



CARE in the Pacific

PARTNERSHIPS RESEARCH REPORT

17 DECEMBER 2021



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Front Cover Image: Partners in Samoa. Source: CARE Australia.



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ACRONYMS

ADRA	Adventist Development and Relief Agency (Fiji)
AHP	Australian Humanitarian Partnership program
BHA	Bureau of Humanitarian Assistance
CSO	Civil Society Organisation
FDPF	Fiji Disabled Peoples Federation
HAG	Humanitarian Advisory Group
MORDI	Mainstreaming of Rural Development Innovation Tonga Trust
M&E	Monitoring and Evaluation
MoU	Memorandum of Understanding
NEAR network	Network for Empowered Aid Response
NOLA	Nuanua O Le Alofa (Samoa)
PNG	Papua New Guinea
PSEAH	Preventing Sexual Exploitation, Abuse and Harassment
RPF	Rainbow Pride Foundation (Fiji)
ToR	Terms of Reference
TC	Tropical Cyclone
WIBDI	Women in Business Development Inc. (Samoa)
YWCA	Young Women's Christian Association (Solomon Islands)

ACKNOWLEDGEMENTS

The research team, Iris Low and Leaine Robinson from Alinea International, would like to express sincere gratitude to the following Pacific partner representatives who gave their time so generously to participate in this research study:

- Adventist Development and Relief Agency (ADRA) Fiji
- Fiji Disabled Peoples Federation (FDPF)
- Rainbow Pride Foundation (RPF) Fiji
- Live & Learn Environmental Education - Fiji
- Live & Learn Environmental Education - Kiribati
- Nuanua O Le Alofa (NOLA) Samoa
- Women in Business Development Inc. Samoa
- Live & Learn Environmental Education - Solomon Islands
- Young Women’s Christian Association (YWCA) Solomon Islands
- Mainstreaming of Rural Development Innovation Tonga Trust (MORDI)
- Talitha Project - Tonga
- Live & Learn Environmental Education - Tuvalu

The team would also like to sincerely thank the CARE in the Pacific team for the opportunity to undertake this important research, and for all the support and guidance rendered during the study.

A special thanks to the Humanitarian Advisory Group (HAG), Kate Sutton and Fanny Coussy, for the technical support provided throughout the research process.



CARE in the Pacific team, partner representatives, and research consultants at the Partnerships Research virtual sense-making workshop held 3 November 2021.

EXECUTIVE SUMMARY

Partnership is central to CARE International's global vision where poverty has been overcome and all people live with dignity and security¹. CARE International's partnerships in the Pacific are carried out through CARE Australia managed country offices in Papua New Guinea (PNG) and Vanuatu, and through the CARE in the Pacific team (which sits under CARE Australia) which manage partnerships in countries where CARE Australia does not have a country office. This currently includes Fiji, Kiribati, Samoa, Solomon Islands, Tonga, and Tuvalu.

CARE Australia is in the process of developing its Pacific strategy. Central to this process is understanding its approaches to partnership and supporting local leadership with its partners in Fiji, Kiribati, Samoa, Solomon Islands, Tonga, and Tuvalu. CARE in the Pacific commissioned this Partnerships Research to document its partnership approach and reflect key contributions and gaps to advancing localisation for its partners in the Pacific. The research was conducted during September and November 2021 and involved CARE in the Pacific and 12 partners in Fiji, Kiribati, Samoa, Solomon Islands, Tonga, and Tuvalu.

What this research report does

- Documents CARE in the Pacific's partnership approach and the key features of the partnership that are supporting locally led outcomes
- Employs a qualitative approach drawing on the voice of partners through feedback captured during interviews, and secondary documentation related to CARE's partnership and localisation practice, and current sector discourse on localisation to demonstrate how CARE in the Pacific is supporting localisation, and approaches hindering locally led outcomes
- Identifies actions and approaches for CARE in the Pacific for charting a more strategic course for partnership and localisation by building on existing positive practices and considering areas for improving partnership practice to better support localisation

Key findings

Partnership findings

- CARE's partnership can be characterised by **long-term** and **short-term** partnerships. The long-term partnership is guided by a high-level partnership agreement with sub-agreements developed for project or program specific engagement. Capacity strengthening is focused on supporting organisation-wide learning and growth. The short-term partnership usually begins with CARE either securing or identifying a funding opportunity. Based on consultation and shared objectives, agreement is sought to work together and co-design proposals/projects. A sub agreement guides the engagement. Capacity strengthening (informed by due diligence assessments) is largely focused on ensuring partners can meet CARE's program quality, administrative and financial requirements, including donor compliance requirements.
- **Both long-term and short-term partnerships are contributing to positive change, in advancing CARE's strategic objective of achieving greater impact through partnerships, and for partners, helping to achieve positive change at organisational and community levels.** Having both short-term and long-term partnerships allow for flexibility in the partnership and as partnering is also influenced by the amount of funding CARE has available to support partners. **A long-term partnering approach would better position CARE to achieve its broader partnership goals for transformed partnerships**

¹ As per CARE vision statement. Retrieved from: <https://www.care-international.org/who-we-are-1/vision-and-mission>

in the Pacific for reduced poverty and inequality. A key consideration is for CARE to articulate how it will support partners who want to transition to long-term partnerships, the strategy to engage long-term partnerships and with which organisations it will establish such partnerships.

- **CARE’s approach is grounded in supporting partners to achieve their mandate and objectives, working within partners priorities, and partners strengths.** Partners perceive CARE is taking a partner led approach that is based on shared values and complementary vision, and a strong commitment to partnership. This approach together with the provision of quality technical support in gender, disaster, and humanitarian programming is helping establish CARE as a partner of choice. This is noted by partners as a core strength of CARE’s partnership approach and an area that CARE should continue to build on.
- **CARE has strong foundational policies, processes, and principles in place for partnership, but these are not being consistently applied outside of project implementation.** CARE has strong processes and principles in place for partnering but these are not being fully maximised, with the focus more on assessing project delivery and results and not partnership outcomes. This approach to partnerships is potentially hindering achievement of more meaningful partnership outcomes, including more effective programming. There is a desire from partners to have more conversations and participate in processes that are focused on assessing the partnership.
- **CARE is directly investing in partnerships in several ways:** recruitment of dedicated staff and consultants to the CARE in the Pacific team including a Partnerships Coordinator, Gender, and Inclusion Senior Advisor (Fiji), Program Quality Coordinator, Finance & Grants Coordinator and Project Coordinators. CARE is also demonstrating ongoing financial investment in partners by mobilising consecutive funding with the majority of its partners. It will be important for CARE to consider and plan for future resourcing that may be needed to support a long-term partnering approach, acknowledging that CARE largely operates on project specific funding which directly influences the parameters of support CARE is able to provide to partners as this support has to fit within project budgets.

Supporting localisation

- **CARE has articulated its commitment to localisation through the Partnership Policy and is guided by internal learning and international standards such as the Charter for Change.** Through its strong localisation agenda, and partner led approach, CARE is contributing to localisation progress through their partnership approaches, capacity sharing and financial practices. There are strong examples of CARE supporting and visibly promoting local leadership.
- **There are specific approaches that promote locally led outcomes** including CARE’s partnership approach; high quality staff committed to localisation; supporting in-country networking and collaboration; and the provision of technical support by CARE to build partners’ organisational capacity. **There are opportunities to strengthen localisation approaches through longer term partnerships, increased transparency, and appropriate recruitment practices.**

CARE in the Pacific’s partnership in the COVID-19 context

COVID-19 is not seen as a barrier, nor has it adversely impacted the partnership. CARE and its partners have been able to maintain positive partnership momentum despite remote communication and COVID-19 related travel restrictions. Having established ways of working, and a strong partnership base was important to support easy adaptation to the COVID-19 context and virtual ways of engaging. Partners described several practical actions CARE took to ensure effective and efficient remote management and programming including:

- **Working with partners** to co-design and deliver projects that harness local knowledge and relationships, and promote ownership

- **Flexible and adaptable approaches** to financial management and project delivery to respond to a rapidly changing context
- **Context specific** capacities of partners to ensure remote management support is accessible and CARE in the Pacific and partners are able to effectively engage

Recommendations

There is an opportunity for CARE to **chart a more strategic course for partnership and localisation in the region**. As an overarching recommendation CARE should develop this as part of the Pacific strategy process, building on established good practices and strengthening some processes and approaches. The following set of recommendations are intended to feed into and inform this process. Recommendations are informed by suggestions from partners during interviews and the sense making workshop, and the *Partnership Practices for Localisation: A Guidance Note*² which recommends partnership practices conducive to localisation.

1. Transition to long-term partnerships

CARE should consider taking a more intentional approach to transition existing and new partners to long-term partnerships by facilitating two-way partnership health checks and developing high-level partnership agreements with partners that clearly articulate mutual partnership principles.

- *Specific action:* where feasible, and subject to available funding and mutual agreement, CARE to formalise partnerships with partners and enter into high level/long-term partnership agreements that will guide overall partner engagement and that outlines a clear partnership approach (mutually agreed roles and responsibilities and principles), including localisation outcomes and partnership objectives.
- *Specific action:* for existing partners, consider facilitating a two-way partnership health check as a first step to identify partnership principles that will inform the high-level partnership agreement and subsequent annual two-way partnership health checks.
- *Specific action:* for new partners, develop the partnership principles that will inform the high-level partnership agreement as a first step, and undertake two-way annual partnership health checks thereafter.

2. Embed partnership management processes

Partnership management should leverage CARE's existing and strong foundational approaches that promote partnership and localisation. These include two-way partnership health checks, capacity assessments and learning and reflection. Partnership agreements should clearly outline partnership objectives, ways of working, principles, and processes to guide the (regular) review of the partnership.

- *Specific action:* CARE to facilitate two-way partnership health check processes regularly, at least once annually, with all partners. Health checks should follow a structured facilitated discussion that enable both CARE and partners to discuss issues, assess the partnership and principles in a safe and honest way. Action items arising from the health checks should be integrated into activity plans and assign responsibility to both CARE and partners.

3. Continue to invest to co-design processes, capacity strengthening and allocation of core budget to partners

CARE already has strong practices with respect to programming, capacity strengthening and financing with partners. However, as the partnership section outlined these are not always consistently applied. There is an opportunity to embed these practices across all partnerships.

