations with expertise in and commitment to gender were likely overlooked in favour of organisations with the operational presence, emergency capacity and sectoral expertise to facilitate speedy implementation. Furthermore, since CII's due diligence focused on finance and compliance, final partner selection decisions were liable to favour those who could meet minimum compliance. The process made CARE averse to the risk of engaging with partners who might have been weaker on compliance but could have better aligned with other priorities. This was likely an appropriate decision given that there was no time to strengthen organisational systems and capacity. A key lesson learned is that while gender-focus should be a core criteria for CARE in partner selection, guidance on weighting and prioritization of criteria must also be devised to accompany the criteria. Furthermore, this must take into account context and timing, since prioritizing gender at the outset of a response at the expense of capacity and systems which are fit-for-purpose would not be advisable. On the other hand, if partnering prior to an emergency there would be time to work on reducing the risks associated with this.

More recently, CARE has undertaken a new partner mapping process for the recovery phase and there have been improvements in the selection of partners although the selection criteria continues to be gender-blind. Four different types of agreements are available for different types of partnerships: Partnership Agreement, Simplified Partnership Agreement, Fixed Obligation Grant and MOU for in-kind contribution with funding levels and requirements adjusted accordingly. Positively, the strategy shows that YCP is building on lessons learnt around partnerships from the initial response such as including capacity assessments and capacity strengthening plans to mitigate risks and

hiring a partnership coordinator to ensure that policies, guidelines are in place. In addition YCP's Gender Specialist now reviews partner assessments and proposals designed by partners.

Recommended Solutions:

7. The PQ-SLT and HWG (with finance and compliance teams) to ensure that the Global Partnership Approach toolkit includes guidance, tools and provides best practice examples on partner mapping, selection and due diligence including:
 - Promoting transparency from both partners and CARE early in the partnership development process around the purpose of the partnership and organisational strategic priorities so the potential for complementarity and alignment of priorities can be assessed;
 - How to formulate selection criteria on gender;
 - How to define and weight selection criteria to balance different priorities and requirements taking into account timing and context;
 - How to assess and mitigate risk (including through capacity assessments at selection stage), define red lines and take risks specifically if partners do not meet due diligence requirements or appear to contravene humanitarian principles.
 - Suggested composition of decision-making committees for the due diligence and selection process, made up of programs staff (including management, technical/sectoral expertise etc.) and operations staff (including finance, HR, logistics).



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Contracting

Findings from Literature Review:

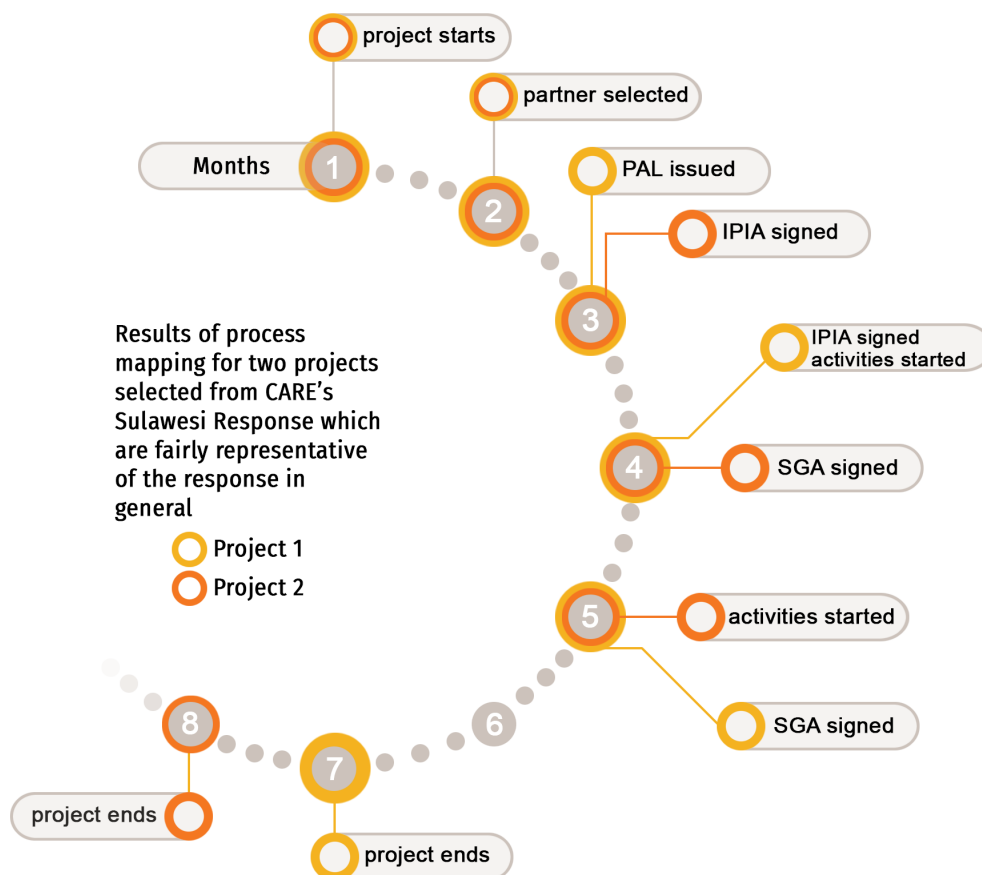
In some CARE Country Presences, limited access to unrestricted funding which could be used to mitigate some of the risks of working with partners has seen a risk-averse reliance on a heavy, contractually-focused relationship. This is seen not only with partners, but throughout the contractual chain – from donor to contract managing partner (CMP) to Country Presences and finally to local partner – which further reinforces barriers to working in equal partnership⁴⁷.

These heavy bureaucratic processes have a significant impact on timeliness when scaling up for a multi-million dollar response. From donor negotiations, to donor contract, to Individual Project Implementation Agreement (IPIA), to sub-grant agreement (SGA) takes significant time and can result in delayed implementation. This is a recurrent issue across CARE responses⁴⁸. In theory there are ways to circumvent this temporarily (before the donor contract is signed and donor funds received) by allocating a portion of CI emergency response funding (ERF) to partners as “start-up funds” and by using pre-authorization letters (PALs) either to initiate the SGA or to expedite activities and payments for partner until the SGA is signed. But there are limitations within these processes and they do not always facilitate a timely response at scale⁴⁹. One limitation is that CMPs decide the value of PALs and are often overly cautious since donor

funds are not perceived to be guaranteed until they are received. With the relative flexibility of ERF and appeal funding, Country Presences should be empowered to start spending immediately, for example using temporary fund codes until donor contracts are signed or through a pre-award arrangement with partners⁵⁰.

To complicate matters, the sub-award process is inconsistent across CI; each member has its own policies and templates (some not covering all 4 stages of the project cycle: pre-award, award, post award and close-out) causing confusion and heightening the risk of non-compliance with donor requirements⁵¹. Moreover, with some notable exceptions (e.g. Syria, Philippines), CARE’s sub-granting requirements are very rigorous, further underscoring CARE’s risk-aversion⁵². CARE-USA has committed to leading an organization wide review of this guidance to make CARE more fit for partnering and to develop a harmonised CI sub-award policy with standardized tools, templates and guidelines by the end of FY20.

Many of the contractual and financial systems and process within CARE have been developed to respond to donor requirements and there continues to be a tension between these requirements and localization. Since CARE is a large organization, responsible for multiple millions of dollars, it must be accountable to those who provide funding but



there is a need for CARE to better understand actual donor requirements vs internal perception of those requirements, a factor which contributes significantly to the level of risk aversion in the organisation. The onus is on organizations like CARE to look at the implications this may have on the organisation's ability to realize the localization agenda in practice.

Findings from Sulawesi Case Study:

CII's experience shows that while it is straightforward and relatively quick to set-up a PAL, if a detailed donor budget is not finalised or if negotiations are protracted, a PAL might either not be possible or might not provide access to sufficient funds. Since the value of the PAL is at the discretion of individual CMPs, in some cases the amount of funding (as well as the timeliness) was not sufficient to sign SGAs or for partners to recruit staff. Although PALs are generally seen as a good short-term solution, experience in the Sulawesi response shows that CMPs may not understand the limitations and the impact this has on implementation, in particular for partner-led responses.

In the Sulawesi response IPIAs were signed relatively soon after donor negotiations were finalised but, due to delays in negotiations, this was usually around two months after projects started⁵³. With projects starting on the day of the emergency, this resulted in a very tight window for implementation. At the same time, CII found that donors were quite flexible around changes to targets, activities and approaches which was appreciated given the challenges of the context and the partnership modality. CII received no cost extensions (NCEs) for around 50% of projects in the

initial phase of the response.

The overall process of drafting, reviewing and signing IPIAs was impeded by the complexity of transition to YCP, extensive reviews (particularly in finance), email sign-off not being permitted, and lack of transparency on the status of an IPIA from CMPs. Once the IPIA was signed, it took on average a further 4-6 weeks to negotiate or finish negotiating SGAs with partners which meant that SGAs were generally signed around the mid-point of the project. Activities then started past the halfway point of the projects and 3 to 4 months after the emergency occurred. CII's sub-grant agreements included some simple operational sections around timeframe and budget but beyond this much of the content in the SGA was not understood by partners (including extensive untranslated annexes).

Ultimately, delays caused in contracting processes prevented a timely response⁵⁴. This led to rushed implementation, with less focus on quality and building relationships with communities, and undermined the relevance of assistance. CII is aware that it needs to become more comfortable with the risk of getting started sooner even when detailed budgets are not finalized. However, given that the overall amount of pooled and institutional funding was confirmed in the first few weeks of the response, the response could have been more effective if CMPs were willing to provide higher value PALs in advance of final detailed donor budgets. In general the message from peer agencies in Indonesia to CARE is that it must "be willing to take a risk" if it wants to see localization realised in practice.

Recommended Solutions:

8. HWG and LM Finance Directors to bring together a group of stakeholders within the organisation to review how the existing contractual tools and processes (i.e. PALs, temporary fund codes and IPIAs) can be improved and used more effectively to facilitate timely responses with partners, crucially unblocking the barrier of waiting for 100% certainty on funding before moving forward with start-up and implementation. This can build on the current process of developing harmonised sub-award policy. It should include encouraging CMPs to issues higher value PALs to allow the signing of SGAs with partners. This process may require clarifying donor requirements, liaising with donors to clarify the impact that stringent requirements have on the localization agenda or advocating for donor requirements to be more supportive of localization.
9. CARE USA to ensure that the new sub-award policy includes a standardized SGA format which reflects different types of contracts for different types of partnerships and is as simple and succinct as possible. Wherever possible flexibility should be built-in, for example by agreeing milestones for defining detailed budgets and targets at a later stage. Language should be de-legalized and simplified in order to foster dialogue and clarity of understanding with partner.
10. Country Presences to adapt and use the global SGA format when it is available and ensure that templates are prepared in advance of an emergency. The SGA and all annexes must be translated and proper orientation provided for partners (e.g. videos, activities for orientation sessions).

Human Resources

Findings from Literature Review:

While high staff turnover is a detrimental element in an emergency response, it can have a significant negative effect in partner-led responses, which have additional coordination needs. Even when pre-established partners and protocols are in place, staff turnover can lead to inconsistency, frustration and lack of clarity regarding the management and application of procedures and principles⁵⁵. Ways to avoid short-term deployments and prevent the loss of knowledge due to staff turnover include: incentivizing secondments; strengthening shadowing and accompaniment; embedding technical experts with partners; increasing the length of contracts; and localizing surge⁵⁶.

A more difficult challenge is “staff poaching” between organizations which was a significant issue in the Sulawesi response since the restriction on foreigners travelling to the field created a very high demand for experienced Indonesian staff⁵⁷. At the same time, a key success of the

wider Sulawesi response was the utilisation of national staff capacity as organisations brought in staff from elsewhere in the country and Indonesians working overseas to act as surge⁵⁸. INGOs in the Sulawesi response felt that some international surge deployments undermined relationship building between partners and INGOs, which could be attributed to international staff not being allowed to travel to the field, limiting opportunities for collaboration and coaching⁵⁹. Globally CARE has not made consistent progress on localizing surge⁶⁰.

To support more effective partnering aligned with the localization agenda, CARE needs to re-prioritise to ensure that the organisation prioritises skillsets around partnering competencies (rather than technical competencies) and to focus on building partners’ capacity rather than internal capacity⁶¹. More broadly, limitations in gender balance with CARE and partners can also impact programming. A case study of CARE’s emergency work in the Sahel suggested that having a male-dominated emergency team (which was amplified by partners) could have contributed to a low prioritisation of GiE⁶², resulting in an increased call for building capacity of female humanitarian workers⁶³.

The literature emphasises that human resource practitioners need support to uphold localization principles in practice by: supporting rapid scale-up in collaboration with others; ethical hiring policies for recruiting staff from local agencies; and building partnership competencies into recruitment and performance management for staff⁶⁴. These are not only crucial in strengthening the response, but also reinforce the goals of localization in practice. In a briefing on how to improve CARE’s progress towards partnership and localization, it was recommended that the Humanitarians and Operations Senior Leadership Team should adapt HR policies to ensure they foster an enabling culture and environment for partnering⁶⁵. However, as CARE HR policy is unique to each Member, collective progress in the policy space is slow⁶⁶.

Findings from Sulawesi Case Study:

From the outset of the response, CII was able to take advantage of surge capacity from the RRT/CEG and recruit some key positions locally that were integral to the response. However, similar to the experience of other agencies, the short timeframe of deployments and staff turnover (combined with rapid handover) made relationship-building with partners more difficult and undermined consistent messaging for partners. This was compounded by the emergency team (mostly staff new to CII) not being familiar with CII’s existing policies and procedures. When the emergency occurred CII’s Emergency Response Team (compromised of existing national staff) were closing the response to the Lombok earthquake and therefore were not present to provide a crucial link between surge and newly hired staff for the Sulawesi response with the development team. In recruitment CARE and its partners faced similar challenges to other

organisations in searching for adequately qualified staff. In CARE, given the urgency of staffing needs, knowledge and experience around gender and competencies in partnerships were not made explicit in job descriptions. In some cases CARE's partners had no choice but to recruit new graduates, some from other provinces, which led some to question whether working with local (rather than national) organisations might have ensured a better cadre of partner staff.

Recommended Solutions:

11. The PQ-SLT and HWG (with finance and compliance teams) to ensure that the Global Partnership Approach toolkit includes guidance, tools and provides best practice examples on human resources including:
 - How to develop organisational structure, line management functions, roles and responsibilities and accountabilities that support working in partnership and the localization agenda in response, development programmes and in preparedness.
 - How to define the staffing resources which will be required to partner effectively.
 - How to support partners to ensure they have sufficient numbers of staff with the requisite skills and capacity.
 - How to formulate partnering competencies for job descriptions.
12. HWG to support the development of HR guidance in Global Partnership Approach toolkit by developing a standard orgchart for response set-up that can serve as a ready-to-use tool including for partner-led responses. It should highlight the key positions and functions required for various size responses (including partnership management/support and GiE functions). It should explain how to integrate a large-scale response structure into Country Presence management and decision-making structures.
13. Country Presences, LMs and CI to strive to reduce CARE staff turnover in emergencies by:
 - Avoiding re-location of existing staff (particularly in leadership roles);
 - Requiring short-term deployments for minimum 3 months in first phase of a response (particularly for key roles) so that a replacement can be recruited and provided with handover before the initial deployment ends;
 - Seeking in-country and diaspora surge staff and working on this in preparedness;
 - Reinforcing fair HR policies from the initial days of the response.
14. Country Presences to ensure that when turnover is unavoidable sufficient time and budget is allocated for shadowing, accompaniment and handover.