- *Specific actions*

² <https://interagencystandingcommittee.org/system/files/2020-05/Guidance%20note%20on%20partnership%20practices%20May%202020.pdf>

- Continue the practice of co-designing projects and budgets, leveraging CARE's experience in proposal writing and resource mobilisation and partners expertise as local humanitarian leaders.
- Develop capacity strengthening plans that are tailored to partner objectives, are long-term and not solely based on project needs or meeting compliance requirements. Plans should include training and mentoring approaches with follow up monitoring.
- CARE to assess their own capacity strengthening skills and address gaps by investing in staff upskilling including engaging partners as training providers to help promote mutual skills building and learning.
- CARE and partners to conduct joint capacity assessments, the results of which can help inform capacity strengthening plans based on mutually agreed objectives.
- CARE to continue to ensure project budgets include funds that support core costs such as overheads, indirect costs, organisational strengthening, and personnel. CARE to continue to advocate with donor agencies for more flexible funding approaches and minimum standards for accountability and compliance.

4. Improve coordination and transparency between CARE and partners as well as between in-country partners

Partners reflected on the value of coordinating with other partners in country and understanding transparently from CARE what partnerships they have and how they interact with each other. This would promote partnership and learning outcomes.

- *Specific action:* CARE to consider implementing a process that brings together partners in-country, and across the region regularly. The purpose of this process is to promote greater in-country, and cross regional learning and coordination around inclusive humanitarian programming and development and promote greater collaboration amongst partners for more impactful programming.

5. Retain the positive partnership practices established during COVID-19

CARE's strong foundational partnership approaches and established engagement with its partners helped to ensure there was minimal disruption to the partnership within the COVID-19 context.

- *Specific action:* integrate partnership approaches for remote program management and practice that will support partnership building to help position CARE and partners for future COVID-19 outbreaks or disasters. These approaches can be included in existing partnership agreements as a stand-alone section to outline the partnership approach for working in a COVID-19 or disaster heavy context. Inspiration can be drawn from the [HAG Working in the Age of COVID-19 Guidance Series](#).

6. Develop a localisation framework and implementation plan with partners to enable progress tracking

There are many existing tools and measures that have been developed in the sector that can help inform CARE's localisation framework.

- *Specific action:* CARE to progress plans to develop a localisation framework to support its vision of enabling locally led response leadership and inclusive development programming. **Annex 2 outlines potential key sections for CARE to consider in a localisation framework.** These suggestions can form the basis for further consultation and discussion with partners to prioritise localisation areas.

INTRODUCTION

Partnership is central to CARE International's global vision where poverty has been overcome and all people live with dignity and security³. CARE International's partnerships in the Pacific are carried out through CARE Australia managed country offices in Papua New Guinea (PNG) and Vanuatu, and through the CARE in the Pacific team (which sits under CARE Australia) which manage partnerships in countries where CARE Australia does not have a country office. This currently includes Fiji, Kiribati, Samoa, Solomon Islands, Tonga, and Tuvalu.

CARE Australia is in the process of designing its Pacific strategy. Central to this process is understanding the CARE in the Pacific team (referred to as CARE for the remainder of this document) approaches to partnership and supporting local leadership in Fiji, Kiribati, Samoa, Solomon Islands, Tonga, and Tuvalu. This includes listening to partner perspectives on strengths and areas for improvement.

CARE's definition of partnerships: purposeful relationships based on mutual trust, equality, and learning, with an agreed vision, clear accountability for all parties, and which engage the complementary strengths of the actors involved to collaborate on specific objectives, challenges or opportunities in ways that achieve greater impact than they could achieve alone. (Source: CARE International (2021) Partnership in CARE 2030)

CARE has formal relationships with its partners in Fiji, Kiribati, Samoa, Solomon Islands, Tonga, and Tuvalu that are defined by a partnership agreement or Memorandum of Understanding (MoU). An overview and typology of CARE's partnerships in the Pacific is detailed in Annex 1. A 2021 review⁴ of partnership in CARE International found that despite positive practices, there is a mismatch between CARE's partnership practices, policies and systems, and the organisation's strategic ambition to address social injustice and poverty through partnerships. The review recommended a renewed focus on CARE's partnership approaches including policies, standards, procedures, and systems to enable a variety of relationships with diverse partners.

Together with an organisational commitment to strengthen partnership approaches, CARE International has also affirmed its commitment to localisation. Localisation is the foundation of CARE's partnership model in supporting locally led humanitarian response and development⁵. This commitment also reflects global momentum on localisation since the World Humanitarian Summit in 2016 where the sector committed to recognise and strengthen support for local actors to take a greater leadership role in humanitarian action⁶.

CARE contracted Alinea International to conduct this Partnerships Research. The purpose of the research is to:

- 1) Document CARE in the Pacific's partnership approach.
- 2) Capture CARE in the Pacific's experiences in supporting and contributing to locally led response leadership (particularly in the context of COVID-19).

³ As per CARE vision statement. Retrieved from: <https://www.care-international.org/who-we-are-1/vision-and-mission>

⁴ CARE International (2021). Partnership in CARE 2030.

⁵ As outlined in the Terms of Reference COVID-19 Mitigation and Preparedness in the Pacific Program Final Evaluation and Partnerships Research

⁶ Accelerating Localisation through Partnerships (2019) *Pathways to Localisation: A framework towards locally-led humanitarian response in partnership-based action*. C. Schmalenbach with Christian Aid, CARE, Tearfund, ActionAid, CAFOD, Oxfam. Retrieved from: https://reliefweb.int/sites/reliefweb.int/files/resources/Pathways%20to%20Localisation_report_oct2019_0.pdf

- 3) Identify practices and approaches that are supporting achievement of locally led outcomes and helping to build resilience for future shocks.

This report outlines the research findings and provides recommendations to inform the development of a framework for localisation. Findings reflect feedback from partners on ways to improve partnership practice to better support localisation. This is important to help inform CARE’s broader efforts to develop its Pacific strategy by ensuring partners voice informs strategic direction. Alongside prioritising partners voice through the research, the detailed findings and analysis is also informed by some of CARE’s key policies and frameworks related to localisation and partnership and current sector discourse on localisation and partnership⁷.

The research report is structured in the following sections:

- **CARE in the Pacific’s partnership approach:** this section outlines the partnership journey and partnership approach.
- **Supporting localisation** outlines features of the partnership that are supporting locally led outcomes.
- **Partnership in the COVID-19 context** outlines the partnership experience in the specific pandemic context.
- **Recommendations** outlines suggested actions and approaches for CARE in the Pacific for charting a more strategic course for partnership and localisation by building on existing positive practices and considering areas for improving partnership practice to better support localisation.

METHODOLOGY

The research used a largely qualitative approach relying mostly on the views and perspectives of key stakeholders and triangulating findings with relevant documentation where appropriate and available. The HAG localisation framework and CARE International and CARE Australia’s key policies and strategies related to partnership and localisation formed a core part of the research approach and framework. Four areas from the HAG localisation framework were explored under the research. The four priority themes from the HAG localisation framework were identified as most relevant to the operational context in the Pacific and the context of CARE’s current partnership approach globally based on their alignment with other reference documents. The four priority themes and their alignment with other key CARE reference documents is shown in Annex 2.

The four priority localisation areas examined under this research:



Capacity- local and national organisations are able to respond effectively and efficiently and have targeted and relevant support from international actors.



Funding- increased number of national/local organisations describing financial independence that allows them to respond more efficiently to humanitarian response.



Leadership- national actors define and lead on humanitarian action.

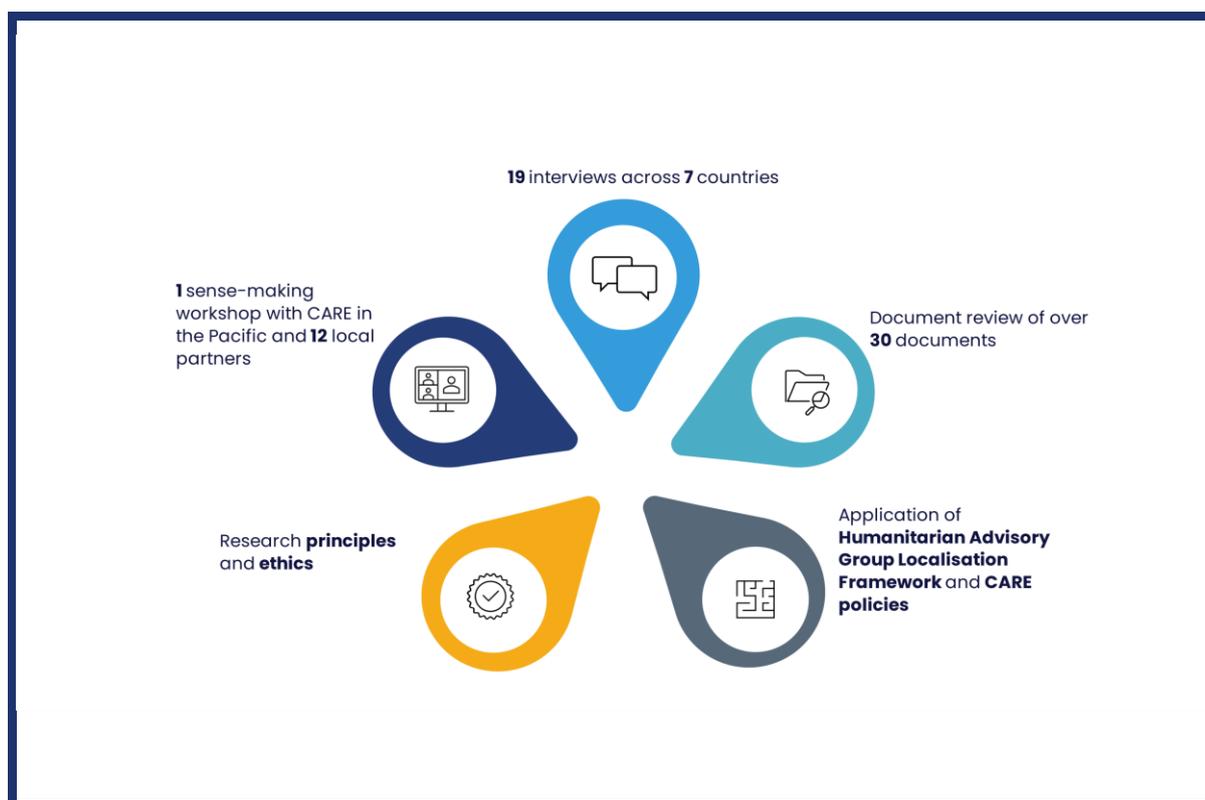


Partnership- equitable and complementary partnerships between local, national, and international actors.