Capacity Strengthening and Ways of Working

Findings from Literature Review:

In generalized feedback from partners across the sector, national NGOs report dissatisfaction with INGO behaviour and attitudes, which can undermine the trust and respect needed to engage in equal partnership⁶⁷. CARE has received some positive feedback around its relationships with partners – for example being supportive, open and equitable – but amongst this overall positivity, there are notable areas for improvement that would make a big difference⁶⁸. Streamlining and enhancing the consistency of communication with partners is one such area. To address this, CARE Syria introduced a “key messages sheet” which defines who can communicate with partners on different areas of work⁶⁹. Ensuring that the soft side of partnering is built into processes and systems – particularly regular contact and conversations – is also essential⁷⁰. Research conducted with international and national NGOs working in partnership for the Syria response shows that building trust through good communication will enhance the likelihood of local and national partners being transparent about problems⁷¹. This highlights a potential link between ways of working, trust and risk reduction⁷². When it comes to capacity strengthening, the experience of peer organisations shows that concerns around local partner capacity often impede INGO commitment to localization in practice. INGOs must have a risk appetite that will allow partners to take the lead and a risk mitigation strategy that provides support to ensure quality. This is complicated when donors prefer to work with INGOs in their own form of risk aversion around quality assurance and are unwilling to fund capacity strengthening⁷³.

In emergencies, high turnover and staff poaching can result in both INGOs and local partners hiring less experienced staff which further underscores the need for strong onboarding and ongoing capacity strengthening.

Best Practice Example Capacity Strengthening⁷⁹

“The partnership response to Cyclone Gita in Tonga from CARE, MORDI and Live & Learn counted capacity strengthening among one of its key achievements. CARE provided a considerable number of training workshops as well as support through mentoring and accompaniment as part of technical deployments. Partner staff reported that learning by doing, being pushed out their comfort zone but with appropriate guidance and support, were the most effective approaches. These approaches led to the increased capacity of MORDI to respond to and lead in future responses.”

In the Sulawesi response the experience of peer agencies showed that capacity can vary depending on how “local” the partner is (whether a national, local or civil society organization) and that goals and expectations around strengthening capacity should be adapted to each organization.

Across the sector, training and building capacity of partners on emergency response, ideally pre-emergency, are seen as essential for building a productive, equal relationship between the INGO and partner organization⁷⁴. In the Sulawesi response peer agencies found that shadowing and accompaniment were the most effective ways to support partner organizations⁷⁵.

CARE has several examples of solid capacity building and strengthening assessment tools and plans, such as those used in Syria and in the Philippines. Across the sector, partner organisations often complain of too many capacity assessments from different agencies using different tools and find that they are often not followed up on, functioning more as tick-box exercise than supporting organisational development⁷⁶.

Findings from Sulawesi Case Study:

CARE provided partners with briefings and tailored training, aimed at ensuring programming could be delivered effectively, which led to tangible improvements although specific capacity building or strengthening plans were not developed for partners, given the urgent need to implement. In some instances CARE’s support was not fully maximised because of language limitations or poor timing and some partners felt that some of these initial briefings were too short and not comprehensive. CII made efforts to collect feedback from partners and improve, for example changes were made to the financial compliance presentation to adapt to the local language and context. CII focused on building finance and MEAL capacity, to ensure donor compliance could be met, an input that local actors found to be insightful and useful. CARE also provided on-the-job assistance to partners through accompaniment and ongoing support in the field. Since CII had to focus on implementation, these approaches did not strengthen organisational and operational capacities or provide more substantial and systematic training on specific topics (e.g. gender in emergencies) which would have helped local actors to transition to recovery and future emergency and preparedness programming.

Partners appreciated CARE’s facilitation of exchange of information and capabilities among its local partners but thought that CARE could have done more to leverage the partnerships emerging in the response to build a local platform for a broader civil society movement particularly around humanitarian themes.

Lack of communication protocols (between CARE and partners and between CARE Jakarta and CARE Palu) led to much confusion. An unclear organizational chart and line management authority between the existing management

structure and in-coming surge staff and a disconnect between CARE Jakarta and Palu resulted in delayed decision-making, confusion in communication and poor coordination which impacted on partners. Key gaps in leadership positions at Jakarta level (since some staff were re-located to work in Palu) created bottlenecks and delays. Factors affecting joint decision-making between CARE and partners included time and partner capacity but there were times when CARE and partners made decisions together. In response to some of these challenges, YCP prioritized hiring a Partnership Coordinator responsible for overseeing coordinated capacity strengthening measures with partners. Under CII’s new Recovery Strategy two organisations have been selected for broader partnerships. These organisations will undergo capacity assessments followed by the development of capacity strengthening plans, to ensure that the operational risks presented by a partner-led large-scale emergency response are mitigated⁷⁷. Two to three additional selected partners will have capacity building/strengthening plans⁷⁸. YCP has already partnered with Christian Blind Mission to provide trainings for CARE and partner staff on disability and inclusion.

Recommended Solutions:

15. The PQ-SLT and HWG (with finance and compliance teams) to ensure that the Global Partnership Approach toolkit includes guidance, tools and provides best practice examples on capacity strengthening and ways of working including:
 - Simple guidance and tools to support the soft side of partnering, such as dialogue, more equitable ‘relationships’ and transparency.
 - Guidance on how to set-up and use decision-making structures to ensure joint decision-making with partners.
 - Guidance and templates to develop communications protocols which outline roles and responsibilities for communication internal to CARE and with partners at different levels and different locations.
 - How and when to assess partner capacity, ensuring that partner strengths are identified for two-way learning and that capacity assessments are linked to risk assessments. Provide sample capacity assessment tools and promote coordinated capacity assessments with other agencies.
 - How to develop capacity strengthening plans linked to risk mitigation plans. Provide sample capacity strengthening plans and promote coordinated capacity strengthening with other agencies, prior to emergencies.



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Finance and Compliance

Findings from Literature Review:

Financial and contractual compliance are the most crucial risk areas for INGOs. Since CARE's business model is heavily dependent on institutional funding and lacks access to the levels of unrestricted funding seen in other INGOs, this has resulted in an organisational culture which is perceived to be risk averse⁸⁰. CARE's structures, systems and governance all serve to prioritise the management of compliance and risk, portraying 'partners' as risky and as something to be managed rather than enabled. Experience across all C4C signatories points to organisational culture as a key barrier to achieving equal partnerships⁸¹. While behaviour change in CARE around risk and compliance has been slow, recently there is growing momentum and processes are evolving to ensure progress at the global leadership level⁸².

CARE Jordan's 2016 Partnership Review notes that CARE was the most difficult donor in terms of documentation and compliance⁸³. CARE partners have coined the term 'CARE of a thousand papers' to denote the organisation's complicated and burdensome requirements. Combined with slow decision-making and heavy bureaucracy, these factors risk stifling effective partnerships⁸⁴ by reinforcing the hierarchical relationship between INGO and local partner and undermining the equality and flexibility which are central to the goals of localization⁸⁵. In general, financial systems and processes in CARE are not "partnership friendly"⁸⁶.

Local organisations involved in the Sulawesi response wanted international actors (including donors) to re-think models to focus on longer-term effectiveness and reduce heavy compliance requirements⁸⁷. Strikingly, some national NGOs in Indonesia opted out of partnerships with INGOs because of the burden of financial and administrative requirements, noting that for the amount of funding available, it was easier for larger national NGOs to mobilise funding locally⁸⁸.

Focusing on the simplification of requirements, protocols, processes and tools so that they are well understood by INGOs and partners is critical⁸⁹. In addition, providing a variety of contract types to choose from can support organizations to tailor requirements depending on what is appropriate for different partnerships. As mentioned above, CARE Syria uses service contracts as well as regular sub-grant agreements and more strategic agreements. A "menu" of options can be provided with options for "testing" small amounts of funding with potential partners who do not meet due diligence requirements⁹⁰.

Findings from Sulawesi Case Study:

In CARE's Sulawesi response, financial processes were impacted by the complexity of communication and coordination between CARE and partners in Jakarta and Palu but ultimately costs were balanced, donor requirements were fulfilled, reports submitted and the audit completed successfully. In the early months of the response there was a great deal of confusion around CARE and partner budgets, which saw some instances of partners over-spending and delayed payments from CARE.

When CARE did not share financial reports with budget holders internally, it undermined harmonization between workplans and budget forecasts, so that partners did not always receive an amount aligned with the expected deliverables. This resulted in underspend leading to last minute spending and reallocation.

Partner capacity on finance was generally low but CARE's strict and heavy financial processes were very hard to understand and adhere to. Local actors found CARE's willingness to hold hands through the complexity of the financial management process to be helpful. This was achieved despite existing CII staff not being familiar with CARE emergency protocols, master budget practices and grant regulations for emergency donors. CARE provided compliance presentations and subsequently improved these, attempting to provide better support to partners who found it challenging to submit sufficient documentation when reporting. While improvements have been seen there is still room to improve in coordination and communication with partners.

CII's strict financial processes stem from a culture that focuses on reducing audit risk to zero and trying to manage exposure to exchange rate loss. This leads to burdensome requirements for partners and stringent checking and re-checking of documentation. To create a more conducive environment for partnerships CII (with policy and guidance support from the wider CARE world) needs to find a way to enable risk-taking alongside mitigating actions (such as strengthening partner capacity and systems). There is a need to clarify where there is flexibility within compliance rules and audit requirements and where there is no space to compromise.



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Recommended Solutions:

16. Finance Directors in LMs (in consultation with colleagues in program teams) to review, streamline and simplify financial processes, systems and tools to enable working with partners.
17. PQ-SLT to look at different contract types for different types of partners and seek input from Finance Directions in LMs on how to tailor financial requirements accordingly, including being able to “test” small amounts of funding with potential partners who do not meet due diligence requirements.
18. CI and CMPs to revise policies to ensure that financial liability is shared with members and Country Presences (e.g. by re-purposing a % of unrestricted, emergency response or pooled funds) for co-sharing the burden of an increased risk appetite.
19. Country Presences to ensure partners are aware of the financial requirements of the project from the outset (ideally through being involved in budget design) and emphasize a supportive relationship rather than one based on enforcement. Country Presences to provide support to partners in the development or improvement of their existing financial policies and systems in preparedness to better meet minimum requirements.

Logistics

Findings from Literature Review:

In more than one response, CARE's slow and bureaucratic procedures in logistics have been identified as the primary obstacle leading to delays in start-up and implementation⁹¹. Across the Sulawesi response there were delays caused by overloaded local and national NGOs, particularly related to procurement of initial stocks⁹². While some agencies in Indonesia – including CARE – managed procurement themselves, others had partners managing procurement (e.g. Tearfund in partnership with YEU) which, while empowering partners and allowing for a more localized response, raised the risk level of the operation. However, there can be significant benefits of partner-led logistics. For example, CARE's experience in Tonga showed that working with a national organisation that had “pre-existing networks, good understanding of the local market, and an established reputation” facilitated bulk purchasing and resulted in savings for the response⁹³.

The literature shows that two key factors can enable a productive relationship in logistics and administration. Firstly, capacity strengthening for partners during the preparedness phase to strengthen partner systems and teams is crucial. For example, prior to the Sulawesi emergency Tearfund invested resources to help improve YEU's procurement systems and as a result YEU had procurement guidelines and teams in place which could be

adjusted to meet donor requirements in the response⁹⁴. Secondly, it is important to ensure that the administrative processes are not cumbersome or complex. Systems which are not fit for purpose can cause significant delays and are sometimes a deterrent for partners to work with INGOs⁹⁵. The literature shows that in some contexts CARE is known to have requirements that create a significant burden for partners⁹⁶.

Findings from Sulawesi Case Study:

In the Sulawesi response CARE took on the bulk of procurement on behalf of partners. Some good choices were made early in the response (e.g. bringing in RRT logistics support and initiating procurement from Makassar) and partners speak of gaining more knowledge on logistics and procurement through working with CARE. However, CARE's strict procurement policies and procedures (policies were tightened during the response, rather than relaxed for the emergency phase) led to significant delays. This was compounded by insufficient staffing (with only one procurement officer in Palu) and lack of emergency preparedness and adaptability around procurement (with no preferred vendor lists, agreed kit lists or framework agreements in place), as well as staff in Jakarta having limited understanding of CARE emergency procedures.

Partners experienced challenges including discrepancies between what was listed in manifests and the actual items provided (due to mistakes by CARE's suppliers) and not being able to combine relief commodity distribution with their ongoing non-humanitarian programming (due to stringent protocols). Some challenges were faced since partners were new to warehousing and managing stock, coupled with limited information sharing in the CII team,

which led to some items and kits getting mixed up between projects. In addition some kits were incorrectly stored or mishandled and were damaged as a result. This impacted on program quality with some non-standardised kits being distributed to participants. At field level there are still concerns related to partner capacity on logistics.

Recommended Solutions:

20. PQ-SLT to ensure that the Global Partnership Approach outlines that a commitment to localization should encompass partners leading across all areas of a response, including in logistics.
21. CARE globally to increase logistics capacity so that this goal can be achieved by funding a global level logistics expert and additional RRT logistics personnel.
22. Country Presences to ensure that their country-level strategic plans set-out how partners will be supported to lead on logistics through capacity assessments and capacity strengthening and through engaging them in preparedness measures around procurement including orientation on emergency procurement procedures, identifying preferred vendors, establishing pre-agreed kit lists and defining number of staff required to enable timely processes.



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Project Cycle

Project design, proposal writing and donor negotiations

Findings from Literature Review:

Both within CARE and across the sector more broadly, there is little evidence of partners feeding into project design⁹⁷. This not only results in reduced ownership by partners⁹⁸ but it undermines relevance since it represents a missed opportunity to engage partners to develop context-specific initiatives based on best-practice, instead opting for international models⁹⁹. Across the sector, INGOs understand that there is a long way to go before joint or partner-led design (with support from INGOs) is the default approach¹⁰⁰. This includes budget design where there is very limited involvement of national partners and as a result, budgets tend to insufficiently cover partner support costs and have a lack of flexibility for partners to adjust between lines¹⁰¹.

The pace required to secure donor funding in the first phase of a response makes joint design extremely difficult and almost impossible if an agency does not have a pre-existing partner to engage with. However, CARE's experience in Tonga showed that flexibility can be built into proposals whereby the planning stage is utilised to define more specific design elements with partners, while the initial donor submission deadline is met to secure funding¹⁰². In the Sulawesi response, a UN agency developed a simplified proposal format to better enable partners' involvement in proposal development¹⁰³.

Stronger investments during the preparedness phase can enable more effective partner engagement in program design since programming strategies and activities can be devised and generic project designs prepared in advance, to then be tweaked and adjusted rapidly for proposal submission in the first few days of an emergency.