⁷ This includes Partnership in CARE 2030; CARE Australia Partnership Policy (2019); Care International in the Pacific Business Plan 2020-2022 (Draft); CARE International Resource on Civil Society Collaboration & Partnerships; HAG Localisation Framework; Grand Bargain Localisation Workstream Guidance note on partnership practices for localisation (2020).

Nineteen stakeholder interviews captured the perspectives of 32 stakeholders across 7 countries. A virtual sense-making workshop was held with CARE and representatives from each of the 12 partners. A desk review of relevant CARE documents and other literature on localisation was also reviewed (See Annex 3 for list of documents reviewed). Technical support to the research design and analysis, including peer review of research deliverables was undertaken by HAG. Overall quality assurance of research outputs was provided by Alinea International’s Principal Consultant.

Figure 1: Research approach



Ethical research process

The research team comprised independent consultants from Alinea International based in the Pacific region, with technical support from HAG, and overall quality assurance provided by Alinea International’s Principal Consultant. The research team’s Pacific experience, together with the technical support from HAG helped ensure the research design, data collection and analysis were technically sound and contextualised. Together with interviews, the sense-making workshop helped promote the voice and participation of partners, to validate the research findings and co-create recommendations. Alinea International abides by the Principles and Guidelines for Ethical Research and Evaluation in Development (2021)⁸ prepared by the Research for Development Impact Network (RDI), Australian Universities and the Australian Council for International Development (ACFID).

Sampling

The research used a purposive sampling approach. Primary data collection was conducted with a representative sample of CARE in the Pacific staff based in Australia, America, and Fiji and 12 partners across Fiji, Kiribati, Samoa, Solomon Islands, Tonga, and Tuvalu. In-depth interviews were conducted with partners who have had long-term (over five years) engagement with CARE

⁸ Research for Development Impact Network, Australian Council for International Development and Australian Universities, Updated April 2021. Principles and Guidelines for ethical research and evaluation in international development. Retrieved from: <https://rdinetwork.org.au/effective-ethical-research-evaluation/principles-guidelines-ethical-research-evaluation/>

and partners who CARE started working with in the last five years. Staff interviewed from partner organisations were from senior management and project levels.

Limitations

All primary data collection was conducted remotely. Conducting interviews virtually does impact ability to build more connection and rapport with research participants which can hinder the quality of the interview. Despite this challenge, the research team ensured to create an engaging and safe space for the interview and feels they have been able to collect meaningful information and honest feedback from research participants, including on sensitive areas related to CARE's partnership and localisation approach.

Representativeness of the research findings: The research reached 12 organisations that CARE in the Pacific works with. While these are representative of CARE in the Pacific's partners, the research team acknowledges that the research sample may not represent other organisations that CARE partners with, either formally or informally. The sample may not represent the full breadth of CARE's partnerships. The findings and subsequent recommendations are therefore most relevant to the sample partners reached in the research, including longer term and formal partnerships.

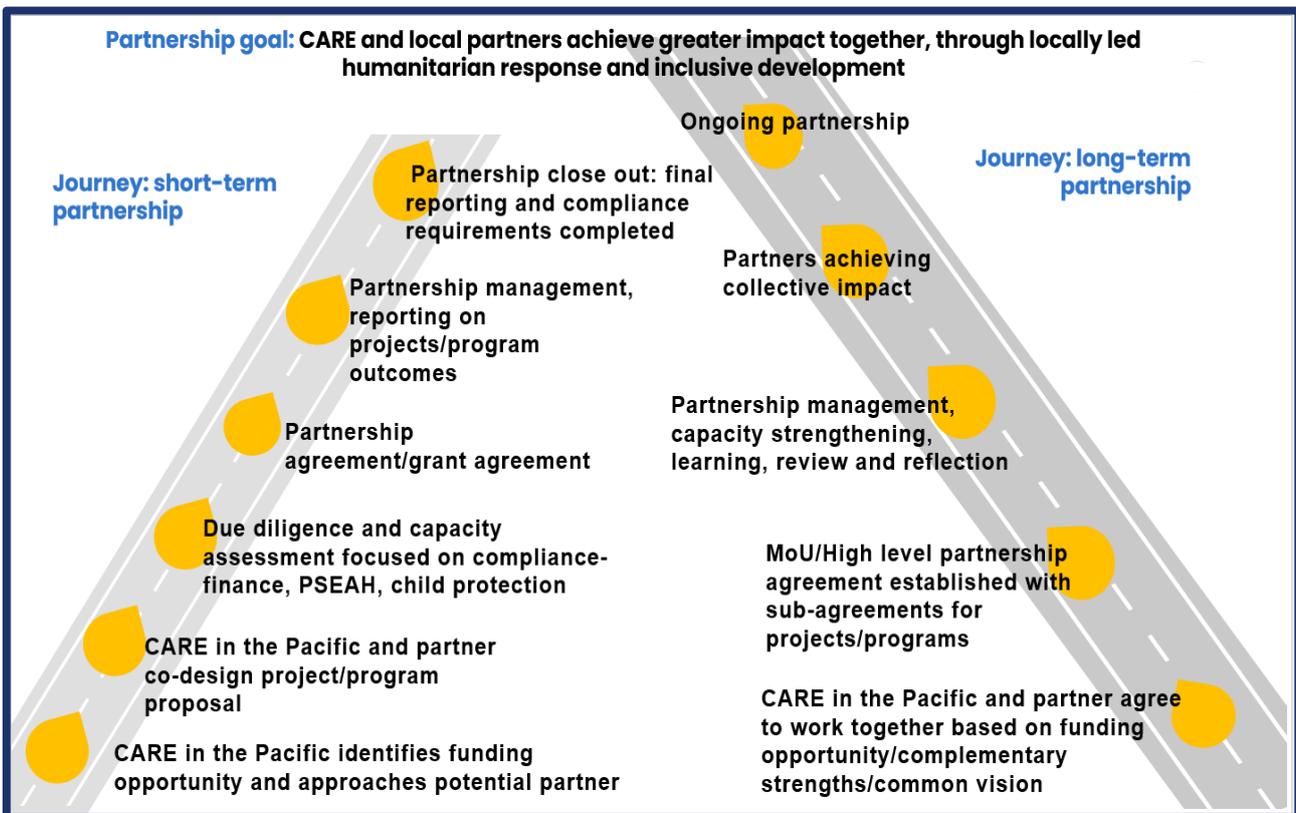
FINDINGS

CARE IN THE PACIFIC'S PARTNERSHIP APPROACH

Partnership journey: two paths, one common, complementary vision

CARE's partnership approach includes a mix of long-term, established partnerships, and relatively short-term partnerships, focused on project or program specific implementation. Differences in focus and partnership practices between the two types of long-term and short-term partnerships are illustrated in the two journeys below.

Figure 2: The partnership journey



CARE's long-term partnership approach:

The partnering journey for long-term partnerships begins with strategic intent, a collective vision and is based on complementary strengths between CARE and the partner organisation. An overarching high-level partnership agreement guides the partnership and sub-agreements are developed for project or program specific engagement. Capacity strengthening is focused on institutional capacity, harnessing CARE's global expertise in gender and inclusion, strengthening partner's systems and processes to be more inclusive, and enhancing leadership of partner's as national actors in humanitarian response and development programming. Partnership management includes regular meetings, partnership health check processes, capacity assessments, mutual learning, project reflections and ongoing engagement. Long-term partnerships are usually beyond 5 years. Textbox 1 below describes the experience of Live & Learn Fiji and their long-term partnership journey with CARE.

Textbox 1: Live & Learn Fiji partnership journey

The partnership between CARE and Live & Learn started in 2011 and was established based on a shared vision and complementary strengths. In 2014 the partnership was formalised through a high-level Partnership Agreement that remains in place. Over the course of the partnership, the two organisations have co-built a strong partnership, invested in joint learning processes such as the 2016 study: “Localisation in Practice A Pacific Case Study” documenting what the two organisations learnt from jointly responding to TC Winston in Fiji, and processes to review the partnership such as annual Partnership Health Checks processes in 2017 and 2019. According to Live & Learn Fiji’s Programs Director - Pacific, the partnership has enabled multiple benefits for the organisation over the years, something she attributes to the initial strategy with CARE starting at a partnership level. She also acknowledges that the approach has also worked because of Live & Learn’s structure as a network-based organisation. The Program Director-Pacific describes the partnership journey as follows:

“The journey has been a long one and filled with a lot of learning especially with being inclusive in our work. When we began to work more with CARE, we began to share this vision to being inclusive to the point that we now have a Gender Officer, which we previously did not have and what we see is that with a drive to be people centred, we have broadened our target beneficiaries to being very inclusive – not just with humanitarian work, it has now flowed into all our development programs so has become an organisation vision. For Live & Learn in the Pacific including in Fiji, the initial strategy with CARE was at a partnership level and hence we have seen and experienced the value [of the partnership] at an organisational level”

CARE’s short-term partnership approach:

The other partnership journey is characterised by shorter (less than 5 years) engagement and begins with CARE either securing or identifying a funding opportunity. CARE then approaches partners and based on consultation and shared objectives, agreement is sought to work together and co-design proposals/projects. If CARE secures funding, CARE and partners enter into a project/program focused partnership agreement (a grant agreement that includes a Partnership Approach section outlining partnership principles and roles and responsibilities).

Capacity strengthening is informed by due diligence assessments and largely focused on ensuring partners can meet CARE’s program quality, administrative and financial requirements, including donor compliance requirements, covering key areas: Preventing Sexual Exploitation, Abuse, and Sexual Harassment (PSEAH), child protection, financial management and reporting. Partnership management is intended to include regular meetings, partnership health check processes, capacity assessments, due diligence assessments and engagement to discuss project/program implementation progress. The research revealed that the majority of CARE’s partnerships are currently shorter-term partnerships. Textbox 2 below describes the experience of WIBDI Samoa and their short-term partnership journey with CARE.

Textbox 2: Women in Business Development Samoa partnership journey

Women in Business Development Inc. (WIBDI) in Samoa first engaged with CARE in 2019 during an in-country visit by CARE staff who were exploring opportunities for partnership. For WIBDI Samoa, it was the alignment of values and development objectives and common commitment to gender equality and improving the lives of Pacific communities, particularly those in rural and remote areas, that informed the decision to partner with CARE. WIBDI’s first formal partnership with CARE in the Pacific was the BHA Community Based Disaster Risk Management project. In 2020 WIBDI was also engaged as a partner under the BHA funded COVID-19 Mitigation and Preparedness in the Pacific project. While the partnership journey has been a short one, it has been impactful, demonstrated by the results WIBDI has achieved, and experiences shared by WIBDI representatives during interviews.

Supporting inclusive community resilience

Under the BHA COVID-19 Mitigation and Preparedness in the Pacific project, WIBDI scaled-up its local soap production through its network of local farmers and vendors to mitigate disruptions to supply chains because of border closures and to provide a more sustainable and affordable alternative to imported products. WIBDI members produced 14,114 bars of soap using locally sourced organic coconut oil and *fetau* oil. These are sourced from local farmers and communities, providing rural communities with increased access to livelihood opportunities⁹.

WIBDI has also increased engagement with local disability organisation, NOLA, who are also one of CARE’s partners implementing both the BHA Community Based Disaster Risk Management and COVID-19 projects. “In partnership with NOLA, we have been able to support each other, and conduct COVID-19 outreach ... it has been important to be able to help connect and support people with disabilities to services they maybe were not aware of”.

Partnership with CARE

Main benefits from partnering with CARE included the financial support to allow the organisation to continue its work and support its staff, a respect for the organisation’s work, and CARE’s support and advocacy on their behalf with donor agencies. “Partnering with CARE, [...] is contributing to the foundations we already had as an organisation and building on that. The partnership has also helped support organisational costs like salaries, which is often a challenge to secure for small CSOs, or community-based organisations [...] Which then ultimately leads to being able to have a good impact on project implementation. I see they make efforts to build partnerships that really support us to be able to do the work. On the donor side, I also get a sense of advocacy and support from CARE in this space- not protection from donors, but just facilitating support so that we can just do the work that we need to do and as best as possible our way”.

Partnership findings

1. CARE’s approach is grounded in supporting partners to achieve their mandate and objectives, working within partners priorities, and partners strengths.

Partners state that the basis for partnership is the alignment of values, vision, and objectives, where partners and CARE share the same commitment to inclusive humanitarian response and development by supporting the work of local organisations and communities in the Pacific. During the sense-making workshop partners also highlighted that while they share common characteristics such as organisation type (CSOs), thematic focus area, they are diverse, and therefore the partnering journey and ways of working is shaped by the country context and partner organisation. Adopting a partner led and flexible approach is helping CARE establish diverse and not a ‘one size fits all’ approach to its partnerships, an approach partners appreciate:

“They are flexible, working within partners priorities and mandate.....and taking the time to build the partnership and understand the context” (Partner).

“Very collaborative, we plan our activities and budget together and we like that way” (Partner).

Textbox 3: CARE's partnership standard: mutuality, respect, identification¹⁰

Partners described how CARE is taking a partner-led approach based on respect, trust, and shared vision, something which is identified at the initial partnering and consultation stage and applied throughout the partnership: “they trust us to do the work and that gives us confidence” “partnership is founded on shared interests (WASH, inclusion, food security)

⁹ Source: BHA COVID-19 Mitigation and Preparedness in the Pacific Annual Report (draft 25 October 2021).

¹⁰ As per recommended standards outlined in Partnership in CARE 2030 page 12.

and supporting each other's strengths" (Partners). Approaches that are helping to promote trust and respect include CARE's intentional way of partnering:

- **Entering the partnership: based on alignment of values, objectives, and interest areas. This approach is the same for both short-term partnerships and long-term partnerships who both stated that partnership proceeds on the basis of shared interests to partner- in that working together aligns to the partners broader strategic objectives in inclusive development and humanitarian programming.**
- **Foundation of partnership: all partners interviewed listed trust and respect as foundational principles to the partnership.**

2. **CARE is identified as a partner of choice** because they are helping partners achieve their strategic objectives as local humanitarian actors and development organisations. CARE's partner led approach, commitment to localisation, and provision of quality technical support is helping to set them apart as a 'different' partner:

"This partnership is significantly different to other partnerships with other donors, the team has been fantastic in backing the partnership approach as sometimes this is not what partners practice. The CARE team has been really on board with hearing our perspective and why we think something has to be explored a bit more and that is exciting....the immediate reaction would usually be defensiveness" (Partner).

Across the interviews it was the way that CARE worked with partners that was most appreciated and some of the descriptors are captured in Textbox 4 below.

Textbox 4: In their words: how partners described CARE's partnership approach

- Trust, respect: **"they let us get on with the work; they don't micromanage"**
- Joint decision making and learning: **"CARE consults us before making decisions; mutual learning"**
- Open communication: **"open communication, regular meetings, they listen to partners"**
- Flexible and understanding
- Project focused with key processes that guide the partnership: **"partnership agreement; MoU; regular meetings, co-design proposals and projects; health check process"**
- Based on shared interests and objectives
- Strengths based: **"work within our mandates and focus area and objectives"**
- **CARE is an intermediary between donor partners and partners**

3. **CARE is guided by organisational policies, strategies, and frameworks for partnership, but needs to apply partner management practices more consistently.**

There is strong alignment between the words partners use to describe CARE's approach to partnership and the various CARE International documents related to CARE's partnership approach (principles, roles and responsibilities, practices)¹¹. All partners interviewed referred to a partnership sub-agreement/project agreement/grant agreement that guides the partnership and sets out roles and responsibilities between CARE and partners.

For four of the partners: Live & Learn network in Fiji, Kiribati, Solomon Islands and Tuvalu the partnership is guided by an overarching Partnership Agreement and sub-agreements at the

¹¹ Mutual respect, trust, and openness; equality/equity; commitment to learning; accountability; transparency as outlined in CARE in the Pacific's sub-agreement template; CARE Australia Partnership Policy (2019); and Partnership in CARE 2030.

project/program level. For the remaining eight partners from the sample, project/program specific partnership sub-agreements guide the partnership and are focused at the project/program implementation level.

There was less evidence of partnership management practices and processes such as health checks, capacity assessments, learning and reflection activities being implemented to assess progress of the partnership. **Majority of partners were either unaware of processes to review the partnership or stated that no formal processes were in place to review the partnership.** Two partners¹² from the sample partners interviewed participated in health check and capacity assessment process during 2017 and 2019. The remaining partners from the sample partners stated that they are not aware of a process to review the partnership.

Textbox 5: CARE's partnership standard: transparency, accountability, learning¹³

The research highlighted mixed results in this area. Partners appreciate the open and honest ways of working with CARE that is supporting their growth and capacity as local humanitarian actors. Key approaches that promote transparency and accountability include joint decision making, co-designing proposals and projects, partnership agreements that outline clear roles and responsibilities and ways of working. However, there is a desire for more transparency around the partnership and more structured processes to capacity support and learning to better track partnership outcomes “we would like to better understand CARE’s processes and systems” “there is an imbalance in transparency, as a (local) partner we have to be transparent to report everything, but we don’t know how much they get and what they are doing. We need to know the full picture” (Partner).

Textbox 6: CARE's partnership standard: risk and compliance¹⁴

Due diligence assessments were cited for partners; however, these are focused on compliance requirements as part of projects/programs. CARE is largely focused on ensuring compliance requirements are met, this is evident from partner due diligence assessments that were cited during document review. Partners appreciate that CARE in the Pacific are an interlocutor between the donor partner: “they help take the load off and are a buffer” (Partner). However, in interviews, CARE also expressed having to balance flexibility and donor compliance “some donors are not moving to localisation space as we quickly as we are and so ensuring compliance is still key” (CARE in the Pacific staff)

Partners also reflected that majority of the partnership engagement such as regular meetings are focused on assessing implementation progress:

“The relationship is largely project focused. We have fortnightly meetings to talk about the project....not much on the partnership” (Partner).

“We should make more time to reflect on the partnership to see if core principles stays but needs to be amended....if we don’t deal with the little things that happen, that could impact on partnerships” (Partner).

The lack of consistent application of CARE’s existing partnership management practices and approaches are potentially limiting CARE from progressing more strategic and impactful partnerships to support locally led outcomes. As partnering is currently largely driven by the funding and resourcing that CARE is able to secure, partnership approaches by default becomes

¹² Health check processes were conducted with Live & Learn Fiji and Solomon Islands during the period 2017-2019.

¹³ As per recommended standards outlined in Partnership in CARE 2030 page 12.

¹⁴ As per recommended standards outlined in Partnership in CARE 2030 page 12.

about ensuring the project/program is implemented, and support that is provided is within budget parameters and meets compliance requirements. This gap is also acknowledged by CARE staff:

“Our team’s challenge is that we are solely project funded. We know we need to be more systematic with our partnership process. Our portfolio has grown so much, six countries, multiple partners. We haven’t had it properly resourced. We do have annual reflections, but these are more focused on project outcomes but not partnership outcomes” (CARE in the Pacific staff).

Textbox 7: CARE's partnership standard: investment¹⁵

CARE is investing in partnerships in several ways: recruiting a dedicated Partnerships Coordinator whose primary role is to support partnership engagement and is separate from project/program implementation. This step is welcomed by partners who made a specific recommendation at the sense making workshop that CARE consider a dedicated role to support partnership engagement. This dedicated role also helps set CARE in good stead to progress its strategic vision set out the broader CARE wide partnership policies and strategies, including the forthcoming Pacific strategy on enhancing partnerships, including with civil society organisations in the Pacific.

In addition, CARE has place based expertise with the Gender and Inclusion Senior Advisor based in Fiji, a role that is highly valued by partners in-country in supporting their technical skills development in gender and inclusion and providing responsive support. The newly created Program Quality Support Coordinator role is also welcomed by partners to help enhance monitoring and feedback to affected population groups and overall program quality support, particularly in areas related to data quality management and reporting.

Majority (10 out of the 12) partners participating in the research have had multiple funding agreements with CARE which is a positive indicator of CARE being able to mobilise resources and supporting a long-term partnership commitment. However, it will be important for CARE to consider and plan for future resourcing that may be needed to support a long-term partnering approach, acknowledging that CARE largely operates on project specific funding which directly influences the parameters of support CARE is able to provide to partners.



Findings and discussion

Both partnership journeys are contributing to positive change, in advancing CARE’s strategic objective of achieving greater impact through partnerships, and for partners, helping to achieve positive change at organisational and community levels. **Having both short-term and long-term partnerships allow for flexibility in the partnership and as partnering is also influenced by the amount of funding CARE has available to support partners. A long-term partnering approach would better position CARE to achieve its broader partnership goals for transformed partnerships in the Pacific for reduced poverty and inequality. A key consideration is for CARE to articulate how it will support partners who want to transition to long-term partnerships, the strategy to engage long-term partnerships and with which organisations it will establish such partnerships.**

¹⁵ As per recommended standards outlined in Partnership in CARE 2030 page 12.