Findings from Sulawesi Case Study:

In the Sulawesi response CARE involved partners in initial assessments, including the rapid gender analysis. However, since proposals had to be submitted very quickly and before partners had been identified, project design was already fixed when partners came on board. Similar to the experience of other agencies, this left CARE's partners with little room to shape activities. In the planning stage CARE did its best to create some space for partner feedback on activities although in some cases this was limited by the level of donor flexibility or the scope of funding. For example, some partners felt that project activities were too focused on emergency and response and did not consider partners' intention to move into recovery and preparedness activities. Some partners felt that CARE could have been more transparent about the available budget since CARE had already estimated partner budgets in proposals, they tended to be below their expectations.

From these early lessons learned, there has been much improvement in the early recovery phase where CARE and partners collaborated more on design for projects and beyond this at a programmatic level as partners fed into the CII Recovery Strategy. In new projects, budgets more realistically reflect the level of involvement that CARE needs to have in all aspects of program delivery, given the challenges and risks of implementing with partners. This sees more funds allocated for staff time and joint meetings for example. Despite this constraints around funding and timelines still limit CARE's ability to engage in more meaningful participatory design processes with partners.

Recommended Solutions:

23. The PQ-SLT and HWG (with finance and compliance teams) to ensure that the Global Partnership Approach toolkit includes guidance, tools and provides best practice examples on project design and proposal writing including:
 - How to budget effectively for responses implemented with partners, such as a budget-menu with different options depending on the level of partnership and capacity of the partner.
 - How to build flexibility into proposals for adapting design at the planning stage with partners.
 - Tools and guidance (with links to EPP guidelines) on how Country Presences can work with partners on intervention design in preparedness in order to: **1)** jointly design mock projects for key priority sectors and modalities which can be quickly tweaked; **2)** develop protocols and templates for joint design in later phases; **3)** explore potential areas of collaboration and decide how to best leverage capacities from both sides.
24. CMPs to develop clear, specific advocacy messages to be used with donors to raise awareness on the challenges and opportunities of working with partners and advocate for more flexibility, time and funding for joint and partner-led design.
25. Country Presences and CMPs to ensure that project budgets reflect the additional costs associated with a productive partner relationship (i.e. travel, workshops capacity strengthening, networking).

Project planning, implementation, reporting and close-out

Findings from Literature Review:

The predominant issue across CARE responses is timeliness – by the time contractual processes are finalized, the implementation timeframe is truncated, with the partner still required to deliver activities by the project end date¹⁰⁴.

This was the case across INGOs and their partners in Sulawesi¹⁰⁵. Throughout the project cycle regular contact and communications between partners can significantly reduce delays as constant support is provided to plan and execute activities and issues are discussed and resolved quickly. Furthermore, the skills and knowledge of both parties can be leveraged to strengthen the timeliness and quality of implementation. This is particularly effective with donors that allow flexibility in the project so that adaptations can be made as the situation develops. Local partners have reportedly felt more comfortable working with Dutch Relief Alliance members in Indonesia because of its relative flexibility¹⁰⁶.

At all stages of the project cycle simplified tools to support working in partnership make a significant difference for timeliness and quality. In the Philippines, by investing in preparedness, the HPP has developed protocols for key processes and ensures that all partners are familiar with these prior to an emergency¹⁰⁷. In another example, CARE has undertaken joint development of MEAL systems and tools with partners in Syria¹⁰⁸. In reporting, simplifying and streamlining requirements are essential in transitioning away from the contractual relationship to a true equal partnership¹⁰⁹. Identifying points of flexibility around methods of reporting – such as paper, electronic, using apps or tablets – also creates an environment conducive to partnership. In South Sudan, for example, Oxfam trialled partner reporting using WhatsApp, as it was more fit for purpose than standard methods¹¹⁰.

In a sub-grant relationship, project close-out represents the end of the partnership. Coordination and consolidation at close-out focuses predominantly on reporting. In general, however, when this reporting goes to institutional donors, it does not acknowledge partner contributions, with CARE being considered “partner-blind” in reporting¹¹¹. However, it can also work the other way: if donors make it a requirement to work in partnership (for example with WLOs) then INGOs are more likely to give credit where due¹¹².

This review found that all partnerships faced challenges with capacity, delays in scaling-up and lack of understanding on protocols and procedures. These issues were even faced by INGOs who had built their response on pre-existing partnerships but in these cases issues were resolved much quicker compared to new partnerships. The most successful partnership models utilised in the Sulawesi response required that INGOs reduce expectations around quality and timeliness to enable a more localized response¹¹³.

Findings from Sulawesi Case Study:

In project planning and implementation, CII has learnt that investing more time with partners at the beginning of a project minimises challenges later on. CII's project kick-off meeting – which was continually improved based on partner feedback – provides key information on operations,

budget and work-planning but these crucial planning tools were not always updated when changes were made to projects.

Partners reported that CARE staff were approachable and provided guidance to partners throughout implementation, including on MEAL and for joint problem-solving. Partners note that CARE is more user-friendly, flexible and more accessible compared to some other agencies. But in the early months of the response, partners received conflicting instructions from different CARE staff on how to implement which led to delays. Internal challenges in CII which undermined the timeliness and quality of implementation included: confusion in roles and responsibilities; poor communication between Jakarta and the field; lack of access to project documents at field-level; and lack of tools and formats.

In implementation, CARE focused on ensuring that activities were delivered before the end of the project and little time was left for monitoring the quality of the interventions. Lack of access for international staff was an additional barrier. Consequently, CARE's value-add on gender integration and technical quality was not evident for partners and this was reflected in the quality of delivery. Initial efforts made early in the response to set-up MEAL systems, tools and processes were interrupted by staffing gaps in CARE but are now back on track. In the later stages of the response, there has been more time to select partners and consider their suitability for different sectors and activities and now YCP feels more confident in their technical capacity and their ability to meet a minimum level of quality.

From the beginning of the response, CII introduced a monthly reporting process. To save partners from onerous donor reporting formats CARE introduced a generic template – a best practice that could be replicated elsewhere. Although partners initially found this template heavy and difficult to complete, CII later improved the format based on their feedback. Similarly, CARE financial reporting was initially challenging for partners but has since been improved by CII, based on regular feedback from partners.

Initially, ways of working around reporting were not systematic and there was confusion in the reporting flow between CARE and partners in Jakarta and Palu¹¹⁴. CARE's kick-off meeting now includes a section on reporting and reporting flow and partners report receiving good guidance and accompaniment from CII staff on reporting. Since concerns around low partner capacity on financial and narrative reporting persist, this continues to be a focus area for capacity strengthening.

Despite significant delays in implementation and challenges in financial reporting, CARE and its partners managed to spend budgets and close-out projects on time (with some No Cost Extensions), often in impossibly short timeframes. However, given the limited time available, opportunities were missed to focus on quality and to capture lessons learned and partner feedback which could have informed and improved future programming.

Recommended Solutions:

26. The PQ-SLT and HWG (with finance and compliance teams) to ensure that the Global Partnership Approach toolkit includes guidance, tools and provides best practice examples on project planning, implementation, reporting and close-out including:
 - A simple, standardized financial and narrative format for monthly partner reporting which Country Presences can adapt as necessary.
 - How to provide orientations and refreshers on reporting and accompaniment throughout the reporting process. In this ensure that partners understand how their progress on outputs contributes to higher-level outcomes.
 - How to plan and budget for reflection at the end of projects to capture partner feedback and lessons learned.
 - Guidelines on MEAL for remote and partner-led implementation (including in remote contexts) and seek input from the CI Hum MEAL WG on this.
27. CI EPP WG and LMs to ensure that information management systems and protocols are in place during EPP.
28. CI EPP WG and LMs to ensure that CO EPP takes into account issues related to program quality such as defining minimum standards, preparing tools and building capacity for CARE staff who can support partners.
29. CMPs to provide orientation on donor reporting format and flow in kick-off meetings for Country Presences (and partners if required).