CARE's approach is grounded in supporting partners to achieve their mandate and objectives, working within partners priorities, and partners strengths. **Partners perceive CARE is taking a partner led approach that is based on shared values and complementary vision, and a strong commitment to partnership. This approach together with the provision of quality technical support in gender, disaster, and humanitarian programming is helping establish CARE as a partner of choice. This is noted by partners as a core strength of CARE's partnership approach and an area that CARE should continue to build on.**

CARE has strong foundational policies, processes, and principles in place for partnership, but these are not being consistently applied outside of project implementation. **CARE has strong processes and principles in place for partnering but these are not being fully maximised, with the focus more on assessing project delivery and results and not partnership outcomes. This approach to partnerships is potentially hindering achievement of more meaningful partnership outcomes, including more effective programming. There is a desire from partners to have more conversations and participate in processes that are focused on assessing the partnership. More consistent application of partnership management practices such as partnership health checks, regular meetings will help support a more structured approach to partnerships and will also help address issues related to improved transparency and communication that partners also raised.**

CARE is directly investing in partnerships in several ways: **recruitment of a dedicated Partnerships Coordinator; Gender and Inclusion Senior Advisor in Fiji; and demonstrating financial investment in partners by mobilising consecutive funding with the majority of the partners. It will be important for CARE to consider and plan for future resourcing that may be needed to support a long-term partnering approach, acknowledging that CARE largely operates on project specific funding which directly influences the parameters of support CARE is able to provide to partners.**

SUPPORTING LOCALISATION

CARE Australia has articulated its commitment to localisation through the Partnership Policy and is guided by internal learning and international standards such as the Charter for Change¹⁶. Through its strong localisation agenda, and partner led approach, CARE is contributing to localisation progress by:

- Establishing partnerships based on shared objectives and guided by partnering principles and standards that are promoting trust, respect, openness, and decision- making power of partners.
- Supporting national actors to lead responses. CARE is also supporting partner visibility, ensuring that partnership approaches prioritise the visibility of the partner organisation and not CARE.
- Providing capacity strengthening support in gender, safeguarding, shelter, climate change, PSEAH policy development, program management and financial management, and Monitoring and Evaluation (M&E) which is helping local actors respond more effectively and

¹⁶ CARE Australia, Partnership Policy 2019-2021; CARE and Pujiono Centre, Localization in Operational Practice, March 2020

efficiently. CARE is also providing remote program management support to assist partners to respond to disasters and COVID-19.

- Promoting a flexible approach to financial management that enables partners to participate in decision-making regarding financial matters in projects and programs. CARE is also helping partners access more humanitarian funding through their resource mobilisation, and role as an intermediary between donors and partners.

The following table maps out some specific examples from partners against key localisation domains explored in the research.

Table 1: Localisation progress¹⁷

 Capacity: Local and national organisations are able to respond effectively and efficiently and have targeted and relevant support from international actors	
Examples from partners	<ul style="list-style-type: none"> • Supporting Live & Learn Fiji to build their humanitarian programming capacity since 2016 TC Winston response. The organisation now has a dedicated Gender Officer and Preparedness & Response Coordinator. Support provided during TC Yasa to develop assessment reports, proposal writing, WASH, and dignity kits, working with CARE to localise the Live & Learn gender framework. <i>“CARE has supported us to quickly build our capacity and have done a superb job”</i> • Supporting NOLA to establish their DRR unit which is helping to promote NOLA’s leadership role at government level to advocate for inclusive disaster and COVID-19 response. <i>“Lots of support to build our capacity over the years- helping to raise our visibility as an organisation, able to establish our disaster unit, and recruit staff. Gives us confidence to engage at the government level and influence a more inclusive response for people with disabilities”</i>
 Funding: Increased number of national and local organisations describing financial independence that allows them to respond more efficiently	
Examples from partners	<ul style="list-style-type: none"> • Partners report participating in decision-making related to financial matters, and appreciate the flexible approach CARE has to financial management that is helping partners respond more effectively and efficiently to changes during project implementation: <i>“Flexible approach- sometimes we work on a budget line, and we think it needs reallocating- provided we explain, request is legitimate, we can move between budget lines and this really helps us to do our work well”</i> (Partner). • Partners appreciate being able to access new donors as a result of the partnership with CARE in the Pacific: <i>“With CARE we can access other donors and expand our resources. Like with the US BHA project, we have never been able to obtain such funding opportunities like that and it help us address disasters and crucial response work needed”</i> (Partner) • Supporting partners to mobilise more financial resources for their humanitarian programs <i>“The design of [one of our donor funding projects] was a difficult time for us and by the second year we almost lost our funding support, so we came together, and we are thankful to CARE that supported that conversation about the importance of disability inclusion, because then our allocation was higher than the other partners. And CARE supported us with these difficult conversations with the [donor funding partner representative]. This has resulted in being able to take us through to the</i>

¹⁷ Using HAG localisation framework definition and progress indicators for localisation areas

	<p>fourth year of funding now. I must say that our funding has increased a lot over the years, from one funding project we now have more than nine projects” (Partner).</p>
 <p>Partnerships: Equitable and complementary partnerships between local, national, and international actors</p>	
<p>Examples from partners</p>	<p>During interviews, partners described having a complementary partnership with CARE as the partnership is based on shared objectives, values, and a vision for inclusive humanitarian response. Partners described CARE’s approach as one that promotes trust, openness, and joint decision making amongst partners.</p> <p>“There is a partnership agreement with the Live & Learn Australia and CARE Australia that emphasises clear areas of interest and compatibility, reflects areas of interest for strengthening. Founded on the fact that we have similar interest (WASH, food security and livelihoods, inclusion) and capacity building that supports each other’s strengths” (Partner)</p> <p>“It’s a two-way partnership- them contributing to us and we contributing to them” (Partner)</p>
 <p>Leadership: National actors define and lead on humanitarian action</p>	
<p>Examples from partners</p>	<p>MORDI TC Gita response¹⁸ found that “the partnership supported significant national actor engagement and leadership in the response by providing substantial funding and capacity support to MORDI as a national NGO”. MORDI are active members of national cluster groups and conducted impact assessments in partnership with government “In Gita in 2018 the government commended us on the work we did” (Partner).</p> <p>Leading COVID-19 response: “First time partnership through the BHA COVID-19 project we have an admin fund – to pay rent, electricity, so they are supporting this to run our office. We were part of the development of the project, we know they (international partners) cannot come here, so we implement ourselves and it’s within what we can do” (Partner).</p> <p>“Through the support, people with disabilities are taking a leadership role in response- becoming more visible in these spaces, we’ve really prioritised the leadership and participation of PWD, and it hasn’t been easy, they face discrimination when they are seen to be working” (Partner).</p>

In addition, perspectives gathered during interviews and the sense making workshop with CARE and partners show strong alignment between how CARE perceive they are supporting localisation, and how partners perceive CARE is supporting localisation. This alignment has been mapped out in Annex 4.

Approaches that are supporting locally led outcomes

CARE’s approaches and attitudes to working with partners support locally led outcomes

Figure 3 below summarises key words and phrases used by partners to describe approaches that are supporting locally led outcomes.

Figure 3: Approaches that support locally led outcomes

¹⁸ HAG TC Gita Response evaluation report. Retrieved from: https://humanitarianadvisorygroup.org/wp-content/uploads/2020/12/CARE_MORDI_LL-TC-Gita-Response-Final-Evaluation-Report_FINAL-FOR-CIRCULATION-1.pdf

Key principles: *flexibility, open communication, collaborative, mutual learning, shared vision, and objectives*

Ways of working: *they listen to partners, joint decision making, CARE consults partners, open communication, mutual learning, relevant and high-quality capacity support, regular meetings*

A commitment to localisation: *builds capacity in gender and inclusion, CARE is a resource mobiliser for partners, an advocate and supporter of localisation, shared vision and objectives, support staff and organisation to grow*

CARE have high quality staff committed to localisation

Partners highlighted how committed, supportive, and technically competent CARE staff are. Staff are also committed to establishing positive relationships with partners and providing support that is responsive and context appropriate. Partners are also particularly appreciative that CARE have staff with strong Pacific experience who understand and value the Pacific context. Despite staff turnover, partners stated that CARE has maintained high quality staff with strong technical calibre who are responsive to partners:

“Their staff are passionate, genuinely interested and committed, I’m really impressed with whoever is involved in picking their team”

“Having people in CARE who have good knowledge about the Pacific, can even speak our language and can relate to our work that is a big plus for us in the partnership”

Supporting in-country networks and collaboration

Partners are also achieving greater impact through increased collaboration and engagement with each other in country to jointly deliver response activities. Under the BHA COVID-19 Preparedness and Mitigation Project, CARE’s Samoa based partners, NOLA and WIBDI Samoa conducted joint community outreach and disability inclusion activities. The partnership has also helped progress disability inclusion by increasing economic opportunities for people with disabilities:

“CARE has provided us with the opportunity to engage with Samoa Women in Business. Women in business have always been a priority for NOLA but due to limited resources we have not been able to successfully implement so with the support from CARE we were able to revive the partnership in many ways” (NOLA representative).

Technical support at a project level is contributing to achievement of partner’s broader organisational objectives

Organisational capacity support to partners has largely been in the areas of financial management, safeguarding, reporting, and gender and inclusion. This is well regarded by partners in helping to build their capacity as humanitarian actors to ensure more inclusive humanitarian action and development programming, and to strengthen capacities in being able to effectively deliver their grant agreements.

For YWCA Solomon Islands, the support has been particularly helpful in building organisational capacity through the project cycle, as described below during an interview with the partner representative:

“We have assistance from CARE in the initial development of the program, so before implementation we had two trainings – project cycle and fraud control. Later training on safeguarding. .. In finances, a finance team supported in- country in the initial stage where our finances were set up, after COVID-19 they could not come in but still support us virtually. We are not left alone. CARE has a different way of dealing with partnership- the support they give us on this project is so good and helpful for our organisation to grow and learn from as well”

Areas to strengthen for locally led action

Despite the very strong examples of localised practices, partners provided some feedback on ways to further build local leadership through improved partnership practices. Textbox 8 below provides a snapshot of some of the barriers identified by partners to support more localised practices.

Textbox 8: Barriers to localisation

- **CARE in the Pacific** staff turnover/lack of consistent staff over the lifetime of a project/program **undermines ability to build an effective partnership**
- **CARE in the Pacific** recruiting independent external consultants with no/limited Pacific specific experience **or appreciation of Pacific culture and context** *“Please stop bringing in people that have limited understanding of what is going on [in the Pacific] it can result in frustration to partners”* (Local partner)
- Lack of a long-term training plan or capacity development plan for partners **limits ability for the partnership to support organisation wide growth and learning**
- Limited coordination amongst CARE’s partners in-country **risks duplication of work and opportunities for more impactful programming**
- Lack of downstream transparency to partners, **particularly around changes in CARE’s processes/systems/financial information about projects/programs CARE and partners are implementing together**
- Partnership agreement is driven by the project/program not the partnership
- Not engaging partners in the initial stage of proposal or project design, **engagement with partners occurs when project objectives and activities are already finalised** (For example, partners highlighted less positive experiences partnership – *“when we got into that partnership, I told (CARE) about how I was not happy about how we were approached – it was last minute...we felt like it was an afterthought”. “We were just not ready for or consulted properly for that partnership and it was against us from the start....and we learned the importance of having clear roles from the start and proper consultation, so we are not made to feel it is a token inclusion”*)



Findings and discussion

CARE in the Pacific is contributing to localisation progress through their partnership approaches, capacity sharing and financial practices. There are strong examples of CARE supporting and visibly promoting local leadership.

There are specific approaches that promote locally led outcomes including CARE’s partnership approach; high quality staff committed to localisation; supporting in-country networking and collaboration; and the provision of technical support by CARE to build partners’ organisational capacity.

There are opportunities to strengthen localisation approaches through longer term partnerships, increased transparency, and appropriate recruitment practices.

CARE IN THE PACIFIC'S PARTNERSHIP IN THE COVID-19 CONTEXT

“Everything switched to virtual, restrictions were so high, we had to restructure our humanitarian response and CARE supported us, collaborated with us to get more funds so we could do more awareness. COVID is not a barrier, it has helped us to identify new ways to work together and we are glad that CARE was really flexible” (Partner).

The above view from a partner reflects well the overall experience from partners on partnership with CARE in the Pacific within the COVID-19 context. The major adaptation or shift to ways of working was the change to remote management and support, and increased engagement over virtual platforms to implement projects and programs. **COVID-19 is not seen as a barrier, nor has it adversely impacted the partnership. CARE and its partners have been able to maintain positive partnership momentum despite remote communication and COVID-19 related travel restrictions.**

Having established ways of working, and a strong partnership base was important to support easy adaptation to the COVID-19 context and virtual ways of engaging:

“Doing project management 100% online was something we all had to get used to. Communicating online, it was a change to the partnership. But there was no shift or impact that I’m aware of. Cause there was that strong connection already there with CARE.” (Partner).

Partners also described benefits to their organisations as a result of the actions CARE took to support partners COVID-19 response and preparedness work. Partners described several practical actions¹⁹ CARE took to ensure effective and efficient remote management and programming including:



Working with partners to co-design and deliver projects that harness local knowledge and relationships, and promote ownership

“...when we were applying collectively for funding under the AHP COVID-19 phase 2, we as inclusion partners including CARE really pushed for a GESI component into the design which was then thoroughly discussed and so we now have a GESI component in phase 2” (Partner).



Flexible and adaptable approaches to financial management and project delivery to respond to a rapidly changing context

“A real strength of the partnership was the responsiveness of CARE to say, use what [funding] you need in order to respond to the needs on the ground. Flexibility and agility within a context that we never prepared for was something I experienced in this partnership.” (Partner).



Context specific capacities of partners to ensure remote management support is accessible and that CARE and partners are able to effectively engage

¹⁹ Practical actions as outlined in the HAG 2020 Remote humanitarian management and programming Guidance note page 3. Retrieved from: <https://humanitarianadvisorygroup.org/insight/remote-humanitarian-management/>

“When COVID-19 came to our shores, we had to opt to virtual communications, meetings, training and we were able to share what platforms are accessible and they [CARE] respected that and ensured that whatever conversations we are doing together is accessible to all partners” (Partner).

For CARE, COVID-19 has been an opportunity to advance localisation through remote project management and partnership support and to promote partner visibility:

“The learning for our team...was to really look at the core positions you need, the core support you need to provide partners when remote monitoring. I have definitely spoken a lot more to partners on a monthly basis.....because we can't travel and this more regular engagement has meant we can deliver more timely support” (CARE staff)

Under the BHA COVID-19 preparedness and mitigation project, CARE's partners NOLA and WIBDI Samoa conducted a joint virtual field visit for BHA donor partner representatives. The event was an opportunity for partners to present their experiences implementing the project and raise issues directly with the donor (Source: BHA COVID-19 independent project evaluation report).

CARE and partners both acknowledge that undertaking partnership and relationship building remotely is not without challenges. These include the lack of face-to-face relationship building, moving planned face to face activities to online mode, and liaising with different people, in different time zones. COVID-19 has also made partners think about ways the partnership can adapt to ensure CARE is still able to appreciate the operating context partners work in and progress of the work in the absence of being able to conduct in-country visits, and how to continue to build a positive partnership, remotely:

“The partnership is still relevant, even virtually. It can be hard for them [CARE] to understand the context too as they cannot see or understand the context, environment, geographical reach.....so, we [partners] have to change the way we report too, give more detail. We are redoing our workplan” (Partner).

Remote partnership and support will continue to be a feature of the partnership between CARE and partners as they work together within a context where the threat of future COVID-19 outbreaks, and disasters are imminent. During COVID-19, CARE prioritised a partner-centred, flexible approach, working with partners to ensure remote support was relevant. This approach was also demonstrated in CARE's other approaches to supporting partners during disasters which supported partnership building and promoted local leadership in response and programming at national and community levels.

“In 2018 CARE supported the TC Gita response in Tonga, led by their national partner MORDI. CARE provided targeted funding and technical, planning and reporting support to MORDI. The evaluation of the partnership's response found that it supported significant national actor engagement and leadership through the provision of substantial funding and capacity support to MORDI as a national NGO” (Source: HAG (2020) Remote humanitarian management and programming Guidance note).

RECOMMENDATIONS

There is an opportunity for CARE in the Pacific to **chart a more strategic course for partnership and localisation in the region**. As an overarching recommendation CARE should develop this as part of the Pacific strategy process, building on established good practices and strengthening some processes and approaches. The following set of recommendations are intended to feed into and inform this process. Recommendations are informed by suggestions from partners during interviews and the sense making workshop, and the *Partnership Practices for Localisation: A Guidance Note*²⁰ which recommends partnership practices conducive to localisation. Quotes are also captured under each recommendation to show how CARE is committed to improving practice in the related area.

1. Transition to long-term partnerships

CARE should consider taking a more intentional approach to transition existing and new partners to long-term partnerships by facilitating two-way partnership health checks and developing high-level partnership agreements with partners that clearly articulates mutual partnership principles.

- *Specific action:* where feasible, subject to available funding and mutual agreement, CARE to formalise partnerships with partners and enter into high level/long-term partnership agreements that will guide overall partner engagement and that outlines a clear partnership approach (mutually agreed roles and responsibilities and principles), including localisation outcomes and partnership objectives.
- *Specific action:* for existing partners, consider facilitating a two-way partnership health check as a first step to identify partnership principles that will inform the high-level partnership agreement and subsequent annual two-way partnership health checks.
- *Specific action:* for new partners, develop the partnership principles that will inform the high-level partnership agreement as a first step, and undertake two-way annual partnership health checks thereafter.

Partner reflection: It would be good to focus on sustainability and long-term engagement.

CARE in the Pacific response: We acknowledge that engagement has been project focused, that we have not had time to step back and look at partnership principles. The new Partnerships Coordinator role is one way to improve this. This position is detached from program implementation and purely focused on partnerships.

2. Embed partnership management processes

Partnership management should leverage CARE's existing and strong foundational approaches that promote partnership and localisation. These include partnership health checks, capacity assessments and learning and reflection. Partnership agreements should clearly outline partnership objectives, ways of working, principles, and processes to guide the (regular) review of the partnership.

- *Specific action:* CARE to facilitate two-way partnership health check processes regularly, at least once annually, with all partners. Health checks should follow a structured facilitated discussion that enable both CARE and partners to discuss issues, assess the partnership and principles in a safe and honest way. Action items arising from the health checks should be integrated into activity plans and assign responsibility to both CARE and partners.

²⁰ <https://interagencystandingcommittee.org/system/files/2020-05/Guidance%20note%20on%20partnership%20practices%20May%202020.pdf>

Partner reflection: Environment and organisation evolves but as we evolve for whatever reason we should make time to reflect on the partnership to see if core principles stays but needs to be amended.

CARE in the Pacific response: In terms of what we can do better, I think those more regular health checks, including with the new partnerships, right at the beginning have discussions on not only what do we want this project to do, but what do we want this partnership to achieve. Having regular health checks to check how the partnership is going....and to be able to track and adjust.

3. Continue to invest to co-design processes, capacity strengthening and allocation of core budget to partners

CARE already has strong practices with respect to programming, capacity strengthening and financing with partners. However, as the partnership section outlined these are not always consistently applied. There is an opportunity to embed these practices across all partnerships.

- *Specific actions*
 - Continue the practice of co-designing projects and budgets, leveraging CARE's experience in proposal writing and resource mobilisation and partners expertise as local humanitarian leaders.
 - Develop capacity strengthening plans that are tailored to partner objectives, are long-term and not solely based on project needs or meeting compliance requirements. Plans should include training and mentoring approaches with follow up monitoring.
 - CARE to assess their own capacity strengthening skills and address gaps by investing in staff upskilling including engaging partners as training providers to help promote mutual skills building and learning.
 - CARE and partners to conduct joint capacity assessments, the results of which can help inform capacity strengthening plans based on mutually agreed objectives.
 - CARE to continue to ensure project budgets include funds that support core costs such as overheads, indirect costs, organisational strengthening, and personnel.
 - CARE to continue to advocate with donor agencies for more flexible funding approaches and minimum standards for accountability and compliance.

Partner reflection: Continue with the flexible approach to financial management, we can reallocate and move budgets easily based on proper justification which helps us respond better.

CARE in the Pacific: We want to remain flexible but know that we manage a fine line especially with financial management especially with donor compliance. Donors are not moving as quickly into the localisation space.

4. Improve coordination and transparency between CARE and partners as well as between in-country partners

Partners reflected on the value of coordinating with other partners in country and understanding transparently from CARE what partnerships they have and how they interact with each other. This would promote partnership and learning outcomes.