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Conclusion

When the Indonesian government declared that humanitarian assistance for the Sulawesi response must be delivered through local or national organisations and put restrictions on access for foreigners, a “new norm” for humanitarian operations was realized¹¹⁵. The response tested the humanitarian sectors’ ability to put localization commitments into practice and quickly showed that INGOs like CARE need to rapidly adapt or risk becoming irrelevant and being left behind.

CARE Indonesia, in the midst of transitioning to a national entity, made a huge and commendable effort to work in a new partner-led modality and managed to quickly increase the size of the team, carry out assessments, secure donor funding and establish partnerships. Across the sector the initial response was marked by contextual and operational challenges but CARE managed to deliver essential WASH, shelter and livelihoods assistance to over 38,000 people in the first three months¹¹⁶. Initially CII focussed on providing assistance quickly to meet needs and fulfill donor requirements and their best option was partnering through short-term project-specific sub-grants. CII provided support and training related to project activities and operational processes but the urgency and workload meant there was no space for broader capacity strengthening or a deep focus on gender. Moving into the Recovery Phase YCP has been able to take into account lessons learned from the initial response stage and is developing a partnership strategy with gender at the core. YCP has invested in funding and staffing to take this forward in both development and emergency programming and is already working more equitably with

partners. The key factors that prevented CII from integrating localization principles from the outset of the response, which are by no means unique to the Indonesia office or to CARE, are outlined below:

- 1) **Human resource challenges** including high turnover, partnership skills, gaps in key leadership positions and lack of clarity around roles and responsibilities;
- 2) **Limitations in ways of working** such as inconsistent communication with partners and disconnect between Jakarta and Palu resulting in confusion and delayed decision-making;
- 3) **Complex and heavy tools, systems and processes** that emphasised rigidity and control particularly in contracting, logistics and finance.
- 4) **Insufficient investment in and prioritization of emergency preparedness**, including lack of a partnership strategy, not identifying partners or establishing partnerships in advance or building relationships, capacities, systems and tools.

Across all of these factors, investments in preparedness, and establishing partnerships during the preparedness phase, would have enabled a more timely response, creating space for CARE to move into different roles, for example as convenor and capacity strengthener with a focus on program quality and gender integration. This type of change cannot be achieved by a Country Presence working alone.

Indeed this review – through both the operational study in Indonesia and the literature review – has highlighted core barriers to more effective partnering which require change across the organisation and are applicable to both humanitarian and development contexts. These core barriers and the key changes required to address them are outlined below:

Strategic Commitment to Localization: Where CARE is engaged in partnerships which are aligned with localization commitments it has been instigated and supported by a country-level partnerships strategy and vision. Where a partnership strategy is lacking, partnerships tend to follow the traditional top-down short-term model and lack a deeper gender-focus. A global CARE strategic partnerships vision and approach which can be contextualized at country level, would help prioritize and guide country-level discussions on localization and partnerships, and inform a value proposition for a variety of partnerships. This partnership approach could help Country Presences assess the risks of partnering and of not partnering and provide guidance on how to identify, assess, accept and engage in addressing risks in order to enable Country Presences to establish the right type of partnership for the right purpose. It will also continue building an organisational culture that promotes transparency, equality and collaboration with local and national partners, replacing the idea of partners as a risk to be managed with an understanding that partners are essential allies without whom the organisation cannot succeed. A strategic approach to localization at the country-level will define CARE's partnering role or roles (for example ensuring that gender is embedded as core within partnerships) and define the added-value the organisation can bring to local civil society, including in contexts where CARE is a national entity. Improving CARE's localization and partnership efforts requires the continued commitment and enabling support from leadership at all levels – in Country Presences, LMs, CMPs and globally – underscoring that working in partnership is crucial for achieving organisational goals on gender, and to ensure that resources are allocated in line with this strategic direction.

Commitment of Resources to Support Localization: CARE's successful work in localization and partnerships has been supported by some degree of flexible funding and staff with partnership skills, both of which have facilitated long-term partnerships beyond projects and investment in preparedness. There is a need for CI, CMPs, LMs, Country Presences and donors to carefully allocate available unrestricted budget and ensure that funding regulations enable meaningful partnership, including with smaller, gender-focused, women's rights organizations, and local-level partners who require investment and time to meet due diligence requirements. In addition, human resource planning and decision-making needs to take into account the amount of staff time and the partnering skills required to enable localization in practice. The resources required are not necessarily huge but decision-making needs to take into account the strategic investments required to support partnerships and localization.

Systems and Processes which Enable Localization:

Repeatedly in CARE responses heavy, bureaucratic and risk-averse systems and processes (particularly in contracts and finance) have overwhelmed partners and led to delays in implementation. Many of these systems and processes have been developed to respond to donor requirements or internal perceptions of donor requirements. Collaboration and coherence between Program and Finance teams is crucial, focussing on enabling work with local and national partners, which would see CARE playing a stronger role in capacity and system strengthening and collaboration rather than enforcement. Simplifying and streamlining financial and contractual systems, and ensuring coherence with program and partnerships goals, to better enable quick and flexible programming with partners will greatly reduce the complex and time-consuming demands of partnering with CARE and directly enable higher quality and more timely programming. Combining this with capacity strengthening in advance of emergencies (for example, piloting smaller grants) will not only lead to stronger systems and capacities but will also create a platform to build a strong, trusting relationship which promotes transparency and honesty. All of these factors should ultimately lead to reduced levels of fiduciary and compliance risk. However, this may require clarifying donor requirements and consider the implications that donor requirements may have on CARE's ability to realize the localization agenda in practice. Where necessary the organisation should make such implications clear to donors and push for greater support for localization.



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Practical and Timely Operationalization of Localization

Commitment: As the Sulawesi case study has illustrated, the realities of scaling-up in a sudden onset emergency will never be conducive to establishing meaningful partnerships with national or local partners which support CARE's commitment to advance gender equality, for example partnering with smaller women's rights organizations or smaller organizations. However, if supported by emergency preparedness planning with partners, an emergency can become an opportunity to expand and build upon an existing partnership and provide a gender-sensitive response aligned with the principles of localization.

Operationalizing localization for emergency response has to start prior to an emergency and should focus on:

- 1) establishing partnerships, including pre-award arrangements to enable partnership in response, drafting boiler plate proposals and agreeing in advance sectors and initial response activities;
 - 2) preparing protocols, tools and templates which are agreed by all partners, clearly understood and can be easily tweaked in an emergency;
 - 3) establishing emergency response teams, defining structure, roles and responsibilities, ways of working and decision-making processes;
 - 4) strengthening the capacities of staff and systems.
- All of these practical steps should be supported by a collection of guidance and best practice examples in a global toolkit so that Country Presences do not have to re-invent the wheel.

In summary, there is much evidence to show what is required to meaningfully move forward the localization agenda in practice within CARE. Encouragingly there are several successful examples to learn from and build on, as well as a strong commitment to the principles at many levels in the organisation. The task ahead is by no means impossible but it must be driven by a strategic vision, supported by resources and enabled by systems, processes and staff with the right skills. The authors are positive that CARE's Agenda 2030 will further solidify the organisation's commitment to meaningful partnerships and will act as a catalyst to push forward the fundamental changes required to strengthen localization in practice.



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Annex 1 – Partnership Characteristics

Drawing on the findings in the review, including recurrent challenges and learning from best practice within the organisation and elsewhere, the review team compiled the following list of key characteristics.