- *Specific action: CARE to consider implementing a process that brings together partners in-country, and across the region regularly. The purpose of this process is to promote greater in-country, and cross regional learning and coordination around inclusive humanitarian programming and development and promote greater collaboration amongst partners for*

more impactful programming. This process can consist of annual partner learning forums or review and reflection processes for both CARE and partners.

Partner reflection: There is more coordination and communication to be done- between us and CARE it is good but between CARE partners maybe we need to be more clear about how and where we work- other partners we need to engage in from the beginning. It would help us to understand the work of the other partners to improve our practice for example- the rapid gender assessments that was really good process because all the partners were part of it.

CARE in the Pacific: Agree completely with tone and communication approach for more meaningful, in depth, and clear communication and conversations.

5. Retain the positive partnership practices established during COVID-19

CARE's strong foundational partnership approaches and established engagement with its partners helped to ensure there was minimal disruption to the partnership within the COVID-19 context. CARE and partners have been able to sustain momentum of the partnership, and work, and adapt to remote ways of working. COVID-19 has been an opportunity to strengthen and affirm the partnership and demonstrate CARE's commitment to localisation by supporting partners capacity and leadership roles in COVID-19 response and programming.

- *Specific action:* integrate partnership approaches for remote program management and practice that will support partnership building to help position CARE and partners for future COVID-19 outbreaks or disasters. These approaches can be included in existing partnership agreements as a stand-alone section to outline the partnership approach for working in a COVID-19 or disaster heavy context. Inspiration can be drawn from the [HAG Working in the Age of COVID-19 Guidance Series](#).

Partner reflections: Really helped that CARE made sure that whatever platforms we communicated on was accessible for us and included us in conversations.

CARE in the Pacific: The COVID-19 response has really shaken up the (localisation) system and shown national actors leading the response.....which is great, and we (international actors) need to continue to support this.

6. Develop a localisation framework and implementation plan with partners to enable progress tracking

There are many existing tools and measures that have been developed in the sector that can help inform CARE's localisation framework. These include the HAG Localisation Framework²¹, NEAR Network²², START Network²³ localisation frameworks, and other relevant CARE International policies and standards that support CARE's strong localisation agenda.

- *Specific action:* CARE to progress plans to develop a localisation framework to support its vision of enabling locally led response leadership and inclusive development programming. **Annex 2 outlines potential key sections for CARE to consider in a localisation framework.** These suggestions can form the basis for further consultation and discussion with partners to prioritise localisation areas. For example, during the sense making workshop, partners recommended CARE further explore Partnerships and Capacity localisation areas in developing the localisation framework. Further consultation and

²¹ <https://humanitarianadvisorygroup.org/insight/measuring-localisation-framework-and-tools/>

²² <https://interagencystandingcommittee.org/system/files/pathways-to-localisation-report-oct2019.pdf>

²³ <https://start-network.app.box.com/s/3hs09ryakami7n8hjliaruaaw9ycir4r>

discussion with partners should aim to articulate an agreed definition on localisation, and measures to assess localisation progress. The localisation framework should be an overarching guide, and include indicators, and measures to track localisation progress. Measures and approaches should however be adapted where required to ensure these respond to the diverse Pacific country contexts that partners work in. The localisation framework should be informed by the broader CARE wide localisation strategies and frameworks.

- *Specific action:* develop an accompanying implementation plan that is costed and allocate the appropriate resources that will support achievement of localisation objectives. Resourcing should also be linked to individual partnership plans to ensure funding is allocated to partners priority areas.

Partner reflection: We need to invest in monitoring – need to continue. Localisation is to capture voice of beneficiary and feedback mechanism needs to strengthen and to be intentional about linking back to community beneficiary voice.

CARE in the Pacific: We have just recruited a Program Quality Coordinator – this will help with accountability to affected population and quality processes.

ANNEXES

ANNEX 1: CARE IN THE PACIFIC'S PARTNERS

CARE in the Pacific's partners by organisation type, thematic focus, and partnership typology²⁴

Country partner	Organisation type	Thematic focus
Fiji		
1. ADRA Fiji	Local CSO- faith based	Livelihoods, health, education, humanitarian action/emergency
2. FDPF	Local CSO- DPO	Disability inclusion, disaster, and humanitarian action
3. Live & Learn Fiji	Local CSO	Environment protection, WASH, climate change, gender equality, disaster and humanitarian action, community development
4. RPF	Local CSO	LGBTQI/SOGIESC inclusion
Kiribati		
5. Live & Learn Kiribati	Local CSO	Environment protection, WASH, climate change, gender equality, disaster, and humanitarian action
Samoa		
6. NOLA	Local CSO- DPO	Disability inclusion, gender equality, disaster and humanitarian action, economic empowerment
7. WIBDI- Samoa	Private sector- local business	Economic empowerment, gender equality, community development
Solomon Islands		
8. Live & Learn- Solomon Islands	Local CSO	Environment protection, WASH, climate change, gender equality, disaster, and humanitarian action
9. YWCA Solomon Islands	Local CSO	Gender equality
Tonga		
10. MORDI Tonga Trust	Local CSO	Community development
11. Talitha Project	Local CSO	Gender equality, SRH, disaster and humanitarian action
Tuvalu		
12. Live & Learn Tuvalu	Local CSO	Environment protection, WASH, climate change, gender equality, disaster, and humanitarian action

²⁴ Partnership typology categories as outlined in Partnership in CARE 2030 page 2-3

Type of relationship	Features	Examples
Design and implementation	Project, initiative, program focused with clear activities and agreed roles of implementing partners	<ul style="list-style-type: none"> All partners BHA COVID-19 preparedness and mitigation project (Live & Learn Fiji, Kiribati, Tuvalu; ADRA Fiji; MORDI; NOLA; WIBDI). AHP Disaster READY project inclusion partners/shared services (FDPF; RPF; Live & Learn Solomon Islands). Girls Rise Up! project (YWCA Solomon Islands).
Impact measurement and learning	Focused on learning and reflection	<ul style="list-style-type: none"> Localisation in Practice: A Pacific Case Study- CARE and Live & Learn Fiji learning from joint response to TC Winston in Fiji. MORDI TC Gita evaluation.
Advocacy/influencing and accountability	CARE and its partners work together to influence change in structures, policies, frameworks, and social norms	<ul style="list-style-type: none"> CARE and its partners in Fiji (FDPF, RPF) and Live and Learn Solomon Islands work together under AHP to advocate for inclusive disaster preparedness and response.
Funding or resource mobilisation	Where one partner gives the other partner funds	<ul style="list-style-type: none"> CARE in the Pacific provides funding to all partners. CARE in the Pacific mobilises donor funding for projects/programs in consultation with partners.
Capacity strengthening	Where one partner supports the capacity strengthening of the other (or there is mutual learning)	<ul style="list-style-type: none"> All partners interviewed described various (formal and informal) ways CARE in the Pacific supports capacity strengthening of their staff and organisation in areas including financial management, gender, PSEAH, and reporting. Formal capacity assessment processes undertaken with Live & Learn Solomon Islands (2017-2019) and Fiji (2019). FDPF provided disability inclusion training to CARE volunteers during TC Winston response in 2016. CARE and its partners provide inclusions related technical support to implementing agencies under the AHP Shared Services: gender (CARE); disability inclusion (FDPF); and SOGIESC (RPF). AHP GEDSI working group where CARE and its partners are providing training on GEDSI in disasters to provincial government in Fiji's Emergency Operations Centre (EOC).

ANNEX 2: RESEARCH PRIORITY THEMES

HAG Localisation Framework <i>Evaluation focus areas</i>	Care TC Gita Evaluation findings on localisation	Lessons from the Localisation in Practice: A Pacific Case Study	CA partnership principles from the CA Partnership Policy	Recommendation from the CI Partnership in Care 2030
<p>Partnership</p> <p><i>Equitable and complementary partnerships between local, national, and international actors</i></p>	<p>Decision making</p> <p>Finding 22: The decision-making role of the national partner was well respected and the approach to providing options to enable decisions was very effective.</p> <p>Finding 23: There are opportunities to better include national partners in formal review processes of international staff deployed into country.</p>	<p>Partnership</p> <p>Emerging conclusions: CARE and Live & Learn Fiji are clear that the joint response has reinforced their partnership.</p> <p>[...] the partnership has brought added value not only to their respective organisations but to meeting the needs of cyclone affected Fijians in an effective, sustainable, and efficient manner.</p>	<p>Mutual respect and trust</p> <p>[...] Valuing and embracing the culture, knowledge, and experience of different partners, valuing, and embracing diversity and ensuring non-discrimination in our work with others. [...]</p> <p>Mutual respect and trust is strengthened through ensuring we have common agreement on our shared aims as well as on how we collaborate as partners, aiming for equity in the relationship.</p> <p>Transparency</p> <p>[...] open and transparent communication about the partnership, for example ensuring there is clarity about information and responsibilities that can be shared, honouring confidential information, as well as specific actions such as engaging partners in strategic planning processes. [...]</p> <p>Accountability</p> <p>[...] clear and shared responsibility for achieving the agreed outcomes of the partnership, and clarity about roles and</p>	<p>Mutuality and Respect</p> <p>Ensuring an approach of mutual respect, interdependence, and complementarity; ensuring partnerships build trust and transparency and are based on shared and agreed vision, goals, values and/or interests; [...]</p> <p>Identification</p> <p>Ensuring a mutual approach with balanced attention to shared values, vision, goals, and ability to comply with regulations; ensuring consistent reflection of the potential of the partnership to impact on gender justice, social justice, and poverty reduction; [...]</p> <p>Accountability & Learning</p> <p>Ensuring balanced accountability, the purpose and quality of the partnership relationship and financial/administrative management compliance; ensuring accountability to our commitment to localization in humanitarian response; [...]</p>

			responsibilities. It can involve transparent use of resources; honouring agreements; having defined roles and responsibilities and a commitment to resolving difficulties. [...]	
<p>Leadership</p> <p><i>National actors define and lead on humanitarian action</i></p>	<p>Visibility and Voice</p> <p>Finding 24: MORDI, CARE and Live and Learn all felt well represented in media and external communications, despite inherent bias towards international organisation visibility in legal and marketing processes.</p>	<p>Leadership</p> <p>Emerging conclusions: this experience shows that when national responders take the lead- with appropriate support from international actors- the effectiveness and sustainability of the disaster response is enhanced.</p>		<p>Investment</p> <p>Commitment of resources to achieving more equitable partnerships including the sharing of available unrestricted funding and considerations of human resource time and skills; time and resource investments to build, sustain, improve, and assess the partnership relationship.</p>
<p>Funding</p> <p><i>Increased number of national and local organisations describing financial independence that allows them to respond more efficiently</i></p>	<p>Funding</p> <p>Finding 18: Funding allocation to MORDI represents significant support to local actor engagement in the response.</p> <p>Finding 19: Overhead allocations reflected local partner preferences.</p>	<p>Funding</p> <p>Success factors: as local as possible, as international as necessary: 'Once funding was transferred from CARE Australia to L&L under sub-contracting arrangements, it was 'their' money and to be spent and accounted for based on their policies with CARE supporting to ensure quality, donor compliance and effective implementation'</p>		<p>Investment</p> <p><i>[See description above]</i></p>

<p>Capacity <i>Local and national organisations are able to respond effectively and efficiently, and have targeted and relevant support from international actors</i></p>	<p>Capacity Finding 20: Internal and external stakeholders consider MORDI, as the local partner, better placed to lead in a future response as a result of the partnership. Finding 21: There are opportunities to adapt capacity-strengthening processes and approaches to better reflect local partner preferences.</p>	<p>Capacity Opportunities and challenges: Skills transfer and capacity building occurred at individual and project level. However, without converting these gains into higher-level, agency-wide capacity strengthening, the approach will not be sustainable as the emergency response programme is phased out and the response team is disbanded.</p>	<p>Adaptability and interdependence [...] recognition of the strengths and potentials and complementarity of partners, acknowledging that the dynamics of partnerships can and should change over time. This is fostered through approaches that prioritise two-way communication, mutual learning, and improvement, and can also include practical strategies such as planning together, structured monitoring of the quality of the relationships, and clear procedures for revising the nature of the relationship. [...]</p>	<p>Investment <i>[See description above]</i> Risk & Compliance A greater tolerance of risk, including recognizing risks faced by our partners as “ours” and moving from transferring to managing risks together, a more flexible approach to compliance requirements ensuring we adhere to the minimum requirements of a donor; proactively Influencing donors to reduce the burden of compliance requirements and enable more diversity of partnership.</p>
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ANNEX 3: LIST OF DOCUMENTS REVIEWED

1. Accelerating Localisation through Partnerships (2019) Pathways to Localisation: A framework towards locally led humanitarian response in partnership-based action. C. Schmalenbach with Christian Aid, CARE, Tearfund, ActionAid, CAFOD, Oxfam. Retrieved from: https://www.christianaid.org.uk/sites/default/files/2020-02/Pathways%20to%20Localisation_Eng%20web.pdf
2. CARE International (2021) Partnership in CARE 2030.
3. CARE Australia Partnership Policy (2019).
4. CARE International in the Pacific Business Plan 2020-2022 (Draft).
5. CARE International Resource on Civil Society Collaboration & Partnership. Retrieved from: http://gender.careinternationalwikis.org/_media/care_international_civil_society_resource_optional.pdf
6. Humanitarian Advisory Group Measuring Localisation: Framework and tools. Retrieved from: <https://humanitarianadvisorygroup.org/insight/measuring-localisation-framework-and-tools/>
7. Grand Bargain Localisation Workstream- Guidance note on partnership practices for localisation. Retrieved from: <https://interagencystandingcommittee.org/system/files/2020-05/Guidance%20note%20on%20partnership%20practices%20May%202020.pdf>
8. BHA COVID-19 Mitigation and Preparedness in the Pacific Annual report (draft 25 October 2021).
9. CARE and Pujiono Centre, Localization in Operational Practice, March 2020.
10. Humanitarian Advisory Group (2018) Tropical Cyclone Gita Response Program Evaluation. Retrieved from: https://humanitarianadvisorygroup.org/wp-content/uploads/2020/12/CARE_MORDI_LL-TC-Gita-Response-Final-Evaluation-Report_FINAL-FOR-CIRCULATION-1.pdf
11. Humanitarian Advisory Group (2020) Remote humanitarian management and programming Guidance note. Retrieved from: <https://humanitarianadvisorygroup.org/insight/remote-humanitarian-management/>
12. CARE in the Pacific partner consultation process (draft).
13. CARE and Live & Learn health check workshop notes.
14. Care International partner funding agreement policy 2021.
15. Fiji Live & Learn Fiji rapid capacity assessment November 2019 (draft).
16. CARE International (2017). Gender & Localising Aid: the potential of partnerships to deliver.
17. CARE and Live & Learn (2016). Localisation in Practice: A Pacific case study (CARE and local partner Live & Learn Fiji).
18. Grand Bargain Localisation Workstream Country Dialogue North West Syria (2021).
19. OFDA Sub-agreement Live & Learn Fiji.
20. CARE International in the Pacific Pacific Profile.
21. Humanitarian Advisory Group (2019) Localisation in Tonga: demonstrating change.
22. Various CARE in the Pacific partners due diligence assessments.
23. CARE and Live & Learn Solomon Islands Capacity Assessment (2017-2019).

ANNEX 4: CARE IN THE PACIFIC LOCALISATION FRAMEWORK

The following provides some initial ideas for key sections for CARE's Localisation Framework.

Part A

- 1) CARE in the Pacific definition of localisation
- 2) CARE in the Pacific commitments to localisation
 - o Reference Grand Bargain and Partnerships practices for localisation guidance note
 - o Reference Pathways to localisation
 - o Reference CARE wide Humanitarian Partnership and Localising Aid Framework (could be the basis for the CARE in the Pacific framework)
 - o Reference CARE is signatory to NEAR and Charter for Change
- 3) CARE in the Pacific approach to localisation (including principles)
- 4) Localisation priorities
 - o The four areas investigated under this research (Partnership, Capacity, Leadership and Funding)

- Add additional areas based on further consultation and prioritisation with partners (such as Coordination which is an area outlined in the CARE Pathways to localisation framework and also discussed in the research)
- 5) Measuring progress toward localisation
 - Outline how CARE in the Pacific will embed assessing localisation progress in partnerships and implementation
 - Mutual areas of priority and defining what success will look like with partners to promote joint ownership and develop indicators *CARE in the Pacific and partners to develop vision statements of what success will look like
 - Outline process to assess progress (part of routine partnership health checks, meetings, learning and reflection processes and that the framework will be reviewed on an annual basis)

Part B (the framework)

Localisation area (prioritised in this research as most relevant to CARE in the Pacific’s partners and Pacific context)	Indicators* What will success look like? (HAG localisation framework; Pathways to localisation provide good starting points for good practice indicators for measuring localisation)	How will we measure our progress?	Who is responsible?
Partnerships	% of partners that have long-term strategic partnerships with CARE in the Pacific Increased decision-making of partners within the partnership Partnerships are based on trust, equality/equity, shared learning, and effective communication	Joint partnership health check processes Annual partner meetings Partner survey? Feedback mechanisms/accountability to communities	CARE in the Pacific Local national partners
Capacity	Capacity strengthening plan developed for each partner Capacity strengthening is contributing to organisation wide strengthening		
Leadership	Support to national actors to lead response Working with local in-country and national response mechanisms		
Funding	% of funding to partners		

	Increased decision making in financial matters		
	Transparency of financial transactions and budgets between international and local/national actors		

Part C Implementation plan

- It will be important to outline the costs associated with CARE in the Pacific delivering a more strategic approach to partnerships
- The implementation plan could be for a five-year period with an independent mid-term review to assess progress

ANNEX 5: CARE AND PARTNERS VIEWS ON LOCALISATION PROGRESS

CARE and partners perspectives on how CARE is supporting localisation

Localisation area findings	CARE in the Pacific perspective that support finding	Partners perspective that supports finding
CARE in the Pacific is demonstrating commitment to partnerships that are equitable and based on complementary vision and objectives. Areas for improvement include: transparency, communication, and assessing partnership progress.	“We know the importance of listening, and flexibility in the partnership.....we also adjusted our sub-agreements as it was very donor compliance focused and we wanted to better reflect how we are more focused on partnerships”	<p>“I really like CARE’s vision and objectives that they put women and girls in the centre of their vision so that is why I had a feeling that we can potentially work together because that is what my organisation is about.... I feel comfortable, and that there is equal decision making in the partnership”</p> <p>“We need to continue to talk to each other- health check processes are only annually. We need more regular discussions to understand why people are happy/stressed- communication is an area we can really work on”</p>
CARE is strengthening the response capacity of partners however partners desire an organisation wide approach to capacity strengthening	“I think we have been insightful enough to know when things are not working and ensure we are responsive to partners’ needs”	“For an INGO like CARE, I think it is so different to be able to support a partner and within the first 12 months support them to establish something completely new like our DRR unit, let's make this big, intentional as we can be to promote disability inclusion”

		“Consider a long-term approach that will outlast that small pocket of money that is initially invested – people stay but money goes so invest in the people”
CARE in the Pacific is supporting partners leadership roles in disaster and humanitarian programming and to lead humanitarian response CARE in the Pacific is prioritising partners visibility as national actors	“We are absolutely committed to being partner led and supporting them to achieve their objectives as humanitarian actors”	“Through the (gender and disaster) trainings provided I have seen our team is more confident in participating in high level spaces and presenting on disaster and humanitarian topics” “They support us to just lead and with what we need to lead the work in our country”
	“We are always careful about the wording and communication...making sure our partners get the credit for the amazing work they do. Ensuring it is not perceived a CARE product”	“We really appreciate that CARE doesn’t want to take credit, the focus is not on making CARE look good, it is about the local partner, showcasing and supporting our work”
CARE in the Pacific is applying a flexible approach to financial management and partners are involved in decision making over financial matters.	“Always conscious that we never take more than 20% of the grant funding and that in budgets we make sure there is allocation for office costs, staff, this is important, so partners have funding that meets their needs”	“Flexible funding- we can discuss and request funds to be reallocated, CARE helps us access donor funding because they have good (donor) outreach” “We have very open conversations about funding and what we want”

ANNEX 6: LIST OF ORGANISATIONS CONSULTED

List of organisations participating in the research.

Organisation	Number of organisational representatives reached during interviews and the sense-making workshop
CARE in the Pacific	4
ADRA Fiji	4
Fiji Disabled Peoples Federation	1
Rainbow Pride Fiji	1
Live & Learn Fiji	2
Live & Learn Kiribati	2
Nuanua O Le Alofa (Samoa)	4
Women in Business Development Inc. Samoa	2
Live & Learn Solomon Islands	4

YWCA Solomon Islands	1
MORDI Tonga	5
Talitha Project	1
Live & Learn Tuvalu	1
Total organisations: 13 (CARE in the Pacific (under CARE Australia) and 12 partners)	Total people reached: 32