10 Key Characteristics for Effective Partnerships

- A. Complementing partners in flexible and versatile fashions:** CARE assumes different roles to complement the specific strengths and needs of each partner and is flexible to change roles as required. Roles include: capacity builder, surge provider, technical advisor, platform convenor, network facilitator, donor, bridge to institutional donors (preferably to support direct funding for NGOs), relationship broker, promoting the role of NGOs to media and public. No longer primarily an implementer.
- B. Investing sustainably in partnerships:** CARE's work with partners is supported by Country Presence access to unrestricted, flexible funding to invest in sustainable, multi-year relationship and capacity strengthening with partners and to provide start-up funds to enable timely assessments and initial response. Sources of funding could include: ERF, pooled funding, % from donor proposals etc.
- C. Putting into action strategic commitment on localisation goals:** Commitments on localization are a strategic priority at all levels (CI, CO, hum response), enforced by leadership through specific requirements and reporting, and this is articulated in partnership strategies. For example, minimum requirement for and reporting against: number/type of partnerships, % of funding allocated to partners, strategic goal on localization / civil society strengthening etc. for country-level and response strategy.
- D. Bringing added-value to strengthen civil society's broader agenda:** CARE brings assets and added-value to local and national civil society and functions to strengthen civil society to support achievement of gender goals - including in hum response and including when CARE is a national entity (recognising that home-grown actors and CARE bring different added-value to the broader ecosystem). For example, amplifying the voices of participants, leaders and first response including women and girls.
- E. Pursuing partnerships which support CARE's strategic goals around gender and localization:** CARE enters into long-term partnerships with like-minded organisations who are aligned with and will support the achievement of its strategic goals around gender and localization. In this approach humanitarian response experience is not prioritised over commitment to gender equality and women's empowerment. Consequently, partnerships may function across the development-humanitarian nexus and CARE works with a broad range of civil society organisations (including networks and coalitions and WLOs, WRAs, advocacy groups etc.) in different types of partnerships from collaboration to formal partnerships, depending on the partner entity. Gender becomes a key criteria for partner selection and the process could include weighting of gender criteria so CARE could work with women's orgs even if they raise red flags on compliance with a plan to strengthen their capacity.
- F. Promoting joined up capacity assessments with other international partners:** Partner capacity assessments are carried out jointly with other organisations working with the same partner.
- G. Providing broader capacity strengthening in which emergency preparedness is a part:** Partnerships are underpinned by a capacity strengthening plan which reflects the most effective and preferred modes of capacity strengthening, including emergency preparedness.
- H. Applying a balanced approach of simplified, flexible procedures while meeting minimum compliance:** Light protocols which are as simple and flexible as possible (while meeting minimum standards for donor compliance) for the processes which govern working in partnership and project implementation.
- I. Projecting values and capacities associated with partnering culture:** CARE staff have the time, skills and knowledge required to manage partnerships and strengthen capacity and their attitudes towards working with partners reflect values associated with a "partnering culture" (humility, transparency, fairness, open communication etc.)
- J. Confident and empowered to take risks to achieve strategic goals:** CARE's internal processes and organisational culture facilitate taking risks to achieve strategic goals.

Annex 2 – Global Partnership Approach Toolkit Recommendations

The table below brings together recommendations from across different sections of this paper as a summary of the suggested contents of the Global Partnership Approach Toolkit – see recommendation number 3. The toolkit should provide guidance, tools and best practice examples in the following areas:

Partner mapping, selection and due diligence	<ul style="list-style-type: none"> • Promoting transparency from both partners and CARE early in the partnership development process around the purpose of the partnership and organisational strategic priorities so the potential for complementarity and alignment of priorities can be assessed; • How to formulate selection criteria on gender; • How to define and weight selection criteria to balance different priorities and requirements taking into account timing and context; • How to assess and mitigate risk (including through capacity assessments at selection stage), define red lines and take risks specifically if partners do not meet due diligence requirements or appear to contravene humanitarian principles. • Suggested composition of decision-making committees for the due diligence and selection process, made up of programs staff (including management, technical/sectoral expertise etc.) and operations staff (including finance, HR, logistics).
Human resources	<ul style="list-style-type: none"> • How to develop organisational structure, line management functions, roles and responsibilities and accountabilities that support working in partnership and are aligned with the localization agenda – not only in response but pre-emergency in development programmes and through emergency preparedness. • How to define the staffing resources which will be required to partner effectively. • How to support partners in HR to ensure that they have access to sufficient numbers of staff with the requisite skills and capacity. • How to formulate partnering competencies for job descriptions such as consortia management, relationship building, capacity strengthening and networking.
Capacity strengthening and ways of working	<ul style="list-style-type: none"> • Simple guidance and tools to support the soft side of partnering, such as dialogue, more equitable 'relationships' and transparency. • Guidance on how to set-up and use decision-making structures to ensure joint decision-making with partners. • Guidance and templates to develop communications protocols which outline roles and responsibilities for communication internal to CARE and with partners at different levels and different locations. • How and when to assess partner capacity, ensuring that partner strengths are identified for two-way learning and that capacity assessments are linked to risk assessments. Provide sample capacity assessment tools and promote coordinated capacity assessments with other agencies. • How to develop capacity strengthening plans linked to risk mitigation plans. Provide sample capacity strengthening plans and promote coordinated capacity strengthening with other agencies, prior to emergencies.
Project design and proposal writing	<ul style="list-style-type: none"> • How to budget effectively for responses implemented with partners, such as a budget-menu with different options depending on the level of partnership and capacity of the partner. It should cover key costs as well as donor appetite for these. • How to build flexibility into proposals for adapting design at the planning stage with partners. • Tools and guidance (with links to EPP guidelines) on how Country Presences can work with partners on intervention design in preparedness in order to: 1) jointly design mock projects for key priority sectors and modalities which can be quickly tweaked and submitted in the first phase; 2) develop protocols and templates for joint design in later phases; 3) explore potential areas of collaboration and decide how to best leverage capacities from both sides.
Project planning, implementation, reporting and close-out	<ul style="list-style-type: none"> • A simple, standardized financial and narrative format for monthly partner reporting which Country Presences can adapt as necessary. • How to provide orientations and refreshers on reporting and accompaniment throughout the reporting process. In this ensure that partners understand how their progress on outputs contributes to higher-level outcomes. • How to plan and budget for reflection at the end of projects to capture partner feedback and lessons learned. • Guidelines on MEAL for remote and partner-led implementation (including in remote contexts) and seek input from the CI Hum MEAL WG on this.

Notes:

- 1 The Grand Bargain is an agreement between more than 30 donors and aid providers to improve the efficiency and effectiveness of humanitarian aid. It includes specific commitments to increase support and funding to local and national responders. See <https://interagencystandingcommittee.org/grand-bargain-hosted-iasc>
- 2 The Charter for Change is an initiative, led by both National and International NGOs, to practically implement changes to the way the Humanitarian System operates to enable more locally-led response. See <https://charter4change.org/>
- 3 http://media.ifrc.org/grand_bargain_localisation/
- 4 Austin, S, Dunbar, K and Greco, M (2018). 'CARE Indonesia - Sulawesi Earthquake Real Time Review'. Palmer, V, Foran, S, Sikder, S, Rahman, H and Shukakidze-Demuria, T (2018). 'Mid-Term Review of Refugee Response Programme - CARE Bangladesh'. Lehoux, F (2018). 'Briefing to the H&O SLT: Direction of travel on Partnership/Localization & Engagement of H&O SLT'. CARE (2018). 'Lessons From South Syria Rapid Response'. Raud, W (2017). 'Gender & localising aid: the potential of partnerships to deliver'. CARE.
- 5 Localization in Operational Practice: CARE's experience in Sulawesi and beyond
- 6 The Grand Bargain is an agreement between more than 30 donors and aid providers to improve the efficiency and effectiveness of humanitarian aid. It includes specific commitments to increase support and funding to local and national responders. See <https://interagencystandingcommittee.org/grand-bargain-hosted-iasc>
- 7 The Charter for Change is an initiative, led by both National and International NGOs, to practically implement changes to the way the Humanitarian System operates to enable more locally-led response. See <https://charter4change.org/>
- 8 Austin, S, Dunbar, K and Greco, M (2018). 'CARE Indonesia - Sulawesi Earthquake Real Time Review'. Palmer, V, Foran, S, Sikder, S, Rahman, H and Shukakidze-Demuria, T (2018). 'Mid-Term Review of Refugee Response Programme - CARE Bangladesh'. Lehoux, F (2018). 'Briefing to the H&O SLT: Direction of travel on Partnership/Localization & Engagement of H&O SLT'. CARE (2018). 'Lessons From South Syria Rapid Response'. Raud, W (2017). 'Gender & localising aid: the potential of partnerships to deliver'. CARE.
- 9 Pujiono Centre & Humanitarian Advisory Group (2019). 'Charting the new norm? Local leadership in the first 100 days of the Sulawesi earthquake response'. Humanitarian Horizons Practice Paper Series.
- 10 Lawry-White, S, Langdon, B, Hanik, U (2018). 'Real-Time Response Review of Disasters Emergency Committee (DEC) 2018 Indonesia Tsunami Appeal'.
- 11 From interviews with government stakeholders
- 12 Lawry-White, S, Langdon, B, Hanik, U (2018). 'Real-Time Response Review of Disasters Emergency Committee (DEC) 2018 Indonesia Tsunami Appeal'.
- 13 Austin, S, Dunbar, K and Greco, M (2018). 'CARE Indonesia - Sulawesi Earthquake Real Time Review'.
- 14 Lehoux, F (2018). 'Briefing to the H&O SLT: Direction of travel on Partnership/Localization & Engagement of H&O SLT'.
- 15 CARE Humanitarian Partnership Reference Group (2017). 'A Call to Action: Delivering on our Commitments to Humanitarian Partnership & Localizing Aid. Results from Consultations, Emerging Framework, and the Way Forward'. Christian Aid, CAFOD, Tearfund, CARE, Action Aid and Oxfam (2019). 'Accelerating localisation through partnerships: recommendations for operational practices that strengthen the leadership of national and local actors in partnership-based humanitarian action globally'. Palmer, V, Foran, S, Sikder, S, Rahman, H and Shukakidze-Demuria, T (2018). 'Mid-Term Review of Refugee Response Programme - CARE Bangladesh'.
- 16 InterAction and Humanitarian Outcomes (2019). 'NGOs and risk: managing uncertainty in local-international partnerships'.
- 17 CARE's experience in both the Philippines and in Tonga shows that establishing partnerships before an emergency has reduced scale-up times. While the Humanitarian Partnership Platform (HPP) in the Philippines also includes capacity building to strengthen systems and improve the quality and impact of the response, the establishment of a network of partners also allows both CARE and the partner to focus on the project implementation by eliminating the paperwork burden of the related to partnering. Lehoux, F (2017). 'Turning aspirations into reality: CARE Philippines' Humanitarian Partnership Platform'.
- 18 Sutton, K and Latu, E (2018). 'Tropical Cyclone Gita response program evaluation'. Humanitarian Advisory Group.
- 19 CARE (2018). 'Whole of Syria Partnership Approach - 2018-2020 - draft'.
- 20 CARE Humanitarian Partnership Reference Group. 'Ways forward for implementing the CARE humanitarian partnership & localization framework'.
- 21 CARE (2018). 'CARE's new humanitarian directions'.
- 22 The Program Quality & Impact Strategic Leadership Team (PQ-SLT) is a global team with members from different parts of the CARE confederation. The PQ-SLT is responsible to enhance program impact, relevance, excellence, knowledge and learning, and impact measurement and reporting. The PQ-SLT agreed to work on a policy or framework which is more agile, and clearly differentiate between sub-grant agreements and strategic relationships partnerships, and provide a clear framework for CARE to define and express its role and value-add in each. This will look at partnerships for program implementation and support engagement with new types of partners such as

women's rights actors and will include a typology of partnership models. The Agenda is a commitment to eradicate poverty and achieve sustainable development by 2030 world-wide, ensuring that no one is left behind.

CARE (2019). 'Charter4Change 2019 progress report'

This funding has shrunk considerably since 2017 and is now restricted to the Pacific region.

Lehoux, F (2017). 'Turning aspirations into reality: CARE Philippines' Humanitarian Partnership Platform'. CARE, Live & Learn and Mordi (2019). Summary of tropical Cyclone Gita response program evaluation.'

CARE Humanitarian Partnership Reference Group (2017). 'A Call to Action: Delivering on our Commitments to Humanitarian Partnership & Localizing Aid. Results from Consultations, Emerging Framework, and the Way Forward.'

CARE (2016). Gender Transformative Partnerships in Emergencies. Palmer, V, Foran, S, Sikder, S, Rahman, H and Shkakidze-Demuria, T (2018). Mid-Term Review of Refugee Response Programme - CARE Bangladesh. CARE (2018). 'Grand Bargain report 2018'.

Lindley-Jones, H (2018). 'Women responders: placing local action at the centre of humanitarian protection programming'.

Ibid

Ibid

InterAction and Humanitarian Outcomes (2019). 'NGOs and risk: managing uncertainty in local-international partnerships'. The report outlines six main risk areas: security, fiduciary, legal/compliance, operational, information, reputational and ethical.

Ibid

Lehoux, F (2017). 'Turning aspirations into reality: CARE Philippines' Humanitarian Partnership Platform'. Interview with CARE Philippines Country Director.

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CARE (2018). 'Whole of Syria Partnership Approach – 2018-2020 - draft'.

CARE (2018). 'Whole of Syria Partnership Approach – 2018-2020 - draft'

CARE (2018). Advocacy Piece

CARE (2019). CARE Indonesia Phase II (Recovery) Strategy – draft.

Interviews with national organisations.

CARE (2016). Gender Transformative Partnerships in Emergencies. CARE Humanitarian Partnership Reference Group (2017). 'A Call to Action: Delivering on our Commitments to Humanitarian Partnership & Localizing Aid. Results from Consultations, Emerging Framework, and the Way Forward.'

CARE (2013). 'CARE International Emergency & Humanitarian Strategy 2013-2020'.

Lindley-Jones, H (2018). 'Women responders: placing local action at the centre of humanitarian protection programming'. CARE (2016). Gender Transformative Partnerships in Emergencies

Ibid

Ibid

InterAction and Humanitarian Outcomes (2019). 'NGOs and risk: managing uncertainty in local-international partnerships'.

See results of process mapping on page 14.

Palmer, V, Foran, S, Sikder, S, Rahman, H and Shkakidze-Demuria, T (2018). Mid-Term Review of Refugee Response Programme - CARE Bangladesh.

Lehoux, F (2018). 'Briefing to the H&O SLT: Direction of travel on Partnership/Localization & Engagement of H&O SLT'.

Austin, S, Dunbar, K and Greco, M (2018). 'CARE Indonesia - Sulawesi Earthquake Real Time Review'.

This ensures that programming can start immediately partners since initial emergency response activities along with budget and targets have been defined in the preparedness stage.

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This report is produced by CARE in partnership with the Pujiono Centre, an Indonesian not-for-profit disaster management and climate change adaptation organization that previously conducted studies on localization in the first 100 days of the Sulawesi response.

www.pujionocentre.org
www.care.org

For further information please contact:

Victoria Palmer
Puji Pujiono

victoria.palmer@care.ca
puji.pujiono@gmail.com